



AfNHi
Africa Free of New HIV infections



AfNHi
Youth Cohort

FORUM REPORT

BIOMEDICAL HIV PREVENTION FORUM

FINANCING OF HIV PREVENTION RESEARCH IN AFRICA

**THE 5TH PRE-CONFERENCE
OF THE 21ST ICASA CONFERENCE**

**6TH DECEMBER 2021,
DURBAN, SOUTH AFRICA**



Abbreviations and Acronyms

AfNHI	Africa free of new HIV infections
AHF	AIDS Health Foundation
APHA	Health, Advocacy for Prevention of HIV and AIDS
AVAC	AIDS Vaccine Advocacy Coalition
BHPF	Biomedical HIV Prevention Forum
CWGH	Community Working Group on Health
GNP+	Global Network of People Living with HIV
HVTN	HIV Vaccine Trials Network
IAVI	International AIDS Vaccine Initiative
IPM	International Partnership for Microbicides
NHVMAS	New HIV Vaccines and Microbicides Advocacy Society
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
SAA	Society for AIDS in Africa
SANAC	South Africa National AIDS Council
USAID	USAID-United States Agency for International Development

1.0 INTRODUCTION

This report captures the findings and deliberations of the invited participants in the 5th BHPF meeting organised by AfNHi and hosted in Durban, South Africa. The meeting sought to explore financing of HIV Prevention Research in Africa. According to UNAIDS' new report released in July 2020, securing antiretroviral therapy has been steadily improving. However, the progress is inequitable. The global HIV targets set for 2020 were not met as the achievements were not shared equally within and between countries. In its report, ***Seizing the Moment***, the World Bank warns 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.

Prevention of new HIV infections in Africa is far behind the rest of the world. Some 1.7 million people were newly infected with the virus, more than three times the global target.

1.1 COVID 19 Pandemic

The Covid-19 global pandemic is quickly eroding the gains made in combating HIV globally and more so in African countries. Severe disruption to HIV services due to the COVID-19 pandemic could further set back the response ten years or more, with failure to reach the 2020 HIV progress targets resulting in 3.5 million more HIV infections, and 820 000 more deaths since 2015. The ***Seizing the Moment*** report shows unequal progress, leaving behind vulnerable people and populations. For example, gay men, men who have sex with men, sex workers, drug users and people in prison and their sexual partners accounted for 62 per cent of new HIV infections.

1.2 Exclusion and stigma

Besides COVID 19, forms of social inequity and exclusion, stigma and discrimination have proven to be significant obstacles to accessing contraceptives and HIV health services. Reports show that at least 82 countries criminalise HIV transmission, exposure, or non-disclosure. Further 103 criminalise sex work, and 108 criminalise the use, possession, or consumption of drugs. The result of such exclusion is that 59 per cent of all new HIV infections in Sub-Saharan Africa in 2019 were women and girls, with 4500 girls and young women between 15 and 24 years old becoming infected every week. Thus, a growing number of young women are getting HIV infection, despite only making up 10 per cent of the population in sub-Saharan Africa.

1.3 The -90-90-90 progress

In 2019, 690 000 people died of AIDS-related illnesses and 12.6 million of the 38 million people living with HIV did not receive life-saving treatment. There is, however, a significant reduction in HIV transmission levels where comprehensive HIV services are provided. Fourteen countries have achieved the 90–90–90 HIV treatment targets (90 per cent of people living with HIV know their HIV status, of whom 90 per cent are on antiretroviral treatment and of whom 90 per cent are virally suppressed), including Eswatini, which has one of the highest HIV prevalence rates in the world, at 27 per cent in 2019, and which has now surpassed the targets to achieve 95–95–95. The expansion of antiretroviral therapy has saved countless lives. In addition, combining proactive medical practices with social and economic support for young women in Eswatini, Lesotho, and South Africa has narrowed inequality gaps and driven down the incidence of new HIV infections.

1.4 Set Back

Although progress has been made, challenges continue to persist, threatening the progress made during the past decade, with tragic consequences for people's lives, economies, and health security. Some of the challenges Sub-Saharan Africa are experiencing include new HIV infections among adolescents and young women which remain unacceptably high. Also, the health systems continue to ignore key populations, social, legal, and economic disparities which 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 organise and advocate for their health and rights. 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. Research has also found that the needs of female sex workers are not adequately addressed and the condom program progress varies widely, with no adequate data around their distribution. Additionally, many countries do not have sufficient money to fund their condom programs. It is also noted that although there were over 4.0 million Voluntary Medical Male Circumcisions conducted in 2017, funding was not diverse and was limiting around domestic ownership. Finally, despite an increase in PrEP use in every country providing PrEP, numbers are still small, and programs are also very young.

1.5 Way forward for Africa

This report captures the determination of the participants to ensure Africa is free of new HIV infections. The Biomedical HIV Prevention Forum will mobilise scientific knowledge and build bridges between science and policy. In addition to mapping potential for collaborative national and regional activities within the AfNHi network, the forum will explore ways to strengthen connections between policy and research through information exchange with HIV prevention advocates. Participants to the forum were drawn from Researchers, Advocates, Civil Society and Communities, Governments (Ministry of health and finance), Front-line providers and three (3) countries, Côte d'Ivoire, Zimbabwe and Rwanda.

2.0 OPENING REMARKS

2.1 Sinazo Pato-IPM, BHPF Co-chair

Ms Sinazo Pato, one of the Forum's Moderators welcomed the participants and informed them of change to all virtual forum as opposed to the hybrid plan which was previously to take place. The increase of COVID 19 in South Africa was singled out as the reason for the change. Ms Sinazo noted that the 2021 biomedical HIV Prevention Forum was the fifth, with the others having taken place in 2013, 2015, 2017 and 2019 in Rwanda. She introduced Financing of HIV Prevention research in Africa as 2021's conference theme, which would be explored around three objectives namely;

- a) Building knowledge amongst health and HIV advocates on current biomedical HIV prevention research
- b) Building momentum for advocacy for increased domestic resources for Health

c) HIV prevention research in Africa and strengthening advocacy for biomedical HIV prevention research in Africa.

Ms Sinazo also noted that funds allocated to HIV programmes had been diverted to combat COVID 19, and was concerned that gains made could be eroded if attention was not diverted back to HIV programmes. While acknowledging that it was necessary that the world focused the attention on the COVID pandemic, she hoped that HIV and TB pandemics should not be relegated to the sidelines, and were accorded as much importance as COVID 19.

2.2 Saidy Brown-AfNHi Youth Cohort member

The young people's voice in the conference was important and Ms Brown, a representative of young people living with HIV said that young people were keen to hear how they were being included in conversations and policies around HIV Programmes. She was also keen to hear conversations around de-stigmatisation of people living with HIV. She wished that all young people living with HIV were fed with hope while those without, be educated to be more humane around those with the disease because a HIV diagnosis is not a death sentence. Access of health care facilities by young people was also a concern that Ms Saidy hoped would feature in the conference, so that health workers can be accepting of young people seeking HIV related services in their facilities. She wants more sensitization for health care providers in how they attend to young people living with HIV.

3.0 BIOMEDICAL HIV PREVENTION LANDSCAPE

3.1 Ms Manju Chatani-AVAC Director, Partnerships and capacity strengthening

In her presentation headline **'What's new and next in HIV prevention'**, Ms Manju shared positive developments around HIV since the last meeting in Kigali in 2019. In January 2020, the European Medical Agency (EMA) had provided a positive opinion On Dapivirine Vaginal Ring which was found to be effective for use for one month. Six months later, the WHO also recommended the Ring as an additional option in preventing HIV infection. In November 2020, Cabotegravir, a long acting injectable that works for six months was found effective and efficacious in women and towards the close of 2020, a PEPFAR COP guidance on new preventions was rolled out, which may open ways for new funding for more research. February 2021 saw initial proof of concept for a broadly neutralizing antibody and in March 2021, two trials of a Merck's monthly Islatravir commenced. June 2021 saw the entry of two efficacy trials of injectable Lenacapavir, whose efficacy is designed to last for six months. One HIV vaccine trial failed.

The UN commitment

Since COVID 19 was announced, it disrupted majority HIV programmes creating a lot of inequalities, and this year, UN has committed to increasing treatment, prevention and human rights targets. It is hoped that the Unequal, Unprepared and Under threat report launched by UNAIDS in December will be galvanizing towards ending all pandemics, address lack of access to financing and ensuring that responses must focus on people and communities.

Options and Choices

For people to be able to make choices for their preferred modes of treatment and prevention, there must be options available for them. Choice and option requires policy makers, donors, governments and implementers to make the “mix” available, accessible and affordable. It is important that when testing happens, irrespective of status, the person is linked to not only treatment care and services, but also preventive care and services. This must be done in an integrated method focusing on behavioral, structural and biomedical; to maximize the effectiveness of the tools available if there is going to a public health impact.

What's new and what's next in HIV prevention

Lessons from Oral PrEP

Launched and licensed for use 11 years ago, it was hoped that three million people would be able to access PrEP by 2020, but data available show only 1.5 million people have been able to access it. However, there is a notable increase in number of African countries that now have access to PrEP. The greatest lesson learnt from PrEP in the last 11 years is that if more people are to be reached, simplicity in delivery is key. Using the innovative methods which have been used in the last two years when COVID 19 started to ravage the universe to get services to people, similar strategies can be use around PrEP and other methods. Further, when PrEP delivery is simplified, normalized, ensures less medical focus, is integrated into an existing service delivery and well as keeping an eye on stigma, uptake numbers are going to improve.

The proposal to continue with longer PrEP refill with less frequent clinical monitoring, support by peers, caregivers, nurses and experts, decentralized lines of delivery as well as an PrEP refills combined with comprehensive health services is strongly recommended, and all countries should strive to adopt such and other methods which will increase the uptake.

What is next the pipeline

The following are the preventive options under different stages of research and approvals, with some showing potential of introduction in the market as early as 2022.

Dapivirine Vaginal Ring: This has already received positive EMA opinion, has been prequalified by WHO and has been approved by the Zimbabwe Regulatory Approval agency. There is a probable regulatory approval and introduction between 2022 and 2024.

Cab-LA : This is a long acting injectable whose one shot offers six weeks protection to the user. It is currently under FDA review before it moves to other African regulatory groups. Like the Dapivirine vaginal ring, there is a probable regulatory approval and introduction between 2022 and 2024.

Lenacapavir: This is a six monthly injectable which is currently undergoing two efficacy trials. Results are expected in 2024.

TDF/FTC: This Dual Prevention pill offers an exciting combination of pregnancy and HIV prevention. There is a possible regulatory approval and early introduction, likely 2022-2024.






FTC/TAF: This is a daily oral dose undergoing efficacy trial in Cis gender women. Results of the findings are expected by 2024.

Islatravir: This is a monthly oral dose undergoing efficacy trials in MSM, Transgender and Cis gender women. Results are likely to be realized by 2024.

AD26: This is a preventive vaccine undergoing efficacy trials among MSM and transgender people with results expected by 2024.

Many more options are at different stages of research and development, but for them to have impact, there must be clinical, policy and program and personal preference for each of them. For example, clinical considerations would include biological efficacy, dosing duration, reversibility, and side effects. Policy and program considerations would look at delivery channels, health system burden, product cost and demand creation. Personal preference revolves around drug effectiveness, user burden, discretion of use, including how such drug contributes to stigma.

The table below represents different options at their different stages of development:

PREVENTION PRODUCTS		2020	2021	2022	2023	2024
	Vaginal Ring Dapivirine Vaginal Ring	Positive EMA Opinion; WHO Prequalifications and Recommendation	Zimbabwe Regulatory Approval	Possible regulatory approval & early introduction		
	Long- Acting Injectables CAB-LA Lenacapavir	Early HPTN 083 and 084 results	Regulatory Submissions	Possible regulatory approval & early introduction		Efficacy trials of six monthly injectables
	Dual Prevention Pill TDF/FTC/ Combined oral contraceptives				Possible regulatory approval & early introduction	
	Oral PrEP FTC/TAF Islatravir				Daily Oral FTC/TAF efficacy trials in cisgender women	
					Monthly oral islatravir efficacy trials in MSM, TG women and cisgender women	
	Preventive Vaccine Ad26				Efficacy trial among MSM and trans people	

Earliest time to market 

Table extracted from the presentation of Mchatani 2021

3e) Future for ARV based prevention

Early 2022, stakeholders await FDA decision on injectable Cabotegravir and in the mid-year, an updated WHO guidance on PrEP. The USAID-funded Mosaic project designs and their introduction is also awaited, which includes a possibility of how the ongoing trials will integrate new options, and how expansion around available and yet to be developed options will be on boarded.

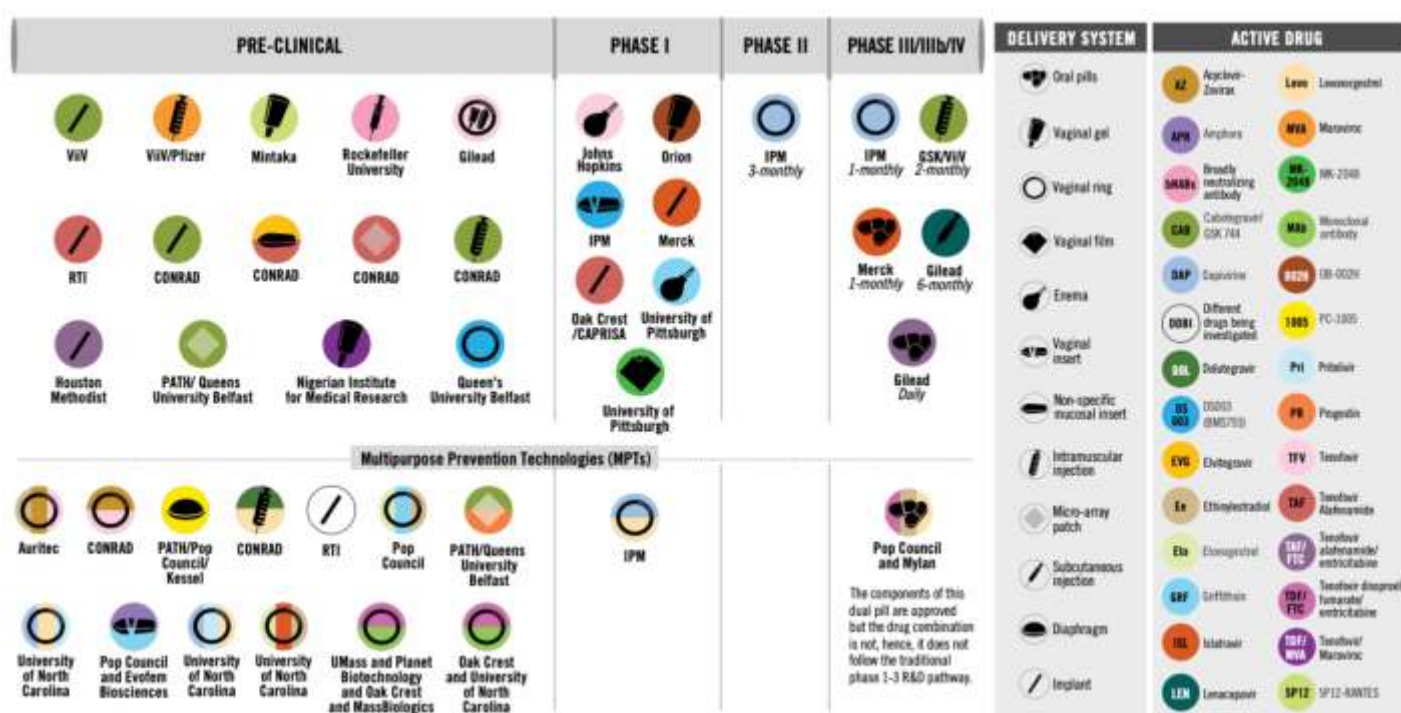


Table extracted from Manju Chatani presentation 2021

Way forward for advocates

Unless efforts from all the concerned stakeholders take center stage, then progress in containing HIV may not be as robust as envisioned. As advocates for change and access, there is need to push for:

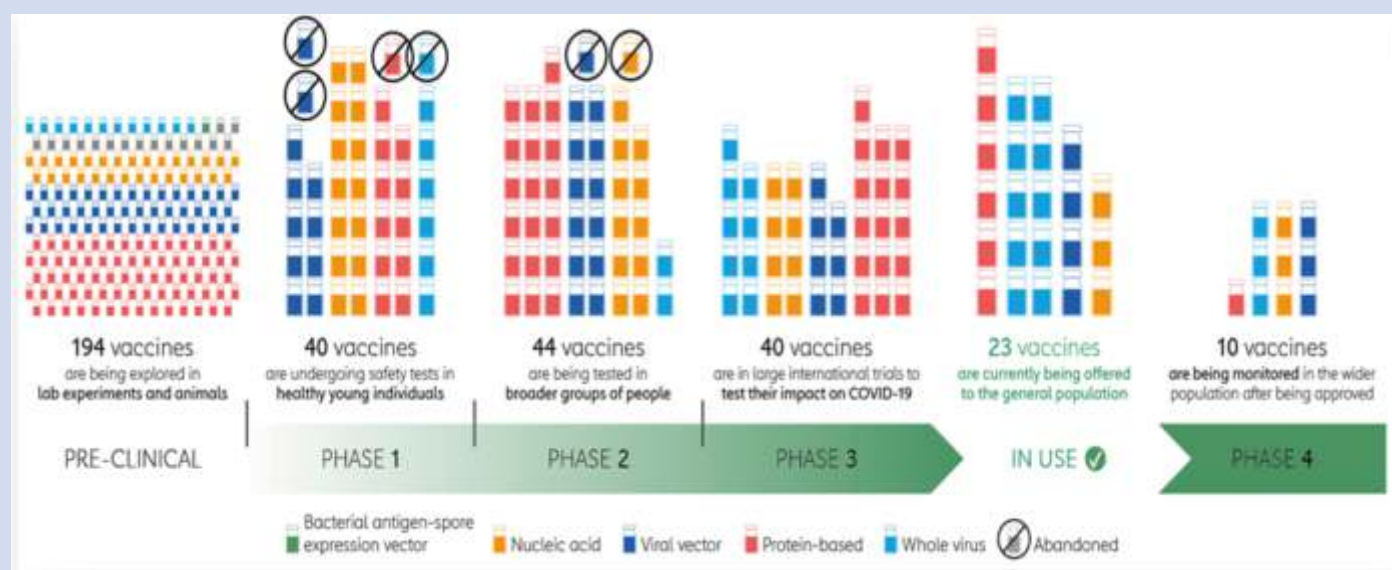
- Ways and methods that will translate options into viable choices for users, providers and health systems.
- Ensure a robust civil society engagement in introduction and implementation of research and planning
- Champion Provider training for clinical guidelines and appropriate counseling, support and empathy.
- Set realistic targets for interventions, especially for introduction efforts of the new options.
- Ensure we do better, be more equitable with new options than PrEP and COVID19 vaccines and most importantly ensure that they are properly funded.

COVID 19 and Equity

Within months of COVID invasion, the world received a vaccine to curb its spread. 23 vaccines are currently being offered, with 194 being explored at different stages. Almost 8 billion doses of Covid-19 vaccines have been administered worldwide. Yet only 5.9% of people living in low-income countries have received at least one dose, while high-income countries roll-out booster shots and vaccines for children.

To address the current crisis, and prepare for future pandemics, we must reallocate doses in the short-term and make long-term investments in vaccine manufacturing capacity in every region of the world. Same case applies to all the options being considered for prevention and cure of HIV. The rapid response to COVID 19 has proven that with political goodwill, even HIV vaccines and medicines can be developed within shorter periods.

Below is a diagram showing COVID 19 Vaccines Spectrum



4.0 BHPF MINI CONFERENCES

4.1 Rwanda: Situation analysis of Biomedical HIV prevention research funding in Rwanda; Ms. Nooleit Kabanyana: Rwanda NGO Forum on HIV/AIDS and Health Promotion

While UNAIDS reported that by 2019 there were 37.7 million people living with HIV worldwide, Rwanda prevalence remained relatively stable at 3.0 percent since 2005 among adult general population. Ms. Nooleit noted that the country has made progress in achieving the UNAIDS 95-95-95 targets, with RPHIA data of 2019 showing that 84 percent of people living with HIV know their status, 97 percent are on ART and 90 percent of those who report on being on ART have achieved viral load suppression.

An RBC annual report of 2020 shows that the HIV prevalence was about two times greater in older adolescent girls and young women (ages 15-24 years) compared to older adolescent boys and young men (1.2 per cent vs. 0.5 per cent). In general, Rwanda's HIV prevalence rises with age and gender. The HIV prevalence peaked at 6.5 per cent among men aged 55-59 years and 7.4 per cent among women aged 50-54 years. Of concern are the new infections among the young population, which according to RBC HIV program data stand at 33 percent for people aged between 19-24 years. With 32 percent of Rwanda's population comprising of young people, then strong measures should be put in place to increase the uptake of HIV testing and treatment to reduce the spread of HIV new infections. Urban areas were found to have higher HIV prevalence rate, with women aged 15-64 reporting a 3.7 per cent prevalence compared to men at the same age bracket at 2.0 per cent.

Milestones in Rwanda

The 2021 desk top review to establish the status of Biomedical HIV Prevention Research Funding whose broad objectives were to identify challenges in funding biomedical HIV prevention research, to strengthen advocacy around biomedical HIV prevention research funding and to describe common biomedical HIV prevention services/programs available and used in Rwanda revealed several successes and some setbacks in conquering HIV cases.

Rwanda has managed to reduce HIV new cases gradually for the past few decades thanks to many prevention programs that entail efforts to specifically reduce new infection.

The most effective interventions that the country has integrated for HIV prevention include Prevention of mother-to-child transmission (PMTCT), Condoms, Pre-exposure prophylaxis, Post exposure prophylaxis, HIV testing, Voluntary medical male circumcision and the Vaginal ring which is under consideration.

In terms of research, regulation, administration and coordination, Rwanda has invested in improving the health of the population through research, including biomedical research. Local and international researchers are always encouraged to conduct their research following different guidelines in place. Some of such entities include RNEC, NHRC IRB and FDA.

Bottlenecks in Rwanda

During the desk top review, three top bottle necks noted were lack of expertise in writing proposals, failure to apply for grants and lack of funding and publications around the subject. The review reported that out of more than 100 journals published in Rwanda, only three are HIV related and even then, they do not include biomedical HIV prevention research. Currently (2021) among 58 researches registered in Research Registry at RBC, including 26 ongoing, only eight are related to HIV, but still, none touches on biomedical HIV prevention Research. These findings collaborate the WHO observation that there has not been enough research in low and middle income countries on biomedical HIV prevention research.

A case for funding biomedical HIV prevention research

HIV being an infection that has no cure yet, apart from treatment up to achieving viral suppression, a strong prevention mechanism is what is really needed as first line defense. Unfortunately, finding the appropriate methods to prevent new infections is still a challenge. For example, since the establishment of Excellent Research Grant at NCST Rwanda, only 11 Health projects has been funded through the National Research and Innovation Fund. Seven of them were related to health, but none of them was related to biomedical HIV prevention. According to National HIV/AIDS Targets 2018-2020-2030, the current trend shows a rapid decline in external funding for HIV prevention activities, while domestic funding increases at a slower rate. In addition, these funds mainly go into HIV prevention and treatment with less focus on research. Even though different partners in HIV response provide funding in various areas of HIV prevention and treatment in Rwanda, there is no specific funding for biomedical HIV prevention research. The Ministry of Health budget which was set aside to respond to HIV/AIDs was 21, 725, 405,924 RWF. Out of this, 359,852,716 RWF was assigned to research, but none of the research was for biomedical HIV Prevention. There is therefore an urgent need to find the appropriate methods to be used alone or combined which encourages more research on biomedical prevention methods among others.

Take advantage of what is available:

During the review, many opportunities were identified, which if well executed can positively change the biomedical research landscape in Rwanda. The MOH in collaboration with different partners has established an online platform for continuous learning in clinical research. This is helping to build capacities of health care providers across the country in research.

In Rwanda, there are many private institutions that provide training in research, CSOs and other institutions can collaborate with those institutions to build capacities of their research teams. There are many online and web-based platforms that provide free trainings in research.

Institutions can help their staffs with subscriptions for them to gain knowledge in research.

Recommendations

For Rwanda to ensure that biomedical research on HIV prevention funding is elevated, the following is proposed:

- Establishment of specialized viral research institution with more advanced infrastructure.
- Integration of biomedical HIV prevention research in higher education curriculum.
- Enhance capacity building in biomedical research among healthcare providers and CSOs.
- Conduct an exhaustive mapping of key populations and other vulnerable and hard to reach population.
- There is a need to streamline biomedical HIV research funding to avoid duplication. (BHPF will help to coordinate these effort)
- Partnering with regional and international research institutions to build capacities for local researchers.
- Build knowledge and capacities for researchers and civil society organizations (CSO) in grant writing skills.
- NGOs should avail active research departments.
- NGOs should mobilize for funds and conduct more biomedical HIV research.
- Establish a national advocacy and coordination mechanism on biomedical HIV prevention research.
- Conduct advocacy to increase internal resource funds in biomedical HIV research.
- Conduct more research on HIV prevention among AGYW, Key populations and other hard to reach populations to reduce new HIV infections.

4.2 Zimbabwe: Financing of HIV prevention research in Africa by Caroline Antonia Mubaira- Public Health Specialist Zimbabwe

The report presented was a result of the review to find documents that contained relevant information of biomedical HIV prevention research funding. It incorporated input from the BHPF mini conference held in Zimbabwe. The review was affected by the heterogeneity of HIV and AIDS response programmes and by the fact that most documents had limited information on financing biomedical HIV prevention research, including funding budgets.

State of research funding in Zimbabwe

While Zimbabwe allocated to the ministry of health and child care a budget of 12.74 per cent and 14.9 per cent in the year 2021 and 2022 respectively, only a mere two per cent was allocated to biomedical engineering, biomedical science, Pharmaceutical & Pharmaceutical production, a gross underestimation to cover biomedical research & pharmaceutical production. The review also revealed that research funding in most CSOs targets international researches, with only two organisations accessing good funding for biomedical research, at 40 to 50 percent of total organizational budgets from competitive bidding processes. Further findings showed that seven organisations had research in their plans, but did not have independent plans for biomedical research. Although most HIV programmes in Zimbabwe were informed from the research studies from the region or globally, occasional small grants on HIV programming have been implemented with other partners.

HIV policies, laws and practices

Incoherency in policy in relation to the epidemic & responses was noted. According to a report from ZNASP V1 2021-2025, soliciting of sex for the purposes of prostitution, living, pimping and a parent or guardian allowing a child to become a prostitute is criminalized. Nevertheless, female sex workers and their clients' population size estimates stands at 40471 with HIV prevalence is 57.1% in 2018. Female sex workers contribute to 4000 new infections annually, while men who have sex with other men contribute 2000 new infections annually. The same report did not have HIV prevalence data for Lesbian, Gay, Bisexual and Transgender community, yet these key populations are contributing to a significant proportion of new HIV infections.

The threat around vulnerable populations

In Zimbabwe, vulnerable populations such as small scale mineworkers cross border populations, farm workers, fishermen, people with disabilities & informal traders have no HIV burden data. There are also significant knowledge gaps on HIV among AGYW, with an average of 50 per cent lacking knowledge on HIV and only 50.2 per cent of AGYW reporting Viral load Suppression. A UNICEF report, Reimagining a resilient HIV response for children, adolescents and pregnant women living with HIV, warns that children are being left behind in the fight against the pandemic. With COVID-19 causing disruptions to HIV service delivery, children are still getting infected at alarming rates while prevention efforts and treatment for children remain some of the lowest amongst compared with COVID-19 pre-pandemic numbers.

Scientific progress in Zimbabwe

Zimbabwe is the first country in the world to approve the Dapivirine ring on 6th July 2021. The Medical Control Council of Zimbabwe gave the Ring a nod for its numerous advantages such as its affordability, it is discreet to use hence reduces stigma and discrimination, while requiring minimal monitoring. Zimbabwean women also participated in long acting injectable PrEP Cabotegravir and oral Cabotegravir and the Long-acting Cabotegravir was found to be 89 per cent more effective than FTC/TDF.

Inequalities and equity

The study shows that despite massive scale-up of HIV testing socioeconomic inequalities in HIV testing uptake have persisted which differed by setting or service. Proposal is that future research should explore cross-country trends in inequalities at all points on the treatment and prevention cascades because HIV testing is relevant from not only a human rights perspective but also an epidemic control perspective. The COVID 19 pandemic also exacerbated the inequality, where the burden shifted to poorer people, young women, and marginalised groups. Whereas school closures and quarantine were good measures to during COVID 19 for they kept the vulnerable population contained, there is still need to support safer behaviours including addressing gender based violence, for lack of this hindered safer sexual behaviour choices for women. In terms of how research enhances health equity, the research concluded that rural realities and rural health needs are different from those in urban areas. Therefore, it is recommended that communities in their various setups be involved in the design and delivery of research where possible.

Lessons learnt

During the research review, it came out clearly that most funding for biomedical research comes through external sources funding for research and most CSOs in Zimbabwe do not have the requisite skills and experience. Additionally, funding partners are more willing to fund programmes as opposed to biomedical research and because of lack of local expertise, the funders send external experts to research on their areas of interest. The Government of Zimbabwe there needs to invest in technical expertise in grant writing skills for research, hand hold Zimbabwean CSOs to write competitive biomedical research bids, link CSOs to partners funding research and develop a National repository (hub) where all researches, published or not published, including students researches can be uploaded for use.

Recommendations

- Research is needed for Key Populations and vulnerable populations as they are contributing to a significant proportion of new HIV infections relative to their population size.
- Laws that reinforce stigma and discrimination should be reviewed.
- Budget tracking & monitoring progress towards legal and policy reform and enforcement of existing laws is required.
- Advocacy agenda targeting GOZ and partners to increase biomedical research budget should be encouraged.
- Avail Active Research Desks for NGOs & for technical advice which encourage information sharing with law and policy makers.
- There is need to evaluate the numerous HIV prevention tools that have been operated over the decade and new ones such as PrEP, VMMC devices to ascertain their efficacy.
- Adopt a bottom-up biomedical research approach that is community led, youth led, key population led and has clear feedback mechanisms.
- Encourage capacity building for biomedical research through short courses/certificates.

4.3 COTE D'IVOIRE: Evaluation of research funding for biomedical HIV prevention research by Dr Madiarra Coulibaly-executive director of alliance of cote d'ivoire

Dr Coulibaly presented the analysis report of the situation of research funding for Biomedical Prevention of HIV in Cote d'Ivoire. Respondents comprised of the public, academic, private sectors and civil society.

Current state of funding

The findings revealed that research on biomedical prevention is mainly funded by external partners and that the contribution of the State of Côte d'Ivoire mainly relates to the functioning of the structures involved in research but not to the research itself. The two most important external sources of funding, PEPFAR and the Global Fund contributed to research for biomedical prevention, but the funding was very little, hence not enough to make the desired impact.

A case for biomedical research in Cote d'Ivoire

Like in many other countries, the importance of biomedical research cannot be underestimated. It makes available crucial information and tools to address specific needs of populations and in particular, marginalized populations with limited access to available services. It also enables decision makers tailor make service delivery solutions that match the local realities and if such findings are made available to the HIV programs in the country, it can improve such programs. Research helps support the implementation of approaches through periodic evaluations for continuous improvements and it also provides data and information that can be used to influence decision making and funding at appropriate levels for research and implementation of biomedical prevention approaches.

To make biomedical HIV prevention research a viable reality in CI, the country should ensure there is a research coordination framework at the national level. The country should also invest in training human resources in research issues such as how to write comprehensive proposals and how to pitch for funding. Over and above that, Cote d'Ivoire should establish a domestic funding framework for research with a long-term vision, including the establishment of a national framework for disseminating research results and exchanging experiences between stakeholders.

Establish policies

Cote D'Ivoire should also establish a policy to promote health research and in particular biomedical research, as well as creating a framework for sharing experiences and research results in the field of HIV, like the “scientific days in the fight against AIDS” organized in the past on the side lines of the celebration of the day World AIDS Initiative (JMLS). Other proposals include strengthening research around HIV seroconversion and the onset of STIs during PrEP, conducting research related to the acceptability and the link with ARV treatment of the HIV self-test and exploring the possibilities/opportunities for funding research and the organization of research sharing days by the National AIDS Fund (FNLS).

Amplifying AfNHi

The research proposes the following; to ensure that the AfNHi network is strengthened to advance solid working relationships in Côte d'Ivoire and in the region:

- Have representation in the country and connections with sub-regional institutions
- Set up an exchange framework with national and sub-regional research structures
- Collaborate with local research structures to advance research advocacy issues
- Set up a framework for the exchange of experiences with other countries and sub-regions

AFNHI's conversations can be progressed by holding periodic exchanges with the various local actors, organising periodic missions to partner countries and connecting different countries to allow them to learn from each other.

5.0 Make It Matter: Africa's HIV Prevention Research Funding: Dr Caleb Mike Mulongo and Dr Nelly Murgor

Presenting the findings which were commissioned by WACI health, Dr Mulongo said the study was to try and use lessons from existing health Research and Development investments to shape strategy and advocacy for increased domestic investments in health research and development.

Health Research and Development can help reduce morbidity and mortality levels, and can inform and contribute to socio-economic development, hence a call for African Governments to take a stronger role in its promotion, and mobilizing resources for the same. The research revealed critical findings which have grossly affected the funding of biomedical research.

Status of financing health research

While the Abuja Declaration targets that 15 per cent of the national budget be allocated to the Health docket, none of the four studied countries (Kenya, Rwanda Eswatini and Malawi) met the target. The highest was Malawi with 11.5 percent, with Kenya reporting the lowest allocation at less than seven per cent. Rwanda allocated about eight per cent while Eswatini allocated about nine per cent of their national budget to health. When it comes to research allocation, Malawi set aside 1.06 percent, which was the highest allocation from the studied countries. Eswatini had the least allocation, at 0.3 per cent. Kenya allocated 0.79 percent while Rwanda 0.27 per cent. It is evident low allocation in the health sector which is not adequate to support quality and universal coverage of health means there is very little, if any funding to allocate to biomedical research.

Besides inadequate financing of health across countries, the study revealed that financing of biomedical research and development was also inadequate. Most African countries are below the recommended two per cent of respective Gross Domestic Product (GDP). Some of the countries which are considered to have high allocations at 0.6 per cent and slightly more include Kenya, South Africa, Malawi, Mali and Morocco. Nigeria, Tanzania, Uganda and Zambia, among others have allocations of 0.6 percent while countries with the lowest allocations at less than 0.1 percent include Madagascar, DRC Congo and Algeria. Besides the gross underfunding, the study revealed that most countries are not tracking research and development engagements; hence very little data is available to monitor any progress. It was also noted that many countries are investing more in legal and regulatory frameworks, as opposed to financial investments. Weak monitoring and evaluation systems, limited transparency, and accountability also came across as some of the factors brought about by inadequate financing of healthy research and delivery across Africa.

The table below represents Status of Health and Research funding in the Peer countries.

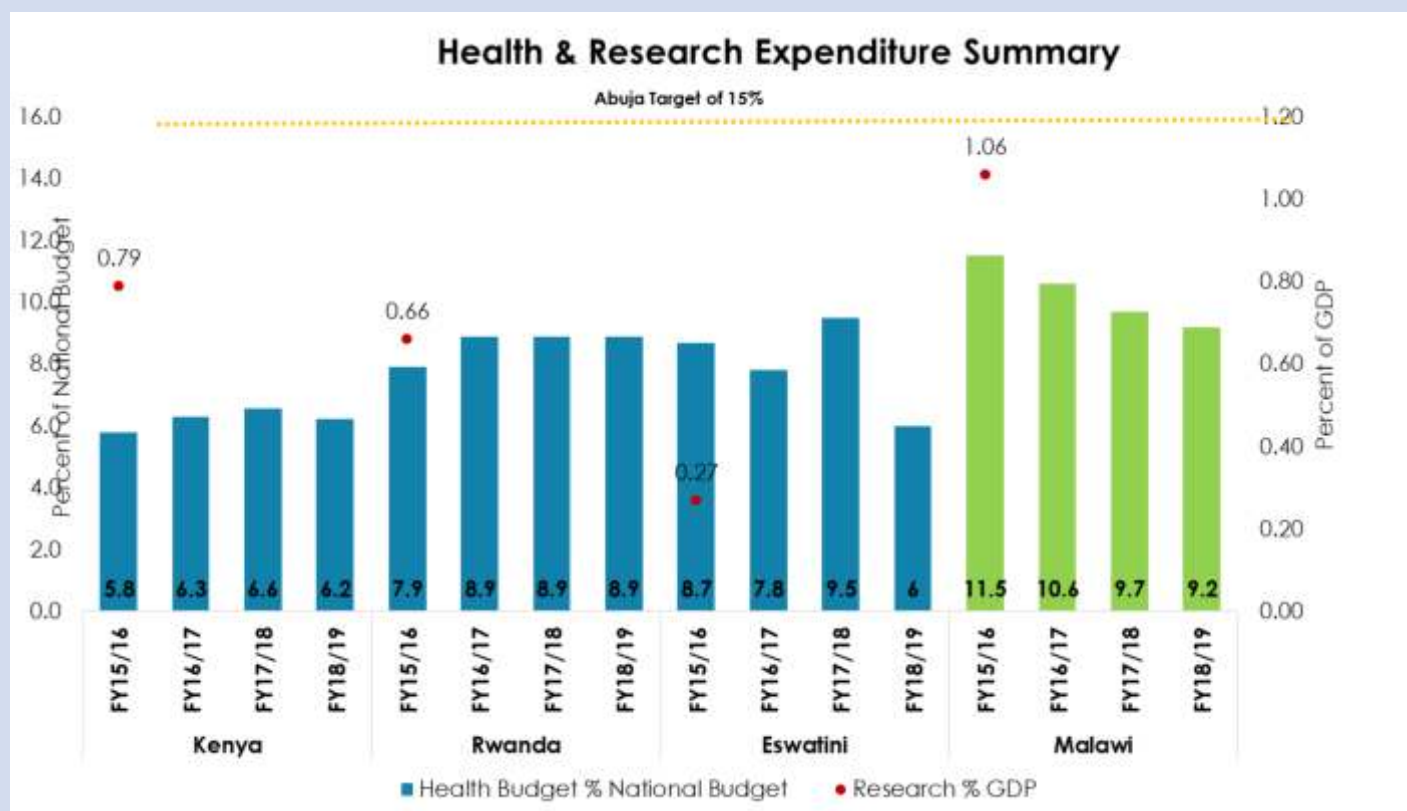


Table from Dr Caleb Mulongo Presentation 2021

Research Environments in Africa

Low and Middle Income countries must take lead in creating and maintaining an enabling environment. This ensures better coordination and alignment of all stakeholders to the national research priorities. Anchoring research in law and critical government instruments such as policies, strategies and regulations ensures elevated prioritization and visibility of research to the policy makers. The countries studied showed varied levels of maturity of the legal & policy environment anchoring research, with Kenya, Rwanda, Malawi are fairly advanced with existing laws and supporting regulations, strategies, and policies to govern research. Although the Eswatini have existing policies, they are at the nascent phase, with no laws to guide research.

Public and Private sectors in Research and Development engagements

A strong political will is critical for impactful local manufacturing, research, and development. Designating public institutions to coordinate research across different sectors, including health, demonstrates prioritization of research by the government. This ensures better coordination and alignment of all stakeholders to the national research priorities. Additionally, the resulting enabling environment provides an opportunity for flourishing strategic collaborations in funding and conduct of research in health. This prioritization is evidenced by Malawi, whose National Research Council of Malawi (NRCM) domiciled in the Office of the President which further elevates research as a national priority. It can be concluded that this positioning is responsible for the higher allocations in the Health docket captured in this report.

Although coordination may vary, the studied countries have a central oversight and coordination of research across all sectors. Kenya has the National Commission for Science, Technology and Innovation (NACOSTI) and

Rwanda, National Commission for Science and Technology of Rwanda (NCST). Malawi has the National Commission for Science and Technology of Malawi (NCST) and Eswatini, the National Research Council (NRC).

Private sector inclusion

The private sector is very essential in complementing government driven research as well as interpreting and disseminating information into easy-to-understand formats such as funding and capacity development in research. Further, their engagement improves their insights on the research priorities and landscape, hence can better lobby for essential improvements. The four countries showed varied participation of the private sector in the funding and conduct of research. These levels are largely influenced by systems of governance like the Monarchy in Eswatini versus Democracies in Malawi and Kenya.

Impactful and contextually relevant research and development

The insight from the peer countries is that domestic driven research is best placed to address contextual priorities and needs for low and middle income countries in Africa. Findings show that in Africa, research is mostly donor driven, often creating a mismatch in Africa's priorities and donor interests. There is therefore a great value in governments taking charge of their research funding, because then such funds will address the necessary priorities. There is also great value in adopting implementation research as a core research design because it shows short term and long term achievements and policy goals, while holding great potential for scalability. Finally, while collaborations across regions and sectors are important and necessary, they must be within individual countries political wills, contexts and needs.

The following are advocacy recommendations for biomedical prevention of HIV research funding

- To show commitment, Governments should increase funding of health and research.
- Governments should enact laws and develop appropriate regulations and policies to anchor and guide Research and Development.
- Governments should establish institutions to provide oversight and funding of research, including health research.
- Governments should increase policy influence of research nationally through domiciling research closer to political power and alignment of research priorities between researchers and governments.
- Governments must lead and facilitate structured, strategic engagement and collaboration among all stakeholders in funding and conduct of context responsive research for impactful health research.
- Governments must build capacity of CSOs in Health Financing and Research and foster multidisciplinary collaborations among CSOs for effective targeted advocacy efforts for health research and development.
- Governments should encourage collective advocacy for coupling of health research resource mobilization to robust accountability structures for efficient utilization of research resources.
- Governments should embrace collective advocacy for prioritization of Africa's beneficence in all research and development in Africa.
- There should be collective advocacy for an enabling democratic environment for effective research.

6.0 THE FUTURE OF BIOMEDICAL HIV PREVENTION FORUM: REALISING HIV PREVENTION FOR COMMUNITIES FOR SANAC CSF by **Steve Letsike: Deputy Chair-SANAC**

Noting that the conference was very important as it focused on biomedical research for HIV prevention funding, Steve added that the forum was necessary as it afforded reflecting opportunities for networking between local national and international stakeholders, to keep abreast with the latest developments. Observing that Financing is Key in Africa, Steve opined that Epidemic data around HIV responses, interventions available and ongoing as well as experiences were vital, in supporting research.

Key populations

Africa should be tactical in incorporating communities and advocates for change while developing structure. This is because these populations hold crucial data and information, which can then be used for targeted research, instead of doing research for the sake of it. For example, research sector in South Africa has many stakeholders who include the Government, civil societies and private sectors, including local communities. Knowledge from such a setup is often more comprehensive in designing research agenda. South Africa's National Strategic Plan is now very clear on participation of such formations, and this greatly influences the research outlook.

Strides in South Africa

Five years ago, South Africa was struggling with investment for the prevention agenda, which stood at 12 percent, but today there is a significance improvement of allocation at 45 per cent. Although there is always room for improving such allocations, this signifies acceptance and realization of the importance of such agenda. To start closing down new infections, evidence based information that strategically guides research is what is needed. Such information will come from advocacy and civil society groups, indicating a call for investments. Indeed where there is investment, there is an amplified voice from communities.

Research to influence policy

Steve noted that Africa is struggling with a burden of new HIV infections. The conference therefore is expected to come up with mechanisms of stopping these new infections. This means any investment must be put where implementation takes place. Further any research undertaken must be able to influence policy.

7.0 CONCLUDING REMARKS: MOMENTUM MUST BE SUSTAINED **Rosemary Mburu - CEO, WACI HEALTH**

Noting that this was the 5th Biomedical HIV Prevention Research funding pre conference, she informed the participant that this forum was born in Addis, Ethiopia during the ICASA Conference. It was noted that the research component around HIV discourse was missing, and advocates decided time had come to think about options which would translate into choices for people. Such development would be made possible through research. To ensure the momentum does not get lost as the next ICASA Forum is awaited, it was decided that there be many mini BHIF forums. So far, there have such hosted in Cote De voir, Rwanda and Zimbabwe, with many more countries expressing interest in hosting the same. However, funding for civil society remains a key barrier in supporting more countries. Moving forward, the plan is to ensure this movement anchors at the grassroots, with advocates at the national level all coming together to demand for better policies Referencing COVID 19 which within months had a working Vaccine, Rosemary noted that over and beyond, political will was

important to engage, if any development is to be achieved. Key lesson is that with political will, nothing was impossible. If more pressure at the country and regional level was applied, then we would see similar turn around as in the case of COVID 19.

When it comes to equity access, this equity should cut across access to power, resources, a robust civil society and community voices at the center of any actions and demands that are put across. Hoping that country level conversations will continue through the various channels of communication, Rosemary encouraged information sharing across countries, as well as any new development.

Finally as much as research needs to be financed, advocacy should be financed too, and South Africa was noted as a model study for how civil society has been able to access funding for their activities.

10) CONCERNS FROM THE PARTICIPANTS

Concern/question/ remark	Response from Dr Manju Chantal
How can advocates apply pressure to ensure regulatory approvals in their respective countries for the new biomedical tools?	<ul style="list-style-type: none"> • Understanding the regulatory patterns for each country is the best approach. • Including all voice of communities and making sure the necessary people are included in amplifying these voices is encouraged • Making sure the need for the tools is well understood with the communities will create demand for them
What methods are available for MSM to prevent new infections?	For men having sex with fellow men, and anyone engaging in anal sex, Oral PrEP and Condoms are the best choices
	Response from Dr. Mike Caleb Mulongo
Is Private Sector engagement in research something worth pushing for given that majority have their own specific interests?	Most African countries have a mixed system of health, hence not possible to ignore the private sector in biomedical research. Although some countries may have a strong health public sector, there has to be a good mix which includes private sector.

	Governments must align all players to ensure Biomedical Research is viable in their specific countries, and create an enabling environment for the private sector to play their complementary role.
Is there any government that can be used as a 'model government' to champion the BHPF agenda?	None of the countries assessed had more than two per cent allocation against their countries GDP, hence none qualifies. Rwanda however, aspires to raise the allocation to 3.5 percent by 2035

11. PRESENTERS BIOS

Dr Brenda Asiimwe-Kateera Is an impact-driven public health specialist, advocate, researcher and physician. Has over 17 years of experience leading public health programs in East and Southern Africa; most recently was the Country Program Manager for AIDS Healthcare Foundation(AHF) Rwanda which is the largest not for profit organization that offers HIV care services to more than 1,300,000 PLHIV globally. She also serves in a number of HIV leadership roles, including Co-chair of the Biomedical HIV Prevention Forum for ICASA. Is a member of the several technical working groups in the Rwanda Ministry of Health and is also part of the NIH funded Adolescent HIV Implementation Science Alliance. She obtained her first medical degree from Makerere University followed by postgraduate studies at Johns Hopkins University in the USA.



Dr Brenda Asiimwe - Kateera,
Country Director CHAI
(Forum Moderator)

Sinazo Pato works as a senior outreach specialist for the International Partnership for Microbicides (IPM) in South Africa, where she oversees outreach, education, and advocacy activities targeting adolescent girls and young women to ensure that their perspectives and experiences are considered in HIV prevention programs and product development. Sinazo has over 10 years of experience in HIV prevention biomedical trials focusing on community education and stakeholder engagement. Prior to her work in clinical trials, Sinazo was an activist passionately advocating for access to affordable HIV treatment for people who need it in South Africa, a cause she still believes in.



Ms Sinazo Pato
IPM South Africa (Forum Moderator)

Saidy Brown is a young woman born with HIV, found out at 14 about her status, and has used her status to educate other people about HIV using social media. ... She was a part of the media team for the International Community of Women living with HIV. She is a She Decides 25x25 young leader, AfNHi Youth cohort member and Inside My Purse ambassador.



Ms Saidy Brown
AfNHi Youth Cohort

Manju joined AVAC in 2009 as Senior Program Manager focusing on partnership management and capacity strengthening. Currently, she oversees AVAC's Advocacy Fellows Program, coordinates activities in building civil society capacity and preparedness for microbicides introduction and other interventions that could be important to women's HIV prevention, and is also AVAC's liaison to several partner groups and collaborative projects. She was on the AVAC Board prior to joining the staff. Manju co-founded the African Microbicides Advocacy Group in 2003 which she coordinated till 2008. Prior to that, she worked with Health & Development Networks, an organization she co-founded, facilitating information-sharing amongst the international civil society involved in AIDS work. She has worked as a community mobilizer in Ghana, a program manager in South Africa and Thailand, a networking manager in Switzerland and an HIV case manager in Hawaii. Her work has been published in several peer-reviewed journals and she has a Master's degree in Public Health.



Ms Manju Chatani
AVAC: Director of Partnerships
Capacity & Strengthening at AVAC

Ms Nooliet is an ardent civil society advocate of 127 CSOs which are members of Rwanda NGOs Forum on HIV/AIDS & Health Promotion an umbrella organization which she heads, where she represents and advocates for the CSOs and communities at national and regional level platforms such as the Health National Technical Working Group at the Rwanda Ministry of Health, Rwanda Bio-Medical Centre, Rwanda Civil Society Platform, CCM-Rwanda, EANNASO and to the Rwanda UN Technical Working Group, East African Community (EAC) Expert Technical Working Group among others. She is a member of GFAN Africa (Global Fund Africa Network).



Ms Nooliet Kabanyana
Rwanda NGO Forum on HIV / AIDS
and Health Promotion

With over 20 years of experience, Dr Madiarra Coulibaly holds a Doctorate in Medicine and specialized in Public Health. Since 2013, she is Executive Director of Alliance Cote d'Ivoire, which is the principal recipient of the community HIV and tuberculosis component of the Global Fund in Ivory Coast, working with around 60 civil society organizations, and which also contribute to civil society organizations capacity building in several countries of Francophone Africa. Dr Madiarra is one of the founding members of the Civil Society Institute for Health and HIV in West and Central Africa. Before joining Alliance Côte d'Ivoire, she worked as a national HIV and gender expert at UNDP Côte d'Ivoire, National coordinator of French Ivorian hospital twinning project called “project ESTHER”, and manager of PMTCT and community interventions at a PEPFAR implementor partner called NGO ACONDA-VS. She is the author of several published papers on PMTCT, care for prisoners, sex workers and MSM in Ivory Coast.



Dr. Madiarra Coulibaly
Offia, Alliance Cote d'Ivoire

Caroline Antonia Mubaira is a Public Health Specialist who has worked for Ministry of Health in Zimbabwe, one private company, one national and two international Non-profit Organizations. She has supervised research including both quantitative and qualitative methods. She also worked with organizations that conducted client satisfaction surveys in Zimbabwe. Caroline was part of the Treatment Monitoring and Advocacy Project (TMAP) of ITPC and conducted research on Missing the Target (MTT) Volumes 4 to 7. She was one of the team that launched the Missing the Target report, Failing Women, and Failing Children: HIV, Vertical Transmission and Women's Health at World Health Assembly. Caroline has participated as a WHO Technical expert on Health Promotion and Social Determinants of Health, community engagement framework for quality, integrated, people-centred and resilient health services and Global Working Group on Health Literacy. Caroline is the chairperson of AFROCAB, a network for community HIV treatment advocates across Anglophone African countries. Caroline Antonia Mubaira holds a Master's in Public Health, Bachelor of Science in Psychology, Diploma in Health and Adult Education, Registered General Nursing and Midwife qualifications.



Caroline Antonia Mubaira
Zimbabwe

Ms Mburu is a global health advocate and civil society leader in Africa working to create the political will for improved health outcomes in Africa. Her areas of expertise include policy analysis; building political support for health outcomes; influencing decision-making processes; mobilizing civil society and community voices for action; and promoting the good participatory practice in clinical trials. Ms Mburu has extensively worked on building and strengthening civil society and community organizing for health Advocacy in Africa. She oversees the Civil Society Platform on Health in Africa (CiSPHA); the Global Fund Advocates Network (GFAN)-Africa hub; and the Africa free of New HIV Infections (AfNHi) Network. She is a member of the Vaccine Advocacy Resource Group (VARG). Mburu is the Southern CSO representative on UHC2030. Ms Mburu has published several peer-reviewed articles and blogs including on clinical trial ethics- International Journal of Clinical Practice; investments in HIV Prevention Research- African Journal of Reproductive Health; Biomedical HIV Prevention- BMC Proceedings; and strengthening primary health care- Lancet Global Health blog.



Ms. Rosemary Mburu
WACI Health

Mike is a doctor and Mandela Washington Fellow (Business and Entrepreneurship) with extensive experience in healthcare delivery, entrepreneurship, and management. He is passionate about sustainable health financing, health systems strengthening, and the utility of affordable innovations in healthcare delivery. Mike has been a technical lead in health finance and systems strengthening consultancies at local, regional and global levels. He has helped develop national and sub-sector guidelines and worked on provider payment mechanisms, private health sector, health financing reform, equity and accountability. He has done work with the World Bank Group, Global Fund, WHO, UNICEF, UN-Habitat, PATH, the Presidential Advisory and Strategy Unit (Executive Office of The President of Kenya), GAVI, USAID, Amref Health Africa, and has provided advisory services and technical assistance on systems strengthening to various health sector stakeholders in East and Southern African regions, Asia and Europe.



Caleb Mike Mulongo
MB.CHB, MBA.

Ms Letsike is a well-known activist, not only within the LGBTI sector but also on issues of feminism, human rights and social justice. Among other roles, she currently serves as the Co-Chairperson of SANAC, a seat that represents the voice of civil society in SANAC structures. She also co-chairs the National Task Team on Hate Crimes, an initiative by the Department of Justice and Constitutional Development. Steve is the Founding Executive Director of Access Chapter 2, a human rights organization with a specific focus on LGBTI populations and issues of gender equity. She has experience in policy and accountable governance for over 16 years working at National, Regional and International level.



Ms. Steve Letsike
SANAC

12) SOCIAL MEDIA ENGAGEMENT

Hashtags: #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021

Twitter hurdles to tag:

@ AfNHi_Tweets @WACI_tweets @apha_sa @NHV_MAS @HIVpxresearch @frontlineaids @HelpEndHIV @Saafricango @gnpplus @IPMicrobicides @IAVI @SA_AIDSCOUNCIL

Key Messages	Characters
BHPF is a biennial official pre-conference of the International Conference on AIDS and STIs in Africa (ICASA) since 2013. AfNHi_Tweets @WACI_tweets@ AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	238
Domestic Financing of health research in Africa is inadequate for impactful research as most are below the commitment of 2% of national budgets AfNHi_Tweets@WACI_tweets@ AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	261

Governments in low middle-income countries must take lead creating maintaining an enabling environment for health research while strengthening its infrastructure AfNHi_Tweets@WACI_tweets@ AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	278
Communities need to be at the center of HIV prevention research AfNHi_Tweets@WACI_tweets @AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	179
Effective advocacy is needed to rid against inequalities and other barriers to health to end the HIV epidemic. AfNHi_Tweets@WACI_tweets@ AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	228
AfNHi Seeks to fast-track biomedical HIV prevention research agenda on the continent through local ownership using indigenous strategies to enhance Africa's contribution to the global goals. #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	252
AfNHi's Mission is to facilitate & coordinate African led advocacy for HIV Prevention Research towards ending the HIV epidemic in Africa.	201
#HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	
AfNHi is dedicated to advancing advocacy, policy, regulatory, community engagement and communications efforts that help accelerate biomedical HIV prevention research in Africa. #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	240

HIV prevention research should remain responsive to at-risk, marginalized and vulnerable groups like the transgender women, men who have sex with men, sex workers and Adolescents Girls and Young Women #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	264
COVID-19 is rolling back hard-won progress in HIV treatment and prevention, making HIV prevention research agenda as a priority is critical AfNHi_Tweets @WACI_tweets@ AfNHi_Tweets @HIVpxresearch #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	257
Build capacity of CSOs in Health Financing and Research to foster multidisciplinary collaborations among CSOs for effective targeted advocacy efforts for health R&D. #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	227
Zimbabwe still faces a high rate of social issues that increase the rate of infections & more funding 4research will aid in advocacy against societal ills such as child marriages and intergenerational relationships. #HIVPrevention #DRM4HIVprevention #EndNewInfections #BHPF2021	277
This https://afnhi.org/publications/ is a report commissioned by AfNHi_Tweets @WACI_tweets in an effort to identify gaps, strengths and opportunities in health research funding.#DRM4HIVprevention #EndNewInfections #BHPF2021	213
Developing community research &advocacy agenda to guide the operationalization of advocacy activities is critical. More research funding may assist in following up on high impact HIV prevention interventions in the communities. #DRM4HIVprevention #EndNewInfections #BHPF2021	275

Capacity building of CSOs to generate evidence and to develop and undertake evidence-based campaigns, advocacy and lobbying must be prioritized. #DRM4HIVprevention #EndNewInfections #BHPF2021	192
A bottom-up biomedical research approach that is community-led, youth-led, key population led and has clear feedback mechanisms instead of high-level approaches that limit. #DRM4HIVprevention #EndNewInfections #BHPF2021	219
Establishment of research teams that will target all communities including marginalized communities so that their needs and desires are well represented in biomedical prevention tools. #DRM4HIVprevention#EndNewInfections #BHPF2021	230
There is limited evidence on what works in resource-constrained countries such as Zimbabwe to end New Infections by 2030. Investing more in biomedical prevention for high impact interventions is critical. @HIVpxresearch #HIVPrevention #EndNewInfections #BHPF2021	264

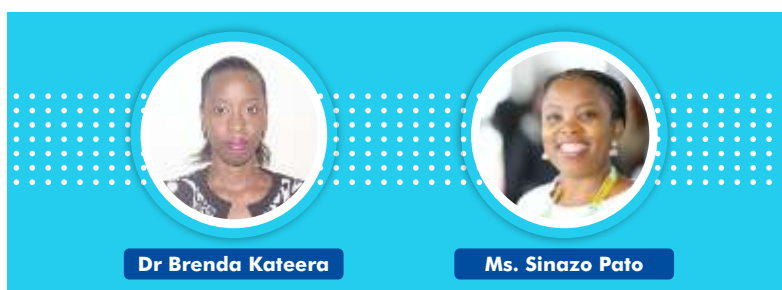


2021 BIOMEDICAL HIV PREVENTION FORUM

AGENDA

MODERATORS:

BHPF Chair and Co-Chair; Dr Brenda Kateera and Ms. Sinazo Pato



SESSION 1: OFFICIAL WELCOME AND SCENE SETTING

TIME	ACTIVITY	SPEAKER
12.25 - 12.35PM 10 MINUTES	Welcome , setting the scene and expectations	Ms. Sinazo Pato IPM, BHPF Co- Chair Ms. Saily Brown AfNHi Youth Cohort Member
12.35 - 12.45PM 10 MINUTES	Keynote Speech Opportunities for African leadership in research	Dr Thembisile Xulu CEO, South African National AIDS Council (SANAC)
12.45 - 13.10PM 25 MINUTES	Biomedical HIV Prevention Landscape: Where are we and what is in the pipeline Impact of COVID-19 on the Biomedical HIV Prevention pipeline Plenary questions	Ms. Manju Chatani AVAC Director, Partnerships and Capacity Strengthening

13.10 – 13.25 BREAK – Video of BHPF Mini - Conferences

PART 2 – MODERATED BY DR. BRENDA

13.30 - 13.45PM 15 MINUTES	Welcome back from Dr. Brenda About the Mini-BHPF and introducing session 2	
13.45 - 14.00PM 15 MINUTES	AfNHi Domestic Resource Mobilization Report: Key findings; Implications and maximizing opportunities for AfNHi and prevention Advocates Plenary discussion	Dr Mike Mulongo Consultant
14.00 - 14.10PM 10 MINUTES	The Future of Biomedical HIV Prevention Forum: Realising HIV Prevention for Communities for SANAC CSF	Steve Letsike South Africa National AIDS Council
14.10 - 14.15PM 5 MINUTES	Next steps: short, mid and long term, and how do we capacitate that plan?	Ms. Rosemary Mburu Executive Director - WACI Health
15.00PM	Vote of Thanks and Closure	Dr. Brenda Country Director, CHAI Rwanda

BIOMEDICAL HIV PREVENTION FORUM

FINANCING OF HIV PREVENTION RESEARCH IN AFRICA

FORUM REPORT

THE 5TH PRE-CONFERENCE
OF THE 21ST ICASA CONFERENCE