

Successful early implementation of long-acting injectable cabotegravir among adolescent girls and young women in Zambia

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Background

- Adolescent girls and young women (AGYW) aged 16-24 years in Zambia remain at disproportionate risk of HIV despite widespread access to oral pre-exposure prophylaxis (PrEP), with only 2-5% of AGYW reporting ever taking PrEP¹.
- Zambia was among the first African countries to introduce long-acting injectable for PrEP (LAI-PrEP).
- The Zambia Ministry of Health (MoH) selected two DREAMS community-based sites to pilot the first introduction of cabotegravir (CAB-LA).
- We assessed CAB-LA PrEP uptake and adherence among AGYW during this initial implementation and compared these outcomes to daily oral PrEP.

Methods

- Design:** Retrospective cohort analysis of routinely collected clinical data from 1 February 2024 to 30 January 2025, with 6 months of follow-up.
- Setting:** Two DREAMS community-based clinics in Southern Province, Zambia
- Population:** AGYW aged 16 to 24 years.
- Outcomes**
 - PrEP uptake:** number and proportion of AGYW who initiated PrEP.
 - CAB-LA adherence to on-time injection schedule:** proportion of AGYW who received an injection within +/- 7 days of the scheduled injection date for the second injection (30 days after initiation) and the third injection (60 days after the second injection) among those who received the preceding injection, regardless of timing.
 - CAB-LA continuation:** proportion of AGYW who received the second injection within 60 days of the first injection and the third injection within 90 days of the second injection, among those who received the preceding injection.
 - Oral PrEP refill adherence:** proportion of AGYW who attended scheduled PrEP refill appointment +/- 7 days at Month 1 and Month 3.

Results

- A total of 155 AGYW were initiated on CAB-LA (the number of doses was predefined by MoH for the pilot phase), and 1,450 AGYW were initiated on daily oral PrEP.
- CAB-LA adherence to on-time injection schedule: 44% (68/155) for the second injection and 43% (60/141) for the third injection.
- CAB-LA continuation: 81% (125/155) for the second injection and 83% (117/141) for the third injection.
- Oral PrEP refill adherence was 27% (398/1450) at the second refill and 11% (106/968) at the third refill.

References

1. Zambia Ministry of Health. Zambia Population-Based HIV Impact Assessment (ZAMPHIA). 2023.

Table 1. Baseline characteristics by PrEP formulations

Characteristics	CAB-LA N=155	PrEP oral N=1,450	p value
Age when initiating PrEP Mean (SD)	20.2 (2.6)	20.4 (2.6)	0.41
Enrolled in school			<0.01
Yes	68 (50.4)	520 (36.5)	
No	67 (49.6)	904 (63.5)	
Type of House**			0.93
Mud	10 (7.4)	88 (6.2)	
Thatched	1 (0.7)	15 (1.1)	
Brick	123 (91.1)	1304 (91.8)	
Other	1 (0.7)	13 (0.9)	
Abused drugs			0.07
Yes	6 (4.6)	132 (9.4)	
No	124 (95.4)	1274 (90.6)	

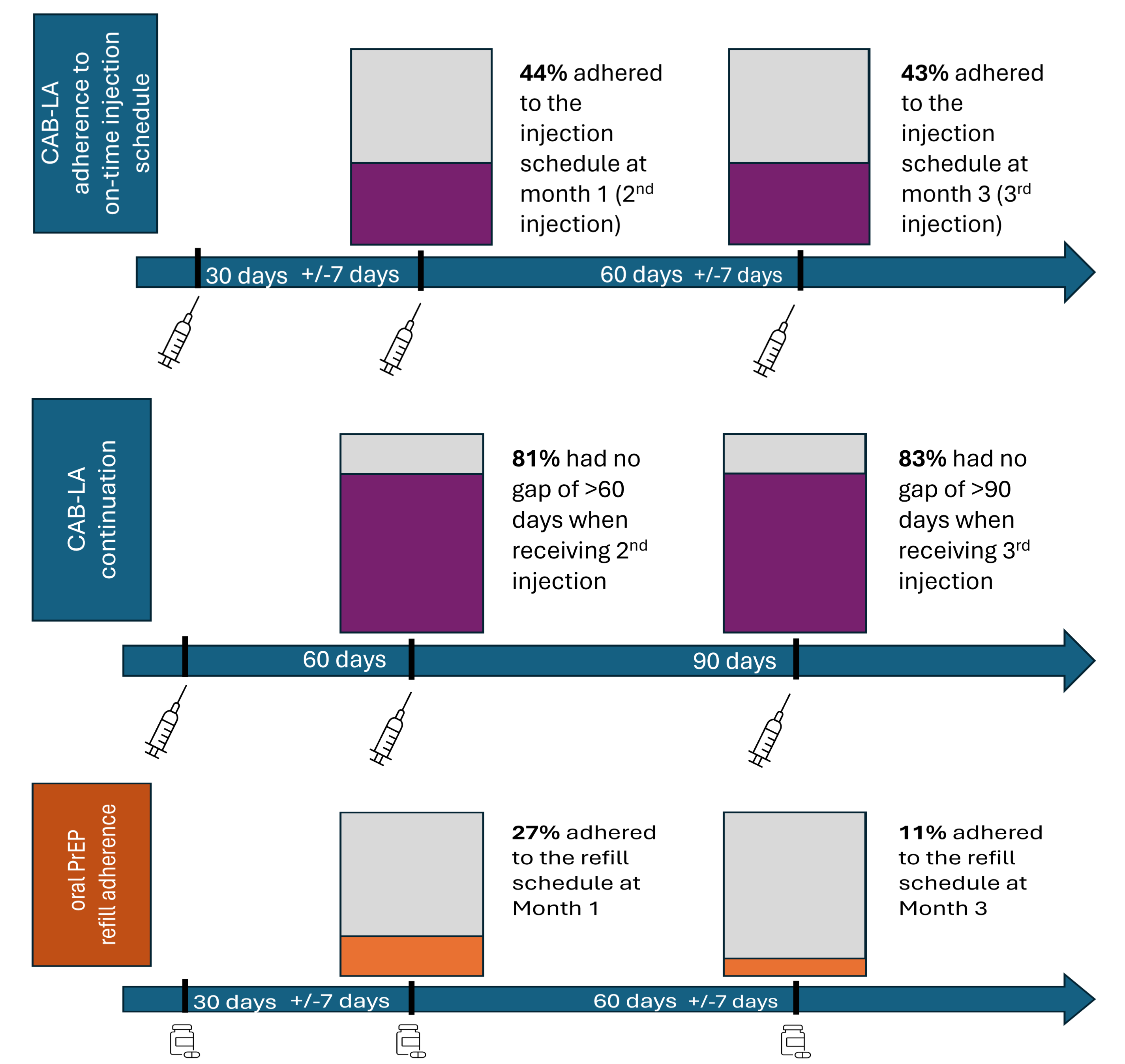


Figure 1. CAB-LA adherence to on-time injection schedule (top), CAB-LA continuation (middle), and oral PrEP refill adherence (bottom)

Conclusions

- Community-based implementation of CAB-LA is feasible.
- Most AGYW returned for their injection; opportunities exist to strengthen adherence to on-time injection schedules.
- CAB-LA adherence was higher than oral PrEP refill adherence.
- Future research, including identifying interventions and implementation strategies to enhance adherence to the injection schedule and longer-term retention, is warranted to inform the rapid scale-up of LAI-PrEP.

Acknowledgement

We would like to thank all study participants, the SCALE UP Youth Study Advisory Panel, and the At-Large Advisory Panel for their valuable contributions to the study.

This work has been supported by the U.S NIH (1R21MH138197-01).

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