

# The Node *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

## PRESS RELEASE

# World AIDS Day 2021— Step up, be bold, end AIDS, end inequalities and end pandemics

*With millions of lives on the line, UNAIDS and WHO World AIDS Day event saw global partners, including Prince Harry, the Duke of Sussex, urgently call for expanded access to health treatments and technologies and for human rights to be upheld*

**GENEVA, 1 December 2021**—On the occasion of World AIDS Day 2021, UNAIDS, the World Health Organization (WHO) and partners came together at a special event in Geneva, Switzerland, to highlight the urgent need to end the economic, social, cultural and legal inequalities that drive the AIDS pandemic and other pandemics around the world.

“We are issuing an urgent warning. Only by moving fast to end the inequalities that drive the AIDS pandemic can we overcome it,” said Winnie Byanyima, Executive Director of UNAIDS. “World leaders must work together urgently to tackle the challenges head-on. I urge you: be courageous in matching words with deeds. It is outrageous that every minute that passes, we lose a precious life to AIDS. We don’t have time to waste.”

The world is off track from delivering on the shared commitment to end AIDS by 2030. In 2020 there were 37.7 million people living with HIV, 1.5 million new HIV infections and 680 000 AIDS-related deaths. Around 65% of HIV infections globally were among key populations, including sex workers and their clients, gay men and other men who have sex with men, people who inject drugs and transgender people, and their sexual partners.

“Even before the COVID-19 pandemic hit, many of the populations most at risk were not being reached with HIV testing, prevention and care services,” said Tedros Adhanom Ghebreyesus, WHO Director-General. “The pandemic has made things worse, with the disruption of essential health services, and the increased vulnerability of

people with HIV to COVID-19. Like COVID-19, we have all the tools to end the AIDS epidemic, if we use them well. This World AIDS Day, we renew our call on all countries to use every tool in the toolbox to narrow inequalities, prevent HIV infections, save lives and end the AIDS epidemic.”

If the world does not tackle discrimination and inequalities, UNAIDS and WHO warn that the next decade could see 7.7 million AIDS-related deaths.

A powerful video narrated by Prince Harry, the Duke of Sussex, and Ms Byanyima was screened at the event demonstrating the disturbing parallels between access to HIV treatment and access to COVID-19 vaccines. Between 1997 and 2006, it is estimated that 12 million people died of AIDS-related illnesses in low- and middle-income countries as the price of medicines rendered them out of reach for many of the countries most affected by HIV. Today, 10 million people around the world still do not have access to the life-saving HIV medicines. The Duke of Sussex urged the world to learn from the history of AIDS and overcome the inequitable access to COVID-19 vaccines and to ensure that new HIV medicines and technologies are available to all.

A letter from the Duke of Sussex to WHO and UNAIDS was read out, in which he commemorated the 40 years of AIDS and expressed his gratitude for the work accomplished to date. In the letter he stressed the need for COVID-19 vaccine equity, drawing from the lessons learned from HIV.

Speakers highlighted the impact of HIV on young people. “Young people continue to be stigmatized, especially those in key populations, and inequalities continue to compromise the quality of our lives,” said Joyce Ouma, from the Global Network of Young People Living with HIV.

“Young people are the future of nations and the cornerstone of the global AIDS response,” said Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand. “Eradicating all kinds of stigma must be our full global commitment with immediate action.”

During the event, the participants commemorated the lives of the 36 million people who have died from AIDS since the start of the pandemic and highlighted the urgent need to do more for the people most affected by HIV.

The Ambassador of Namibia, Julia Imene-Chanduru, representing the UNAIDS Programme Coordinating Board Chair, said, “AIDS remains an emergency that we must not forget in our response to COVID-19.”

Speakers urged all countries, partners and civil society to be bold in taking forward the commitment made in the Political Declaration on AIDS adopted at the 2021 United Nations High-Level Meeting on AIDS and in the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, both having ending inequalities at their core.

“We can see the importance of UNAIDS’ strategy, with an emphasis on ending inequalities,” said Stephanie Seydoux, French Ambassador for Global Health. “This is what allows us to make progress in the fight against this pandemic, and to ensure health for everyone.”

“We know how to beat AIDS and we know how to beat pandemics,” added Ms Byanyima. “The policies to address the inequalities standing in the way of progress can be implemented, but they require leaders to step up and be bold.”

## Contact

UNAIDS Geneva | Sophie Barton -Knott |  
tel. +41 79 514 68 96 /+41 22 791 1697|  
bartonknotts@unaids.org

# **UNAIDS welcomes the approval of long-acting injectable cabotegravir as a pre-exposure prophylaxis for HIV prevention**

The United States Food and Drug Administration announced its first approval of a long-acting HIV prevention medication earlier this week (Late December 2021). The long-acting injectable cabotegravir (CAB - LA) is approved as a pre-exposure prophylaxis (PrEP) for adults and adolescents who are at risk of acquiring HIV sexually in the United States of America.

This is the first time an injectable antiretroviral drug becomes available as a pre-exposure prophylaxis for prevention of HIV. The long-acting formula is a step forward and a valuable addition to the HIV prevention toolbox and will make acceptance and adherence easy.

A long-acting PrEP product such as CAB-LA, taken initially as two injections one month apart and then after every two months afterward, could offer a better choice for adults and adolescents at substantial HIV risk who either do not want to take or struggle with taking a daily tablet. Companies holding new technologies should share their knowledge and recipes with generic producers to ensure availability and affordability in low and middle-income countries.

UNAIDS is calling for this new drug to quickly be made available and affordable to people who need it most not just in the United States of America but everywhere in the world. The mistakes of three decades ago when lifesaving drugs were only available to those who could afford it must not be repeated. Market strategies such as generic competition and public health-oriented management of intellectual property rights, either through voluntary agreements or the use of TRIPS flexibilities must be used to make this new drug widely available.

To make this drug available equitably across the world, a series of actions are essential. Firstly, the drug has to be approved by regional and national regulatory authorities in a speedy manner. It is encouraging to see that the developer of CAB-LA, has already submitted to the South African Health Products Regulatory Authority (SAHPRA) for approval and an outcome is expected in early 2022. However access must go much further. Secondly the selling price must come down through a combination of measures such as licencing and involvement of generic producers. Thirdly, national HIV prevention programmes

must prepare roll out plans and prepare their health systems and communitiues to deploy this new HIV prevention option as soon as they are available.

Current pre-exposure prohylaxis-Tenofovir plus Emtricitabine—tablets have to be taken daily as oral PrEP. They are highly effective in preventing HIV acquisition among persons at substantial risk when taken as prescribed. However many find it challenging to take a daily tablet. Another option—dapiviringe vaginal ring—is becoming available as additional prevention option for women at substantial risk of HIV infection.

The CAB-LA option could be a game-changer for the HIV response, making PrEP simpler or less burdensome for all genders. This may also circumvent the stigma associated with daily

oral therapy and improve correct dosing and adherence which is critical for PrEP effectiveness.

This week’s United States Food and Drug Administration approval follows results from two trials. The first trial, HPTN 083, was conducted in 4 566 gay men and men who have sex with men and transgender women at research centers in Argentina, Brazil, Peru, the United States, South Africa, Thailand, and Vietnam. CAB – LA reduced the risk of sexually acquired HIV by 66% compared to daily oral. In the second trial HPTN 084, among 3,223 at-risk women aged 18-45 across 20 trial sites in seven countries in Sub Saharan Africa (Botswana, Eswatini, Kenya, Malawi, South Africa, Uganda, and Zimbabwe), CAB – LA reduced the risk of acquiring HIV by 89% compared to daily oral PrEP.



# Results of a study of delivery of HIV self-test (HIVST) through internet-based channel with online targeted promotion among key populations in Hong Kong

**Dr. HO Chi-hin, Billy (Senior Medical & Health Officer)**

**Dr. SIT Yao-wai, Alfred (Medical & Health Officer)**

**Special Preventive Programme, Department of Health**

## **Background**

Department of Health (DH) has conducted a feasibility study of using a web-based ordering and result upload of HIV self-test utilizing oral fluid-based specimen and targeting local MSM from September 2019 to June 2020.<sup>1</sup> In view of the good response of previous HIV self-test study, DH extended the study to include local transgender women (TGW) as target populations in the second phase of study with enhanced online promotion.

## **Methods**

A designated website<sup>2</sup> was launched for online recruitment and test kit ordering from 28 December 2020 to 31 December 2021 (1 year). An oral fluid-based HIVST kit (OraQuick<sup>®</sup>) and a blood-based HIVST kit (autotest VIH<sup>®</sup>) were available for purchase through the website, both were prequalified by the World Health Organization (WHO). Any adult (aged 18 or above) who ever had oral, vaginal or anal sex and possess a valid local mobile phone number was eligible for the study. While the main targets of this study were MSM and TGW, the investigator would not deter heterosexual men/female from ordering the test kits.

The participants ordered the test kit from the study website in which no personal information was required to place an order. Nevertheless, the participant needed to fill in a questionnaire and picked a spot to collect the test kit. The participant paid HK\$130 for the kit through e-payment which would be reimbursed upon result upload within 14 days after ordering. Different from the first phase of the study, photo upload was not required for verification of results by DH. Participants who were tested positive or had any query could leave their contact phone number and confirmatory test and counselling would be arranged by DH staff if indicated. Another test kit will be offered with waived delivery charge if invalid result was found.

## **Promotions**

A series of advertising materials targeting MSM and TGW, including posters and short animations were produced to promote the study. In addition to regular DH websites and social media platforms, nine local key opinion leaders (KOLs) and 7 local LGBT organisations (non-KOL channels) were invited to promote the study in their social media platforms (Facebook, Instagram,

YouTube). Seven KOLs were MSM and the remaining were transgender people. In general, a promotion cycle of most channels was 4 weeks except for 3 channels which had two promotion cycles. Each channel was provided with a unique hyperlink and the click count of individual posts/links was recorded throughout the study period.

### Key findings

- **Basic demographics:** A total of 1,169 test kits were ordered. After de-duplicating subjects who had reordered the kits more than once within the study period, the actual number of subjects recruited was 959, of which 788 (82.2%) were self-reported MSM and 4 (0.4%) were self-

reported transgender women. The remaining subjects consisted of heterosexual men (9.1%), heterosexual women (7.6%), transgender men (0.6%) and lesbian (0.1%). A majority (87.1%) of the MSM subjects were aged between 20-39 years old while the remaining 9.6% were aged 40 or above. 97.2% of the participants reported their ethnicity as Chinese. All of the TGW subjects were aged between 20-39 years old, and 75% reported their ethnicity as Chinese.

- **Source of information about the study:** Among the first-order participants who did not join the previous HIVST study (n=724), 363 (50.1%) of them reported to have received information about this study from online promotion, 209 (28.9%) received information from friends, and 168 (23.2%) found information from search engine (e.g. Google or Yahoo).



HIV self-test advertising video  
<https://youtu.be/3CXGxeRZjJk>

Poster

- Promotion channels: There were a total of 5,466 and 17,577 clicks generated from KOLs and non-KOL channels respectively during the study period. The promotion cost used for online advertising (excluded the production cost and honorarium received by the parties) were \$51,508 and \$46,793 respectively, from both 112 orders of test kits were received.
- Repeat ordering: Among the 1,169 test kits ordered, the number of kits ordered by MSM and TGW participants were 986 and 4 respectively. The participants were allowed to repeat order test kit every 3 months. The percentage of placing one, two, three and four orders (kits) during the study period among MSM in the study period were 79.9%, 15.9%, 3.8% and 0.4% respectively. Other than MSM, other groups rarely ordered test kit more than once during the period. Overall, more than half (63.9%) of the first ordered test kits were oral fluid-based.
- Condom use rates: Among MSM participants (n=788), 87.6% were homosexuals while remaining were bisexuals/pansexuals. 83.9% reported having sex with men in the previous 3 months as at the time of placing the first order, the rate of consistent (100%) condom use with men among all MSM was 38.0% while 74.6% of them used condoms in 50% or more sex episodes with men. The consistent and >50% condom use rates among bisexual/pansexual MSM were statistically significant lower than homosexual MSM.
- HIV testing behaviours: Among MSM participants, as high as 20.8% were “first time tester” when they joined this study, in contrast to the first phase of study which could attract 30.8% of “first time tester”. The ever-testing rate (79.2%) was higher compared with the previous HIVST study in 2019 (69.2%). The testing rate in the past 12 months was also higher (58.6%) compared with the previous HIVST study in 2019 (42.1%). A very high proportion of MSM participants (92.1%) reported that they would increase HIV testing frequency in the future.
- Testing results: Among all participants, 10 positive results (7 from oral fluid sample and 3 blood sample) were reported. The positivity rate was 0.9%. 9 positive cases were MSM and the remaining one was heterosexual man. Among them, 4 of them left their phone number for DH to contact and refer for confirmation test (confirmation test result were 2 positive and 2 negative). There was one additional positive case who approached DH’s AIDS Counselling and Testing Service (ACTS) for further confirmatory testing himself without uploading his testing result. There were altogether 3 confirmed positive cases verified by ACTS. The remaining 6 cases who reported to have positive results did not leave their contact information.
- Users’ experiences: Provided with clear written and audiovisual instructions for use, 93.3% of all testing episodes could perform the tests by themselves without any technical assistance needed in using the test kit, 94.3% did not need assistant in result interpretation and 95.8% did not require emotional support during the process. There was no report of social harm and adverse event during the study period. Majority of participants provided positive feedback to the project with satisfaction.

## Discussions

From the two phases of study, HIV self-test was found to be well-accepted by local MSM community as reflected by the satisfaction rate from the participants. Despite the increasing awareness and use of HIVST as revealed from previous surveys (HARiS) and the two phases HIVST study spanning over nearly 2 years, there was still 20.8% identified as “first-time tester” among MSM participants from this study. There was still room for further promotion of HIVST among key populations.

Overall, oral fluid HIV self-test was more favourable by participant in first order (63.9%). 86.4% (146 out of 169) of participants ordered more than once only chose one type of test kit throughout the study period. Qualitative study to explore the user experience among different key communities could provide more information to further improve the programme which could better suit their needs.

In this study, the consistent condom use rate and 50% or above condom use rate among bisexual/pansexual MSM were statistically significant lower than homosexual MSM. However, repeat ordering (ordering more than once during the study period) of HIVST was found not associated with behavioural change in condom use among the MSM participants within the study period.

It was found that KOL promotion effects could generally last longer and there were extended effects with additional clicks/views beyond the promotion period. Despite lower click rates to study website generated from KOL channels,

the cost incurred per test kit order was relatively similar when compared to non-KOL channels (\$459.9 vs. \$417.8). In general targeted online promotion could better reach at-risk populations, while KOL promotion might provide branding effect as revealed by a higher engagement rate.

This study was first of its kind in Hong Kong to generate useful information to guide online promotion strategies of HIVST targeting key populations. Identification of new cases could be cost-saving to avert HIV transmissions and save lifetime HIV treatment costs including management of opportunistic complications.

Making HIV testing simple, accessible, and routine, and increasing the number of people who know their diagnosis is key to preventing HIV transmission. HIV self-testing, through internet recruitment and ordering with the distribution of test kits by delivery, could be a promising new strategy to reach at-risk persons including “first-time tester” at a relatively low cost. A self-testing programme also could serve those who cannot or will not access traditional HIV testing services.

## Reference

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2. Department of Health HIV Self-Test Website. <https://dh-hivst.com.hk/self-test>