







2018 ROME ACTION PLAN PROGRESS REPORT December 2018 - November 2020

Monitoring Progress – Rome Action Plan

- Emails and meetings to collect updates
- Quarterly webinars to share progress among all stakeholders
- Online tracker to make available all updates and meeting documents

HOME 2018 DIAGNOSTICS 2017 / 2018 TREATMENT INDIV. COMMITMENTS STAKEHOLDERS More... Paediatric HIV: Rome Action Plan The Rome Action Plan is a compilation of commitments by key stakeholders to accelerate research, development, registration, introduction and upsake of HIV diagnostics and optimal antifertoviral drugs (ARVs) for children living with HIV, with the ultimate objective of reducing morbidity and mentality among this highly vulnerable group. The Rome Action Plan is the product of a series of High Level Dialogues convened by His Eminence Peter Kodwo Applah Cardinal Turkson, Prefect of the Diastery for the Promotion of Integral Human Development, and organization (WHO), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAP), PEPPAR, UNAIDS, Caritas Internationalis, the World Council of Churches – Ecumenical Advocacy Alliance (WCC-EAA), and global partner organizations. The co-chains of the AIDS Free Working Group have the responsibility to monitor progress on the Action Plan and to promote full and timely implementation of the action points, including tracking progress towards milestones, and communicating regularly with participants about progress on their commitments and overall implementation of the Plan. This website tracks the commitments of the Rome Action Plan.

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Examples of Updates from Treatment Stakeholders

INTRODUCTION, UPTAKE AND PROCUREMENT

Mylan

Cipla

Unitaid

Kenya

Zimbabwe

GAP-f

Manufacturers of heat-stable LPV/r formulations and all relevant stakeholders involved (ARV Procurement Working Group, Unitaid, Ministries of Health, GAP-f partners) commit to:

23. Jointly agree upon and execute next steps to optimize the availability and delivery of these formulations in 2019 including:

- · Timely and regular information sharing (including orders placed and timelines for deliveries)
- · Providing best possible demand forecasts
- Collaborate on the optimization of limited supply within and among countries and joint prioritization among orders to ensure sustainable supplies to children once initiated
- · Support product uptake at country level
- Regulatory filings as needed to support scale-up, timely responses to queries raised during the review, and implementation (re-validation as required) of post approval changes at risk during the review period.

Mylan

24. Mylan commits to double its manufacturing capacity of LPV/r granules by Q4 2019 (to 5-6 million sachets/month).

DNDi

25. DNDi commits to continue supporting efforts to improve sustainable in-country access to 2-in-1 LPV/r by providing technical support on use of LPV/r pellets and granules through collaboration with Unitaid, APWG, other GAP-f partners, PEPFAR, MoHs, and HIV stakeholders in country.

DNDi

ICAP at Columbia Univ.

EGPAF

26. DNDi, ICAP, and EGPAF commit to collaborate on product uptake for solid oral dosage forms of LPV/r (2-in-1's and 4-in-1), including:

- · Development of healthcare workers' training tools based on implementation research data generated by DNDi; and
- Acceleration of product uptake in selected countries with engagement of all stakeholders including MOH, civil society, FBOs, and communities of people living with HIV, and to share the training toolkit and experience by disseminating information globally.

Upda

Adoption: UNITAID continues working with key partners (Global Fund, PEPFAR, ...) and supporting WHO (including WHO HIV/STIs/Hepatitis department
enabler grant and WHO PQ) and implementer grantees (EGPAF and CHAI) to support a number of countries for rapid adoption of the emerging
products, including 4-in-1 (ABC/3TCI_PW/r) and DTG 10 mg, both coming to market in Of 2021.

Updates

Cipla is now scaling up production capacity of LPV/r pellets, with support from PEPFAR and the Global Fund. Alongside Mylan, capacity is expected to meet demand by Q2 2020.

Commitment 24

Mylan is scaling up production capacity of LPV/r granules, with support from PEPFAR and the Global Fund. Mylan's capacity for the LPV/r 40/10mg granules now exceeds 200,000 packs/month (as of February 2020). Alongside Cipla, capacity is expected to meet demand by Q2 2020. Investing substantially in capital so they can meet global demand. Increased capacity for 2-in-1 will apply to 4-in-1 (BAC3TCLPV/r).

April 2020

Mylan is on track with the supply of LPV/r granules for HIV-positive infants, following a recent FDA approval of an amendment needed to activate our increased production capacity (200,000 packs/month).

Updates

Commitment 25:

June 2020

- DNDI has worked with Baylor's College in Malawi to adapt video of administration of pellets to local context, in local language (chichewe), for wide dissemination by mobile phone. Malawi is now transitioning to LPV/r granules.
- DNDi provided support to the introduction of LPV/r granules in Tanzania via collaboration with EGPAF where 40 sites have been trained and remaining 62 sites to be supported in 2020.
- DNDI worked with Ministry of Health Ethiopia to adapt video of administration of pellets to local context, in local language (Amharic), for wide dissemination by mobile phone.
- DNDi provided support on training tools and training for South African Health care workers on LPV/r pellets

Commitment 26;

June 2020

4-in-1 developm

- Two 4-in-1 relative bioavailability studies in adult healthy volunteers, required for USFDA filing of the 4-in-1, started in May 2019 and were completed in July 2019. Application currently under FDA review.
- A study with 4-in-1 in children living with HIV weighing ≥3 and <25 kg is ongoing in Uganda to assess the pharmacokinetics, safety and acceptability of
 the new. The study should complete by early 2021.
- DNDI is working with Stellenbosch University (Cape Town, South Africa) and Cipla to set-up the PETITE study in South Africa; this study aims to assess
 the pharmacokinetics of the 4-in-1 in the neonatal population. The recruitment will start in September 2020.
- DNDI is collaborating with EGPAF, ICAP and EVA in 6 countries (Kenya, Uganda, Tanzania, Senegal, Burkina Faso and Cameroun) in supporting the
 uptake of the LPVir heat-stable formulations in country and to ensure smooth and rapid transition from 2-in-1 to 4-in-1 when 4-in-1 receives USFDA
 tentative approval.

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Paediatric HIV: Rome Action Plan 2018 DIAGNOSTICS

- 17. Develop and implement a sustainable and affordable collaborative registration procedure for diagnostics in 2019 and support national regulatory bodies to make use of it to streamline their national regulatory procedures.
- 18. Subject to support from donors (see 16 above), reinforce the capacity of its Prequalification of In Vitro Diagnostics programme, so that additional staffing can help to optimise process efficiencies and support transparent and predictable timelines for the review of HIV diagnostic products (in particular EID and VL products, and in alignment with WHO guidance).
- 19. In order to facilitate reduction of national evaluation studies (see points 9 and 12 above), provide relevant additional information within the public reports of products achieving prequalification status for increased data sharing to countries.
- 20. Provide additional guidance and support implementation on post-market surveillance and quality assurance to manufacturers, countries, and national regulatory authorities.
- 21. Develop guidelines and tools to support multiplexing of diagnostic technologies as well as viral load frequency for pregnant and breastfeeding women and children and consider novel interventions with patient impact evidence for review in next guidance review processes, including upgrading the POC EID recommendation.





Cepheid Diagnostics for RW Hologic







Diagnostic manufacturers commit to:

- 22. Make every effort to stay in the EID market to ensure there is a sufficient testing capacity to reach and maintain accelerated Fast Track targets (95% of HEI tested by 2020 and beyond).
- 23. Ensure consistent reagent pricing across partners within countries and within regions, and provide a transparent breakdown of pricing for the products and services sold
- 24. Consider moving from separate instrument, consumable, and service procurement towards more consolidated, ideally allinclusive pricing models.
- 25. Provide service level agreements that clearly spell out key performance indicators POC, near POC, and high-throughput laboratory instruments, including target up-times and failure rate threshold (with consideration for different causes), plus a mitigation plan when the threshold is exceeded.
- 26. Consider the inclusion of a clinical indeterminate range in test result reports for more accurate diagnosis of infants per WHO
- 27. Repidly communicate stock shortages with major buyers and work on joint mitigation strategies.

Faith Based Organizations commit to:

- 28. Equip, mobilize, and support faith leaders, FBOs, people in places of worship, and the wider community to create demand for testing of infants and children.
- 29. Combat stigms and discrimination among faith leaders and within communities of faith.
- 30. Further collaborate and coordinate community mobilization, education and outreach to find otherwise hard-to-reach children, adolescents, youth and adults for age appropriate prevention education, testing and linkage to treatment and health and social support services and integrate into the national system.
- 31. Ensure FBO participation in local and national diagnostic product/supplies forecasting.
- 32. Support and participate in national efforts to improve the use and impact of pediatric diagnostics and develop national strategies to optimize the use of new technologies and interventions.
- 33. Work to implement new HIVST modelities (such as oral fluid testing) in communities and homes, where national polices and regulations allow for lay implementation with children.

Examples of Updates from Diagnostics Stakeholders

Commitment 17

June 2020

The CRP-IVD pilot was implemented in 2019 in 5 countries. The procedure is being further extended in 2020 whereby WHO will be working with 7 countries to support the facilitated registration of HIV self-tests. The CRP-IVDs guidelines are published for public consultation.

The pilot is ongoing, all 5 pilot countries have signed the CRP agreement with WHO and the manufacturer is filling the submissions in each country. By end of 2019 we will be able to draw conclusions on the experience with the pilot.

Commitment 18

June 2020

To date no additional resources were made available to PQT/IVD, although discussions following transformation and RPQ relocation study included needed resources and phased prioritization of recruitments. PQDx timelines are transparent; - published a guidance on timelines on their website.

Updates

Commitments 60 & 61:

VL for mPima received WHO prequalification.

Commitment 63:

Now offering a 20/cartridge all in cost, in some countries including delivery or cartridge to site level.

Surcharge price for service and maintenance - have signed agreements with 5 countries and in discussion with 3 others

Commitment 65:

Responded to PEPFAR RFP which has the potential to shape the market with a price-volume scale included in the document.

GenExpert EDGE prequalified in March through a change request approval and HCV whole blood finger-prick assay is now under PQ review

Commitment 28:

Caritas Nigeria continue to support of 62 pediatric ART champions who are religious leaders trained to use the social capital of the Church in Nigeria to deliver audience appropriate messaging about HIV stigma, testing and diagnosis in children to their communities across Nigeria. Champions conducted free medical outreaches in Lafia Diocese, North Central Nigeria which reached 515 children (aged 0 - 5 years) with clinical evaluations & treatment for communicable diseases from amongst whom 431 children aged 0 - 5 years with three children (F 2; M 1) testing HIV positive of the 515 beneficiaries aged 6 - 10 years. An additional 11 pediatric ART champions were identified during this post-training phase activity.

CRS FOCUS South Africa HIV Treatment Surge project completed adaptation of CABSA's "Churches, Channels of Hope®" faith-based leader training curriculum and parnticipant workbook to provide postive messages on importance of HIV testing, treatment and retention on treatment, and to destigmatize HIV, and trained 11 Master Trainers. Will be training 2,000 faith-based and traditional leaders.

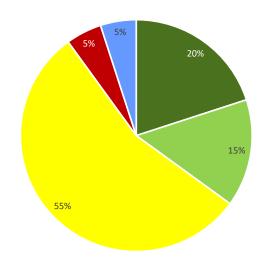
Caritas Nigeria provided post-training support to 62 religious leaders trained under the GRAIL project continued with community awareness creation and free medical outreaches for childhood illnesses (which included a HIV test). Following successful training of religious leaders on the understanding of the fundamentals of HIV which has helped to dispel myths and misconception, the organization has organized about two review meeting to further deepen this understanding. A number of Parishes have organized church based HIV testing showing a positive impact on stigma reduction.

Overall Progress 2019-2020: Treatment

Treatment Commitments Implementation (%)



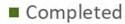
- Significant progress
- Ongoing
- Falling behind
- Not yet or no longer applicable



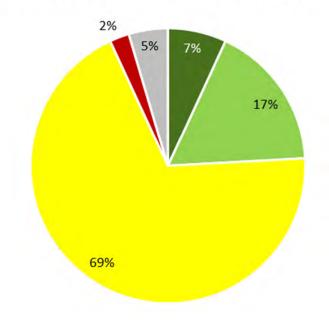
- Most progress seen on SMART commitments with clear timeframes
- Good progress/ongoing efforts in 90% of commitments
- 35% of commitments completed or making significant progress
- "Ongoing category" reflect many activities that are perpetual in nature, i.e., not meant to be completed
- Some "ongoing" actions may fit in "falling behind" category if real progress cannot be seen soon
- We welcome conversations about how to move forward on action points that are falling behind

Overall Progress - Diagnostics

Diagnostics Commitments Implementation (%)



- Significant progress
- Ongoing
- Falling behind
- No information



- Completion, significant progress or ongoing efforts on 93% of actions
- Higher percentage of action items that are ongoing than for Tx
- Many in "ongoing" category are regular activities (e.g., promoting casefinding or funding effective new technologies), but some are discrete activities on which progress is starting to fall behind
- Lower percentage currently falling behind than Tx
- Several actions for which we have no information.



Treatment Update Highlights: R&D

Stakeholders	Achievements
ViiV/IMPAACT/PENTAid	Collaboration led to FDA filing for DTG 5 mg DT by ViiV's self-imposed deadline of December 2019. FDA approved for children over 4 weeks of age and 3kg in Q2 2020 . EMA application also submitted .
ViiV/CHAI/Mylan/McLeods	Innovative partnership successfully led to filing of generic pediatric DTG formulation (10 mg scored) in Q2 2020
DNDi/Cipla	4-in-one LPV/r filed with USFDA in 2019
Gilead	Study to support TAF approval for 14-<25 kg children ≥ 2 y of age underway with expected filing by end of 2020
GAP-f	Formally established as a WHO network (to be coordinated by Science Division), implemented in close collaboration with founding members (CHAI, EGPAF, PENTAid, MPP) and funding from ELMA as well as support from PEPFAR
PENTAid/CHAI	Discussing partnerships and actively seeking funding to accelerate investigation and development of TAF/XTC/DTG and DRVr

Treatment Update Highlights: Regulatory

Stakeholders	Achievements
EMA Paediatric Committee (PDCO)	Endorsed a set of commitments in May 2019 designed to accelerate the paediatric ARV R&D and review processes
USFDA/WHO	Agreement on CRPlite established and 2 products were piloted
WHO	 Actively encouraged priority countries to join CRP list Re-established Paediatrics Regulatory Network in Dec 2019
USFDA, EMA, WHO-PQ	Efforts to facilitate alignment between the three regulatory bodies continue

Treatment Update Highlights: Uptake

Stakeholders	Achievements
WHO	Guidelines 2019 update included TAF as alternative NRTI to be used in first line
AIDS FREE priority countries	Adopted DTG for children above 20 kg and actively phasing out NVP-based regimens with support of WHO, PEPFAR, Global fund and IPs
Unicef	Developed a Service Delivery framework to catalyse country efforts in identifying, treating and retaining children in care

Treatment Update Highlights: Uptake

Intensified efforts by several stakeholders to support transition to optimal formulations

Stakeholders	Achievements
Cipla, Mylan and PEPFAR/Global Fund	Manufacturing capacity for LPVr pellets and granules scaled up significantly to address supply shortfalls
DNDi/ICAP/EVA/EGPAF	Collaboration to promote uptake of solid LPVr formulations underway
ICAP/CDC	Developed training materials for LPVr solid formulations
Manufacturers, donors, and IPs	Collaboration among to lay groundwork for early and widespread access to new pediatric DTG formulations in 2021
Unitaid/EGPAF	Collaboration to intensify uptake efforts in 5 countries in SSA (initiated in August 2019)
FASTER/EGPAF, MOH Zimbabwe and Merck	RAL granules being introduced for neonates in Zimbabwe
PEPFAR/CRS/CHAI	FASTER project kicked off in Nigeria, Uganda, Tanzania, Zambia and Zimbabwe to accelerate access to optimal pediatric ARVs and diagostics
PEPFAR/Janssen	Making DRV 75 mg available and orders are being placed

Treatment commitments that require further progress

- Some delays have been observed on plans for TAF and DRVr FDC, acceleration needed
- Secure manufacturing capacity to rapidly address demand of formulations to be approved in 2020
- Full transition to optimal regimens in priority countries
- Full regulatory alignment (USFDA, EMA, PQ)
- Implementation of GAP-f HIV portfolio



Diagnostic Update Highlights: Regulatory

Stakeholders	Achievements
WHO PQ	 Developed a pilot collaborative registration procedure for diagnostics (CRP-IVD), implemented in 5 countries in 2019. In 2020, will work with 7 countries to support the facilitated registration of HIV self-tests. Public reports have been amended and include extensive additional information to assist countries in leveraging PQ assessment outcomes.
Hologic	Received WHO PQ and CE-IVD certification for dried blood spot for VL and EID
OraSure	Change notification approved by WHO PQ in November 2019 to reduce the age limitation for the OraQuick Rapid HIV-1/2 Antibody Test to allow testing of children 24 months and older in a professional setting .

Diagnostic Update Highlights: Pricing and Service Agreements

Stakeholders	Achievements
Abbott	Now offering a 20USD/cartridge all in cost , in some countries including delivery of cartridge to site level
Cepheid	Surcharge price for service and maintenance - have signed agreements with at least 6 countries and in discussion with 5 others
DRW	Additional automation of production led to price reduction of all SAMBA assays from \$37.40 to \$28.80 (22.9% reduction with price including all necessary blood collection materials).
Hologic	Have been establishing service level agreements in all countries and are active in with MoHs to establish KPIs, which are fairly consistent across all countries.

Diagnostic Update Highlights: Uptake

Stakeholders	Achievements
EID manufacturers	All previous EID manufacturers still in the market, enabling maximum access to testing
WHO	Will release updated consolidated guidelines on diagnostics in second half of 2020, including POC EID and viral load considerations
PEPFAR/Global Fund	Supporting POC EID in multiple countries and working towards network optimization to balance access and efficiencies
GNP+	With support from UNICEF, developed Strategic Framework for community-based organizations to engage on POC EID, Resource Pack for caregivers and advocates, and Guidance for Policymakers and peer supporters
CRS	Via PEPFAR funded FASTER project, is working in 5 countries to strengthen and expand case-finding and to increase uptake of EID and VL testing. Also preparing studies on acceptability, feasibility and effectiveness of caregiver-assisted oral fluid-based HIV screening of children 18 mo—14 years

Diagnostic commitments that require further progress

- Finalizing diagnostic optimization plans, which maximize access to timely EID, including full funding of POC EID as part of an integrated laboratory system (all: national governments, WHO, donors, partners, countries)
- Support for multiplexing, especially for POC technologies
- Elimination of repetitive country-by-country evaluation studies for products with WHO PQ (national regulatory authorities and governments, donors, partners, manufacturers)
- Robust and rapid progress towards all-in or reagent rental pricing from all suppliers of device-based diagnostics (manufacturers in particular, but through negotiation with national governments, donors, and partners)

Conclusions

- The "Vatican Initiative" has had a concrete and measurable impact on the development and uptake of pediatric HIV testing and treatment
- Though some challenges remain, with additional delays due to COVID-19
- Progress included both new activities that would not have happened without the initiative, as well as the acceleration or strengthening of actions already underway
- Increasing collaboration among stakeholders has been documented, showing shared dedication to making progress
- The initiative's robust monitoring and reporting system promote transparency and mutual accountability
- Almost all stakeholders continue to engage in the process in a constructive and enthusiastic manner
- Potentially useful model for other disease areas, such as TB