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

Jessica Rodrigues
AVAC
May 2021
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

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Continuation Rates (M=month)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M1</td>
<td>M3</td>
</tr>
<tr>
<td>POWER¹</td>
<td>Kenya, South Africa</td>
<td>43%</td>
<td>20%</td>
</tr>
<tr>
<td>PriYA²</td>
<td>Kenya</td>
<td>41%</td>
<td>25%</td>
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<tr>
<td>EMPOWER³</td>
<td>South Africa, Tanzania</td>
<td>73%</td>
<td>61%</td>
</tr>
<tr>
<td>EleMENt⁴</td>
<td>USA</td>
<td>68% of those who discontinued restarted</td>
<td></td>
</tr>
</tbody>
</table>

- 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

Source: ¹Rousseau-Jemwa et al., HIV R4P (2018); ²Kinuthia et al. (2019); Mugwanya et al., (2019); ³Delany-Moletiwe et al.,(2018); ⁴Jilinde (2019); ⁵Serota et al (2019);
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

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

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

### The Years Ahead in Biomedical HIV Prevention Research

<table>
<thead>
<tr>
<th>Efficacy Trial</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
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</thead>
<tbody>
<tr>
<td><strong>Vaginal Ring</strong></td>
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<tr>
<td>Dapivirine Ring (Monthly)</td>
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<td><strong>Oral PrEP</strong></td>
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<td>FT/ATV (Daily pill)</td>
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<td>DISCOVER</td>
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<tr>
<td>Women’s HIV Prevention Study</td>
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<td>FDA approval for adults and adolescents who do not have receptive vaginal sex</td>
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<td>Impower-22</td>
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<td>Impower-24</td>
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<td><strong>Long-Acting Injectable</strong></td>
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<tr>
<td>Cabotegravir (Every two months)</td>
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<tr>
<td>HPTN 083</td>
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<tr>
<td>Radembling controlled trial of injectable cabotegravir every two months, enrolling in 4,500 MSM and transgender women in Argentina, Brazil, Peru, South Africa, Thailand, UK.</td>
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<tr>
<td>Radembling controlled trial of injectable cabotegravir every two months, enrolling in 2,700 women in Botswana, Kenya, Malawi, South Africa, Uganda, Zimbabwe.</td>
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<tr>
<td>New drug for male, randomized portion of the trial stopped early for efficacy. Participants in this area of the study will be offered CAB-LA.</td>
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<tr>
<td>Impower-24</td>
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<td>Women’s HIV Prevention Study</td>
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<tr>
<td><strong>Preventive HIV Vaccine</strong></td>
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<tr>
<td>ALVAC/gp120 w/MSF9</td>
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<tr>
<td>HVTN 702</td>
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<td>Radembling controlled trial of ALVAC/gp120 prime-boost with MSF9 adjuvant, six doses over 18 months, 5,400 men and women in South Africa, South Africa, South Africa.</td>
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<td>Radembling controlled trial of ALVAC/gp120 prime with gp140 boost, four doses over 12 months, fully enrolled 2,600 women in Malawi, Mozambique, South Africa, Zambia, Zimbabwe.</td>
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<td>Impakodo (HVTN 705/HPX305)</td>
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<tr>
<td>Mosaique (HVTN 706/HPX302)</td>
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<tr>
<td>Radembling controlled trial of ALVAC/gp120 prime with clade C and mosaique gp140 boost, enrolling in 3,800 MSM and transgender people as Argentina, Brazil, Italy,</td>
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<td>Mexico, Peru, Poland, Spain, US.</td>
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<tr>
<td><strong>Oral PrEP and vaccine</strong></td>
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<tr>
<td>PrEPandVaxx</td>
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<tr>
<td>Radembling controlled trial of DNA-MVA-sce or DNA-se with FT/ATV or FTRFV, ongoing in 1,468 participants in Malawi, South Africa, Tanzania, Uganda.</td>
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<td><strong>Antibody</strong></td>
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<td>VRC01</td>
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<td>Radembling controlled trial of the VRC01 antibody infused every two months, enrolling in 2,700 MSM and transgender men &amp; women in Brazil, Peru, Switzerland, US</td>
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<tr>
<td>Radembling controlled trial of the VRC01 antibody infused every two months, enrolling in 1,904 women in Botswana, Kenya, Malawi, Mozambique, Tanzania, South Africa, Zimbabwe.</td>
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</table>
PrEP landscape is evolving to mirror family planning field with more options and could shift how continued use is measured and supported.
Learnings from measuring impact in high-income settings and in SRH

**Couple Years Protection**
CYP is based on the volume of contraception dispensed; not individuals continuing over time

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

**Pathway to Impact Measurement**
Can we define a measurement for impact for HIV prevention?
Redefine and improve measures of PrEP impact and success

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

**SA05.02** PrEP uptake, engagement, and impact after population-level HIV testing in rural Kenya and Uganda

   Chedza RUSI, UCNP, United States

   James KYESIGYE, VCTP, Kenya

**SA05.03** Measures that Matter: Using M&E to Answer Meaningful PrEP (and HIV Prevention) Questions

   James KYESIGYE, Jhpiego, United States

**SA05.04** Key population-led PrEP service: scale-up, adaptability and sustainability

   Niyaga PHANIPHAK, Institute of HIV Research and Innovation, Thailand

**SA05.05** The mHealth Revolution: Harnessing Mobile Technologies to Support PrEP Use

   Alex ULIU, San Francisco Health Department, United States

**SA05.06** Moderated Q&A

**SA05.07** Moderated Panel Discussion

   Wanjira KEKEITA, AVAC, Kenya

   Smith MBUSA, Ministry of Health, Eswatini

   Amy CHING, The Peter Doherty Institute for Infection and Immunity, Australia

   Rachel MAGAZI, World Health Organization, Switzerland

   Daniel MWANJESI, Jhpiego, Kenya

   Siva COXH, Hunter College, United States

**SA05.08** Closing Remarks

   Robin ENCK, USAID, United States

### Think Tank Reports

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

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

**https://www.prepwatch.org/resource/prep-think-tank-report/**
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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
Jason.reed@Jhpiego.org
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 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!
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 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.
- You can start PrEP today

**SPECIAL CONSIDERATIONS**
- Sero-discordant couples – PrEP can be used until your partner is virally suppressed (≤100) in addition to condom use. Discuss with the client about ART and U=U.
- Sex workers, MSM, transexual people, and AGYW – PrEP is highly recommended for these populations.
- Pregnant and Breast-feeding women are encouraged to use PrEP. 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. 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 PrEP 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: LOB/2020/03/0005 Pr

Document number of condoms given in the HTS register under comments section, (# Condoms)
PREP REGISTER

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>HIV test</th>
<th>Creatinine testing</th>
<th>HBsAg testing</th>
<th>PREP use</th>
<th>PREP INITIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Surname</td>
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<tr>
<td>National ID</td>
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<td>Area of residence</td>
<td>Phone number</td>
<td>Gender</td>
<td>DOB</td>
<td>Date confirmed HIV Neg prior to PrEP initiation</td>
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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 longitudinally, 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

KP Program: PrEP Refills done through DDD in Eswatini: Oct 2020 – April 2021
2. Address barriers around PrEP bottles (being designed and rolled out currently) targeting AGYW and FSWs.
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
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

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

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
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
Key population-led PrEP: scale-up and sustainability

2020 National PrEP target: 143,948

- 117,984 MSM
- 9,209 TGW
- 14,021 PWID
- 2,734 Partners in serodiscordant couples

Only 13% receiving PrEP

18,555

13% provided PrEP by KP-led organizations

PrEP under UHC, Oct 2019 (reimbursement could only go to 'hospitals')

KP lay providers legalized to deliver PrEP, June 2019


“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
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’)

**MSM PrEP effective use**
(≥ 4 tabs per week during risk or correct use of ED PrEP)

**Transgender women PrEP effective use**
(≥ 6 tabs per week during risk)
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.
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
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)
Capacity building and certification processes for KP lay providers under ENGAGE

1. KP lay providers nominated by CBO
2. KPLHS Training Curricula (RRR, RRTR, RRTTPR)
3. Post-test Exam
   - NO PASS
     - Online Refresher Training
4. 80% Test score
5. Assessment for Certification
   - 80% Score for Practice
6. Practicum Process: Case Collection
7. Certified KP lay providers
   - 1st certification valid for 1 year
   - 2nd for 2 years and so on
Number of KP lay provider trained and certified by ENGAGE

- **350** KP lay providers attended training course
- **267** USAID Linkages
- **83** Global Fund
- **48** RRTR
- **106** working in 15 Provinces certified as of Aug. 2020
- **58** RRTTPR
- **4** RRR
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 😊.
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Monitoring oral PrEP

Current indicators, future plans

27 May 2021
Global scale-up of PrEP


Source: GAM and WHO regional/country offices. Data for 2020 are preliminary.
Forecasted growth in global PrEP users under different growth scenarios

Higher growth scenarios (thick line = mean across 3 scenarios)

Lower growth scenarios (thick line = mean across 3 scenarios)

Linear growth scenario

Upcoming publication:
Schaefer R et al. WHO

...and future expansion
Monitoring and evaluation

Measure results
Improve performance
Identify trends
Increase accountability
Monitoring and evaluation
WHO guidance on monitoring PrEP
WHO guidance on monitoring PrEP

Currently on PrEP
# people received PrEP at least once

Continuation
% PrEP users continued 3 consecutive months

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

STI screening
% PrEP users tested for STIs at least once

Toxicity
% discontinued/interrupted due to serious toxicity

Uptake
% eligible people initiated oral PrEP

WHO Consolidated HIV Strategic Information Guidelines

WHO PrEP Implementation tool

27 May 2021

Monitoring oral PrEP: Current indicators, future plans
Challenges to measuring PrEP:

Cyclical nature of oral PrEP use and ‘effective use’ of PrEP
Challenges to measuring PrEP:

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

JULY 2019
Challenges to measuring PrEP:

New PrEP products
PrEP need

PrEP use does not necessarily reflect PrEP need

Uncertainty around “population in need”

Population sizes difficult to estimate

Target setting
What about simplifying PrEP monitoring?

Essential monitoring

World Health Organization

Digital

De-medicalised

Simplified

Integrated

Differentiated

27 May 2021
Monitoring oral PrEP: Current indicators, future plans
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
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!
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

Further questions or comments:
schaeferr@who.int
Upcoming Sessions

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

**HIV Resistance**

**WHO Global PrEP Network webinar**

**Promoting Choice in HIV Prevention**

Visit [www.prepwatch.org/virtual-learning-network](http://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_FBxPmkn3S32Rij6hy_wN_Q](https://who.zoom.us/webinar/register/WN_FBxPmkn3S32Rij6hy_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
- **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
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• Complementary resources will also be shared on PrEPWatch—including relevant research articles and tools.

• Registration for upcoming webinars is also located on PrEPWatch.

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