The Big Picture: The current and evolving HIV prevention landscape

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The HIV landscape globally and in SSA

- 38.4 million people living with HIV in 2021
- 36.7 million are 15 years +
- 54% of these are women and girls
- Every week, around 4,900 young women aged 15–24 years are infected with HIV

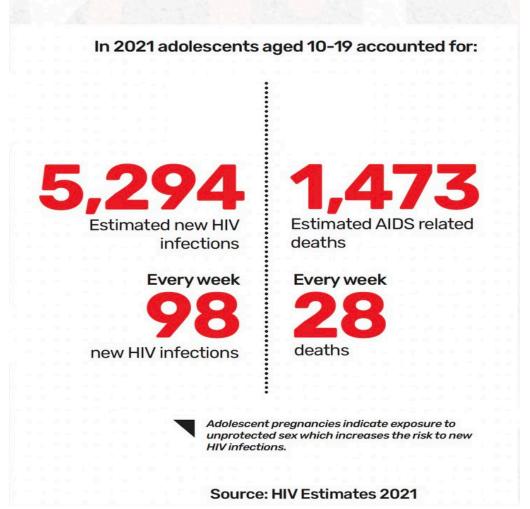
In sub-Saharan Africa

- 6 in 7 new HIV infections among adolescents aged 15–19 years are among girls.
- Young women and girls aged 15–24 years are twice as likely to be living with HIV than young men.
- Women and girls accounted for 63% of all new HIV infections in 2021



The HIV landscape in Kenya

- 32,027 new infections in 2021
- 4.5% prevalence in 2020



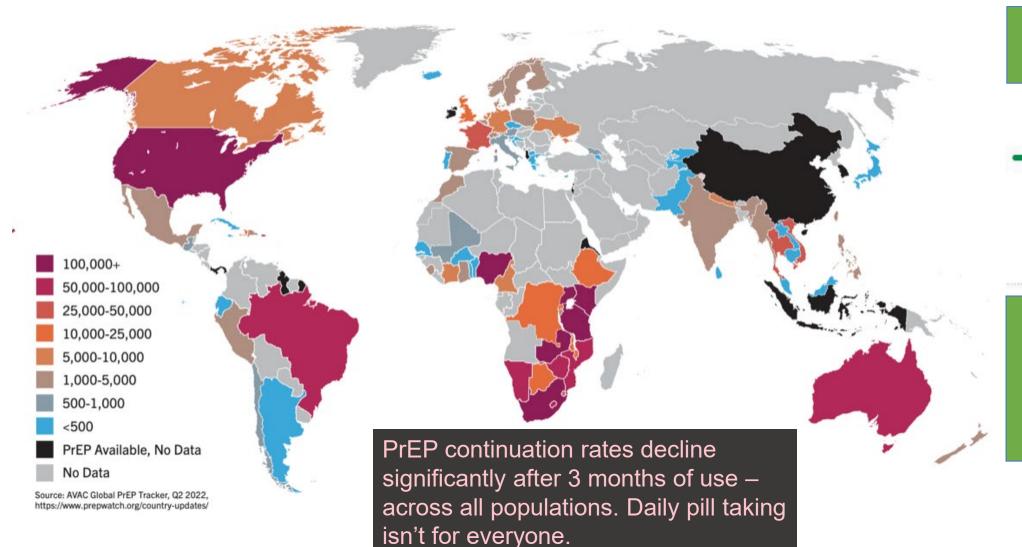








Global Oral PrEP Landscape – 11 years in



Target by 2020



3 million people with access to PrEP

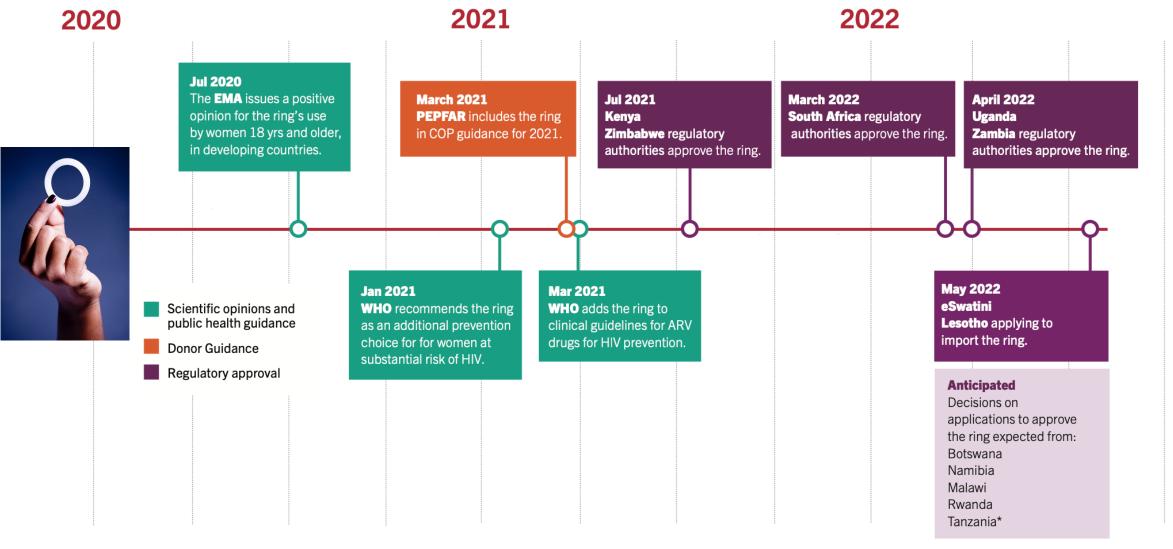
Actual total initiations thru Q2 2022 (approx.): 2.8 million







Access to the Dapivirine Vaginal Ring: A timeline on progress



^{*}Preliminary rejection April 2022; IPM appeal in progress





Cabotegravir long-acting injectable



The CATALYST Study

Catalyzing access to new prevention products to stop HIV

- Will involve implementation of an enhanced service delivery package that supports choice among PrEP products that have regulatory approval in each country, such as oral PrEP, PrEP ring and injectable cabotegravir for PrEP
- Will enroll women* at PEPFAR/USAID delivery sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe
- To be conducted in two stages with currently approved oral PrEP and PrEP ring offered in Stage I, and the addition of injectable CAB PrEP in Stage II after approval by the regulatory authority in each country

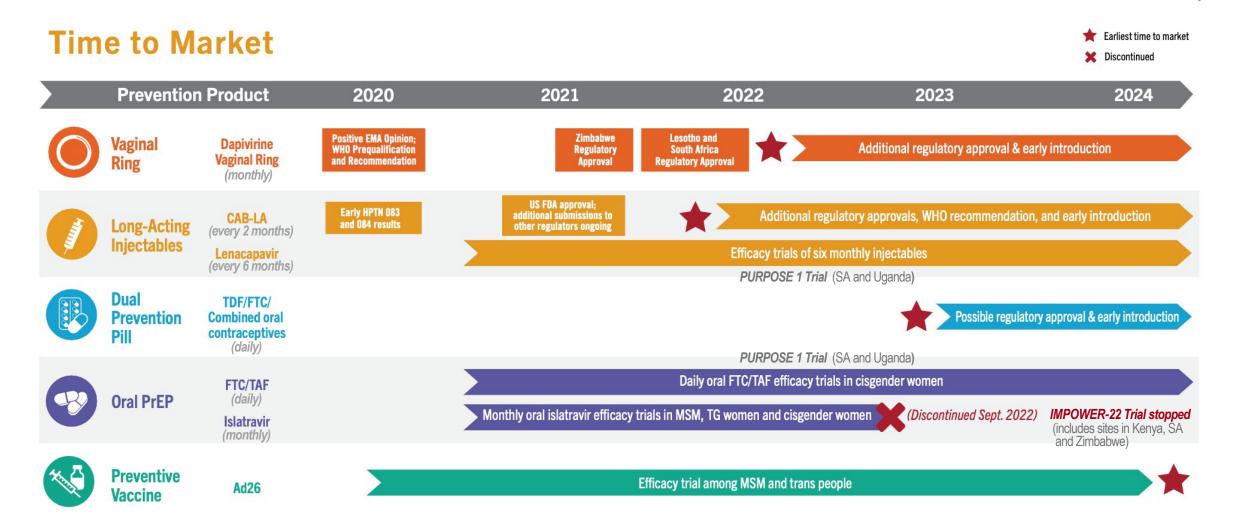
*Inclusive of individuals assigned female at birth of any gender identity or individuals assigned male at birth who identify as women







Years Ahead in HIV Prevention Research





What's most important? It depends on who you are

Clinical Considerations

- Biologic efficacy
- Dosing/duration
- Reversibility
- Side effect profile
- Systemic/Topical

Policy & Program Considerations

- Delivery channel(s)
- Health system burden
- Product cost
- Program cost
- Provider training
- Demand creation

Personal/End-user Considerations

- Ease of use
- User preference
- User burden
- Discretion of use
- Contribution to stigma

The bottom line

- No one product will work for all people
- Preferences and needs change depending personal circumstances
- While some methods may be more effective than others, no method can be effective if it's not used
- Having choice is important because the more options that are available the more likely one will be used

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Questions? Comments?



Thank you