OAC0104

Upscaling HIV testing and clinical service uptake among male sexual partners of adolescent girls and young women in rural Eswatini communities through invitation cards for adolescent boys and young men

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Background: World Vision Eswatini (WVE) is implementing a project that is targeting orphaned and vulnerable children as well as adolescent girls and young women, with the goal of reducing new HIV infections in Eswatini. HIV testing is essential for the awareness of HIV status and an important component of HIV epidemic control. According to a recent HIV incidence survey (SHIMS 3), 38.9% of males between the ages of 15–24 reported to have received an HIV test in the last 12 months before the survey, while females were at 61.4%. The Multi-Indicator cluster survey (MICS) 2021 findings show that 56.4% of males aged 15–24 years who are sexually active tested for HIV and know the results, while their female counterparts reported 80.8%. Observed low clinical service uptake among men necessitates innovations in demand creation.
Description: WVE piloted an innovation themed "Lisango – The Men Cave" which uses an exclusively designed invitation card to invite males between the ages of 15–45 years, who are sexual partners of enrolled AGYW. AGYW shared the card with their sexual partners and other male counterparts. Community-based mentors also distributed the invitations on behalf of AGYW who expressed discomfort in personally extending the invitation to their sexual partners. Males confirmed their attendance on the cards. Sessions end with an officer issuing health referrals prioritizing combination HIV prevention services including HIV testing services (HTS), and other clinical services. In 2024, WVE reached 564 males who accessed health services including HTS, 44 were initiated on PrEP, 100 were screened for STI, while 441 accessed condoms.
Lessons learned: Empowering AGYW to advocate for themselves with their sexual partners is important in the efforts to end HIV. AGYW-led mobilization strategies yielded improvements in HIV testing and PrEP and condom uptake among sexual partners, and can be prioritized for scale up.
Conclusions/Next steps: Upscaling HIV prevention service uptake requires innovative demand creation strategies and using AGYW in mobilizing their sexual partners can increase case finding in communities.

OAC0105

Adoption of HIV preexposure prophylaxis (PrEP) among female sex workers (FSWs) in Côte d'Ivoire: complex trajectories and early adopters

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Background: The ANRS 12381 PRINCESSE project (11/2019–06/2023) enrolled 489 FSWs and implemented community-based sexual and reproductive healthcare, including PrEP, delivered through mobile clinics at prostitution sites in the San Pedro region. This presentation aims to describe PrEP trajectories and the factors associated with its use, focusing on "early adopters."
Methods: This analysis included 400 FSWs eligible for PrEP (HIV negative, HBsAg negative) enrolled up to December 2022 (> 6 months of follow-up). Clinical records were analysed to describe PrEP cascade, follow-up and PrEP trajectories. A multivariable logistic regression identified factors associated with PrEP early adopters.
Results: Although 98% of eligible FSWs were interested in PrEP, only 62% initiated PrEP, and 39% renewed it at least once.
Follow-up was very short (< 6 months) for 48%, short (6–12 months) for 15%, seasonal (> 12 months with a gap of 6 months between two visits) for 31% and regular (> 12 months with no gap) for 6%.
PrEP initiation was high among FSWs with regular (96%), seasonal (83%) or short (80%) follow-up, versus 39% for those with very short follow-up. Among those who initiated, only 88% (regular), 70% (seasonal), 74% (short) and 35% (very short) renewed PrEP.
Among 148 FSWs with regular/seasonal follow-up, four PrEP trajectories were identified (cf. figure showing individual trajectories): 15% "never initiated" PrEP, 39% "initiated and were later not interested anymore," 18% "re-initiated after non-interest" and 28% "initiated and never expressed non-interest," the last two groups being considered as "early adopters." Factors associated with early PrEP adoption

Figure 1. OAC0105

included the usual price of intercourse with clients < 1500 FCFA (aOR = 2.4 [1.2–4.8]) and working in brothels (aOR = 3.2 [1.6–6.6]).
Conclusions: In PRINCESSE, loss-to-follow-up and seasonality of risks limited PrEP adoption. FSWs who were more precarious and less mobile became early adopters of this new prevention tool and could serve as potential ambassadors for promoting its uptake.

OAC0202

USAID-supported PrEP introduction and scale up, 2016–2024

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Background: Pre-exposure prophylaxis (PrEP) is a safe and highly efficacious form of biomedical HIV prevention; however, only an estimated 3.5 million people in 2023 were using oral PrEP, short of the UNAIDS global target of 21.2 million users by 2025. The U.S. Agency for International Development (USAID), through PEPFAR and in partnership with host countries' ministries of health, provided support for PrEP implementation beginning in fiscal year 2017 (FY17) until ordered to stop work by the Trump administration in January 2025.
Methods: This analysis used the PEPFAR Monitoring, Evaluation, and Reporting data to describe USAID-supported PrEP initiations globally from 1 October 2016 (FY17 quarter 1) through 30 September 2024 (FY24 quarter 4), by prioritized population (adolescent girls and young women age 15–24 [AGYW], pregnant and breastfeeding women [PBFW], key populations [KPs], female sex workers [FSWs], men who have sex with men [MSM], transgender people [TG], people who inject drugs [PWID], and persons in prisons and other closed settings) and geographies.
Results: USAID expanded support for PrEP initiation from 14 countries in FY17 to 43 countries in FY24. In total, USAID supported 3,776,559 people to initiate PrEP. Ninety-two percent of these initiations occurred between FY21 and FY24, following a PEPFAR-wide initiative to initiate 1 million people on PrEP in FY21. Distribution by population was: 2,187,746 (58%) KP (FSW: 1,199,332; MSM: 773,304; people in prisons and other closed settings: 33,648; PWID: 109,150; TG: 72,492); 2,724,770 (72%) AGYW; and 57,628 (1.5%) PBFW (FY24 data only). In FY24, USAID supported the introduction of long-acting injectable cabotegravir (CAB-LA), with 2490 CAB-LA initiations. Distribution by geography was: 47,304 (1.3%) the Americas; 149,165 (3.9%) Southeast Asia; and 3,580,090 (95%) sub-Saharan Africa.
Conclusions: USAID contributed an estimated 18% towards the UNAIDS 2025 global target. The U.S. Secretary of State has stated that USAID will not operate after 1 September 2025. Without USAID-supported PrEP, global populations will be more vulnerable to infection, erasing decades of work towards HIV epidemic control and creating preventable HIV morbidity and mortality.

OAC0203

Cost-effectiveness of cabotegravir long-acting for HIV pre-exposure prophylaxis (PrEP): a systematic review of modelling studies

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Background: Cabotegravir long-acting (CAB-LA) is a promising HIV prevention strategy; however, its cost-effectiveness compared to oral pre-exposure prophylaxis (PrEP) varies across settings. This systematic review examines the economic viability of CAB-LA interventions using modelling studies in diverse populations.
Methods: We searched literature databases for modelling studies on the cost-effectiveness of CAB-LA in various settings. The search was executed in PubMed, Web of Science, Scopus and the Cochrane Library. The search was conducted in January, 2025, and was limited to English studies; but there was no limitation on year of publication. Quality assessment was based on the 2022 CHEERS checklist for economic evaluation studies. A narrative synthesis was conducted to summarize the findings. Key outcomes to be extracted included study characteristics and design, incremental cost-effectiveness ratios (ICERs), adherence rates and willingness-to-pay (WTP) thresholds.
Results: The search retrieved 19 results, but only six modelling studies meeting predefined inclusion criteria were included. These studies evaluated CAB-LA among various populations, including heterosexual men, women at high risk of HIV, men who have sex with men (MSM), transgender women (TGW) and large simulated cohorts. The studies employed static epidemiological models, deterministic compartmental models and Markov cohort models to evaluate CAB-LA alongside oral PrEP. Quality assessment results show that studies were of moderate and high quality. CAB-LA demonstrated potential cost-effectiveness under specific conditions. In sub-Saharan Africa, CAB-LA achieved ICERs below $1000 per disability-adjusted life year (DALY) averted at adherence rates exceeding 75%. In high-income settings, ICERs for CAB-LA remained below $98,000 per quality-adjusted life year (QALY) when drug costs were reduced to $4100/year. Low-income settings required annual costs below $16 for cost-effectiveness. Epidemiological benefits included a 30%–40% reduction in HIV incidence with optimal adherence. Drug pricing, adherence and quarterly monitoring were identified as key determinants of cost-effectiveness. Comparisons with oral PrEP indicated that CAB-LA could be more cost-effective in populations with low adherence to oral regimens.
Conclusions: CAB-LA is a cost-effective HIV prevention intervention under specific economic and adherence scenarios. Reducing drug costs and enhancing adherence strategies are critical to optimizing its economic and epidemiological impact.

OAC0204

Equivalent performance of HIV oral fluid self-testing and rapid testing compared to nucleic acid amplification test in screening adolescents for long-acting injectable cabotegravir in Brazil

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Background: Limited data are available on the risk of developing integrase inhibitor resistance among individuals initiating long-acting injectable cabotegravir (CAB-LA) during acute HIV infection. While nucleic acid amplification test (NAAT) is considered the gold standard