IAS International AIDS Society iasociety.org

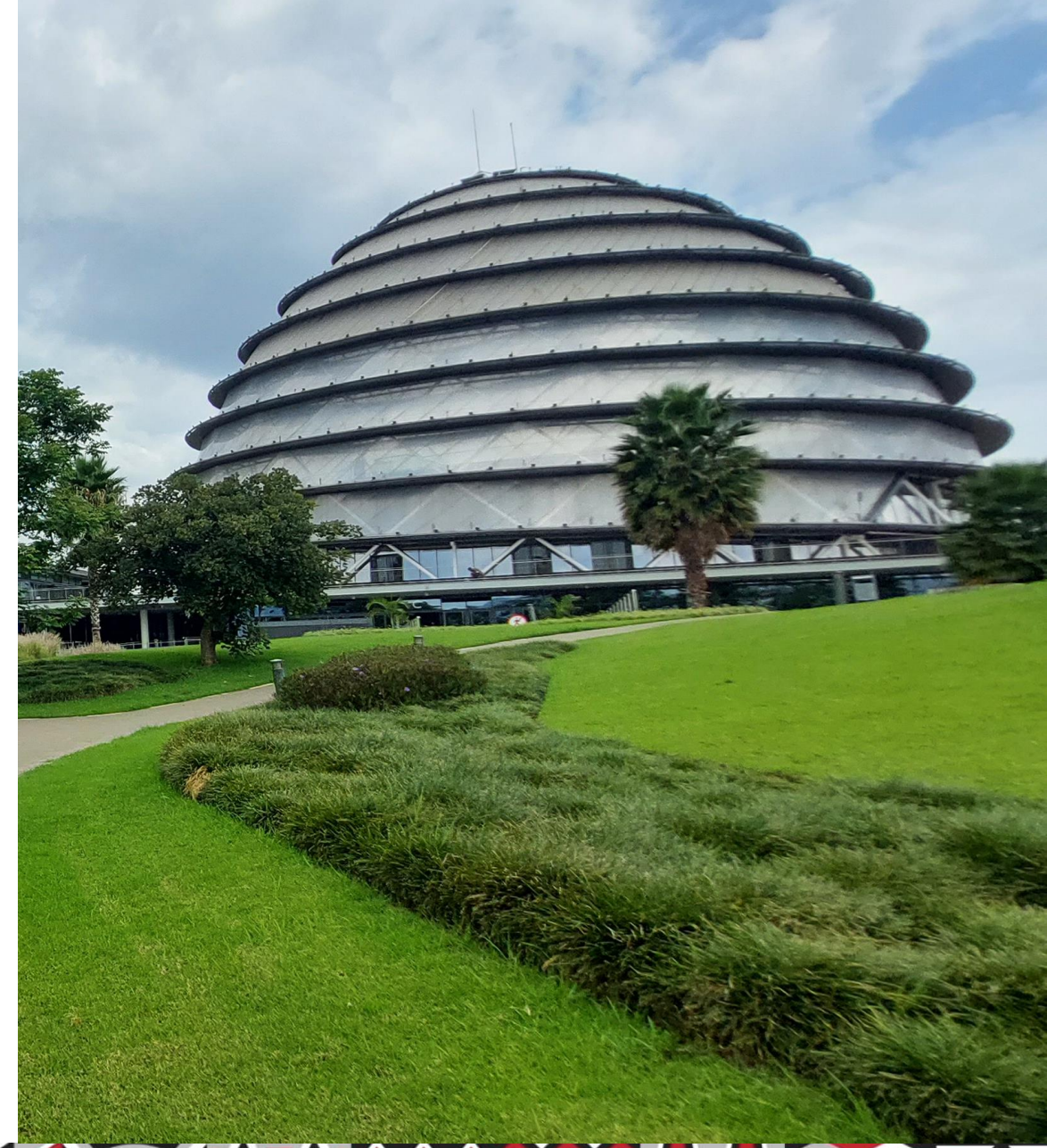
EVT ESPOIR VIE-TOGO DEPUIS 1995

Réunion de l'IAS Educational Fund en partenariat avec Espoir Vie-Togo (EVT)

Science, politique et communautés : ensemble pour une riposte efficace au VIH au Togo

Messages clés de la conférence IAS 2025

M. Karkouri

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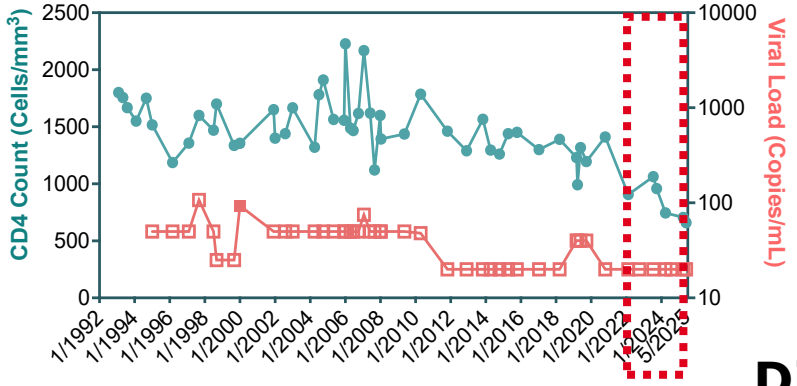
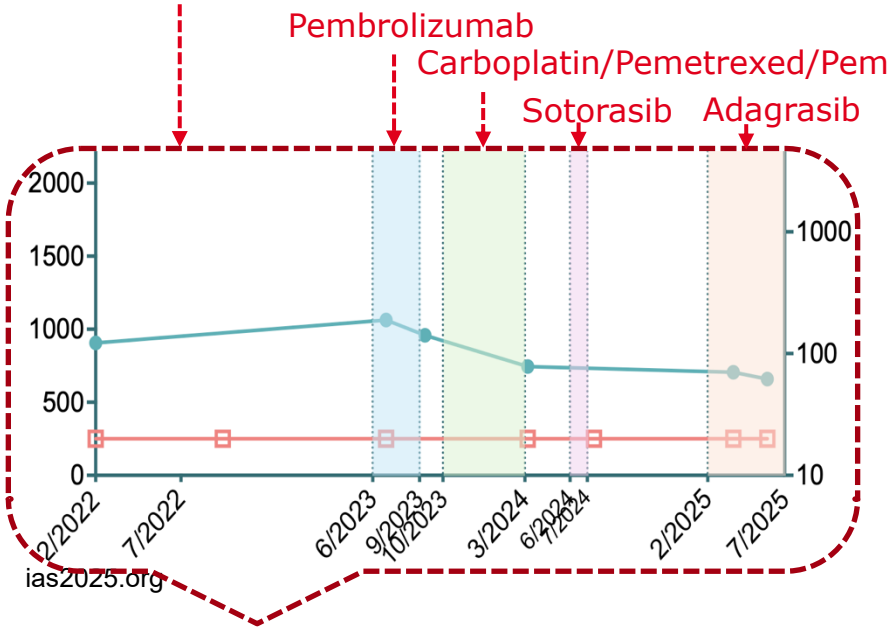
Loreen Willenberg *further evidence of natural HIV cure?*



- HIV copies/ml
- Undetectable VL
- CD4+ T-cell count

Diagnosis of lung cancer



SCIENCEINSIDER | HEALTH

‘Something remarkable has happened’: Cancer treatments bolster evidence of a natural HIV cure

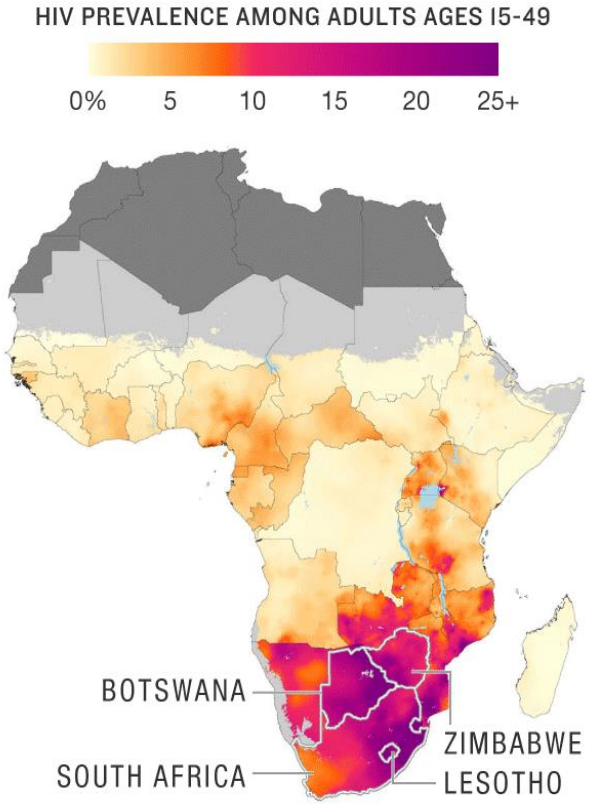
In exclusive chat with *Science*, Loreen Willenberg describes remaining HIV-free even after immune-suppressing therapies for brain and lung tumors

15 JUL 2025 · 3:00 AM ET · BY JON COHEN

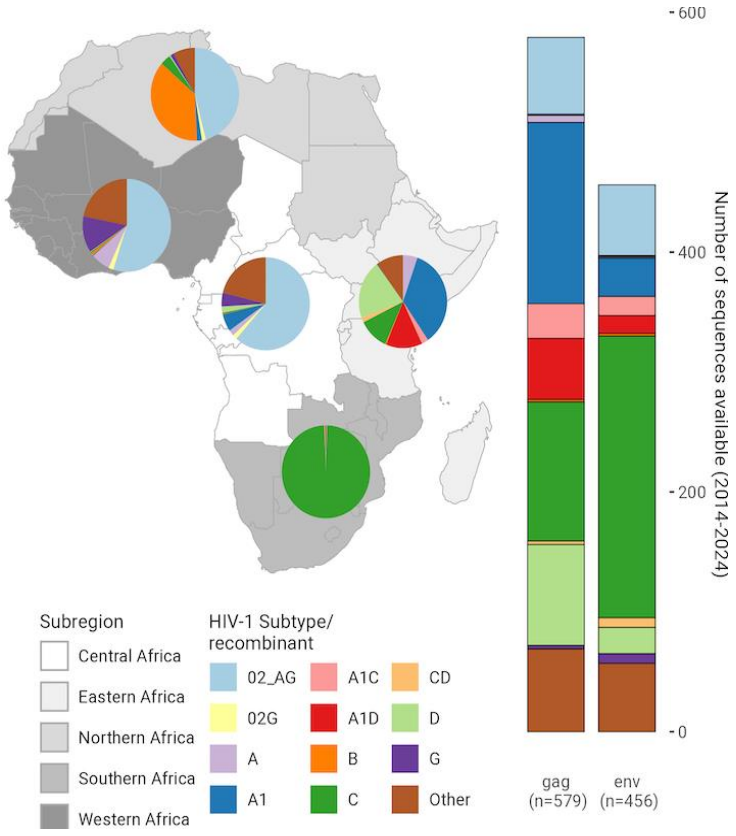
Loreen Willenberg, sitting outside of her California apartment last week, is the world’s most compelling case that the immune system alone can cure a person of an HIV infection. LOREEN WILLENBERG

Vaccine science – Dr. Penny Moore (plenary)

- **Gaps in key knowledge:**
  - **HIV sequence diversity**
  - **Host genetic diversity**



HIV Prevalence

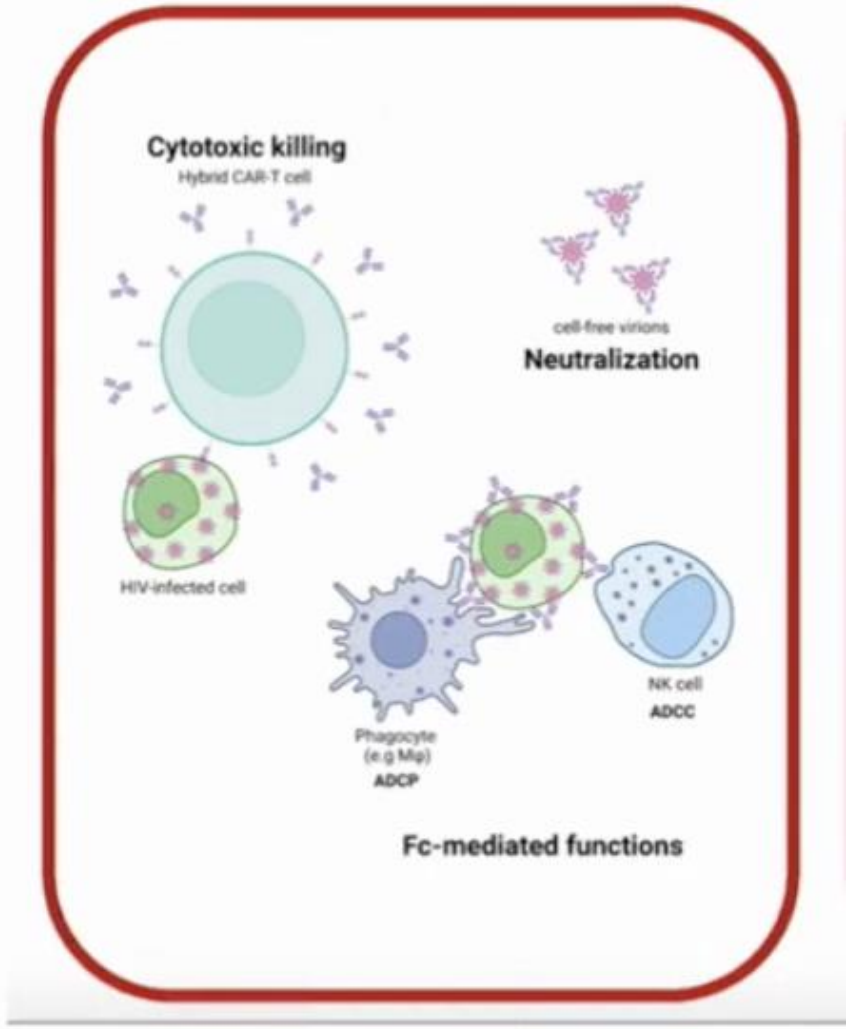


HIV sequence coverage

Vaccine science – Dr. Penny Moore (plenary)

Anticorps neutralisant à large spectre *(broadly neutralizing antibody ou bNAb)* :

- type particulier d'anticorps capable de reconnaître et de cibler des régions très conservées de l'enveloppe virale (comme gp120 ou gp41), qui changent peu malgré la grande variabilité du virus, bloquant l'infection à VIH par un large éventail de variants du VIH



Vaccine science – Dr. Penny Moore (plenary)

- **Etude AMP (Antibody Mediated Prevention) :** les bNAb peuvent prévenir l'infection par le VIH ouvrant la voie à la mise au point d'un vaccin

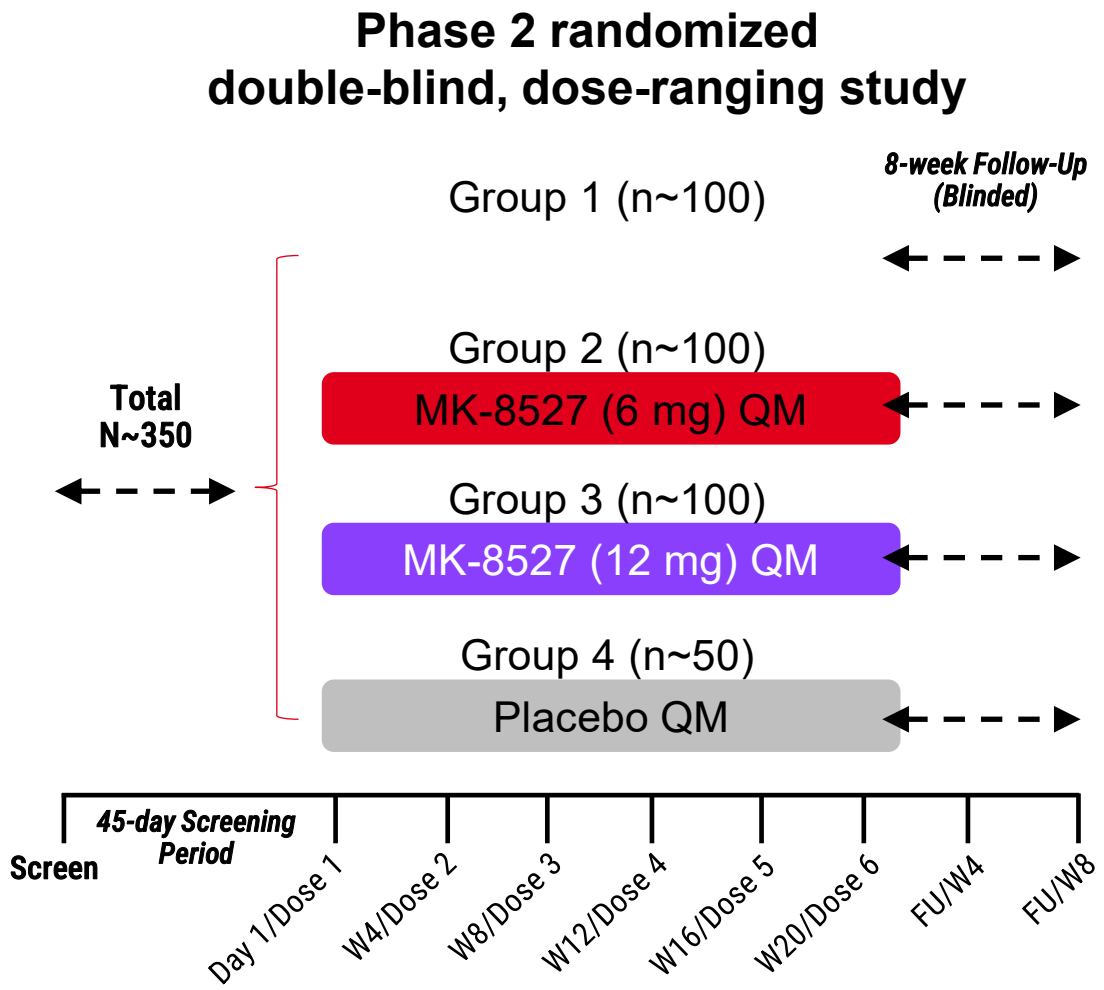
- L'administration précoce de 2 bNAbs est sûre chez les nourrissons, soutenant la poursuite des recherches sur les stratégies basées sur les anticorps pour prévenir la **transmission verticale**

- Divers essais cliniques en cours (notamment transmission verticale)


IAS 2025

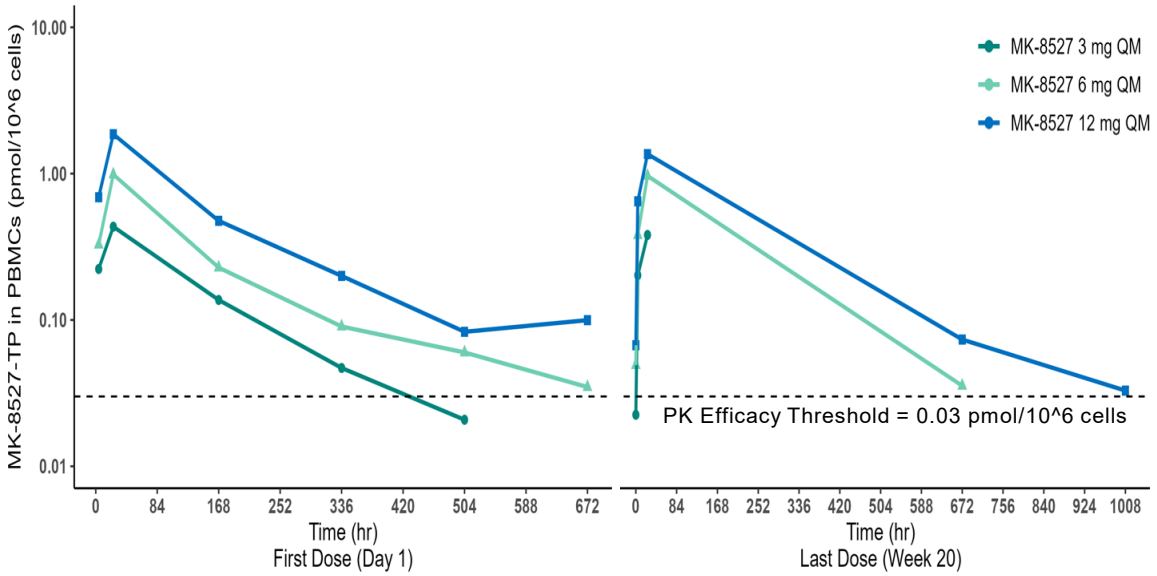
MK-8527

- Classe thérapeutique : NRTTI (inhibiteur de translocation de la reverse transcriptase)
- Voie orale, administration 1 fois/mois
- Adultes avec risque d'exposition au VIH plutôt faible
- 328 participants, âge moyen 28 ans, 30% femmes, >30% recrutés en Afrique



MK-8527-TP in PBMCs (PreP)

Concentration vs Time Profiles (semi-log scale)



- PK parameters for MK-8527-TP are dose-proportional
- Minimal accumulation of MK-8527-TP in PBMCs with monthly dosing

In this Phase 2 study conducted in adults with a low likelihood of HIV-1 exposure:

Six consecutive monthly doses of MK-8527 (3 mg, 6 mg, and 12 mg) were generally well tolerated.

The pharmacokinetics of MK-8527 and MK-8527-TP are dose-dependent.

These results support the clinical development of once-monthly oral MK-8527.
Phase 3 studies of once-monthly oral MK-8527, EXPrESSIVE-10 and EXPrESSIVE-11, are expected to begin in Q3 2025.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Long-acting lenacapavir PrEP

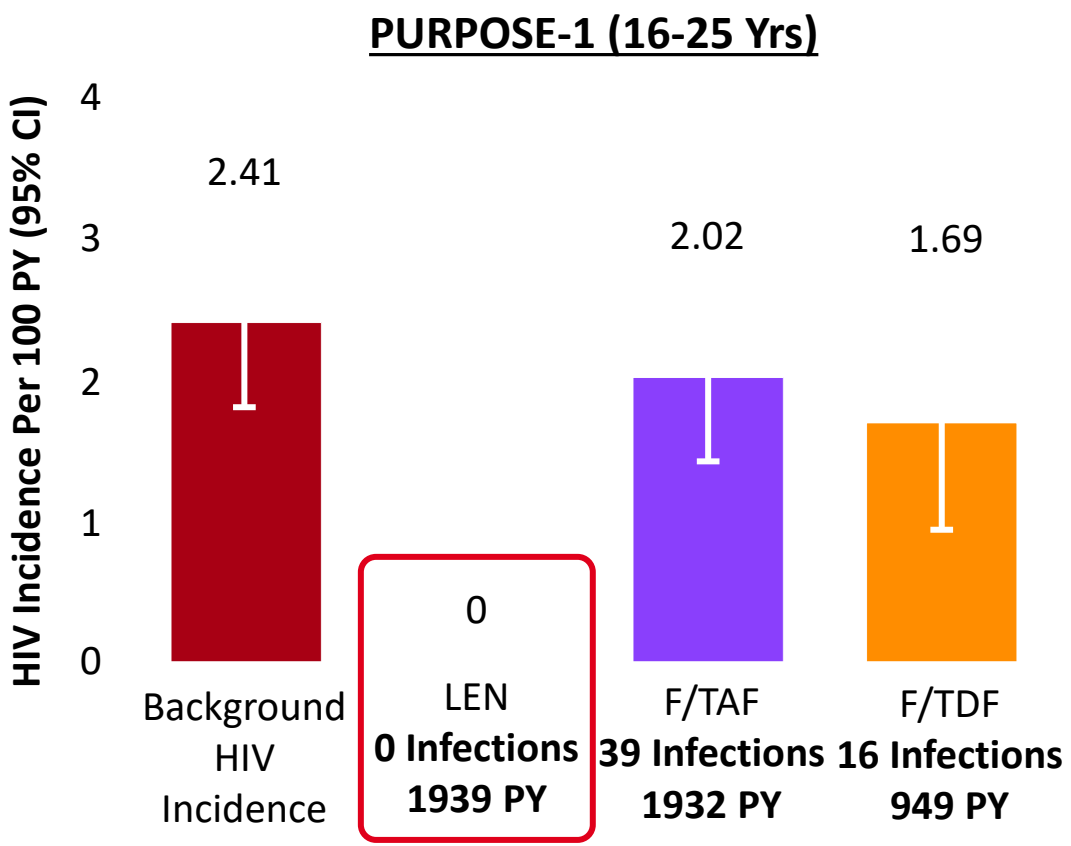
Linda-Gail Bekker. © Gonzalo Bell / IAS

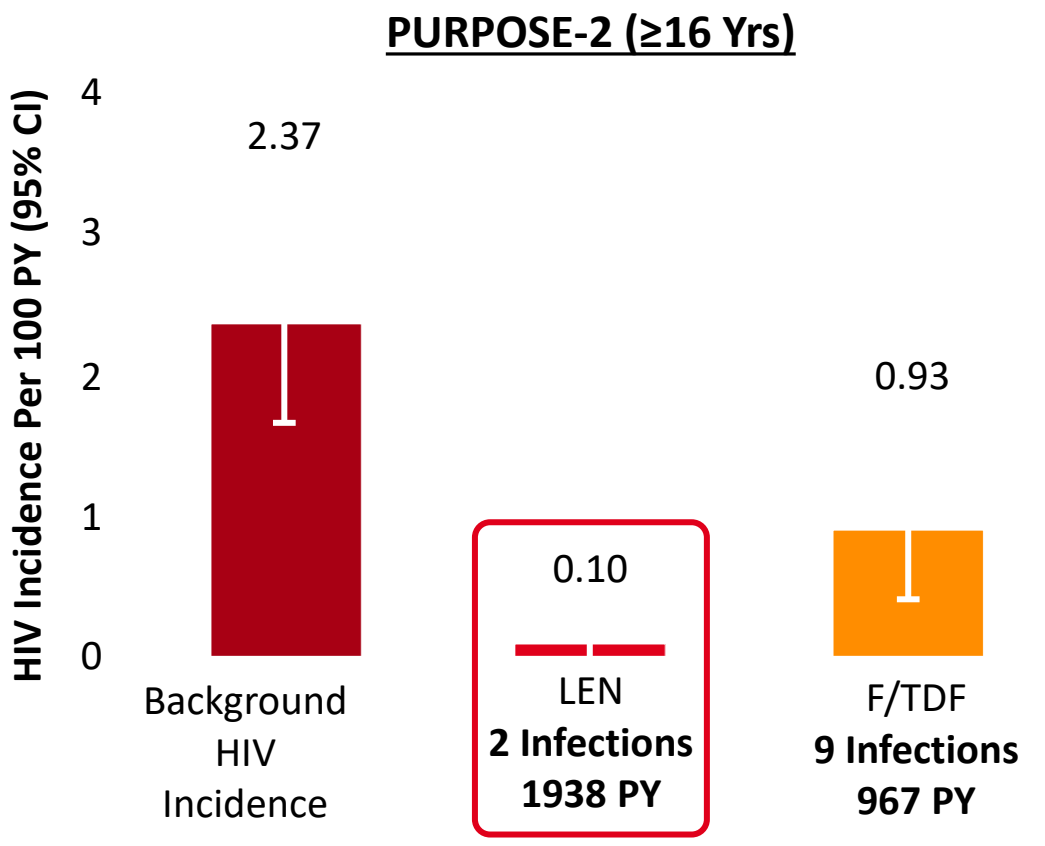
Essais “PURPOSE”

PURPOSE 1	Injections semestrielles de lenacapavir offrent une protection de 100% contre l’acquisition du VIH chez plus de 5000 femmes cisgenres en Afrique du Sud et en Ouganda
PURPOSE 2	Protection à 99.9% chez 2180 hommes cisgenres et divers-genre aux USA, Afrique du Sud, Pérou, Argentine, Mexique et Thaïlande
PURPOSE 3	2500 femmes cisgenres (USA)
PURPOSE 4	2500 UDI (USA)
PURPOSE 5	France/Royaume-Uni pour diverses populations exposées au risque de contracter le VIH, qui seraient éligibles à la PrEP et pourraient en bénéficier de la PrEP mais ne la prennent pas actuellement

PURPOSE 1 and PURPOSE 2 Results in Adolescents and Young Adults: HIV Infections

Gill. IAS 2025. Abstr OAC0503. Reproduced with permission.





Slide credit: clinicaloptions.com

Conclusions des essais PURPOSE 1 et PURPOSE 2

- LENACAPAVIR efficace et bien toléré dans un large éventail de populations, y compris chez les femmes enceintes et allaitantes, ainsi que chez les adolescents et les jeunes

- LENACAPAVIR efficace, sûr et bien toléré, avec une exposition minimale chez les nourrissons allaités

Recommandations OMS sur l'usage du lenacapavir dans la prévention du VIH et sur les stratégies de testing en cas d'utilisation de la PrEP injectable à longue durée d'action

New recommendations

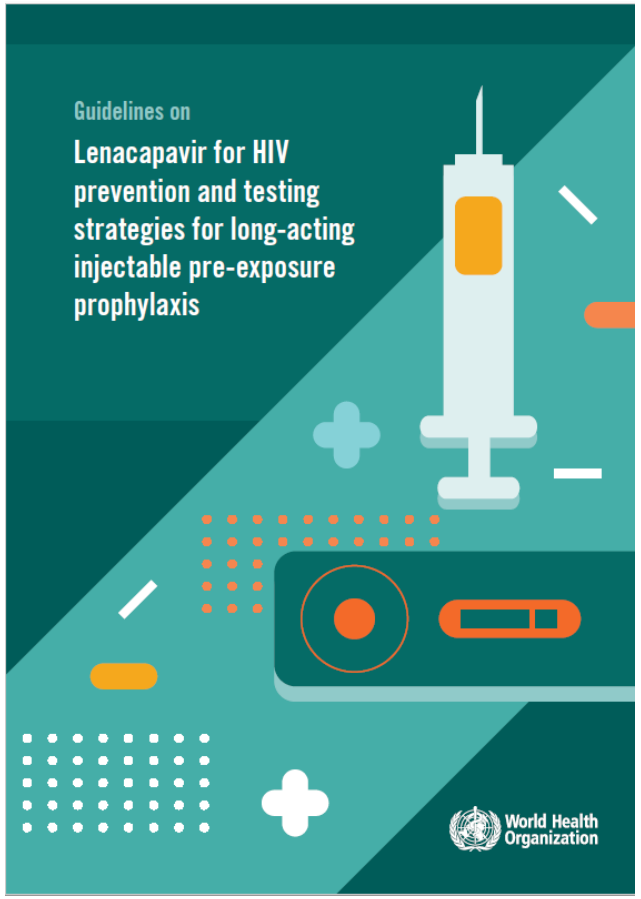
Recommendation [NEW]

Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV, as part of combination prevention approaches. *(strong recommendation, moderate to high certainty of evidence)*

Recommendation [NEW]

Rapid diagnostic tests may be used for HIV testing for initiation, continuation and discontinuation of long-acting PrEP. *(strong recommendation, very low certainty of evidence)*.

World Health Organization



USAID initiated more than 3.7 million people on PrEP between FY17 – FY24

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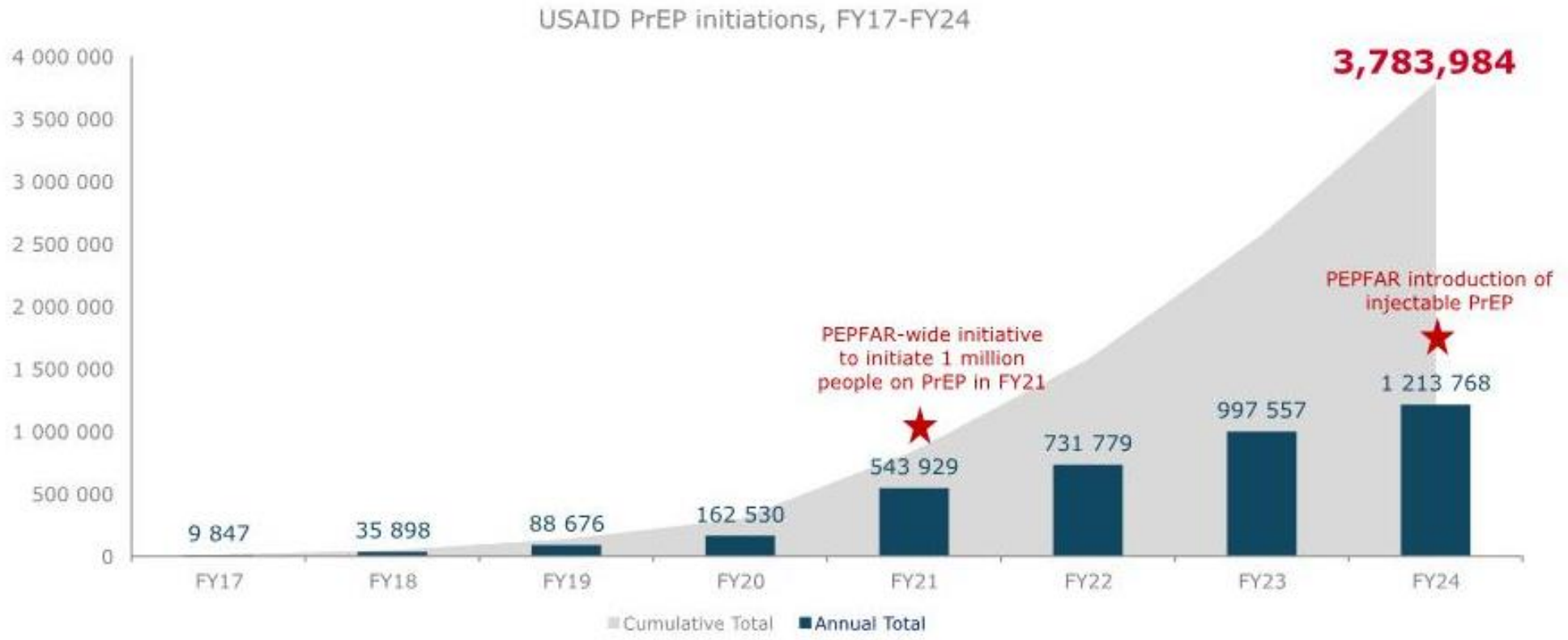

The challenge will be to sustain the global implementation of PrEP despite the withdrawal of U.S. funding


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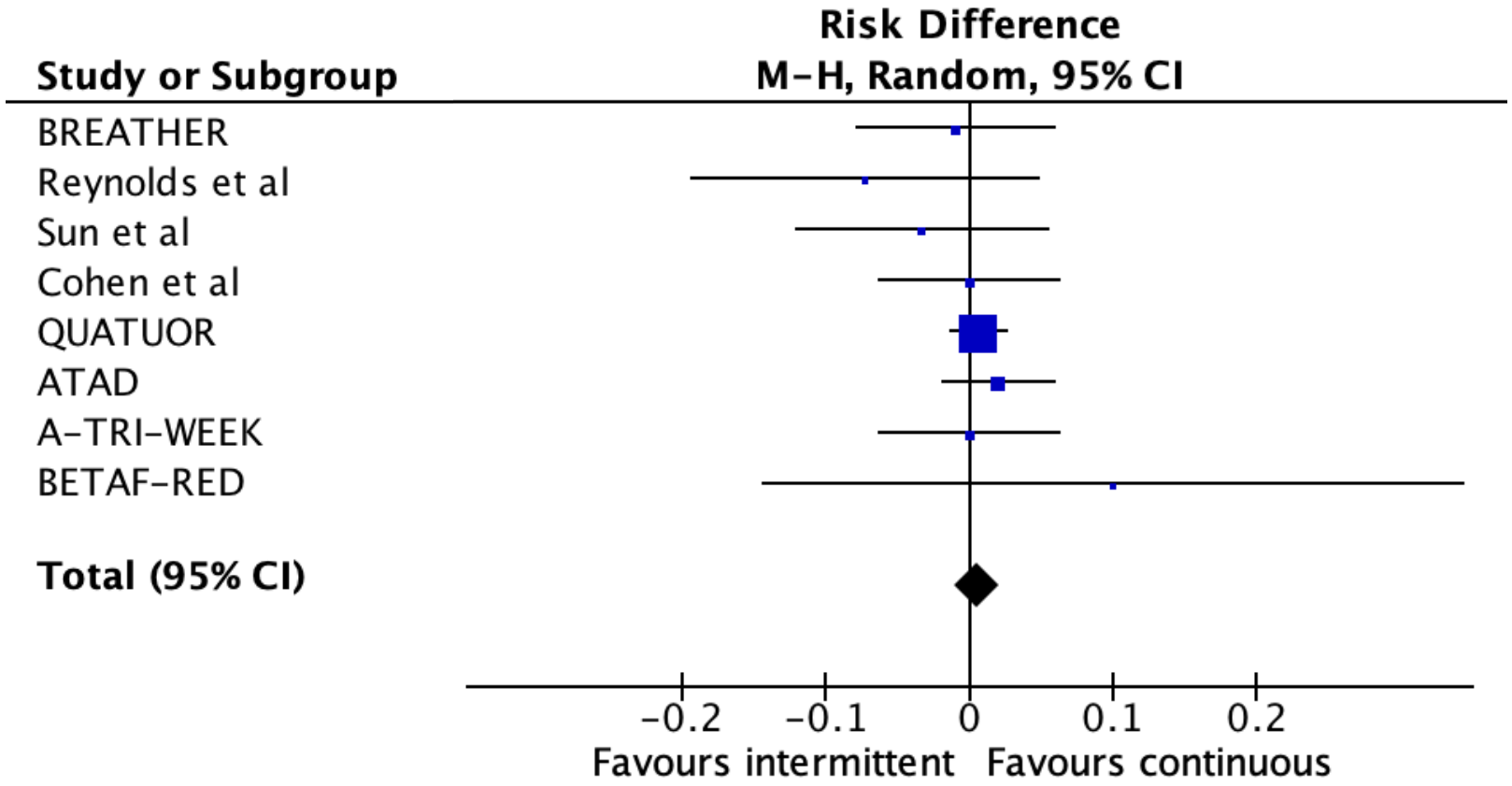
Administration intermittente des ARV

- Schémas thérapeutiques où les ARV sont pris de façon intermittente, par exemple 4 ou 5 jours de traitement par semaine seulement
- Tentative de réduction de la toxicité, des effets indésirables, du coût, de la contrainte d'une prise quotidienne…
- Une solution à la réduction des financements?

Efficacy (HIV RNA ≥50 copies/mL*), ITT analysis



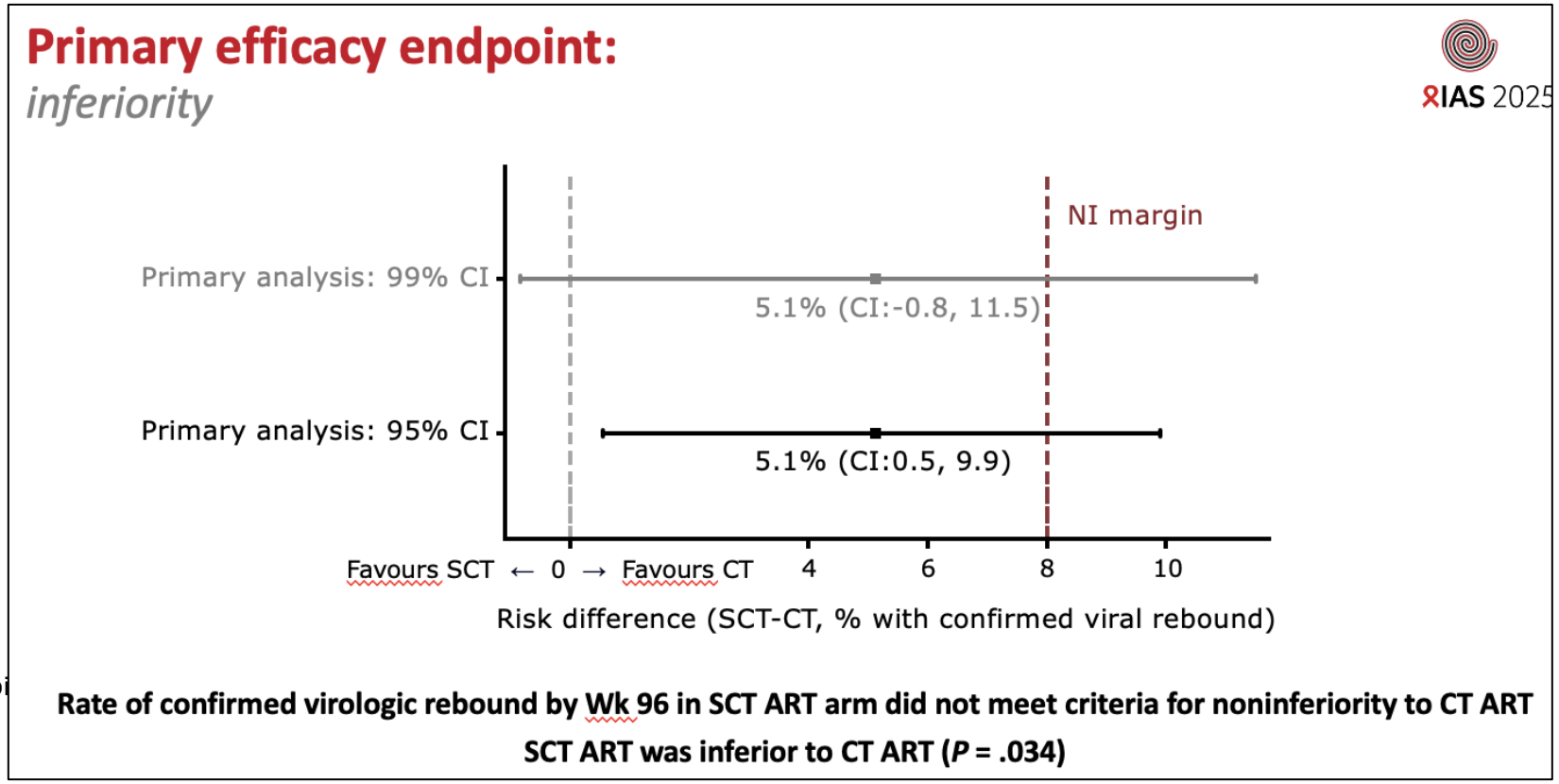
Risk Difference 0.00
95%CI -0.01 to 0.02
***p*=0.54**

*A-TRI-WEEK: 37 copies/ml; Cohen and Reynolds et al: 400 copies/mL

Short cycle ART with weekends off is inferior to continuous ART in adolescents living with HIV receiving TLD in sub-Saharan Africa:

BREATHER Plus 96-week results

Adeodata R. Kekitiinwa *et al, on behalf of the BREATHER Plus trial team*



Session: Co-Chair's choice
Abstract code: OAS0104LB

Administration intermittente des ARV

- Pourrait constituer une réponse à la réduction des fonds
- Résultats non encore validés et pas toujours généralisables à tous types de populations
- Utilisation des formes prolongées injectables plutôt que la réduction des jours de prise orale?


GLOBAL AIDS FUNDING CUTS KILL!
WE WILL NOT BE ERASED
IAS 2025
13–17 July
at IAS 2025.
We endorse freedom of expression as an essential principle to end the HIV pandemic as a threat to public health.
IAS 2025
CRIMINALIZATION KILLS!! WE WILL NOT BE ERASED
COMMUNITIES ARE KEY TO THE HIV RESPONSE
SHOTS COST PENNIES
GILEAD'S GREED COSTS LIVES
DECRIMINALIZE KEY POPULATION
GILEAD'S GREED COSTS LIVES
HIV FUNDS FOR ALL INDISCRIMINATELY
AIDS FUNDING CUTS KIL
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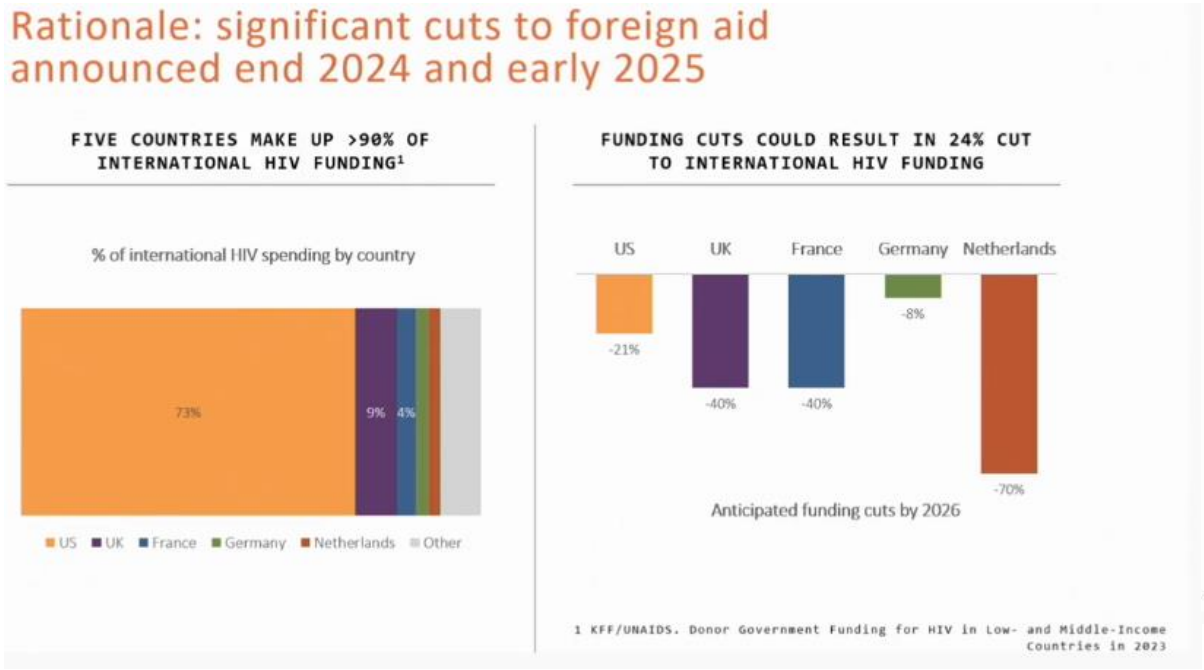
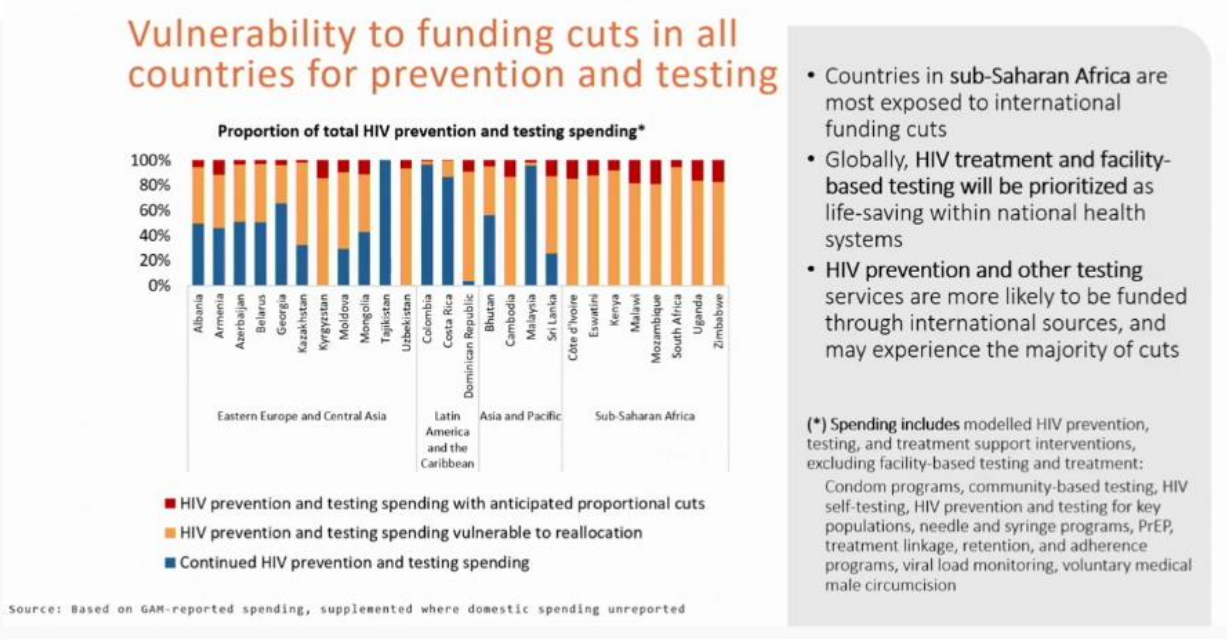
Réduction des budgets

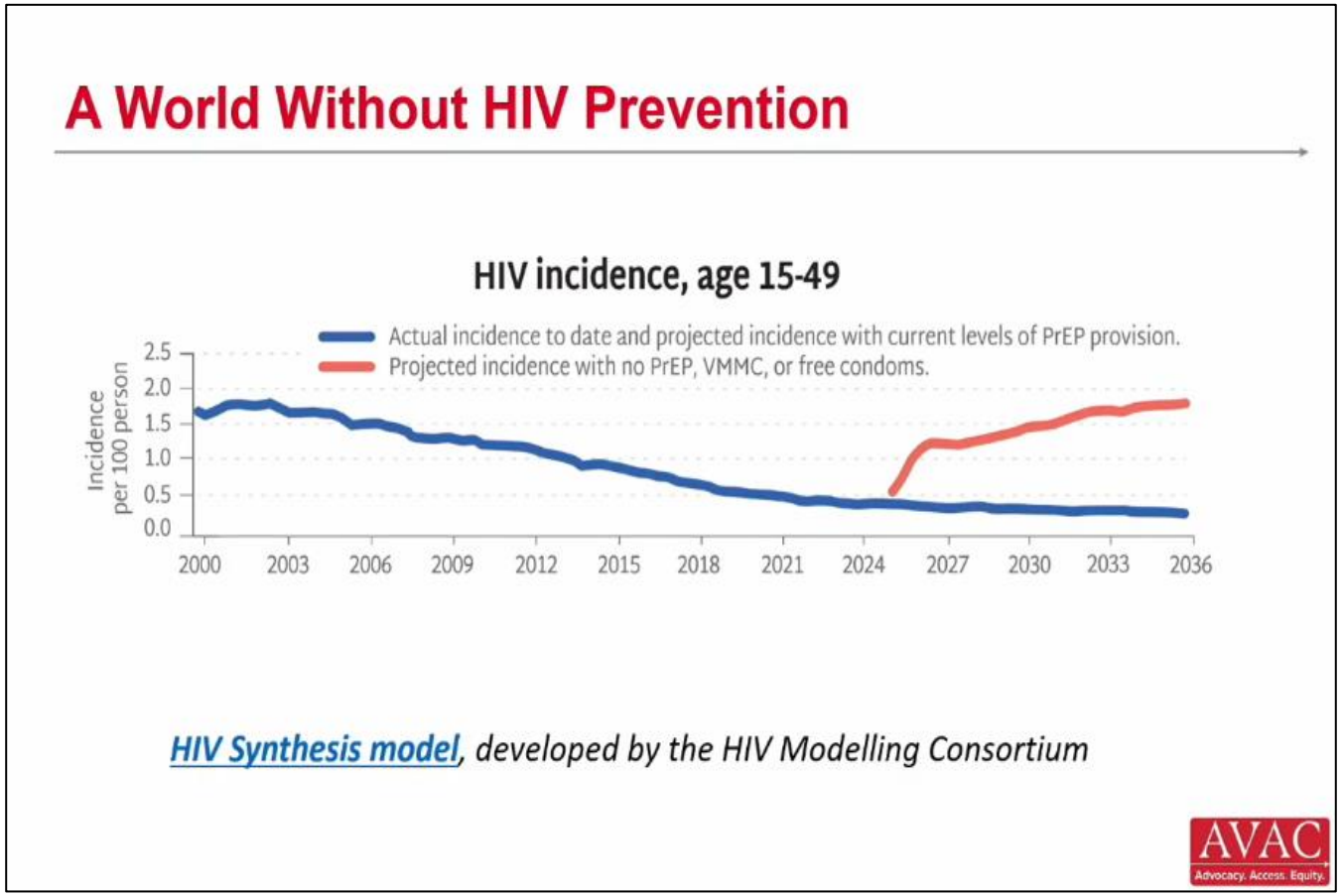
Pléniaire : "Big money and the big picture"





"If funding falls short: projecting the impact of international HIV budget cuts across 26 countries" (Anna BOWRING)

Risque de la réduction des budgets



"Where we are now in HIV prevention" (Mitchell WARREN)

Contre les coupes budgétaires, revisiter la prévention…

Government response

- Domestic financing increased
  - Increased domestic financing to HIV (2025 -2026 FY)
  - ART co - financing (MK1 billion- US$600,000)
  - Sample transportation (MK2.4 billion – US$1.4 million)
  - Capacity building to HCW (MK0.5 Billion – US$290,000)
- Government defined the minimum service package for HIV services
- Recruitment of health workers
- Continued national dialogue to implement the Health financing strategy with the private sector, faith sector and public sector
- Integration of services

"Strategies to mitigate HIV commodity shortfalls and service delivery interruptions in Malawi" (Tione CHILAMBE)

Contre les coupes budgétaires, revisiter la prévention…

Key Elements of Effective DRM for HIV: Building a Robust and Sustainable HIV Response

Effective Domestic Resource Mobilization for HIV/AIDS relies on a multi-faceted approach, manifesting from countries' policies and strategies studied in this research.

These elements are interconnected and vital for achieving self-reliance and ending the HIV/AIDS epidemic.

Key Element of Effective DRM	Manifestation in Countries (Examples)
1. Budgetary Planning & Allocation	**All Countries:** Prioritizing health in national budgets; **Nigeria, Zambia, Ethiopia:** Advocacy for increased allocations, budget tracking.
2. Prioritization of Expenditures	**All Countries:** Focusing on prevention, treatment, care, and health system strengthening; **Kenya, Tanzania:** Scaling up ART access; **Malawi, Zambia:** VMMC, condom distribution.
3. Diversification of Funding Sources	**All Countries:** Reducing reliance on external aid; **Tanzania:** AIDS Trust Fund (ATF); **Nigeria, Kenya:** National Health Insurance Schemes.
4. Innovative Financing Mechanisms	**Nigeria, Tanzania, Zimbabwe:** Earmarked taxes (e.g., AIDS Levy); **Ethiopia:** Community-Based Health Insurance (CBHI); **Malawi, Kenya:** Public-Private Partnerships (PPPs); **Tanzania, Kenya:** Community fundraising (e.g., Harambees).
5. Equity-Oriented Approaches	**Tanzania, Malawi, Ethiopia, Zambia:** Expanding service delivery to rural areas; **Tanzania, Kenya, Zimbabwe:** Subsidizing HIV services; **Nigeria, Ethiopia:** Integrating HIV services into primary healthcare.
6. Sustainable Financing Models	**Tanzania:** AIDS Trust Fund (ATF); **Kenya, Nigeria:** National Health Insurance Schemes; **Ethiopia:** Health Sector Transformation Plan (HSTP); **Malawi:** Sector-Wide Approach (SWAp).
7. Community Engagement & Ownership	**Tanzania, Malawi, Zimbabwe:** Active involvement of CBOs/NGOs in decision-making; **Kenya, Tanzania:** Community health workers, grassroots initiatives.
8. Policy & Regulatory Frameworks	**Tanzania:** National Multi-Sectoral Strategic Framework (NMSF); **Nigeria:** National Agency for the Control of AIDS (NACA); **Zambia:** National HIV/AIDS Strategic Framework; **Ethiopia:** Health Sector Transformation Plan.
9. Monitoring & Evaluation Mechanisms	**Tanzania:** Tanzania HIV Impact Survey (THIS); **Nigeria:** National HIV/AIDS Indicator and Impact Survey (NAIIS); **Zambia, Ethiopia:** Health Management Information Systems (HMIS).

"Domestic resource mobilisation for HIV in Africa: a comparative analysis of country policies and practices" (Richard OCHANDA)

WE WILL NOT GO BACK!

IAS 2025

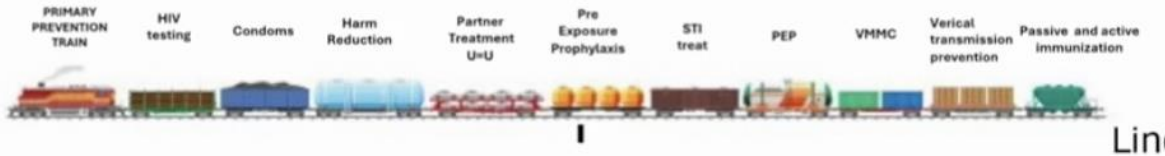
Lot of progress to celebrate, but we face significant challenges

WE WILL NOT GO BACK

We must build resilience using new innovative approaches and strong collaboration.

27 million deaths averted!!

#4.3: Boldly Prevent in a way we have not done before: Scale, Impact, Effect.



Linda Gail Bekker et-al


KIGALI CONVENTION CENTRE
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Modèle de prestations de services différenciés (SD)

- Rôle central des SD pour des programmes plus centrés sur la personne, plus efficaces et plus durables

- Intelligence artificielle et autres outils de santé numérique essentiels pour soutenir l'autonomie des patients, la continuité et la qualité des services, ainsi que l'observance thérapeutique:
  - plateformes mobiles pour les rappels de rendez-vous
  - outils numériques de diagnostic de la tuberculose et de suivi de l'adhésion
  - délivrance en ligne de la PrEP
  - ...

Modèle de prestations de services diffétenciés (SD)

- Cependant, préoccupations liées à l'équité (éthique, accès aux smartphones) ➔ obstacles majeurs au déploiement du numérique
- Modèles de SD = opportunité majeure pour maintenir la prestation des services VIH tout en renforçant la résilience des systèmes de santé dans un environnement mondial de financement en évolution rapide


DANGER!
HIV+
&
FREE

La riposte au VIH se trouve à la croisée des chemins

- Financement diversifié et durable
- Budgets communautaires conséquents
- Chaînes d’approvisionnement résilientes
- Investissement domestique renforcé
- Innovation et intelligence artificielle

Remerciements

- Alexandra Calmy et Gastón Devisich
- Equipe de l’IAS Educational Fund