

# Daily E-Bulletin

Issue 1: (5 December 2023)

# President Mnangagwa Opens ICASA

By Kuda Pembere

Zimbabwe's President, Emmerson Mnangagwa yesterday officially opened the 22nd Edition of the International Conference on AIDS and STIs in Africa (ICASA) amidst calls for unrestricted provision of HIV services for adolescent girls and young women as well as boys.

Addressing thousands of delegates at the conference, President Mnangagwa said there was need to ensure food security and nutrition for communities.

"It is also critically important to ensure that both adolescent girls and boys as well as young women have unfettered and equal access to HIV services," said President Mnangagwa.

"Equally, there is need to address the HIV/AIDS pandemic holistically, including through addressing matters to do with guaranteeing food security and nutrition of our communities beginning at the household level." He also renounced stigma and discrimination against communities of people living with HIV.

"Let us, therefore, implement robust and responsive sustainable development programmes and projects to

lift more of our people out of poverty and eradicate inequalities that may be triggers to new HIV infections, especially among most at risk groups. "Encouraging early testing and promoting adherence to treatment, as well as fighting stigma and discrimination remain key aspects to reversing silence and untreated infections. In addition, it is imperative to sustain focus on social and cultural practices that increase risk and exposure of women and children to HIV," President Mnangagwa said.

He further bemoaned how adolescent girls and young women are disproportionately vulnerable to new HIV infections.

"The theme, I quote, "AIDS is Not Over, Address Inequalities, Accelerate Inclusion and Innovation," is a befitting reminder on the need to remain focused and avoid complacency. We must, thus, keep our eyes on the ball and consolidate the milestones we have achieved over the years.

"The 2022 report by the United Nations AIDS clearly reflects that AIDS continues to claim lives and is a call for continued action. Regrettably, new HIV infections continue to be prevalent among women, who accounted for 63% of all new infections, while new HIV infections among adolescent girls and young



President Emmerson Mnangagwa

women, remain widespread in sub-Saharan Africa," he said.

"We should never relax; AIDS is not over. The pandemic remains one of the salient threats to sustainable socio-economic development. It is, however, commendable that we have made progress and positive outcomes through our robust interventions which are infusing the hope that we can indeed eliminate AIDS."

He commended African countries that have already attained the 95-95-95 targets for their efforts in ensuring that their populations are tested, initiated on ART while achieving

viral suppression.

"Many countries in Africa, including Zimbabwe, have already achieved the 95-95-95 fast track targets. This is applauded, congratulations. In the case of Zimbabwe, between 2018 and 2022, our country managed to reduce new HIV infections as well as AIDS related deaths. We are committed to addressing the gaps and inequalities that exist in access to HIV services to sustain this progress and push-back the HIV frontiers, to end AIDS by 2030," President Mnangagwa said.

His Excellency Edward Kallon, UN

Resident and Humanitarian Coordinator in Zimbabwe hailed Zimbabwe's AIDS Levy initiative. "Zimbabwe has witnessed firsthand the transformative potential of devolution and community approach to addressing inequality and accelerate inclusions and innovations in various aspects, such as the mobilization of resources under the AIDS Levy, the establishment of schools and teachers throughout the country, efforts in combating natural disasters like Cyclone Idai, and more recently, in tackling the challenges posed by COVID-19," he said.

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An ICASA Side Event

VENUE: HOLIDAY INN HOTEL,  
HARARE.

Date  
5TH DEC, 2023

Time  
11h00-13h00 SAST



SCAN ME TO REGISTER

# The People's march 2023



Date  
5TH DEC, 2023

Time  
15:00 -17:00 SAST

The People's March will start outside Rainbow Tower  
Convention Center to Harare Gardens.



# African leaders urged to finance HIV Research and Innovation

By Michael Gwarisa

UNAIDS Executive Director, Ms Winnie Byanyima says the current scenario whereby HIV research is mainly funded by powerful western institutions was not ideal for Africa's HIV and AIDS response.

Responding to questions during a press briefing at the ongoing 22ND Edition of International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe, Ms Byanyima said relying on foreign funded research was slowing down Africa's target of ending AIDS by 2030.

"You find that a research can be done here in Africa and our scientists may take part in the clinical trials for all the medicines we have here for HIV. Our own people living with HIV put forward their bodies to be tested on whether it's for this treatment or prevention but by the end of it when there is a breakthrough, one person, and one company somewhere in the rich countries comes and claims it is my knowledge," said Ms. Byanyima.

She said this is the work of Intellectual Property (IP) where knowledge is owned and privatised yet the people who would have contributed to the research, though many, will not have a say on the outcome.

"We have been pushing hard for this question of access to medicines and innovations because unless we can accelerate and make sure every new treatment that comes on the market reaches where it is needed most fast, we will not end AIDS by 2030.

"We are only seven years away from 2030. We need to have the best that research offers and get the best technologies to the people who need it. Right now we are engaged in a tough conversation with one company that has something called Long Acting Pre-Exposure Prophylaxes. This injectable prevents one against HIV infection.



Ms Winifred Byanyima

"However, it's not yet in our countries because somebody has owned the knowledge to research and has said its mine and I will sell it at a price I want and if you can't afford it then tough luck. This is a system that is unjust. Knowledge should be shared especially when it is lifesaving."

Zimbabwe has since approved use of the Long-acting Injectable PrEP using Cabotegravir-LA and also use of the Dapivirin or Vaginal Ring as additional HIV prevention methods. Zimbabwe is currently conducting the MATRIX which allows for equal participation and collaborations between Global North and Global South where all key activities are led by North-South partnerships, pairing United States (US) based investigators, with investigators based in SA, Zimbabwe and Kenya.

World Health Organisation Africa Region (WHO-Afro) Director, Dr Matsidiso Moeti said while there was some research by African researchers, there was lack of ownership of the research and findings.

"I think there is a gap in terms of translation of knowledge into the production of tools that can be used to further the HIV response in Africa. What is now needed is additional and much more investment by African governments into research to help in term of ownership and translate the knowledge into tools and integrate it into HIV health services," said Dr Moeti. Meanwhile, the ICASA 2023 is running from December 4 to December 9, 2023 under the theme AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation.





**SAVE THE DATE**

**LIVE STREAM**

**The AIDS and Rights Alliance for Southern Africa invites you to our Partnership and Networking Side Event at ICASA 2023**

## ICASA 2023

**EXPANDING NEEDS, DIMINISHING MEANS: SHRINKING CIVIC SPACE AND FUNDING FOR HIV AND SRH PROGRAMMING IN AFRICA**

**VENUE : HOLIDAY INN HOTEL**  
**ADDRESS : CORNER SAMORA MACHEL AVENUE AND 5 TH STREET**  
**CITY : HARARE**  
**COUNTRY : ZIMBABWE**

**JOIN ZOOM MEETING**

**Meeting ID: 873 981 2923**  
**Passcode: 402144**

<https://us02web.zoom.us/j/8739812923?pwd=VXBzUEg0SENVbXZkOxeFFoUUDJZz09>

**TUESDAY**  
5 DEC 2023

**STARTS AT**  
17:00 - 19:00PM

**MEETING TYPE**  
HYBRID

### REGISTRATION

Sign up for your participation in the following google link-  
<https://forms.gle/uQYJcT5bUMqAgt5e7>  
to book your participation either physically or virtually or scan the QR Code to register.



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# ICASA 2023 ROADMAP

## EVENTS ON CHILDREN & ADOLESCENTS



### MONDAY 4 DECEMBER

TIME (CAT)	EVENT TITLE	CONVENER(S)	EVENT TYPE	LOCATION
11:35-12:15	Inclusion Drives Results: AGYW meaningful engagement and leadership in the Global Fund grant cycle 7	Global Network of Young People Living With HIV	Satellite Symposium	Diamond 1 & 2
13:20-14:05	Breaking Down Barriers: Empowering adolescents and youth in PEPFAR-supported countries to access HIV testing, treatment, and prevention services	PEPFAR	Satellite Symposium	Jacaranda 1 2 3
14:15-15:00	Accelerating Access to Better Medicines for Children: Ensuring successful introduction of pALD and sustainability of pDTG	Medicines Patent Pool, GAP-f partners	Satellite Symposium	Diamond 1 & 2

### TUESDAY 5 DECEMBER

8:45-9:30	In the Daily Life of Adolescent and Young People with Disabilities: Focusing on HIV, SRHR and GBV	Main Conference	Special Session	VIP Lounge
8:45-9:30	Fostering Adolescent and Youth Health Resilience: Engaging diverse populations in HIV programming	JSI	Satellite Symposium	Sapphire
10:30-11:15	Embracing Disability and Sign Language in HIV and COVID-19: Zimbabwe national response towards universal health coverage by 2025	Disability Zone	Community Village Stage	Community Village
10:45-11:30	B4 – Adherence and Retention	Main Conference	Abstract Driven Session	VIP Lounge
10:45-11:30	Education Plus Investment Cases for Transformative Results – “Leveraging girls completion of secondary education for HIV prevention”	Main Conference	Special Session	Diamond 1 & 2
10:45-11:30	Ending AIDS in Pediatric and Children by 2030	Main Conference	Special Session	Jacaranda 1 2 3
12:05-12:50	Making It Last Longer: Considerations for HIV treatment optimization for children	Main Conference	Special Session	VIP Lounge
13:05-13:50	The Stepped Care Approach: Join us in defragmenting digital SRHR for young people	AIDSFONDS	Satellite Symposium	Diamond 1 & 2
15:05-15:50	Leadership Towards Effective and Sustainable National HIV Prevention Programmes in Africa: Country-led, community-led, precise and people-centered	UNAIDS	Satellite Symposium	Plenary
15:05-15:50	Transactional Sex or Sex Work? Does it really matter in meeting the HIV prevention needs of young girls and women? (EN/FR)	ViiV Healthcare	Satellite Symposium	Diamond 1 & 2

### WEDNESDAY 6 DECEMBER

8:45-9:30	Young People Unite: Addressing inequalities, ending AIDS!	Main Conference	Special Session	VIP Lounge
8:45-9:30	Lifting Our Voices: Community engagement and gender equality on the path to WHO validation for EMTCT	Main Conference	Workshop	Diamond 1 & 2



# To end the AIDS pandemic, let communities lead

By Jane Kalweo – UNAIDS Country Director, Zimbabwe

Zimbabwe has a fantastic opportunity. It can end the AIDS pandemic by 2030, by letting communities lead.

Communities of people living with HIV or at risk of HIV are the drivers of progress in the AIDS response. They connect people to public health services, build trust, innovate, monitor the implementation of policies and services, and hold service providers accountable.

For example, in Zimbabwe Community led organisations deliver services to their peers and employ peer led approaches to provide services to the most affected populations by HIV and AIDS. The country has a strong peer led program responding to the needs of sex workers, high risk men and people of diverse genders. The Key Populations Programme, one of the few in Africa with national coverage, reaches more than 38 000 sex workers each year and operates in 12 static, 13 Drop-in Centre's, (9 specifically for Young Women who Sell Sex), 26 highway mobile and 118 highway and local mobile clinic sites across all 10 provinces of Zimbabwe supported by PEPFAR/USAID and the Global Fund.

The contribution of the community-led organisations in the AIDS response has helped tackle other pandemics and health crises too, including COVID-19. Letting communities lead builds healthier and stronger societies.

But so many communities face barriers to their leadership. Commu-

nity-led responses are under-recognized, under-resourced and in some places even under attack. Globally, funding for communities has fallen by 11% in the last 10 years from 31% in 2012 to 20% in 2022.

These funding shortages, policy and regulatory hurdles, capacity constraints, crackdowns on civil society and on the human rights of marginalised communities are obstructing the progress of HIV prevention, treatment, and care services.

It is in everyone's interests to fully fund community-led organisations and remove the many obstacles they face. It is by enabling communities in their leadership that the promise to end AIDS can be realised.

This is why communities at the center of World AIDS Day commemorations this year, including in a major new UNAIDS report Let Communities Lead.

The report sets out the facts and figures that demonstrate communities' impact and shares how progress is being driven by communities through case studies from across the world and through guest essays by nine pioneering community leaders. As the report notes, there is a need not only to recognise the contribution communities make but also to pull down the barriers that stand in their way. This World AIDS Day is a call to action to support communities and unleash their full potential. That means:

The leadership role of communities needs to be core in all HIV plans and programmes and in their formulation, budgeting, implementation,



monitoring and evaluation.

Communities need to be fully and reliably funded to allow them to scale up their services and for workers to be properly remunerated for their contribution.

And barriers to community leadership need to be removed. There must be an enabling regulatory and legal environment that allows communities the space to operate and protect human rights for all, including adolescent girls and young women, people who use drugs, sex workers, migrants and refugees, and other vulnerable populations who are at high risk of acquiring HIV.

Laws and policies that do not fully address the needs of the most vul-

nerable to HIV infection need to be revisited to enable HIV testing and access to services on time. Some of these laws include the age of consent law which presents barriers to services for young people below 18 years of age. Further, drug possession laws that criminalise users of drugs often discourage users from seeking HIV services which they desperately need.

It has been a long-standing principle of the AIDS response to bring people living with and affected by HIV to the decision-making table. Nothing About Us Without Us! Where this is being followed, progress is being made. Supporting communities in their leadership is not only the right thing to do, but also essential for

advancing public health.

AIDS is far from over. Last year, worldwide 630 000 people died of AIDS-related illnesses, 1.3 million people were newly HIV infected with HIV and 9.2 million people did not have access to lifesaving HIV treatment.

In Zimbabwe in 2022 there were 20000 AIDS-related deaths and 17000 new HIV infections. We have the tools to prevent new HIV infections and ensure that all people living with HIV access treatment. The end of AIDS is within reach. We even know how to get there: Let Communities Lead!

## UNAIDS calls for accelerated political and financial support for communities to lead in the response to HIV

OWN CORRESPONDANT

The world can end AIDS as a public health threat if communities on the frontlines of the HIV response are fully engaged and supported to do their work. This was the important message UNAIDS brought today to the opening of the 22nd International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), which is being held in Harare, Zimbabwe from 4-9 December.

Under the theme AIDS IS NOT OVER – participants will be calling for inequalities to be addressed and innovation to be accelerated to end AIDS. They will be urging for more support to community-led responses to deliver essential HIV services to people on the margins of society who are often hard to reach.

“AIDS is not over, and it continues to disproportionately affect the most marginalized in poor countries in Africa where some of the highest HIV burdens are found,” said Winnie Byanyima, Executive Director of UNAIDS. “We have an amazing opportunity to end the AIDS epidemic by 2030 by supporting community led organizations to lead the way, and by tackling the drivers of HIV, such as inequalities and harmful laws,” added Ms Byanyima.

Around 66% of the 39 million people living with HIV live in Africa and some 51% of new HIV infections occurred on the continent, as did 61% of AIDS-related deaths.

Communities on the frontlines

Communities from South Africa to Thailand to Brazil waged the battles in the 1990's and in the 2000's to break pharmaceutical monopolies on access to HIV treatment. Their campaigning brought the price of these life-saving medicines down from US\$ 25 000 per person per year in 1995 to as low as US\$ 70 per person per year in many of the countries most affected by HIV.

Communities have been fighting to overturn laws that criminalize people most at risk of HIV. Several countries in Africa including Botswana, Angola, Gabon and just this year, Mauritius have overturned these harmful laws.

“Giving LGBTQI people the freedom to come forward and access the services they need to save their lives – this is community action,” said Ms Byanyima. “Communities have taken services right to the last person in the corners of the villages – they know who needs to be reached and they reach them.”

**AIDS still claiming lives unnecessarily**

While there is a clear path that ends AIDS, including through collaboration between governments and communities, AIDS claimed a life every minute in 2022. Globally 9.2 million people living with HIV do not have access to HIV treatment, just over half are in Africa where AIDS remains the fourth-leading cause of death.

Women and girls are still disproportionately affected. In sub-Saharan Africa, 3100 young women and girls became infected with HIV every week in 2022. Across Africa 85% of new infections among adolescents (aged 10-19) are among adolescent girls and 15% among adolescent boys. For young people (aged 15-24) some 77% of new infections are among young women and 23% among young men.

However, there is hope. There has been a decline in the number of people who were infected with HIV in 2022, showing that the end of AIDS is possible. The number of new infections represented the fewest people who acquired HIV in 2022 than at any point since the late 1980s. The biggest declines in annual new HIV infections in that period have been in eastern and southern Africa (57% reduction) and western and central Africa (49% reduction) since 2010 for both regions.

In sub-Saharan Africa, Botswana, Eswatini, Rwanda and Zimbabwe, are on the path that ends AIDS. In these countries, 95% of the people who are living with HIV know their HIV status, 95% of the people who know that they are living with HIV are on life-saving antiretroviral treatment, and 95% of people who are on treatment are virally suppressed. When a person's viral load is suppressed, HIV cannot be transmitted. A further 16 other countries are close to meeting these targets.

**Embrace science and innovation**

Communities drive innovation in the response to HIV. The innovation, passion and insight of communities are crucial to end AIDS. In Windhoek, Namibia, a self-funded project by the youth Empowerment Group is using e-bikes to deliver HIV medicines, food and adherence support to young people who often cannot attend clinics due to their schooling hours.

Botswana's success in reducing vertical transmission of HIV stems from its high coverage of HIV testing and treatment among women overall. Women living with HIV start antiretroviral therapy well before becoming pregnant, resulting in achieving and sustaining viral load suppression. That's following the science.

**Ensure political support, sufficient sustainable funding for communities and innovation to end AIDS**

Despite existing and clear evidence that community-led responses have a positive impact, communities are not yet getting the recognition and the political and financial support they need, instead, communities are under-recognized and under-resourced and, in some places, even under attack.

Underfunding of community-led initiatives is holding them back from operating and expansion. If these obstacles are removed, community-led organizations can add even greater impetus to the global HIV response, advancing progress towards the end of AIDS.

In the 2021 Political Declaration on ending AIDS, United Nations member states recognized the critical role communities play in HIV service delivery, particularly to key populations. However, whereas in 2012, over 31% of all HIV resources were channelled through civil society organizations, in 2021, only 20% of funding for HIV was allocated for civil society—an unprecedented backsliding in commitments which is costing lives.

“When community-led organizations are supported politically and financially to accelerate their life-saving work, the end result can be an end to AIDS as a public health threat,” said Ms Byanyima. “An AIDS-free world is possible, but only if communities lead.”



# READY Strategy launched to address HIV and inequality among youths

By Michael Gwarisa

More than 120 young people from across Africa and the world gathered in Harare, Zimbabwe for the Resilient Empowered Adolescents and Young People (READY) Summit, to interrogate and find solutions to challenges facing Young People Living with HIV and key population at high risk of HIV.

The one-day event was aimed at uniting young people living with HIV, adolescent girls and young women, young key populations, including, LGBTIQ+, sex workers, young people who use drugs, and young people with disabilities. The summit also provided a platform for the diverse groups to unite, share experiences, and work together towards ending AIDS while addressing the underlying inequalities that fuel the epidemic.

The summit paved way for the launch of the READY Strategy, a plan that will guide HIV programming in young people and key populations.

Officiating at the launch, Netherlands Ambassador to Zimbabwe, Zambia and Malawi, Dr. Margret Verwijk said the fight to end HIV must continue, because the progress made is fragile and can be lost.

“The Netherlands is providing this substantial and long term support because we know that bodily autonomy and informed sexual and reproductive decision-making is vital to the wellbeing and happiness of individuals and their communities,” said Ambassador Verwijk.

She added that new issues were emerging that have a negative bearing on public health. Climate change, migration, and growing inequality for example.

“We can however also celebrate good progress made over the years. New HIV infections have fallen by



38 percent, and AIDS-related deaths by about half since 2010 in the Southern Africa region, which remains the epicentre of the pandemic. We are now in an age when a person living with HIV can lead a full and happy life, as is their right.

“These gains are built off a diversity of action, as those at the forefront including the organisations under the READY+ programme, address not just HIV and its treatment, but the underlying drivers. Drivers such as inequality, stigma, and limited access to resources, information, and services.”

She added that HIV is also spread when bodily autonomy and sexual rights are violated.

“These challenges overwhelmingly affect young people, and people that deal with stigmatization in the region, including LGBTI persons, sex workers, and differently abled people. This is deeply unfair, a great injustice, a violation of human rights that must be stopped. This is why

today is so important. Bringing together people that identify with these groups in a safe space to discuss, learn, connect with each other... this is how a movement is built, and I support and congratulate you on this effort,” said Ambassador Verwijk.

She said the whole READY+ movement was grounded on principles and values such as equality, inclusivity, accountability, diversity, and intersectionality.

Speaking in an interview with HealthTimes during the Summit, Joyce Ouma, the Advocacy and Campaigns Officer at Y+ Global said young people living with HIV continue to experience a myriad of challenges as they seek healthcare services.

“The young people living with HIV in all their diversity continue to face stigma and discrimination. They are constantly stigmatised on the basis of their status and on the basis of how they identify. This remains one of the biggest challenges that we have tried

to address,” said Joyce.

She added that stigma comes in two types namely self-stigma and external stigma. She also said the issue of meaningful engagement of young people was an issue that needed to be addressed.

“The ethical and meaningful engagement of young people needs to be addressed. Tokenism is real issue and most of us have been the token, we are just put there just to pretend as if young people are being engaged when in actual fact, our issues are not being paid attention to.”

HIV remains a global health challenge that disproportionately affects young people, particularly those who face multiple forms of discrimination and inequality.

Paul Ndlovu, a Global HIV Advocate and Knowledge, Evidence and Innovation Associate at Zvandiri said while tokenism is a big challenges, young people living with HIV continue to face barriers to care including long distance to facilities, climate

change among others.

Meanwhile, Itumeleng Komanayne, the Programs Lead at Frontline AIDS said, “part of the job that we do as Frontline is to ensure that young people are meaningfully engage to ensure that we build resilience and empower young people who are either living with HIV, affected by HIV but also work across other issues like Sexual Reproductive Health and Rights.”

The summit also sought to promote cross-sectoral collaboration and knowledge exchange among different marginalised youth groups to develop innovative solutions to improve access to SRHR services and ending AIDS. It also aimed to encourage a sense of unity and solidarity among young people in the fight against HIV and social inequalities as well as mobilise commitments and resources from stakeholders to support initiatives that address HIV and inequality among youth.





# CATALYST Study To Inform National Scale-Up Of PrEP Products in Zimbabwe

By Michael Gwarisa

Following the approval for the use of three Pre-Exposure Prophylaxes (PrEP) products for HIV prevention by the Zimbabwean government, the country is conducting a three-year study to evaluate and inform the national HIV response's rollout of PrEP products.

The study named CATALYST, which stands for Catalyzing Access to New Prevention Product to Stop HIV is a multi-country study that will characterize and assess the implementation of an enhanced service delivery package providing informed choice of PrEP products among women at the sites where the study is being conducted.

The CATALYST study is running in five countries namely Zimbabwe, Kenya, Lesotho, Uganda and South Africa. In Zimbabwe, Pangaea Zimbabwe AIDS Trust (PZAT), is coordinating with the Ministry of

Health and Child Care (MoHCC) to offer services and counsel participants, sharing detailed information about each PrEP method and supporting participants in choosing the best method for their lifestyle.

To date, Zimbabwe has approved the use of Oral PrEP, Dapivirine vaginal ring (DPV-VR), and the Long-acting injectable Cabotegravir as biomedical HIV prevention options and six facilities in Zimbabwe are conducting the CATALYST studies of the PrEP products. The sites include the Shaz Hub and Citi-Med in Chitungwiza, Plumtree District Hospital, Cowdry Park Clinic in Bulawayo, Beitbridge Centre, Ngundu Rural Health Center and Runyararo Clinic in Masvingo.

Dr Emily Gwavava, the Principal Investigator for the CATALYST Study in Zimbabwe said the study was riding on the momentum of already approved PrEP products.

We are already offering PrEP and

we are also now offering Oral PrEP, the Dapivirine Vaginal Ring and the long Acting Cabotegravir," said Dr Gwavava.

"CATALYST is the learning lab because we are the first to implement these products or the choice of the three products in Zimbabwe.

We are hoping that the lessons that we learn in implementing this will feed into what the Ministry of Health needs to know to scale up these products at a national level."

The CATALYST is the flagship



study for the Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project, a five-year global project funded by the U.S President's Plan for AIDS Relief (PEPFAR) through the U.S Agency for International Development (USAID). The CATALYST study is set to deliver an enhanced service delivery package providing a choice of Oral PrEP, the PrEP Ring or CAB PrEP among women in real-world service delivery settings at 28 sites across the five countries.

"We are hoping that the lessons that we have learnt will help inform the national scale-up of these products in Zimbabwe beyond the six sites that we are working. The lessons that we learn from this study will be packed and used to inform the ministry of what they need to be aware of at facility level, provider as well as within our communities to scale the programs beyond the study."

She said the CATALYST was motivated by the ZIMPHIA 2020 HIV study which showed that girls aged 15 and above were at higher risk of new HIV infections.

The study is being conducted in two stages. Two currently available PrEP methods — tenofovir-based oral pills and the dapivirine ring (PrEP ring) — will be offered in Stage I. Stage II will include an injectable method, cabotegravir long-acting (CAB-LA) for PrEP, once it is approved by the regulatory authority in each country. Participants will be followed for one to three years to collect information about how they choose, use, switch between and like the offered PrEP methods. The results of the study will provide evidence that can be used to help transform the HIV prevention landscape and inform the future scale-up and sustainability of HIV prevention options.

## From prescription to patient: The lifecycle of cabotegravir for PrEP

Rupa R. Patel, MD, MPH, Taimur Khan, MD, MPH, Amy S. Nunn, ScD, MS, Philip A. Chan, MD, MS

Long-acting injectable cabotegravir for HIV pre-exposure prophylaxis was approved by FDA in December 2021 (1), and the medication has been endorsed in several guidelines. (2-4) It's considered a game changer for providers and organizations to serve certain populations in need of HIV prevention for which daily oral PrEP has been suboptimal. However, the number of current LAI CAB PrEP clients within health centers that already provide oral PrEP services has been relatively low nationwide.

While several factors contribute to the slow prescribing and implementation uptake, such as low provider and community awareness and low organizational capacity, it's also important to focus on the evolving and heterogeneous nature of insurance company responses to paying for LAI CAB PrEP after a prescription is written by a licensed medical provider. We write to share our experiences with what happens after an LAI PrEP prescription is written, how insurance companies have responded and how their responses complicate our conversations with potential seekers of LAI CAB PrEP. We want to inform other health care professionals and leaders so they are further equipped in their fight for equitable access to this PrEP medication.

The maze of insurance coverage & payment policies

Once a prescription is issued, it sets off a chain of processes, typically carried out by multiple health staff members, such as pharmacists or navigators, at clinics. One of the essential first steps is to forward the prescription to the person's insurance company to confirm they will cover the cost of the medication before giving it to the patient or sending it to the pharmacy.

Table 1 The feedback from the insurance company generally falls into several categories (5), outlined in Table 1, although these are not exhaustive — it's complicated!

In addition, to be eligible for the medical benefit, some insurance companies require proof of a recent HIV RNA test as well as proof of documentation within the medical record that the client "failed" two other forms of prevention. Some examples of language we have received in letters from insurance companies are highlighted in Table 2.

The impetus behind this blog post is the challenges associated with medical benefits with no guaranteed payment (see category #3 in Table 1). This process generally requires the medication to be purchased upfront at some risk to the clinic and patient. The cost is reimbursed to the purchaser, typically a health clinic, contingent on meeting all reimbursement criteria set by the insurance provider and AFTER the client receives the injection.

One quandary arising from this "medical benefit" approach is the vagueness and inconsistency of the documentation criteria among different insurance companies. Meeting these criteria often demands a considerable amount of staff time and effort to secure reimbursements.

The "no guaranteed" payment clause presents health centers with a financial predicament. Who will bear the cost of the Table 2 medication if the reimbursement does not come through after its administration? Who or what organization can afford to take on this financial risk of administering the medication? How can we reasonably expect a client to shoulder 100% of this risk?

The patient-provider relationship

Furthermore, how do we as health care providers delicately yet transparently communicate to our clients seeking LAI CAB PrEP about the health center's inability to undertake such a risk? This complexity presents a challenging situation that necessitates immediate attention and innovative solutions.

The escalating complexity of declarations coming from insurance companies, particularly commercial ones, paints a disturbing picture. Given that two-thirds of Ameri-

cans are covered by commercial or non-public insurance (6), the impact of this situation is far-reaching. We are seeing these insurance companies introduce clauses that induce fear among medical organization leaders over potential risks, a fear that might come at a staggering cost — thousands of dollars per LAI CAB PrEP user and, in the aggregate, hundreds of thousands of dollars for multiple PrEP users. (7, 8)

The cost of innovation

Injectable cabotegravir for HIV prevention costs approximately \$3,700 per injection, and seven such injections are recommended per year. This considerable expenditure is giving rise to a pressing question: With the continually shifting insurance landscape, will clients initiate LAI CAB PrEP, only to have to transition off due to complex coverage and reimbursement issues?

The crux of these dilemmas goes to the heart of the sustainability of LAI CAB PrEP programs. Unlike with generic oral PrEP delivery, both organizations and clients are heavily reliant on funding from insurance companies. This dependency is causing a significant strain on the system. The process has overburdened clinic staff and other health workers, resulted in extended wait times for LAI CAB PrEP initiation, and, perhaps most distressingly, led to confusion and inconsistent communication regarding access to this medication.

These coverage challenges, payment issues and the question of "who shoulders the financial risk" — and the constant back-and-forth that occurs behind the scenes during LAI CAB PrEP prescribing — all will play an instrumental role in determining the future of this innovative intervention. If we are to scale up and optimize the use of LAI CAB PrEP to protect individuals at risk for HIV, we must confront and overcome these challenges. To win this fight against HIV, the clarity, efficiency and affordability of the process is paramount. It's high time to address these issues by requiring insurers to cover all forms of PrEP and unlock the potential of this innovation.

For more information, including



de-identified insurance denial letters, please contact Rupa R. Patel, MD, MPH.

### References

1. U.S. Food and Drug Administration. FDA Approves First Injectable Treatment for HIV Pre-Exposure Prevention. Available at: <https://www.fda.gov/news-events/press-announcements/fda-approves-first-injectable-treatment-hiv-pre-exposure-prevention>. [Accessed May 17, 2023].

2. U.S. Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. Available at: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021. [Accessed May 17, 2023].

3. Gandhi RT, Bedimo R, Hoy JF, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2022 Recommendations of the International Antiviral Society—USA Panel. *JAMA*. 2023;329(1):63–84. doi:10.1001/jama.2022.22246

Guidelines on long-acting

injectable cabotegravir for HIV prevention. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.

4. National Association of Medication Access & Patient Advocacy, Inc. The Importance of a Thorough Benefits Investigation to Help Navigate Medical vs Pharmacy Benefit. Available at: <https://namapa.org/medical-vs-pharmacy-benefit>. [Accessed: May 17, 2023].

5. U.S. Census Bureau. American Community Survey Tables for Health Insurance Coverage 2021. American Community Survey. Available at: <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>. Potential conflicts of interest: Dr. Patel receives research funding from Gilead Sciences Inc. and ViiV Healthcare. Dr. Khan receives research funding from ViiV Healthcare. Drs. Nunn and Chan report no potential conflicts.



# 2.5 million males circumcised in Zim

By Kuda Pembere

Zimbabwe's male circumcision drive has seen 2.5 million getting the Voluntary Medical Male Circumcision service which is in tandem with the advised target of 80 percent across the country.

This was said by Ministry of Health and Child Care's AIDS and TB Director Dr Owen Mgurungi during a Clinton Health Access Initiative organised side event running alongside the International Conference on AIDS and STIs in Africa (ICASA). "We have circumcised more than 2.5 million persons, not as well as our neighbors up north, but we have also managed to get close to 80 percent of the required numbers that we needed to circumcise," he said.

He also noted that in 2019 they mulled a plan for sustaining the VMMC program.

"Now our work towards sustainability within VMMC started in 2019 where we mooted the idea of an implementation plan recognising sustainability was critical and needed to be part of our routine programming.

"This led us to recognise that sustainability in this country can be looked at multiple dimensions which are financial, operational and managerial. And also to facilitate that we also developed a VMMC or a transition assessment dashboard which we

could use at different levels to assess our progress towards sustainability. "And as a nation, we are committed to provision of HIV combination prevention as the mainstay of our prevention and VMMC is part of that," Dr Mgurungi said.

Dr Mgurungi also noted that they now have a draft HIV sustainability roadmap.

"And I'm happy to say that we now have a draft HIV sustainability roadmap for Zimbabwe. And of course what are the key features of the sustainability plan and what is it that we did learn from there?"

"I think it is important to note that there were key enablers that assisted us in this work and one of those was the strong political, commitment, and leadership that we have from all levels of government and community. "We also have multi-sectorial coordination through various platforms where we work with people across different sectors and communities that assist us in us and making decisions in terms of HIV prevention.

"We also worked very well within an integrated provision of HIV services. We tried to make sure that our service provision is integrated," he said. "And of course there were challenges, and some of the challenges that remain are the major challenges through financing and limited space and of course the human resources."



Dr Owen Mgurungi

A Zambian Ministry of Health official said while they have circumcised over 4 million males in their country, they have a sustainability roadmap for VMMC. The official said they are working on widening the scope of the roadmap beyond VMMC.

"Most essentially the sustainability roadmap. This is a word on every-

body's lips right now. Having a sustainability roadmap. I know most of the meetings that you are going to this is going to be a discussion point.

"And as Zambia, we have our sustainability plan for VMMC but we are looking at how we can now have a sustainability roadmap or framework for the whole HIV response and

not necessarily just for HIV prevention or specific programs within the HIV prevention space," Zambia's ministry of health official said.

Robyn Eakle from PEPFAR said they will continue supporting African governments through financial and technical support in their HIV response programs.

## On World AIDS Day, UNAIDS, the European Union and partners call for an end to HIV-related stigma and discrimination

OWN CORRESPONDANT

On World AIDS Day, UNAIDS, Spain, as President of the Council of the European Union, and other partners called for the elimination of all HIV-related stigma and discrimination as a necessary step towards ending the AIDS pandemic as a global public health threat by 2030.

Speaking at the event held at the European Parliament in Brussels, Spain's Minister of Health, Mónica García, re-affirmed Spain's commitment to achieve zero HIV-related stigma and discrimination.

"We hope that this leadership of Spain for the elimination of all forms of stigma and discrimination associated with HIV will be maintained over the next 7 years to meet our goals by 2030," said Ms García.

The elimination of HIV-related stigma and discrimination has been a political priority of the Spanish Presidency of the Council of the European Union since July 2023. This was reflected in a high-level meeting on "HIV and Human Rights: Political Action to Achieve Zero Stigma" hosted by the Spanish Ministry of Health in September 2023 in Seville. At the event, Spain took the important step to officially join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, becoming the second EU country to join after Luxembourg.

At the event in Brussels, UNAIDS Deputy Executive Director, Christine Stegling, thanked Spain for its leadership globally and in the European Union and said the world needed to act urgently to eliminate HIV-related stigma and discrimination.



"We've made impressive progress against HIV, but we have much work left to do," said Ms Stegling. "Unless we succeed in ending AIDS-related stigma and discrimination, we will not be able to reach everyone in need. Stigma and discrimination against people most affected by HIV are the biggest barriers to accessing lifesaving HIV prevention and care. We look forward to working with European Union Member States, the European Parliament and the Council of the European Union, to take this agenda forward."

As Spain steps down from its Presidency of the Council of the European Union at the end of December 2023 and as Belgium assumes the role, Ms. Stegling also expressed hope that Belgium will follow in Spain's footsteps and continue to lead on this critical issue. She called on the whole of the European Union to join in global efforts to abolish AIDS-related stigma and discrimination to reach

people who are currently being left behind in the response.

Around the world, some 9.2 million people living with HIV still do not have access to life-saving medicines. Every minute, a life is lost to AIDS. In 2022, 1.3 million people became newly infected with HIV. Many people most affected by HIV are being left behind, including adolescent girls and young women, gay men and men who have sex with men, people who inject drugs, sex workers and migrants. These are the people who must be reached for AIDS to be ended as a public health threat by 2030.

Removing AIDS-related stigma, discrimination and criminalization will make it more possible to reach those currently being left behind. Political leadership in the European Union is key to achieving that goal.

Also critical for removing AIDS-related stigma and discrimination is

community leadership. Ms. Stegling highlighted UNAIDS' 2023 World AIDS Day report "Let Communities Lead" citing the need for governments and donors to fully empower and fund community leadership in the response to HIV.

Other speakers at the event included: Andrea Ammon, Director of the European Centre for Disease Prevention and Control; Peter Sands, the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Hans Kluge, the World Health Organization's Regional Director for Europe and Kathleen van Brempt, MEP of the Progressive Alliance of Socialists and Democrats in the European Parliament.

The World AIDS Day event was co-hosted and moderated by Marc Angel, MEP from Luxembourg and vice-president of the European Parliament. He said, "Representing my country, I extend my deepest

appreciation to Spain for joining the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. As a UNAIDS Red Ribbon Leader for the "10-10-10" targets on societal enablers, I look forward to working closely with Spain, my own country, Luxembourg and, ideally, other EU Member States to end all forms of HIV-related stigma and discrimination in the EU, across Europe and beyond."

The 10-10-10 targets are:

Less than 10% of countries have punitive legal and policy environments that deny access to justice  
Less than 10% of people living with HIV and key populations experience stigma and discrimination  
Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.



**DO NOT IGNORE A CRY FOR HELP!**

Help is nearby.

It is a call or SMS or WhatsApp away.

Take action if a child near you or someone you know is suffering any of these abuses;

1. Physical abuse
2. Emotional abuse
3. Sexual abuse including rape, indecent assaults, exposure to sexual material
4. Sexual or Economic abuse and exploitation
5. Child being married off against her will or allowing a child to elope and not do anything about it
6. Threats or intimidation of any kind
7. Neglect of a child

Get in touch with any of these numbers for free assistance in Zimbabwe

Help needed	Who can help?	Coverage	Their Contact details
Counseling/emotional support	<ol style="list-style-type: none"> <li>1. National GBV Hotline</li> <li>2. Childline</li> <li>3. Ministry of women affairs</li> <li>4. Department of Social Development</li> <li>5. Musasa</li> <li>6. Shamwari Yemwanasikana</li> <li>7. Padare/Men's Forum</li> <li>8. Contact</li> </ol>	National	<ol style="list-style-type: none"> <li>1. 575</li> <li>2. Call 116 App 0732116116</li> <li>3. District office near you</li> <li>4. District office near you and Ward Child Care Workers</li> <li>5. Econet 08080074 Netone 08010074 Telecel 0731080072-4</li> <li>6. Toll Free 08011034 Helpline 0777851120</li> <li>7. Helpline 0776027290</li> <li>8. Netone 08010186/7 Whatsapp 0719528158/9</li> </ol>
Reporting violence	<ol style="list-style-type: none"> <li>1. National Hotline</li> <li>2. Ministry of Education</li> <li>3. Childline</li> <li>4. Saywhat Hotline</li> <li>5. ZRP Victim Friendly Unit</li> <li>6. Zimbabwe Gender Commission</li> <li>7. Shamwari Yemwanasikana</li> <li>8. Issues/Pane Nyaya</li> </ol>	national	<ol style="list-style-type: none"> <li>1. 575</li> <li>2. 317</li> <li>3. 116 or App 0732116116</li> <li>4. 577</li> <li>5. Econet 08080554 Netone 080101149 Telecel 0735342874</li> <li>6. Toll Free 08004379</li> <li>7. Toll free 08011034 Helpline 0777851120</li> <li>8. Media 0773910095</li> </ol>
Place of safety/Fostering	<ol style="list-style-type: none"> <li>1. Department of Social Development</li> <li>2. Ministry of women affairs</li> <li>3. Musasa</li> </ol>	National	<ol style="list-style-type: none"> <li>1. Any district office or CCW in your Ward</li> <li>2. Any district office near you /WardCo</li> <li>3. Econet 08080074 Netone 08010074 Telecel 0731080072-4</li> </ol>



# *Health and Safety Measures For Delegates Attending ICASA 2023 In Harare*

The ICASA Conference is running from 4 to 9 December, 2023 at the Harare International Conference Center (HICC). The conference will be running under the theme, “AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation.”

## **Attendee health and safety measures**

Here’s all you need to know for attending ICASA 2023 safely, responsibly, and confidently. Note that some guidelines are mandatory.

NB: All delegates should have their COVID-19 vaccination cards and yellow cards. Cholera vaccination cards if available will also be appreciated.

### **Action to take in advance**

#### **Mandatory – badging**

To avoid lines, we’ll email your QR code confirmation in advance. Please have this QR code with you on your smartphone or as a printout when you arrive at the conference venue. Badge holders and lanyards will also be available at registration desks.

### **AT RAINBOW TOWERS HOTEL & CONFERENCE CENTER – moving around the Conference**

Wearing face masks is mandatory within the Rainbow Towers Hotel & Conference Center (except for medical exemptions). Staff, Security, and ICASA 2023 Volunteers are jointly responsible for monitoring face-covering compliance and both are authorized to escort people out of the venue in the case of non-compliance.

#### **Mandatory – Staff access to booths**

Booths with exhibiting partners will have their own dedicated info desk.

#### **Entering the Conference**

Traffic flow in and out of the conference center will be carefully managed. As much as possible we will ensure one-way movement of people to minimize contact. There will be appropriate signage provided and volunteers to assist and guide delegates to their various destinations.

#### **Exhibition hall density**

Wider aisles will be added wherever possible and the conference will provide more seating areas in the exhibition hall to reduce crowding and improve traffic flow.

#### **Mandatory – Refreshments**

The conference venue will provide an extended range of individually packaged food items and will observe all applicable COVID-19, public health and safety standards.

### **Cleaning standards and special measures during the Conference**

#### **Mandatory- Exhibition Hall cleaning**

The convention space will be cleaned regularly including electrostatic spray treatment every night in accordance with ICC standards. Exhibitors will also be required to clean meeting areas between each appointment or meeting.

#### **Mandatory – Health and Safety monitoring**

ICASA 2023 staff, volunteers, and security at the venue will continually monitor the COVID-19 and public health safety protocols across the conference to ensure compliance.

#### **Hand Sanitizer**

Hand sanitizer dispensers will be placed throughout the conference venue as well as the exhibition hall and community village. Attendees are encouraged to sanitize their hands frequently and after every meeting.

#### **Meeting/Conference rooms**

Meeting rooms will be set up in compliance with the current social distancing and room capacity guidelines in Zimbabwe to ensure you can take part safely in ICASA 2023 sessions.

#### **Other Safety standards**

The venue has implemented a vast range of health and safety measures which are not detailed on this page but can be viewed on the Rainbow Towers Hotel and Conference Centre website.

Importantly, the entire Rainbow Towers Hotel & Conference Center, including the exhibition halls, is equipped with highly efficient ventilation systems concurrent with International Conference standards.

Important notice: All delegates are required to avoid eating street food and purchasing from street hawkers. All delegates are to patronize restaurants within the conference venue.

In case of a positive COVID-19 test, the affected delegate will cater for all related costs, including quarantine.

#### **Medical Travel Insurance**

Delegates must hold valid medical travel Insurance to cover his or her duration.





Pictures from  
READY Summit and  
ICASA DAY 1