



2023

BIOMEDICAL HIV

PREVENTION FORUM

THEME: UNLOCKING THE POWER OF CHOICE IN
HIV PREVENTION RESEARCH

ICASA
Pre-conference



CONTENTS

- 03** **Acronyms and Abbreviations**
- 04** **Background**
 - Genesis & Purpose of the Biomedical HIV Prevention Forum (BHPF)
 - Objectives of the 2023 BHPF
- 05** **Session One: Welcome and Setting the Scene**
 - Welcome Remarks by Co-Chair of the Conference
 - From Durban to Zimbabwe and in-between: What have we done, & how have we performed? What are the opportunities for scale?
- 06** **Session Two: The Choice Agenda**
 - Strengthening youth involvement in HIV prevention research and BHPF: A Youth leader's perspective, Tariro Pamela Mapeto
 - A Panel Discussion: Unlocking the power of choice in HIV prevention: The Choice Manifesto.
 - Keynote address: The National AIDS Council, Zimbabwe.
 - The science: Biomedical HIV prevention pipeline
- 12** **Session Three: Mini BHPF Country Presentations**
 - Zimbabwe
 - Côte d'Ivoire
 - South Africa
 - Rwanda
- 14** **Session Four: The Future of Biomedical HIV Prevention - Partner's Panel**
 - USAID: Mary Latka
 - Children Investment Fund Foundation: Anna Rammou
 - The Global Fund: Dr Vuyiseka Dubula
 - Community Representative: Ruth Akulu
- 19** **Session 5: Key Takeaways and Next Steps**
- 22** **Appendices**

Acronyms & Abbreviations

BIOMEDICAL HIV PREVENTION FORUM: ICASA PRE-CONFERENCE

- AGYW** Adolescent Girls and Young Women
- AHF** AIDS Health Foundation
- APHA** Advocacy for Prevention of HIV and AIDS
- ARS** Automated Response System
- ART** Anti-Retroviral Treatment
- ASPIRE** A Study to Prevent Infection with a Ring for Extended Use
- BHP** Biomedical HIV Prevention
- BHPF** Biomedical HIV Prevention Forum
- CAB** Community Advisory Board
- CIFF** Children Investment Fund Foundation
- DAAC** District AIDS Action Committee
- HVTN** HIV Vaccine Trials Network
- ICASA** International Conference on AIDS & STI's in Africa
- IEC** Information, Education Communication
- IPM** International Partnership for Microbicides
- IRB** Institutional Review Board
- IUCD** Intra Uterine Contraceptive Device
- LARC** Long Acting Reversible Contraceptives
- MOHCC** Ministry Of Health and Child Care
- MRCZ** Medical Research Council of Zimbabwe
- MTN** Microbicide Trials Network
- NAC** National AIDS Council of Zimbabwe
- NHVMAS** New HIV Vaccines and Microbicides Advocacy Society
- PrEP** Pre-Exposure Prophylaxis
- PSI** Population Services International
- REACH** Reversing the Epidemic in Africa with Choices in HIV Prevention
- SAA** Society for AIDS in Africa
- USAID** United States Agency for International Development
- WAAC** Ward AIDS Action Committee
- WHO** World Health Organisation
- ZNFPC** Zimbabwe National Family Planning Council

Background

GENESIS & PURPOSE OF THE BIOMEDICAL HIV PREVENTION FORUM (BHFP)

The Biomedical HIV Prevention Forum (BHFP) was pioneered in 2013 to provide more coverage for HIV prevention at ICASA. BHFP 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. It also helps to explore how interventions can be rolled out in ways that are preferred & accessible to the people who need them.

“When ICASA hosted BHPF for the first time, it was an intentional action for a specific effort; to improve HIV prevention. ICASA will continue to promote the HIV prevention agenda by information sharing through BHPF.”

Prof. Morenike Oluwatoyin Ukpog

We have held the mini BHPF events since 2021 in Zimbabwe, South Africa, Rwanda, and Côte d'Ivoire. Our vision is to continue these in-country engagements in the lead-up to the 7th BHPF in 2025. The forum is organized by AfNHi, with technical and financial support from the BHPF Steering committee which comprises 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 & Microbicides Advocacy Society (NHVMAS), Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Society for AIDS in Africa (SAA), and WACI Health.



OBJECTIVES OF THE 2023 BHFP



To provide updates on current biomedical HIV prevention options. To explore products that research has produced so that they go into policy.



To map opportunities for collaboration and actions to bridge gaps between research outcomes and policy.



To engage with key stakeholders; to frame a biomedical HIV prevention agenda.

Welcome & Setting the Scene

WELCOME REMARKS

Dr. Nyaradzo Mgodzi, co-chair of the BHPF pre-conference made welcome remarks. She encouraged free discussions, particularly among the young people who attended. Dr Mgodzi shared that 39 million people are living with HIV, with 1.3 million new infections globally. She highlighted that over 600,000 lives have been lost to HIV in the past year alone. The burden of HIV remains high globally as we failed to reach the 2020 targets, and falling behind on our current targets.

“If we do not act now, we are going to lose all the gains we have made so far”

Dr. Mgodzi took the opportunity to congratulate Botswana, Eswatini, and Zimbabwe for their progress in this regard. She however added that at a national level, Zimbabwe may be doing well, but leaving the key populations behind.

FROM DURBAN TO ZIMBABWE AND IN-BETWEEN: WHAT HAVE WE DONE, AND HOW HAVE WE PERFORMED? WHAT ARE THE OPPORTUNITIES FOR SCALE?

Ntando Yola provided an overview of the developments between the 2021 BHPF and this year’s forum. He acknowledged the effect of the COVID-19 pandemic and how difficult it has been to manage the past two years. Ntando observed that ICASA still lacks adequate coverage for HIV prevention. Therefore the 2023 forum is to help stakeholders to reflect on the developments within HIV prevention research. He reaffirmed that the meeting would be a unique opportunity to engage and take action to influence research outcomes and policy

This is unacceptable, especially since the Zimbabwe mantra is to leave no one behind.

“We must remove or reform punitive laws that put our key populations at risk.”

She highlighted the need to empower the youth and adolescents to reduce HIV risk. It is necessary for communities to lead; more so because HIV risk among young women remains unacceptably high. Dr Mgodzi ended her remarks by underscoring the importance of resources in the fight against HIV.

“We need sustainable and equitable financing for health and HIV response.”

Dr. Mgodzi set the tone by igniting a sense of ownership in the process of change by referring to the theme for World AIDS Day 2023- let communities lead!



The Choice Agenda

STRENGTHENING YOUTH INVOLVEMENT IN HIV PREVENTION RESEARCH & BHPF: A YOUTH LEADER'S PERSPECTIVE (WHAT HAS WORKED WELL, GAPS & OPPORTUNITIES TO ENGAGE) TARIRO PAMELA MAPETO

Tariro Mapeto, a young woman from Zimbabwe took the platform to share some of the gaps and opportunities for engaging youth in HIV prevention. She expressed gratitude to the organisers for giving young people an opportunity to have their voices amplified on a platform as significant as the BHPF which is a wholly inclusive approach. Tariro highlighted that one of the biggest challenges for young people is that they are not being meaningfully involved as equal players in the creation of solutions for them. Adolescent girls and young women in Sub-saharan Africa are disproportionately affected by these challenges, which she summarised as follows:

- 

1 Accessing information & services related to HIV prevention.
- 

2 Low perception of risk among young people
- 

3 Limited knowledge on SRHR & HIV, coupled with limited involvement in HIV response.
- 

4 Lack of coordination & documentation across programs targeting adolescents & young people
- 

5 Persistent issues of stigma, discrimination with an unsupportive legal and policy environment
- 

6 Gender inequalities that compound the problems that young people face.

Tariro shared that despite these challenges, young people hold the key to innovative solutions as their potential is largely untapped. She stated that young people hold solutions that the world might be working so hard to find. As such, it is important to trust young people by giving them the platforms to engage and participate as partners.

CALL TO ACTION- TARIRO PAMELA MAPETO

Let us scale up innovative interventions such as PrEP, U+U, and self-testing. Approve and scale up newer interventions like the long injectable PrEP and DAPIRing, which my country was among the first to approve. Yet this remains inaccessible except in implementation studies, which is unfair to many young people who are demanding these options.



We must be intentional to create and sustain platforms for the voices of Adolescent Girls and Young Women (AGYW) in the HIV response. This involves addressing knowledge gaps through channels that resonate with youth, such as social media. It's time to bridge the gap between policy and action by involving multiple sectors to comprehensively address the complex issue of HIV

"We young people are not just the future; we are the present, ready to actively contribute to the fight against HIV. Together, let us pave the way for a brighter, healthier future for all. Just like our World AIDS Day theme, indeed, we must let communities lead!"

***-Pamela Tariro Mapeto,
A young voice from Zimbabwe.***

Let's facilitate effective support groups because they provide safe spaces for young people affected by HIV to share their experiences & empower each other. They are effective to bridge the knowledge gap with young people being able to interact and share their experiences with their peers



SESSION TWO:

The Choice Agenda

A PANEL DISCUSSION: UNLOCKING THE POWER OF CHOICE IN HIV PREVENTION: THE CHOICE MANIFESTO

The HIV Prevention Choice Manifesto is a collection of voices of African women and girls in all their diversity, feminists, and HIV prevention advocates across Southern and Eastern Africa who are united in calling for continued political and financial support for HIV prevention choice. The Choice Manifesto came after several engagements with funders, governments, and communities. During the BHPF, panelists explored this manifesto as they shared what it means for the future of HIV prevention.

What does choice mean to you?

"I think and believe for me to navigate through my life, I need options to choose from. For example, oral PreP might work for me today, but if I get into another relationship where it doesn't work, I still need to be assured of the prevention of HIV. I am in control of what I want, and how I want to protect myself "

-Shakirah Namwanje

"To me, this means the ability to decide on what works for me. If I enter into a medical facility, I should be given an array of options. These should be effective biomedical solutions that when one uses them, they are assured of HIV prevention. We have other products in research such as vaccines & this sums up what options look like"

-Chilufya Hampongo



What is the difference between choice & options?

There's a difference, choice is the ability of an individual to select from an array of options. Options are safe and effective products meant for HIV prevention biomedically. We can't have choices without options.

-Chilufya Hampongo

What does unlocking mean? How do we conceptualize that?

“For me, unlocking choice means funds, we need to let communities lead on programs that are designed for them. For example, if you are designing a program, let those young people show you what services they want, how they want those services, and where they want them. We need to listen when communities speak. We need to keep girls in school so that they acquire the knowledge and information to make choices.”

-Shakirah Namwanje

“Unlocking means that we want to see not only commitment but actions attached to ascribing the choice manifesto.”

-Chilufya Hampongo

How do we address stigma as a barrier to choice?

We need to communicate HIV prevention to women & girls as self-care, that's how to break the cycle of stigma. Empower women to make that decision.

-Shakirah Namwanje

How does the Choice Manifesto address older women?

“The choice manifesto also looks at the needs of older women, because we may be young today, but as we age, we must always have a choice”

“We are the HIV prevention issues on the ground, the distance we walk to the clinics, our nutritional challenges, and the mental health of girls. I met this girl, and she has been having genital warts for 7 years. I asked her, did you manage to go to the hospital, did they help you? She was referred to social welfare, but there was no funding- 7 years! So where is the fund? This is the struggle we face as young people, and it is hard. Trust us, please. If we are given the chance, let the fund not be in researchers' hands only, because we are the ones on the ground. We need funds. Yes, we have achieved a lot, but the young people are lagging. Yes, it's true because we have no funds, give us funding. “


Delight Ncube, Young woman, Zimbabwe.



KEYNOTE ADDRESS: THE NATIONAL AIDS COUNCIL, ZIMBABWE

Mr Trust Govere delivered the keynote address on behalf of the National AIDS Council of Zimbabwe (NAC). He highlighted some of NAC's priority areas in finding solutions for HIV prevention. ***"There is a need to put communities at the centre of interventions."*** For every 100 people, 11 are HIV positive, therefore we need to take an active role in lowering this statistic and improving HIV prevention options. Mr Govere shared that one of NAC's successes is the AIDS levy which has helped in resource mobilisation. Therefore current efforts are geared towards interventions

for young people and key populations. When called to address the involvement of men in HIV prevention, Mr Govere added that Zimbabwe has developed some models of managing HIV prevention that include peer-led interventions. The Brother to Brother (B2B) is one such intervention that is being implemented in different districts of the country. There is a need for men to be involved so that women also feel involved. This has also been initiated at a policy level, where NAC has started a male engagement strategy which has been launched in-country. This has seen NAC mobilizing men in terms of PMTCT.



"Zimbabwe has also made strides in reaching its 95-95-95 targets, however, this is predominantly in adults. Children and key populations continue to lag."

THE BROTHER TO BROTHER PROGRAM IN ZIMBABWE

Brother to Brother is a model which targets young men from ages of 10 to 24. Men are reluctant to seek health services, so the B2B model is centred on demand creation for these services. A mentor on the program is an individual below the age of 35, who has been identified, recruited and trained on how to conduct sessions. The mentor training takes about a week, as aided by a manual which the mentor must refer to. Once the mentor is trained, he will recruit the young men into the program. There is a risk assessment tool that is used, where questions are asked, sometimes personal ones such as whether the young men have had sex, as well as the number of sexual partners they have. At the end the mentor has to go through the responses and assess whether the young man is at risk of HIV. Once one is found to be a risk, then they are enrolled onto the B2B program where they receive support, mentorship and resources to reduce their HIV risk.

THE SCIENCE: BIOMEDICAL HIV PREVENTION PIPELINE

Grace Kumwenda, the Regional Program Manager for Research Engagement at AVAC reflected on some expected products in the HIV prevention pipeline. She shared that one of the challenges we have faced is adapting HIV programs within emerging pandemics as we had COVID-19, then Mpox came in too. However, the HIV response has shown that it is resilient and we are getting to meet our targets. Grace shared how it would be nice to have an oral monthly pill for HIV prevention, which is one of the current products in the pipeline.

She highlighted that conversations around what is impacting young people go beyond just HIV as they also include pregnancy and other issues too. Currently, there are 39 million people living with HIV and of those, 30 million are on life-saving drugs which is great. However, there are still 1.3 million new HIV infections and we cannot be comfortable with that. We all know that to have these life-changing drugs, politics is coming in the way, so we need to clear that. We also need to continue to look at access to products, and how to add more products to this array of options. In 2020 we missed our targets as we were supposed to enrol 3 million people on PreP, however, only 385 thousand were enrolled. Now we have a new target to get less than 500 thousand new HIV infections by 2025. Grace added that the discussion should therefore be around what we can do and the role can we all play in reducing new HIV infections. why we need choices. When we talk about choices, this requires actions. In terms of options, there is no perfect product no matter how good it looks because what is ideal for one person may not be right for another; which is a good reminder as to policymakers, communities and all of us need to do something as options alone are not enough, choice is also important.

We have seen that when someone chooses a product of their choice, then they are more likely to use it. We have 15 ongoing and planned implementation activities in Africa. What we know is that we don't have any plans for people who use drugs or prisoners. We can't talk about leaving no one behind when we still have people who are not included in the population science projects. Some key considerations in this regard include time. The process of getting a product from approval to the hands of people must be quickened. We also need to talk about structural barriers.

Grace also spoke at length about products that are currently in the pipeline. She highlighted that most trials are in pre-clinical or stage one which means it will take a while for all tools to become available. What's in development right now is the long-acting injectable. These are in development but could be on the market sooner, like the dual protection pill. The choice manifesto is the beginning of the work as there's need to advocate for provider training. We need health professionals who are friendly and we also need to invest in healthcare providers so that they understand what the science is about.



SESSION THREE:

MINI BHPF PRESENTATIONS



ZIMBABWE

Mandy Mathias from Zimbabwe delivered a mini presentation. The presentation was on findings/ feedback from the mini BHPF held in Zimbabwe. She shared that HIV Estimates for 2022 showed how new infections are higher in females aged 15 – 29 years where incidence is 7.3 times higher than in their male peers. This is why there is a need for women to have choices. Some of the choices she shared in the presentation included:

Expanding Choice

Barrier methods,
condoms, PrEP & PEP

Long-acting PrEP
injectable (Approved
awaiting pretesting)

Dual Protection Pill

Vaginal Rings

Annual Implants

Sub-dermal Pellet
System

Transdermal Patches

Issues under discussion

Mandy also shared some issues which have been under discussion on the Zimbabwean front. There is a need to raise awareness of new biomedical prevention options by taking advantage of mainline and social media. She added that there is a need to address stigma and discrimination around contraception and ART to improve the uptake of options. “We should Identify high-risk groups and reach them with targeted interventions while amplifying the voices of young people on their preferred prevention options.” She also suggested that men should be engaged through existing structures such as male agents for change and the Brother to Brother initiative to encourage partner support. Another issue under discussion is the importance of strengthening the multi-sectoral approach which ensures a wide reach of services including information dissemination. Mandy also highlighted the influence of intimate partners and general society on the accessibility of HIV prevention options. There have also been concerns about confidentiality and the dynamics of service providers in this regard. Convenience, especially in rural areas remains an issue as health facilities tend to be very far, which presents possible options for long-acting methods. Eventually, it may come down to supply versus demand, whether uptake will be matched by regular supply. To meet this demand, Mandy added that more needs to be done to finance these choices

Financing for Choice

Strengthen Domestic
Resource Mobilization
efforts to fund further
biomedical research as
well as supporting
subsidies for choice
products

Expansion of sin
taxes. Also, channel
taxes on extractive
industries towards
health care

Establishing a
structured tax
collection system from
the informal market

Public Private
Partnerships

Establishing a
National Health
Insurance Scheme will
reduce out of pocket
costs

SESSION THREE:

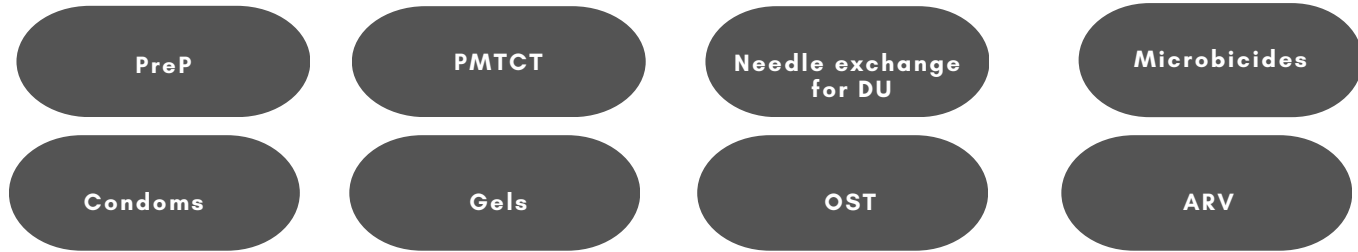
MINI BHPF PRESENTATIONS



COTE D'IVOIRE

Abdouramane Kaba shared some highlights from the National Forum on Biomedical Prevention in Ivory Coast. The mini-forum, which was held in Abidjan, looked at advancements in biomedical HIV prevention in Côte d'Ivoire. Abdouramane also shared some insights on health financing research in and the recommendations from the mini forum.

Biomedical HIV Prevention Options in Côte d'Ivoire



Health Financing

There is low health financing in Côte d'Ivoire as healthcare only constitutes 6% of the national budget. The mini forum acknowledged the existence of a national task force for advocacy on health financing, including civil society. Adouramane also highlighted the possibilities of mobilizing the private sector as this could result in marked improvement to healthcare financing. There is also a national Fund for the Fight Against AIDS (parafiscal funding) which remains effective. Civil society has also been conducting ongoing budget analysis to generate data for advocacy for health financing.

Challenges and Recommendations



- Training of programmatic services on documenting best practices and approaches.
- Integration of communities/Programs in the writing of studies to develop innovative and simple methods



- Strengthen advocacy for joint government-donor financing
- Provide evidence to support advocacy actions
- Incorporate the issue of funding for biomedical prevention research into the advocacy initiated by the National Task Force on Health Financing



- Establish a framework for collaboration & consultation between programs, research entities & stakeholders
- Research factors that impede the use of tools derived from research
- Engage communities in the implementation & monitoring of results

SESSION THREE:

MINI BHPF PRESENTATIONS



SOUTH AFRICA

South Africa's country-led Mini BHPF's (Biomedical HIV Prevention Frameworks) encompassed a variety of objectives, among which lay a central focus on the Choice Agenda. This agenda prompts critical questions:

- Whose decision-making power dictates access to prevention methods, and who should shoulder the financial responsibility?
- Additionally, who bears the duty of advocating for this choice, and who mobilizes support for it?

Highlights on funding for biomedical HIV prevention in South Africa were also shared. South Africa has consistently prioritized financing of health above the recommended thresholds over the years under assessment. Health expenditures accounted for 15% of the annual government expenditures in keeping with the Abuja target; 8% to 9% of the GDP against the 5% threshold. Government funding was the most predominant source of health financing in South Africa accounting for between 57% and 62%, followed by voluntary health insurance 31-35%, and out-of-pocket payments at 6%. Financing of reproductive health accounted for 11% of the domestic public expenditure on health, and 4% of donor spending on health in South Africa. Services for Key Populations and AGYW were significantly funded by donors accounting for 88% of AGYW care, 100% for PWID, MSM, and Transgender services, and 33% for Sex Worker care in 2021.



MINI BHPF PRESENTATIONS



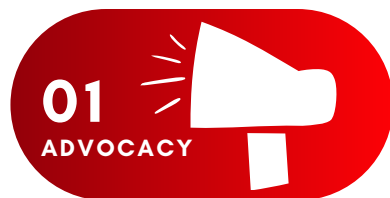
RWANDA

The Mini Biomedical HIV Prevention Forum (BHPF) 2023 took place on November 22, 2023, at SCHEBA Hotel in Kigali, Rwanda. The forum, organized by RINDA UBUZIMA in collaboration with Rwanda NGOs Forum on HIV/AIDS & Health Promotion (RNGOF) and Rwanda Biomedical Centre together with other different stakeholders, aimed to strengthen advocacy for biomedical HIV prevention research in Rwanda. The event attracted a diverse group of stakeholders, including researchers, government representatives, people living with HIV (PLHIV), academia, advocates, Civil society organizations, faith-based organizations (FBOs), and community-based organizations.

In-Depth Discussion & Active Participants Engagement, Tailored HIV Prevention Preferences

The forum facilitated detailed discussions, emphasizing the critical need for increased domestic funding dedicated to health and HIV prevention research. Participants highlighted the urgent need for increased domestic funding to address the ongoing challenges in HIV prevention. Participants also prioritized biomedical HIV prevention in Rwanda, emphasizing a comprehensive approach. In terms of preference, discussions unveiled personal preferences, highlighting the efficacy of male condoms. However, community discomfort with female condom usage emerged as a challenge. When it came to innovative solutions, participants endorsed the Dapivirine ring as a suitable and comfortable tool for women, providing a noteworthy solution for effective HIV prevention.

Challenges and Recommendations



01
ADVOCACY

Formulate a detailed advocacy plan with a clear agenda targeting key stakeholders in the HIV field and other important health actors.



02
DOMESTIC
FUNDING

Emphasize the critical need for increased domestic funding for HIV prevention. Reinforce advocacy for biomedical HIV prevention research in Rwanda with specific group targets.



03
HIV
PREVENTION
TOOLS

Prioritize the procurement and accessibility of Rwanda FDA-approved HIV prevention tools such as the Dapivirine ring by ensuring affordability for everyone.



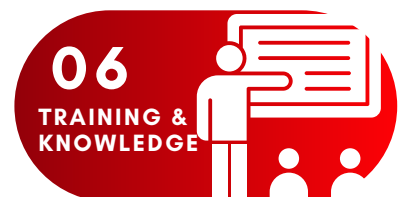
04
COMMUNITY
AWARENESS

Implement strategies for broader community awareness, corresponding to the objective of building knowledge among health and HIV advocates.



05
OPINION
LEADERS

Engage community and opinion leaders in HIV advocacy and organize community-driven awareness campaigns to foster acceptance and understanding of new prevention tools.



06
TRAINING &
KNOWLEDGE

Establish regular training programs and knowledge-sharing sessions for stakeholders, utilizing digital platforms and workshops to disseminate information on the latest HIV prevention technologies.

SESSION FOUR:

The future of biomedical HIV prevention: Partner's Panel

MARY LATKA- USAID

The Branch Chief for Microbicide Research, Mary Latka shared that she was asked to think about USSAID's approach to partnerships, problematic decisions, and financial considerations. Mary said the USAID, through PEPFAR, is very much about collaborating with local governments. They are also keen to partner with other donors, academia, and governments.

"If you want to go fast, go alone, but if you want to go far, go together"

This is USAID's approach as they are focused on creating an enabling environment to take HIV prevention options and make them real choices for people on the ground. Their approach to financial considerations is affordability.

At the end of the day, one can't have a beautiful product that nobody can afford. Affordability is very important to the USAID. There is a lot of funding specifically set aside for vaccine research. However, these vaccines must be safe enough, effective, acceptable, and affordable. "Not all products in the pipeline are going to make it across the finish line. The process starts with many, to arrive at a few." Mary added that USAID is also interested in creating an enabling environment and policy for these products to reach the beneficiaries. Through the Catalyst grant, they are working to scale choice. Catalyst is working in real-world settings and they have six very different catalyst sites across Zimbabwe.

'We are focused on creating an enabling environment to take these HIV prevention options and make them real choices for people on the ground.'

-Mary Latka, USAID



ANNA RAMMOU- CHILDREN INVESTMENT FUND FOUNDATION (CIFF)

Anna Rammout, the Interim Manager for SRHR access at the Children Investment Fund Foundation (CIFF) weighed in on the future of biomedical HIV prevention. She stated that CIFF shares the same vision of choice. They are passionate about ensuring that women and other populations live to their full potential, a goal that cannot be achieved without choice. That is at the heart of what CIFF does as they are focused on multi-stakeholder agreements and working with partners to co-create solutions that breakdown silos. To achieve this, there is a need to have individuals at the heart of the decision-making process. CIFF is not making the choices; it's the women in the community making these choices. The hope is that these are truly informed choices.

It's important to have the voice of the community integrated in the way we design the trials as they can hold us accountable to that vision"

Anna added that financial diversification is key as CIFF also hopes to hold other donors accountable. CIFF is an agile partner that is happy to take risks to ensure that communities get what they need. They want to work increasingly through partners as they are also looking at local manufacturing options in the future.

"We share the same vision of choice, we are passionate about ensuring that women and other populations live to their full potential, and we can't do that without choice. That is at the heart of what we do."

-Anna Rammou, CIFF



VUYISEKA DUBULA- THE GLOBAL FUND

The Head of Community, Rights and Gender at Global Fund, Dr Vuyiseka Dubula provided a brief overview of their approach. Currently, Africa does not have all the options and choices for every person. However, as the Global Fund creates these options for the future, community remains at the centre, and it is embedded into their strategy. There are also specific communities that they engage with in this regard.

“We can’t talk about communities at the centre rhetorically, but we have to demonstrate it by putting money in it. There is also a need for more young people to speak, and stand with the communities”

-Vuyiseka Dubula, The Global Fund.



RUTH AKULU- COMMUNITY REPRESENTATIVE

Ruth Akulu, a community representative highlighted the importance of sustainability in planning for the future. She noted that some communities are not empowered enough to make decisions over their lives. This is not sustainable for the choice agenda because its not just about choices; it's also about the ability to make those choices. Yet different challenges, such as punitive laws, and gender-based violence continue to affect choice. Ruth underscored the importance of research participation, highlighting that few countries in Africa are participating in research or taking active roles. Consequently, young people must be empowered and involved in research solutions that benefit Africa.

It's not just choices, but the ability to make those choices.”

-Ruth Akulu



KEY TAKEAWAYS AND NEXT STEPS

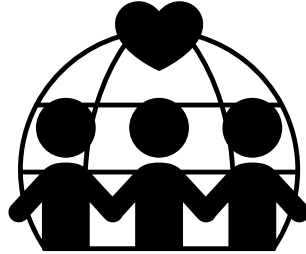
1



Strengthen youth involvement

Let young people show us what services they want, how they want them, and where they want them. Youth must be involved as meaningful partners in BHP.

2



Let communities lead

Communities must lead on programs that are designed for them. We need to have communities at the heart of decision-making in BHP.

3



Unlock the power of choice

We need to add more products to the array of options. Key populations must not be left behind & products must be affordable to ensure access.

4



Enabling policy environment

Punitive laws that prevent access for key populations must be removed or amended. Policy and the legal environment must enable BHP products to reach those that need them the most.

5



Sustainable financing

We need to strengthen domestic resource mobilization and efforts to fund biomedical prevention research. This involves strengthening options for health funding.

6



Partnership & collaboration

There's a need to establish a framework for collaboration and consultation between programs, research entities, governments, and stakeholders. This ensures universal participation in BHP efforts.

Resources and Links

BIOMEDICAL HIV PREVENTION FORUM: ICASA PRE-CONFERENCE



2023

BIOMEDICAL HIV

PREVENTION FORUM

THEME: UNLOCKING THE POWER OF CHOICE IN HIV PREVENTION RESEARCH

ICASA

Pre-conference

▶ 3RD DECEMBER 2023 / 9.00AM -3.00PM
Rainbow Towers



Partners

BIOMEDICAL HIV PREVENTION FORUM: ICASA PRE-CONFERENCE

