

PRO, Wits RHI, Root to Rise, LVCT Health, Jhpiego, Pangaea Zimbabwe and The CATALYST Study at AIDS 2026

Who switches and who stays when injectable PrEP becomes available?

Results from CATALYST, an implementation study among women in sub-Saharan Africa

Authors: Ivan Segawa^{1,2§}, Mark Conlon³, Nicolette Naidoo⁴, Saiqa Mullick⁴, Patricia Jeckonia⁵, Imelda Mahaka⁶, Carolyn Akello^{1,2}, Rose Wilcher², Elizabeth Irungu⁷, and Virginia Fonner⁸

Affiliation: ¹FHI 360, Kampala, Uganda, ²Root to Rise, Chapel Hill, USA, ³Independent Consultant, Virginia, USA, ⁴Wits RHI, University of Witwatersrand, Johannesburg, South Africa, ⁵LVCT Health, Nairobi, Kenya, ⁶Pangaea Zimbabwe, Harare, Zimbabwe, ⁷Jhpiego, Nairobi, Kenya, ⁸Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

Introduction

- Long-acting injectable cabotegravir (CAB-LA) was approved as the first injectable PrEP option in 2022.
- As new HIV prevention options become available, switching between methods is expected to become common.
- Evidence on real-world switching patterns is limited but critical for program planning.

Objective: To describe patterns of switching between HIV prevention methods following the introduction of CAB-LA among PrEP-experienced users in sub-Saharan Africa.

Methods

- We analyzed prospective cohort data from CATALYST, a mixed-methods implementation science study.
- This analysis involved 21 participating public health facilities across Lesotho, South Africa (SA), Uganda, and Zimbabwe.
- Women enrolled when oral PrEP and dapivirine ring (DVR) were available and returned for a visit after CAB-LA introduction (May 2023 – January 2025).
- Latent class analysis (LCA) identified patterns of prior PrEP use; logistic regression assessed factors associated with switching to CAB-LA, adjusting for country and other covariates.

When long-acting injectable PrEP was added to the PrEP method mix, it was the most commonly selected method. However, oral PrEP and the PrEP ring retained dedicated users, reinforcing the importance of offering PrEP choice.

Results

- Among the 1,034 women included in this analysis, 22% were ≤24 years old.
- At the time of CAB-LA introduction, 65% were using oral PrEP and 35% were using DVR.
- With respect to prior PrEP use patterns, 73% had reported consistently high or medium adherence, 49% had no gaps in PrEP use, and 26% had switched PrEP methods at least once.
- 58% of women using oral PrEP or DVR switched to CAB-LA at first availability (Figure 1).
- Switching occurred across all PrEP user profiles: intermittent, consistent, and disrupted users (Table 1).

DVR users were more likely to switch to CAB-LA compared to oral PrEP users [Figure 2].

Results (continued)

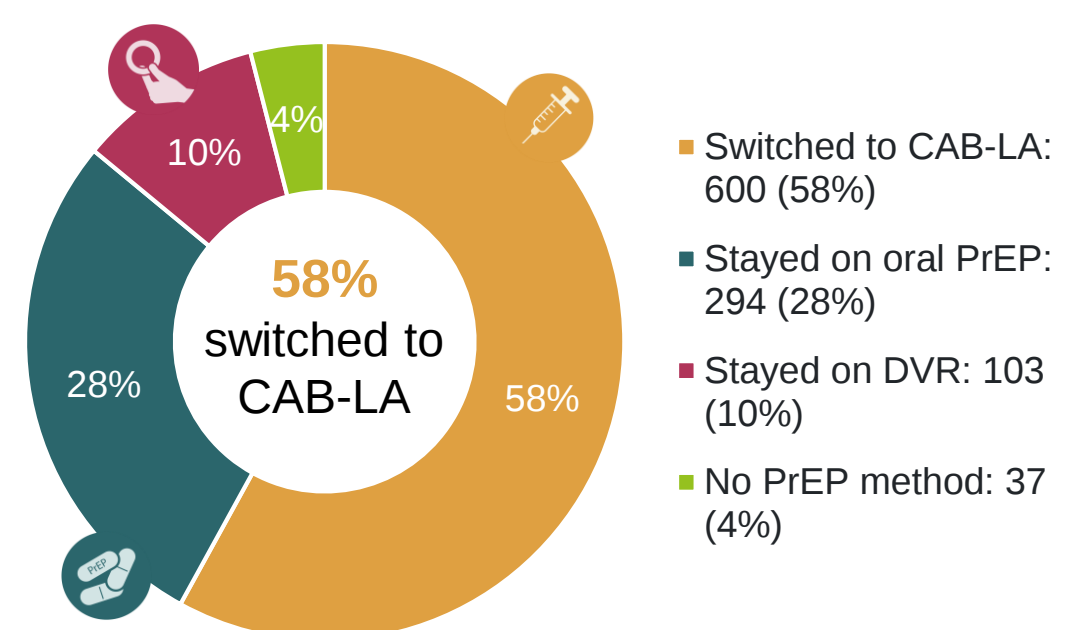


Figure 1. PrEP method at first availability of CAB-LA (N=1,034)

LCA Class	Intermittent users (25%)	Consistent users (61%)	Disrupted users (14%)
Class description in relation to prior PrEP use patterns	One refill gap, high adherence, and infrequent method switching	No refill gaps, high adherence, and minimal prior switching	Multiple refill gaps, low adherence, and frequent switching
% switched to CAB-LA	54%	58%	64%

Table 1. PrEP user profiles from LCA and switching rates (N=1,034)

- DVR users were more likely to switch to CAB-LA compared to oral PrEP users (Figure 2).
- Women using non-injectable family planning (FP) had higher odds of switching compared to those using no FP.
- Switching was higher in SA and Zimbabwe compared to Lesotho.
- Prior PrEP use patterns were not associated with switching.

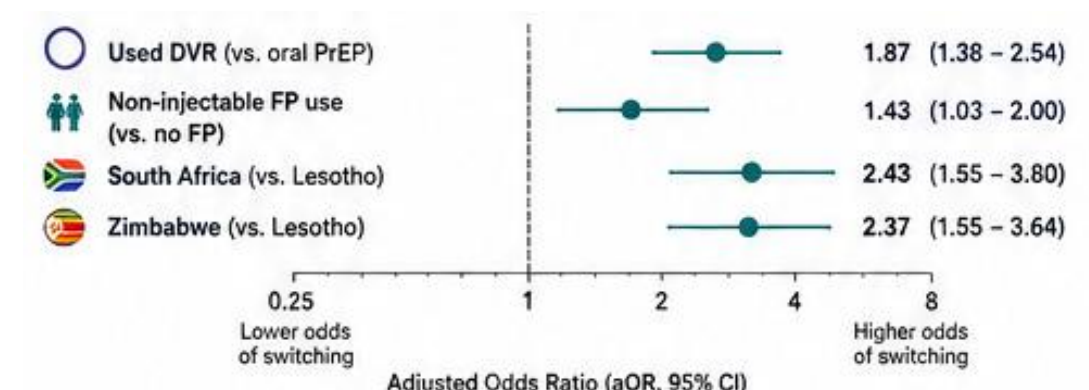


Figure 2. Factors associated with switching to CAB-LA

Implications

- Offer CAB-LA broadly, not only to users with PrEP adherence challenges.
- Multi-method PrEP delivery remains essential; preserve PrEP choice as new products are introduced.
- Leverage FP services to expand access to PrEP options.
- Use early switching data to anticipate demand, manage supply, and prepare delivery systems for future long-acting options, such as lenacapavir.

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