HIV prevention for the community and with the community

Peer-driven delivery of long-acting injectable cabotegravir for key populations: preliminary findings from Beira, Mozambique

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[Diversity / Choice / Advocacy]

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

SCIENTIFIC DAYS

PrEP: From Daily Pill to Long-Acting Protection

WHAT IS PrEP?

Pre-Exposure Prophylaxis (PrEP)

- Antiretroviral medication taken before potential HIV exposure
- Prevents HIV from establishing infection in the body
- Evidence-based strategy for populations at heightened risk

ORAL PrEP (TDF/FTC): THE CHALLENGE

Adherence-Dependent Efficacy

- Daily pill burden demands strict, uninterrupted adherence
- Visible pill bottle: stigma and disclosure risk for key populations
- Missed doses create real-world protection gaps

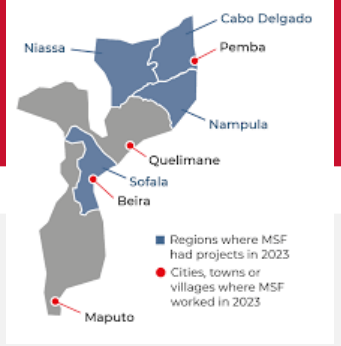
LONG-ACTING PrEP: NEW OPTIONS

Beyond the Pill: Two Approved Modalities

- CAB-LA (cabotegravir): bimonthly injection: adherence-independent, discreet
- Dapivirine vaginal ring: monthly insert, user-controlled, private

Both modalities WHO-prequalified and recommended for key populations at substantial HIV risk

Background



Setting & Context

– **Setting:** Beira District, an urban, high-HIV-burden corridor city; MSF-supported community clinics and outreach sites using a peer-driven, (2014)

– **Epidemiological context:**

Mozambique

~2.1M people living with HIV | 12.5% national adult prevalence (INSIDA 2022)

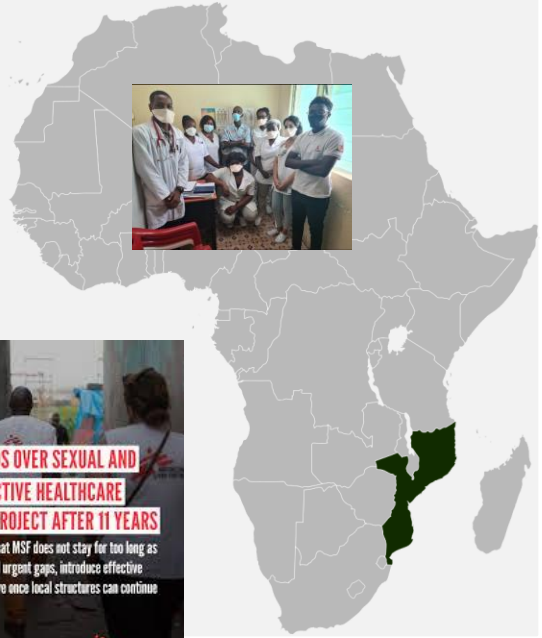
Sofala province

Prevalence >15%

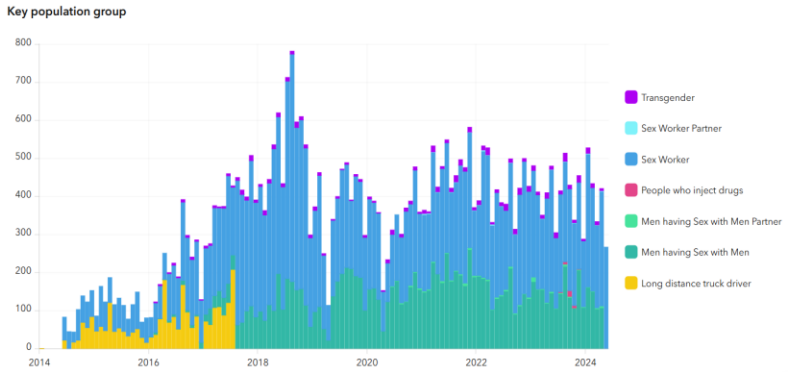
Key populations:

stigma, criminalisation, gender-based violence

→ low prevention access



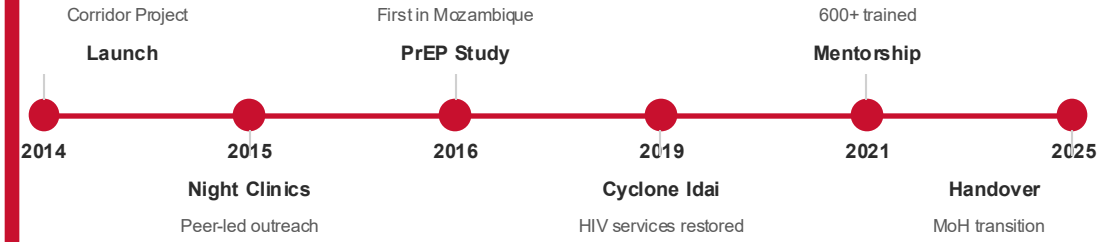
MSF Beira: Peer-Driven HIV Prevention for Key Populations (2014-2025)



KEY POPULATIONS SERVED

- Female sex workers
- Men who have sex with men
- Transgender people

Launched in 2014 as part of a multi-country corridor response to HIV: MSF delivered peer-driven, community-led prevention and care to key populations in Beira for 11 years, transitioning all services to the Ministry of Health in 2025.



8,000+ encounters

600+ health workers trained

Peer Educators

KP members as health advocates, building trust through shared experience and community networks

Mobile Outreach

Night clinics meeting FSW and MSM on location, when they are safest

System Building

Mentorship of 600+ health workers; full handover to MoH and local organisations in 2025

Study Design

Objectives

Primary objective

Evaluate the feasibility and acceptability of integrating CAB-LA into peer-driven PrEP outreach for key populations.

Outcome measures

Uptake: Timing and rates of CAB-LA adoption.

Persistence: Usage patterns and PrEP continuation.

Clinical: Safety, adverse events, and seroconversions.

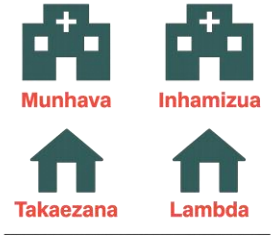
Feasibility: Acceptability and process efficiency.

Methodology

- Prospective mixed-methods cohort
- embedded in a choice-based PrEP programme

Study period: July 2025 - June 2026

Sample: N=200 (CABLA study)`



Quantitative Component	- Prospective cohort in HIV-negative KPs (>= 18 years) - Drop-in centres (DICs) and primary healthcare - Outcomes: uptake, persistence, clinical safety
Qualitative Component	- Methods: In-depth interviews (IDI), n=16 - Sampling: Purposive - Analysis: Thematic

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Results

Participants' characteristics

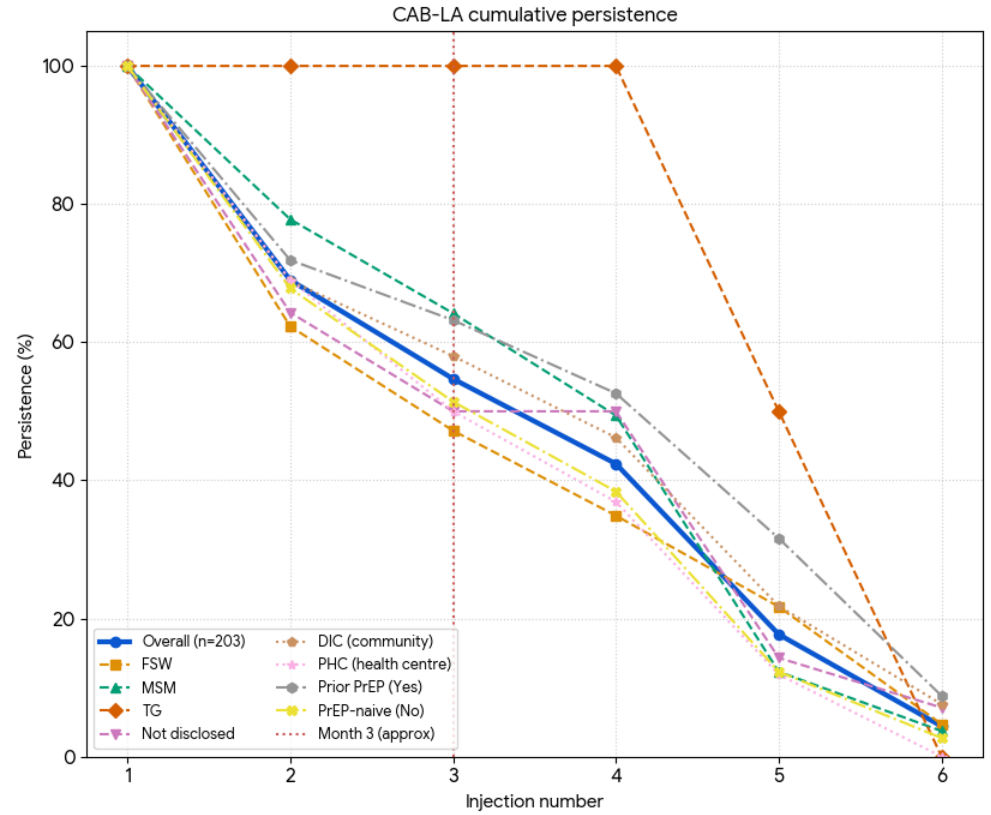
Characteristic	Overall (N=240)	FSW (N=115)	MSM/TG (N=106)	Undisclosed (N=19)
Age, median [IQR]	24.0 [20–30]	25.0 [21–30]	22.5 [20–29]	23.0 [19–29]
Previous PrEP use, n (%)	64 (26.7%)	36 (31.3%)	25 (23.6%)	3 (15.8%)
Perceived HIV risk, n (%)	199 (82.9%)	100 (87.0%)	84 (79.2%)	15 (78.9%)
Delivery site – DIC, n (%)	127 (52.9%)	70 (60.9%)	48 (45.3%)	9 (47.4%)

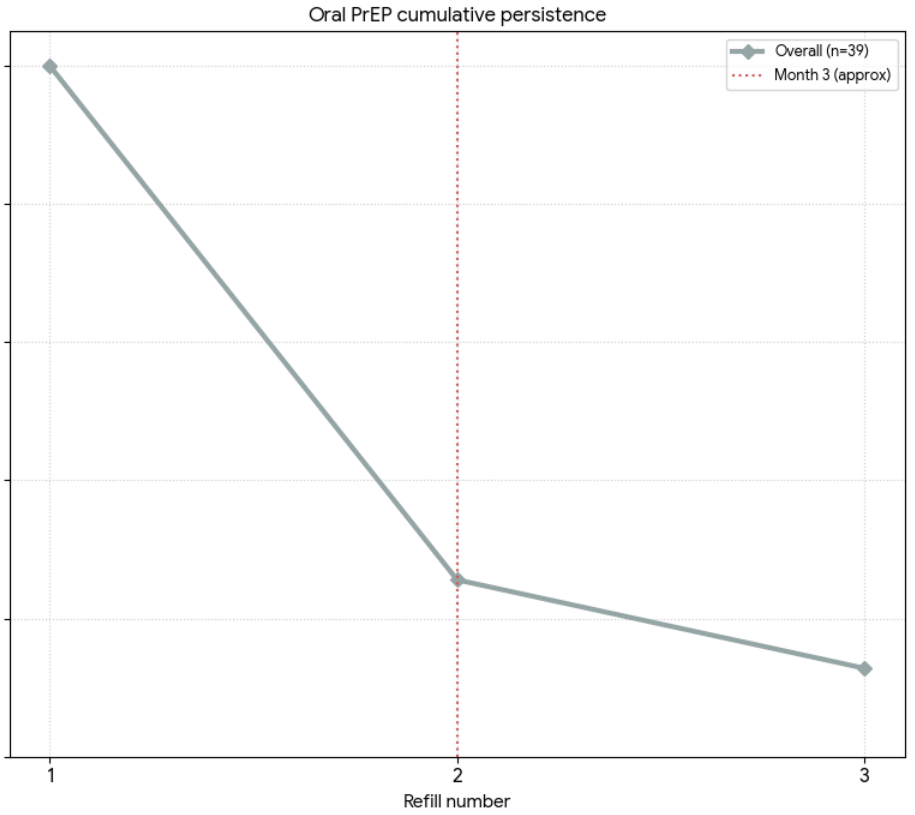
Results

PrEP Choice at baseline

Subgroup	CAB-LA %
Overall (n=220)	**86%**
FSW (n=115)	95%
MSM (n=103)	77%
Transgender (n=2)	100%
DIC – community	96%
PHC – facility	75%
PrEP-naive	87%
Prior oral PrEP users	79%

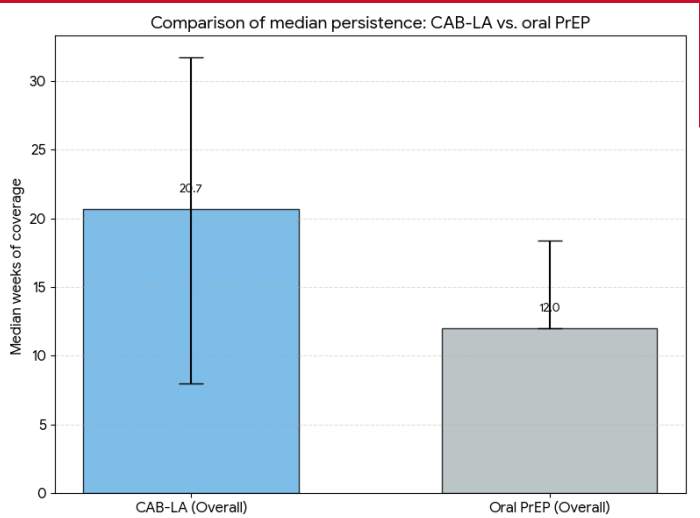
Results

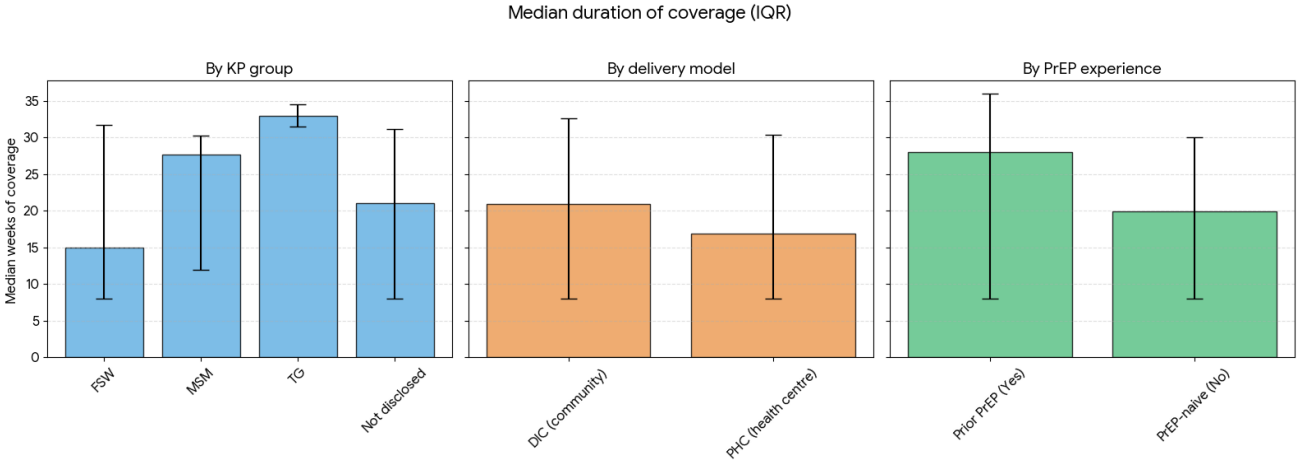

CAB-LA cumulative persistence
Persistence (%)
Injection number
Overall (n=203)
FSW
MSM
TG
Not disclosed
DIC (community)
PHC (health centre)
Prior PrEP (Yes)
PrEP-naive (No)
Month 3 (approx)


Oral PrEP cumulative persistence
Refill number
Overall (n=39)
Month 3 (approx)

Results

PrEP coverage





Adverse Events — CAB-LA Injections (N = 203)

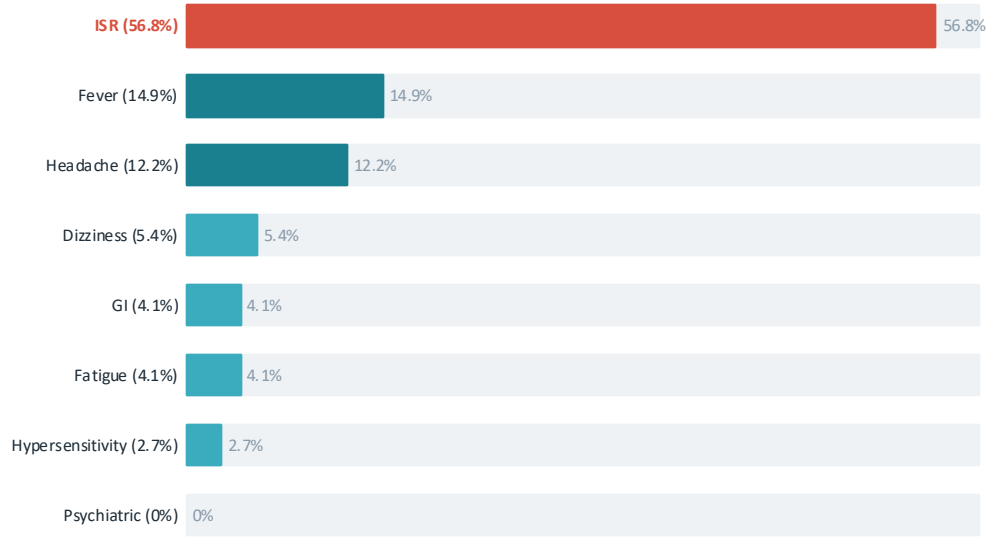
203
Received CAB-LA injection

20.7%
Participants with ≥1 AE

74
Total CAB-LA-attributed AEs

0.36
AEs per user (1.76 per affected)

AE Category Breakdown (% of 74 AEs)



ISR sub-types (n=42 ISR events): Pain/discomfort 88.1% · Swelling 19.0% · Nodule 14.3% · Induration 7.1%

DAIDS Severity Grade Distribution (74 AEs)

37 50.0%
Grade 1 – Mild

27 36.5%
Grade 2 – Moderate

10 13.5%
Grade 3 – Severe

0 0%
Grade 4 – Life-threatening

Community Voices on PrEP and CAB-LA

n=16 IDIs and FGDs | Beira, October 2025 | Translated from Portuguese

MESSAGING

"In the beginning, we said PrEP is an antiretroviral. That word created distrust. We had to say: PrEP is a medication that prevents HIV. Only then did people begin to accept it.

Community activist, FGD, Takaezana

ORAL PrEP

"I used oral PrEP before. Honestly, I don't like it... it's not easy taking medication every day... and in my mind it says I'm not sick.

FSW, IDI, Takaezana

CONVENIENCE

"It's the kind of thing where you just get the injection and go home, only come back at the next appointment.

FSW, IDI, Takaezana

DISCRETION

"The injectable is better because nobody sees anything at home.

Multiple IDIs

CONTINUOUS PROTECTION

"With the injection I'm protected the whole month.

Multiple IDIs

Barriers to PrEP Access and Continuation

n=16 IDIs and FGDs | Beira, October 2025 | Translated from Portuguese

ACCESS

"My friends there can't make it... there's no transport... there's no PrEP at the nearest health unit.

MSM, IDI, Inhamizua, October 2025

ADVERSE EFFECTS

KEY FINDING

Reactions included headache, nausea, myalgia radiating to the leg, and generalised body pain. Severity was unpredictable: some tolerated the loading dose well, others experienced severe reactions at the second injection. At least two participants were bed-ridden for days; one required hospitalisation.

Provider accounts and FGDs

PILL STIGMA

"These tablets are the same as what HIV-positive people take. The first time I went to collect oral PrEP, I ran into my neighbour who is studying nursing — she was very upset, telling me I should not take those tablets because they were for seropositive people. She couldn't tell the difference.

MSM, FGD, Takaezana, October 2025

Results — Limitations

Limited impact assessment
No data on HIV incidence reduction, population impact, long-term protection, or behavioural/STI changes

Ongoing study
37.1% still in follow-up at analysis
Descriptive analysis; final analysis expected in August 2026

Generalisability
Findings based on MSF-supported community structures & choice-based design
Not directly transferable to rural or lower-resource settings without similar support

Key takeaways

- PrEP choice is the new standard: it gives people autonomy and improves prevention effectiveness
- People who need it most are generally marginalised and excluded from access
- LA PrEP in a community model could improve access, uptake and continuation
- Community networks are key to scaling up prevention and must be resourced adequately

Thank you, what's next?

- ViiV (only supplier of CAB-LA) **currently refuses to quote prices or sell CAB-LA** to MSF for **middle-income countries (MICs)** unless a non-disclosure agreement (NDA) is signed.

- MSF **is refusing Viiv's confidentiality request**, as pricing transparency helps ensure public scrutiny and accountability, which can lead to more affordable, accessible drugs.

Middle-income country

~~Lenacapavir~~

MICs excluded from Global Fund/Gilead/PEPFAR agreement, and/or voluntary licence for generics

~~CAB-LA~~

MICs excluded by Viiv insistence on NDA

"Viiv has demonstrated through its latest ad campaign that it understands very well that secrecy isn't good for ending the HIV epidemic. Why is it insisting on silence in its procurement policies?"

- Antonio Flores, Senior HIV/TB Advisor

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