HEALTHTIMES
Health News For A Healthy Nation

#ICASA2023

22ND ICASA INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
4-9 December 2023
Rainbow Towers, Harare, Zimbabwe

Daily E-Bulletin

Issue 3: (7 December 2023)

University of Zimbabwe secures US$45 Million USAID grant to Develop and Test New HIV Vaccines

By Staff Reporter

The University of Zimbabwe and regional partners have been issued a U.S. Agency for International Development (USAID) award of over US $45 million to implement the HIV Vaccine Innovation, Science, and Technology Acceleration in Africa (HIV-VISTA) program.

This groundbreaking initiative aims to develop and test novel HIV vaccines in an 8-country African consortium, led by the South African Medical Research Council (SAMRC) CEO and President, Prof Glenda Gray. The BRILLIANT (BRinging Innovation to cLinical and Laboratory research to end HIV In Africa through New vaccine Technology) consortium, comprising leading African scientists from Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe, will work together to achieve this ambitious goal. The University of Zimbabwe Clinical Trials Research Centre (UZCTRC) will represent Zimbabwe in this prestigious consortium, contributing to the development of innovative HIV vaccines designed and developed in Africa for Africa.

This project is fruition of the Government of Zimbabwe's Education 5.0 philosophy to promote the development of home-grown innovations and solutions as emphasized by His Excellency President Emmerson Mnangagwa that "Nyika inovakwa nevene vayo / Ilizw lakhiwa ngabanikazi balo". This is the first local project that will initiate the HIV vaccine development pipeline from the discovery stage with an objective to come up with vaccine candidates appropriately suited for our population.

Dr Nyaradzo Mgodi, UZ Researcher and Lecturer, and BRILLIANT Principal Investigator, emphasizes the significance of the HIV-VISTA program: "This program presents a unique opportunity for African scientists to conduct research with communities in the region, testing vaccine immunogens developed and designed in Africa. The responsibility to deliver an effective HIV vaccine is a global priority, and we are confident that the HIV-VISTA program will make a significant contribution to this effort."

The HIV-VISTA program is a major step forward in the fight against HIV/AIDS in Africa, and the University of Zimbabwe and its partners are honoured to be part of this historic initiative. With the combined efforts of the BRILLIANT consortium, we are closer than ever to finding an effective HIV vaccine that will have a lasting impact on the health and well-being of at-risk populations. The Director of Research, Innovation and Industrialisation at the University of Zimbabwe, Prof Florence Mtambanengwe, commended the research team for this excellent achievement. The University of Zimbabwe Vice Chancellor, Prof (dr) Paul Mapfumo (PhD) welcomed the awarding of this grant as a significant milestone in the national health response. He commented that: "This investment in research and innovative technology for vaccine discovery augments the institution's research capacity in HIV, and in other disease conditions. Participating in BRILLIANT supports leadership development of UZ faculty, consolidating research management skills of our growing pool of accomplished scientists and better equipping them to fulfil their role in achieving Zimbabwe' VISION 2030."

Call
+263 776 280 754, + 263 772 679 680
to
advertise in the HealthTimes
ICASA Daily E Bulletin

East and Southern Africa Region records rise in new HIV infections among older women

By Michael Gwarisa

While progress has been made regarding improving HIV health outcomes for Adolescent Young Women and Girls (AGYW) in the East, Southern African (ESA) region, a worrying trend shows that more new cases are now being recorded among older women aged between 25 to 34 years.

HIV data shows that women are the face of HIV on the African continent, with 63 percent of all new infections in the continent being recorded in women and is even more pronounced among adolescent girls and young women. HIV infection rates are three times higher among adolescent girls and young women than boys and men of the same age.

Briefing a panel session on Accelerating HIV prevention through a Continuum lens: Multisectoral approaches for AGWY. Older women of reproductive age, UNFPA ESA Regional Director, Ms Lydia Zigomo said older women were now the neglected face of the HIV pandemic. "Only about 42 percent of districts with very high HIV incidence had dedicated HIV prevention programmes for adolescent girls and young women in 2021. While there has been some progress with AGYW programming, the older women of reproductive age (25-49 years) seem to have been neglected," said Ms Zigomo.

She added that a review of the recent population-based studies reveals high incidence levels of HIV among older women, especially 25 to 34 years, "A review by UNFPA Regional Office of ESA noted that a number of older women have an elevated risk of HIV infection, most of whom are still in their peak reproductive years , especially in high-HIV-incidence settings. The review further observed that, while HIV incidence is generally declining for all populations, the trend is slower for older women than for younger cohorts of any gender. "Older widowed or divorced women, those living in sero-discordant partnerships, engaging in high-risk activity (such as sex work or transactional sex), or living in locations with high HIV prevalence and unsuppressed viral load (particularly among men), have the slowest declines and the most need for tailored, person-centred HIV prevention interventions." She said a number of countries on the continent, especially in ESA are increasingly prioritising HIV prevention as an inter-sectoral issue for adolescent girls and young women programming.

"For instance, many countries recommitted to the revised 2021 ESA Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People , pledging to roll out CSE and adolescent/youth-friendly health services among other things," said Ms Zigomo.

She further noted that the quality and scale of implementation, however, varies widely. Approaches to address adolescent girls and young women, particularly around social protection, have increasingly been developed in the region but remain mainly at project level, with pilot initiatives in many countries contributing to the evidence for what works. The reality of our epidemic especially in ESA, necessitates a life cycle approach to ensure that all women at risk are covered.

Zim commences Multidrug resistance TB survey to improve case detection

By Kuda Pembere

Zimbabwe recently began a survey to sasses the burden of Multiple-drug resistance TB in the country amidst the background of low case detection, a Ministry of Health and Child Care Official said.

Addressing delegates at an ICASA side event on TB, Zimbabwe's Health ministry TB/HIV officer Mr Manners Ncube said one of the measures they are implementing to improve case detection, particularly in MDR TB is a survey.

"And then MDR TB case detections, 35 percent. But when you reference now to the TB in general of 81 percent, we see sort of there's some discrepancy there. Because we know that case finding for DRTP is nested within the conventional TB case finding. So that is why currently we are in the process of, we have just started the process of a DRR survey to just appreciate better the burden of MDRR-TP, of DRR-TP in the population, to better align our targets to the real burden that is there," he said. He said they have been off track from the benchmarked TB case-finding targets.

"So TB Prevention Therapy (TPT) for PLHIV, I think for those who attended a session on Monday, it was highlighted that Zimbabwe performed very well on this indicator. But for the rest of the indicators, not as good. We didn't reach the target for TB case detection. We're at 81 percent, and for childhood TB 67 percent. And for childhood TB we expect to get some cases, at least from the index cases that we have identified during contact investigation," Mr Ncube said.

STOP TB Partnership Zim team at ICASA

Mr Ncube also noted that they began using stool samples to test for TB in children to skirt the challenge of testing TB in children. For adults, experts say, they use sputum which is difficult to obtain from children.

"So because of leakages and some other challenges investigations were missing these children. Even in terms of specimens for testing for tipping children we had issues. So recently we adopted the use of stool and did necessary capacity building and this is something that is still new relatively," he said.

He said Zimbabwe is in the two top 30 list of high burdened countries in terms of TB/HIV, and also MDRTB. In terms of Health Services infrastructure and TB Diagnostic Tools, Zimbabwe has 1650 government health facilities throughout the country, 155 Gene Xpert machines in the public sector, five Ten colour Gene Xpert machines, three LPA sites, 20 Truenat machines in the public sector, 50 digital X-ray machines in the public sector and 14 portable digital Xray machines deployed in June 2023.

Taxes good for increasing child budgeting for HIV says Prof Mthuli Ncube

By Michael Gwarisa

Minister of Finance and Investment Promotion, Professor Mthuli Ncube has defended his recent tax regime citing that it was one of the guaranteed means of boosting domestic financing for healthcare, especially HIV care.

Professor Ncube recently announced a $58,2 trillion Budget for 2024 where he introduced new taxation on wealth and sugary beverages including alcohol starting January next year. He said the new levy on the sugar content of beverages was in response to growing concerns about the adverse effects of consumption of sugar, particularly in beverages. Speaking during a panel session on Child Budgeting on HIV sustainability in Zimbabwe, Professor Ncube said investing in domestic financing for healthcare was the way to go.

"When you spend money on health, it is not just expenditure, it is investment. You are investing in human capital. In my previous life, I did some very detailed research work on Uganda where we analysed the economic impact of shifting tax expenditure towards health in that country.

"What we found out is that an increase in allocation of tax revenues to increasing the budget on HIV had the impact of increasing the Gross Domestic Product (GDP) growth in Uganda by 2 percent. So this is not a small matter, investment in health and investment in the HIV response is crucial. We are almost close to attaining the Abuja target, we are almost there," said Prof Ncube.
He said Zimbabwe was already doing well in terms of HIV financing and the 3 percent HIV levy or the AIDS levy had stood the test of time.

"We are committed to ring-fencing the 3 percent HIV levy and we will maintain it. We are committed to that. It will not be removed, not any time soon, not by anybody. I realise that HIV has comorbidities which turn out to be Non-Communicable Diseases so we thought it necessary to come up with some other ways to fund these comorbidities.

"So last year we introduced some Sin Taxes on Cigarettes and on alcohol. This year, I have introduced another tax on sugary drinks and the figure is 2 Cents per gram of Sugar in a Can of Coca-Cola. There is an outcry from manufacturing but the principle is clear, we want to create a cancer fight."

Minister of Health and Child Care (MoHCC), Dr Douglass Mombeshora said Zimbabwe was already working on a sustainable plan to finance health locally.

"The journey toward sustainable and localised HIV programming is a long-term process and I am glad to report that the sustainability assessment to understand the gaps are currently underway. Thanks to PEPFAR and USAID for the financial support. The desire is to have a roadmap ready by 2024 with idea of having a clear transition plan towards domestic funding on HIV and health as a while," said Dr Mombeshora.

Meanwhile, UNICEF Representative, Zimbabwe, Dr Tajudeen Oyewale said Zimbabwe was making progress in improving child healthcare.

"Firstly, efforts to eliminate Mother to Child transmission of HIV, Syphilis and Hepatitis is a welcome development. Secondly, in Zimbabwe, there is a major focus on adolescent girls and when you talk about adolescents, there are most children. That focus on adolescent girls and adolescents is another investment in children. Lastly, there is the broader work we do under the leadership of the minster around new-born and child healthcare which is the base of where you are able to make contact with women and children whether it is the ANC, delivery care Post Natal Care and all that comes around that," said Dr Oyewale.

Alcohol abuse and undernutrition increasing TB mortality and morbidity in Africa

By Kuda Pembere

AFRICA must also address the issue of undernourishment to prevent mortality and morbidity in TB patients, a tuberculosis World Health Organization Africa regional office official has said.

Head of the Green Light Committee for TB at WHO Afro Dr Jean-Louis Abena told delegates during a session at the ICASA conference that the issue of under nutrition and alcohol use disorder are proving to be a thorn in the flesh of the continent.

"But this year, under nutrition has become one of the most contributing factors that make people become ill with TB. And we don't know how to fight against under nutrition.
"So it's beyond the health sector. This is one big challenge. For HIV, we are pushing. Alcohol use disorder is also emerging, but it's also complex.
"Maybe let's fight against HIV, it's still the biggest one, and undernutrition, we are going to put on multi-structural strategies to tackle that determinant," he said.
He also noted that while South Africa is still among the countries with the highest TB burden in Africa, they have made some headways in reducing TB incidence. Nigeria, DRC and South Africa and Ethiopia, Kenya account for almost 80%, 70% of the TB incidents in Africa.
'And now we are in the, our incidence now is 200 and 205, 207 per 100,000 inhabitants. This is the milestone that of 2020 when we met the incidence reduction.
"And this is the list of countries that reduced the incidence. You see South Africa in the list. They reduced the incidence, but the incidence is still high in that country. But the indicator was to reduce by 5% per year since the year 2015, to the year 2023 on incidence. So we have achieved this for this country," he said.
Regarding the reduction of TB mortality in Africa, Dr Abena noted that they have managed to reduce them to under 500 000.

'And for mortality, we have also made some progress. So this is the number of deaths that are related to TB in our region. We came from close to 900,000 deaths in the region to less than 500,000 deaths in the region. "So this is where we are coming from. But the goal is really ambitious, less than 70,000 deaths by the year 2013. We have to fight against this high mortality. And the mortality is very high among the people who are living with HIV. Maybe we need to put on the top of the agenda the directive of WHO on care of advanced HIV disease," he said.

He noted that while there are some priority countries with high TB incidence which need much focus, countries off the list should not be left out.

"But these are priority countries. In terms of elimination, those low burden countries deserve also attention because they will be the first to declare the elimination.

"So we need to make smart plan for those small island insular country so that they will become the first to declare the epidemic out under control and then we declare some subsistence at the level of Afro," Dr Abena said.

Point-of-care testing helps reduce mother-to-child HIV transmission in Zimbabwe

By Kuda Pembere

Point of care testing in children helped Zimbabwe reduce Mother to child Transmission (MTCT), infant mortality and morbidity over the past two decades, Professor Lynn Zijenah an immunologist says.

Nationally, MTCT in the early 2000s amidst the absence of HIV interventions was more than 30 percent till it dropped to 8 percent according to latest figures.

Presenting a research at the Cepheid Booth at the ICASA 2023 conference, Prof Zijenah said in the research where 500 HIV positive pregnant women were enrolled they MTCT rate was 1.55 percent/

"At the end of the 24 months follow up study in 2020, the retention rate was more than 95 percent. All the infants received nevirapine in the first six weeks of life. All except one set of twins were exclusively breast fed in the first six months of life.

"The MTCT rate was 1.55 percent. The current national MTCT rate in Zimbabwe is 8 percent. Of the seven HIV-infected, four infants were infected in-utero, one infant was infected intrapartum and two infants were infected post partum.

"In the first 24 months of life in-utero transmission was the major rout of MTCT. POC testing should thus be commenced at birth. The majority of transmitters that is 86 percent were in their third trimester and had been on cART for less than six months," she said.

During the rime when HIV interventions were unavailable, the infant mortality rate was as high as 20 percent for Harare.

"The maternal and infant mortality rates were 0.21 percent and 1.78 percent respectively. In the early 2000s in the absence of any intervention, we reported an MTCT rate of 30.7 percent and an infant mortality rate of 19.6 percent, in the first two years of life among HIV infected infants in Harare.

"Thus POC testing not only contributed to drastic reduction of MTCT but also maternal and infant mortality as well as increased rate retention in care," she said.

Zimbabwe started the Option B Plus initiative which sees HIV negative infants on nevirapine prohylaxis for the first six weeks of life following point of care diagnosis using Cepheid GeneXpert qualitative assays.

"Strategies for preventing MTCT have evolved dramatically over the years since the late 1980s. The latest WHO recommendation of 2013 is the Option B plus which includes provision of children ART to HIV-infected pregnant women regardless of CD4 cell count, or WHO clinical stage, prophylaxis of infants with daily Nevirapine for the first six weeks of life, exclusive breast feeding during the first six months of life, early infant diagnosis and commencement of pediatric ART to the HIV infected infants,"

Prof Zijenah said. "The Zimbabwe ministry of health and child care adopted Option B plus for prevention of MTCT in 2014. Under the National PMTCT program, dried blood spots were sent from PMTCT centers nationwide to the three centralized laboratories for EID of HIV infection starting at 4 to 6 weeks postnatally. In 2017, we conducted a study at Mabvuku Polyclinic, primary health centre in Harare with the aim of optimizing Option B plus. We enrolled 500 HIV infected pregnant women at various stages of gestation who had registered for Antenatal services and their newly born babies. We had the GeneXpert machine installed at Mabvuku Polyclinic laboratory."

She added, "We employed the POC GeneXpert HIV-1 Quantitative assay to quantify maternal VL at enrolment into the study and every six months thereafter up to 24 months. The women with a VL of more than 1 000 copies per milligram in two consecutive tests were reffered to the clinic for extensive adherence counselling before decision to switch to other pediatric ART if suspected of having developed resistance to their current pediatric ART regimen."

To avoid the death of HIV infected babies before the age of two years, she said it is critical for these babies to be tested at birth, which is what the Zimbabwean government is doing.

"Mother to child transmission of HIV which can occur in-utero, intrapartum, and post partum mainly through breast feeding is the major source of HIV infection in children. In the absence of any intervention, MTCT rates range from 15 to 45 percent.

"However, with combination ART for children, combined with other effective interventions, MTCT rates can be reduced to below 5 percent. In the absence of any interventions, to reduce MTCT, one third of HIV infected infants die before their first birthday, and more than 50 percent die before their second birthday," Prof Zijenah said.

Africa must rope in private sector in funding HIV Programs

By Kuda Pembere

With the discourse on funding for HIV programs being dominated by the Government and donor partners, a leading Malawian researcher says involving players is critical through innovative means such as taxes and levies'

While countries such as Zimbabwe came up with the innovative AIDS levy, it has been the envy of many African countries.

Professor Ann Maureen Phoya while addressing the media at an ICASA press conference Wednesday said the private sector should be roped in the HIV response financing.

"We also need to raise money through the private sector because we have a blossoming private sector in our countries. Let us involve them," she said.

She also said there is a need to come up with a robust health insurance scheme to reduce out-of-pocket expenditure.

"But we are also asking that we need to come up with social health insurance so that we should have financial protection because if you have to pay money from your pocket every time you are sick, it means you are going to face financial ruin and we need to put in some levies or taxes on certain things, for example, tobacco," Prof Phoya said.

She also proposed sin taxes where harmful substances such as tobacco and alcohol are levied. Prof Phoya also urged proper governance and use of these monies.

"We know tobacco is not good for health. Alcohol is not good for health. So these things we must put a levy on these so that the money that we get we can put into health. But I was also requesting the governments that when we raise this money, it must be taken care of properly. It should not end up in corruption.

"We all know what corruption is all about. So when we have raised this money through taxes, social insurance, and what would lead us to finance issues for health care for HIV," she said.

She also bemoaned that when African countries miss the Abuja target of 15 percent, the heavily affected HIV communities such as the adolescent girls and young women will lose out resulting in the elimination of HIV being an impossible target to reach.

"Firstly, we've noted that the youth, especially the adolescents and the young women, are the ones that we are recording high numbers of new infections, meaning that we need to do more to make sure that we are protecting the adolescent and the youth.

"The burden is quite heavy here in sub-Saharan Africa compared to our colleagues in the global West. The challenge that we have, which

Prof Ann Maureen Phoya from Malawi

specifically I was addressing in my presentation, was that one, we don't have enough finances because our governments have not fulfilled their obligation, an obligation which they signed in Abuja more than 10 years ago," Prof Phoya said. "The declaration was that each government must put in 15% of their budget for health. So we are requesting through this conference this year, ICASA 2323, that we go back to our national governments and advise them and ask them that they need to give us this 15% if we have to do well."

Prof Phoya added, " But like I mentioned the adolescent and the young woman are the ones that are heavily affected. So those of us that are in programming, let us make sure that we have programmed this money to make sure that it reaches the adolescent child and the young girl."

FRIDAY 8 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
Edutainment (Interludes in between sessions)– creative mechanics song poetry & music -	Womandla and SWEAR	0900-1615hrs	ARASA Community Booth No 15
TOPIC: Sexual Orientation, Gender Identity and Expression (SOGIE)	ARASA	10-15-16.15hrs	ARASA Exhibition Booth No 34
Topic: Pasi pemuti talk- How to create feminist spaces that are inclusive and adaptive to diverse intersectionalities.	Womandla	1015-1100hrs	ARASA Community Booth No 15
TOPIC: Youth Prison Pollution Alliance (Youth PoPs) discussion on drug and substance abuse	SANOP	1115-12.00hrs	ARASA Community Booth No 15
TOPIC: Cancer care for all. Addressing the needs of women and LGBTQI+ individuals- Exploring issues like access to screening and treatment. Experiences of stigma and discrimination in the health care settings.	Women Health Issues Trust :	1400-1500hrs	ARASA Community Booth No 15
TOPIC: Roundtable Conversation- Key takeaway lessons on how to make our communities safe and inclusive- Notes will be used to develop a Best practice guide.	Womandla	1530-1615hrs	ARASA Community Booth No 15

SATURDAY 9 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
TOPIC: Collaboration Opportunities	ARASA	1015-12.00hrs	ARASA Exhibition Booth No 34
TOPIC: Accelerating Community Collaborations in ending HIV	ACCEPT Consortium : Transmart Led	1030-1200hrs	ARASA Community Booth No 15

Join us for 6 days of edutainment, vibrant discussions, learning and sharing platforms at ARASA Exhibition Booth No 34 , Community Booth -No 15, and at the Networking Side Event to be held at Holiday Inn Hotel, Harare .

Lots of prizes to be won! Save the dates and watch the space for more details!

Register for Networking Side Event on 5 Dec on following link: https://forms.gle/uQYJcT5bUMqAgt5e7

VIRTUAL PARTICIPANTS: CAN ACCESS THE NETWORKING SIDE EVENT MEETING USING THE FOLLOWING ZOOM DETAILS:

https://us02web.zoom.us/j/8739812923?pwd=VXBzUEg0SENvbXYzTk0xeFFoUUdJZz09 | Meeting ID: 873 981 2923 | Passcode: 402144 |

Email: communications@arasa.info | Website: https://arasa.info/ Twitter: @_ARASAcomms

Facebook: ARASA https://www.facebook.com/AIDSandRightsAllianceforSouthernAfrica | Instagram: https://www.instagram.com/arasa_network/

AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA

ARASA @ ICASA 2023

ROAD MAP

4-9 DECEMBER 2023 HARARE ZIMBABWE

MONDAY 4 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
Display of ARASA Resource Materials -Research based toolkits & manuals: Self-Care, Bodily Autonomy and Integrity for Media, Sexual Orientation, Gender Identity and Expression (SOGIE) and SRHR advocacy toolkit for adolescent girls and young women… any many more resources	ARASA	1015 - 1615 hrs	ARASA Exhibition Booth No 34

TUESDAY 5 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
Edutainment (Interludes in between sessions)– creative mechanics song poetry & music	Womandla and SWEAR ARASA	900-16-15hrs	ARASA Community Booth No 15
		1015-1100hrs	ARASA Community Booth No 15
Display of ARASA Resource Materials -Research based toolkits & manuals: Self-Care, Bodily Autonomy and Integrity for Media, Sexual Orientation, Gender Identity and Expression (SOGIE) and SRHR advocacy toolkit for adolescent girls and young women… any many more resources		1015-1615hrs	ARASA Exhibition Booth No 34
TOPIC: ARASA regional SRHR programmes	Southern Africa Network of Prisons (SANOP)	1100-1200hrs	ARASA Community Booth No 15

4-9 December 2023, Harare, Zimbabwe

Another major HIV Vaccine trial halted

By Staff Reporter sa

The PrEPVAcc team announced at the ongoing 22d edition of ICASA that they have stopped further vaccinations as there is little or no chance of the trial demonstrating vaccine efficacy in preventing HIV acquisition.

This came as a result of data review by the independent data monitoring committee. The PreP portion of the study will continue. PrEPVacc is also testing a new oral PrEP drug formulation (TAF/FTC, Descovy ©) to see if it is as good as the drugs already approved for PrEP (TDF/FTC, Truvada©), in a study population that is 87 percent female."The data on Descovy will be the first data from cisgender women.

It was noted that the experimental HIV vaccine regimens likely to be ineffective in preventing HIV acquisition, PrEPVacc study reports
The PrEPVacc HIV prevention study of experimental vaccine regimens and a new form of oral pre-exposure prophylaxis (PrEP) running in East and Southern Africa among 1,500 volunteer participants has stopped further vaccinations as there is little or no chance of the trial demonstrating vaccine efficacy in preventing HIV acquisition.

PrEPVacc's leadership decided to stop vaccinations immediately based on the recommendation of its independent data monitoring committee (IDMC), which also recommended that the oral PrEP component of the study continue to completion.

Follow-up of all participants will continue for additional safety data collection, HIV testing and referral for ongoing care for six months after the last vaccine injection for all participants or until the end of the oral PrEP trial, whichever Is longest. PrEPVacc's trial safety group reviews the safety Information of participants twice a month and has no concerns about the safety of the vaccines. Trial leaders shared news about PrEPVacc publicly at the International Conference on AIDS and STIs in Africa (ICASA 2023) today in Zimbabwe.

PrEPVacc, led by African researchers with support from European scientists, is three trials in one. It is testing two different combinations of HIV vaccines to find out if either can prevent HIV infection in populations at risk of acquiring HIV. Participants received injections of either one regimen combining a DNA vaccine with a protein-based vaccine (AIDSVAX), a regimen combining DNA, MVA and a protein-based vaccine (CN54gp140), or a placebo (saline). Participants received four injections in each regimen or of the placebo.

Atthe same time as participants receive vaccinations, PrEPVacc is also testing a new oral PrEP drug formulation (TAF/FTC, Descovy 0) to see if it is as good as the drugs already approved for PrEP (TDF/FTC, Truvada0), in a study population that is 87% female. Participants received study PrEP as either Descovy or Truvada up to two weeks after the third vaccine injection. After that, the study teams either provide non study PrEP Ina clinic or refer the participants to access non-study PrEP at the local service providers. Participants received information and counselling on how best to Incorporate PrEP In combination with other available prevention methods against HIV acquisition.
Enrolment of healthy adults aged 18-40 in PrEPVacc began in December 2020 and was completed on 1 March 2023 with 1,512 participants. At enrolment, participants reported behaviours that made them more vulnerable to acquiring HIV.

Despite the delays experienced due to the COVID-19 pandemic, all but 10 participants had passed the time point for the third set of vaccinations by 2 October 2023, and 1,016 had received all four vaccinations. Almost all the participants received oral PrEP, with only 696 deciding they did not want oral PrEP. Overall, most participants reported taking oral PrEP two days before or after their last condomless sex act.

PrEPVacc's study sites are Masaka, Uganda; Mbeya, Tanzania; Dar es Salaam, Tanzania; and Durban, South Africa. The Masaka and Durban sites enrolled men and women, while the Mbeya and Dar es Salaam sites enrolled only women. Across all sites, 1396 of participants are men, and 8796 are women.

Vaccinations were stopped immediately following the recommendation by PrEPVacc's IDMC after a scheduled interim review on 9 November of PrEPVacc data collected up to 2 October 2023.

PrEPVacc's Trial Steering Committee accepted the recommendation that vaccinations be permanently discontinued on 22 November, after which the study team began communicating the news to participants and their local communities, other stakeholders, and regulatory and ethics groups.

The stopping of further vaccinations in PrEPVacc underlines how challenging it Is to develop an effective HIV vaccine. To date, only the RV144 'Thai trial' showed some efficacy in reducing HIV acquisition by 31.5% at three years.

The full results of the vaccine trial will not be known until all the study visits have been completed, which the study teams aim to do by June 2024. Full results will be analysed and shared with participants, study teams and the public in the second half of 2024.

PrEPVacc's Trial Director, Dr Eugene Ruzagira, based at the MRC/UVRI & LSHTM Uganda Research Unit in Uganda, who announced the news at ICASA, said: "Vaccinations to PrEPVacc trial participants have been stopped because on analysis of the data collected solar by our independent Data Monitoring Committee hos led them to conclude that there is little or no chance of demonstrating that the vaccines we are testing are reducing the risk of acquiring HIV."

"PrEPVacc clinicians and scientists will not *row the vaccine trial's full results until after lune 2024, when the collection of all the trial data is complete, and they can be analysed. A report will be available in the later months of 2024."
"The scientific hurdles are high, but 1 have equally high hopes that an H1V vaccine will be developed one day. Every day, all around the world, important research like PrEPVacc is moving us forward, and participants are willing to step forward with us and make a difference to the health of their communities."

"Throughout this HIV prevention study, we have built very good relations with participants and our communities using the principles and techniques of Good Participatory Practice. As we move towards a new era of HIV prevention studies and vaccine efficacy trials, the lessons of Good Participatory Practice have never been more important to apply." PrEPVacc's Chief Investigator, Professor Pontiano 1Caleebu, based at the MRC/UVRI & LSHTM Uganda Research Unit In Uganda, said:
'The development of a vaccine preventing HIV is a critical goal for Africa. It is a goal that must have even greater urgency now that no HIV vaccines are being Walled for efficacy anywhere in the world."
'We have come so far in our HIV prevention journey, but we must look to a new generation of vaccine approaches and technology to take us forward again."

"We must also look to a new generation of leaders. We set up PrEPVacc to grow our capacity Africa to do future trials ourselves and to develop those who will lead them here in Africa."

"Our participants and collaborators shaukl be very proud that PrEPVacc is the largest HIV vaccine effkacy trial to run Eost Africa."

Professor Shee. McCormack, PrEPVacc Project Lead based at the Medical Research Council clinical trials unit at University College London, UK, said:
"It. important to remember that PrEPVacc is three studies in one, and the PrEP part is continuing. Almost all participants received oral NEP as a study drug, but far fewer continued on non-study PrEP. We hope that we will hove valuable insights from the quantitative and qualitative findings to guide the use of oral PrEP beyond the trial"

Professor Jonathan Weber of Imperial College London, UK, the sponsor of PrEPVacc, said:
"The most Important people to thank and to credit in PrEPVacc are our participants. Eoch one has made a tremendous ongoing commitment to this study. The schedule of visits is demanding, and each research clinic visit can take a long time. Our participants' willingness to conhnue this study with us is heroic and greatly appreciated by the research community."

'We do clinical trials because we don't know the answer to questions. It was important to find out whether the combination vaccine regImens . PrEPVacc. dev.Ped over 20 Year, should be ruled out or further developed for preventing HIV. While we await the final results and analysis of individual products, believe that our interim result puts this generation of putative HIV voccines to bed"
has been a tremendous achievement by PrEPVacc, study staff to successfully conduct the trial through COVID-19. We must also acknowledge those who have designed the PrEPVacc trial PrEPVacc, novel methodology was intended to reach a clear result with the rninimum number of volunteers."

011vla Nakanwagi, a member of the Masaka site, Uganda, Community Advisory Board, said:
"Without community trust and engagement, we will not be able to advance the search for new ways of preventing HIV. PrEPVacc has tried new ways to bring the community, voice into decision-making. I'm proud to represent my community among the study leaders, scientists and staff at my site and gukle them engaging well with that comrnunity. "The participants PrEPVacc hove the deep gratitude of their cornmunities for their dedication to this study and helping to test two ways of preventing HIV at the same time."

Quick facts about PrEPVacc:
• PrEPVacc is an African-led, European-supported HIV prevention project that, for the first time, is combining evaluation of HIV vaccines and pre-exposure prophylaxis (PrEP) at the sarne time. • PrEPVacc recruited over 1,500 people aged between 18 and 40 at four trial sites in Uganda, Tanzania, and South Africa. • Preparation for the trial included a Registration Cohort (an observational study), whose first participants were enrolled in July 2018. • The first participants in the clinical trial enrolled in December 2020. • At the time of the IDMC recommendation in November 2023, PrEPVacc was the only remaining active HIV vaccine efficacy trial in the world. • A key part of the PrEPVacc project and how it is organised is to grow the capacity of African sites to do future trials themselves and fos-ter future research leaders. • PrEPVacc is by African researchers frorn Entebbe in Uganda at the MRC/UVRI and LSHTM Uganda Research Unit. They are supported by 15 partner organisations, six from Africa, six from Europe and three from the US. The Sponsor of PrEPVacc is Imperial College London. See Notes to Editors (1) for a full list of partners. • The PrEPVacc study is funded by the European & Developing Countries Clinical Trials Partnership (EDCTP) as pan of the EDCTP2 Programme supported by the European Union. See Notes to Editors (2) for a full list of funders.
During the recruitment and enrolment phase, an animated video version of the participant information sheet was used to explain the study to participants.

Behind PrEPVacc there are 80 senior scientists, clinicians, social scientists, community liaison specialists and professional support roles, from 15 partner organisations. They have extensive experience working with HIV and other infectious diseases, as well as clinical trials, and specifically in carrying out HIV vaccine and PrEP trials across Europe and sub-Saharan Africa.

• Medical Research Council / Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine Uganda Research Unit, Uganda • Muhimbill University of Health and Allied Sciences, Tanzania • National Institute for Medical Research - Mbeya Medical Research Centre, Tanzania

• HIV and other Infectious Diseases Research Unit, South African MRC, South Africa • Imperial College London, UK • Medical Research Council Clinical Trials Unit at University College London, UK

• Centre Hospitaller Universitaire vaudois, Switzerland • Itarolinska Instituet, Sweden • Medical Center of the University of Munich (LMLI), Germany • International AIDS Vaccine Initiative MVO • Africa Health Research Institute

• EuroVacc Foundation • Gilead Sciences, Inc • Global Solutions for Infectious Diseases • East Virginia Medical School, CONRAD, USA • Military HIV Research Program at WRAIR

PrEPVacc is a public private partnership. The European & Developing Countries Clinical Trials Partnership (EDCTP) awarded a grant of El5M for the study and all of the institutional partners are providing co-funding through staff salaries. Gilead Sciences, Inc is giving support to the project through materials, medicines, and funding. PrEPVacc is also supported by USAID and PEPFAR, USMHRP, SVRI, SAMRC, UICRI, the Wellcome Trust, the Bill and Melinda Gates Foundation, SIDA, and Bundesministeriurn ft7r Bildung and Forschung (BMBF).

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	1. National GBV Hotline 2. Childline 3. Ministry of women affairs 4. Department of Social Development 5. Musasa 6. Shamwari Yemwanasikana 7. Padare/Men's Forum 8. Contact	National	1. 575 2. Call 116 App 0732116116 3. District office near you 4. District office near you and Ward Child Care Workers 5. Econet 08080074 Netone 08010074 Telecel 0731080072-4 6. Toll Free 08011034 Helpline 0777851120 7. Helpline 0776027290 8. Netone 08010186/7 Whatsapp 0719528158/9
Reporting violence	1. National Hotline 2. Ministry of Education 3. Childline 4. Saywhat Hotline 5. ZRP Victim Friendly Unit 6. Zimbabwe Gender Commission 7. Shamwari Yemwanasikana 8. Issues/Pane Nyaya	national	1. 575 2. 317 3. 116 or App 0732116116 4. 577 5. Econet 08080554 Netone 080101149 Telecel 0735342874 6. Toll Free 08004379 7. Toll free 08011034 Helpline 0777851120 8. Media 0773910095
Place of safety/Fostering	1. Department of Social Development 2. Ministry of women affairs 3. Musasa	National	1. Any district office or CCW in your Ward 2. Any district office near you /WardCo 3. Econet 08080074 Netone 08010074 Telecel 0731080072-4

1

Health and Safety Measures Published For Delegates Attending ICASA 2023 In Harare

The ICASA Conference will run 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.

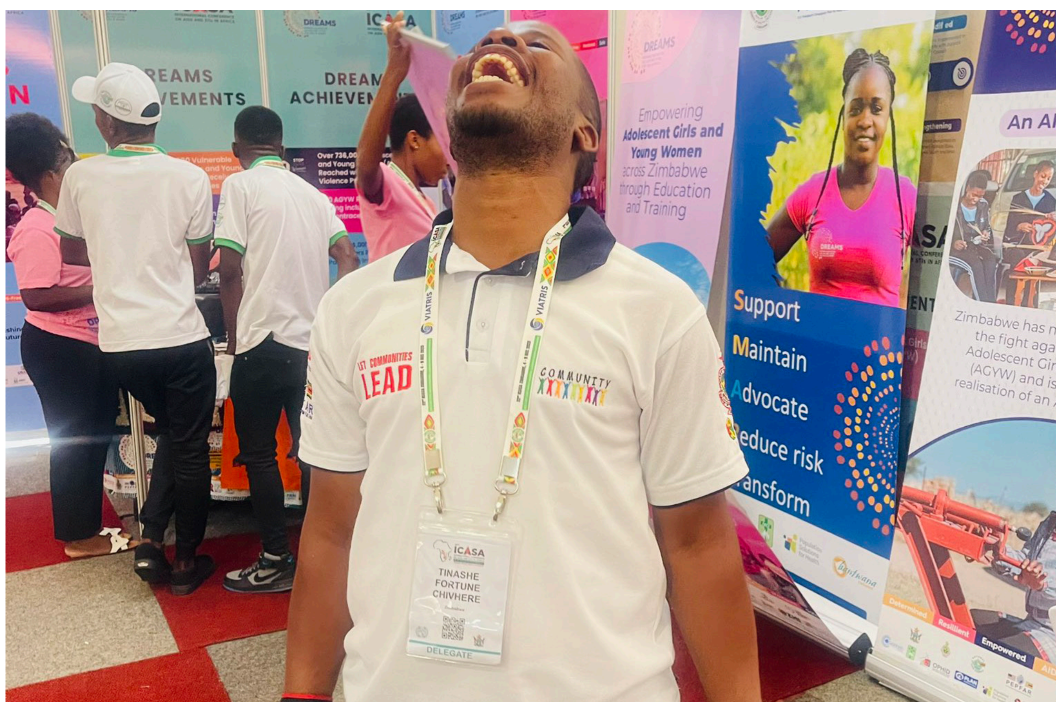
Other Safety standards
The venue has implemented a vast range of health and safety measures which are not detailed on this page but can be viewed on the Rainbow Towers Hotel and Conference Centre website.

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.



These random Social media pictures from different Twitter accounts