

Welcome



Please put questions in the **chat box**, there will be a discussion following the presentation.



Please **stay on mute** unless you're asked to say your question aloud.



If you'd like to ask a question verbally, please **raise your hand and we'll call on you**, then you can come off mute. Please introduce yourself when speaking (name, affiliation).

Please contact crobinson@fhi360.org if you need help addressing technical issues.

PrEP Ring Stakeholder Consultations

Final Report Readout

Rachel Baggaley and Michelle Rodolph, Global Programmes on HIV, Hepatitis and STIs, WHO

Agenda

Methodology & Background

Executive Summary

30 minutes

Key Themes

Policy Considerations

Discussion & Questions

30 minutes

OBJECTIVE

The objective of this stakeholder engagement process is to understand perspectives of national ministries of health (MOHs), civil society, ring users, donors, implementing partners, and other key stakeholders in sub-Saharan Africa on moving forward with dapivirine ring registration and rollout following IPM's withdrawal of their NDA to the US FDA.

Methodology & Background

A variety of organizations and individuals contributed to the consultations and report

REPORT DEVELOPMENT

FHI 360

WHO

CONSULTATION ORGANIZATION

AVAC

IPM

Jhpiego

LVCT Health

PZAT

WHO

Wits RHI

CONSULTATION PARTICIPATION

Ministry of Health representatives

Adolescent girls and young women

Former ring trial participants

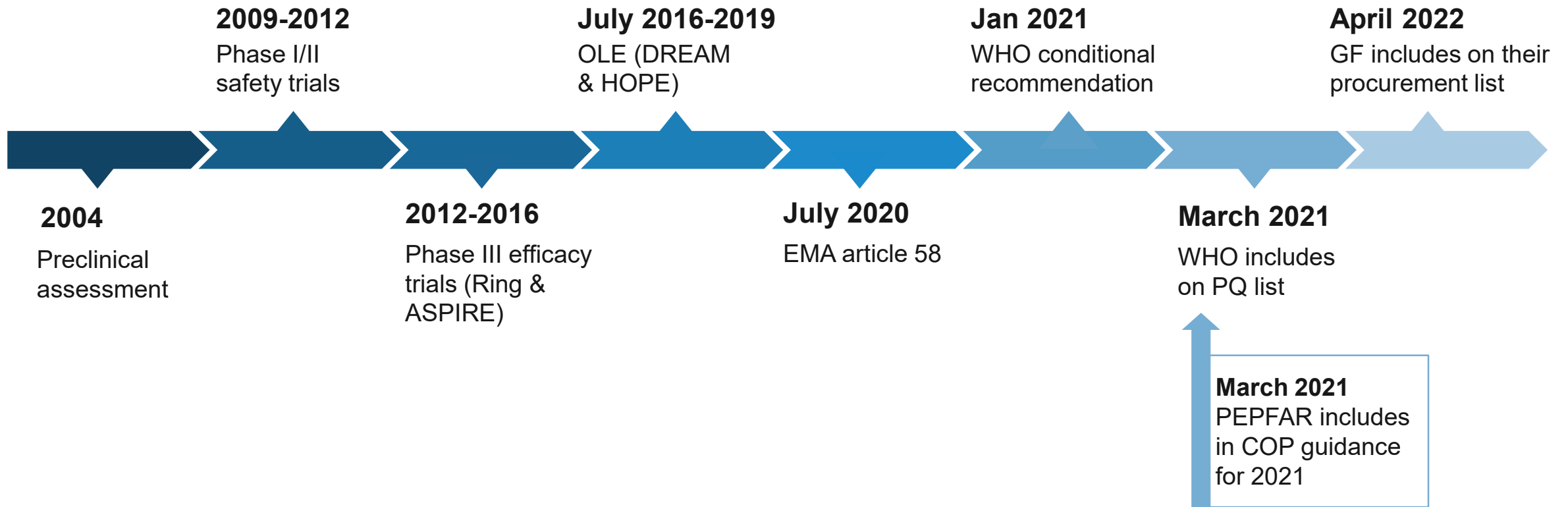
Civil society representatives

Implementing partners

Researchers

Background

...nearly 20 years on



Ring stakeholder consultations and report methodology



Tracking & set-up

Dec 6, 2021

- Concept note
- Stakeholder list
- Tracking and collation system

IPM-led consultations conducted

Nov 28 – Dec 6, 2021

- IPM consultations with MOH and civil society
- Collection of notes

MOSAIC-led consultations conducted

Jan 3 – Feb 7, 2022

- MOSAIC-led consultations with civil society, end users (AGYW, FSWs, PrEP users, ring trial participants, and study participants), and IPs
- Collection of notes

WHO-led consultations conducted

Feb 4 – May 9, 2022

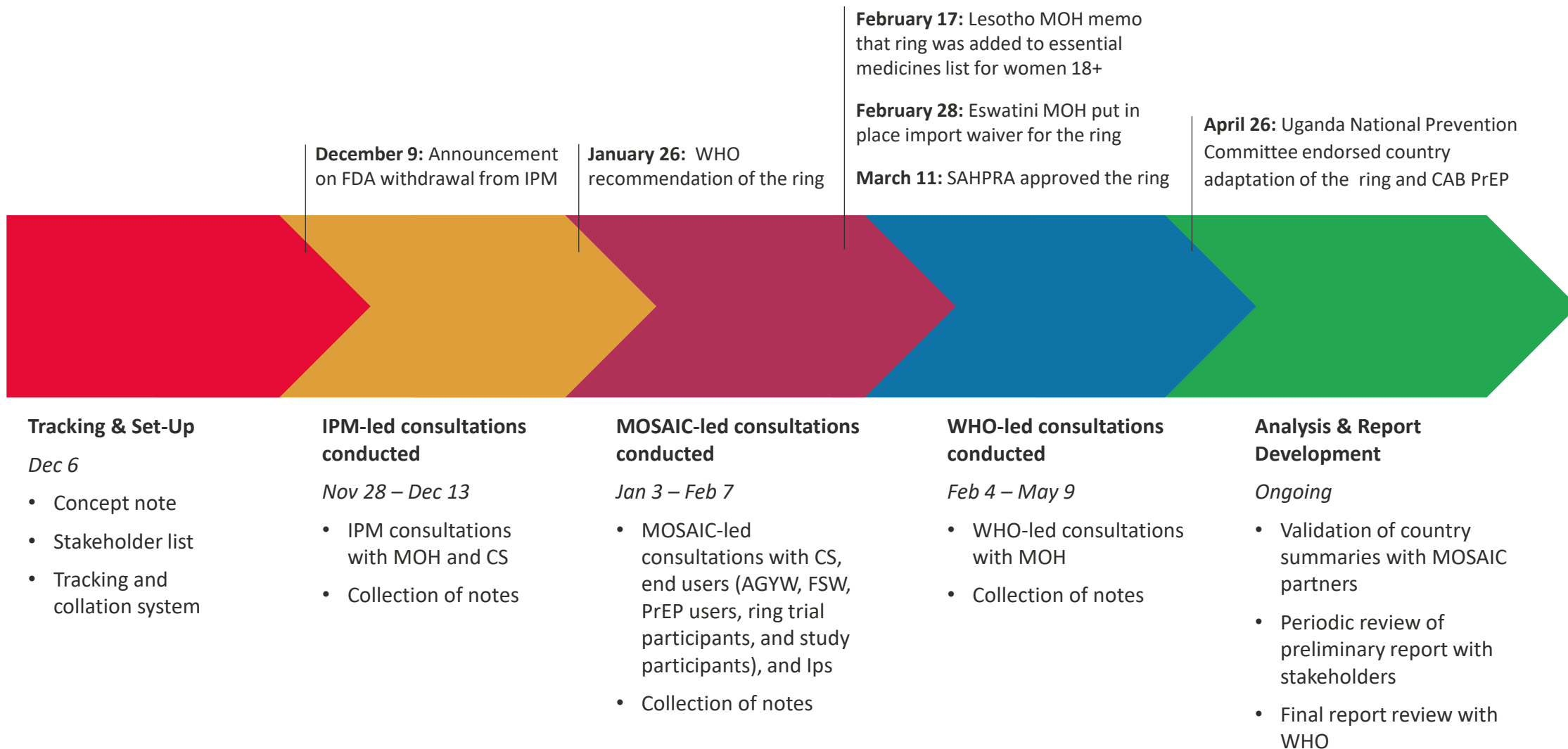
- WHO-led consultations with MOHs
- Collection of notes

Analysis & report development

May 16 – May 23, 2022

- Validation of country summaries with MOSAIC partners
- Periodic review of preliminary report with stakeholders
- Final report review with WHO

Consultations were held as decisions regarding the ring evolved



What is included in this report

✓ included in report

COUNTRY	MOSAIC-LED CONSULTATIONS <i>Jan 3 – Feb 7, 2022</i>	IPM-LED CONSULTATIONS <i>Nov 28 – Dec 6, 2021</i>	WHO-LED CONSULTATIONS* <i>Feb 4 – May 9, 2022</i>
ESWATINI	✓	✓	✓
KENYA	✓	✓	✓
LESOTHO	✓	✓ email	✓
NAMIBIA			USAID-led hybrid consultation
NIGERIA	✓		Included in MOSAIC-led consultation
SOUTH AFRICA	✓	✓	✓
UGANDA	✓	✓ email	✓ No formal consultation
ZAMBIA	✓	✓ email	✓ No formal consultation
ZIMBABWE	✓	✓	✓

*note some WHO consultations were conducted before PEPFAR decision not to fund outside implementation science projects

Consultations were guided by discussion prompts



MOH Discussion Prompts*

- What are your **impressions and understanding** of the ring as an HIV prevention method?
- What are your **current plans and considerations** with respect to introducing the PrEP ring in your country?
 - What interests you about the ring and what concerns do you have? How are you planning on **rolling out the ring** in your country?
- Does the **withdrawal of the PrEP ring application** from the US FDA affect your plans for the ring in any way?
- What **additional information** do you need as you consider the PrEP ring for inclusion in your national HIV prevention portfolio? Is there anything else that would be helpful in determining your plans for ring rollout?
- If your national regulatory authority approves the PrEP ring and your national guidelines support ring rollout, what **sources of funding** do you anticipate using for procurement of the ring?
- Would a **regional or a cross-country discussion** on the PrEP ring in early 2022 be helpful for your planning?



Civil Society Discussion Prompts*

- What are your **impressions and understanding** of the ring as an HIV prevention method?
- What are your **reflections on IPM's decision to withdraw** its NDA to the US FDA for the PrEP ring?
- What are the **potential implications of moving forward with PrEP ring rollout** in the absence of US FDA approval? How might civil society help navigate these implications?
- What are the **potential implications of NOT moving forward with PrEP ring rollout**? How might civil society help navigate these implications?

**Discussions in consultations often deviated from prompts. This report is focused on those topics that relate to PrEP ring with additional discussion topics included as relevant.*

Consultations were grounded in PrEP ring research findings

RESEARCH FINDINGS

Efficacy

- The ring reduced HIV-1 incidence by about 30% compared to placebo in two Phase 2 trials.
- Efficacy was lower among participants younger than 21 due to low adherence and was greater among participants who used the ring at least some of the time.
- Results from two open-label extension studies showed increases in ring use, with modeling data suggesting greater risk reduction — by about 50% across both studies — compared to the Phase 3 trials.

Safety

- The ring was well tolerated with long-term use.
- No statistical difference was seen between the active dapivirine group and the placebo group in Phase 3 trials.

Acceptability

- Multiple acceptability studies were conducted to assess product preferences among women in Africa, and acceptability data were also collected in clinical studies of the ring.
- All studies found vaginal rings to be acceptable for HIV prevention, and nearly all participants expressed interest in using the ring if it were shown to be effective and made available.
- More than 90% of participants in Phase 3 trials of the ring reported that the ring was comfortable to wear on a daily basis; many noted that neither they nor their partner could feel it during sex.
- Ring research carried out in this region to date has included over 8,700 participants — including women of reproductive age, pregnant and breastfeeding participants, AGYW, male partners, and key stakeholders.

Feasibility*

- No issues identified with testing
- Unlikely to be significant issues with drug resistance
- Studies on safety during pregnancy and breast feeding, but no current signals for concern

Research conducted in East and Southern Africa

- IPM-007
- IPM-011
- IPM-015
- MTN-015
- MTN-016
- MTN-020/ASPIRE
- IPM-027/The Ring Study
- MTN-025/HOPE
- IPM-032/DREAM
- MTN-032/AHA
- MTN-034/REACH
- MTN-041/MAMMA
- MTN-042/DELIVER
- MTN-032/B-PROTECTED

HIV prevention choices for AGYW

When offered a choice of the ring or oral PrEP, nearly all AGYW accepted one of those options in the REACH study

Findings on choice from MTN-034/REACH (*presented at CROI 22*)

- **Oral PrEP and the ring** - well-tolerated, with no serious adverse events associated with either product.
- 88.5% and 63.9% of participants reported the ring and oral PrEP were acceptable, respectively.
- <5% of visits throughout the study were categorized as no or low adherence.
- During the choice period, 67% of participants chose the ring, 31% chose oral PrEP, and 2% chose neither product.
- High adherence to oral PrEP in the randomization period was strongly associated with selection of oral PrEP in the choice period; no such association was observed for ring choice.



Executive Summary

KEY THEMES

- 1 Countries largely look to their **own regulatory bodies and WHO** rather than the US FDA to make decisions.
- 2 MOHs raised that an effect of NDA withdrawal is that they may need to **seek funding for procurement** outside of PEPFAR.*
- 3 The next step to better understand how to deliver the ring as part of HIV prevention choices for AGYW are **real-world studies**
- 4 **No one product** works for all women; AGYW want choice in HIV prevention options.
- 5 Choice in HIV prevention products may have a **greater impact on incidence**, helping us to reach global and local targets.
- 6 Framing the ring for **African women only** may be problematic.
- 7 Lack of clarity about why the NDA was withdrawn could lead to distrust of US-funded **products not approved by the US FDA.****
- 8 **Clear messaging on the product attributes** of the ring is needed for providers and clients.
- 9 Without clear messaging, **myths and misinformation** regarding the ring and its efficacy may circulate on social media and other channels.
- 10 Lack of community support for and enrollment in future **US-funded trials** is a potential concern.
- 11 **Ethical considerations** of post-trial access need to be addressed.

1

Autonomy

Countries largely look to their own regulatory bodies and WHO rather than the US FDA to make decisions.

Most country decision-making depends on countries regulation and WHO recommendations, rather than US FDA.

Several stakeholders said that lack of FDA approval was based on the US epidemic and not the epidemic in their country.

In some instances, MOHs said they would look to South African regulatory decisions to make their own decision.

In Zimbabwe, while the response was they would look to WHO primarily, questions arose about the dependence on US FDA approvals and if there should be an independent assessment for products introduced in sub-Saharan Africa.

“

Regarding FDA withdrawal—we are very aware of it and that it is not needed in US market. However, as a country, we have a high incidence among AGYW and we need additional options. We also follow South Africa who also has a need [for the ring].

MOH stakeholder, Lesotho

This is not of relevance for South Africa... the withdrawal from US FDA was made on the view that it was a produce that would not benefit women in the USA and not because of new information/data.

MOH stakeholder, South Africa

2

Funding confusion

MOHs raised that an effect of NDA withdrawal is that they may need to seek funding for procurement outside PEPFAR.

Across countries, some MOHs said that lack of US FDA approval may affect PEPFAR's ability and willingness to procure the ring.

Others were not concerned, as they would seek other funding, but would prefer a cost similar to oral PrEP. South Africa will be undertaking a costing study.

Several MOH stakeholders, such as those in Lesotho, say they will look to other funders such as the Global Fund, while a few MOH stakeholders were uncertain about their ability to secure other funding outside of PEPFAR.

Several stakeholders brought up that PEPFAR moved forward with procurement for certain COVID-19 vaccines without US FDA approval.

“

[We would use] a mixture of national funding and funding through Global Fund and potentially through PEPFAR funded programmes.

MOH stakeholder, South Africa

From GF end, we now understand that the WAMBO system is set up and we can procure DPV ring. It is now an issue of partnering with right organizations and seeing what funding is available

MOH stakeholder, Lesotho

3

“Real-world” studies needed

The next step to better understand how to deliver the ring as part of HIV prevention choices for AGYW are real-world studies.

Stakeholders across settings raised that real-world studies are needed as a next step to introduce the ring by answering a number of questions, including:

- If/how women choose the ring
- How to reach women with prevention choices
- How long women stay on the ring and switch between products
- Support needed to use the ring effectively
- What is required for rollout in various settings
- Provider capacity building
- Demand creation
- Costing

In Kenya, the MOH is interested in implementation projects in high-incidence counties to help them understand acceptability and how to implement the product.

“ There are a number of questions that need to be answered through studies concerning the ring...When will the ring studies start?

MOH stakeholder, Kenya

Data from the region, particularly from countries with a similar demography to Zambia i.e., Zimbabwe, would be more informative to direct policy.

MOH stakeholder, Zambia

Even before FDA withdrawal, the country said they need to do a small pilot to make sure they understand the dynamics and other things and logistics. And also do our women really want it or not.

MOH stakeholder, Zimbabwe

4

Choice for women

No one product works for all women; AGYW want prevention options.

Across MOH, civil society, and implementers, stakeholders said women need HIV prevention options.

They said there is a need for choices and the ring may be an option, especially for women who have challenges with oral PrEP. Until implementation we won't know if and how women will use the DVR and in the future CAB PrEP.

Some MOH said 'its not all about the ring.. We need to think of the ring alongside other prevention options coming soon.. Including CAB-LA'

Discretion was brought up as especially important in the many settings where women face GBV. Civil society in Zambia said that the ring may provide an opportunity to help reduce GBV associated with PrEP use.

“

It will be a disappointment, because the more methods we have the better. We want people to have a choice...to know that they can have different methods, and the variety will help people to choose something that works for them.

CS representative, South Africa

Guidance has been given to optimize the implementation of the existing PrEP method (oral), looking at the achievements in uptake over the last year, whilst exploring other novel and more efficient PrEP methods i.e., Cabotegravir for consideration to add to the current HIV prevention toolbox for Zambia.

MOH stakeholder, Zambia

This is about choices, about whether women want ring, oral PrEP, or something else.

MOH stakeholder, Zambia

5

Choice for impact

Choice in HIV prevention products may have a greater impact on incidence, helping us to reach global and local targets.

Civil society and MOH stakeholders in several countries said the HIV continues to have an impact, and more HIV prevention options are needed.

In Kenya, civil society representatives said that the country has the Sustainable Development Goal of eradicating AIDS by 2030 and needs all HIV prevention methods to be able to meet this goal.

Stakeholders across countries reiterated that global goals and targets will be unreachable if more options are not added to the HIV prevention toolbox.

“

We might not meet the goal of an HIV-free generation if we only have the products we have now. If we can have the ring, we may be more successful.

Health care provider, South Africa

6

Context

Framing the product for African women only may be problematic.

Civil society stakeholders in several countries expressed concern that users may have an issue with a product that will not be available for women in the US or EU, and only available for African women.

Concern was also expressed by civil society representatives that “conspiracy theories” may arise if the PrEP ring is provided only in Africa to African women.

However, civil society representatives in South Africa and Lesotho did bring up the difference in risk, need, and health systems between their countries and the US/EU, saying that considerations for introduction of the PrEP ring in their settings need to be context specific.

“

We do not want to be given something that people do not want and they are dumping it [onto] us.

FSW, Lesotho

7

Lack of clarity about NDA withdrawn

**This could lead to distrust of
US-funded products not
approved by US FDA.**

Across countries some civil society and MOH representatives brought up the potential for hesitancy and distrust of products that are supported by US funding if there is no clarity on why there will not be US FDA approval.

Stakeholders are concerned that end users may read about lack of US FDA approval and resist uptake, as with the COVID-19 vaccines. In Kenya, the experience with the AstraZeneca vaccine lacking US FDA approval was referenced and the work around clear messaging needed to overcome hesitancy toward the vaccine. In Eswatini, AGYW referenced the COVID-19 vaccine that was not approved in the US.

“

It may create doubt to the intended users...for example, Kenyans have take[n] long to accept AstraZeneca vaccine. US did not approve AstraZeneca but Kenya went ahead to use it.

CS representative, Kenya

8

Information for providers and clients

Clear messaging on the product attributes, benefits and cautions of the ring needed.

MOH and civil society stakeholders said there is a lack of understanding about the ring product attributes and a lack of awareness about the product, especially among providers and potential clients.

There is a need for messaging that clearly explains the product—***efficacy***, delivery mechanism, safety, etc.—so providers, clients, and communities understand the product.

“

People will be more settled if they can understand the safety of the product and if we can educate them on the process that deemed it safe in South Africa. So it's important to let people know what the product is, what it does and how safe it is for them.

CS representative, South Africa

9

Clear messaging to dispel myths

**Myths and misinformation
may circulate on social
media etc. re: the ring and
its efficacy.**

The need for clear messaging about why the NDA was withdrawn to combat the myths and misinformation that may arise was echoed across settings and stakeholders. Without clear messaging, assumptions about the rationale for the withdrawal may inform public perception.

Civil society stakeholders in Zambia said that social media may amplify myths and misconceptions.

In Zimbabwe, civil society said myths would may make the ring unpopular if and when it is introduced. Need to invest in informing communities to avoid myths and misconceptions about the ring.

“

Information dissemination is important in as much as the ring hasn't been approved in the US, people should have the right information of how it works and our end goal is to prevent HIV whilst being brutally honest about our weak health care systems.

AGYW, Zimbabwe

10

Trust

Lack of community support for and enrollment in future US-funded trials is a potential concern.

Concerns were raised by civil society representatives and researchers regarding the future of research in countries where ring studies occurred if the ring is not available/introduced.

Questions arose from civil society stakeholders and researchers, such as:

- Will women still participate in research if they will not get access to the product?
- How could not providing the ring potentially erode trust among users who were told the product will be available?

Researchers in Uganda concerned that not introducing the ring may deter women from wanting to participant in future research.

Researchers in several countries highlighted how lack of introduction of the ring might also affect community support for trials in US-funded health areas.

“

The challenge with people in the communities is that if they hear that this ring was rejected in the very same country it was made, they will think that we are being experimented on without our knowledge.

CS representative, Zimbabwe

Ethical considerations

Post-trial access needs to be addressed.

Civil society stakeholders also brought up the ethical considerations of post-trial access for a product after it's proven effective for countries and communities that hosted ring trials.

Former ring trial participants were discouraged that they may not be able to continue using a product that works for them and that they have contributed to the development of.

Post-trial ancillary activities, awareness raising, advocacy efforts, and community involvement have been under way, exacerbating the effects of potentially not providing post-trial access.

“

Uganda was part of the people that delivered this science to the rest of the world, and young women willing[ly] and fully participated in this study. So we shouldn't deny them the chance to use the ring if they want to use it.

AGYW, Uganda

POLICY CONSIDERATIONS

Consultations with a variety of stakeholders revealed that US FDA approval is not the deciding factor in ring introduction in sub-Saharan African countries

NMRA approval and WHO recommendations are important for policy makers and advocates

Country stakeholders support PEPFAR procurement of ARV-based products where governments support them for 'epidemic control' in their settings

However, it is not always helpful to think of the ring in isolation. MOHs, in particular, want to see broad discussion (and implementation) around all choices



Most countries have already taken steps towards regulatory approval of the PrEP ring

COUNTRY	SUMMARY OF STATUS (as of May 19, 2022)*
Eswatini	<ul style="list-style-type: none">As of February 28, the MOH decided to introduce the ring and put in place an import waiver for the product.
Kenya	<ul style="list-style-type: none">The ring is included in the Kenya's HIV guidelines.
Lesotho	<ul style="list-style-type: none">The ring is included in Lesotho's HIV guidelines and the Essential Medical List.
Namibia	<ul style="list-style-type: none">The ring is included in Namibia's HIV clinical guidelines.
Nigeria	<ul style="list-style-type: none">MOH is still keen on introducing the ring, even without US FDA approval.
South Africa	<ul style="list-style-type: none">On March 11, 2022, SAHPRA has approved the ring.
Uganda	<ul style="list-style-type: none">On April 26, 2022, the national prevention committee in Uganda endorsed the country's adoption of the ring.
Zambia	<ul style="list-style-type: none">MOH indicated that it would await further research and data from other countries currently implementing pilot studies to inform policy and final resolution concerning the ring.
Zimbabwe	<ul style="list-style-type: none">MOH has embraced the ring, a pilot study is the next step.

**Additional NMRAs have reviewed the ring and not all have taken steps to approve it.*

Thank you!

to the organizations and individuals who organized, supported, and participated in the consultations that led to the development of this report.



 **Questions?**