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

Country	Location	Organization	Study population(s)	Median age	Number initiated	PrEP service delivery point(s)
Benin	Cotonou	CHU Québec University D'Abomey-Calavi	FSW	31 years	256 FSW	Primary Health Center clinic
India	Kolkata Mysore	University of Manitoba DMSC Ashodaya Samithi	FSW	29 years	1,325 FSW	Community based within national program Peer educator delivery Weekly Clinic pick up
Kenya	Nairobi Kisumu Homa Bay	LVCT	FSW YW MSM	Data forthcoming	Total: 1,585 ▪ FSW: 528 (33%) ▪ MSM: 438 (28%) ▪ YW: 619 (39%)	Private NGO facilities (MSM and FSW) Gov't health center and hospital (YW)
Kenya/ Uganda	Thika Kisumu Kampala Kabwohe	Partners/University of Washington	SDC	30 years	1,013 Couples ▪ HIV- ▪ 67% male ▪ 33% female	HIV care centers; experience with HIV prevention research
Nigeria	Calabar Jos Nnewi	National Agency for the Control of AIDS	SDC	Data forthcoming	354 Couples ▪ HIV- ▪ 57% female ▪ 43% male	HIV clinic (Nnewi) Family Health Output Clinic (Calabar) Decentralized Community PC sites w/ Hub (Jos)
Senegal	Dakar	African AIDS Research Council	FSW	37 years	273 FSW	Ministry of Health clinics
South Africa	Johannesburg Pretoria	Wits RHI	FSW	29.8 years	219 FSW	SW clinics and mobile sites run by Wits RHI

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

Contacted Total # of contacts made with people to make them aware of the study through different channels over the life of the project. Individuals could be counted more than once.

→ **Reached** The number of people that were talked to or made aware of the study

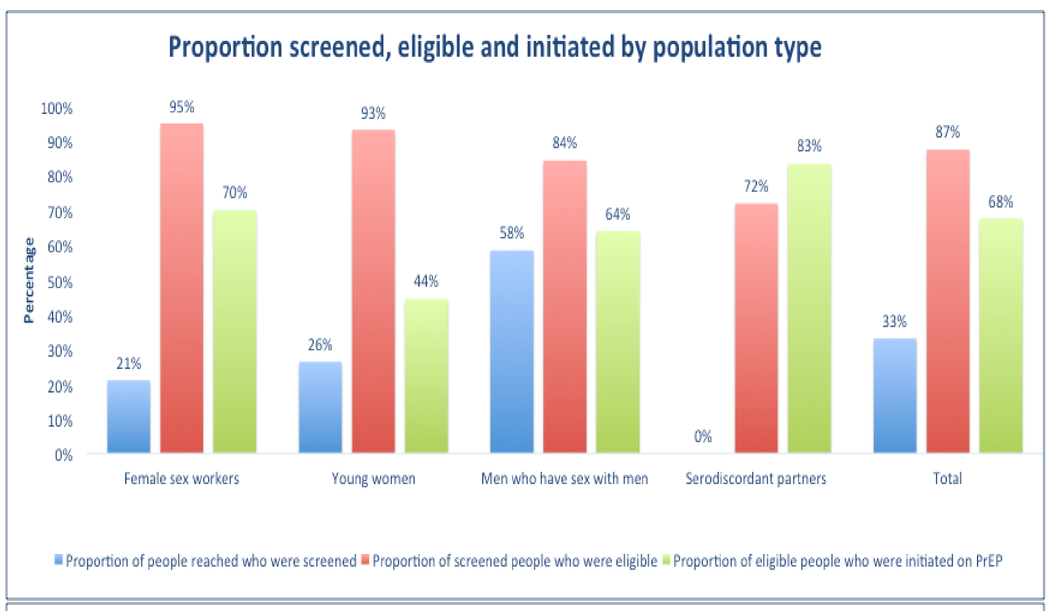
→ **Screened** Tested for medical eligibility for PrEP

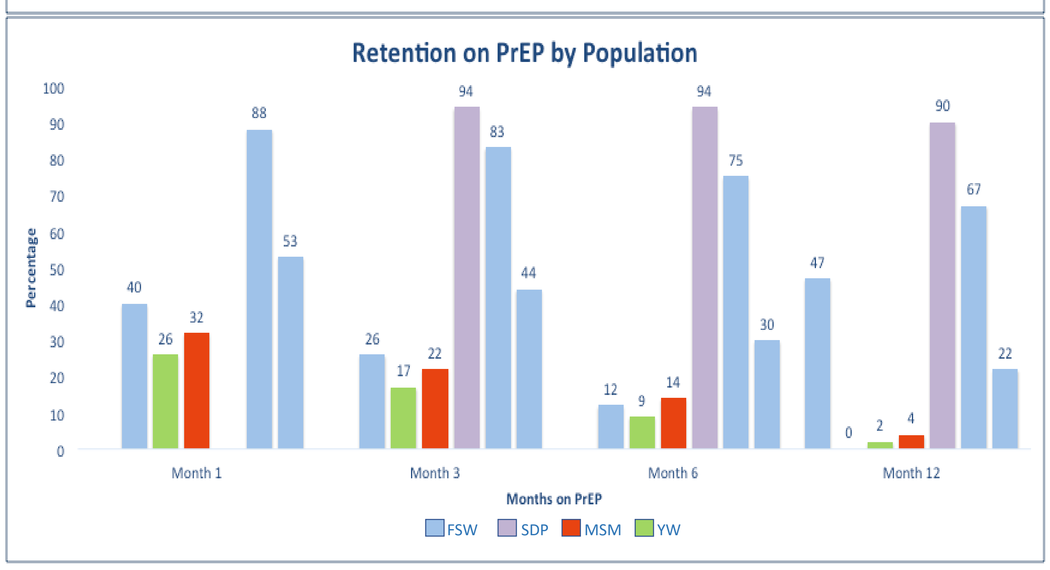
→ **Eligible** Medically able to use PrEP

→ **Initiated** Started on PrEP

→ **Retained** Remained on PrEP

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% SDC.
- 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. Other reasons cited for missing appointments included not being able to leave work, no transportation or money for transport, no longer interested in the study, or forgot.
- In total, six of the seven projects reported 2162 episodes of stopping and 706 episodes of restarting. Reasons cited for stopping included: partner successfully on PrEP, side effects, partner request, no longer perceiving themselves to be at risk, no longer sexually active, aversion to taking pills daily, moving back to their country of origin, moving out of town/the province, no longer interested in the study. Reasons for restarting included: perceiving themselves to be at risk, ability to take a pill every day, change in partner or relationship status.

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 attendant 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.

HIV RESEARCH FOR PREVENTION HIVR4P From Research to Impact

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