Kirby Institute

HIV pre-exposure prophylaxis (PrEP) in the Asia-Pacific region

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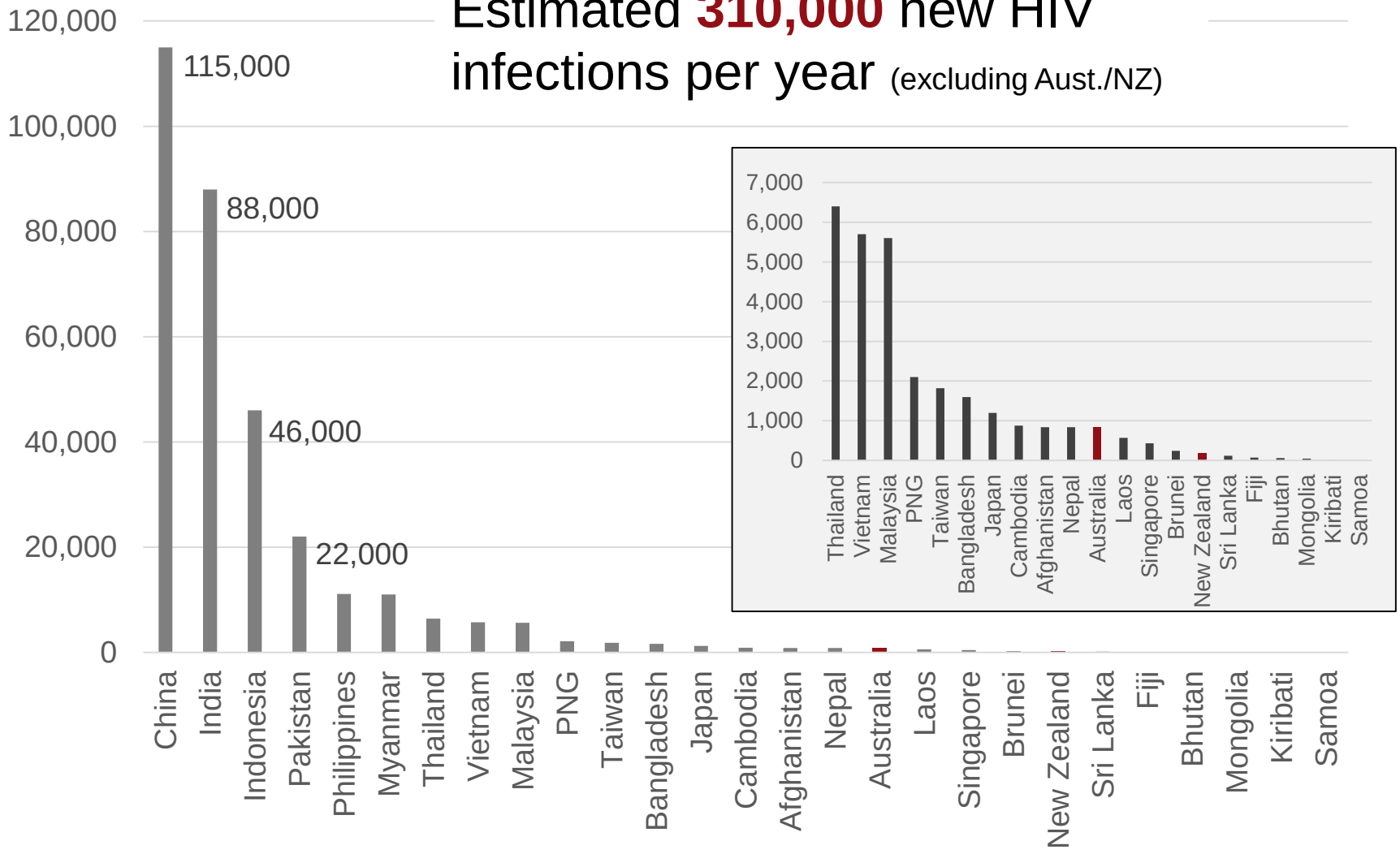
Disclosures

- Research grants
  - Gilead Sciences (2016)
  - ViiV Healthcare (2016)

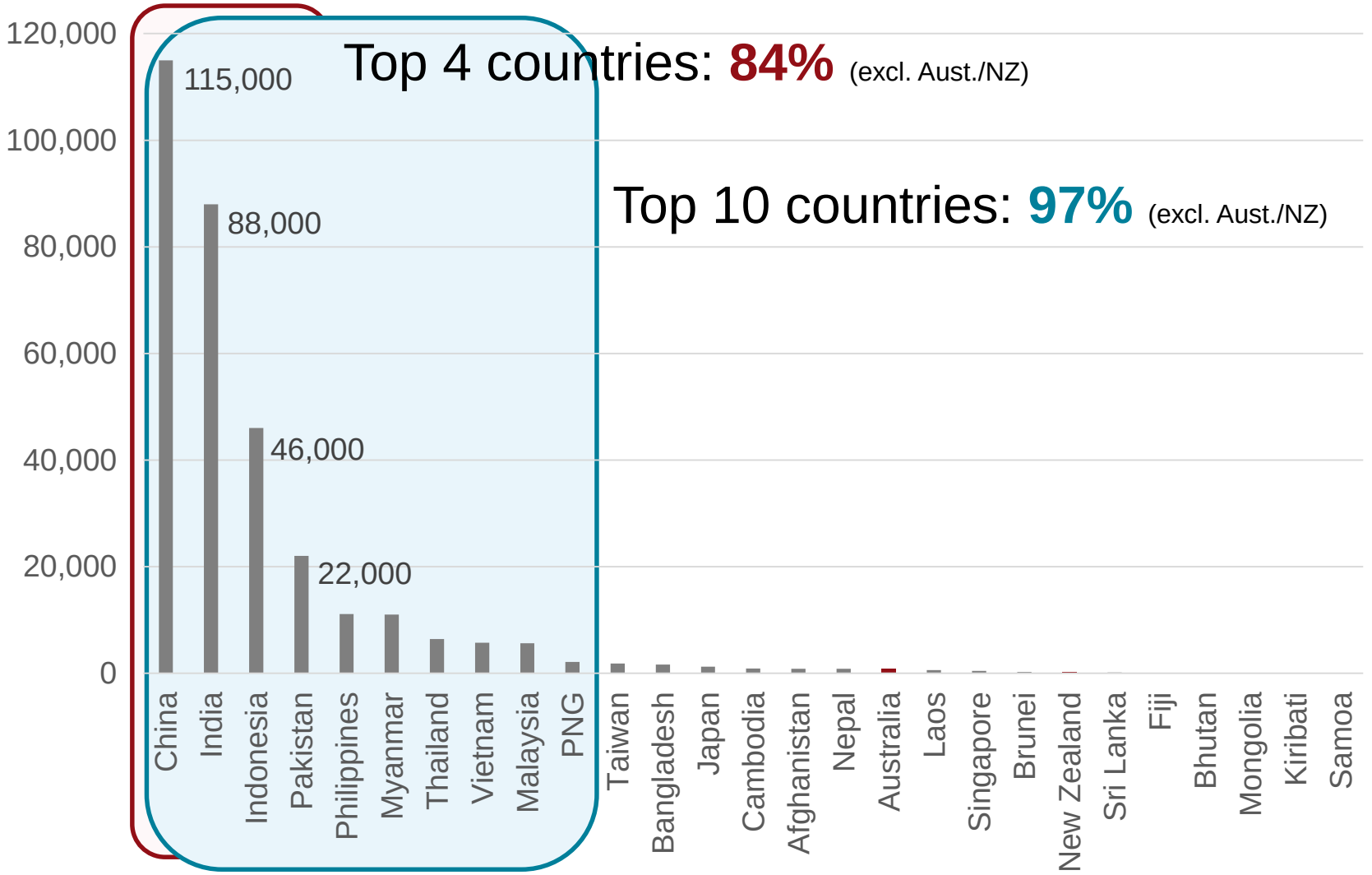
- Honoraria/travel for conferences/seminars
  - Gilead Sciences (2019)
  - Pharmaceutical Society of Australia (2018-19)

PrEP is needed in the Asia-Pacific region

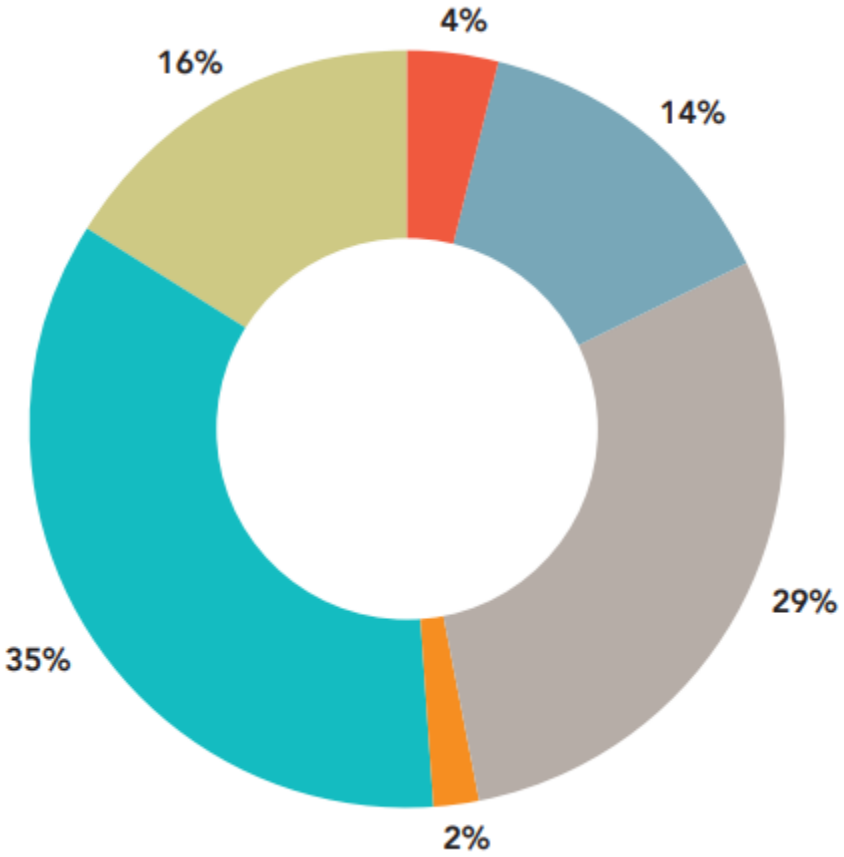
Annual HIV diagnoses



Annual HIV diagnoses



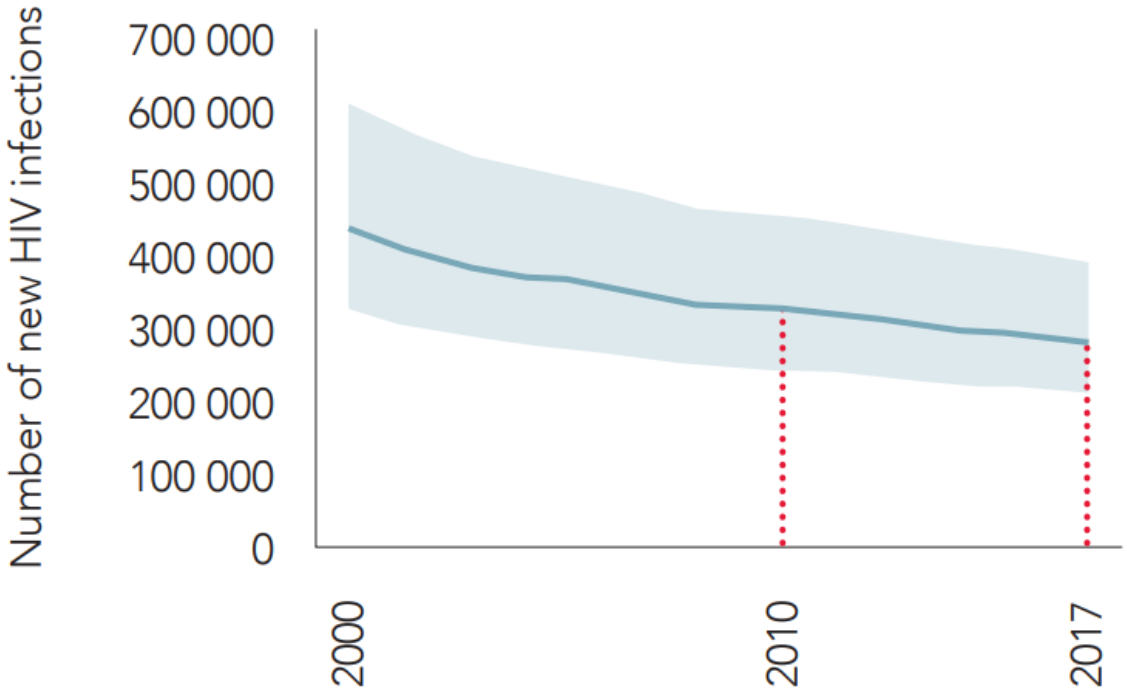
Populations (2017)



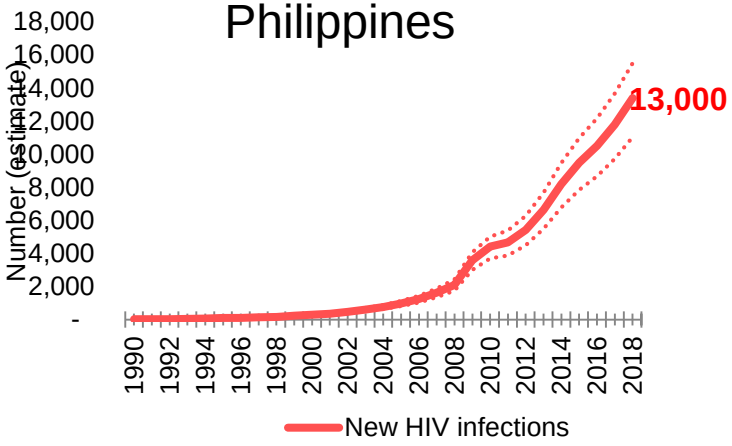
New HIV infections

Percentage change in new HIV infections since 2010 =

-14%



Philippines



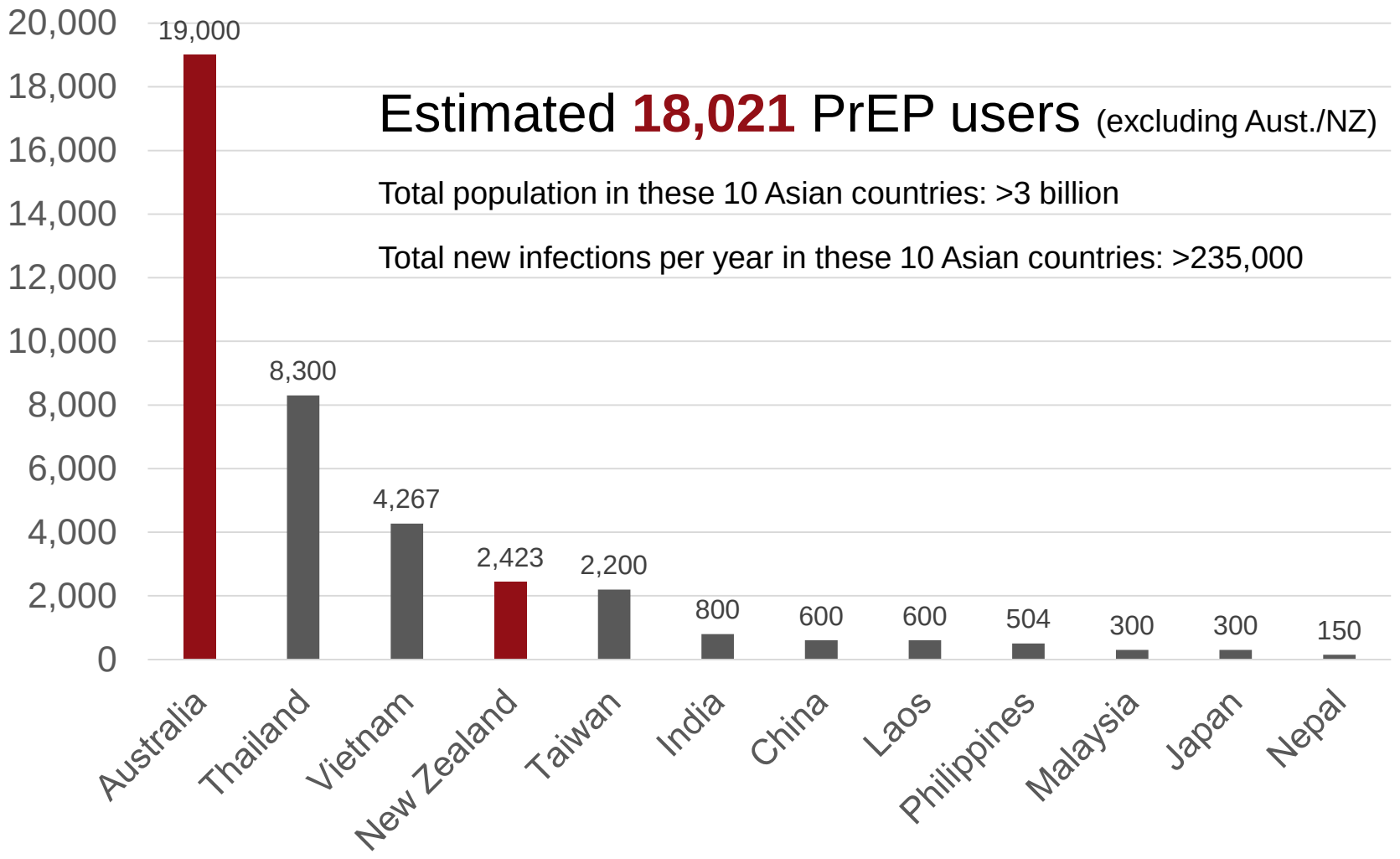
- Despite overall declines, HIV diagnoses are increasing in many key populations such as MSM, trans women, and people who inject drugs.

PrEP access and availability are minimal

PrEP availability

- **Any** PrEP availability in:
  - 11 Asian countries (out of 22)
  - No Pacific countries

PrEP users



PrEPWatch, PrEPMap, Personal Communications

PrEP availability

- The only countries with any serious PrEP programs:
  - Thailand
  - Vietnam
  - To a lesser extent: Taiwan
- Locally available but at high cost:
  - South Korea
  - Singapore
- Philippines hampered by clinical capacity.
- Malaysia seems to have some availability, but details are unclear.
- India, China, Laos, Japan and Nepal have very small trials or access schemes with only a few hundred users

Thailand

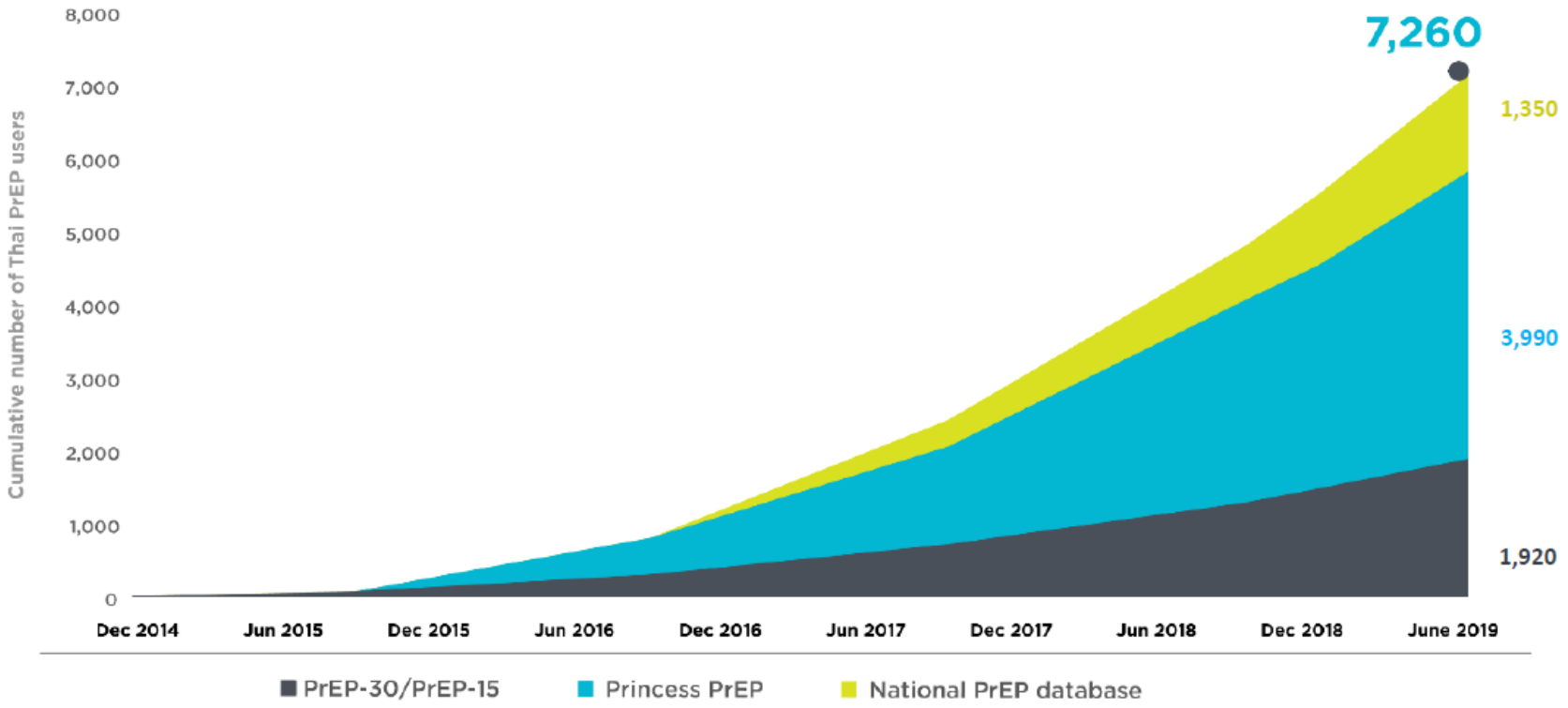
- The Thai Red Cross has led most of the efforts to expand PrEP availability in Thailand.

- PrEP is available through several programs:
  - PrEP-30 / PrEP-15 (fee service)
  - Princess PrEP (free service, key population-led)
  - Integrated into health services in 25 provinces from 2018

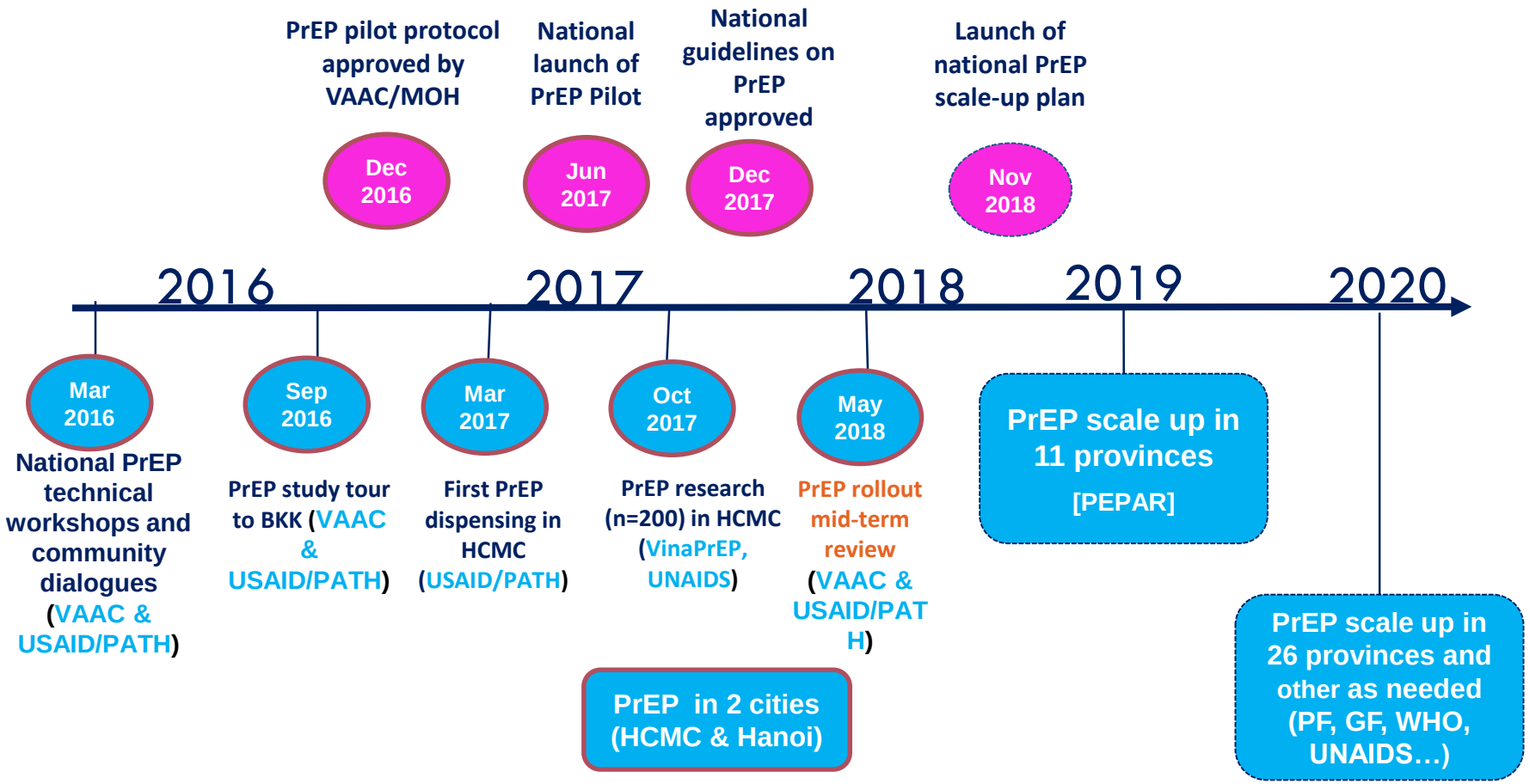
- The Thai government stated that PrEP would be available under Universal Health Care in 2019.
  - Starting with a pilot in October 2019.
  - Further assessment at a later date.

Thailand

- After 4 years, **6%** of Thailand's target of 127,193 MSM and TGW have initiated PrEP.

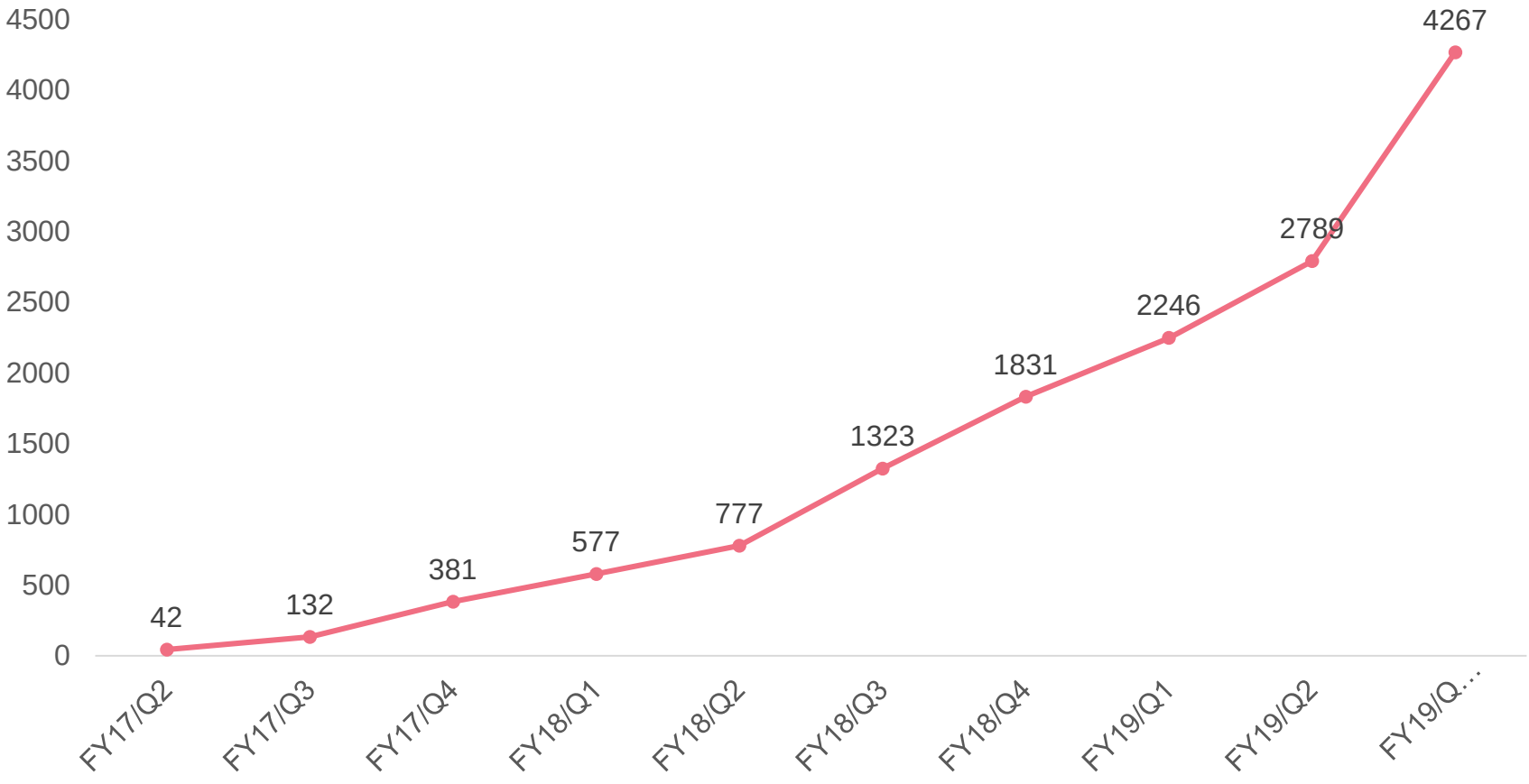


Vietnam


PrEP pilot protocol approved by VAAC/MOH
Dec 2016
National launch of PrEP Pilot
Jun 2017
National guidelines on PrEP approved
Dec 2017
Launch of national PrEP scale-up plan
Nov 2018
2016
2017
2018
2019
2020
Mar 2016
National PrEP technical workshops and community dialogues (VAAC & USAID/PATH)
Sep 2016
PrEP study tour to BKK (VAAC & USAID/PATH)
Mar 2017
First PrEP dispensing in HCMC (USAID/PATH)
Oct 2017
PrEP research (n=200) in HCMC (VinaPrEP, UNAIDS)
May 2018
PrEP rollout mid-term review (VAAC & USAID/PATH)
PrEP scale up in 11 provinces [PEPAR]
PrEP in 2 cities (HCMC & Hanoi)
PrEP scale up in 26 provinces and other as needed (PF, GF, WHO, UNAIDS…)

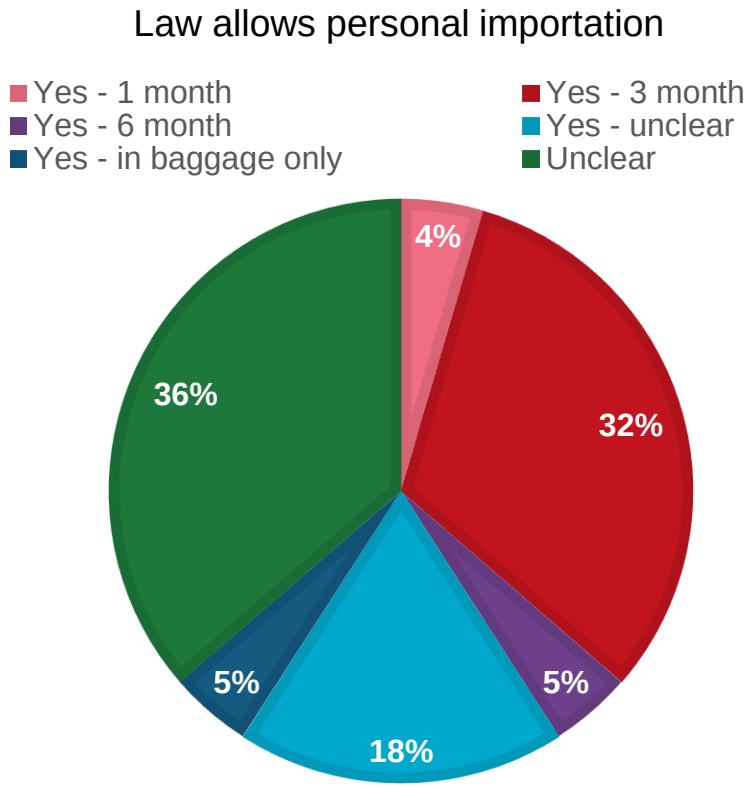
Vietnam

- Vietnam aims to have 15,300 individuals on PrEP by 2021.



Personal importation

- Personal importation appears to be allowed in about two-thirds of Asian countries.
  - It is unclear whether any Pacific country allows it.



- Currently, online pharmacies will ship to 12 Asian countries.
  - Problems at customs have been reported in China.
  - Online importation has not been well-tested in many countries yet.
  - Cost is still a major problem even if companies do ship.
    - **Example:** <1% of median monthly income for Australians, >10% for Indonesians.

- Online pharmacies do not appear to ship to any Pacific country.

PrEP availability: Key issues

- Lack of regulatory applications/approvals
- Cost for individuals and governments
- Not a priority for governments (and in some cases, outright hostility)
- Governments refuse to implement without local data
- Widespread concerns about PrEP (governments, clinicians, and even community-based organisations working with key populations):
  - Scepticism about effectiveness
  - Increasing STIs
  - Risks of drug resistant virus
  - Increasing condomless sex
- Minimal local advocacy in many countries

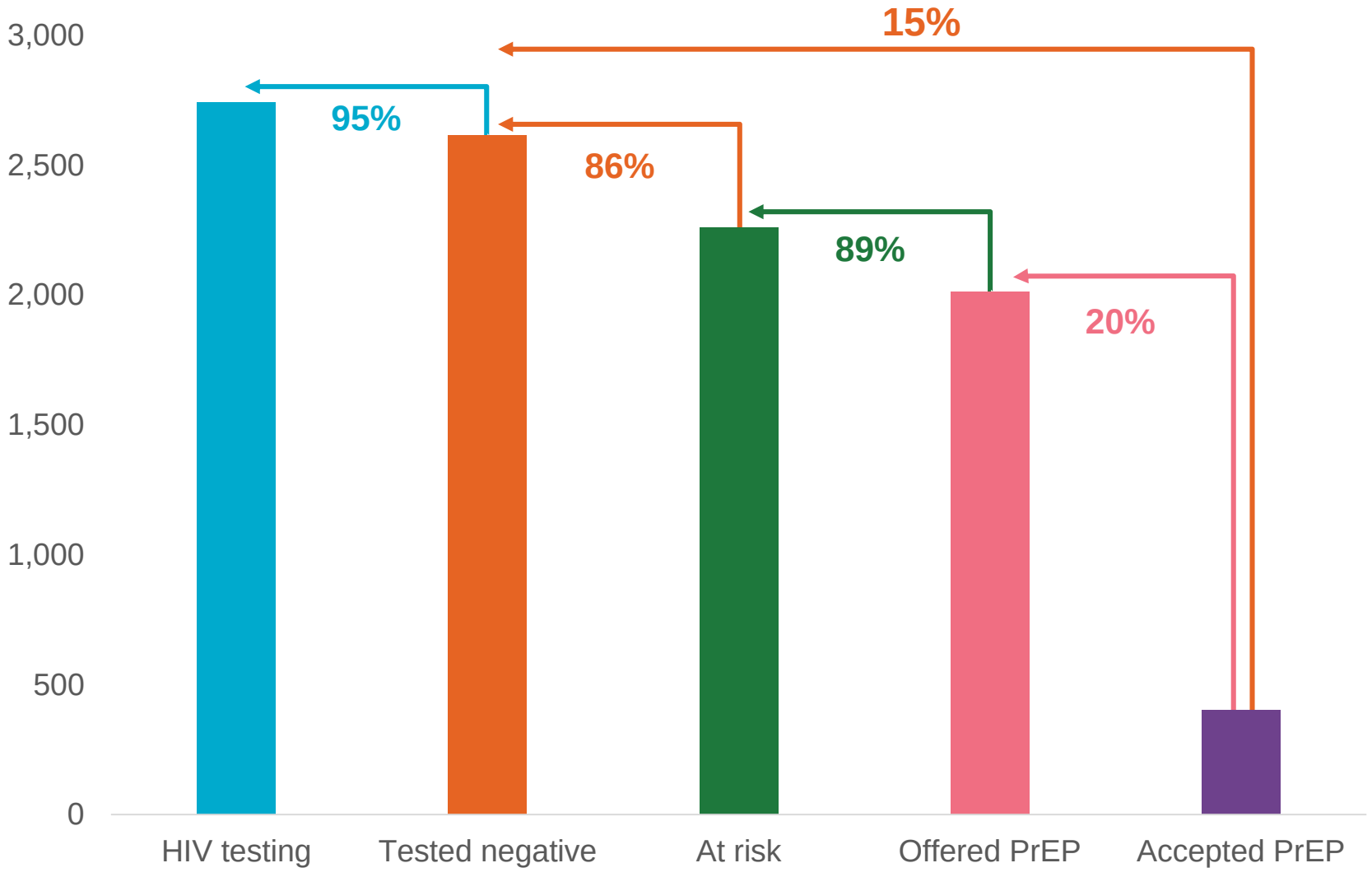
Demand for and uptake of PrEP is low

Low demand

- Even in countries with access, demand has been low and slow to build.

- By contrast, Love Yourself in the Philippines has only 600 MSM on PrEP, but a waiting list of over 4,000.

Thai Red Cross PrEP Cascade (Jan-May 2019)



Adapted from: Chinbunchorn, 2019, Indonesian PrEP Symposium

Potential reasons for low demand

- Awareness and knowledge of PrEP generally – slowly increasing, but still low overall
- Cost is a major limiting factor
- ‘Slut-shaming’ / stigma towards sexual activity (even in gay communities)
- Attitudes towards medicines, particularly oral, Western medicines
- HIV stigma
- HIV is not an individual priority
- Misperception of personal HIV risk
- Highest risk members of key populations may not be connected to clinics
- Many community organisations are still sceptical and still prefer to promote condoms and testing rather than advocate for PrEP

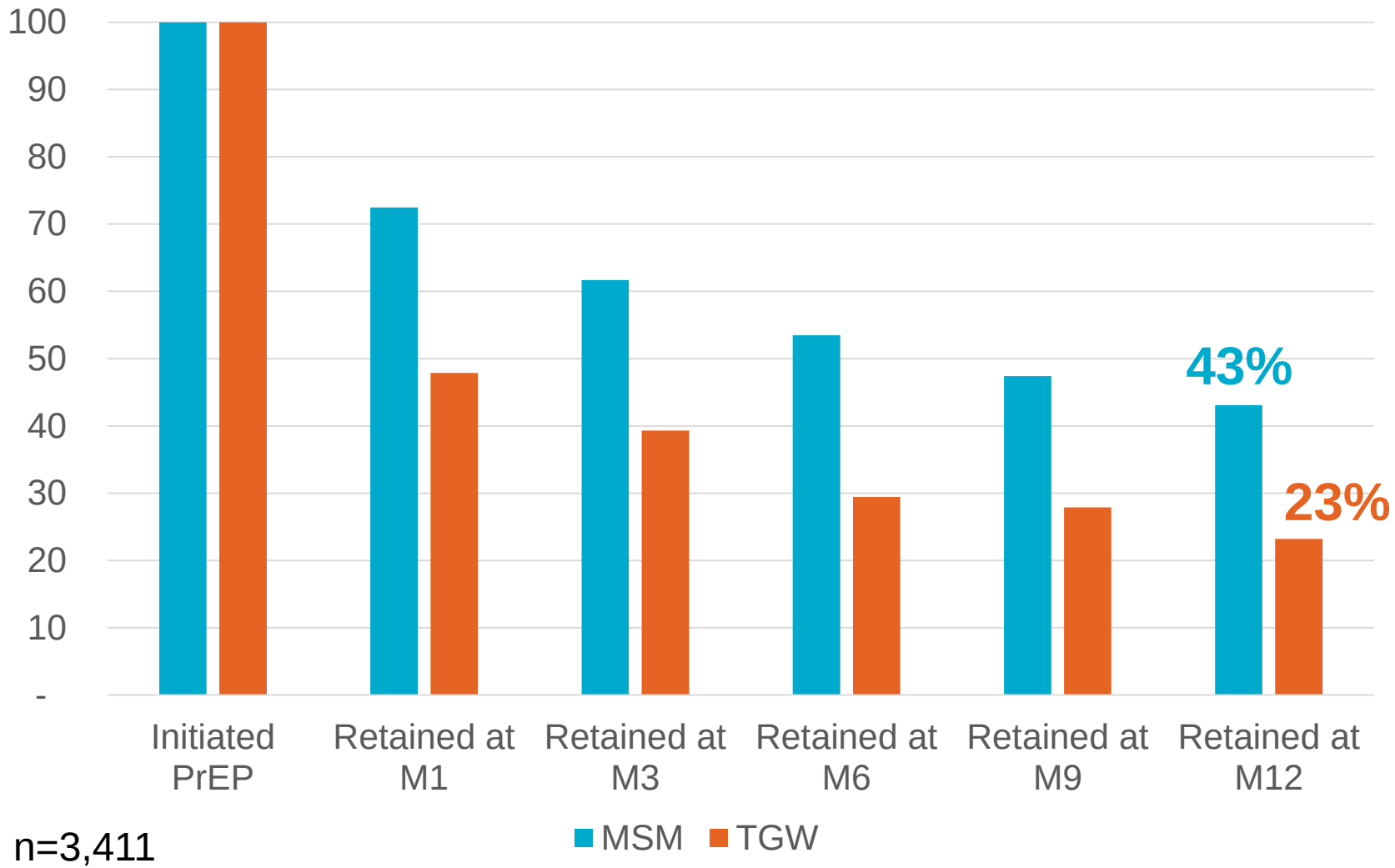
Retention in PrEP programs is a major challenge

Retention

- Important to keep in mind that retention for retention's sake is not the goal: Individuals only need to be on PrEP when they are at risk of HIV acquisition.

- However, retention in PrEP programs in Thailand and Vietnam has been a challenge that likely goes beyond individual's cycling off PrEP because of low risk.

Thai Red Cross MSM & TGW Retention



n=3,411

Adapted from: Chinbunchorn, 2019, Indonesian PrEP Symposium

Low Retention: Possible contributing factors

- Are the right people being targeted?
  - Only 28% of those considered “at risk” reported condomless sex (in Australia it’s more like 95%)
  - Only 23% reported sex with multiple partners
  - Only 5% reported sex work
  - Only 3% with a history of STIs

- Most Asian countries have not targeted PrEP to **higher risk** members of key populations.

- Pressure from funding bodies/donors to initiate people, often with financial incentives.
  - Is there enough education of individual PrEP-users about the benefits of PrEP and start-up syndrome?
  - Financial incentives to keep people on PrEP is not sustainable.

Concluding remarks

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- The HIV epidemic is worsening in key populations in many Asian countries.
- Currently, PrEP availability and uptake are extremely low.
- Greater advocacy efforts and community education are needed.
- Long-acting injectable or implantable PrEP may help with some of the problems, but these are likely to be highly expensive products.

Acknowledgements

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