

# Global PrEP Learning Network

## Championing choice in a multi-product HIV prevention market

14 MARCH 2023



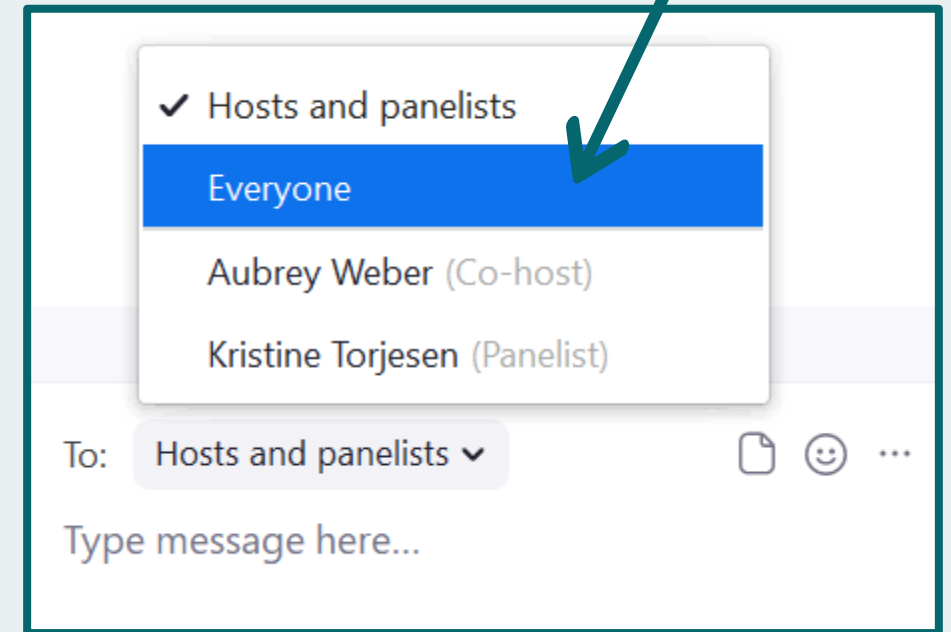
# Please introduce yourself in the chat!



- Name
- Organization
- Country

Feel free to ask questions and add comments to the chat box at any point during today's session. At the end of each presentation, we will dedicate time to Q&A.

**Don't forget to select "Everyone"**



# Agenda

- Welcome and introductions
- An update on the PrEP pipeline
- Choice in HIV prevention
- MOSAIC Choice Principles
- The Choice Manifesto
- Q&A
- Resource snapshot
- Closing

# Today's presenters



## **Han Kang**, he/him

Director, Office of HIV/AIDS, Bureau for Global Health, USAID

A senior-level officer with the U.S. Foreign Service, Han Kang has led USAID health teams in Burma, Ethiopia, Nepal, Nigeria, Pakistan, South Sudan, and Zambia. Before joining USAID in 2007, he worked with the U.S. Centers for Disease Control and Prevention to investigate and control disease outbreaks in the United States-Mexico border region. Han began his career by providing HIV/AIDS care in clinics serving ethnic minority communities.



## **Kristine Torjesen**

MOSAIC Project Director, FHI 360

Kristine Torjesen, MD, MPH is a pediatrician and global health expert who currently serves as the Project Director for the USAID-funded Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project. As the MOSAIC Project Director, Dr. Torjesen leads a consortium of international and country-based organizations working to accelerate market introduction of new biomedical HIV prevention products in sub-Saharan Africa.



[@MOSAICproj](https://twitter.com/MOSAICproj)



**Margaret Akinyi Atieno, she/her/hers**

AYP Liaison officer, LVCT Health; Mosaic NextGen Squad Member

Margaret is a visionary sexual and reproductive health and gender youth advocate committed to promoting health and wellbeing of fellow young people. She is passionate about gender equality, health empowerment and HIV prevention. Her aspiration is to see a world free of gender inequalities and discrimination.



[@Makinyi\\_atieno](https://twitter.com/Makinyi_atieno)



[@LVCTKe](https://twitter.com/LVCTKe)



**Katie Williams, she/her/hers**

Technical Officer, FHI 360

Katie Williams, MPH has been at FHI 360 for almost three years, supporting teams with product introduction work in HIV prevention and family planning. On MOSAIC, she works primarily on policy and program, contributing to global- and national-level planning and coordination for product introduction.



[Katie M. Williams, MPH](https://www.linkedin.com/in/KatieMWilliams)



[@katiemacbean](https://twitter.com/katiemacbean)



### **Adaobi Lisa Olisa, she/her/hers**

Youth Advocate/NextGen Squad Representative; FHI 360, Nigeria

Adaobi Lisa Olisa is a pharmacist from Nigeria who has supported various PEPFAR/USAID-funded projects, including MOSAIC and EpiC. Adaobi has authored and co-authored numerous abstracts for local and international health conferences and most recently co-authored an article on [expanding access to oral PrEP in Nigeria](#). As a Youth Advocate and NGS Representative, Adaobi was selected as a member of the AIDS 2022 Global Village and Youth Programme working group for the 24th International AIDS Conference and was awarded a Community Scholarship for the CROI 2023 conference in Seattle, Washington.

 [Adaobi Olisa](#)



### **Navita Jain, she/her**

Senior Program Manager, AVAC

Navita Jain, MPH, is a Senior Program Manager on the Research Engagement team at AVAC and supports the USAID-funded Coalition to Accelerate and Support Prevention Research (CASPR). She works across teams to strengthen advocacy for the women's health/prevention agenda, including work to advance HIV and sexual and reproductive health integration

 [@HIVpxresearch](#)





## **Yvette Raphael**

Executive Director, Advocates for the Prevention of HIV in Africa

Yvette Raphael is a consummate leader in the fight against HIV. As a woman living with the virus for over 19 years, she has experienced firsthand what HIV stigma, insufficient prevention education, and reduced access to healthcare can do. Raphael is a globally renowned advocate of effective and efficient education to the community regarding new and developing research for medications that treat and/or prevent HIV. Raphael has spoken around the globe to advise researchers, advocates, and policymakers on how to best win the war against HIV and AIDS. Her passion has been to improve the health outcomes for young women and girls, but her trusted expertise has also been lent to developing policies at the workplace and creating better, more efficient structures to utilize the available governmental resources to end AIDS.



## **Joyce Ng'ang'a, she/her**

Policy Advisor, AfNHi Coordinator at WACI Health

Joyce serves as a policy advisor and coordinator of Africa Free of New HIV infections (AfNHi) at WACI Health, Joyce has 14 years of experience championing healthy communities, particularly for Adolescent Girls and young women.



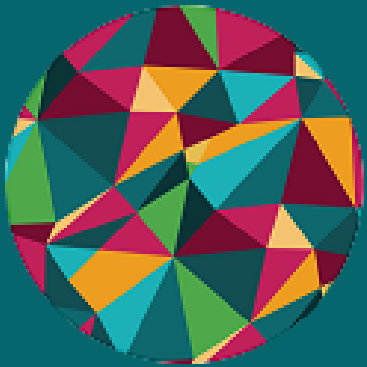
[@jngangaaa](https://twitter.com/@jngangaaa)



[@WACI\\_Tweets](https://twitter.com/@WACI_Tweets)



[@AfNHi\\_Tweets](https://twitter.com/@AfNHi_Tweets)



# **PrEP Product Pipeline**

Kristine Torjesen, FHI 360



# The HIV Prevention Pipeline

## Currently available



HIV treatment  
for people living  
with HIV/U=U



Male & female  
condoms



Voluntary  
medical male  
circumcision



Syringe exchange  
programs



Daily  
oral PrEP

*Event-driven for  
some populations.*

## Newly Approved and Recommended



Dapivirine  
vaginal ring



Long-acting  
injectable

And in implementation  
science projects:

[www.prepwatch.org/resources/  
implementation-study-tracker/](http://www.prepwatch.org/resources/implementation-study-tracker/)

## In development: Efficacy trials under way



Long-acting  
injectable



Preventive  
vaccines



Daily & monthly  
oral PrEP<sup>1</sup>



Combo oral  
PrEP/OC

*Possible dual pill to market  
by 2024.<sup>2</sup>*

## In development: Preclinical and clinical



Long-acting  
implants



Preventive  
vaccines



Multipurpose  
vaginal ring



Broadly neutralizing  
antibodies



Vaginal/  
Mucosal Inserts



Patches



Long-acting  
vaginal ring



Douche



Vaginal Film



Vaginal Gel

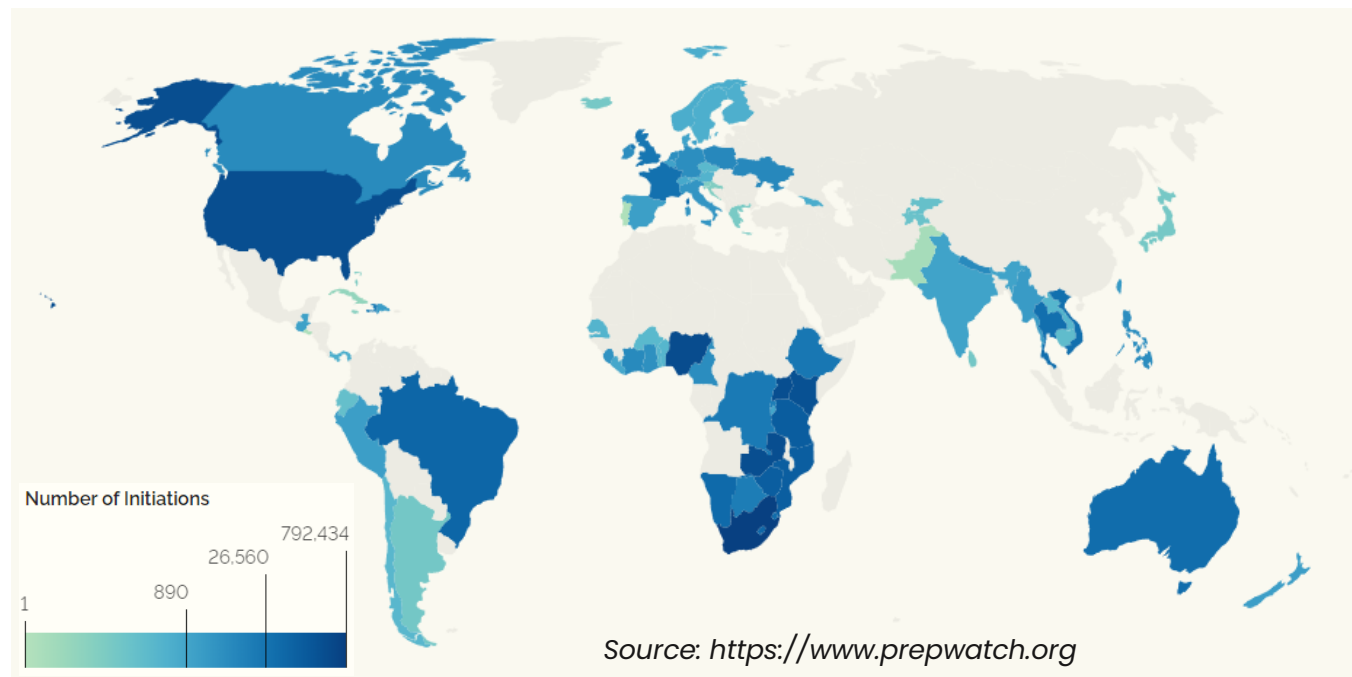
<sup>1</sup>In Oct 2019, US FDA approved F/TAF for adults and adolescents who have no HIV risk from receptive vaginal sex; still in development for cisgender women.

<sup>2</sup>Efficacy trials not required; bioequivalency of the two approved products when dosed together may be all that is required.

## ORAL PREP (tenofovir-based)

**Globally, oral PrEP initiations reached more than 3.8 million; however, there is still a high unmet need for prevention**

- US FDA approval 2012
- WHO guidance 2015
- First African regulatory approvals 2016
- Daily and event-driven oral dosing for men
- Daily oral dosing for women
- Innovations with multi-month dispensing and community-based delivery
- Challenges with adherence and continuation



### CONTEXT

**38.4 million people living with HIV and 1.5 million people became newly infected with HIV in 2021**

## Dapivirine vaginal ring (PrEP ring)

# Vaginal ring which releases dapivirine over one month

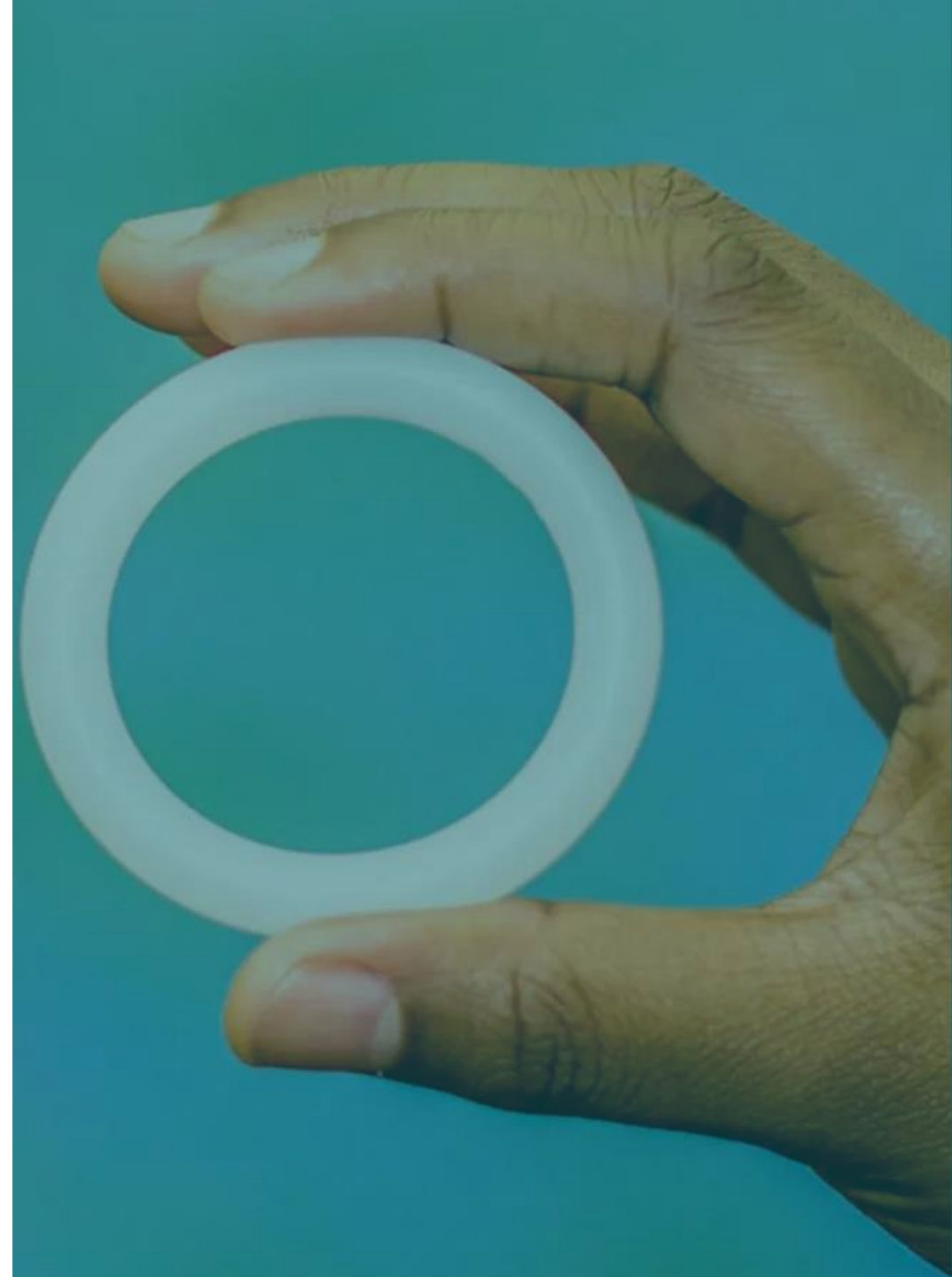
- **Flexible silicone vaginal ring** developed by the International Partnership for Microbicides (IPM, an affiliate of the Population Council), which slowly releases the antiretroviral drug dapivirine over one month.
- **Woman-initiated**
  - Self-inserted monthly
  - Non-systemic (protects during receptive vaginal sex only)
- **Reduced HIV risk in Phase III trials:** 35% in The Ring Study, 27% in ASPIRE, and demonstrated a strong safety profile.
- **Open-label extension studies** saw increased adherence and suggested risk reduction may be greater than 50% with consistent use.
- Brown et al, JIAS 2020: **Exploratory analyses** estimated 75% to 91% HIV-1 risk reduction with >4 mg dapivirine released when compared to placebo.
- Stored at room temperature (no cold chain); five-year shelf life.



## Dapivirine vaginal ring (PrEP ring)

# Current regulatory and procurement status

- **Recommended for cisgender women aged 18 and older** at substantial risk of HIV and who are unwilling or unable to use oral PrEP (*2021 World Health Organization recommendation*).
- **US Food and Drug Administration (US FDA) application voluntarily withdrawn by IPM** based on feedback that current data are unlikely to support US approval given the HIV prevention landscape for women in the United States.
- **Approved by multiple regulatory bodies in Africa**
- **2022 PEPFAR guidance** initially allowed for ring procurement for program delivery, but then changed to **support procurement for research only**.
- **The Global Fund will support procurement** of PrEP ring for program delivery.
- Multiple planned **implementation studies** include PrEP ring.





## Injectable cabotegravir for PrEP (CAB PrEP)

# Intramuscular injection of the ARV cabotegravir

- Developed by ViiV Healthcare, an **intramuscular injection** with the antiretroviral drug cabotegravir.
- **Long-acting**
  - 3 mL injection administered in the gluteal muscle every two months
  - Long pharmacologic drug tail (48 weeks+)
- **Cabotegravir was more effective than Truvada in reducing HIV risk in Phase III trials:** HPTN-083 (MSM and trans-women) and HPTN-084 (cis-women).
- **Open-label extension studies** are continuing with more information being gathered on the drug tail, as well as on use during adolescence and pregnancy.



## Injectable cabotegravir for PrEP (CAB PrEP)

# Current regulatory and procurement status

- **Approved by the U.S. Food and Drug Administration (US FDA)** for prevention of HIV in December 2021.
- **Recommended for people at substantial risk of HIV** (2022 *World Health Organization recommendation*).
- Approved by national regulatory authorities in **Australia, South Africa, and Zimbabwe**.
- **Currently under regulatory review** in Malawi, Botswana, Brazil, Kenya, Uganda, Vietnam, Malaysia, Myanmar, Philippines, China, European Medicines Agency (EMA), and Thailand.
- **Price negotiations** underway and plans for **voluntary licensing** to allow for generic manufacturing and sale.
- Initial financing of CAB PrEP for low- and middle-income countries will most likely come through **implementation research projects**, PEPFAR, and the Global Fund.





## Injectable lenacapavir (LEN) for PrEP

# Subcutaneous injection of the ARV lenacapavir

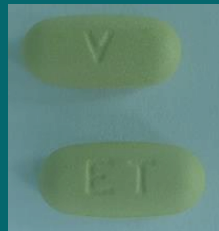
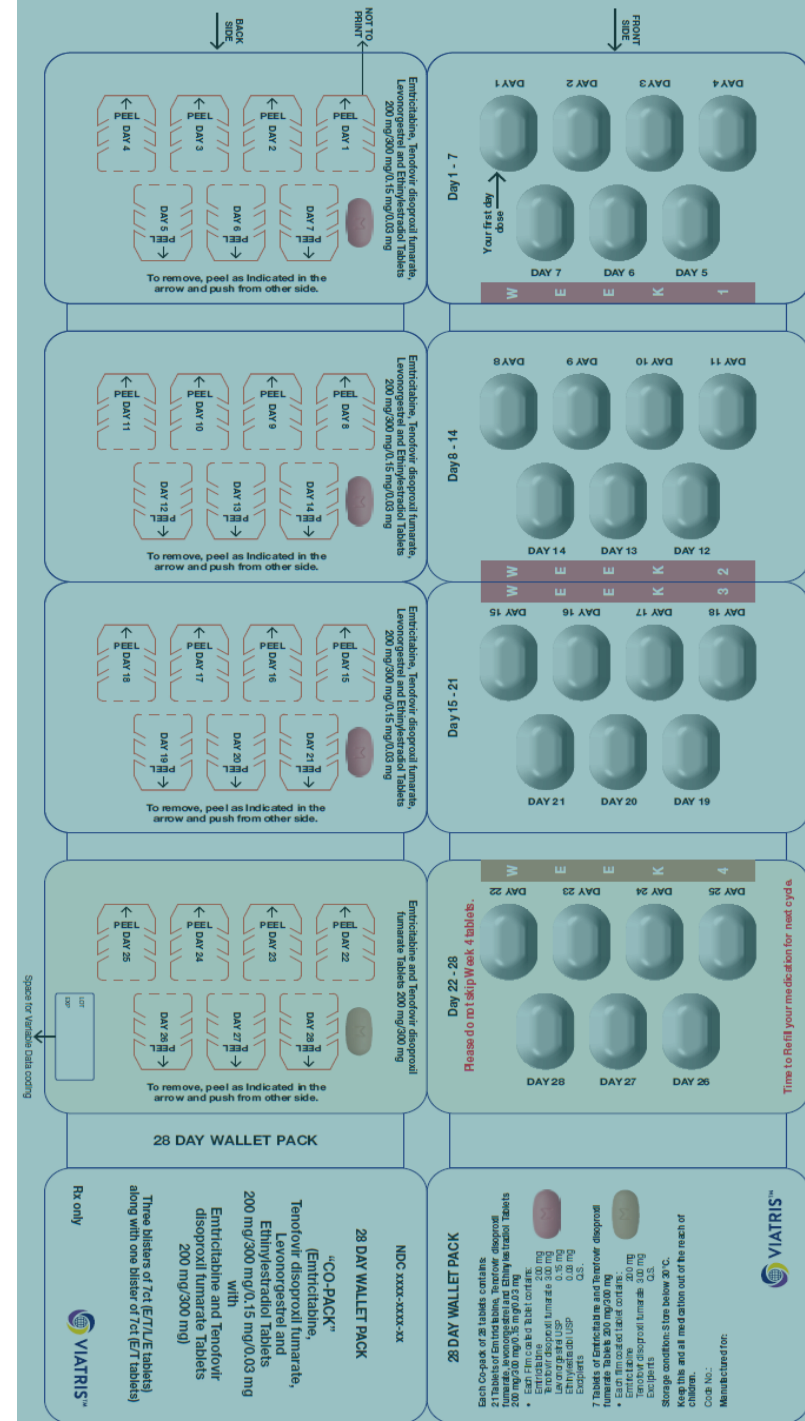
- Developed by Gilead, a **six-monthly subcutaneous injection** with the antiretroviral drug **lenacapavir**.
- Injectable LEN is already approved by US FDA for treatment of multi-drug resistant (MDR) HIV-1 infection.
- **Phase 3 trials currently underway** to evaluate injectable lenacapavir for HIV prevention:
  - **PURPOSE 1:** Double blind, randomized study to estimate the HIV background incidence rate and efficacy of LEN and F/TAF in AGYW (Phase III trial)
  - **PURPOSE 2:** Double blind, randomized study to evaluate the efficacy of LEN and F/TAF for PrEP in cis and trans men and gender nonbinary people (Phase III trial)
- Results anticipated in 2024-25.



## Dual Prevention Pill (DPP)

# Oral pill to prevent both HIV and pregnancy

- Developed by Viatriis as a **co-formulated product** with levonorgestrel and TDF/FTC.
- Both levonorgestrel and TDF/FTC already approved by multiple regulatory bodies for single indication.
- Bioequivalence studies** currently underway; stability testing to follow.
- Results anticipated in 2024-25.



# There is no perfect product...

- Every product has **strengths and weaknesses** that individual users should have the opportunity to weigh.
- Choice allows potential users to move between products as their lives change, and as periods of risk change.
- The best product is the one an individual can use effectively when needed.
- Each product has unique implementation considerations and potential for epidemic impact if made widely accessible.

**We need a multi-method market to achieve impact.**

“

*I think people should be given all the information, then they make an informed decision as to which method they should use.*

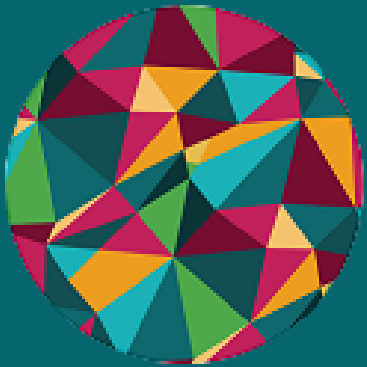
HCP Zimbabwe, 2021

*Having multiple options will help us support our patients who want to take care of their health without having to change their lifestyle so much because I think that's where adherence becomes the problem.*

HCP South Africa, 2021

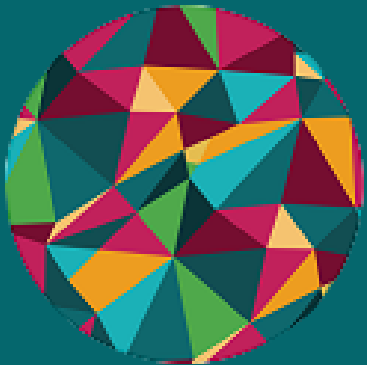
”





# **Choice in HIV Prevention**

Han Kang, USAID



# **MOSAIC Choice Principles**

Margaret Atieno, LVCT Health  
Adaobi Olisa, FHI 360  
Katie Williams, FHI 360

# Connecting options and choice

- For individuals to achieve their highest attainable level of health, we need both options and choice.
- We often conflate options and choice, but we argue that they should be considered as unique elements of the prevention market
- As unique elements, options and choice interplay with one another, largely as **options enable choice.**

## Options

Discrete HIV prevention methods available in a specific market



## Choice

Individuals have the autonomy, knowledge, and freedom from coercion at any given time to select the best method for them, among options available in a specific market.



# Choice Principles Co-Authors



**Katie Williams**

FHI 360



**Nora Miller**

Mann Global Health



**Lilian Tutegyereize**

FHI 360 / Uganda



**Adaobi Olisa**

FHI 360 / Nigeria



**Tafadzwa Chakare**

Jhpiego / Lesotho



**Patriciah Jeckonia**

LVCT Health



**Saiqa Mullick**

Wits RHI



**Definate Nhamo**

PZAT



**Margaret Atieno**

LVCT Health



**Kate Rademacher**



# Choice Principles Viewpoint in Lancet HIV

- In April 2023, our Viewpoint **Defining principles for a choice-based approach to HIV prevention** will be available in Lancet HIV

# Choice Principles



# 1. Non-Discrimination

## Description

HIV prevention markets allow individual choice of whether to use any method and what prevention option to use at a given time in a manner that is voluntary and free of discrimination, coercion, or violence.



## Example in Practice

- Individuals are provided with adequate information on HIV prevention options, including that they can switch between options as their needs change.
- The decision on whether to use any method and what option to use is recognized as the individual's own and is supported by health care workers.
- **Policymakers, researchers, program implementers, and donors operate with awareness of societal barriers to HIV prevention and pursue policies and practices that circumvent those barriers to avoid discrimination.**

## 2. Availability

### Description

The widest potential array of viable HIV prevention options, supplies, and equipment are in stock for users in a specific market.



### Example in Practice

- Individuals seeking a prevention method that suits their needs and preferences are able to find that method when and where they need it.
- **Prevention methods are intentionally considered in product introduction planning, especially as integrated and differentiated service delivery continues to expand across the health sector.**

### 3. Accessibility

#### Description

HIV prevention markets support individual choice without physical, cost-based, interpersonal, or informational barriers or other restrictions to access.



#### Example in Practice

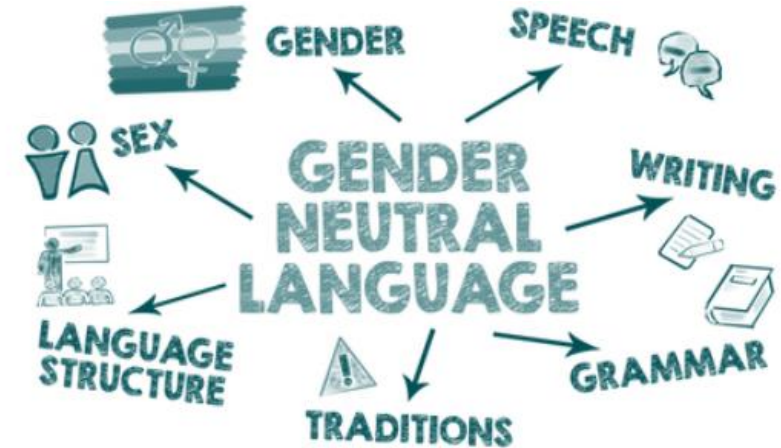
- **Prevention methods are obtainable in a specific market and available at affordable prices through preferred service delivery channels without discouragement by health care providers, limitations on hours of access, or barriers to information.**
- Donors consider cost-effectiveness and advocate for subsidies to ensure expanded access to methods without skewing the market towards specific methods.
- Product developers are incentivized to pursue accessible pricing for end users, e.g., through generic manufacturing or sublicensing agreements.



## 4. Acceptability

### Description

HIV prevention markets are gender-sensitive and person-first, based on medically accurate and comprehensive information, and responsive to market demand.



### Example in Practice

- **Methods meet the spectrum of user preferences and needs, which change over time and vary by individual user.**
- Product developers and donors prioritize user acceptability research in the development and funding of new methods.

## 5. Quality

### Description

HIV prevention markets include options and services (technical and interpersonal) that are of the highest possible quality, and products are quality assured.



### Example in Practice

- HIV prevention products are of the highest quality and are quality-assured and monitored by a stringent regulatory authority and robust pharmacovigilance systems.
- **Individuals receive services from adequately trained service providers who can provide specialized services to meet their unique needs in both HIV-specific and integrated service delivery settings.**
- Health care providers are not biased in their recommendations and listen to and respect the needs and preferences of their clients.

## 6. Privacy & Confidentiality

### Description

HIV prevention markets protect and uphold the privacy of individuals, including the confidentiality of medical and other personal information.



### Example in Practice

- **Individuals are reassured that no personal information about their HIV status, choices, or preferences is shared with anyone but necessary medical professionals.**

# 7. Participation

## Description

HIV prevention markets meaningfully and inclusively engage communities — particularly people directly affected by HIV — in all aspects of HIV prevention research, programme and policy design, implementation, and monitoring, and are adaptive to how these communities may change over time.



## Example in Practice

- **Individuals who are pregnant and breastfeeding, transgender, gender diverse, and/or younger than 18 are included in clinical trials and acceptability research.**
- Adolescent girls and young women and representatives of other communities most affected by HIV are engaged in meaningful and sustained ways (e.g., in technical working groups within a ministry of health) to inform HIV prevention policy development and dissemination.
- Demand generation and prevention programming thoughtfully include or target individuals and geographies with high transmission rates.

## 8. Accountability

### Description

HIV prevention markets have accountability mechanisms in place to respond to community and client feedback at all levels of the market.



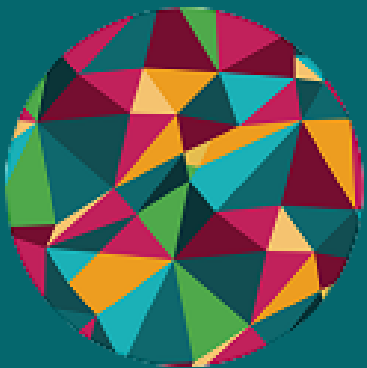
### Example in Practice

- Individuals know where to seek redress for grievances.
- **Clear and appropriate accountability mechanisms are in place for violation of these principles, such as pharmacovigilance for counterfeit products and reporting of misconduct by health care professionals.**

# HIV Prevention Choice Principles

<b>Non-discrimination</b>	HIV prevention markets allow individual choice of whether to use any method and what prevention option to use at a given time in a manner that is voluntary and free of discrimination, coercion, or violence.
<b>Availability</b>	The widest potential array of viable HIV prevention options, supplies, and equipment are in stock for users in a specific market.
<b>Accessibility</b>	HIV prevention markets support individual choice without physical, cost-based, interpersonal, or informational barriers or other restrictions to access.
<b>Acceptability</b>	HIV prevention markets are gender-sensitive and person-first, based on medically accurate and comprehensive information, and responsive to market demand.
<b>Quality</b>	HIV prevention markets include options and services (technical and interpersonal) that are of the highest possible quality, and products are quality assured.
<b>Privacy &amp; Confidentiality</b>	HIV prevention markets protect and uphold the privacy of individuals, including the confidentiality of medical and other personal information.
<b>Participation</b>	HIV prevention markets meaningfully and inclusively engage communities — particularly people directly affected by HIV — in all aspects of HIV prevention research, programme and policy design, implementation, and monitoring, and are adaptive to how these communities may change over time.
<b>Accountability</b>	HIV prevention markets have accountability mechanisms in place to respond to community and client feedback at all levels of the market.





# **The Choice Manifesto**

Joyce Ng'ang'a, WACI health

Yvette Raphael, Advocacy for Prevention of  
HIV and AIDS

Navita Jain, AVAC

# The Choice Manifesto

---

## Translating HIV Prevention Options into Choices – and Impact

Presented by: Yvette Raphael, APHA; Joyce Nganga, WACI Health; Navita Jain, AVAC – on behalf of the African Women Prevention Community Accountability Board (AWPCAB)

14 March 2023

*Global PrEP Learning Network Webinar*

# Advocacy for Choice





# History

## → 2016

Dec: HPTN 084 consultation and pre-meeting with advocates on trial design and plans

## → 2017

Aug: HPTN 084 consultation to review the study plans and build partnerships

## → 2018

Advocates tracked the trial hold on HPTN 084 following data on NTD related to DTG, which is in t

## → 2019

Advocates continue to follow the enrollment and conduct of trials

## → 2020

- March: *HPTN publishes and presents trial data, noting the presence of 'masked infections' and testing considerations*. Advocates break down trial results (e.g. conferences sessions, webinars, materials and briefs, etc.)
- May: *HPTN 083 early efficacy data*
- Mid to late-2020: Planned communications & advocacy around result scenarios for HPTN 084 results, ensuring options for women remain a priority; engaged in consultations /webinars around key issues; updated materials
- November: *HPTN 084 early efficacy data*

## → 2021

- Advocates prepare for introduction of CAB for PrEP; *other projects (BioPIC, MOSAIC, ViiV) focused on introduction kick into high gear*
- WHO/AVAC Think Tanks on implementation studies and HIV testing, with active participation of advocates
- Dec: *CAB for PrEP is approved by FDA; submitted to regulators in 084 countries*

## → 2022

- March: Advocates participate in WHO Guideline Development Group, and release statements with demands around cost and manufacturing
- March/April: ViiV meets with African women's health advocates in South Africa, leading to the establishment of the African Women Community Prevention Accountability Board and subsequent bi-monthly meetings
- May: Workshops, think tanks (e.g. BioPIC), and consultations continue with CS
- June: Advocates meet with UNAIDS to discuss the choice agenda; publication of *Translating Scientific Advance into Public Health Impact: A Plan for Accelerating Access and Introduction of Injectable CAB for PrEP*; *HPTN meeting with updates on OLE*
- July: ViiV/KP Advisory Group consultation; AIDS 2022: launch of Coalition to Accelerate Access to Long-Acting PrEP, and announcement of voluntary license between MPP/ViiV, *data from 083 (TG populations) and 084*
- Aug - Dec: CS involvement and leadership in implementation studies (linked with MOSAIC), BioPIC think tanks, CAB for PrEP Teach-in series, Coalition to Accelerate Access to Long-Acting PrEP CS caucus, AfroCAB working groups, etc.

## → 2023

- Jan/Feb: Advocates await updates from MPP on selection of generics while continuing to engage with ViiV, provide input into implementation studies, and engage with national governments around registration for and rollout of CAB for PrEP
- Feb: *Preliminary findings that show protective levels with quarterly injections are presented at CROI*

*Illustrative history of “advocacy for choice” related to injectable cabotegravir for PrEP – similar (and even longer) history related to advocacy for the dapivirine vaginal ring*

*Key message: advocacy and engagement is not just about about a product on the market but about long-term, sustainable engagement from research and development thru to delivery*

# Language Check

---

- Options
  - Biomedical methods that are safe and effective
  - Requires R&D of additional options to add to the “method mix”
- Choice
  - The ability for an individual to select from an array of options
  - Requires policy makers, donors, governments & implementers to make the “mix” available, accessible & affordable

# Women's HIV Prevention Choice Manifesto

---

Developed by African women in their diversity, feminists, and HIV prevention advocates across Southern and Eastern Africa who are united in calling for continued political and financial support for HIV prevention choice – which includes the introduction and roll-out of safe and effective options, including long-acting HIV prevention tools

Biomedical prevention is at a historic turning point, but only if countries and funders heed evidence-based demands that programs must emphasize choice – not individual products – and that research and development of new choices (both user-dependent and long-acting) continue



# The Choice Manifesto Guiding Principles

---

- A future free of HIV for our daughters and women in Africa
- An HIV prevention agenda that includes CHOICE among both prevention options and programs for women and girls to prevent HIV as they navigate through the different stages and circumstances of their lives
- An HIV prevention agenda that focuses, invests and prioritizes adolescent girls and young women in Africa and of African descent across the world
- An HIV prevention agenda that puts African women and girls at the center and forefront – not only for research but also for access to products that are shown to be safe and effective
- An HIV prevention choice agenda that is conceptualized by the community and responds to community needs
- An HIV prevention agenda that follows the science and uses epidemiological evidence to make options available to women and girls who are vulnerable to HIV infections

# Call to Action

---

## Center People & Communities

1. Prioritize key and marginalized populations and scale interventions targeting them while addressing stigma and discrimination, and criminalization
2. Ensure that R&D and delivery are informed by communities in alignment with the [Good Participatory Practice Guidelines](#) –it is imperative that communities inform the ongoing and future pipeline from the onset, design, and formulation, as well as the introduction of proven interventions

## Choice Is Key

3. Ensure massive scale-up and increased access to all safe and effective HIV prevention methods
4. Ensure women have control over their health and their bodies and access to the full range of safe and effective options so that they can choose what works best for them at different times of their lives

# Call to Action

---

## Programs That Deliver

5. Integrate HIV prevention into existing information and service packages such as family planning, cervical cancer prevention, antenatal care, and postnatal care to ensure easy access and availability of prevention methods
6. Support, prioritize and finance interventions to prevent sexually transmitted infections among adolescent girls and young women who are especially vulnerable due to anatomical makeup, and cultural and traditional constraints that hinder negotiation for safer sex and adequate protection against STIs

## The Future

7. The current options are good, but not sufficient – prioritise R&D of additional systemic and non-systemic options
8. All stakeholders need to strategize, staff, budget and procure for choice-based HIV prevention

# Next Steps

---

***Ultimate Goal: Urgent and quick sign-on to the Manifesto by decision-makers, scientists, civil society, global regional donors***

- Finalize the manifesto, dissemination plan and accompanying activities
- Call for signatures
- Launch the Choice Manifesto, led by UNAIDS Executive Director Winnie Byanyima, in Uganda with key partners and AWPCAB
- To get involved, e-mail [yvette@apha.org.za](mailto:yvette@apha.org.za) or [joyce@wacihealth.org](mailto:joyce@wacihealth.org)

# Thank You!

## *Coalition to Accelerate and Support Prevention Research (CASPR)*



*Cooperative Agreement No. AID-OAA-A-16-00031*

*HIV Vaccine and Biomedical Prevention Research Project—Objective 3*





# Introducing four new resources from MOSAIC!

## PrEP Tool Finder

### PrEP Tool Finder

Curated resources to support PrEP rollout

→ GET  
STARTED

FOR PROGRAM IMPLEMENTERS, HEALTH CARE PROVIDERS,  
ADVOCATES AND POLICYMAKERS



← GO BACK

### Provider Training Toolkit on use of CAB-LA for PrEP

This toolkit includes a series of eLearning lessons to build provider knowledge of CAB-LA, covering clinical information and eligibility, administration, ongoing clinical management, and counseling. The eLearning lessons include job aids, algorithms, and other provider support tools that can be downloaded or printed. There are separate complementary resources to guide programs and implementing partners wishing to combine online and in-person practice through a blended learning approach, including a facilitation guide and case-based scenarios.



PEPFAR USAID RISE  
Provider Training Toolkit on use of  
Long-acting Injectable  
Cabotegravir (CAB-LA) for HIV Pre-  
Exposure Prophylaxis (PrEP)



Lesson 4: CAB-LA Injection Video

I am:



a health care provider



an advocate

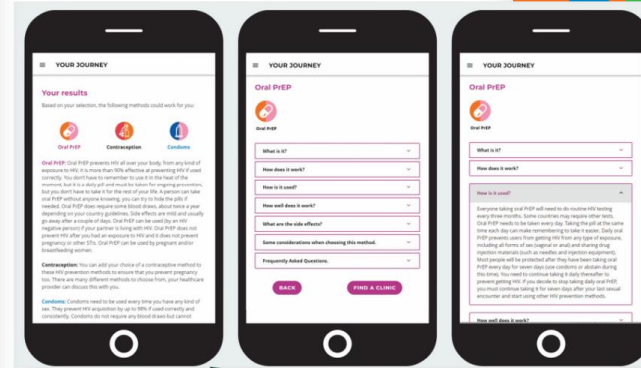


a program implementer



a policymaker

## HIV Prevention User Journey Tool



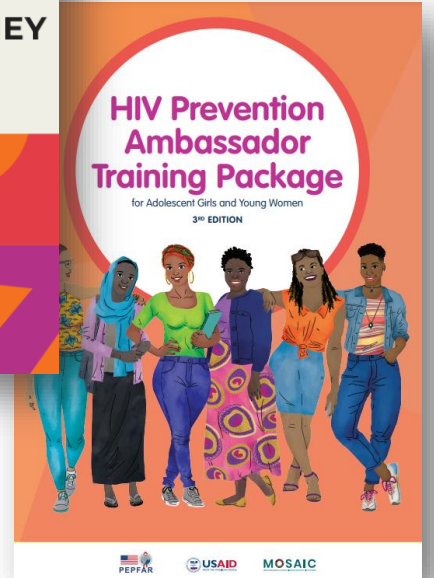
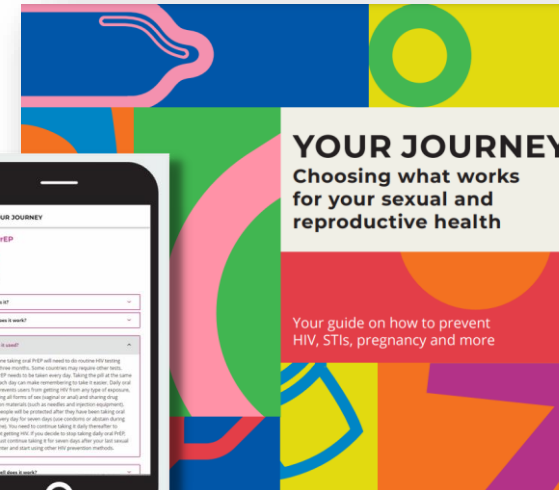
### Template Guidelines for Oral Pre-Exposure Prophylaxis, PrEP Ring, and CAB PrEP

Updated on December 12, 2022

The intent of this document is to provide adaptable guidelines to support the development and adoption of national guidelines that align with World Health Organization (WHO) pre-exposure prophylaxis (PrEP) recommendations and guidance, including those for tenofovir disoproxil fumarate (TDF)-based daily and event-driven oral PrEP, the monthly dapivirine vaginal ring ("PrEP ring" or "the ring"), and injectable cabotegravir (CAB PrEP). The document includes prompts for national-level consideration during the guideline adaptation process. Areas specifically requiring national updates are indicated in **red font**; sections for additional consideration by policymakers, shown in green boxes, are informed by regulatory bodies, available product information, and country-level insights. Once a decision has been made about the considerations in green boxes, text can be added, and the green boxes can be removed.

The content of this document was sourced largely from:

**Daily Oral PrEP, Event-Driven PrEP,  
PrEP Ring, and CAB PrEP Template  
Guidelines**  
**\*available in French**



**HIV Prevention  
Ambassador  
Training  
Package and  
Toolkit for  
Adolescent Girls  
and Young  
Women, 3<sup>rd</sup>  
edition**



**Q&A**



## Upcoming sessions

The MOSAIC Global PrEP Learning Network takes place **quarterly**.

The next session is planned for **June 2023**.



## Visit PrEPWatch

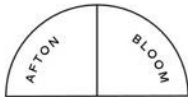
All webinars are **recorded** and will be accessible on PrEPWatch within a week.

Complementary resources including relevant articles and tools plus **registration for upcoming webinars** can also be found on PrEPWatch.

Visit <https://www.prepwatch.org/global-prep-learning-network/> for more.

# THANK YOU!

-  @MOSAICproj
-  MOSAIC Consortium
-  <https://www.mosaicproject.blog/>
-  <https://mailchi.mp/prepnetwork/prep-learning-network>



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

Photography: FHI 360, OPTIONS Consortium, Canva

