Rapporteur Session: Biomedical HIV Prevention Track

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Summary

Conference statistics:
- >20 talks on biomedical prevention
  - Oral PrEP, TasP, other prophylaxis modalities
- “Track 2”: 6 qualitative, 4 interventions
  - Black and Latino MSM in USA
  - AGYW in sub-Saharan Africa

IAPAC 2019 and biomedical HIV prevention:
- “Innovate” delivery platforms, messaging, and products
- “Integrate” PrEP delivery into existing healthcare and community services and de-medicalize PrEP delivery
- “Motivate” around uptake, adherence, and persistence
Successful real-world PrEP delivery

- PrEP works
- People can safely transition on/off PrEP
- People can take PrEP when they need it

Rendina, #2053
Key gaps in PrEP delivery

- Messaging
- Demand creation
- Integrated delivery
- De-medicalization
- Definitions, measurement, interventions
Innovations in biomedical HIV prevention
Key gaps in PrEP delivery

- Messaging
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- Integrated delivery
- De-medicalization

- Definitions, measurement, interventions
PrEP messaging to potential users

Current Messaging to the Public Perpetuates Stereotypes

[Preliminary Results] When asked what they liked and disliked about the ads and how to improve them, participants (n = 33) in the Black MSM Couples Condition said...

**Like**
- I like the ad because it acknowledges that black gay men exist and have relationships with each other unlike other gay media

**Dislike**
- I would like to see more representations of gay black men that don’t depict us as conduits for sexually transmitted infections

**Suggested Improvement**
- make multiple variations accounting for different races and interracial couples

Calabrese, Pre Con #3
PrEP messaging to potential users

The Offer- and Why would I want it?

Often rolled out focused as: Often rolled out based on:
- Medical
- Risk framed
- Single service
- Return on investment
- Cost Benefit
- Value Proposition

The Outcome – What are programs looking to accomplish?

Programmatic
- PrEP Starts
- PrEP returns
- Reduce HIV risk
- Reduce cases of new HIV

Person/Community
- Valuable care

2- CBO/CSO PrEP experience

- Advocacy
- Outreach
- Delivery
- Adherence’s support
- Effective practices promotion

Start with asking, “How are you today?”

Golub, #2002; Amico; Morel; Wed breakfast session
“Celebrating the fact that people living with HIV on effective treatment cannot sexually transmit HIV”
Adherence measurement

• **Definitions and messaging around adherence:**
  • Prevention-effective adherence
  • Cycling on and off PrEP, evidence of on-demand PrEP
  • Support informed choices without scolding

• **Adherence monitoring approaches:**
  • Electronic devices (Wisepill, MEMS)
  • Short-term pharmacologic measures for qualitative assessment (urine, plasma)
  • Longer-term pharmacologic measures for average cumulative dosing (DBS, hair)
Innovative prevention products

• Dapivirine vaginal ring
• Implants
• Injectables
• Multipurpose prevention technologies?

Need for product choice

Calabrese, Pre Con #3; Margolis; Weld; Browne #2050
Integrating biomedical HIV prevention with other services and de-medicalizing delivery
Key gaps in PrEP delivery

- Messaging
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- Definitions, measurement, interventions
Identifying PrEP candidates in ED

EMR alert: risk score calculation

<table>
<thead>
<tr>
<th>EMR data</th>
<th>Risk score value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>Chief complaint related to STI-associated symptoms</td>
<td>6</td>
</tr>
<tr>
<td>Age &lt;=20</td>
<td>13</td>
</tr>
<tr>
<td>Age 21-24</td>
<td>8</td>
</tr>
<tr>
<td>Positive STI test in the prior 6 months</td>
<td>16</td>
</tr>
<tr>
<td>MSM</td>
<td>16</td>
</tr>
</tbody>
</table>

Score ≥ 16 results in automated electronic alert to HIV prevention counselor

- Sensitivity: 10%
- Specificity: 96%

- 80% increase in physician testing
- >200% increase in testing for patients not previously in system

Zucker #2017; Ridgway #2018
Getting PrEP to the community

- **Community models** of PrEP delivery, decentralized approaches in:
  - UK, France, Australia, Thailand, Vietnam

- **Websites** for PrEP purchasing

- AGYW want **demedicalized** and **integrated youth-friendly services** tailored for their needs
Motivating uptake, adherence, and persistence
Key gaps in PrEP delivery

- Messaging
- Demand creation

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- De-medicalization

- Definitions, measurement, interventions
Stigma and interpersonal issues are barriers to PrEP use

Themes from MSM in Los Angeles:
- PrEP use linked to sexual behavior and HIV status
- Conflicts in relationships
- Judgment from medical providers
- Gay stigma and labeling

Themes from AGYW in Uganda and South Africa:
- Concerns about being misidentified as living with HIV
- Unwanted disclosure of sexual practices
- Social support issues

Pisarski #2006; Myers #2008; Nieto #2009
Importance of self-efficacy to use PrEP

PrEP-ASES and DBS Adherence Data

Take-home Messages

• Self-efficacy is important because it is associated with uptake, adherence, and persistence AND it is a factor we can actually enhance in patients

• Ask about self-efficacy as part of PrEP decision-making and adherence counseling

• Consider ways to enhance self-efficacy in patient encounters
  • Emphasizing past mastery and agency
  • Enhancing visibility of social models
  • Verbally reinforcing your belief in the patient
  • Encouraging external/unstable attributions for past failures
Social support interventions to motivate PrEP use

PRIYA: Weekly 2-way SMS messages for PrEP adherence support

HPTN 082: Adherence clubs, AGYW encouraged to be PrEP ambassadors
Social support interventions to motivate PrEP use throughout networks

IDIs among GBM in Milwaukee, Cleveland: importance of social networks and peer groups

PrEPChicago: Recruiting change agents to motivate social network around PrEP


Schneider #2032; Quinn #2044; Patel #2045
Conclusions
Key findings and next steps

Biomedical prevention awareness:
• People first: importance of de-stigmatizing, patient-facing messaging
• Involve the community in demand-creation and delivery

Biomedical prevention reach and uptake:
• Integrated approaches to testing and patient identification in emergency departments
• More work in this area is needed—links to PrEP delivery?
• Expand de-medicalized and community-based delivery approaches

We have a critical opportunity to develop patient-facing, integrated, and community-based platforms for oral PrEP delivery that we can leverage as other biomedical prevention options come down the pipeline in the future.

Biomedical prevention adherence and persistence:
• Rethinking success with PrEP adherence
• Interventions to focus on people, relationships, and community from a framing around empowerment
Thank you...

• IAPAC 2019 Conference Organizers
• Mike Stirratt
• Linda Koenig
• All of you for presenting this amazing body of research on biomedical HIV prevention!