

NEXT GENERATION HIV PREVENTION: THE DAPIVIRINE VAGINAL RING

SEPTEMBER 24, 2020

Global PrEP Learning Network



CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



OPENING & INTRODUCTIONS

OVERVIEW OF THE DAPIVIRINE RING (DVR)

FRAMEWORK FOR DVR INTRODUCTION

ZIMBABWE REFLECTIONS ON DVR INTRODUCTION

KENYA REFLECTIONS ON DVR INTRODUCTION

Today's Speakers



Zeda Rosenberg, The International Partnership for Microbicides (IPM)

Dr. Zeda Rosenberg is the founder and CEO of the International Partnership for Microbicides (IPM), a nonprofit dedicated to developing products that women can use to prevent HIV and protect their sexual and reproductive health on their own terms, including the dapivirine ring. A microbiologist and epidemiologist who previously served in senior leadership roles at the HIV Prevention Trials Network and the US National Institute of Allergy and Infectious Diseases at NIH, Dr. Rosenberg has been on the forefront of research on biological and behavioral factors for reducing HIV transmission for over 30 years.



Neeraja Bhavaraju, Afton Bloom

Neeraja Bhavaraju is a strategy consultant and founding partner at Afton Bloom. She has worked on the introduction of new HIV prevention options, including oral PrEP and the dapivirine ring, for the past six years as part of the OPTIONS, CHOICE and PROMISE projects.

Today's Speakers



Taurai Bhatasara, Zimbabwe MoHCC

Taurai Bhatasara is National DREAMS and Key Populations Coordinator for the Ministry of Health and Child Care in Zimbabwe. He works with adolescent girls and young women and key populations to prevent HIV using different approaches, including pre-exposure prophylaxis. He believes we can prevent new HIV infections if we empower communities to take charge of their sexuality by introducing tailor-made interventions.

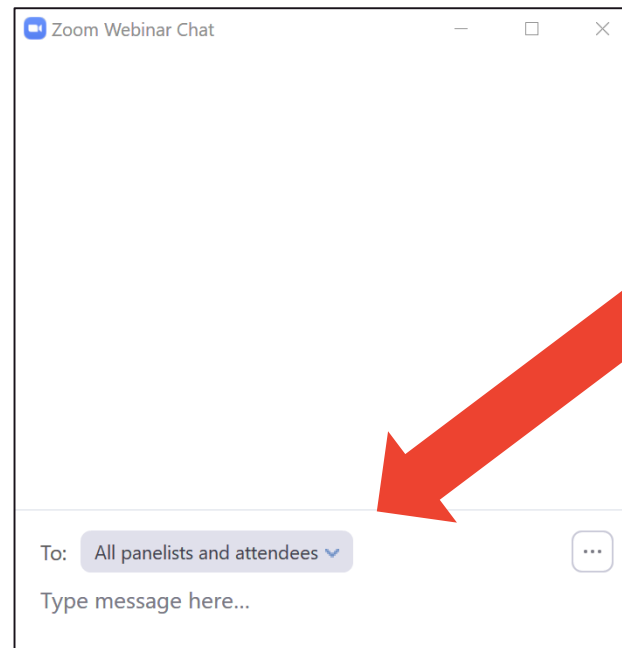


Mary Mugambi, Kenya NASCOP

Mary Mugambi is a public health and mental health specialist, and serves as the HIV testing services and pre-exposure prophylaxis (PrEP) Program Manager at the Division of National Aids and STI Control (NASCOP) program in the Ministry of Health in Kenya. Mary has more than 20 years' experience working in the Kenyan healthcare system. She has been involved in the design, implementation, monitoring and evaluation of HIV programs in Kenya.

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Choose “*all panelists and attendees*” from the drop-down menu when adding a question or comment to the chat box.

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The Monthly Dapivirine Ring: Overview and Next Steps

Dr. Zeda F. Rosenberg, IPM CEO and Founder
PrEP Learning Network
September 24, 2020



Why Did IPM Develop the Dapivirine Ring?



- Available methods have not done enough to slow the epidemic among women
- Need for discreet products that women can use on their own terms
- No one product will solve the HIV epidemic
- Women need multiple prevention options that make sense for their lives
 - On-demand, daily, monthly or longer
 - Non-systemic or systemic

Monthly Dapivirine Ring: Overview



- **Flexible silicone vaginal ring developed by IPM**
- **Woman-initiated**
 - Self-inserted monthly
 - Discreet
 - Does not interfere with sex
- **Slowly releases ARV dapivirine**
 - Exclusive worldwide rights through Janssen Sciences Ireland UC
- **Reduced HIV risk in Phase III trials:** 35% in The Ring Study, 27% in ASPIRE
- **Open-label extension studies** saw increased adherence, suggested greater risk reduction
- **First long-acting HIV prevention product**

Dapivirine Ring Trials

Malawi, South Africa, Uganda, Zimbabwe

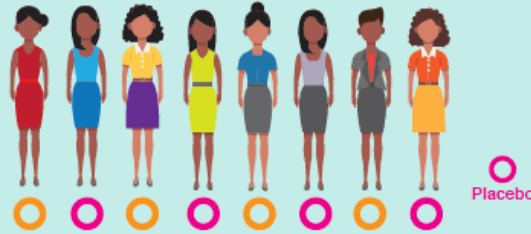
Phase III



ASPIRE

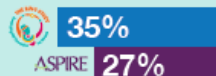
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Women did not know if they're receiving the dapivirine ring or a placebo ring



What we saw in Phase III trials

HIV risk was lower with dapivirine ring use in the Phase III trials



Adherence was about 80% in Phase III trials



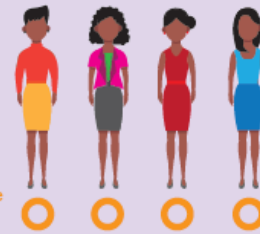
No safety concerns were seen with use of the dapivirine ring in the Phase III trials

Risk Reduction

Adherence

Safety

Open-Label



2400 Former Phase III participants

All women know they're receiving the dapivirine ring (there was no placebo group)

What we saw in Open-label studies



Modeling data suggest HIV risk was reduced by about half with ring use across both studies



More than 90% of women used the dapivirine ring at least some of the time

The dapivirine ring's safety profile in the open-label studies was similar to the strong profile seen in the Phase III trials

WHAT WE KNOW

01 The Phase III trials showed that HIV risk was reduced in women who used the dapivirine ring

02 Open-label study results suggested that the dapivirine ring reduced HIV risk by about half across both studies, an encouraging trend

03 Adherence was higher in the open-label studies

04 The dapivirine ring had a strong safety profile in all the Phase III and open-label studies, with no safety concerns

05 The open-label study results suggest that when women are aware that the dapivirine ring reduced HIV risk in large clinical trials, they are more likely to use the product and see greater protection

Fills a gap in the current portfolio

	Current options			Innovation
	<i>Condoms</i>	<i>TasP</i>	<i>PrEP</i>	<i>Dapivirine ring</i>
Frequency	At time of sex	Daily	Daily	Monthly
Site of action	Non-systemic	Systemic	Systemic	Non-systemic
Role of male partner in use	Male partner consent required	Controlled by male partner	Woman-initiated	Woman-initiated

Regulatory Status



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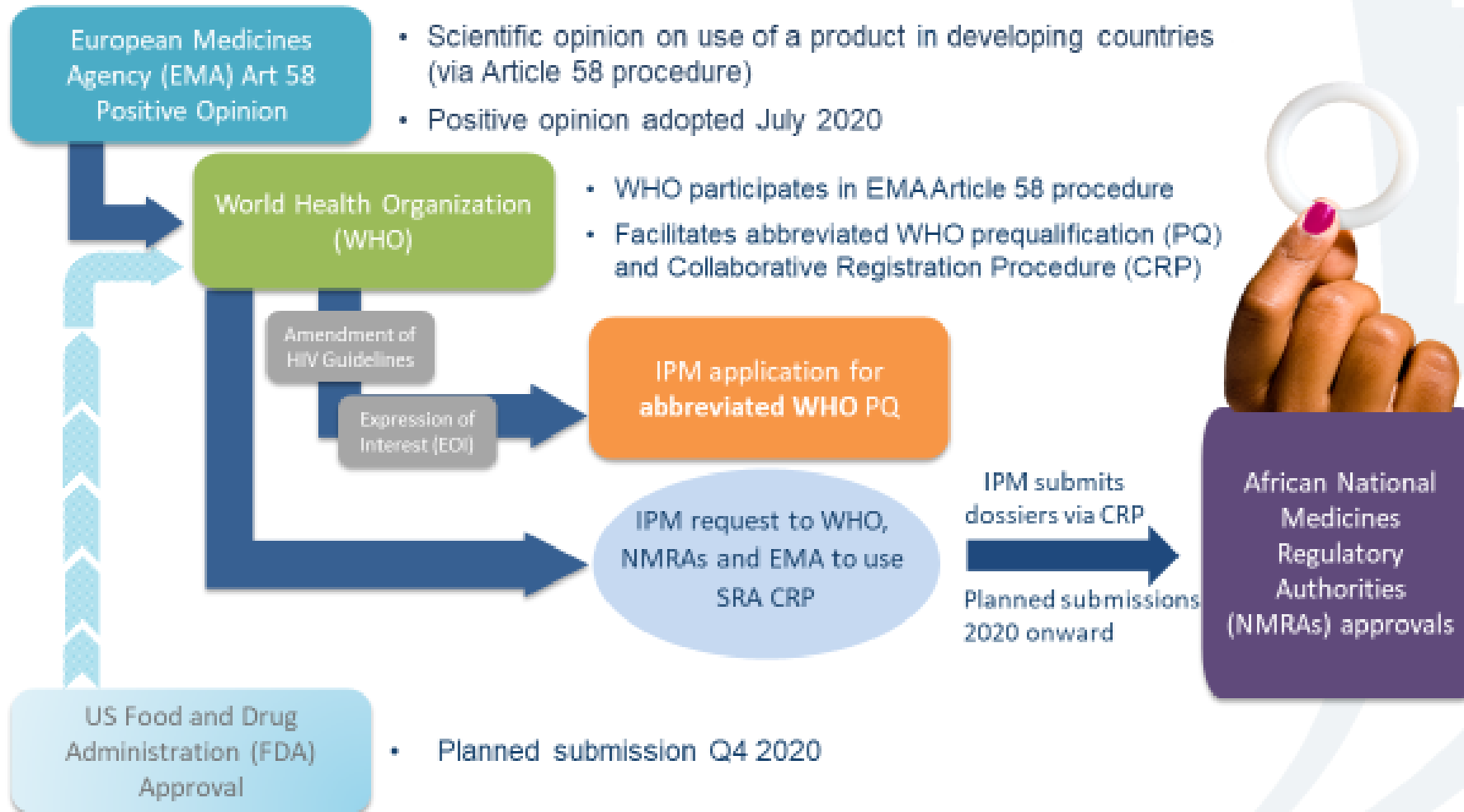


A Milestone: Positive EMA Opinion

European Medicines Agency adopted positive scientific opinion for the ring's use by cisgender women 18 and older in developing countries to reduce HIV risk (July 2020)

- Reviewed under **EMA Article 58 procedure**
 - In cooperation with WHO to **facilitate access to essential medicines** in developing countries
 - **Same rigorous standards** as for products intended for use in the European Union
- Positive opinion **recognized by national regulators in Africa**; facilitates WHO prequalification, guidelines
- **Key step** on path to making the ring available where urgently needed

What Happens Next?



Timelines are estimates and subject to change

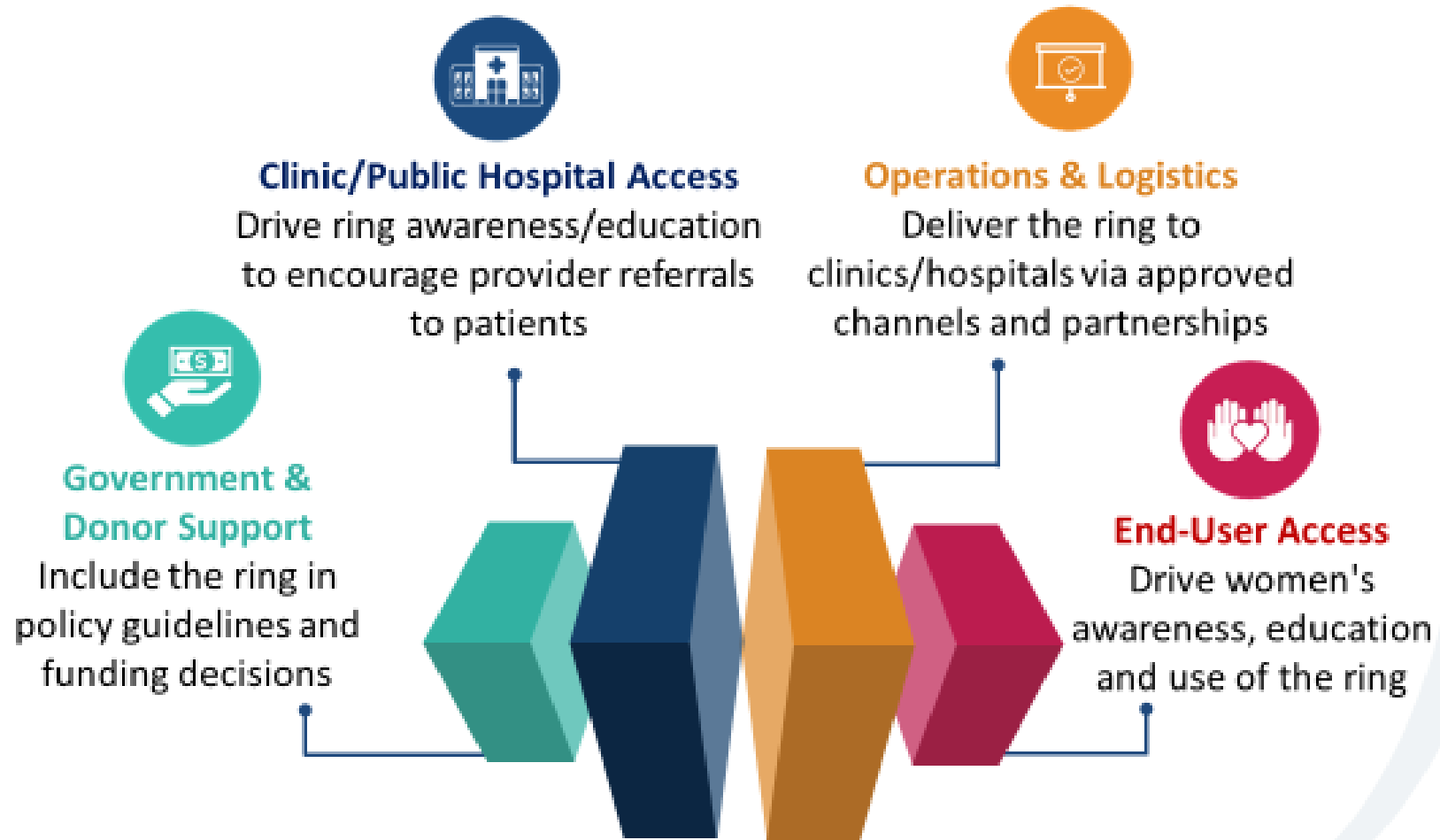


Planning for Access



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Access Strategy



Additional Monthly Ring Research

Phase IV post-authorization efficacy study (PAES) among cisgender women ages 18-25

- Assess efficacy in two age groups: 18-21 and >21-25
- Collect additional data on safety and potential ARV resistance
- Could also inform adherence support strategies

Additional research led by MTN in partnership with IPM:



REACH study: Adolescent girls and young women

- Safety and use of dapivirine ring and oral PrEP among 300 young women ages 16-21 in South Africa, Uganda, Zimbabwe; began Feb. 2019



DELIVER study: Pregnant women

- Safety and acceptability of ring & PrEP among 750 women in Malawi, South Africa, Uganda, Zimbabwe; began Feb. 2020



B-PROTECTED: Breastfeeding women

- Safety and acceptability of ring & PrEP in Africa; began Aug. 2020

Potential Public Health Impact

Modeling data show that:

- A range of prevention options alongside scaled-up treatment is needed to achieve epidemic control
- Prevention methods with even modest efficacy would have a meaningful impact as part of a comprehensive strategy that could avert millions of HIV infections over time
- The ring would prevent infections among women that would otherwise not be averted by any other method

New, woman-centered options like the ring will be crucial to achieving epidemic control



Follow-on Rings

Studies led by MTN in partnership with IPM

Building on monthly ring, longer-acting rings could:

- Increase convenience to women
- Lower annual costs

3-month dapivirine ring

- Phase I results expected by early 2021

3-month dapivirine-levonorgestrel ring

- HIV prevention and contraception
- First Phase I trial results: well-tolerated, encouraging drug levels seen in blood and vaginal fluid
- Second Phase I trial results expected by early 2021





A FUTURE
WHERE
EVERY WOMAN
HAS OPTIONS
TO PROTECT
HER HEALTH

IS A FUTURE
WHERE
WOMEN
WILL THRIVE



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OVERVIEW OF THE DAPIVIRINE RING (DVR)

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A Framework for DVR Introduction

Neeraja Bhavaraju, Afton Bloom

SEPTEMBER 2020

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



Introducing the dapivirine ring

This analysis was developed in 2019 as part of the OPTIONS project. It is based on the experience with oral PrEP introduction and interviews with key policymakers and other stakeholders in the three OPTIONS focus countries: Kenya, South Africa, and Zimbabwe.

Value Chain for Dapivirine Ring



PLANNING & BUDGETING

National and state plans are established to implement dapivirine ring guidelines for priority end user populations



SUPPLY CHAIN MANAGEMENT

Dapivirine ring is available and distributed in sufficient quantity to meet projected demand via priority delivery channels



RING DELIVERY PLATFORMS

Dapivirine ring is delivered by trained healthcare workers in priority delivery channels to effectively reach end users



UPTAKE & EFFECTIVE USE

End users know about and understand the ring and are able to seek out, initiate and effectively use the ring



MONITORING

The ring is effectively integrated into national, state, program, and facility level monitoring systems

Dapivirine Ring Introduction Framework

PLANNING & BUDGETING

Convene new or existing **technical working group/** subcommittee for the ring

Identify **target populations** for ring use

Engage **community** stakeholders to inform planning for ring rollout

Develop impact, cost and/or cost-effectiveness **analyses** to inform ring planning

Include the ring in national HIV prevention and other relevant **plans**

Adapt **policies** to enable ring delivery across priority channels

Develop **implementation plan and budget** to guide initial ring introduction and scale-up

SUPPLY CHAIN MANAGEMENT

Register the ring and include the ring on the national essential medicines list

Update **supply chain guidelines and logistics systems** to include the ring

Establish **monitoring, demand forecasting, and distribution systems** to avoid stock-outs

DELIVERY

Issue standard **clinical guidelines** for delivery and use of the ring

Dedicate resources to conduct regular **HIV tests, initiate ring use, and support refills**

Develop trainings and materials for **health care workers** on the ring

Establish **referral systems** to link clients from other channels to sites dispensing the ring

Integrate support for **partner communication** and gender-based violence for ring users

UPTAKE & EFFECTIVE USE

Develop and implement **demand creation strategies** that include ring promotion

Address social norms/stigma to build **community and partner acceptance** of ring use

Develop **information and tools for clients** to guide product choice and support ring use

Support **adherence and continuation** for ring users

Develop and communicate plans for sanitary **disposal** of used rings

MONITORING

Establish **monitoring tools** to support data collection and analysis on ring use

Establish systems for **pharmacovigilance** and to monitor drug resistance

Conduct **implementation science** research to inform policy and scale-up

Key findings from initial analysis

We assessed each element to identify:

Integration Areas: Aspects of product introduction where the ring can integrate with oral PrEP implementation by building on strategies, plans, processes, and infrastructure developed for oral PrEP to create systems for a portfolio of biomedical prevention options.

New Opportunities: Aspects of product introduction where the ring provides a new opportunity to grow uptake and impact of HIV prevention when added to combination prevention, and so will require additional consideration and action.

Areas Requiring Additional Consideration: Aspects of product introduction that will be new for the ring and cannot build directly on the introduction of oral PrEP.

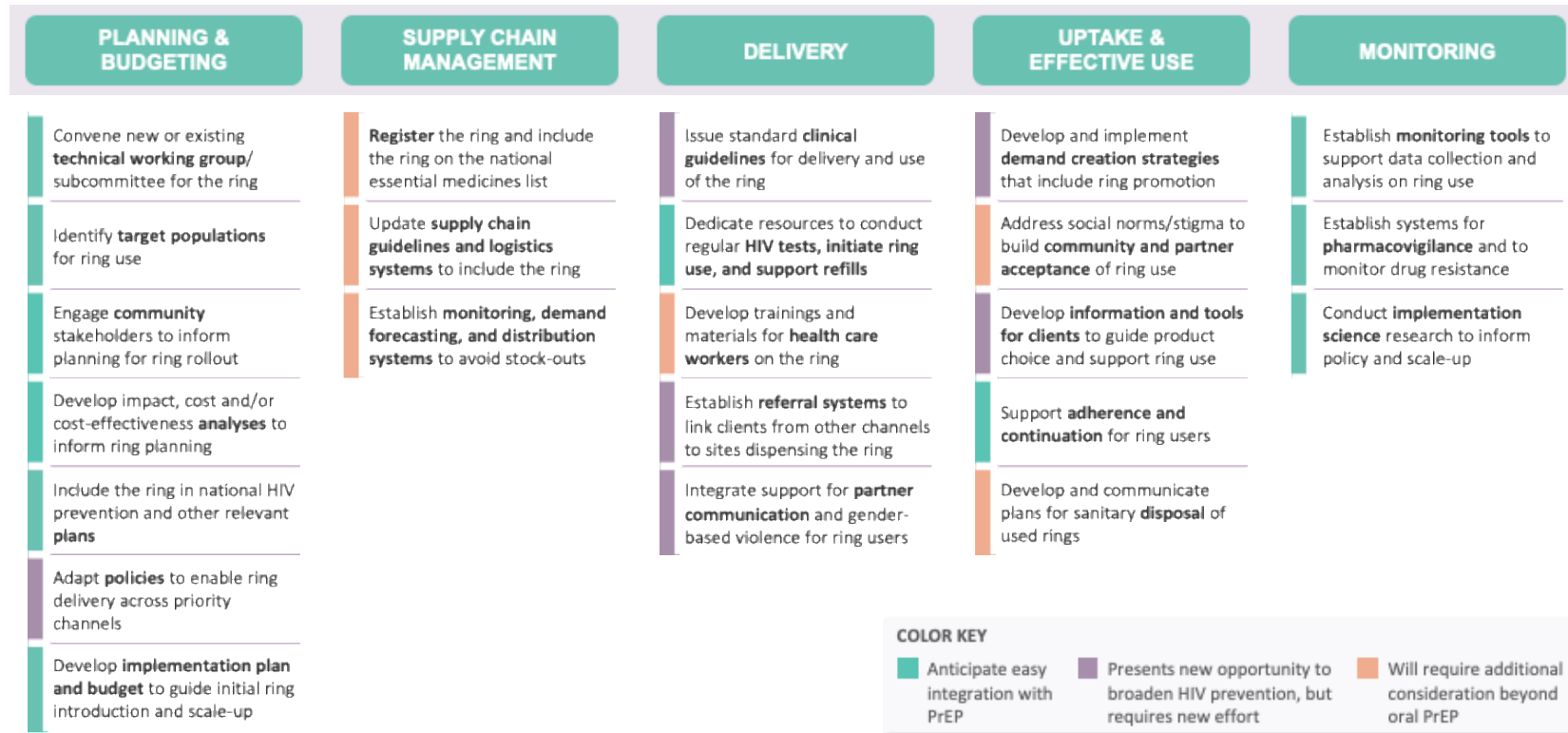
Key findings from initial analysis

PLANNING & BUDGETING	SUPPLY CHAIN MANAGEMENT	DELIVERY	UPTAKE & EFFECTIVE USE	MONITORING
<p>Convene new or existing technical working group/ subcommittee for the ring</p>	<p>Register the ring and include the ring on the national essential medicines list</p>	<p>Issue standard clinical guidelines for delivery and use of the ring</p>	<p>Develop and implement demand creation strategies that include ring promotion</p>	<p>Establish monitoring tools to support data collection and analysis on ring use</p>
<p>Identify target populations for ring use</p>	<p>Update supply chain guidelines and logistics systems to include the ring</p>	<p>Dedicate resources to conduct regular HIV tests, initiate ring use, and support refills</p>	<p>Address social norms/stigma to build community and partner acceptance of ring use</p>	<p>Establish systems for pharmacovigilance and to monitor drug resistance</p>
<p>Engage community stakeholders to inform planning for ring rollout</p>	<p>Establish monitoring, demand forecasting, and distribution systems to avoid stock-outs</p>	<p>Develop trainings and materials for health care workers on the ring</p>	<p>Develop information and tools for clients to guide product choice and support ring use</p>	<p>Conduct implementation science research to inform policy and scale-up</p>
<p>Develop impact, cost and/or cost-effectiveness analyses to inform ring planning</p>		<p>Establish referral systems to link clients from other channels to sites dispensing the ring</p>	<p>Support adherence and continuation for ring users</p>	
<p>Include the ring in national HIV prevention and other relevant plans</p>		<p>Integrate support for partner communication and gender-based violence for ring users</p>	<p>Develop and communicate plans for sanitary disposal of used rings</p>	
<p>Adapt policies to enable ring delivery across priority channels</p>				
<p>Develop implementation plan and budget to guide initial ring introduction and scale-up</p>				

COLOR KEY

- Anticipate easy integration with PrEP
- Presents new opportunity to broaden HIV prevention, but requires new effort
- Will require additional consideration beyond oral PrEP

Dapivirine ring: Building on oral PrEP introduction

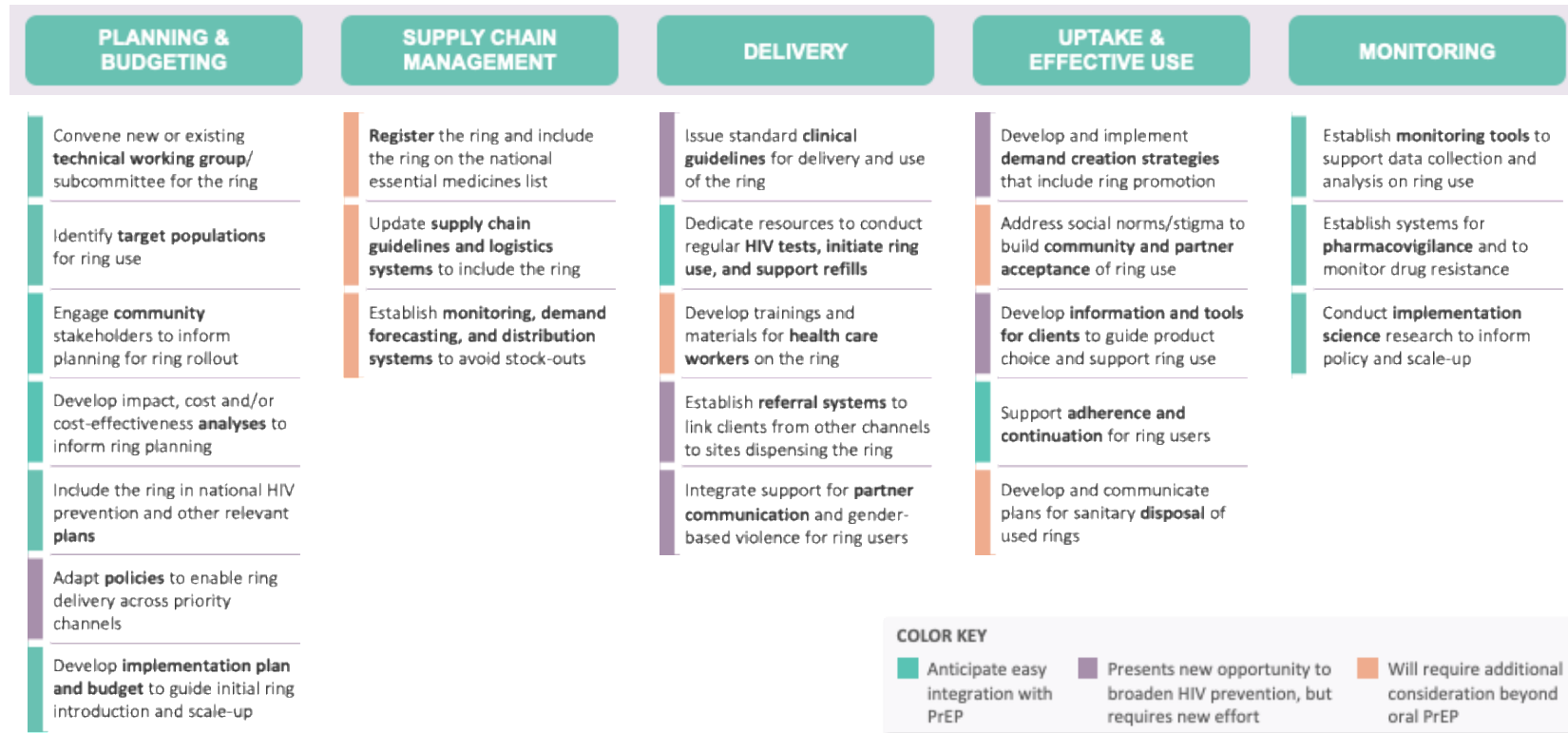


COLOR KEY

- Anticipate easy integration with PrEP
- Presents new opportunity to broaden HIV prevention, but requires new effort
- Will require additional consideration beyond oral PrEP

- There are a lot of opportunities for the ring to build on the introduction of oral PrEP
- This is especially true for planning and monitoring
- Many countries will be able to introduce the ring by building on existing planning process and structures, including existing technical working groups (TWGs), implementation plans, guidelines, and M&E tools and systems

Dapivirine ring: Expanding beyond oral PrEP

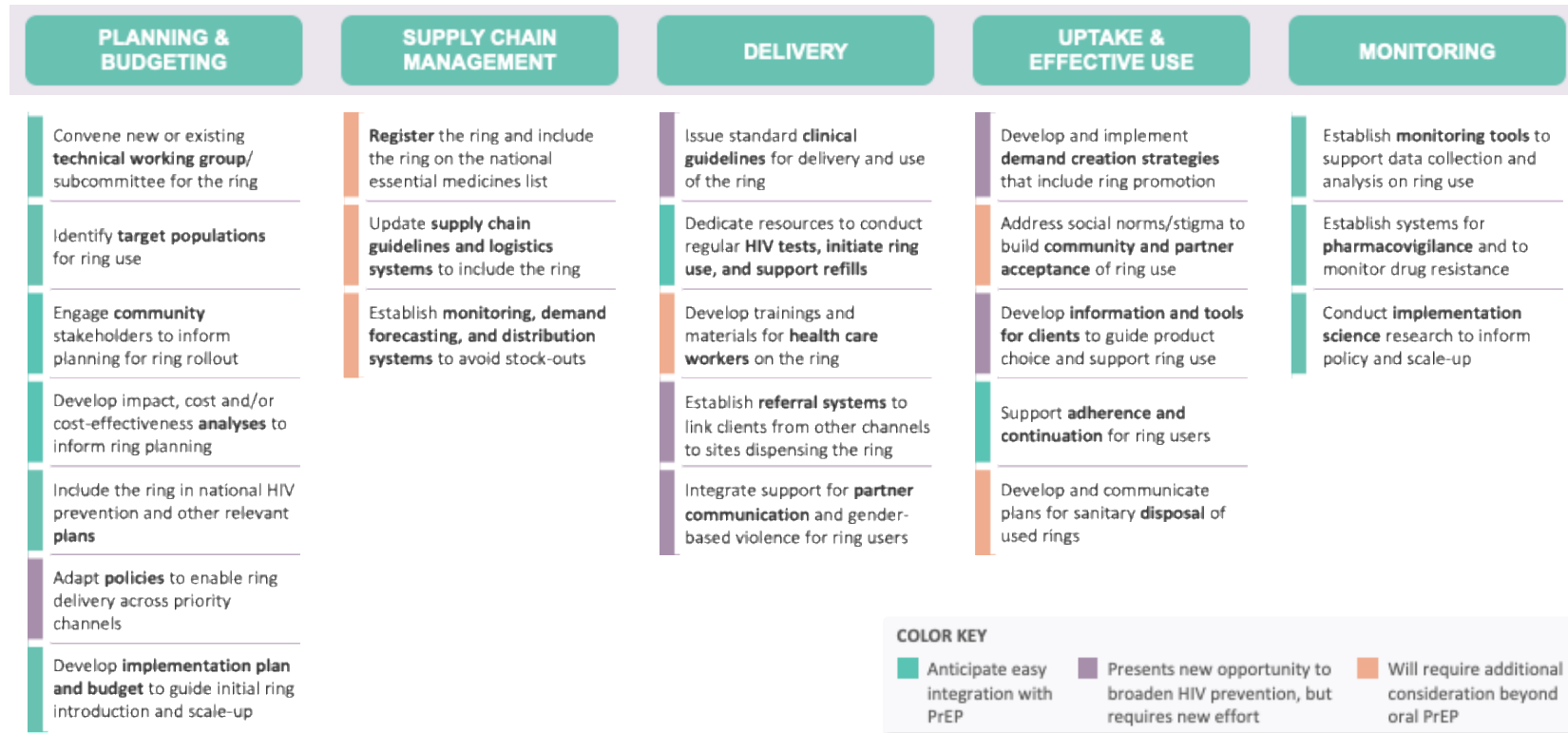


COLOR KEY

- Anticipate easy integration with PrEP
- Presents new opportunity to broaden HIV prevention, but requires new effort
- Will require additional consideration beyond oral PrEP

- There are areas where the dapivirine ring has the potential to expand HIV prevention beyond current oral PrEP delivery
- These areas will require additional consideration beyond PrEP alone
- Potential opportunities include:
 - Training providers and developing materials to support a portfolio of HIV prevention options
 - Delivery outside clinical settings and/or outside HIV settings (e.g., with family planning)

Dapivirine ring: Different than oral PrEP



COLOR KEY

- Anticipate easy integration with PrEP
- Presents new opportunity to broaden HIV prevention, but requires new effort
- Will require additional consideration beyond oral PrEP

- Some areas will require new efforts for the ring that are different than for oral PrEP
- One area is the supply chain, where registration, logistics, and forecasting systems will be different for the ring than they were for oral PrEP
- Health care worker training and demand creation will also require new approaches as the ring will be an unfamiliar method to most people
- Disposal of the ring will be a new issue to consider

Stakeholders felt confident to introduce the ring

*“There is a mood of anticipation for other products. Even at country level, people have this feeling as we implement PrEP and come across issues, and we know we should think broader and are working toward other products too. I feel like we are **moving toward the family planning direction where we will have a menu of options** for different audiences. We need to get to options.”*

*“Given that we’re several years into PrEP implementation, we have a **better understanding of how to implement**. That will speed up ring implementation.”*

*“Now that we’ve done oral PrEP, **we can quickly adjust** to the ring. There shouldn’t be any problems.”*

*“We’re **not starting with a blank slate**. We’re going to build on experience.”*



OPENING & INTRODUCTIONS

OVERVIEW OF THE DAPIVIRINE RING (DVR)

FRAMEWORK FOR DVR INTRODUCTION

ZIMBABWE REFLECTIONS ON DVR INTRODUCTION

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Zimbabwe national considerations for DVR



MINISTRY OF HEALTH
AND CHILD CARE

Taurai Bhatasara
National DREAMS and Key Populations Coordinator
Ministry of Health and Child Care

IMPLEMENTATION
PLAN FOR HIV
PRE-EXPOSURE PROPHYLAXIS
IN ZIMBABWE
2018-2020





Background

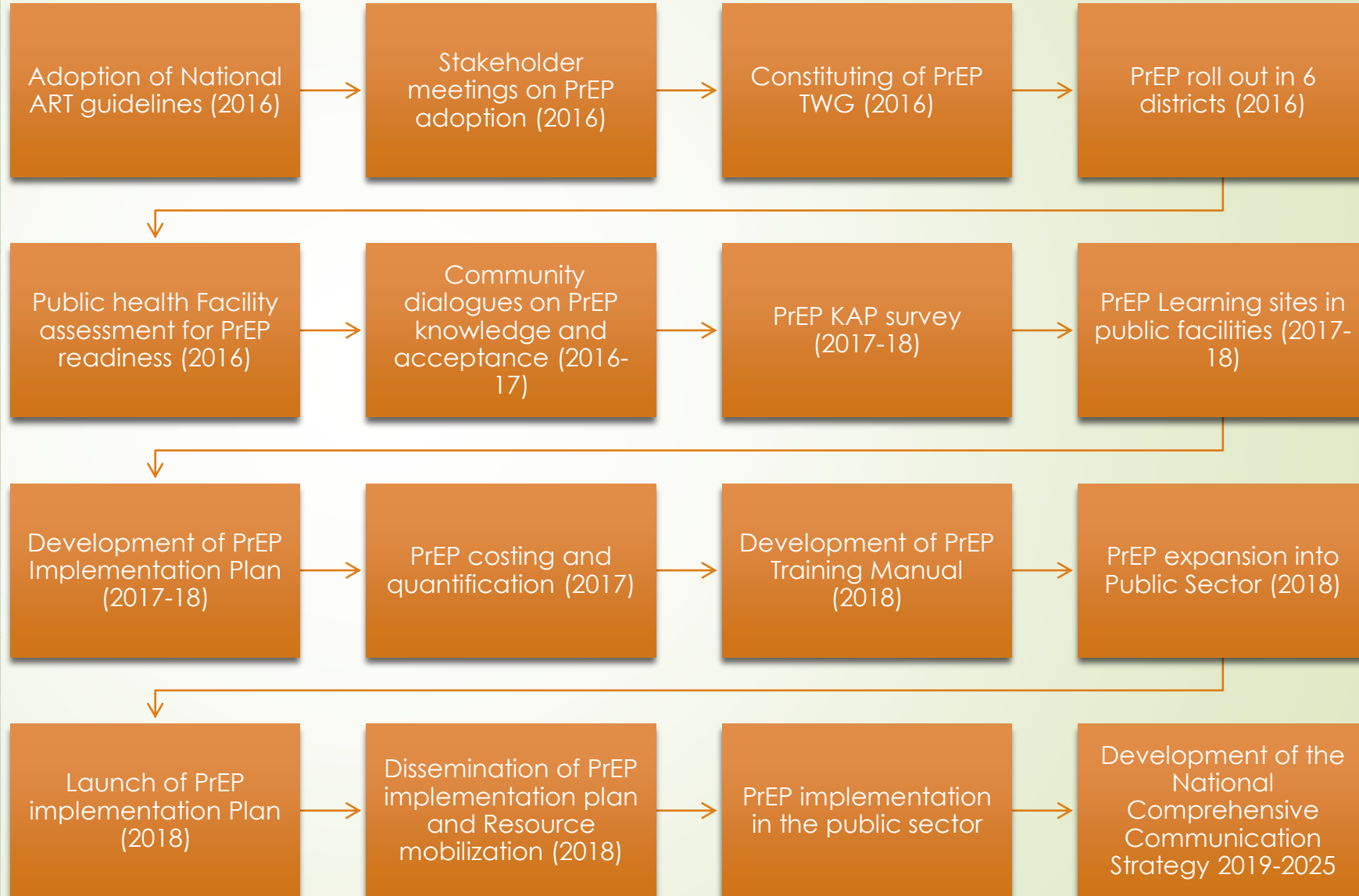
- ▶ Zimbabwe adopted PrEP as part of HIV combination prevention in 2016.
- ▶ The adoption of PrEP is meant to address continued new HIV infections in the general population and among AGYW in particular.
- ▶ PrEP Implementation Plan of 2018-2020 recognizes that PrEP will be offered in many other forms including the ring.
- ▶ The country acknowledges that AGYW are disproportionately affected by HIV.
- ▶ Since the inception of the PrEP programme there has been a slow uptake of PrEP among AGYW.
- ▶ Some of the early lessons from PrEP among AGYW shows poor adherence and IPV due to PrEP.

Zimbabwe Road map to PrEP Implementation



MINISTRY OF HEALTH
AND CHILD CARE

IMPLEMENTATION
PLAN FOR HIV
PRE-EXPOSURE PROPHYLAXIS
IN ZIMBABWE
2018-2020



Challenges with package of the PrEP medicines, the rattling sound is not appealing.

Disclosure to partners and seeking authority to be on PrEP regardless of the partner being the risk.

IPV when one finds out that she is on PrEP.

Caregiver and parent's attitudes.

**Low uptake
of PrEP
among
AGYW**



Opportunities





Policy

The Ministry of Health adopted the ART Guidelines, which include PrEP, in 2016 and acknowledges PrEP as one of the HIV prevention methods.

2016

2018–2020

The PrEP Implementation Plan 2018-2020 acknowledges that in the future, PrEP can be offered in different forms.



Capacity Building

- ▶ A total of 282 health care providers have been trained on PrEP.
- ▶ PrEP is currently available in district hospitals and some primary-level facilities, including NGO-supported sites.
- ▶ Capacity building of health care workers provides an opportunity for the introduction of the ring.
- ▶ There is an opportunity to include the ring in the current PrEP training manual.



Structural

- ▶ Community engagement where community leaders are involved during the introduction of PrEP provides a huge opportunity for the ring and support of the programme.
- ▶ Engagement of community leaders and gatekeepers will assist in the quick uptake of the ring.
- ▶ The identification and training of the PrEP champions who also work as mobilizers for PrEP clients presents a huge opportunity.
- ▶ The ring provides an opportunity for empowering women to take charge of their sexuality—therefore addressing sexuality and gender dynamics in communities.
- ▶ PrEP will empower AGYW to take charge of their sexuality and result in the reduction of IPV.

Integration

- Zimbabwe is moving towards full programme integration and HIV combination prevention.
- There are opportunities with family planning and PrEP in health facilities as some family planning-dedicated sites are currently providing PrEP.
- The integration of PrEP and family planning will reduce the burden on health care workers and the time women spend frequenting health facilities.
- The country already has a PrEP TWG and the ring could be added to the existing platforms that are available.

Research

- Zimbabwe conducted a KAP survey at the introduction of PrEP which helped understand the readiness of the country to accept PrEP.
- Communities and health facilities were ready and supported the idea of PrEP; hence, the introduction of ring will not be any different than for oral PrEP.
- The country also conducted research on the integration of FP and PrEP, and results showed that women were happy to have PrEP and family planning integrated.



Demand Generation

- ▶ The country developed a comprehensive communication strategy wherein PrEP is included as one of the HIV prevention interventions.
- ▶ The strategy used human-centred design through journey mapping which provides insights on what women want as far as PrEP is concerned.
- ▶ Currently, we have been developing IEC materials that include videos and radio programmes to create demand for PrEP—so the ring is coming at an opportune time.
- ▶ The V-Campaign, which the country is currently working, on is meant to address the challenges with acceptability of packaging of the commodity in order to appeal to AGYW.

Understanding Adolescent Girls and PrEP


Archetype: Adolescent girl

NAME: Mercy

AGE: 17

RELATIONSHIP: Has an older boyfriend

HIV STATUS: HIV negative



GOALS

- » To access sexual and reproductive health services
- » To get tested for HIV
- » To initiate PrEP and use condoms

BEST WAY TO REACH ME

- » Radio
- » SMS, Whatsapp
- » Community dialogue

INFLUENCERS

- » Parents, grandmother
- » Boyfriend
- » Sister, friends

MERCY REPRESENTS A BIGGER POPULATION WHO:

- » Worries about being able to pay for school so she has an older boyfriend who gives her money
- » Doesn't know enough about the risks of HIV; she doesn't realise that having an older boyfriend means she is at high risk and should use condoms
- » Worries more about getting pregnant

- **Doing:** Unprotected sex with older boyfriend and discussing the risks with peers.
- **Thinking:** “If PrEP is good for me, why didn't the health care worker talk to me about it!”
- They generally search for more information about PrEP on the internet, since awareness is yet to be intensive in the mass media.
- **Feeling:** They generally feel curious and pensive about PrEP.
- **Key insight:** Confidentiality and stigma are critical issues for her. She is terrified that she might be seen collecting ARVs from the clinic and that word might go round in the community.
 - She is also worried that the health care worker might tell people in the community that she's taking PrEP.
- **What they need:**
 - Peer support
 - Privacy and confidentiality at the health facility
 - Adolescent-friendly services
 - Enhanced adherence counseling
 - Adequate knowledge on the benefits of PrEP through appropriate channels

Monitoring and Evaluation



The Ministry of Health and Child Care has developed M and E tools that are currently being used for the PrEP programme.



Using the experience and lessons learnt, the introduction of the ring will not create problems as the M and E tools are already in place.

What will the ring provide?

- It will address the challenges of packaging of oral PrEP, as AGYW were complaining about the rattling sound of the PrEP bottle.
- It will empower women to take charge of their sexuality as the ring is discreet.
- The ring will add to a wide array of HIV prevention interventions that are currently available.





Challenges



M and E: The programme will require financial resources to revise and print new tools including for the sensitization of facilities.



Capacity building: There will be a need for financial resources for refresher training for the already-trained cadres.



Procurement: Just like any other programme, financial resources are required to procure the DVR for use.



Demand generation: There will be a need for financial resources to support the development of new IEC materials to include the ring.



COVID-19 presents challenges in reaching out to communities with programmes.



Conclusion

- The country has systems and policies in place that can provide opportunities for the introduction of the ring.
- Communities are ready for the ring as they were looking forward to an Intervention that is tailor-made to their needs.
- There has been enough research, programme implementation, and experience to lead to quick uptake and utilization of the ring.
- The current demand generation and community mobilization activities that are going on present a huge opportunity for the ring.
- Once the WHO releases the guidelines on the ring, the country is ready to move forward.



Thank You





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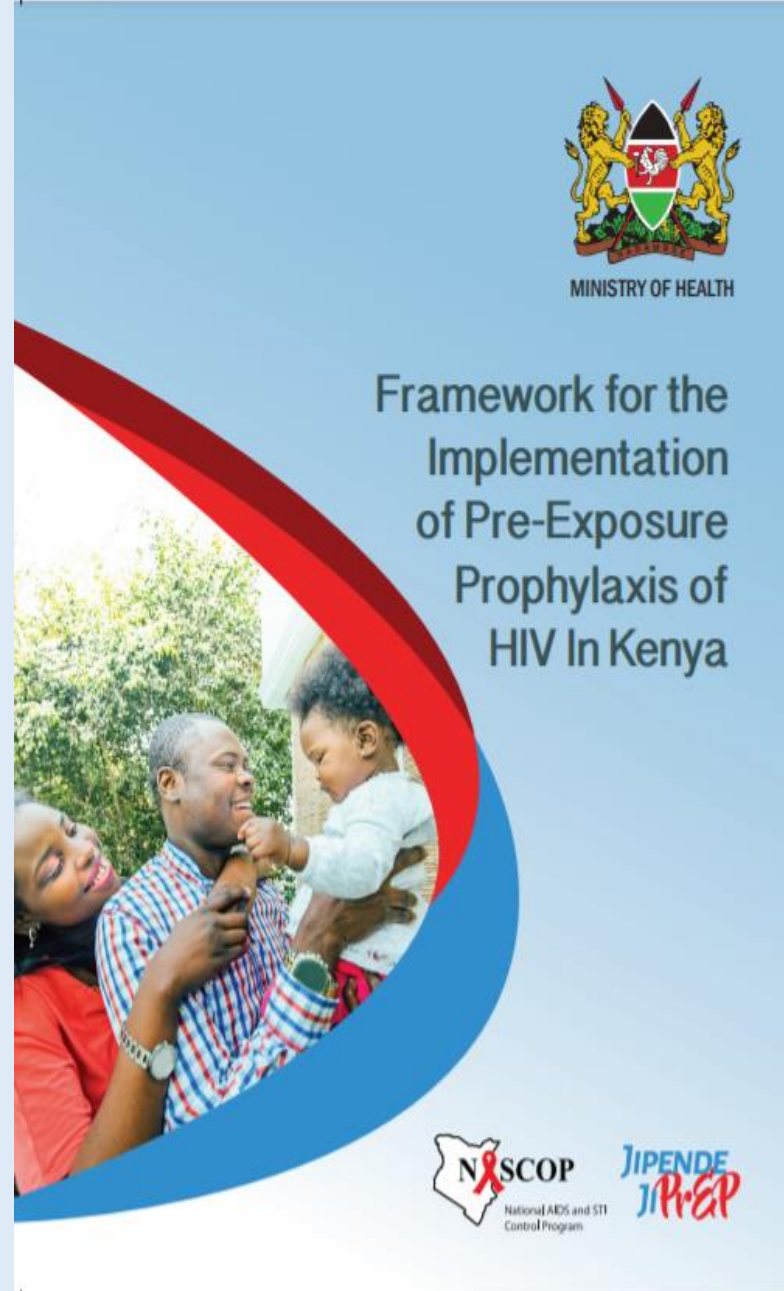
ZIMBABWE REFLECTIONS ON DVR INTRODUCTION

KENYA REFLECTIONS ON DVR INTRODUCTION



Considerations for the Introduction of the Dapivirine Vaginal Ring in Kenya

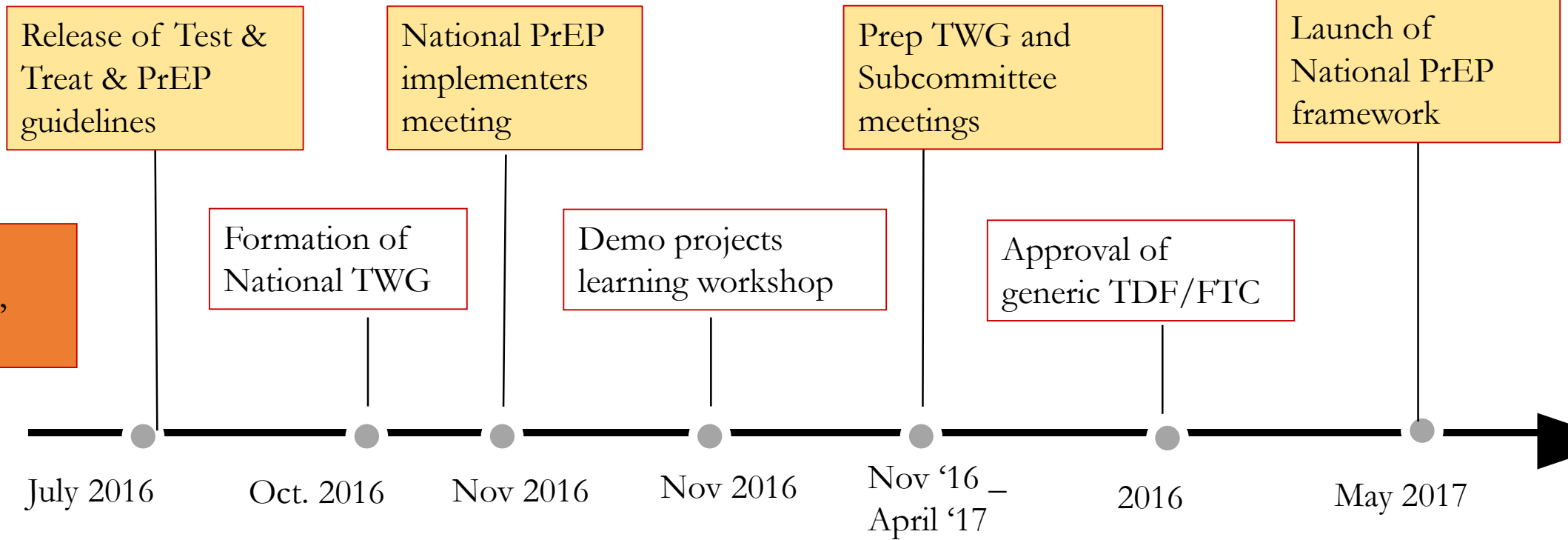
MARY MUGAMBI
PROGRAM MANAGER HTS/PrEP,
NATIONAL AIDS & STIs CONTROL
PROGRAMME (NASCOP)



PrEP Journey



National Roll Out



Clinical trails, demo projects, pilot projects

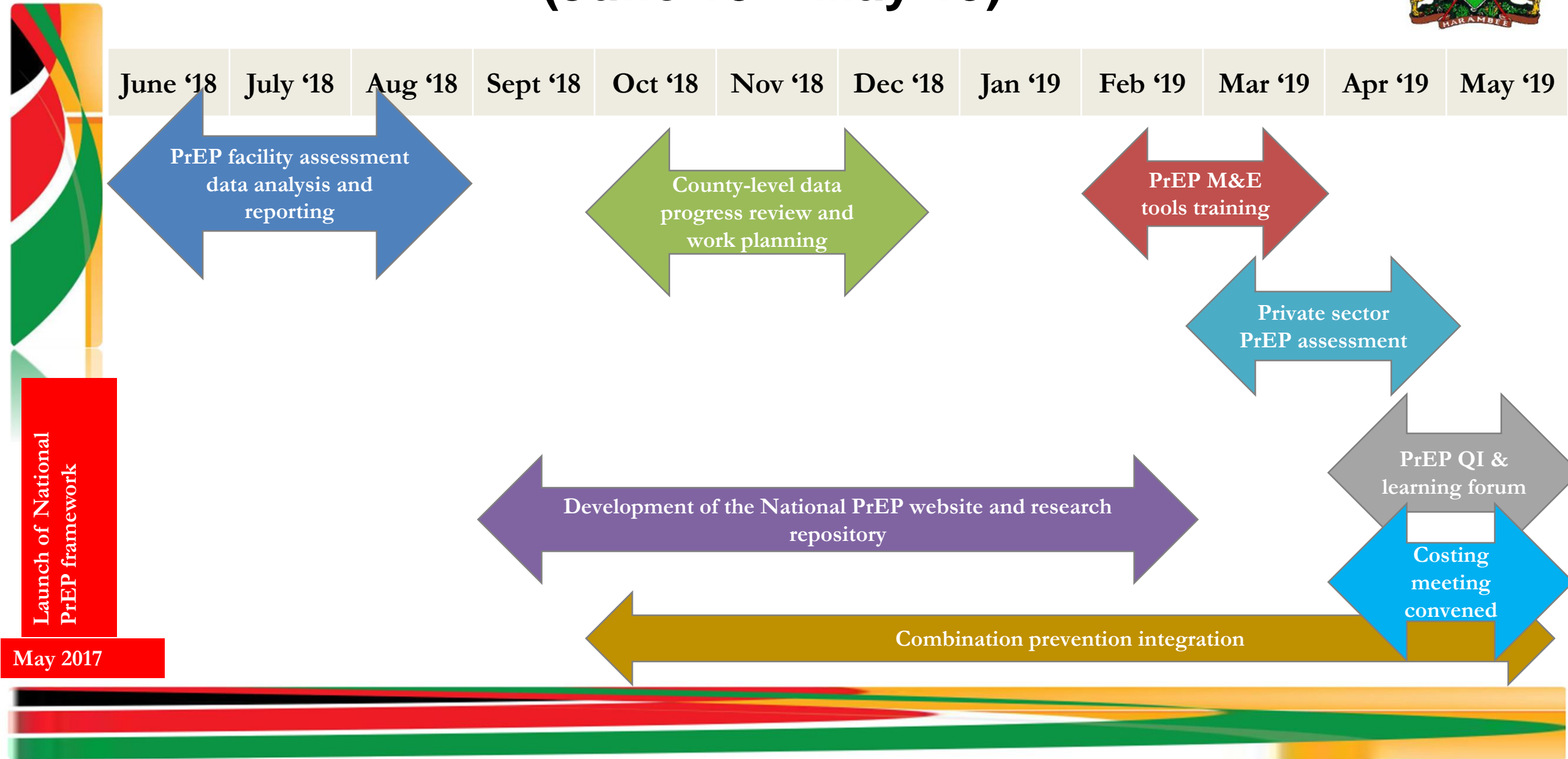
< 2016

2016

2017



Key highlights of PrEP implementation (June 18 – May 19)



What does the national Ministry of Health need to know about DVR to decide to include it in Kenya's HIV prevention program?

- Evidence of effectiveness of the ring
- Evidence that the ring has been trialed in countries with a similar epidemiological profile to Kenya
- Potential impact on HIV prevention
- Cost of DVR

What opportunities does the DVR bring to the HIV prevention program in Kenya?

- DVR increases the number of HIV prevention methods available in Kenya, particularly for the vulnerable population that is adolescent girls and young women (AGYW)
- Those who struggle with oral PrEP, particularly AGYW, may find DVR a more acceptable and beneficial HIV prevention option thus improving adherence and helping the Ministry of Health meet its HIV prevention targets
- DVR can be included in the ongoing initiative to integrate HIV prevention and sexual and reproductive health (SRH) services at facility level

What would it take to add DVR to Kenya's national HIV combination prevention policy? What would be the steps of the process of DVR introduction in Kenya once WHO pre-qualification is completed?

- Evidence on effectiveness, cost and impact
- Release of WHO guidelines
- Approval of DVR in country by the Kenya Pharmaceutical and Poisons Board
- HTS/PrEP TWG would spearhead necessary updates to existing policies and guidelines and the development of new guidelines and implementation plan as required

What challenges are anticipated in introducing the DVR into the HIV prevention program in Kenya?

- Some stakeholders may challenge the introduction of DVR on the basis of it being “too soon” since Kenya has not yet realized the full potential of oral PrEP
- How to sustain the gains of Oral PrEP as we introduce DVR
- Demand creation for a potentially de-medicalized product like DVR
- Low understanding of risk among target populations
- Resources to train providers could be limited
- Revision of existing national Monitoring & Evaluation tools to accommodate DVR or development of new Monitoring & Evaluation tools for DVR

What has been learned from experience with the introduction of other new medical products for HIV prevention or sexual and reproductive health services that could be applied to the introduction of DVR in Kenya?

- Buy-in from government is critical
- Meaningful involvement of target populations in design, implementation and monitoring and evaluation of DVR rollout
- Sustained demand creation
- Effective communication with the media and Kenyan communities to avoid assumptions, propagation of myths and negative publicity
- Demonstration studies will be beneficial particularly to demonstrate acceptability and feasibility and to highlight key considerations that arise from real-world implementation



Thank You!





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FRAMEWORK FOR DVR INTRODUCTION

ZIMBABWE REFLECTIONS ON DVR INTRODUCTION

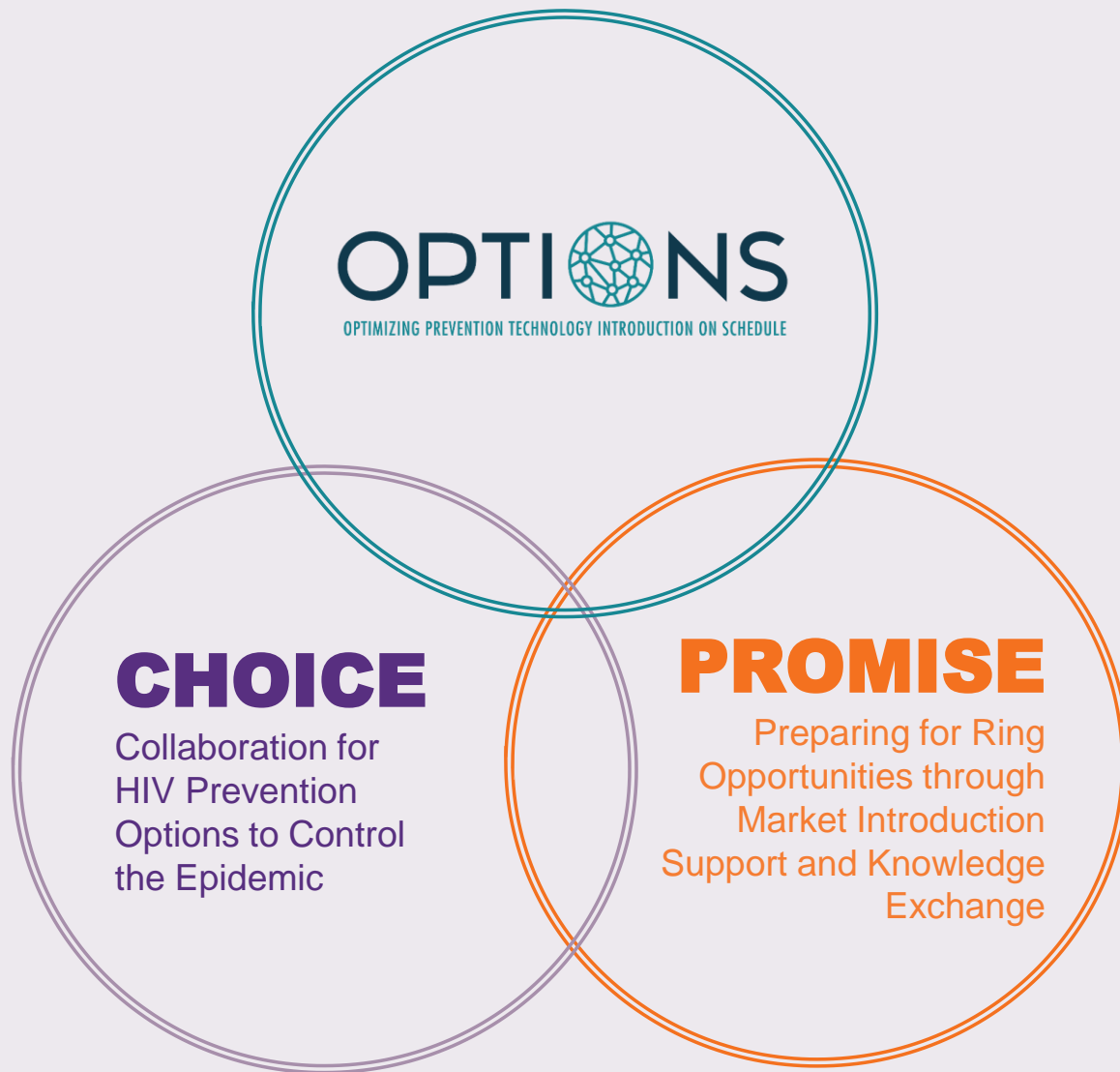
KENYA REFLECTIONS ON DVR INTRODUCTION



Q&A



DVR Introduction Sister Projects:



OPTIONS Project: Jul 2015-Jul 2020

Focus on global and national market development for ring

CHOICE Collaboration: Jan 2020-Jun 2021

Focus on market development and product introduction for ring, as well as support for IPM's global regulatory and supply chain strategies

PROMISE Collaboration: Mar 2020-Aug 2021

Focus on market development and product introduction for ring in sub-Saharan Africa including analysis of service delivery channels, support for integrated demand creation strategies and tools, support for national policy and program planning, and knowledge sharing

Join our new ring mailing list to receive updates and invitations to future webinars.

<https://mailchi.mp/prepnetwork/ring-network>



Upcoming Sessions

**SEPT
24**

**OCT
22**

**NOV
19**

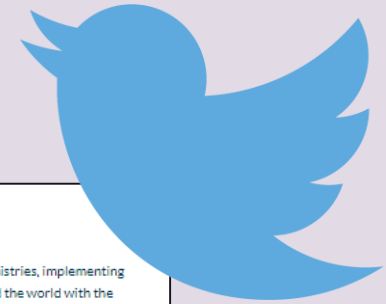
**PrEP for AGYW:
Experiences from
DREAMS programs**

**CHARISMA: Community
Health Clinical Model for
Agency in Relationships
and Safer Microbicide
Adherence**

Visit www.prepwatch.org/virtual-learning-network for up-to-date information.

Follow Us & Visit PrEPWatch

- Follow **@PrEP_LN** on Twitter!
- All **webinars are recorded** and will be accessible on PrEPWatch within a week post-presentation date.
- Complementary **resources** will also be shared on PrEPWatch—including relevant research articles and tools.
- Registration for **upcoming webinars** is also located on PrEPWatch.
- Sign up for our **new mailing list** for ring-specific updates: <https://mailchi.mp/prepnetwork/ring-network>



Virtual Learning Network

The PrEP Learning Network, hosted by CHOICE, 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. Prior to July 2020, the PrEP Learning Network was hosted by OPTIONS, EpiC and RISE.

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.

Upcoming Webinars

- **Expanding Access to PrEP through Community-based Delivery**
Thursday, August 27, 2020, 9:00am EDT | 15:00 CAT | 16:00 EAT
[Register here.](#)

Previous Webinars

- **Addressing the Elephant in the Room: Stigma and PrEP Rollout**
Thursday, July 23, 2020
Research shows that stigma is an important barrier to the uptake of most services along the HIV prevention cascade, including PrEP. In this webinar, we heard about evidence-based approaches to address provider-level stigma, so clients feel comfortable and supported when accessing PrEP services. We'll also hear how Kenya has tried to de-stigmatize PrEP use by positioning it as an HIV prevention option "for all."
[Recording / Slides](#)

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**Thank
You!**

