Ending the HIV Epidemic in South East Asia: How to implement PrEP among key and vulnerable populations?

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Topics

• Know your PrEP targets

• Implement it, using implementation research framework(s) and model(s) if you can

• Monitor and evaluate PrEP implementation as part of the national HIV prevention program
PrEP target: Epidemiological need for prevention

“A target to work toward, although it may not be feasible today”

Framework for calculation of PrEP targets from UNAIDS guidance
2020 PrEP target for Thailand

Estimation of PrEP Targets for Key and High-Risk Populations in Thailand, 2020-2022, July 2019
PrEP has been included under the Universal Health Coverage.

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<tr>
<td><strong>Cost</strong></td>
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<tr>
<td>30 THB or ≈ 1 USD per day</td>
<td>15 THB or ≈ 0.5 USD per day</td>
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<td><strong>Total</strong></td>
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<td>630 THB (19.7 USD)/30 tabs</td>
<td>367.5 THB (11.5 USD)/30 tabs</td>
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<td>+ extra HIV testing (beyond free HIV testing twice a year by NHSO)</td>
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<td>+ hepatitis B screening</td>
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<td>+ UA/Cr monitoring</td>
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Key Population-Led Health Services (KPLHS)

- A defined set of HIV-related health services, focusing on specific key populations
- Delivered by trained and qualified lay providers, who are often members of the key populations
- Services are identified by the community itself and are, therefore, needs-based, demand-driven, and client-centered
Thailand KPLHS to fill service gaps for KPs

- **Accessibility**
  - Located in **hot spots**
  - **Flexible service hours** suitable for KP’s lifestyle
  - **One-stop** service

- **Availability**
  - Needs-based and client-centered services, such as hormone monitoring, STI, legal consultation, harm reduction

- **Acceptability**
  - Staff are members of KP communities who truly understand KP’s lifestyle
  - Services are gender-oriented, and **free from stigma and discrimination**

- **Quality**
  - Staff are **trained and qualified** in accordance with national standards
  - Strong **linkages** with and **high acceptance** from public health sectors

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KPLHS: contributed to more than half of HIV testing and PrEP services among KPs in Thailand

HIV incidence (by Mar 2017)
- MSM: 6.19 PER 100 PY
- TG: 2.4 PER 100 PY
- MSW in Pattaya: 11.69 PER 100 PY
- TGSW in Pattaya: 4.06 PER 100 PY

55% of MSM & TGW tested for HIV nationwide in 2018
36% of newly diagnosed HIV-positive cases among MSM & TGW nationwide in 2018
55% of Thai PrEP users in 2018

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Integrated hormone and sexual health services for transgender people: Tangerine Clinic model

“At the Thai Red Cross Tangerine Community Health Center, we are committed to provide highest attainable standard of health in affordable and accessible manners for all transgender people with respect to their rights to health and human dignity.”

USAID LINKAGES project and Thai Red Cross AIDS Research Centre
Tangerine Clinic clients, up to December 2018

2,038 TRANSGENDER WOMEN CLIENTS

93% 9% 100% PrEP USERS

HORMONE SERVICES

Received hormone services Did not receive hormone services

Tangerine Clinic was ordered to be CLOSED (13 September 2019) as services were not considered to be following the Thai Red Cross Society’s mission.

1,041 RECEIVED SYPHILIS TESTING

144 TESTED SYPHILIS REACTIVE

Repeat Syphilis testing

26% 16%

Received PrEP

12% 7%
National and local government commitment to sustain KPLHS through domestic transition

**Domestic financing directly to CBOs**, with linkage to affiliated hospitals (MOU), based on lay providers trained/certified and CBOs accredited

Community and KPLHS MOPH regulation endorsed by Medical Council, Pharmacy Council and Medical Technology Council and signed by the Minister

**KPLHS training modules and KP lay providers certification** endorsed by MOPH

USAID LINKAGES project and USAID Community Partnership project
Same-day PrEP flow for all PrEP programs

1. Risk assessment and PrEP counselling process
   - HIV testing (Blood collection for creatinine and HBsAg)
   - HIV-
     - Willing to take PrEP
       - Provide a bottle of PrEP to start
         - eGFR < 60 mL min⁻¹ 1.73 m⁻²
           - Discontinue PrEP
           - eGFR > 60 mL min⁻¹ 1.73 m⁻²
             - Continue PrEP
     - More details on PrEP
         - Not willing to take PrEP
           - Routine appointment (at least 6-monthly HIV testing)
           - Referral to renal doctor, consider rescreening for PrEP and at least 6-monthly HIV testing
   - HIV+
     - Start ART immediately

KP-led CBO and clinic partnership as key PrEP implementation model in Vietnam

USAID/PATH Healthy Markets, September 2019
Thai MSM PrEP cascade, extrapolation from limited program data

Reasons for not accepting PrEP among MSM in Thailand

- PrEP Targets (n=96,946)
- PrEP Demand (n=20,456)
- PrEP Access (n=3,005)
- PrEP Effective Use (n=1,217)

- 18.9% Not specified
- 4.6% Others
- 6.1% Clinic visit are inconvenient
- 11.8% Not ready or interested
- 10.4% Consistent condom use
- 27.1% No or mild risk

USAID LINKAGES project and Thai Red Cross AIDS Research Centre
Thai TGW PrEP cascade, extrapolation from limited program data

Reasons for not accepting PrEP among TGW in Thailand

PrEP Targets (n=7,680)
- 16.9% Not specified
- 11.2% Consistent condom use
- 28.9% No or mild risk

PrEP Demand (n=1,774)
- 7.8% Clinic visit are inconvenient
- 6.9% Not ready or interested
- Others 5.2%

PrEP Access (n=537)
- Multiple partners
- Condomless intercourse
- STIs in last 6M
- IDU
- Service worker
- Not specified

PrEP Effective Use (n=48)

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PrEP access by free and fee-based PrEP programs, Thai MSM

Additional PrEP Access

- PrEP Targets (n=96,946)
- PrEP Demand (n=20,456)
- PrEP Access (n=4,435)
- PrEP Effective Use (n=1,217)

PrEP-15 (n=1,430): 1.6%
Princess PrEP (n=3,005): 3.1%

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PrEP access by free and fee-based PrEP programs, Thai TGW

Additional PrEP Access

- PrEP Targets (n=7,680)
- PrEP Demand (n=1,774)
- PrEP Access (n=589)
- PrEP Effective Use (n=48)

PrEP-15 (n=52) 0.7%
Princess PrEP (n=537) 7.0%
Conclusions

• It is time to implement PrEP for key and vulnerable populations, demonstration projects are not enough anymore.

• Learn from the implementation and further optimize when it is feasible!

• Start thinking about how to monitor and evaluate PrEP as part of the comprehensive HIV prevention program. This would help to strengthen other HIV prevention methods, especially for condoms, lubricants, and STI services.
Acknowledgments
THANK YOU