

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

PrEP Learning Network Webinar Series

Thank you to Jessica Rodrigues from AVAC, Jason Reed from Jhpiego, Sindy Matse from the Ministry of Health's National AIDS Program in Eswatini, Nittaya Phanuphak from the Institute of HIV Research and Innovation in Thailand and Robin Schaefer from the World Health Organization (WHO) who presented during the May PrEP Learning Network webinar. In this webinar, we discussed findings from the Prevention Effective Use of PrEP Think Tank convened by Prevention Market Manager, Jhpiego, and USAID. In case you missed it, you can access the webinar recording [here](#).

Key messages

- There is a distinction between what is needed to measure impact vs. more rigorous research to understand patterns of use at the individual level and whether use patterns may be ineffective and in need of intervention. While impact and effective use patterns are important measures, neither is best addressed through routine M&E.
- The temporal nature of use and what constitutes 'effective use' also varies from an individual perspective, since periods of exposure vary over time and among users. This has implications for who is considered a 'current user,' since someone with episodic risk may have PrEP readily available and be currently using PrEP as their prevention strategy even if s/he is not using PrEP right now; i.e., some may consider cyclical use (as needed) to be current use of PrEP.
- PrEP indicators are often used to gauge the success of programs. There is a real risk of stakeholders determining that PrEP is not feasible if the majority of users don't take PrEP for 90 days in a row (the current WHO indicator). However, PrEP use can be for fewer than 90 days and still effectively prevent HIV – thus shorter-term or cyclical use of PrEP is not a sign of program failure.
- Routine PrEP M&E indicators may be most helpful for accountability of implementers to donors' and health ministries' expectations and may also be important for forecasting future resource needs. One suggestion is to replace PrEP-CURR with volume of PrEP distributed in the reporting period, which could be used to estimate coverage across populations.
- Providers may encourage PrEP continuation regardless of clients' risk pattern out of convenience or a belief that PrEP use is like ART use, indefinitely daily.



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HIV Resistance & Laboratory Monitoring: Highlights from GEMS and an update from WHO

19 August 2021

9:00-10:30 EST

16:00-17:30 EAT

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Key messages (continued)

- Defining critical data points for routine M&E does not preclude implementing strategies that can support people who have continuous periods of exposure to stay on PrEP.
- Targeted implementation research can explore patterns of use disaggregated by age, gender and population, identify common reasons for discontinuation particularly when interruptions in use are not intentional, understand motivation for switching methods, and assess the effectiveness of supportive interventions.

Top questions

Below is a highlight of the Q&A for those seeking more information on effective use of PrEP. Learn more by listening to the webinar [recording](#), accessing complementary resources including the [webinar slides](#) in English, signing up for [future webinars](#), or visiting the [PrEP Virtual Learning Network page](#).

How does cycling of PrEP differ from ED-PrEP? When is one approach more appropriate than another?

It may be helpful to think of PrEP users in discrete categories based upon exposure temporality, though there are no absolute distinctions among these categories. Within exposure categories, there may be optimal types of PrEP use based upon likely prevention effectiveness. For simplicity:

- Clients with continuous potential exposure: those with continuous, frequent risk that is or is anticipated to be long term
 - *Those in this category would be best served by adhering to a daily oral PrEP regimen indefinitely; intermittent use by those in this category may be ineffective or sub-optimal in terms of effectiveness.*
- Clients with non-continuous potential HIV exposure: those with risk that is or is anticipated to be infrequent or short term
 - *Those in this category may have an effective use duration that varies widely to coincide with fluctuating temporality of exposure with PrEP stopped and restarted to correspond to risk (with appropriate starting and stopping durations to allow for biologically prophylactic concentrations).*
 - Clients with defined windows of potential exposure: those with a relatively narrow and “one-time” window of risk, for example women using PrEP during a period of pregnancy or breastfeeding or the HIV-negative partner in a serodiscordant relationship using PrEP until their HIV-positive partner is virally suppressed on ART
 - *Those in this category would be best served by adhering to a daily oral PrEP regimen that is time-bound and aligned to the end of the risk period.*
 - Clients with episodic potential exposures: those with repetitive periods of risk interspersed with no risk or risk that is not substantial, where the periods of risk/non-risk may vary in duration
 - *Those in this category may cyclically start, stop and restart PrEP aligned with periods of potential exposure; restarting PrEP may warrant a return to the PrEP prescriber for a new eligibility assessment.*
 - ED-PrEP clients are a subset of MSM at risk episodically who specifically use oral PrEP according to the WHO 2+1+1 schedule. Such clients typically use the ED-PrEP regimen coinciding with specific sexual encounters and typically do not need to visit a provider before each use of ED-PrEP. **NOTE: When referring to clients at risk episodically and using PrEP cyclically, it’s important to clarify that not all such users/uses qualify as ED-PrEP.**



What is an appropriate length of use of oral PrEP for the general population?

There isn't one specific appropriate length of use of oral PrEP for any individual or population. For *clients other than cisgender men whose only exposure to HIV is through sex with men*, WHO recommends that oral PrEP use begin seven days prior to sex and continue for 28 days after the last potential exposure. WHO may be revising this guidance, so it's important to look for updates from them. For *cisgender men who only wish to prevent HIV acquisition during sex with other men*, oral PrEP can be started with a loading dose of two pills at PrEP initiation if clients delay sex for at least two hours. One pill is continued daily at the same time throughout the duration of sexual risk. To discontinue daily oral PrEP or ED-PrEP safely for this population, one pill of PrEP should be taken daily until two days after the last potential exposure.

Measures that Matter: Using M&E to Answer Meaningful PrEP (and HIV Prevention) (Jason Reed)

What are the effects of frequent restarting after stopping PrEP?

In a research study among users in Kenya, Lesotho and Tanzania, it was found that the more often people restarted PrEP the longer they used it each time and the shorter duration they spent off of PrEP before restarting – indicating normalization of use over time. These findings are slated for publication in July or August 2021.

Health Ministries and PrEP M&E: Eswatini (Sindy Matse)

In Eswatini, what cadre of staff takes the package home to the client for home-based appointments?

For home-based refills, nurses offer the whole package for PrEP refills.

Do the registers collect data on how much PrEP is distributed at each visit?

A month's supply is collected by the registers.

How long should someone be off of PrEP before they are considered a "re-initiation" instead of just late for a refill in the current period of use?

The approach that countries take varies widely. Some countries use 14 days, some use a month, some use other durations. What is more important than categorizing clients as late or restarting is the impact this has on oral PrEP access. If fewer days will result in more barriers to re-initiation, a longer period could be considered. During re-initiation of PrEP, clients should at a minimum be retested for HIV, be assessed for acute HIV infection, and receive counseling.

In general, who is enrolled in PrEP short term?

The current data shows that short-term PrEP use cuts across all sub-populations.

Key Population-led PrEP Service in Thailand: Scaling up and Sustainability (Nittaya Phanuphak)

Is there a medical evaluation of the client before PrEP initiation? How does that evaluation take place when there is task-shifting to lay providers in hot spots?

Lay providers are trained and certified to provide counselling using a gain-framed approach, draw blood, conduct HIV testing on site, and send samples to an outside lab for creatinine and Hepatitis B serology. They will share the HIV-negative result with an offsite doctor and receive the doctor's approval to give out PrEP via the same chat on an online app. No other clinical evaluation is made.



What does the review by the offsite doctor of the result entail? Are there other reviews included? How is that done virtually?

On the day of the visit, only a pdf/jpg file of the HIV-negative test result is shared – and the doctor checks for the correctness/completeness before approval the prescription. Creatine clearance and Hepatitis B serology may come back later in the day or a few days after as the sample is sent to an outside lab. These results will also be shared and reviewed by the doctor via the same online chat app. Any needed comments/suggestions from the doctor will be shared with the client by lay providers.

Does anyone have experience with calculating or estimating how many people might be eligible for PrEP within a given population?

A national PrEP target among each key population was calculated based on proportion at risk. However, there aren't facility-level estimates of PrEP-eligible groups. But the number of PrEP-eligible clients among those who test HIV-negative is measured and used as the denominator of those who were offered PrEP.

On the use of 'effective use' as an indicator in Thailand, how is the denominator of 'periods of risk' determined as it refers to periods of condomless sex? Is this information gathered through counselling?

In Thailand, clients are asked about their potential exposures to HIV during sex and/or drug use when they didn't take their oral PrEP as prescribed around those exposures. Through these questions, providers are able to estimate how often oral PrEP is used effectively to prevent HIV acquisition during exposures where no other HIV prevention methods are used. This conversation happens during counselling.

Additional Resources

For more further information on the Think Tank, please see the following resources:

- [September 2020 Think Tank Report](#): Report from the September 29, 2020 Think Tank meeting
- [June 2019 Think Tank Executive Summary](#): Executive summary from the first Think Tank meeting held in June 2019
- [ED-PrEP Learning Session Slides](#): Check out the slides from the Global PrEP Learning Network webinar on Developing Guidelines and Plans for the Delivery of Event Driven PrEP held in March 2021, which contain several resources including examples from various countries in English and French and research on ED-PrEP.
- [ED-PrEP Guidelines Template](#): Click here for a template for ED-PrEP, developed by CHOICE in partnership with USAID.
 - French template guidelines can be found [here](#).
- [ED-PrEP Learning Network Resource Sheet](#): This resource sheet from the ED-PrEP webinar contains several useful resources.

Join WHO for a webinar on [July 7, 2021](#), led by the [WHO Global PrEP Network \(GPN\)](#)! This webinar will focus on strategies for raising awareness, acceptability, uptake and effective use of PrEP. Speakers from Brazil, Morocco, Philippines, Thailand and Zambia will 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.

Visit the [PrEP Virtual Learning Network](#) for more information on previous and upcoming sessions.