

PrEP and PEPFAR COP 2021

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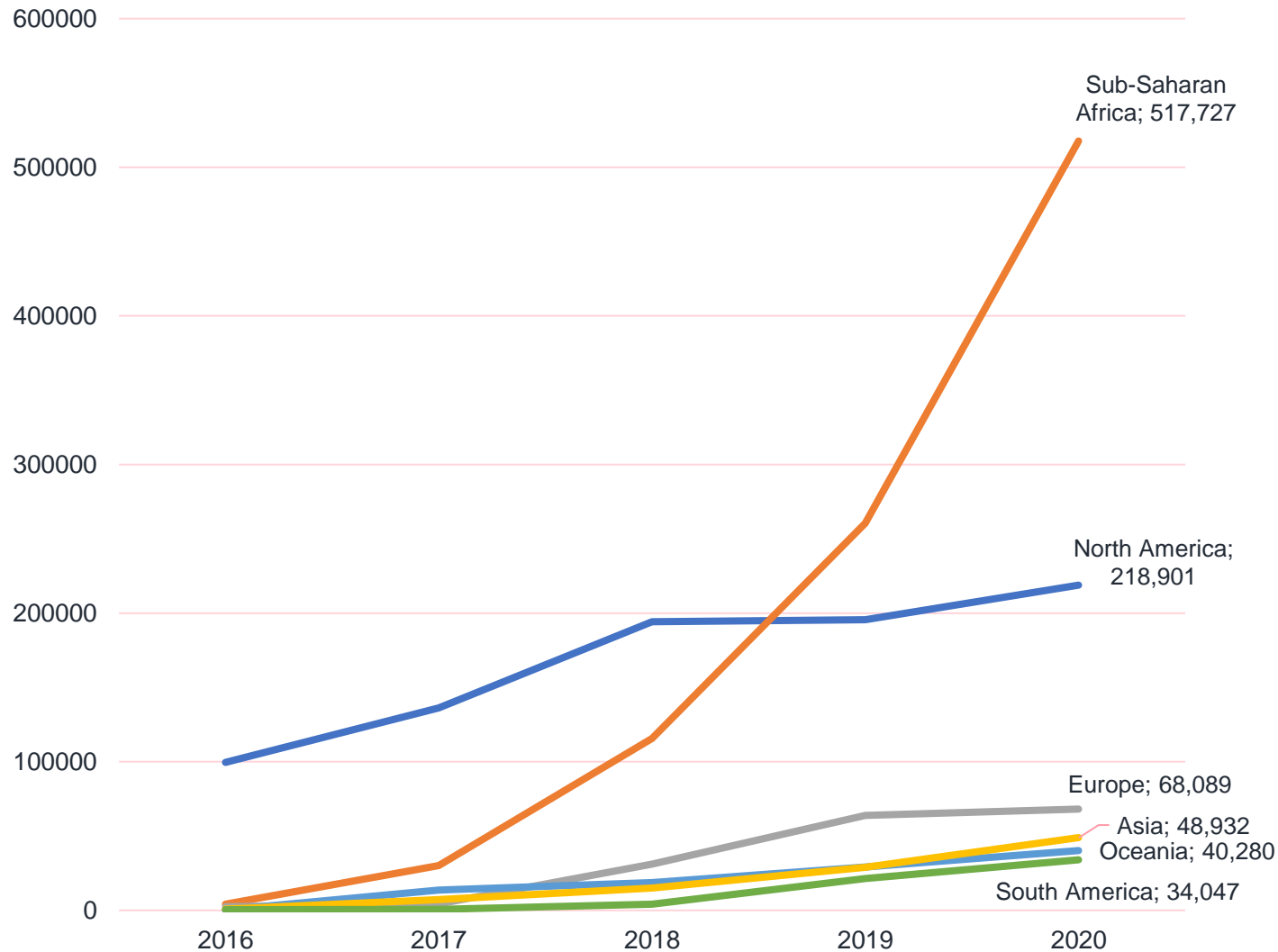
Advocacy Context for 2021

Constrained resources, concurrent pandemics, a prevention crisis – and opportunity

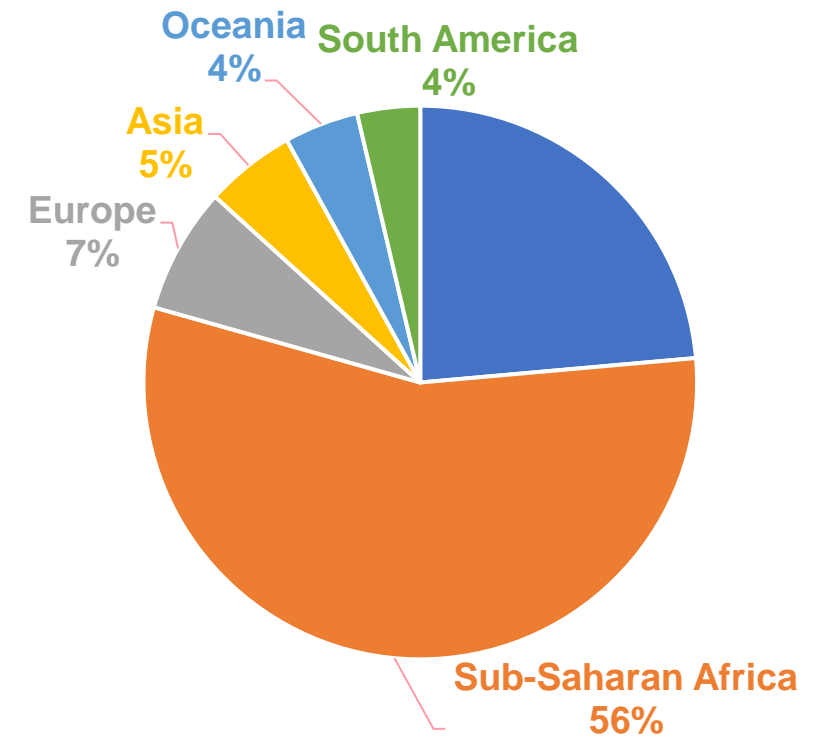
- Overall, \$200 million reduction in funding levels across all PEPFAR countries (looking at planning letters)
- Unlike last year, no budget lines in planning letters for PrEP, key population prevention, VMMC, OVCs
- Primary prevention (for HIV-negative people) often cut when budgets drop
- HIV prevention wasn't on track for UNAIDS goals pre-COVID; now with disruptions in livelihood, increase in child “marriage,” GBV and more ... like so many other areas, the human cost is far too high
 - BUT: OGAC is enthusiastic, as are PrEP users – and there's new PrEP coming this year for expanded choice!

Regional trends in PrEP uptake

Regional PrEP initiations, 2016-2020

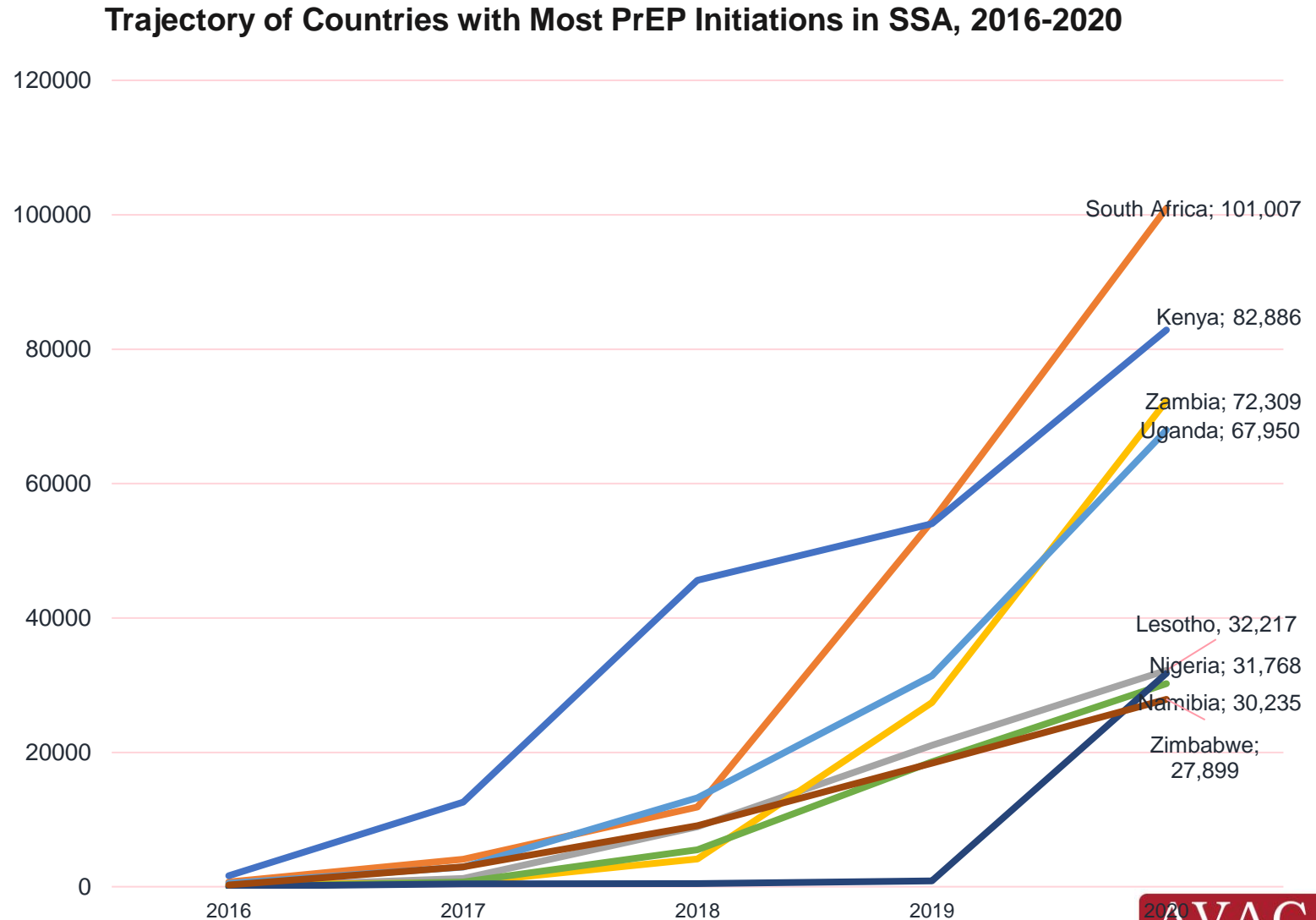


Number of Oral PrEP Initiations by region (Q4 2020)



Country trends in PrEP uptake

- **U.S.** most cumulative initiations, about 1/5 of the global total
- **South Africa and Kenya** 2nd and 3rd highest initiations, leading growth in sub-Saharan Africa, with **South Africa recently surpassing 100,000 initiations**
- **Lesotho, Namibia, Nigeria, Uganda, Zambia, Zimbabwe** also expanding PrEP rapidly



Drivers of PrEP uptake at country level

What do countries with high uptake tend to have in common?

- Early adoption
- National commitment to scale-up
- Programs tailored to populations at high risk offering:
 - Community-led, accessible, non-discriminatory services
 - Linkages to social support

Lessons Learned for PrEP Implementation

- **Invest in and expand demand generation** – socialize PrEP for general population while implementing outreach tailored to specific user segments; sustain traction
- **Replicate successful approaches**, prioritizing service delivery models that help users access and stay on PrEP if they want
 - Build on adaptations that have expanded due to COVID-19: differentiated delivery models, mHealth, multi-month dispensing, HIV self-testing
 - Integrate PrEP with other SRH services – increase access, enhance efficiency and sustainability
 - Promote peer, partner, and continued use support interventions
- **Increase resource allocation to HIV prevention** to facilitate national scale-up
- **Introduce future HIV prevention options** via channels and approaches preferred by potential users and address system bottlenecks

What works for people who use PrEP?

Lessons from PrEP programs

- Policy to follow practice
 - Multi-month dispensing – can ask governments to effect or make permanent policy change
 - Event driven PrEP
- Social support – in Zambia DREAMs “graduates” become mentors and supporters for PrEP users; having multiple people—friends, relatives, mentors—who are a network of support (not only for PrEP) supports pill taking
- Moving PrEP pick up out into community or bringing refills to clinic gates (pregnant women in one SA program had fears post COVID about entering – meet people where they are!)

What works for people who use PrEP?

Lessons from PrEP programs

- Moving PrEP pick up out into community or bringing refills to clinic gates (pregnant women in one SA program had fears post COVID about entering – meet people where they are!)
- Flexibility to implement user informed and preferred strategies and innovations Esp in DREAMS
- Monitoring- Programs that track PrEP coverage and effective use, not just retention and new initiations; revision of indicators; strengthening PrEP HIS
- Continued investment in provider capacities

Findings from a Community Led Monitoring of PrEP Implementation in Dar es-Salaam, Tanzania

A member of the Tanzania KVP Forum carried out an “undercover” investigation of PrEP implementation. These were their findings:

- Shortage of PrEP in the country.
- Eligibility for PrEP was based on familiarities with peer navigators/providers.
- Where PrEP is available it is being issued like “contraband” and individuals who get it are mostly those of a certain hierarchy.
- There is limited information on how to diversify PrEP delivery to all those who needs it.
- With the findings, the KVP Forum held the “Peer Navigators” seminar to address the question “Where is PrEP in Tanzania”

What happened next? : Advocates in action...

- With the findings, the KVP Forum convened a “Peer Navigators seminar to address the question “Where is PrEP in Tanzania” With findings from the seminar;
- KVP Forum, led by CENTA, conducted a PrEP Summit, bringing together PEPFAR implementing partners and communities with the key demand to make PrEP available to high-risk populations in the country.
- As a follow up, the KVP Forum issued a statement with their demands to NACP and PEPFAR. The demands includes:
 - Expanded PrEP rollout with ambitious targets, Implementation of differentiated service delivery models
- The KVP forum leadership met with government representatives to address some of the issues they identified with PrEP implementation

Winning on “choice” – and what’s next

Using COP2021 to lay the groundwork for new PrEP options

- In late 2020, 100+ activists let OGAC know that the PEPFAR guidance for PrEP needed to support choice-based programs that expand options for all people, not just those who could not adhere to daily oral PrEP.
- We won! The guidance clearly states that both dapivirine vaginal ring and injectable long-acting cabotegravir should be offered to people as part of programs modeled on contraceptive offerings which—in theory—present a range of choices.

New strategies – coming SOON

Key countries for

- **Dapivirine ring** – WHO recommended as part of prevention package, EMA approved – licensure applications should be happening in trial countries: **eSwatini, Kenya, Lesotho, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe**
- **Long-acting injectable cabotegravir (CAB-LA) for prevention** -- high levels of efficacy in cisgender women, gay men and other men who have sex with men, and transgender people who have sex with men. Licensure applications should be happening in trial countries in 2021: **Botswana, eSwatini, Kenya, Malawi, South Africa, Uganda and Zimbabwe**

What to ask for:

: Investments in policy and guidelines for new PrEP options

- **Every civil society coalition in a country where CAB-LA and/or DVR trials took place should ask for a specific line item investment for policy and guideline development – you can ask that this be benchmarked off of the budget for and approach to oral PrEP introduction – and/or AVAC can help supply specific language**

What to watch for...

- Statements that the new injectable or ring will be “easier” for people to take than daily oral PrEP, that cisgender women “prefer” injectable contraceptives, that products that do not require daily adherence are objectively better/easier/preferred.

You can respond with ...

- Evidence from the contraceptive field shows choices increase uptake of all options. People at risk of HIV, not providers should decide what’s easiest.
- **Expanding oral PrEP programs + investing in policy and guideline development + partnering with civil society = success for future PrEP**

Checklist/Menu for PrEP Advocacy

What to ask for--who to ask

- PEPFAR:
 - At minimum, maintain PrEP budget from previous year AND/OR set target that is proportionally equivalent to highest recent increase
 - Rapidly work as part of post “Gag Rule” outreach to bring providers of comprehensive SRHR – especially those with proven success in COVID context – into PrEP provider partnership
- Government/policy makers:
 - Start guidelines and policy development review process for DVR and CAB-LA – if budget need, share with CSOs and with PEPFAR
 - Adopt or formalize differentiated PrEP delivery approaches – multi-month dispensing, peer-supported, community-based distribution

Thank you!

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