OPTIONS Optimizing Prevention Technology Introduction On Schedule



HOPE Protocol Team Meeting
Lessons Learned from PrEP Rollout for the
Dapivirine Ring

Elizabeth Gardiner, AVAC September 25, 2018









Outline & Attribution

- Eye on the Prize: Full Scale Roll Out of Oral PrEP & Dapivirine Ring
- Demonstration as a path to roll out
 - Lessons from analysis of 7 Gates-supported oral PrEP demonstration projects (Prevention Market Manager)
 - Additional factors that are influencing scale up of oral PrEP
- Planning for Ring Demo
 - Analysis from 7 countries (FSG/AVAC/OPTIONS Country Partners)
 - Plans for the next phases of ring introduction (OPTIONS)

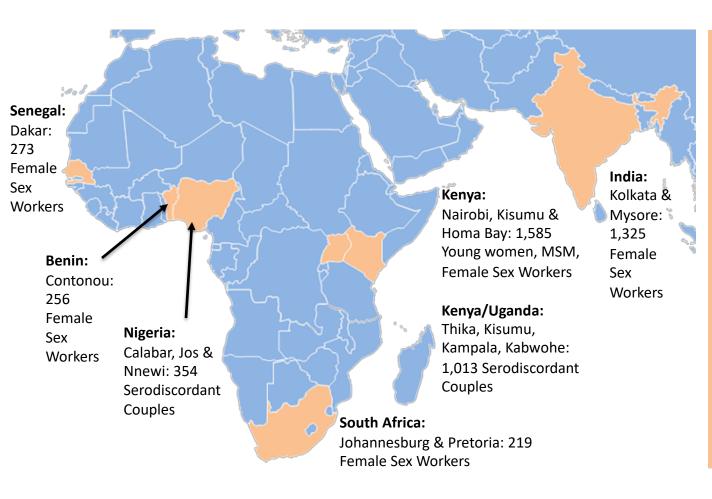




Demonstration Projects and Their Influence September 2018 Draft



BMGF PrEP Demonstration Projects



The settings and populations for these early PrEP Demo Projects were designed to:

Ensure a range of settings, populations, epidemic contexts

Build on existing relationships and capacity

Include concentrated, mixed and more generalized epidemics

However, the projects also

Primarily focused in
Africa, with limited
engagement in Asia,

Project Outcomes: Demonstration Projects produced tangible benefits

- These early demonstration projects provided a basic proof of concept by:
 - Demonstrating the **feasibility of services initiating clients on PrEP** across a range of settings and populations at risk
 - · Showing that people at risk are interested in PrEP and willing to try it
- These demonstration projects helped lay the groundwork for oral PrEP rollout by:
 - Building capacity in PrEP delivery within and across countries
 - Helping to catalyze and inform national roll out and additional demonstration research
- This work also enhanced key capacities for delivering HIV prevention interventions by:
 - Expanding experience with demonstration project design, implementation and data utilization among diverse researchers, implementers and policymakers
 - Strengthening key population networks and support

Project Outcomes: Demonstration Projects had influence

 Tackled implementation questions early through demonstration projects before global guidance

- Influential in national and international guidelines and policy decisions
 - Early evidence in a range of settings and populations helped inform development of WHO guidelines on PrEP demonstration projects
 - Project staff served on national technical and guideline committees
- Demo projects informed additional PrEP demonstration and implementation research

Recommendations for Next Generation Demonstration Projects

Planning

- Coordinate donors and other key actors to ensure investments are synergistic, and avoid overlap, duplication and gaps
- Ensure projects allow timely <u>access to actionable information</u> for decision making by policymakers and providers
- Look ahead to <u>anticipate</u> issues that may arise in the future so that answers are available
- Begin community outreach and sensitization well in advance of the demonstration project start

Recommendations for Next Generation Demonstration Projects (2)

Design

- Answer the Right Questions
 - Consult with national and international policymakers and decision makers, including WHO, to prioritize their questions and ensure the demo project answers these questions to inform product introduction
- Go Big or Go Home
 - Balance geographic coverage between and within countries to ensure scientific and political relevance of results,
 and prioritize settings where the new intervention is likely to be introduced
 - Develop realistic recruitment targets large enough to provide meaningful results, and contingency plans to ensure they can be met in a timely manner
 - Include sufficient numbers of all relevant populations within the projects or suite of research
- Don't be too clinical
 - Engage experts in implementation research, service delivery, new product introduction and behavior in project design
- Make the results available when needed
 - Plan projects with realistic timeframes and interim analyses to ensure that emerging findings can inform policies
 and new product introduction in real time
 - Align study results (interim and final) with implementation plans prior to project initiation and ensure that findings are presented in the context of next steps to introduction and scale up

Recommendations for Next Generation Demonstration Projects (3)

Process

- Make the projects as real world as possible
 - Locate projects in public facilities and services, and in "typical" settings
 - Reduce clinical and support services over time to levels that are replicable in roll out and assess for cost, acceptability, access, impact
 - Adjust follow up schedule to be flexible and responsive to clients' schedules and needs
 - Ensure studies can be nimble in responding to changing external circumstances
- Plan demonstration as a coordinated body of information
 - Create synergy across project protocols, data collection and indicators to facilitate analysis, comparison and learning
 - Work with IRBs and donors to require that all research products with proven results are made accessible to participants for a period to be determined through consultation
- Focus on providers
 - Include provider perspectives as explicit outcome to inform best practices in initial roll out



Factors that are Influencing Rollout of Oral PrEP

- Supportive national government leadership
 - including coordination and resources
- Community readiness and "normalization" of HIV prevention products
 - so they can be more easily used, esp. by young people
- A demand creation/communications strategy
 - not just IEC materials
- Provider engagement
 - not just via factual training on the new product, but with values clarification to help provide more supportive SRH services to young people
- Structural factors that could mitigate stigma
 - e.g. integration of product into non-stigmatized service delivery sites
- A phased vs. all-population approach



OPTIONS

7 Country Analysis for Potential Ring Introduction: Executive Summary

August 2018









7 Country Analysis: Process

- Rwanda, Uganda, Kenya, Zimbabwe, Malawi, Tanzania, and South Africa
 - State of the HIV epidemic in each country
 - Experience with ring trials
- OPTIONS conducted secondary research and interviews with key country stakeholders to understand
 - Questions about the ring that could inform demonstration
 - Processes for introducing new biomedical HIV prevention products
- Interviews comprised a mix of policy-makers, civil society representatives, donors, potential implementers, and trial contributors



The Opportunity for the Ring

- <u>Significant enthusiasm for the ring</u> as a female-controlled technology that could be appropriate for adolescent girls and young women as part of a combination HIV prevention approach
- Raised <u>questions from country stakeholders</u> including questions on how to improve adherence among 16-24 year olds and how policies should be crafted to build the ring into a comprehensive prevention package
- Policy-makers and USAID/PEPFAR missions in most countries advised that a demonstration in each country addressing local conditions and concerns is the best way to expedite inclusion of the ring in national policies and plans.
 - All stakeholders emphasized the importance of <u>linking demonstration projects to implementation</u> standalone demonstration projects were discouraged. This guidance is based on the experience with the introduction of oral PrEP in many countries.
- While all of the countries included in this analysis were interested in the ring, some are better positioned to be "early adopters"



High-level Findings from Country Consultations

1

5

- Most country stakeholders are intrigued by the ring
- Country stakeholders cited female control and limited risk of creating resistance as valuable attributes of the ring.
- Stakeholders in Zimbabwe expressed a readiness to start a demonstration project on the ring as soon as possible.
- · Stakeholders also had many questions about the ring.
- Interest in a demonstration to inform implementation
- Country stakeholders indicated local demonstration needed to inform policy-making and implementation planning. Evidence generated elsewhere would not provide the contextual detail.
- Standalone projects not linked to implementation were strongly discouraged.
- Need to leverage learnings from oral PrEP and potential to integrate the ring into roll-out in several countries
- Recent experience with oral PrEP provides lessons on processes messaging, and stakeholder engagement.
- Existing structures for PrEP, such as TWG, can be used for ring.
- Needs to assessed as part of a combination prevention approach.
- 4 Criticality of AGYW populations across countries, and need to better understand adherence
- Country stakeholders saw potential for the ring with AGYW populations that have been difficult to serve with other options.
- Additional evidence requested on how to support adherence amongst this population.
- Thoughtful, sustained engagement process needed to introduce the ring
- Limited ring knowledge in some countries needs to be overcome to start planning.
- Approval process usually straightforward.
- Each product introduction process has idiosyncrasies that need to be managed.
- Regular stakeholder engagement will be necessary to maintain progress.



Questions Raised by Policymakers

A subset of the key questions were shared by policymakers (in 6 countries)

ASKED BY NEARLY ALL POLICYMAKERS

- What would be the impact of the ring? How many infections would be averted?
- How does the ring fit into a comprehensive package of prevention?**
- What is the effectiveness of the ring in the real-world?
- What will be the cost of investing in the ring?
- What are adherence to and uptake of the ring in the real-world?
- Which populations are recommended for the ring?
- What are the implications for the **health system and health care** workers? What additional demands will the ring place on the health system?

ASKED BY HALF OF POLICYMAKERS

- Will the ring be affordable for end users?
- Has the ring been proved to be safe?*
- To what extent does the effectiveness of the ring differ among various populations? Is the ring effective among AGYW?**
- What does behavioral data demonstrate about the impact of the ring on condom use and other reproductive health practices?

^{*} Questions that have been adequately demonstrated through past clinical trials

^{**} Questions that are partially studied in the upcoming REACH study
Note: Policymakers in Kenya were not surveyed due to US government restrictions



Cross-Country Assessment for Ring Potential

	ZIMBABWE	UGANDA	SOUTH AFRICA	KENYA	MALAWI	TANZANIA	RWANDA
HIV epidemic characteristics	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	MODERATE
	NEED	NEED	NEED	NEED	NEED	NEED	NEED
Prevalence rate	13.5%	6.5%	18.8%	4.8%	9.2%	4.7%	3.1%
New infections annually	40,000	52,000	270,000	53,000	36,000	55,000	7,500
Incidence rate	3.03	1.50	5.46	1.21	2.29	1.19	0.70
HIV prevention program	STRONG	STRONG	STRONG	STRONG	MODERATE	MODERATE	MODERATE
	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY
Oral PrEP experience	STRONG	MODERATE	STRONG	STRONG	POTENTIAL	MODERATE	MODERATE
	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	LIMITATION	OPPORTUNITY	OPPORTUNITY
Ring trial experience to-date	STRONG	STRONG	STRONG	MODERATE	MODERATE	POTENTIAL	POTENTIAL
	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	LIMITATION	LIMITATION
Stakeholder reactions to the ring	STRONG	STRONG	MODERATE	STRONG	MODERATE	MODERATE	MODERATE
	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY	OPPORTUNITY
Product introduction process	STRONG OPPORTUNITY	STRONG OPPORTUNITY	MODERATE OPPORTUNITY	MODERATE OPPORTUNITY Due to USG ban	MODERATE OPPORTUNITY	POTENTIAL LIMITATION	STRONG OPPORTUNITY



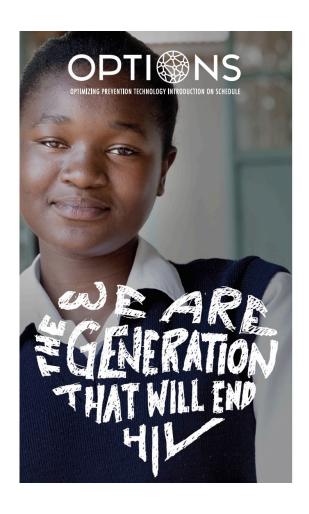
Readiness for Demonstration

- At present, Zimbabwe and Uganda show immediate promise for a demonstration project with the ring due to national stakeholder interest and the anticipated pace of the process
- South Africa and Kenya are also promising locations
 - In Kenya there are still questions about how to move forward given the absence of US funding
 - In South Africa, stakeholders are cautious about adding new products and note that demonstrations before regulatory approval would require greater scrutiny



OPTIONS Proposed Next Steps for Ring Introduction

- Promote a Common Agenda: Ensure that everyone is at least aware of other work and at best working in collaboration
 - Satellite session at R4P, October 21 2-5 PM Burdeos
 - Working group for dapivirine ring implementation?
- Prepare demonstration projects in several "early adopter" countries and get them funded
 - Engagement of Technical Working Groups
 - How best to integrate ring with other HIV prevention options
 - Willingness to pay
- Support countries, normative agencies and others needing ring information for advocacy, planning and decision-making
 - https://www.prepwatch.org/related-research/dapivirine-vaginal-ring/



Thank you

Elizabeth Gardiner
Director of Product Introduction
& Access
Elizabeth@avac.org

OPTIONS Consortium Partners



















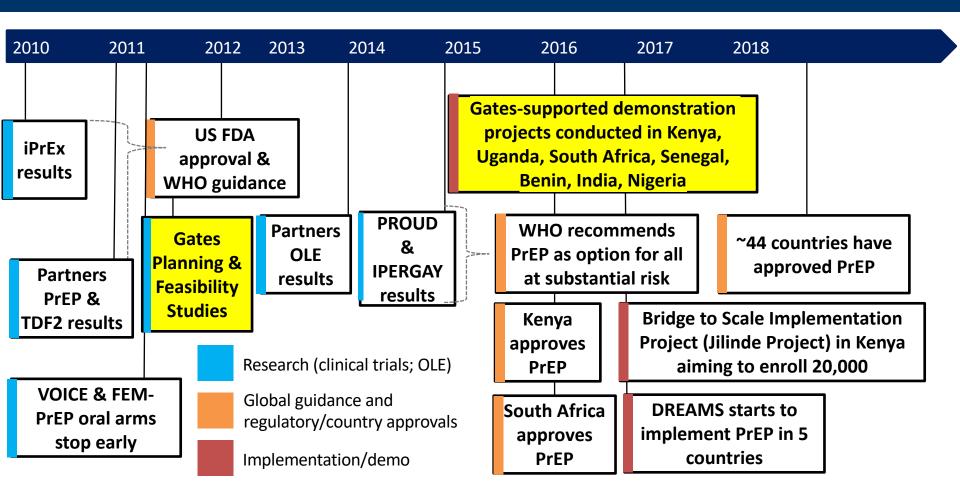






Annex

Oral PrEP Timeline (as of mid-2018)



Select implementation and demonstration projects.

For full list see www.avac.org/sites/default/files/resource-files/ongoing-planned-oral-Prep-studies-Oct2017.pdf
For list of countries that have approved oral PrEP see https://www.avac.org/infographic/regulatory-status-tdfftc-prep-

BMGF PrEP Demonstration Projects: Overview						
Country	Location	Organization	Study population(s)	Median age	Number initiated	PrEP service delivery point(s)
enin	Cotonou	CHU Québec University D'Abomey- Calavi	FSW	31 years	256 FSW	Primary Health Center clinic

29 years

30 years

37 years

29.8 years

1,325 FSW

Total: 1,585

1,013 Couples

• 67% male

■ 33% female

■ 57% female ■ 43% male

HIV-

354 Couples

HIV-

273 FSW

219 FSW

• FSW: 528 (33%)

■ MSM: 438 (28%)

YW: 619 (39%)

Community based within national program

Private NGO facilities (MSM and FSW)

Gov't health center and hospital (YW)

HIV care centers; experience with HIV

Family Health Output Clinic (Calabar)

Decentralized Community PC sites w/ Hub

SW clinics and mobile sites run by Wits RHI

Peer educator delivery

Weekly Clinic pick up

prevention research

HIV clinic (Enugu)

Ministry of Health clinics

(Jos)

FSW

FSW

YW

MSM

SDC

SDC

FSW

FSW

University of Manitoba

Partners/University of

National Agency for the

African AIDS Research

Control of AIDS

Council

Wits RHI

Washington

Ashodaya Samithi

DMSC

LVCT

Kolkata

Mysore

Nairobi

Kisumu

Thika

Kisumu

Kampala

Kabwohe

Calabar

Nnewi

Dakar

Johannesburg

Pretoria

Jos

Homa Bay

India

Kenya

Kenya/

Uganda

Nigeria

Senegal

South Africa



Country Readiness Assessment Framework

A preliminary assessment for each country is included based on six dimensions. More dimensions may be added (e.g., availability of implementing partners) as discussions progress

		High-level assessment for the ring
	HIV epidemic characteristics	 Assesses the level of need in the country based on HIV prevalence and incidence Specifically notes the HIV burden faced by women and girls
D	HIV prevention program	 Assesses the national HIV prevention program for comprehensiveness, inclusion of biomedical prevention, and dedicated prevention funds
Ō	Oral PrEP experience	 Assesses speed and ease of previous oral PrEP research, demonstration, and implementation, including inclusion in national guidelines and strategic plans
0	Ring trial experience to-date	Highlights in-country dapivirine ring trials that could be leveraged for awareness-building and ring introduction
	Stakeholder reactions to the ring	 Assesses knowledge, interest, and enthusiasm about the ring from a range of stakeholders including government, civil society, and academia
[s=]	Product introduction process	Assesses clarity and speed of typical product introduction process