

*The newsletter summarising key developments relating to long-acting injectable cabotegravir (CAB-LA) and HIV prevention*

The latest CAB-LA Forum meeting was held on Tuesday 16<sup>th</sup> August. A variety of issues were discussed including highlights from the 24<sup>th</sup> International AIDS Conference, the two new Working Groups for the CAB-LA Forum (*see details on page 2*) and ways to increase the representation of community groups in the new CAB-LA access coalition.

## Update from the Global Fund's 'Breaking Down Barriers' Initiative

- The Global Fund to Fight AIDS, TB and Malaria, the organization which provides one third of all international funding for HIV programs, has [published a report](#) identifying key findings from their 'Breaking Down Barriers' program which began in 2017. The 'Breaking Down Barriers' program provides technical support and funding to 20 countries across Sub-Saharan Africa, Eastern Europe as well as Southeast and Central Asia, and aims to tackle human rights and gender-related barriers to HIV, tuberculosis and malaria services, such as discrimination and stigma.
- The results from the program's midpoint evaluation covering the period 2019 to 2021 show there were improvements across all 20 countries in tackling human rights and gender-related barriers to HIV services. A variety of areas were assessed, such as HIV legal literacy, HIV monitoring and reforming laws, gender discrimination reduction efforts and HIV training for healthcare professionals. Based on an overall score range of 0-5 (where 0= no programs present and 5= programs are at 90% or above of national scale) the three countries with the highest improvement scores were Ukraine, Jamaica and Botswana, gaining an overall midterm HIV score of 3.7, 3.5 and 3.3 points respectively.
- These results are encouraging as they demonstrate that progress has been made in spite of the challenges presented by the COVID-19 pandemic. The next set of the program's evaluations, which will cover a period of five years, are expected to be conducted between the end of 2022 and first half of 2023.



## Mid-term Assessment Summary Report

Global Fund Breaking Down Barriers Initiative

*"One of the most powerful lessons from the history of the fight against HIV is that success in confronting such a formidable disease cannot be achieved through biomedical interventions alone"*

*-Peter Sands, Executive Director, the Global Fund*

## Dapivirine vaginal ring adherence trends examined in South African study

- Research from a trial<sup>1</sup> which studied adherence patterns in South African women using the dapivirine vaginal ring has [found moderate to high ring usage rates](#).
- Dapivirine ring use was monitored for a median of 26 months in 626 women aged between 18-44 as part of the 'MTN-020/ASPIRE' randomized placebo-controlled trial. Researchers identified five levels of ring adherence, ranging from the highest level "consistently high" to the lowest level "consistently low".
- The majority of participants were identified to have "consistently high", or the second highest level "consistently moderate", ring usage (34% of participants in each category), while 16% of participants demonstrated "consistently low" ring use. Factors including use of oral contraception or intrauterine devices, as well as menstruation, contributed to a higher likelihood of participants scoring a "consistently low" level of ring use. These results suggest that using certain contraceptive methods or experiencing menstruation may be barriers to using the dapivirine ring. Future research should aim to explore these barriers further in order to better understand their drivers as well as potential solutions.

## A comparison of daily vs on-demand PrEP use in Paris, France

- Results from [a 3-year study](#) comparing the adherence, safety and effectiveness of on-demand PrEP compared to daily PrEP<sup>2</sup> have indicated that on-demand PrEP is a “valid alternative” compared to taking PrEP daily.
- Participants were enrolled across 26 sites in Paris and had a median age of 36 years. Participants were predominantly men who have sex with men, had a high risk of acquiring HIV and had a negative HIV status upon enrolment. Participants chose whether to receive a daily or on-demand PrEP prescription and undertook study visits every 3 months which involved HIV testing and PrEP adherence reporting and counselling.
- The authors suggested, following analysis of data from 3056 patients, that PrEP taken on an on-demand basis has a high level of effectiveness, a low risk of HIV incidence, and a “tolerable” level of safety.

## PrEP uptake and HIV viral suppression in HIV-serodifferent couples in Uganda

- A [cluster-randomized trial based in Uganda](#) has examined the impact of integrating PrEP services into HIV treatment services for HIV-serodifferent couples<sup>3</sup> (where one partner is living with HIV and the other has a negative HIV status).
- 12 antiretroviral therapy clinics enrolled 1,381 heterosexual HIV-serodifferent couples in the Wasiko and Kampala regions of Uganda, with participant ages ranging from 24-34 years.
- New PrEP services for HIV-negative partners of people living with HIV were integrated into existing clinic HIV treatment programs by providing PrEP training for each clinic.
- Researchers confirmed the feasibility of integrating PrEP services into pre-existing HIV treatment clinics, but did not find any significant increases in either the uptake of antiretroviral therapy or HIV viral suppression in the participants living with HIV.

### CAB-LA Working Group meeting dates:

**Demand Generation Working Group**  
3-4pm CAT 31<sup>st</sup> August

**Engaging with Policymakers Working Group**  
3-4pm CAT 1<sup>st</sup> September

## Stabilized rates of bacterial STIs in gay and bisexual men using PrEP reported in large study

- Researchers [leading a large study](#) of 22,730 cisgender and transgender gay and bisexual men in Australia<sup>4</sup> across 37 clinics studied the incidence of sexually transmitted infections (STIs) chlamydia and gonorrhoea for participants initiating PrEP.
- The results shows that the highest incidence of chlamydia and gonorrhoea occurred during the initial 18 months of participants taking PrEP, following which incidence rates for both STIs stabilized at a lower incidence rate. The authors believe their study is the largest study ever reported to examine estimates of STI incidence in gay and bisexual men using PrEP.
- The authors have suggested that longer-term PrEP rollout for HIV prevention may be linked to improved rates of STI screening and diagnosis.

<sup>1</sup> Browne, E. et al. (2022) Patterns of Adherence to a Dapivirine Vaginal Ring for HIV-1 Prevention Among South African Women in a Phase III Randomized Controlled Trial. *Journal of Acquired Immune Deficiency Syndromes*, 90 (4): 418-424.  
<sup>2</sup> Molina, J-M. (2022). Daily and on-demand HIV pre-exposure prophylaxis with emtricitabine and tenofovir disoproxil (ANRS PREVENIR): a prospective observational cohort study. *The Lancet HIV*, 9 (8): 554-562.  
<sup>3</sup> Heffron et al. (2022). PrEP uptake and HIV viral suppression when PrEP is integrated into Ugandan ART clinics for HIV-negative members of HIV-serodifferent couples: A stepped wedge cluster randomized trial. *eClinicalMedicine*, 52: 101611.  
<sup>4</sup> Traeger et al. (2022.) Real-world trends in incidence of bacterial sexually transmissible infections among gay and bisexual men using HIV pre-exposure prophylaxis (PrEP) in Australia following nationwide PrEP implementation: an analysis of sentinel surveillance data. *The Lancet Journal of Infectious Diseases*, 22 (8): 1231-1241.