Global PrEP Learning Network

Reframing PrEP Continuation: Highlights from the PMM-Jhpiego-USAID Think Tank on Prevention Effective Use of PrEP

27 May 2021

PEPFAR

USAID FROM THE AMERICAN PEOPLE

EpiC Meeting Targets and Maintaining Epidemic Control

RISE Reaching Impact, Saturation, and Epidemic Control

Opening & Introductions

Next Generation M&E for Oral PrEP Now and Next Generation Prevention Tomorrow

Measures that Matter: Using M&E to answer meaningful PrEP (and HIV prevention) questions

Health ministries and PrEP M&E

Key population-led PrEP service in Thailand: scaling up and sustainability

Q&A

Monitoring oral PrEP: Current indicators, future plans

Closing

Today's Speakers

Jessica Rodrigues, Director: Product Introduction & Access, AVAC

Jessica has more than 15 years of experience in program management and strategic information, research and communications. She joined AVAC in 2018 as Director of Product Introduction and Access focusing on bringing prevention options to those who need them most. Currently, Jessica oversees AVAC's flagship projects that support the scale-up of biomedical prevention products. Prior to joining AVAC, she worked at UNICEF where she managed learning and partnership initiatives for the HIV Section.

Jason Reed, Biomedical HIV Prevention Technical Advisor, Jhpiego

Jason offers more than 15 years of experience in public health surveillance and medical epidemiology, specifically in HIV surveillance systems, biomedical prevention programming, and implementation research at state, national and international levels. At Jhpiego, he provides technical oversight of biomedical HIV prevention programs, including PrEP for HIV, supports research development and analysis, and contributes to overall strategic planning for the HIV and Infectious Diseases Unit.

Today's Speakers

Sindy Matse, National Coordinator for Key Populations and PrEP programs, Eswatini National AIDS Program, Ministry of Health

Sindy is responsible for providing technical leadership and coordination; facilitating the development of policies and plans; and designing programs for key populations and PrEP programs in Eswatini. Sindy is a nurse with extensive experience in public health and HIV. She holds a Bachelor of Nursing degree and a Master's in public health.

Nittaya Phanuphak Pungpapong, Executive Director, Institute of HIV Research and Innovation

Nittaya is Executive Director at the Institute of HIV Research and Innovation in Bangkok, Thailand. She has deep interest in Key Population-Led Health Services (KPLHS) which empower key population lay providers who are members of key population communities to design and co-deliver HIV and STI services to their peers. She currently works towards the establishment of national accreditation and domestic financing systems for lay providers to ensure KPLHS sustainability.

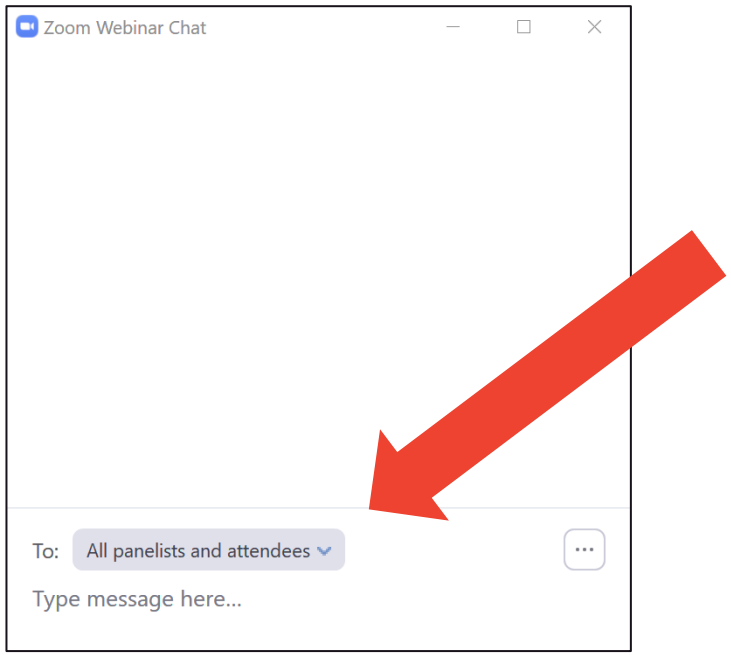
Today's Speakers

Robin Schaefer, WHO

Robin is a consultant for the Testing, Prevention, and Populations Unit of the Global HIV, Hepatitis, and STIs Programmes Department of the World Health Organization. He works on PrEP with a particular focus on simplified service delivery and new PrEP products. He holds a PhD in infectious disease epidemiology and has worked on a range of global health issues, including sexual and reproductive health and malnutrition.

Reminder: Use "Chat" Function

Please feel free to ask questions and add comments to the chat box at any point during today's presentations. At the end of the session, we will dedicate time to Q&A.



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

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Next Generation M&E for Oral PrEP Now and Next Generation Prevention Tomorrow

Jessica Rodrigues
AVAC
May 2021

Outline

- Redefining success for oral PrEP and next generation products
- Summary of findings from PMM Think Tanks
- Recommendations and key questions
- Key resources

Oral PrEP is highly efficacious, available now, and impactful despite imperfect use

Study	Country	Continuation Rates (M=month)		
		M1	M3	M6
POWER[1]	Kenya, South Africa	43%	20%	N/A
PrIYA[2]	Kenya	41%	25%	15%
EMPOWER[3]	South Africa, Tanzania	73%	61%	34%
EleMENt[4]	USA	68% of those who discontinued restarted		

Source: [1]Rousseau-Jemwa et al., HIV R4P (2018); [3] Kinuthia et al. (2019); Mugwanya et al., (2019); [4] Delany-Moretlwe et al.,(2018); [5] Jilinde (2019); [4]Serota et al (2019);

- Most people who start on oral PrEP do not continue to use it over long periods of time
- Staying on prevention interventions is inherently challenging when the reward is not immediate or observable
- ART indicators hastily transposed onto prevention
- Limited funding resulting in PrEP programs with small reach, compounding the difficulties clients encounter continuing to use PrEP

Continuation must be reevaluated and adapted to fit lived realities

Emerging consensus that:

Effective PrEP use does not have to be continuous

Cycling on and off PrEP based on risk is common and often driven by individual needs

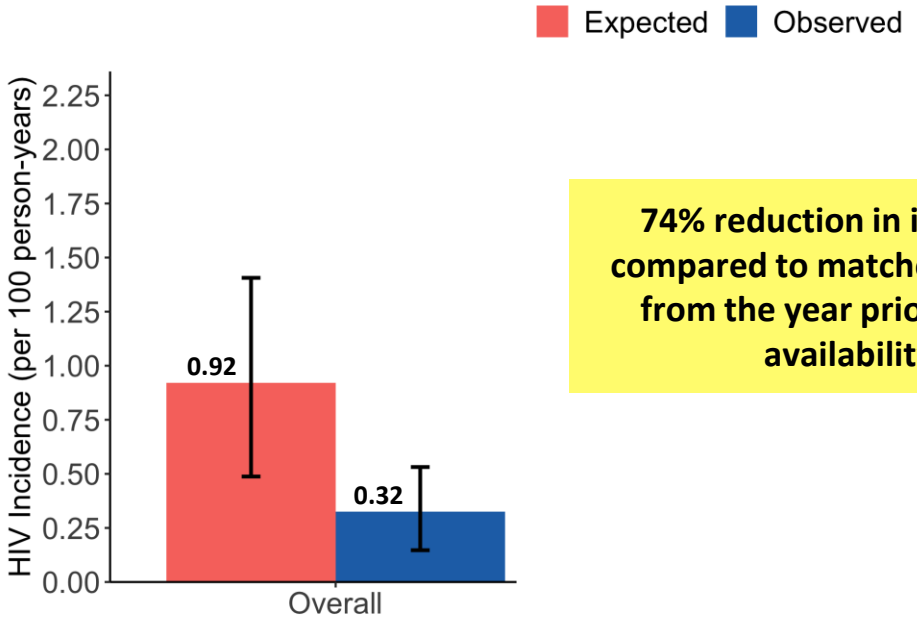
Intentional discontinuation can be a feature of effective PrEP use

Commonly Used Terminologies	Definition
Continuation/ Continued Use	Ability to use a method effectively over time
Effective use	Having sufficient drug concentration to achieve protection from HIV infection over time
Adherence	Taking medication as prescribed to achieve sufficient drug concentrations to confer protection in a 24 hour period
Persistence	Use as recommended, over a period of weeks, months, or years

Understanding patterns of oral PrEP use now can help identify and avoid similar challenges for future products

- Modest PrEP coverage can significantly reduce HIV infections among PrEP users
- Mera et al. associated reduced HIV incidence in the US with increased PrEP coverage (JIAS Dec 2019)
- SEARCH study reported
  - 74% reduction in new infections
  - >90% of people at current risk of HIV stayed on PrEP → individuals are effectively able to navigate 'seasons' of risk
  - Universal access; flexible delivery

Expected HIV incidence without PrEP



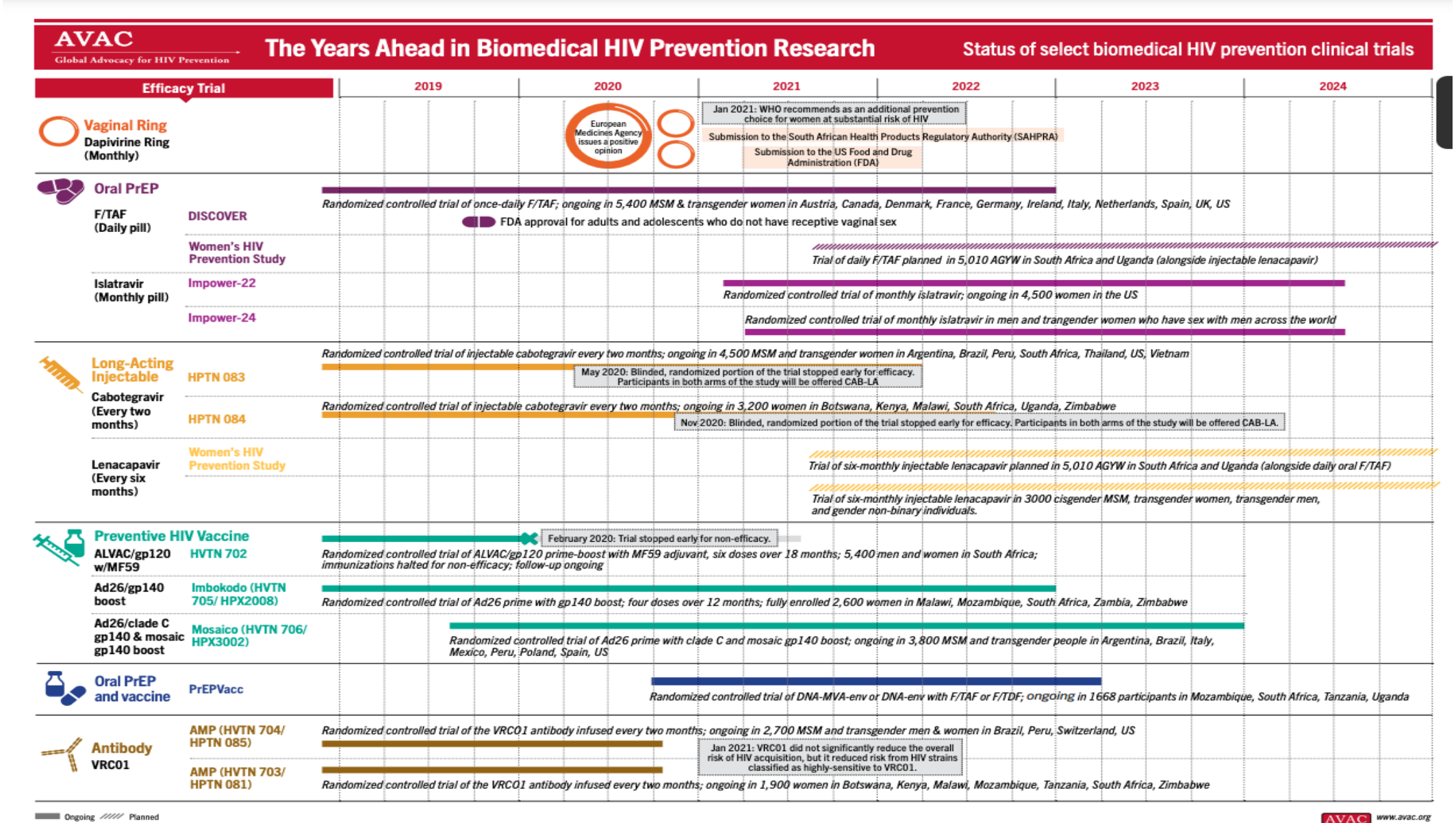
74% reduction in incidence compared to matched controls from the year prior to PrEP availability

Incidence Rate Ratio (95% CI)	**0.26 (0.09-0.75) p=0.013**

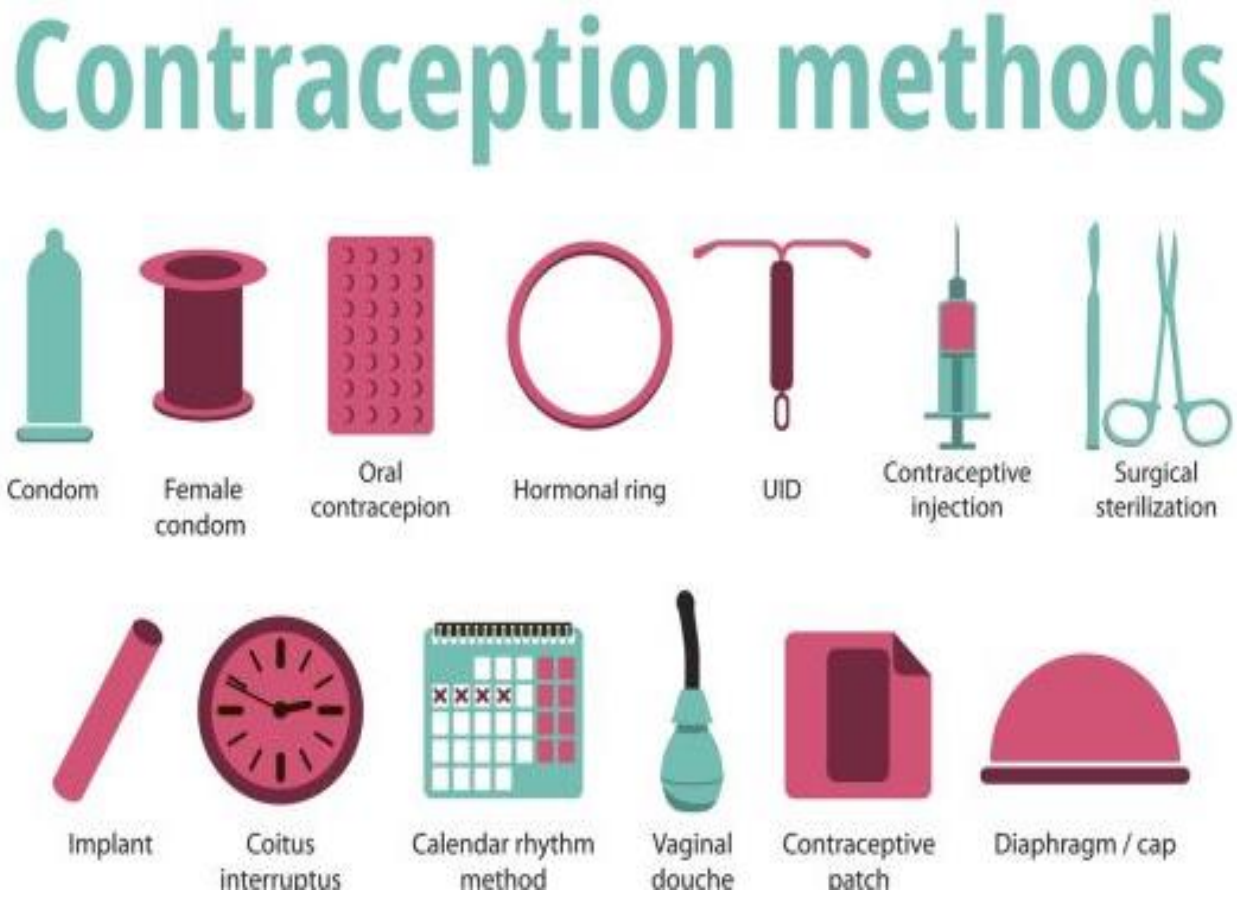
8 study communities with propensity score-matched recent historical controls.
Excluding 3 participants who seroconverted at week 4 visit: 78% reduction in incidence; aIRR = 0.22 (0.07-0.67)

Source: Catherine Koss, and James Ayieko,. *PrEP Uptake, Engagement, and HIV Incidence among Men and Women at Elevated HIV Risk in a Population-based PrEP Study in Rural Kenya and Uganda.* Presentation made a the AVAC Think Tank, 29th September 2020.

Demonstrating impact will be more critical as more products available but could be more complicated due to switching or simultaneous use



PrEP landscape is evolving to mirror family planning field with more options and could shift how continued use is measured and supported



PrEP options in the pipeline

- Oral pills
- Enema
- Long-acting injectable
- Vaginal gel
- Vaginal insert
- Micro-array patch
- Vaginal ring
- Rectal insert
- Subcutaneous injection
- Vaginal film
- Intrauterine device
- Diaphragm
- Transdermal patch
- Rectal gel
- Implant

Learnings from measuring impact in high-income settings and in SRH

SRH

Couple Years Protection

CYP is based on the volume of contraception dispensed; not individuals continuing over time

United States

Impact Measure

Demonstrated a strong correlation between PrEP use (coverage) and a reduction in new HIV infections

Potential Solution

Pathway to Impact Measurement

Can we define a measurement for impact for HIV prevention?

Redefine and improve measures of PrEP impact and success

Challenge	Potential Solution
PrEP indicators defaulted to HIV treatment, linear, lifetime use approach	Remove indicators less relevant to HIV Px; add indicators on impact in PEPFAR/WHO & population-based surveys
Impact of PrEP use will become more important as weigh cost for HIV px against treatment and cost-effectiveness of different products	Family planning as potential model for M&E and evidence that expansion of method mix increases overall coverage/prevalence rate
Differentiate between evaluating impact v. clinical monitoring	Study client level outcomes and patterns of use through implementation research; not routine M&E
Delivery approaches focused heavily on health clinics	Simplified delivery; expanded delivery channels

Key Questions

- What harmonized, minimal set of indicators is required to measure PrEP progress toward both targets and impact?
- What are opportunities and challenges associated w/ measuring impact based on volumes of products (by type) distributed to number of users in a time period?
- What data can be reserved for clinical monitoring, surveillance or research studies that would minimize reporting burden?
- What data is needed for forecasting commodity needs?
- How can simplifying, differentiating PrEP delivery improve uptake, effective use and ultimately impact?

Additional resources on PrEP M&E and continuation

HIV R4P Satellite Session

SA05.01	**What is effective PrEP use and why does it matter? Jessica Rodrigues, AVAC** Jessica RODRIGUES, AVAC, United States
SA05.02	**PrEP uptake, engagement, and impact after population-level HIV testing in rural Kenya and Uganda** Catherine KOSS, UCSF, United States James AYIEKO, UCSF, Kenya
SA05.03	**Measures that Matter: Using M&E to Answer Meaningful PrEP (and HIV Prevention) Questions** Jason REED, Jhpiego, United States
SA05.04	**Key population-led PrEP service: scale-up, adaptability and sustainability** Nittaya PHANUPHAK, Institute of HIV Research and Innovation, Thailand
SA05.05	**The mHealth Revolution: Harnessing Mobile Technologies to Support PrEP Use** Albert LIU, San Francisco Health Department, United States
SA05.06	**Moderated Q&A**
SA05.07	**Moderated Panel Discussion** Wanjiru MUKOMA, AVAC, Kenya Sindy MATSE, Ministry of Health, Eswatini Amy CHUNG, The Peter Doherty Institute for Infection and Immunity, Australia Rachel BAGGALEY, World Health Organization, Switzerland Daniel WERE, Jphiego, Kenya Sarit GOLUB, Hunter College, United States
SA05.08	**Closing Remarks** Robyn EAKLE, USAID, United States

https://programme.hivr4p.org/Programme/Session/44

Think Tank Reports


Defining and Measuring the Effective Use of PrEP
Think Tank Meeting Report
June 18- 19, 2019, Washington, D.C.

Executive Summary

Setting the stage on oral PrEP continuation and success

While oral PrEP as HIV prophylaxis prevents transmission by up to 99% when taken as recommended, many struggle to maintain effective use during periods of risk, thereby diminishing protection for the individual, reducing the potential for population-level impact and complicating efforts by donors and program implementers to monitor and evaluate PrEP delivery in many settings.

Monitoring (in)correct/(in)effective use is essential to identify the programs, providers, and locations where individuals, particularly sub-populations, may be deriving sub-optimal protection, and then intervene appropriately to improve effective use. Measuring effective use of an intervention use – as defined by normative agencies and donors – is critical for many public health domains, and drives implementer monitoring of program performance and reporting to national governments and funding agencies. Ensuring that indicators are of optimal value to the broadest array of stakeholders is essential.

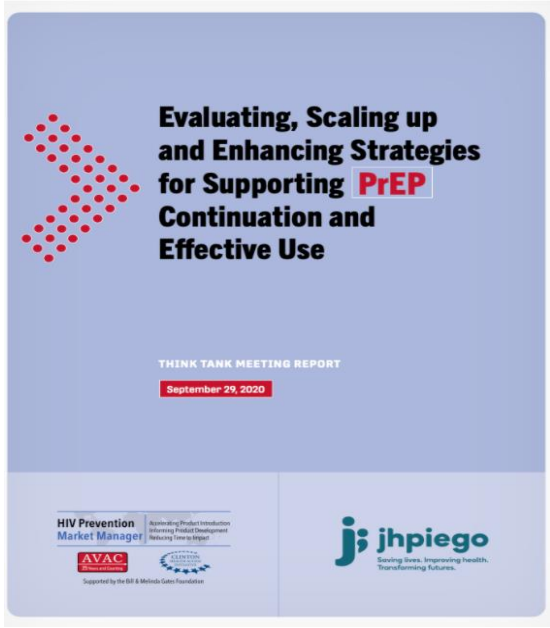
As defined and recommended by WHO, effective use includes daily oral PrEP for all populations at high risk of HIV, with an option for intermittent or "event driven" (ED) dosing for men who have sex with men. Existing methods for monitoring and evaluation (M&E), however, don't allow non-daily use to be considered effective use. Defining effective use of PrEP, which may require continued daily use for many but not all, has therefore been challenging.

In this nascent phase of PrEP scale-up, various programs' monitoring and evaluation (M&E) approaches are evolving as experience is gained. Monitoring for (in)effective/(in)correct use requires an understanding of: 1) the duration and intermittency of PrEP use; and, 2) the duration and intermittency of HIV risk. Indicators of the PrEP use are typically measured by cross-sectional (e.g. a single snapshot in time) and client-level longitudinal approaches, operating under the assumption that prescription refills equate to actual use (See Table 1 Measures of PrEP Use). The second consideration, HIV risk, is not routinely measured over time and is, for simplicity, assumed by current indicators to be consistent and ongoing between follow-up visits, despite data proving that episodic risk is common.

In an individual with highly frequent, indefinite risk to HIV, measurement of effective PrEP use is straightforward: effective use equates to uninterrupted, continuous use for long periods. In reality, many clients have sufficiently infrequent or episodic periods of HIV risk. Therefore, either ED-PrEP or short-term cycles of oral daily PrEP use with discontinuation(s), followed by PrEP restart(s), would, in actuality, be effective use.

HIV Prevention Market Manager
AVAC
jhpiego

https://www.prepwatch.org/resource/prep-think-tank-report/



https://www.prepwatch.org/resource/scaling-up-and-enhancing-strategies-for-supporting-prep

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Measures that Matter: Using M&E to Answer Meaningful HIV PrEP Questions

Jason Reed, MD, MPH
Sr. Technical Advisor for Biomedical HIV Prevention
Jhpiego

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CHOICE Collaboration for HIV Prevention Options to Control the Epidemic

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EpiC Meeting Targets and Maintaining Epidemic Control

RISE Reaching Impact, Saturation, and Epidemic Control

PrEP Measurements Typically Address

- **Accountability**: Am I delivering on my targets assigned by the donor and expected by the MOH?
- **Program Improvement**: Are clients using PrEP in a way that effectively protects them against HIV?
- **Impact**: What is the level of PrEP coverage of at-risk populations in the period and are changes in PrEP coverage associated with changes in incidence?

Accountability: are we meeting expectations?

- Indicators defined in PEPFAR's MER Guidance 2.5
- PREP_NEW & PREP_CURR: cross-sectional measure of number of clients receiving specific types of PrEP prescriptions
  - First-ever prescription in period [PREP_NEW] – client count
  - Any prescription in period [PREP_CURR] – client count (not Rx count)
- PREP_NEW: reported quarterly/annually and monitored for % target achievement/under-performance, including sex/age disaggs
- PREP_CURR: reported quarterly/annually to forecast future supply needs
  - HIV re-testing disagg intended to monitor ongoing HIV screening among users

Program Improvement: is PrEP use protective?

- Effectiveness is higher when periods of PrEP use and risk overlap
- Longitudinal monitoring of client-level use reveals:
  - Frequent early stopping (not returning on-time for first refill)
  - Frequent restarting after stopping
  - Frequent starting, stopping, restarting, stopping, restarting (cycling)
  - Longitudinal data reveal use patterns that can be readily characterized, and identify predictors of specific patterns
- Non-continuous use not envisioned during PrEP program design
  - M&E/indicators (and counseling messages) narrowly focus on continuous indefinite use; do not capture cycling phenomena or short-term use
  - Current programs ill equipped to measure or support support clients' cyclical/short-term use, reasons for stopping (e.g., method switching), facilitate restarting after stopping, or identify concerning use patterns
- Measures of continuation/effective use will become further complicated by addition of new technologies, as clients have greater options to use methods in tandem or series

Impact: is PrEP use reducing HIV incidence?

- Goal of PrEP scale-up is to reduce HIV incidence
- Mera et al. associated reduced HIV incidence in the US with increased PrEP coverage (JIAS Dec 2019)
- Koss et al. attributed HIV incidence reduction among PrEP users in the SEARCH study to PrEP uptake and continuation, on top of high ART coverage and population-level viral suppression (AIDS 2020)
- Question remains: can impact be modeled in a given country based upon:
  - HIV incidence over time (valid and sufficiently population specific)
  - PrEP coverage over time (using volume distributed to estimate coverage)
  - Potential confounders over time (treatment, other prevention coverage)
- Contraception M&E estimates impact based upon volume distributed, without specifics around actual use or risk measures
  - Estimates based upon number of users, visits, distribution volume

Improving PrEP M&E

- Accountability Measures:
  - Should there be a single expectation (indicator) about length of PrEP use, given effective use duration is unique to each user?
  - Consider replacing PREP_CURR with volume PrEP distributed
  - Longitudinal use and risk are phenomena better measured through special studies or surveillance vs. routine M&E
- Program Improvement: continue longitudinal M&E for sub-sets of sites or clients; new products may require rethinking measurement
  - Individual products: Cyclical use better described to support users with their stopping and restarting decisions
  - Mix of products: Use of products in tandem or series to describe “prevention” coverage by any method

Improving PrEP M&E

- Impact: Incorporate indicators for volume distributed and/or visits to derive coverage (drawing on family example of CYPs); associate changes in HIV incidence with changes in PrEP coverage over time
  - Can PHIA surveys help with this?

Thank You!

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OPPORTUNITIES AND CHALLENGES IN MEASURING PREP USE AND THE IMPACT OF HIV BIOMEDICAL PREVENTION

Sindy Matse, PrEP Focal Person
Eswatini National AIDS program,
MOH Eswatini

Guide on how HCWs can talk to clients about HIV prevention options and PrEP

- Toolkit for linkage to prevention services
- Includes guidance on how to conduct motivational counselling
- Helps guide on common barriers to target populations for the different prevention options.
- Helps to reinforce Combination Prevention and not individual interventions.

PrEP

STARTING QUESTION

- What would you like to discuss about PrEP?

Probing Questions

- What would life be like for you if you didn't have to worry about HIV? Could PrEP help with that? Why or why not?

If client is not on PrEP, invite client to begin PrEP today.

Information to be considered during discussion

- Pre-exposure prophylaxis (PrEP) is a daily pill that can help a HIV negative person stay negative.
- PrEP becomes effective after 7 days and and prescribed during periods of substantial risk.
- PrEP does not protect against STIs or pregnancy.
- Discuss if the client is at risk for STI, or in need of FP? What is the best combination HIV prevention package based on the discussion. Tell client to ask the HCW, that will prescribe PrEP, about how it can be integrated into those services (visits done on same day, refills picked on same day)
- You can start PrEP today

SPECIAL CONSIDERATIONS

- Sero-discordant couples – PrEP can be used until your partner is virally suppressed (U=U) in addition to condom use. Discuss with the client about ART and U = U.
- Sex workers, MSM, trans people, and AGYW – PrEP is highly recommended for these populations
- Pregnant and Breast-feeding women are encouraged to use PrEP. Reinforce it is safe, and can protect their babies during this time.
- Men – PrEP is protective in addition to VMMC and condoms
- Strong caution advised to minimize or avoid discussion of PrEP to clients exposed or affected with GBV (Physical , Emotional, Sexual). It may trigger perception that the clients self expose themselves to GBV

STIS, FP, & GBV

- **STI -** refer and provide condoms
- **FP -** refer to FP and provide condoms;
- **GBV -** if during the discussion you pick GBV such as physical, sexual and emotional violence, manage and provide comprehensive PEP as per guidelines for Health Sector response to sexual violence
- **Pre** - means before
- **Exposure –** means coming into contact with HIV
- **Prophylaxis –** means taking a pill to prevent HIV infection

DOCUMENTATION

Linkages confirmed when a person has taken up the service.

Use code to document PrEP linkage in the HTS register under Comments section.
For example: LO82/2020/03/0001-Pr

Document number of condoms given in the HTS register under comments section. **(# Condoms)**

PREP REGISTER

COHORT YEAR: ____________________

DEMOGRAPHICS				BASELINE ASSESSMENT							PrEP use	PrEP INITIATION			
				HIV test	Creatinine testing				HBsAg testing						
C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Name Surname National ID	Area of residence Phone number	Gender	DOB	Date confirmed HIV Neg prior to PrEP initiation	Date	Weight in kg	Serum creatinine	Calc CrCl	Date	HBsAG test results	Expected need for PrEP (Short, Long)	Initiation date	Initiation type	Month refill provided	Follow up date
		[__] Male [__] Female	DD MM YYYY	DD MM YYYY	DD MM YYYY				DD MM YYYY	[__] Neg [__] Pos [__] Inc	[__] Short [__] Long	DD MM YYYY	[__] First initiation [__] Re-start ≤ 12 months [__] Re-start > 12 months [__] Transfer-in	[__] 1 [__] 2 [__] 3	DD MM YYYY
		[__] Male [__] Female	DD MM YYYY	DD MM YYYY	DD MM YYYY				DD MM YYYY	[__] Neg [__] Pos [__] Inc	[__] Short [__] Long	DD MM YYYY	[__] First initiation [__] Re-start ≤ 12 months [__] Re-start > 12 months [__] Transfer-in	[__] 1 [__] 2 [__] 3	DD MM YYYY
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		[__] Male [__] Female	DD MM YYYY	DD MM YYYY	DD MM YYYY				DD MM YYYY	[__] Neg [__] Pos [__] Inc	[__] Short [__] Long	DD MM YYYY	[__] First initiation [__] Re-start ≤ 12 months [__] Re-start > 12 months [__] Transfer-in	[__] 1 [__] 2 [__] 3	DD MM YYYY

Short term: Client plans to use PrEP for 1-4 months
Long term: Client plans to use PrEP for more than 4 months
For clients where PrEP use is not known, short term is allocated.

WHY THINK ABOUT SEASONAL PREP?

- Healthcare workers (HCWs) are already overburdened supporting continuity of treatment.
- If PrEP use is "seasonal" HCWs don't need to spend their time following up clients with phone calls for appointments that are not needed.
- Can also better allocate resources (i.e. Pill Bottles) based on actual need.
- PrEP clients should come back to formally STOP PrEP, but most don't – show how do we know if they stopped because their risk changed – if we know it is short term we don't have to worry?
- Reasons for PrEP are personal, and not everyone needs PrEP for 12 + months, and programs should make sure their systems reflect it.
- You can start and stop PrEP when you need it during high periods of risk!

HOW CAN WE MEASURE AND IMPLEMENT PREP WHEN IT'S SEASONAL?

- Eswatini PrEP Clinical Guidelines and M & E tools include a first attempt to look at seasonal PrEP.
- Tools are being tested, and we are currently transitioning from paper-based to electronic based reporting in all our clinics.
- Focus on analysis will be through electronic records based due to ease of data collection burden, especially during COVID-19.

HOW DO WE PLAN ON MEASURING PREP DATA, USING SEASONAL RISK?

- PrEP continuation, how we look at it should adjust based on the short and long term need of PrEP.
  - Continuity rates could be high for those that have a long term need for PrEP but look low overall due to short term need clients.
  - We could have an issue in terms of counselling for PrEP if we have a steep drop off at Month 1 for short term need clients.
- Better identify where we need to strengthen our service delivery – where are people dropping off, and why – both for short and long term separately.
- Risk period should guide healthcare workers in terms of follow-up, refills, and expectations of appointment scheduling.
- Quantification can take into account projected need based on short and long term data.

HOW DO WE LOOK AT RE-STARTS

- Shifting the mind-set to short- and long-term risk needs changes how we think about re-starts. It better aligns with why people take PrEP.
- Re-starting PrEP isn't bad, and HCWs need to embrace re-starts.
- Knowing someone's "season of risk", through counselling, allows discussions to go past – starting PrEP but look at starting, knowing when is a good time to stop, and thinking about when to re-start.
- Improved discussions around risk, and seasonal risk, allows us to better discuss barriers that need to be addressed prior to starting and re-starting?

DO WE NEED A PREVENTION CASCADE?

This is a complex idea. We can't document cohorts the same way we do for treatment, and we can't always confirm if clients are using prevention methods.

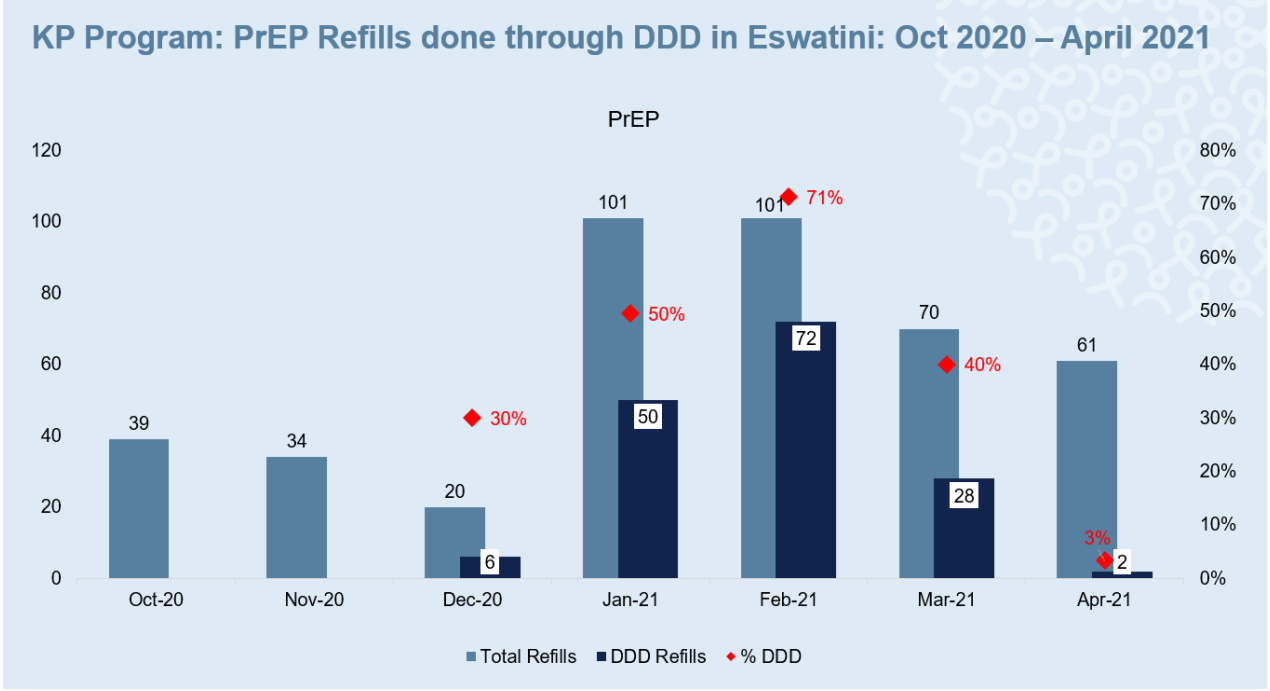
What we can do?

1. Document those that received SBCC only, Condoms only, PrEP, PEP, VMMC, HIV ST and providing options for PrEP, PEP, VMMC, Treatment as prevention, HIV ST plus Condoms or SBCC.
2. If possible, identify where people are receiving prevention services? Social Media? Outreach? Clinics? Peers?
3. While we might not be able to document "impact" we can use the data to hold people accountable for providing HIV negative individuals, that are at risk, with HIV prevention options.
4. For those programs that are able to track clients longitudinaly, we could start to look at their programs and see if there are any links.

CURRENT PREP STRATEGIES

1. Ensure access during COVID-19's 2nd wave, through Decentralized Drug Distribution, for Key Populations:

- **Service delivery**: offered through FHI 360 through a nurse that supports DDD; clients are line listed and offered DDD if they are eligible;
- **Venue**: home-based appointments, but locations may include the preferred location of the client.
- **Type of services**: Antiretroviral (ART) and Pre-Exposure prophylaxis (PrEP), Family Planning (FP), Tuberculosis (TB), Non-Communicable Diseases (NCD); selected Lab test



CURRENT PREP STRATEGIES

2. Address barriers around PrEP bottles (being designed and rolled out currently) targeting AGYW and FSWs

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Key population-led PrEP service in Thailand: scaling up and sustainability

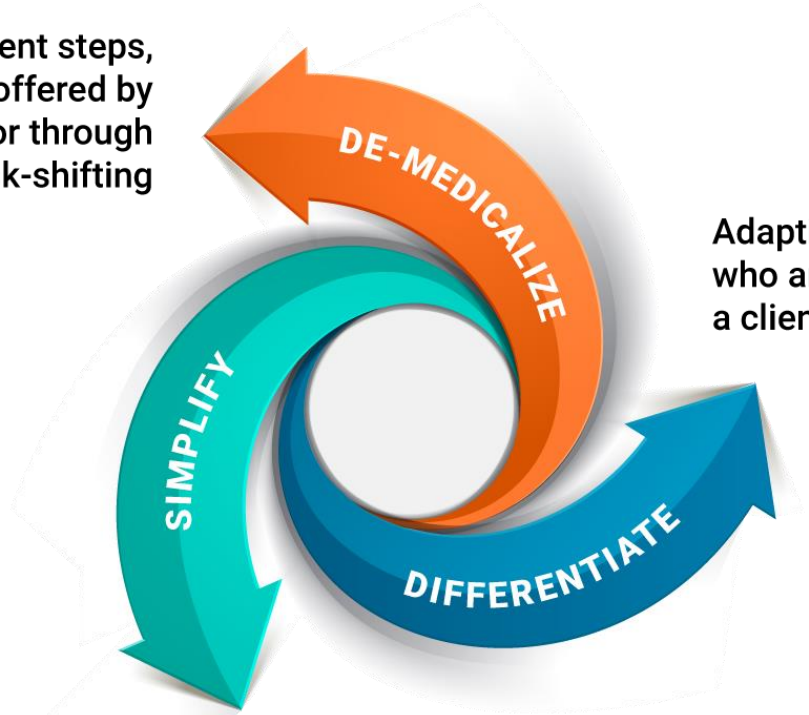
Nittaya Phanuphak, MD, PhD
Institute of HIV Research and Innovation (IHRI)
Bangkok, Thailand

27 May 2021
CHOICE PrEP Webinar

when innovation meets implementation

De-medicalize. Simplify. Differentiate.

Different steps, elements of PrEP offered by lay providers, or through HCW task-shifting



Adapting the when, where, who and what based on a client-centered approach

Finding less complex ways to deliver care, to promote increased access and lower cost, while retaining efficacy and quality

Kimberly Green, et al. 2020.

Key Population-Led Health Services (KPLHS):
designed and co-delivered by KPs

- A defined **set of HIV-related health services**, focusing on specific key populations
- Services are identified by the community itself and are, therefore, **needs-based, demand-driven, and client-centered**
- Delivered by trained and qualified **lay providers**, who are often members of the key populations

Vannakit R, et al. JIAS 2020; 23(6):e25535.
USAID LINKAGES project and USAID Community Partnership project

Key population-led health services (KPLHS):
filling service gaps for key populations

ACCESSIBILITY

- Located in **hot spots**
- **Flexible service hours** suitable for KP's lifestyle
- **One-stop** service

AVAILABILITY

- **Needs-based** and **client-centered** services, such as hormone monitoring, STI, legal consultation, harm reduction

ACCEPTABILITY

- **Staff are members of KP communities** who truly understand KP's lifestyle
- Services are gender-oriented, and **free from stigma and discrimination**

QUALITY

- Staff are **trained and qualified** in accordance with national standards
- Strong **linkages** with and **high acceptance** from **public health sectors**

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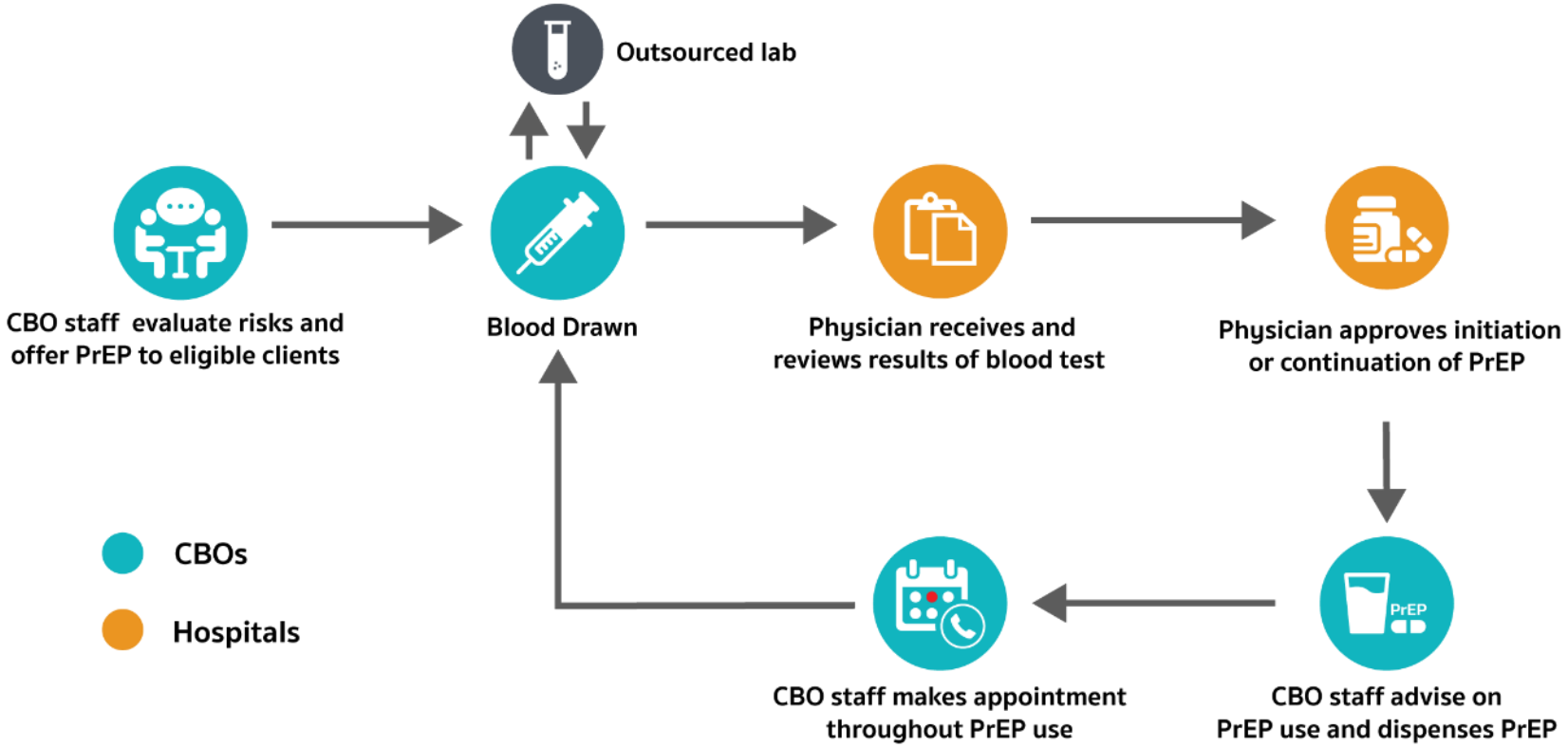
Key population-led PrEP in Thailand:
to simplify, de-medicalize and differentiate PrEP service – through close collaboration with hospitals



2020 Thailand National Guidelines on HIV/AIDS Treatment and Prevention
Ramautarsing RA, et al. J Int AIDS Soc 2020; 23 Suppl 3: e25540.
Phanuphak N, et al. Sex Health 2018; 15(6): 542-55.

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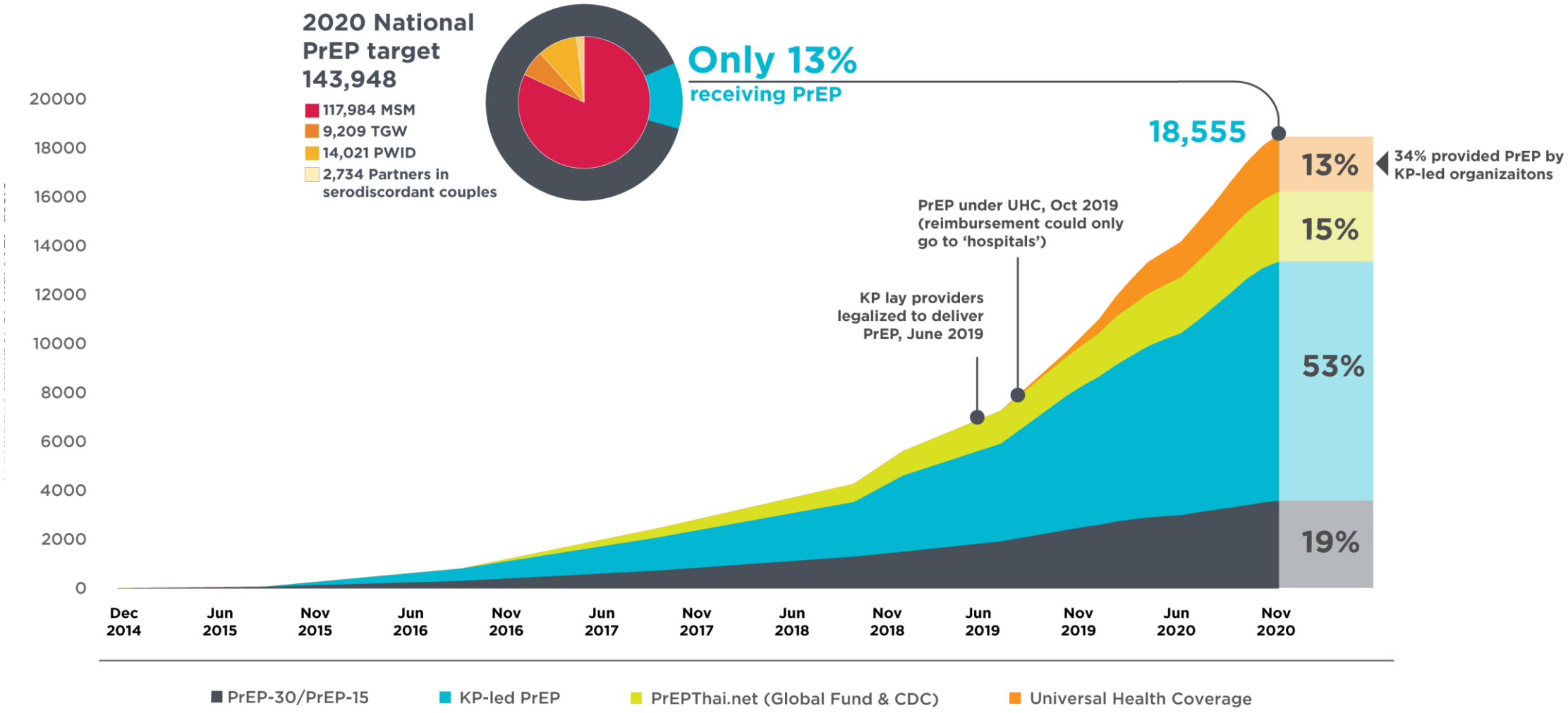
Key population-led PrEP: scale-up and sustainability



NAP, Princess PrEP, prepthai.net, May 2020.

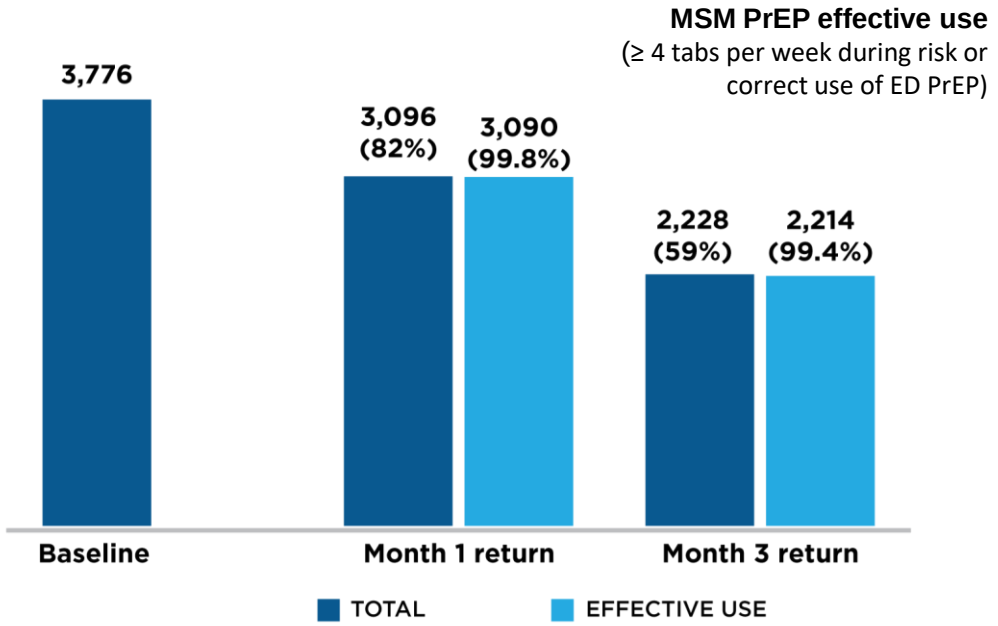
PEPFAR USAID FROM THE AMERICAN PEOPLE EpiC IHRI

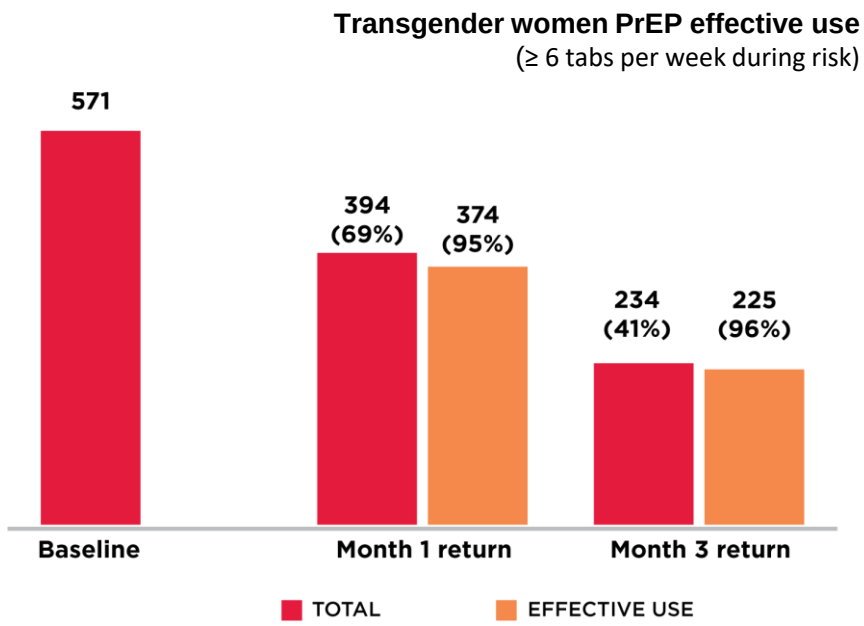
“So few clients walked into our hospital for PrEP. But there are so many people at very high-risk out there at the CBO clinic. I urge the National Health Security Office to allow PrEP service reimbursement to go directly to the CBO clinic.”

Prattana Leenasirimakul, MD
Nakornping Hospital, Chiang Mai

PEPFAR USAID FROM THE AMERICAN PEOPLE EpiC IHRI

Introducing PrEP effective use and retention in prevention service approach to KP-led PrEP service





- Life-steps counseling → make a plan, assess self-efficacy, revise the plan
- Clients self-identify needs to stop, switch, re-start PrEP
- Continuous support available & benefits of regular HIV/STI testing

- National database and related reimbursement system have not fully yet adapted to encourage this approach (different reimbursement rate for 'PrEP counseling' vs 'HIV counseling')

USAID LINKAGES and EpiC project, June 2019 – December 2020.

KPLHS: significant contribution to HIV testing, HIV diagnosis and PrEP services among KPs in Thailand

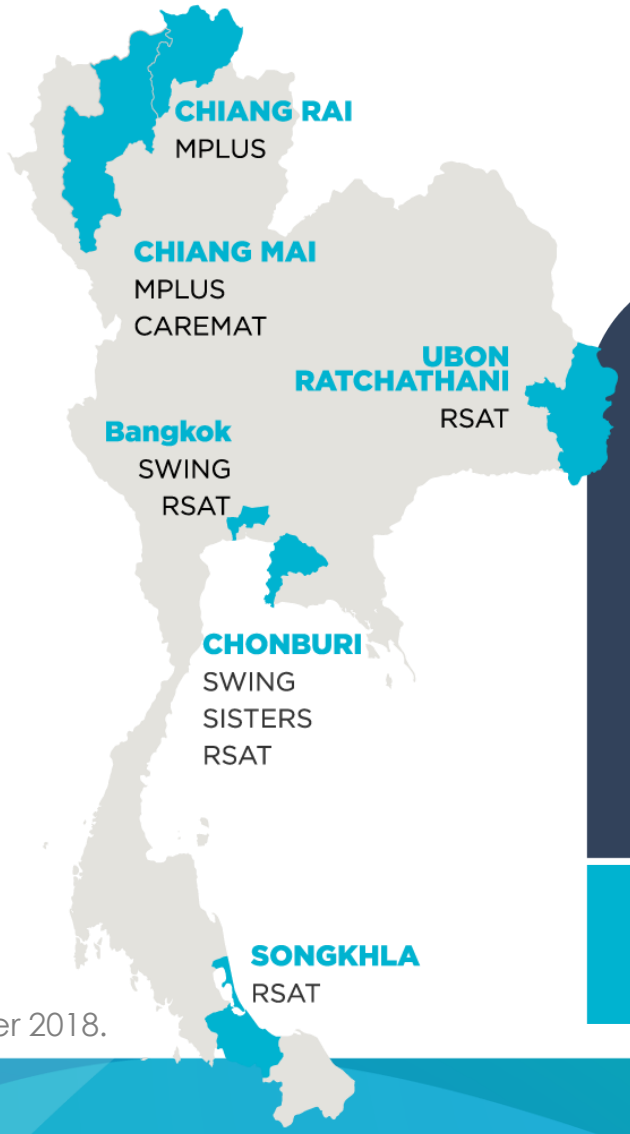
HIV incidence (by Mar 2017)

MSM
6.19
PER 100 PY

TG
2.4
PER 100 PY

MSW in Pattaya
11.69
PER 100 PY

TGSW in Pattaya
4.06
PER 100 PY



55%
of MSM & TGW tested for HIV nationwide in 2018

36%
of newly diagnosed HIV-positive cases among MSM & TGW nationwide in 2018

55%
of Thai PrEP users in 2018

received services at 10 community health centers in 6 provinces

USAID LINKAGES project and Thai Red Cross AIDS Research Centre, December 2018.

PEPFAR USAID FROM THE AMERICAN PEOPLE EpiC IHRI

GOVERNMENT ENDORSEMENT AND COMMITMENT ON KPLHS

Domestic **financing directly to CBOs**, with linkage to affiliated hospitals (MOU), based on lay providers trained/certified and CBOs accredited

Community and KPLHS MOPH regulation endorsed by **Medical Council, Pharmacy Council and Medical Technology Council** and signed by the Minister

KPLHS training modules and **KP lay providers certification** endorsed by MOPH

Vannakit R, et al. JIAS 2020 23:e25535.

PEPFAR USAID FROM THE AMERICAN PEOPLE EpiC IHRI

ระเบียบกระทรวงสาธารณสุข
ว่าด้วยบุคคลซึ่งกระทรวง ทบวง กรม เทศบาล องค์การบริหารส่วนจังหวัด องค์การบริหารส่วนตำบล กรุงเทพมหานคร เมืองพัทยา องค์กรปกครองส่วนท้องถิ่นรูปแบบพิเศษอื่นตามที่มีกฎหมายกำหนด หรือสภากาชาดไทย มอบหมายให้ประกอบวิชาชีพเทคนิคการแพทย์ ในความควบคุมของเจ้าหน้าที่ซึ่งเป็นผู้ประกอบวิชาชีพเทคนิคการแพทย์หรือผู้ประกอบวิชาชีพเวชกรรม (ฉบับที่ ๓) พ.ศ. ๒๕๖๒

ข้อ ๖ บุคคลซึ่งได้รับมอบหมายตามข้อ ๔ ถ้าเป็นเจ้าหน้าที่ ให้ทำการประกอบวิชาชีพเวชกรรมได้เฉพาะในกรณีการปฏิบัติราชการหรืออยู่ระหว่างปฏิบัติราชการตามหน้าที่เท่านั้น

ข้อ ๗ บุคคลซึ่งได้รับมอบหมายตามข้อ ๔ สามารถประกอบวิชาชีพเวชกรรมได้ เฉพาะกรณีดังต่อไปนี้

(๑) การบริการด้านเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน ดังนี้

(๑.๑) การให้บริการปรึกษาก่อนหรือหลังการตรวจ และบริการปรึกษาทางการแพทย์ที่เกี่ยวข้อง

(๑.๒) การเก็บตัวอย่างสิ่งส่งตรวจ เพื่อหาการติดเชื้อ

(๑.๓) การเจาะโลหิตจากปลายนิ้ว เพื่อตรวจคัดกรองการติดเชื้อ

(๑.๔) การตรวจหาการติดเชื้อโดยชุดตรวจแบบง่ายและรู้ผลเร็ว

(๑.๕) การอ่านผลและรายงานผลตาม (๑.๒) (๑.๓) และ (๑.๔)

(๒) การส่งต่อเพื่อตรวจวินิจฉัย และเข้าสู่ระบบการดูแลรักษา

(๓) การใช้ยา ดังนี้

(๓.๑) ยาสามัญประจำบ้านตามกฎหมายว่าด้วยยา เพื่อรักษาอาการเบื้องต้นที่เกี่ยวเนื่องกับเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน

(๓.๒) ยาที่ผู้ประกอบวิชาชีพเวชกรรมสั่งจ่ายให้แก่ผู้รับบริการเฉพาะรายหรือเฉพาะคราวที่เกี่ยวเนื่องกับเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน

Clinical roles of KP lay providers, 2019 MOPH Regulations:

- **Provide services related to HIV, syphilis, gonorrhea, chlamydia or other STIs**
  - Pre- and post-test counseling
  - Specimen collection to test for infection(s)
  - Finger prick blood collection for screening test
  - Reading and reporting of test results
- **Referral for diagnostic test and link to care**
- **Give drugs, as prescribed by health professionals, to treat and prevent HIV, syphilis, gonorrhea, chlamydia or other STIs (or primary symptoms related to these conditions)**

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Capacity building and certification processes for KP lay providers under ENGAGE

KP lay providers nominated by CBO

KPLHS Training Curricula (RRR, RRTR, RRTTPR)

Post-test Exam

80% Test score

PASS

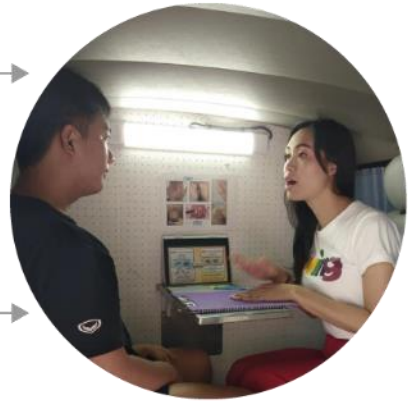
NO PASS

Online Refresher Training

Online Exam

PASS

NO PASS
Take Refresher Training & Repeat the Exam



Practicum Process: Case Collection

80%

Assessment for Certification
80% Score for Practice

Certified KP lay providers
1st certification valid for 1 year
2nd for 2 years and so on

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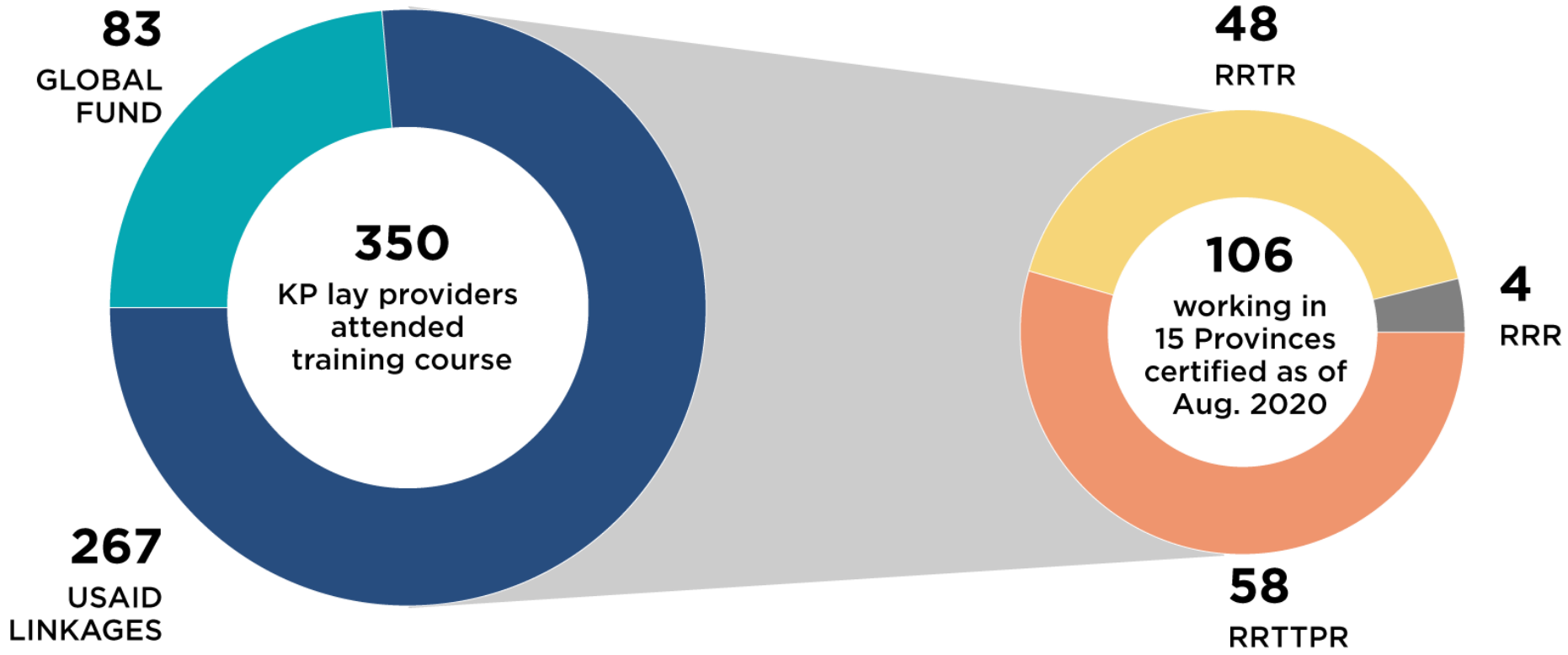
Number of KP lay provider trained and certified by ENGAGE



Conclusions

- KP-led PrEP is a way to simplify, de-medicalize and differentiate to ensure client-centered and need-based PrEP service.
- Scale-up and sustainability need sincere policy commitment.
- Measurement of retention in prevention service and PrEP effective use can likely be enhanced by reporting requirement and reimbursement system ☺.


IHRI
WHERE INNOVATION MEETS IMPLEMENTATION

Opening & Introductions

Next Generation M&E for Oral PrEP Now and Next Generation Prevention Tomorrow

Measures that Matter: Using M&E to answer meaningful PrEP (and HIV prevention) questions

Health ministries and PrEP M&E

Key population-led PrEP service in Thailand: scaling up and sustainability

Q&A

Monitoring oral PrEP: Current indicators, future plans

Closing

Q&A

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Monitoring oral PrEP

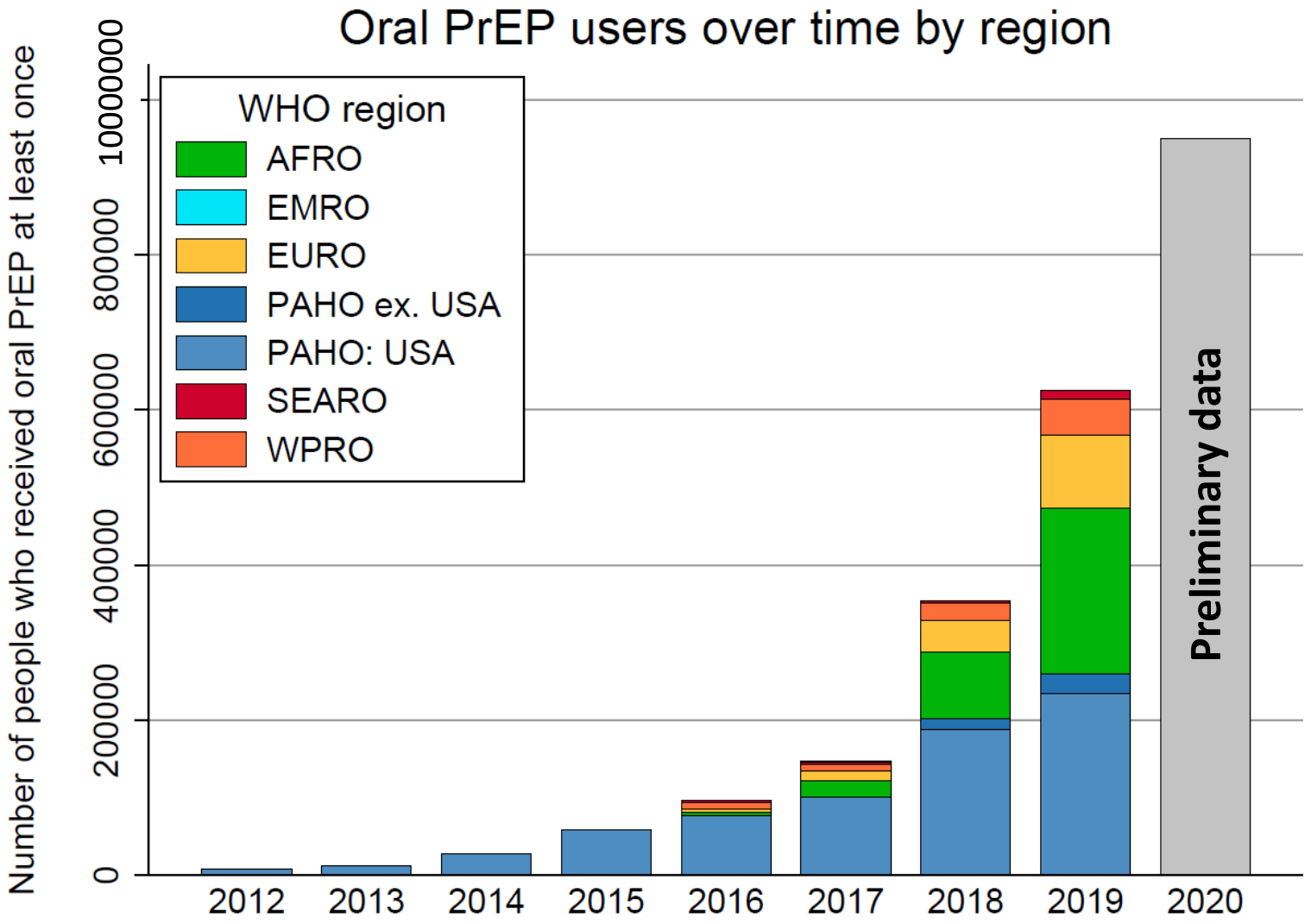
World Health Organization

Current indicators, future plans

27 May 2021

Robin Schaefer | Global HIV, Hepatitis and STIs Programmes | World Health Organization

Global scale-up of PrEP



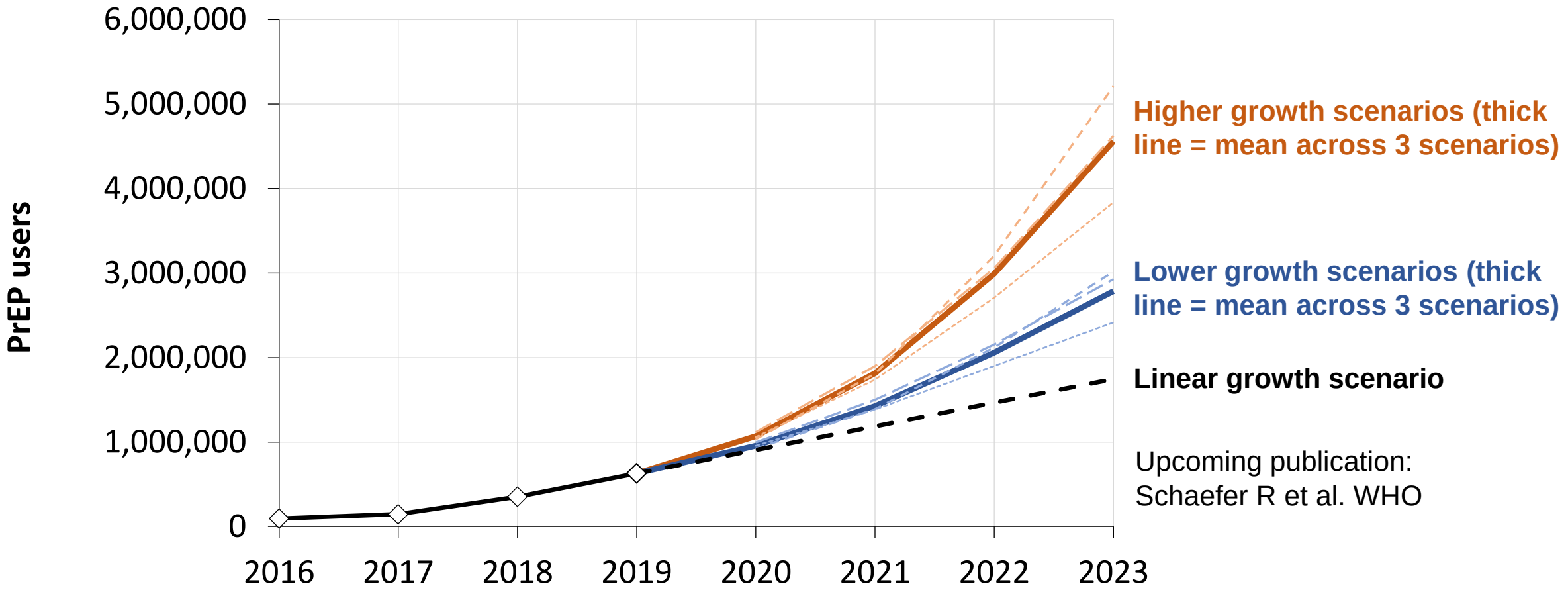
Preliminary data suggests significant growth in global PrEP use in 2020 despite COVID-19 disruptions

Source: GAM and WHO regional/country offices. Data for 2020 are preliminary.

...and future expansion

World Health Organization

Forecasted growth in global PrEP users under different growth scenarios



Monitoring and evaluation

Measure results

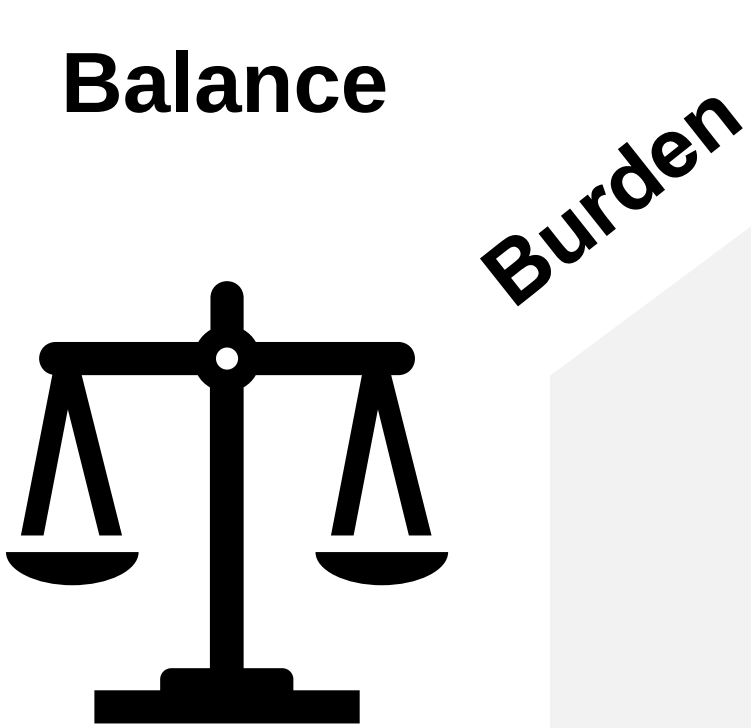
Improve performance

Identify trends

Increase accountability

World Health Organization

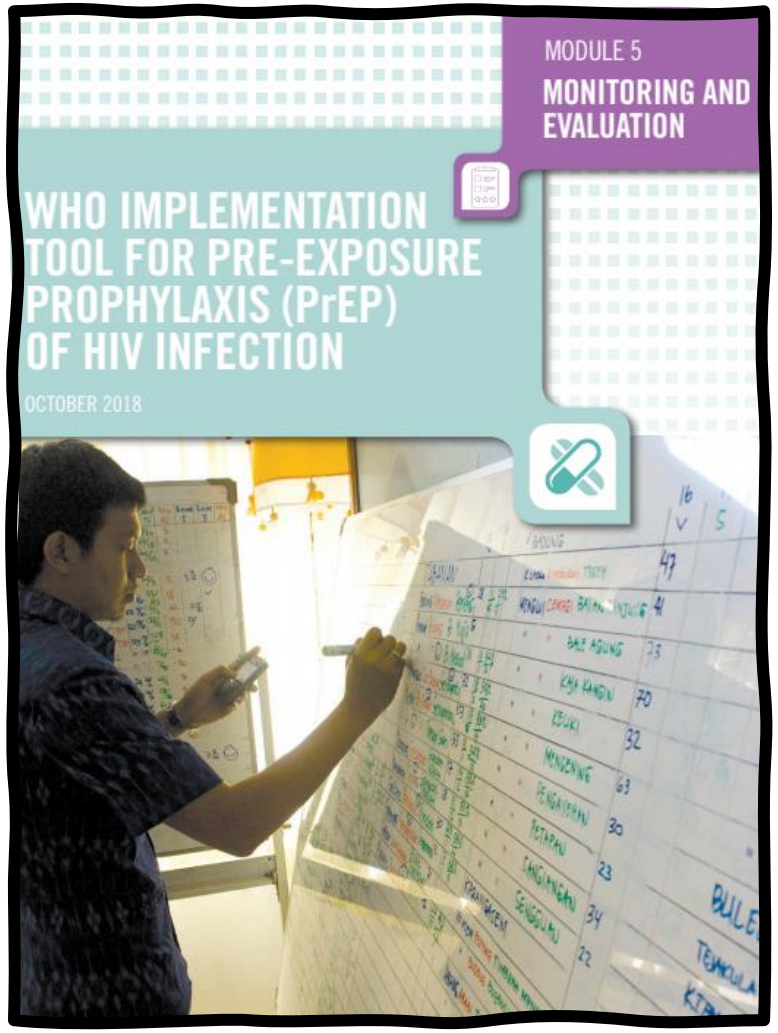
Monitoring and evaluation

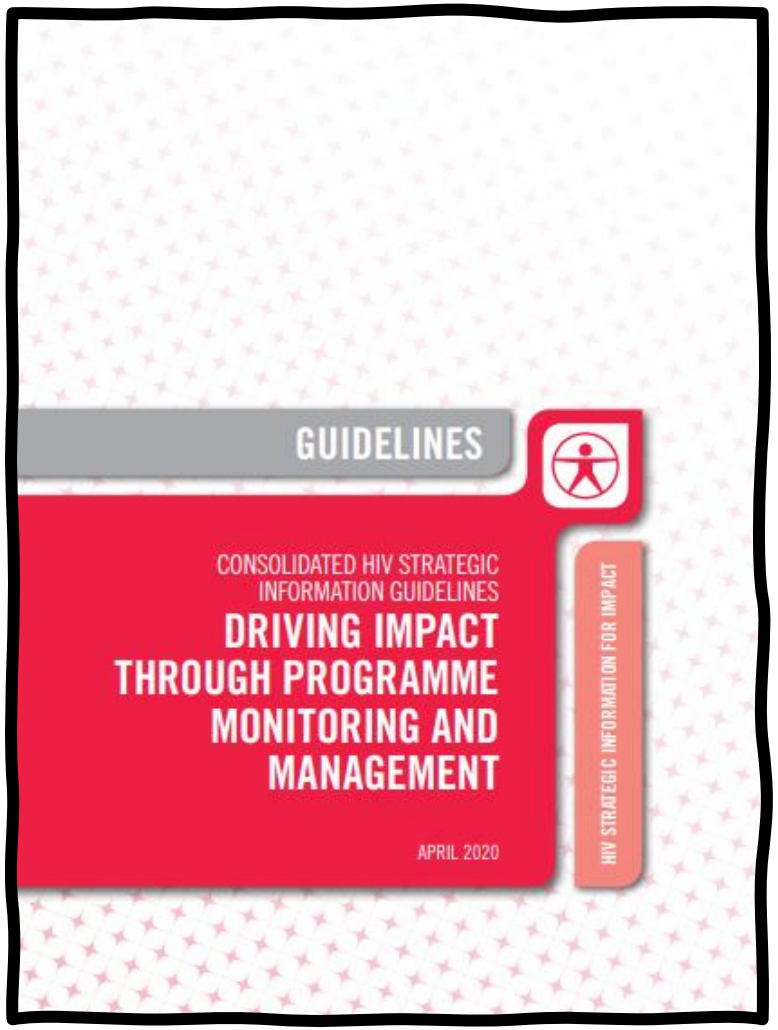


World Health Organization

WHO guidance on monitoring PrEP

World Health Organization





WHO guidance on monitoring PrEP

World Health Organization

WHO PrEP Implementation tool

Uptake
% eligible people initiated oral PrEP

Toxicity
% discontinued/interrupted due to serious toxicity

Continuation
% PrEP users continued 3 consecutive months

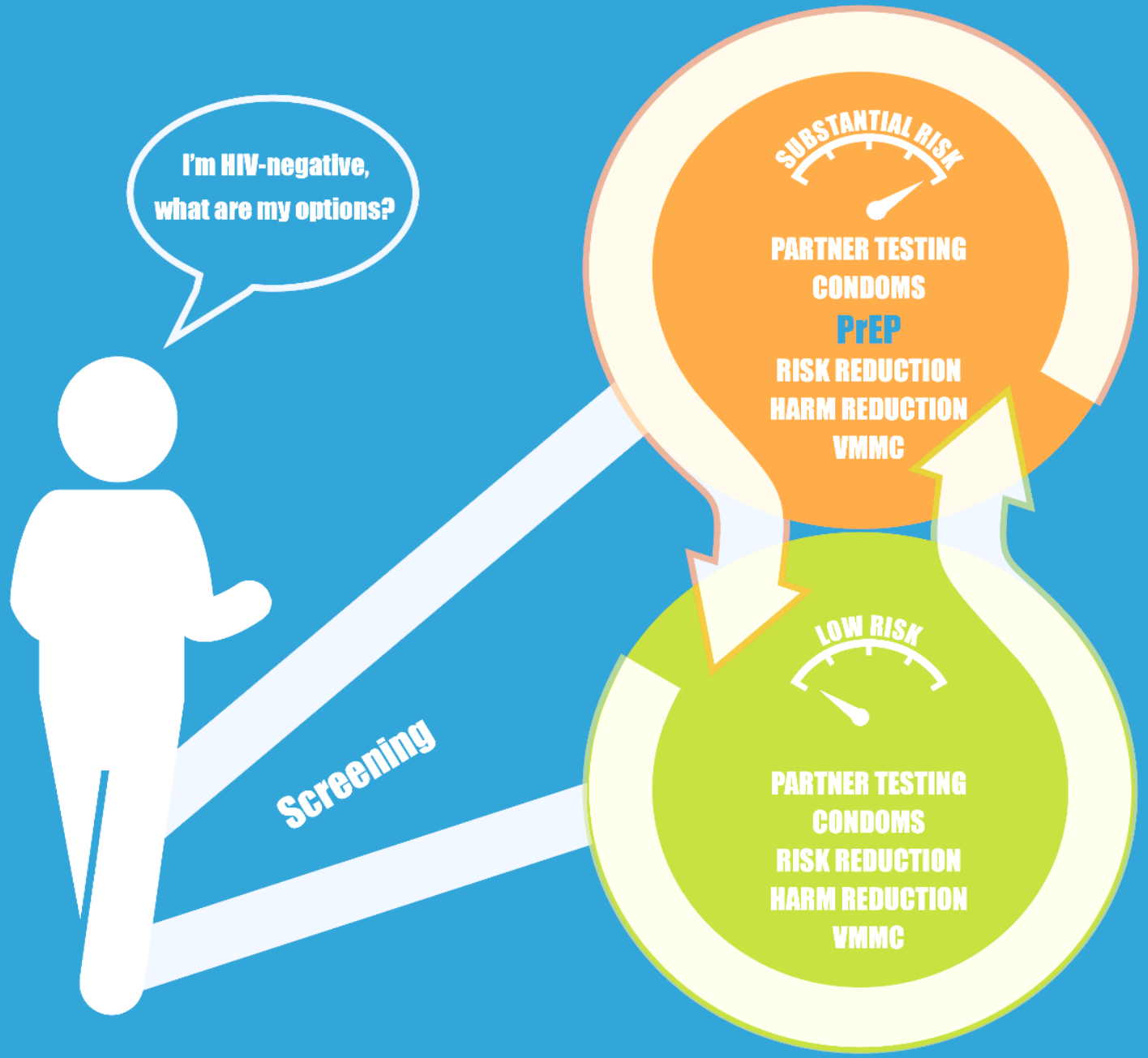
HIV positivity
% HIV-positive after receiving PrEP in last 12m

Currently on PrEP
people received PrEP at least once

STI screening
% PrEP users tested for STIs at least once

WHO Consolidated HIV Strategic Information Guidelines

Challenges to measuring PrEP:



Cyclical nature of oral PrEP use and 'effective use' of PrEP

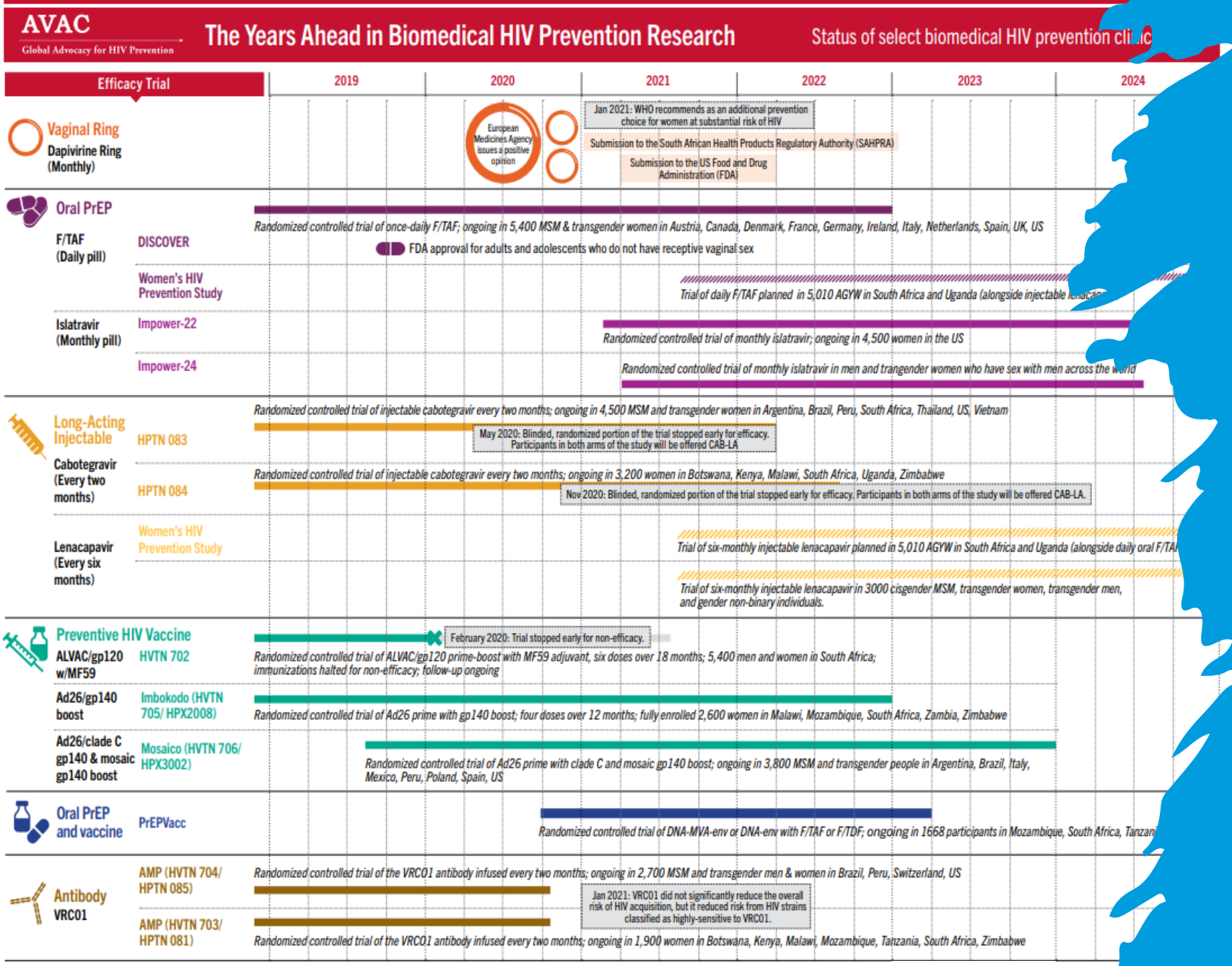
World Health Organization

Challenges to measuring PrEP:

Event-driven PrEP

World Health Organization

Source: avac.org



Challenges to measuring PrEP:

New PrEP products

World Health Organization

World Health Organization

PrEP need

PrEP use does not necessarily reflect PrEP need

Uncertainty around “population in need”

Population sizes difficult to estimate

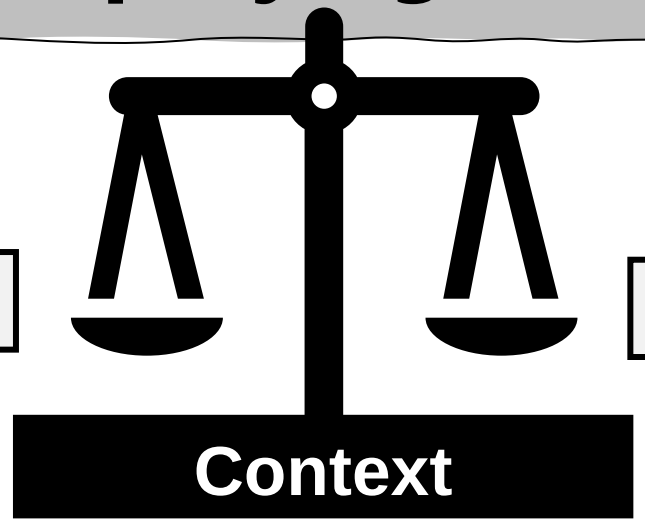
Target setting

PrEP service delivery

World Health Organization

- Differentiated
- Digital
- Simplified
- De-medicalised
- Integrated

What about simplifying PrEP monitoring?



Essential monitoring

Ideal monitoring

We want to know what you think!

For program managers, what are the 3 most important aspects of PrEP use to monitor? (select all that apply)

- Number of people taking PrEP in the last 12 months
- PrEP uptake among those offered
- PrEP continuation at 1 month
- PrEP continuation at 3 months
- Number of pill bottles dispensed
- PrEP adverse events/toxicities
- Amount of time someone takes PrEP
- Coverage of PrEP among priority populations
- HIV positivity rate among PrEP users (seroconversion)
- Other

We want to know what you think!

Is effective use of PrEP measured in your program (i.e. taking PrEP during periods of risk)?

- Yes
- No
- Don’t know

We want to know what you think!

Are PrEP-related adverse events or toxicities regularly measured in your program (including post-market surveillance)?

- Yes
- No
- Don’t know

We want to know what you think!

Has an estimate of PrEP “need” been used to set targets for your program?

- Yes
- No
- Don’t know

We thank all of you who make PrEP a reality!

Thanks to WHO colleagues for contributions to this presentation:
Rachel Baggaley, Michelle Rodolph, Heather-Marie Schmidt, Shona Dalal

WHO

20, Avenue Appia
1211 Geneva

Switzerland

Further questions or comments:
schaeferr@who.int

World Health Organization

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Upcoming Sessions

JULY 7

WHO Global PrEP Network webinar:
Get PrEP Done! Strategies for raising awareness, acceptability, uptake and effective use of PrEP

AUG 26

HIV Resistance

SEPT

WHO Global PrEP Network webinar

OCT 28

Promoting Choice in HIV Prevention

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

The WHO Global PrEP Network presents:

Get PrEP Done!

Strategies for raising awareness, acceptability, uptake and effective use of PrEP

Join our stellar list of speakers from **Brazil, Morocco, Philippines. Thailand and Zambia** as they provide an overview of good practice for civil society-led campaigns and **explore successful promotions to improve PrEP programs** and support acceptability, awareness, uptake and effective use of PrEP among their communities.

When: Wednesday 7 July 2021 at 10AM CET (local times: 3PM ICT, 10AM SAST, 4AM EDT)

Register to attend at:
https://who.zoom.us/webinar/register/WN_FBxPmkn3S32Rjj6hy_wN_Q

After registering, you will receive a confirmation email about joining the webinar.

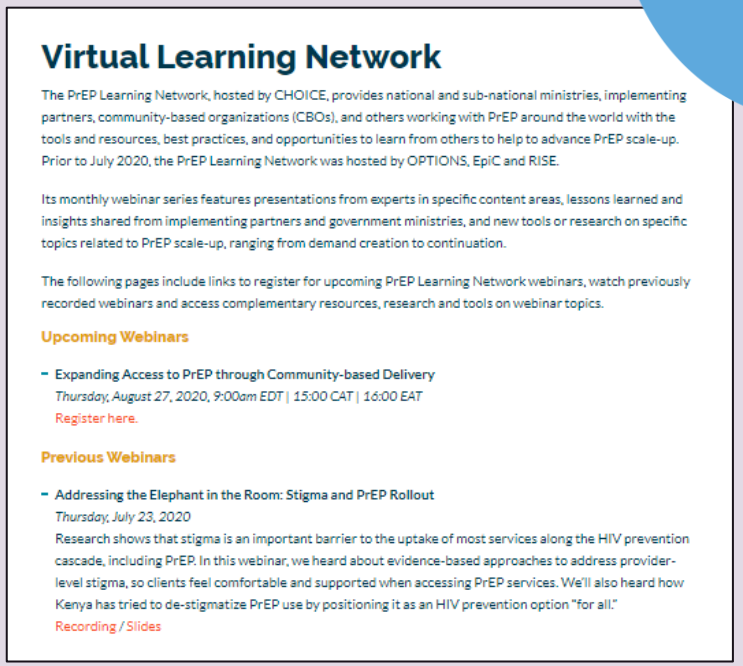
Speakers:

- Get PrEP Done! A community-led demand creation toolkit - Nicky Suwandi, Communications and Demand Generation Officer, APCOM, Thailand
- PrEP in the City - Peevara Srimanus, Program Officer for Transgender Health, IHRI, Thailand
- #MenOfPrEP - Danvic Rosadiño, Director of Operations, LoveYourself Inc., Philippines
- PrEP1519 – Dr Ines Dourado, Health Collective Institute/Federal University of Bahia, Brazil, and Representative PI of PrEP1519 Study
- Prends le contrôle de ta santé – Dr Mehdi Karkouri, President, Association de Lutte Contre le Sida (ALCS), Morocco
- Prep.edu.pl & Tytotu.pl – Dr Bartosz Szetela, Wroclaw Medical University & Wroclawskie Centrum Zdrowia SPZOZ, Poland
- Zambia Ending AIDS campaign - Daliso Mumba, Civil Society Coordinator, National HIV/AIDS/STI/TB Council (NAC) & Musonda Musonda, Community ART Advisor, USAID, Zambia
- Chair: Dr Heather-Marie Schmidt, WHO and UNAIDS Regional Office for Asia and the Pacific, Thailand

World Health Organization

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.



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 heard how Kenya has tried to de-stigmatize PrEP use by positioning it as an HIV prevention option "for all."
  Recording / Slides

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

Thank You!