

# GLOBAL POLICY BRIEFING

## ACCELERATING HIV PREVENTION

### Summary

Successfully implementing the [Global AIDS Strategy \(2021-2026\)](#) requires annual investment in primary prevention<sup>a</sup> services to increase from US\$ 5.3 billion (2019) to US\$ 9.5 billion by 2025. All governments, regardless of their gross national income (GNI) status, need to increase investments in their domestic HIV prevention response to address a leading chronic and infectious disease. Failure to address this critical primary prevention investment gap risks increasing rates of avoidable HIV transmission, which undermines public health outcomes, threatens health systems and challenges national health security. This could derail the progress made over several decades to end the AIDS epidemic as a public health threat by 2030. Investing in an expanded range of innovative HIV prevention options is critical to avert HIV transmission and achieve UN global HIV targets. This includes additional investment to expand available options and choice of HIV prevention. Improving choice requires, research, development, and access<sup>b</sup> (introduction, uptake and scale-up) to innovative Pre-Exposure Prophylaxis<sup>c</sup> (PrEP).

Progress in HIV science has delivered a wide range of effective treatments, which ensure people living with HIV and on stable treatment can maintain suppressed viral loads, which means they will not transmit HIV to sexual partners (because an undetectable HIV viral load, means the virus is untransmittable – U=U<sup>d</sup>). Yet, HIV treatment alone is insufficient to create an AIDS-free future.<sup>1</sup>

HIV prevention-focused health technologies offer the potential to accelerate the prevention response. This aims to deliver high-impact solutions which seek to: provide more targeted people-centred care, improve health outcomes for diverse communities who could benefit from a wider range of HIV prevention options, and potentially deliver a greater return-on-investment for public health and health systems.

To enable the world to get back-on-track to meet [UN Sustainable Development Goals \(SDGs\)](#) and associated HIV targets, UN Member States have endorsed the new and ambitious [2025 global HIV prevention targets](#) which include:

- decreasing HIV transmission from 1.7 million people in 2019 to less than 370,000 by 2025;
- reducing the number of new HIV transmissions among adolescent girls and young women from approx. 5,000 a week globally to below 50,000 annually by 2025; and
- increasing the number of PrEP users from 845,000 at the end of 2020 to approximately 10.6 million by 2025

To support and accelerate progress in the HIV prevention response, ViiV Healthcare is committed to the following policy principles:



**Investing in research to develop and deliver innovative health technologies to prevent HIV transmission.** At ViiV Healthcare, we are investigating a variety of long-acting options for HIV prevention which, if approved, have the potential to reduce HIV transmission.



**Implementing high-impact, scalable prevention and treatment strategies designed to reduce HIV transmission.** ViiV Healthcare researches and develops medicines to prevent HIV transmission; treat people living with HIV; and, to avert transmission and suppress viral loads through TasP<sup>e</sup>. To help deliver high-impact, people-centred long-term care across diverse communities and contexts, our [Implementation Science](#) research aims to identify and accelerate effective interventions, including the use of PrEP. Our [Positive Action](#) programme provides strategic investment in the community-led HIV response and supports evidence-based combination prevention interventions including behavioural, biomedical, and structural efforts to prevent HIV transmission.



**Supporting community stakeholders to actively engage in and accelerate HIV prevention efforts.** Through a variety of partnerships, education programmes, and grants, ViiV Healthcare collaborates with stakeholders across the public, private, and not-for-profit sectors to support, engage, and mobilise key and priority populations who can benefit from increased HIV prevention options.

<sup>a</sup> Primary prevention refers to efforts to avert transmission through a focus on people who are not living with HIV

<sup>b</sup> Access includes introduction, uptake and scale-up of innovative HIV prevention options

<sup>c</sup> PrEP: an HIV prevention drug taken by HIV-negative people to prevent acquiring HIV from sexual partners living with HIV without suppressed viral loads

<sup>d</sup> U=U is an evidence-based public health message supporting the science that people living with HIV (PLHIV) whose viral loads remain stably suppressed (undetectable), through antiretroviral therapy (ART), cannot sexually transmit HIV

<sup>e</sup> TasP: Treatment as Prevention offers secondary prevention through the stable use of antiretroviral therapy (ART) to avert HIV transmission from a sexual partner living with HIV with suppressed viral loads

## The Challenge:

**To achieve bold HIV prevention targets, political leaders need to demonstrate greater responsibility, accountability, solidarity, and collaboration to translate political commitments into effective policy action**



### ***Dismantling policy and legal barriers to eliminate HIV transmission***

Decision makers must work in partnership to design, develop and deploy evidence-based interventions which dismantle policy and legal barriers to avert HIV transmission. For example, according to [HIV Policy Lab](#) less than 97 out of 194 countries have adopted or partially adopted PrEP policies aligned with World Health Organisation guidelines. Evidence-informed interventions need to prioritise, invest, and deliver a more effective and targeted HIV prevention response which addresses specific drivers of local epidemics through people-centred, community-informed approaches seeking to deliver judgement-free services to protect communities and public health.

### ***Eliminating HIV-related marginalisation, stigma, discrimination, and criminalisation***

Inadequate and unacceptable access to people-centred HIV prevention services is driven and compounded by existing health disparities. These inequalities disproportionately affect communities and populations who experience sexism, racism, homophobia, transphobia, and biphobia as well as other forms of discrimination<sup>2</sup>. Enabling community and public health systems to go further and faster to avert HIV transmission requires a range of HIV prevention options which respond to complex and evolving unmet public health needs across diverse populations. Investment that expands choice in high-impact HIV prevention options should include dedicated funding to a) promote research & development (R&D), and b) support implementation and uptake helping to deliver people-centred HIV prevention options.<sup>3</sup>

Well-resourced community-led HIV prevention strategies are at the heart of ending this preventable epidemic. Such an approach recognises the knowledge and expertise of key<sup>f</sup> and priority<sup>g</sup> populations - which cannot be underestimated. In fact, key and priority populations demonstrate an unparalleled understanding of how best to overcome the challenges needed to achieve zero HIV transmission.

HIV prevention efforts are hindered by multiple and complex interconnected factors. These drive HIV-related marginalisation, stigma, discrimination, and criminalisation, all of which generate inequalities hindering progress to end the epidemic. For example, despite evidence which demonstrates criminalisation is counterproductive to making progress on the HIV response, according to [HIV Policy Lab](#), every country around the world has at least one law which criminalises same-sex sexual relations, sex work, drug use, or either HIV exposure or transmission; all of which fuel stigma and marginalisation, and therefore undermine HIV prevention efforts.

Despite renewed global commitments to prevention, 1.5 million people were newly diagnosed with HIV in 2020<sup>4</sup>, with key populations representing more than 93% of all new HIV transmissions outside Africa. According to UNAIDS, key populations and their sexual partners are most vulnerable to HIV, and account for 65% of new HIV transmissions worldwide.

### ***Delivering high impact and scalable prevention strategies***

By 2020, no global region had achieved the HIV prevention targets of reducing new HIV transmission by 75% (to <500,000 globally). Zimbabwe and Kenya are examples of two countries which met this target, succeeding by implementing combination HIV prevention approaches and focusing on populations most vulnerable to HIV transmission. According to [UNAIDS in 2020](#), six out of seven new HIV transmissions are among adolescent girls (15-19) in Africa. In Latin America, an estimated 92% of the 100,000 new HIV transmissions were among key populations and their sexual partners.<sup>5,6</sup>

### ***... combination approaches***

Effective HIV prevention programmes require a combination of behavioural, biomedical, and structural interventions.<sup>7</sup> Behavioural prevention interventions seek to reduce HIV transmission by addressing behaviours of those most vulnerable to HIV transmission. Examples include education counselling to improve treatment adherence among people living with HIV and increasing the use of clean needles among people who inject drugs (PWID). This comprehensive range of interventions are often implemented in conjunction with biomedical interventions for greater effectiveness. For example, offering voluntary male medical circumcision (VMMC) procedures and providing counselling and education for effective condom use. Additional interventions include: Pre-Exposure Prophylaxis (PrEP); PEP (Post-Exposure Prophylaxis), an emergency treatment for HIV which is taken after possible HIV exposure<sup>8</sup>, and the [Dapivirine Vaginal Ring](#) which slowly releases an antiretroviral drug directly to vaginal tissue to help protect against HIV.

### ***... promoting sex positivity***

Biomedical prevention interventions use a combination of clinical and medical approaches to reduce HIV transmission. Increasingly, these interventions are being complemented by [sex positive approaches](#) to sexual health which aim to address each age and stage of life. Sex positivity [explores issues](#) such as gender, sexual orientation, consent, bodies and pleasure. Sex positive approaches also recognise and seek to inform and address vulnerabilities associated with sexuality, without amplifying fear, shame, myths or taboos related to people's sexualities - all of which help to address HIV-related stigma and discrimination.

<sup>f</sup> Key populations: sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people - [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)

<sup>g</sup> Often context-specific; this can include women and girls, children, young people, adolescents, people with disabilities and undocumented migrants - <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations>

### ... structural prevention interventions

Structural prevention interventions seek to address underlying and cross-cutting social, cultural, economic, and political factors – including marginalisation, stigma, discrimination, and wider inequalities – which make people and communities more vulnerable to HIV transmission.

Examples include all forms of racism; criminalisation of same sex relationships, sex work, and drug use; as well as all forms of sexual and gender-based violence including misogyny<sup>h</sup>, homophobia, biphobia, and transphobia<sup>i</sup>. HIV-related stigma and discrimination disproportionately impacts diverse people and communities which create barriers to access appropriate and acceptable HIV prevention services. This is often compounded by the social determinants of health<sup>j</sup> which influence the socio-economic conditions and systems which shape people's lives. All too often, this hinders access to information and services that underpin HIV prevention. Responding to these complex challenges, ViiV Healthcare seeks to develop ambitious partnerships to deliver the greatest impact for diverse communities, including key and priority populations, who could benefit from expanding access HIV prevention options.

#### About Risk to Reasons

'Risk to Reasons' is a new US\$5 million, three-year initiative in which ViiV Healthcare's Positive Action, programme collaborates to increase awareness and action focused on HIV prevention and care for Black women of the cis and trans experience - across the US. The initiative supports community driven efforts which raise awareness about women's reasons for adopting HIV prevention, connects women to care, trains service providers and shifts the narrative about HIV and its impact on Black women. The programme is dedicated to reframing and refocusing HIV prevention and care for this cohort, given women are disproportionately impacted by the HIV epidemic yet are often overlooked in the HIV response. This work is guided by advocates across the country. 'Risk to Reason' creates content, funds community initiatives, and enhances the development of advocate networks to drive change. It seeks to transform the notions of HIV risks by articulating reasons which enable Black women to connect to prevention and care services. This approach aims to avert the notion of a 'one size fits all' approach to prevention by helping to reduce stigma as well as prioritising, motivating, and enabling a sexual health approach which is women-centred, comprehensive, and targeted. This novel approach has been informed by advocates across the US and the Black Women's Working Group<sup>k</sup> to Reframe Risk (BWVG).

#### Supporting HIV prevention for gay men and other men who have sex with men (MSM) engaging in chemsex<sup>l</sup>; Barcelona, Spain

ViiV Healthcare's work with the 'HIV Unit, Infectious Disease Service - Hospital Clinic' in Barcelona, Spain demonstrates our commitment to support combination HIV prevention efforts. The three-year study supports prevention efforts to reduce HIV transmission in gay men and other MSM engaged in the recreational use of specific drugs to enhance sexual experiences.<sup>9</sup> Engaging in chemsex can significantly increase HIV transmission and sexually transmitted infections (STIs), particularly in the absence of appropriate protection measures. The study facilitates early diagnosis, treatment initiation, and transmission rate monitoring. This includes training healthcare professionals (HCPs) to provide comprehensive and integrated services to recognise the signs of chemsex use, as well as symptoms of HIV and other STIs. Furthermore, the study aims to connect people who engage in chemsex with specialist treatment units to help reduce vulnerability as well as to inform future public health prevention campaigns.<sup>10</sup>

### Advancing R&D to Deliver Innovative HIV Medicines Which Support Prevention

According to [AVAC](#) (global advocacy for HIV prevention) the promise of HIV prevention R&D continues to be undermined by the [decline in funding](#) available to both research and expand access to new HIV prevention approaches and tools. In 2020, funding for HIV prevention R&D fell by US\$54 million (4.4 percent). This second consecutive annual decrease forms part of a concerning eight-year trend of flat or declining funding for HIV prevention R&D. AVAC also found that financial support for HIV prevention R&D is almost entirely dependent on public sector funders, notably from the United States, and one key US-based philanthropic funder, the [Bill & Melinda Gates Foundation](#). The concerning contracting pool of funders is illustrated by the stagnation and decline in investment for HIV prevention R&D across Europe. In the case of the UK, once a leading global health donor, has introduced [significant cuts in UK public funding for HIV-related R&D](#). This has fallen by nearly two-thirds in the last decade, and UK funding for HIV vaccine R&D has been cut from approximately £5 million annually to zero. Much needed investment in HIV prevention R&D is already under considerable threat.<sup>11</sup> The shortfall is compounded by underfunding in the implementation and delivery of effective HIV prevention strategies. The impact of funding declines on public health translates into inadequate levels of accessibility, availability, and acceptability of prevention options and programmes to meet the diverse needs of populations who could benefit from an expanding range of HIV prevention options.<sup>12</sup>



<sup>h</sup> Misogyny refers to dislike, contempt for, or prejudice against women

<sup>i</sup> Homophobia, biphobia, and transphobia are terms that describe a fear, dislike or hatred of lesbian, gay, bisexual, and transgender people

<sup>j</sup> Social determinants of health refer to the social, economic, cultural, or environmental conditions and systems in which people are born, grow, live, work among other issues which can influence health equity positively or negatively

<sup>k</sup> Launched in 2021, the Black Women's Working Group was established to better understand the circumstances, challenges and motivations that impact Black women's awareness, knowledge, and use of prevention strategies

<sup>l</sup> Chemsex refers to the recreational use of specific drugs to enhance sexual experiences

### **PrEP (Pre-Exposure Prophylaxis)**

Increasing the adoption of PrEP provides the opportunity to accelerate HIV prevention efforts by more directly addressing and informing HIV prevention demand for those who could most benefit from PrEP. Yet, PrEP adoption, uptake, adherence, and monitoring are all challenged by multiple factors that are social, structural, political, cultural, and financial in nature.<sup>13</sup> Effective PrEP implementation and uptake is undermined by public policy and legal barriers including HIV-related stigma, discrimination, and marginalisation. This is particularly acute where there is a lack of HIV prevention health knowledge, skills, and capacity to inform public understanding about the impact of PrEP uptake and the ways in which prescribed use could provide opportunities to empower and protect population health through freedom of choice.

Addressing these complex barriers and improving public policy prioritisation, investment, education, and awareness are all critical to raise the profile of HIV prevention across public health agendas. To tackle these public health challenges, ViiV Healthcare supports PrEP programming and in 2020 we were ranked the [second largest funder of PrEP](#).

#### **Researching choice in HIV prevention; long-acting injectable PrEP and other options**

ViiV Healthcare is currently investigating long-acting delivery technologies including new mechanisms of action<sup>m</sup>. These investigational options may have the potential to offer increased choice, convenience, and discretion in prevention options – to complement existing alternatives.<sup>14</sup>

In Africa, women and girls accounted for 63% of all new HIV transmission.<sup>15</sup> Our efforts to research and deliver innovative HIV prevention solutions seek to reduce the impact of HIV on the lives of people affected by HIV and enable communities who could benefit from HIV prevention options to live full, active, and productive lives.<sup>16</sup>

#### **Clinical diversity in HIV prevention trials and 'Breakthrough Therapy Designation'**

To address urgent public health challenges to reduce HIV transmission, our clinical HIV prevention research collaborations aim to support a broad spectrum of under-represented and under-served population groups that are disproportionately impacted by HIV. This includes key and priority populations across Europe, North and South America, Asia, and Africa. It also includes a range of demographics from young Black men, MSM, transgender women as well as cisgender women. In 2020, this research resulted in the US Food and Drug Administration (FDA) granting [Breakthrough Therapy Designation](#) status for ViiV Healthcare's long-acting injectable HIV PrEP. Breakthrough Therapy Designation is awarded to facilitate development and expedite the review of drugs that address serious or life-threatening medical conditions.

#### **Regulatory pathways underpinning access to innovation**

In December 2021, the [U.S. FDA approved](#) ViiV Healthcare's long-acting injectable Pre-Exposure Prophylaxis (PrEP) option to reduce the risk of sexually acquired [HIV-1](#). ViiV Healthcare has also made [regulatory submissions](#) in some countries which took part in the clinical trials for long-acting injectable PrEP including Botswana, Kenya, Malawi, South Africa and Eswatini (which relies on South Africa's regulatory agency), Uganda, and Zimbabwe<sup>17</sup>

ViiV Healthcare recognises the need for the HIV prevention response to go further and faster to protect people, communities, and public health, and to support health security particularly in LMICs where transmission rates and vulnerability are disproportionately high.

#### **Access approaches in low- and middle-income countries (LMICs)**

We are committed to licensing our patents for cabotegravir long-acting (CAB-LA) for Pre-Exposure Prophylaxis (PrEP). We have negotiated [voluntary licensing terms](#) with the UN-backed [Medicines Patent Pool \(MPP\)](#) to help enable and scale-up access across LMICs. While this approach will be critical for access, it is a complex process driven by the manufacturing, capital investment and less well-defined product demand. This all presents challenges for both originator and future generic licensees, and underscores the importance of shared responsibility, accountability, and solidarity through partnerships, across the public, private and not-for-profit sectors.

<sup>m</sup> In the case of HIV prevention, mechanism of action describes the process by which a drug averts HIV transmission

## Supporting HIV Prevention through Innovative HIV Treatments

ViiV Healthcare also strives to eliminate HIV transmission by ensuring people living with HIV have access to high quality people-centred treatment and care options. Our efforts aim to support health systems improve health outcomes and health-related quality of life for people living with HIV, while underpinning progress to advance public health priorities to end infectious disease.

### Delivering innovative HIV treatments to support prevention

ViiV Healthcare has a well-established commitment to pioneering secondary HIV prevention efforts to avert transmission through stable antiretroviral therapies, these treatment options, aim to provide people-centred, long term and high-quality care for people living with HIV, and are underpinned by 'U=U'. Our R&D investments include a range of innovative ART options for those who are treatment-naïve; heavily treatment experienced; as well as age-appropriate formulations for paediatric populations which seek to:

- i) minimise the risk of certain drug toxicities for people living with HIV and managing other comorbidities
- ii) offer a more convenient and in some cases a discreet treatment option
- iii) may reduce the number of drugs needed in an ART regimen

Most recently, ViiV Healthcare has been recognised as one of the world's [top ten innovative medicines and therapeutics companies of 2022](#). The Fast Company annual ranking of businesses evaluates companies which make an 'outsize impact' by taking breakthrough and creative approaches to thinking about drugs. ViiV Healthcare ranked number four in this index for the company's [once every two-month injection to treat HIV](#).

## Bridging the Gap between Clinical Research and Effective HIV Prevention Care for Diverse Populations

ViiV Healthcare is committed to implementation research to better understand how to improve access to HIV prevention options for diverse populations through people-centred quality care. Our approach focuses on partnership and collaboration with global, regional, and community stakeholders. Together we seek to implement a strategic framework focused on integrating new prevention options into existing prevention services and programmes. Our approach also includes expanding options to geographies and populations where disparities in access exists for people and communities who require different prevention options.

In low-and-middle income countries, this implementation science approach is critical to our access to medicines commitment. Therefore, we are investing in collaborative implementation science projects to generate data required to inform public health guidelines, policies, and clinical practice, as well as to enable governments, funders, and donors to target HIV prevention investments for greater impact. These projects seek to deliver sustainable interventions at scale to address critical gaps in HIV prevention, with a focus on populations where the epidemic is highest, such as adolescent girls and young women.

In the U.S., where the nature of the epidemic differs considerably by geography, race and ethnicity, ViiV Healthcare has invested in implementation research to address these notable unmet prevention needs. The US studies focus on Black, Hispanic and White MSM. In addition, this research pioneers implementation studies that are focused on transgender men. Studies will also focus on cis-and-trans Black women in primary care sites across the U.S.' national [Ending the Epidemic \(EHE\)](#) territories. Sites will include a wide range of traditional HIV care centres as well as general and/or primary care settings focused on family medicine as well as gynaecology and other settings where women seek care.



## Strengthening Community-led Interventions to Support key and Priority Populations Affected by HIV

Strengthening more integrated community-led HIV prevention initiatives requires greater access to decision making as well as autonomous leadership in service delivery by communities – all of which are critical to accelerate the HIV prevention response. The importance of recognising and resourcing the community-led HIV response cannot be underestimated, and requires supporting the voice, visibility, and agency of key and priority populations who could benefit from greater choice in HIV prevention options.

Delivering comprehensive and integrated support can help meet the diverse unmet needs experienced by populations. This can also help to support a more focused approach to improve child and maternal health, including health outcomes for AGYW. Greater public health priority is required to deliver accessible, available, and acceptable health services for key and priority populations, including more targeted, comprehensive, and integrated LGBT+ health services. Mental health, adolescent health, preventative healthcare including immunisation as well as sexual and reproductive health; also require greater public policy focus.<sup>18</sup>



ViiV Healthcare recognises the unique and significant influence of community knowledge and expertise to advance the HIV prevention response. We have embarked on several initiatives to support HIV prevention policy, advocacy, and community-led programming.



ViiV Healthcare is actively committed to meaningful engagement with community members to facilitate access to CAB-LA for PrEP. Our engagement is informed by the Good Participatory Practice Guidelines (GPP)<sup>1</sup>, which provide a framework for stakeholder engagement, jointly developed by and recognised by community stakeholders as a robust framework<sup>2</sup> for strengthening partnerships and collaboration when meaningfully embedded.

**ViiV Healthcare launched a £1.8 million HIV Prevention Fund to support community-led, national, and regional efforts to end AIDS by 2030 across 14 countries<sup>3</sup>.**

The HIV Prevention Fund provided grant funding to non-governmental organisations, community-based organisations, and patient advocacy groups. This investment seeks to support advocacy efforts to ensure HIV prevention is sufficiently prioritised in national policies, implementation plans and public health programmes. In 2020, ViiV Healthcare was recognised as the third largest funder for HIV advocacy and the fifth largest funder for capacity building and leadership development.

ViiV Healthcare's partnerships for prevention are diverse and broad-based. They focus on key and priority populations disproportionately impacted by HIV transmission. This approach is evidence-informed given that in 2020, 9% of people diagnosed with HIV were people who inject drugs (PWID). Beyond the continent of Africa this proportion rose to 20%.<sup>19</sup> Furthermore, UNAIDS<sup>20</sup> estimates that over 85% of new HIV transmissions were among adolescent (aged 15 to 19 years) girls, and young women (aged 15 to 24 years). This cohort were twice as likely to be living with HIV compared to their male peers.

**Recognising these pressing challenges**

Most recently ViiV Healthcare has completed a call for grant proposals worth £2.7 million, where we aim to support the scale-up of community-based interventions that demonstrate effectiveness in providing combination HIV prevention approaches for AGYW (15-24) - in their diversity. Our focus spans Botswana and includes seven of the 13 UNAIDS HIV prevention priority countries in East and Southern Africa – Eswatini, Kenya, Malawi, Namibia, South Africa, Uganda, and Zimbabwe. For South Africa, areas of focus include the use of a peer support model to train, mentor and promote the use of HIV prevention services as well as assess, document and advocate to address the unmet HIV prevention needs of AGYW at local and national fora. For the Latin America region interventions focus on addressing inequity through innovative solutions that aim to reduce HIV transmission for young people aged between 15-24. Furthermore, a separate call has also been launched, which focuses on piloting novel approaches to provide combination HIV prevention interventions for adolescents and young people in all their diversity across Brazil, Colombia, Chile, Haiti, Jamaica, Mexico, and Trinidad and Tobago.

**Promoting the Concept of, and Science Behind, the 'U equals U' Public Awareness Message**

The evidence-based 'U equals U' public health message promotes and reinforces that '*undetectable HIV equals untransmittable virus*' (to sexual partners).<sup>21</sup> 'U=U' promotes early diagnosis, early initiation of treatment, and adherence to treatment; all of which have the potential to reduce HIV stigma, including self-stigma.<sup>22</sup> It also has the potential to address misconceptions and fear associated with vulnerability to HIV transmission for sexual partners.<sup>23</sup>

U equals U has the potential to also help inform public awareness which seeks to support more routine uptake of HIV testing, a critical entry point to access HIV prevention as well as more effective treatment adherence. The public health message may also tackle the fear associated with an HIV-positive diagnosis. Furthermore, U=U can also increase public understanding that early and sustained treatment can support people living with HIV to live well.<sup>24</sup> Improving public awareness that suppressed viral loads represent only one of several important factors that improves health-related quality of life for people living with HIV is critical to driving effective HIV prevention efforts (through TasP).<sup>25</sup>



**U=U Global Collaborative**

As early as 2018, ViiV Healthcare was one of the first global biopharmaceutical companies to become a U=U corporate partner and officially endorse the U=U consensus statement. We continue to collaborate with the U=U campaign<sup>26</sup> to help scale-up public awareness. Most recently, ViiV Healthcare has formed part of a collaborative of business sponsors as well as national and multilateral global health agencies seeking to scale-up the adoption of U=U internationally. This includes across national health systems. Coined as the U=U Global Collaborative (UGC), it will convene influential leaders to stimulate and support U=U social movements globally and across priority regions and countries. By increasing the voice, visibility, and agency of regional and country community leaders, UGC aims to promote collaboration and action among global and national government agencies as well as across civil society. The coalition seeks to ensure the U=U message enhances the lives of people living with HIV which includes averting HIV transmission.

<sup>1</sup> Good Participatory Practice (GPP) Guidelines | AVAC

<sup>2</sup> Good Participatory Practice (GPP) Guidelines for Biomedical HIV Prevention Trials, 2011. UNAIDS, AVAC.

<sup>3</sup> Countries include Brazil, Germany, Greece, Indonesia, Mexico, Portugal, Russia, Spain, Thailand, Ukraine, United Kingdom, and Wales

<sup>4</sup> Having an undetectable viral load reduces the risk of other ways that HIV is transmitted. However, it doesn't reduce other risks to zero. At present, insufficient evidence exists to make clear recommendations for the required frequency of clinical and virological monitoring for mother and infant in a breastfeeding relationship or for the action to be taken in the event of viral rebound. The risk of transmitting HIV from sharing drug-injecting equipment is higher than sexual transmission. There is no evidence to support this risk being zero.

<sup>5</sup> Developed by the Prevention Access Campaign (PAC), a health equity initiative to support ending the HIV epidemics and HIV -related stigma by empowering people living with, and vulnerable to, HIV with information about their social, sexual, and reproductive health.

## Targeting HIV Prevention Among Key Populations

Key populations (and their sexual partners) disproportionately experience marginalisation, stigmatisation, discrimination, and criminalisation - because of their sexual orientation, gender identity or specific behaviours - these drivers of inequality increase vulnerability to HIV transmission compared to the wider general population. Among gay men and other MSM, as well as for people who inject drugs, vulnerability to transmission is 25 and 35 times higher respectively. For sex workers and transgender people, the risks are 26 and 34 times greater respectively.<sup>26</sup> These concerning levels of vulnerability reinforces the need to accelerate and scale-up efforts across effective evidence-informed HIV prevention programming.



### The *accelerate* Initiative: Improving HIV treatment and prevention outcomes for Black gay and bisexual men across the U.S.

In 2015, ViiV Healthcare invested \$10mn in a four-year community initiative called *accelerate* in the US cities of Baltimore, and Jackson, which have been hardest hit by HIV.<sup>27</sup> The initiative was designed to support a range of community-driven activities that strengthen the health and well-being of Black gay and bisexual men. An estimated 4,600 men participated in grantee-driven activities between 2016 and 2018, and more than 6,600 people were reached by elements of *accelerate*.

With a continued commitment of more than \$8mn over the next three years and building on the lessons learned in the first iteration of *accelerate*, the programme continues to support communities in Baltimore and Jackson. It is currently expanding to meet and support the needs of Black men in other regions such as Houston applying the valuable learning derived from the programme pilot phase.

Grant investments in *accelerate* focus on engagement and re-engagement in HIV treatment and prevention services with the goal of disrupting HIV disparities across communities of Black gay and bisexual men. This includes strengthening support networks among men and making HIV testing a more consistent entry point to HIV prevention. Furthermore, partnership investment to strengthening peer navigation services and the use of relevant sex education tools to provide comprehensive materials which focuses on combatting HIV stigma will also be priorities. *accelerate* continues to foster networks of committed leaders and organisations, create active learning communities to build skills, targeting critical issues, co-creating cultural events, and holding regular community sessions led by local community captains.<sup>28</sup>

In closing, to achieve zero HIV transmission by 2030, continued investment in prevention R&D is required to expand the availability of innovative people-focused, long term quality prevention options which are accessible, acceptable, and available to diverse populations. High-impact, evidence-based, and scalable prevention programmes represent a significant pillar to secure an AIDS-free future. ViiV Healthcare is committed to advocating for greater prioritisation and investment from political decision makers and health systems for the introduction, uptake and scale-up of HIV prevention options. In addition, we will continue to make people living with HIV and communities who could benefit from expanding choice in HIV prevention, the centre of our science. We will work to achieve this by recognising and resourcing the agency, visibility, and voice of communities to shape and deliver HIV prevention approaches which are free from marginalisation, stigma, discrimination, and criminalisation.

## ViiV Healthcare global policy briefings series:

### *Making HIV a smaller part of people's lives*

ViiV Healthcare has developed a series of global policy briefings which outline our commitments through diverse partnerships to tackle key global public health priorities affecting the global, regional, national and community HIV response. We aim to inform public policy and healthcare delivery to ensure no person living with HIV is left behind, by supporting communities affected by HIV.

### About ViiV Healthcare

Established in November 2009, we are the only pharmaceutical company solely focused on combating, preventing and ultimately curing HIV & AIDS. ViiV Healthcare is dedicated to researching and delivering innovative HIV medicines and solutions which make HIV a smaller part of people's lives.

**UK Address:** GSK House, 980 Great West Road, Brentford, TW8 9GS

**Website:** [www.viivhealthcare.com](http://www.viivhealthcare.com)

**Twitter:** @ViivVHC

**Facebook:** @ViivVHealthcare



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