HIV Prevention Market Manager | Accelerating Product Introduction, Informing Product Development, Reducing Time to Impact

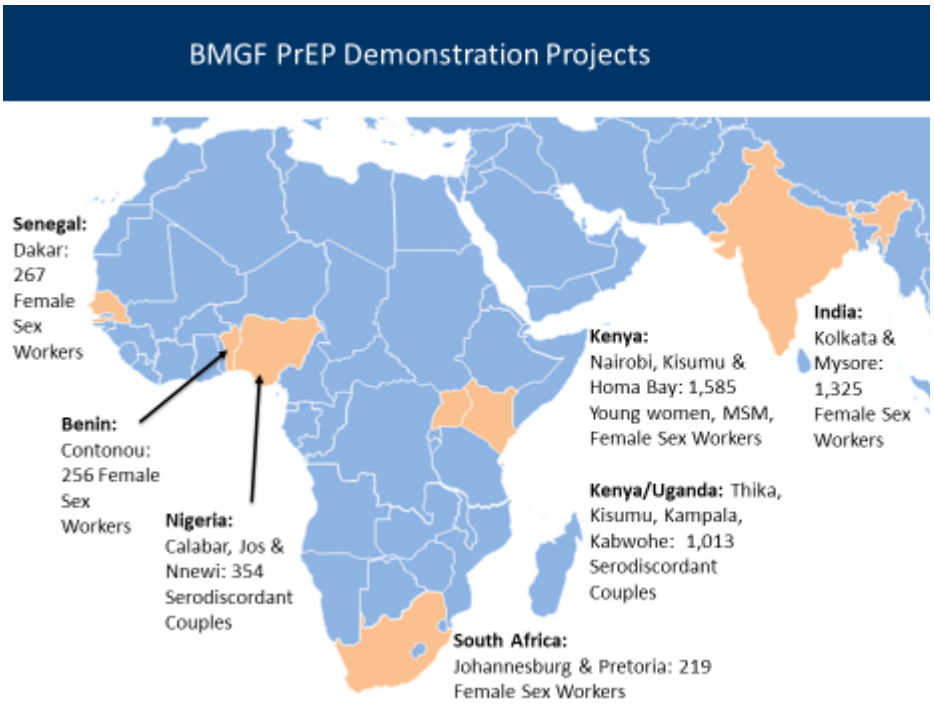
AVAC | Clinton Health Access Initiative

Supported by the Bill & Melinda Gates Foundation

What we learned about oral PrEP delivery from early demonstration projects

Background

Beginning in 2013, the Bill & Melinda Gates Foundation (BMGF) funded seven oral PrEP demonstration projects in seven countries.[1] The projects enrolled a range of population groups: serodiscordant couples (SDC), men who have sex with men (MSM), female sex workers (FSW) and young women (YW). The settings included concentrated, mixed and more generalized HIV epidemics.



These were among the first projects to deliver PrEP to people at risk in resource-constrained settings following proof of efficacy. They offer insights that can and should inform delivery of oral PrEP and future HIV prevention technologies.

Analysis Overview

This piece summarizes key lessons for PrEP introduction that can be drawn from these demonstration projects. A companion document outlines lessons for demonstration projects for other HIV prevention products. The Prevention Market Manager[2] (PMM) aggregated and analyzed project-level data and complemented the quantitative analysis with interviews of project teams, normative agencies, Ministries of Health, and BMGF as well as a review of publications and project documents into a full *Analysis of BMGF-Funded PrEP Demonstration Projects*. The findings and recommendations reflect the perspectives of PMM based on this analysis.

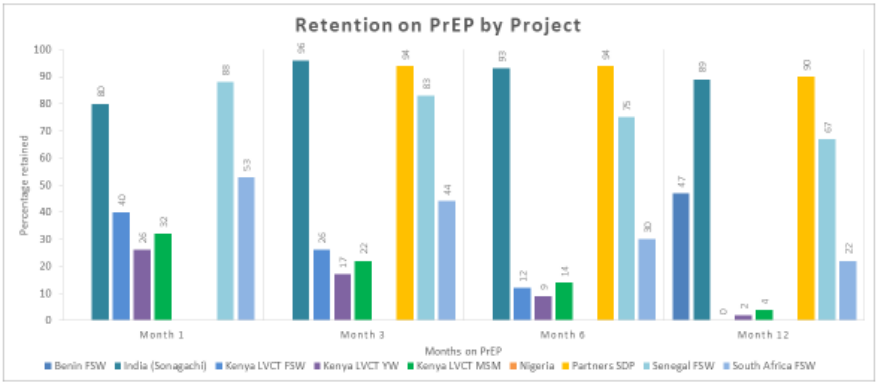
What We Learned

Proof of Concept: These earliest demonstration projects showed that it is feasible to initiate clients on PrEP in different settings and among different populations at risk. People at risk are interested in PrEP and willing to try it. Across these seven projects the majority of eligible people (between 54% and 94%) chose to start using PrEP.

[1] Early demonstration project leaders were Benin: CHU Québec & University D'Abomey-Calavi; India: University of Manitoba, DMSC & Ashodaya Samithi; Kenya: LVCT; Kenya & Uganda: Partners/University of Washington; Nigeria: National Agency for the Control of AIDS; Senegal: African AIDS Research Council; South Africa: Wits RHI

[2] Through the HIV Prevention Market Manager (PMM) project, AVAC and CHAI seek to facilitate an efficient and effective rollout of HIV prevention products.

Retention on PrEP was highest among SDC and FSW in India and Senegal. It was challenging for many of the other projects and populations



- Retention refers to participants who remained on PrEP
- Retention at 6 months ranged from 9% to 94% and at 12 months from 0 to 90%
- Missing values are due to differences in follow up intervals measured in projects

Continuation: The projects demonstrated that continuous use of PrEP can be very challenging. Among those eligible, individuals in long-term serodiscordant relationships were most likely to initiate and remain on PrEP. The HIV-negative partners within these couples were motivated by knowing their risk and the need to stay on PrEP for a relatively short period until their partner living with HIV was virally suppressed. Sex worker programs with strong ties to the community established before the demonstration projects also had higher continuation rates.

PrEP programs and services should be prepared for clients to cycle on and off PrEP. Risk and perceived risk, side effects and other factors change. These cycles should be viewed and measured as an expected part of PrEP delivery rather than as failures of the service or the client. Clients need information to appropriately assess and manage their risk; they also need support to manage side effects as well as peer or partner influence. Programs should continue to monitor clients' risk perceptions and the drivers of starting and stopping PrEP use.

The Power of the Provider: Provider attitudes toward PrEP and toward populations at risk influenced PrEP availability, acceptability, uptake and continuation. Programs could start by identifying and investing in providers who are interested in and willing to provide PrEP rather than prioritizing primarily by service or location. Identifying and investing in committed providers may be a crucial factor in driving PrEP access and impact.

Services Designed for Prevention: To take PrEP to scale, innovation in prevention services is needed. Delivering PrEP through ARV comprehensive care centers, which can have long wait times, stigma associated with HIV and less flexibility for clients moving in and out of services, may deter some people from accessing PrEP. Home delivery of resupply could support consistent PrEP users, while making PrEP available in comprehensive testing, counseling and family planning services could support clients cycling on and off PrEP. Separate branding and appealing, discreet packaging to distinguish PrEP pills from treatment may foster a unique prevention identity. At the same time, HIV prevention and treatment programs should continue to work to end stigma associated with HIV.

Responsive to Clients: PrEP users have diverse motivations, needs and preferences, and PrEP services need to be tailored to individual clients. Program managers need to build approaches to information, services and supplies that support PrEP delivery that is effective and cost-effective. For instance, in the one project reaching men who have sex with men, effective PrEP use and follow-up were very challenging for MSM. Welcoming and supportive services as well as peers were important to establish and maintain trust. At another site, some young women felt they needed to inform partners, parents and others about their PrEP use. Programs should support and help clients who wish to disclose their PrEP use, as well as those who wish to use PrEP privately.

Role of Community: Young women were the least likely to initiate PrEP for multiple reasons. In the one project working with young women, some community leaders were concerned about young women's sexual agency and the lack of comparable programs for young men. Some parents, community volunteers and leaders recognized young women's HIV risk and supported their use of PrEP. Programs should acknowledge community concerns, identify and build on community commitments that recognize young women's HIV risk and present PrEP as a practical and effective approach to empowering and protecting young women's health and futures.

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