

# Long-Acting Injectable Cabotegravir for PrEP

Civil society advocates' key areas for advocacy

Chilufya Kasanda, TALC Zambia

Sibongile Maseko, Consultant

Emily Bass, AVAC

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# CAB-LA – a puzzle with missing pieces

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- When, where and how does resistance emerge with people who use CAB-LA in the trials? This is a frequent question from people hearing about CAB-LA
- What are the treatment options for people who acquire HIV using CAB-LA?
- What is the plan for community engagement as part of CAB-LA introduction?
  - ViiV has not committed to ongoing engagement in spite of requests from civil society; in the recent PEPFAR planning process, government plans and PEPFAR investments varied – we don't see a clear way forward for robust leadership, even though daily oral PrEP tells us its needed
- How is choice being prioritized? We have heard that women “love Depo” – the injectable contraceptive, even though we know that it is the right choice for some women, and not for others. How will programs that support preference and choice prevail?

# Filling in the gaps in the puzzle – a checklist

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- A better understanding of the risk of resistance and the duration of the pharmacokinetic “tail”
- Clarity on price – a major barrier to access and availability
- Consistent messages – how is CAB-LA going to fit with new products like dapivirine vaginal ring and familiar ones, like daily oral PrEP?
- Community engagement and leadership -- what is the plan, who will support it, who will lead?

# Questions from the 'real world' – how will CAB-LA fit in?

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- Looking at oral PrEP roll out in Swaziland – many issues have emerged that are also relevant to CAB-LA:
  - Challenges with adherence that link to limited community literacy/investment in PrEP communications at community level – people don't understand what the product is, why they need to adhere or even take it when healthy – “No one is there to address the questions,”
  - Challenges with voluntarism when an intervention is offered – will be worse with an injectable – most people are informed about their health rights – cant say 'no' if offered/told about a strategy
- How will this fit within COVID-19 – our facilities are swamped, how will introduction happen?

# Is a 'shot' easier, and for who?

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- Is it a 'prick' or something bigger? What is the pain like at the injection site? What is the volume, how does it feel?
- Research on oral PrEP in Swaziland has identified issues of continuity—people starting and stopping—and of adherence while receiving PrEP. How will CAB-LA or other prevention programs address these questions with oral PrEP, which are still important?
- How will a program present the pros and cons of different products?
- How will community literacy be boosted, and who will pay as government prioritizes COVID-19?

**There is a lot that needs to be done in terms of preparing**

# Implementation issues emerging from the research

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- We have heard at @ CROI 2020 that standard HIV antibody tests will not immediately detect infection in people receiving on-time CAB-LA injections – and that one solution is diagnosis with viral load assays
  - What does this mean for calculating the cost of the program – what does it mean for HIV testing algorithms? For self test?
  - What are the plans for modeling the cost of shifting testing algorithm?
  - What has been learned within trial about counseling messages and issues for PLHIV who acquire HIV while receiving injections – and do not test antibody ‘positive’?