Presentation title: New HIV Prevention Technologies

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HIV Situation in Kenya

- Kenya had a target of reducing new HIV infections to <22000 by 2020 but recorded 33,000 in 2020 (UNAIDS, 2020)
- 15 24 years contributed 41% of all new infections among adult population with AGYW contributing two thirds (HIV Estimates, 2020)
- Kenya implements combination prevention (biomedical, behavioural structural) interventions for HIV prevention
- Key populations (MSM, FSW, PWID, and Transgender) continue to disproportionately affected by HIV
- Shortages of essential commodities like condoms and HIV test kits a barrier to prevention
- Limited funding for HIV prevention (donor and national allocation)













Why New HIV Prevention Products?



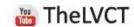
- Available methods have not slowed the epidemic among women
- Need for discreet options women can use on their own terms
- No one product will solve the HIV epidemic
- Women need multiple prevention options that make sense for their lives















What is the dapivirine ring?

- Flexible silicone ring which slowly releases the antiretroviral (ARV) dapivirine locally in the vagina, with minimal exposure elsewhere in the body
- User-inserted or inserted with support from a healthcare provider
- Long-acting
 - Kept in place for one month before being replaced with a new ring
- Discreet and does not interfere with sex















Why dapivirine ring?

No safety concerns to date

Shown to reduce HIV risk in clinical trials

Easy to use

Long-acting

Private









Reasons for Development

- Adolescent girls and women, particularly young women are disproportionately affected by HIV in sub-Saharan Africa
- Available HIV prevention products have not stopped the epidemic among these populations- no single product will
- People want HIV prevention options that are discreet, long-acting, and can be used without partner cooperation
- Lessons from contraception show that increased options lead to increased uptake – adding a new tool to the HIV prevention package could increase uptake of HIV prevention methods overall
- A product with few side effects that can be easily provided both within and outside of health facilities may reduce barriers to delivery and uptake









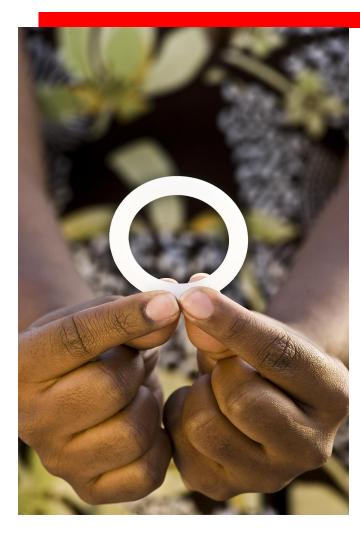








Efficacy



Efficacy in Phase III trials

- 4588 participants ages 18-45 in Malawi, South Africa, Uganda, and Zimbabwe
- The ring reduced the likelihood of HIV acquisition by approximately 30% overall and was well-tolerated
- HIV risk reduction was likely greater among participants who used the ring at least some of the time
- Overall, HIV risk reduced by 40% among participants over 21; no reduction among participants under 21, who were more likely to show non-use of the ring

Efficacy in open-label extension (OLE) trials

- 2790 former Phase III participants in Malawi, South Africa, Uganda, and Zimbabwe
- Taken together, modeling data from the two OLEs suggest overall likelihood of HIV acquisition among participants was reduced by about 50%, compared to about 30% in Phase IIIs
- Results are limited due to lack of placebo comparison groups, but indicate an encouraging trend Empowered Healthy Communities

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Name & Phase	population	Location	outcomes
ASPIRE Phase 3	2,629 HIV- women aged 18-45	14 sites in Malawi, South Africa, Uganda, Zimbabwe	 27% overall reduction in HIV acquisition 56% reduction in risk of HIV acquisition among women aged 21+ Large differences in risk reduction across age groups, likely due to adherence Subsequent analysis showed a 65% reduction in risk of HIV acquisition among women who used the ring consistently
The Ring Study Phase 3	1,959 HIV- women aged 18 to 45	Seven sites in South Africa and Uganda	 Ring use reduced HIV acquisition by about 30% overall Ring use reduced HIV acquisition by 56% among those who used it most consistently Ring safe and well-tolerated
HOPE Open label extension for ASPIRE	1,456 HIV- women (59% of those eligible from ASPIRE) 2 years of follow up	Same as ASPIRE	 Ring safe and well-tolerated 90% of returned rings were used at least some of the time Estimated reduction in risk of HIV acquisition of 39% overall Retention very high, with 98% completing all study visits
Open label extension for The Ring Study	941 HIV- women ages 20-50 from The Ring Study 12 months of follow up	Same as Ring Study	 Ring safe and well tolerated 95% of participants used the ring at least some of the time, an increase from 83% in Phase 3 Estimated reduction in risk of HIV acquisition 63% overall
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Study

Study

Study

Key



European Medicines Agency (EMA)

- July 2020 Positive Scientific Opinion
 - EMA adopted a positive opinion for use of the dapivirine ring outside of the European Union (EU) to reduce the likelihood of HIV acquisition during receptive vaginal sex, in combination with safer sex practices when oral PrEP is not used, cannot be used, or is not available

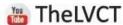
















World Health Organization (WHO)

- November 2020 Prequalification received
 - WHO prequalification indicates that the ring meets global standards for quality, safety, and efficacy in reducing likelihood of HIV acquisition
- Jan 2021 Conditional recommendation by the World Health Organization
 - WHO recommended the dapivirine ring as an additional choice for cisgender women who are at substantial risk for HIV acquisition and cannot or choose not to use oral PrEP, and as part of combination prevention approaches
- March 2021 Clinical guidelines including the recommendation for the ring published
 Empowered Healthy Communities





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WHO publishes new clinical and service delivery recommendations for HIV prevention, treatment and care



WHO publishes new clinical and service delivery recommendations for HIV prevention, treatment and care

17 March 2021 | Departmental news | Reading time: 3 min (711 words)













United States Food and Drug Administration (FDA)

- March 2021 New Drug Application (NDA) accepted for review by the FDA
 - Unlike the EMA, which can give opinions on medicines intended for use in countries outside the EU, the FDA only gives opinions on medicines intended for use inside the United States
- December 2021 IPM (ring developer) voluntarily withdrew NDA
 - During the FDA's review of the application, feedback indicated that current data are unlikely to support US approval given the context of the current HIV prevention landscape in the United States

INCIDENCE DATA:

<u>Unites States</u>: In 2018, there were 36,400 new cases of HIV. Of those, 6700 (18%) were among women. (https://www.cdc.gov/hiv/group/gender/women/incidence.html)

East and Southern Africa: In 2018, there were 800,000 new cases of HIV. Of those, 208,000 (26%) were among young women (15-24).

(https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#footnote10_b8bow83)















- Users find that the ring is an acceptable PrEP method for HIV prevention
- When used, the ring reduces likelihood of HIV acquisition during receptive vaginal sex by about 50%
- Use of the ring in settings with a high incidence among girls and women creates choice for people who do not, cannot, or are unable to use oral PrEP
- WHO through prequalification and recommendation of the ring indicate that the ring is safe and effective
- Countries that have approved use the Ring include: Zimbabwe, Kenya and South Africa









Long-acting injectable Cabotegravir

- CAB-LA, or long-acting injectable cabotegravir, is an antiretroviral drug formulated to be administered once every two months as an injectable form of PrEP.
- · CAB-LA is an alternative, injectable PrEP option. Efficacy data from phase III clinical studies (HPTN 083 and HPTN 084) show it is safe, well-tolerated, and effective.
- Efficacy Among MSM and transgender women (66%); among cis-gender women (89%)
- As of December 2021, CAB-LA was additionally approved by the US FDA for use as a prevention option.
- The developer (ViiV) has submitted new product application to the Kenya PPB for approval











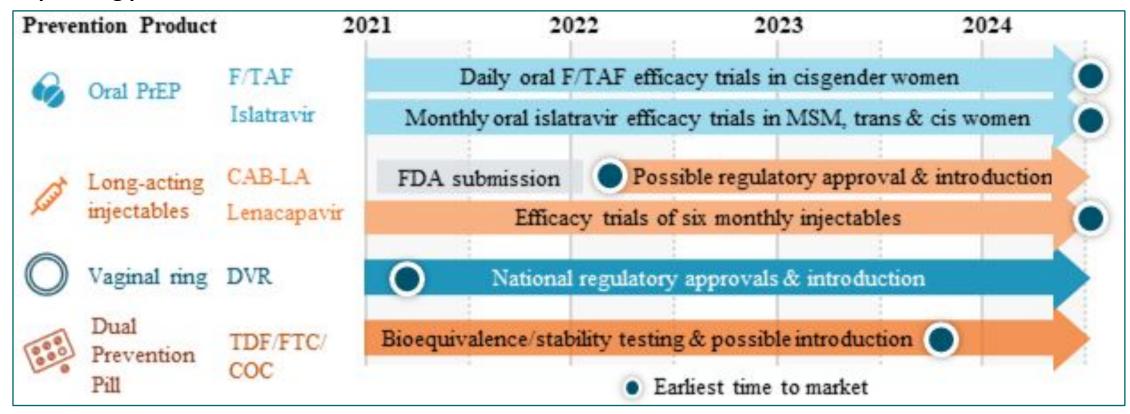




Biomedical HIV prevention products

- Biomedical methods available in Kenya – PEP, Daily Oral PrEP

Upcoming products













NEXT STEPS









MOSAIC

Maximizing Options to Advance Informed Choice for HIV Prevention

Our vision is that after five years women in sub-Saharan Africa will have access to multiple, effective biomedical prevention options that meet their changing needs and desires; that health systems will be enabled to support informed choice and effective use through policies, programming and differentiated service delivery; and that cost, impact and targeting guidance will be in place to support efficient use of resources.

Countries with Mission concurrence:

- Eswatini
- Lesotho
- Kenya
- Namibia
- Nigeria
- South Africa
- Uganda
- Zambia
- Zimbabwe















MOSAIC

Maximizing Options to Advance Informed Choice for HIV Prevention

VALUES

Country-led

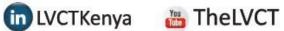
Women-focused with emphasis on **AGYW**

Informed choice

Equitable co-leadership

Intentionality

- 5-year global project funded by PEPFAR through USAID (2021-2026). Core partners - FHI360, LVCT Health, Wits RHI, PZT, AVAC and **JHPIEGO**
- Focus on research/research translation to support introduction and access for new biomedical prevention products to prevent HIV for women in sub-Saharan Africa
- Work across multiple countries to support evidence-informed and user-centered product introduction, research, research utilization, and capacity development
- Support a multi-product market with informed choice for HIV prevention as new products enter the market
- closely with ministries of health, Collaborate missions, implementing partners, civil society, end users, providers, other local and global stakeholders, and product developers Empowered Healthy Communities







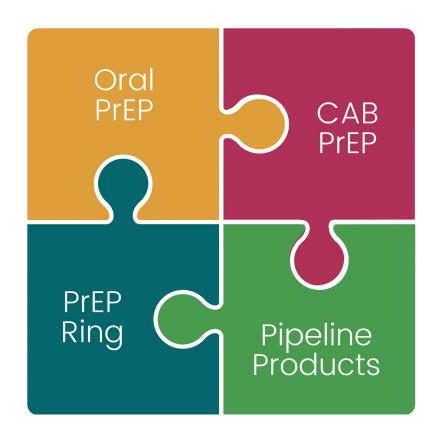
MOSAIC STRATEGIC PRIORITIES

USER-CENTERED APPROACH

 Articulate, operationalize, and demonstrate accountability to principles of gender integration and meaningful youth engagement across MOSAIC

PRODUCT INTRODUCTION RESEARCH

- Test novel PrEP indicators for monitoring and evaluation
- Design and initiate implementation studies for registered PrEP products
- Generate PrFP cost data
- Conduct systematic reviews and formative research on acceptability, values and preferences for new products
- Obtain program data and conduct secondary analyses
- Conduct HIV drug resistance studies
 - http://www.lvcthealth.org



PRODUCT INTRODUCTION **POLICIES & PROGRAMS**

- · Pipeline management and market development
- Policy and program
- Civil society and advocacy
- Demand and marketing
- · UN/ drug registeres

RESEARCH UTILIZATION & KNOWLEDGE **MANAGEMENT**

 Design and introduce research utilization and knowledge management strategies to support PrEP

LOGALT FARTINETR **CAPACITY** STRENGTHENING

 Strengthen local partner capacity to design and









CATALYST

Catalyzing Access to new prevenTion products in Africa for adoLescent girls and Young women to STop HIV

Goal: To assess feasibility, acceptability, uptake and patterns of use with a PrEP service delivery package providing choice of oral PrEP, PrEP ring and CAB PrEP among women, especially AGYW, at PrEP delivery sites in Kenya, Lesotho, South Africa, Uganda and Zimbabwe

• Program Design: The study will implement an enhanced PrEP service delivery package that supports choice among the PrEP products that have regulatory approval in each country. The enhanced service package will include components at the individual, provider, facility and community levels and will use quality improvement methods to refine components and identify a core service delivery package for PrEP choice.

• Study Design: Prospective observational cohort and mixed methods process evaluation















CATALYST

Catalyzing Access to new prevenTion products in Africa for adoLescent girls and Young women to STop HIV

- Counties Nairobi, Mombasa and Kisumu
- Sites 6 public health facilities (2 per county)
- Target Young women (18+ years)
- Focus offering women Choice
- Approach: 2 Phases:
 - Phase 1 Participants offered Oral PrEP and Ring (12 months)
 - Phase 2 Participants offered Oral PrEP, Ring and CAB-LA (12 months)



Thank You

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