Translating Science to end HIV in Latin America and the Caribbean

Mexico City, Mexico, 17th - 18th and 21st April
Building Consensus

**PEP and PrEP: checkpoint on new HIV prevention**

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Disclosure

I declare no conflict of interest
Outline

• Context: Ending AIDS in Latin America and the Caribbean (LAC)
• WHO recommendations on PEP and PrEP
• Where are we in LAC with PEP and PrEP?
• Considerations on the way forward

IAS 2017 POST-CONFERENCE WORKSHOP
CHALLENGES FOR PrEP and PEP IMPLEMENTATION
Tuesday, 17 April 2018
Global and regional commitments to end AIDS by 2030 and regional HIV prevention targets

**3.3 - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases**

**PAHO Plan of Action for the prevention and control of HIV and STIs (2016-2021)**

**Ending AIDS in LAC: milestones by 2020**

- Reduce AIDS-related deaths: 19,000/yr
- Reduce new HIV cases: 26,000/yr
- EMTCT HIV and syphilis

**II LAC Forum**

**Prevention targets**

- Increased coverage of HIV combination prevention services for MSM, TGW and SW
- PrEP demo projects (10 countries by 2020)
- III LAC Forum (proposed update): 10 countries with public policy and 150k on PrEP by 2020
New HIV infections among adults (15+) in Latin America and the Caribbean by sex, 2010-2016

Distribution of new HIV infections in LAC by sex, age and population

Distribution of new HIV infections by age group in LAC, 2016

- Caribbean: 5%
- Latin America: 2%
- Children 0-14: 27%
- Males 15-24: 15%
- Males >24: 17%
- Females 15-24: 12%
- Females >24: 36%

Source: UNAIDS, Spectrum estimates 2017

Approximately 1/3 of new HIV infections in male and female 15-24

Distribution of new HIV infections among population groups in LAC, 2014

- Clients of sex workers and other sexual partners of key populations: 23%
- Rest of population: 36%
- Transgender people: 3%
- Gay men and other men who have sex with men: 30%
- Sex workers: 6%
- People who inject drugs: 2%

Source: UNAIDS, Modes of transmission exercises, 2014

Approximately 2/3 of new HIV infections in key populations and their sexual partners
HIV Combination Prevention
Person- and community-centered approach

**BIOMEDICAL**
- Condoms and lubricants
- HIV testing
- Antiretroviral treatment for all
- Prevention of vertical transmission
- PrEP and PEP
- Voluntary male circumcision
- Needle and syringe programs

**STRUCTURAL**
- Decriminalization of transmission and of key populations
- Gender and gender violence approach
- Laws to protect rights
- Interventions to reduce stigma and discrimination

**BEHAVIORAL**
- Counseling on risk reduction
- Comprehensive sex education
- Peer education programs
- Social marketing campaigns (e.g., to promote condom use)

HIV Combination Prevention: the Brazilian model

Combination Prevention Mandala

Key and priority populations

- Key and priority populations
- Combination Prevention

- Legal framework and other structural aspects
- Post-Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
- Prevention of vertical transmission
- Immunization for HBV and HPV
- Harm reduction
- Testing and treating people with STIs and VH
- Use of male and female condoms, and of lubricant gel
- Treatment for all people living with HIV / AIDS
- Legal framework and other structural aspects
WHO on HIV Pre-exposure prophylaxis (PrEP)

2012 - PrEP for SDC, MSM and TG in the context of demo projects (conditional recommendation)

2014 - PrEP for MSM (strong recommendation) Other KP (conditional)

2015 - PrEP for people at substantial HIV risk (~3 per 100 person years) (strong recommendation)

2017 - PrEP drugs on EML (TDF/FTC; TDF/3TC; TDF)

WHO PrEP Implementation tool

2018 WHO PrEP implementation tool. Update on adolescents and M&E.

WHO PrEP implementation tool – an enabling document

http://www.who.int/hiv/pub/prep/en/
Oral PrEP (containing TDF) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches.

- strong recommendation
- high quality evidence

Not for everyone and not forever!

- For people at **substantial HIV risk**
  (provisionally defined as HIV incidence > 3 per 100 person–years in the absence of PrEP)
- Offer as an additional prevention choice
- Provide PrEP within combination prevention
  - Condoms and lube
  - STI screening and management
  - HIV testing and counselling
  - Risk reduction/management
  - Harm reduction
- Provide PrEP with comprehensive support
  - Adherence counselling
  - Legal and social support
  - Mental health and emotional support
  - Sexual and reproductive health services

Opportunity to link high risk and otherwise hard to reach individuals to health services
WHO CLINICAL PREP BASICS

Indications for PrEP (by history over the past 6 months):

- HIV-negative AND
- Sexual partner with HIV who is not virally suppressed, OR
- Sexually active in a high HIV incidence/prevalence population AND any of the following:
  - Vaginal or anal sexual intercourse without condoms with more than one partner, OR
  - A sexual partner with one or more HIV risk factors, OR
  - A history of a sexually transmitted infection (STI) by lab testing or self-report or syndromic STI treatment, OR
  - Use of post-exposure prophylaxis (PEP), OR
  - Requesting PrEP.

Contraindications:

- HIV-positive
- Estimated creatinine clearance <60 ml/min
- Signs/symptoms of acute HIV infection, probable recent exposure to HIV
- Allergy or contraindication to any medicine in the PrEP regimen.

Rx (example): TDF 300 mg + FTC 200 mg PO daily #90 tablets.

Counselling: Link tablet use with a daily routine.

Develop a plan for contraception or safer conception and for STI prevention.
**WHO on Post-exposure prophylaxis (PEP)**

**2014 – Consolidated Guidelines Supplement**
HIV PEP with 3 drugs is preferred *(Conditional recommendation; low quality)*
TDF+3TC (or FTC) preferred backbone. LPV/r or ATV/r preferred third drug (RAL, DRV/r or EFV are alternative)

**All individuals exposed to a potential HIV source.**

**2014/2016 - Consolidated guidelines for key populations**
Post-exposure prophylaxis (PEP) should be *available to all eligible people from key populations on a voluntary basis* after possible exposure to HIV.
Including people in prisons and other closed settings.

**2016 – Consolidated guidelines (II edition)**
PEP is part of combination prevention interventions

**2017 – PrEP Implementation tool**
Use of PEP in previous six months is a criteria for PrEP (individual from high incidence/prevalence population or setting)

**2007 WHO ILO Guidelines**
*Occupational exposure and sexual assault.*

2 ARV PEP (3 ARV in case of suspect of resistance)

http://www.who.int/hiv/pub/prophylaxis/en/
PEP-PrEP linkage and HIV combination prevention

PEP in the last six months in person at substantial risk $\rightarrow$ PrEP

Other HIV combination prevention interventions (condoms and lubricants, STI screening and management, risk reduction counselling, etc.)

Recent HIV exposure (<72h) detected during PrEP screening $\rightarrow$ PEP
HIV prevention in the spotlight

An analysis from the perspective of the health sector in Latin America and the Caribbean

Sources:
• 12 national consultation
• 28 surveys with National Programs
• GAM reporting (2017)

http://iris.paho.org/xmlui/bitstream/handle/123456789/34381/9789275119792-eng.pdf?sequence=7&isAllowed=y
Percentage of countries with **public policies** for the delivery of selected HIV prevention interventions by population.

<table>
<thead>
<tr>
<th>Service or intervention</th>
<th>MSM (%)</th>
<th>FSW (%)</th>
<th>Transgender women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counseling</td>
<td>100</td>
<td>97</td>
<td>94</td>
</tr>
<tr>
<td>STI diagnosis and treatment</td>
<td>90</td>
<td>91</td>
<td>84</td>
</tr>
<tr>
<td>PrEP</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>PEP</td>
<td>39</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Condoms</td>
<td>100</td>
<td>96</td>
<td>81</td>
</tr>
<tr>
<td>Lubricants</td>
<td>89</td>
<td>89</td>
<td>83</td>
</tr>
<tr>
<td>Antiretroviral treatment (ART) for all</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Peer-led community outreach activities</td>
<td>89</td>
<td>86</td>
<td>83</td>
</tr>
<tr>
<td>Sexual health information and education</td>
<td>100</td>
<td>96</td>
<td>91</td>
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*Note:* Percentages based on the response of 31 or 33 countries as of July 2017.

ART: antiretroviral treatment; MSM: men who have sex with men; PrEP: pre-exposure prophylaxis; PEP: post-exposure prophylaxis; FSW: female sex workers.
HIV Combination prevention in LAC
Focus on non-occupational PEP (nPEP)

All 28 surveyed countries offer PEP:
a) in cases of work-related or occupational injuries involving a source who is HIV-positive or whose HIV status is unknown, and
b) in cases of sexual assault.

Only 39% (11/28) offer PEP in case of potential exposure from consensual sex (with an HIV-positive sex partner or one whose HIV status is unknown), but:
- Limited access (e.g. specialized services/ER)
- Limited knowledge (non-specialized providers)
- Limited awareness (potential users)
- Limited data/evaluation
Country example: nPEP is part of combination prevention in Brazil
HIV Combination prevention in LAC

Focus on PrEP

- **Three** LAC countries have rolled-out PrEP in public sector (Bahamas, Barbados, Brazil).
- **Eleven** are planning demonstration/pilot projects in 2018/2019.
- PrEP provided by local NGOs in at least **three** countries (small scale).
- **PrEP in the private sector**
- **PrEP “in the wild”** (on-line purchase, informal access)

Consideration for the way Forward for PrEP and PEP as additional prevention options and part of combination prevention approaches

<table>
<thead>
<tr>
<th>PrEP/PEP users (potential)</th>
<th>Providers</th>
<th>Policy Makers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase awareness and knowledge (PrEP/PEP as combination prevention and sexual health services):</td>
<td>• Increase awareness and knowledge (non-specialized health providers)</td>
<td>• Increase awareness and knowledge of a broader group of stakeholders</td>
</tr>
<tr>
<td>a) to strengthen leadership at community level (e.g. LGBT NGOs)</td>
<td>• Promote dialogue with civil society and train health providers to provide more friendly, inclusive services free from stigma and discrimination</td>
<td>• Develop national combination prevention strategies and models (paradigm change from curative to preventive)</td>
</tr>
<tr>
<td>b) to demand access to policy makers (as right to health and right to remain HIV-)</td>
<td>• Develop community-based service delivery models (trained lay providers and certified community health centers)</td>
<td>• Revise normative and legal frameworks related to HIV combination prevention</td>
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<tr>
<td>c) to generate demand for services</td>
<td>• Analyze cost effectiveness and financing options (efficiency opportunities)</td>
<td>• Adopt a systemic approach to implementation (PrEP/PEP estimates, guidelines and SOPs, regulation and SCM, human resources, focused service delivery models)</td>
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<tr>
<td>• Develop new communication strategies for prevention (PrEP/PEP that make use of social networks and apps).</td>
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Conclusions

The goal of reducing new HIV infections is NOT on track.

• Countries do not implement all WHO recommended biomedical prevention interventions, including treat all
• Gaps in knowledge and misconceptions about HIV combination prevention (nPEP and PrEP) persist at all levels.
• **Financial dependency** is still high for prevention interventions in many countries that receive external funding for HIV.
• Need to improve **Ministry of Health leadership, dialogue and coordination with civil society organizations.**
• Review **strategies for addressing stigma and discrimination**, involving key populations, including **differentiated service delivery models**
### Saturday 21 April 2018

**Update on Pre-Exposure Prophylaxis (PrEP)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.30–14.15</td>
<td><strong>Update on Pre-Exposure Prophylaxis (PrEP)</strong>&lt;br&gt;<em>In collaboration with the International AIDS Society (IAS)</em></td>
<td>Mauro Schechter</td>
</tr>
<tr>
<td>12.30–12.50</td>
<td><strong>PrEP: from clinical trials to implementation</strong></td>
<td>Kenneth Mayer</td>
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