HIV MID-YEAR MARKET MEMO



July 2024

Introducing the eighth edition of the Clinton Health Access Initiative's HIV Mid-Year Market Memo, a brief covering the latest trends in the HIV space in LMICs since the publication of the annual HIV Market Report in October 2023.

Cross-Cutting Updates

Climate Change and HIV



11.6M to 16M additional HIV infections by 2050 due to rising temperatures, according to models of data from 25 countries in SSA

242

2x higher <u>odds</u> of having recently acquired HIV among women in rural areas of SSA who had been exposed to drought

Sustainability/Financing

For questions, reach out to Jessica Fox (jfox@clintonhealthaccess.org)



PEPFAR's 1-year reauthorization

until March 2025 reaffirms the commitment of the U.S. to ending HIV, though the long-term future of the program remains at risk

Prevention General Updates

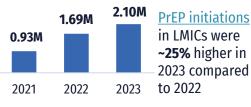


Choice leads to more use when clients are offered oral PrEP, PEP, and CAB-LA, according to findings in the SEARCH Dynamic Choice Prevention study

In the dynamic choice prevention arm:

- \rightarrow Proportion of time covered by a prevention product was 56.4 percentage points higher (69.7% vs 13.3%)
- \rightarrow HIV incidence was **0%** compared to 1.8% in the SoC arm
- → CAB-LA was the most commonly used option
- → 28% of participants used more than one product

PrEP initiations in LMICs



Dapivirine Vaginal Ring (DVR)



South African firm Kiara Health signs MOU with Population Council to locally manufacture and distribute the DVR

DELIVER Study shows that DVR is safe for use during pregnancy and breastfeeding

3-month DVR with contraception under development

Product Pipeline Updates

LENACAPAVIR (LEN)

- \rightarrow PURPOSE 1 trial data: LEN (6-monthly injectable) for PrEP shows 100% efficacy and superiority over oral **TDF+FTC** in African cisgender AGYW
- → Gilead <u>announces</u> access strategy of dedicated Gilead supply and voluntary licensing for highincidence. resource-limited countries

OTHER PIPELINE

- \rightarrow Acceptability study conducted in Zimbabwe found two-thirds of AGYW preferred combined oral PrEP and oral contraceptives (DPP) over separate pills
- \rightarrow Phase 1 trial shows positive results for Ultra Long-Acting CAB (CAB-**ULA)** given intramuscularly every four months

INSIGHT Cohort Study: AGYW in 6 SSA

countries show higher levels of PrEP

adherence than previously reported

Oral PrEP

EFFICACY AND ADHERENCE IN CISGENDER WOMEN

Studies by Moore et al., Zhang et al., and Marazzo et al.:

- → 4 doses of oral PrEP/week 84-100% effective at preventing HIV in cisgender women, similar to MSM
- \rightarrow Findings suggest oral PrEP is equally effective for HIV exposure via vaginal or anal sex

^{95.7%} 77.5% ^{94.4%} 79.6% ^{88.8%} 64.1%

Month 1 Month 3 Month 6 % Receiving PrEP refills

% with Tenofovir detected in urine

Vertical Transmission



A modelling study using data from Zambia found that maternal peer support groups, HIV retesting during late antenatal care, and infant prophylaxis were each most effective in reducing vertical

transmission

 \checkmark







CAB-LA approved in 50 countries including 16 LMICs as of June 2024 Pregualified by the WHO Dec 2023

Long-Acting Cabotegravir (CAB-LA)

CAB 600mg/3ml 23.49 GBP per vial

955K doses available for LMICs through 2025, with introductions underway in Malawi, Zambia, and Zimbabwe

Testing

HIV Self-Tests (HIVST)



Nigeria & Uganda formally launched Wondfo's HIVST

US \$1 per test under the MedAccess <u>volume guarantee</u> terms facilitated by CHAI

Early Infant Diagnosis (EID)



- \rightarrow Xpert[®] HIV-1 Qual XC by Cepheid receives <u>WHO PQ</u>
- ightarrow Delivers results 7-10 days before seroconversion
- \rightarrow Potential to replace legacy GX HIV-1 Qual cartridge
- → Doesn't require high-heat incineration, simplifying waste management

Triple Elimination Diagnostic Pipeline

- → Safe, effective, and affordable tools exist to prevent transmission of hepatitis, HIV, and syphilis from mothers to children
- → Combination testing serves as an important entry point to these services
- → A triple combination RDT simplifies service delivery, saves on testing costs and time, and streamlines supply chain barriers

Products under development for HBV, HIV, and syphilis combination testing (*Not exhaustive, subject to change*)

Manufacturer	Expected Sample Types			Test Type	
	Whole Blood	Serum	Plasma	Lateral Flow Assay	Flow- Through
Abbott ¹	Х			Х	
Accubio ²	х	х	х	х	
BioLytical	х				х
CTK Biotech ³	х	х	х	х	
InTech Products	х	Х	х	х	
SD Biosensor	х	Х	Х	х	

¹CE Marked, Under WHO PQ Review; ²CE-mark pending for 4-product test (HBV, HCV, HIV, syphilis) by Accubio; ³CTK Biotech 4-product test (HBV, HCV, HIV, syphilis) commercialized in select countries

Pediatric Treatment

Pediatric ABC/3TC/DTG (pALD)



3 generic suppliers are ready to receive orders with no supply issues expected



180-count bottles preferred by PEPFAR to support multi-month dispensing (MMD)

Generic supplier, Mylan/Viatris, will convert existing pDTG orders to pALD

Zambia received the first shipment of pALD and is beginning to transition CLHIV to this optimal product

PALD INTRODUCTION RESOURCES

- pALD Product Profile
- pALD FAQs
- <u>GAP-f pALD Planning Considerations for</u> <u>National Programmes</u>

pALD Procurement, via APWG Reporting as of H1 2024



Orders Placed or Delivered

Planned Orders

No data

Pediatric Dolutegravir (pDTG)



87 countries have placed or received orders for pDTG



7.6M packs of pDTG supplied

Pediatric Darunavir/ Ritonavir (pDRV/r)

- → June 2024 Laurus Labs applied for US FDA tentative approval of pDRV/r (120/20 mg), a best-in-class PI for CLHIV that fail DTG
- → For more information on this optimal pediatric product see CHAI's <u>HIV New</u> <u>Product Introduction</u> <u>Toolkit</u>

Adult Treatment

Adult HIV Treatment Trends

RETAIN6 STUDY



Most clients presenting for ART initiation were treatment-experienced



A **cyclical pattern** of engagement and treatment interruptions was common in clients, **especially in the early treatment period**



Emphasizes enhanced counseling, flexible service delivery, and good provider-client relationships to improve early treatment outcomes

Lenacapavir (LEN)

CAPELLA TRIAL

Week 104 Results:

- → LEN with an optimized background regimen (OBR) is associated with sustained VL suppression in heavily treatment experienced PLHIV with MDR HIV
- → Development of resistance was **associated with poor adherence to OBR or absence of active ARVs in OBR**
- → 50% of participants with LEN resistance resuppressed after adhering to or changing their optimized background regimen
- \rightarrow LEN was well tolerated with no serious adverse events recorded

Weekly Oral Islatravir/Lenacapavir (ISL/LEN)

Phase 2 Week 24 Results

- → 104 participants randomized 1:1 to receive either daily oral Biktarvy (BIC/FTC/TAF) or investigational oral islatravir 2 mg and lenacapavir 300 mg once a week
- → Both arms demonstrated comparable rates of viral suppression at week 24 (94.2% vs 94.2%)
- → 1 participant treated with ISL + LEN had viral load >50 copies/mL at week 24, but resuppressed at week 30

Treatment Monitoring

HIV Drug Resistance

WHO 2024 DRUG RESISTANCE REPORT



Viral suppression (and re-suppression) on DTG is high, and drug resistance is still very low as a proportion of the total number of PLHIV on DTG

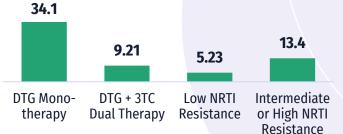
Most PLHIV on DTG-based regimens do not have resistance to DTG at the time of failure to suppress viral load initially

The management strategy for people with unsuppressed viral load on DTG-based regimens should stress **expanded access to high-quality and evidence-based adherence interventions**

DTG-RESIST STUDY

Among 8 cohorts of PLHIV from North America, Europe, and South Africa who were <u>viremic</u> on DTG-based ART, **DTG resistance was rare**

Risks contributing to higher odds of DTG resistance (aOR)



Darunavir/Ritonavir (DRV/r) 400/50 mg DRV/r Procurement as of H1 2024 \rightarrow 22 LMICs are currently procuring or planning to No data procure DRV/r → US \$17.50 per **Orders Placed** or Planned* pack *Not Pictured: Albania, Cape Verde, Comoros, Fiji, Haiti, Nicaragua, Paraguay, Sri Lanka, Ukraine For me, I've never experienced side effects with the drug [DRV/r]. So far, I would say this is the best drug for me.

- DRV/r client in Zambia with 17-year treatment history

Cabotegravir and Rilpivirine (CAB + RPV)

CARES STUDY

→ Phase 3b study: Long-acting CAB + RPV showed non-inferiority to standard oral ART in African populations at 48 weeks

LATITUDE STUDY

→ Phase 3 study conducted in the US: Long-acting CAB + RPV showed superior efficacy compared to daily oral ART in PLHIV with adherence challenges

Advanced HIV Disease

CD4 Market Shifts

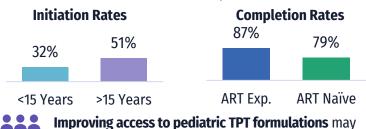
POINT-OF-CARE TESTING

- → BD FACSCount and FACSPresto analyzers and cartridges no longer available for procurement
- → Abbott is no longer manufacturing Pima analyzers, but will continue to supply cartridges and bead standards as well as service and refurbish existing analyzers
 - \rightarrow **US \$7.60** per Pima cartridge, an increase from the previous price of US \$6.60
- → Extended 18-month shelf-life for Accubio's VISITECT (previously 12 months) is currently under review by WHO PQ team

Tuberculosis (TB)

Pediatric 3HP for TB prevention now available for children ≥2 years following Dec 2023 GF ERP approval of a child-friendly formulation of rifapentine (RPT)

→ The most affordable RPT-based TB prevention for children in LMICs PEPFAR TPT in 36 Countries, as of March 2023



increase initiation rates among CLHIV

Ongoing need to ensure all ART-naive clients receive adequate support to access and complete a full course of TPT - increased access to short-course regimens could help

Opportunistic Infection Prophylaxis

- CONVENTIONAL TESTING
- \rightarrow Conventional suppliers remain committed to staying in the market and have not made any changes to the supply of tests or analyzers

CD4 MARKET EXPANSION EFFORTS

- \rightarrow Feb 2024: CHAI convened a CD4 roundtable with MOHs, civil society, IPs, and donors to discuss the most pressing challenges around CD4 access and align on a path forward
- → June 2024: CHAI, Aurum Institute, Unitaid, and BMGF issued a call for expressions of interest from suppliers who can provide interventions to grow capacity and increase sustainable access to CD4 testing and opportunistic infection screening

Cryptococcal Meningitis (CM)

CrAq TESTING

- \rightarrow In H2 2024 IMMY expected to submit a new semiquantitative (SQ) lateral flow CrAg assay to the US FDA
- \rightarrow SQ test has potential to **simplify linkage to care** by negating the need for confirmatory lumbar puncture in a subset of patients
- \rightarrow **25 pack** of existing IMMY CrAg lateral flow assay test now available in addition to 50 pack size

L-AmB

- \rightarrow US \$23.00 per vial access price for cryptococcal meningitis in 2024, an increase from US \$16.25
- \rightarrow Gilead is the **sole supplier** of L-AmB across LMICs, although CHAI, DNDi, and Unitaid are working accelerate generic development and access to L-AmB
- → Azithromycin 500mg manufactured by ACI HealthCare Limited, is the first azithromycin prequalified by WHO allowing for wider procurement of a WHO-listed product and increased access to this essential component of the AHD package of care

DATA SOURCES

- CHAI's annual data 1 request to 25+ LMICs
- Articles from journals 2 and news outlets
- Supplier and partner 3 market intelligence
- Major conferences and 4 meetings
- WHO guidelines and **PEPFAR** technical guidance

3HP: Three months of weekly RPT+INH

for TPT AGYW: Adolescent girls and young women

AHD: Advanced HIV disease APWG: ARV Procurement Working Group **ART:** Antiretroviral therapy BMGF: Bill & Melinda Gates Foundation **CAB-LA:** Long-Acting Cabotegravir CAB + RTV: Cabotegravir + Rilpivirine CLHIV: Children living with HIV CrAg: Cryptococcal antigen DNDi: Drugs for Neglected Diseases Initiative **DPP:** Dual prevention pill DRV/r: Darunavir/ritonavir **DTG:** Dolutegravir

ACRONYMS USED

DVR: Dapivirine Vaginal ring **EID:** Early infant diagnosis **GBP:** British Pound Sterling **GF ERP:** Global Fund Expert Review Panel **PEP:** Post-exposure prophylaxis **HBV**: Hepatitis B virus HCV: Hepatitis C virus HIVST: HIV self-test **IP:** Implementing partner **ISL:** Islatravir L-AmB: Liposomal amphotericin B LEN: Lenacapavir LMIC: Low- and middle-income country **MMD**: Multi-month dispensing **MOU**: Memorandum of understanding NRTII: Nucleoside reverse transcriptase inhibitors pALD: Pediatric ABC+3TC+DTG

pDTG: Pediatric DTG (10 mg) scored, dispersible **PEPFAR:** President's Emergency Plan for **AIDS Relief** PLHIV: People living with HIV **PQ:** Prequalification **PrEP:** Pre-exposure prophylaxis **RDT:** Rapid diagnostic test **RPT:** Rifapentine SSA: Sub-Saharan Africa **TB:** Tuberculosis **TPT:** TB preventative treatment **US FDA:** United States Food and Drug Administration WHO: World Health Organization

pDRV/r: Pediatric darunavir/ritonavir

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