



# **CONCEPT NOTE:**

# **BIOMEDICAL HIV PREVENTION FORUM:**

A PRE-CONFERENCE OF THE 22ND ICASA CONFERENCE

# "Unlocking the Power of Choice in HIV Prevention"

**HYBRID FORUM** 

3<sup>RD</sup> DECEMBER 2023

# 1.0 Background:

The world is not on track to end the AIDS pandemic. New infections are rising and AIDS deaths are continuing in too many communities. The global HIV targets set for 2020 were not met. In its report, Seizing the moment, the World Bank warned that if we don't act, even the gains made will be lost. To reach the millions still left behind, nations must double down and work with more urgency.

Fourteen countries achieved the 90–90–90 HIV treatment targets (90% of people living with HIV know their HIV status, of whom 90% are on antiretroviral treatment and of whom 90% are virally suppressed), including Eswatini, which has one of the highest HIV prevalence rates in the world, at 27% in 2019, and which has now surpassed the targets to achieve 95–95–95. The expansion of antiretroviral therapy has saved countless lives. However, in 2019, 690 000 people died of AIDS-related illnesses in 2019, and 12.6 million of the 38 million people living with HIV did not receive life-saving treatment.

The Global AIDS Strategy 2021–2026: End Inequalities, End AIDS provides a clear, achievable blueprint for ending HIV-related inequalities and getting us on track to end AIDS by 2030. Although progress has been made, it is masking the lack of progress and challenges that continue to persist, threatening the progress made during the past decade, with tragic consequences for people's lives, economies, and health security. Again, Sub-Saharan Africa is most affected. For example:

- The risk of new HIV infections among adolescents and young women remains unacceptably high. Every two minutes, an adolescent girl or young woman (aged 15 to 24 years) acquired HIV in 2021. An estimated 250 000 [150 000–360 000] adolescent girls and young women acquired HIV in 2021: 82% of them living in sub-Saharan Africa. Eighty-two percent of them were living in sub-Saharan Africa. This translates into 4900 new HIV infections among adolescent girls and young women every week, putting the world far off track from achieving the goal of reducing the annual number of new HIV infections among adolescent girls and young women below 50 000 by 2025.UNAIDS
- Preventing HIV among men and ensuring that men living with HIV achieve viral suppression is also critical to reducing the epidemic's toll on women and girls in several parts of the world. The health systems continue to ignore key populations and ignore deep social, legal, and economic disparities that contribute to poor health.
- Health care systems and governments are severely underfunded, despite the role that communities affected by HIV play in promoting health, addressing structural causes of health risks, and creating sustainable and effective health initiatives.
- In some countries, authoritarian and regressive political forces undermine the rule of law and respect for human rights, making it harder for people to organize and advocate for their health and rights.
- The mobilization of local health resources is affected by domestic political and economic challenges.
- Key populations account for less than 5% of the global population, but they and their sexual partners comprised 70% of new HIV infections in 2021. Neglect of the HIV-related needs of key

populations not only contributes to needless suffering and death among those groups, but it also exposes their sexual partners to considerable risks. The lack of programs for key populations persists despite some good country examples. In particular, coverage of prevention programs remains limited among gay men and other men who have sex with men, as well as people who inject drugs. The needs of female sex workers are not adequately addressed.

- The condom program progress varies widely, distribution data is not reported fully, and many countries do not have sufficient money to fund their condom programs.
- Despite an increase in PrEP use, numbers are small, and programs need to scale up.

# 1.1 Africa free of New HIV infections (AfNHi)

Africa free of New HIV infections is an African regional advocacy network dedicated to advancing advocacy, policy, regulatory, community engagement and communications efforts that help accelerate biomedical HIV prevention research in Africa. Network began in 2012 as an extended exchange around the need to champion African led advocacy in biomedical HIV prevention research among HIV Prevention advocates through local ownership and use of indigenous strategies to enhance Africa's contribution to the global goals. The network not only advocates for use of the available tools for HIV prevention but also advocates for the development of new tools and technology. AfNHi tracks the implementation of the commitments by African Governments, plays the watchdog role in efficient use of resources and advocates for increased public sector investment in health.

## 1.2 Biomedical HIV Prevention Forum (BHPF)

The Biennial Forum is an official pre-conference of the International Conference on AIDS and STIs in Africa (ICASA). 2023 will be the 6th BHPF, following the successful events hosted in 2013, 2015, 2017, 2019, and 2021. BHPF puts HIV prevention research on the spotlight by providing a unique platform where participants gather to learn about progress made and best practices in biomedical HIV prevention research and development. The objectives of BHPF are;

- 1. Update stakeholders on current biomedical HIV prevention research; and the status of the field (HIV prevention pipeline)
- 2. Develop a collective biomedical HIV prevention research agenda that can fast-track access in Africa.
- 3. Mobilizes scientific knowledge and builds bridges between science and policy.
- 4. Mapping potential for collaboration between national and regional activities within the AfNHi network and Sharing best practices and lessons learned to inform policy and program implementation
- 5. Strengthen connections between policy and research through information exchange with HIV prevention advocates.

# SPOTLIGHT ON THE 2023 (6<sup>TH</sup>) BIOMEDICAL HIV PREVENTION FORUM

The 6<sup>th</sup> Biomedical HIV Prevention Forum (BHPF) will be held in Zimbabwe on 3<sup>rd</sup> December as an official pre conference of ICASA themed "Unlocking the Power of Choice in HIV Prevention." The forum will be held as a hybrid event, allowing participants to join both in-person and virtually. It will bring together advocates, civil society representatives, researchers, government officials from the Ministries of Health and Finance, and front-line providers. The BHPF aims to explore and discuss the latest advancements, challenges, and opportunities in biomedical HIV prevention, while emphasizing the importance of choice and its transformative impact on HIV prevention efforts.

#### Thematic Areas to be covered:

- **The Science:** to share the HIV prevention research pipeline in biomedical HIV prevention. Discuss new advocacy strategies, technologies, and interventions, and discuss their effectiveness, challenges, and potential impact on reducing HIV transmission.
- **Investments and funding for choice:** Highlight the importance of domestic resource mobilization for health and HIV research in Africa. Explore sustainable financing mechanisms, innovative funding models, and partnerships to scale up investments in biomedical prevention research, ensuring the availability of funds for research, development, and implementation of effective prevention strategies.
- **Choice Agenda:** Introduce and emphasize the concept of the choice agenda in HIV prevention. Discuss the significance of offering a comprehensive range of biomedical prevention options, including PrEP, microbicides, vaccines, treatment as prevention, and emerging technologies. Explore strategies to integrate and promote a culture of choice in HIV prevention programs.
- **Demand:** Strengthen African-led advocacy and research efforts in biomedical HIV prevention. Discuss strategies to empower communities, civil society organizations, AGYW, young people, key and vulnerable populations and individuals affected by HIV to advocate for expanded access, affordability, and availability of diverse prevention options.

#### **Mini BHPF events**

Four (4) countries, Côte d'Ivoire, Zimbabwe, South Africa, and Rwanda will receive technical and financial support to hold a mini Forum at country level on BHPF. The mini BHPFs will bring together a diverse range of participants, including government officials, civil society representatives, researchers, healthcare providers, and affected communities. The objective is to create an enabling environment where participants can engage in robust discussions, exchange experiences on unlocking choice in HIV prevention.

# **Expected Outcomes**

BHPF is a catalyst for strengthening advocacy for biomedical HIV prevention research in Africa. Discussions and recommendations shall be synthesized into an outcome report and blogs which will be disseminated to partners, funders, advocates and other stakeholders for advocacy.

## **ORGANIZERS AND PARTNERS**

The forum is organized by AfNHi with technical and financial support from the BHPF Steering committee which comprises of the following; Advocacy for Prevention of HIV and AIDS (APHA) AIDS Health Foundation (AHF) AVAC Frontline AIDS Global Network of People Living with HIV (GNP+) HIV Vaccine Trials Network (HVTN) International AIDS Vaccine Initiative (IAVI) International Partnership for Microbicides (IPM) New HIV Vaccines and Microbicides Advocacy Society (NHVMAS) Rwanda NGOs Forum on HIV/AIDS and Health Promotion Society for AIDS in Africa (SAA) WACI Health































