



September 25-27, 2023 | RAI Amsterdam Convention Center

X City of X Amsterdam

X GGD **X** Amsterdam





Consumer perspective vs Programmatic perspective







Outline



- Implementation challenges
- The importance of **choice**
- Current options and choices
 - Products
 - Modalities of use
 - PrEP programs
- Conclusions



Implementation challenges

- A wide variety of key groups with varying needs
- Within individuals varying needs over time
- Contextual/societal situation
- Costs of PrEP products and PrEP-care



Implementation challenges







- On a global level, current PrEP uptake is insufficient to Fast Track the decrease of new HIV infections¹
- On a **country** level, stopping PrEP provision, even in a declining state of the epidemic, will result in an immediate increase in transmission²
- On the individual level, continuing PrEP use, even while one can benefit, may be challenging
 - 41% discontinued <6 months³
 - NL: about 42% stopped/were lost to follow-up over 3.5 years⁴
 - 15% had only one visit



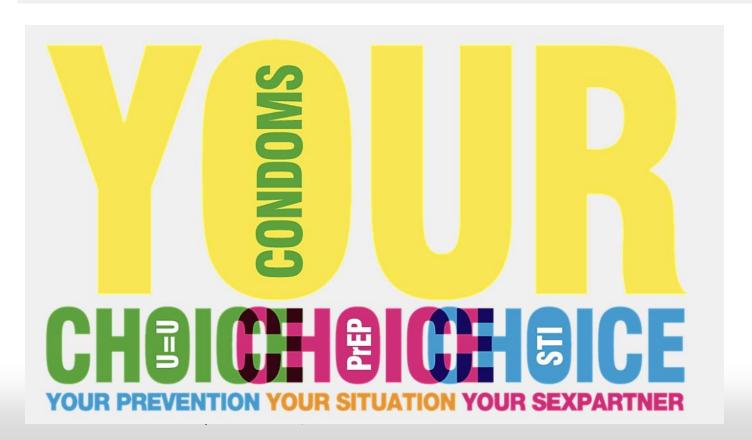
People want, need, and deserve Choice



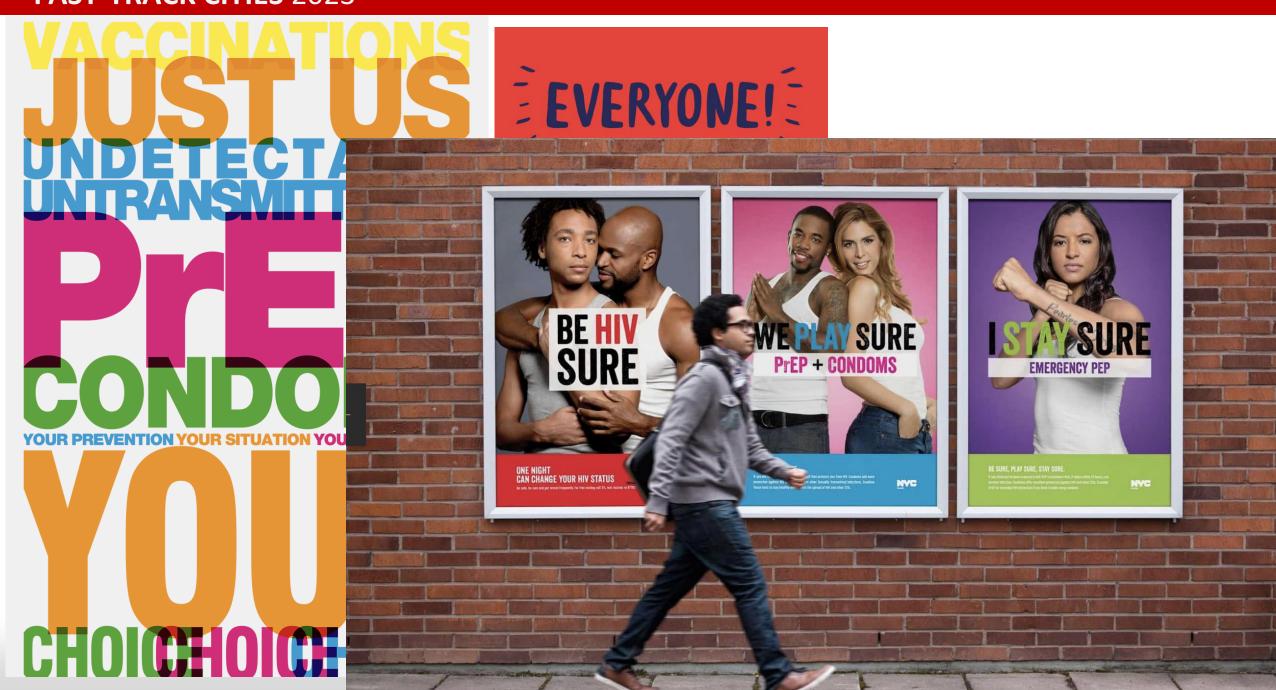












Choice is necessary for effective programming

 PrEP discontinuation rates are lower if both daily and event-driven regimens are offered for MSM/TGW

One size does NOT fit all!





The HIV Prevention Pipeline

Currently available



HIV treatment for people living with HIV/U=U



Male & female condoms



Voluntary medical male circumcision



Syringe exchange programs



oral PrEP

Event-driven for some populations.

Newly Approved and Recommended



Dapivirine vaginal ring



Long-acting injectable

And in implementation science projects:

www.prepwatch.org/resources/ implementation-study-tracker/

In development: Efficacy trials under way



Long-acting injectable



Preventive vaccines



Daily & monthly oral PrEP



Combo oral PrEP/OC

Possible dual pill to market by 2024.2

In development: Preclinical and clinical



Long-acting implants



Multipurpose vaginal ring



Preventive vaccines

rpose I ring Broadly neutralizing antibodies



Vaginal/ Mucosal Inserts



Long-acting vaginal ring



Patches



Douche







¹In Oct 2019, US FDA approved F/TAF for adults and adolescents who have no HIV risk from receptive vaginal sex; still in development for cisgender women.

²Efficacy trials not required; bioequivalency of the two approved products when dosed together may be all that is required.

The Balance:

- We need products and programs that appeal to key users
- AND
- We need programs that decrease and not increase health disparities
- We need products that are fair priced and cost-effective
- We need programs that are feasible for already burdened health facilities



What are PrEP choices from a consumer perspective?

- Choice of PrEP product and modality of use
- Choice of PrEP program set-up
- Communication about sexual health



PrEP products



PrEP products-oral PrEP

- F/TDF
 - Effectivity proven in trials for several key populations
 - 2012 FDA-approved
 - Generic products broadly available
- F/TAF
 - Discover Trial: non-inferiority to F/TDF
 - Slightly less kidney related adverse events
 - 2019 FDA-approved for anal sex



poz.com

Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial



Weight gain related to F/TAF (versus F/TDF)

- Discover trial: 1 kg weight gain over 48 weeks in F/TAF
- ADVANCE trial (among PLWHIV): 6 kg weight gain compared to 3 kg over 48 weeks; more obesity and metabolic syndrome



PrEP products-injectable PrEP

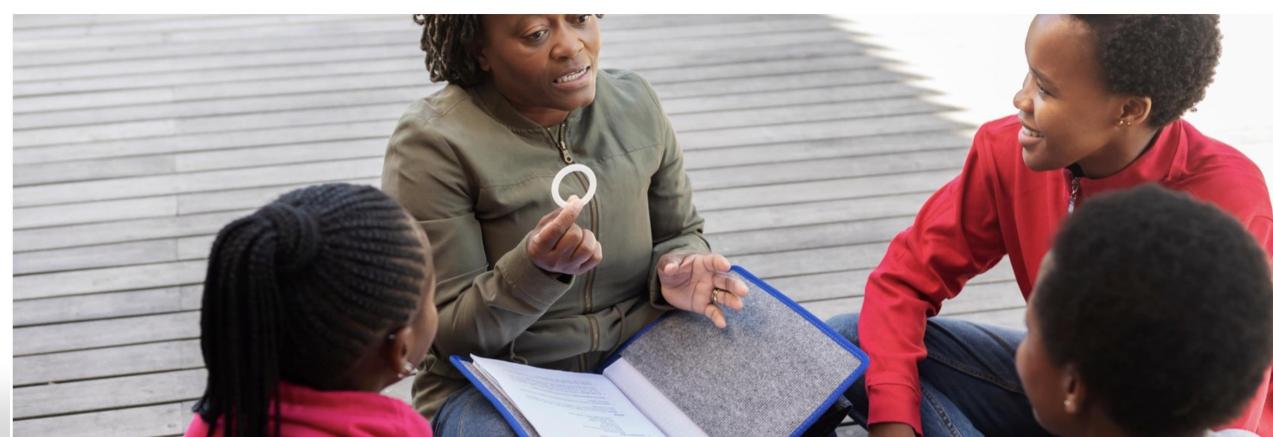


- Cabotegravir
 - HPTN083 and 084 in MSM, TGW and cis women: noninferior or superior to oral PrEP
 - Interestingly: good results in black MSM, TGW, and young people
 - Two-monthly injections
 - 2022 FDA-approved and 2023 EMA approved



PrEP products: RING

WHO recommends the dapivirine vaginal ring as a new choice for HIV prevention for women at substantial risk of HIV infection



Dual Prevention Pill

Market Preparation and Introduction Strategy

VERSION 2, UPDATED AUGUST 2023 (ORIGINAL VERSION: AUGUST 2021)



DPP Persona		Description	Trigger Moment
	Elsie	Is seeking enjoyment outside of her primary relationship and prioritizes individual values such as enjoyment or career goals.	Discovered male partner having extramarital affair, then began her own affair to get even.
	Vicky	New mother who is motivated to use SRH products to perform this role, in a way that adheres to the social norms of motherhood.	After giving birth to her first child, wants to space births of subsequent children.
	Lindiwe	Wants to maintain her romantic relationship , in which she often has limited decision-making power and has to rely on her male partner.	Discovered partner was secretly living with HIV; does not want to lose security and social status that comes with a partner.
	Thandiwe	Has experienced or is at risk of unintended pregnancy , often compounded by low awareness of SRH options and limited locus of control with use of prevention products.	Unintended pregnancy postponed her plans to complete her studies and start a career.
	Faith	Has unfaithful male partner and is motivated to protect her health, but finds it difficult to negotiate safe sex with her partner.	Suspected partner of infidelity; wanted to protect herself without the need for her partner's consent.

PrEP use modalities



Daily oral PrEP, F/TDF

- Most studied
- Highly effective if used consistently
- Effective for all populations
- FDA approved in 2012, broadly approved elsewhere
- Generic products widely available



Daily vs non-daily oral PrEP

- On demand or event-driven PrEP
 - 2-1-1
 - Is effective for anal sex
 - Is preferred by some GBMSM
 - Some GBMSM will not take daily PrEP but will use this modality
- Ts and Ss: 4 pills a week (Tuesday, Thursday, Saturday, Sunday)
 - Based on studies from daily PrEP with no infections in those using at least 4 tablets/week; for anal sex only
- Holiday PrEP: 7-7-7
 - Start with 7 tablets, then enjoy holiday/sex for 7 days with daily pills, after holiday continue for 7 days
- Safe starting and stopping
 - 2 pills (anal sex) or 7 days before sex; 2 times 1 tablet (anal sex) or 7 days after sex

"Because event-driven PrEP makes you think [about your sex life], and then you don't go all crazy"

"[I am] afraid I might forget a pill when using it on a daily basis"

WHO approved eventdriven PrEP in 2019

Individuals need information about effective use of non-daily PrEP regimens

Counselling about HIV prevention after stopping PrEP

Event-driven PrEP in Amsterdam PrEP project (AMPrEP, 2015-2020)

- We offered choice between daily and event-driven PrEP
- For MSM and TGW
- 27% chose event-driven use
- Switching occurred often: 29% switched in first 2 years

Men who have sex with men more often chose daily than event-driven use of pre-exposure prophylaxis: baseline analysis of a demonstration study in Amsterdam

Elske Hoornenborg^{1,2*} , Roel CA Achterbergh^{2*}, Maarten F Schim van der Loeff^{1,3}, Udi Davidovich^{1,3}, Jannie J van der Helm¹, Arjan Hogewoning^{2,4}, Yvonne THP van Duijnhoven⁵, Gerard JB Sonder⁶, Henry JC de Vries^{2,4,7,**}, and Maria Prins^{1,3,**} on behalf of the Amsterdam PrEP Project team in the HIV Transmission Flimination AMsterdam Initiative



PrEP programs



Program set-up: Five options to maximise uptake and continuation

- 1. Co-located services associated with higher PrEP uptake¹
- 2. Peer (co)-led services vs public health professional-led vs hospital-based
- 3. Key group-tailored services
- 4. Online PrEP services
- 5. Costs and navigation



Tanner et al, JAIDS 2023

Co-located services

- Examples
- Provision of PrEP tablets on premises
- With STI services and free condoms
- With HIV treatment services
- Promising in some settings:
- With harm reduction services for PWUD
- With gender affirming care for transgender persons
- With services for sex workers



(Scientific and technical publications

HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring

Guidance - 5 Mar 2021

This operational guidance document provides practical recommendations and key considerations to inform the development and implementation of PrEP programmes at national and sub-national levels throughout the EU/EEA.

♣ HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring - Operational guidance - EN - [PDF-1.22 MB]









Co-led Clinic by Community and professionals:

Services:

- Hormone Support
- Sexual Health Services
- Psychosocial Support

Provided for:

People from the trans and gender diverse community who experience barriers to access regular care

- Asylum seeker/ Undocumented status
- Homelessness
- Active as sex worker
- Migrant background



Key-group-tailored services



Online PrEP services

- Increased during COVID-19 restrictions
- Many reports from all over the world
- Offers choice and effective programming
- Is it as good as face-to-face care?
- In Amsterdam: Ezi-PrEP trial



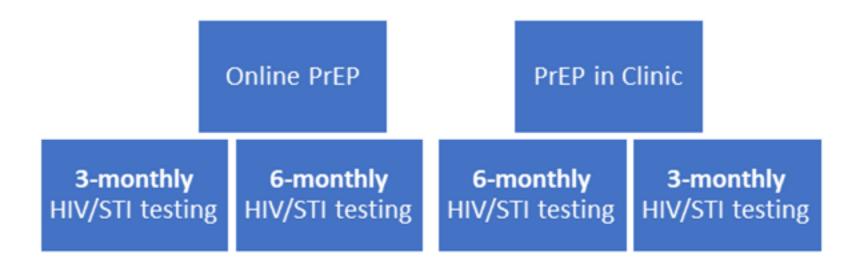


FAST-TRACK CITIES 2023



Overview of appointments and study activities 1 September Questionnaire 3 Fill in the questionnaire at Limesurvey Today Testlab package 2 Go to Testlab 10 October 11:00 Online PrEP consult Video call

Ezi-PrEP trial design



Primary outcome: adherence to PrEP pills



LOG

NURX.

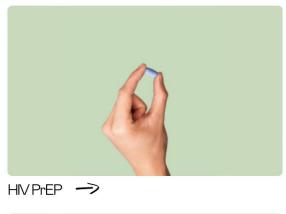








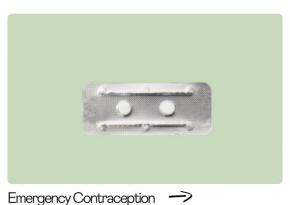
















1 101 1//0

Let's Talk Confidentially

As a Nurx patient you can message with our medical or customer support teams any time with questions or concerns about your medications or tests. Simply log in to your Nurx account and click Messages to access your private inbox. To update your address, payment method or delivery schedule, log in and click Account. You can also email support@nurx.co or reach out by phone Monday-Friday (9am-9pm EST) at (800) 321-NURX.

GIVE US A CALL

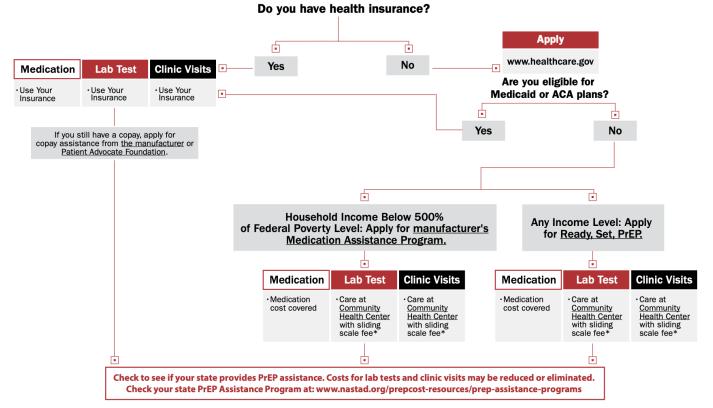




HELLO FREEDOM

Cost and Navigation

How do I Pay for Pre-Exposure Prophylaxis (PrEP)?



Policy makers should keep in mind to make prevention choices accessible: capacity, costs, culture, navigation

* To find a Community Health Center: findahealthcenter.hrsa.gov









Communication about sexual



Non-judgemental communication

Shared decision making

Sex-positive and PrEP-positive communication

Motivational interviewing

Concern-based versus risk-based conversation

Estcourt et al, Sex health 2023 Dangerfield et al, Prevention Science 2023 Mueller Johnson et al, AIDS and behaviour 2023



Conclusion

- Several PrEP-related choices and other prevention options are valuable and needed
- Let's stop talking about risk- lets talk about concern, needs, preferences, and keep it positive
- •We should work together with all our stakeholders and communities to ensure PrEP reaches all who can benefit
- •PrEP implementation needs to be tailored to local community needs and resources and will likely change over time- so revise and adjust regularly
- Adopting a consumer or marketing perspective can generate innovative insights and programs that keep people at center



Acknowledgements

- Rivet Amico
- The PrEP team at the public health service Amsterdam
- The research team at the public health service Amsterdam
- The Amsterdam Center for Sex Workers
- The Amsterdam transclinic team and Transgender United Europe



