Summary Report

End-user Perspectives on CAB-LA: Eswatini

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Maximizing Options to Advance Informed Choice for HIV Prevention

EpiC Meeting Targets and Maintaining Epidemic Control

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Table of contents

Acknowledgments CAB-LA consultation

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The contents of this resource are the responsibility of MOSAIC and EpiC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

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- Health Plus for Men
- Rock of Hope
- House of our Pride
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- Young Heroes
- Siphilile Maternal and Child Health
- Tingwazi (PWID network)
- The Luke Commission
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- ICAP
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- Baylor

Acronyms

AGYW	adolescent girls and young women
CAB-LA	injectable cabotegravir
EpiC	Meeting Targets and Maintaining epidemic Control
FSW	female sex worker
MOSAIC	Maximizing Options to Advance Informed Choice for HIV Prevention
MSM	men who have sex with men
NB	non-binary
PBFW	pregnant and breastfeeding women
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
TGDP	transgender and gender diverse people
USAID	U.S. Agency for International Development

Summary Report

End-user Perspectives on CAB-LA: Eswatini

Long-acting injectable cabotegravir (CAB-LA) is an injectable form of HIV pre-exposure prophylaxis (PrEP) that is administered every eight weeks to achieve continuous protection. CAB-LA was recently recommended by the World Health Organization as an additional method of HIV prevention for people at substantial risk of HIV infection.

To help inform the positioning and eventual introduction of CAB-LA in Eswatini, the Ministry of Health worked with FHI 360 (through the EpiC and MOSAIC projects funded by the U.S. President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development PEPFAR/ USAID) to conduct consultations with potential end users of CAB-LA. The consultations were designed to elicit population-specific perceptions of CAB-LA and associated needs for information to be considered in framing CAB-LA introduction and rollout in the country.

Methods

APPROACH

The consultations followed a human-centered design approach that aims to improve products and services from a user's perspective. Using participatory methods, the team explored potential end users' understanding of CAB-LA, based on foundational knowledge shared by facilitators, and sought to understand factors that would motivate or demotivate uptake and adherence to CAB–LA. In addition, the team explored potential messaging to increase awareness about the product and trusted sources of information that should be used to foster an open, collaborative environment for discussing the perceived benefits and challenges of CAB-LA uptake and continued use.

Each six-hour consultation brought together 15–25 individuals who worked in large and small groups to respond to a series of discussion prompts and questions. To contextualize the introduction of CAB-LA as a new product, sessions began with participant-generated lists of known HIV prevention options, which were used to identify the range of familiar HIV prevention products and behaviors, opinions on those products, and any related myths and misconceptions. Next, CAB-LA was introduced in a phased approach, starting with basic information about its active ingredient, mode of administration, and duration of effectiveness; then adding information about efficacy, safety, and side effects; and concluding with contraindications, testing requirements, and likely procedures for starting and stopping CAB-LA.

At each stage, facilitators elicited and noted participants' questions and concerns, and conducted quick polls to assess their level of interest in CAB-LA. Then, in small groups, participants discussed specific product attributes, such as efficacy, delivery, duration, safety, and privacy, noting what they understood about each, further questions, perceived benefits/value of CAB-LA, perceived disadvantages/challenges, and who might like to use this product. Dedicated note-takers accompanied each group to record all ideas generated through the activities and discussions.

SAMPLE

Between August–September 2022, ten consultations were held with six categories of participants associated with EpiC and MOSAIC activities: men who have sex with men (MSM), transgender and gender diverse people (TGDP), people who inject drugs (PWID), female sex workers (FSWs), adolescent girls and young women (AGYW), and pregnant and breastfeeding women (PBFW). With the exception of TGDP and PWID which have relatively small populations in Eswatini, we aimed to hold two consultations with each group in a central location — one with participants from urban areas and one with participants from more rural/peri-urban locations.

As detailed in Table 1, a total of 210 individuals participated in the consultations. Participants were purposively recruited by local FHI 360 partners according to group-specific eligibility criteria, including an attempt to represent a range of potential end users with varied prior experience with oral PrEP and injectable contraception. Figure 1 shows the distribution of participant residence across Eswatini by group.

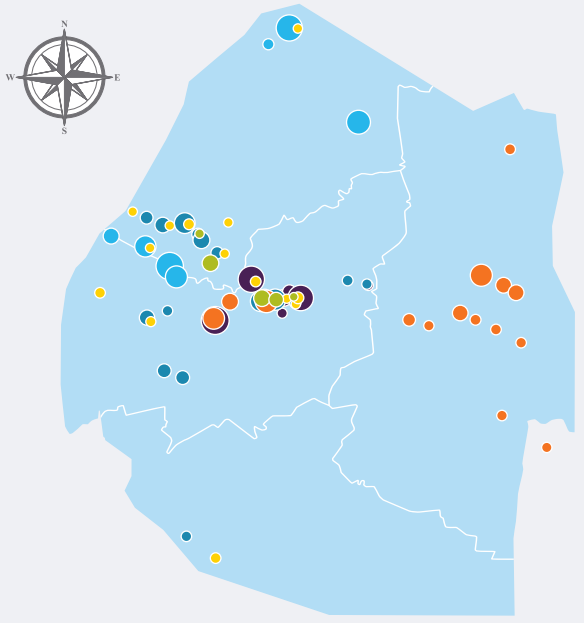
TABLE 1. End-user Consultations: Participant Characteristics

Group	# Consultations (ppts)	# Participants by gender			Age range, years (median)	Current oral PrEP use (%)	Current FP injectable use (%)
		F	M	NB			
Men who have sex with men	**2** (41)	0	40	1	**16–36** (25)	32	
Trans and gender diverse people	**1** (16)	2	11	3	**19–36** (24.5)	63	19
People who inject drugs	**1** (16)	0	15	1	**16–48** (32)	13	
Female sex workers	**2** (45)	45			**18–43** (27)	31	47
Adolescent girls and young women	**2** (45)	44			**16–31** (21)	9	27
Pregnant and breastfeeding women	**2** (48)	48		0	**18–48** (26)	27	27

Following synthesis of all notes and input provided during the consultations, the field team held two sense-making sessions with community stakeholders, including representatives from the end-user consultations, local and national government, and program and partner organizations. One session focused on key populations and one focused on AGYW and PBFW. The purpose of these sessions was to present the initial findings and to elicit stakeholder responses and associated recommendations for introduction and rollout, addressing points raised by consultation participants.

The key takeaways summarized in this report reflect a synthesis of the findings from both the end-user consultations and the sense-making sessions. We start with a brief summary of HIV prevention product awareness to contextualize the discussion of CAB-LA benefits, concerns, questions, and framing considerations that follow. In each section we present an overview of the common/shared themes and indicate any population-specific findings.

FIGURE 1. Geographic Distribution of Consultation Participants by Group



KEY TAKEAWAYS

General Knowledge & Awareness of HIV Prevention

Prior to their participation in consultations, members of all groups were aware of condoms, oral PrEP, abstinence, and HIV testing to know one's status as HIV prevention methods. Other methods noted by some groups were male circumcision and reducing one's number of partners. Awareness of myths and misconceptions around HIV prevention was high across groups and included stories participants had heard circulating but did not necessarily believe themselves. Across groups, these stories included ideas about sex with condoms being painful/not enjoyable, daily oral PrEP as akin to being HIV-positive and taking daily antiretroviral drugs, and abstinence causing sperm to "go to your head" and cause mental changes. MSM participants noted the belief that washing the genitals after sex cures HIV, while PWID participants reported hearing that sexual intercourse with a virgin cures HIV. (Throughout the initial conversations, facilitators took time to clarify contradictory and misleading messages about HIV prevention.)

	MSM	TGDP	PWID	FSW	AGYW	PBFW
Oral PrEP	X	X	X	X	X	X
Abstaining	X	X	X	X	X	X
Condoms	X	X	X	X		
Circumcision	X	X	X		X	
Having 1 sexual partner/reduce multiple concurrent partners	X	X			X	X
Knowing your HIV status	X	X		X		X
PEP	X			X		X
Faithfulness	X	X			X	
Masturbation	X	X	X			
PMTCT	X				X	X
Using gloves/avoiding blood when taking care of HIV pos person				X	X	X
Wet sex (lubricants)		X		X		
Use self-test kit with partner	X	X				
No sharing of needles					X	X

Perceived Benefits of CAB-LA

Participants shared a range of perceived benefits of CAB-LA use. Six benefits were noted across all key population groups: **ease of use, accessibility, effectiveness, minor side effects, medical administration, and privacy**. An additional benefit — **eligibility** — was noted by three groups.

Benefit	MSM	TGDP	PWID	FSW	AGYW	PBFW
Ease of use	X	X	X	X	X	X
Accessibility	X	X	X	X	X	X
Effectiveness	X	X	X	X	X	X
Minor side effects	X	X	X	X	X	X
Medical administration	X	X	X	X	X	X
Privacy	X	X	X	X	X	X
Eligibility				X	X	X

Ease of use

All groups perceived the product as easy to use. Participants commented that CAB-LA's long duration of protection and eight-week schedule removed the pill burden of oral PrEP and simplified adherence by eliminating the need to take daily pills. MSM also valued that CAB-LA can be discontinued, and MSM and TGDP noted the absence of interactions between CAB-LA and other drugs.

"Once you have taken the injection, it is always in the blood compared to oral PrEP that needs to be taken every day." – *FSW participant*

Effectiveness

All groups appreciated CAB-LA's effectiveness, though many misunderstood from the presentation of clinical trial results that CAB-LA is 90 percent effective.[1] MSM, PWID, TGDP, AGYW, and PBFW further valued that CAB-LA becomes effective quickly after administration. PBFW noted that CAB-LA has high efficacy, and AGYW valued that CAB-LA is more effective than oral PrEP.

"If more people at risk could utilize the injection, there would be lower HIV infection rates." – *PBFW participant*

1. Discussion of CAB-LA clinical efficacy was based on the following statements:
- Among trans women and cisgender men, CAB-LA users had a 69% lower chance of getting HIV than oral PrEP users.
- Among cisgender women and trans men, CAB-LA users had a 90% lower chance of getting HIV than oral PrEP users.
- **CAB-LA was shown to be more effective at preventing HIV than oral PrEP.**
- Because the trials did not compare CAB-LA to no PrEP method (that would be unethical), we only know how effective it is compared to oral PrEP.

Medical administration

Administration by a trained health care worker in a health facility was mentioned as a benefit by all groups, because it was perceived to increase safety and reduce the chance of mistakes. FSWs, PWID, TGDP, AGYW, and PBFW also noted that the blood tests required before the injection provide users with information about their HIV status and other health conditions. PBFW participants valued that health care workers could remind patients of upcoming appointments, and AGYW appreciated that no medication needs to be kept in the home.

> "Receiving the injection at the hospital ensures it is safely administered with no mistakes."
> *– PWID participant*

Minor side effects

All groups appreciated that CAB-LA has minor and/or manageable side effects and that no safety concerns or fatalities have been reported among CAB-LA users.

Privacy

All groups valued that CAB-LA can be used discreetly, protecting their privacy, because the injection does not leave a mark and its use is known only by the health care worker who administers it. FSWs appreciated not having to carry pills, which can limit the privacy of oral PrEP. TGDP noted that CAB-LA could reduce stigma, likely due to the private nature of its use.

> "[My peers] would be happy because they would be able to hide from their parents and partners that they are taking PrEP."
> *– AGYW participant*

Accessibility

All groups noted benefits of CAB-LA that were related to accessibility. The eight-week injection schedule results in fewer clinic visits, saving time and travel costs. AGYW noted that this makes CAB-LA a better option for those who travel a lot. MSM assumed that CAB-LA would be available at health facilities any time and would be free/cheap due to government subsidy.

Eligibility

FSWs, PBFW, and AGYW appreciated that CAB-LA is suitable for "Anyone who is HIV negative and feels they are at risk of getting HIV, regardless of their sex/gender".

> "No one knows that you have taken CAB-LA; it's only you and the health care provider."
> *– MSM participant*

Concerns About CAB-LA

Participants also expressed a range of concerns about CAB-LA, many of which were the flip-side of perceived benefits. Three types of concerns were noted across all key population groups in both urban and rural settings: **potential side effects of the injection, accessibility of the injection, and the risk of drug resistance**. Additional concerns, including eligibility, irreversibility, singularity of purpose, the eight-week schedule, and the HIV testing requirement, were raised by multiple groups.

Concern	MSM	TGDP	PWID	FSW	AGYW	PBFW
Side effects	X	X	X	X	X	X
Accessibility	X	X	X	X	X	X
Drug resistance	X	X	X	X	X	X
Eligibility	X	X	X		X	X
Irreversibility	X	X		X	X	X
Single purpose	X			X	X	
8-wk schedule			X	X	X	X
HIV testing			X		X	X

Side effects

All groups noted fears of short-term (e.g., pain at the injection site, headaches, nausea) and long-term (e.g., organ damage, cancer, infertility) side effects of CAB-LA, based on their experience with or knowledge of other drugs. PWID shared that side effects are their "main concern" when considering use of CAB-LA. PBFW specifically mentioned concerns about infertility.

"So, there's really no way to avoid the side effects other than not using the product?" *– AGYW participant*

Drug resistance

All groups, having been briefed on the testing precautions needed to prevent drug resistance, noted fears of drug resistance resulting from product misuse or discontinuation.

"[I worry about] chances of developing drug-resistant HIV in cases when discontinuing the injection" *– PBFW participant*

Accessibility

All groups expressed a range of concerns about accessibility, including where CAB-LA will be available, the capability of the supply chain to meet demand, and the cost per injection. Rural participants were particularly concerned about time and money spent traveling to health facilities. Discussions of accessibility also had an undercurrent of concern for some related to fears of stigma in health care facilities and of learning their HIV status.

Irreversibility

All groups aside from PWID referenced concerns about the injection's irreversibility in the event of severe side effects. Concerns about irreversibility were described both in terms of removal/withdrawal and in terms of wanting an antidote to counteract any negative side effects of the drug on the body.

> "No turning back in between the eight weeks after taking the injection, even if you experience side effects" *– MSM participant*

Eligibility

MSM, TGDP, FSWs, AGYW, and PBFW noted concerns about who would be considered eligible to receive CAB-LA. Nearly all groups viewed the current ineligibility of PBFW as "unfair." AGYW group members noted the weight limit of 35kg as a concern, because it might prohibit many younger/more petite women from using CAB-LA. PBFW and FSWs explained that leaving out individuals under the age of 18 is dangerous because many are sexually active.

> "If the injection is only for those who are above 18 years, what about those less than 18 years who feel they are also at risk?" *– FSW participant*

Single purpose

MSM, FSWs, and AGYW explained that their ideal HIV prevention product would provide multipurpose protection. Some participants wanted a product that prevents HIV and other STIs, while others wanted a product that prevents HIV, STIs, and pregnancy.

Eight-week schedule

PWID, FSWs, AGYW, and PBFW raised concerns about the eight-week schedule. PWID and FSWs feared forgetting appointment dates; AGYW and PBFW would appreciate more frequent follow-up.

HIV testing

PWID, AGYW, and PBFW expressed fears around HIV testing and learning their status prior to initiating CAB-LA.

Questions About CAB-LA

Participant questions about CAB-LA were wide-ranging. We have included questions asked both before and after all phases of information about CAB-LA were provided, to indicate the types of information end users requested to better understand and assess CAB-LA. Across groups, FSWs asked the most questions, and MSM and TGDP asked some questions. PWID, PBFW, and AGYW had very few questions. All participant groups asked about the product's **effectiveness**. Other common question themes across groups related to:

- ☑ Side effects
- ☑ Eligibility
- ☑ Accessibility
- ☑ Research
- ☑ Product use
- ☑ Privacy

Effectiveness

- How effective is it?
- Will the injection be effective for the entire eight weeks?
- If, as study results report, "CAB PrEP users had a 90 percent lower chance of getting HIV than oral PrEP users," does that mean the injection is only 90 percent effective?
- Can you still acquire HIV while taking CAB-LA, since even when taking injectable contraceptives, you might still get pregnant?

Side effects

- What are the side effects of injectable PrEP? How long do the side effects last?
- Are there possible effects on sexual performance, such as low libido or erectile dysfunction?
- Does CAB-LA affect fertility, pregnancy, or vaginal thickness, wetness, or discharge? Could it cause a miscarriage?
- Are there long-term adverse effects of the injection, such as cancer?
- Can CAB-LA lead to death?
- Can CAB-LA use lead to drug resistance or addiction?
- What are the effects of overdosing on the drug or missing a dose?
- Would I experience any adverse effects once I stop taking CAB-LA?
- If I experience side effects, are there ways in which the drug can be removed from my system?
- Is there any way to avoid side effects other than not using CAB-LA?

Eligibility

- Are people with allergies eligible for CAB-LA?
- Why are only people over 18 years eligible old when minors are also sexually active?
- Can pregnant and lactating people use CAB-LA?

Accessibility

- When will CAB-LA be available?
- Will CAB-LA be free?
- Where can I get the injection?
- Is it possible to access CAB-LA in a different facility from where it was initiated or to receive the injection at home?
- Will FSWs be judged at health facilities? Can FSWs access the injection at their own (FSW-focused) sites?
- Will there be CAB-LA stockouts at health facilities?
- Why wasn't the product introduced earlier?

Research

- How long were the clinical trials?
- Will a study be conducted before introducing the injection in Eswatini?

Product use

- When does the injection start working, and how long does it last?
- Will the injection protect me if I have condomless sex with an HIV-positive person?
- Does it prevent STIs?
- Can I discontinue or switch PrEP methods when I want to?
- Can I take CAB-LA with contraceptives, like the family planning injectable or condoms?
- Can I drink alcohol or smoke when using CAB-LA?
- Are there any contraindications with other vaccines or medications?
- Is there a vaccination card that would show that I have been vaccinated with CAB-LA?

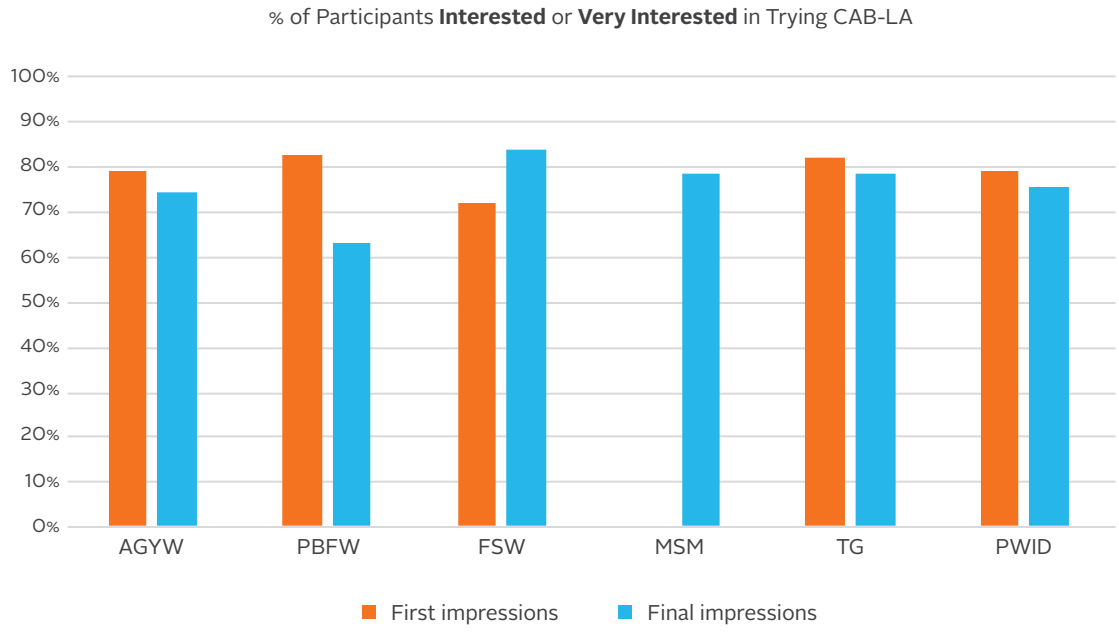
Privacy

- Would anyone know that I am using CAB-LA?

Personal Interest in CAB-LA

To gauge early and later impressions of CAB-LA, we asked participants to indicate their interest in trying CAB-LA, first after introducing CAB-LA simply as a long-acting injectable HIV prevention method (first impressions), and again after participants had received all the information about CAB-LA (e.g., testing requirements, off-ramping protocol) to get their final impressions. At both time points, each participant chose one of four interest levels: 1 not interested, 2 somewhat interested, 3 interested, or 4 very interested. Figure 2 shows the combined percentage of participants who were interested or very interested in trying CAB-LA by population group.

FIGURE 2. Participants' Personal Interest In Trying CAB-LA at Beginning and End of Consultation



*Only one poll result for MSM groups.

Proposed Pitching Messages for CAB-LA

Participant groups were asked how they would "pitch" the product to others to spark interest in CAB-LA. All participant groups highlighted the following key points in their pitches of CAB-LA:

- ★ **Privacy:** No injection mark and no sound from carrying pills
- ★ **Duration:** Long-lasting in the body
- ★ **Convenience:** No pill burden
- ★ **Effectiveness:** Confers safety and protection to oneself and to others (by helping one remain HIV negative)

"Your future is in your hands."
– AGYW participant

"Friends, let's test for HIV and take CAB-LA PrEP for us to be safe from HIV."
– FSW participant

"Your safety means those you love or close to you will be safe"
– AGYW participant

OTHER KEY MESSAGES SUGGESTED BY MULTIPLE PARTICIPANT GROUPS INCLUDED:

- Saves and lengthens lives
- Suitable for anyone regardless of gender/sex (wide eligibility criteria)
- Prevention is better than cure
- Safe to use
- Minor side effects
- Easy to use
- Fewer clinic visits, less waiting time
- Lower chance of defaulting
- Possible to discontinue or switch PrEP methods

Some messaging ideas were shared by only one participant group. TGDP appreciated that there are no interactions between CAB-LA and gender-affirming hormones or alcohol; AGYW valued that CAB-LA may be free or low cost. MSM participants observed that CAB-LA can enhance sexual pleasure because CAB-LA users can have sex without condoms, without fear of HIV.

Who is CAB-LA good for?

When asked who would like to use CAB-LA for HIV prevention, all groups described the injection as a good option for anyone at risk of HIV.

Specific population groups identified across sessions as a good fit for CAB-LA included:

- ★ Sex workers
- ★ LGBTQI+ community members
- ★ Serodifferent couples
- ★ People who inject drugs
- ★ Young people
- ★ People with multiple partners
- ★ Transport drivers
- ★ People who do not like taking a daily oral pill for HIV prevention

"Everyone who wants to protect themselves from acquiring HIV."
– PBFW participant

"Anyone who is HIV negative and feels they are at risk of contracting HIV."
– FSW participant

JOURNEY MAPPING

Crosscutting Needs for Access and Support

Participants in the consultations were asked to think about the key considerations or factors that might affect CAB-LA users at each step of the pathway from considering the need for PrEP through stopping CAB-LA. The journey map in Figure 3 depicts a list of key considerations for each step, aggregated from the suggestions provided by all groups. Specific factors raised by each group are presented in Table 4, using participants' own words.

FIGURE 3. Key Factors and Considerations on Pathway to CAB-LA Use, Consolidated Across Population Groups

Needs for Access and Support: Crosscutting

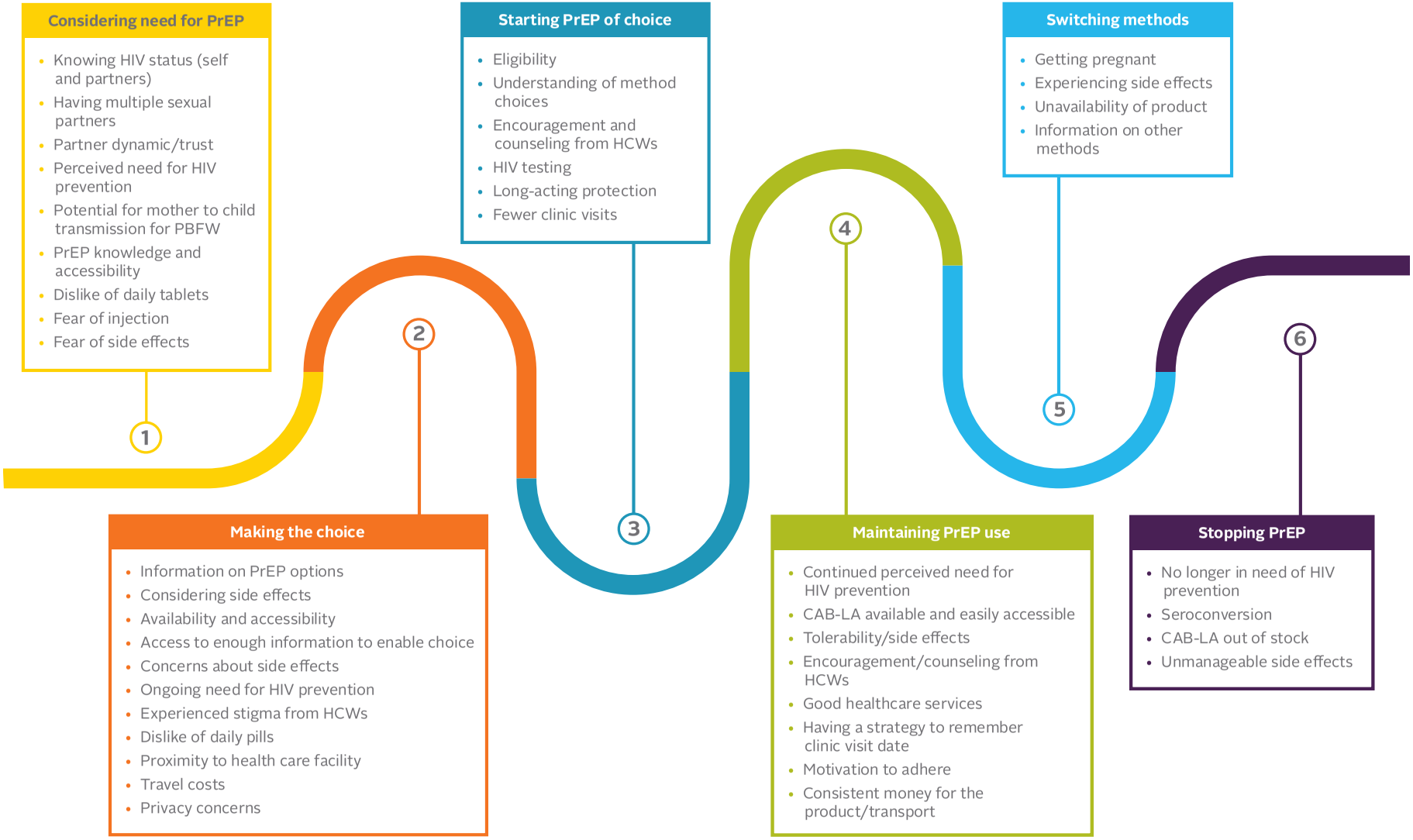


TABLE 4. Population-Specific Considerations for Steps Along the CAB-LA Pathway

Considerations marked with a "-" indicate challenges or "negative" considerations that might discourage CAB-LA use.

Group: MSM

Considering need	• No use of condoms • Have a high sex drive • Availability at outreach sessions • Eligibility	- Fear of injection - Availability of CAB-LA - Potential poor treatment by HCWs
Decision-making	• Choosing a method that aligns with my daily schedule • Effectiveness • Private and confidential option • Availability of the product	• Comparison to pills - Travel cost to clinic - My weight and HIV status - Proximity to health care facility
Initiating	• Safety • Availability of the product • Counseling to manage expectations	- Negative experience when visiting health care facilities
Maintaining	• Ongoing protection • High effectiveness • Convenience of product use	• Socializing with other people using PrEP • Managing side effects
Switching	• Less than anticipated sexual activity	
Stopping	• Reduced risk of HIV - Methods no longer available - Side effects becoming unmanageable	- Facility not welcoming - HIV seroconversion

Group: TGDP

Considering need	• Dating a sex worker	• Being mobile and meeting different partners
Decision-making	• Past HIV prevention experience	
Initiating	• Eligibility criteria	• Information on dosage
Maintaining	• Unfaithful partner - Pain on injected buttock	• Having sufficient information on the product
Switching	- Pain on injected buttock	- Missed injection dose
Stopping	• Exploring other methods	• Change of health care provider

Group: PWID

Considering need	• Multiple sexual partners	• Partner does not want to use protection
Decision-making	• Less stressful than daily tablet	
Initiating	• Knowing HIV status	• Perceived HIV risk
Maintaining	• No need to remember taking a daily tablet	
Switching	- Side effects	
Stopping	• Not having sexual partners	

Group: FSW

Considering need	• Multiple sexual partners • High-risk job • No use of condoms	- Fear of injections - Availability of CAB-LA - Treatment from HCWs
Decision-making	• Availability of CAB-LA • Receiving information on PrEP • Not having to remember daily pills • Ease of use	- Weight - HIV status - Proximity of health facility
Initiating	• Availability of CAB-LA at nearest clinic • Encouragement and counseling from HCWs • Long-acting product	• Fewer clinic visits - Possibility of judgment from others - Concerns about CAB-LA's impact on fertility
Maintaining	• Availability of CAB-LA • Quality of health care services • Engagement in perceived risky behavior(s) • Availability of mobile clinics	• No need to take a daily pill • Need for a strategy to remember appointments - Lack of supply, stockouts - Transport costs
Switching	• Guidance from HCWs • Receiving correct information to enable informed choice • Pregnancy	• Need for information on how to change methods - Greater side effects from CAB-LA than oral PrEP
Stopping	• Single • Not sexually active • No longer feels at risk for HIV • Need for other means to prevent HIV	- Stockouts - Side effects - Transport costs - Need to visit health facility to stop use

Group: PBFW

Considering need	• Not knowing partner's HIV status • Abusive relationship dynamics • Distant relationship	- Transport costs - Partner agreement
Decision-making	• Receiving correct information to enable informed choice • Avoiding pill burden - Availability of CAB-LA	- Treatment and attitude from HCWs - Fear - Stigma - Access to childcare
Initiating	• Availability of CAB-LA • Accessibility of CAB-LA • HIV status • Liver condition • Long-lasting product - Age	- Weight - Side effects - Fear of injections - Transport costs - Receiving incorrect information about CAB-LA
Maintaining	• Availability of CAB-LA • Accessibility of CAB-LA • Tolerability • Ability to align refill visits with other health care visits • Proximity to health facility	• Effectiveness in preventing HIV - Side effects - Need to get it every 2 months - Fear of injections - Transport costs
Switching	• Receiving correct information to enable informed choice - Greater side effects from CAB-LA than oral PrEP	- Need for information on how to change methods
Stopping	• Tolerance of injections • Ability to get to appointments on time - Side effects - Stockouts	- Receiving misleading information about CAB-LA - Treatment from HCWs

Group: AGYW

Considering need	• Fear of rape • Abusive relationship dynamics • Not knowing partner's HIV status • Cheating • Unprotected sex • Friendliness of services	- Fear of going to a clinic - Proximity of clinic - Treatment from HCWs - Fear of partner disapproval, which may lead to GBV - Possibility of being mocked by friends
Decision-making	• Safety • Pill burden • Works fast • Protection from getting HIV from abusive partner	• CAB-LA is more effective than oral PrEP since you cannot default - Availability of CAB-LA
Initiating	• Availability of CAB-LA • Knowledge and understanding of CAB-LA • Assurance about CAB-LA • Clarified myths and misconceptions	• Clinic opening and closing times • Not experiencing side effects • Provision from a health facility, not a pharmacy
Maintaining	• HIV status • Strategy for knowing refill dates (e.g. appointment cards) • Treatment from HCWs • Multiple sexual partners • Safety • No defaulting	• Assurance of protection from HIV - Side effects - Stockouts - Transport costs - Possibility of experiencing side effects while far from the clinic
Switching	• Not being at risk • Pregnancy • Effectiveness • Avoidance of drug resistance	• Need for information on how to change methods - Tired of injection - Side effects
Stopping	• No longer feels at risk for HIV • Need for other means to prevent HIV • Need to visit health facility to stop use	- Skipping dose for a long period of time - Transport costs

Stakeholder Recommendations and Conclusions

After reviewing findings from the end-user consultations, community stakeholders shared a range of considerations and recommendations for CAB-LA introduction and rollout in Eswatini:

- Roll out CAB-LA to the general public to reduce stigma toward key populations.
- Frame CAB-LA as an additional option for HIV prevention, not as a replacement for existing products.
- Explain the efficacy of CAB-LA in terms other than as a percentage more effective than oral PrEP (e.g., "CAB-LA is the most effective PrEP method currently available").
- Provide clear messaging about confusing topics such as CAB-LA's "tail" and drug resistance.
- Ensure adequate training of providers to strengthen their capacity to provide nonjudgmental, stigma-free care to all groups.
- Engage members of faith-based organizations and traditional structures in HIV prevention conversations.
- Facilitate male engagement with and dialogue on injectable PrEP, as partners and potential end-users.
- Utilize social media and peer-led information sharing.

Consultation findings indicate that the participating populations in Eswatini view CAB-LA as a valuable addition to the HIV prevention product portfolio. The crosscutting and group-specific perceptions and information needs of MSM, TGDP, PWID, FSW, AGYW, and PBFW can serve as a reference for introduction framing and message drafting throughout each phase of product introduction planning and rollout.