



Prevention: Long-Acting PrEP

PrEP rollout in Africa has been slow, and offering more prevention options could increase uptake and encourage consistent use.

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When given a choice, most African women chose long-acting cabotegravir injections (Apretude) over daily pills for pre-exposure prophylaxis (PrEP). The HPTN 084 trial enrolled more than 3,000 mostly young cisgender women in sub-Saharan Africa. They were randomly assigned to receive cabotegravir injections every two months or once-daily tenofovir disoproxil fumarate/ emtricitabine pills (TDF/FTC). Women who received the injections had a 92% lower risk of acquiring HIV, largely thanks to better adherence. After the randomized portion of the trial, participants were offered the PrEP method of their choice, and 78% chose cabotegravir. These women said they preferred injections over daily pills, desired a more convenient or discrete PrEP method or valued cabotegravir's high effectiveness. Women who chose TDF/FTC preferred to take pills, were worried about injection pain or side effects, wished to get pregnant or wanted efficient clinic visits. PrEP rollout in Africa has been slow, and offering more prevention options could increase uptake and encourage consistent use.

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