

GLOBAL POLICY BRIEFING

PRIORITISING HIV PREVENTION

SUMMARY

HIV prevention is critical in the fight to eliminate the HIV & AIDS epidemic and strengthen pandemic preparedness in public health, given treatment alone is insufficient to create an AIDS free future.¹ Yet, prevention efforts are being hindered by multiple factors which include HIV-related stigma and discrimination. Increased political leadership supporting the HIV prevention agenda is also critical to maintain prevention as a public health priority. Furthermore, the need for greater HIV prevention investment, particularly focused on driving innovation in research & development (R&D) cannot be overemphasized. Funding the implementation needed to deliver greater access to high-impact and scalable prevention options to at-risk populations is also important². Securing an AIDS-free generation requires an increased focus on community-led strategies, which are targeted and evidence-based. For key^a and priority^b populations, who are at greatest risk of and most vulnerable to HIV, these prevention challenges cannot be underestimated.

Despite renewed global commitments to HIV prevention, 1.7 million people became newly infected with HIV in 2019.³ According to UNAIDS, key populations and their sexual partners are at greatest risk and most vulnerable to HIV. They account for 62% of new HIV infections worldwide. In eastern Europe and central Asia, where one third of new HIV infections are among people who inject drugs (PWID)⁴, key populations represented more than 99% of new HIV infections in 2019.⁵ In sub-Saharan Africa, adolescent girls and young women (AGYW) were disproportionately affected by HIV. In 2019, AGYW aged between 15-24 years in this region were twice as likely to be living with HIV than men and five in every six new infections were among adolescent girls aged between 15 and 19 years old. In fact, it is estimated that this demographic accounts for 5,500 new HIV infections every week.^{6,7}

Currently, fewer than one in five people at risk of HIV have access to prevention programmes.⁸ Slow and declining global progress in HIV prevention poses a risk to the UN Sustainable Development target^c to eliminate the AIDS epidemic by 2030.⁹

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



Investing to research, develop and deliver innovative medicines and solutions to support HIV prevention. including pre-exposure prophylaxis (PrEP)^d. We are investigating additional options which if approved have the potential to reduce HIV transmission. These options might include oral, injectable and slow release (including implants) possibilities.



Supporting implementation of high-impact and scalable prevention and treatment strategies designed to reduce HIV transmission. ViiV Healthcare supports the use of its medicines to treat those people living with HIV to prevent onward transmission - treatment as prevention (TasP)^e. In addition, our Positive Action programme which provides strategic investment to the community-led HIV response, supports evidence-based interventions including behavioural, psychosocial and structural HIV prevention interventions. This also extends beyond medicines to a combination of HIV prevention efforts such as needle and syringe exchange (for PWID) as well as condom distribution.



Strengthening community-led interventions to support key and priority populations affected by HIV. ViiV Healthcare actively collaborates with partners across the public, private and not-for-profit sectors to meaningfully engage with key and priority populations who are at greatest risk of, and most vulnerable to, HIV infection. Activities promoting HIV prevention include strategic investments to improve uptake of HIV testing as an entry point to HIV prevention, care and treatment, strengthening peer navigation services and making sex education relevant. In addition, we promote the concept of, and science behind 'U equals U'. Undetectable equals Untransmittable ('U=U') is an evidence-based public health message supporting the fact that people living with HIV (PLHIV) whose viral loads remain stably suppressed, (undetectable) through antiretroviral therapy (ART), cannot sexually transmit HIV.

^a gay men and other men who have sex with men (MSM), people who inject drugs, sex workers, transgender people and those detained or incarcerated - <https://www.unaids.org/en/topic/key-populations>

^b 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>

^c A UN universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. This is comprised of 17 UN Sustainable Development Goals and 169 associated targets - <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>.

^d PrEP: an HIV prevention drug taken daily by HIV-negative people to prevent acquiring HIV from HIV+ sexual partners

^e TasP: prevention initiatives which use antiretroviral therapy - ART - to lower the risk of HIV transmission from an HIV+ sexual partner to an HIV- sexual partner

THE CHALLENGE: HIGH IMPACT AND SCALABLE PREVENTION STRATEGIES

Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions.¹⁰ Behavioural prevention interventions seek to reduce HIV transmission by addressing behaviours that place people at a greater risk to HIV infection. Examples include improving condom use, treatment adherence among PLHIV, or increasing the use of clean needles among people who inject drugs (PWID).

Biomedical prevention interventions use a combination of clinical and medical approaches to reduce HIV transmission. They are often implemented in conjunction with behavioural interventions for greater effectiveness. For example, offering voluntary male medical circumcision (VMMC) procedures and providing counselling and education about condom use and safer sex. Additional interventions include Pre-exposure prophylaxis (PrEP) which is HIV medicines taken to prevent (rather than treat) HIV infection – and PEP (Post-exposure prophylaxis) – an emergency treatment for HIV, taken after possible exposure to the virus.¹¹

Structural prevention interventions seek to address underlying and cross-cutting social, cultural, economic and political factors – including stigma, discrimination and inequalities – which make individuals or communities more vulnerable to HIV infection. Examples include criminalisation of same sex relationships, all forms of violence based on gender and sexuality, as well as poverty; all of which often hinder access to information and services that underpin HIV prevention.

While the 2020 UNAIDS 90-90-90 targets related to HIV testing, access to ART and viral load suppression are unlikely to be met, a redoubling of efforts will be required to deliver a combination of robust evidence-based, cost-effective and scalable prevention interventions. This could help ensure the 95-95-95 targets are met by 2030. Securing these targets requires reaching key and priority populations as well as those most at-risk in high HIV prevalence communities, regions and countries.

Supporting HIV prevention for gay men and other men who have sex with men (MSM) engaging in Chemsex; Barcelona, Spain

ViiV Healthcare's work with the Infectious Diseases Service Unit at the Hospital Clinic in Barcelona, Spain demonstrates our commitment to support combination HIV prevention efforts. A three year study aims to support prevention efforts and reduce HIV incidence in gay men and other MSM engaged in the recreational use of specific drugs to enhance sexual experiences (referred to as 'chemsex').¹² Engaging in chemsex can significantly increase the risk of HIV and sexually transmitted infections (STIs), particularly in the absence of appropriate safer sex protection measures. The study offers diagnostic tests for HIV, hepatitis C virus (HCV) and other STIs in this population group. This helps facilitate early diagnosis, treatment initiation and the monitoring of infection rates. The investigation also aims to train health care professionals (HCPs) 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 risk as well as to inform future public health prevention campaigns.¹³

ADVANCING R&D TO DELIVER INNOVATIVE HIV MEDICINES TO SUPPORT PREVENTION

To date, progress in robust HIV scientific research has underscored the wider public health benefits associated with early ART initiation and the importance of stable HIV treatment as prevention (TasP). Studies confirm that early ART adherence (to maintain viral load suppression) reduces onward transmission to HIV-negative sexual partners in 96% of cases, relative to delayed ART initiation for PLHIV.¹⁴

Prevention efforts, such as those promoting condom use, are now bolstered by additional prevention interventions including TasP (as well as PEP and PrEP), as recommended in World Health Organisation (WHO) guidelines advocating for a 'test and treat' approach.¹⁵ This public health response supports HIV screening linked to and coordinated with treatment, care and information services.¹⁶

Supporting HIV prevention through delivering innovative HIV treatments

ViiV Healthcare has a well-established commitment to HIV prevention efforts through antiretroviral therapy. We have pioneered the development of several new medicines and combination treatments for PLHIV. This includes antiretroviral medicines for naïve, switch (changing medication) and highly treatment-experienced populations.^{17,18} Our clinical research collaborations also seek to support a broad spectrum of people affected by HIV. This includes under-represented and under-served population groups: gay men and other MSM, sex workers, transgender people, people who inject drugs, those incarcerated, women, children and those aged over 50. We continue to innovate with the aim of making improvements in areas such as tolerability; reducing the risks of drug resistance and drug interactions. We also seek to explore the development of investigational long-acting injectable formulations, implantables and self-administration options.¹⁹ In addition, ViiV Healthcare is committed to developing age-appropriate formulations of our medicines for children.²⁰ This enables people affected by HIV to live full, active and productive lives, while supporting progress on public health priorities to end the AIDS epidemic by 2030.

PrEP (Pre-exposure prophylaxis)

Given treatment alone cannot address the AIDS epidemic, increasing the adoption of PrEP provides the opportunity to accelerate HIV prevention by more directly addressing and informing HIV prevention demand of those at greatest risk of infection. In spite of this, PrEP adoption, uptake, adherence and monitoring are challenged by multiple factors that are social, structural, political, cultural and financial in nature.²¹ Effective PrEP implementation and uptake is limited by stigma, discrimination and marginalisation. This is particularly acute where there is a lack of preventative health knowledge, skills and capacity to inform public understanding about the impact of PrEP uptake and the ways in which correct use could provide opportunities to empower and protect people from the risk of HIV infection. Understanding barriers and improving education and awareness will help to advance public health priorities which is critical to end the AIDS epidemic by 2030.

Strengthening delivery of integrated community-led HIV prevention initiatives has the potential to support personal agency and self-care for those at risk of HIV infection. Delivering comprehensive health prevention support can help meet the diverse needs of populations at risk and can range from services focused on child and maternal health including for AGYW, mental health, adolescent health, preventative healthcare including immunisation as well as sexual and reproductive health. Such a cross-cutting approach has the potential to accelerate progress in HIV prevention efforts through improved access to services for those in greatest need.^{22, 23}

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

ViiV Healthcare is investigating long-acting injectables and slow release technologies as well as new mechanisms of action for prevention which have the potential to offer more choice, convenience and discreet prevention options – as alternatives to oral treatment.

More specifically these include investigating implantable devices, intravenous options as well as multi-purpose prevention technologies (including self-administration options) which could simultaneously prevent unintended pregnancy and protect against HIV.^{24,25,26,27} Our efforts to research and deliver innovative HIV prevention solutions seek to further reduce the impact of HIV on the lives of people affected by HIV and enable vulnerable and at risk populations to live full, active and productive lives.²⁸

Supporting HIV prevention in diverse population groups through collaboration

ViiV Healthcare is a key technical and financial contributor to several public-private partnership projects with the HIV Prevention Trials Network (HPTN), the US National Institute of Allergy and Infectious Disease (NIAID), the Bill and Melinda Gates Foundation (BMGF) and Gilead Sciences to focus on HIV prevention in diverse key and priority populations across North and South America, Asia and Africa.²⁹ This includes young black men, gay men and other MSM, transgender women as well as cisgender women.^{30,31} These populations are at highest risk of HIV infection and represent those for whom effective access to HIV prevention remains a critical challenge. Investigating new options that could provide choice to those at risk, with the potential to reduce transmission and help reach WHO treatment goals³² is an important part of ViiV Healthcare’s mission.

Insufficient investment in HIV prevention R&D

In spite of encouraging progress in prevention, R&D investments in the field are under threat. In 2018, there was a modest increase in HIV R&D spending of a mere 1.2 percent (USD 13 million) from previous years – the first increase in funding following five consecutive years of steady investment decline. This increase has done little to adequately fund much needed HIV prevention R&D.³³ The shortfall is compounded by underfunding in the global identification and implementation of effective HIV prevention strategies. The impact on public health translates into inadequate levels of accessibility, availability and acceptability of prevention options to meet the diverse needs of vulnerable and at risk populations.³⁴

STRENGTHENING COMMUNITY-LED INTERVENTIONS TO SUPPORT KEY AND PRIORITY POPULATIONS AFFECTED BY HIV.

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*’ (for sexual partners)^{f 35 36} ‘U equals 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.³⁷ It also has the potential to address misconceptions and fear associated with the risk of HIV transmission to sexual partners. PLHIV who achieve and maintain an undetectable viral load by taking ART daily as prescribed cannot transmit HIV to sexual partners.³⁸

^f 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.

U equals U could also help inform public awareness which could support uptake of HIV testing and acceptance of treatment. The public health message may also tackle the fear associated with an HIV-positive diagnosis. It can also increase understanding that early and sustained treatment can support PLHIV to live well with HIV.³⁹ Improving public awareness that suppressed viral loads represent only one of several important factors that improves health-related quality of life is critical to driving effective HIV prevention efforts (through TaSP).^{40 41}

ViiV Healthcare invests in the '+series' to accelerate U=U public engagement through interactive digital technology.

ViiV Healthcare was one of the first global pharmaceutical companies to become a U=U community partner and officially endorse the U=U consensus statement as early as 2018. We collaborated with the U=U campaign to help scale-up public awareness. Our prevention investments included supporting the development of a new US website - positiveseries.org - which curates and convenes a collection of original artwork inspired by the experiences of PLHIV. The website provides multimedia interactive tools available in multiple languages for use by clinics and agencies. The platform aims to equip organisations to better support PLHIV with prevention resources to raise public awareness and provide comprehensive and impartial information. Both NASTAD⁹ and NACCHO^h have endorsed the +series platform.

Targeting HIV prevention among key populations

Key populations (and their sexual partners) who experience marginalisation, stigmatisation, discrimination and criminalisation - because of their sexual orientation, gender identity or specific behaviours - are at considerably higher risk of HIV infections compared to the wider general population. Among gay men and other MSM, as well as people who inject drugs, the risks are 26 and 29 times higher respectively. For sex workers and transgender people the risks are 30 and 13 times greater respectively.⁴² The concerning levels of vulnerability for these social groups reinforces the need to accelerate and scale-up efforts in HIV prevention that are evidence-based and informed by the lives of both key and priority populations.

ACCELERATE!: improving HIV outcomes for Black gay and bisexual men in high prevalence US cities

To improve HIV health outcomes for Black gay and bisexual men, ViiV Healthcare invested in a four-year community initiative in Baltimore and Jackson, two cities hardest hit by HIV in the US.^{43,44,45} The initiative included AIDS Action Baltimore, Jackson State University and the Mississippi Center for Justice, among others. ACCELERATE! worked with men affected by HIV to design, develop and deliver demand-led community solutions across these high-prevalence cities. Grant investments focused on strengthening support networks among men and making HIV testing a more consistent entry point to HIV prevention. The partnership also invested in strengthening peer navigation services and making sex education relevant. ACCELERATE! made grants, fostered networks of committed leaders and organisations, created active learning communities to build skills on critical issues, co-created cultural events, and held regular community sessions led by local coordinators. 4600 men participated in ACCELERATE! funded activities that bridged treatment and prevention. In Baltimore, study participants not living with HIV were 1.8 times more likely to be currently on PrEP at the end of the study period. 31% were linked to PrEP by a peer navigator. 23% had been introduced to PrEP at an ACCELERATE! activity. In Jackson, there was a 15% increase in those having a HIV test in the past six months. ACCELERATE! attendees were significantly more likely to have heard of PrEP compared to non-attendees. The initiative's evaluation included a modelling study to learn and enhance HIV prevention and treatment strategies to improve the health outcomes for Black gay men. ACCELERATE! is providing lessons and insights to evolve and expand ViiV Healthcare's commitment to increase investments in the most promising evidence-based strategies across the US⁴⁶.

In closing, HIV prevention plays a critical role in the global fight to end the AIDS epidemic and continued investment in prevention R&D as well as high-impact and scalable implementation of of prevention programmes using a combination of evaluated interventions represent significant pillars in the fight to create an AIDS free future .

ViiV HEALTHCARE GLOBAL POLICY BRIEFINGS SERIES:

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.

⁹ The US National Alliance of State and Territorial AIDS Directors (NASTAD)
^h The US National Association of County and City Health Officials (NACCHO)

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

Twitter: @ViiVHC

Facebook: @ViiVHealthcare



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