What’s New & Next in HIV Prevention

Priority actions to enable uptake of new products

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10 November 2021

EGPAF E2A: The Future for Long-acting Injectable PrEP
## Prevention Paradigm circa 2006

### Different Strokes for Different Folks

<table>
<thead>
<tr>
<th>Method</th>
<th>Contraception</th>
<th>HIV Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Barrier Methods</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gels</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Rings</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Oral pill</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Injectables</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Prevention Paradigm 2021 and beyond

<table>
<thead>
<tr>
<th>Method</th>
<th>Contraception</th>
<th>HIV Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Barrier Methods</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gels</td>
<td>✓</td>
<td>✓ – not registered</td>
</tr>
<tr>
<td>Rings</td>
<td>✓</td>
<td>✓ – EMA positive opinion; WHO PQ</td>
</tr>
<tr>
<td>Oral pill</td>
<td>✓</td>
<td>✓ ✓ (for some)</td>
</tr>
<tr>
<td>injectables</td>
<td>✓</td>
<td>✓ – ARV</td>
</tr>
<tr>
<td>Implants</td>
<td>✓</td>
<td>? – multiple in preclinical</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Language Check

- **Options**
  - Biomedical methods that are safe and effective
  - Requires R&D of additional options to add to the “method mix”

- **Choice**
  - The ability for an individual to select from an array of options
  - Requires policy makers, donors, governments & implementers to make the “mix” available, accessible & affordable
Choice Matters

- WHO systematic review (231 articles) showed increased choice associated with:
  - **Increased persistence** on chosen method
  - Better health outcomes
  - 12% increase in contraceptive prevalence for each additional method
- Similar to contraceptive needs: different people have different HIV prevention needs at different times
Years Ahead in HIV Prevention Research

Time to Market

<table>
<thead>
<tr>
<th>Prevention Product</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaginal Ring</strong></td>
<td>Dapivirine Vaginal Ring</td>
<td>Positive EMA Opinion, WHO Prequalification and Recommendation</td>
<td>Zimbabwe Regulatory Approval</td>
<td>Probable regulatory approval &amp; early introduction</td>
<td></td>
</tr>
<tr>
<td><strong>Long-Acting Injectables</strong></td>
<td>CAB-LA</td>
<td>Early HPTN 083 and 064 results</td>
<td>Regulatory Submissions</td>
<td>Possible regulatory approval &amp; early introduction</td>
<td>Efficacy trials of six monthly injectables</td>
</tr>
<tr>
<td><strong>Dual Prevention Pill</strong></td>
<td>TDF/FTC/Combined oral contraceptives</td>
<td></td>
<td></td>
<td></td>
<td>Possible regulatory approval &amp; early introduction</td>
</tr>
<tr>
<td><strong>Oral PrEP</strong></td>
<td>FTC/TAF</td>
<td></td>
<td></td>
<td>Daily oral FTC/TAF efficacy trials in cisgender women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Islatravir</td>
<td></td>
<td></td>
<td>Monthly oral islatravir efficacy trials in MSM, TG women and cisgender women</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Vaccine</strong></td>
<td>Ad26</td>
<td></td>
<td></td>
<td></td>
<td>Efficacy trial among MSM and trans people</td>
</tr>
</tbody>
</table>

August 2021

Earliest time to market

AVAC
25 Years and Counting
Universal Test & Connect
### Product Considerations

For each product, understand and balance:

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Policy &amp; Programs</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologic efficacy</td>
<td>Delivery channel(s)</td>
<td>User effectiveness</td>
</tr>
<tr>
<td>Dosing/duration</td>
<td>Health system burden</td>
<td>User preference</td>
</tr>
<tr>
<td>Reversibility</td>
<td>Product cost</td>
<td>User burden</td>
</tr>
<tr>
<td>Side effect profile</td>
<td>Program cost</td>
<td>Discretion of use</td>
</tr>
<tr>
<td>Resistance profile</td>
<td>Provider training</td>
<td>Contribution to stigma</td>
</tr>
<tr>
<td>Systemic/Topical</td>
<td>Testing to initiate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demand creation</td>
<td></td>
</tr>
</tbody>
</table>

It’s never just “the product” – it’s the program; new options can’t solve for everything
Parallel Universes/Journeys

**Users**

- What do I want?
- Who do I want to talk with about sex and relationships?
- Do I want an HIV test?
- Where do I want to get an HIV test?
- Do I need and want HIV prevention?
- What kind of HIV px do I want?
- Oral, ring, injectable, condoms, DPP?
- Where and from whom do I want it?

**Providers & Health Systems**

- Who is at risk?
- Where do I find them?
- When I can test them?
- What do I tell them?
- Where can I provide px info and products to them?
- What px options can I provide them?
- Oral, ring, injectable, condoms, DPP?
Global PrEP landscape – 11 years in

PrEP Initiations by Country, October 2021

Target by 2020

3 million people with access to PrEP

Actual total initiations thru Q3 2021 (approx.): 1.5 million

Lessons Learned for PrEP Implementation

- **Invest in and expand demand generation** – socialize PrEP for general population while implementing outreach tailored to specific user segments

- **Replicate successful approaches**, prioritizing service delivery models that help users access and stay on PrEP if they want
  - Build on adaptations that have expanded due to COVID-19: differentiated delivery models, mHealth, multi-month dispensing, HIV self-testing
  - Integrate PrEP with other SRH services
  - Promote peer, partner, and continued use support interventions
  - Community-led, accessible, non-discriminatory services

- **Increase resource allocation to HIV prevention** to facilitate scale-up

- **Introduce future HIV prevention options** via channels and approaches preferred by potential users

Differentiate, Simplify and De-Medicalize

Kim Green, : Bringing PrEP to the people: Democratizing access to PrEP through differentiated delivery before, during, and after COVID-19
Learning from and Building on Oral PrEP

**Oral PrEP Implementation Studies**

<table>
<thead>
<tr>
<th>Post-approval studies and projects</th>
<th>131</th>
<th>Distinct post-approval oral PrEP implementation projects and studies; most were small-scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries</td>
<td>68</td>
<td>Different countries conducted projects including multiple in the same country (e.g. 25 in one country)</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>54</td>
<td>Different organizations involved in oral PrEP implementation research</td>
</tr>
</tbody>
</table>

**Key Takeaways from early Oral PrEP rollout**

- Post-approval studies were not all designed to address decision-maker questions
- Data from research was not well timed to inform decision making at global or country level
- Complex, fragmented stakeholder landscape

*Lessons From Oral PrEP Programs And Their Implications for Next Generation Prevention*
The Way Forward

Requirements of Collaboratively Planning for Successful Introduction:

- Mapping decision-maker questions against studies
- Planning in parallel with clinical trials
- Shared strategy developed by diverse stakeholders

Ideal Scenario for Future Px Products:

- Post-approval studies are well designed to address decision-maker questions
- Data from research is well timed to inform decision-making at global and country level
- Coordinated stakeholder landscape with roles agreed upon in advance

BioPIC CAB-LA initial Introduction Strategy
Accelerating Introduction of New Px

Those who Use; Those who Choose; Those who Pay the Dues

What we need to know – and fast

- What is the cost for procurement AND for programming?
- What is the cost-effectiveness?
- What is the market size, generally and relative to other PrEP products?
- How will introduction affect the current market share and size of other PrEP?

What policies need to change to to plan for & introduce new option?
- How to overcome siloes in procurement & service delivery?
- What type of training & support do providers need?
- What are optimal service delivery platforms and communication channels?

- Who prefers which option, and what are their motivators and barriers?
- Where/from whom do potential users desire to hear about and access product?
- How will product use/preference change over time?
- How can we increase & support adherence?
- What is the end user's path to initiation and continued, effective use?
- How can peer groups/influencers be leveraged to support uptake & adherence?
- How can providers be supported to have more knowledge and empathy?
- How can the product be packaged to better support uptake/adherence?
Now What?

- Understand cost and testing and initiation needs for CAB-LA for PrEP
- Translate biomedical options into viable choices for users, providers and health systems
  - Intro new options as part of marketing and programming for choice
  - Identify (and differentiate) service delivery models that work for users
  - Ask and answer critical implementation science questions for each product, while building prevention platforms for the future
- Ensure robust civil society engagement in intro/implementation research and planning
- Procurement/commodity funding – for launch and ongoing
- Provider training – both clinical guidelines AND appropriate counseling, support, empathy
- Realistic targets for interventions, especially intro – and not just coverage targets
- Identify what products can “solve for” – and what they can’t
- Ensure we do better, more equitable intro with ring and injectable than with oral PrEP and COVID-19 vaccines
- Deliver the expanded range AND still develop additional options
Resources

- Lessons Lessons From Oral PrEP Programs And Their Implications for Next Generation Prevention
- Understanding the EMA Opinion and Next Steps for the Dapivirine Vaginal Ring
- An Advocates’ Primer on Long-Acting Injectable Cabotegravir for PrEP
- Dapivirine Ring Early Introduction Considerations: 7 Country Analysis
- BioPIC CAB-LA initial introduction strategy
- Biomedical Prevention Implementation Collaborative (BioPIC) Adaptable Framework for Product Introduction
- Developing and Introducing a Dual Prevention Pill
- Dual Prevention Pill Market Preparation and Introduction Strategy
- Evolving Designs for HIV Prevention Trials and Next-Gen Trial Summary

www.avac.org  www.PrEPWatch.org
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