Cameroon Townhall for Healthcare Professionals

Meeting Minutes, December 14, 2024

Host: Cameroon Townhall for Healthcare Professionals

Date: December 14, 2024

Session: No. 114

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (joined briefly from an airport)

Guest Speaker: Dr. Boghuma Kabisen Titanji, MD, MSc, DTM&H, PhD; internist and infectious diseases physician, Assistant Professor of Medicine, Division of Infectious Diseases, Emory University School of Medicine, Atlanta

Distinguished Guests: Franklin Maloba, researcher and participant

Title: World AIDS Day: Updates on HIV Prevention, Treatment and Vaccines

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Agenda Items:

1. Welcome and introduction of the speaker by the chair, Dr. Munoh Kenne Foma
2. Presentation by Dr. Boghuma Kabisen Titanji: state of the HIV pandemic, prevention, treatment, cure and vaccines
3. Discussion and Q&A
4. Closing remarks and announcements

Opening Remarks:

- The chair, moderating alone from the hospital while on call, introduced the yearly HIV session and Dr. Titanji, a long standing supporter of the town hall who trained in Cameroon and London before joining Emory.
- Elvis Ndansi greeted participants briefly from Heathrow airport.
- The chair announced that from the new year the town hall planned to move to monthly sessions.

Presentation Points:

Presentation by Dr. Boghuma Kabisen Titanji: "World AIDS Day: Updates on HIV Prevention, Treatment and Vaccines"

1. The state of the pandemic in 2023:

Dr. Titanji said the 2024 World AIDS Day theme was 'Take the rights path', placing human rights and access at the centre of ending HIV. In 2023 there were 39.9 million people living with HIV, 1.3 million new infections (which she described as almost fivefold above the 2025 target of 350,000) and 630,000 AIDS related deaths, with 30.7 million on treatment. New infections have fallen 60% since the 1995 peak, and deaths fell 54% in Western and Central Africa between 2010 and 2023, but progress has plateaued. Africa is home to 70% of people with HIV.

2. Women, girls and key populations:

Women and girls accounted for 44% of new infections globally and 62% in sub-Saharan Africa. Every week about 4,000 adolescent girls and young women aged 15 to 24 acquire HIV, 3,100 of them in sub-Saharan Africa. Prevalence remains higher among men who have sex with men (7.7%), sex workers, people who inject drugs, transgender people and prisoners, and PrEP coverage falls far short of targets in every region.

3. Long acting injectable PrEP:

Lenacapavir, a capsid inhibitor injected every 26 weeks, gave 100% protection in a randomised trial of 2,134 young cisgender women in Eastern and Southern Africa published in the New England Journal of Medicine, and was superior to daily oral PrEP. A second trial in men and gender diverse people, reported about a week before the session, also showed superiority (two infections versus nine on oral PrEP). Cabotegravir, given every two months, was shown effective in 2022. Benefits include adherence, less stigma and convenience.

4. Price and access:

Lenacapavir costs about US$41,000 to 42,000 a year, against an estimated production cost of about US$40 per injection, and cabotegravir about US$2,000 a year. Dr. Titanji noted the ethical problem of drugs tested in African women being out of reach in Africa. In October 2024 Gilead licensed six generic manufacturers, all in Asia and none in Africa, to supply 120 low income countries, leaving middle income countries out; she said generic cabotegravir may not be widely available in Africa until 2027, nine years after trials began.

5. Treatment and the latest cure case:

Treatment coverage rose from 7.7 million in 2010 to 30.7 million in 2023 (77% of people with HIV), but only 57% of children aged 0 to 14 were on treatment, compared with 84% of pregnant women. She referred clinicians to the expert panel guidelines published on December 1. She described the seventh reported HIV cure,

the 'Swiss patient' (Nature Medicine), who received a stem cell transplant from a donor with normal CCR5 and a JAK inhibitor for graft versus host disease, and remained in remission 32 months off treatment; she stressed this approach is not widely applicable.

6. Vaccines and the road ahead:

A phase 2b trial of a four dose adenovirus vectored vaccine in African women published in 2024 showed no protection, and researchers are turning to broadly neutralising antibodies and new design approaches. She concluded that the tools to stop new infections already exist (treatment as prevention, oral and injectable PrEP) but are not reaching people, while funding is drying up and stigma remains a major barrier.

Discussions and Q&A Session:

- **The chair asked how soon long acting PrEP will reach Cameroon, and whether people at risk will use it given stigma.** Dr. Titanji said generics and PEPFAR purchasing commitments could bring it to African countries from late 2025 to mid 2026, with Southern and Eastern Africa expected first, and noted that Cameroon's HIV programme is partly funded by PEPFAR and the Global Fund. She said oral PrEP, over 95% effective, has existed for 12 years with low uptake, so the Ministry of Health must lead education and destigmatisation, for example by offering PrEP routinely at university health services and through pharmacies.
- **The chair asked about JAK inhibitors outside transplantation and the role of graft versus host disease in the cure case.** She explained that JAK/STAT inhibitors, studied in her laboratory, reduce BCL-2 driven survival of infected cells and inflammatory T cell activation, shrinking the viral reservoir, and are being studied as part of combination cure strategies. Graft versus host disease itself also appears to contribute to clearing the reservoir in all reported cures.
- **Franklin Maloba asked why young women are disproportionately infected and whether receptor differences play a role.** She said the causes are mainly social: age disparate relationships with older men, economic dependence that limits condom negotiation, and violence against women seeking PrEP, along with anatomical susceptibility and untreated sexually transmitted infections. Studies have not shown sex differences in CD4 or CCR5 expression; differences relate to the exposed tissue.
- **The chair asked whether the 95-95-95 targets for 2030 are achievable.** She said yes if funding and political will follow, but warned of complacency now that HIV is a chronic disease, and that cuts to PEPFAR funding could quickly reverse gains.

- **Participants asked how the 120 countries were chosen and why no African manufacturer was included.** Eligibility follows World Bank low income criteria. She said new African manufacturers struggle to compete on price with established firms such as the Serum Institute of India, so African governments and the African Union would need regional, continent wide efforts and commitments to buy locally.
- **A chat question asked whether long acting PrEP is safe in pregnancy, and Franklin Maloba asked why there is still no HIV vaccine when COVID-19 vaccines came within a year.** Women who became pregnant during the lenacapavir trial had no adverse outcomes, though dedicated pregnancy trials will follow. On vaccines, she said HIV's heavily glycosylated envelope and high mutation rate make it a hard target, and that 40 years of HIV research made COVID-19 mRNA vaccines, RSV vaccines and CAR-T therapies possible; there is no conspiracy.

Call to Action and Closing:

- Dr. Titanji urged everyone to know their HIV status, encourage others to test, and speak out against stigma, saying health professionals must lead in making PrEP acceptable.
- The chair thanked her and highlighted equity and access as the key message: the tools exist, and the obstacles are social.
- He announced that the town hall would move to monthly sessions in the new year, that the next speaker would be communicated, and wished participants happy holidays. There was no parking lot because other moderators were travelling.

Next Meeting

Town hall to move to monthly sessions in 2025; next speaker to be communicated.

Recording: https://www.youtube.com/watch?v=j2ng2AmtauM

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals