

Prevention Effective PrEP Use

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BILL & MELINDA
GATES foundation



UNIVERSITY OF WASHINGTON
INTERNATIONAL CLINICAL RESEARCH CENTER

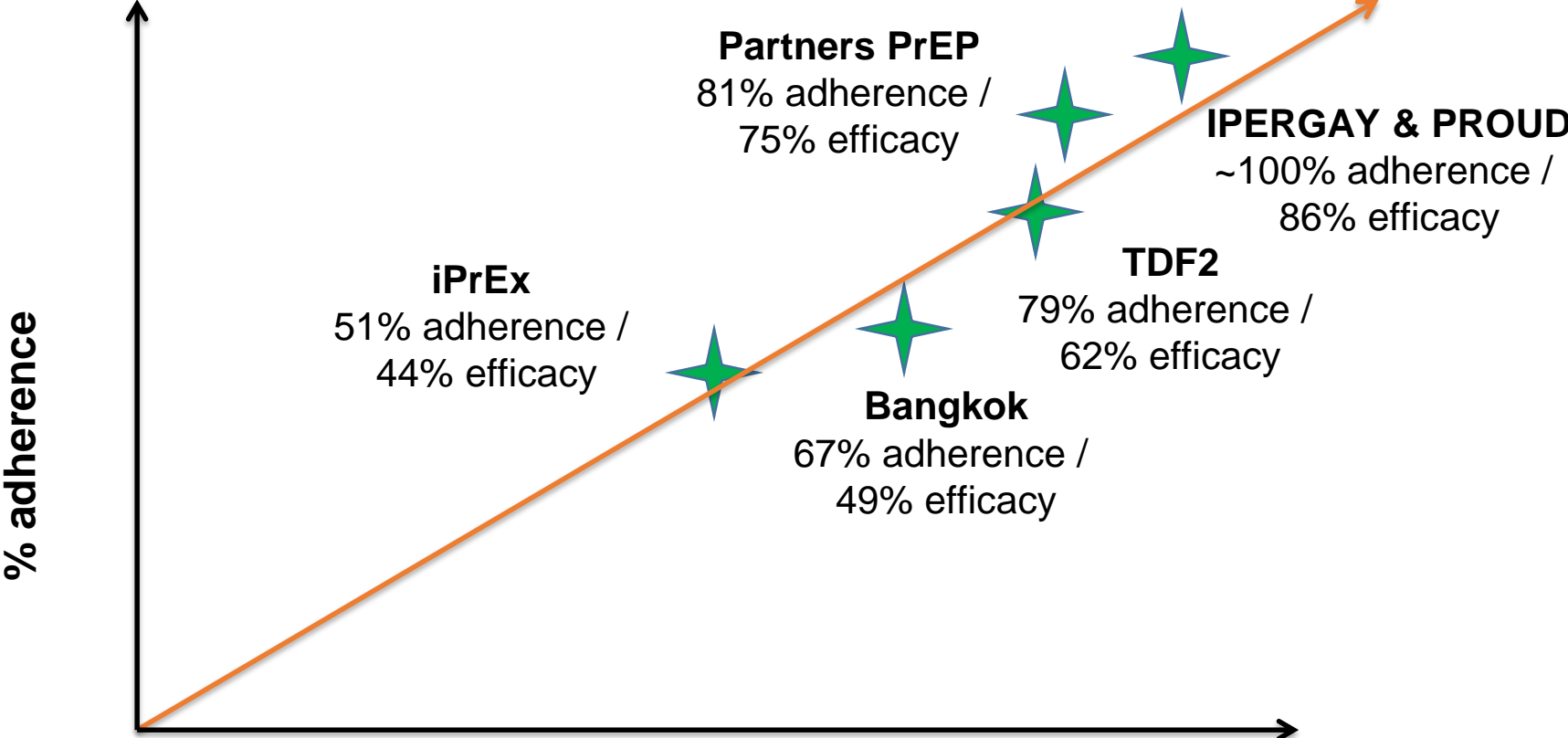


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Goals

- What does prevention-effective adherence mean?
- Why is prevention-effective adherence important?
- How does this idea shape our PrEP continuation expectations?

When taken, PrEP works

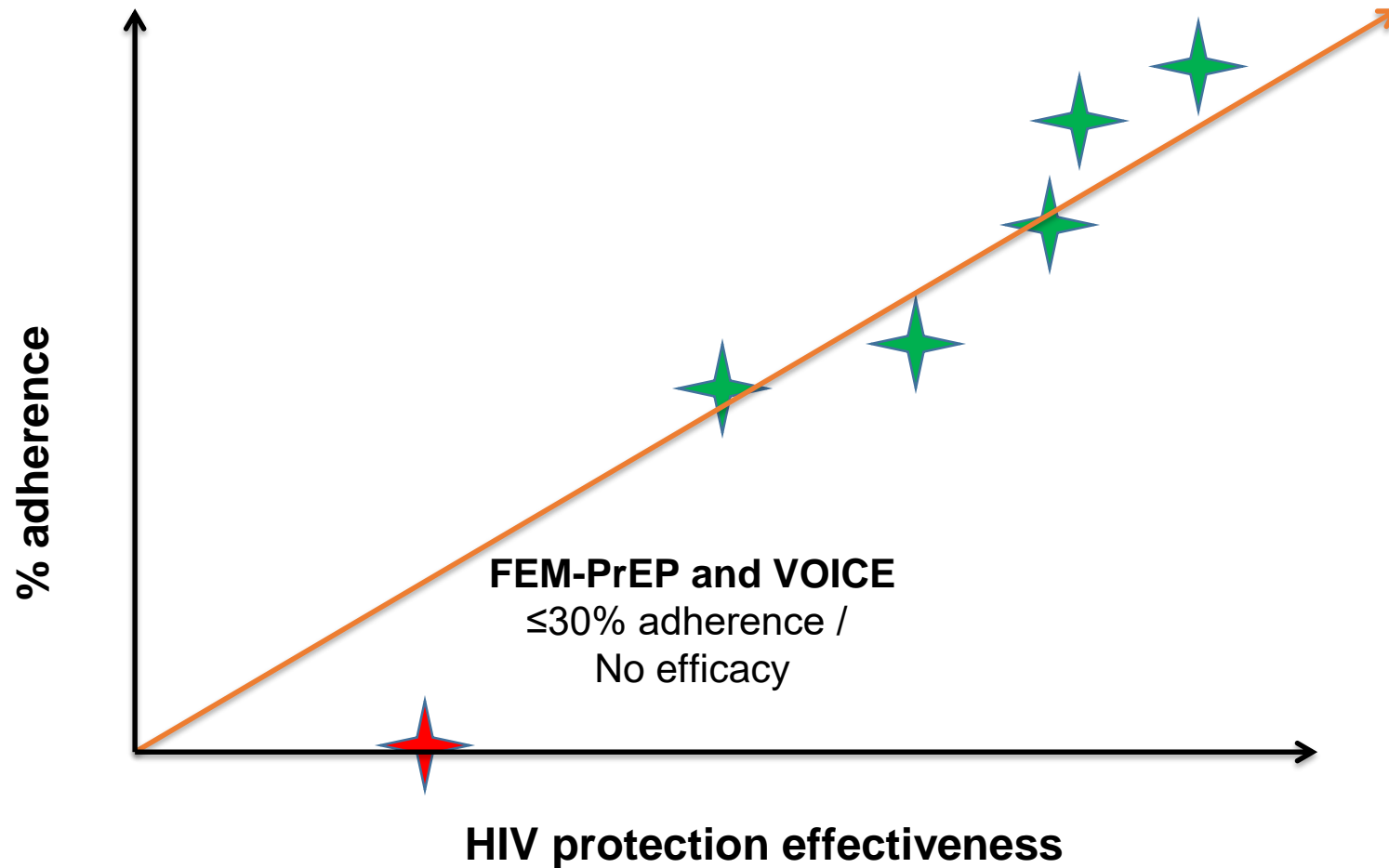


HIV protection effectiveness

Cause and effect = in studies with high adherence, high HIV protection was seen



When taken, PrEP works



Trials where only a minority were adherent did not / could not demonstrate HIV protection.

Risk is for a season

People often move in and out of 'seasons of risk' and 'risky situations' for HIV infection

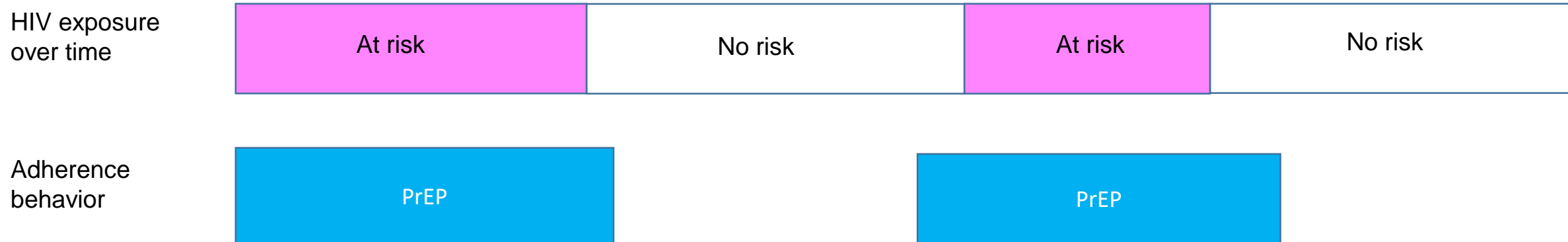
Source: Module 3: Counsellors.

PrEP is not for life because people move in and out of seasons of risk

- Long term commitment is established in a relationship
- HIV infected partner achieves viral suppression
- When drug injecting practice or other high risk behaviour stops

Prevention Effective Adherence

- Adherence aligned to risk



Success is achieved when PrEP is used during all episodes of HIV exposure.
Adherence to PrEP may be periodic and mapped to periods of risk.

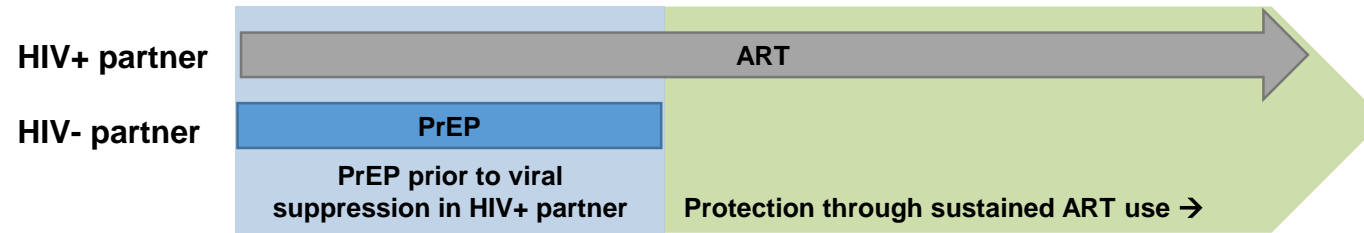
(Haberer et al, AIDS 2015)



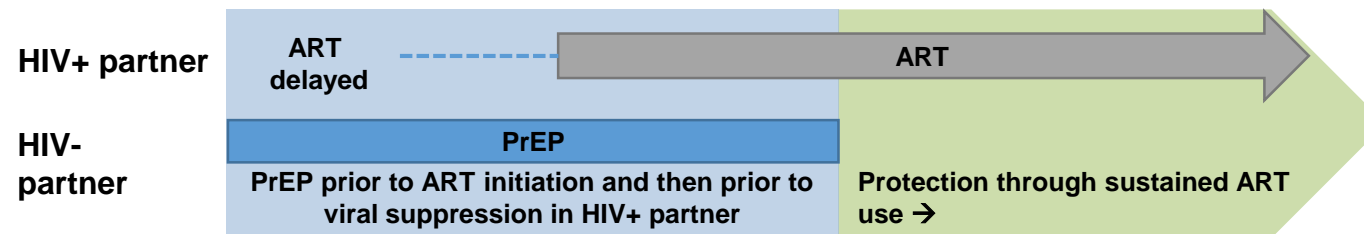
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PrEP as a bridge to ART

- For couples initiating ART at enrollment, PrEP is offered through 6 months, then stopped:



- For couples in which the infected partner delayed or declined ART, PrEP is continued until 6 months after ART initiation:



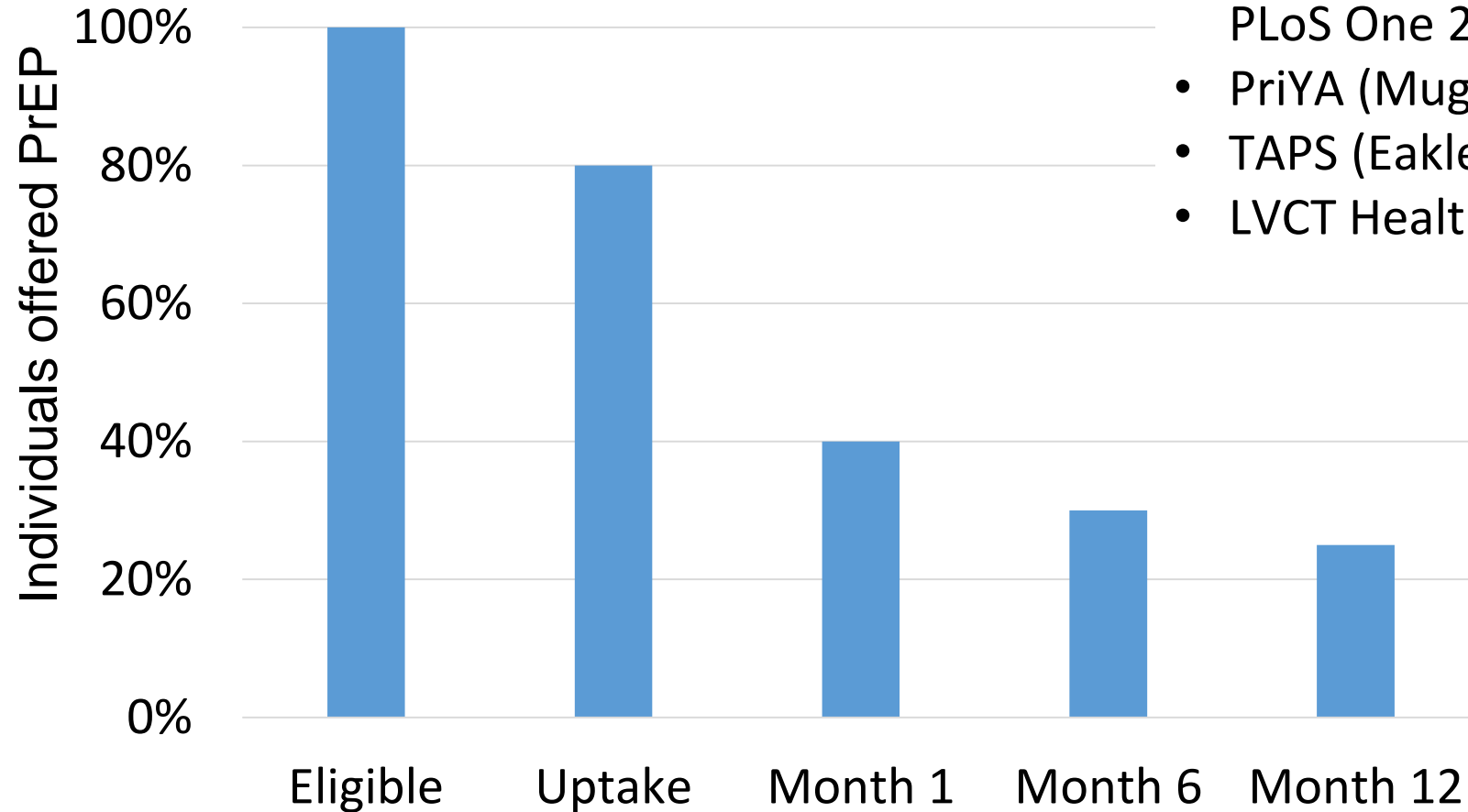
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(Heffron et al, Gates Open Res, 2018)

Prevention-effective adherence



Early experience with PrEP (generic)



- Routine MSM care (Montgomery et al, PLoS One 2016)
- PriYA (Mugwanya et al, IAS 2018)
- TAPS (Eakle et al, PLoS Med 2017)
- LVCT Health (Kyongo et al, IAS 2018)

Interpreting early experience with PrEP

- Common conclusion: PrEP use is low
- Maybe... but we need to know the context to know if PrEP use is appropriate
- What is our denominator?
 - It is not all people living in a region with HIV incidence >3%
 - We need to consider who needs it and who wants it in the context of all HIV prevention options

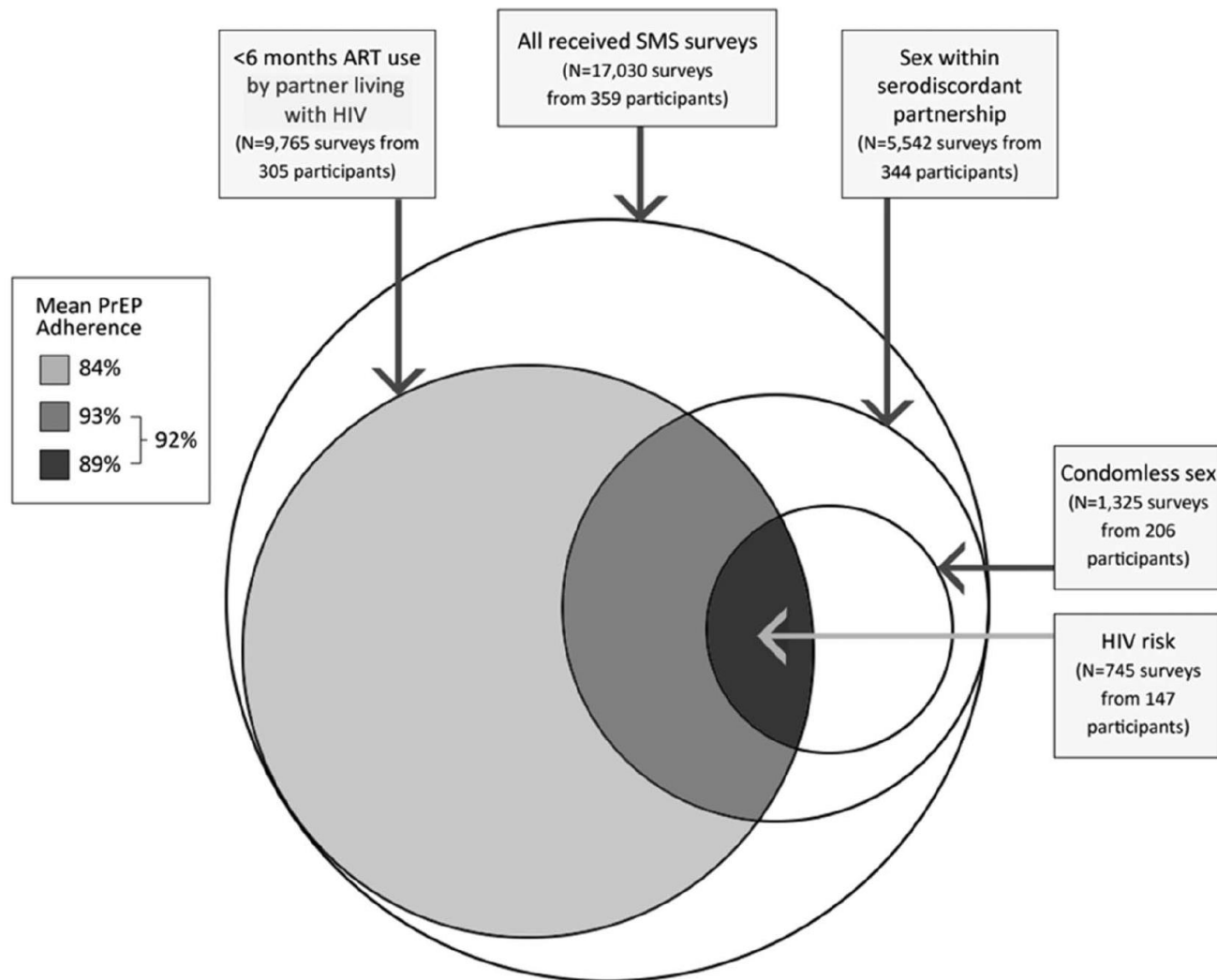
Prevention-effective adherence may explain low incidence despite “low” PrEP use

- HPTN 082 (Celum et al, IAS 2019):
 - Enrolled 400 women, all at high risk of acquiring HIV
 - At 3 months, only 25% had high adherence by DBS (>700 fmol/punch)
 - Only 4 seroconversions (1%) were observed

Prevention-effective adherence may explain low incidence despite “low” PrEP use

- Possible explanations
 - PrEP use may be aligned with risk at critical times
 - Participants in PrEP programs may change their risk
 - Fewer, lower risk partners
 - Use of other HIV prevention tools (e.g., condoms)

Evidence of people knowing their seasons of risk



Partners Demonstration Project

- Periodic, daily SMS surveys about adherence and sexual behavior
- Mean adherence was 92% on surveys with risk versus 84% on surveys without risk ($p=0.001$)



(Haberer et al, JAIDS 2017)

Challenges with prevention-effective adherence in practice

- Knowledge/perception of risk can be challenging
 - FEM-PrEP (Corneli et al, JAIDS 2014)
 - Adolescents in South Africa (MacIntyre et al, AIDS Behav 2004)
 - MSM in Canada (Wilton et al, JIAS 2017)
- Risk scores may not function well (Giovenco et al, JIAS 2019)
- Discontinuation of PrEP was experienced as a loss of protection and a corresponding increase in risk of HIV acquisition in the Partners Demonstration Project (Gilbert et al, JAIDS 2019)



What we need to do to support prevention-effective adherence

- Support PrEP users in...
 - Determining when they need PrEP
 - Adhering during those periods
- Provide counseling that empowers PrEP users to make informed decisions
- Encourage retention in HIV prevention programs with ready access to PrEP when needed and wanted

This will be a lot easier when long-acting formulations are available!



What we need to do to support prevention-effective adherence

- Identify the appropriate denominator of PrEP users
- Contextualize PrEP adherence when considering program impact
- Recognize that non-persistence and cycling on/off PrEP is not necessarily failure
 - move away from ART mindset



Acknowledgements

- Jessica Haberer
Harvard Medical School, Massachusetts General Hospital
- Jared Baeten
University of Washington
- Nelly Mugo
KEMRI, PHRD
- PrEP Users



Q&A



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Supporting PrEP Effective Use and Continuation: SHAZ! Hub implementation experience in Zimbabwe

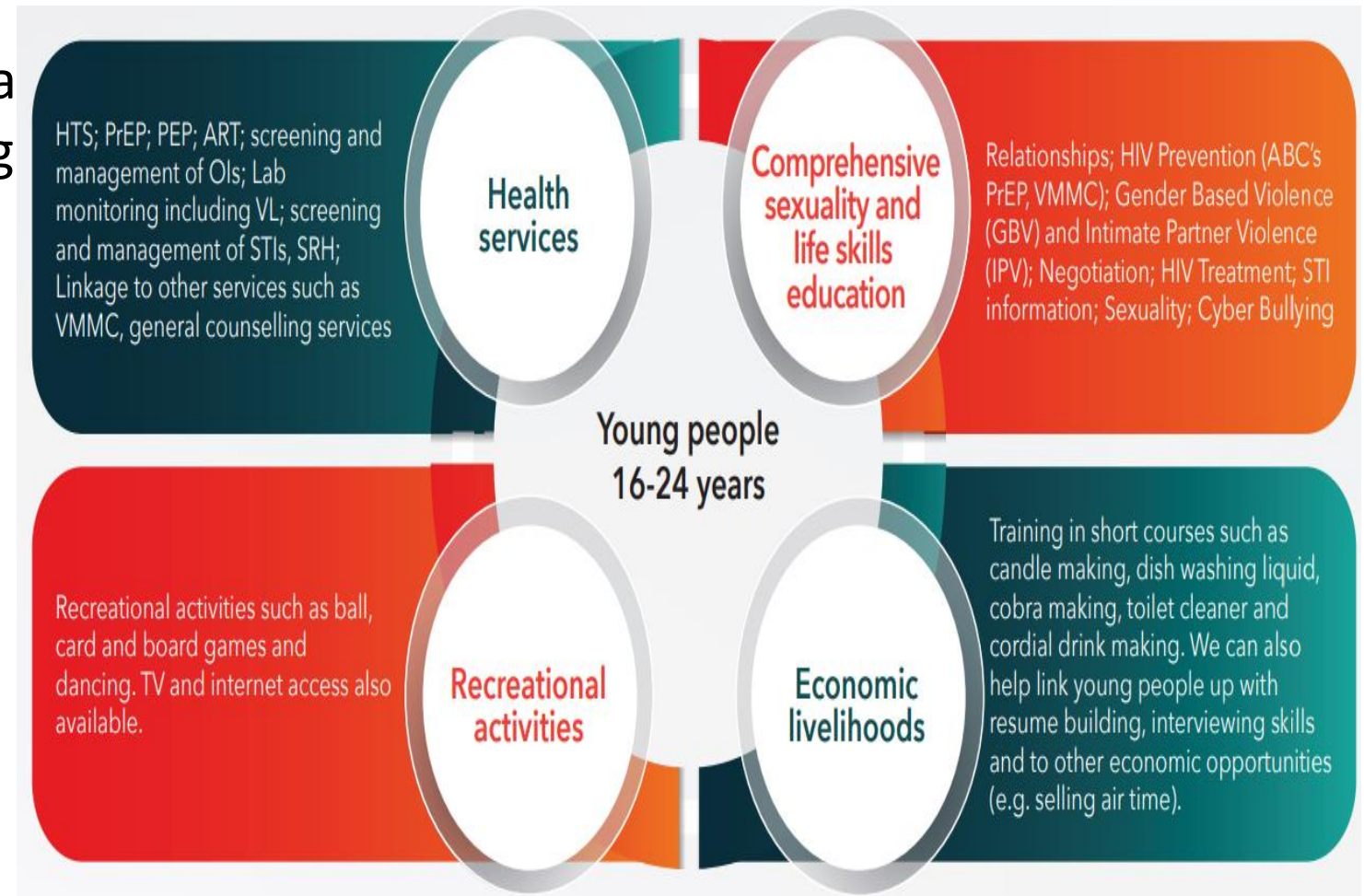
Joseph Murungu

Pangaea Zimbabwe AIDS Trust (PZAT)

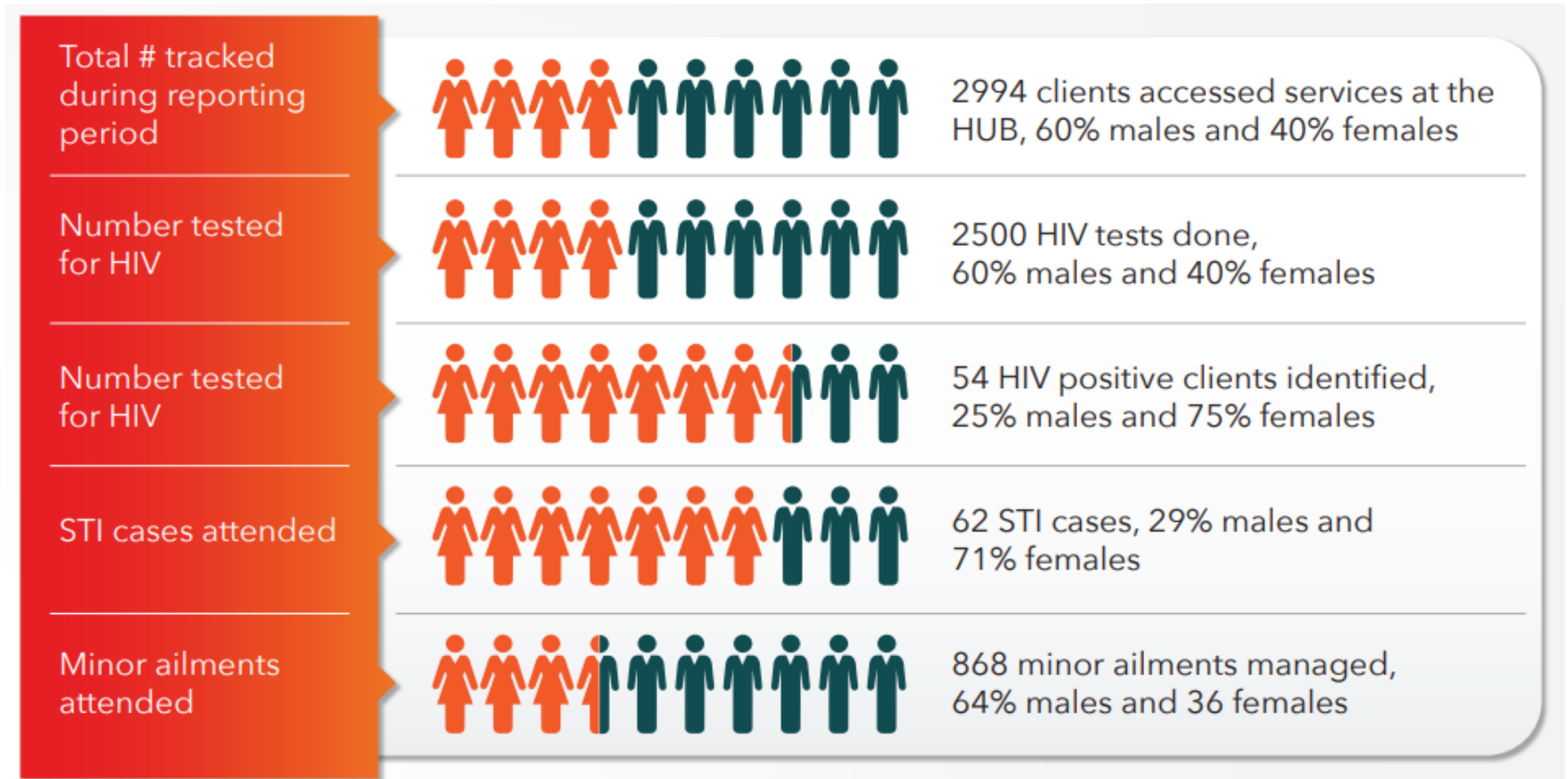


Shaping the Health of Adolescents in Zimbabwe (SHAZ!) HUB

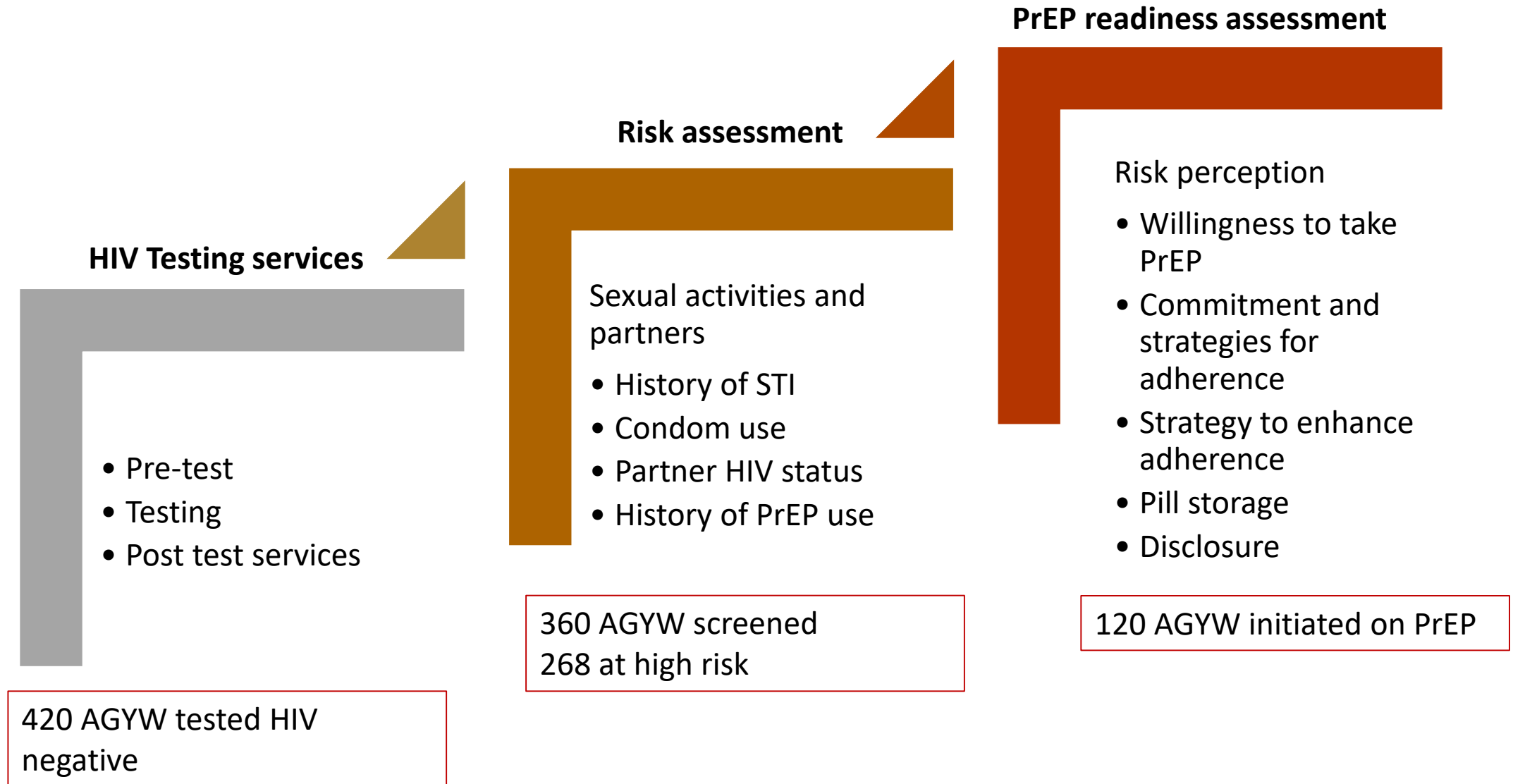
- The HUB is a youth drop in centre in Chitungwiza, set-up in a public private partnership setting 04138
- Began as a research site in 2003 conducting HIV prevention and treatment studies among AGYW
- Evolved into a youth drop in centre, that provides clinical (comprehensive SRH and HIV services) and non-clinical services to young people aged 16-24 years



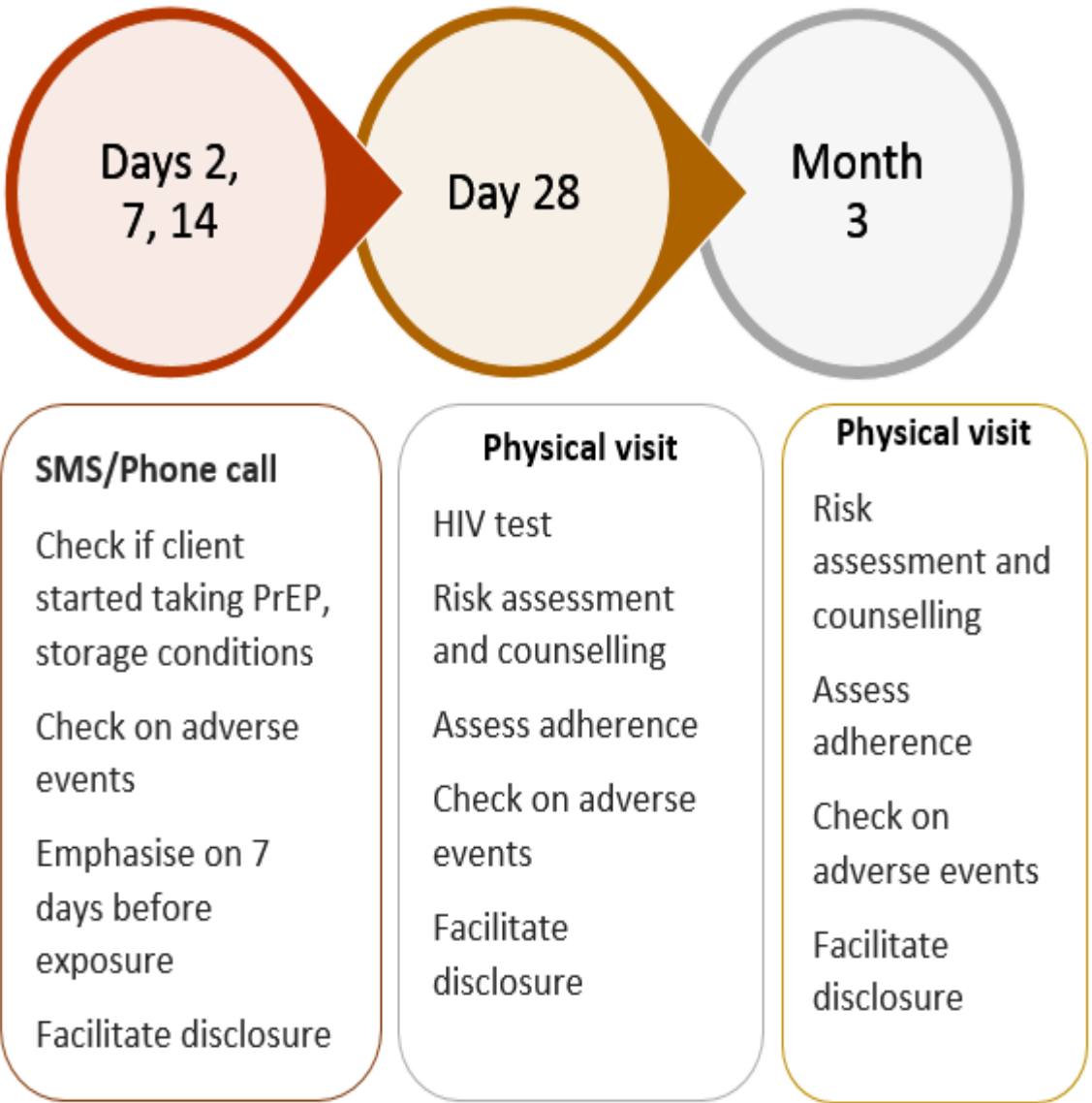
The SHAZ! HUB: Clinical services (Jan 18-Sep 19)



Three Integrated Steps to Initiation of PrEP: *AGYW (Jan - Jun 19)*



INTENSIVE AND STRATEGICALLY TIMED FOLLOW UP of PrEP Clients



- Consent sought for follow up
- Peer led follow up of clients by Champions through SMS, WhatsApp, phone calls and home visits
- Non-clinical visits to the HUB used as opportunities for non-scheduled check-in
- Using the readiness assessment tool to identify and select youth who are not only at risk, but interested in and ready to take PrEP

Overall Continuation:		
	HRF	FSW
1 Month	100%	97%
3 Months	83%	70%
6 Months	83%	63%

Enabling Environment

- Using the readiness assessment tool to identify and select youth who are not only at risk, but interested in and ready to take PrEP
- Peer led regular follow ups and interactions by text, call and home visits
- Youth friendly and sensitive staff and environment
 - Confidentiality when accessing other services
- Supportive environments which enable the clients, staff and parents/guardians to work together to support continuation
- Regular dialogues

Conclusion

- Multiple strategies should be employed to improve uptake, effective use and continuation on PrEP among young people through peer led, youth friendly and sensitive platforms
- Young people should be engaged in the design, planning, implementation and improvement of services

Acknowledgements

- SHAZ HUB! Staff and clients
- Pangaea Zimbabwe AIDS Trust
- Ministry of Health and Child Care
- Gilead Sciences
- PSI Zimbabwe





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Supporting effective PrEP use and continuation: the POWER study experience in South Africa

Elzette Rousseau

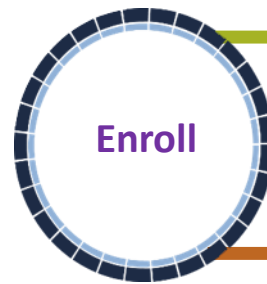
Desmond Tutu HIV Foundation





Study Population

HIV negative women
Ages 16-25 yrs
Sex in the last 3 months
Up to 3000 young women



Accept
PrEP

Decline
PrEP

SOC, PrEP and adherence
support

SOC and offer PrEP

Study Sites

Adolescent
Friendly
Clinic
(Johannesburg)

Mobile Clinic
(Cape Town)

Family
Planning
Clinic
(Kisumu)

Ministry of
Health
Hospital
(Kisumu)

South Africa

Kenya

Implementations Science study of PrEP delivery models to adolescent girls and young women assessing uptake and adherence to PrEP as a SOC option

POWER and Persistence

- Visit schedule



Flexibility in schedule e.g. integrate with family planning schedule

- Counseling staff provide suggestions on ways to help young women remember to take their pills
- PrEP information shared

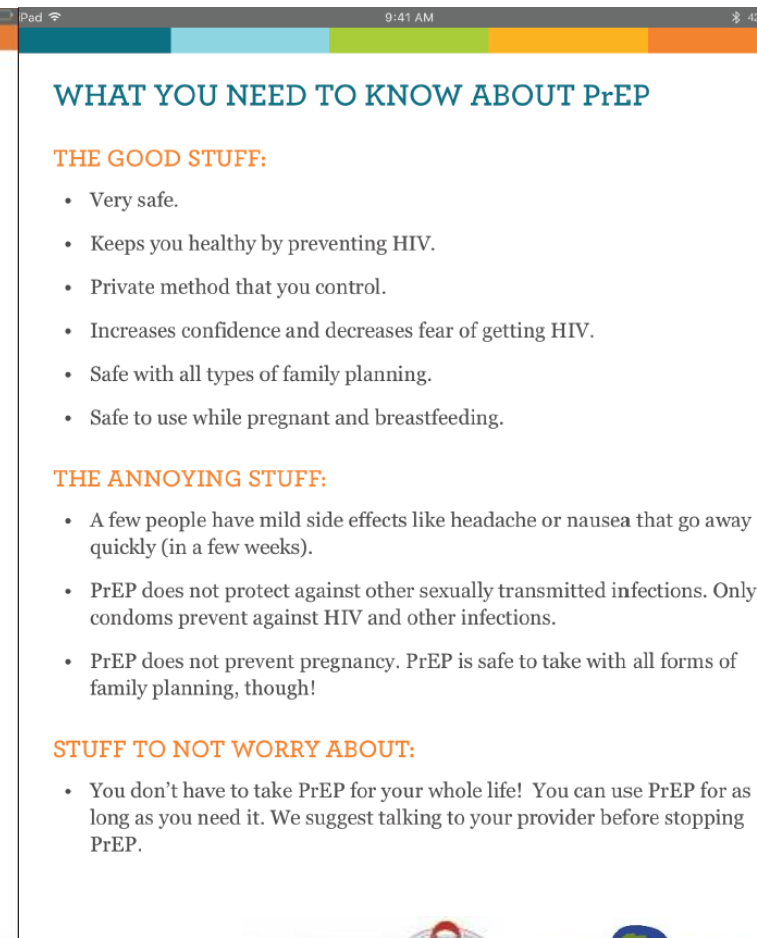
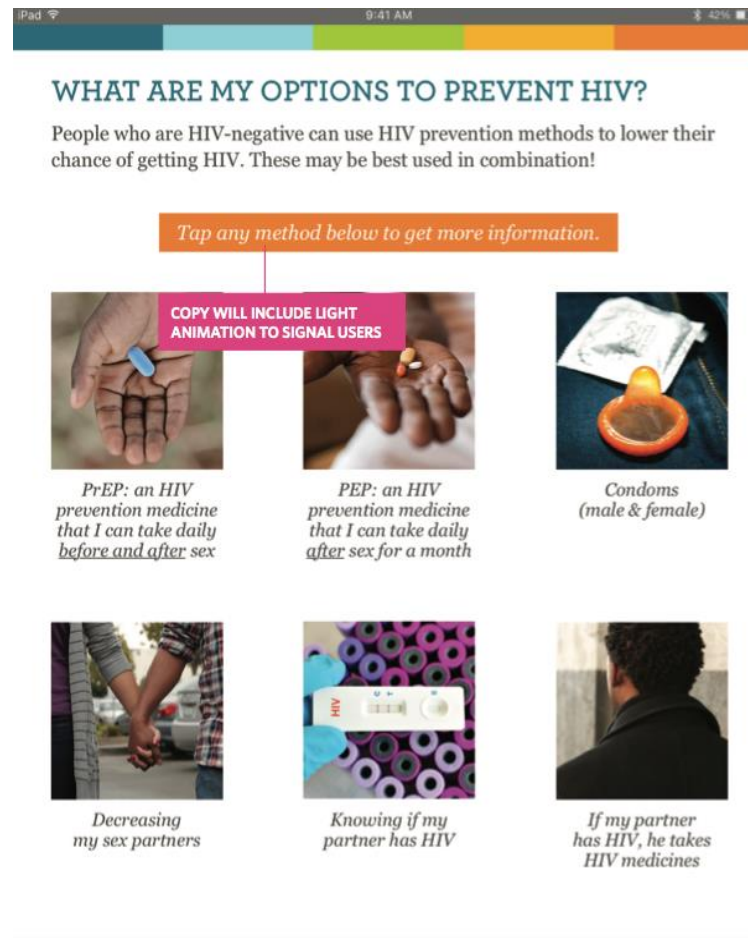
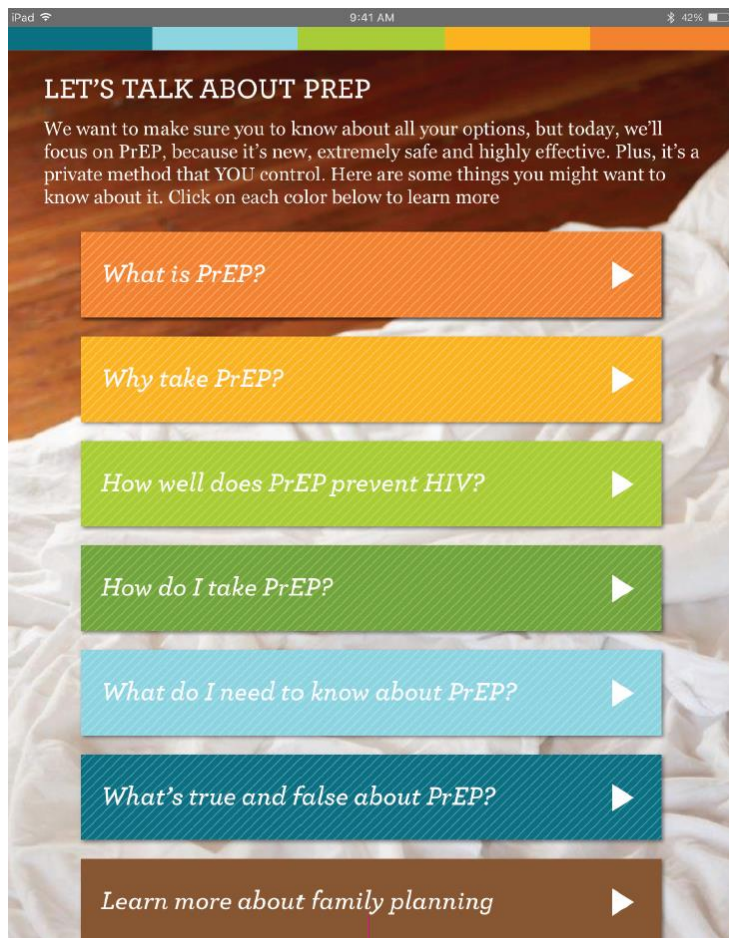
Persistence is defined as continuous PrEP use, per dispensing at months with an attended visit or having previously dispensed supply of at least 30 days of PrEP at months without attended visit. Persistence is calculated based on pharmacy records.



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PrEP Decision Tool offering choice and education on prevention methods



Shared decision-making approach to counseling
<https://bedsider.org> / <https://clinic.mybirthcontrol.org>

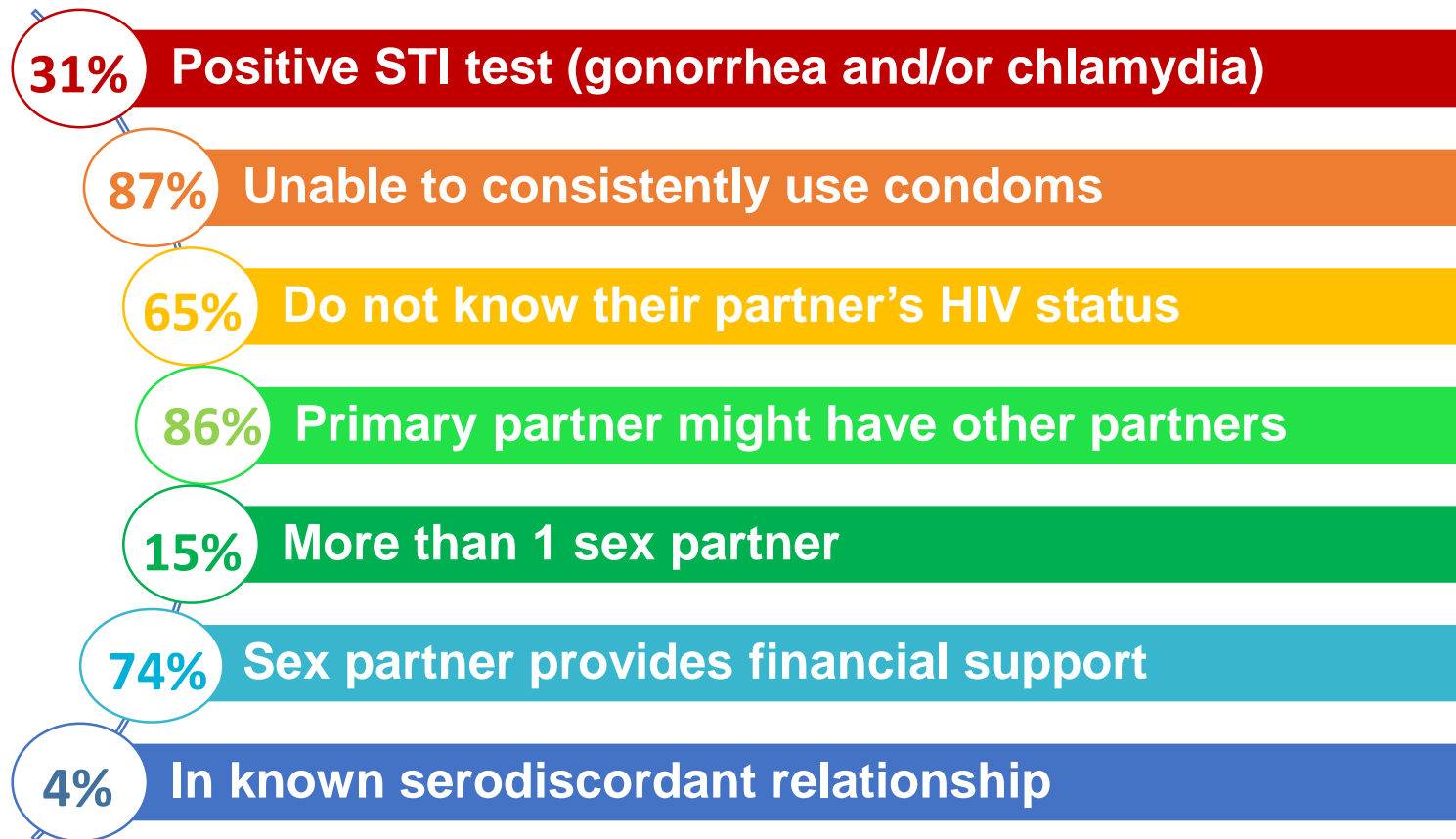


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Results: Participant Behavioural Data

[June 2017 – Sept 2019; N = 2077]

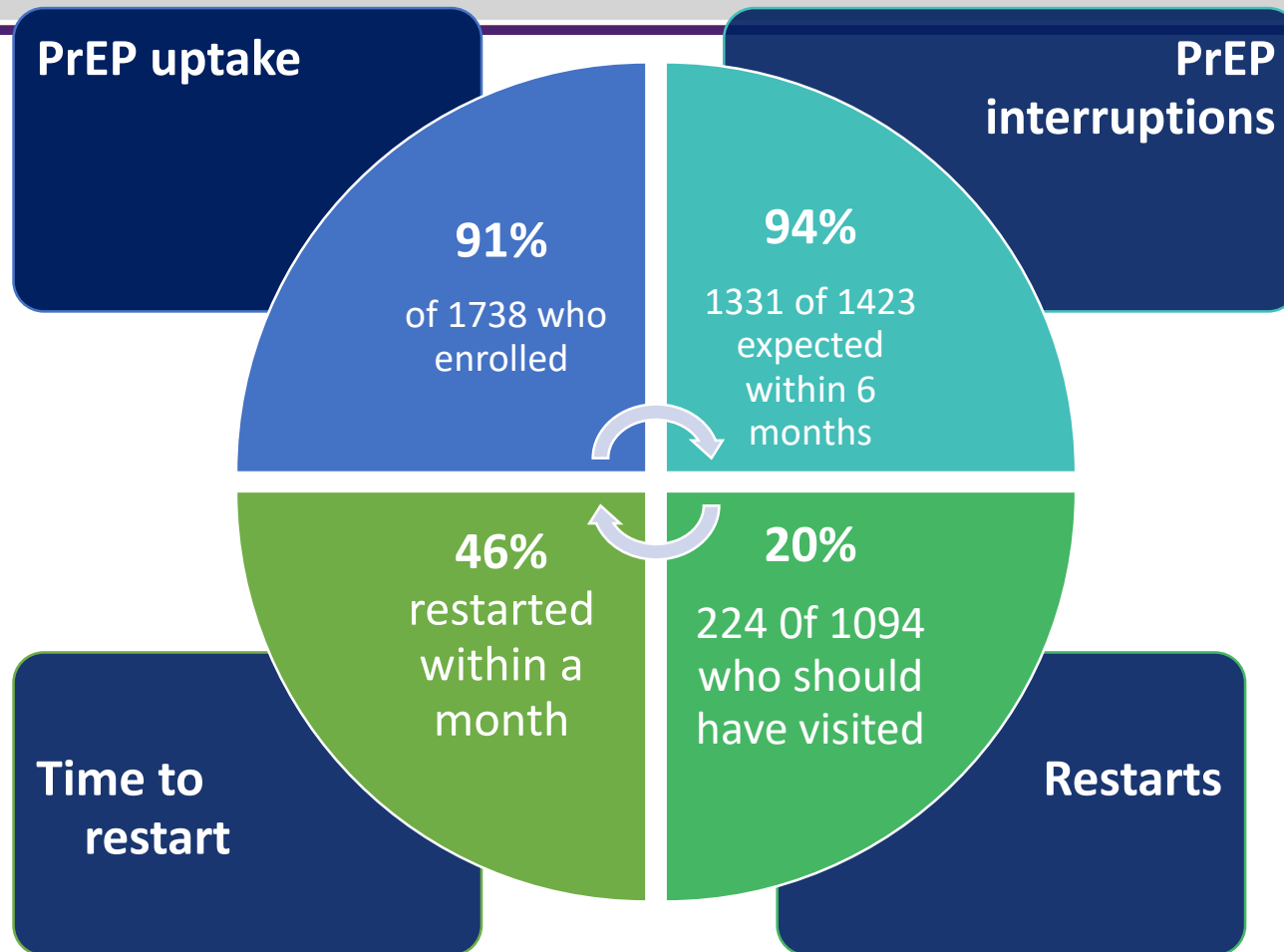


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PrEP uptake, interruptions and restarts

Omollo V et al. IAS July 2019, Mexico City



IMPORTANTLY women sometimes did not view these periods as interruptions (e.g. intentional delays of PrEP initiation after the first prescription, attending follow-up visits late, or periods of PrEP non-use due to sexual abstinence).



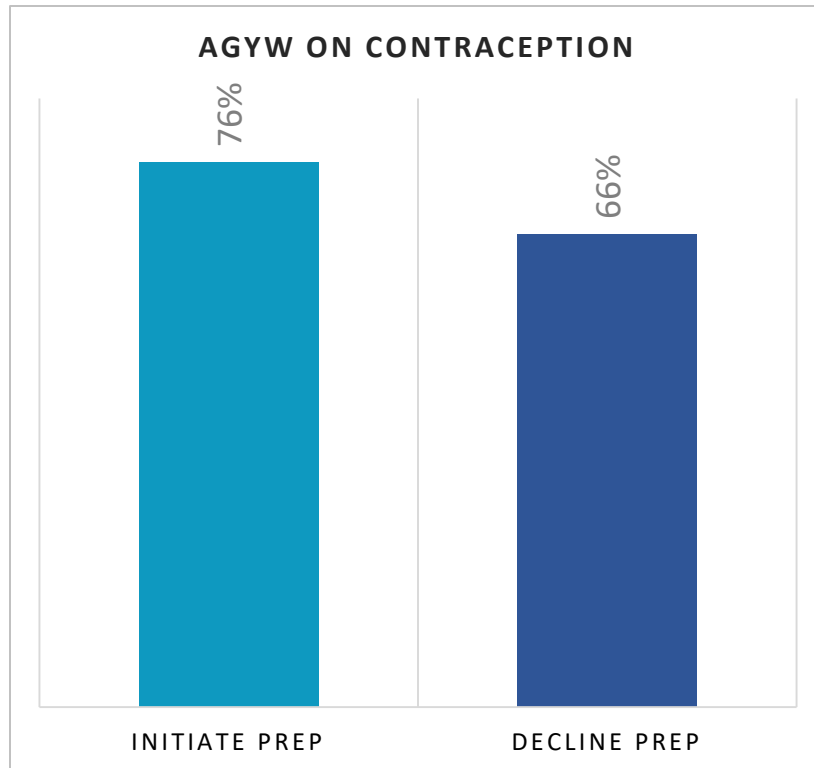
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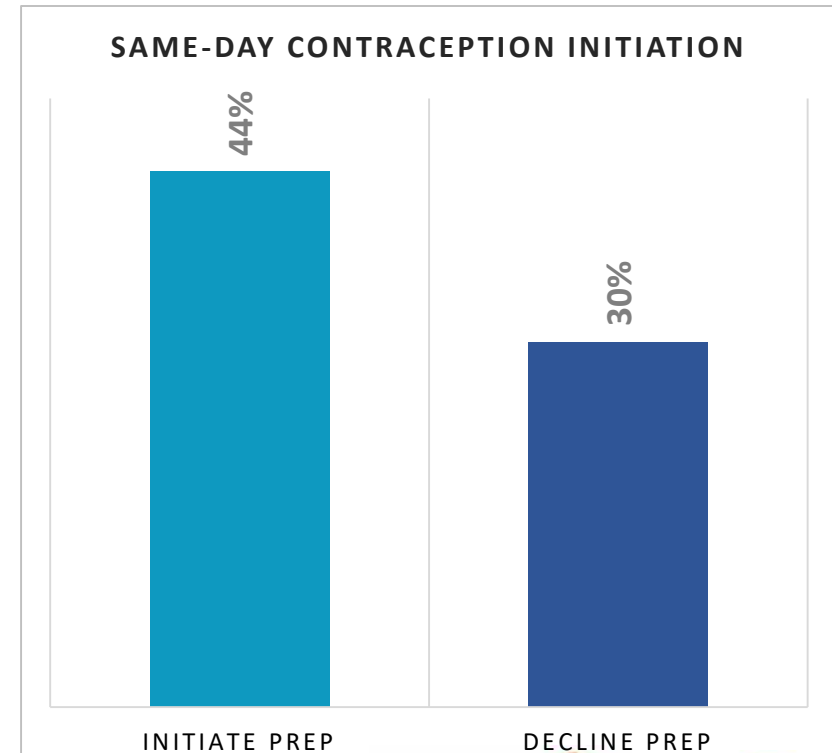
Uptake of PrEP and hormonal contraception

Rousseau E et al. IAS July 2019, Mexico City

Young women using contraception were more likely to initiate PrEP on the same day (p=0.001)



PrEP initiation was significantly associated with contraception initiation on the same day (p=0.003)



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Key considerations for PrEP delivery

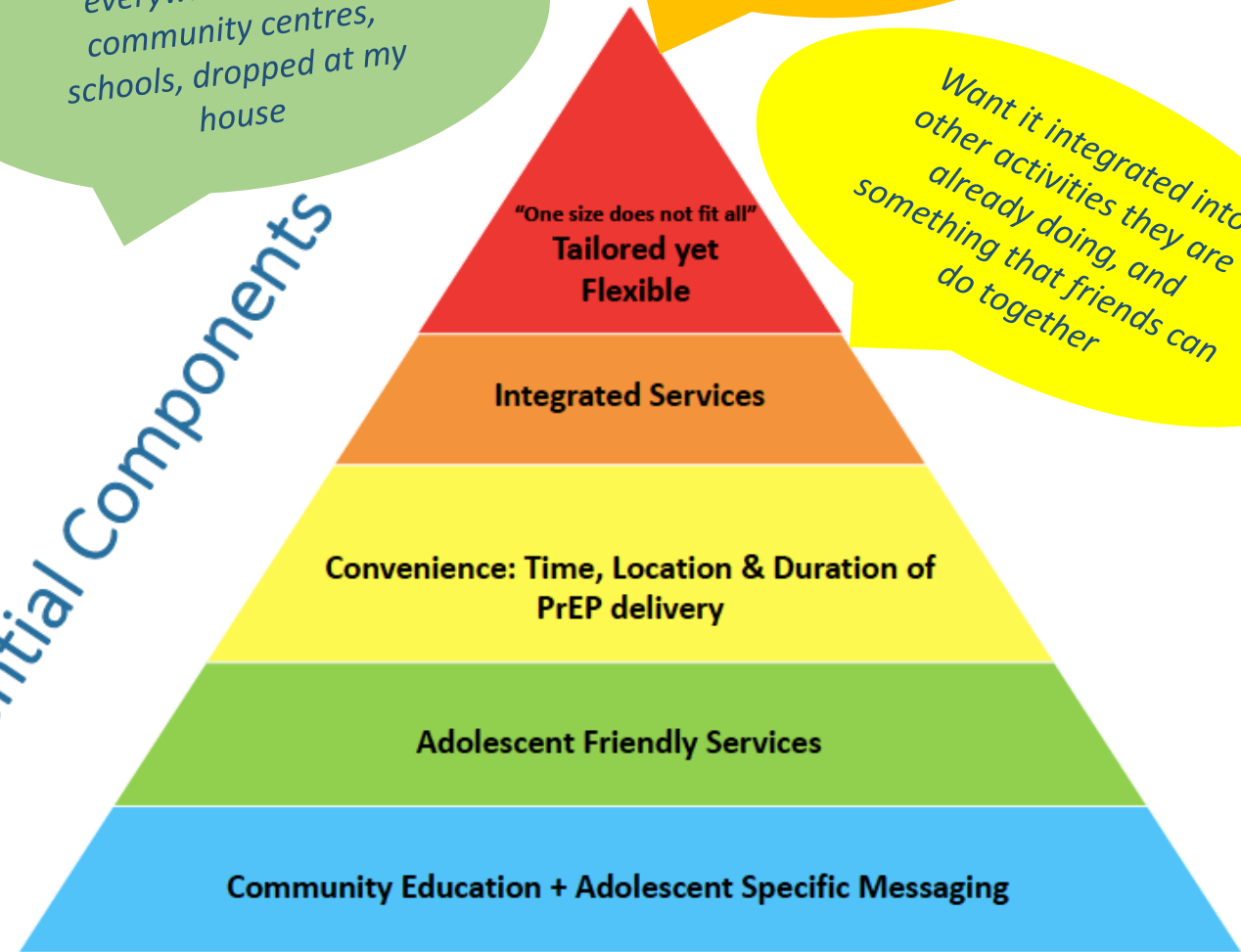
- *Location, convenience & confidentiality is essential*
- Remove PrEP out of the narratives of ARV's/illness and rather link it to general SRH/Contraception use/health: **gain-frame** messaging
- *Adolescent friendly services*
- Parents, partners, families and friends influence uptake and consistent use of PrEP
- High STI prevalence improves risk perception
- Establish peer support groups and bank on snowball effects

Essential Components

Want PrEP available everywhere: clinics, community centres, schools, dropped at my house

Want short waiting times: it should be a pickup just like I pick up condoms; and I can call you when I want to know more information

Want it integrated into other activities they are already doing, and something that friends can do together



PrEP delivery from mobile clinic, Cape Town



Philippi, Nyanga, Mitchells Plein



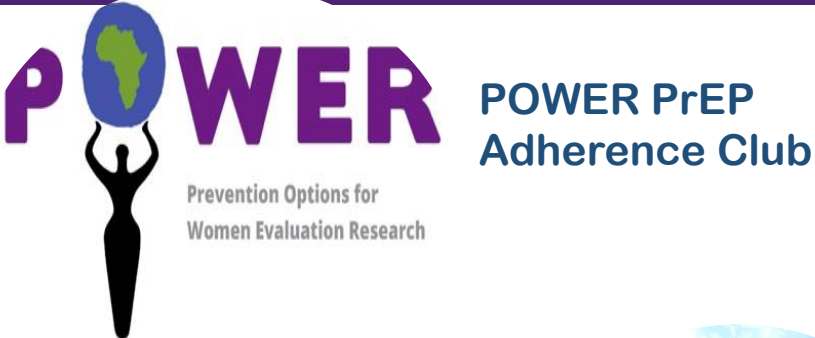
- Recruit 1000 HIV uninfected women ages 16-25
- Adolescent Friendly Services (fast and convenient)
- Anonymous biometric medical records
- Contraception services



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Differentiated Models of PrEP Delivery



Mobile Clinic



Local Government Clinic



Courier PrEP delivery

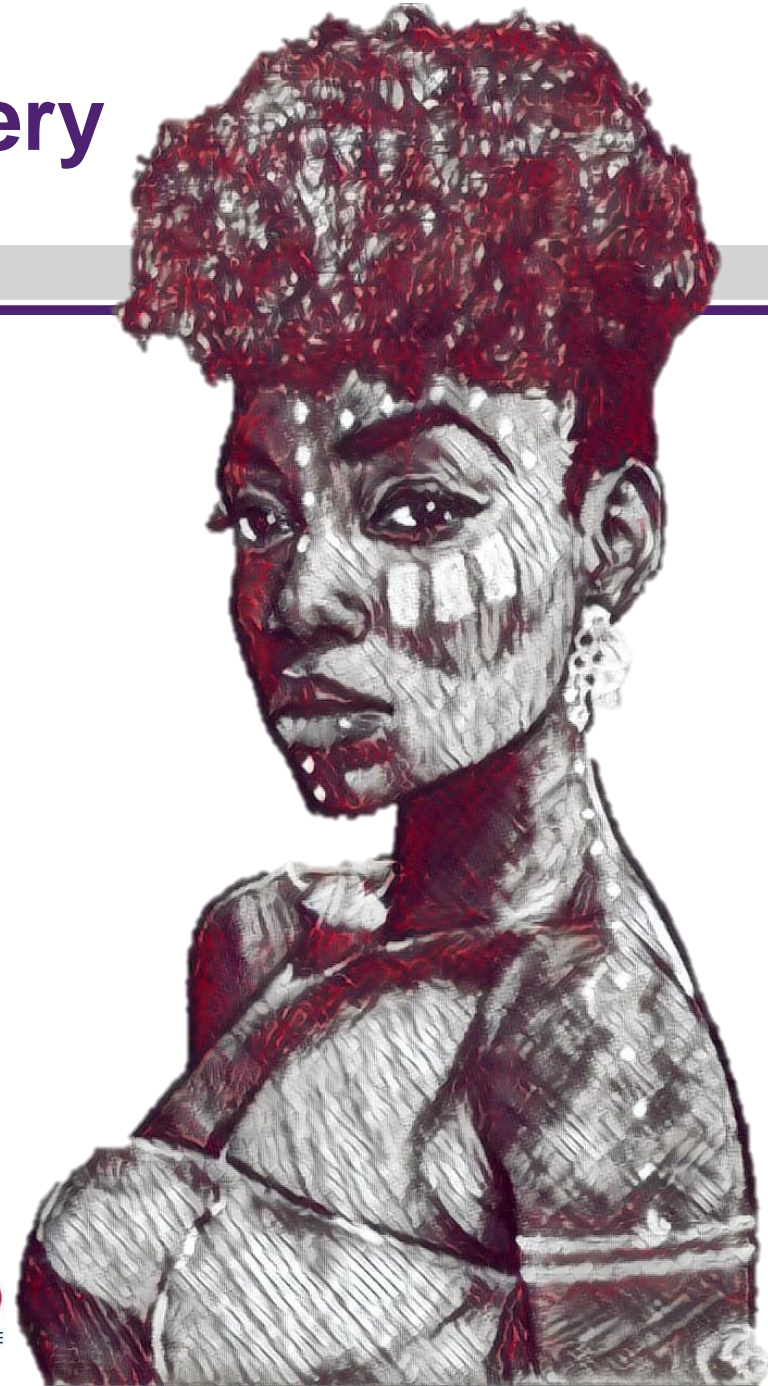


The future: Gender-responsive PrEP delivery

- *Acceptability, Accessibility, Options*
- *Trusting Provider-Community-Client Relationship*
- *Networks in the Community of Adolescent Girls and Young Women*
- *Non-fragmented and Integrated Services*
- *Enabling Self-Efficacy*



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Acknowledgements

- Linda-Gail Bekker
- Connie Celum
- Jared Baeten
- Tutu Teen Truck team
- POWER study team
- Future Fighter Youth CAB
- Young people & their families
- DTHF/DTHC Funders

Young people
and their
families



DESMOND TUTU
HIV FOUNDATION



Prevention Options for
Women Evaluation Research



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Prevention Options for
Women Evaluation Research

Jhpiego PrEP Implementation Experience in Lesotho

Supporting effective use and
continuation

Tafadzwa Chakare
MBChB, M.Phil

Johns Hopkins University Affiliate



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Community PrEP- Overview

- Lesotho has 2.2 million population, adult HIV prevalence of 25% and incidence of 1.5
- Jhpiego responsible for community based PrEP primarily targeted at AGYW, FSW and MSM
- Over 12 000 new clients enrolled between January 2018 and September 2019



Scale-up Characterized by Early Attrition

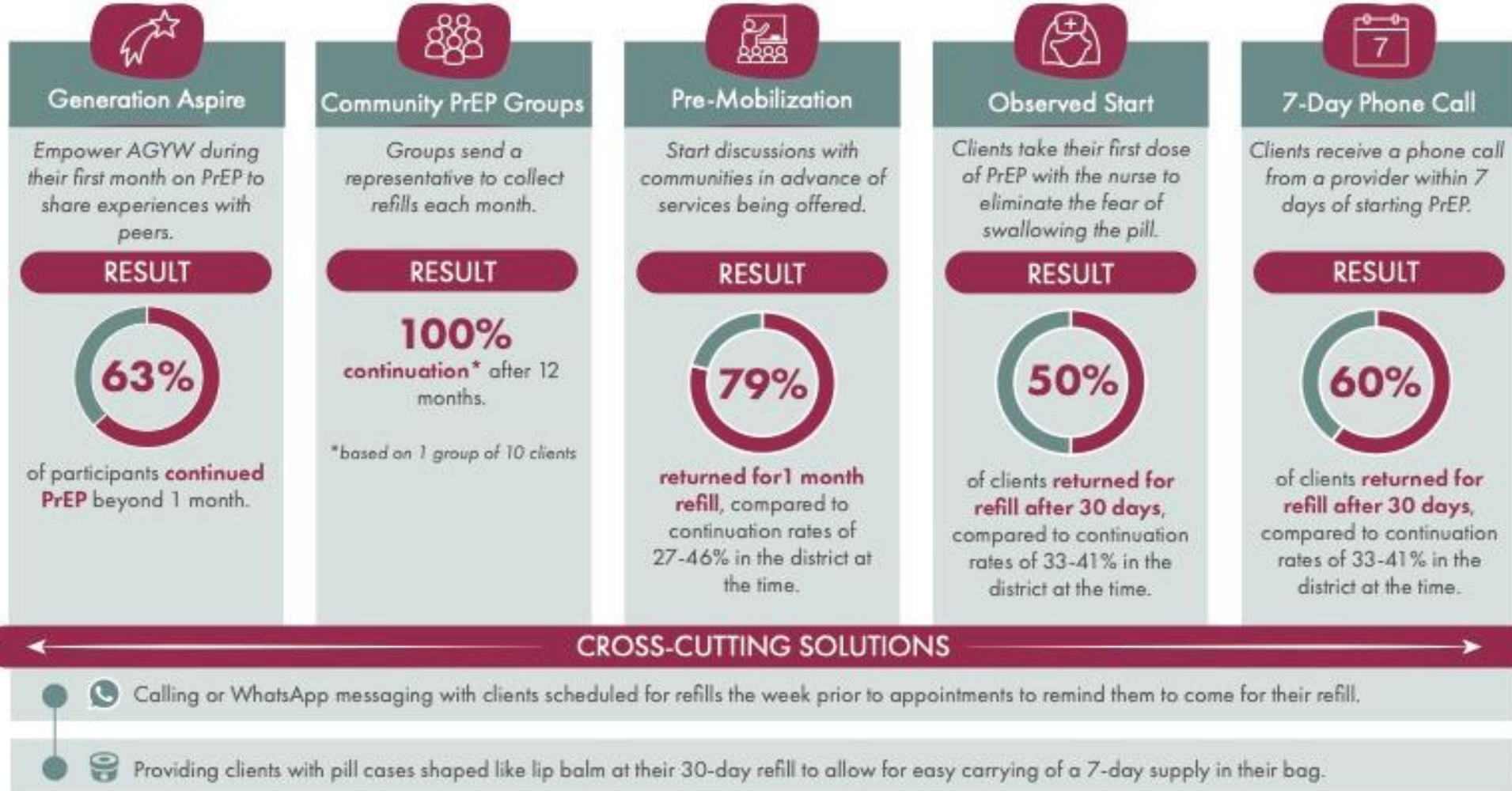
Multiple Parallel Interventions

- Weekly continuation tracking
- Generation Aspire
- Observed start
- Premobilization
- 7 Day phone call
- Community PrEP Groups
- Destigmatized packaging
- Engagement of village health workers

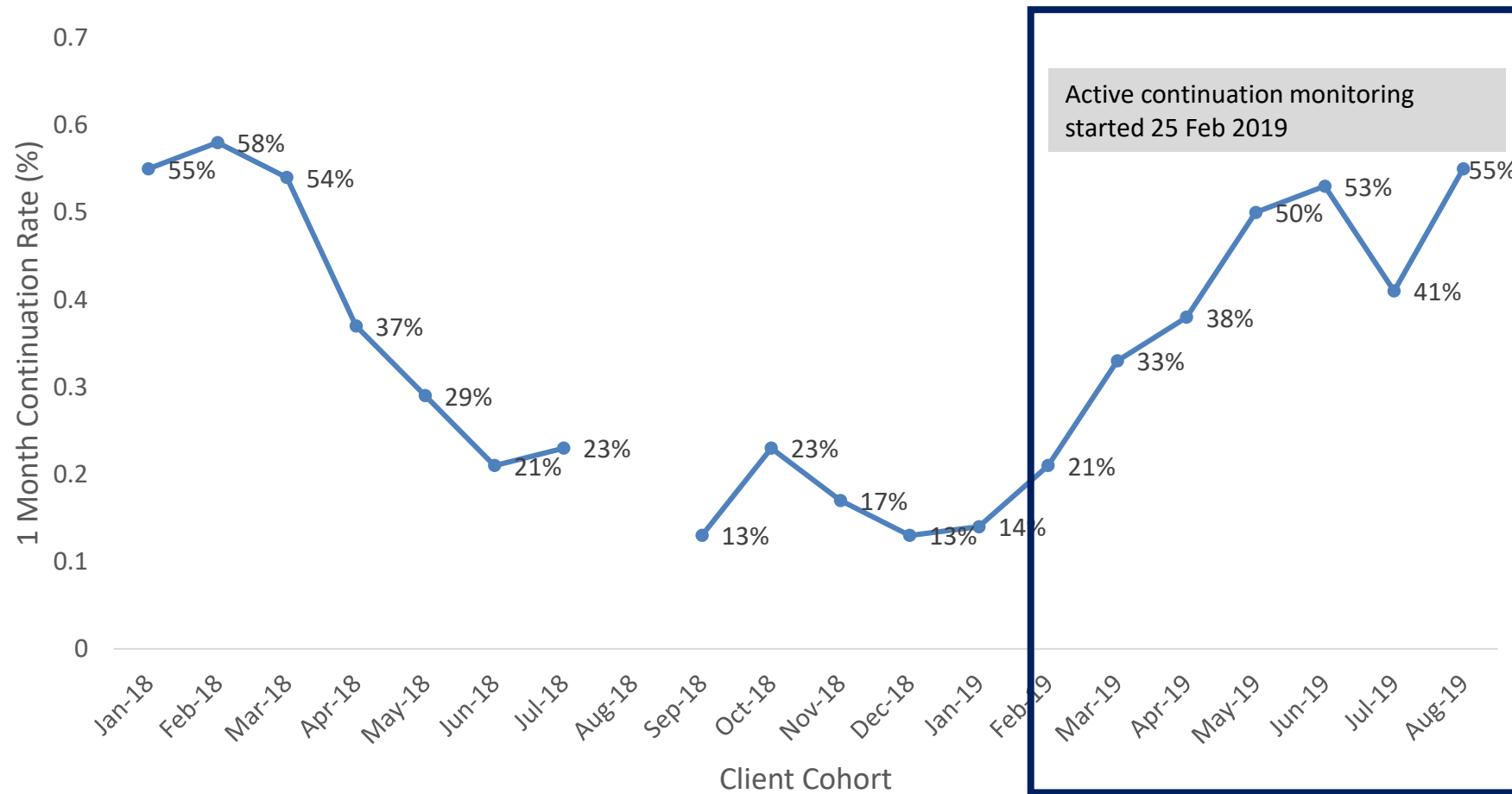


PrEP Continuation Innovations and Improvements

PrEP Continuation Innovations and Improvements



Community PrEP 30 Day Continuation Trend



Thank You



PrEP user support groups and leveraging PLWHA: the Kenya experience

OPTIONS PrEP Learning workshop
Blantyre, Malawi
November 12, 2019

Njambi Njuguna

Senior Technical Advisor, clinical services



Background

- LINKAGES Kenya ran from March 2016
 - Reached 58,759 FSW and 12,306 MSM in FY19
 - Package of services includes PrEP
 - Partnered with Jilinde in 6 out of 16 counties of operation
- Key challenge is continuation
 - Low rates in both populations
 - Discussions with beneficiaries on reasons revealed several issues, including forgetting to take PrEP, low risk perception, fear of stigma/actual stigma, myths and misconceptions

Support groups

- 2 types:
 - PrEP support groups with HIV negative individuals
 - Mixed support groups with HIV negative and positive individuals
- Purpose is to maintain/support continuation through peer-led efforts
- Meetings scheduled to run once a month; segregated by KP typology
- Target is new PrEP users, drop-outs from month 1



PrEP user support groups

- Approx. 20 per group – newly initiated with a few PrEP champions
- Day of meeting determined by organizations e.g. some coincided with PrEP refill days, some coincided with PrEP theme days
- Key discussion points: benefits of PrEP, myths and misconceptions, challenges to continuation and how to address them



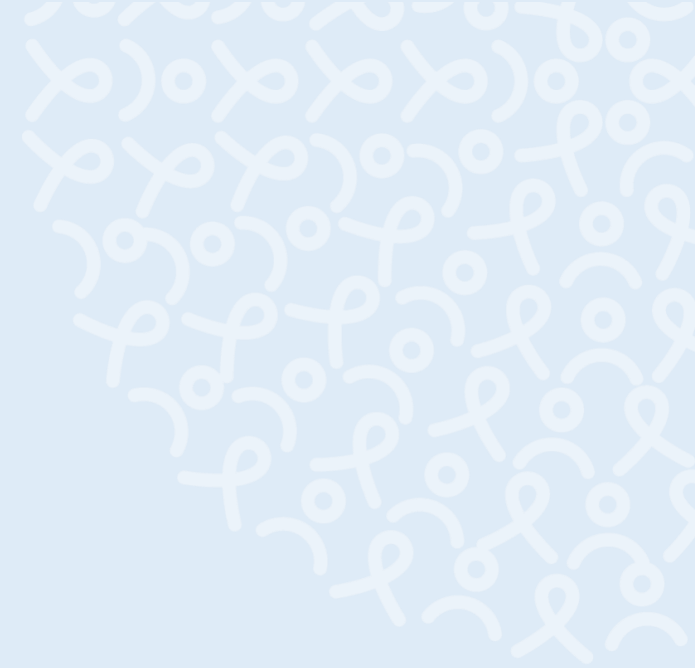
Mixed support groups

- Approx. 20 per group: mix of HIV- and HIV+
- HIV+ clients willing to self-disclose
- Focus is for newly initiated, early discontinuations
- Adherence challenges addressed pre-emptively (newly initiated) and benefits of PrEP (vs ART) plus tips for continued adherence
- Strategy most successful among MSM



Lessons learnt

- Support groups work, but composition is critical
 - Mixed groups require disclosure
 - Mixed groups may not work for all populations and settings
- Support groups are not ‘forever’
 - Only one or two sessions needed (PrEP only for a season)
- Support groups are not for everyone
 - Clients who come for their refills on time may not need support groups



EXPERIENCE SHARING & GROUP DISCUSSION