



PrEP Learning Network: Target Setting for PrEP

November 21, 2019



OPENING

OVERVIEW OF TARGET SETTING CONSIDERATIONS

USING PrEP-it FOR TARGET SETTING

USING PrEP-it IN ESWATINI

UNAIDS TARGET SETTING TOOL

GLOBAL PrEP TARGETS



Today's discussion: Target Setting

Katharine Kripke, Avenir Health

Nicole Bellows, Avenir Health

Sindy Matse, National AIDS Program, Ministry of Health Eswatini

Keith Sabin, UNAIDS

John Stover, Avenir Health

Today we will explore target setting through the lens of:

- Providing overview of considerations for setting PrEP targets
- Sharing examples of various tools that can be used for setting targets and how these tools are complementary
- Discussing challenges with target setting and strategies to effectively set reasonable targets



Use the “Chat” feature to ask questions!

There is dedicated Q&A two times during our webinar – please feel free to ask questions during this time or type your questions into the chat box at any point during the presentations



Make sure to share your chat with “All participants” not just panelists.



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Target-setting Overview

*Katharine Kripke
Senior Health Policy Advisor
Avenir Health, Washington DC*



Purpose of setting targets



- Estimating epidemiological impact on HIV incidence
 - Coverage of populations at risk for HIV
- Planning and budgeting
 - Funds, ARVs, staff, labs, other resources needed



Target-setting: 2 approaches



COVERAGE

“top-down”

Set targets based on desired
priority population coverage
levels



CAPACITY

“bottom-up”

Set targets based on capacity for
PrEP delivery



Target-setting challenges

- Identifying populations that should be prioritized for PrEP
- Knowing the size of the priority populations
- Knowing the percentage of each priority population that is indicated for PrEP
- Taking into account continuation rates (how long clients stay on PrEP)
- Cycling on and off of PrEP and varying periods of risk
- Matching needs to resources
- Understanding what targets are feasible given funds and demand

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PrEP-it for Target-setting

*Nicole Bellows
Senior Associate
Avenir Health, Washington DC*



Project objectives

- PrEP-it (PrEP Implementation planning, monitoring, and evaluation Tool) – funded by USAID through the HP+, OPTIONS, and EATAP-II projects
- PrEP-it is an Excel-based decision-making and analysis tool to support governments, donors, implementers, and other stakeholders on oral PrEP program planning and monitoring and evaluation with six interrelated modules:

Tracking the
cascade of PrEP
delivery

Capacity
assessment and
efficiency analyses

Target setting

Cost forecasting

Estimating impact

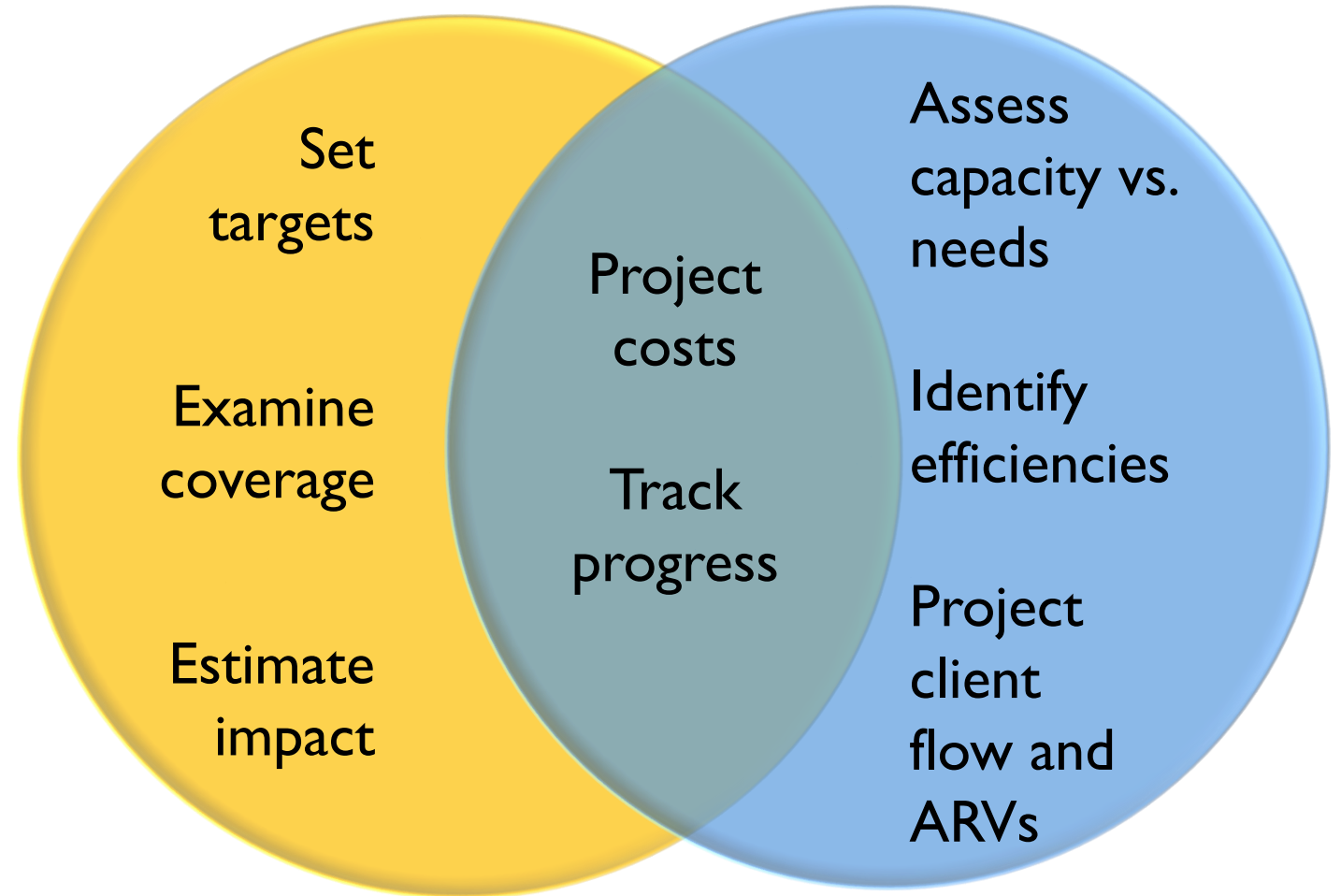
ARV forecasting



- Two primary purposes of the tool:
 - Program planning
 - Implementation M&E
- Users can focus on aspects of PrEP-it most suitable to their needs

GOVERNMENTS
AND DONORS

PREP
IMPLEMENTERS



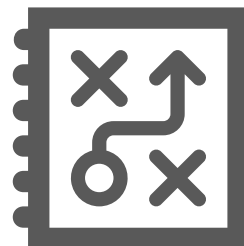


PrEP-it resources

PrEP-it and supporting materials can be found at:

<https://www.prepwatch.org/resource/prep-it>

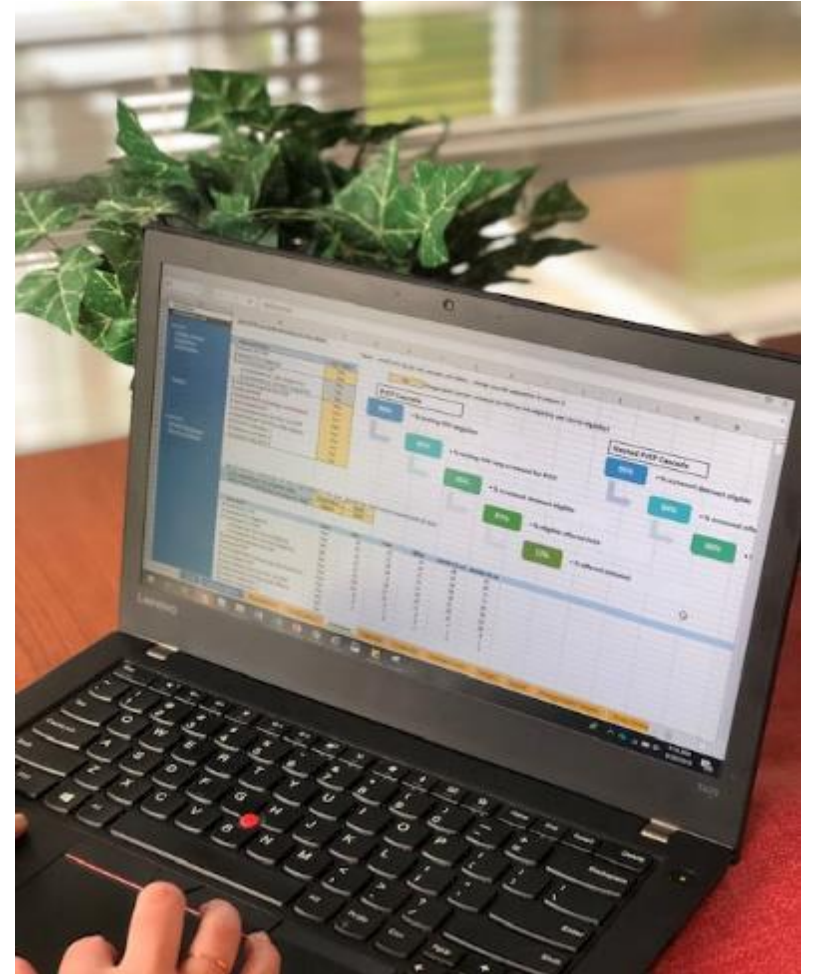
Along with the tool, one can also download a step-by-step user guide and access instructional YouTube videos





Example scenario

- Country X, PrEP has been provided to SDCs, FSWs, and MSM in for the past year across 14 districts
- Need to set targets for next 3 years for existing program as well as targets for newly added AGYW
- For YI, targets must be disaggregated by age/sex/district
- Want to use the top-down coverage approach to set targets in PrEP-it



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USER EXPERIENCES: ESWATINI

Sindy Matse

National Key Populations and PrEP Coordinator

Eswatini National AIDS Programme

Mbabane, Eswatini



PrEP experience in Eswatini

- In Eswatini, several demonstration and implementation projects have delivered PrEP to many different priority populations
- Moving forward the Swaziland National AIDS Programme (SNAP), part of the Ministry of Health, desired to set national targets
- In June 2019, used the PrEP-it field visit workshop as an opportunity to set targets using the tool

DEMONSTRATION PROJECTS

LINKAGES, MSF, Heidelberg Institute of Public Health & Mylan, CHAI

IMPLEMENTATION PROJECTS

DREAMS, PEPFAR

PRIORITY POPULATIONS

Serodiscordant couples

Sex workers

Men who have sex with men

Transgender

Adolescent girls/young women

High risk men



Target-setting process

- PrEP-it does not automatically set targets, rather it provides a useful framework for Ministries, donors, and others to discuss the desired approach and key assumptions
- During the workshop in Eswatini, the group discussed:
 - **Target-setting approach:** chose Option I, coverage
 - **Priority populations:** SDCs, FSWs, MSM, AGYW, Transgender women, pregnant women, breastfeeding women, and a custom population of males 30-34
 - **Continuation curves:** used the demonstration project data for the general population for continuation curves but adjusted to have different curves for different priority populations
 - **HIV prevalence and % indicated for PrEP:** difficult to determine and used default values as a starting point for discussion
 - **Scale-up:** discussed field experience and can use PrEP-it to monitor going forward
 - **Coverage:** used experience from demonstration study and program goals



Q&A for PrEP-it



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PrEP Target-Setting for Key and Priority Populations

Estimating the number at risk

Overview of the new UNAIDS guideline

Keith Sabin

UNAIDS

21 November 2019

A straightforward method countries can use to estimate the number of individuals at “substantial risk” of acquiring HIV

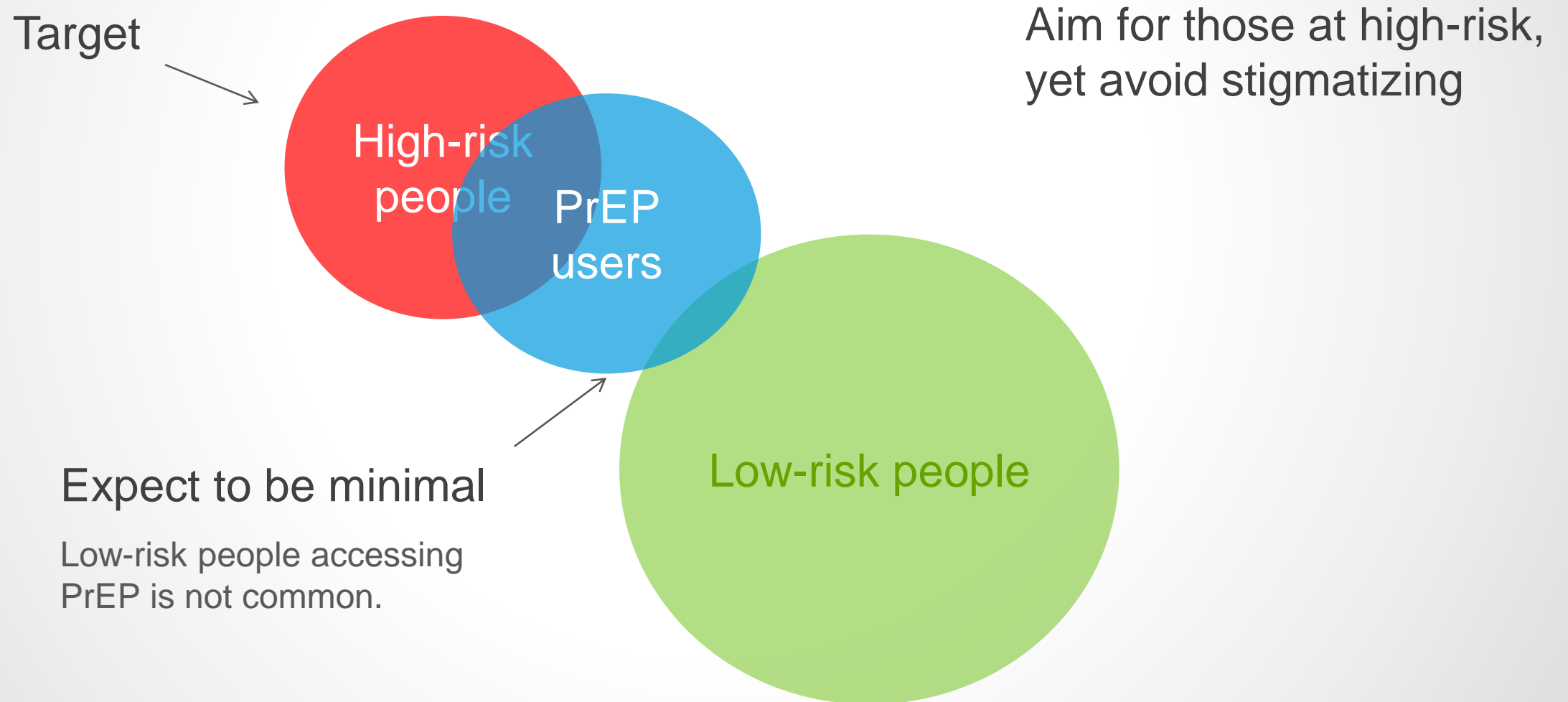
- Among key populations (MSM, TW, FSW, PWID)
- And adolescent girls and young women (AGYW)
- Using data typically available (e.g., surveys, size estimates)

The Greater Need

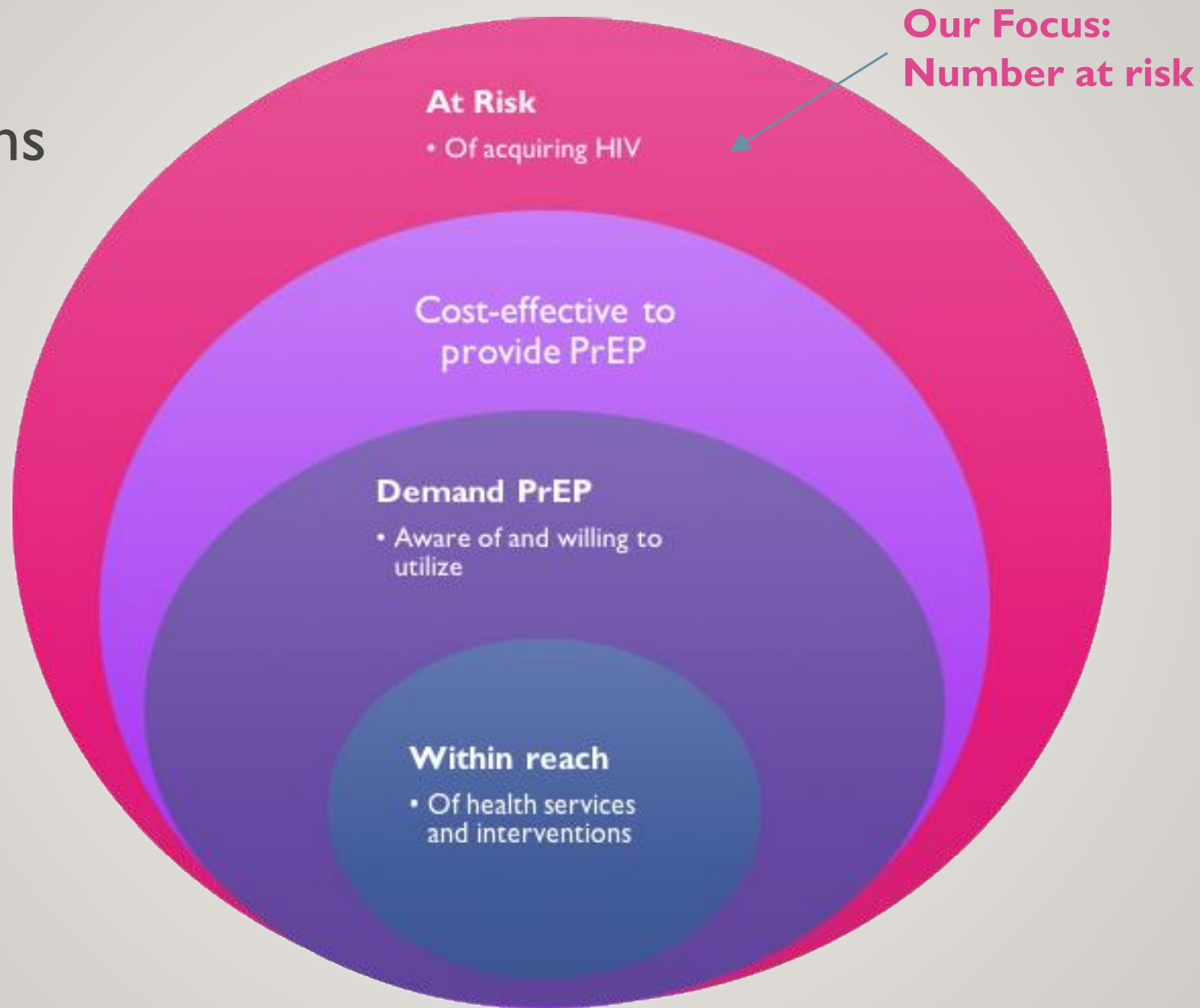


People at
substantial risk of
acquiring HIV

This target assumes high-risk people will self-select into PrEP



Many other considerations for planning



What's in the Guideline?

- A framework for calculating the number at substantial risk
- Guidance on data sources and common adjustments
- Resources to develop risk criteria:
 - Evidence regarding risk factors
 - A model to determine minimum levels of risk behavior
- Examples
- Spreadsheet tools
- Sensitivity analysis suggesting the methods “matter”

What's *not* in the guideline?

✘ Not cost-effectiveness analysis

✘ Not a clinical screening tool

✘ No guidance on scaling up

✔ CEA can inform the risk criteria

✔ Risk criteria *could* be harmonized with clinical criteria

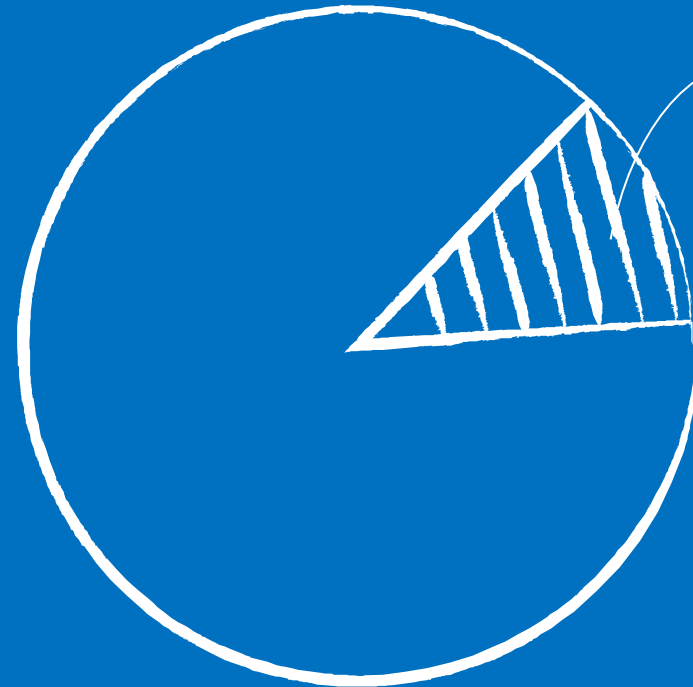
✔ Estimating numbers at low, medium, and high risk *could* provide a basis for scaling up

How might we estimate the number at risk?



100,000

X



20%

= 20,000

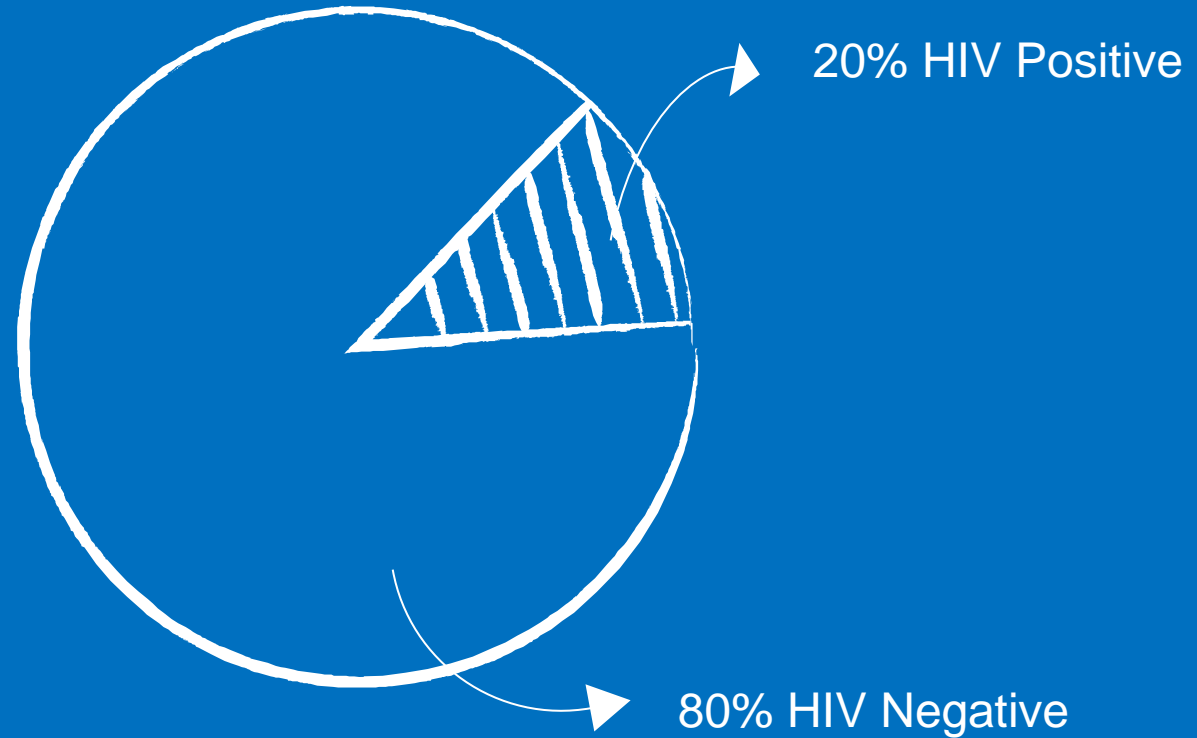
Population size
estimate

Proportion at risk

Number at risk

Counting just the HIV-negative subpopulation

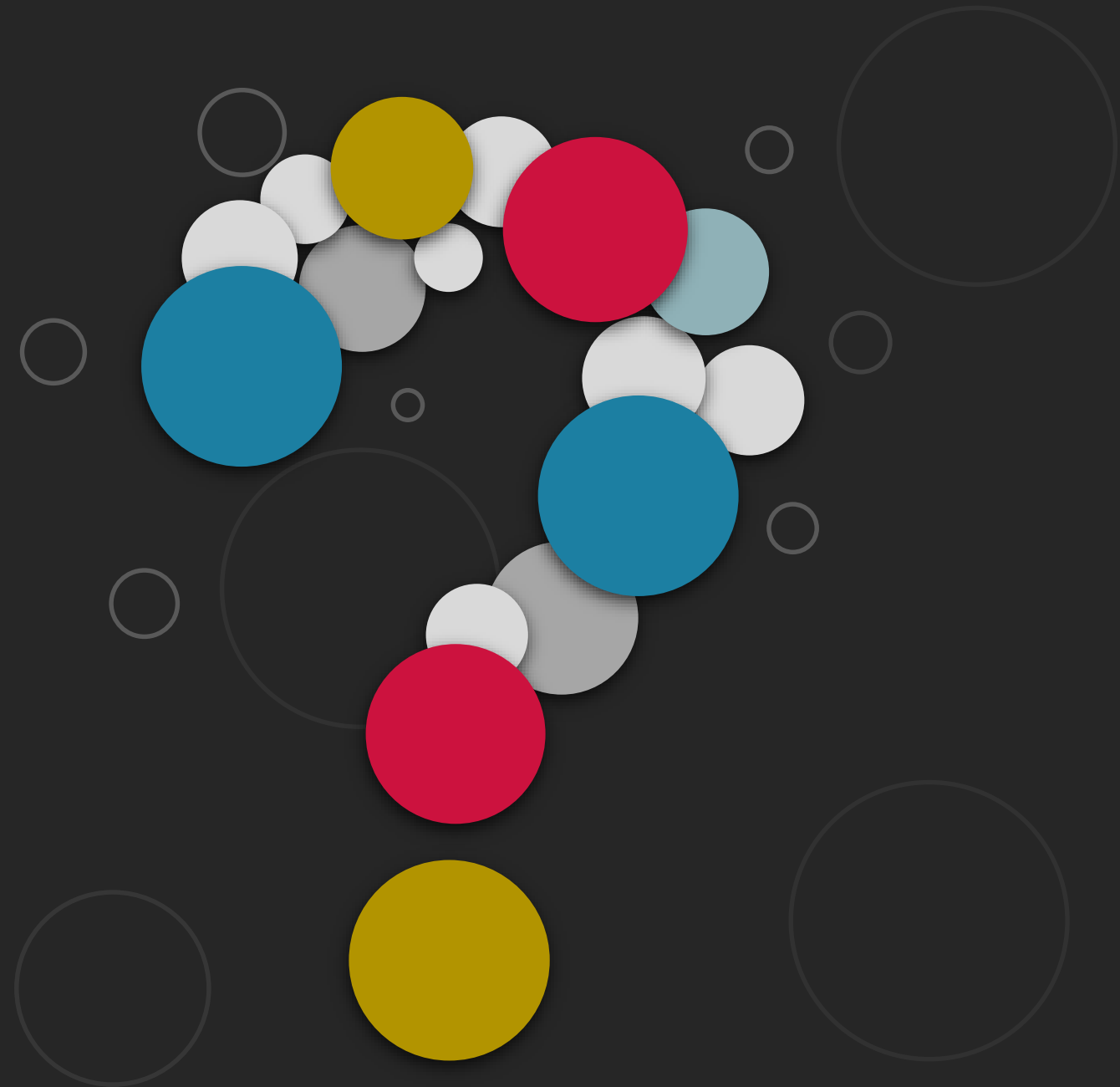
Using the best
HIV prevalence
estimate
available



WHAT SHOULD QUALIFY AS SUBSTANTIAL RISK?

EXAMPLE MSM:

- ANY SEXUAL ACTIVITY?
- >1 RECENT PARTNER?
- ANY RECENT UAI?
- ANY UAI WITH A CASUAL PARTNER?
- FREQUENT UAI?
- STI?
- LIVES IN A HIGH-PREVALENCE AREA?



Guideline includes a review of risk factors for each KP

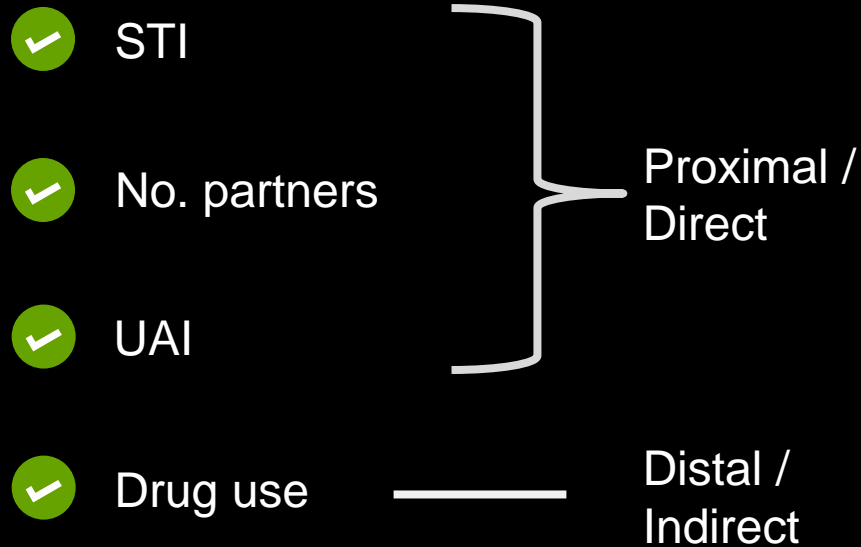
MSM

Variable	Significant associations with incident HIV				Significant associations with prevalent HIV			
	N	Pooled Estimate	Range of significant estimates	Consistent relationship?	N	Pooled Estimate	Range of significant estimates	Consistent relationship?
PROXIMAL								
STI (lab-confirmed)	7	2.27 (1.56-2.99)	1.48-17.7	Yes	5	3.86 (2.7-5.01)	3-4.93	Yes
Number of male partners	3	3.16 (1.67-4.65)	2.52-5.07	Yes	2	2.17 (0.97-3.36)	2.09-2.25	Yes
Anal sex	2	3.39 (0.95-5.83)	2.86-9.16	Yes	0			-
UAI	2	3.01 (1.22-4.8)	2.48-6.47	Yes	3	0.78 (0.22-1.33)	0.59-5.1	No
Condomless sex with female partners	1	9.78 (1.19-80.24)	-	-	0			-
Condomless sex	1	4.84 (1.78-13.19)	-	-	2	0.99 (0.52-1.45)	0.4-1.25	No
Receptive or versatile role in anal sex	1	1.67 (1.24-2.25)	-	-	3	2.74 (1.58-3.9)	2.33-7.2	Yes
DISTAL								
HIV knowledge	2	0.26 (0-0.78)	0.11-0.5	Yes	1	2.1 (1.1-4.3)	-	-
* Race or ethnicity	1	5.7 (1.5-21.5)	-	-	1	8.3 (2.4-29.1)	-	-
* Venues where partners are met	1	3.61 (1.03-12.47)	-	-	3	3.36 (1.91-4.81)	3-8.98	-
Sex partners' locations of residence	1	3.75 (1.52-9.26)	-	-	0			-
Sex partners' ages	1	3.4 (1.11-10.39)	-	-	0			-
Lower educational attainment	1	2.12 (1.12-4.03)	-	-	3	0.72 (0.28-1.16)	0.34-1.72	No

Table continues...

Example: Risk factors approach (MSM)

Evidence of risk factors in Country A



Country A's Risk Criteria

High risk: STI in past 6 months or
> 1 partner + UAI in past 6 months

Medium: UAI + drug use in past 6 months

Low: UAI or drug use in past 6 months

Country A decides to consider "high" and "medium" categories as being at "substantial risk"

No. of population members



Representative of the key or priority population

Using a recognized method

...at present...



Projects the PSE to the current year

By dividing a population percentage by the current number of persons aged 15-49

Or by applying a growth rate to a historical PSE in absolute terms

...who are HIV-negative...



Estimated using a representative data source

Appropriately weighted

...not just those in a subgroup...



Only needed if PSE was limited to a subgroup (e.g., individuals who frequent venues)

Estimate using a representative data source (e.g., RDS IBBS)

Appropriately weighted

...and are at risk for HIV...



Uses an evidence-based definition of risk

Appropriate to local context

Estimated from a representative data source

Subset to HIV-participants

Appropriately weighted



Geographic + Temporal alignment

Spreadsheet tools



ESTIMATES
SUMMARY
SHEET



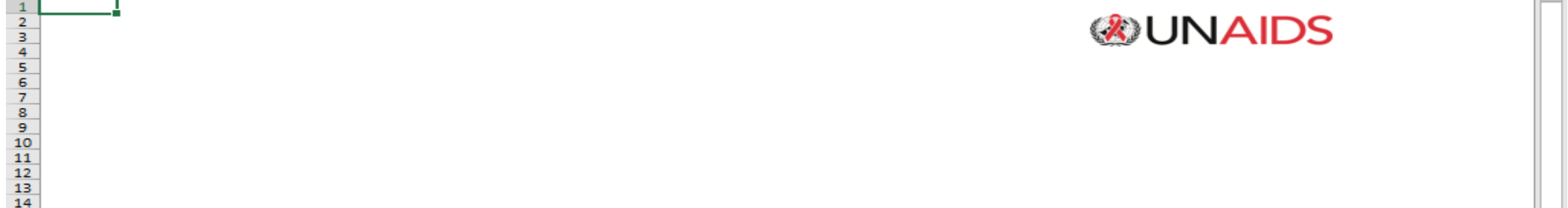
POPULATION
PROJECTION
CALCULATORS



RISK FACTORS
DOCUMENTATIO
N SHEET
RISK FACTORS
APPROACH



MINIMUM RISK
BEHAVIORS
CALCULATOR
EXPOSURES MODEL



**Estimating the number of individuals at substantial HIV risk
Among Key and Priority Populations**

Draft July 2018

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A2 INSTRUCTIONS:

16 If using Approach III to fine-tune risk with more than one Risk Category, fill in the risk proportions in the column **Estimates by Risk Category**.

17 **LEGEND**
 18 Enter data in the green cells
 19 Blue cells calculate automatically

20 **STEP 1. DEFINE THE GEOGRAPHIC AREA AND POPULATION FOR TARGET-SETTING**
 21 Indicate the intended scope of the estimates:
 22 Population: MSM
 23 Operational definition of population: Men who have had sex with another male in the past 6 months
 24 Age range: 18 and older
 25 Geographic area: Kampala, Uganda
 26 Period used for estimate: 2012

27 **ESTIMATES SUMMARY: CALCULATE THE ESTIMATES AND DOCUMENT DATA SOURCES**

28 Enter the point estimate and limits for each step. To the right, describe the source of the data sources used to derive an estimate, time period, definition of the population, and age range. Then compare the scope of the data sources used with the intended scope of the estimates (Method in Step 1) in order to identify any alignment issues.

	ENTER ESTIMATES			DOCUMENT THE DATA SOURCE FOR EACH ESTIMATE. IDENTIFY ANY ALIGNMENT ISSUES.					KEY POINTS TO CONSIDER	
	Estimate	Lower limit	Upper limit	What is the source of this estimate?	Geographic area	Year(s) when data were collected	How the population was defined	Age range		
29										
30										
31										
32										
33	STEP 2. INITIAL PSE	18,887	7,374	44,244	Thirteen peer-reviewed, evidence-based surveys using unique objectives	Kampala	2017	Had sex with a male; respondent of one RDSII survey	0-18 years	<ul style="list-style-type: none"> Conducted using a recognized method for size estimation Representative of the population of interest Sampled by local stakeholders
34	STEP 3. PSE PROJECTED TO CURRENT YEAR (inferred from Project PSE tab)	14,334	7,763	45,843	World Bank annual urban population growth rate	All urban areas of Uganda	2015 annual growth rate (assumed same for 2017)	General population	All ages	<ul style="list-style-type: none"> Only project if the PSE was conducted < 1 year ago Enter the projected PSE If not projecting, enter the initial PSE again here
35	STEP 4. PROPORTION HIV-NEGATIVE	88.6%	82.8%	94.3%	RDS IDDS survey of MSM & TW, asked to MSM participants	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months	0-18 years	<ul style="list-style-type: none"> Use a prevalence estimate specific to the population of interest From a representative data source Appropriately weighted
36	STEP 5. SUBGROUP INFLATION FACTOR	248.8%	134.2%	347.2%	RDS IDDS survey of MSM & TW, asked to HIV-, MSM participants: Overall item, "In general, where do you usually meet men who have sex with?" (Response: club, bar, hotel, coffee restaurant)	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months	0-18 years	<ul style="list-style-type: none"> Only inflate if the PSE was limited to a subgroup Inflation factor based on a representative data source Appropriately weighted No inflation in the case of local expert opinion
37	STEP 6. PROPORTION AT RISK	18.3%	11.1%	25.4%	RDS IDDS survey of MSM & TW, asked to HIV-, MSM participants	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months	0-18 years	<ul style="list-style-type: none"> Use an evidence-based definition of risk Appropriate to local context Estimated from a representative data source Subset to HIV-negative participants, as possible Appropriately weighted
38	ESTIMATED NUMBER AT RISK	4,324	1,385	12,485						The estimate is the product of the five inputs of each step.

39 **ESTIMATES BY RISK CATEGORY (APPROACH III ONLY)**

40 Fill in the box below only if using Approach III! Markers: The higher the risk with more than one risk category.

	Estimate	Lower limit	Upper limit
Risk proportions:			
Risk Category 1	8.8%	8.8%	8.8%
Risk Category 2	8.8%	8.8%	8.8%
Risk Category 3	8.8%	8.8%	8.8%
Estimated numbers at risk:			
Risk Category 1			
Risk Category 2			
Risk Category 3			

A29 Enter the point estimate and limits for each step. On the right, describe the scope of the data sources used in terms of

14 Be sure to use **either** Risk Proportion A or Risk Proportion B, **not both**.

15 After entering the estimates in Steps 2-6 on this worksheet, the estimated number at risk will update.

16 If using Approach III to define risk with more than one Risk Category, fill in the risk proportions in the section, **Estimates by Risk Category**.

17 **LEGEND**

18 Enter data in the green cells

19 Blue cells calculate automatically

20 **STEP 1. DEFINE THE GEOGRAPHIC AREA AND POPULATION FOR TARGET-SETTING**

21 *Indicate the intended scope of the estimates:*

22 Population: MSM

23 Operational definition of population: Males who have had sex with another male in the past 6 months

24 Age range 18 and older

25 Geographic area: Kampala, Uganda

26 Desired year of the estimate 2018

28 **ESTIMATES SUMMARY: CALCULATE THE ESTIMATES AND DOCUMENT DATA SOURCES**

29 *Enter the point estimate and limits for each step. On the right, describe the scope of the data sources used in terms of geography, time period, definition of the population, and then compare the scope of the data sources used with the intended scope of the estimates (defined in Step 1) in order to identify any alignment issues.*

ENTER ESTIMATES			DOCUMENT THE DATA SOURCE FOR EACH ESTIMATE		
Estimate	Lower limit	Upper limit	What is the source of this estimate?	Geographic area	Year(s) when collect

A29 fx Enter the point estimate and limits for each step. On the right, describe the scope of the data sources used in terms of

25	Geographic area:	Kampala, Uganda
26	Desired year of the estimate	2018
27		

28 ESTIMATES SUMMARY: CALCULATE THE ESTIMATES AND DOCUMENT DATA SOURCES

29 Enter the point estimate and limits for each step. On the right, describe the scope of the data sources used in terms of geography, time period, definition of the population, and age range. Then compare the scope of the data sources used with the intended scope of the estimates (defined in Step 1) in order to identify any alignment issues.

				DOCUMENT THE DATA SOURCE FOR EACH ESTIMATE. IDENTIFY ANY ALIGNMENT ISSUES.				
ENTER ESTIMATES				Compare representativeness of each data source with the intended scope of the estimates (from Step 1)				
	Estimate	Lower limit	Upper limit	What is the source of this estimate?	Geographic area	Year(s) when data were collected	How the population was defined	
33	STEP 2. INITIAL PSE	10,807	7,371	14,244	Three-source, venue-based capture-recapture using unique objects	Kampala	2017	Had anal sex with a male; <i>encountered at an MSM venue</i>
34	STEP 3. PSE PROJECTED TO CURRENT YEAR (copied from Project PSE tab)	11,391	7,769	15,013	World Bank annual urban population growth rate	All urban areas of Uganda	2016 annual growth rate (assumed same for 2017)	General population
35	STEP 4. PROPORTION HIV-NEGATIVE	88.6%	82.8%	94.3%	RDS IBBS survey of MSM & Tw, subset to MSM participants	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months
36	STEP 5. SUBGROUP INFLATION FACTOR	248.8%	194.2%	347.2%	RDS IBBS survey of MSM & Tw, subset to HIV-, MSM participants: Question item, "In general, where do you usually meet men you have sex with?" (Responses club, bar, hotel, café or restaurant)	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months
37	STEP 6. PROPORTION AT RISK	18.3%	11.1%	25.4%	RDS IBBS survey of MSM & Tw, subset to HIV-, MSM participants	Kampala	2012-2013	Male sex; had sex with a male partner in the past 6 months
38	ESTIMATED NUMBER AT RISK	4,594	1,386	12,486				

A29 Enter the point estimate and limits for each step. On the right, describe the scope of the data sources used in terms of

	A	B	C	D	E	F	G
37	STEP 6. PROPORTION AT RISK	18.3%	11.1%	25.4%	RDS IBBS survey of MSM & TW, subset to HIV-, MSM participants	Kampala	2012-2013

38	ESTIMATED NUMBER AT RISK	4,594	1,386	12,486			
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39 **ESTIMATES BY RISK CATEGORY (APPROACH III ONLY)**

40 *Fill in the box below only if using Approach III ("Markers") to define risk with more than one risk category.*

		Estimate	Lower limit	Upper limit
41				
42	Risk proportions:			
43	Risk Category 1	0.0%	0.0%	0.0%
44	Risk Category 2	0.0%	0.0%	0.0%
45	Risk Category 3	0.0%	0.0%	0.0%
46	Estimated numbers at risk:			
47	Risk Category 1	0	0	0
48	Risk Category 2	0	0	0
49	Risk Category 3	0	0	0

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Draft PrEP Targets for UNAIDS 2025 Target Setting

Population Group	High Risk Geographies (Incidence > 3%)	Medium Risk Geographies (Incidence 0.3% - 3%)	Low Risk Geographies (Incidence < 0.3%)
Female sex workers	80%	30%	5%
MSM	80%	30%	5%
Transgender people	80%	30%	5%
PWID	30%	5%	0%
Prisoners	80%	5%	0%
AGYW	HR: 50% LR: 5%	HR: 50% LR: 5%	0%
Adult <25 with multiple partners	HR: 50% LR: 5%	HR: 50% LR: 5%	0%

HR = high risk (those who report more than one partner or episode of STI in last year)

LR = low risk

Note that condom target for most groups is 90% coverage of condoms, PrEP or partner who is virally suppressed



Q&A



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Go to PrEPWatch for additional resources

- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date
- **Additional resources** that are complementary will also be included on PrEPWatch—including related research articles, tools and more to dive deeper into specific topics
- Registration for **2020 webinars** will be posted on PrEPWatch

Virtual Learning Network

The PrEP Learning Network, hosted by OPTIONS, EpiC and RISE, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up.

Its monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics.

Webinars

■ PrEP Learning Network Launch Session

Thursday, August 22

During this first webinar session, implementing partners from three countries (Lesotho, Zimbabwe, and South Africa) will share their experiences with PrEP scale-up including current status of scale-up, successes, challenges encountered, and key insights learned.

[Recording](#) / [Slides](#) / [OPTIONS Tools and Resources](#) / [Resource Sheet](#)



Survey:

What have you thought of
the webinars this year?





Thank you!



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