Figure 4. Degree of HCPs’ willingness to offer long-acting HIV regimen for PLHIV in different situations (N = 120)

- Definitely Will Offer
- Probably Will Offer
- Probably Won’t Offer
- Definitely Won’t Offer

Syncope or difficulty to swallow
Malabsorption
Gastro-intestinal issues interfering with oral administration
Suboptimal adherence to oral ART (e.g., travel)

HCPs were willing to offer the described long-acting regimen only to PLHIV with suboptimal adherence (e.g., travel) and if patients suffered (or those anxious from) holding their medication or other confidentiality concerns.

Figure 5. Adjusted odds ratios for factors associated with interest in trying a long acting HIV regimen among people living with HIV on treatment (N = 688)

- Odds of indicating interest in trying the long-acting regimen were lower among those with vs without a report of emotional, psychological, and situational disorders (p < 0.05).
- Odds of indicating interest in trying the long-acting regimen were lower among those with vs without a report of emotional, psychological, and situational disorders (p < 0.05).
- Odds of indicating interest in trying the long-acting regimen were lower among those with vs without a report of emotional, psychological, and situational disorders (p < 0.05).

Table 1. Characteristics of the study population

- Of PLHIV on treatment, 89.4% were currently on ART, 52.9% were on the 2-weekly ART regimen.
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Intervention

- The most favored attribute of the long-acting regimen among HCPs was ease of travel because of not having to carry pills (52.5% of all PLHIV reported viral suppression).
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Conclusions

- HCPs estimated that 25.7% of eligible patients would switch to the long-acting regimen, while 2 in 3 PLHIV were interested in trying the long-acting regimen.
- Both physicians and PLHIV viewed the long-acting HIV regimen as addressing unmet needs. HCPs are willing to offer not only in case of unmet needs, particularly for resource-limited settings, but also for convenience of PLHIV.
- PLHIV groups that showed the highest interest in switching included: younger adults aged < 50 years, recently diagnosed individuals, and those experiencing various emotional, psychological, physical, and functional limitations because of HIV.
- The most favorable attributes of long-acting regimens were easier travel because of not having to carry pills for PLHIV and increased patient contact for physicians.
- Perceived negative attributes included scheduling challenges, injection site reactions (50%), and the possibility of having to switch patients back to oral ART after starting long-acting treatment (50%).

Figure 6. Top 5 perceived benefits and constraints to using a long-acting regimen, HCPs’ perspective (N = 120)

- The most favorable attribute of the long-acting regimen among HCPs was ease of travel because of not having to carry pills (52.5% of all PLHIV reported viral suppression).
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Figure 7. Top 5 perceived benefits and constraints to using a long-acting regimen, PLHIV’s perspective (N = 688)

- The most favorable attribute of the long-acting regimen among PLHIV was easier travel because of not having to carry pills (52.5% of all PLHIV reported viral suppression).
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Table 2. Odds of indicating interest in trying the long-acting regimen were lower among those with vs without a report of emotional, psychological, and situational disorders (p < 0.05).

 Odds of indicating interest in trying the long-acting regimen were lower among those with vs without a report of emotional, psychological, and situational disorders (p < 0.05).

Factors
Odds ratio
95% CI
P-value

- Perception that remembering to take daily ART is stressful
- Perception that HIV limits their day-to-day life
- Perception that HIV limits their activities
- Concerned about missing their daily oral ART
- Concerned about transmitting disease because of not taking ART
- Concerned about taking long-acting ART
- Concerned about infecting others because of not taking ART
- Concerned about side effects of daily ART

- Perception that taking long-acting ART is stressful
- Perception that taking long-acting ART is detrimental to health
- Perception that daily ART is not an option
- Perception that daily ART is inconvenient
- Perception that long-acting ART is an option
- Perception that long-acting ART is inconvenient
- Perception that PLHIV could not take long-acting ART
- Perception that PLHIV would forget taking ART
- Perception that PLHIV would not take long-acting ART

- Concerned about missing their daily oral ART
- Concerned about transmitting disease because of not taking ART
- Concerned about taking long-acting ART
- Concerned about infecting others because of not taking ART
- Concerned about side effects of daily ART

- Perception that taking long-acting ART is stressful
- Perception that taking long-acting ART is detrimental to health
- Perception that daily ART is not an option
- Perception that daily ART is inconvenient
- Perception that long-acting ART is an option
- Perception that long-acting ART is inconvenient
- Perception that PLHIV could not take long-acting ART
- Perception that PLHIV would forget taking ART
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