





The International Community of Women Living With HIV Eastern Africa (ICWEA)

Plot 1106 Ssenge Road, off Kayunga – Hoima Road – Wakiso District
P.O.Box 32252 Kampala, Uganda | Tel: +256 414 531 913 | Fax: +256 414 533 341
Web: www.icwea.org | Email: admin@icwea.org

February, 2022 Statement on the Dapivirine Ring for Women: Call for Accelerated Global Access

- African feminists and advocates are united in calling for continued political and financial support to introduce and roll out the monthly dapivirine vaginal ring in sub-Saharan Africa, where the need for new women-centered HIV prevention options remains a public health, reproductive justice and human rights imperative.
- We acknowledge the decision taken by the International Partnership for Microbicides, who developed the Dapivirine ring, to withdraw its application for the ring approval from the US Food and Drug Administration after feedback from the FDA that they are unlikely to support US approval at this time because of the perceived lack of relevance to the US epidemic.
- Disappointingly, the FDA decision primarily affects Black and brown women in the US as one of the communities who already have limited access to oral PrEP compared to other vulnerable groups. Women need more products than only limiting their choices to daily oral PrEP. Hence, we are concerned about the exclusion of dapivirine ring as an additional option for women in the US. We will continue to push that all women globally have access to the dapivirine ring.
- At the same time, we applaud WHO in their statement of continued support of their 2021 recommendation for the ring as an additional prevention option for women at substantial risk of HIV.
- The decision to withdraw the Ring for review by the FDA, cannot and should not affect plans to support its ring introduction and rollout in Africa by African Ministries of Health and funders. The severity of the HIV epidemic among women in our countries demands action and makes it critical that this product becomes available in our countries and region.
- For too long, we have seen very high rates of HIV among women here. This is driven by many factors, including high rates of gender-based violence, intergenerational and transactional sex driven by poverty and inequality, and inadequate access to quality, comprehensive sexuality education.
- We need to give women more control over their health and bodies and access to a range of safe and effective options, including the dapivirine ring, to choose from so they can decide to use what works best for them at different times of their lives.
- We watch with caution as the FDA recently approved an injectable PrEP as a new prevention option. While this is a welcome addition to the prevention toolkit, this does not replace the need for the Ring and other options in the future for women.
- The Ring could be another choice that puts more control in their hands when other more efficacious options are not feasible for them. The ring is discreet, long-acting and localized —and those features could be important for some women and fill a gap for a long acting method when women who are are the highest rsk of HIV wont use oral PreP or use condoms consistently.
- Many communities and thousands of women have invested in research and development that brought us here with their bodies and their time as trial participants, as community advisors, as advocates and as peer educators. It is an ethical imperative that their expectations and investments be respected!
- We have watched as women continue to be left behind by progress against the epidemic. Women must be at the centre of our HIV responses moving forward. It's a

matter of health, of rights, of equality. Let us act without delay and get the monthly dapivirine ring into the hands of women who want and need this product. We need the Dapivirine ring in sub-Saharan Africa without delay.

- Today, we call on all funders, country governments, and community leaders to continue the sustained support for the Dapivirine Ring's introduction and rollout in sub-Saharan Africa and for prompt regulatory reviews where it is under consideration.
- And, we call on all HIV programmes, especially those already delivering oral PrEP in our countries and communities, to develop strategic introduction plans to integrate the ring. We stand committed to partnering with those programmes to ensure they are codesigned in collaboration with communities.

Authors

Yvette Raphael, Advocates for the Prevention of HIV in Africa, South Africa Nomfundo Eland, Emthojeni, South Africa Lillian Mworeko, ICW East Africa, Uganda Vuyiseka Dubula, AEDC, South Africa Chilufya K Hampongo, Treatment Advocacy and Literacy Campaign, Zambia Maureen Luba, AVAC, Malawi Rosemary Mburu, WACI Health, Kenya Definate Nhamo, PZAT, Zimbabwe Manju Chatani-Gada, AVAC, USA Georgina Caswell, GNP+, South Africa Dr. Lilian Benjamin Mwakyosi, DARE, Tanzania.