



2nd Long-Acting Treatment and Prevention Conference

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PrEP LA Implementation in Botswana

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Disclosures



- Research Support: ViiV Healthcare, UNAIDS, Mylan & Viatrix,
- Advisory Board participation: ViiV Healthcare, Viatrix, Johnson & Johnson

Botswana 2023 UNAIDS Estimates



Adults & Children living with HIV	360,000 (340-380,000)	Adults (15-49) HIV Prevalence 16.6% (14.7-17.4)
Adults aged 15 and above	350,000 (330-370,000)	
Women aged 15 and above (15-49 yr prevalence 21.4%)	220,000 (200-230,000)	Men 140,000 (130-150,000) (15-49 yr prevalence 11.8%)
Children aged 9-14 years LHIV	5100 (3,100 – 6,200)	
Adults & Children newly infected with HIV	4,100 (3,300 – 4,900)	Adults aged 15 and above newly infected with HIV 4,000 (3,200-4,800)
HIV incidence per 1000 population (15-49 yrs) Highest HIV Incidence in FSW, Pregnancy & Breastfeeding	3.15 (2.52-3.77)	Incidence all ages 1.87 (1.51-2.24)
Adults & Child Deaths	3,900 (3,200-4,500)	Orphans due to AIDS 0-17 years 56,000 (46,000-83,000)

Botswana 2023 UNAIDS Estimates



- 68% Decrease in new HIV Infections since 2010
- 36% Decrease in AIDS related deaths.
- **Percent of PLHIV who know their status** **97% (91- >98%)**
- **PLHIV on ART** **340,000**
- **Percent of PLHIV on ART** **95% (89- >98%)**
- **Percent of PLHIV with suppressed VLs** **94% (88->98%)**
- **Coverage of ART** **95% (89- >98%)**
- **# of Adults and children receiving ART** **339,716**

PrEP Botswana



Botswana approved use of oral PrEP for high-risk population in the Private sector in June 2016, following for approval in the public sector in 2017.

People currently receiving oral PrEP	14,537
Adherence after 3 months	~37%



**“So let me get this straight....
you want me to take two pills to avoid taking two pills?”**

(young Motswana male learning about oral PrEP)

Botswana 2023 HIV Clinical Care Guidelines



“The use of long Acting Injectable Cabotegravir (CAB LA) administered once every 2 months is currently the most effective method to prevent HIV infection (as proven in clinical trial HPTN 084, in which Botswana took part). CAB-LA has the potential to increase choice and overcome some of the barriers related to poor adherence from long-term use of oral PrEP”.

The HIV Guidelines Committee therefore has endorsed
the implementation of CAB-LA as PrEP,
(including use during pregnancy & breastfeeding)
pending affordability.

LA Injectable CAB & CAB/RIL are both registered in Botswana



BOTSWANA BASED LA PrEP STUDIES

The Tshireletso Study



Linking HIV Prevention & Postpartum Care: Safety, Efficacy & Feasibility of Cabotegravir-LA PrEP in a High-Risk Breastfeeding Population in Botswana

Botswana-Harvard Health Partnership. PI: Rebecca Zash

Primary Objectives

- **Specific Aim 1:** To evaluate the uptake, adherence, implementation metrics, acceptability and effectiveness of a CAB-LA PrEP program for women at high risk of HIV enrolled immediately post-partum, with follow up co-located with routine postpartum/pediatric care whenever feasible=
- **Specific Aim 2:** To evaluate the safety of CAB-LA PrEP in postpartum women and their breastfed infants
- **Specific Aim 3:** To evaluate the pharmacokinetics of CAB-LA PrEP in postpartum women and their breastfed infants.

Tshireletso (Prevention) Study Design:



Tshireletso is A hybrid implementation/safety study of CAB-LA as pre-exposure prophylaxis (PrEP) in a post-partum cohort in Botswana where breastfeeding is common.

- 500 women at high risk for HIV will be enrolled while being admitted to the postpartum maternity ward after delivery at 4 government-run health care facilities and follow them for 24 months.
- The first CAB-LA injection will occur within 14 days of delivery and generally before discharge from the maternity ward.
- Follow up injections at 1 month, and then every two months, administered at clinics where the women and their infants receive routine care or at research study sites.
- Uptake, adherence, incidence, safety and implementation metrics are being measured using a mixed methods approach. Additional measures include postpartum depression, weight gain, and infant growth.
- Pharmacokinetics of CAB-LA in lactation (women, infants and breastmilk) will be evaluated in 30 mother-infant pairs enrolled in the main trial.

Other LA Studies in Botswana 2023 & 2024



Two additional feasibility of LA PrEP & LA Treatment studies:

“Paving the way for LA Injectable ARV’s in Botswana: A Rapid Assessment”

Poster AIDS 2024: 32

Reported on existing resources and opportunities to bolster uptake of LA Injectables for Prevention & HIV treatment.

UNAIDS 2023 Report

Knowledge about HIV Prevention among young people aged 15-24 yrs **47.2%**

(Lower in MSM)

Knowledge about HIV Prevention among young women aged 15-24 yrs **47.4%**

Knowledge about HIV Prevention among young men aged 15-24 yrs **47.1%**

MoH/CDC LA PrEP Feasibility Study recently completed reported

Low knowledge of LA Injectables, particularly among MSM.

All populations surveyed had high acceptability

Cost Considerations

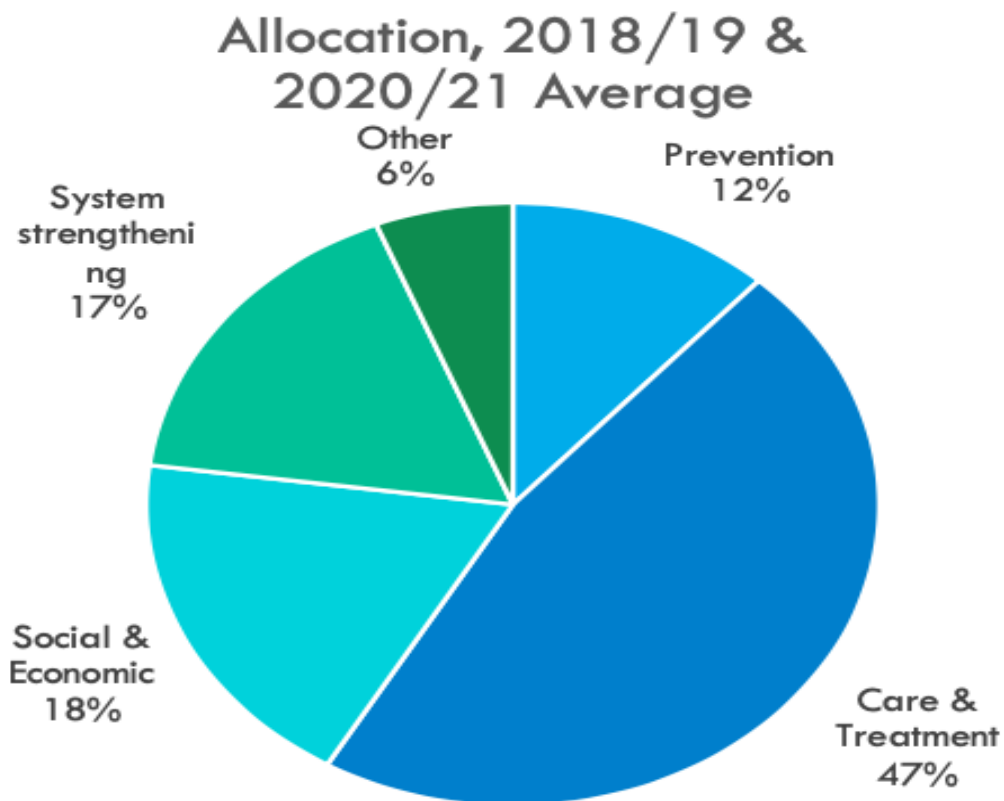


Generic Dual Therapy for Tx
3TC/DTG procured at \$47.00

PrEP Price Comparison

PrEP Watch.org 2024

ALLOCATION OF SPENDING



Source: NASA 2018/19 and 2019/20

Almost half of total spending on care & treatment

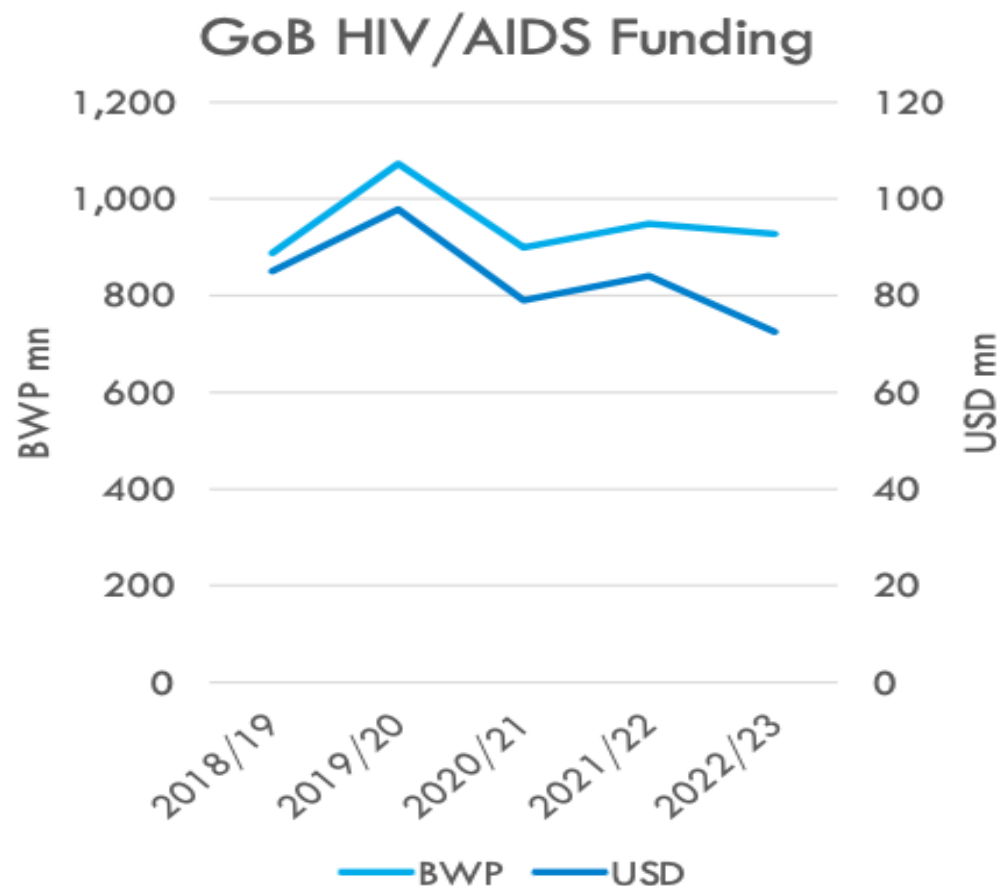
Segmentation of spending between GoB and DPs:

- GoB: Bulk of public health service provision, care and treatment, social & economic support; costs of opportunistic infections; prevention
- DPs: support for NGOs, system strengthening, targeted populations, training

Main commodity flows: financed by GoB:

- HIV treatment
- OI treatment
- Lab costs

RECENT FUNDING TRENDS: GOB



GoB funding (spending) for HIV/AIDS programmes has been fairly stable over the past five years in nominal BWP terms

But has been declining in USD terms due to BWP depreciation

By 2022/23, GoB funding amounted to 1.25% of total GoB spending

Includes GF and PEPFAR funding for GoB programmes

Botswana Challenges – LA PrEP



- Costs, Costs Cost & the current economic realities that Botswana now face.
- Healthcare worker shortages to manage 2 month -vs- 6 month encounters.
- Intensive Trainings for LA implementation needed – however there is currently a complete travel and training ban from MoH.
- Movement towards demedicalization, community led initiatives (MD -vs- Nurse – vs Community led).
- Supply chain complications
- Prioritizing eligible population
- Additional HIV resources needed for the treatment of Advanced HIV Care patients, who fall out of care (now at about 25%) and return with serious OIs and comorbidities.
- Public demand is strong.



PEACE ON EARTH & MANY THANKS

Botswana Ministry of Health
ART CLINICAL CARE GUIDELINES COMMITTEE
BUMMHI, BHP, BAYLOR ,
UB, CDC-PEPFAR