LONGEVITY Community Engagement: Perspectives of People with HCV & TB lived Experience & Healthcare providers on Potential long-acting therapies

- **Opening remarks,** Gauri Khanna, *Monitoring & Evaluation Manager – Unitaid*
- **Overview of LONGEVITY Consortium,** Adeniyi Olagunju, *Senior Lecturer – CELT, UoL*
- **HCV survey results,** Renae Furl, *Clinical study coordinator – UNMC*
- **TB survey results**, Marcia Vermeulen, *Medical officer – University of Cape Town*

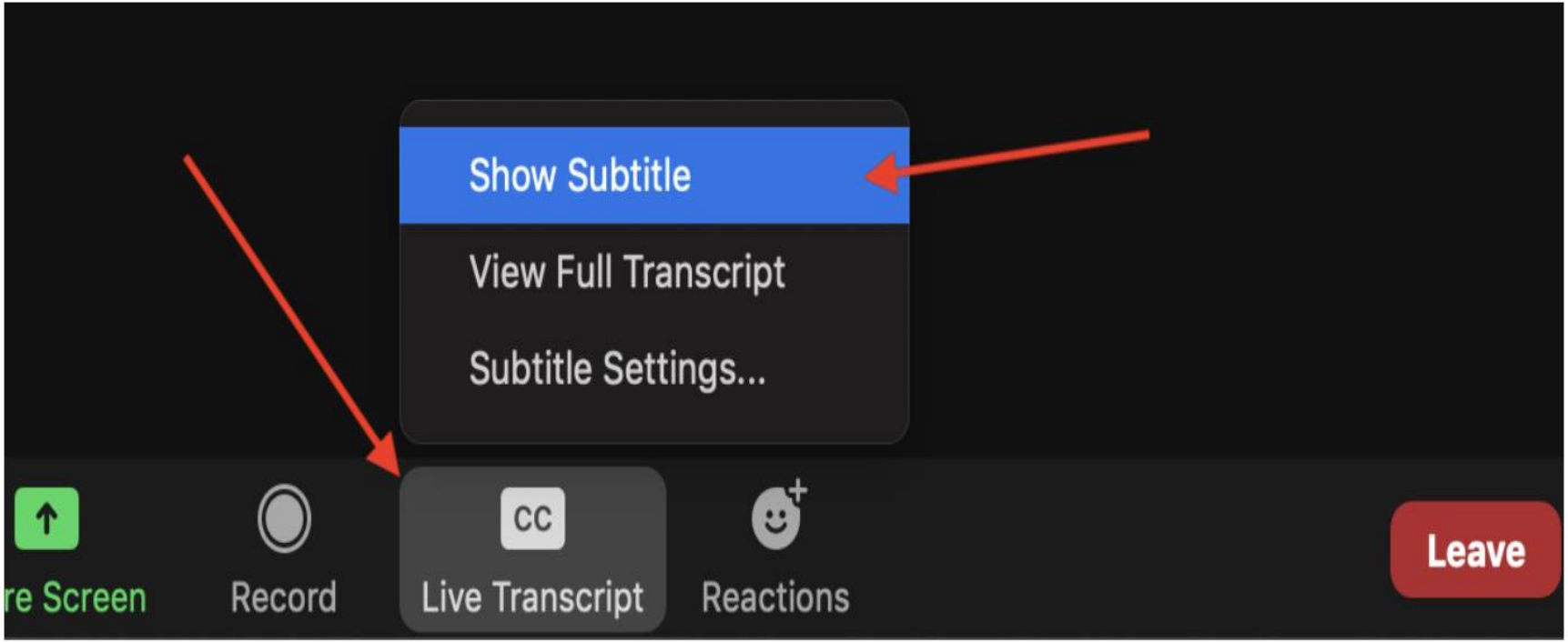
Q&A

What the survey results mean for communities

- **Ketho Angami**, *Executive Director – Access to Rights and Knowledge Foundation India*
- **Dorothy Onyango**, *CEO – Women Fighting AIDS in Kenya (WOFAK)*

CELT · Clinton Health Access Initiative · Johns Hopkins University · medicines patent pool · Queen's University Belfast · Tandem Nano Ltd · TAG Treatment Action Group · UNMC University of Nebraska Medical Center

For live transcription



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Longevity Community Engagement

Long-acting product development: The importance of user acceptability

30 May 2025

Unitaid

Background: Founded in 2006

Strategy: 2023 - 2027

Mission: Expand the reach of the best health products for those who need them most

We design and invest in innovative approaches to make quality health products available and affordable in low- and middle-income countries. We inspire and promote collective efforts with **partners, countries, and communities**, unlocking access to the tools, services and care that can deliver the best results, improve health and address global health priorities.

Strategic Objectives

1. Accelerate the introduction and adoption of key health **products**
2. Create systematic conditions for sustainable, equitable **access**
3. Foster inclusive and demand-driven **partnerships** for innovation

STRATEGIC OBJECTIVE 3

Maximise the **engagement of affected communities** and responsive to their needs

Maximise alignment and synergies with governments, **in-country stakeholders, affected communities and civil society organisations**

Further develop global alliances for product scale-ip

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Voices of communities

- Values and preferences
- User characteristics
- Advocacy
- Awareness raising
- Beneficiary perspectives

Access barriers

- Innovation and availability
- Quality
- Affordability
- Demand generation
- Supply security

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Community and Civil Society Engagement

KPIs related to CCSE

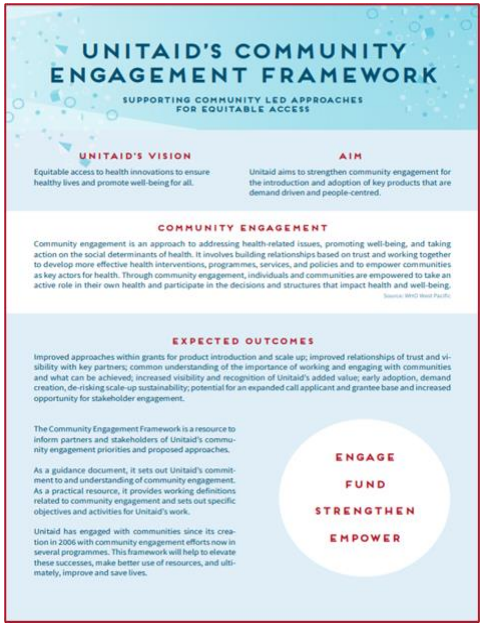
3.1 Partner Satisfaction - the extent to which Unitaid has successfully established effective and inclusive partnerships – with Communities and Civil Society, Scale Funders and Countries

3.2 Effective engagement with CCS - the extent to which there is effective engagement with affected communities and civil society and responsiveness to address needs.

- Early engagement with Communities & Civil Society Organizations for better grant design
- Ensuring Community voices are heard
- Programmatic priority has Community and Civil Society engagement activity plans and budgets
- Establishing and supporting engagement mechanisms that build Communities capacity and ownership
- Programmatic priority recognizes specific Community and Civil Society contributions to results

Community engagement in Unitaid Programmes

Working with, listening to and involving communities – collective development of innovative solutions and tools, with adapted and enhanced ways of working



UNITAID'S COMMUNITY ENGAGEMENT FRAMEWORK

SUPPORTING COMMUNITY LED APPROACHES FOR EQUITABLE ACCESS

UNITAID'S VISION

Equitable access to health innovations to ensure healthy lives and promote well-being for all.

AIM

Unitaid aims to strengthen community engagement for the introduction and adoption of key products that are demand driven and people-centred.

COMMUNITY ENGAGEMENT

Community engagement is an approach to addressing health-related issues, promoting well-being, and taking action on the social determinants of health. It involves building relationships based on trust and working together to develop more effective health interventions, programmes, services, and policies and to empower communities as key actors for health. Through community engagement, individuals and communities are empowered to take an active role in their own health and participate in the decisions and structures that impact health and well-being.

Source: WHO West Pacific

EXPECTED OUTCOMES

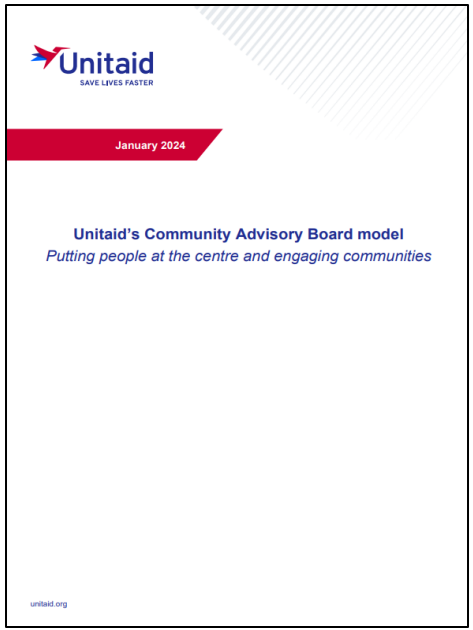
Improved approaches within grants for product introduction and scale up; improved relationships of trust and visibility with key partners; common understanding of the importance of working and engaging with communities and what can be achieved; increased visibility and recognition of Unitaid's added value; early adoption, demand creation, de-risking scale-up sustainability; potential for an expanded call applicant and grantee base and increased opportunity for stakeholder engagement.

The Community Engagement Framework is a resource to inform partners and stakeholders of Unitaid's community engagement priorities and proposed approaches.

As a guidance document, it sets out Unitaid's commitment to and understanding of community engagement. As a practical resource, it provides working definitions related to community engagement and sets out specific objectives and activities for Unitaid's work.

Unitaid has engaged with communities since its creation in 2006 with community engagement efforts now in several programmes. This framework will help to elevate these successes, make better use of resources, and ultimately, improve and save lives.

ENGAGE
FUND
STRENGTHEN
EMPOWER



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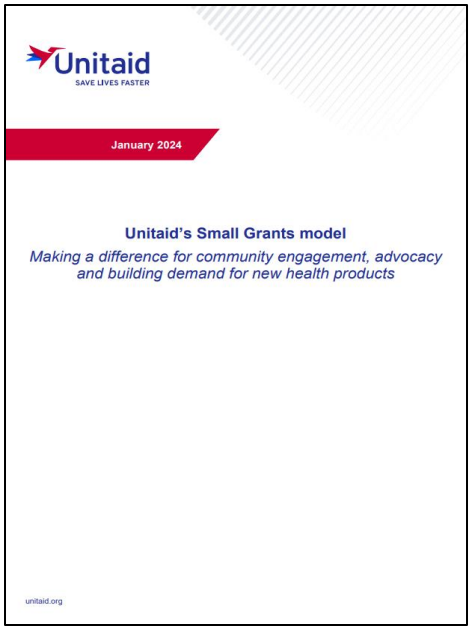
January 2024

Unitaid's Community Advisory Board model

Putting people at the centre and engaging communities

unitaid.org



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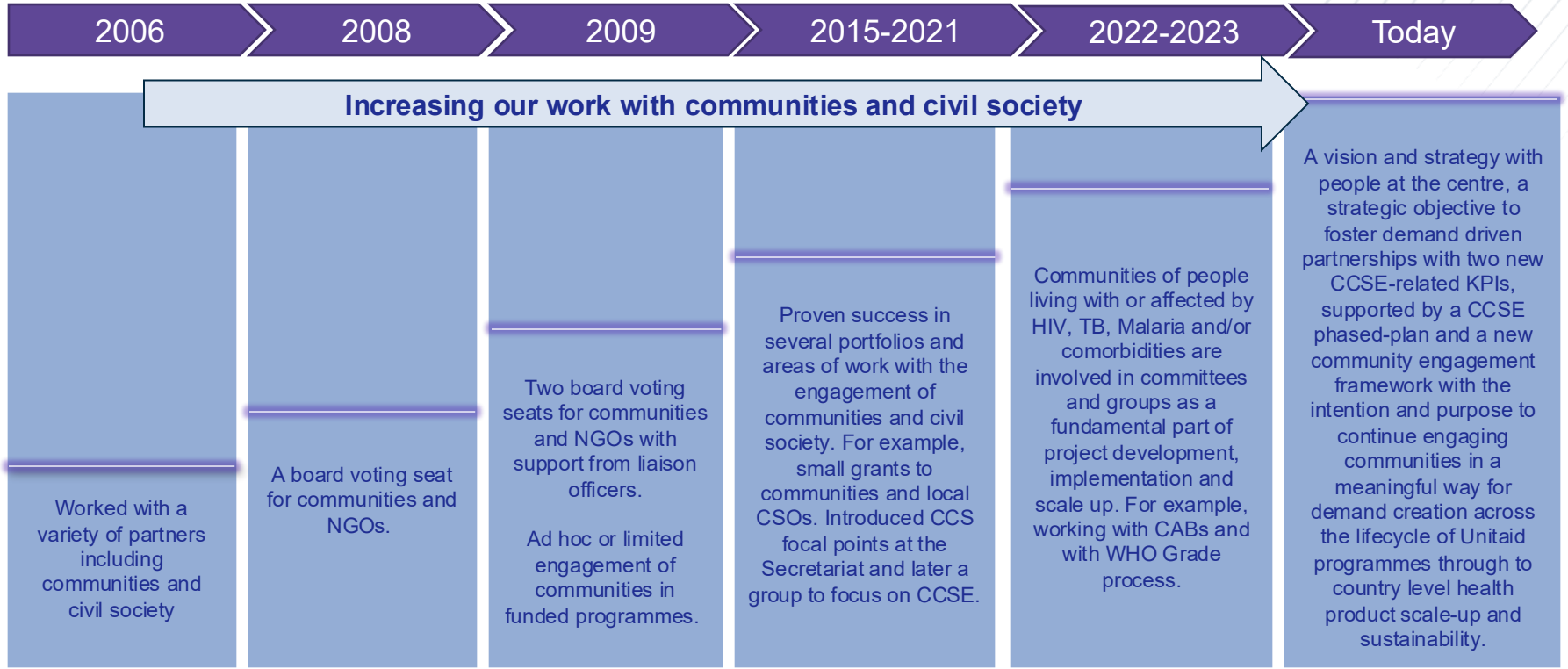
Unitaid's Small Grants model

Making a difference for community engagement, advocacy and building demand for new health products

unitaid.org

Unitaid's CCSE journey



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Long acting products

Why we invested in advancing the long-acting pipeline?

Problem to be solved

Continued deaths & sickness

Persistent Transmission

Emerging Drug resistance

Wasted resources

Contributing factors

Suboptimal adherence

Poor retention levels

Potential game-changers

Promise of long-acting technologies

Transformed contraception & schizophrenia

2018 Extensive landscaping and consultation
2019 Endorsed AfI and call for proposals

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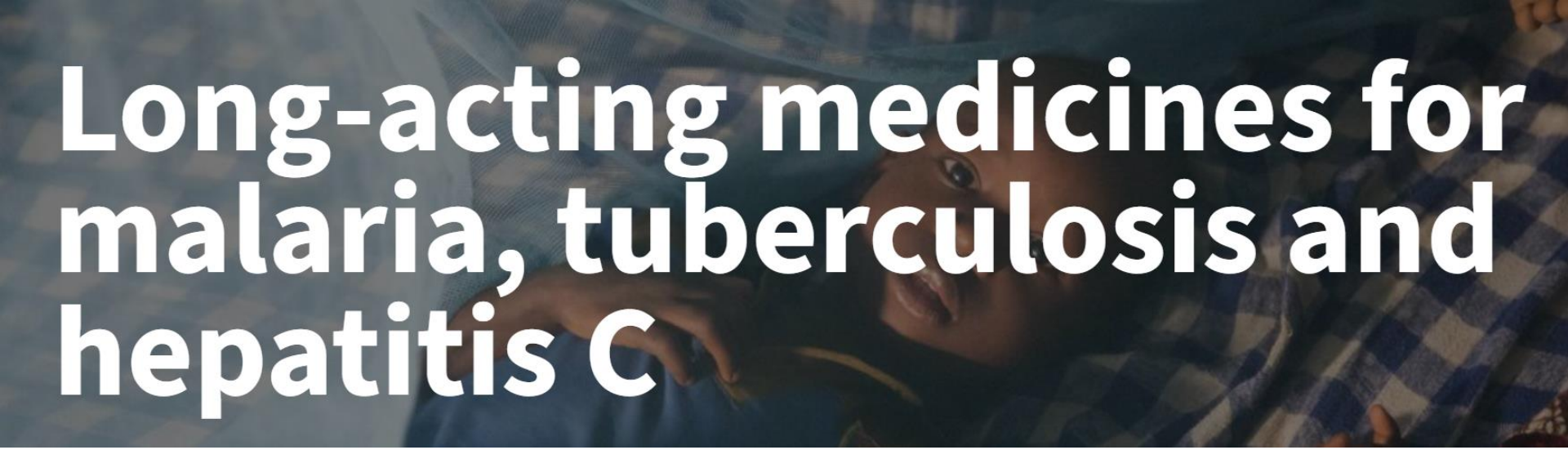
Focus on LMIC priorities [HIV, TB, HCV, malaria]

Advance fit-for-purpose LMIC products

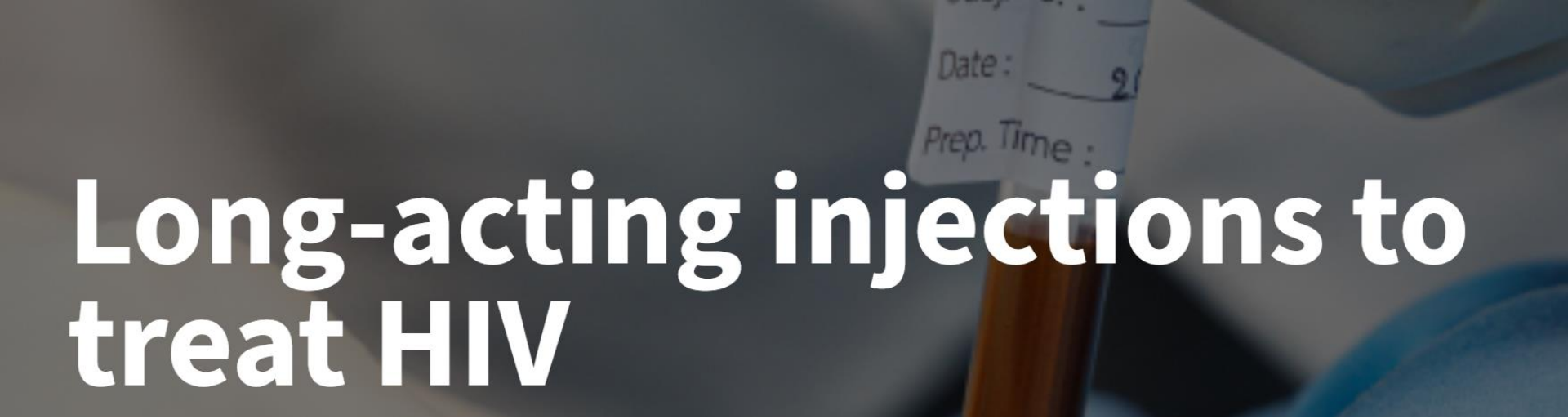


Long-acting medicines for malaria, tuberculosis and hepatitis C

- **Single-shot hepatitis C cure:** Simpler treatment to clear hepatitis C infection with a single injection
- **Microarray patches:** A wearable skin patch with slow-release medicine for TB or malaria prevention, geared to infants and children
- **Injectable TB prevention:** To further simplify treatment and protect people exposed to TB disease without taking pills over several weeks and months

Grant includes:

- User acceptability studies (which you will hear about today!)
- Community Advisory Board
- Community outreach/ engagement (events like today)



Long-acting injections to treat HIV

- The **Global Long-acting Drug Combination Development** (GLAD) project, led by the University of Washington, aims to transform a **dolutegravir-based combination treatment into a long-acting formulation**
- Could be administered through a simple injection once a month, or possibly even less often.

- **Grant includes**
- User acceptability study being conducted in India

Longevity: Community engagement

- sensitise community-based stakeholders on the theory and practice of long-acting injectable technologies
- consultations in conjunction with major conferences to provide an opportunity to solicit viewpoints on LAI from a broad diversity of community and civil society stakeholders
- webinars with a broader array of civil society and communities
- convene meetings of its community advisory board structures focused on LAI
- conduct acceptability research on specific products (e.g. the patient/provider surveys)
- utilise the community advisory boards and their members to support the introduction and scale-up of LAI in countries via advocacy for adoption, policy change, and equitable access

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Thank you!

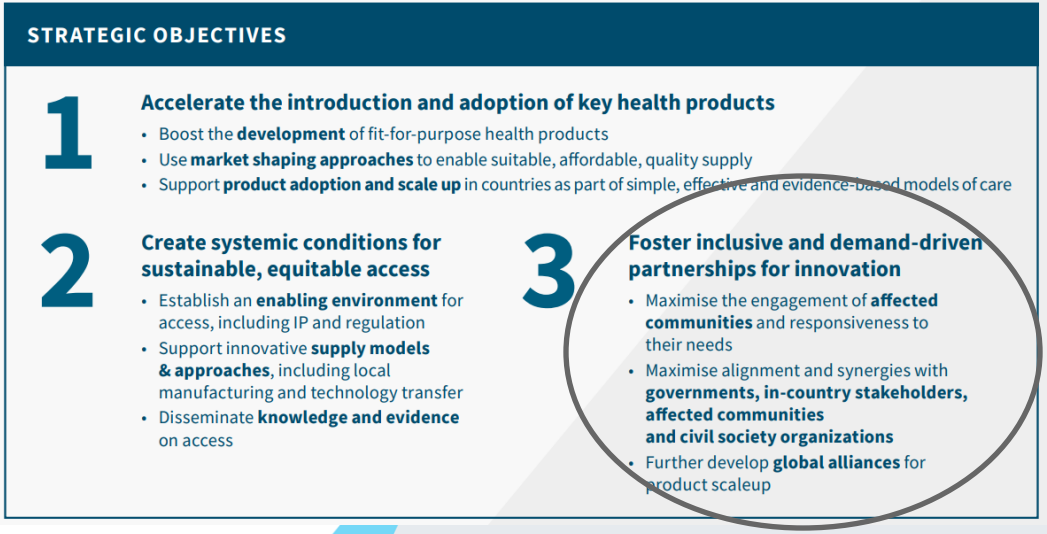
Unitaid's Strategy 2023-2027

Our vision: Equitable access to health innovations to ensure healthy lives and promote well-being for all.

Our mission: We expand the reach of the best health products for those who need them most.

We can deliver on this vision and our mission:

- By designing and investing in innovative approaches to make quality health products available and affordable in LMICs
- By inspiring and promoting collective efforts with partners, countries and communities, unlocking access to the tools, services and care that can deliver the best results, improve health and address global health priorities



The engagement of communities and civil society across our work is essential

Long-acting in the news – continues to show promise

GLOBAL HEALTH

Long-Acting Drugs May Revolutionize H.I.V. Prevention and Treatment

New regimens in development, including once-weekly pills and semiannual shots, could help control the virus in hard-to-reach populations.

Share full article

THE CONVERSATION

L'expertise universitaire, l'exigence journalistique

Culture Économie + Entreprise Éducation Environnement International Politique + Société Santé Science Podcasts

Buvidal: is it really a 'game changer' in the treatment of problematic opioid use?

Publié: 30 novembre 2023, 18.23 CET

aidsmap

News About HIV

Injectable & long-acting HIV treatment

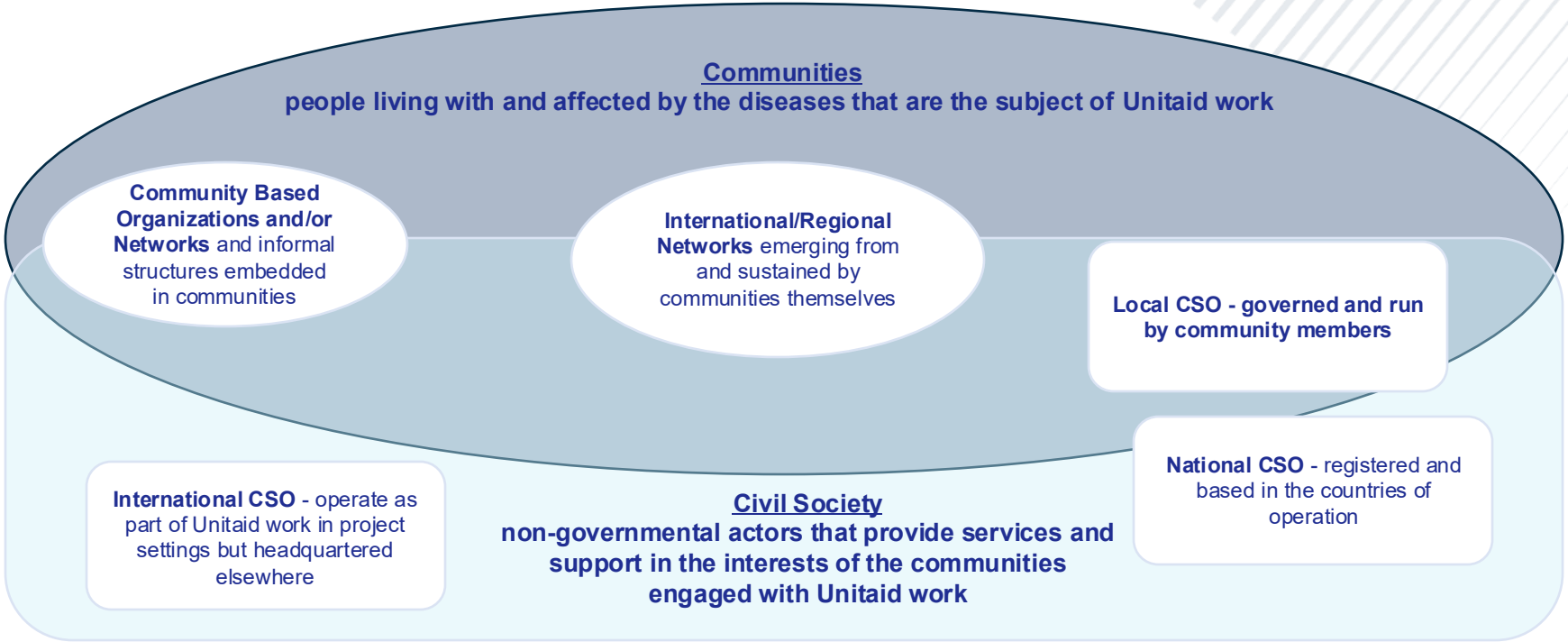
New long-acting HIV drugs show promising early results

Keith Alcorn | 17 March 2025 | Estimated reading time 4 minutes

PRESS RELEASE

UNAIDS calls on leaders at Davos to commit to rapid global access to revolutionary new long-acting HIV medicines

Unitaid's working definitions



Engagement refers to Unitaid or Unitaid grantees taking actions with the express purpose of increasing community and civil society participation or agency within the work of Unitaid

Note: The definitions above are intended to provide a general classification of typical entities with who Unitaid expects to work. They are not intended to provide a complete description of all actors and stakeholders in the sphere of Communities and Civil Society.

How Unitaid funds communities and civil society

Grant Leads

Unitaid currently funds civil society organizations as lead grantees

IP grants, HCV grants

Programmes

Fund communities and civil society in programmes

Treatment and health literacy

CABs, Small grants, CLM, Advocacy

Other funding

Continuously considering the best potential options for other community funding mechanisms

HCV grants, AHD grants, DR TB call for proposals

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LONGEVITY – Programme Overview & Update

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Disclosures

- Funded by Wellcome Trust Career Development Award, and NIH (through LEAP)

LONGEVITY rationale for target indications

HCV therapy

- Highly effective oral combinations with extremely high cure rates in RCTs (up to 98% SVR)
- Much lower sustained virological response (SVR) rates have subsequently been reported for oral medicines – SVR rates as low as 30 - 50% in observational analyses.
- Long-acting treatment regimens hold great promise to address the shortcomings of daily oral administration. Potential for test and cure strategy if deployed with robust diagnostics.

Tuberculosis prevention

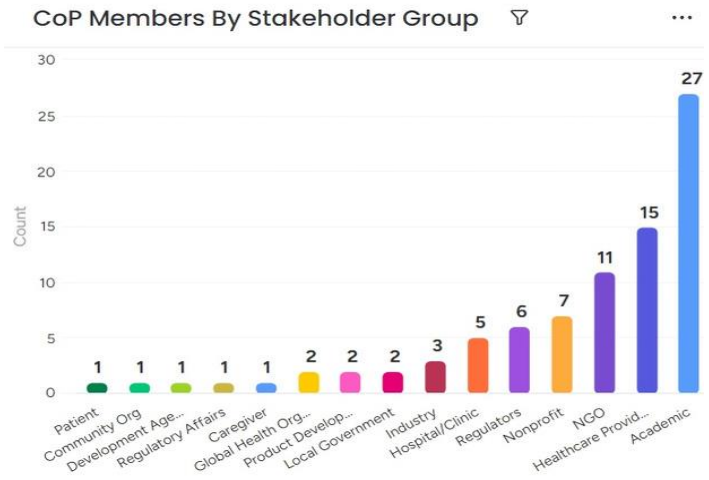
- Prevention of active disease in patients with latent tuberculosis infection (LTBI)
- Effectiveness of other preventative therapies
  - 1 month rifapentine / isoniazid as effective as 9 month isoniazid (BRIEF TB trial - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6563914/).
  - Effectiveness of rifampicin as single agent (rifapentine alone under study in ASTERoiD trial - https://clinicaltrials.gov/study/NCT03474029).
- A need for complex drug regimens in treatment (particularly in drug resistant cases) but single agent regimens already demonstrated effective in TB prevention.
- Demonstration of efficacy for shorter duration regimens strengthen plausibility for single shot LAI interventions.

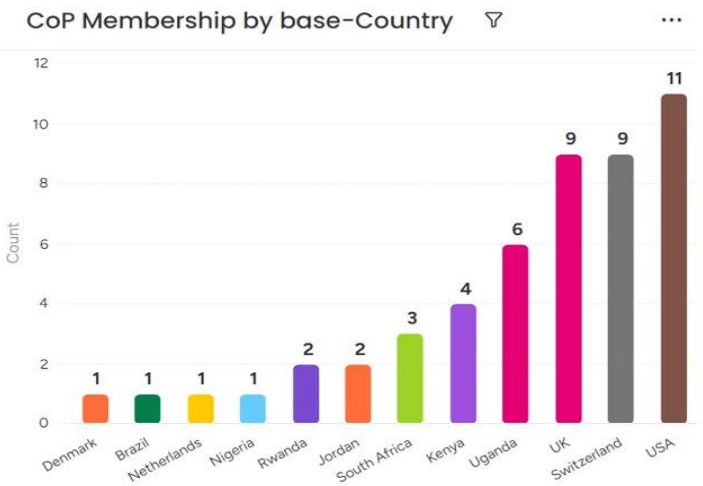
Snapshot of progress

- LAI formulations of glecaprevir/pibrentasvir FDC (325mg/mL), rifapentine (233mg/mL), **and INH (140mg/mL)**.
- Preclinical POC achieved for **all LAI formulations** and **early success for microarray patches for malaria and LTBI**.
- GMP manufacturing with CDMO at **various stages** of translation.
- **GLP-toxicology protocols drafted for LAIs. CRO contracted and execution imminent.**
- Patient / provider surveys **completed and published** across the target indications. Supportive of LAI interventions.
- Patents filed and licence executed with MPP.
- Two pre-IND meetings with FDA, and **submission made to MHRA for initial guidance for LTBI**.
- **Draft clinical protocols for phase I in development**

	Research and preclinical POC	CDMO Translation	GLP Toxicology	Phase 1	Onward Licensing
LTBI (Rifapentine)	→	→	Q1 2025	2026/27	TBD
LTBI (Isoniazid-prodrug)	→		Q2 2025	2026/27	TBD
LTBI (Rifapentine / isoniazid MAPs)	→		TBD	TBD	TBD
HCV (glecaprevir / pibrentasvir)	→	→	Q2 2025	2026/27	TBD
Malaria (atovaquone / proguanil MAPs)	→		TBD	TBD	TBD

Community of Practice for Maternal & Paediatric Health





Oct-Nov 2024	Dec-Jan 2025	Feb-Mar 2025	April-July 2025
Stakeholder mapping	CoP launch meeting	First webinar held 19 March 2025, with two expert guest speakers.	In-person workshop in July 2025

- **Coordinator:** Rachel Daley, CELT
- Reduce time lag in availability of LAIs for adults versus perinatal, neonates & paediatrics.
- Specific focus on low- and middle-income country needs.

Acknowledgements

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Ryan Donnelly, Mingshan Li, Chunyang Zhang, Yu Wu

Marta Boffito

LONGEVITY Project Webinar

Patient and Provider Preferences for Long-Acting Technologies to Treat Hepatitis C Virus

RENAE FURL, KIM SCARSI & SUSAN SWINDELLS

This research was funded by Unitaid as part of project LONGEVITY (2020-38-LONGEVITY)

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Hepatitis C Virus Survey

To Understand Preferences and Feasibility of Long-Acting (LA) Modalities of HCV treatment and inform development of an HCV cure

Primary Objectives:

Advantages and Disadvantages of Long-Acting Technologies (LATs)

Barriers and facilitators to use of LATs

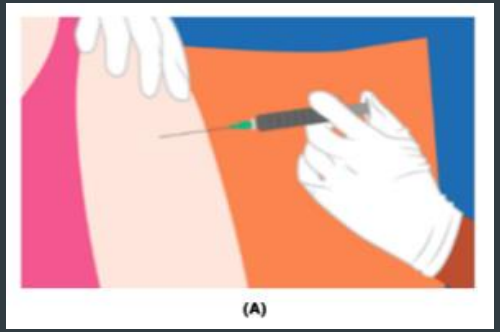
Provider/policymaker Experience

- Profession/Training
- Treating HCV
- LAT modalities

Patient/end user Experience

- HCV Infection, treatment & cure
- Medication use and adherence
- History of IV drug use

Long-Acting modalities compared:

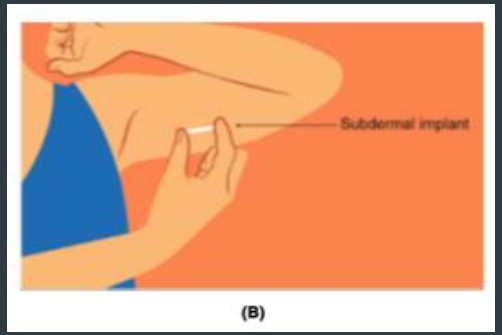


Injection

Medicine injected into the muscle tissue

Additional patient description:

- Not a vaccination
- Examples: injections for infections or pain, insulin or birth control like Depo-Provera



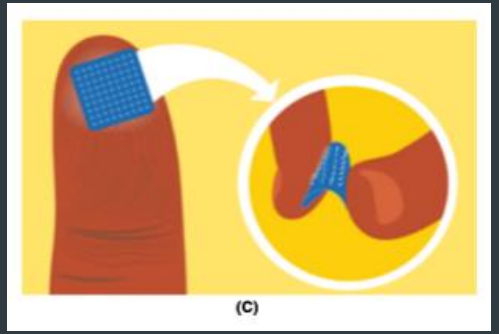
Implant

Small rod containing medication inserted under the skin

Minor clinic procedure with an incision

Additional patient description:

- Example: birth control with an implant called Implanon
- Could view a video insertion



Microneedle Patch

Device that allows a medication to be delivered through the skin

4 x 4 cm skin-colored adhesive

Additional patient description:

- Like a sticker
- Contains tiny needles that slowly release medicine

Illustrations provided by Treatment Action Group

HCV Provider/Policymaker Survey

Coalition for Global Hepatitis Elimination, The Task Force for Global Health

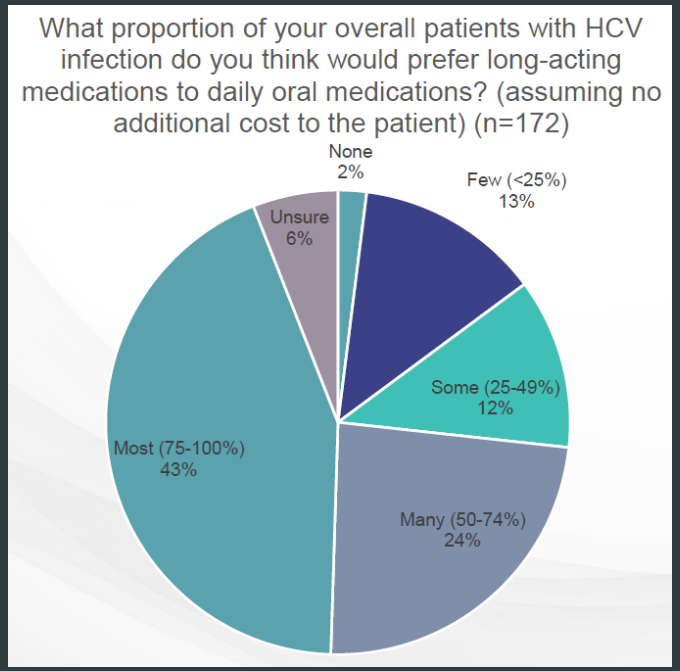
- ▶Survey distribution through electronic link
- ▶October 2022 – February 2023
- ▶Available in five languages
- ▶Representation from all WHO regions:
  - ▶African – 110 (64%)
  - ▶Eastern Mediterranean – 13 (8%)
  - ▶European – 13 (8%)
  - ▶Region of the Americas – 12 (7%)
  - ▶Southeast Asian – 13 (8%)
  - ▶Western Pacific – 11 (6%)

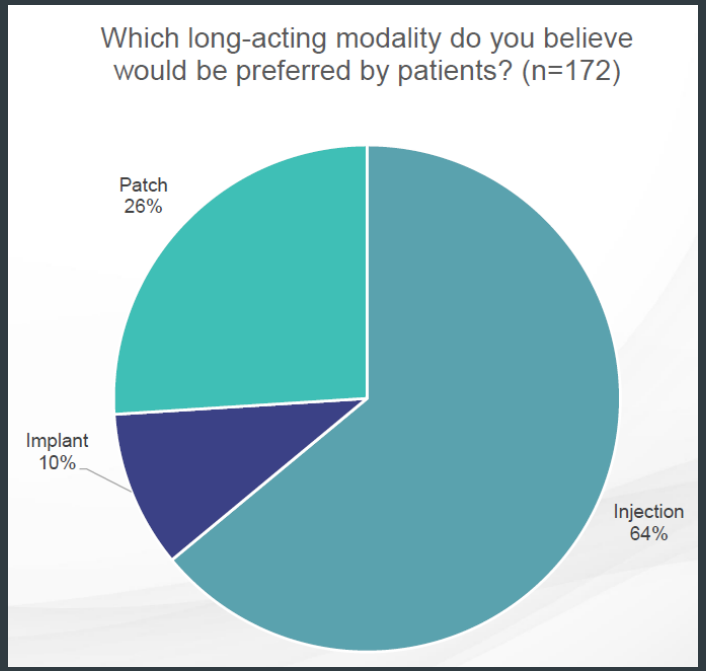
Gupta et al, Journal Viral Hepatitis, May 2024

Respondent Roles

	Providers (n=122)	Policymakers (n=50)	All Respondents (n=172)
Specialist provider - primarily for HCV	87 (71%)	5 (10%)	92 (53%)
General health care provider with occasional HCV	37 (30%)	12 (24%)	49 (28%)
Train other providers on HCV care and treatment	56 (46%)	22 (44%)	78 (28%)
Develop guidelines for HCV treatment	28 (23%)	22 (44%)	50 (29%)
Advise on national treatment guidelines	37 (30%)	15 (30%)	52 (30%)
Conduct research on HCV treatment	33 (27%)	15 (30%)	48 (28%)
Develop HCV related treatment policies in my country	23 (19%)	24 (48%)	47 (27%)
Other	3 (2.5%)	3 (6%)	6 (3.5%)

Provider and Policymaker predictions: What will the patients prefer?





Providers: Top factors influencing LA HCV treatment Preference (n=122)

(Percentage of respondents reporting moderate to highly important)

Potential Benefits:

88%

Improved patient satisfaction or quality of life

87%

Improved adherence and treatment success

84%

Improved efficacy

80%

Fewer side effects

Patient characteristics:

76%

Patient has failed previous HCV treatment

75%

Patient does not routinely engage in medical care

70%

- Patient has HIV co-infection
- Patient is incarcerated
- Social determinants of health

Policymakers: Top factors influencing LA HCV treatment introduction (n=50)

Influential Factors:

86%

- Lower cost to the health system
- Improved patient satisfaction or quality of life

84%

- Improved adherence
- Lower Cost to the patient
- Decreased HCV spread in the community

Greatest Obstacles:

70%

Cost of the drugs

46%

- Drug approval regulatory process
- Concerns for side effects or drug interactions

40%

Patient preferences or perceptions

38%

Storage and distribution requirements

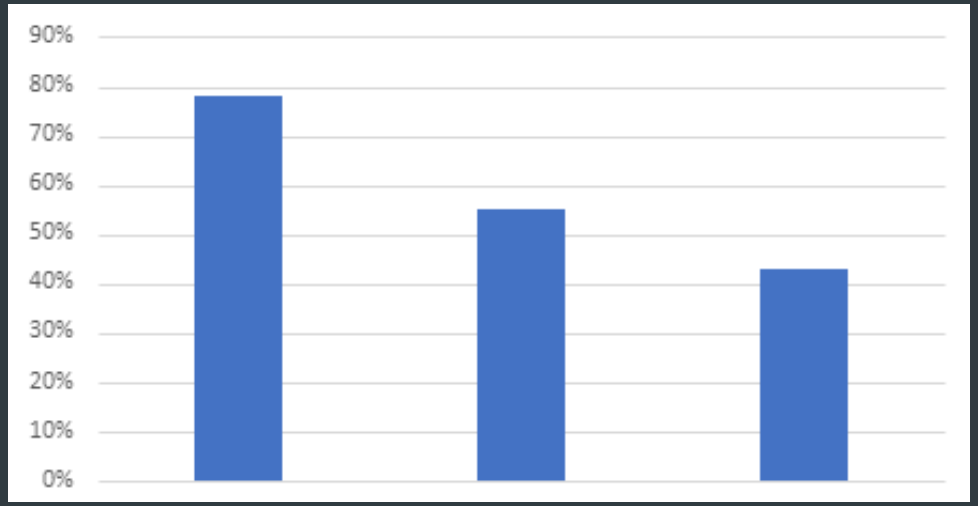
Patient Survey:

- Survey collection February – July 2023
- Data collection with iPads
- 400 survey respondents
  - 100 from Egypt
  - 150 from Ethiopia
  - 150 from India
- Mean age 42 years
- 34% Female
- 26% Rural

Characteristics, n (%)	Egypt (n=100)	Ethiopia (n=150)	India (n=150)	Total (n=400)
Respondents diagnosed with HCV				
Yes	100 (100%)	132 (88%)	137 (91%)	369 (92%)
No	0 (0%)	18 (12%)	13 (9%)	31 (8%)
Of diagnosed, treated for HCV				
Yes	100 (100%)	73 (55%)	52 (38%)	225 (61%)
No	0 (0%)	49 (45%)	85 (62%)	144 (39%)
Of treated, cured of HCV				
Yes	98 (99%)	54 (84%)	37 (71%)	189 (88%)
No	1 (1%)	10 (16%)	15 (29%)	26 (12%)
HCV Treatment Method				
Pills	70 (71%)	71 (97%)	50 (96%)	191 (85%)
Interferon Injections	12 (12%)	1 (1%)	0 (0%)	13 (6%)
Pills and Injections	17 (17%)	1 (1%)	0 (0%)	18 (8%)
Not Sure	0 (0%)	0 (0%)	2 (4%)	2 (1%)
History of injecting illicit drugs into veins or skin				
Yes	1 (1%)	2 (1%)	150(100%)	153 (38%)
No	98 (99%)	148(99%)	0 (0%)	246 (62%)
Concern HCV injection might spoil injection locations for drugs				
Yes	0 (0%)	0 (0%)	76 (56%)	76 (56%)
No	0 (0%)	1 (100%)	59 (44%)	60 (44%)

Willingness to try LA modalities

We now want to ask you about 3 new ways to take medication for hepatitis C infections. We want your thoughts on this even if you do not have HCV, have already been treated for HCV in the past, or are currently receiving HCV treatment.



Injections 78%

MAPs 55%

Implants 43%

Survey Question:
If an injection (MAP, Implant) worked just as well as taking pills, would you be willing to receive an injection (MAP, Implant) for HCV treatment if needed?

Willingness to try LA modalities (comparing sites)

- **Egypt** – 100% treatment rate

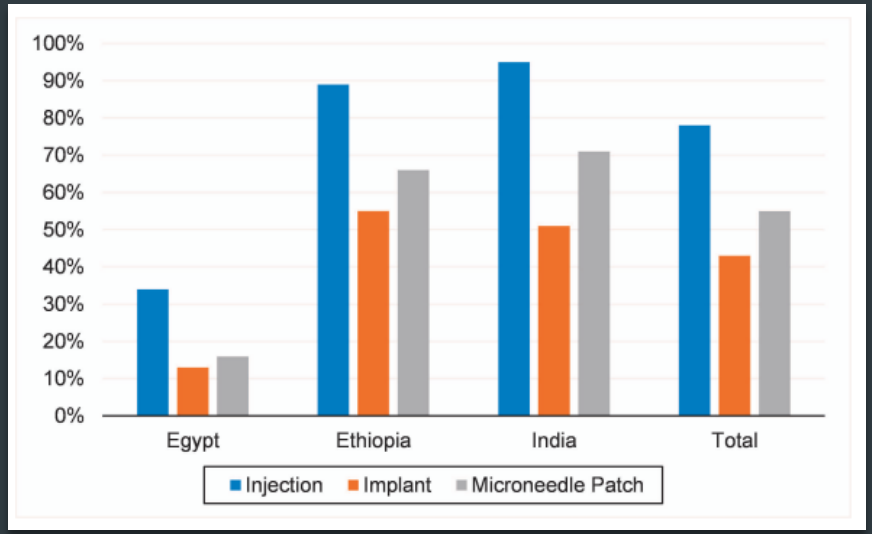
National mass screening & free HCV treatment program

- **Ethiopia** – 55% treatment rate

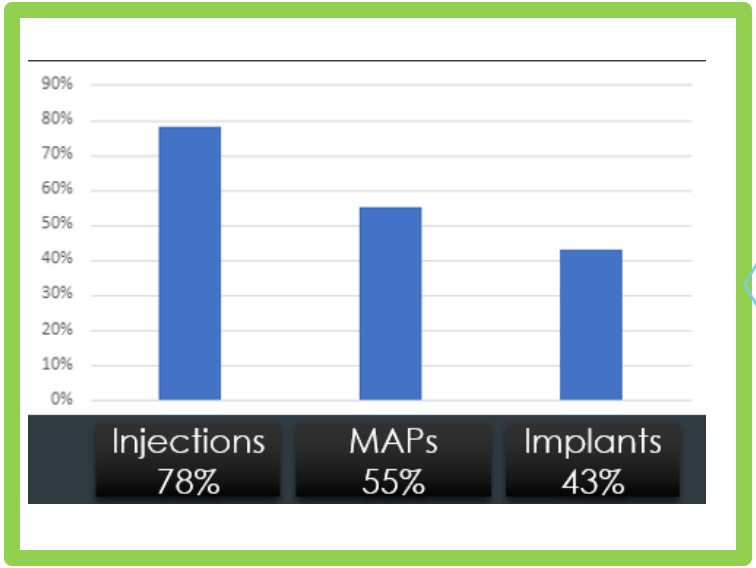
No generic drug agreements or national HCV elimination plan

- **India** – 38% treatment rate

Free treatment programs available



Acceptability based on HCV treatment and cure status



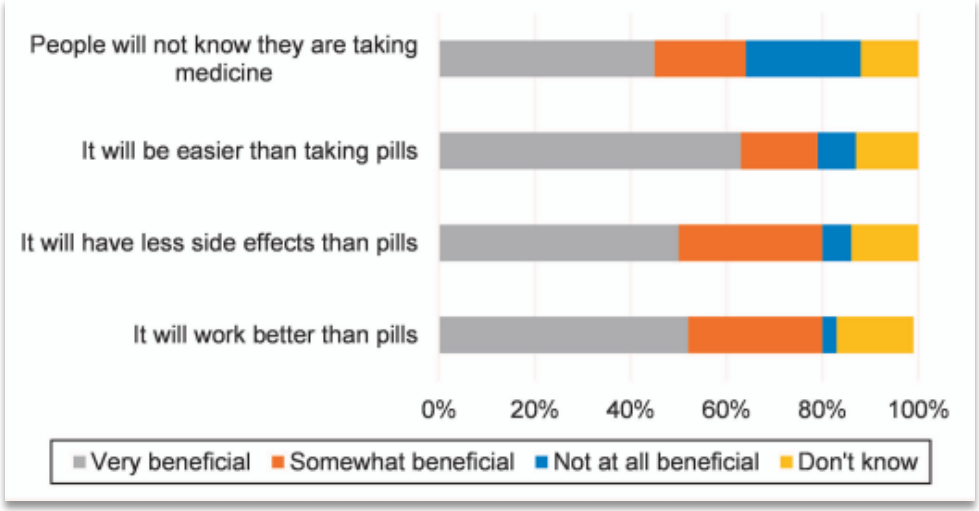
Among those **not previously treated** for HCV
- 94% Injections
- 75% MAPs
- 43% Implants

Among those **treated and cured**:
- 61% Injections
- 43% MAPs
- 40% Implants

LA Injection Benefits

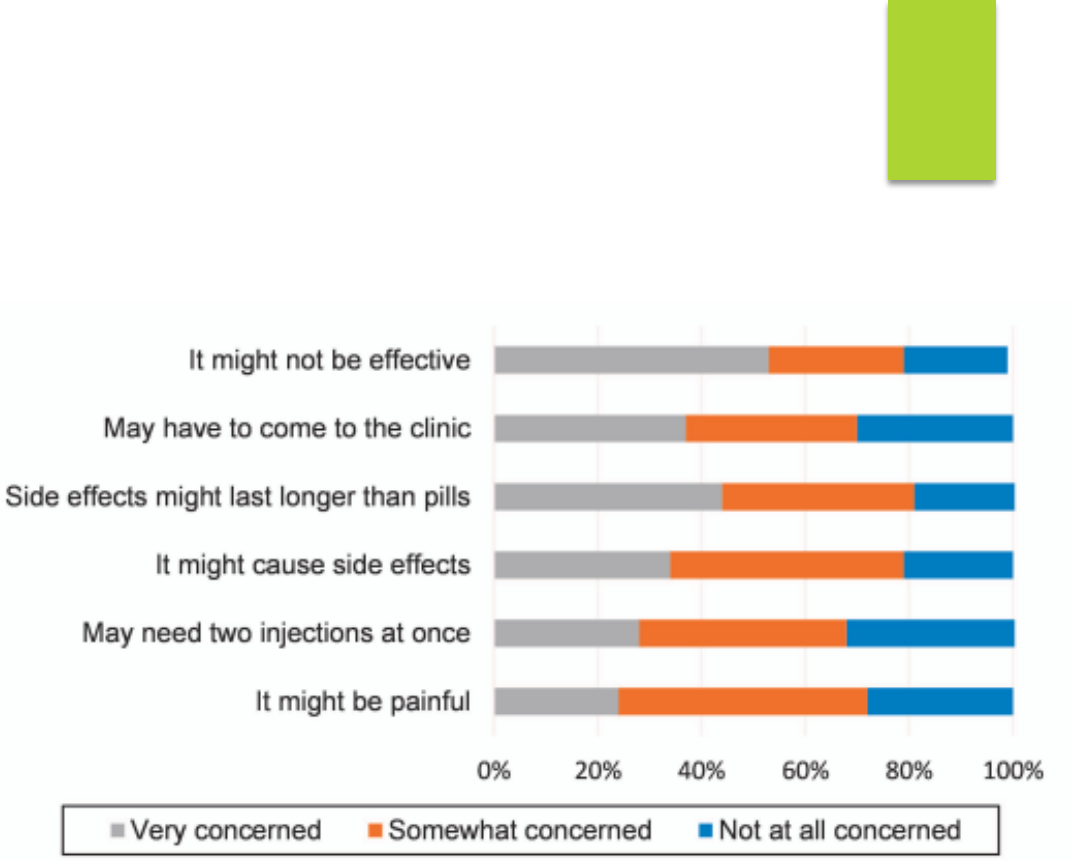
- "Very Beneficial" attributes of LA injectables:
  - 63% easier than pills
  - 52% effectiveness
  - 50% fewer side effects
  - 45% discretion

"People will not know that I am taking medicine" selected most frequent among the India cohort (64%)



LA Injection Concerns

- "Very Concerned" about injections:
  - 53% might not be effective
  - 44% side effects might last longer than pills



Key Findings

Providers:

- 93% willing to prescribe LAT
  - 67% prefer injection
- 72% Preferred LAT if efficacy, safety and cost match DAAs

Policymakers:

If efficacy, safety and cost match DAAs, high likelihood of LAT inclusion

- 84% - in treatment guidelines
- 78% - on national drug formularies

Providers and Policymakers:

No characteristics significantly associated with preference for LATs

Patients:

- 78% - willing to receive injections
- 55% - willing to receive MAPs
- 43% - willing to receive Implants

- Injection or implant experience increased willingness to receive any LA modality ($p<0.001$)

- Most common concern "might not be effective"

Many patient characteristics were significantly associated with willingness to receive LATs

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LONGEVITY

TB prevention survey results

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ORIGINAL ARTICLE

Patient and provider preferences for long-acting TB preventive therapy

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Background

- Tuberculosis preventive therapy (TPT) is used to prevent the progression of tuberculosis (TB) infection to active disease.[1-3]
- TPT is critical for TB elimination but is often underutilized.[1]
- There are system-level barriers and patient-level barriers to implementation, uptake and completion of TPT.
- Long-acting (LA) TPT has the potential to improve linkage to care, treatment adherence and outcomes.

1. WHO Global Tuberculosis Report 2024.

2. WHO consolidated guidelines on tuberculosis, 2024.

3. Migliori et al, Int J Tuberc Lung Dis, 2022

LA-TPT in development

- As part of the Unitaid-funded LONGEVITY project, LA injectable and MAP-based delivery systems for rifapentine and isoniazid are being developed.[4]
- LA formulation of rifabutin using biodegradable polymers is also in development.[5]
- LA injectable bedaquiline formulation is in clinical development.[6,7]

4 Chang YS, et al. Clin Infect Dis, 2023.
5 Kim M, et al. *Nat Commun*, 2022.
6 Kaushik A, et al. Am J Respir Crit Care Med, 2022.
7 Chihota V, et al. Drugs. 2024.

Aim of the study

- The aim of this study was to survey patients and healthcare providers to ascertain acceptability and feasibility of implementing LA-TPT.

- We explored preferences, benefits and concerns for three emerging LA administration methods.

A.) PILLS

B.) INJECTION(s)

C.) IMPLANT

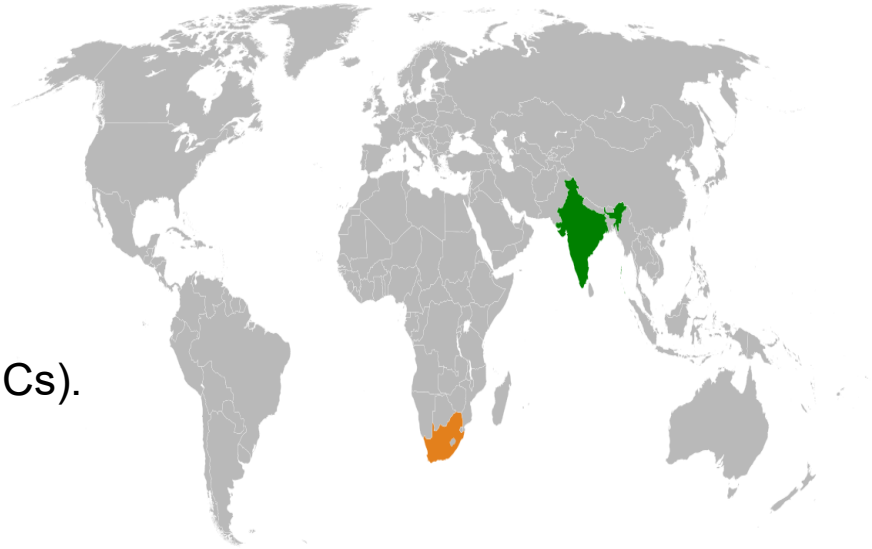
D.) MICRONEEDLE PATCH

Methods

- Cross-sectional in-person survey in two high TB burden countries.

- A parallel online survey of healthcare providers (HCPs) in low- and middle-income countries (LMICs).

- Data were summarized by descriptive statistics.



PATIENT SURVEY RESULTS

Results

Table 1. Patient respondent demographics and clinical characteristics

	Total n = 409	South Africa n = 200	India n = 209	p-value
Age in years, mean (sd)	40.4 (13.1)	39.2 (10.8)	41.6 (14.9)	<0.001[b]
Sex, n (%)				
Male	142 (35%)	47 (24%)	95 (45%)	
Female	267 (65%)	153 (76%)	114 (55%)	<0.001[a]
Previous TB, n (%)				
Yes	164 (40%)	67 (34%)	97 (46%)	
No	243 (59%)	132 (66%)	111 (53%)	
Don't know	2 (0%)	1 (0%)	1 (0%)	0.013[b]
Specify previous TB, n (%)				
Active TB disease	154 (94%)	64 (96%)	90 (93%)	0.529[b]
Latent TB infection	10 (6%)	3 (4%)	7 (7%)	
Previous TPT use, n (%)				
Yes	103 (26%)	54 (27%)	49 (25%)	
No	289 (73%)	145 (72%)	144 (74%)	
Unsure/Don't know	2 (1%)	1 (0%)	1 (1%)	0.865[b]

a – chi-square test; b – Fisher's exact test

Results : Patient preference

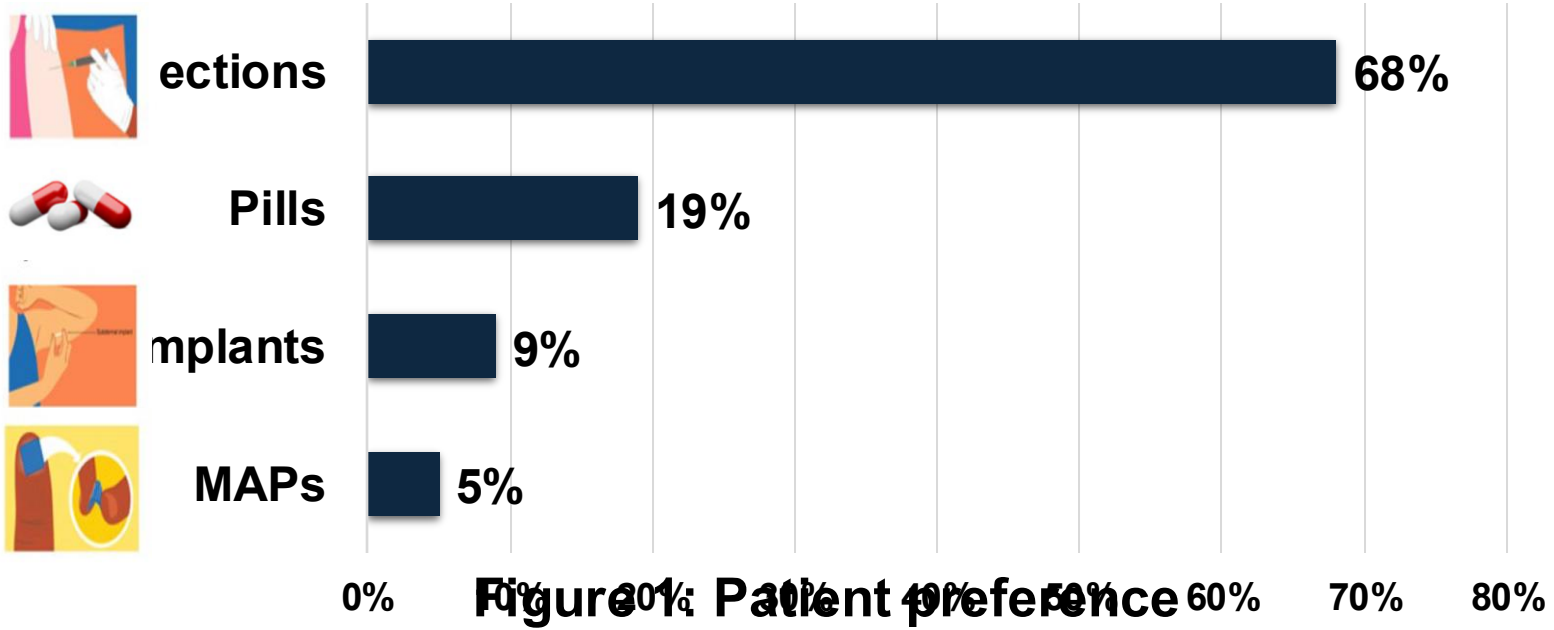


Figure 1: Patient preference

"Which method do you feel is the strongest/most effective method of treatment?"

Results : Patient willingness

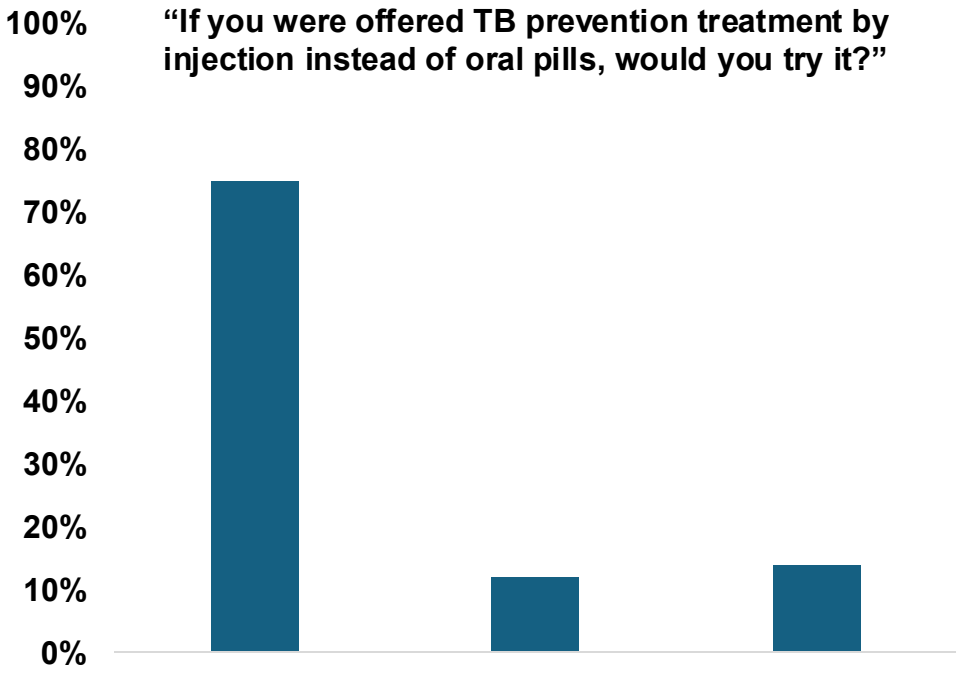


Figure 2: Patients willingness to try injectable TPT

Strong willingness to try injectable TPT.

No significant difference in willingness based on sex or age demographics.

Patients with prior use of injectables demonstrated a significantly higher willingness to try injectable TPT compared to those without (73% vs. 37%; p<0.001)

LA injection benefits:

- 79% ease of administration
- 75% it will work better than pills

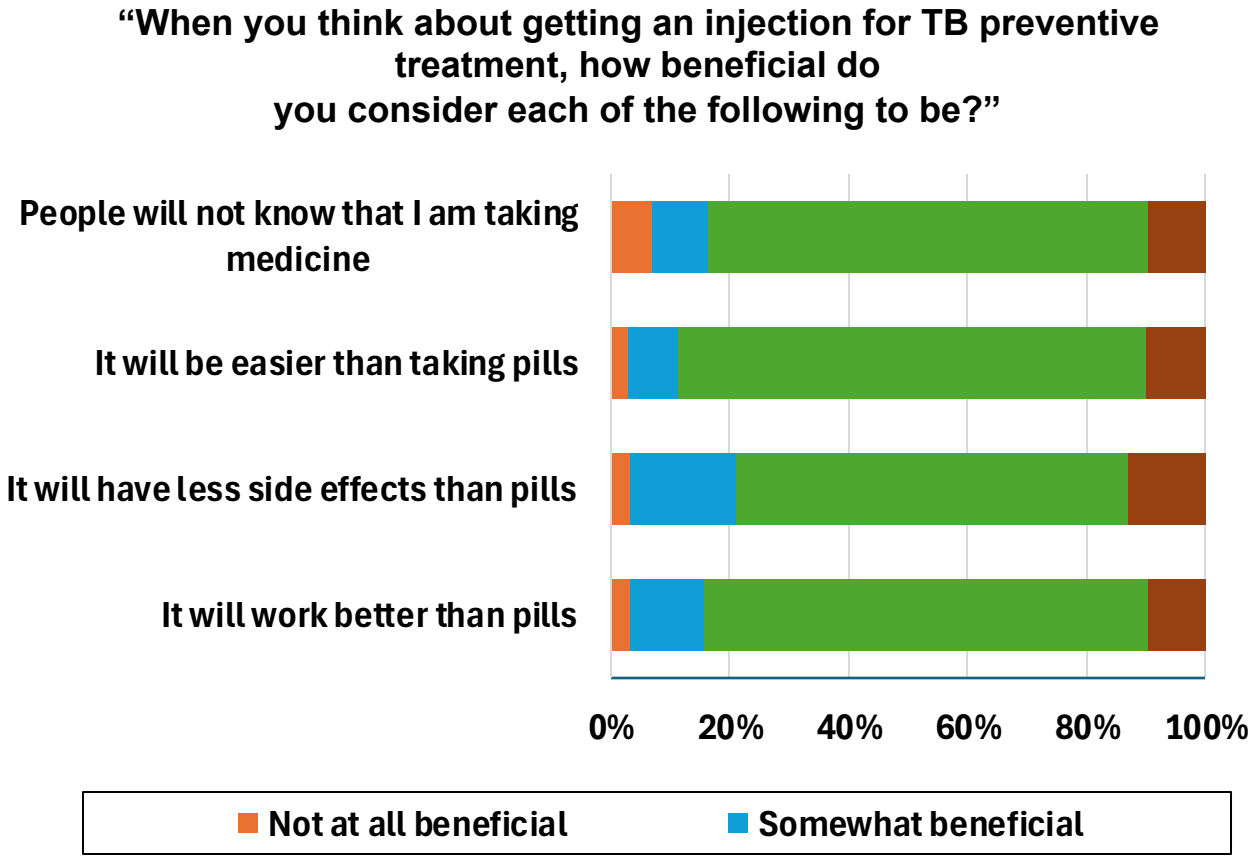


Figure 3A: Patients reported perceived benefits of injectable TPT

LA injection concerns:

- 45 % it might not be effective
- 40% side effects may last longer than oral pills

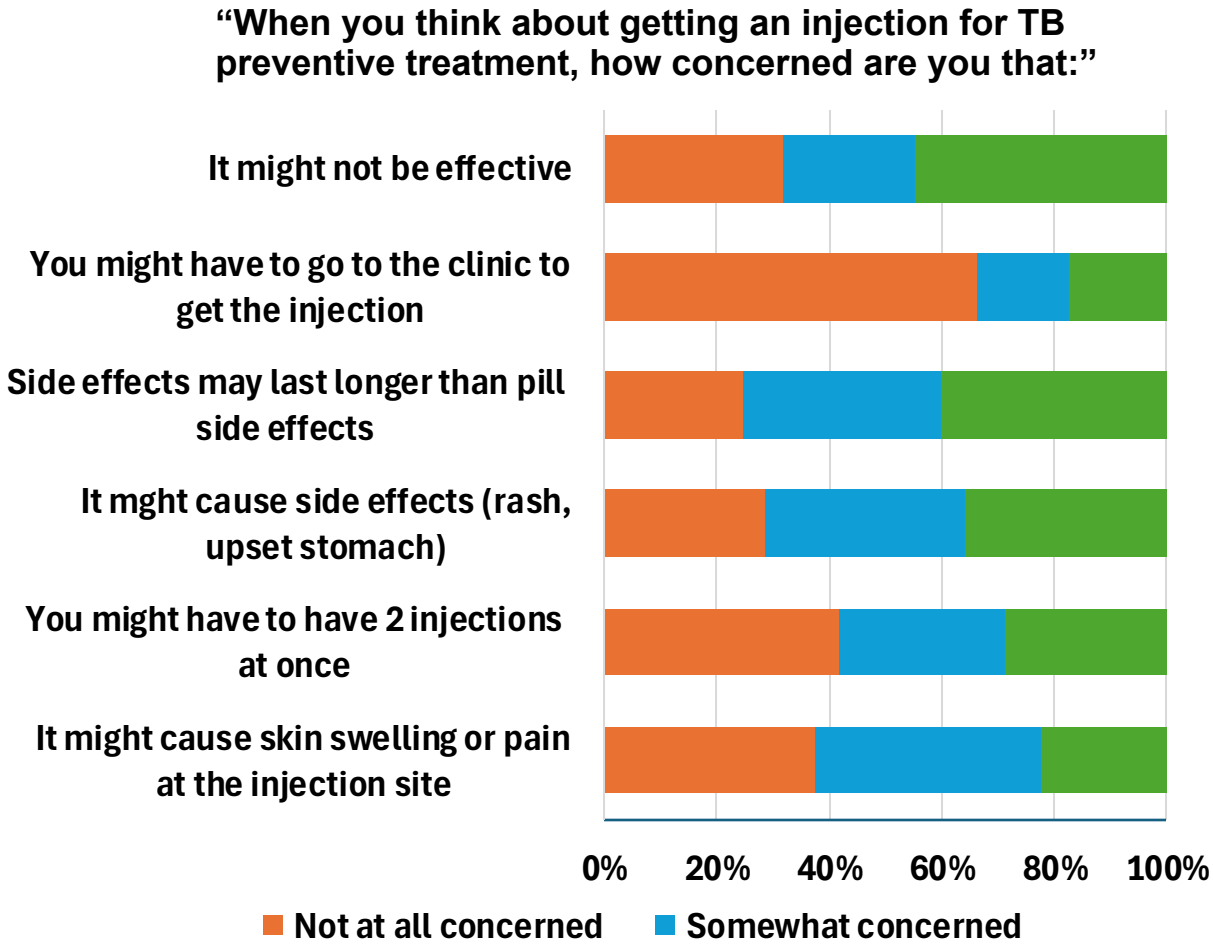
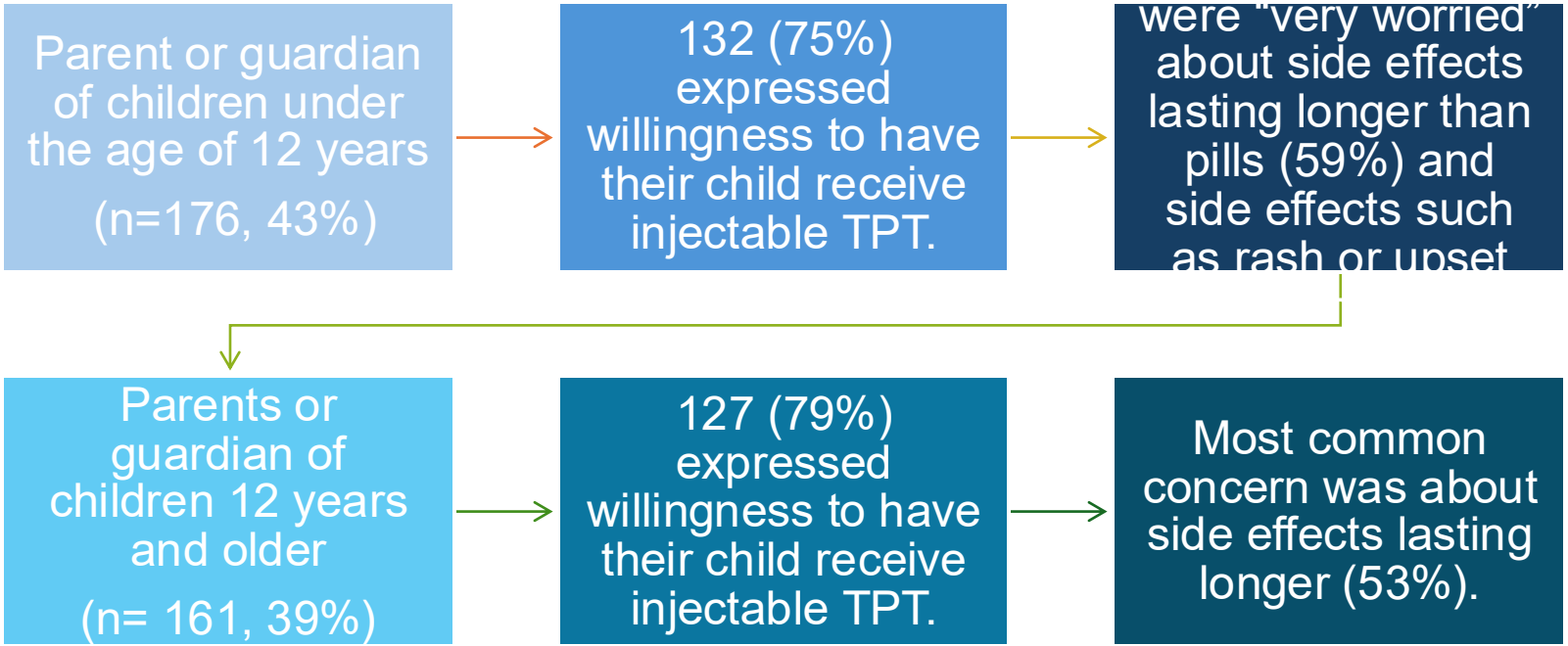


Figure 3B: Patients reported concerns with injectable TPT

Results : Parents/guardians



PROVIDER SURVEY RESULTS

Results

Table 2. Provider respondent characteristics

	Provider n = 94	
	n	%
WHO region		
African	50	53
Western Pacific	11	12
South-East Asian	5	5
Regions of America	3	3
European	2	2
Not specified	22	23
Roles in TB Care		
General provider, occasionally provide care for TB	25	27
Provide specialist care for TB	14	15
Train other providers on TB care and treatment	32	34
Develop and/or implement guidelines for TB prevention and treatment	35	37
Conduct research on TB prevention and treatment	19	20
Other	18	19
Years of experience with TPT		
< 5y	21	23
5-10y	33	37
10-20y	21	23
>20y	15	17
Prescribe TB preventive treatment		
Yes	38	46
No	39	48
Unsure	5	6

WHO – World Health Organization

TPT – TB preventive therapy

Results

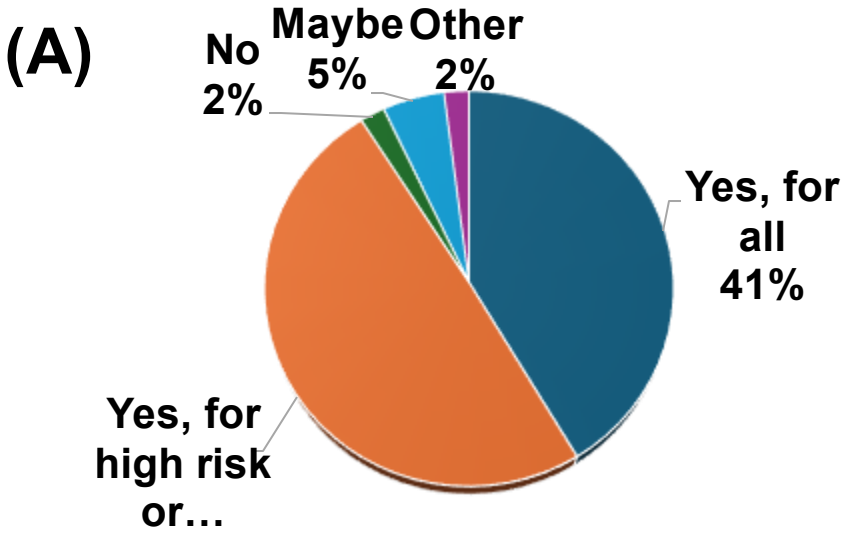


Figure 4A: Provider acceptability - "If approved, and efficacy, safety, and cost were the same, would you prescribe a long-acting medication for TB prevention rather than oral medication?" (*N* = 94)

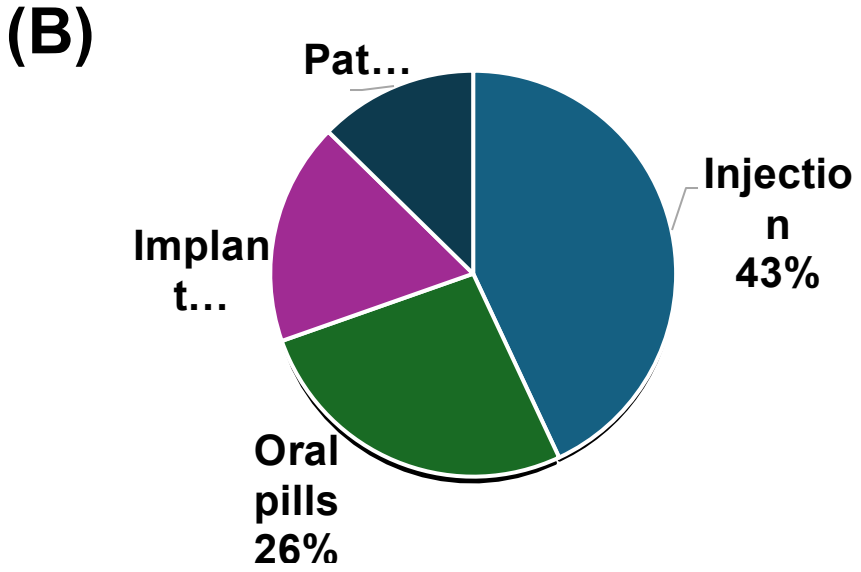


Figure 4B: Provider preference - "If efficacy, safety, and cost were the same, which modality would you most prefer to prescribe?" (*N* = 94)

Results

a prescriber's decision to prescribe LA-TPT, defined as "moderate to very

- improved adherence (99%)
- better efficacy (98%)

Potential obstacles to introduction of LA-TPT, defined as "somewhat to likely an obstacle"

- cost of drugs (86%)
- concern for side-effects/drug interactions (79%)

Conclusion

High levels of acceptability and perceived feasibility

Strong preference for injectable TPT

Development and implementation may improve health outcomes in high-burden TB settings

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