Delivering PrEP: Lessons from Early Demonstration Projects

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BACKGROUND

HIV prevention programs face challenges in delivering oral PrEP. We analyze and draw lessons from seven early demonstration projects supported by the Bill & Melinda Gates Foundation. These projects were undertaken with diverse populations and in a range of country settings with different epidemic profiles as described in the overview table below. This analysis can inform ongoing and planned PrEP scale-up.

BMGF PrEP Demonstration Projects: Overview

<table>
<thead>
<tr>
<th>Country</th>
<th>Location</th>
<th>Organization</th>
<th>Study population(s)</th>
<th>Median age</th>
<th>Number initiated</th>
<th>PrEP service delivery point(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Cotonou</td>
<td>CHU Quebec University of Montreal</td>
<td>FSW</td>
<td>25 years</td>
<td>256 FSW</td>
<td>Primary Health Center clinic</td>
</tr>
<tr>
<td>India</td>
<td>Kolkata</td>
<td>Ministry of Health clinics</td>
<td>FSW</td>
<td>20 years</td>
<td>325 FSW</td>
<td>Community-based within national program</td>
</tr>
<tr>
<td>Kenya</td>
<td>Nairobi</td>
<td>Ministry of Health clinics</td>
<td>FSW, TW, MSM</td>
<td>25 years</td>
<td>1325 FSW</td>
<td>Private NGO facilities (MSM and FSW)</td>
</tr>
<tr>
<td>Kenya/ Uganda</td>
<td>Thika, Kampala</td>
<td>Partners/University of Washington</td>
<td>SC</td>
<td>20 years</td>
<td>123 Couples</td>
<td>Gov’t health center and hospital (YW)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Calabar</td>
<td>National Agency for the Control of AIDS</td>
<td>SC</td>
<td>20 years</td>
<td>438 Couples</td>
<td>HIV care centers; experience with HIV prevention research</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yaker</td>
<td>African AIDS Research Council</td>
<td>FSW</td>
<td>20 years</td>
<td>528 FSW</td>
<td>Ministry of Health clinics</td>
</tr>
<tr>
<td>South Africa</td>
<td>Johannesburg</td>
<td>Vula RHI</td>
<td>FSW</td>
<td>20-4 years</td>
<td>123 FSW</td>
<td>HIV clinics and mobile sites run by Wits RHI</td>
</tr>
</tbody>
</table>

METHODS

Data were compiled and analyzed across the seven projects, and are presented according to the cascade depicted below. Quantitative data were drawn from project dashboards and as such are project level, not individual, data. Key informant interviews were also conducted with project staff, policy and program leaders, and other key actors in PrEP and in HIV prevention, and responses were aggregated.

ILLUSTRATIVE CASCADE

RESULTS

Proportion screened, eligible and initiated by population type:
- Some clients were lost at each stage: screening, eligibility, initiation. Only 33% of those reached were screened.
- The majority of people screened in all projects were eligible for PrEP, except in South Africa (range: 32%-95%).
- Initiation among those eligible differed by population: 70% FSW, 44% YW, 64% MSM, and 83% SC.
- The majority of eligible people in all of the projects were initiated on PrEP (range: 54%-94%).
- Initiation on PrEP among those eligible was highest among serodiscordant partners.
- A high proportion of young women screened were eligible for PrEP, but less than half were initiated.

Retention on PrEP by Population:
- Retention at 6 months ranged from 9% to 94% and at 12 months from 0 to 90%
- Missing values are due to differences in follow up intervals measured in different projects

Other observations:
- Travel and migration were major factors in missed appointments and, in turn, discontinuation across projects and population groups.
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PROPORTION SCREENED, ELIGIBLE AND INITIATED BY POPULATION TYPE

Retained on PrEP by Population

CONCLUSIONS AND RECOMMENDATIONS

- These were among the first PrEP demonstration projects and they provided basic proof of concept. They demonstrated the feasibility of services initiating clients on PrEP, and showed that people at risk are interested in PrEP and willing to try it.
- Retention of clients on PrEP was a major challenge for most of the projects, and few strategies were shown to be successful in the short timeframe of the projects to have impact.

Evidence and experience from these projects suggest that PrEP efforts should:
- Develop programs where individual clients can access comprehensive HIV prevention services, including PrEP, in different locations.
- Continue to innovate and evaluate approaches to support clients in using PrEP, especially with regard to continuation.
- Explore fast track PrEP services where clients access PrEP at ARV comprehensive care centers to address concerns about stigma, confidentiality and wait times.
- Identify and invest in providers who are interested and willing to provide PrEP and attendent services rather than prioritizing by service or location.
- Ensure that future demonstration research includes sufficient numbers of all relevant populations, including MSM and YW, within the projects or suite of research.

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