

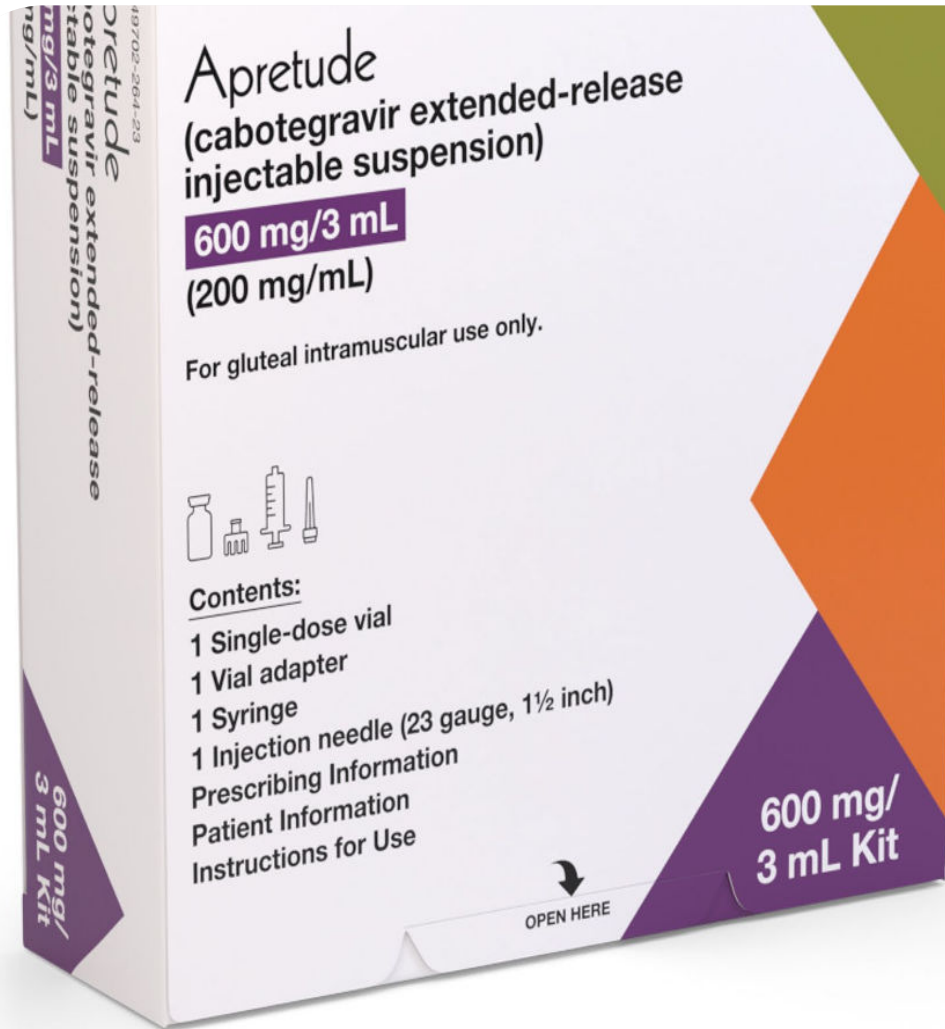
Lessons From Pilot Implementation of Long-Acting Cabotegravir (CAB-LA) as PrEP in Ethiopia

Tamrat Assefa, ICAP Ethiopia

On behalf of the Ministry of Health, Ethiopia

Session 9a | Wednesday, November 19th 2025





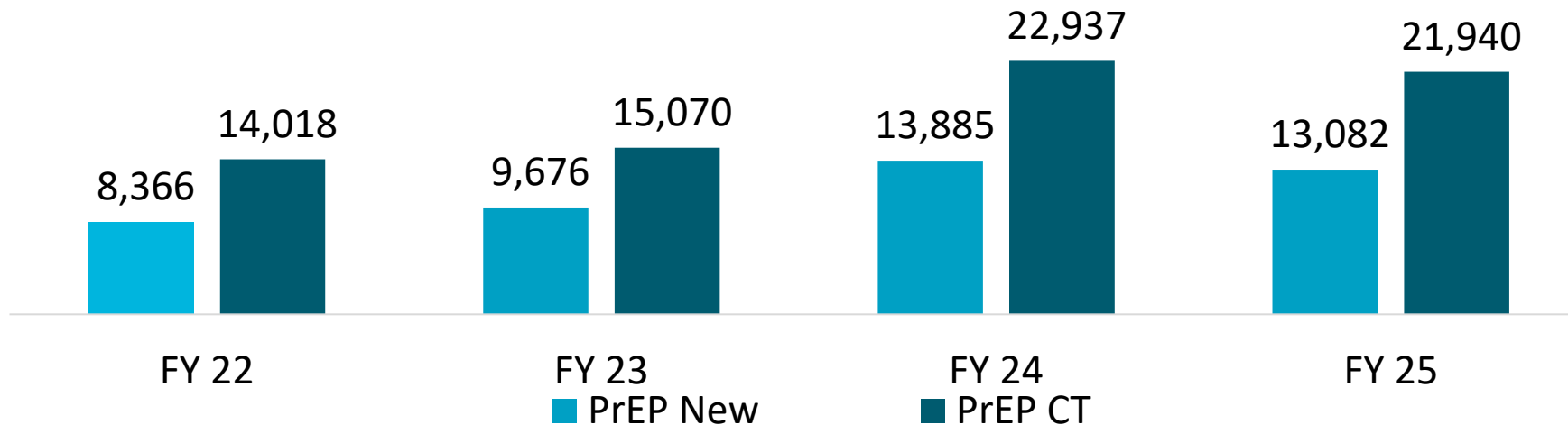
Outline

- Background and rationale
- Implementation strategy
- Client profile, uptake and outcomes
- Early lessons learned
- Preparing for sustainable scale-up
- Key takeaways

Background

- While national HIV prevalence is <1% in Ethiopia, it remains high among **populations at high risk of HIV infection** (e.g., 18.3% among female sex workers)
- Oral PrEP was introduced in 2019, but challenges with daily adherence, pill burden, and stigma related to its similarity to ART medication, has limited optimal uptake and retention.

Oral PrEP Trend From DATIM_FY 22-25



Why use CAB-LA as a PrEP?



Expand prevention options

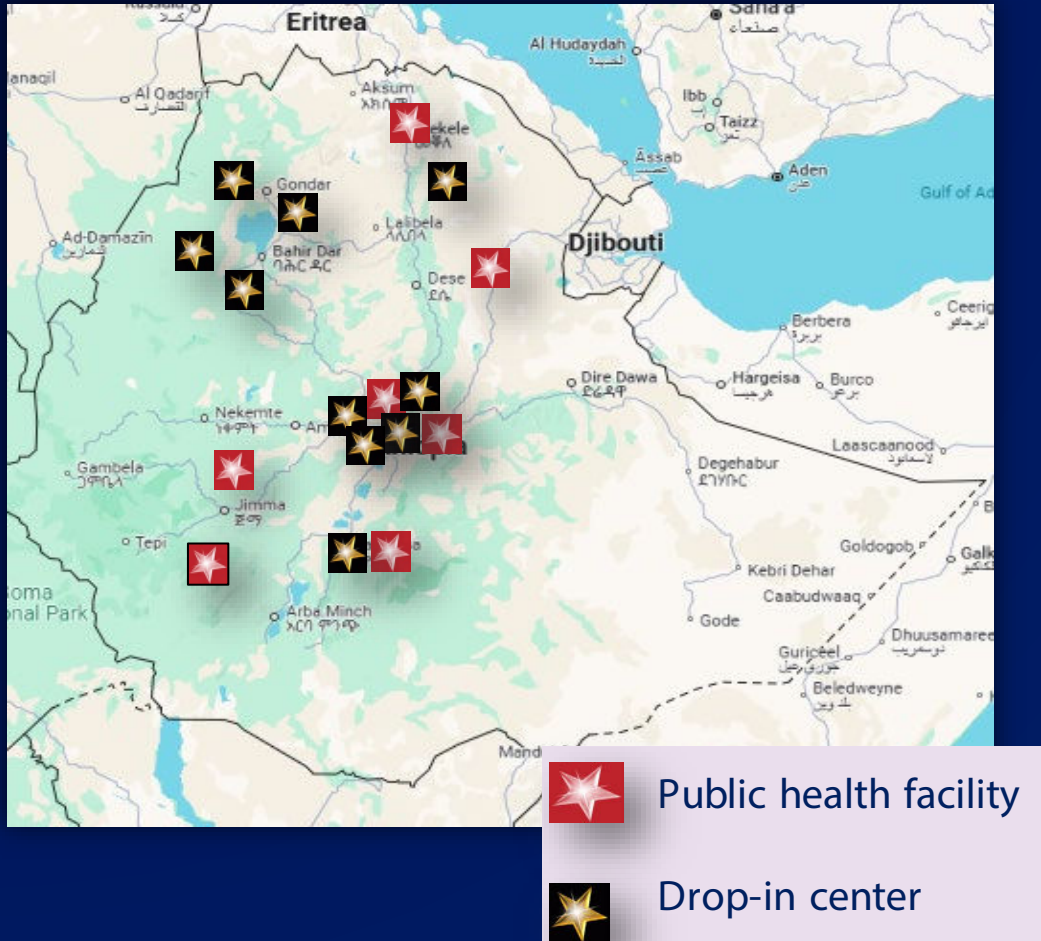
Reach high-risk populations



Bimonthly dosing eliminates daily pill burden

CAB-LA was introduced as a strategic, person-centered choice to address prevention gaps and offer a critical, user-friendly option for populations at high risk of HIV infection.

Objectives & Design



- **Pilot objective:** To implement CAB-LA at selected sites to generate evidence for CAB-LA scale-up
- **Scope:** National rollout of CAB-LA across 6 regions at 17 sites
 - 7 public health facilities offering ‘key population-friendly clinical services’
 - 10 drop-in centers (DICs)
- **Target Population:** HIV-negative women engaged in commercial sex work (WECSW) and negative partners in sero-different couples (SDC).
- **Pilot Period:** December 2024 – December 2025

Key Implementation Components

Leadership and coordination

- MOH-led multi-stakeholder coordination
- National guidelines & training manuals
- National & regional coordination

Site readiness and logistics

- Baseline site assessments
- Commodity security & provision of necessary commodities

Workforce capacity

- Training of public sector staff
- Ongoing mentorship and support

Community Engagement

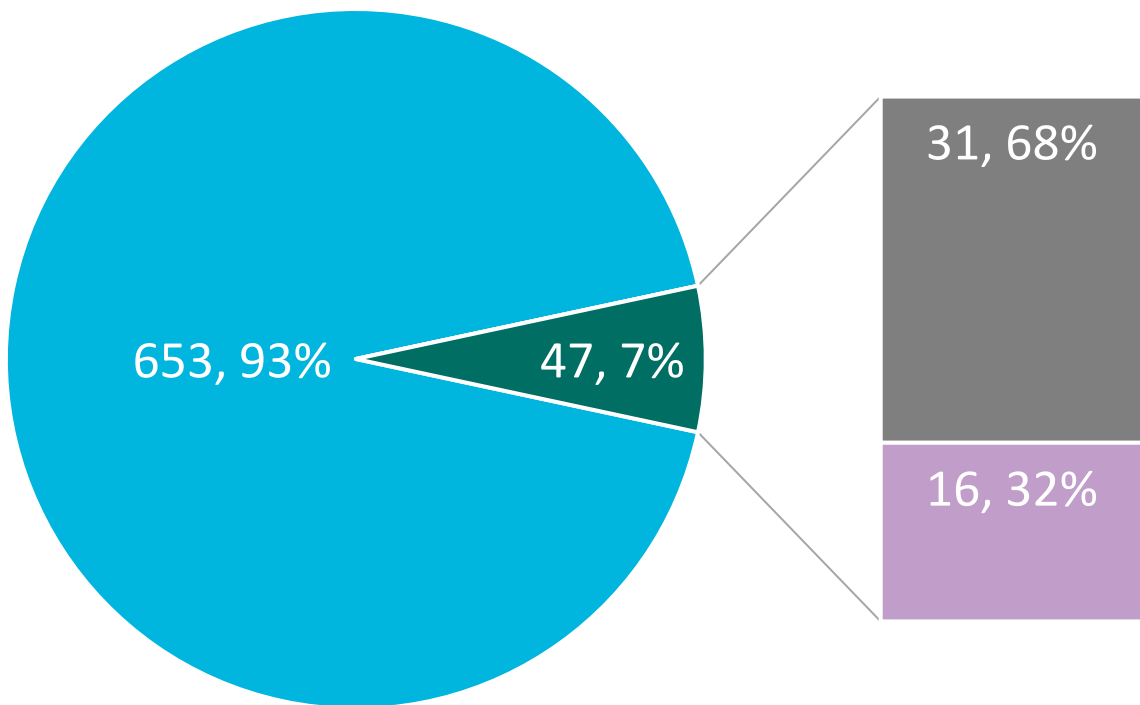
- Peer navigators for demand creation
- Community mobilization and support

Safety monitoring

Active adverse event and side effect monitoring

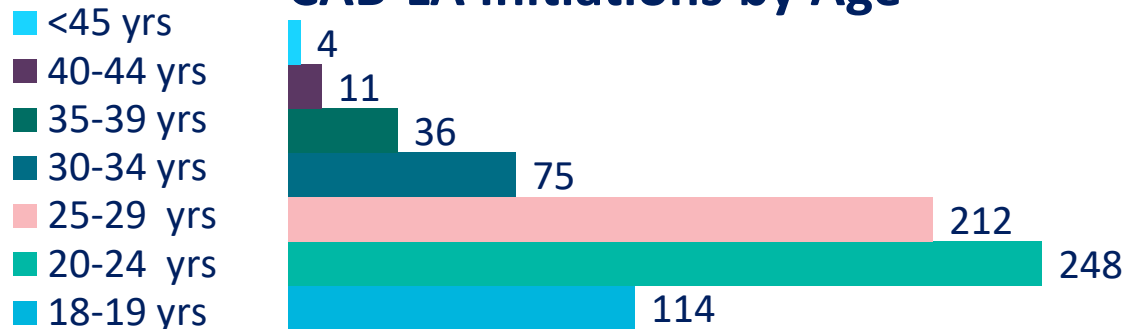
CAB-LA Initiations: 700 (Dec 2024-Oct 2025)

CAB-LA Initiations by Population Type

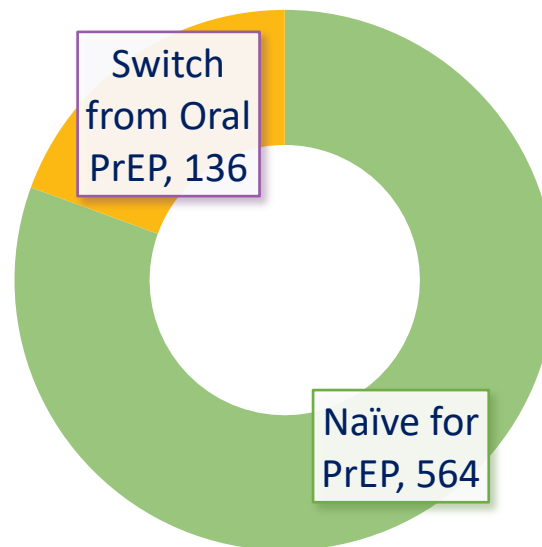


■ WECSW ■ SDCs ■ Male ■ Female

CAB-LA Initiations by Age



PrEP History



Continuation Rates (Dec 2024 – Oct 2025)

Month-over-month continuation rates:

Injection/Visit Point	Schedule month	Clients due	Clients attended	Continuation rate
Initiation injection 1	Month 0	700	-	-
Initiation injection 2	Month 1	565	414	73%
Reinjection/ Continuation phase	Month 3	356	300	84%
	Month 5	227	192	85%
	Month 7	113	105	93%
	Month 9	46	43	93%

NO seroconversions were observed during follow-up visits

Reasons for Discontinuation

Top Reasons for Discontinuation (N=249)

- Lost to follow-up: 140 clients (primary challenge)
- Client-driven reasons: 105 clients
 - Missed appointment: 74
 - No longer at substantial risk: 31

Clinical (side effects /adverse events): 9 clients

- Pregnancy: 5 clients
- TB Treatment: 1 client (on Rifampicin)
- Hypersensitivity: 1

No discontinuations due to injection site reactions

Adjustments With Changes in PEPFAR Funding

- **Impact of Funding Challenges**
 - The stop-work order forced 6 DICs to interrupt services in February 2025
 - Active sites were reduced from 17 at launch to 11 (7 public health facilities and 4 DICs).
- **Government-Led Response and Transition**
 - The MOH mapped public facilities for seamless client transfer.
 - Supplies, registers, and clients from closed DIC were transitioned to 6 public health facilities (5 new sites and 1 existing site).
 - Staff at sites receiving clients were trained to ensure service quality.

Key Lessons Learned

1. Integrate services from the start

- Provide training for public-sector staff nurses, counselors, and pharmacists in existing public health facilities.
- Use the existing clinic spaces and systems.
- Fully embedding CAB-LA into routine service delivery platforms is the most sustainable path for scale-up and prevents creating a parallel, fragile system.



Key Lessons Learned

2. Community Mobilization is Non-Negotiable

- Peer navigators were essential for community-level mobilization, building trust, and improving acceptance of facility visits.
- Sustained, community-led mobilization was the single most important factor for successful client recruitment and retention.

Key Lessons Learned

3. Navigate Hurdles with Adaptive Solutions

Challenges

- Attendance at follow-up appointments (38% missed initial follow-up)
- Injection Site Reactions initially concerned clients.
- Staff turnover

Adaptive Solutions

- Robust tracking, appointment calendars, early reminders, and community-level follow-up by Peer Navigators.
- Proactive counseling on side effect management, availability of anti-pain medication, and reassurance.
- System for active monitoring of adverse events, no major safety concerns identified.
- Gap-filling training and ongoing mentorship.



Sustaining & Scaling CAB-LA

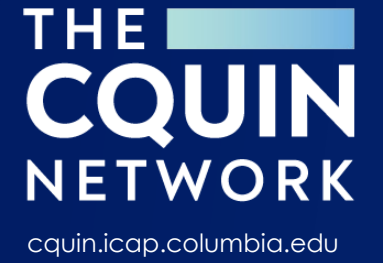
- CAB-LA is now procured by the government through Global Fund
- For sustainability CAB-LA is included in the Essential Drug List and incorporated in Global Fund Year 2 and Year 3 budgets
- The MOH has rolled out CAB-LA to additional public facilities, starting in October 2025.
- Nationally, CAB-LA is currently implemented in 26 sites: 22 public health facilities and 4 DICs

Key Takeaways

1. **Community is Key:** Deep engagement with key population leaders is the foundation for success.
2. **Build on Existing Systems:** Embedding CAB-LA within existing public sector systems from the outset is essential for long-term success.
3. **Leadership Drives Change:** A coordinated, MOH-led multi-stakeholder effort is essential to navigate complexities.
4. **Proactive Systems Build Confidence:** Investing in pharmacovigilance and client support (like side effect management) from the start fosters trust and retention.
5. **The Foundation is Now Built:** The systems established for CAB-LA create a capable platform for patient-centered prevention, and introduction of other products in the future.

Acknowledgments

- Ministry of Health
- PEPFAR
- CDC
- ICAP , PSI, BPDO and all Implementing Partners
- Community Contributors/ peer navigators
- Healthcare Workers
- Beneficiaries/clients



Thank You!

