25 FEBRUARY 2021 | WEBINAR 19

PrEP Delivery Strategies and Universal Access to PrEP: Findings from the POWER and SEARCH Studies

PrEP Learning Network Webinar Series

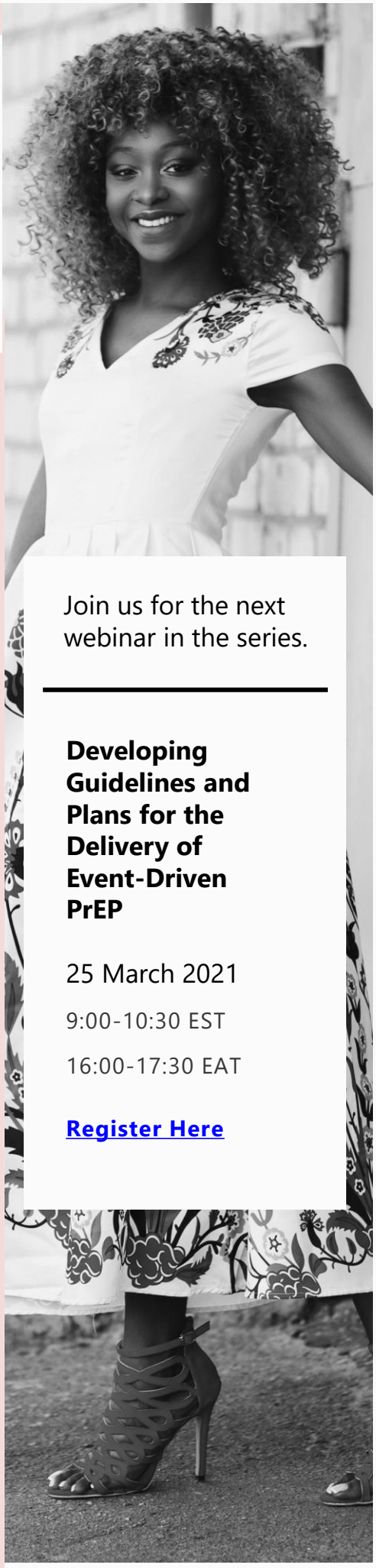
Thank you to James Ayieko from the Kenya Medical Research Institute, Catherine Koss from University of California, San Francisco, Asiphas Owaraganise of the Infectious Diseases Research Collaboration, Connie Celum from University of Washington, Elzette Rousseau from Desmond Tutu HIV Foundation, and Jason Reed from Jhpiego who presented during the February PrEP Learning Network webinar. In this webinar, we discussed the findings and programmatic implications from the POWER and SEARCH studies. In case you missed it, you can access the webinar recording here.

Top Questions & Answers

Below is a highlight of the Q&A for those seeking more information on the POWER and SEARCH studies. Learn more by listening to the webinar recording, accessing complementary resources including the webinar slides, signing up for future webinars, or visiting the PrEP Virtual Learning Network page.

Q & A – SEARCH

How was risk evaluated in the SEARCH study? Were there separate risk assessments for HIV testing and PrEP conducted or were they combined?
An inclusive approach using three methods (serodifferent partnership, risk score, or self-identified risk) was used to evaluate HIV risk. The risk score was developed via machine learning using sociodemographic and seroconversion data from prior years of the SEARCH study and was assessed in real-time at health fairs with a dichotomous output provided. More details on risk assessment and the risk score are provided in Koss et al Lancet HIV and Zheng et al Stat Med, and Balzer et al Clin Infect Dis. During HIV post-test counseling a broader discussion about PrEP, potential risk and potential exposures was held with participants. The risk score was not used to screen out but to facilitate conversations about PrEP.



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Developing Guidelines and Plans for the Delivery of Event-Driven PrEP

25 March 2021

9:00-10:30 EST

16:00-17:30 EAT

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Did participants receive any incentives for the follow-up visits?

Participants did not receive any incentives. For participants who started PrEP at clinics (rather than health fairs), one-time transport was offered to the clinic for PrEP initiation but not for follow-up visits.

How were participants who stopped PrEP engaged to re-start?

The team sought to actively engage participants in HIV prevention visits throughout the study and provided opportunities for repeat HIV testing and restarting PrEP to persons who had stopped. They reached out to participants who stopped PrEP by phone and sometimes by physically tracing the participant. At outset, cycling on and off PrEP, seasons of risk, and when it is safe to start and stop was discussed. Participant reasons to start and stop PrEP were respected, as the team continued to follow-up with them.

What strategies were used to increase community awareness?

Community sensitization was created through the development of a community fora that was open to questions from the community. A safe space was created for the community to ask questions, for myths to be dispelled and information shared to bring the community to a level where they would be comfortable with taking medications for HIV prevention. A team would constantly engage key groups that would benefit most from PrEP like fishermen, youth, and transport workers.

Were there cases of PrEP termination because of creatinine results?

There were very few creatine results that required discontinuation. For those who did have abnormal creatinine results, there were other factors that could have resulted in the elevated creatinine and the creatinine level was high at baseline.

Were there differences in PrEP uptake in the community-based approach vs. the facility-based approach?

The main and first approach for PrEP introduction was a community-based approach through the health fairs and community-wide testing. PrEP was continuously offered in the facilities, but most uptake was from the initial population testing. There were opportunities for both facility-based and community-based follow-up, but more individuals chose a community-based follow-up approach.

How were the follow-ups/refills managed for mobile populations like commercial sex workers, truck drivers, boda boda drivers, etc.?

The team offered PrEP follow up visits at multiple community sites and at home. For example, for individuals in the fishing industry, we offered PrEP follow-up and refills at beaches. We maintained contact with participants by phone when possible to arrange follow-up visits at locations that were convenient to the participant.

Were community health workers involved in the promotion and/or delivery of PrEP?

The study team met with multiple stakeholder groups in each community to discuss PrEP during community sensitization. However, community health workers were not directly involved in PrEP distribution in the study.

Are there strategies to engage women in order to improve PrEP continuation?

The study found that overall, there were slightly higher levels of engagement and self-reported adherence amongst women than men. There was much lower engagement and adherence among younger populations, for both young women and young men. Providing multiple opportunities and flexibility on where to get PrEP seemed to foster continuation amongst participants. Ongoing discussions with participants about how to support PrEP continuation, how to find support among peers and navigate PrEP discussions with partners helped to develop strategies. Generally, some women in these settings also require spousal approval for PrEP continuation. In southwest Uganda, spousal approval and power negotiations played a role in PrEP discontinuation in the study.

Was there any negative perception of PrEP i.e., fear of causing infertility?

When the study started, PrEP had not been previously available in the study communities. There were many questions and rumors about PrEP such as reduced infertility or libido. With ongoing messaging, community outreach, PrEP champions and ambassadors, and increased PrEP uptake, changes in perceptions around PrEP were observed in the qualitative work, specifically in focus group discussions.

Did fear of being labeled as HIV-positive and PrEP appearing to be antiretroviral treatment (ART) play a role in discontinuation?

PrEP's resemblance to ART was a barrier for some participants. There were participants who requested that the PrEP be packaged differently instead of traditional pill bottles. To accommodate these requests, zip-lock envelopes were provided.

Q & A – POWER

What were the recommendations for creatinine testing in the POWER study?

For the POWER study, creatinine testing was conducted for all participants, none of which had CrCl <60. For general PrEP rollout, PEPFAR COP 2021 Guidance states: "WHO recommends that PrEP users be allowed to start PrEP without creatinine testing results. PEPFAR supports initiation of PrEP without creatinine testing. Creatinine testing can be provided at a follow up visit. PEPFAR may support creatinine testing for PrEP clients in exceptional circumstances."

Q & A – POWER (continued)

Did the POWER study find that there is a need for mental health support among women who initiated PrEP in POWER?

In all the PrEP demo projects we have conducted with African young women (i.e., HPTN 082, 3P, POWER and an ongoing study called PrEP SMART), there is a subset of young women who have experienced gender-based violence (GBV) or have depression and/or anxiety and could benefit from additional mental health support. The USAID-funded CHARISMA project, led by Liz Montgomery, developed and evaluated a GBV intervention which included a counseling manual for African young women on PrEP and is a good resource. Jennifer Velloza of the University of Washington has conducted a number of secondary analyses in PrEP projects with young women documenting depressive symptoms as barriers to PrEP use in this population. She is also leading new research to adapt an evidence-based mental health intervention (the Friendship Bench) for AGYW in South African PrEP delivery spaces and test its impact on symptoms of common mental disorders and PrEP adherence (NIMH K99MH123369).

How was resistance tested?

Resistance testing was conducted in collaboration with the GEMS team led by Urvi Parikh at University of Pittsburgh, using dried blood spots obtained from seroconverters. They did standard sequencing as well as more specialized testing to look for rarer variants.

Why did 6% of participants not accept PrEP at enrollment?

Of the 6% who did not start PrEP at enrollment in POWER, some women wanted more time to think about PrEP and/or decided they did not need it.

Is the MyPrEP Decision Tool available for adaptation?

The decision tool is currently programmed for tablets. The Wits RHI IT team is in the process of programming it for the web, and it will be available mid-year. The team is collaborating with the PROMISE consortium to develop a module that will add the dapivirine ring and then eventually CAB-LA.

Was there a correlation between relationship status and PrEP drop-off?

The POWER team is in the process of looking at predictors of PrEP persistence and will be able to answer this question soon.

Additional Resources

For more information on the SEARCH and POWER studies, please see the following resources:

- Manuscript: Uptake, engagement, and adherence to pre-exposure prophylaxis offered after population HIV testing in rural Kenya and Uganda: 72-week interim analysis of observational data from the SEARCH study. Lancet, 2020

- Manuscript: Constrained binary classification using ensemble learning: an application to cost-efficient targeted PrEP strategies. Stat Med, 2018

- Manuscript: Machine Learning to Identify Persons at High-Risk of Human Immunodeficiency Virus Acquisition in Rural Kenya and Uganda. Clin Infect Dis, 2020

- Pre-exposure Prophylaxis (PrEP) Uptake Among Older Individuals in Rural Western Kenya. J Acquir Immune Defic Syndr, 2019.

- HIV incidence after pre-exposure prophylaxis initiation among women and men at elevated HIV risk: A population-based study in rural Kenya and Uganda. PLOS Medicine, 2021

- POWER Video: Check out this video on the Desmond Tutu Foundation's TuTu Teen Truck, a mobile clinic that provides contraception, HIV testing, counseling, and PrEP.

- MyPrEP Decision Tool: Check out POWER's MyPrEP decision tool and see how this tool might be adapted or implemented in your setting

- PEPFAR 2021 COP Guidance: Click here for the 2021 COP Guidance for all PEPFAR countries.

- Manuscript: The Effect of Depression on Adherence to HIV Pre-exposure Prophylaxis Among High-Risk South African Women in HPTN 067/ADAPT. AIDS Behav, 2020.

We hope you join us again on 25 March 2021! Our next webinar will focus on Developing Guidelines and Plans for the Delivery of Event-Driven PrEP.

Visit the PrEP Virtual Learning Network for more information on previous or upcoming sessions.