

Global PrEP Learning Network

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

March 25, 2021



CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next

Access French interpretation / Accès à l'interprétation vers le Français

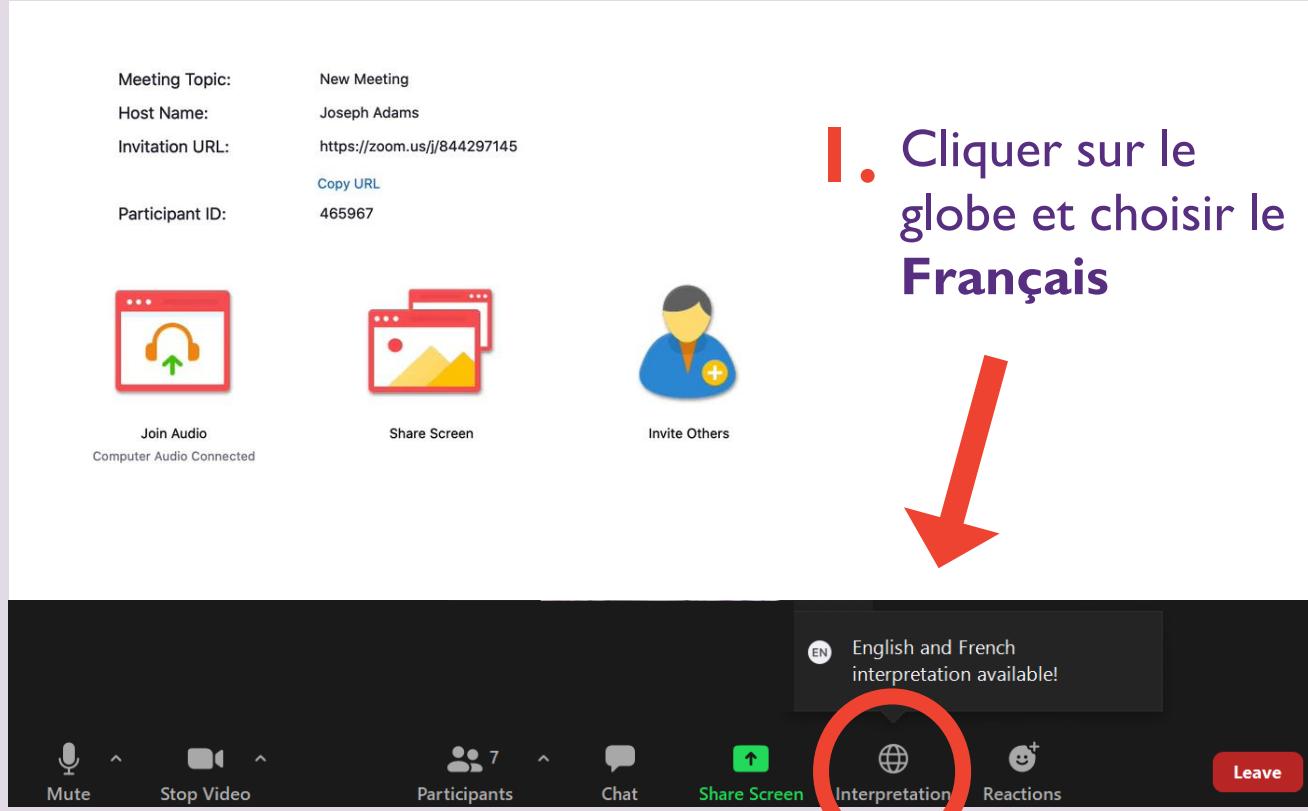
Meeting Topic: New Meeting
Host Name: Joseph Adams
Invitation URL: <https://zoom.us/j/844297145>
Participant ID: 465967

Join Audio Share Screen Invite Others

Computer Audio Connected

Mute Stop Video Participants 7 Chat Share Screen Interpretation Reactions Leave

EN English and French interpretation available!

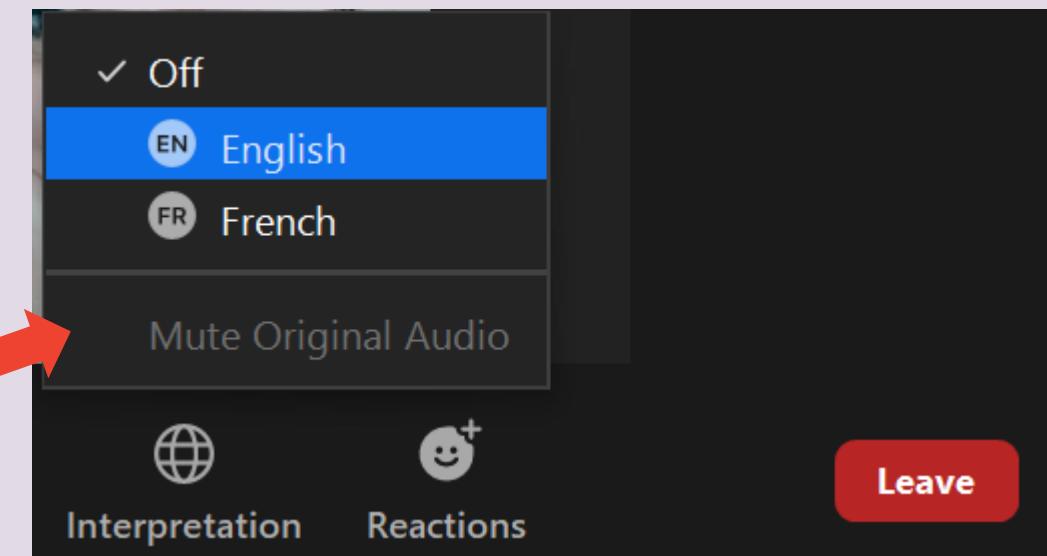


1. Cliquer sur le globe et choisir le Français



2. Puis cliquer sur "Mute Original Audio"

English speakers: leave interpretation feature "Off"



Today's Speakers



Gaston Djomand, CDC

Gaston Djomand is a Medical Epidemiologist at CDC in the Division of Global HIV/AIDS and TB. He supports PrEP implementation in Uganda, DRC, Cote d'Ivoire and Haiti.



Chris Obermeyer, USAID

Chris Obermeyer is a Biomedical Prevention Advisor. At USAID, Chris supports PEPFAR implemented PrEP programming in West Africa, Ethiopia, Namibia, and Asia.

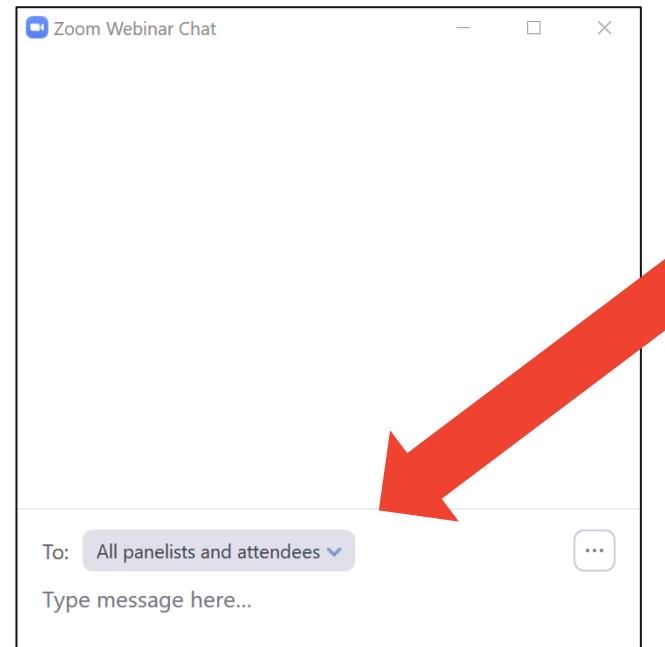


Gregory (Greg) Carl, Institute for HIV Research and Innovation

Greg Carl is Senior Capacity Building Supervisor at the Institute for HIV Research and Innovation (IHRI) in Bangkok, Thailand. He has been working in the field of HIV and AIDS for 34 years.

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.

Access French interpretation / Accès à l'interprétation vers le Français

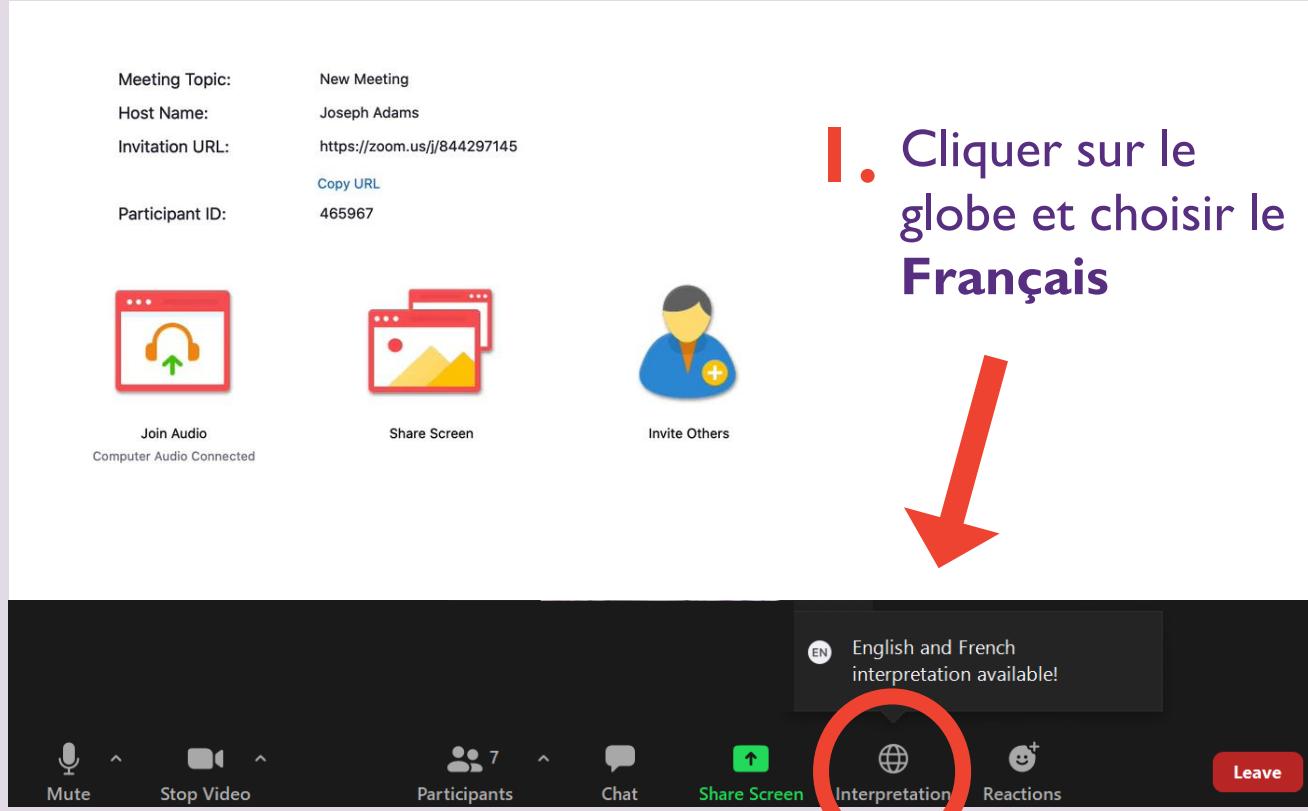
Meeting Topic: New Meeting
Host Name: Joseph Adams
Invitation URL: <https://zoom.us/j/844297145>
Participant ID: 465967

Join Audio Share Screen Invite Others

Computer Audio Connected

Mute Stop Video Participants 7 Chat Share Screen Interpretation Reactions Leave

EN English and French interpretation available!

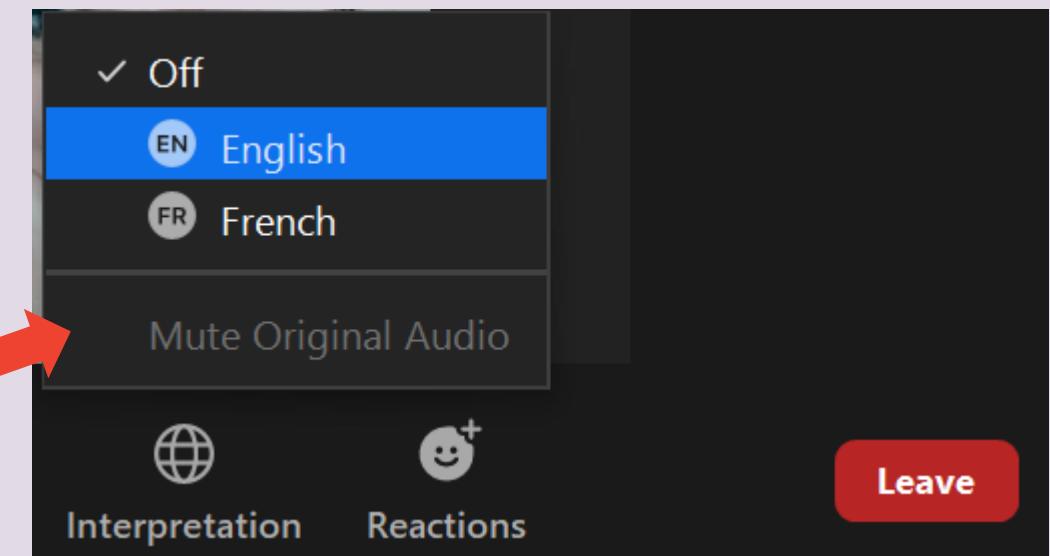


1. Cliquer sur le globe et choisir le Français



2. Puis cliquer sur "Mute Original Audio"

English speakers: leave interpretation feature “Off”



Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



USAID
FROM THE AMERICAN PEOPLE



Event-Driven Oral PrEP Learning Session

Gaston Djomand (CDC) &
Chris Obermeyer (USAID)

on behalf of the interagency PrEP Community of Practice

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Learning Objectives

By the end of this webinar, participants will be able to:

1. Define event-driven PrEP (ED-PrEP)
2. Identify candidates for ED-PrEP
3. Explain how to take ED-PrEP effectively
4. Describe advantages and disadvantages of ED-PrEP
5. Consider policy and programmatic changes needed to implement ED-PrEP
6. Identify resources for development of ED-PrEP implementation tools



Quick Note on Terminology

Women =
cisgender & transgender women

Men =
cisgender and transgender men

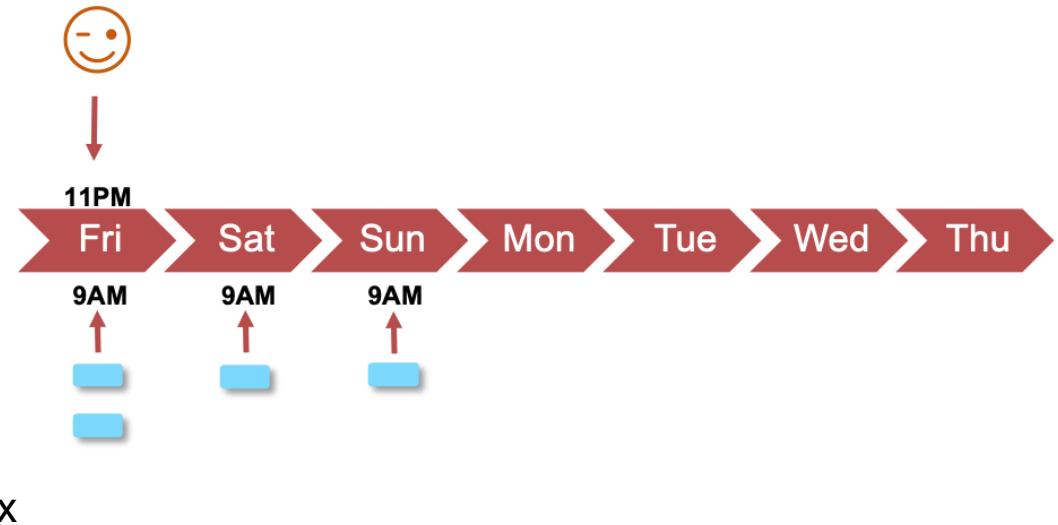
More information on sexual orientation and gender identity and these terms can be found [here](#).



Event-Driven PrEP (simplified)

Event-Driven PrEP (ED-PrEP) is an additional dosing regimen for men who have sex with men (MSM) only where:

- Two pills of TDF/FTC (or TDF/3TC) are taken 2 to 24 hours before sex (the loading dose) followed by
- One pill 24 hours after the loading dose (the 3rd pill), followed by
- One more pill 24 hours after the 3rd pill (the 4th pill)*



ED-PrEP may also be referenced as “on-demand”, “event-based”, or “intermittent” PrEP or “2+1+1”

*If a client has sex on the days following the loading dose, a client should continue taking one pill each day until two days after the last potential sexual exposure

Current approval status

- The World Health Organization (WHO) issued [a technical brief](#) in July 2019 to update the dosing considerations of oral PrEP for MSM
- TDF/FTC (or 3TC) as PrEP used intermittently has not been approved yet by FDA or CDC
- Country specific guidelines may need to be updated to allow for and include ED-PrEP



PEPFAR and ED-PrEP

- [PEPFAR COP21 Guidance](#), pages 249-250, states:

“Countries with oral PrEP programs supporting MSM and supported by PEPFAR should address the policy and programmatic changes to make ED-PrEP available for MSM”

- MSM continue to be a target population for global scale-up of PrEP
- Implementation of ED-PrEP may increase PrEP uptake and continuation among MSM

PEPFAR 2021 Country and Regional
Operational Plan (COP/ROP) Guidance
for all PEPFAR Countries



Evidence for ED-PrEP Efficacy and Implementation

| Author, Year | Setting | Key Findings |
|---|-------------------|--|
| Molina et al, 2015 IPERGAY RCT | France and Canada | <ul style="list-style-type: none">HIV risk reduced by 86% among men randomized into the ED-PrEP groupHIV risk reduced by 97% during the open label extension |
| Molina et al, 2017 Prevenir observational study | France | <ul style="list-style-type: none">No new HIV infections were reported in the ED-PrEP group and the daily PrEP groupMore than half (53%) of MSM preferred ED-PrEP over daily PrEP |
| Cornelisse et al (2019) PrEPX Australian demonstration study | Australia | <ul style="list-style-type: none">High level of interest in ED-PrEP was strongly associated with having sex infrequently and concerns about long-term toxicity |
| Zimmermann et al, 2019 Jongen et al, 2020 Amsterdam PrEP demonstration project (AMPrEP) | USA | <ul style="list-style-type: none">MSM have a number of motives for choosing a regimen to meet their priorities and needs for prevention, including changing risk-contexts, perceived or actual self-efficacy around adherence and impacts of PrEP on wellbeingAdherence to ED-PrEP was significantly high for sexual encounters with casual sex partners, suggesting that MSM use ED-PrEP when they are most at risk for HIV. |

Appropriate clients for ED-PrEP

| For whom is ED-PrEP appropriate? | For whom is ED-PrEP NOT appropriate? |
|---|---|
| <ul style="list-style-type: none">• A man who has sex with another man who:<ul style="list-style-type: none">• Finds ED-PrEP more convenient• Has infrequent sex (for example, sex less than 2 times per week on average)• Is able to plan for sex at least 2 hours in advance, or who can delay sex for at least 2 hours | <ul style="list-style-type: none">• Women• Transgender men having vaginal/frontal sex• Men having vaginal and/or anal sex with women• <u>People with chronic hepatitis B infection</u> |

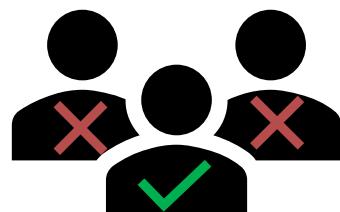
Key Takeaway: Evidence suggests ED-PrEP only protects MSM from HIV transmission during anal sex

Modified from: What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Geneva: World Health Organization; 2019 (WHO/CDS/HIV/19.8)

ED-PrEP is NOT for everyone

- No trials have included anyone under 18
- There is not enough evidence to indicate ED-PrEP is safe and effective for:
 - Women
 - Transgender men having vaginal/frontal sex
 - Men who have vaginal and/or anal sex with women
- Pharmacology of tenofovir suggests ED-PrEP may not give sufficient protection for receptive vaginal/frontal sex
- Limited evidence on the interaction of PrEP and gender affirming hormone therapy in transgender women using ED-PrEP suggests caution with ED-PrEP for this population

**ED-PrEP IS
APPROPRIATE FOR
SOME**



**DAILY ORAL PREP IS
APPROPRIATE FOR
EVERYONE**



Knowledge Check 1

ED-PrEP is effective at preventing HIV transmission for MSM during which of the following behaviors?

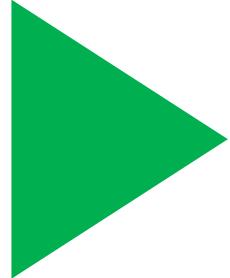
- a) Sex with women
- b) Sharing equipment while injecting drugs
- c) Sex with men
- d) All the above

Knowledge Check 1

ED-PrEP is effective at preventing HIV transmission for MSM during which of the following behaviors?

- a) Sex with women
- b) Sharing equipment while injecting drugs
- c) **Sex with men**
- d) All the above

Starting and Stopping PrEP (MSM only)



Daily PrEP: Start with a loading dose of two pills*

ED-PrEP: Start with a loading dose of two pills each time
two to 24 hours before sex

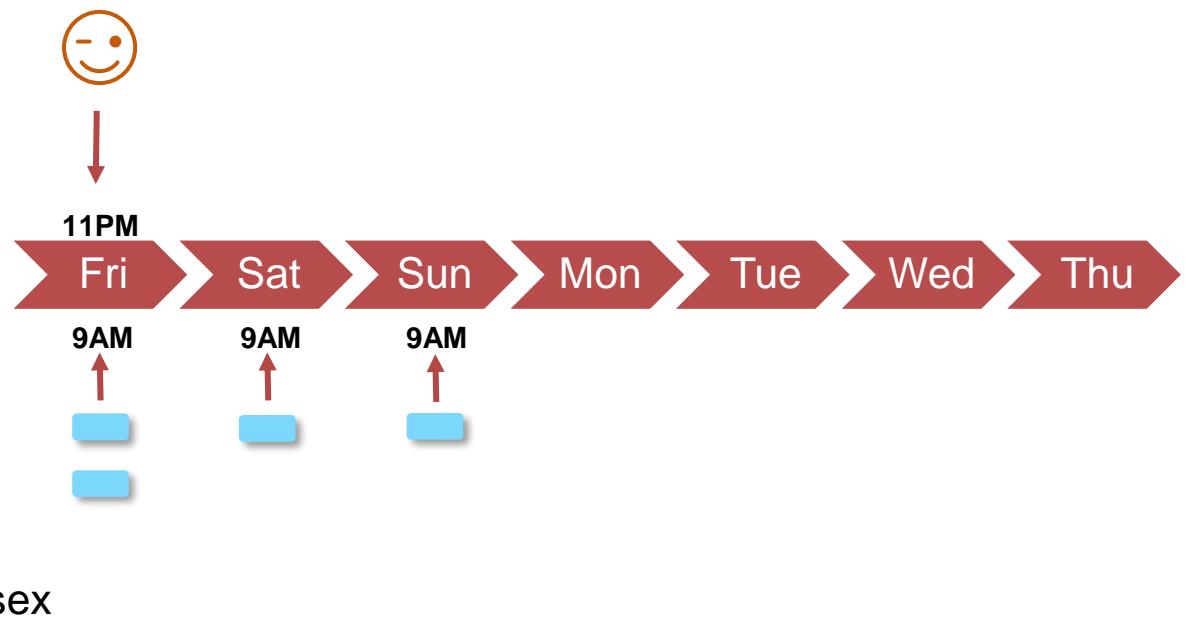


Daily and ED-PrEP: Stop by taking a pill each day for two days after the last time having sex

*This represents new guidance on daily oral PrEP for MSM which can be found in the 2+1+1 Guidance from WHO

Dosing Scenario 1- Sex one time

Duc lives in Vietnam. On Friday night, Duc plans to invite someone he met on Grindr over to his place and plans to have anal sex. He takes two pills (the loading dose) of PrEP Friday morning at 9am and has sex Friday night at 11pm. He takes a third pill on Saturday at 9am and a fourth on Sunday at 9am.

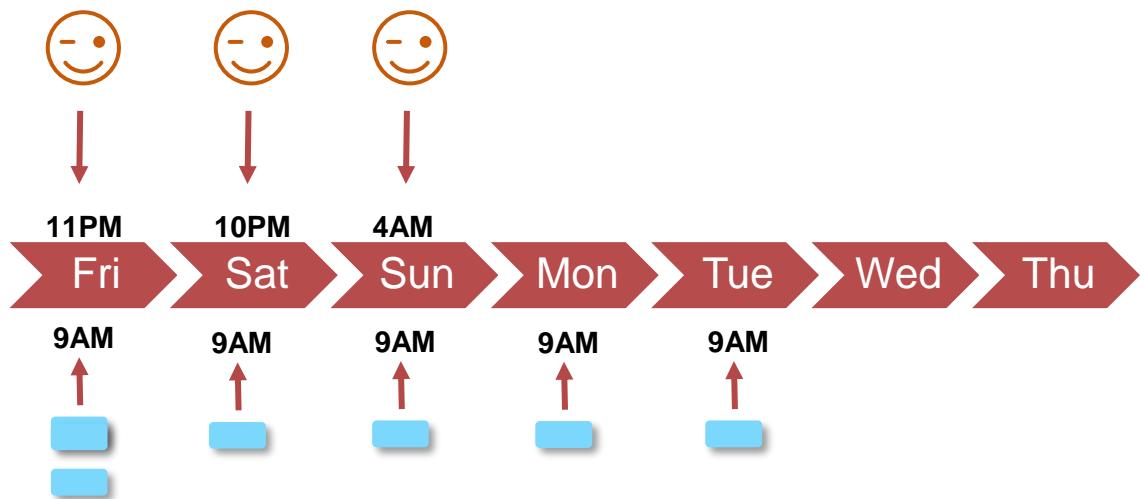


Note:

MSM should take 2 pills
2-24 hours before having
sex and take 1 pill each
day for the two days
following sex

Dosing Scenario 2- Sex on multiple consecutive days

Kwame lives in Ghana. His wife is going to Accra to visit her family on Friday and coming back on Sunday night. Kwame sometimes has sex with his male friends who he is planning to hang out with on Friday and Saturday night. Kwame takes two pills (the loading dose) on Friday morning. He has sex Friday night and takes one pill on Saturday morning. Saturday night he has sex again and then again early Sunday morning. Kwame takes one pill of PrEP on Sunday, Monday, and Tuesday mornings at 9am.



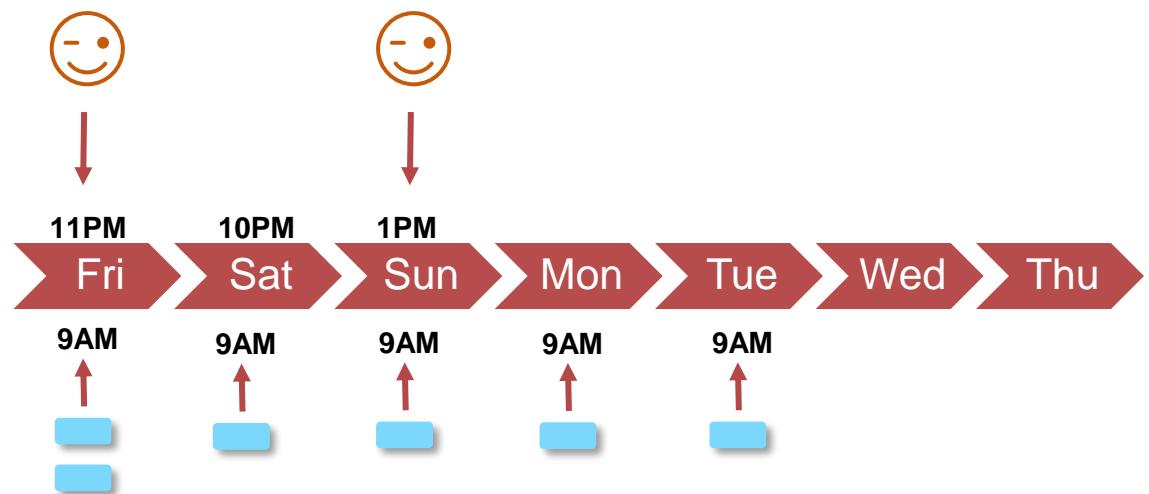
😊 = sex

Note:

MSM who have sex over multiple days should continue taking one pill each day for two days after the last time they had sex.

Dosing Scenario 3- Sex on multiple non-consecutive days

Jose is gay and lives in Guatemala. Jose has a date on Friday night and hopes to have sex. He uses ED-PrEP. He takes two pills Friday morning before having sex on Friday night. On Saturday and Sunday, he takes another pill each day. On Sunday, he meets up with his date again and they have unplanned sex, so he continues taking a pill each day on Monday and Tuesday.



😊 = sex

Note:

MSM who have sex on non-consecutive days while still taking ED-PrEP should continue taking one pill each day for two days after the last time they had sex.

Knowledge Check 2

How many hours before sex should MSM take the loading dose of PrEP when using ED-PrEP?

- a) 1 hour
- b) 2-24 hours
- c) 48 hours
- d) 72 hours



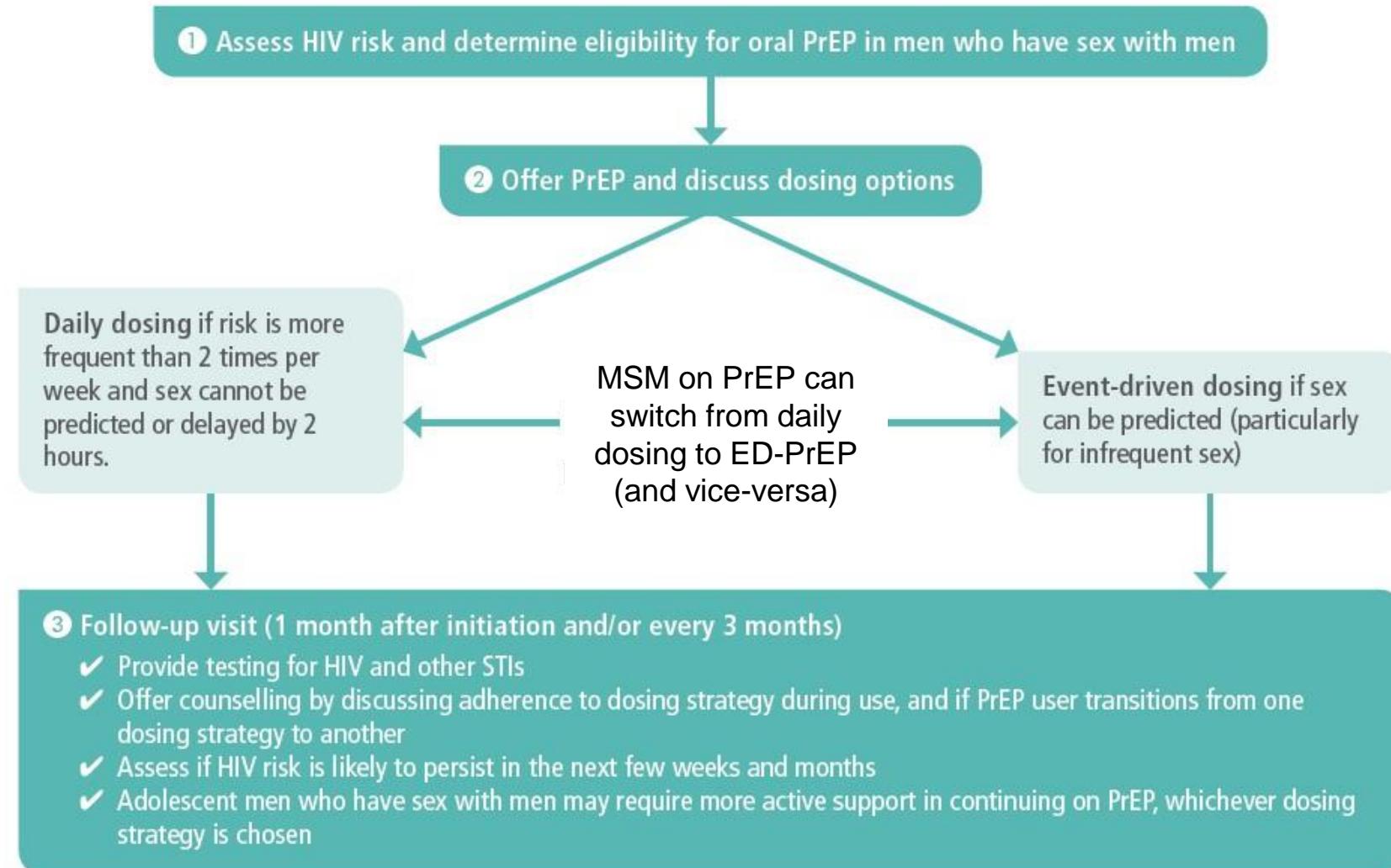
Knowledge Check 2

How many hours before sex should MSM take the loading dose of PrEP when using ED-PrEP?

- a) 1 hour
- b) 2-24 hours**
- c) 48 hours
- d) 72 hours



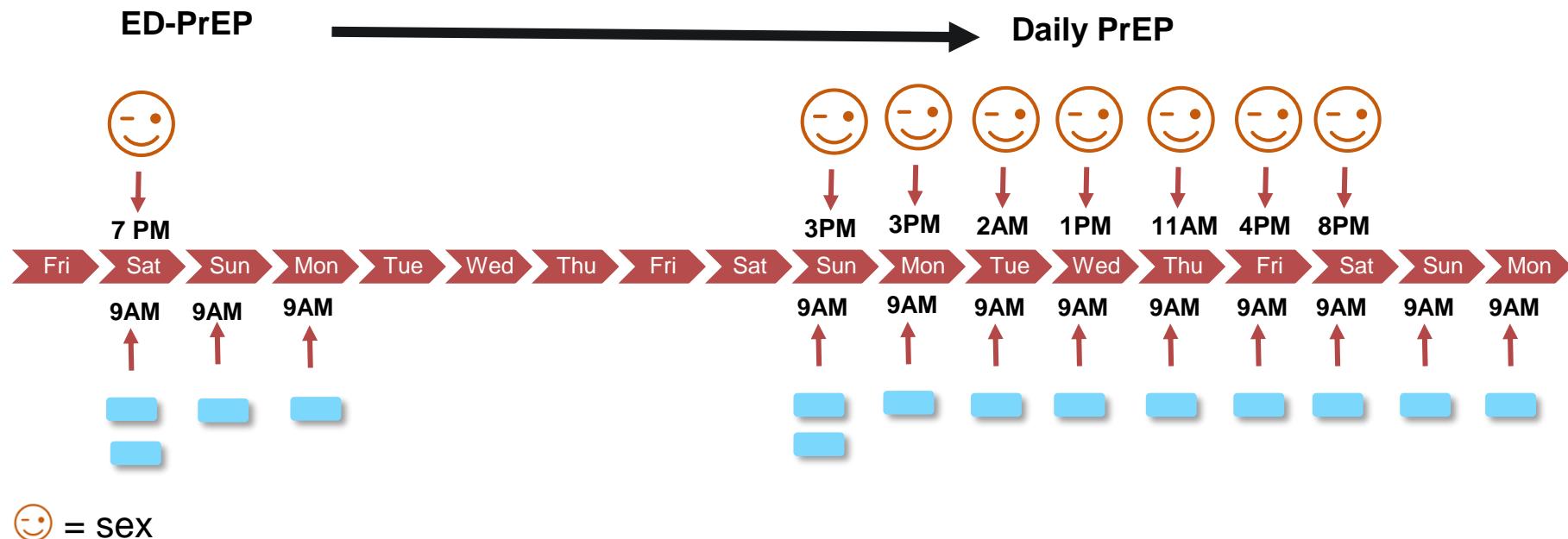
Switching between daily and ED-PrEP



Source: What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Geneva: World Health Organization; 2019 (WHO/CDS/HIV/19.8)

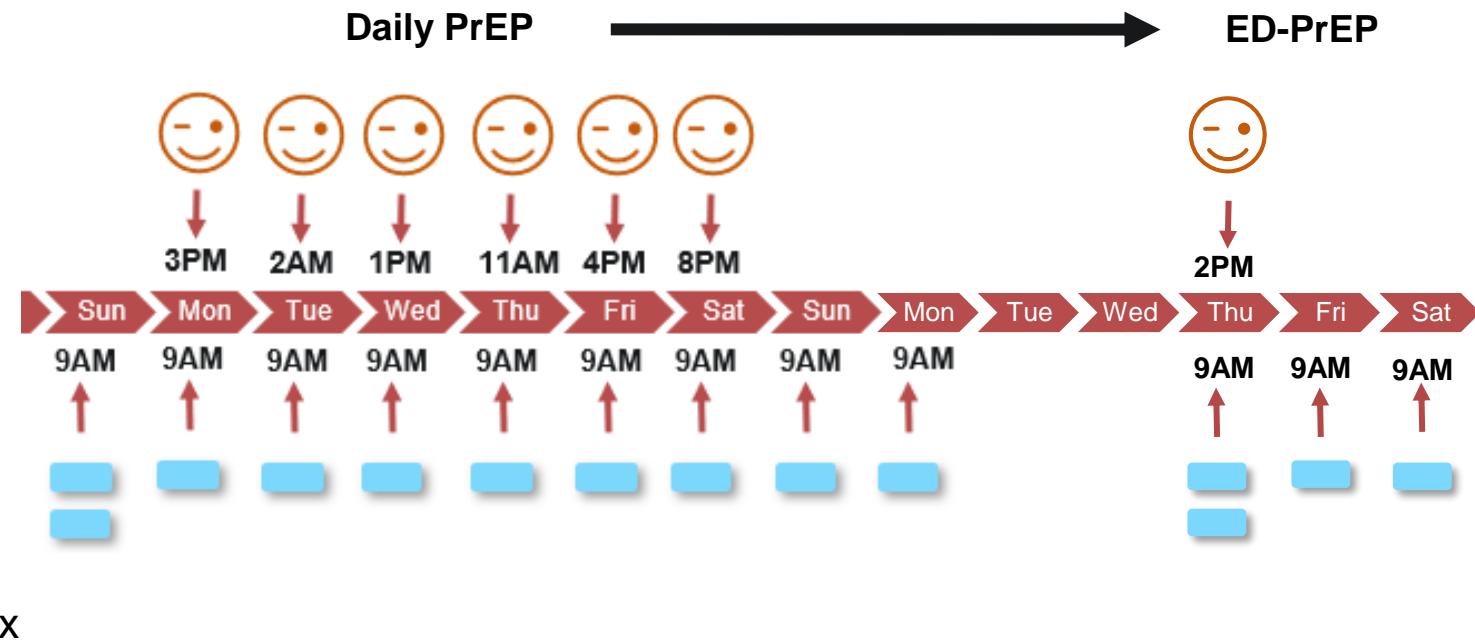
Dosing Scenario 4- Switching from ED-PrEP to daily PrEP

Alex has been taking ED-PrEP for several months. Next week he plans to go to a nearby city to sell sex and make some money at a popular holiday location. Alex isn't always able to negotiate condoms with his clients so decides to switch to daily PrEP. Alex takes two pills (loading dose) of PrEP on Sunday and then continues taking a pill each day he's working. He has sex several times throughout the week with different clients. On Saturday night, Alex has sex and on Sunday he heads home. Alex takes PrEP on Sunday and Monday and then can stop taking PrEP if he wants.



Dosing Scenario 5- Switching from daily PrEP to ED-PrEP

Back at home, Alex plans to meet up with a regular partner on Thursday afternoon and is switching back to ED-PrEP. He takes two pills Thursday morning at 9am and 1 pill each day on Friday and Saturday mornings and then can stop taking PrEP until he thinks he will have sex again.



😊 = sex

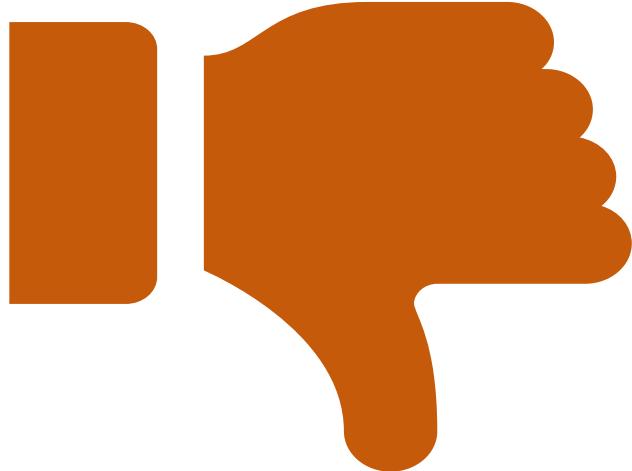
Advantages of ED-PrEP for MSM



- Provides MSM an additional option for taking oral PrEP
- May reduce drug cost
- May reduce pill burden
- May increase uptake of PrEP
- May increase PrEP continuation

ED-PrEP should not be the ONLY option available for MSM

Disadvantages of ED-PrEP for MSM



- Planning before sex is needed
- Clients must remember to take all doses in the correct way
- MSM could be identified if programs choose to track those taking ED/Daily PrEP
- MSM who start ED-PrEP may be more likely than MSM using daily PrEP to develop resistance if they start PrEP during acute HIV infection
- The incentive to come in for monitoring visits on time may be reduced because clients won't always need a refill every 3 months
- No evidence ED-PrEP prevents HIV transmission when MSM have sex with women or inject drugs

Knowledge Check 3

Which of these is a disadvantage of ED-PrEP

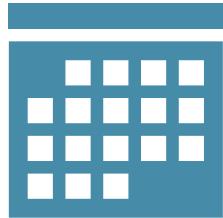
- a) May increase uptake of PrEP among MSM
- b) Clients must remember to take all doses in the correct way
- c) Gives another dosing option for MSM
- d) May increase continuation of PrEP among MSM

Knowledge Check 3

Which of these is a disadvantage of ED-PrEP

- a) May increase uptake of PrEP among MSM
- b) Clients must remember to take all doses in the correct way**
- c) Gives another dosing option for MSM
- d) May increase continuation of PrEP among MSM

Considerations for monitoring visits



Frequency of visits

- Visits should follow same frequency and procedures as anyone taking daily oral PrEP



Prescriptions and Refills

- TDF combined with FTC or 3TC is recommended for ED-PrEP. **FTAF (*Descovy*) or other formulations should not be used for ED-PrEP**
- Clients may not need a refill at each monitoring visit
- Clients should have enough pills between visits should they use PrEP daily

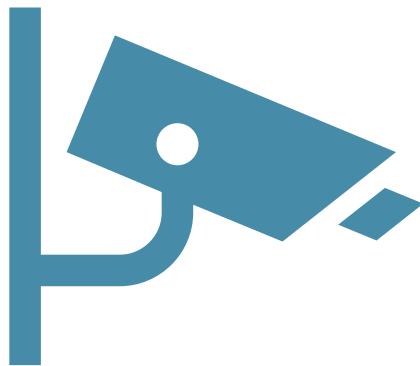


Counseling

- In some settings, it may be valuable to educate all men about ED-PrEP, especially in settings where MSM are unlikely to disclose same-sex activities
- Inform women that ED-PrEP is not effective for them

PEPFAR Considerations for M&E

- Reporting on MER indicators remains unchanged.
- Daily oral PrEP and ED-PrEP are reported using the same PrEP MER indicators (PREP_NEW and PrEP_CURR)



- Since clients may switch between daily and ED-PrEP, identifying clients as daily or ED-PrEP users in programmatic data may have little practical value and may put MSM at additional risk of disclosure and/or social harms

Knowledge Check 4

How should ED-PrEP users be reported into DATIM?

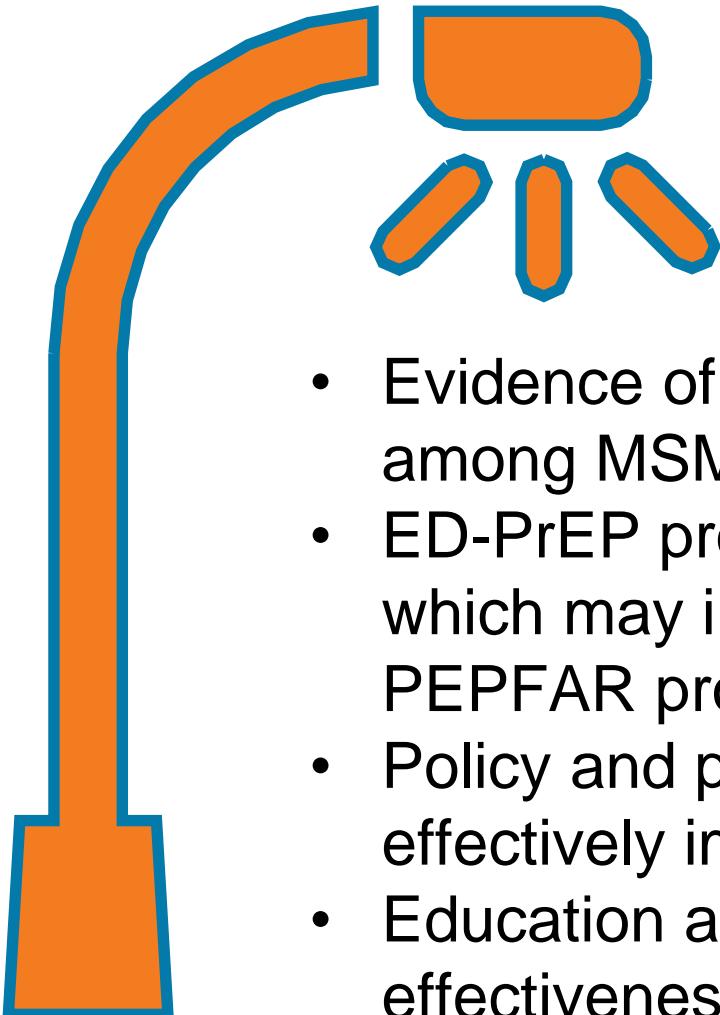
- a) PrEP_NEW & PrEP_CURR
- b) ED_PREP_NEW & ED_PrEP_CURR
- c) I don't have a clue

Knowledge Check 4

How should ED-PrEP users be reported into DATIM?

- a) PrEP_NEW & PrEP_CURR
- b) ED_PREP_NEW & ED_PrEP_CURR
- c) I don't have a clue

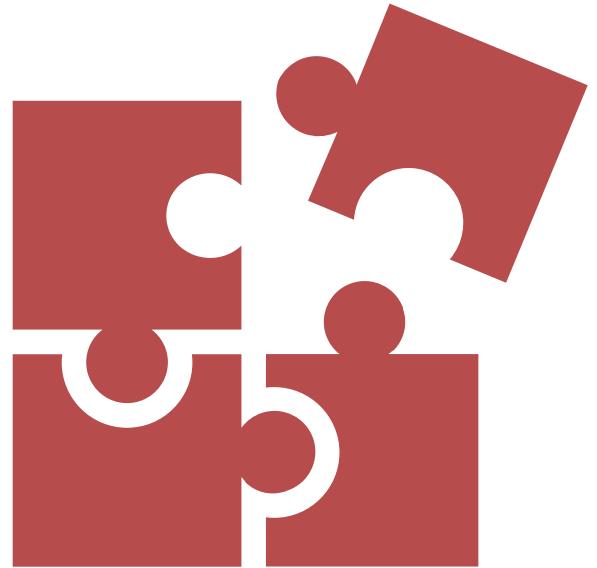
Conclusions



- Evidence of the effectiveness and safety of ED-PrEP among MSM is compelling when taken as prescribed
- ED-PrEP provides an additional dosing option for MSM which may increase PrEP uptake and continuation in PEPFAR programs
- Policy and programmatic changes are needed in order to effectively implement ED-PrEP
- Education about ED-PrEP is key to its implementation and effectiveness

What's next?

- Countries may need to update:
 - guidelines to include ED-PrEP for MSM
 - training for PrEP providers to include accurate information about ED-PrEP
 - counseling tools for PrEP to include counseling on ED-PrEP



Resources on ED-PrEP



Introducing Template Language for ED-PrEP Guidelines

ENGLISH/FRENCH

Guidelines for Oral Pre-Exposure Prophylaxis: TEMPLATE LANGUAGE FOR EVENT-DRIVEN PREP MODULE

The intent of this module is to provide adaptable guidelines for event-driven oral pre-exposure prophylaxis (ED-PrEP) that may be incorporated or added as an addendum to existing HIV oral PrEP guidelines. As with the parent document (*Guidelines for Daily Oral Pre-Exposure Prophylaxis: TEMPLATE LANGUAGE (English/French)*), the content here aligns with the oral PrEP guidance and recommendations of the World Health Organization (WHO). The document includes prompts for national-level consideration during the guideline adaptation process. Areas specifically requiring a national update are indicated in red font.

This document was developed by the Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE) in close collaboration with the U.S. Agency for International Development (USAID). CHOICE is a collaboration between the USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) and Reaching Impact, Saturation, and Epidemic Control (RISE) projects. The content of this document was sourced largely from the [WHO Technical Brief – What's the 2+1+1? Event-Driven Oral Pre-exposure Prophylaxis to Prevent HIV for Men Who Have Sex with Men: Updates to WHO's Recommendation on Oral PrEP](#). Countries should use this module as appropriate for their needs and setting; use of CHOICE branding or acknowledgment is optional.

Table of Contents

| | |
|--|----------|
| Overview of Event-Driven Pre-Exposure Prophylaxis | 1 |
| Guidance for Offering ED-PrEP | 1 |
| ED-PrEP Effectiveness | 2 |
| Approved Drugs for ED-PrEP..... | 2 |
| Optimal ED-PrEP Service Delivery Package..... | 2 |
| ED-PrEP Initiation | 2 |
| Identifying Clients at Substantial Risk Who May Benefit from ED-PrEP Use | 2 |
| Contraindications for ED-PrEP | 2 |
| ED-PrEP Initiation Visit Schedule and Readiness Assessment | 3 |
| Follow-Up Visits for Clients Using ED-PrEP | 3 |
| Education and Counseling for ED-PrEP | 4 |
| Switching Between ED-PrEP and Daily PrEP..... | 5 |
| Management of ED-PrEP Clients in Specific Situations..... | 6 |

WHO/Jhpiego Oral PrEP eLearning Course Includes ED-PrEP

The Oral PrEP eLearning course created through a collaboration between WHO and Jhpiego is a self-paced, free, eLearning course available at hivoralprep.org.

The training prepares clinicians to provide both daily oral PrEP and ED-PrEP



Oral PrEP eLearning Resource Package:
A Collaboration Between WHO and Jhpiego



The Oral PrEP eLearning Resource Package (eLRP) introduces health care providers to Oral Pre-Exposure Prophylaxis (PrEP) for HIV infection. The eLRP includes eLearning courses for clinicians with an accompanying Oral PrEP Implementation Tool App.

Resources on ED-PrEP-US Examples

San Francisco AIDS Foundation ED-PrEP Page



How Does PrEP 2-1-1 work?

This downloadable PDF explains the difference between Daily PrEP and PrEP 2-1-1 for anal sex, and offers an explanation of the dosing strategy for PrEP 2-1-1.

In English.

En Español.



"On-Demand" Dosing for PrEP: Guidance for Medical Providers

Daily dosing is the only Food and Drug Administration (FDA)-approved schedule for taking pre-exposure prophylaxis (PrEP) to prevent HIV. Robust data support the intermittent or "on-demand" use of PrEP before and after sexual activity by cisgender gay, bisexual and other men who have sex with men. We provide guidance on the off-label but evidence-based use of on-demand PrEP.

Recommended dosing for on-demand PrEP

New York City Department of Health

California Department of Health

The logo for PrEP 2-1-1, featuring the text "PrEP2-1-1" in large, blue, stylized letters next to a cluster of blue and white pills.

"On-Demand" Pre-Exposure Prophylaxis (PrEP) for Sexual Intercourse

PrEP 2-1-1 or "On-Demand" PrEP is a non-daily PrEP dosing strategy that has been evaluated in men who have sex with men (MSM) and was 86% effective at preventing HIV transmission in a clinical study in Canada and France. The PrEP 2-1-1 protocol shown below is not FDA-approved; however, PrEP 2-1-1 has been endorsed by the International AIDS Society USA.

What is the Difference Between PrEP and PrEP 2-1-1?

Daily PrEP is the FDA-approved use of a daily pill (Truvada® or Descovy®) that combines two drugs to prevent HIV transmission. Many studies have shown that it can reduce the risk of HIV transmission by up to 99%. Studies have been done proving PrEP is effective for men, women, and transgender people, as well as preventing transmission through injection drug use. The United States Prevention Task Force has given PrEP Grade A status.

The PrEP 2-1-1 dosing strategy has not been FDA approved but has been studied with Truvada® and shown to be an

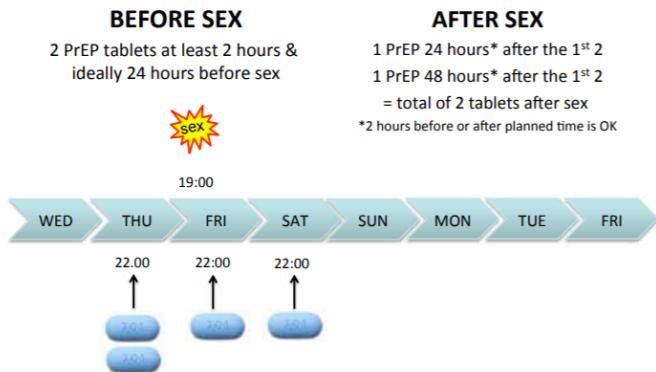
Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

Resources on ED-PrEP- International Examples

Coalition Plus Video in Bambara and French



1. On-demand dosing: If you have sex once a week



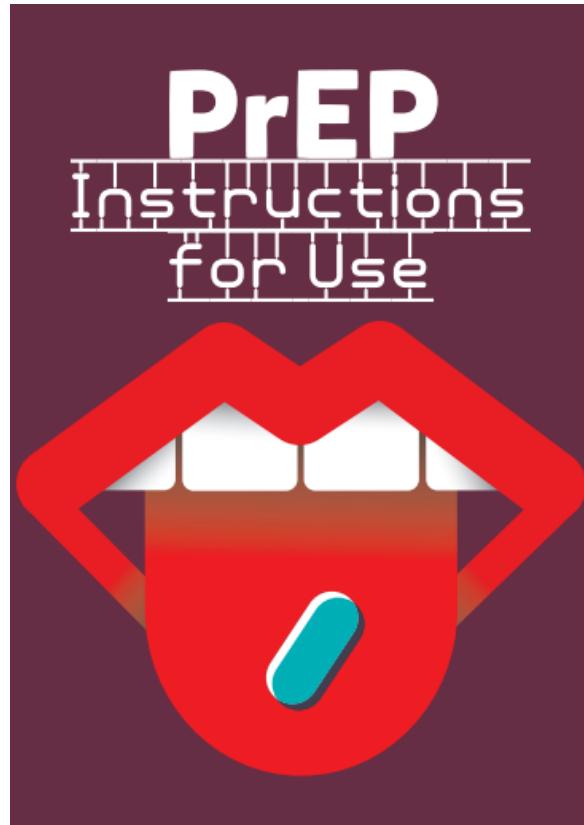
I-Base in the UK

Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

Resources on ED-PrEP- French NGO AIDES

PrEP
Guide
(English Version)

PrEP
Pharmacist
Guide
(in French)



PrEP
Guide
(French Version)

PrEP User
Brochure
(English Version)

Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

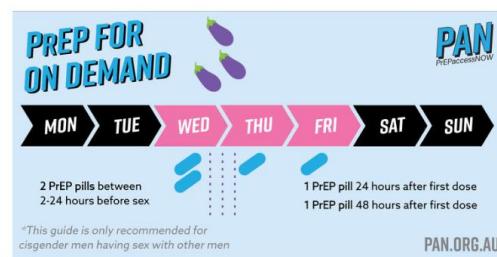
Resources on ED-PrEP- Australian Examples

Australian NGO Thorne
Harbour Health Video



WHAT IF...?

You got lucky again? Awesome! You can have as much sex as you like in the 24 hours after your double dose - no need to do anything extra!



Australian NGO PrEP
Access Now

Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

Resources on ED-PrEP- Australian Examples

Australian PrEP Guidelines

Australian Decision Making in PrEP Tool



Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

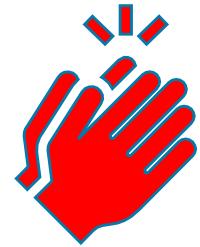
Video from the Netherlands



Video Available at: <https://mantotman.nl/en/everything-about-sex/hiv-and-stis/prep/how-use-prep-safely>

Resources shown here are not necessarily endorsed by PEPFAR or in alignment with WHO recommendations but can serve as examples of resources which may be useful in sparking ideas for your own documents which align with PEPFAR, WHO, and national recommendations and guidance.

Acknowledgements



● PrEP COOP
● CDC and USAID Key Population Teams



● USAID Biomedical Prevention Branch



Selected Research on ED-PrEP

1. Saberi, P., Scott, H.M. On-Demand Oral Pre-exposure Prophylaxis with Tenofovir/Emtricitabine: What Every Clinician Needs to Know. *J GEN INTERN MED* 35, 1285–1288 (2020). <https://doi.org/10.1007/s11606-020-05651-1>
2. <https://pubmed.ncbi.nlm.nih.gov/31965523/>
2. Molina JM, Capitant C, Spire B, et al. On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection. *New Engl J Med.* 2015;373(23):2237–2246. <https://www.ncbi.nlm.nih.gov/pubmed/26624850>
3. Molina JM, Charreau I, Spire B, et al. Efficacy, safety, and effect on sexual behaviour of on-demand pre-exposure prophylaxis for HIV in men who have sex with men: an observational cohort study. *Lancet Hiv.* 2017;4(9):E402-E410. <https://www.ncbi.nlm.nih.gov/pubmed/28747274>
4. Jongen, V., Hoornenborg,E., Van Den Elshout, M., Coyer, L., Davidovich, U., De Vries, H., Prins, M., Schim Van Der Loeff, M. Using a Mobile App and Dried Blot Spots to Assess Adherence to Event-Driven PrEP [abstract]. In: CROI; March 8-11, 2020; Boston, Massachusetts.1031. <https://www.croiconference.org/abstract/using-a-mobile-app-and-dried-blot-spots-to-assess-adherence-to-event-driven-prep/>
5. Cornelisse, V. J., Lal, L., Price, B., Ryan, K. E., Bell, C., Owen, L., & Wright, E. J. (2019, July). Interest in switching to on-demand HIV Pre-Exposure Prophylaxis (PrEP) among Australian users of daily PrEP: an online survey. In *Open forum infectious diseases* (Vol. 6, No. 7, p. ofz287). US: Oxford University Press.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6612821/pdf/ofz287.pdf>
6. Siguier M, Mera R, Pialoux G et al. First year of pre-exposure prophylaxis implementation in France with daily or on-demand tenofovir disoproxil fumarate/emtricitabine. [J Antimicrob Chemother 2019 Sept 1,XXXXXX](#)
7. Durant-Zaleski I, Mutuon P, Charreau et al. Costs and benefits of on-demand HIV preexposure prophylaxis. [AIDS 2018 Jan2;32\(1\):95-102.XXXXXX](#)
8. Noret M, Balavoine S, Pintado C et al. Daily or on-demand oral tenefovir disoproxil fumarate/emtricitabine for HIV preexposure prophylaxis: experience from a hospital-based clinic in France. [AIDS 2018 Sept 24;32\(15\):2161-2169.XXXXX](#)

This learning session was developed on August 3, 2020 and is based on the World Health Organization's technical brief "What is 2+1+1" published on July 23, 2019. The content of the technical brief may be subject to change.
The findings, conclusions and recommendations in this learning session are those of the authors and do not necessarily represent the official position of the funding agencies.

Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next

Q&A



Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next



Event Driven PrEP: The IHRI Approach

Institute for HIV Research and Innovation

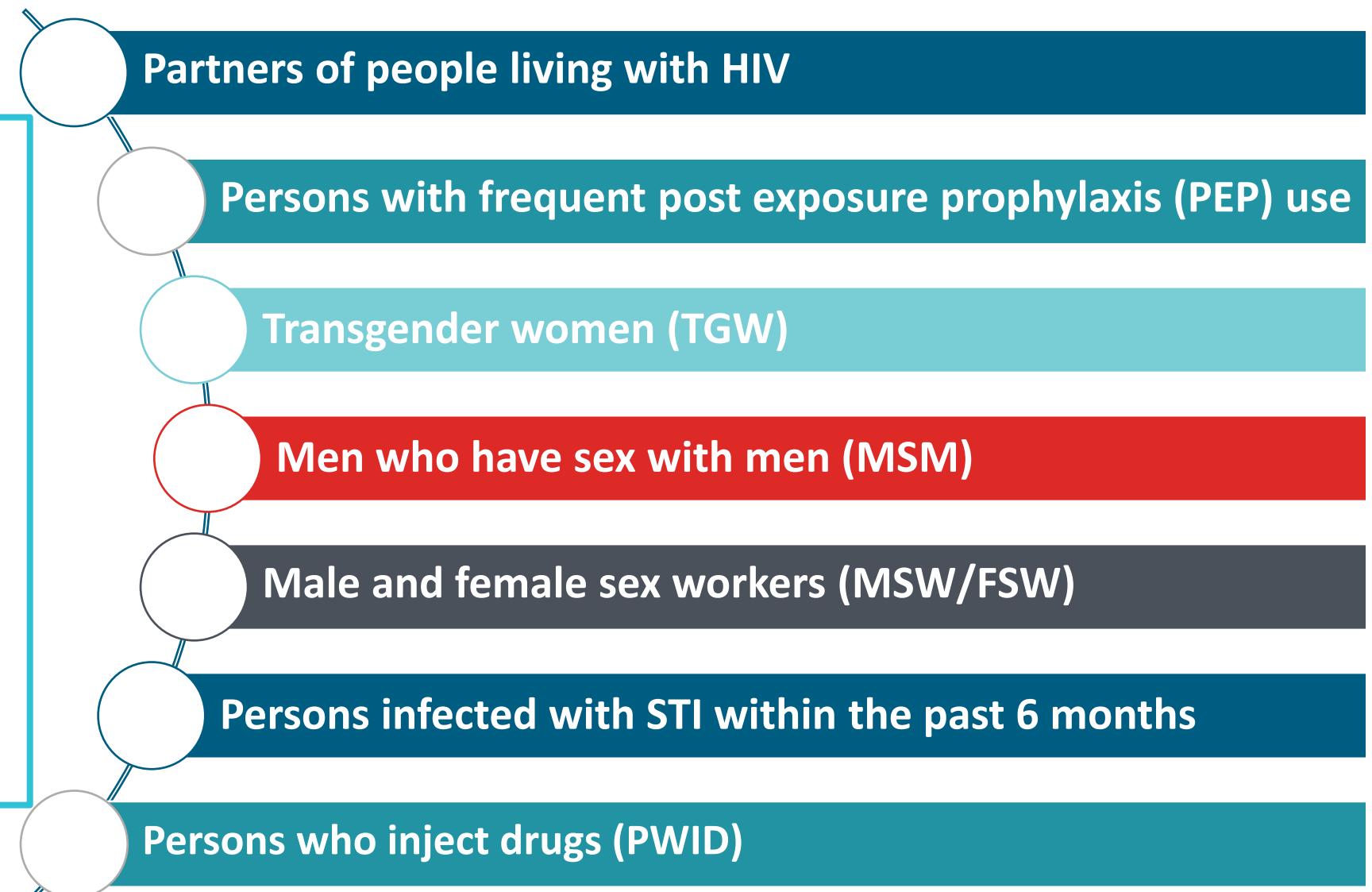
March 25, 2021

WHERE INNOVATION MEETS IMPLEMENTATION

Thai National Guidelines on PrEP

The 2017 National Guidelines for PrEP identified key populations for Daily PrEP.

The 2020/21 National Guidelines for PrEP recognizes guidance on Event Driven PrEP from the IPERGAY study and official WHO recommendations from July 2019.



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



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

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

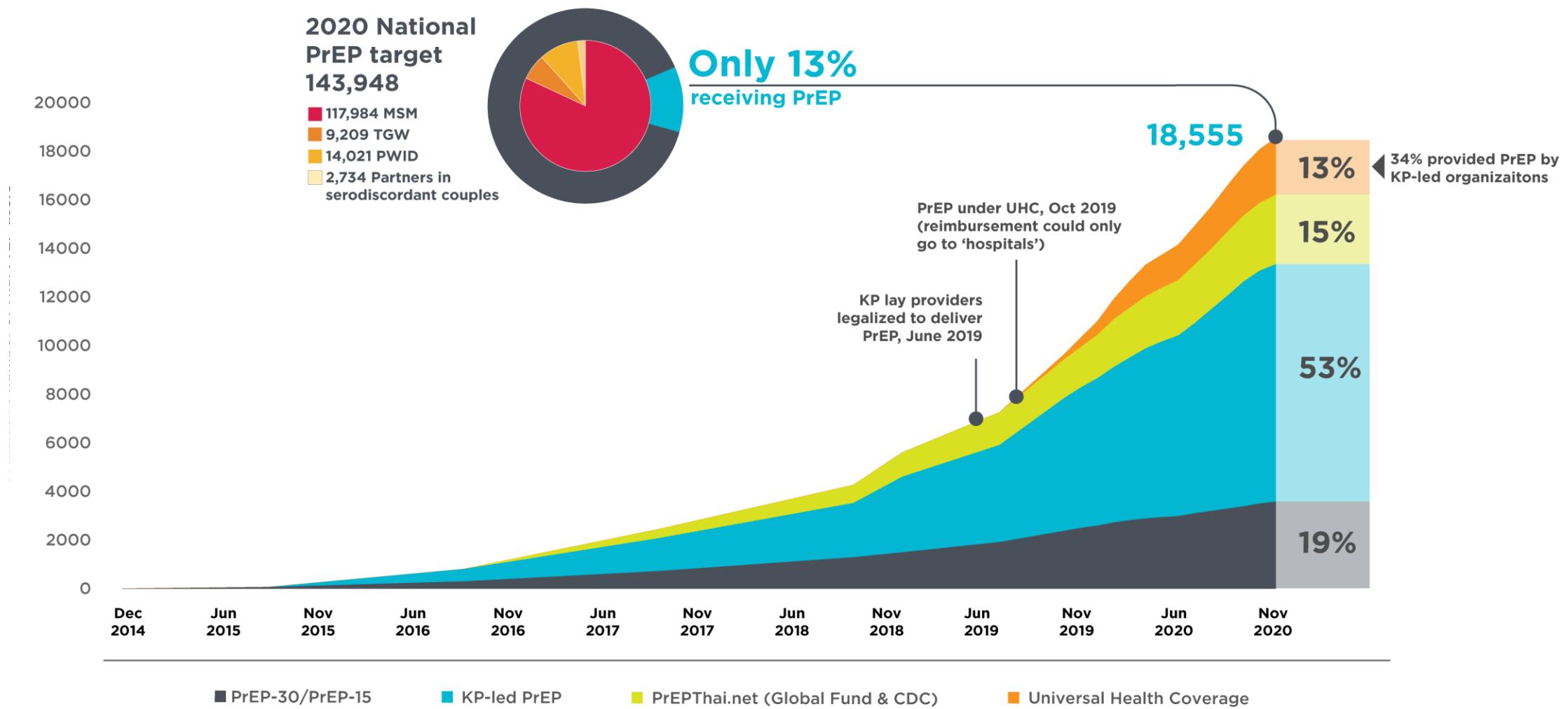
KPLHS have provided Daily
PrEP since January 2017 and
Event Driven PrEP since June
2019.

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



WHERE INNOVATION MEETS IMPLEMENTATION

PrEP in Thailand, by service delivery model



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

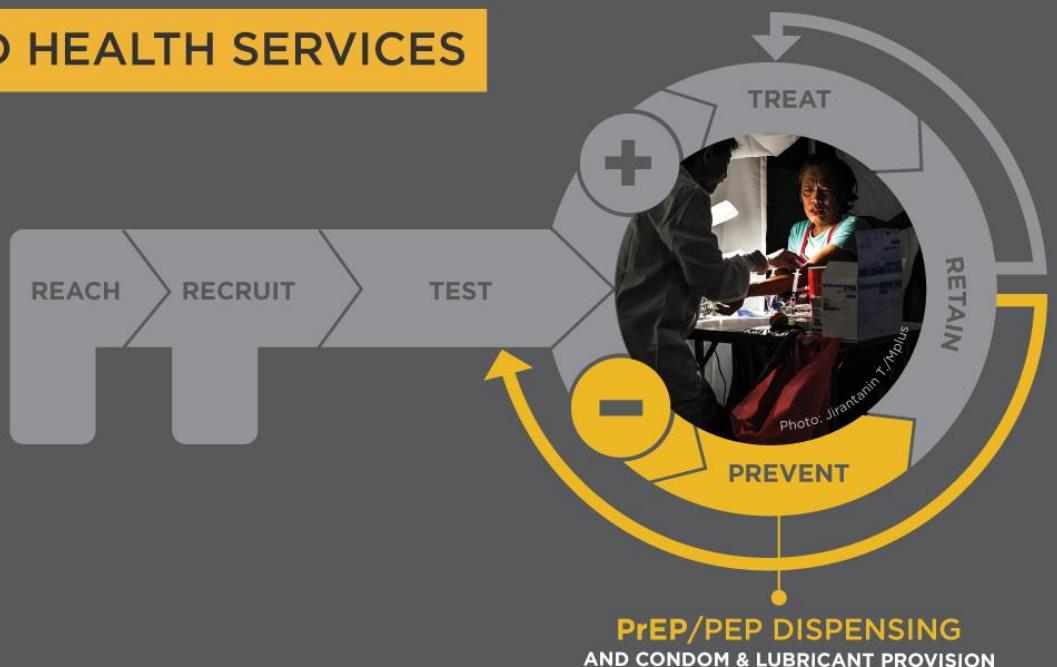


WHERE INNOVATION MEETS IMPLEMENTATION

PrEP Dispensing to KPs by KP Lay Providers

(Same-Day PrEP)

KP-LED HEALTH SERVICES



ROLES OF KP LAY PROVIDERS IN PrEP DISPENSING

1

Assess risk and provide PrEP counseling

2

Perform HIV testing and send samples for creatinine and HbsAg

3

Dispense PrEP to HIV-negative client to start on that day, based on doctor's standing order

4

In consultation with the doctor, call to inform the clients of lab results a few days later

5

Provide PrEP follow-up visits

TO BE A KP LAY PROVIDER

NOMINATION

The CBOs will nominate their staff, who are members of KPs and experienced in providing counseling, to be trained.

MODULES

The trainee must complete 4 core modules in order to dispense PrEP

1. Gender sensitivity
2. Basic HIV knowledge
3. HIV counseling
4. ART and PrEP dispensing

EXAMINATION

After complete the required modules, the trainee must pass the test at 80% and complete 90 days of practicum.

CERTIFICATION

The certification will be granted after the test and practicum complete. The first year certificate will be valid for one year. The second year certificate will be valid for two years.

FINANCING MECHANISM FOR SUSTAINABILITY

Certification is used as part of eligibility criteria for domestic/international funding agencies to support services provided by KP lay providers and CBOs.

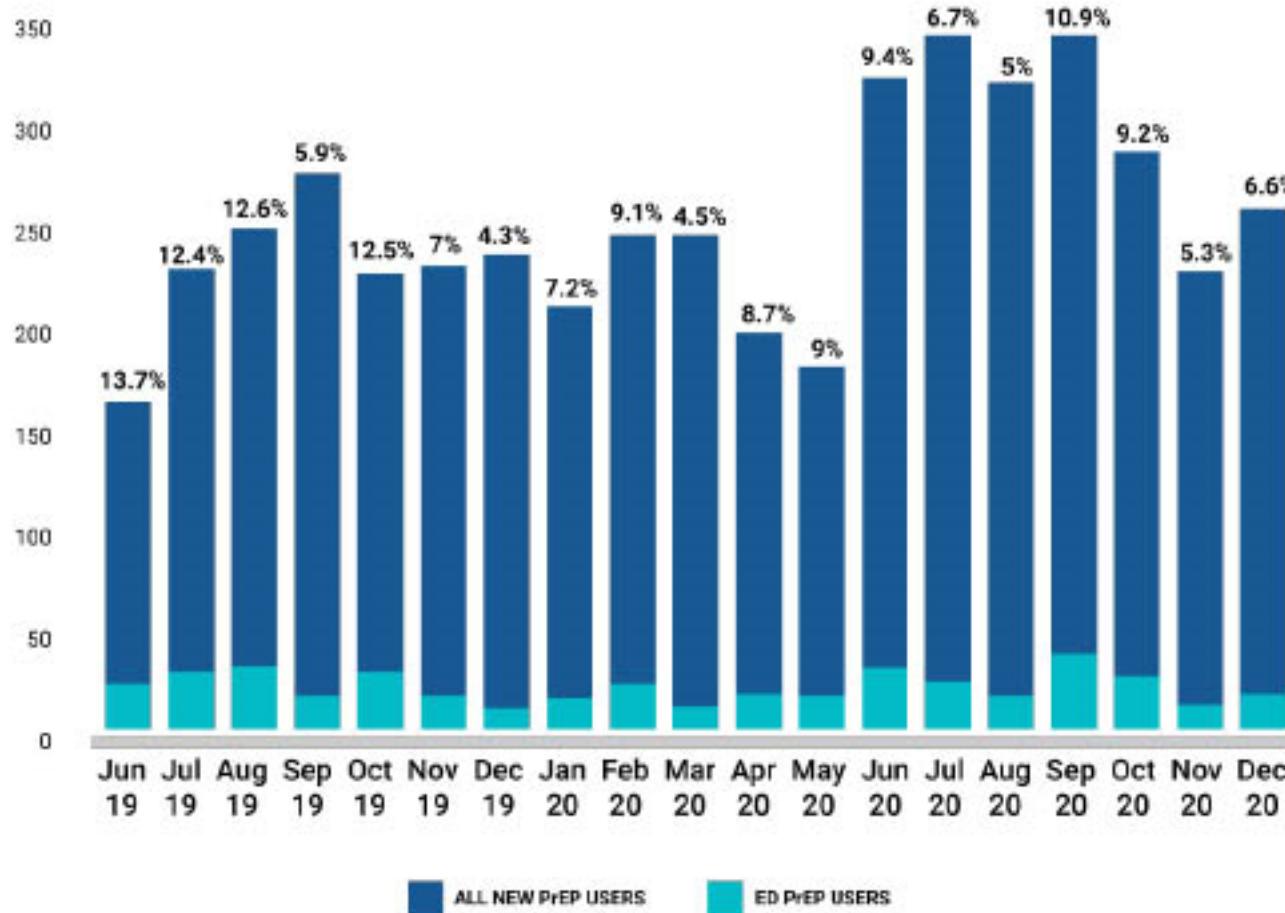
Photo: Richard Nyberg/USAID



WHERE INNOVATION MEETS IMPLEMENTATION

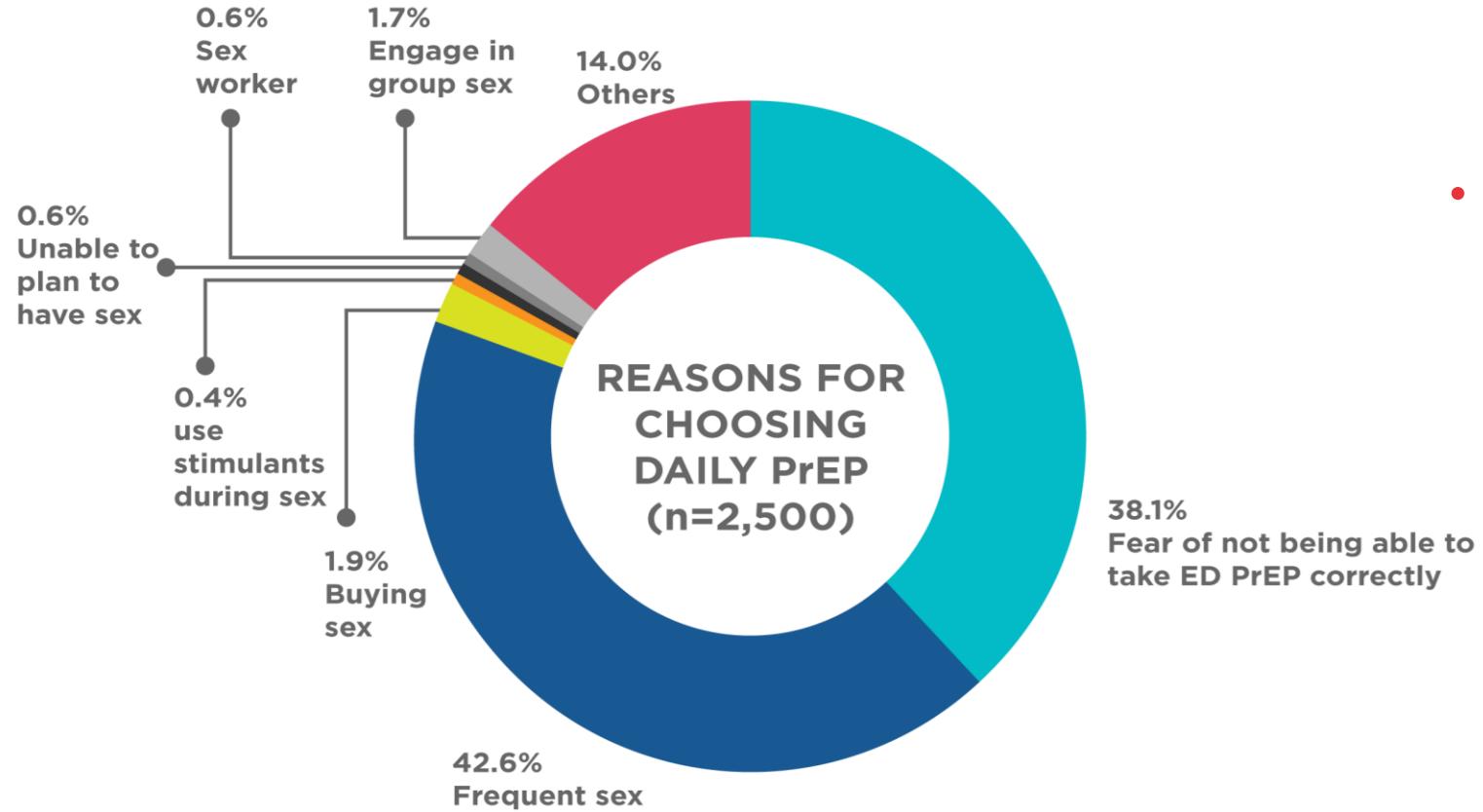
Proportion of ED among new PrEP users

(June 2019 – December 2020)



- 'Choices' are what PrEP users need to enhance interest and uptake.
- From June 2019 to December 2020, 4,365 individuals started PrEP at KPLHS clinics from June 2019 to December 2020.
 - At one month follow-up, 4,115 (94%) continued taking daily PrEP, 199 (5%) continued taking event-driven PrEP, and 51 (1%) discontinued taking PrEP.

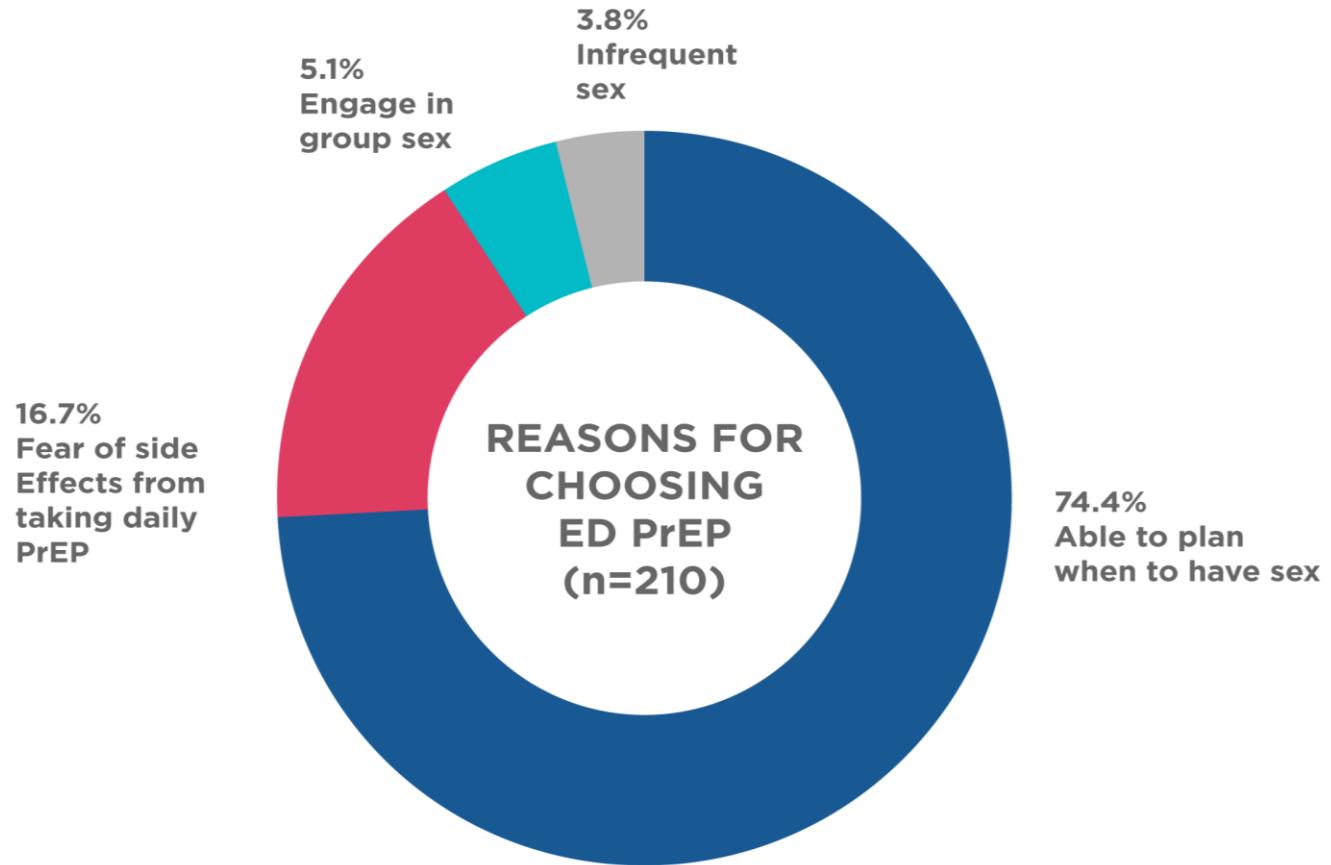
Reasons for choosing daily PrEP



- **Common reasons for choosing daily PrEP:**
 - Fear of not being able to take ED PrEP correctly
 - Having frequent sex

Source: Tanat Chinbunchorn, oral presentation on *Low proportion and retention rates among Thai men who have sex with men using event-driven PrEP*, Virtual AIDS 2020.

Reasons for choosing ED PrEP



- **Reasons for choosing ED PrEP primarily included:**
 - Ability to plan when to have sex
 - Fear of side effects from taking daily PrEP

Source: Tanat Chinbunchorn, oral presentation on *Low proportion and retention rates among Thai men who have sex with men using event-driven PrEP*, Virtual AIDS 2020.

Strategies to increase demand & retention



- Flexibility: Switching between daily PrEP and ED-PrEP
- Message Framing
- Same-day PrEP service
- Xpress, Telehealth & mHealth services
- Public and social media campaigns

PrEP counseling

- Pre-test counseling
 - Risk assessment
 - Brief information on PrEP
- Post-test counseling
 - Negative test result outside window period / no signs of acute infection
 - Readiness assessment with “health empowering” messages, rather than risk reduction messages, to encourage PrEP use
 - Detailed information on daily PrEP and event driven PrEP
 - Consent of liver and kidney function tests
 - Dispensing of PrEP



WHERE INNOVATION MEETS IMPLEMENTATION



“PrEP can be taken together with hormones. You can simply just take them together every day!”

Danz

Tangerine Clinic Counselor

“Do you want to take PrEP today so you won’t have to worry about your HIV test results every time you come in for testing?”

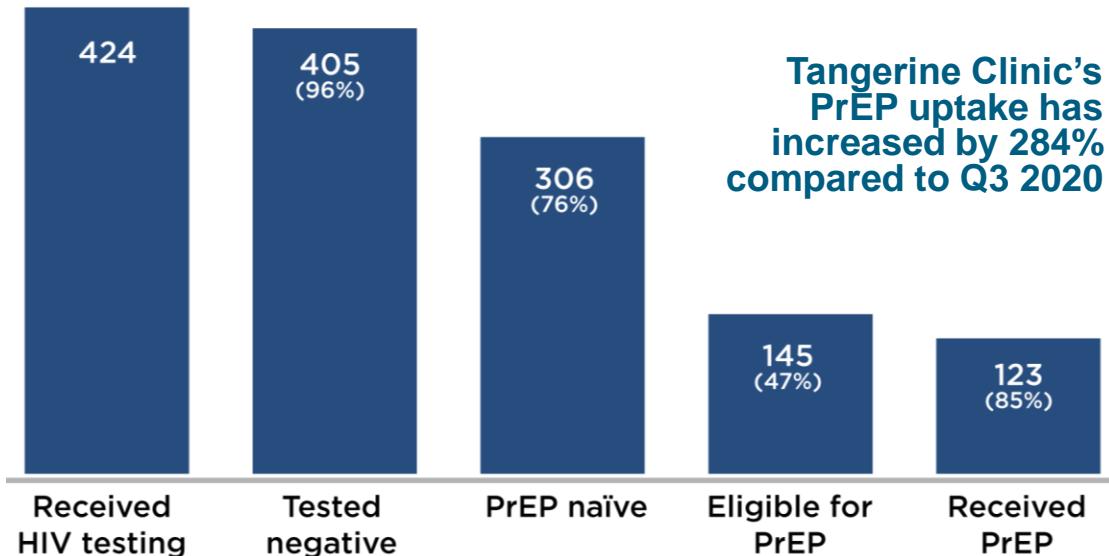
Tum

Tangerine Clinic Nurse



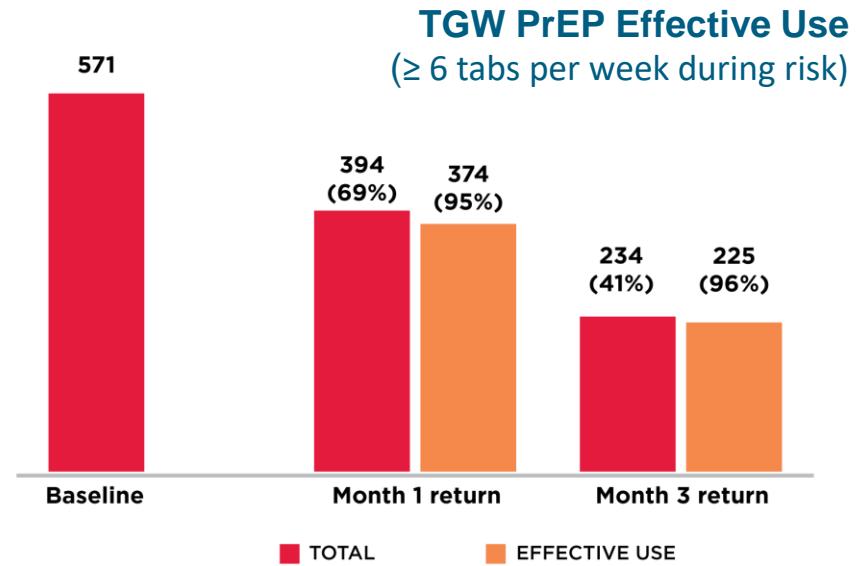
WHERE INNOVATION MEETS IMPLEMENTATION

Introducing and refining gain-framed and effective use approaches in key population-led PrEP service

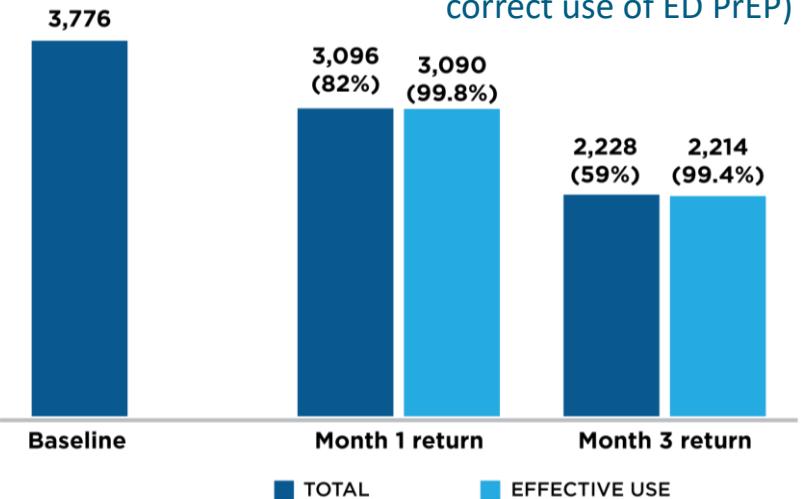


USAID LINKAGES project, October 2020.

Tangerine Clinic's
PrEP uptake has
increased by 284%
compared to Q3 2020



MSM PrEP Effective Use
(≥ 6 tabs per week during risk or
correct use of ED PrEP)



Optimized PrEP Service Delivery through Xpress, Telehealth and mHealth

- Xpress PrEP services expedite steps in clinical service provision for regular clients.
- Telehealth PrEP services use information technology to assist in the provision of health services, which may not be universally available, such as PrEP. It allows a client to receive diagnostic services “externally” and then receive PrEP continuously from their regular service provider even though they are unable to attend services in person.
- mHealth services are mobile clinical services which mimic Xpress PrEP services.



PrEP in The City

พรีพเดียวอยู่



Other PrEP demand generation strategies



Conclusions

- KPLHS, designed and co-delivered by key populations, increased HIV service uptake among MSM and TGW over the past 5 years
- **KP-led, free, same-day PrEP service** is the main delivery model to scale-up PrEP in Thailand
- More information on PrEP ‘choices’ are what PrEP users need to enhance interest and uptake in ED-PrEP
- **Gain-framing messages** are crucial in PrEP campaign and service delivery processes to overcome PrEP stigma



THANK YOU



Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next

Q&A



Opening & Introductions

Event-Driven Oral PrEP Learning Session

Q&A

Event Driven PrEP: The IHRI Approach

Q&A

Up next

Upcoming Sessions



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

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

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!

