



*This new weekly newsletter will summarise key developments relating to long-acting injectable cabotegravir (CAB-LA) and HIV prevention.*

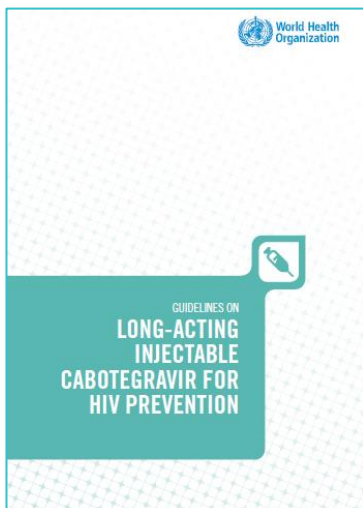
*There were several notable moments over the past week, with key announcements and research updates taking place in conjunction with the 24<sup>th</sup> International AIDS Conference taking place in Montreal.*

## CAB-LA Voluntary License and Partnership to Accelerate CAB-LA access

- On 28 July, MPP and ViiV announced an [agreement](#) to license CAB-LA to three generic suppliers. This is a critical step for ensuring affordable, equitable CAB-LA access in low- and middle-income countries (LMICs). However, **more work remains to ensure generic companies rapidly, effectively develop and register CAB-LA and to ensure countries are able to gain experience with ViiV's product while the generic is being developed.** Donor support is critically needed for both of these areas.
- At AIDS 2022, ViiV and several other organizations [announced a partnership](#) to accelerate access to CAB-LA. However, this partnership does not include any organizations from the Global South. Successful introduction will not be possible without meaningful community engagement.

## WHO publishes new CAB-LA guidelines

- On 28 July the [WHO published guidelines](#), which recommend CAB-LA “as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches” due to its safety and strong efficacy.
- This recommendation is a “conditional recommendation with moderate certainty of evidence” and the guidelines outline the critical research and implementation gaps that should be addressed during introduction.
- Donor and partners must work with communities to address these evidence gaps with ViiV's product while generic CAB-LA is being developed so countries can quickly scale-up once affordable, generic CAB-LA is available. The WHO guidelines are an important first step, but **achieving an affordable price with ViiV's product and ensuring donors support rapid generic development will be critical for access.**



*“We hope these new guidelines will help accelerate country efforts to start to plan and deliver CAB-LA alongside other HIV prevention options, including oral PrEP and the dapivirine vaginal ring.”*

*- Dr Meg Doherty, Director of WHO's Global HIV, Hepatitis and Sexually Transmitted Infections Programmes*

## New HPTN 084 study results revealed

- [New data were presented](#)<sup>1</sup> at the International AIDS Conference from the 12-month unblinded stage of the [HPTN 084 study](#), one of the first studies to demonstrate the [effectiveness of CAB-LA in cisgender women in Sub-Saharan Africa](#)<sup>2</sup>.
- The new data showed there was an 89% lower risk of HIV acquisition in participants receiving CAB-LA compared to participants who received daily oral PrEP. New pregnancy safety data were also presented, which demonstrated that no congenital abnormalities occurred in participants who became pregnant whilst receiving CAB-LA, further demonstrating the safety of the product.

## Update from Project HOPE's 'What women want' study

- Researchers from the 'Project HOPE' study [presented their findings at the AIDS 2022](#)<sup>3</sup>. The study surveyed adolescent girls and young women aged 10-24 years in Namibia on their preferences for HIV prevention products.
- The study found that CAB-LA was the most preferred prevention option (followed by oral PrEP and then the dapivirine ring). Participants favored the discrete and long-lasting characteristics of CAB-LA.

## CAB-LA use found to be safe and effective at preventing HIV in transgender women taking hormonal therapy

- Researchers from the HPTN 083 study gave an update on their data analysis<sup>4</sup> of HIV acquisition risk between transgender women receiving CAB-LA. Half of participants receiving CAB-LA also received gender affirming hormonal therapy.
- CAB-LA was found to be safe and highly effective, with a 66% reduced risk of HIV acquisition for participants receiving CAB-LA compared to participants receiving daily oral PrEP.
- Gender affirming hormonal therapy had no impact on either the safety nor efficacy of CAB-LA, highlighting the importance of ensuring that transgender women have access to this prevention tool.

**Next CAB-LA Forum meeting:**

**9<sup>th</sup> August 3-4pm CAT/4-5pm EAT**

<sup>1</sup> Delany-Moretlwe, S. et al. Long acting cabotegravir: updated efficacy and safety results from HPTN 084. Presented at the 24<sup>th</sup> International AIDS Conference, Montreal, 2022.

<sup>2</sup> Delany-Moretlwe et al. (2022) Cabotegravir for the prevention of HIV-1 in women: results from HPTN 084, a phase 3, randomized clinical trial. The Lancet, 399 (10337): 1779-1789

<sup>3</sup> Melese, E. et al. What women want - results from discrete choice experiment about preferred PrEP method from Khomas region of Namibia. Presented at the 24<sup>th</sup> International AIDS Conference, Montreal, 2022.

<sup>4</sup> Grinsztejn, B. et al. Transgender Women (TGW) in HPTN 083: An Evaluation of Safety, Efficacy, and Gender Affirming Hormonal Therapy (GAHT) Interactions with Long-acting Cabotegravir (CAB-LA). Presented at the 24th International AIDS Conference, Montreal, 2022.