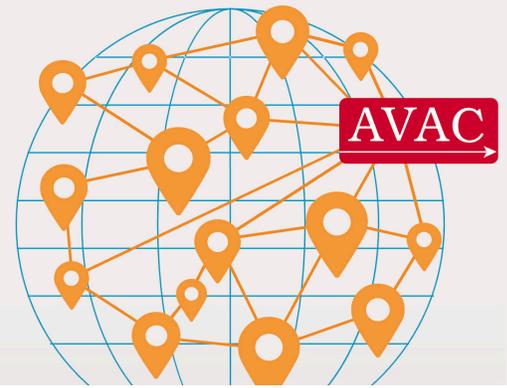


Ups and Downs in the Field: Setting an Agenda Together for HIV Prevention in 2022

Thursday, January 13
9am EDT



As the HIV prevention world entered 2022 amid much possibility and uncertainty, AVAC brought together a wide range of stakeholders for the first conversation of the year on the latest in science, policy and advocacy to chart a path of what advocacy looks like for HIV prevention and global health equity in 2022.

You know, this is the right conversation to be having.

– Linda Gail-Bekker, Desmond Tutu Health Foundation

The conversation featured the varying research, advocacy and policy perspectives from four of the most important voices in the field with questions from a global audience. The panel featured:



Linda-Gail Bekker of South Africa's Desmond Tutu Health Foundation who shared the latest in new forms of PrEP research and developments in HIV vaccines and broadly neutralizing antibodies.



Grace Kumwenda of Pakachere Institute of Health and Development Communication who shared details on the realities of PrEP rollout and access in Malawi from the perspectives of key populations, including adolescent girls and young women.



Kenneth Mwehonge, the new executive director of Coalition for Health Promotion and Social Development (HEPS-Uganda) who shared his perspective on PEPFAR and what is required for a comprehensive response to the challenges of today.



Rachel Baggaley of the World Health Organization who spoke to the challenges, opportunities and limitations, yet also the potential of normative guidance in charting a path forward.

AVAC's Mitchell Warren moderated the webinar and opened by reminding that nothing about HIV prevention research is easy or straightforward. While the field was (and continues to be) excited about the prospect of the six-monthly injectable lenacapavir and once-monthly oral islatravir whose trials were put on pause in the final weeks of 2021 (for very different reasons) and rallies behind the potential of the Dapivirine Vaginal Ring and the injectable cabotegravir, which has gained FDA approval as PrEP, "without future products, without a vaccine, without antibodies, we won't have a truly comprehensive response to the epidemic," he said. Citing AVAC's forward looking strategy, Warren encouraged participants to use this platform to look at where we are today at the intersection of research, policy and advocacy, and work together to chart a plan for global health advocacy and action in 2022.

Together, the discussion highlighted key themes including:

1. Prioritizing smarter, faster and more effective rollout of the HIV prevention options that we have today.

We have to do something about getting this thing that we already have—instead of wringing our hands and wishing we had something better—to... get oral prep out now because we have it, we can use, it works very, very well in all populations when deployed correctly and if we're not deploying it properly then we need to get that right.

– **Linda-Gail Bekker**, Desmond Tutu Health Foundation

It excites us we've talked about options for a long time and being in this space in 2022 saying we are almost there... we are excited about that. [...] Most countries are already implementing [oral PrEP] scale up... but I feel like there are in some aspects, some policies, some bottlenecks that are preventing us to getting to where we need to get. We need to be looking at the country level and looking at these issues and mak[ing] sure that we are scaling up the interventions that are there.

– **Grace Kumwenda**, Pakachere Institute of Health and Development Communication

2. Programming for choice, including the Dapivirine Vaginal Ring as an important additional prevention option for women.

We need Community to ask for [the Ring] because I think you know we were all disappointed that it wasn't going to be considered for American women by FDA, but that's not an issue for women in other settings. So, if this product is going to become available, we really need to understand how women would like this to be delivered and how we could make this safe relatively simple product be available [to them].

– **Rachel Baggaley**, World Health Organization

When I look at programming for choice, what I'm looking at is health systems need to be built in a way that responds to the prevention needs of individual people [and their] preferences, but also lifestyles. I don't want to be cornered into using a product because that's the only one there. I want to be able to say this is the product that I can comfortably use...[then] I can be assured that I adhere to it, I'll be able to use it out of the fact that I've chosen it and it works within my lifestyle, so at the end of the day...it's about options, it's about making sure that we do have necessary available tools that are there for...people who need it most.

– **Grace Kumwenda**, Pakachere Institute of Health and Development Communication

3. Pricing CAB-LA at a level equivalent to oral PrEP.

...It's got to be equivalent to oral prep. We can't have this being an expensive product. What happens in the U.S., that's up to the U.S., but for the price for low- and middle-income countries, it has to be reasonable, otherwise again, it's going to be a non-starter.

– Rachel Baggaley, World Health Organization

4. Better mobilizing and making the economic investment case in HIV prevention R&D to politicians.

We cannot run away from the politicians. They have the power [to] make things happen... I think the conversation [to have] now is a lot around sustainability... we cannot sustain the epidemic... if we're not closing gap[s].

– Kenneth Mwehonge, Coalition for Health Promotion and Social Development (HEPS-Uganda)

You need the regulatory approval and once you've got the regulator, you need the guidelines and once you've got the guidelines, you need the product in the clinic and that is not going to happen unless somebody put that into the budget two years ago. So, we know today the ministry is budgeting for two years down the line, so we have to be really, really on our... game here to make sure that we're getting that narrative out there.

– Linda-Gail Bekker, Desmond Tutu Health Foundation

5. Increasing equity in regulatory decision making.

We need to get to a point where there's equity not only around products and medicine and vaccines, but there should also be equity around regulatory input.

– Rachel Baggaley, World Health Organization

I believe as communities... we should have a voice in these regulatory decisions... The context should matter... the decision on the [Dapvirine Vaginal Ring] in the U.S... that shouldn't affect decisions [in] Africa [because it's not] based on our context. [Decisions] should be based on [our] needs [and]... on our own independence of approval bodies... these trials... happen in our settings, so [regulatory decisions] should be based on the findings from these trials.

– Grace Kumwenda, Pakachere Institute of Health and Development Communication

6. Applying the lessons from COVID to HIV prevention.

COVID shows us what we can do when we throw enough money and enough political will and scientific expertise at something. We can move mountains... can we take some of those lessons and take them back into HIV, and I would add TB and Malaria [too]? ... can we inject that same kind of energy and enthusiasm... to say how do we re-energize our scientific pipelines and expertise in HIV and... in TB to [develop options]... in our lifetime.

– **Linda-Gail Bekker**, Desmond Tutu Health Foundation

I'm reminded time and time and time again that we design these products around the pathogen, that's the science of developing a vaccine or an antiretroviral, but we have to design the programs around the people and I think that's where we have failed.

– **Mitchell Warren**, AVAC

7. Messages for PEPFAR leadership.

Recognizing the urgent need for permanent PEPFAR leadership, and the opportunities and potential that nominee, Dr. John Nkengasong brings, Warren asked panelists to share a message to Dr. Nkengasong.

First one: communities at the center. We still want communities engaged and involved in the way we are building interventions [and] in the way we are implementing.

The second one is we need to make sure that we are building on the gains that we've had. There's so much we've achieved so far... for instance I would want to make a case for key populations. I think we've done some efforts and we've moved quite a lot, let's build on those efforts and not lose any [ground] on that.

[third] let's not leave any geographies behind, no population behind.

[fourth], I would want to make an investment case for scale up of oral prep and also to bring in the new methods that are coming in.

– **Grace Kumwenda**, Pakachere Institute of Health and Development Communication

... we need to assure him [that] we have his back. He has allies here on the ground we are all supportive of him, but he needs to bring some new partners into the mix as well, and of course, never forget the community itself who are his strongest champions and advocates in this.

– **Linda-Gail Bekker**, Desmond Tutu Health Foundation

I hope he will hit the ground running and really support prevention in a big way.

– **Rachel Baggaley**, World Health Organization

Learning from COVID, keep people focused and their eyes and ears on what's coming out and rapidly rolling it out with the same audience.

– **Kenneth Mwehonge**, Coalition for Health Promotion and Social Development (HEPS-Uganda)

Related discussion resources include:

- Recording of this webinar and slides, [Ups & Downs in the Field: Setting an Agenda Together for HIV Prevention in 2022](#)
- [A World In Transition: Charting the Future of HIV Prevention and Global Health Advocacy and Action](#)
- [A preview of AVAC's 2021 AVAC Report: Developing Options, Delivering Choices](#), which describes the concerted actions needed to transform prevention “options”, developed through research, into prevention “choices” that reach the people who need them most.
- The webinar and summary of [the lessons we recently documented from the past decade of oral PrEP and their implications for these next generation PrEP products](#)
- [A review of the pipeline of new HIV prevention options](#)