

# The Evolution of Oral PrEP Access

Tracking trends in global oral PrEP use over time

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# UNAIDS 2020 targets: Where we landed

- UNAIDS Fast-Track goals aimed to reduce new HIV diagnoses to 500,000 per year by 2020, *with 3 million oral PrEP users globally*
- Gaps in implementation across prevention modalities show how the world fell short of global goals

## What Model Assumed

-  90% key populations covered
-  90% of AGYW (key locations)
-  >6bn condoms (SSA) per year
-  3m PrEP
-  5m VMMC per year
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  - Funding (additional \$6.5bn per year)
  - Testing, treatment, virologic suppression in PLHIV worldwide: 90-90-90

## What Was Implemented

-  47% for sex workers; 33% for gay men & other MSM; 32% for PWID<sup>1</sup>
-  34% of AGYW in key locations covered<sup>1</sup>
-  <3bn condoms (SSA) per year<sup>2</sup>
-  Approx. 928,750 PrEP (2020)
-  3.8m VMMC in 2019<sup>2</sup>
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  - Flat funding
  - Testing, treatment, virologic suppression in PLHIV worldwide: 81-82-88 with large disparities<sup>3</sup>

# Methods

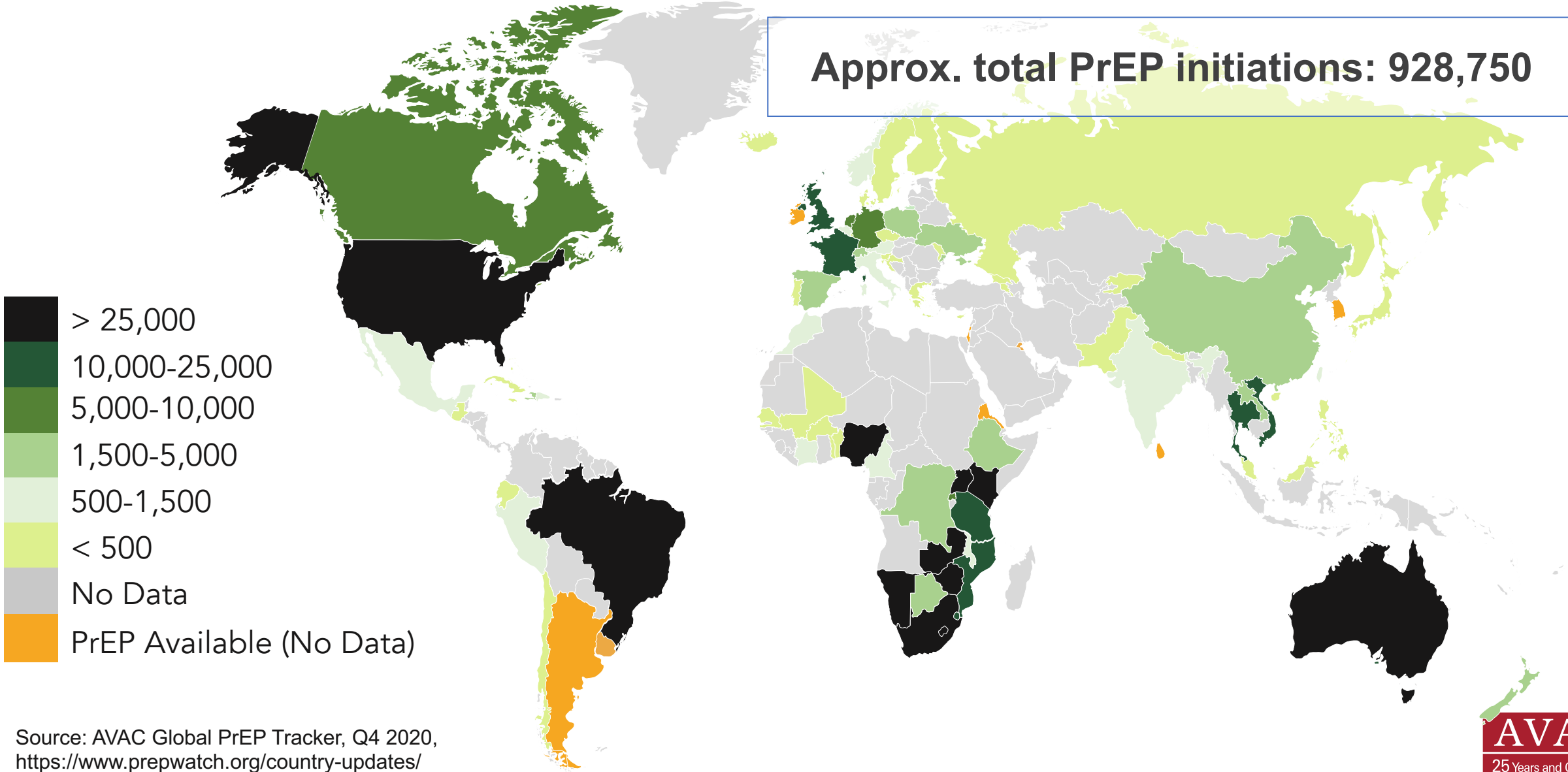
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AVAC's **Global PrEP Tracker** ([data.prepwatch.org](http://data.prepwatch.org)) has monitored progress on introducing and scaling PrEP worldwide since 2014

- Comprehensive database of PrEP projects and national programs
- Quarterly survey and outreach to 191 programs
- Tracks initiation numbers, geography, continuation rates, and other indicators
- Analyzed data from Q3 2016 through Q4 2020

# Global PrEP landscape – 8 years in

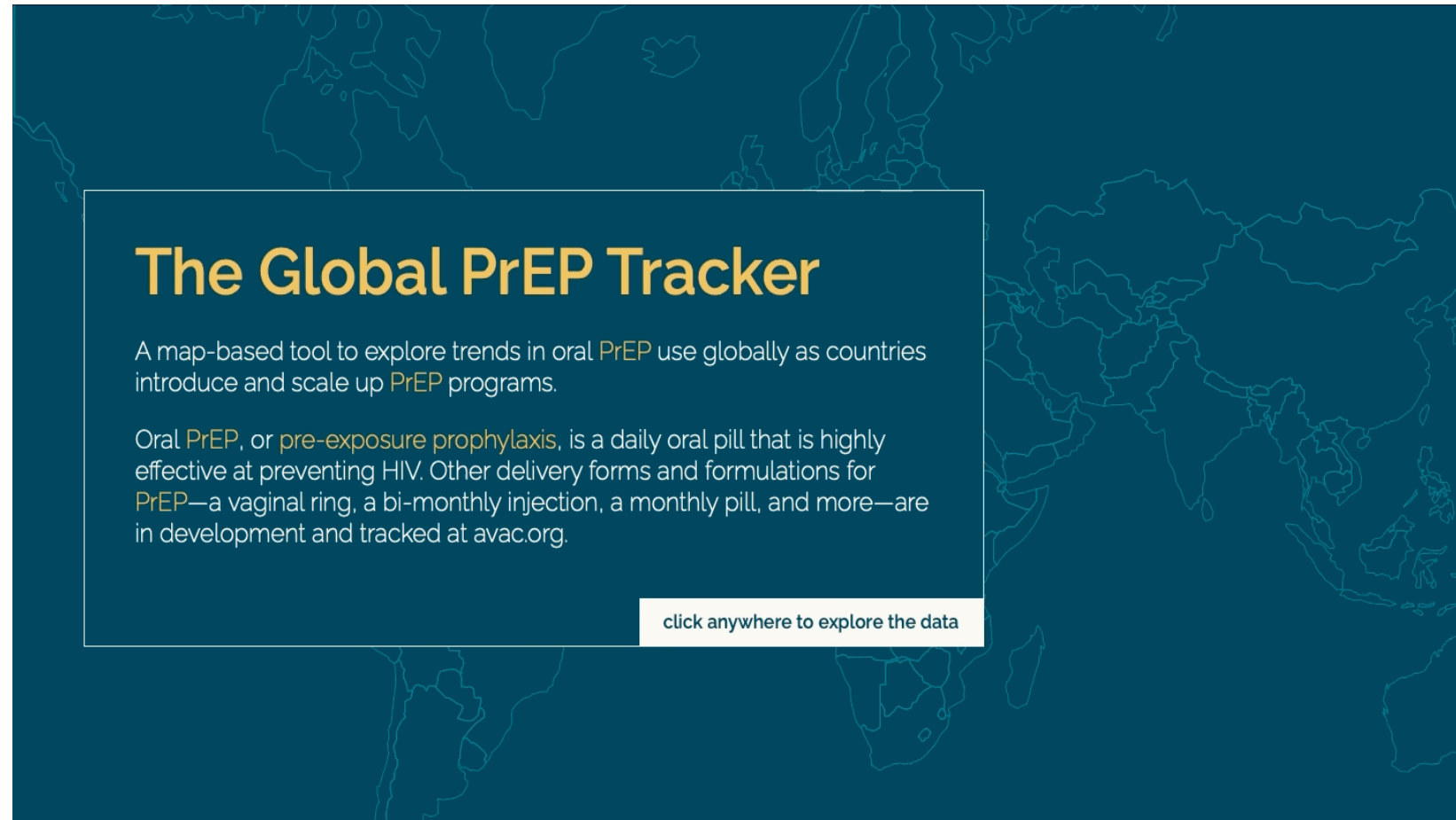
Approx. total PrEP initiations: 928,750



Source: AVAC Global PrEP Tracker, Q4 2020, <https://www.prepwatch.org/country-updates/>

# Global trends in PrEP uptake

- Global cumulative PrEP initiations have increased nine-fold in approximately 4 years – **from 102,446 in 2016 to 928,750 in 2020**
- Annual % growth in PrEP initiations has gradually slowed over time:
  - 97% in 2017-2018
  - 58% in 2018-2019
  - 55% in 2019-2020
- **Over 300,000 initiations** in 2020 alone



**The Global PrEP Tracker**

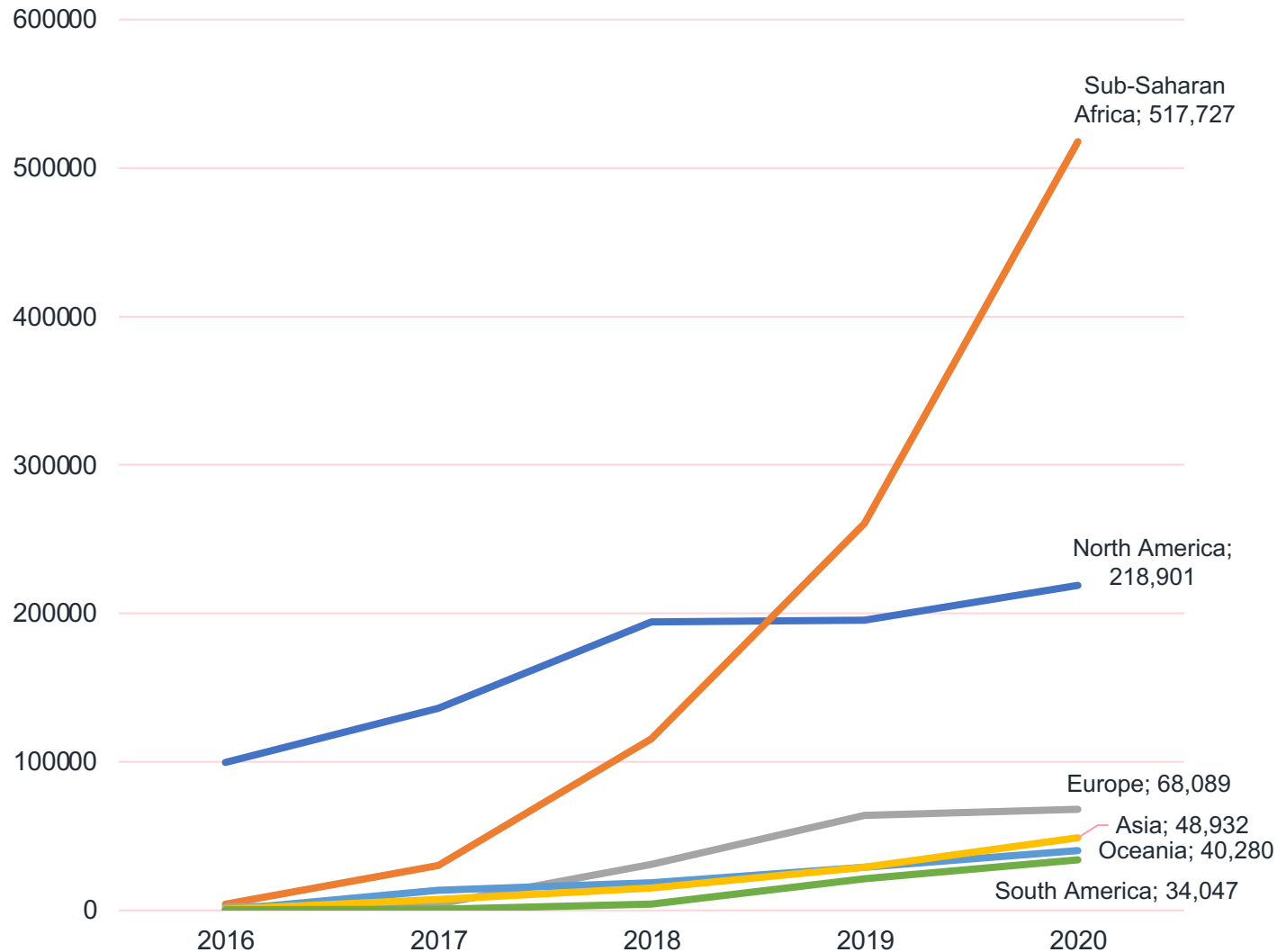
A map-based tool to explore trends in oral PrEP use globally as countries introduce and scale up PrEP programs.

Oral PrEP, or **pre-exposure prophylaxis**, is a daily oral pill that is highly effective at preventing HIV. Other delivery forms and formulations for PrEP—a vaginal ring, a bi-monthly injection, a monthly pill, and more—are in development and tracked at [avac.org](https://avac.org).

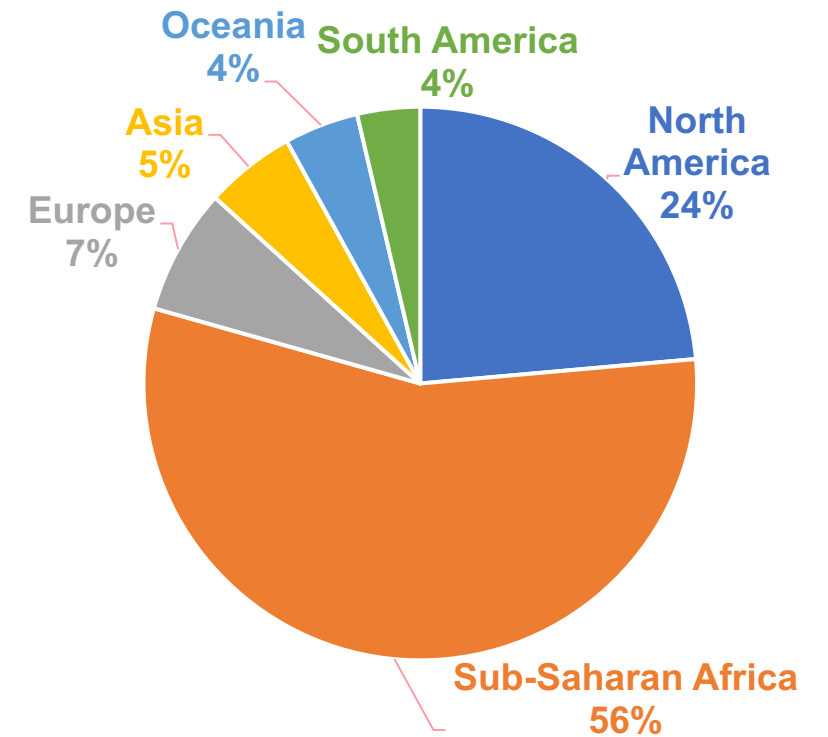
[click anywhere to explore the data](#)

# Regional trends in PrEP uptake

## Regional PrEP initiations, 2016-2020



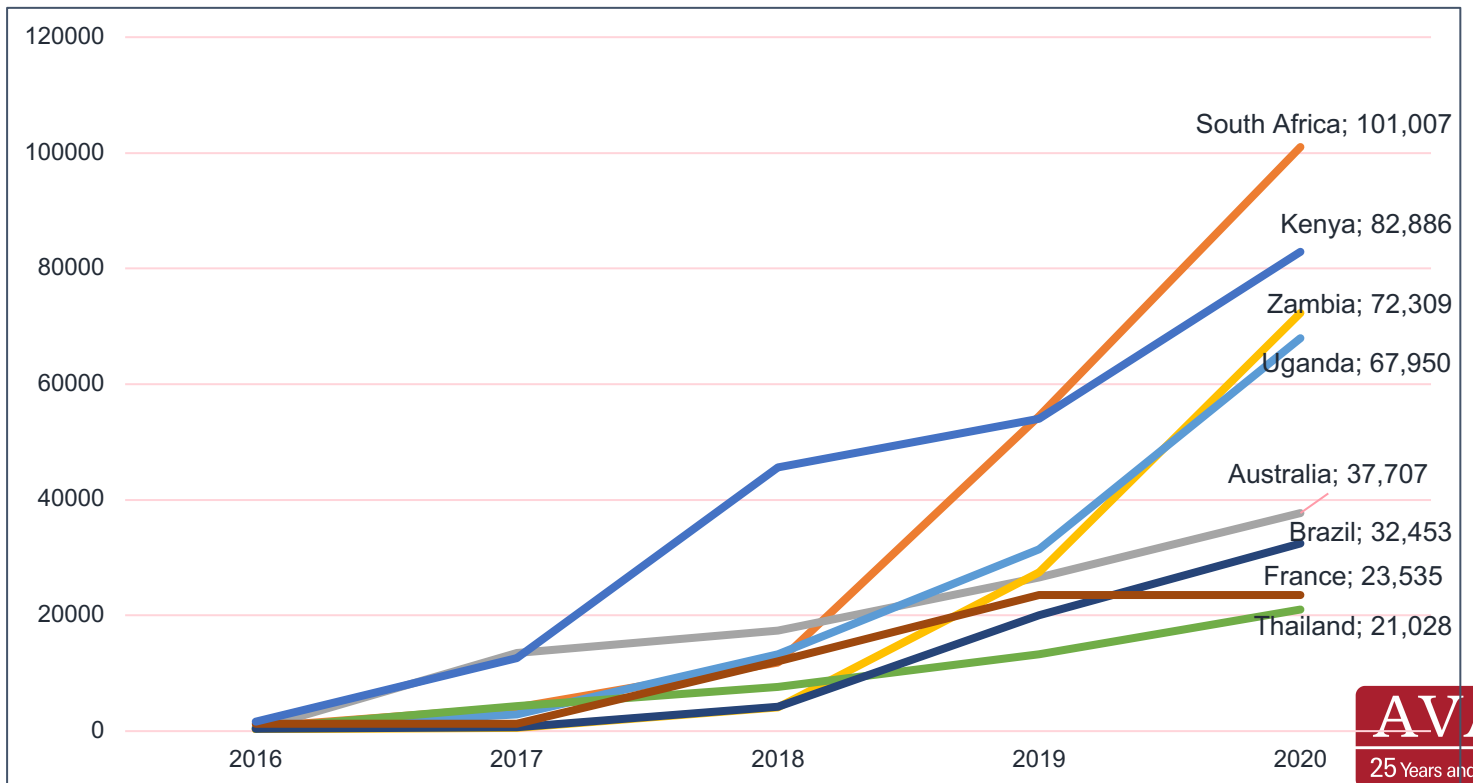
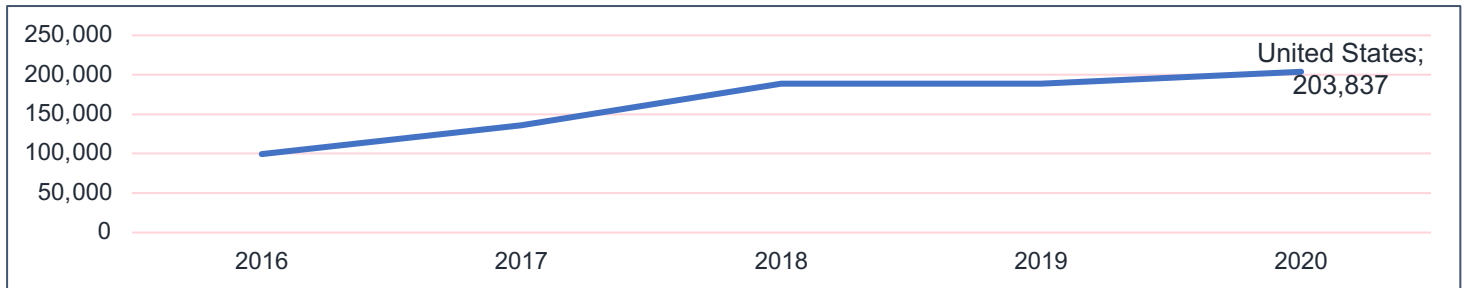
## Number of Oral PrEP Initiations by region (Q4 2020)



# Country trends in PrEP uptake

- **U.S.** most cumulative initiations, about 1/5 of the global total
- **South Africa** and **Kenya** 2<sup>nd</sup> and 3<sup>rd</sup> highest initiations, leading growth in sub-Saharan Africa, with **South Africa** recently surpassing 100,000 initiations
- **Lesotho, Namibia, Nigeria, Uganda, Zambia, Zimbabwe** also expanding PrEP rapidly
- **Brazil and Australia** account for vast majority of initiations in South America and Oceania, respectively
- **Thailand** comprises 43% of initiations in Asia

Trajectory of Countries with Most PrEP Initiations in Each Region, 2016-2020



# Drivers of PrEP uptake at country level

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What do countries with high uptake tend to have in common?

- Early adoption
- National commitment to scale-up
- Programs tailored to populations at high risk offering:
  - Community-led, accessible, non-discriminatory services
  - Linkages to social support

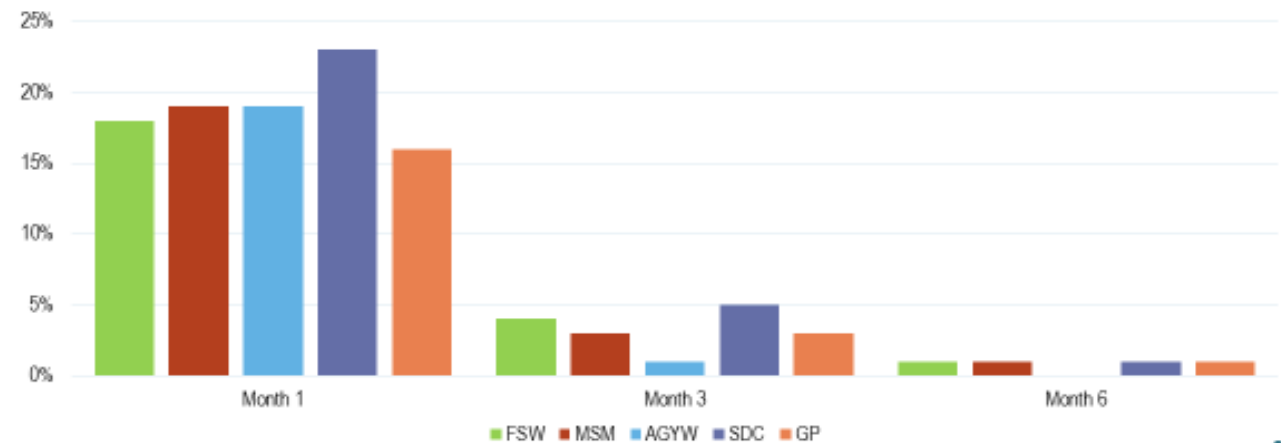


# But these don't always translate to continued use

PrEP continuation rates tend to decline significantly by 3 months after initiation across all populations<sup>1</sup>

Study	Country	Continuation Rates (M=month)
POWER <sup>2</sup>	Kenya, South Africa	43% (M1); 20% (M3)
PrIYA <sup>3</sup>	Kenya	MCH Clinic: 39% (M1); 12% (M6) FP Clinic: 41% (M1); 24% (M3); 15% (M6)
EMPOWER <sup>4</sup>	South Africa, Tanzania	73% (M1); 61% (M3); 34% (M6)

## Lesson 1: Continuation Rates are Low and Vary by Population Type<sup>5</sup>



Source: <sup>1</sup> Rodrigues et al., Starting and staying on PrEP: a scoping review of strategies for supporting and improving effective use of PrEP, HIV R4P (2021); <sup>2</sup> Rousseau-Jemwa et al., Early Persistence of HIV Pre-exposure Prophylaxis (PrEP) in African Adolescent Girls and Young Women (AGYW) from Kenya and South Africa, HIV R4P (2018); <sup>3</sup> Kinuthia et al., Pre-exposure prophylaxis uptake and early continuation among pregnant and post-partum women within maternal and child health clinics in Kenya: results from an implementation programme (2019); Mugwanya et al., Integrating preexposure prophylaxis delivery in routine family planning clinics: A feasibility programmatic evaluation in Kenya (2019); <sup>4</sup> Delany-Moretlwe et al., Empowerment clubs did not increase PrEP continuation among adolescent girls and young women in South Africa and Tanzania - Results from the EMPOWER randomised trial, AIDS 2018 (2018); <sup>5</sup> Jilinde (2019).

# Lessons Learned for PrEP Implementation

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- **Invest in and expand demand generation** – socialize PrEP for general population while implementing outreach tailored to specific user segments
- **Replicate successful approaches**, prioritizing service delivery models that help users access and stay on PrEP if they want
  - Build on adaptations that have expanded due to COVID-19: differentiated delivery models, mHealth, multi-month dispensing, HIV self-testing
  - Integrate PrEP with other SRH services
  - Promote peer, partner, and continued use support interventions
- **Increase resource allocation to HIV prevention** to facilitate national scale-up
- **Introduce future HIV prevention options** via channels and approaches preferred by potential users

# Thank you!

Feel free to email with any questions:

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