PODCAST TRANSCRIPT

New Products are Needed and a New Paradigm is Essential: A new era in prevention?

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November 30, 2022

Jeanne Baron [00:00:03] You're listening to Px Pulse, a regular podcast, bringing you fresh voices on critical issues facing HIV prevention research today. With all the talk about new HIV prevention products such as the dapivirine vaginal ring or injectable cabotegravir for PrEP, what's little understood is how this moment gives the world a chance to finally reimagine how to deliver prevention no matter what the product is. In this episode of Px, Pulse will explore what this means from big picture to grassroots. And make no mistake, the goal here is to end AIDS and to embed this kind of approach to prevention across health systems, no matter what the disease. This is key to advancing equity in global health and for a world that's ready for future health threats. For the big picture, PEPFAR ambassador, Dr. John Nkengasong joined Px Pulse.

Jeanne Baron [00:01:14] Ambassador, in September you marked your first hundred days at the helm of PEPFAR and you have been talking about how the world can, as you put it, beat the beast of HIV by 2030. But the last mile will take great effort. It won't be easy. There's a new roadmap out from UNAIDS and the Global HIV Prevention Coalition. It has a new target of less than 370,000 new infections by 2025. And you have a new strategic direction for PEPFAR. It talks about ending the epidemic as a public health threat by 2030. In so many ways, HIV has been a story of unequal progress, and we know that the rate of new infections has not been going down since roughly 2015. In your view, what's hampered or slowed prevention efforts so far?

John Nkengasong [00:02:10] So first of all, let me just say that we always have to look back and analyze the journey we've walked since we started fighting this pandemic. The last 20 years have been remarkable. We've seen tremendous progress, uptake of antiretroviral therapy for treatment. Our life expectancy in sub-Saharan Africa has actually increased. And that's very, very important. Very fortunately for us, we've beaten HIV to the extent that it is no longer visible the way it was 20 years ago. But that also creates a problem on its own, because the younger generation doesn't actually see that as a visible threat. And that becomes a very big challenge for the prevention program.

Jeanne Baron [00:02:56] We're going to get into where you think prevention programming should be headed, but say more about this challenge. It's hard to instill an appreciation for prevention and its impact?

John Nkengasong [00:03:06] So prevention in public health, as we all know, has no glory. When you prevent things, people don't see the outcomes. However, prevention is the centrality of good public health practice. It is the most cost effective endeavor. And the fight against HIV AIDS, which we have the ultimate universal target of getting to 2030 and making it less as a public health threat, will not be achieved without an active treatment program, which is currently underway, and an active prevention program. We have to combine both to be successful, especially as we project a vision and see the promised land of 2030.

Jeanne Baron [00:03:51] So we're at a critical moment, as you say, staring down what could be a short, swift road to ending HIV as a public threat by 2030. What are some of your most pressing priorities?

John Nkengasong [00:04:03] What I'm putting forward is reengaging, reimagining the way we engage with the young population. If I just pause for one second and take a look at the population of the continent of Africa, where 65% of the population is less than 25 years old. That suggests to us that we need to develop very targeted messaging that will focus on that population of around 25 years [of age] or below so that they become champions of that—they see themselves leading these programs, including behavior change, consistent use of condom, long-acting PrEP and circumcision. There's a lot of tools, prevention tools that are out there. But again, my concern is that those children that we saved 20 to 25 years ago might be at risk now. I remember when we tested them, they were kids at that time. Today, they're young adolescents and they have not seen HIV. So we need to tailor their message and make sure that it's adapted to the context of what we are doing. Second is programming. Programming has to change and has to evolve also to be consistent and align with what we have seen in the field with the language, the generational change that we are seeing.

Jeanne Baron [00:05:15] Let me ask you, there's so much excitement about the new approved options injectable CAB for PrEP and the ring, and that excitement is building on progress with oral PrEP—especially greater uptake that we've seen in Africa. Oral PrEP has been around for a decade and it wasn't getting rolled out and used in high numbers. And that story changed in the last few years, in large part thanks to PEPFAR supporting rollout at scale in key countries. So clearly PEPFAR's role can be transformative. What's your thinking about how to make sure these new interventions translate great science into effective prevention— prevention that really fits in people's lives?

John Nkengasong [00:05:59] Wonderful. I think that's a great question. I was hoping that we'll discuss that because that is what makes prevention very, very exciting, and that is what offers hope. We have a new context and a new dynamic now with the products that we have at the table, the long-acting PrEP, the vaginal ring. There are four things we need to look at very carefully. That is, the population, the policies, the politics and the partnerships. Population is key. (I mean, fortunately, they all start with "P"). So we have to step back and say, are we creating a prevention literacy

atmosphere, so that the population, which we are developing these products for and targeting, understand what these products are about.
Second is, we have to work in partnership to create an enabling environment that will make these products accessible, at scale. Good publicr health practice to deploy products at scale. So what do we do to enable, shift the market, create volumes, enough volumes that we can actually deliver these products? Thirdly, what are some of the regulatory impediments that regional bodies, like the Africa Centers for Disease Control and Prevention or the newly established African Medicine Agency, can come into to play. And we also as partners agree that if those regional bodies endorse these products, we are ready to move at full speed. Because that will enable us to leapfrog the process so that we don't go from one country to another to have regulatory approval or endorsement of the products. Together, with the World Health Organization and UNAIDS, working in concert to facilitate a policy environment for uptake of these products will be very, very important.

Jeanne Baron [00:07:39] Okay. I want to lift up a few key pieces that you just mentioned there. Community buy-in, meeting people and populations where they are, deploying products at scale, working in concert with regional and international bodies including UNAIDS, Africa CDC, African Medicines Agency, the WHO, to streamline regulatory processes and policies. You're saying put this all together?

John Nkengasong [00:08:04] I think the key here will be proof of concept that these new products have an impact in HIV prevention. I think we have to move aggressively. And the key word here is aggressively, to make sure that we use a combination of these set of tools, in settings where the incidence of HIV is high, and demonstrate that it can create an impact and reduce incidence. Once we do that, as the saying goes, succcess breeds success. It become standard. It becomes standard of care. But unless and until we do that and work in an aggressive manner, in partnership, in concert with other partners, it will continue to be a concept that is theoretical even though we have the tools available. So I'm arguing for, or pushing for, an aggressive approach to combination prevention implementation in a targeted population where the incidence are high, where we can demonstrate immediate impact, almost within one year or two years.

Jeanne Baron [00:09:01] So a proof of concept delivering combination prevention at scale in a few places, a few high incidence countries, and show impact in 1 to 2 years. Who still needs to be convinced of this approach?

John Nkengasong [00:09:14] I think when we say community, it's all of us. We are very convinced that, I am very convinced that, we should be more aggressive in this area of prevention. I think partners are, the UNAIDS provided a strategy that they released at the IAS conference. We should just, all of us, the collective us, the Global Fund, UNAIDS, W.H.O., rally around and get down to business together with other partners and donors like the Gates Foundation and others. Find a series of countries that we can all agree to apply energy and efforts, and get it going.

Jeanne Baron [00:09:53] Got it. So what's PEPFAR's role in getting down to business?

John Nkengasong [00:09:58] I believe that, what I'm hoping we can do with PEPFAR's own contribution and convening ability is to build a coalition that is centered around a long-acting PrEP. Some of this convening that AVAC is already doing, and to bring us to the table and we are decisive— that we are not just coming to the table with a discussion and the dialogue. And if it was going to cost us 100 million dollars to do it in two years, hypothetically, let's start doing that now. We are ready to do that at PEPFAR. We just want to be sure that, again, keep using the word partnership, that the manufacturers of these products are a key partner, other donors are a partner— Global Fund Gates Foundation, the PEPFAR, W.H.O., UNAIDS. We all come to the table and say, 'Look, imagine if we did this in five high incidence countries, what will happen in two years?' That is where we going to begin to break the backbone of this vicious cycle. As I said, the most difficult thing is making that decision to act. The rest is tenacity.

Jeanne Baron [00:11:06] Our next guest takes our conversation from the global stage and brings it to the real world day-to-day challenges, where HIV prevention, and the programs that deliver it, need to succeed. Lilian Benjamin Mwakyosi is a Tanzanian-based doctor and a 2018 AVAC fellow. She's served as a peer educator, counselor, a youth advocate with the Tanzania Youth Alliance, and a trainer for a national health outline. Lilian, you've also spearheaded campaigns to scale up PrEP and pushed policies for HIV self-testing, especially for young people. All this to say, you're really in the thick of it when it comes to seeing how programs in Tanzania work now, and where they fall short. Tell me about the communities you serve and what their needs are.

LIlian Benjamin Mwakyosi [00:11:53] So what are the needs of these adolescent girls and young women? The groups that I'm working with. Most of the interventions that we might have in place at the moment do not really cater to the needs of adolescent girls and young women. So maybe we need to look into how to come up with HIV programs, HIV interventions, HIV tools that speak directly to their needs, especially now, in the world that they live in now. And making sure that as we are moving forward towards controlling the epidemic, we are not leaving adolescent girls and young women behind.

Jeanne Baron [00:12:31] So tell me more about the world they live in now. What are their day-to-day challenges that programs need to overcome?

LIlian Benjamin Mwakyosi [00:12:37] Yeah. So when you talk to adolescent girls and young women in person, I've done a lot of community engagement with them and a lot of young women are afraid of showing up to the clinics because they're afraid maybe the health care provider might be a neighbor, you know, and there's this notion that people are sexually active and they don't really want to, you know, make it loud that they are sexually active. So even seeking services for young girls is difficult, because they have to do it in secrecy. They have to hide. And this can pose a huge barrier in terms of them accessing services in time, when they need them. And in the end, they might end up going for options that are being informed by their peers. And oftentimes it might not

be the right information. So, what is it that is being done to make sure that these services, and the right information is getting closer to young women?
You know, changing perceptions of communities, or the conservative-ness might take a while. So how do we think around how innovative information and services can reach out to these girls?

Jeanne Baron [00:13:46] I hear that call for innovation and it makes me think about some of the investment in innovation that has happened in programs already. Can you talk about that? And with that in mind, what are today's programs, where you work, doing right? What should they keep doing?

LIlian Benjamin Mwakyosi [00:14:03] Great question. So some of the elements that I've seen happening lately that are shining a light towards controlling the epidemic have been around more community involvement in how programs are being designed. So that's one element that should be strengthened. Second is how services are being provided. Now we see mobile HIV testing services in the communities. We see outreach services going into isolated communities and vulnerable communities as well. We see tailored programs that are focusing on certain groups in the communities, hotspots and the like. And we also see, for instance, for young people, we have a few one-stop shops where partners, stakeholders, government are trying to come up with a way that these young people can access friendly services, like a community-based stop where they're able to access different services, not just HIV. It could be contraceptives, screening and the like. So I think those are some of the elements that I really have found to be powerful. And of course, before I forget, community-led monitoring, where communities are able to be in charge of tracking how services are being provided at facilities, provide recommendations and they are in control, to some extent, of the entire evaluation process. I think these are some key elements I can think of right now that I'd like to see actually amplified and strengthened in the way services are being provided.

Jeanne Baron [00:15:45] All right. That's a strong list. Let me just bullet them. More community involvement, getting out of the clinic and reaching women and isolated key populations where they are. Efforts at safe, friendly one-stop shops for a range of sexual reproductive health. Community-led monitoring. These initiatives have begun and need to be stronger. So now I'm going to flip the question. What are the biggest problems, the most serious shortcomings in programs today in the communities that you work in?

Speaker 3LIlian Mwakyosi [00:16:21] Yeah. I think if I was to focus on just one in my mind at the moment, it would be limited choice. Currently, girls and women are only able to use what's available, not because that's what they prefer, but it's because it's the only method available, even if it doesn't really work for them. And what happens when you're using something because you just have to— you don't really use it from the heart. At the end of the day, it's easy to drop out of services. It's easy to stop using that particular service because it's not really what works for you in your day-to-day life. So I think if there's one element we have not done enough, it's having many HIV prevention options, giving girls and women the power to control how they lead their sexual lives.

And [then] they're able to actually make decisions that are better and can prevent them from getting HIV. So we need to think around coming up with these new tools like the dapivirine vaginal ring, probably making sure that we have all these tools available so that people are able to pick what is preferred and not just what is available for the sake of it.

Jeanne Baron [00:17:30] So let's say you're queen of the world and you can make anything happen. What would you do first to get the kind of programs up and running that can really work?

LIlian Benjamin Mwakyosi [00:17:41] Oh, yes, I love that question. So for me, it would all go back to the communities, because I believe if there's anything that we need to solve, we need to have communities on board. Whenever you own something, you see a program that you have actually designed from scratch in your communities, it's very easy to take good care of it. So sustainability is guaranteed when communities are engaged. So that's one thing that I would want to like to strengthen immediately as I get the chance to make such decisions. So, yes, communities, communities, communities, I repeat.

Jeanne Baron [00:18:26] Lilian points to communities, their involvement, leadership needs and priorities as the single most important factor in making prevention work. Our next guest, Kenneth Mwehonge, has been visiting these communities. Kenneth directs the Uganda-based Coalition for Health Promotion and Social Development or HEPS-Uganda. He's working on the UNAIDS Roadmap for Prevention, the plan that Ambassador Nkengasong talked about earlier in this episode. And Kenneth is visiting countries that need to bring this plan to life. Kenneth, you're a veteran advocate in the HIV response. And, you know, this isn't the first roadmap to address lagging prevention targets in HIV. What was the old roadmap aiming to do and what's changed?

Kenneith Mwehonge [00:19:14] So the older road map was supposed to reduce new infections by fewer than 500,000, and we only achieved that 31 percent of that. And now we even have a new, more ambitious target of reducing new infections to fewer than 370,000 a year. [Before] we didn't even get halfway to [the target], to reduce some of those new infections. And now we even have more ambitious targets. So there is a need for urgency.

Jeanne Baron [00:19:47] Urgency indeed, these are targets for 2025 and it's late 2022 as we're talking about this.

Kenneith Mwehonge [00:19:54] Exactly within less than two. We barely have two years now left. So we have to be very ambitious and move very, very, very fast.

Jeanne Baron [00:20:07] I want to share a few highlights from the 2025 road map, the new road map.

It calls for a total of $25 billion in HIV investment, nine and a half of that to go to prevention, and another 3 billion to go toward addressing social and structural barriers to HIV services. So all together, this is a big increase in spending in all these areas. And the goal is to reach a new target, fewer than 370,000 new diagnoses a year. And we'll just remind everybody right now, there's 1.5 million new infections every year. What else is different about the new road map?

Kenneith Mwehonge [00:20:50] What's new and exciting about this road map is that there's much emphasis on following the science, which is different from the previous road map. Then there's emphasis on equity. We are seeing that in the different subpopulations that are left behind— they are way, way, way behind. So there's emphasis on equity. There's emphasis on community leadership with very specific targets, on how to engage communities. So those are very, very new, exciting things about this. But there is also very strong emphasis on accountability and monitoring, which is a little bit different from the previous roadmap.

Jeanne Baron [00:21:36] You've been visiting with civil society groups and talking to decision-makers in several countries Uganda, Malawi, Tanzania, Zimbabwe, about what needs to happen to take the road map forward. What's your takeaway? What needs to come together?

Kenneith Mwehonge [00:21:52] What's very exciting is that like 95 or 99 percent of the civil society that we consulted are involved in prevention. What's worrying is that we are still working in silos, but the beauty is that we have lots of programs around prevention. That's very, very exciting. And the urgency, the will, the enthusiasm of activists and civil society, the advocates, I think, is out there. But we see that in different countries, they have no common agenda in several of those countries. And this road map is a tool that can help us have one defined agenda, and not working in silos. The other worrying thing is the different policy environment in terms of these populations that we are leaving behind. Because no matter what we do, if the policy environment is not favorable, then we won't achieve those targets. And the other worrying thing is that the funding commitment for primary prevention, we still see a gap there. There is still a lot of efforts needed for domestic resources to be invested in prevention.

Jeanne Baron [00:23:06] Let's dig into the money, the investment. The roadmap calls for a mix of funding. Some global, some national. Billions need to be committed and in a hurry. So tell me the story. You say there's a gap.

Kenneith Mwehonge [00:23:20] Yes. The concern is basically the financing for prevention. We have about a twofold increase in terms of primary prevention alone, up from about five US billion to about $9.5 billion that will be required for primary prevention. Yet globally, there's no commitment. Even at the launch, no one talks about the financing. So even from a global perspective, there is not much global commitment to increasing funding for prevention. And that's a concern.

At the launch of the last roadmap where we had ministers from eight high-burden countries, their concern was still financing. And no one followed up on its commitment, and that trickles down. When it comes down to the countries, there is low morale and politcal will. And so the story starts to end there and that's a big concern.

Jeanne Baron [00:24:19] But the story can't end there is what we hear from civil society, yes? Is civil society putting this fight for funding at the top of the agenda?

Kenneith Mwehonge [00:24:29] Exactly. So the buzz around prevention right now among civil society is the funding. If we are ever to make any progress, without funding, no matter how goodthese documents are, they won't to get implemented. And we have seen the power of funding in terms of even influencing these policies we are talking about at country level. Once there's funding even governments are willing. What they usually do want to do, and they use this as an excuse, is that they would be hesitant to introduce a policy because implementing that policy, it would require resources. Then they are also hesitant to roll out or update these policies and provide guidance. So if prevention targets to be realized and be serious, I think it must start at the global level.

Jeanne Baron [00:25:22] There's other new elements of this roadmap which you called out earlier that are going to be key to its success. These are beefed up accountability and community leadership, each with explicit milestones. If these elements do their job, what will it look like?

Kenneith Mwehonge [00:25:38] First of all, the setting of milestones, if it's transparent, as they say, it's inclusive, that means that we shall have routine check ins. If that's happening, then there's no way governments will circumvent fulfilling these commitments. It will be a check, because is pressure from all angles, because it talks of having as many stakeholders involved as possible. So we will be holding each other accountable. The roadmap spells out, actually gives clear targets on community-led services: 30 percent of the test and treat services to be led by community led organizations. 60 percent of social interventions to be led by key population and women-led organizations. And 80 percent of the prevention services to be led by these community organizations. So that that's very, very clear.

Jeanne Baron [00:26:34] I'm going to repeat those 30, 60, 80 targets for our listeners, because these are the milestones you're saying must be tracked. 30 percent of test and treat, 60 percent of social interventions and 80 percent of prevention services provided by communities with dedicated leadership from women and key populations in certain areas. These are the milestones to track.

Kenneith Mwehonge [00:26:59] If that happens, that's what civil society needs right now. We are where we are as the HIV response because of advocates and activists. So we need well-funded civil society movements in all these countries to ensure that governments are held accountable. We need that local support, local-based civil society to lead that accountability.

Jeanne Baron [00:27:22] Three voices. Three perspectives, and a list of priorities for prevention that are coming together around united action to scale up new prevention products now, expanded choices for both products and programs, and well supported community leadership. With these goals in sight, the world may yet mark the end of HIV as a public health threat. And the investment won't end there because we will have built the model for facing down other diseases, ones already with us and ones coming in the future. I'm your host, Jeanne Baron. Thanks for listening to Px Pulse.