

Community Response to ViiV's Recent Statements on CAB-LA: ViiV must take immediate action to grant a license for CAB-LA with open and transparent negotiations.

On 1st March, AfroCAB along with almost 200 community partners and individuals across the world, released a [statement](#) calling on ViiV Healthcare and GSK to immediately grant a broad generic license for cabotegravir long-acting injectable (CAB-LA), support effective technology transfer, and pursue widespread product registration in all high-burden HIV countries. Following an [initial statement that could be characterized as dismissive and evasive](#), ViiV later released [an updated statement](#) indicating an openness to pursuing a generic license for CAB-LA. While we appreciate its responsiveness, ViiV remains opaque and uncollaborative. Thus far, ViiV appears to promote a future of a ViiV-controlled, single-supplier market that will not reach the millions at risk of HIV, and we fear that its noncommittal approach will only amount to empty and elusive promises of expanded access.

During ViiV's access plan announcement and meeting with community on 3rd March, the treatment of communities and our concerns was disrespectful, dismissive, and false. Rather than outline a clear plan that would ensure our families and communities would have access to CAB-LA as quickly as possible, ViiV representatives told us to "embrace the uncertainty" as if today there are not millions of people whose lives and health depend on its decisions. We are also aware that ViiV recently held a confidential meeting to share the price of CAB-LA with only a small group of stakeholders who are under a non-disclosure agreement with ViiV. This pattern of behavior makes us seriously question ViiV's intentions regarding CAB-LA, despite the openness expressed in its updated statement. Our demands remain the same: ViiV must immediately pursue generic access for CAB-LA in an open and transparent fashion. This includes immediately publicly announcing the price of CAB-LA in all global markets and ensuring it is comparable to that of oral PrEP. Without these actions by ViiV, any other discussions or statements are meaningless.

We also would like to respond to the purported "complexities" cited by ViiV as barriers to expanding access to CAB-LA. Independent analysis and various other experience indicate that, despite ViiV's claims, generic manufacturers can produce high-quality CAB-LA at an affordable cost – less than USD\$20 per person per year.¹ Furthermore, our health systems can support the robust market anticipated for CAB-LA, as evidence by the fact that low- and middle-income countries supported more than 24 million adults on ART in 2020 alone. In a single year, our health systems also support over 30 million injectable and implantable contraceptive users in sub-Saharan Africa. It is clear that the true barrier to widespread generic access for CAB-LA is ViiV's political will.

We acknowledge that there are pending evidence gaps for implementation of CAB-LA in our settings. But this is not new – with any new product that becomes approved after clinical trials there will be open questions about real-world implementation. While CAB-LA certainly represents an exciting new frontier for HIV prevention, what is not new is partners' and governments' ability to support the implementation science necessary to determine feasible testing strategies, monitor safety and resistance, and develop effective delivery models. These implementation science questions can be addressed within our health systems through an integrated, program-level approach to enable rapid transition to scale. Thus, the existence of these implementation questions should in no way serve as a prerequisite for rapid generic licensing to take place. It is also clear that attempting to address these questions through unsustainable, small-scale demonstration projects outside of our health systems will only unnecessarily erect additional barriers to access, as we have previously seen happen with inequitable dissemination of oral PrEP. Implementation projects for CAB-LA should be determined and coordinated by global bodies, clinicians, and communities, and not by ViiV as a means to further control the market.

We have waited decades for effective, acceptable HIV prevention interventions that are universally available, while our communities have been transformed forever. We have waited while witnessing millions

¹ MSF Statement, 4 March 2022. [Link](#).

of new infections and premature deaths as effective HIV treatments were withheld from our communities. Antiretroviral drugs were seen as too challenging, with too many complexities for resource-limited settings. And now, decades later, ViiV is making these same shameful arguments for limiting our access to CAB-LA and refusing to expediently grant a generic license. As we continue down a path of 1.5 million new HIV infections each year, nearly 30,000 new infections each week, ViiV tells us we must “embrace uncertainty.”

One thing is *certain* - our voices will not be silenced. We will not continue to wait indefinitely. The clear public health needs and ViiV’s shameful neglect of our voices will be met with noticeable action, now and all the way up to AIDS 2022. We will not stop until we have access to affordable, generic CAB-LA.

If ViiV really wants to ensure that CAB-LA reaches “those who could benefit from it as quickly as possible,” we demand immediate action to support real, transparent access:

A Call to Action

We call on ViiV and GSK to immediately initiate the following actions:

- Grant a publicly available, transparent, and public health-oriented license for CAB-LA with a broad geographic scope (at least as broad as ViiV’s license for DTG) and flexible, access-enabling terms.
- Conduct technology transfers and know-how (if requested by the generic manufacturers) to ensure efficient, high-quality production and regulatory approval of generic CAB-LA.
- Ensure widespread registration of CAB-LA in high-burden countries, including middle-income countries.
- Facilitate equitable access to a truly affordable bridging product in the near-term and engage in ongoing evidence generation to support CAB-LA implementation.
- Engage, consult, and listen to community voices in all planning activities related to expanded equitable access.
- Immediately and publicly share pricing information and planning that has been withheld through closed-door meetings. Any pricing should be comparable to that of oral PrEP.

Community Organization Endorsements

ABPF Benin

Activist Education and Development Centre

AGEP C

Afrique Arc-En-Ciel (AAEC)

Afrocab Treatment Access Partnership

Aides

AIDS Vaccine Advocacy Coalition (AVAC)

Association of Positive Youths Living with HIV In Nigeria (APYIN)

Association Des Femmes Actives Et Solidaires (AFASO)

Association Espoir Pour Demain (AED)

Association Féminine Vision Positive (AFVIPO)

Association of Women Living with HIV In Senegal

Association Pour Le Bien-Etre Familial/Naissances Désirables DRC

Association Sante Scolaire (SASCO)

Association Togolaise Pour Le Bien Etre Familial (ATBEF)

AYARHEP

Bokk Yakaar

CBO 7 Days

Cbo Gà Vàng

Club Des 7 Jours

Coalition Of Women Living with HIV In Malawi (COWLHA)

Coalition PLUS

Community Of Women Living with HIV Lesotho

Concern Citizen of Shuni Progressive Union
CONERELA+
COLTMR CI
DACASA
DARE Organization Tanzania
Discordant Couple's Welfare Group
Emthonjeni Counseling and Training
Global Coalition of Women Against AIDS In
Uganda (GCOWAU)
GNP+
Good Health Community Programmes
Health GAP
ICHANGE
ICW CA
ICW CI
ICW EA
ICW Togo
Long-Acting Technologies CAB (LAT CAB)
Lean On Me Foundation
Lesotho Network of People Living With HIV/AIDS
Liberia Network of Persons Living with HIV
(LIBNEP+)
LVCT Health
MILOGO
National Network of Positive Women Ethiopians
National Network of Tanzania Women with HIV
And AIDS (NETWO+)
Network Of African People Living with HIV West
Africa, NAP+WA
Network Of People Living With HIV/AIDS In
Nigeria (NEPWHAN)

Network of Zambian People Living with HIV
(NZP+}
NGO "AGEP'C"/Директор ОФ "AGEP'C"
Pan-African Treatment Access Movement
Pangaea Zimbabwe
PEPFAR DOD
Planned Parenthood Association of Ghana (PPAG)
Positive Malaysian Treatment Access & Advocacy
Group (MTAAG+)
Positive Response for Treatment Access,
Adherence, and Support Foundation
PrEP4All
REBAP+
RECAP+
Rede Moçambicana De Pessoas Vivendo Com HIV
(MONET+)
Take Care of Human Being (TAHBE)
The European AIDS Treatment Group
Tororo Forum for People Living with HIV Network
Treatment Action Group
Uganda Network on Ethics, Law & HIV/AIDS
(UGANET)
UK Community Advisory Board
UMATI
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