

THE 3RD ASIA-PACIFIC REGIONAL CONSULTATION ON PrEP Implementation



CONSULTATION REPORT

for the 3rd Asia-Pacific Regional Consultation on PrEP Implementation
January 14, 2019 | Bangkok, Thailand

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EXECUTIVE SUMMARY

The third annual Asia-Pacific Regional Consultation on PrEP Implementation, held in Bangkok in January 2019, brought together 150 healthcare providers, program implementers, government officials and representatives of consumer populations from 14 countries – Australia, Belgium, Cambodia, Hong Kong (China), India, Indonesia, Malaysia, Myanmar, the Philippines, Singapore, Sri Lanka, Thailand, Vietnam, and USA – to share experiences on PrEP implementation across the region. The key topic of the 2019 meeting was an exploration of demedicalization models such as nurse-led PrEP, pharmacist-led PrEP and community-led PrEP, examples of which were highlighted throughout the course of the day. Meeting participants agreed that these differentiated models are feasible, cost-efficient and strongly preferred by members of key populations (KPs) where wider PrEP rollout and uptake is likely to show the greatest epidemiological impact.

It was, however, noted that despite the growing evidence in support of these alternative models of PrEP delivery, access to and uptake of PrEP remains limited in this region. Common challenges highlighted by participants from multiple countries included a lack of government funding, regulatory barriers limiting who can provide PrEP, inadequate financing, and challenges with PrEP procurement.

Other challenges noted by speakers and participants included stigma & discrimination towards KPs, limited and ineffective demand generation among potential PrEP users, low retention in PrEP services, and insufficient flexibility in PrEP service delivery

models. Participants agreed that technological innovations, and specifically mHealth approaches, provide many opportunities to scale up PrEP in the region by delivering targeted campaigns to educate, entertain and inspire potential PrEP users.

Another key topic of discussion was regarding people who inject drugs (PWID), a group that has to date not been included in PrEP programming in Asia and the Pacific, despite continued high levels of HIV incidence. Myanmar will be the first country to integrate PrEP for PWID, as part of their community-based harm reduction activities.

In summing up the current status across the region, participants agreed that while PrEP implementation will by necessity vary for different contexts, implementers should be looking to speed up PrEP introduction where and how they can with an eye towards implementing at scale. Countries and programs were encouraged to aim for innovative PrEP delivery models, but not to reinvent the wheel, and implementers were encouraged to help governments champion PrEP by anticipating, producing and disseminating the evidence and lessons learned that governments need. Finally, it was broadly agreed that national and regional approaches are necessary to reduce the cost of PrEP.

For the next year's consultation, it is recommended to bring together community, government, implementers, researchers and other stakeholders for follow-up on where we are and what we have accomplished.







BACKGROUND AND OBJECTIVES

The Asia-Pacific Regional Consultation on PrEP Implementation has been held annually since 2017, by the Thai Red Cross AIDS Research Centre, Bangkok, Thailand. The regional meeting's overarching goal is to provide a platform to support scale up of PrEP in the region, as well as a venue for technical dialogue and experience exchange across different countries both within the region and externally.

The Third Asia-Pacific Regional Consultation on PrEP Implementation, held January 14, 2019 in Bangkok, Thailand, was convened by the Thai Red Cross AIDS Research Centre, FHI 360/LINKAGES Program

and the United States Agency for International Development (USAID), in partnership with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the International AIDS Society (IAS). Organizers convened 150 participants from 14 countries from the region and beyond to address two objectives:

- To provide updates on PrEP implementation in the Asia-Pacific region; and
- To demonstrate the demedicalization of PrEP service delivery models through a differentiated service delivery framework, highlighting key population-led efforts across and beyond the region to support rapid PrEP roll-out.

THE 3RD ASIA-PACIFIC REGIONAL CONSULTATION ON



PrEP Implementation

PrEP Demedicalization
through Key Population-Led Efforts

January 14th, 2018
Ballroom, Park Hyatt

90-90-90

✓ UPDATES

✓ DEMEDICALIZING
PrEP

INVOLVEMENT
OF COMMUNITY/
ORGANIZATION...

CHALLENGES:
NOT ENOUGH COUNTRY
YET...
WE NEED TO MOVE
THE REGION FORWARD!



STEVE MILLS

THE PURPOSE
OF THIS MEETING
IS TO LEARN
FROM EACH OTHER



PRAPHON RANABHAK

CAN IT
BE FREE?



COST
EFFECTIVE?



WE NEED
MORE ACCESS
TO MEDICALIZATION



NEED NEW
REGULATION



THE ROAD TO SCALE UP
PrEP IS NOT EASY...



LET'S HELP EACH
OTHER TO ANSWER
OUR CHALLENGES!



WELCOMING REMARKS

Professor Emeritus Praphan Phanuphak

Director, Thai Red Cross AIDS Research Centre



Professor Phanuphak emphasized that we cannot end AIDS through early diagnosis and treatment alone, and that the use of PrEP as a preventative measure is promising, but it has not yet been implemented at sufficient scale in Thailand or elsewhere in the region.

Professor Phanuphak called on governments to provide PrEP for free or at low cost, but stressed that they will need to be convinced with hard evidence that the provision of PrEP is the best and most cost effective approach to lowering the number of new HIV infections.

In closing, Professor Phanuphak highlighted key actions currently being undertaken in Thailand to scale up the provision of PrEP, including:

- Efforts to address laws and bureaucratic processes to facilitate task shifting from doctors to nurses, key population lay providers and others;
- Advocacy efforts led by community-based organizations (CBOs) to get PrEP for free for certain key populations; and
- HIV self-testing (HIVST) to become legal in Thailand by the end of 2019.

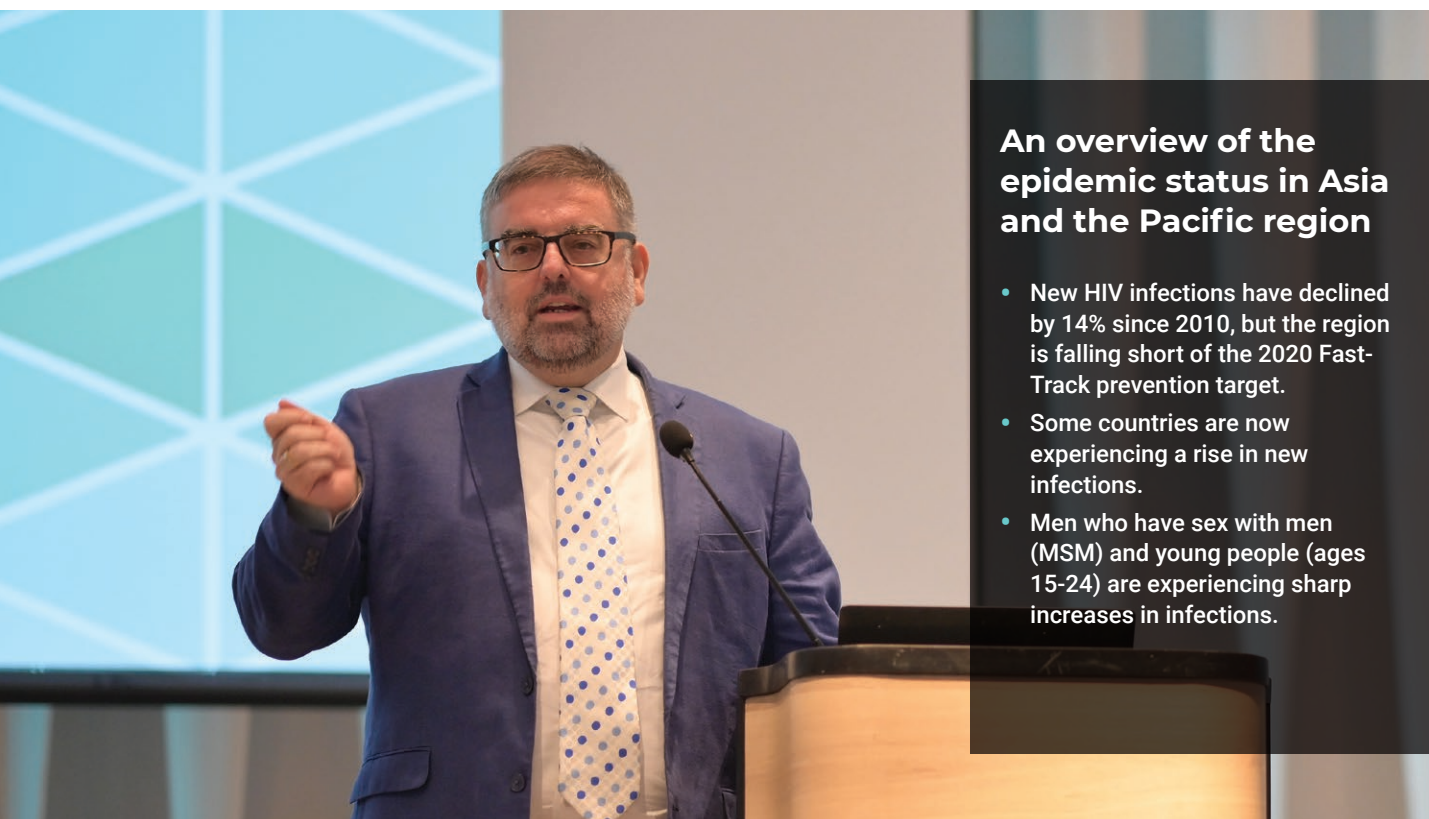
All these efforts can and should be viewed as important steps in the demedicalization of PrEP.



REGIONAL STATUS OF PrEP AND THE EPIDEMIC

Eamonn Murphy

UNAIDS Regional Director for Asia and the Pacific



An overview of the epidemic status in Asia and the Pacific region

- New HIV infections have declined by 14% since 2010, but the region is falling short of the 2020 Fast-Track prevention target.
- Some countries are now experiencing a rise in new infections.
- Men who have sex with men (MSM) and young people (ages 15-24) are experiencing sharp increases in infections.

The rise in new infections among key populations illustrates that there is a prevention gap. Condom use remains a cornerstone of HIV prevention, and is relatively high in some populations such as sex workers. However, it is important to recognize that condoms will not be appropriate for everybody all the time.

The gaps in implementing HIV testing innovations and PrEP, and the slow progress in achieving prevention targets in the region, were the focus of a regional PrEP and HIVST workshop held in October 2018 in Bangkok. Delegates from 13 countries participated in the meeting and produced roadmaps for scaling up PrEP and HIVST for the next 1-2 years. The roadmaps establish priorities, actions, targets, responsibilities and TA needs.

Priorities to roll out PrEP and HIVST include:

- Removing regulatory barriers to ensure quality products are available on the market, encouraging competition (and reducing prices), and ensuring supply security;
- Creating supportive policies to include these technologies that are an integral tool in the response;
- Ensuring affordability of PrEP;
- Integrating PrEP with other services such as sexual health services;
- Further involving communities to increase demand and improve service delivery;
- Bringing clinicians on board with new technologies so they are comfortable and confident to offer patients those options; and
- Rolling out both PrEP and HIVST at scale.

PrEP DEMEDICALIZATION

Dr. Nittaya Phanuphak

Chief of PREVENTION, Thai Red Cross AIDS Research Centre
and member of the IAS Governing Council, Asia and the Pacific Islands

The demedicalization of PrEP essentially refers to the belief that PrEP can be delivered most effectively outside of medical facilities. The call for the demedicalization of PrEP stems in part from the stark realization that globally only a tiny percentage of people who would benefit from PrEP are currently accessing it.

Inherent to the concept of demedicalization of PrEP, is that initiating PrEP does not need to be done by a specialist, and that most potential PrEP users are healthy and can self-manage their PrEP use. This is not to say, however, that there is no need for clinicians in the roll out of PrEP or the follow up of PrEP users. Clearly they can and should still be involved, but perhaps it would best to limit their involvement to special cases, such as clients with co-morbidities, concomitant medications, or complex test results.

Key actions to facilitate the demedicalization of PrEP include:

- Task shifting from provision by doctors to a broader range of PrEP providers, including key population (KP) lay providers, pharmacists, nurses, and perhaps clients themselves;
- Changing service delivery sites from medical settings to community centers, pharmacies, or home-based through telemedicine;
- Developing and making available supporting technology such as mobile apps for information, locating services, and reminders to clients;
- Strengthening the capacities of PrEP providers and clients through innovative skill-building methods such as telementoring, e-training and short in-service coaching.



Current demedicalized PrEP models:

KP-led model: Princess PrEP (Thailand)

Pharmacist-led model: One-Step PrEP® (Seattle, USA)

Nurse-led model: EPIC-NSW (New South Wales, Australia), Dean Street Express (London, UK)

PrEP@Home with telemedicine

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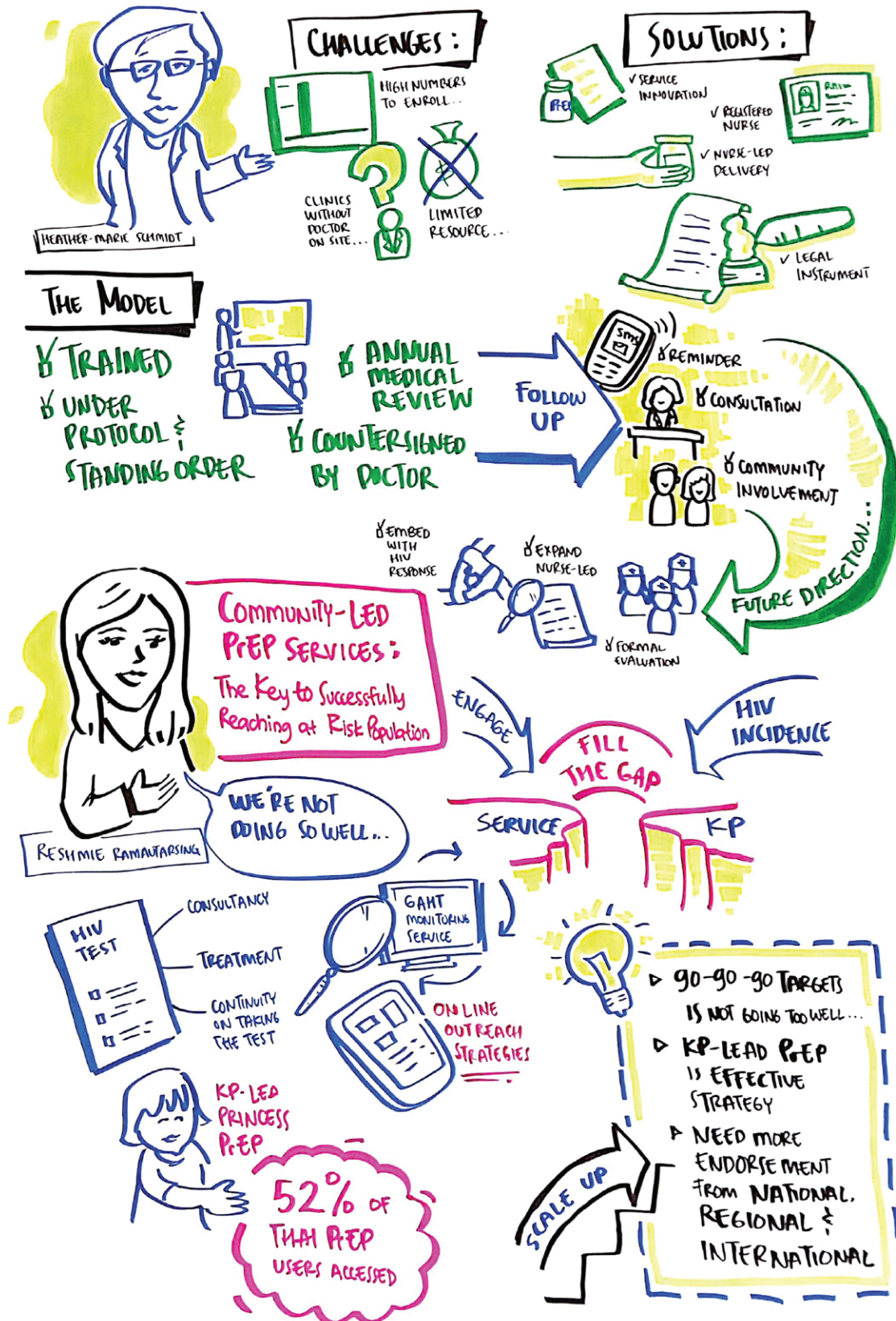
PrEP can be demedicalized safely, efficiently, and innovatively through various providers and service delivery sites.

The medical profession and national and local public health policy and decision makers should accept that the demedicalization of PrEP is happening, stop trying to control it, and look at how best to facilitate its uptake or scale up.

”

Dr. Nittaya Phanuphak





NURSE-LED PrEP SERVICE DELIVERY: EXAMPLE FROM AUSTRALIA

Heather-Marie Schmidt

Regional Advisor for PrEP, UNAIDS Office for Asia and the Pacific and WHO



The EPIC-NSW study, implemented in the Australian state of New South Wales (NSW):

- Was a pragmatic clinical trial, but can be considered an access program to provide PrEP to people at high risk of HIV infection;
- Was designed and implemented as a partnership between the NSW Government, clinics (doctors, nurses, pharmacists, and counsellors), researchers and the community; and
- Encouraged innovation in models of care and service delivery to provide PrEP largely using existing resources.

To support the rapid enrolment, and 3-monthly follow-up, of large numbers of participants in more than 30 clinics across the state, trained registered nurses were specially authorized to deliver PrEP. Legal authorization was required for nurse-led PrEP, and extensive consultation was conducted to ensure the acceptability and feasibility of the model. Nurse-led PrEP was particularly important for clinics without doctors available on site to prescribe PrEP, authorize tests, and deliver results, as well as for clinics where there were many other competing priorities for doctors' time.

PrEP is suitable for delivery using a nurse-led model given that: there is no variation in dosing; parameters for suitable patients are easy to define; enrolment, monitoring and follow-up are standardized; patients requiring medical review are clearly identified; and it is within the scope of practice for a nurse specializing in HIV and sexual health. Legal authorization for nurse-led PrEP was granted through the NSW Ministry of Health for public-sector services during the EPIC-NSW study.

Nurse-led PrEP contributed to a 32% reduction in recent HIV infections among MSM within 12 months of recruiting the first 3,700 participants. Additional benefits included:

- Efficient, accessible, convenient and cost-effective care for patients with minimal disruption to daily clinic operation, and without compromising quality or safety of services;
- Service provision was embedded in routine service delivery;
- The draw on doctors' time and input was limited to more complex matters;
- The capacity of the nurse workforce was strengthened;
- Both nurses and doctors achieved higher job satisfaction by allowing both clinician groups to work to their full scope of practice;
- Broad support from clinicians, partners, government and patients – indeed, opportunities to use this model in other contexts were explored.



COMMUNITY-LED PrEP SERVICES AS THE KEY TO SUCCESSFULLY REACHING AT-RISK POPULATIONS

Dr. Reshmie Ramautarsing

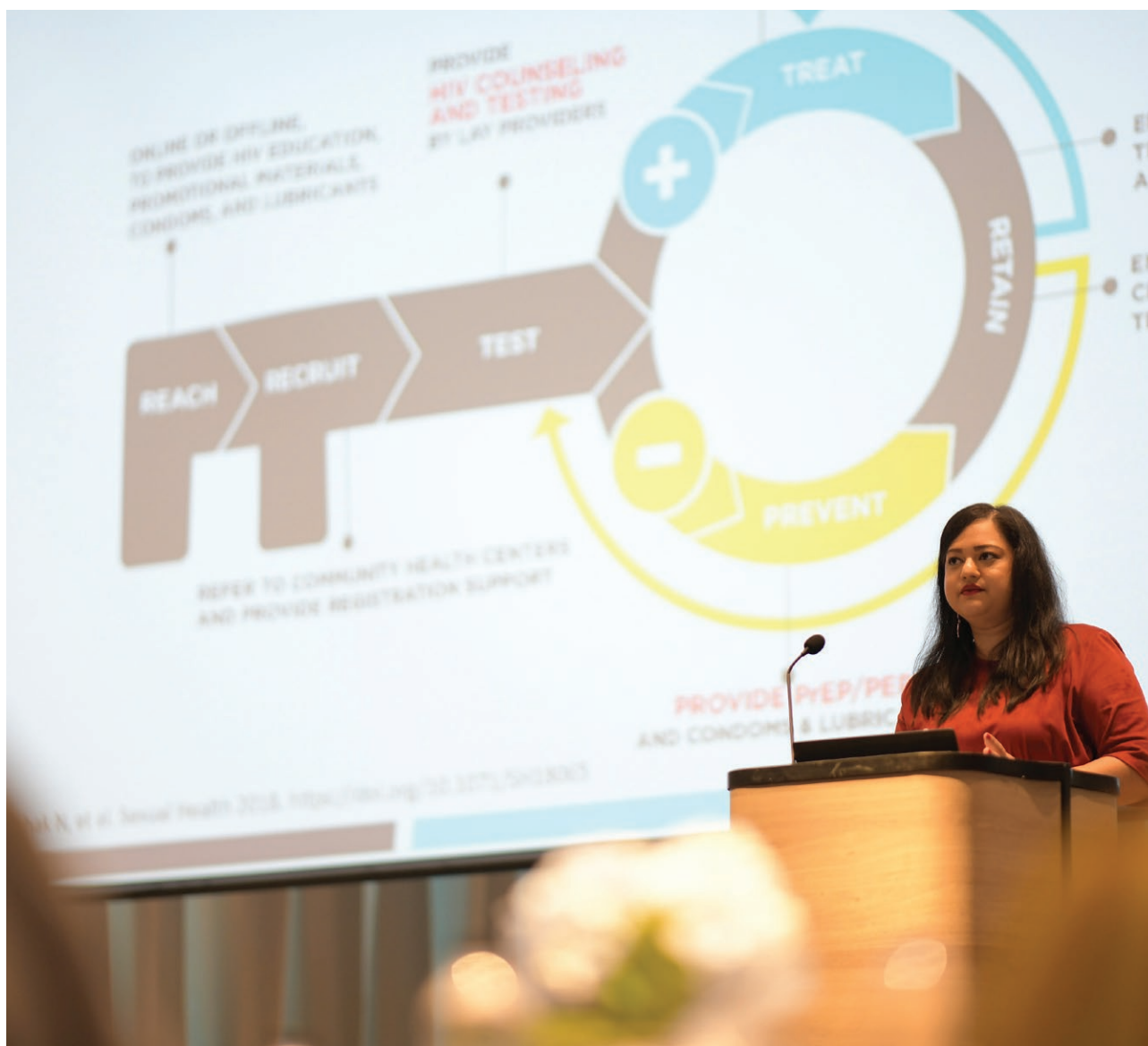
Program and Technical Director, PREVENTION, Thai Red Cross AIDS Research Centre



Several variations of KP-led PrEP delivery models are being successfully implemented in the Asia-Pacific region: PrEP delivery by doctors in community based clinics in Malaysia, with PrEP maintenance performed by KP lay providers; KP-dispensed PrEP in the Philippines through Project PrEPY; female sex worker-led PrEP delivery in India; and KP-led PrEP in Vietnam through partnerships between community based organizations and clinics.

In Thailand, the Key Population-Led Health Services (KPLHS) model provides HIV services along the cascade, with the following advantages:

- The health issues and services delivered are identified by the community itself and are therefore needs-based, demand-driven, and client-centered;
- Services delivered are closely and formally linked to the health sector and follow standards developed in partnership with the Ministry of Public Health;
- They build and strengthen the capacity of community health workers to provide high quality health services;
- Flexible service hours;
- One-stop service where possible;
- Availability of services beyond HIV, such as hormone services for transgender women, or legal consultation for sex workers;
- High acceptability of the services among KP clients, as staff speak the same language and the clinic environment is stigma- and discrimination-free;



- Service quality is assured through training and certification by USAID Community Partnership, and services are accepted by local public health facilities.

Under the KPLHS model, PrEP is dispensed to KPs by KP lay providers as part of the Princess PrEP program. The KP lay providers conduct a risk assessment, provide PrEP counseling to the client, then perform HIV testing and dispense PrEP on that same day. Blood samples are simultaneously sent to an outside laboratory for creatinine and hepatitis serology, and a lay provider follows up on the results

and informs the client within a few days, at which point PrEP can be discontinued if there are any problems.

The KPLHS model remains limited to demonstration projects, despite accounting for 52% of all PrEP uptake among Thai citizens nationwide. Without dramatically scaling up PrEP dispensing by KP lay providers in the Asia Pacific region, PrEP targets cannot be met. Endorsement of KPLHS by national, regional and international bodies is urgently needed to facilitate broader replication of this model.

UPDATES ON PrEP SERVICE DELIVERY IMPLEMENTATION FOR EACH KEY POPULATION



Hope



PrEP and Transgender Women (TGW): Lessons Learned from Tangerine Community Health Center, Bangkok, Thailand

Presented by Rena Janamnuaysook

Program Manager – Transgender Health, Thai Red Cross AIDS Research Centre

The Tangerine Community Health Center in Bangkok is Thailand's only sexual health and well-being clinic for transgender people, which has been provided PrEP for TGW since 2016. To-date, however, uptake has been slower than anticipated: by the end of 2018, only 184 TGW had initiated PrEP, and retention was also low.



Challenges in increasing PrEP uptake and retention among TGW

Limited to no knowledge about PrEP

Trans-insensitive educational materials and campaigns

Stigma and discrimination in healthcare facilities

Concerns about interactions between PrEP hormones

Other unmet health needs and prioritizing hormone over sexual health services

Tangerine Clinic's strategies to address the barriers/challenges

Using social media as a platform to reach online-based TGW subpopulations, by collaborating with social media influencers

Developing and distributing trans-inclusive health communication materials

Collaborating with the Bangkok Metropolitan Administration (BMA) to develop and deliver a city-wide public campaign—PrEP in the City—to promote PrEP and PrEP services available for TGW

Sharing information and knowledge of scientific evidence on hormone-PrEP interaction

Addressing those unmet health needs, integrating hormone services into sexual health services, and developing and promoting a mobile application to enhance PrEP adherence and retention

Project PrEPY: A Pilot Project of Community-based, Peer-Driven PrEP for MSM and TGW in Manila, the Philippines

Presented by John Danvic T. Rosadiño

Program Manager for Project PrEPY, LoveYourself, Inc., Manila, Philippines



Between 2010 and 2016, the number of new HIV infections in the Philippines increased by 141%, with MSM comprising 76% of these new HIV infections. As a result, primary care needs among MSM and TGW are growing.

The Research Institute for Tropical Medicine, part of the Philippines Ministry of Public Health, has collaborated with the community-based LoveYourself Foundation to implement Project PrEPY, a PrEP program in Manila for MSM and TGW. This project includes risk assessment, addressing risk misperceptions, on-demand PrEP monitoring, and support for adherence and retention, all provided by KP lay providers.

Key lessons learned to-date are:

- The community-based model works;
- The project has been able to reach a significant number of key populations;
- Uptake of PrEP among MSM has been high and there are calls to expand the project beyond 250 participants; and
- Clients prefer not to disclose their enrollment in a PrEP project and this, in turn, has led to a stronger focus on ensuring client confidentiality.

Considering Introduction of PrEP for People Who Inject Drugs (PWID) in Myanmar

Co-presented by Dr. Ni Ni Tun and Dr. Yin Min Thaung

USAID HIV Flagship Project, Myanmar

Drug use and associated HIV infection are increasing in Kachin State, Myanmar. The sharing of non-sterile injecting equipment is the largest source of new HIV infections. Surveys indicate that HIV prevalence among PWID is 23% in Myanmar, and as high as 47% in some areas of Kachin. The complexity of the situation in Kachin State, with its decades of conflict, limited government control and large groups of non-state actors (armed and unarmed), makes addressing this rising HIV and drug epidemic incredibly challenging.

Providing PrEP for PWID in Kachin is a bold proposition, but it may prove to be a much needed game-changer. A demonstration project linking

PrEP with an existing community-based harm reduction initiative is in the planning phase. A two-year longitudinal study is planned to demonstrate the uptake and feasibility of PrEP in HIV-negative PWID, combined with linkage to harm reduction programs by integrated community volunteers.

The study will include 150 HIV negative PWID who are above 18 years of age, willing to take and adhere to PrEP, and agree to regular HIV testing. Implementation in five accessible villages in Kachin State is expected to begin later in 2019 and results, including lessons learned, will be made available periodically.



INNOVATIVE METHODS TO SCALE UP PREP



Development and utilization of new technologies often herald significant change. Scaling up PrEP uptake, retention and adherence in the Asia Pacific region is challenging and we need to be mindful of innovations that can help us to achieve our targets and improve our programs and projects. The following two sessions looked at promising technologies that could potentially be adapted for use in PrEP efforts in the Asia Pacific region.

mHealth for PrEP: using mobile health technologies to enhance PrEP uptake, adherence and retention

Sara LeGrand

Assistant Research Professor of Global Health, Duke Global Health Institute, Duke University, USA

mHealth is the use of mobile and wireless technologies to support the achievement of health objectives. Examples of devices used in mHealth include basic phones, feature phones, smartphones, tablets, wearables and wireless-enabled diagnostic devices. The most frequently used mhealth platforms for PrEP intervention delivery are short message service (SMS), mobile apps, social media, and videoconferencing.

To-date mHealth has demonstrated its effectiveness in:

- Strengthening efforts to scale up PrEP roll out;
- Improving client retention and adherence rates;
- Supporting measurement and evaluation activities;
- Aiding the expansion of community-based services and facilitating task shifting; and
- Improving quality of care by providing implementers with checklists, decision tools and counseling algorithms on mobile phones.

Keys to the development of successful mHealth interventions are:

- Basing the intervention on behavioral theory;
- Using an agile development process;
- Developing the intervention in collaboration with diverse groups of intended end-users and individuals from all relevant sectors;
- Building on existing platforms or using open source options; and
- Conducting internal and external pilot testing/evaluation prior to larger scale implementation and considering costs from the out-set.



How can urine drug level testing tailor PrEP adherence interventions?

Giffin Daughtridge

UrSure Inc. and Harvard Kennedy School, USA

UrSure makes patient-friendly urine tests that measure and improve adherence to medications.

Validated our tests in multiple clinical studies	Published 3 papers and presented abstracts.
\$460K in sales contracts with 7 customers	Commercialized lab-based test, with reimbursement CPT code
Developed Point of Care test prototype	Patent pending and FDA pre-submission submitted
\$2M in funding and multiple partnerships	NIH, CDC, FHI 360, Harvard

UrSure is a newly developed diagnostic urine test that measures adherence to PrEP medication. Test results allow PrEP providers to take remedial action to support clients whose results indicate sub-optimal adherence, and encourage them to take their medicine more consistently. The test result also allows clients to see that their medicine is protecting them and this, in turn, may bolster their motivation to continue taking it regularly. Finally, UrSure may help to increase access to PrEP as it gives PrEP providers, including clinicians, an objective measure of adherence and this, in turn, should make providers more comfortable prescribing PrEP.

The developers of the UrSure test are currently generating the data necessary to drive adoption and scale up of its tests. This work seeks to address the following:

- **Acceptability**, i.e., Is the test acceptable to patients and providers?
- **Feasibility**, i.e., How easily does the test fit into the clinical workflow? How simple is the test to use?
- **Clinical effectiveness**, i.e., What impact does the test have on adherence to and persistence on PrEP?
- **Cost effectiveness**, i.e., How cost effective is implementation of the test vs the current standard of care?

ACTIONS AND STRATEGIES NEEDED TO SCALE UP PrEP IN ASIA AND THE PACIFIC





Barriers to implementation

Common barriers to the scale up of PrEP in Asia and the Pacific were identified as below:

- Lack of cost-effectiveness studies on PrEP, as well as insufficient data on the interplay between PrEP and STIs that still hinders the implementation of PrEP in many countries;
- Unwillingness of some governments to fund the national scale up of PrEP;
- High cost of PrEP;
- Lack, or perceived lack, of demand for PrEP in some countries and key populations, including, but not limited to, TGW;
- Stigmatization from health service providers, and self-stigmatization among PrEP users;
- Conservative or homophobic attitudes and forces within communities, society-at-large and Ministries of Health;
- Regulatory issues that only allow doctors to prescribe PrEP;
- Reticence among doctors and other key decision and policy makers in the health sector to allow task shifting to other health care providers (e.g., nurses, pharmacists) and KP lay providers;
- Problematic procurement of PrEP in some countries;
- Lack of national guidelines and other communication materials to support scale up.

Key strategies and actions to address barriers and facilitate scale up of PrEP:

- Convince governmental decision makers of the cost-effectiveness of PrEP by undertaking additional research and/or packaging the evidence in an effective manner;
- Identify possible partners outside governments to help fund and support the scale up of PrEP among key populations, including the private sector, community-based organizations, and national and international NGOs or institutions;
- Explore multi-country or regional procurement or price negotiation for PrEP to help lower costs;
- Address demand issues through the development and distribution of communication materials and advocacy efforts;
- Ensure demand generation is rooted in community-led initiatives;
- Develop targeted communications and advocacy materials to address PrEP-related stigmatization among health care providers and self-stigmatization among KPs;
- Diversify PrEP services to make them available at various points of entry, such as clinics and community-based organizations;
- Simplify procedures for initiating and maintaining people on PrEP;
- Explore possibilities for collaboration with professional bodies (such as those representing doctors) to encourage them to endorse and support task shifting to other health care professionals and community health workers for the scale up of PrEP;
- Strengthen the capacity of the PrEP providers, including KP lay providers, to provide high quality services.
- Undertake additional research to produce evidence about how to manage STIs amongst PrEP users.



WRAP-UP: NEXT STEPS

- Start PrEP how and where you can.
- Work on guidelines and policies to facilitate implementation at scale:
 - » Consider if a pilot is needed, but ensure that it is designed to facilitate rapid scale-up
 - » Develop complementary partnerships.
- PrEP implementation is going to differ between and within countries, and must accommodate the needs of key populations and other people at substantial risk of HIV who would benefit from PrEP. The priorities must be defined for the specific context and different models of delivery used.
- Aim for innovative PrEP implementation & delivery:
 - » Collect, publish, share evidence;
 - » Collaborate and adapt service delivery as needed
 - » Don't reinvent the wheel!
- Help governments champion PrEP by anticipating and producing the evidence governments need.
- Set PrEP targets by countries.
- Identify national and regional approaches to reduce the cost of PrEP.
- Bring together community, government, implementers, researchers and other stakeholders for follow-up next year – where are we and what have we accomplished?



ANNEX 1: AGENDA

TIME	TOPICS	BY
08.00-08.30	Registration	TRCARC
08.30-09.00	Welcoming and opening remarks: Prof. Emeritus Praphan Phanuphak Director of Thai Red Cross AIDS Research Centre, Thailand	Steve Mills FHI 360
09.00-09.15	Regional status of PrEP and the epidemic Summary of PrEP status and the epidemic in the Asia-Pacific region as well as summary of the October PrEP and HIV self-testing workshop and agreed directions for the region to move PrEP forward	Eamonn Murphy UNAIDS, Regional Office for Asia and the Pacific
09.15-09.30	PrEP demedicalization: messages to IAS members in the region To demonstrate demedicalization as a differentiated approach to PrEP service delivery in order to make PrEP truly accessible by individuals who need it most.	Nittaya Phanuphak IAS Governing Council, Asia and the Pacific Islands Thai Red Cross AIDS Research Centre
09.30-09.45	Nurse-led PrEP service delivery: example from Australia	Heather-Marie Schmidt UNAIDS/WHO
09.45-10.00	Community-led PrEP services as the key to successfully reaching at-risk populations	Reshmie Ramautarsing Thai Red Cross AIDS Research Centre
10.00-10.15	Coffee Break	
10.15-11.15	Updates on PrEP service delivery implementation for each key population Ten minutes for each presenter to share updates, lessons, experiences on PrEP implementation in their respective countries for a specific key population. Thailand (Transgender women) The Philippines (Men who have sex with men) Myanmar (People who inject drugs) Q&A	Moderator: Kimberly Green PATH Rena Janamnuysook Tangerine, Thai Red Cross AIDS Research Centre John Danvic Rosadino LoveYourself Ni Ni Tun Yin Min Thaung USAID HIV/AIDS Flagship Project

TIME	TOPICS	BY
11.15-12.00	Innovative methods to scale-up PrEP mHealth for PrEP: using mobile health technologies to enhance PrEP uptake, adherence and retention How can a urine test tailor PrEP adherence interventions to the individual based on their needs? Q&A	Sara LeGrand Duke Global Health Institute, Duke University, USA Giffin Daughtridge UrSure Inc. and Harvard Kennedy School, USA
12.00-13.00	Lunch	
13.00-14.30	Break-out session by groups of country: Group 1: Pre-PrEP countries <ol style="list-style-type: none"> 1. What would be the key populations for PrEP in your country? 2. How would you differentiate PrEP services to meet their specific needs? 3. Which barriers would hinder the implementation of differentiated PrEP services? Group 2: Pilot-PrEP countries <ol style="list-style-type: none"> 1. How would you differentiate PrEP services to meet specific needs of KPs in your country? 2. How would you rapidly transition from pilot to implementation? 3. Which barriers would hinder the transition? Group 3: PrEP Provider countries <ol style="list-style-type: none"> 1. How would you differentiate PrEP services to meet specific needs of KPs in your country? 2. What are the steps to push rapid scale up? 3. Which barriers would hinder the rapid scale up? 	Moderator: Reshmie Ramautarsing Thai Red Cross AIDS Research Centre Tanat Chinbunchorn Thai Red Cross AIDS Research Centre
14.30-14.45	Break	
14.45-16:00	Group presentations Each group's representative will present the answers from the break-out sessions.	Group representatives Commentators: UNAIDS, FHI 360, TRCARC, PATH
16.00-16.15	Wrap-up Summary of the consultation and next steps	Heather-Marie Schmidt: UNAIDS/WHO
16.15-16.30	Closing remarks	Praphan Phanuphak Thai Red Cross AIDS Research Centre



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