

SUMMARY REPORT

The Second Asia-Pacific Regional Consultation on PrEP Implementation

Tuesday, January 16th, 2018

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1. Introduction

The implementation of concrete pre-exposure prophylaxis (PrEP) programs to prevent the spread of HIV is urgently needed in the Asia-Pacific region. Prevention, both primary and secondary, needs to be prioritized. The Global PrEP Coalition (GPC) was launched in 2017 as a platform for countries to coordinate, share experiences and progress and learn from each other. The Second Asia-Pacific Regional Consultation on PrEP Implementation was organized as a follow-up to the First Consultation, held in January 2017, to assess the progress made during the last 12 months in the implementation of PrEP programs in the region.

Despite strong evidence from clinical trials attesting the efficacy of PrEP and the significance of its potential impact on the region, some challenges remain. For instance, many people at risk of HIV exposure are not aware of the availability of PrEP or its benefits, and its cost can be a barrier for both policymakers and users. There are also some concerns about side effects or a possible spike in sexually transmitted infection (STI) rates due to a reduction in condom usage. To overcome these challenges and generate more demand for PrEP, a great deal of political will, advocacy and activism will be needed in the region.

The increasing number of PrEP programs implemented in the Asia-Pacific region reflects a growth in cooperation among countries and the gradual introduction of PrEP into national strategic plans. For instance, in October 2014, Thailand included PrEP in its national guideline for HIV prevention and treatment and subsequently established the first fee-based PrEP service, which costs just US\$1 per day. In 2015, the country piloted a community- and government-led PrEP program in three provinces and scaled it up to 10 provinces in 2016–2017. There are now about 6,000 PrEP users in Thailand at various stages, but this number is still far behind the national goal.

2. Creating demand for PrEP and increasing access through the three Ps: potential PrEP users, providers and policymakers

In 2018, the GPC will release a webinar series in the form of workshops to market, share and implement the modules from the PrEP implementation tool. The Second Asia-Pacific Regional Consultation on PrEP Implementation aimed at setting regional goals to create demand in the Asia-Pacific region by looking at the three Ps: potential PrEP users, providers and policymakers.

Potential PrEP users

For PrEP implementation to be successful, potential users should be involved in every step of the formulation of guidelines and policymaking, and key population-led services for PrEP need to be considered. In order to increase demand, the messaging, marketing and narratives targeting the end user must promote PrEP services in an effective way.

Providers

The number of health care workers in some areas is not sufficient, especially in sub-Saharan Africa and Southeast Asia. The models of PrEP service delivery need to be reassessed, and alternatives should be explored. For instance, pharmacies could prescribe PrEP to potential users, and STI clinics could act as providers, or a community-based approach could be adopted.

These alternative approaches present some challenges that need to be addressed. Providers may have clinical concerns about safety, toxicity and efficacy, and adding PrEP service delivery to the services offered by STI clinics might not be feasible due to budget and time constraints. In response to these concerns, the World Health Organization (WHO) has released the clinical module of the WHO implementation tool for PrEP, a “PrEP 101” pocket card designed to help clinicians answer questions before prescribing PrEP.

Policymakers

Policymakers must be made aware of the abundant evidence of the efficacy of PrEP gathered from pilot programs and high-quality research, as well as the growing number of outstanding success stories in neighboring countries.

At the national and regional level, an organizational structure or task force should be created to facilitate coordination and management, and financial models specific to the contexts of relevant countries should be developed.

3. Case study: PrEP and reduction in new HIV cases in the United Kingdom

In March 2016, the National Health Service (NHS) in England canceled an 18-month public consultation on the cost-effectiveness and efficacy of PrEP. This encouraged activists to seek alternative ways to get access to PrEP and led to the creation of Prepster (www.prepster.info) and I Want PrEP Now (www.iwantprepnnow.co.uk). Both organizations seek to provide reliable and exhaustive information on how PrEP works and how it can be bought and used safely. By the end of September 2017, between 8,000 and 10,000 people living in London, mostly men who have sex with men (MSM), were purchasing PrEP online. The substantial drop in new HIV infection rates registered in London in the past 12 months may therefore be attributable to access to PrEP.

PrEP policy in England is driven by user demand rather than by policymakers. The example of England demonstrates that when there is a lack of government interest and action, alternative approaches can be explored to safely increase demand. First of all, potential PrEP users can be reached and educated by using smart, modern activism, and providers can link potential users with community advocates. Secondly, demand can be generated by making PrEP available online. Lastly, the shift registered in England has also been made possible by an accentuation of globalization in health access (accessibility of cheap generics), global social media (such as Facebook groups) and innovative supply chains, meaning for instance that a potential PrEP user in England can safely buy medicines online from Thailand.

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4. Creating demand for PrEP: country-based case studies

4.1 Potential PrEP users

The Philippines

Love Yourself launched its PrEP program in the Philippines in 2015. Expansion started in mid-2017, and the program now has 250 active PrEP users and 2,500 on a waiting list. The initial success of Love Yourself is attributable to the production of an informational video that was both sex-positive and considerate of conservative sensitivities in the Filipino society. The project is expected to expand further in the next two years.

A survey carried out in November 2016 on 1,200 MSM found that many people were not aware of the existence of PrEP. Public awareness needs to be increased considerably before scaling up. As the Philippines are a predominantly Catholic country, the moralization of HIV and PrEP also needs to be addressed, and the focus on prevention needs to be strengthened.

Possible ways forward to overcome current challenges include: 1) intensifying awareness and education; 2) engaging online MSM personalities; 3) promoting sex education and sex-positive conversations; 4) customizing services in a smart, targeted way through omnichannel services; and 5) getting the government onside.

Thailand

To generate demand among potential users, individuals must be accurately informed about the effectiveness and limitations of PrEP. One of the challenges currently faced by Thailand is that the decisions regarding messages delivered to the public and best options for key populations are left with a group of experts. Potential users are not involved in the decision-making process and therefore not granted enough autonomy in their choices.

4.2 Providers

Thailand

Transgender people in Thailand often move to Pattaya to find employment in cabaret shows, bars or the sex industry. National policies on safer sex and prevention have been focusing mainly on promoting condom usage for the past 20 years, without resulting in a decrease in HIV rates. PrEP can help change this.

The Sisters Foundation in Pattaya has 138 transgender members enrolled to use PrEP, 75 percent of whom are sex workers. Sex workers are at higher risk of contracting HIV because they often find it difficult to negotiate condom use with their customers. Most of the staff at Sisters Foundation are not clinicians or doctors but community workers, and their work is continuously

supported by the U.S. Agency for International Development (USAID) and the Thai Red Cross AIDS Research Centre.

Thailand also offers the Princess PrEP program and some support from the government and community-based organizations (CBOs) for the provision of PrEP, but the number of sites where people can safely access it needs to increase, especially in Pattaya. Transgender people would benefit from more research and information on the side effects of combining PrEP with hormone therapy. Furthermore, retention is extremely important in HIV programs; if an individual is HIV-negative and on PrEP, testing should still be performed every three months.