WEBVTT

1
00:00:00.000 --> 00:00:02.740
Milas are opportunistic influences.

2
00:00:02.890 --> 00:00:31.499
Grace Kumwenda: Sorry? It. It remains an important conference for researchers, for advocates, policy makers, and I think this year's Conference has once again provided a platform for the latest scientific advancements in biomedical prevention. HIV, Q. Are just among others. And so today we do have an opportunity to just reflect on the key science and some of the evidence that is coming out, but also to talk about highlights. So far

3
00:00:31.530 --> 00:00:53.279
Grace Kumwenda: we'll have an opportunity to look through. Forward to the day. This is the last day, and just to check with our panelists on what they are looking forward to see today, so our panelists will be sharing their perspectives, as I've mentioned, and we do have a stellar panel panel. I'll ask them to introduce themselves, because you'd want to know them.

4
00:00:53.280 --> 00:01:12.370
Grace Kumwenda: and so I'll ask them to actually come in and just introduce themselves. As Jim said, we'd really love you to engage as much as you can the chat box. If you want to speak you can raise your hand, and I'll call new so that you can just come in and and talk. But at this moment I would like to ask Natasha

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00:01:12.370 --> 00:01:21.710
Grace Kumwenda: to come in and just introduce ourselves, and after that we just quickly go around, so that you know who is in the room with us, and who we are having the conversation with Natasha over to you.

6
00:01:28.910 --> 00:01:30.640
Grace Kumwenda: Natasha, are you, Newt?

7
00:01:42.170 --> 00:01:45.439
Grace Kumwenda: I'm not sure if we are able to hear Natasha, but it's

8
00:01:46.970 --> 00:01:48.019

Supercharger Nsubuga: now we can't.

9
00:01:48.390 --> 00:01:52.130
Supercharger Nsubuga: I think she's on. I can't hear Natasha

10
00:01:52.260 --> 00:01:53.540
Esther Nakkazi: unmute.

11
00:01:55.170 --> 00:02:02.970
Grace Kumwenda: So whilst we are sorting out Natasha. Maybe we can move on to Moses Supercharger. Do the interest.

12
00:02:03.570 --> 00:02:07.510
Supercharger Nsubuga: Good morning, ladies and gentlemen. I'm called Moses Supercharger.

13
00:02:08.440 --> 00:02:19.679
Supercharger Nsubuga: person open living with HIV. Since 1994. In Uganda I had a community based organization called Jabasa, which is joint adherent brothers and sisters against Aids

14
00:02:19.840 --> 00:02:24.800
Supercharger Nsubuga: and one Avac Alumni fella, 1217, and I'm happy to be

15
00:02:25.250 --> 00:02:29.230
one of those people are going to discuss highlights of Croy.

16
00:02:29.360 --> 00:02:30.340
Supercharger Nsubuga: Thank you.

17
00:02:30.900 --> 00:02:33.759
Grace Kumwenda: Thank you. Super charger carros over to you.

18
00:02:34.230 --> 00:02:44.160
Carlos del Rio: Yes, good good morning, everybody. My name is Carlos del Rio. I'm on a I'm an HIV researcher, and also a physician, and

19
00:02:44.210 --> 00:02:48.370

Carlos del Rio: and I'm a member of the program committee for Croy, and I'm really excited to be here this morning.

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00:02:49.560 --> 00:02:52.830
Grace Kumwenda: Thank you so much for joining us, Christina, over to you.

21
00:02:53.520 --> 00:03:14.769
Christina Farr: Okay. Hi, everyone. I'm Christina Farr. I'm an assistant professor. The center for Global Health and Diseases at Case Western Reserve University in Cleveland. And I study a host microbe interactions that are important for women's reproductive health. With an interest in HIV prevention and aid immunity. The microbiome in Cis and trans. Women

22
00:03:15.950 --> 00:03:25.210
Grace Kumwenda: looking forward to hear from your perspectives as well. I'm not sure if, Natasha, if you're back. can you just try to introduce yourself?

23
00:03:25.750 --> 00:03:53.770
Natasha Mwila: I am back, Grace, are you able to hear me now? I am so sorry about that. I'm not sure what's going on with my laptop, so I had to look back on using my phone, but I hope physical and so good morning to everyone on the call. Good morning. Good afternoon. Good evening. Depending on where you're joining us from. My name is Natasha. I work for the network of Zambian people living with HIV and Aids. That's Mz.

24
00:03:53.790 --> 00:04:19.320
Natasha Mwila: As an advocacy. Information and research officer. I am also the 2022 fellow ABC. Fellow and the Kroi, 2024 communities caller. So super excited to be part of this panel and this being my first time, I'm just honored, and thank you to Jim and team for giving me this opportunity to be part of this, this panel. So over to you, Grace. Thank you.

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00:04:19.519 --> 00:04:41.509
Grace Kumwenda: Awesome. I think we'll be coming back to you. You just said you are a community educator. And this is your first crowie. I just wanted to get your reflection and perspectives in terms of what has been some of the ground breaking science that you've you've seen at Crowley 2024. Is there anything that has stood out for you and your experience generally with Crowley? 2024?

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00:04:42.390 --> 00:04:45.069
Natasha Mwila: Yeah, no, of course. So

27
00:04:45.120 --> 00:05:09.850
Natasha Mwila: My advocates who work back home in Zambes more focused on advocating for the introduction of new bomb medical HIV prevention methods. So having to come here what really stood out for me was one of the sessions yesterday, and this was focused on leaning into the success of about medical HIV prevention, and there was a lot of finding there was a lot of

28
00:05:09.850 --> 00:05:17.580
Natasha Mwila: insights that were coming out from these presentations, and one in particular, I will point out those.

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00:05:17.580 --> 00:05:32.979
Natasha Mwila: There was a presentation done by Frank, I believe, and this was a randomized search trial that was talking about the dynamic of choice, and from the findings you know

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00:05:32.980 --> 00:05:52.890
Natasha Mwila: what what was emphasized was the importance of having more HIV prevention methods to be used in the community. And what really stood out. Also, you know, there's always this talks around how one product is superior than the other. But looking at the findings in terms of the people that were enrolled

31
00:05:52.960 --> 00:05:56.379
Natasha Mwila: about an equal proportion of

32
00:05:56.700 --> 00:06:16.279
Natasha Mwila: participants either decided to or prefer to go for, or decided to go for our prep, you know. So that only shows to say that we need a lot more options in our communities, especially in the sub Saharan Africa countries, because that's what the HIV burden is quite high. So we need to have

33
00:06:16.280 --> 00:06:27.570
Natasha Mwila: when a lot of governments need to introduce and approve all of these HIV biomedical prevention methods that are being introduced and recommended. The importance of that is because

34
00:06:27.570 --> 00:06:50.809
Natasha Mwila: I, Natasha, might want to use cabbage, but Bruce, might want to use the ring, and also another fun fact that I got to really love. You know, the findings on was another presentation that was being talked about in on the ring that it is quite safe, you know. A lot of conversations around the ring is that does the efficacy aspect of it.

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00:06:50.810 --> 00:07:14.210
Natasha Mwila: But a presentation that was made yesterday actually showed that it is safe, and not only set in just women, but pregnant women. And in in during the trial there was no serial conversion which is very encouraging. So to me, having to come here and see that in the experience that again that knowledge is quite encouraging to go back as an advocate, you know, and inform

36
00:07:14.210 --> 00:07:33.270
Natasha Mwila: the community and and the government and policy makers on how this need to introduce this HIV by medical prevention methods, and also just to add, I had the the opportunity to also go on a postal work, and there were a lot of good findings

37
00:07:33.570 --> 00:07:50.870
Natasha Mwila: in line with treatment and and and and prep, and just also sti in general. So I just wanted to also add that having to see all of these, all the research that is being done, and the amazing findings that coming out. Yet

38
00:07:50.870 --> 00:08:06.290
Natasha Mwila: a lot of people in the community do not have access to this product. I come from Zambia, and recently the cabalet was approved. And there's an implementation science going on. But no, any other African country is going to have the cabile any time soon.

39
00:08:06.290 --> 00:08:32.359
Natasha Mwila: and not just for treatment, but also I mean for prevention. There's also, you know, products for treatment that are not being accessed in sub-saharan Africa, where the the Provin is quite high. So I'm I'm here, and I'm hearing all this great information. But again, I'm getting frustrated. Because, you know, when are we going to have access to these products? What role are we playing as advocates? As scientists?

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00:08:32.360 --> 00:08:39.049
Natasha Mwila: As you know, government officials to ensure that the community have access to these products. I think

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00:08:39.120 --> 00:08:50.610
Natasha Mwila: being here is making me think a little bit bigger than just going back home and saying, Well, this the ring we have the ring. It's specific we have. It's it's highly effective.

42
00:08:50.710 --> 00:09:01.260
Natasha Mwila: There's a treatment, an injection injectable for treatment that is being accessed in America, but we don't know when we'll have it so. It makes me think, what other

43
00:09:01.390 --> 00:09:19.420
Natasha Mwila: ways can I pay a part in to ensure that you know this high access to this product. So I will try back to you Grace, and hopefully come back around. But those are have been my perspectives in my experience does a lot more. But I will give chances.

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00:09:19.850 --> 00:09:23.859
Grace Kumwenda: Thank you so much, Natasha. That was very insightful.

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00:09:23.900 --> 00:09:53.499
Grace Kumwenda: I'll move quickly to our next panelist. I would like to request that, if possible. Let's keep it as short as possible. We do have a so many questions. Don't worry, not no harm made. Natasha. It was lovely from you. But I want to go to Carlos and hear your reflections. You are the person behind some of this research? What's what's been big for you in this conference? And was there anything surprising from the evidence that has keeping coming out.

46
00:09:54.030 --> 00:10:13.299
Carlos del Rio: Oh, you know, it's not necessarily surprising. But what you see is that that research advances and it builds on prior research right? And what some of the most exciting things A lot of stuff was presented on on prep. We're learning more not only, as as Natasha said, choices makes a big difference.

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00:10:13.330 --> 00:10:31.830
Carlos del Rio: and I think one of the things that's gonna be interesting. When I think about sub-saharan Africa, for example, II

said, I'm the I'm the chair of the of the Pepfar Scientific Advisory Committee, and you know a lot of the gains. A lot of the gains in in treatment have been by having a public health approach. You know we put everybody in the same treatment. Dtl.

48
00:10:32.070 --> 00:11:00.059
Carlos del Rio: same treatment. One approach simple, has allowed to get 25 million people on therapy. Well, now, when we go to prevention, we're saying exactly the opposite. We're saying, well, we need to give people options right? And that from a public health perspective is really hard. We're gonna have to tell programs. How to go from going for one approach to now going to multiple approach is not impossible. But it's just a very different change of of approach. And I think it's gonna require not only

49
00:11:00.260 --> 00:11:24.250
Carlos del Rio: a political will, but it's gonna acquire imagination and how to deliver services. And you know, I think it's gonna be critical to have the community involved in in designing those approaches. And how do we make choice available? How do we make it easy? How do we implement this? Some of the most exciting things, I think are gonna be presented. today. There's a late app abstract session today, and in that late abstract session

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00:11:24.360 --> 00:11:33.380
Carlos del Rio: the results of the latitude study are going to be presented, and the latitude study was a study from the from the actg in which they used.

51
00:11:34.020 --> 00:11:52.329
Carlos del Rio: you know, capital. Take a very real pivoting. The injectable for treatment in people who were not, who had not been able to be on oral therapy, who had been, you know, have problems with adherence, etc. And that's not what the drug is approved to do. Currently, the approval is to use it in people who already suppressed doing well.

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00:11:52.630 --> 00:12:08.799
Carlos del Rio: But I've always said the people for which the drug is approved is not the people that need it the most, the people that need it the most, are those that are not able to be taking pills. If you're able to take pills, and you're doing fine, you know, getting your injectables a nice convenience, but is not necessary. But if you're not able to take pills, for whatever reason.

53
00:12:09.170 --> 00:12:24.280
Carlos del Rio: the the injectable is a new opportunity. Yet that that's not what the drug is approved to do, and and what the study showed is that the injectable worked, and people that were not virally suppressed, and that it gave very good results, and that actually provided

54
00:12:24.460 --> 00:12:36.420
Carlos del Rio: the biologic suppression above those that stayed, or they tried to get on oral therapy. So that's incredibly exciting. I would encourage everybody to look at the abstract, and I'm looking forward to that over.

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00:12:37.940 --> 00:12:46.019
Grace Kumwenda: Thank you so much. I think we'll come back to you with a few follow up questions, but let me move quickly to Christina, to also just hear your perspectives.

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00:12:46.450 --> 00:12:56.649
Christina Farr: So this is the first Croy that I've had the opportunity to attend in person. So I've been having a really great time. Going to all the talks and seeing the posters and talking with everyone.

57
00:12:56.650 --> 00:13:20.159
Christina Farr: and what really stood out to me was Dr. Me, Nellie Migo's plenary on Monday about Hpv. Elimination and the associations between Hpv. And HIV, particularly in women living with HIV that higher rates in Hpv. And that if we can reduce Hpv. Acquisition, it may also really lead to a subsequent reduction in HIV acquisition.

58
00:13:20.270 --> 00:13:34.699
Christina Farr: And then how we can actually implement the strategies that we know work for H Hpv prevention, like the vaccine and testing and some of the low resource settings where things aren't as easy sometimes as they are here in the Us.

59
00:13:37.720 --> 00:14:05.130
Grace Kumwenda: Thank you so much, Christina. So I know they've been big conversations, vaccine Qa. And as I'm moving towards Supercharger, I know you're a cure advocate, and this is something that we've always been on the lookout for. Is there anything that was special for you in terms of HIV cure? Are there in advance? We should be looking out for

even today? Are there any sessions that you'd want to recommend for people who are on the call.

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00:14:06.080 --> 00:14:08.170
Supercharger Nsubuga: Thank you so much. Grace.

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00:14:08.220 --> 00:14:15.649
Supercharger Nsubuga: there are several sessions. Few sessions around HIV qua. Most of the sessions to do with QR. Happen today.

62
00:14:16.250 --> 00:14:20.360
Supercharger Nsubuga: We have a session about the strategies to cure HIV.

63
00:14:20.440 --> 00:14:32.920
Supercharger Nsubuga: We are expecting anxiously expecting results from p. 105, a study which is trying to cure children of HIV. And they are entering a phase of putting them off

64
00:14:33.140 --> 00:14:43.950
Supercharger Nsubuga: treatment. So we are hearing results today to know what's going on. But there are like 8 highlights which really struck me

65
00:14:44.230 --> 00:14:46.410
and basically not to do with Qa.

66
00:14:46.520 --> 00:14:52.230
Supercharger Nsubuga: There is this large clinical study conducted in Uganda, South Africa, and Zimbabwe.

67
00:14:52.790 --> 00:14:56.470
managed by Mtn. And funded by Nih

68
00:14:56.900 --> 00:15:03.350
Supercharger Nsubuga: which talked about the monthly ring and auto prep

69
00:15:03.720 --> 00:15:11.629
Supercharger Nsubuga: which showed really good good good results that

it can prevent HIV among cisgender women.

70
00:15:11.650 --> 00:15:26.629
Supercharger Nsubuga: We started to use one of the study products, in their second semester of pregnancy I found that really very II exciting some of the results in this study show that actually, 95% of deliveries we are at term

71
00:15:26.660 --> 00:15:32.880
Supercharger Nsubuga: 4% were pre-term with congenital anomalies. And one

72
00:15:33.250 --> 00:15:45.699
Supercharger Nsubuga: Miscarriage happened in the in the in this study. Another exciting of lesson to learn is about this silent, silent killer called

73
00:15:45.710 --> 00:15:49.330
Supercharger Nsubuga: Cytomegalovirus. You all heard about it

74
00:15:49.490 --> 00:15:51.950
Supercharger Nsubuga: abbreviated as Cmv.

75
00:15:52.090 --> 00:15:59.390
Supercharger Nsubuga: On Tuesday we had another great presentation. Instead of coordinating F. 53 83,

76
00:16:00.020 --> 00:16:08.750
Supercharger Nsubuga: trying to suppress this Cmv. Virus, using a driver called Latamoville in treated HIV folks.

77
00:16:08.870 --> 00:16:25.700
Supercharger Nsubuga: Cmv. Virus is a chronically, unusually asymptomatic virus. 60 of adults have this virus, but they don't know. That's really very scary. And most caring. 95% of people living with HIV have this virus.

78
00:16:26.210 --> 00:16:31.709
Supercharger Nsubuga: So Cmv virus can cause immune response, including inflammation.

79
00:16:32.500 --> 00:16:34.830
It's really very dangerous.

80
00:16:34.860 --> 00:16:40.499
Supercharger Nsubuga: This study really showed that the Tamaville this virus is really doing very well.

81
00:16:40.950 --> 00:17:07.379
Supercharger Nsubuga: It shows response on inflammation pathways, including interleukin interluken, one B and interleukin 6. As a person who has been openly living with HIV. I can't skip treatment. There was an amazing data around a new integral inhibitor called Gs. 1720. It's in phase one B,

82
00:17:08.150 --> 00:17:34.209
Supercharger Nsubuga: they are trying to study this new auto integration inhibitor, which is showing really good good results, that it's safe and well tolerated by people living with HIV. It's taken once a week, which is really very exciting, and as we consider choice because we don't have integration inhibitors. But you find that some folks can't use them, they can. So you need more more integrates

83
00:17:34.340 --> 00:17:44.329
Supercharger Nsubuga: long-acting therapy so that you can provide more choice for people living with HIV. You already know that we have a product which is being tested. Call in Abacaville

84
00:17:44.520 --> 00:17:47.579
Supercharger Nsubuga: which is combined with little tivering.

85
00:17:47.640 --> 00:18:05.419
Supercharger Nsubuga: But of course, some people can't use that combination the the. The. The producers of this product have brought another combination of adding it with a broadly neutralizing antibody. And the data show that actually, it's well correlated.

86
00:18:05.490 --> 00:18:11.070
Supercharger Nsubuga: Virus sensitivity is really high, and it can maintain virus suppression. 46

87
00:18:11.140 --> 00:18:39.519

Grace Kumwenda: 6, 6, 6. What? 6, 6 a month! I really have a lot with the Qa. I got some disappointment. Sorry, Moses. I'll come back to you. I know there's so much that would want to hear from you not to catch you. But I'm gonna come back to you quite soon. I'm seeing hands, and I'm seeing questions in the chat box and I want us to. I'll come back to you. So just yeah.

88
00:18:39.520 --> 00:19:04.150
Grace Kumwenda: There's a question that was asked. I think a few minutes back from Kay. And he's asking Caros specifically about the drug that you're talking about. Maybe you could respond to that, and then I'll go to Michael to to also speak. But I'll come back to Supercharger. Just hold on for me. Yes, the drug II was talking about the one that is gonna be in the study as A

89
00:19:04.370 --> 00:19:17.910
Carlos del Rio: is the. It's the injectable cable tag of your real peering right is long acting injectable, which is, which is now approved for treatment of of persons living with HIV and produces good response. The

90
00:19:18.420 --> 00:19:33.689
Carlos del Rio: the the issue is is that you know this drug was was tested and was only approved, and people who are virally suppressed on doing well on therapy. And then they're switched to to this regiment injectables that usually are giving every month or every other month every 2 months.

91
00:19:33.730 --> 00:19:39.190
Carlos del Rio: What this this new study did is it showed that that you can give them a

92
00:19:39.220 --> 00:20:06.489
Carlos del Rio: and people who are not virally suppress. So, in other words, as as a as a as an option for people who cannot take or oral medicines. The the other thing to to to Todd. Remind me, though, is that I think we're entering the era of of injectables. I think we're entering the era of long acting agents, subcutaneous drugs and other drugs. And today there's gonna be Charlie Flex turns giving a plenary. One of the plenaries today is precisely on the U of of this new agents, long acting agents.

93
00:20:06.490 --> 00:20:10.599
Carlos del Rio: and you know I can. I can dream about a future in

which you know

94
00:20:10.770 --> 00:20:20.059
Carlos del Rio: your HIV treatment will be, I mean ideally, I wouldn't. I want to dream about a future with no HIV or with, or we can cure HIV. But unfortunately, so far

95
00:20:20.560 --> 00:20:24.100
Carlos del Rio: we don't have a vaccine anytime soon, and we don't have

96
00:20:24.220 --> 00:20:30.819
Carlos del Rio: you know a cure anytime soon, so. But could it be possible, and then in the future we could have.

97
00:20:31.130 --> 00:20:48.830
Carlos del Rio: you know. If somebody is is diagnosed with HIV, you can give an injection or give a a a subcontinious drug, and and that will, you know, be there for 6 months or a year. You don't need to take it every day, so I think this is gonna change dramatically. The amount of people that can

98
00:20:49.000 --> 00:21:18.930
Carlos del Rio: that can remain violently suppressed, and that don't need to be taking pills every day which we know causes a lot of I mean, for a lot of people is complicated. Right? Yesterday we had a session talking about HIV and in in immigrants and refugees. If you don't have a home, if you don't have words to store your medications, it's really hard to be taking pills. If you're moving from one place to another. It's really hard to be taking pills. But if you're giving an injectable that lasts for 6 months, then that's not a problem. So I'm very, very excited about entering this new era of injectables, both for treatment and prevention over.

99
00:21:20.620 --> 00:21:41.340
Grace Kumwenda: Thank you so much. Just to say we are noting all the comments and the questions will be coming to you as much as we can. But we also want to allow those who want to speak, live on video to to raise their hands. So I'll go to Michael to come in, and then we'll move from there. Thank you. I just wanted to ask about something that was

100
00:21:41.350 --> 00:21:52.750

michael louella (they/them): noticeably different this year, which was, that the Croy webcast org site where they usually post the talks. They haven't posted any talks from 2,024 yet.

101
00:21:52.750 --> 00:22:18.240
michael louella (they/them): And it used to be that those things were coming out sometimes same day or the next day. And I could follow along when I couldn't attend the conference myself, I could basically check the talks out for myself. I feel like this year. I'm sort of dependent upon third parties to get the news out, and they're only telling me about the news that they are excited about, or that they were involved in and so it feels like I'm really

102
00:22:18.240 --> 00:22:42.800
michael louella (they/them): ignorant this year of what has been talked out about a croy, and for people who teach the community, the science, the people who are teaching their own communities the science. This is a real disservice, and I was wondering if there's a way that we can maybe get that changed back, or maybe come up with a new way a third way yet. That's making the science more accessible. So it doesn't feel so siloed and separated from the community and the public.

103
00:22:44.140 --> 00:22:53.959
Grace Kumwenda: I think very important. Input I would like to ask either Jim or Carrots to respond to that, and then we'll go to one comment in the chat box as well.

104
00:22:56.730 --> 00:22:59.390
Carlos del Rio: Well, Jim, you wanna start and we're happy to start.

105
00:22:59.470 --> 00:23:07.129
Jim Pickett: II will turn it over to you quickly, I think. Those are. Those are fair comments, Michael, and important feedback.

106
00:23:07.220 --> 00:23:26.359
Jim Pickett: And as members of the planning committee. I think Carlos myself and Grace can make sure that this feedback is brought to the committee. Tonight. There's a a dinner for all the planners, and we debrief on everything that's happened at Croy.

107
00:23:26.360 --> 00:23:39.750
Carlos del Rio: the good and the things that we want to improve. And

so I think your comments are well taken, and they'll be pushed forward.

108
00:23:40.130 --> 00:23:46.160
Carlos del Rio: This is this is, I don't know why this happened. I don't know. It took me by surprise.

109
00:23:46.330 --> 00:23:56.009
Carlos del Rio: and as Jim says, I think it's invali is valuable feedback, and I think, it's really important that also we'll provide this feedback coming from the community right? Because at the end of the day.

110
00:23:56.130 --> 00:24:01.589
Carlos del Rio: yeah, again, I think Troy is a very different meeting than many others. Scientific meetings, because

111
00:24:01.780 --> 00:24:05.969
Carlos del Rio: because an HIV community has been, you know.

112
00:24:06.560 --> 00:24:20.149
Carlos del Rio: hand in hand with the scientists. And and and we work together. And we we collaborate. We listen to each other. We may not like what what one or the other says, but at the end of the day that's how the science has advanced, and HIV is because community

113
00:24:20.160 --> 00:24:29.319
Carlos del Rio: has worked together with scientists and with industry to advance the field. So communication and and sharing information is critical, and we will make sure that message gets across

114
00:24:31.560 --> 00:24:56.109
Grace Kumwenda: great. There! There was a question, I think, an important question in the chat box that I want to respond to, and just to say again, if you'd want to come and speak on camera would really love to see your faces. But there's question around presentation and abstracts or posters, and I think I would like to take that one to Christina. To weigh in posters around aging and HIV mechanisms. Were there any of the posters

115
00:24:56.110 --> 00:25:02.420
Grace Kumwenda: or issues around Como mob mobilities. Were there any

posters around that?

116
00:25:02.750 --> 00:25:16.970
Christina Farr: Yeah, there was. There's quite a few posters on comorbidities on aging with HIV. There's actually a theme discussion yesterday about inflammation and immune activation in people during

117
00:25:16.980 --> 00:25:33.990
Christina Farr: with long term art usage that I found really interesting. They were looking at people who had been taking art for several years. With some have low, level viremia or detectable levels and looking at their T cells

118
00:25:34.140 --> 00:25:36.029
Christina Farr: to see

119
00:25:36.570 --> 00:25:50.490
Christina Farr: they were finding that they usually were increased activation so that can lead to the chronic inflammation. But they also were functionally exhausted. So they're not quite working the way that they're intended to. So I found that session really interesting yesterday.

120
00:25:51.040 --> 00:25:59.780
Grace Kumwenda: Thank you. There's a hand from Axel. II hope I'm pronouncing that right over to you. Yes, it's right. But it was me

121
00:25:59.840 --> 00:26:02.430
Axel Vanderperre: Inserting this question about

122
00:26:02.760 --> 00:26:28.080
Axel Vanderperre: let's say shortly the mechanisms of aging, and how to prevent. Because we know we we are aging more quickly and have more comorbidities, as all the persons living with HIV. But I would like to say also that I agree with the previous comment, that a a lot of persons living with HIV in the community cannot attend Croy.

123
00:26:28.080 --> 00:26:45.549
Axel Vanderperre: We don't have even a budget to go online. And I'm met. And also scientists. It's not because your person living with HIV that you don't can have all the backgrounds. And I'm eager, really, really, to get some more feedback.

124
00:26:45.610 --> 00:26:51.939
Axel Vanderperre: For example, in this field of what are new evolutions

125
00:26:51.990 --> 00:27:01.770
Axel Vanderperre: to decrease chronic inflammation, prevent chronic inflammation sentence, and so on, because it's very great to see

126
00:27:02.250 --> 00:27:26.039
Axel Vanderperre: new developments in drugs like injectables. That's one field. But as we know, the the population is aging we are, it's be, we have to think, beyond the classical HIV drugs. And this is somewhat, I misle miss the focus here.

127
00:27:26.310 --> 00:27:31.649
Axel Vanderperre: maybe there is a lot happening. But I didn't get.

128
00:27:31.670 --> 00:27:33.069
Axel Vanderperre: I didn't get it.

129
00:27:38.510 --> 00:27:49.029
Grace Kumwenda: Okay, thank you. Thank you so much. I missed the last part. I don't know whether it's my Internet. But if anyone would like to comment and come in before I go to Christian.

130
00:27:53.170 --> 00:28:02.880
Supercharger Nsubuga: I think, as advocates in our countries. First and foremost, we need to advocate for for government investment into this problem of

131
00:28:03.180 --> 00:28:10.570
Supercharger Nsubuga: us aging with HIV. By providing necessary tests. First and foremost.

132
00:28:11.070 --> 00:28:39.049
Supercharger Nsubuga: not only don't only provide HIV drugs and viral load for HIV. But we need several tests as we age. Yeah, you need to know my liver status of my kidney periodically. You know, you want to know the status of my high blood blood pressure. So on and so forth. So we need to advocate for integrated services in our communities.

First and foremost. That's really very important to me. Thank you.

133
00:28:39.900 --> 00:28:53.690
Carlos del Rio: Thank you so much, supercharger. I'm going to move to, you know. Pepfar Ambassador in Kangosong is very aware of this, and he is really trying hard to expand

134
00:28:53.710 --> 00:29:08.680
Carlos del Rio: services provided in Pepfar to go into non communicable diseases. So hypertension diabetes. Because, yes, as we're taking care of, of populations living with HIV. And as they're aging, we need to take care of of the the entire patient. Not just their HIV.

135
00:29:10.450 --> 00:29:21.519
Grace Kumwenda: There, there's there's before coming to Christian. There's also a question. I think that is important when we start thinking around HIV. The intersection between HIV and Covid. And I think these are conversations that

136
00:29:21.890 --> 00:29:31.429
Grace Kumwenda: have happened while I got at Crowley, and I was wondering if any of you would like to comment on that as well, because people want to know. Is there any new data at all that is coming out?

137
00:29:35.970 --> 00:29:57.589
Carlos del Rio: Christina or Carlos or Natasha? There's not a lot, not a new data coming out. I think you know one thing that there there are a lot of studies, but most of them show that people living with HIV. We're not necessarily more severely impacted by by by Covid, that is, and that they respond well to to vaccination.

138
00:29:58.430 --> 00:30:16.129
Carlos del Rio: but but I think that that. You know we are where obviously this virus is still with us continues to evolve. I think where there's there's a lot of of interesting data and a lot of more concern to me, more than with Covid is actually with with with impacts and

139
00:30:16.820 --> 00:30:21.049
Carlos del Rio: impacts, is a you know, it's a new new outbreak, and

140

00:30:21.330 --> 00:30:39.090
Carlos del Rio: in a in a in the Drc. With with with clade one and a and again, wha I think a mistake we made with Covid as being made with with impacts, which is, we are not rolling out vaccines equitable, and and there the risk of impacts of your disease. And people who have

141
00:30:39.090 --> 00:30:57.469
Carlos del Rio: advanced HIV arm control. HIV is very significant. So I'm very concerned about that intersection and the fact that we we seem to not have learned from from our mistakes. You know we are not applying equity in accessing to to drugs and treatment for, and and vaccines for for Ampox.

142
00:30:59.360 --> 00:31:02.900
Grace Kumwenda: Thank you so much. There's a hand from Christian.

143
00:31:03.190 --> 00:31:28.129
Krishen Samuel: Thank you for a great discussion this morning. I specifically just wanted to speak about this notion of choice. Whether it comes to prevention or treatment options. It is great that we have long acting injectables, and we have more options now, but sometimes, when we speak about it, it sounds as though the onus is only on the consumer. Just to choose between these different options that we have, and I think we lose sight of the context. I was particularly

144
00:31:28.130 --> 00:31:53.100
Krishen Samuel: thinking of the search trial results and looking at the high uptake of injectables in countries like Uganda and Kenya, and thinking particularly about men who have sex with men. Maybe they didn't feel like it was a choice for them to actually take oral prep, because it's not very discreet, it can easily be discovered, but they feel like it is a choice for them to take injectable prep because because of discretion. So then, in that case, when we

145
00:31:53.100 --> 00:31:56.399
speak about choice, we need to contextualize. That's a bit better.

146
00:31:57.950 --> 00:32:08.480
Grace Kumwenda: Thank you so much. I think I would like to go to Natasha. We haven't come to you in some time, and I want you to comment on the just last comment.

147
00:32:08.560 --> 00:32:10.450

Regarding choice.

148
00:32:10.560 --> 00:32:18.080
Grace Kumwenda: There was also a question. I remember the session around offering the pivoting ring, for instance, which

149
00:32:18.240 --> 00:32:22.910
Grace Kumwenda: we didn't get a clear response. What are your thoughts from that comment?

150
00:32:23.880 --> 00:32:42.149
Natasha Mwila: Yeah, no, II definitely agree with the previous speaker on the comment around. Really, the definition of choice is it that in that moment could it be? That? That's what you know is easier for the end user. And in many ways

151
00:32:42.150 --> 00:33:11.730
Natasha Mwila: so choice to me would be that in that moment, if at all, I'm at risk, and I have an option of either the ring injectable or prep, and depending on my situation. If I want to be more discrete, if maybe my partner. I have. I haven't shared this information with my partner. I would rather go for something that's more discrete, and something that is long acting, of course, but when it comes to

152
00:33:12.040 --> 00:33:34.589
Natasha Mwila: other options like oral prep, we know a lot of challenges that are associated with taking a daily pill, and that has come up many times, and II loved it. He pointed out. As to you know there was a high uptake when it comes to cabbage, but I would say that some of the reasons would be because of it's long acting, discrete nature, and you know

153
00:33:34.590 --> 00:34:00.999
Natasha Mwila: our prep is great and depending on one's needs at that particular point they would decide to go for it. But it's not easy taking a a daily pill. It's not easy to you know, have to take an option that is highly associated with stigma and discrimination. II usually interact with the community. And many times they would say things like, why should I take a daily pill? 100

154
00:34:01.050 --> 00:34:08.919
Natasha Mwila: to prevent myself from taking a daily pill? And what that means is, why should I take autop every day

155
00:34:08.920 --> 00:34:32.060
Natasha Mwila: mit ctl, and to not take, you know, erratic for treatment later on in life. So it makes it easy to have the injectable prep as an option. But then, again, every person at different stages of life has different needs. But what's just important is that all of those area of options are made available, so that that person is able to choose what works for them in that particular time.

156
00:34:32.060 --> 00:34:32.949
Natasha Mwila: So

157
00:34:33.389 --> 00:34:52.180
Natasha Mwila: I love that there's so much innovation. There's so much research going on. And I think I keep on emphasizing that this needs to create, to to bring that access to bring to to give access to this product for people that actually need it. We may talking, we may talk about how they've

158
00:34:52.508 --> 00:35:14.839
Natasha Mwila: been developed. But people actually accessing these products. And I think that's the conversation that we need to really focus on and emphasize on and make sure that these products actually get to the end user that need them. But yes, choice is very important. We need a lot more options so that the end user can pick what suits what businesses for them in that particular moment.

159
00:35:15.320 --> 00:35:36.050
Grace Kumwenda: Wonderful, Natasha! This is a powerful comment in the chat box, and I just want to quote the exact wedding in the way it's been phrased, and it says we can't have choices when options are out of reach. I think that's a very powerful statement to to explain. Jim, had you had your hand up? Let me come to you.

160
00:35:36.530 --> 00:35:42.729
Jim Pickett: Sure, II actually just wanted to amplify that. And it they, whoever posted that maybe that was adobe

161
00:35:42.760 --> 00:36:04.430
Jim Pickett: much more succinct than I was going to make it. But II think I'm a big proponent of choice. I think we need things. A. A. All kinds of options. Not just long acting either. I think we need short acting things. I think we need things that have varying efficacy,

because efficacy is not the only attribute that people

162
00:36:04.450 --> 00:36:28.649
Jim Pickett: value. There's all kinds of things about choices, and how they fit into people's lives, and and sometimes something that has slightly less efficacy, maybe more suitable to somebody. So II like to think about how we can get out of this box of everything being efficacy, efficacy, and long acting, long acting. Obviously, they're both very important things, but they're not the only things.

163
00:36:28.650 --> 00:36:43.950
Jim Pickett: And just to underscore choices mean nothing. If they are out of reach. Choices mean nothing. If our countries aren't supporting them, choices mean nothing if they're very hard to get, and I'll finish by saying, You know, in the United States

164
00:36:43.950 --> 00:37:04.880
Jim Pickett: we have some choices. We long acting. Cabategrevier is available technically in the Us. But is it accessible? No, it is really hard to get the average person from the time they say they want. It may have to wait up to a month or more, and then they're at the mercy of

165
00:37:05.320 --> 00:37:12.500
Jim Pickett: pharmacy benefit managers and insurance companies who don't want to pay for it. It's crazy, expensive.

166
00:37:12.640 --> 00:37:13.650
Jim Pickett: and

167
00:37:13.710 --> 00:37:20.969
Jim Pickett: all those things make it really hard. We have all. We may have a choice, but if the choice is associated with friction.

168
00:37:20.990 --> 00:37:42.689
Jim Pickett: with many hoops, you have to jump with many dollars you have to put out of your pocket to get it. It doesn't mean anything, so we have a lot of work to do to make to make choices become a reality, and then actually make choices that actually are things that people can pick up and use and and not go through a lot of drama to do it.

169
00:37:43.840 --> 00:38:05.659

Grace Kumwenda: Amazing. So cho choice. The conversation is around choice in terms of HIV prevention. But I want to go back to super charger now? So you you are, Major, I think, for this, probably 2024. You came in as a major, and you've worked with many community educators. If there were maybe 2 to 3

170
00:38:05.660 --> 00:38:19.630
Grace Kumwenda: key messages that you're taking out your community from this conference, what would those look like? I'll come back to the chat box. But I would love to just hear quickly from Supercharger on this as well. What are some of the key messages you're taking with you

171
00:38:19.680 --> 00:38:27.040
Supercharger Nsubuga: quickly before I give the quick. Yeah, the key messages. I want to make this report. Which I got from Professor Sharon Lewin.

172
00:38:27.290 --> 00:38:40.229
Supercharger Nsubuga: They had a a a a presentation yesterday but one, but it was a bit discouraging to me as an acute advocate. They have discovered that actually the current latent reversing agents we have

173
00:38:40.430 --> 00:38:43.579
Supercharger Nsubuga: cannot work very well in the Cns.

174
00:38:44.330 --> 00:38:47.610
Supercharger Nsubuga: So to reverse HIV from the Cns.

175
00:38:47.770 --> 00:38:51.849
Supercharger Nsubuga: They either have to combine the current landed, reversing agents.

176
00:38:51.930 --> 00:39:14.959
Supercharger Nsubuga: or look for the next generation, Latin to reversing agents. This is a big concern now that we are preparing to put folks off treatment in the ongoing studies, how are we going to do that when the latent reversing agents, actually a a. A cannot work very well in the central nav system? So that's a big concern, the key take.

177
00:39:15.250 --> 00:39:40.069

Supercharger Nsubuga: III want to give to to I actually, I I'm glad to be a mentor this time around at Croy. And it was really amazing to interact with these vibrant young young folks, and II encourage them to to, to, to, to to continue standing for the for the issues that really affect their communities. That's really very important, even though research, trying to find in new interventions start from us.

178
00:39:40.680 --> 00:40:07.620
Supercharger Nsubuga: They hear from us first and then say, Hey, there is this problem. So let's begin the research. So if we don't raise these concerns affecting our communities, we are not going to be able to to help our communities. I was a maintain that I had vibrant mentees. Can you give me just 1 min? I want to. Well, to give just a quick 1 min highlight of her of our because we need to empower young. We are aging, as you know.

179
00:40:07.620 --> 00:40:25.969
Supercharger Nsubuga: the next 10 years. Super chat. You will not have this energy, you see right now, today it will be the Towla, then Natasha's the chiefly as so toil. Are you online so that you can give just a quick, 1 min highlight of this amazing co conference. Yup.

180
00:40:32.430 --> 00:40:34.680
Supercharger Nsubuga: Tuella, you are there.

181
00:40:36.060 --> 00:40:50.499
Supercharger Nsubuga: Okay? But as she prepares to come in. II must say they were really very vibrant, energetic, and we learned a lot. I encourage them. It's very, very important to ever take on the microphone when we take these microphones in these conferences?

182
00:40:50.500 --> 00:41:14.659
Supercharger Nsubuga: We, we get answered we, because we come to these conferences with concerns and issues. And if you don't take that microphone up to raise that concern, the researcher will not know the Po. The program up policy makers will not know. So I encourage these young mentees always to stand up and take that microphone and raise concerns. Yeah, that's really very important.

183
00:41:15.350 --> 00:41:42.639
Grace Kumwenda: Thank you so much. Super charge. If the weather, if you're online please raise your hand at any point, I think we'll come to you. But at this moment I want to go back to Caros. I think there's an important comment in the chat box as well that I want you to

respond to. So they basically they asking around your thoughts or perspectives around injectables for people with substance use disorder for whom injections might actually be triggering.

184
00:41:42.640 --> 00:41:48.099
Grace Kumwenda: What are some of the sales coming out or any research coming out.

185
00:41:48.100 --> 00:42:05.429
Carlos del Rio: That's what's gonna be presented today in the latitude study. Many of the participants in latitude actually has had substance use disorder. We did not see this as a trigger but again, you know, you need to to be sure that people with substance use disorder. Who are, you know, we need to provide them with with access to.

186
00:42:05.490 --> 00:42:14.050
Carlos del Rio: to, to treatment and to access to. So you know. So at the end of the day we did not see this, but but we need to ensure that we provide comprehensive care.

187
00:42:16.100 --> 00:42:28.930
Grace Kumwenda: Thank you so much. I'm also seeing a comment from Jessica. From Avoc. I think it's an important comment because of the conversation we're just having around cure, and if you are able to come off meot.

188
00:42:28.950 --> 00:42:44.430
Jessica Salzwedel: I think would love to hear your thoughts as well. Hi, Grace! Hi, everyone! Thank you for that. I just wanna say I think Supercharger is spot on about the need for a cure that's accessible and affordable. But I did post a link to the treatment action group

189
00:42:44.430 --> 00:43:01.890
Jessica Salzwedel: tracks. Clinical research and latency reversing agents are just one of several strategies that are being in that are being explored by cure researchers. So I think just really important to to put that into context, and to see all the exciting progress progress that's happening in the field.

190
00:43:03.030 --> 00:43:24.649
Grace Kumwenda: Thank you so much. I know time is running fast, but we encourage you to continue asking the questions to continue engaging. I think there's also another comment, I think, from Jeff. I don't know

if Jeff, if you want to come off mute or on camera. But you have referred to social behavioral research and QR. Research.

191
00:43:24.650 --> 00:43:34.450
And I think that's an important conversation on Monday on the community breakfast session. We also had this conversation, the role of

192
00:43:34.500 --> 00:43:41.010
Grace Kumwenda: social social behavioral research. So I just come in and comment on that as well.

193
00:43:41.840 --> 00:44:02.180
Jeff Taylor: Yes, thank you. Grace, I was kind of responding to what Supercharger was saying. I mean, none of these things will work if we don't have the buy in from the participants, and especially in the context of cure. We're asking so much of people there. There's no benefit to be in these trials. We're asking to take incredible risks most studies will require people to stop treatment to see

194
00:44:02.180 --> 00:44:27.250
Jeff Taylor: if they're HIV treatment to see if the current intervention is working. So in that context, we really need to be, you know, talking to people, seeing if they're willing to do this, we can even conduct the trial. And if we do, how do we protect them? How do we protect our partners when they're off treatment and have the the risk of passing the virus on to their partners. So there's so many important issues that have to be tackled before we even embark on these studies. So Corinne Dubai, I wanna

195
00:44:27.270 --> 00:44:34.620
Jeff Taylor: do a shout out to her, she's done a lot of research in this. Just Google her name. You'll find a lot of amazing research. And she's doing more. So thank you.

196
00:44:35.230 --> 00:44:51.109
Supercharger Nsubuga: One as community, a quick one, a quick one. As community. We demand consensus on atis we need a common global consensus on what should be done when, Grace, you are put off treatment.

197
00:44:51.580 --> 00:44:57.760
Supercharger Nsubuga: do you? Do you take a viral load weekly a week

when you're off treatment? Do you take it monthly.

198
00:44:58.030 --> 00:45:03.150
Supercharger Nsubuga: I mean, you also need support. You remember people disappear for 6 months

199
00:45:03.540 --> 00:45:11.300
Supercharger Nsubuga: assuming you are put off. Just imagine you are put off treatment. And then you, you're supposed to report next week and then you disappear.

200
00:45:11.460 --> 00:45:13.110
Supercharger Nsubuga: What happens? We need to have

201
00:45:13.180 --> 00:45:32.890
Supercharger Nsubuga: tight tight programs that support these participants when they are put on for off to 20. But you can't have that before you need. You have a global consensus on Atis. But I'm glad to say that as community we organizing a consensus meeting in Nairobi Fo for this concern

202
00:45:33.310 --> 00:45:37.650
Supercharger Nsubuga: Ati, which is analytical treatment interruption. Thank you.

203
00:45:38.170 --> 00:45:58.610
Grace Kumwenda: Thank you so much. Super charge, I hear, Toerra, you are ready to to share your experience and your thoughts, just to emphasize again that Towela is a community educator, and this is a face, Crowley. So, as we said, we wanted to hear from people who have never been at Crowley at all, so it would be good to just hear your thoughts.

204
00:46:04.510 --> 00:46:26.939
Janea Hunter: I just like to say, this is definitely my first time being in this space. I'm very, very excited, being in this space, and I also am one of those young persons mentioned that is definitely advocating for my community here in the United States. I'm in the Jackson Mississippi area. The State capital, where I'm definitely on the forefront trying to push for

205
00:46:26.940 --> 00:46:46.760

Janea Hunter: a lot of the the the things that we don't have access to the barriers that we actually have. As access to care is very detrimental in in my community, and so I just applaud all of you for the work that you are doing, and I definitely like to be in close contact with each of you as possible. I don't know if we have

206
00:46:47.460 --> 00:47:05.109
Janea Hunter: a platform where we can share contact information, to possibly be able to gain resources on things that are working in your different communities that might be able to be implemented here. That might work for us so definitely a pleasure and thanks for having me in this space.

207
00:47:06.010 --> 00:47:18.740
Grace Kumwenda: Thank you so much. So we only have few minutes to go, and I want to give our panelists another opportunity, so I'll go round through all of them. So just to give us their final thoughts.

208
00:47:18.830 --> 00:47:31.629
Grace Kumwenda: Again, continue commenting. We might not be able to respond anymore. I'm seeing a hand from Francis, so maybe I can quickly come to you for just a minute, but then go to our panelists.

209
00:47:33.250 --> 00:47:38.800
Francis Luwole: Oh, thank you very much, Chris. During our luminalization that we had with Doctor

210
00:47:39.060 --> 00:47:49.329
Francis Luwole: Shalom on Monday, as community educators. Just from our personal experience, she underscored the critical importance of meaningful community engagement throughout the clinical trials.

211
00:47:49.430 --> 00:47:59.659
Francis Luwole: even from the brainstorming phase. So Sharon pointed out that some of the trials fail. Often it is contributed to poor community engagement.

212
00:47:59.740 --> 00:48:20.759
Francis Luwole: So it was a rich information or conversation that we had by that time, and I really wish that such personal experiences can also be shared with these new investigators that are learning particularly during the Planar session. So I'm wondering if it's something that can be done. And I really suggest that moving forward

really consider this, because during the session. It was only us there as community educators.

213
00:48:22.490 --> 00:48:42.799
Grace Kumwenda: Thank you so much, Francis. Continue commenting. Continue as we say, these are going to be recorded, and we're going to share. If we are not able to respond to all the questions, we hope that Jim will follow up on some of them at a later stage. But at this moment I want to go round and really just get

214
00:48:42.950 --> 00:48:52.949
Grace Kumwenda: final thoughts from all our panelists. So we're going to start with Supercharger. Let's keep it as quick as possible, so that we can manage our time as well.

215
00:48:53.350 --> 00:49:21.459
Supercharger Nsubuga: Thank you so much Grace and first and foremost recommend about the presentation that was done around tuberculosis the 2018 UN. Targets were not made. The 22 UN. Targets again were not made. We're still doing very bad. But we need to keep pushing. Tb is still a killing disease in our communities. I want to thank the organizers for giving me this opportunity.

216
00:49:21.460 --> 00:49:37.259
Supercharger Nsubuga: It's really very, very, very big. I good experience. Thank you so much for giving me this this experience. And I'm happy to continue the discussion, especially on vaccines. We need vaccines basic. We need vaccine. We've had so many disappointments

217
00:49:37.260 --> 00:49:54.239
Supercharger Nsubuga: with vaccines. But we need to keep pushing. But we need to balance the energy between vaccine and HIV. Q. Because HIV Qa is showing much promise, and I'm glad that this time round. Croy has put more QR sessions. That's really amazing. Thank you.

218
00:49:54.950 --> 00:49:56.920
Grace Kumwenda: Thank you so much, Carras.

219
00:49:57.300 --> 00:50:00.440
Carlos del Rio: Yes, I would say that the one thing I would add

220
00:50:00.630 --> 00:50:23.530

Carlos del Rio: first of all, is is wonderful to have so many people who are new to Croy. I think new investigators, new community new members cause. This is what we need. We need a next generation. I'm part of the old generation, and we need. I started working on the in in 1983 when HIV was starting. And now, you know, we need the next generation who has new ideas and advancing the cure and the vaccine research up.

221
00:50:23.600 --> 00:50:30.239
Carlos del Rio: But I would also say that one of the most exciting things we didn't really talk about is is the monoclonal antibody era, and

222
00:50:30.290 --> 00:50:34.600
Carlos del Rio: with with broad, neutralizing, monoclonal antibodies we're seeing

223
00:50:34.730 --> 00:50:36.910
Carlos del Rio: vaccines cure

224
00:50:37.070 --> 00:51:05.810
Carlos del Rio: prevention all come together. And and and this this science is very similar. And the research that is happening around understanding how monoclonal antibodies work, I think, is going to benefit vaccine research is going to be benefit. Treatment is going to benefit prevention and is going to benefit Q research. So everything is coming together in an interesting way, and I will say, keep your eyes on on the monoclonal antibody work, because a lot of the really good science coming out of there will provide the breakthroughs to eventually have a cure, a vaccine, or both. Thank you.

225
00:51:06.170 --> 00:51:08.319
Grace Kumwenda: Thank you so much, Christina.

226
00:51:08.530 --> 00:51:23.639
Christina Farr: Oh, thanks, Grace, and thank you for the opportunity to participate on the panel this morning. I, as a mucosal immunologist, I was really, I'm really excited for the upcoming session today on mucosal immunity to HIV. So studying

227
00:51:23.730 --> 00:51:47.109
Christina Farr: the cervical vaginal micro environment and how that can impact HIV acquisition. And also sis susceptibility prevention

options, how that impacts. And I also wanted to point out. I had a great discussion at a poster yesterday about the impact of gender affirming care on the vaginal and vaginal micro environment. So that's something I was really happy to see this year at Croy.

228
00:51:48.360 --> 00:51:52.469
Grace Kumwenda: Thank you so much, Natasha, the young voice closing us off.

229
00:51:53.670 --> 00:52:21.619
Natasha Mwila: Thank you so much, Grace, and thank you again. This was a great discussion, so much insights coming out, and for me, I think something that I would just love to end with is just really to emphasize. And I'll echo Francis's comment around. Really, the community being in the center, you know, whenever research is being done, clinical trials, it is very important that communities are engaged from the get go, so that even when we come in as communities, as advocates.

230
00:52:21.620 --> 00:52:33.889
Natasha Mwila: We would have been engaged from the beginning, and it makes our work a lot more easier even when it when we start talking about rollout and engaging the community in terms of uptech of the the product.

231
00:52:33.890 --> 00:52:56.199
Natasha Mwila: So it's just been a great experience and exposure, and I really do look forward to more community collaborations collaborations between scientists, researchers and the community. Because it's the communities that are asking the had questions. I think in most of the sessions that have been and attended. Whenever a person from the community asked the question, more scientists would be.

232
00:52:56.200 --> 00:53:18.739
Natasha Mwila: oh, I didn't think about that. So communities are bringing in a new perspective. And I think this need to provide more platforms for community voices, so that we all work together because it everything we do as advocates is about the community, even with scientists and the researches. It's about the community. So it's very important that we collaborate from the beginning and all the way through. Thank you so much, Grace.

233
00:53:19.110 --> 00:53:43.879

Grace Kumwenda: Well, said Mitchell in the chat box, has just summarized this session so wonderfully, putting together almost the whole conversation. So he says, develop options, deliver choices, Blake the sounds, and build the next generation. I think I could have said it any better than that, but really, just to say Thank you so much to our speakers. To our panelists for leading insight, for conversation.

234
00:53:43.880 --> 00:54:10.959
Grace Kumwenda: and to all the participants, for the questions, for the comments. It's really been amazing to see the conversation going on, and you can already tell that there's so much going on. We have our work cut out from here. What happens? Because it's not just about hearing the research. But we are here as communities. How do we translate this to the communities. That's the important question that we need to live with at this moment. I hand over to Jim to close this session off. Thank you.

235
00:54:11.380 --> 00:54:30.829
Jim Pickett: Thank you so much, Grace and Natasha, your your closing comments were absolutely perfect, and spot on and and with you as a young leader, it is so exciting to see where we're going to go with. The kind of smarts and savvy that you are displaying, and many and all of your colleagues on the

236
00:54:30.830 --> 00:54:50.650
Jim Pickett: on the community via community educator scholars, so many of you so young and so brilliant and so full of energy and power. It's it's so inspiring. I wanna thank again, like Grace, everybody for being here and for all our panelists. But can we give a special bit of love to Grace for moderating this session.

237
00:54:50.650 --> 00:55:08.180
Jim Pickett: This was a hard one. Okay, because we it wasn't one topic. It was every topic. It was everything that happened at Croy, and trying to get, you know, and all the panelists did a damn good job to frankly all our other sessions this week have been focused on the topic. This has been every topic.

238
00:55:08.220 --> 00:55:25.899
Jim Pickett: and so it is quite a feat of moderation and patience and understanding to get through this. So so thank you so much, Grace. Thank you. To all of our panelists, Christina Supercharger, Carlos, and Natasha.

239
00:55:25.920 --> 00:55:37.300
Jim Pickett: I'm gonna end, or I'll remind you all that we will be sending out this recording and the comments in the chat. So you'll be able to go back and refer to these

240
00:55:37.380 --> 00:55:52.029
Jim Pickett: anhel of a previous educator scholar mentioned. You know. Where can you know we need more resources that break these things down into understandable terms and language. And II agree with you. But I would point to

241
00:55:52.090 --> 00:56:16.329
Jim Pickett: some resources, some media resources that do a really good job of describing what's happening in the science, and that includes positively aware, the body.com and aids map. Aids map is and body.com are doing ongoing coverage throughout the conference, so please check those out. They really help me understand things because of the way they're so a

242
00:56:16.390 --> 00:56:21.940
Jim Pickett: well equipped to describe things in simple ways. So I would check those out

243
00:56:22.170 --> 00:56:32.060
Jim Pickett: And I'm gonna finish my comments as we approach the 90'clock hour and everyone heads off who are here in Denver to the final plenary

244
00:56:32.080 --> 00:56:47.340
Jim Pickett: community community community community is at the center community is the most important part of this endeavor. Everyone's important. But without community it's nothing. And it's really amazing to see communities standing up

245
00:56:47.340 --> 00:57:05.599
Jim Pickett: claiming power and taking charge. And I really look forward to seeing a lot more of that going on like Carlos. Some of us are starting to age out in super charger. We're not going to be doing this forever, and I feel really

246
00:57:05.620 --> 00:57:15.639
Jim Pickett: inspired, and I feel confident with the kind of young

folks who are taking the lead, now that we are going to make amazing strides with them in charge.

247
00:57:15.780 --> 00:57:27.169
Jim Pickett: Now we are at the top of the hour. So we're going to officially close. So everyone has time to get over to that plenary, and we will see you on the other side in Zoom land in the real life.

248
00:57:27.280 --> 00:57:35.259
Jim Pickett: Good luck to you all! Take good care and thanks so much for supporting these community breakfast clubs, Ciao.