

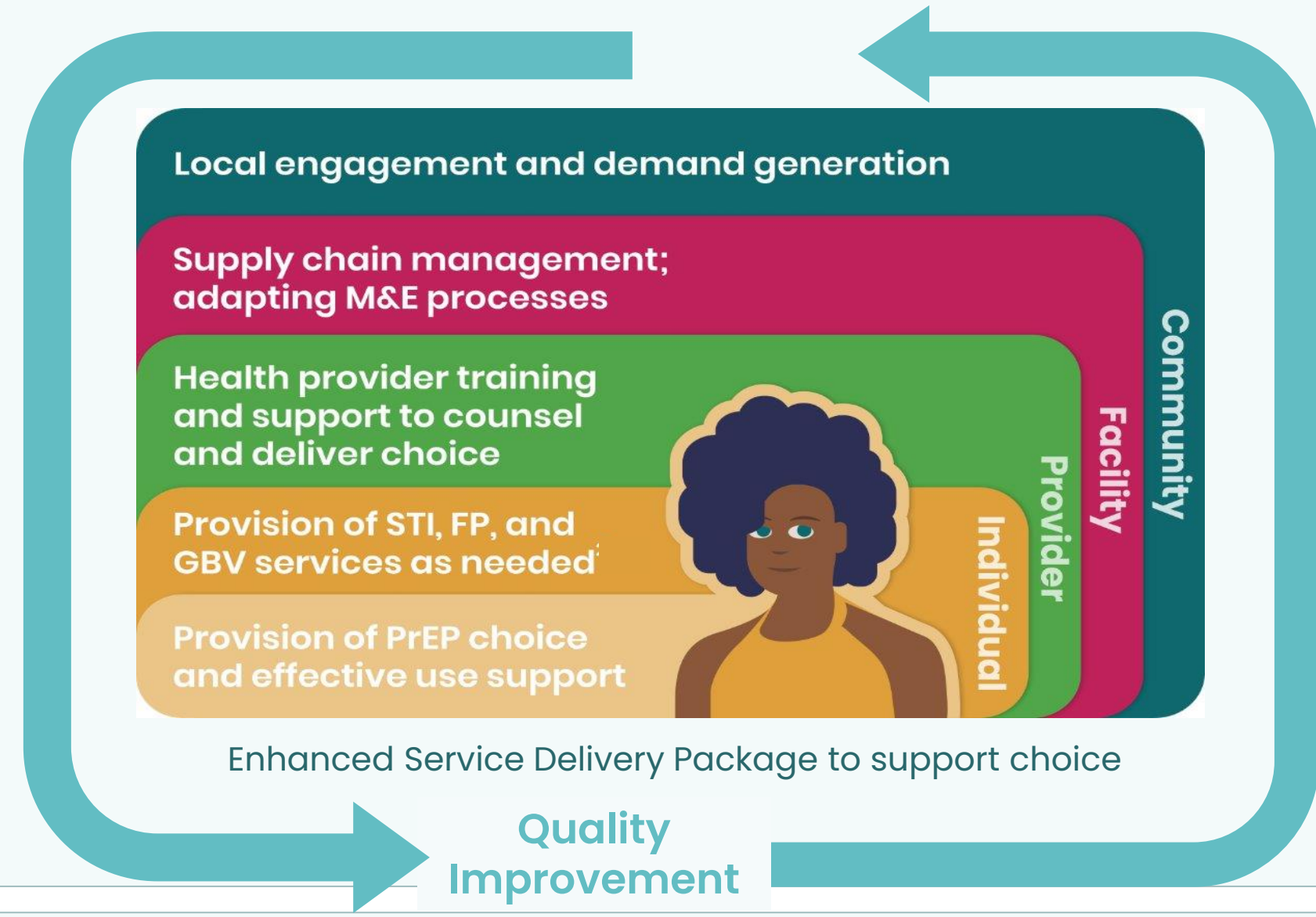
Patterns of PrEP use among women in the context of choice: Early results from CATALYST, an implementation study offering oral PrEP and the PrEP ring across five African countries

V. Fonner,¹ M. Conlon,¹ G. Chidumwa,² A. Chivafa,³ R. Drysdale,² J. Kabongo,³ A. Kazibwe,⁴ K. K'orimba,⁵ K. Kripke,⁶ N. Marake,⁷ P. Mudiopu,⁸ G. Ncube,⁹ J. Omentiah,¹⁰ J. Reed,¹¹ D. Taylor,¹ M.T. Lee,¹ L.N. Wamala,¹² E. Irungu,¹¹ on behalf of the CATALYST study team

¹FHI 360, Global Health and Population, Durham, NC, United States; ²Wits RHI, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; ³Pangaea Zimbabwe, Harare, Zimbabwe; ⁴TASO Uganda, Kampala, Uganda; ⁵LVCT Health, Nairobi, Kenya; ⁶Avenir Health, Takoma Park, MD, United States; ⁷Lesotho Ministry of Health, Maseru, Lesotho; ⁸Uganda Ministry of Health, Kampala, Uganda; ⁹Zimbabwe Ministry of Health, Harare, Zimbabwe; ¹⁰Kenya Ministry of Health, Nairobi, Kenya; ¹¹Jhpiego, United States and Kenya; ¹²FHI 360, Kampala, Uganda

Background

- Adolescent girls and young women (AGYW) in sub-Saharan Africa remain disproportionately affected by HIV.
- Oral PrEP has become a key prevention tool, but suboptimal uptake and continuation among women demonstrate the need for additional prevention options.
- The World Health Organization recommended use of the dapivirine vaginal ring (PrEP ring) as an additional prevention option for women in 2021. The PrEP ring has been approved for use within multiple countries in Africa.
- The PEPFAR/USAID-supported CATALYST study aims to understand how different products are used among women offered PrEP choice.
- In Stage I of the CATALYST study, sites are offering women a choice between oral PrEP and the PrEP ring in the context of a comprehensive service delivery package. Stage II has begun in several countries with the introduction of injectable cabotegravir (CAB PrEP) as an additional prevention option. This poster presents results from Stage I of the study.

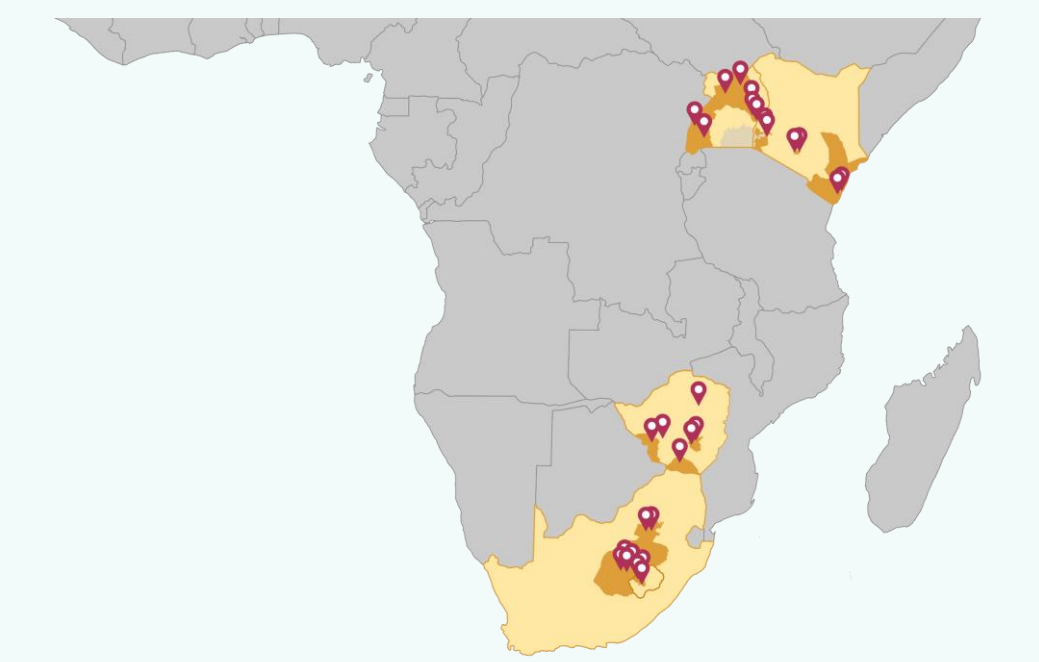


The goal of this analysis was to understand how women, including AGYW, sex workers, and pregnant and breastfeeding people, use PrEP in the context of having a choice between oral PrEP and the PrEP ring.

Methods

- CATALYST enrolled HIV-negative women ages 15+ years who were interested in learning about HIV prevention across 27 sites.
- Participants were allowed to switch PrEP products at any time during follow-up; notably, however, eligibility for the PrEP ring was restricted in some countries due to age, pregnancy, and/or breastfeeding status.
- We analyzed cohort questionnaire data and clinic records during the first study stage (May 2023 – July 2024), using descriptive statistics to assess method initiation (within 14 days of product receipt), month one refill (refill within 60 days of product receipt among those with a scheduled month one visit who had been enrolled for >60 days), and total PrEP volume dispensed.
- We used logistic regression to assess factors associated with month one refill of the same PrEP method.
- Survival analysis was used to assess time until first gap in PrEP use. We used Cox proportional hazards model to assess differences in risk of experiencing a gap in PrEP use across method selection at enrollment.
- The first gap in PrEP use was defined as the first time after PrEP initiation in Stage I of CATALYST in which the PrEP supply was exhausted without refill within 30 days or until PrEP use reportedly stopped.

Figure 1. CATALYST sites



CATALYST is initially offering choice between oral PrEP and the PrEP ring to adolescent girls and women attending 27 public health sites across Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. CAB PrEP will be offered as an additional prevention option once approved in CATALYST countries.

Results

CATALYST Study Population

Table 1. Populations enrolled in CATALYST

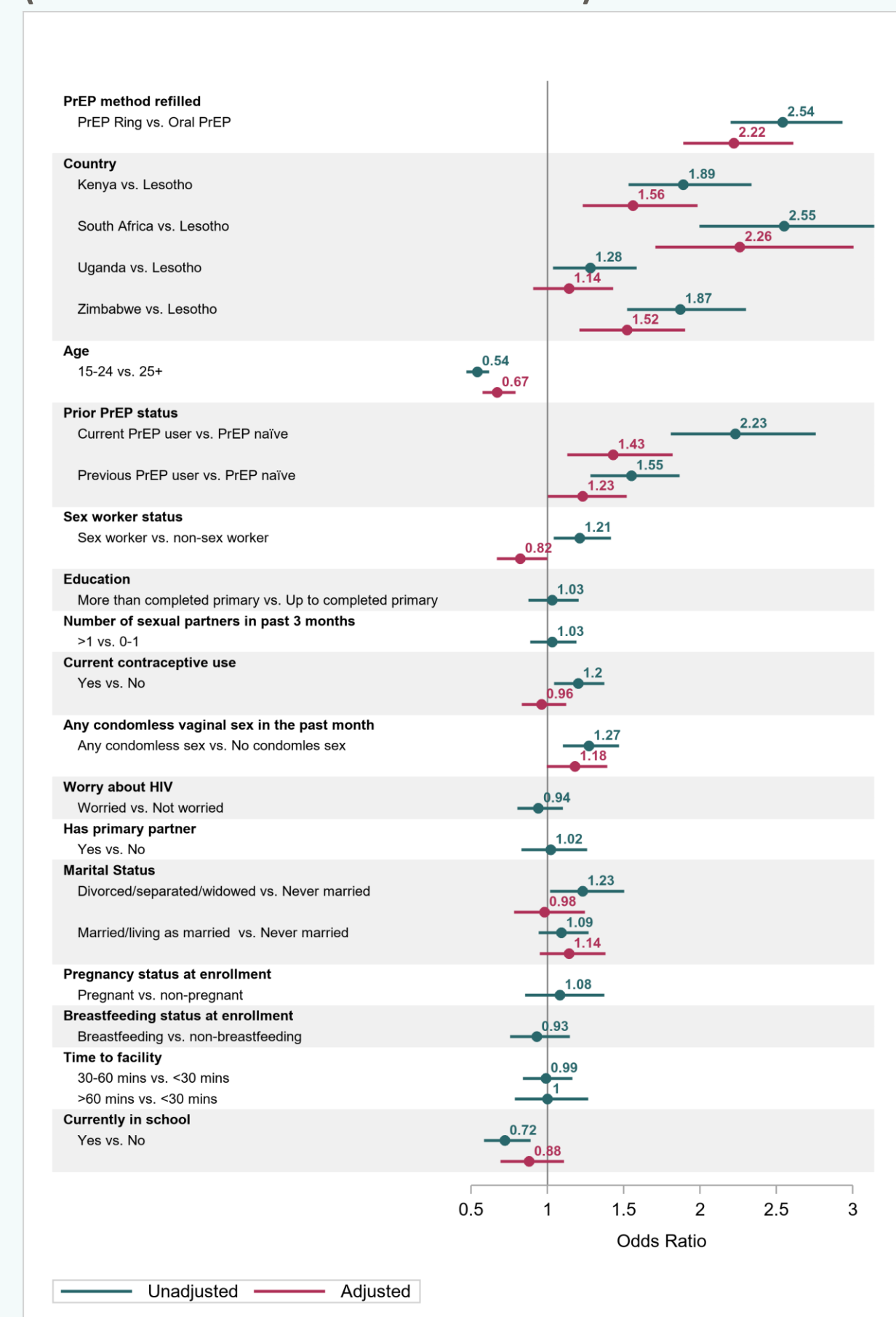
	Kenya (n=766)	Lesotho (n=872)	South Africa (n=557)	Uganda (n=837)	Zimbabwe (n=935)	Total (n=3,967)
AGYW (15–24 years)	46%	60%	30%	48%	36%	45%
Pregnant at enrollment	7%	14%	3%	6%	12%	9%
Breastfeeding at enrollment	18%	10%	5%	10%	16%	12%
Sex worker	46%	6%	42%	29%	14%	25%

Almost half of all participants in CATALYST are AGYW, 25% are sex workers, and 9–12% were pregnant and/or breastfeeding at enrollment.

Membership in each population is not mutually exclusive. Sex work was defined for only those ages 18 years and older.

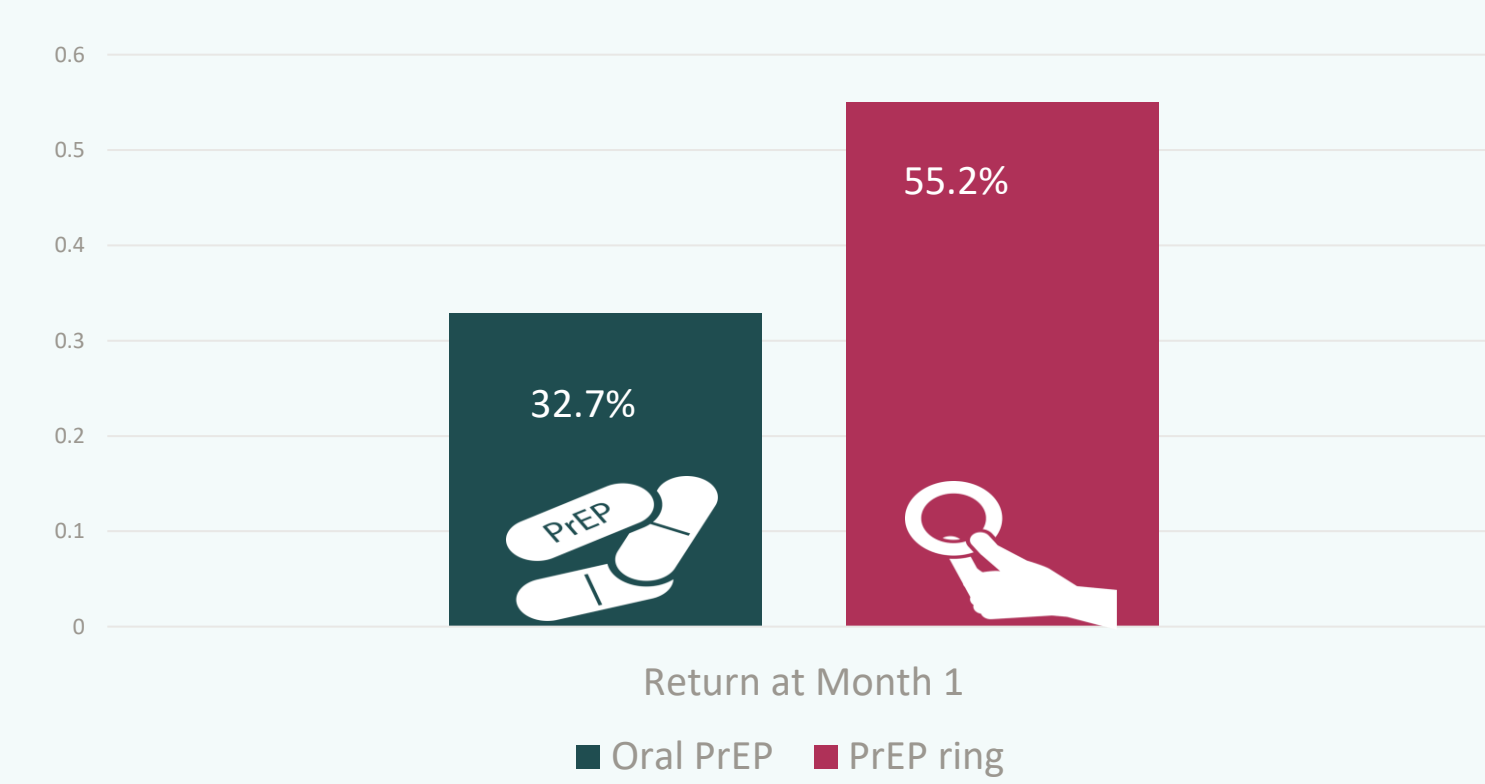
PrEP refill return at One Month

Figure 2. Factors associated with one month return visit (for refill of the same PrEP method)



- Return for PrEP method refill at one month was 32.7% for those who selected oral PrEP at enrollment and 55.2% for those who selected the PrEP ring at enrollment. Both AGYW (vs. older women) and sex workers (vs. non-sex workers) had significantly lower odds of refilling PrEP after controlling for covariates.
- Participants with prior PrEP use at enrollment had higher odds of method refill compared to PrEP-naïve participants.
- Participants who reported any condomless sex in the past month (vs. no condomless sex) had higher odds of returning for PrEP refill at one month.

Figure 3. Proportion of PrEP users returning at one month for same method refill of those expected to return (n=3509)*



*When restricted to PrEP naïve individuals who initiated a PrEP method within 30 days of enrollment, 31.5% of oral PrEP initiators (n=605/1919) returned for refill of the same PrEP method at month 1 and 51.4% of ring initiators returned for refill at month 1 (n=320/622)

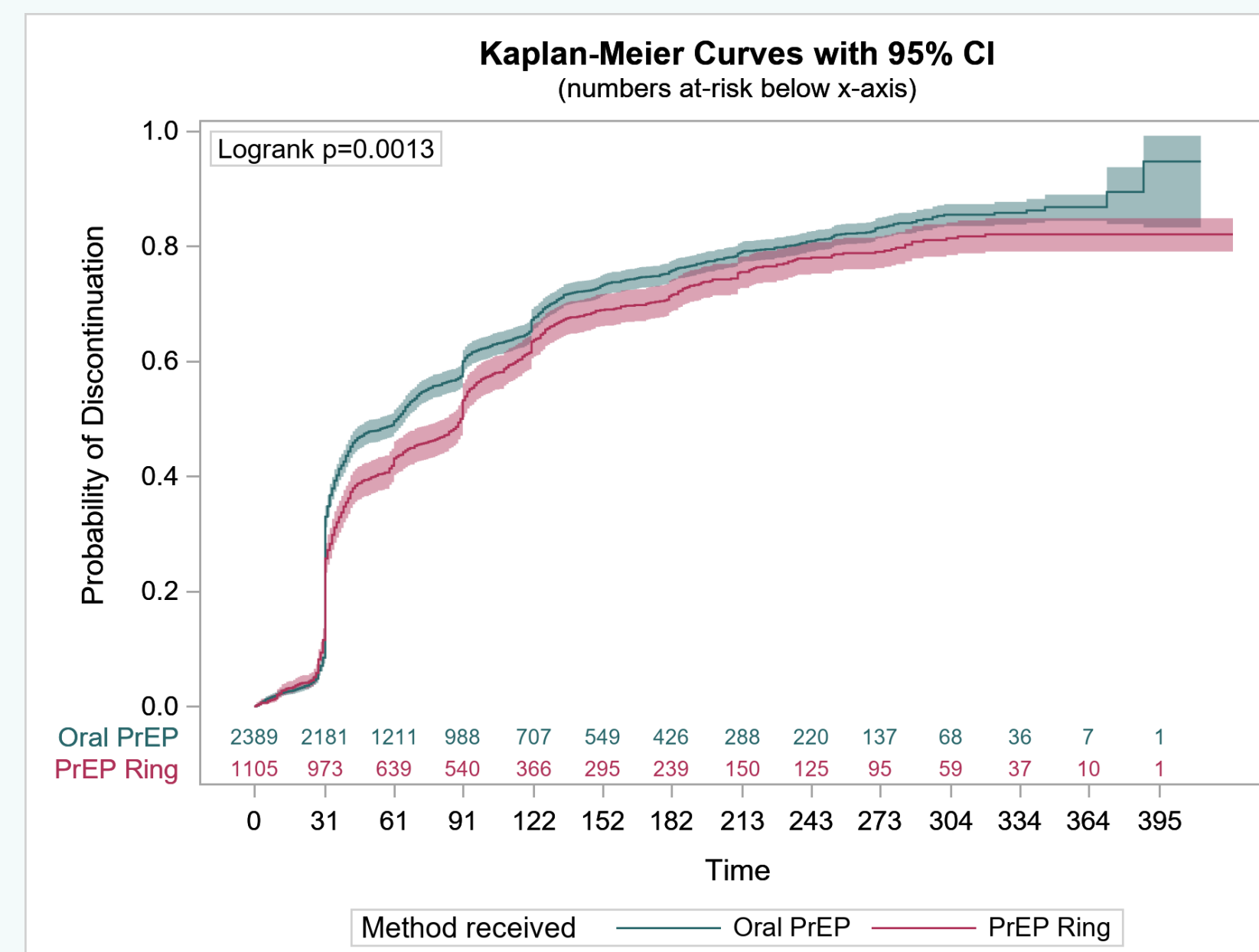
Ring users had over twice the odds of PrEP refill return at one month compared to oral PrEP users.

PrEP method initiation and method switching

- Of 3,814 participants enrolled in Stage I who received a PrEP method at enrollment, 69% confirmed initiating PrEP within 14 days (n=2,637/3,814)—65% for oral PrEP, 79% for ring.
- Of participants with ≥1 refill visit who chose a method at enrollment, 12.1% (n=248/2043) switched methods at least once, with 7.3% (n=89/1225) switching from oral PrEP to the PrEP ring and 19.4% (n=159/818) from the ring to oral PrEP (p<0.001).

Time until first gap in PrEP use

Figure 4. Time until first gap in PrEP use, by method



Time until first gap in PrEP use

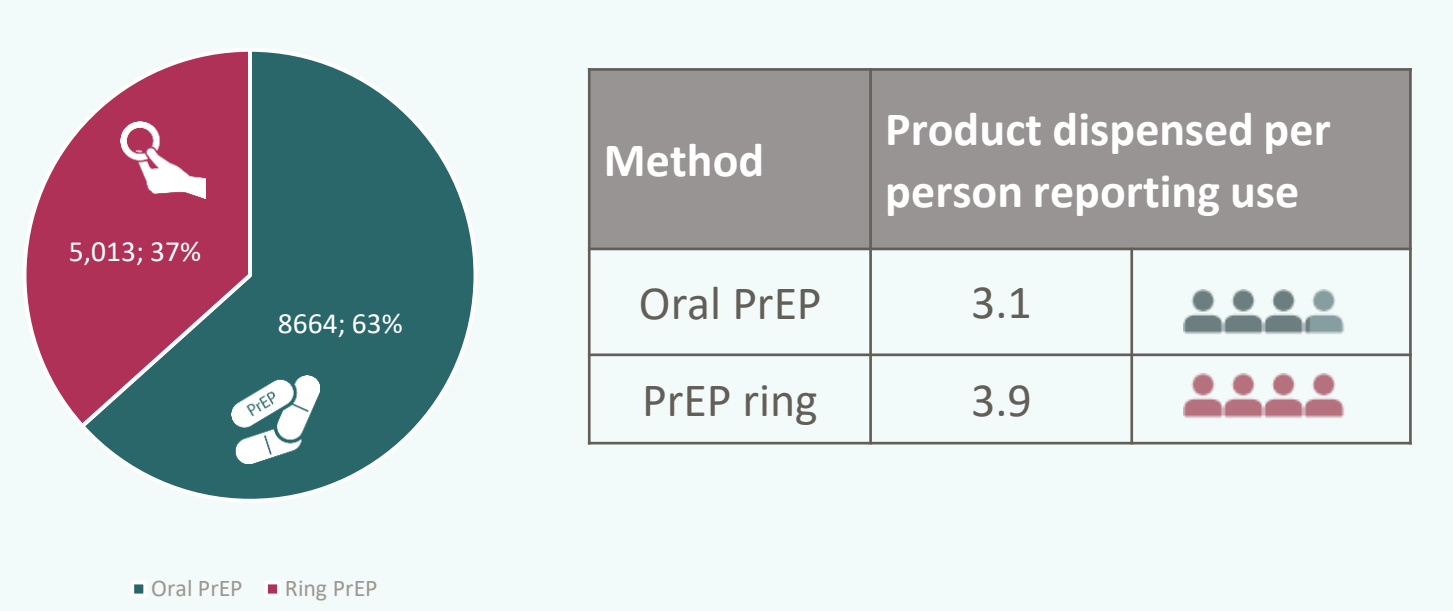
- Median time until first gap in PrEP use for oral PrEP users (n=2,389) was 63 days (95% CI: 54, 66 days).
- Median time until first gap in PrEP use for PrEP ring users (n=1,105) was 91 days (95% CI: 83, 91 days).
- Risk of an initial gap in PrEP use was lower for PrEP ring users as compared to oral PrEP users in the first 31 days (HR=0.77 (95% CI: 0.669, 0.878), p<0.001). There was a significant interaction with time at day 31 (p=0.028). After 31 days the hazard ratio was 0.93 (95% CI: 0.837, 1.029), p=0.155.
- When the analysis was restricted to PrEP-naïve participants, the risk of having a first gap in PrEP use remained lower for ring users compared to oral PrEP users, both within the first 31 days and after 31 days.

Risk of having a first gap in PrEP use was lower for PrEP ring users compared to oral PrEP users.

Total PrEP dispensed

- Since study start, nearly twice the volume of oral PrEP (8664 months' supply) has been dispensed compared to the PrEP ring (5013 months' supply). At enrollment, more participants chose oral PrEP (66%) than the PrEP ring (30%).
- For oral PrEP, 3.1 months' supply has been dispensed for each person reporting use of the method. For the PrEP ring, 3.9 months' supply has been dispensed for each person reporting use.

Figure 5. Total months of PrEP dispensed, and months of PrEP dispensed per person



Conclusions

- PrEP use varies by product in the context of choice. Participants choosing the PrEP ring at enrollment had higher initial refill return and used PrEP longer until an initial gap compared to oral PrEP users.
- AGYW and sex workers, regardless of method chosen, had lower odds of initial PrEP refill, suggesting more efforts are needed to support members of these groups, including offering tailored services to better meet user needs.
- Early product switching is occurring among approximately 12% of PrEP initiators. Longer-term follow-up will better inform understanding of use patterns.

For more information, contact Ginny Fonner at gfonner@fhi360.org

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