

AIDS 2022 Knowledge Toolkits

Highlights of the 24th
International AIDS
Conference

Produced by **NAM aidsmap** and **IAS – the International AIDS Society**
Selection by **J Larmarange · IAS EF | APCS meeting · Oran · 18 mars 2023**

Taking antibiotic after sex to reduce STIs

- ▶ The DoxyPEP study recruited 501 gay and bisexual men and trans women.
- ▶ 327 were HIV-negative people using PrEP (regular medication to prevent HIV) and 174 were people living with HIV.
- ▶ Two-thirds were given doxycycline to take after sex as post-exposure prophylaxis (PEP).
- ▶ They were told to take a single dose of doxycycline (200mg) as soon as possible and no more than 72 hours after condomless sex.



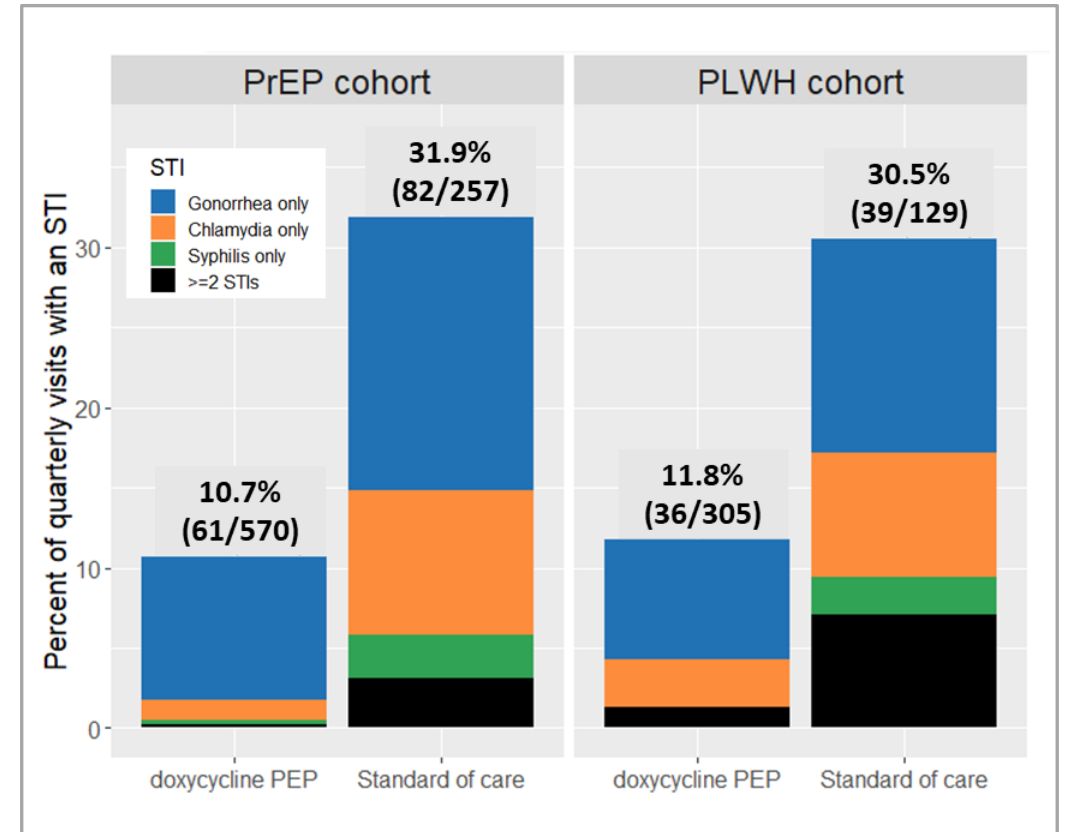
Annie Luetkemeyer of the University of California San Francisco at AIDS 2022.

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- ▶ The incidence of gonorrhoea, chlamydia and syphilis was measured and a significant reduction was seen in all three STIs compared with the standard of care.
- ▶ Overall, doxycycline taken after sex reduced STIs by 66% in HIV-negative participants (PrEP cohort) and by 62% in participants with HIV.



Taking PrEP during pregnancy

- ▶ An ongoing study is enrolling mother-child pairs in western Kenya, including some mothers who took PrEP during pregnancy. Data were presented for 664 pairs.
- ▶ Nurses assess children’s growth and neurodevelopment at six-month intervals.
- ▶ 17% of the mothers had started PrEP (oral tenofovir disoproxil fumarate and emtricitabine) during pregnancy.

Characteristics of mother-child pairs

Characteristic	PrEP exposure during pregnancy	
	Any (n=119, 17%)	None (n=545, 83%)
	% or Median (IQR)	
Maternal age, years	30 (25-35)	28 (25-33)
Child age, months	26 (22, 33)	26 (21, 31)
Currently married	93%	91%
Maternal education, years	9 (8-12)	10 (8-14)
Number of living children	4 (3-5)	3 (2-4)
Preterm birth	10%	9%
Partner known to be living with HIV	13%	3%

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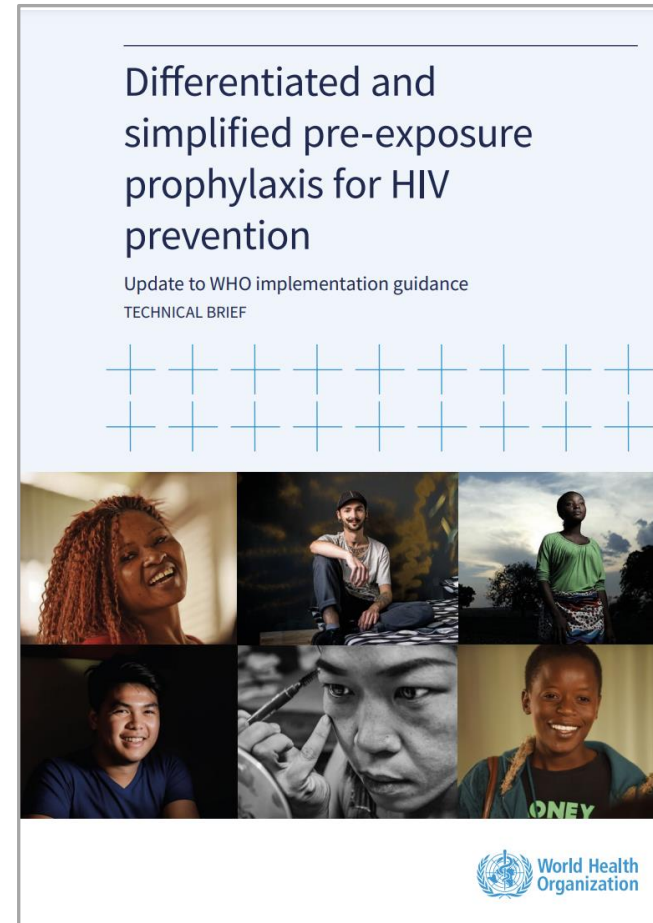
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- ▶ No differences were observed in stunting, wasting, weight, length or neurodevelopment between infants exposed to PrEP during gestation and those not exposed at months 24, 30 and 36.

Child growth indicators		
	Median (IQR)	
	Any PrEP exposure during pregnancy	
	Any (n=119)	None (n=545)
24-months¹		
Weight (kg)	11.2 (10.2, 12.8)	11.5 (10.5, 12.7)
Length (cm)	85.0 (81.3, 87.2)	85.0 (83.0, 87.5)
30-months²		
Weight (kg)	12.5 (11.0, 13.6)	12.8 (11.1, 14.0)
Length (cm)	89.0 (86.0, 93.0)	89.0 (86.0, 92.0)
36-months³		
Weight (kg)	14.0 (12.0, 15.0)	13.8 (12.7, 14.7)
Length (cm)	95.0 (92.0, 97.0)	94.0 (91.5, 97.0)

Improving PrEP service delivery

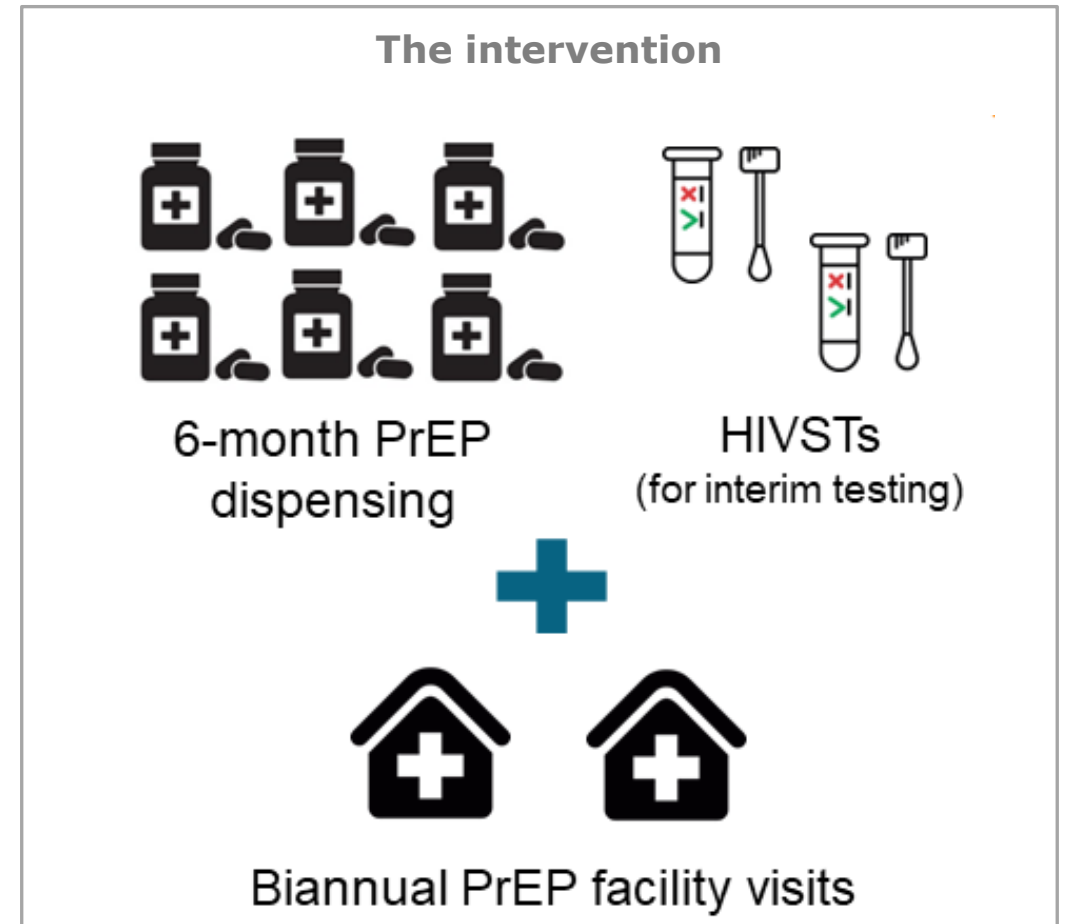
- ▶ WHO launched a technical brief on differentiated and simplified PrEP.
- ▶ Differentiated service delivery means adapting services to the client's needs and preferences, including:
 - When – the frequency of visits
 - Who – the service provider
 - Where – the location of services
 - What – the package of services.



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- ▶ In Kenya, PrEP is currently delivered through HIV clinics, with quarterly visits including HIV testing.
- ▶ A randomized implementation trial tested a model of six-month PrEP dispensing, with HIV self-testing between biannual clinic visits.
- ▶ 495 participants were randomized to either the intervention (PrEP refills to cover the six months until the next clinic visit, with two HIV self-tests provided) or standard of care.



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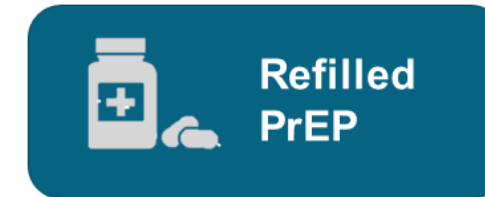
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- ▶ After 12 months, in both groups, 70% of participants had tested for HIV in the past six months.
- ▶ There was no difference in PrEP continuation between groups (60% in the intervention group refilled PrEP at 12 months compared with 63% in the standard-of-care group).
- ▶ Among women who enrolled on their own, rather than in a couple, the intervention significantly increased PrEP adherence (35% vs 18%).

Outcomes at 12 months



- Any HIV testing in the past 6 months, **at 12 months**
- Testing ≥ 3 times **since enrollment**



- Refilled PrEP at **12 months**
- Refilled PrEP **at 6 and 12 months**

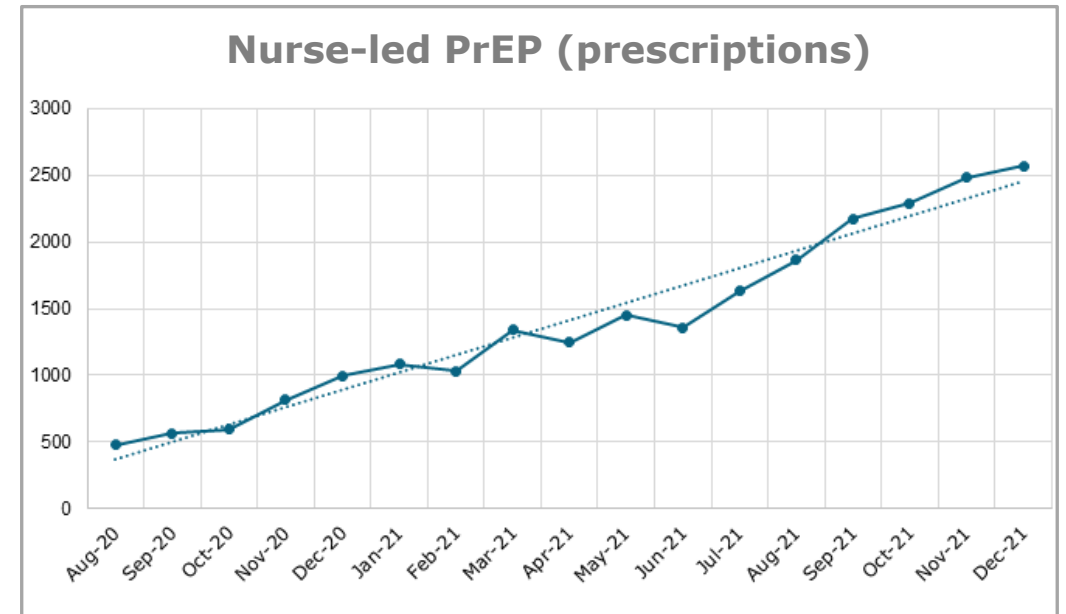


- Any TFV-DP **at 12 months**
- Any TFV-DP **at 6 and 12 months**

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- ▶ In Brazil, in 2020, nurses were trained and supported to prescribe PrEP.
- ▶ Nurse-led prescriptions have significantly increased access for vulnerable populations.
- ▶ 2.1% of nurses' prescriptions were for sex workers compared with 0.8% of doctors' prescriptions.
- ▶ 13% of nurses' prescriptions were for people who use drugs compared with 7% of doctors' prescriptions.

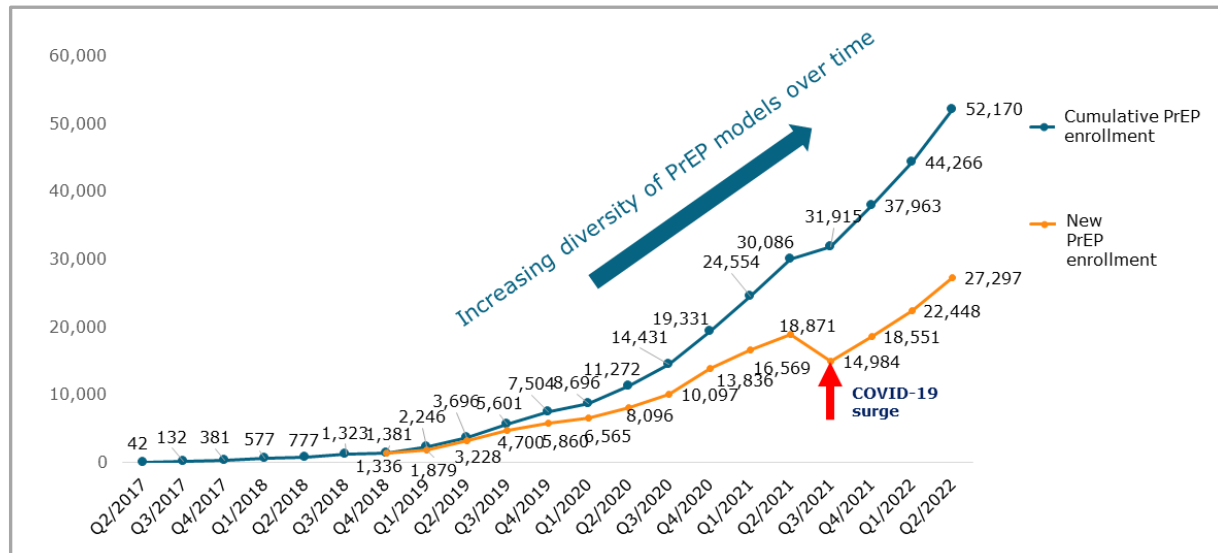


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- ▶ In Vietnam, differentiating where PrEP is offered has led to increased scale up.

- ▶ In one province, 32% of clients started PrEP at public HIV clinics, 32% at key population-led clinics, 23% through telehealth, 10% at private clinics, and 2% at mobile services.



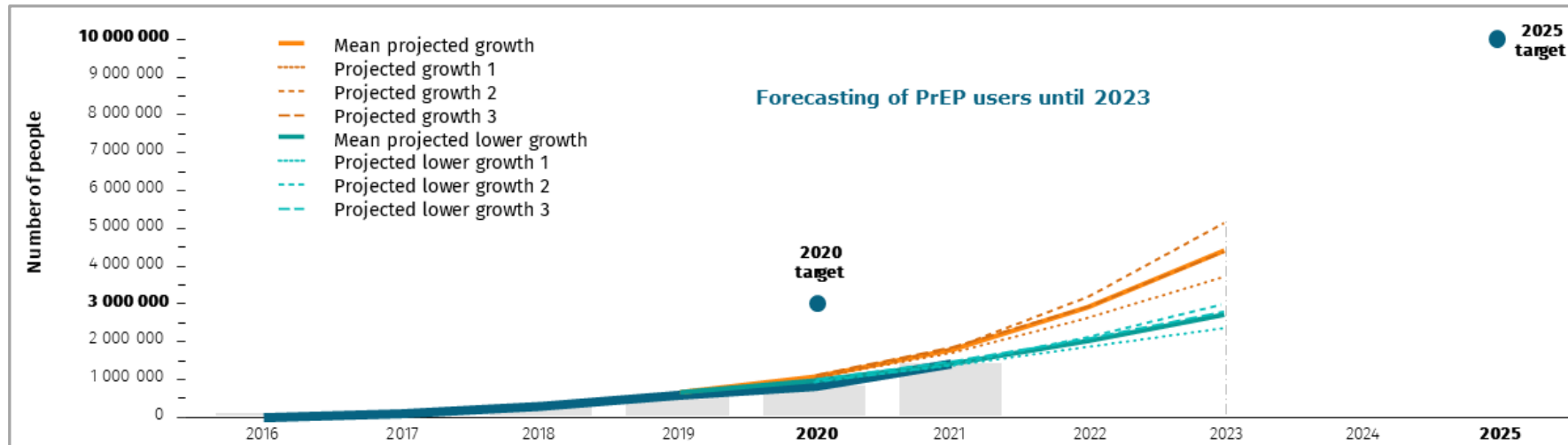
Quarterly growth in PrEP uptake nationwide

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Introducing long-acting PrEP

- ▶ Many people who could benefit from oral PrEP do not have access to it.
- ▶ In 2020, the number of people using oral PrEP was just 28% of the target of 3 million in low- and middle-income countries.
- ▶ Daily PrEP is not feasible for everyone. Long-acting PrEP has the potential to address some of the challenges.

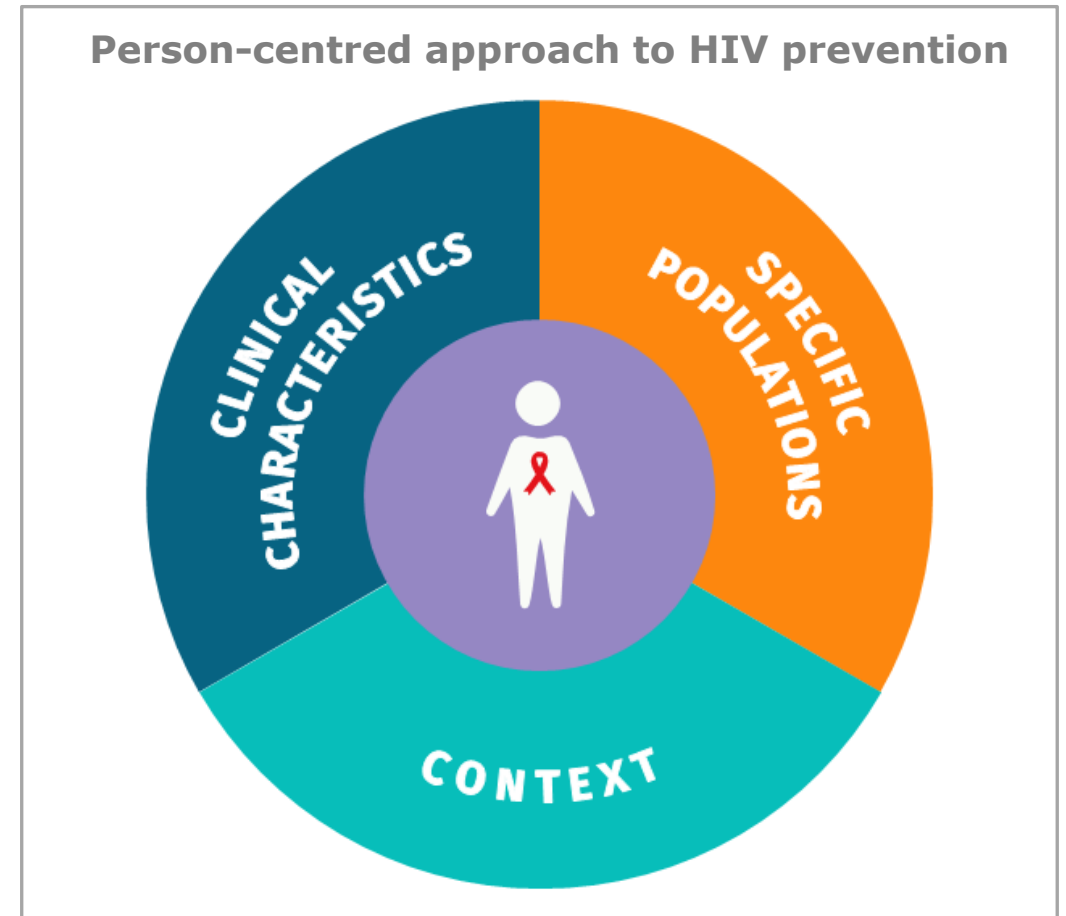


PrEP usage, forecasting and targets

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- ▶ The dapivirine vaginal ring and injectable cabotegravir will be available in more countries soon.
- ▶ Open-label extension studies have shown more use of the vaginal ring than in Phase 3 trials, and modelling data suggest greater risk reduction.
- ▶ Implementation studies will be vital in understanding barriers to roll out and how best to integrate products into health systems.

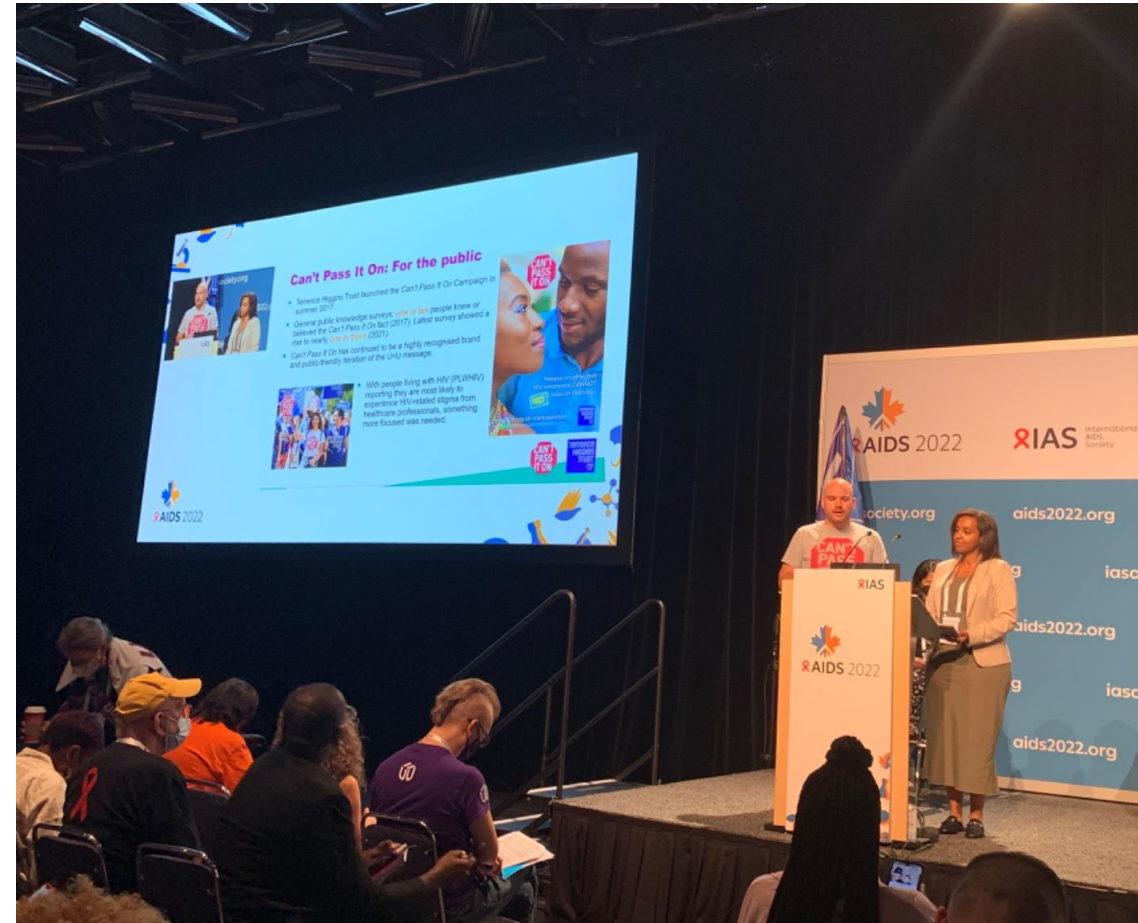


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Integrating U=U into HIV care

- ▶ Several presentations explored challenges communicating the U=U message in healthcare settings.
- ▶ Research in Canada found that sexual health practitioners had difficulty communicating the notion of “zero risk”.
- ▶ A UK organization has developed free online training modules for health professionals to support them to confidently communicate U=U with their clients.



Richard Angell and Chamut Kifetew from the Terrence Higgins Trust at AIDS 2022.

Photo by Matthew Hodson

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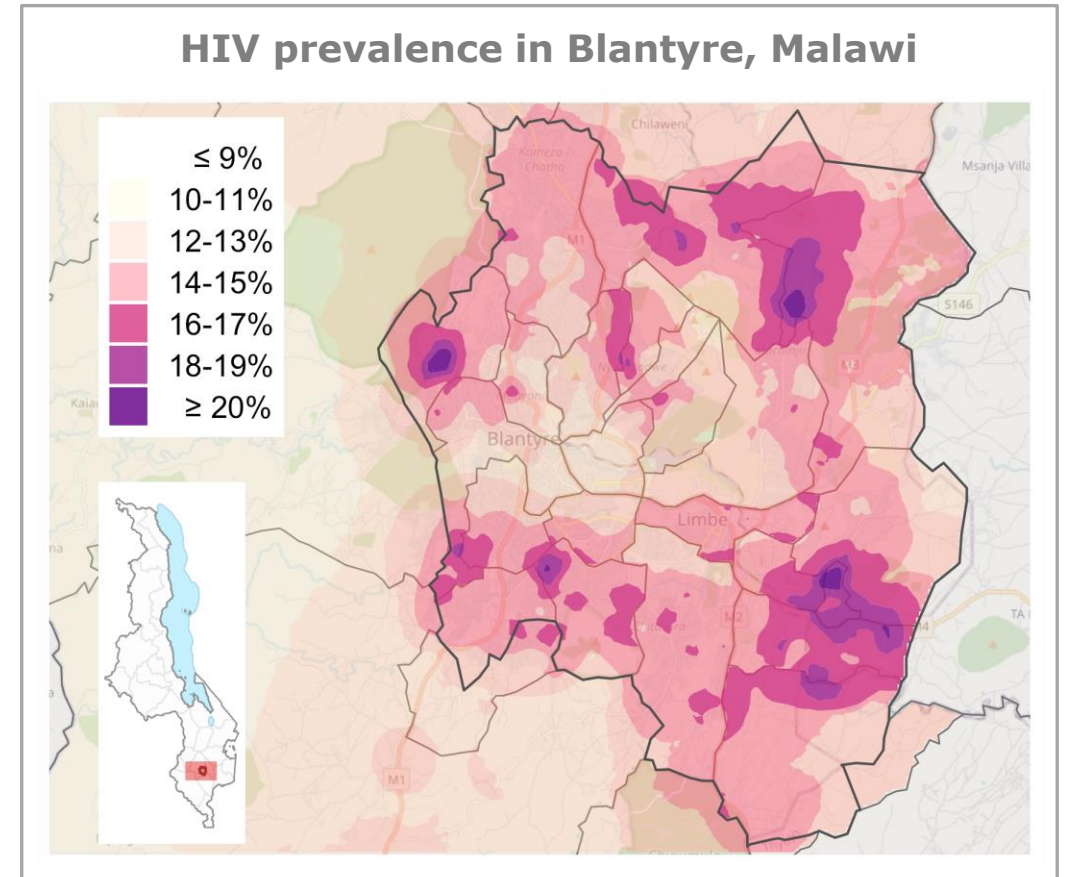
- ▶ A survey of 3,206 people living with HIV in seven cities in the global South found that over half did not understand the meaning of “undetectable viral load”.
- ▶ In Latin America, awareness of U=U has been raised through large public events, such as Pride, social media, storytelling, music videos and official government campaigns.
- ▶ In the Caribbean, treatment uptake, adherence and the U=U message have been limited by stigma, poverty, weak health systems and low levels of literacy.
- ▶ In the Middle East and North Africa, HIV-related stigma, conservative religious attitudes towards sex and limited human rights present formidable challenges.
- ▶ Local activism can be key in creating awareness and changes.
- ▶ New guidance from PEPFAR asks countries to integrate U=U messaging in HIV services.

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Precision public health

- ▶ Precision public health is the use of data to inform decision making and programming.
- ▶ Precision public health starts with detailed data, and estimates are made through modelling.
- ▶ Although the concept of precision public health is new, the paradigm has underpinned the HIV response for decades.



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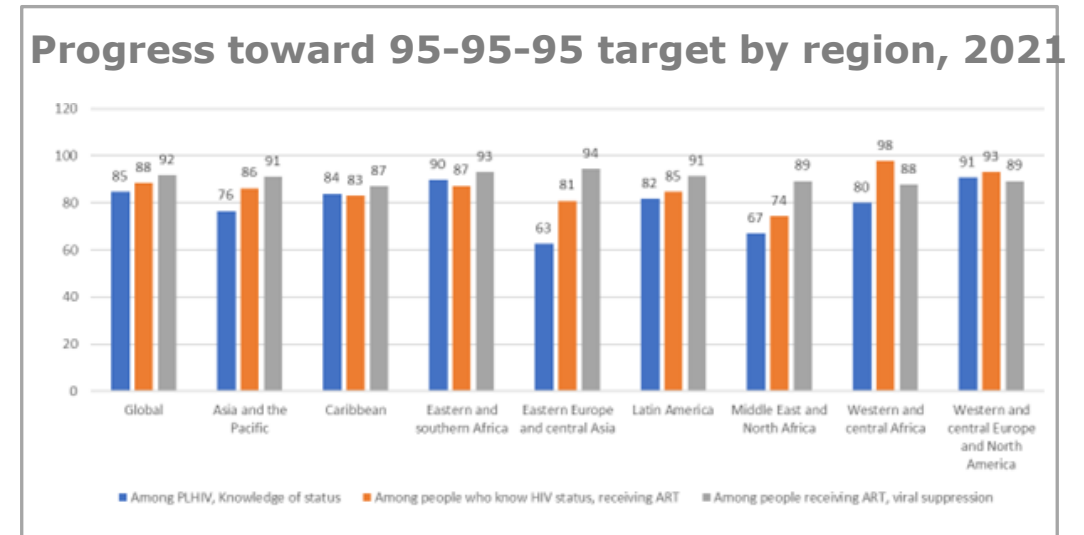
- ▶ Geography: granular, sub-national data on HIV prevalence and treatment coverage enables prioritization of services and monitoring of equitable access.
- ▶ Age and sex: granular data have allowed programmes to prioritize adolescent girls and young women, but older people continue to acquire HIV.
- ▶ Key populations: national survey data are limited and insufficient to guide service delivery.
- ▶ Identifying individuals at increased risk in the general population: transmission analysis shows there are limits to differentiating risk based on individual characteristics.

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Priority actions to end the HIV epidemic

- ▶ When scaling up HIV prevention and treatment, we also have to look at gender equity, human rights, community leadership, integration and investment.
- ▶ There have been successes, but there are serious gaps where we are missing key targets.
- ▶ No region has so far achieved the 95-95-95 targets or, indeed, the 90-90-90 targets.



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- ▶ The Global AIDS Strategy emphasizes communities being at the centre of the AIDS response.
- ▶ UNAIDS also introduced the 30-80-60 targets around community leadership.
- ▶ By 2025, ensure that community-led organizations deliver:
 - 30% of testing and treatment services
 - 80% of HIV prevention services for populations at high risk of HIV infection
 - 60% of programmes to support the achievement of societal enablers.

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Inclusion of trans people in national strategic HIV plans

- ▶ In 60 countries with high HIV prevalence, national strategic HIV plans were analysed across five sections:
 - Narrative
 - Epidemiological data
 - Monitoring and evaluation indicators
 - Activities across the HIV continuum of care
 - Budgets.
- ▶ Some countries did not include trans people at all.
- ▶ 65% mentioned trans people in at least one section.
- ▶ Only 8% included trans people in all five sections.

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Community-led monitoring

- ▶ Community-led monitoring (CLM) is a process where communities take the lead to routinely monitor an issue that matters to them.
- ▶ It focuses on indicators that are relevant to communities in order to improve services.
- ▶ CLM has been used to understand drug stock-outs, multi-month dispensing and the wait for viral load test results, providing vital evidence and resulting in improvements.
- ▶ It is important in understanding community experience.

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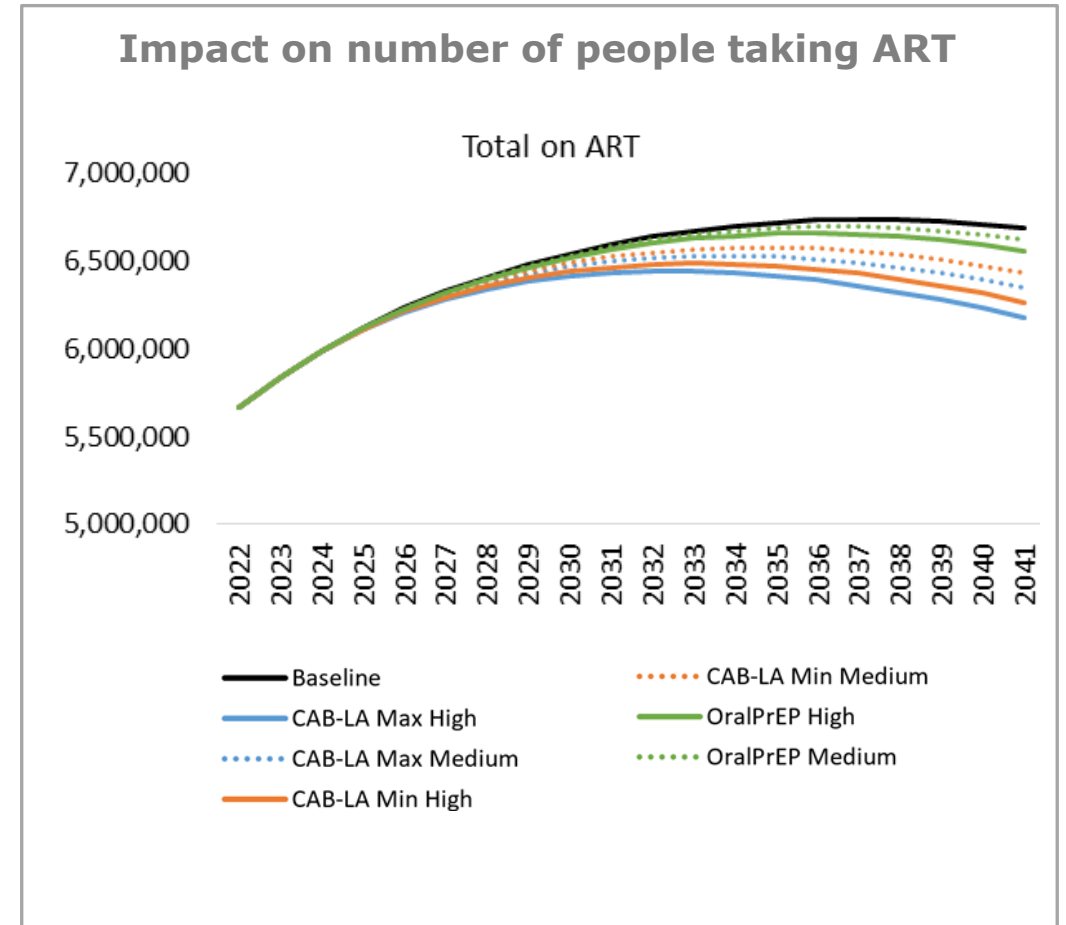
Cost effectiveness of injectable PrEP in South Africa

- ▶ Modelling explored the relative cost effectiveness of long-acting injectable cabotegravir (CAB-LA) versus oral PrEP in South Africa.
- ▶ The model was based on effectiveness of oral and injectable PrEP shown in previous studies.
- ▶ It used drug prices in South Africa for oral PrEP with tenofovir disoproxil/emtricitabine (TDF/FTC) and five possible price levels for CAB-LA (one to five times the price for generic TDF/FTC).
- ▶ It also included costs for delivery, such as staff time.
- ▶ Providing CAB-LA is expected to prevent more cases of HIV, therefore lowering the future cost of antiretroviral therapy and avoiding AIDS-related deaths.

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- ▶ If CAB-LA cost the same as oral PrEP (\$80 a year), it would be more cost effective at minimum duration: \$1,705 per life year saved.
- ▶ At \$160 a year, minimum-duration CAB-LA would cost \$2,751 per life year saved – marginally over the cost-effectiveness threshold.
- ▶ To be cost effective at high coverage, CAB-LA PrEP would need to cost less than \$9 per injection (\$54 a year).



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Making long-acting cabotegravir PrEP affordable

- ▶ Rapid roll out of long-acting HIV prevention injections could significantly reduce new HIV cases.
- ▶ Current pricing of long-acting cabotegravir (CAB-LA) is too high. Making it affordable is likely to depend on generic manufacturers.
- ▶ The pharmaceutical company, ViiV Healthcare, has committed to supplying CAB-LA to the 14 countries that were involved in clinical trials.
- ▶ At AIDS 2022, ViiV announced a licencing agreement with the Medicines Patent Pool to allow 90 countries to access generic versions of CAB-LA.
- ▶ However, many countries are not covered by the agreement, including Russia, Brazil, Mexico and several others in central Europe, Latin America and Asia.

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Sustainability of Thailand's national PrEP programme

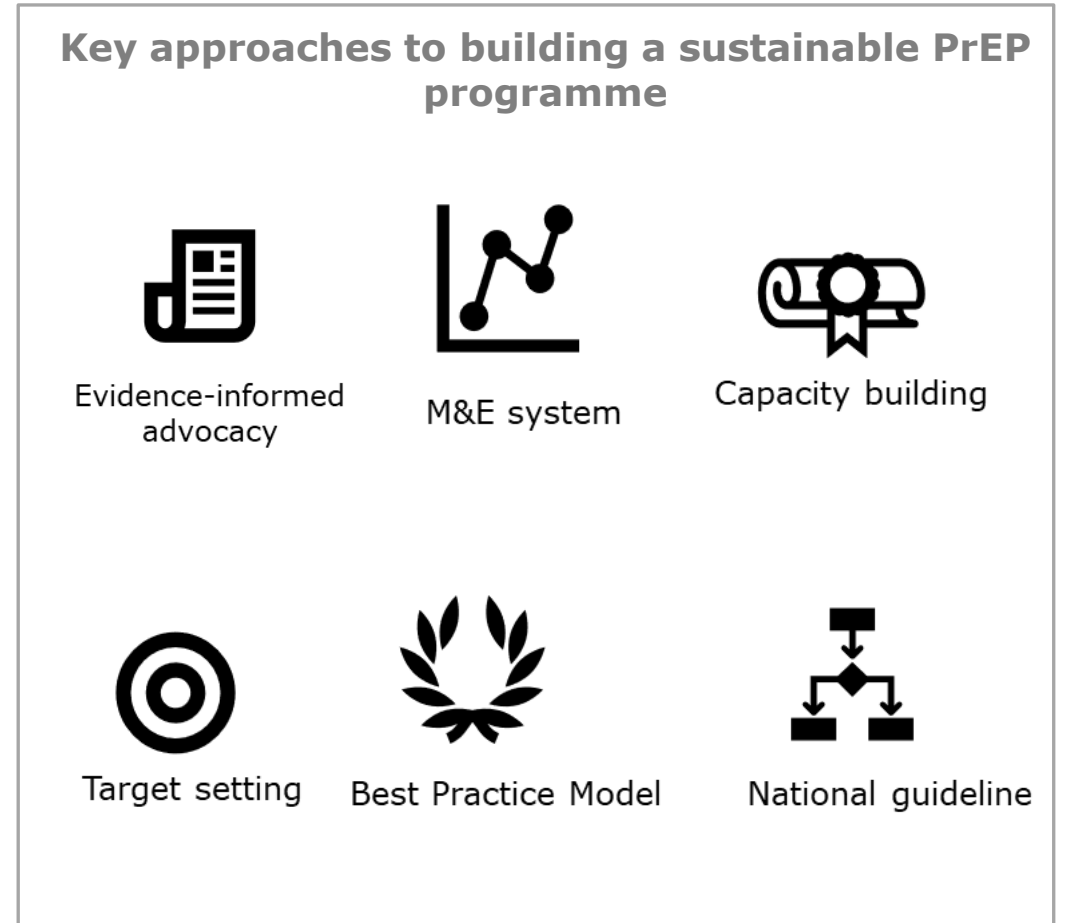
- ▶ In Thailand, PrEP is provided through government healthcare providers and key population-led health services.
- ▶ Historically, these services were funded by external donors, such as The Global Fund, Thai Red Cross and research projects.
- ▶ Since 2020, PrEP has been piloted as part of the national Universal Coverage Scheme and this is expanding with the aim of full integration by 2025.
- ▶ National guidelines include differentiated service delivery models.

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► Thailand has identified six key approaches to building a sustainable PrEP programme:

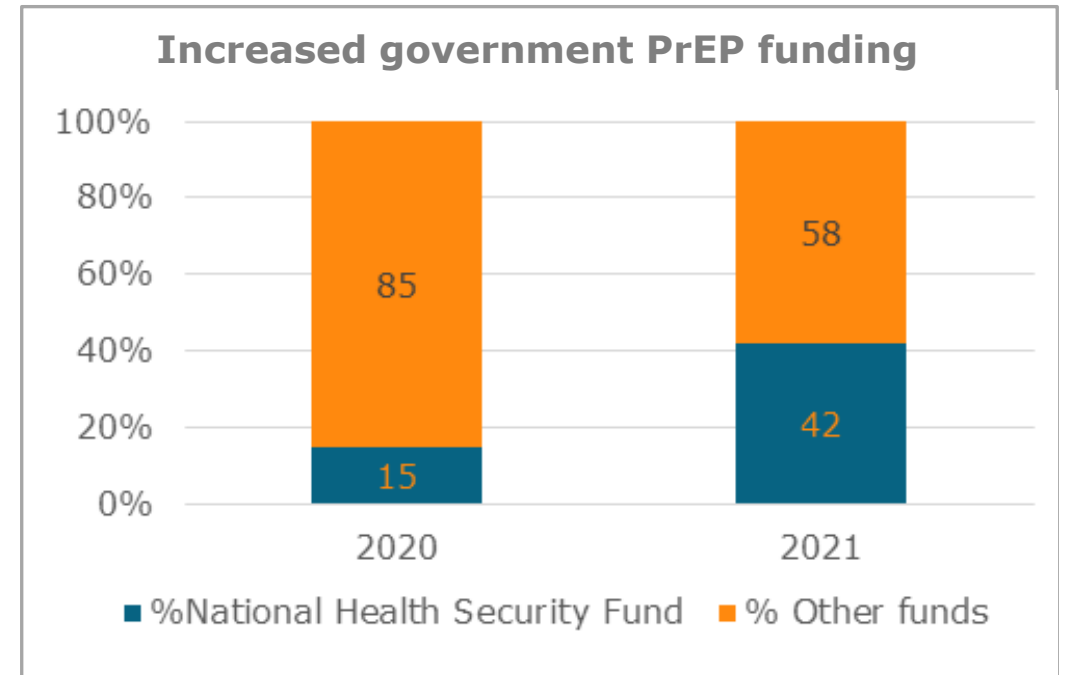
1. Sharing evidence-based advocacy with policy makers
2. Building capacity among healthcare staff
3. Identifying and replicating best practice models for PrEP delivery
4. Setting up a national monitoring system
5. Setting PrEP targets
6. Delivering national guidelines.



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- ▶ In 2021, 78% of people using PrEP accessed it via community-based organizations. To increase sustainability, many of these organizations are being certified so they can receive state funding.
- ▶ The number of people using PrEP has gradually increased to 16,434 in 2021; an almost nine-fold increase from 2017.
- ▶ Between 2020 and 2021, National Health Security Office funding increased from 15% to 42%.

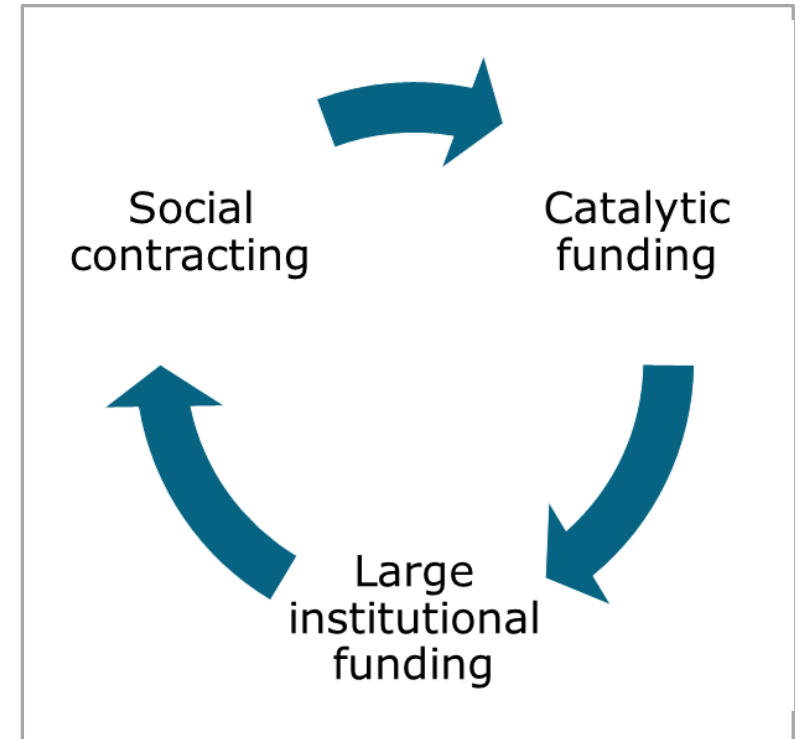


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Sustainable financing of community-led HIV programmes

- ▶ How can we make the large institutional funding work effectively and equitably? Community-based organizations can reach the most marginalized people.
- ▶ Smaller pots of money (catalytic funding) are very important for flexibility and innovation. They allow community organizations to build a track record, enabling them to apply for larger pots of money.
- ▶ Having had large institutional funding puts community organizations in a better position to receive money from domestic governments (social contracting).



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- ▶ Sustainable financing is not focused only on disease control.
- ▶ Abhina Aher, technical expert at ITECH India and trans activist, told the conference that when an institution invests money, it is not just financing health, it is also financing social change, economic empowerment, health improvement and human rights.
- ▶ In many countries, there are legal barriers preventing funding from reaching programmes led by key populations.
- ▶ Aher said investment should be in value for life, not value for money – how many lives do you change?
- ▶ Affected communities should be prioritized: “We are not the subjects, we are the subject matter experts.”

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Thank you

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