PrEP for MSM in Africa: Meeting Summary and Next Steps

25–27 April, 2016
Johannesburg

Executive Summary

Background

Over the past few years, LGBTQ individuals and organizations in sub-Saharan Africa have discussed PrEP in various small meetings and via ad-hoc dialogues. But there has not been a dedicated forum to allow advocates the time, space and resources to raise questions, gain a sense of the broader landscape and develop plans for how to build advocacy for PrEP alongside rights-based work and advocacy for other services related to sexual health. This type of advocacy capacity is needed so that lessons learned can be disseminated, informing demand and increasing the ability of advocates to influence decisions about PrEP introduction at national and community level with correct information that counteracts critics and skeptics.

In April almost 100 advocates, representing mostly HIV, LGBTQ and human rights groups, implementers and policymakers, gathered in Johannesburg to map a course for PrEP[1] access for gay men in Africa. Among the participants were many gay activists, representing 14 countries across the continent. The meeting was organized on the heels of WHO's late-2015 recommendation that the off PrEP be made available to all those at substantial risk of HIV. (Full WHO guidance became available in June 2016.)

A coalition of groups organized the meeting, including amfAR, AMSHeR, AVAC, Desmond Tutu HIV Foundation, MSMGF, LINKAGES, PEPFAR, UNAIDS, USAID, and WHO. It was prompted by a recognition of persistently high rates of new HIV diagnoses in African MSM and transwomen, an historical lack of HIV prevention programmes for these groups and the urgent need to explore PrEP as a prevention tool for these communities.

Note: There was a general agreement during the opening session to use the term "gay" man/men as representative of gender minorities who are highly burdened by HIV and under served. PrEP for transgender women was not specifically addressed. Though there are a confluence of issues among gay men and transgender women, the trans population has additional specific needs that were not addressed at this forum.

Meeting structure

The three-day meeting was designed to provide a foundation on daily oral PrEP strategies and on emerging approaches to delivery, so that all participants—regardless of prior knowledge—could engage with the issues. Sessions specifically:

- Addressed PrEP science and implementation; WHO PrEP guidelines; affordability, health systems, social mobilization and demand creation; legal and policy frameworks; PrEP experiences; funding; feasibility, country status and planning; UNAIDS and WHO support; and role of HIV testing.

[1] PrEP throughout this document refers to daily, oral pre-exposure prophylaxis that includes tenofovir

- Allowed participants to better understand PrEP science, implementation requirements and necessary policies and mobilization efforts to enable rollout for gay men in often-times challenging environments. The advocates were given an update on the latest PrEP research, including an overview and a contextualization of PrEP rollout to date.

Major themes

- *Need to develop strategic messages that address push-back to oral PrEP in general (cost, potential for drug resistance, enabling of risk compensation, increases in STIs, side effects, competition with treatment provision)* ***and*** *issues specific to provision of PrEP to gay men and other key populations,* in contexts where it may begin to be rolled out for other at-risk groups, such as adolescent girls and young women. Conversely, there is a need to avoid gay male "exceptionalism" —e.g., promotion of PrEP specifically for gay men that could make it appear to be a special service for gay men. This could feed stigma and discrimination against gay men and also pigeonhole PrEP as a prevention method only for them.

- *Need to develop best practices for PrEP delivery for MSM given the social, legal and structural barriers to living openly as a gay man or transwoman.*
    - Advocates from Kenya, South Africa, Thailand and the US shared approaches to demand creation and social mobilization. These included Anova's We the Brave PrEP campaign, which is the largest-ever gay communication campaign on the continent and Spread the Tingle, a Chicago-based PrEP campaign for gay men and other gender and body non-conforming people.

- *Need to ensure that current funders of demonstration projects, national governments, GFATM and other stakeholders engaged in financing, design and policy for prevention programs are addressing the specific question of where, how and to whom to deliver PrEP for MSM in Africa as other PrEP programs begin to roll out. There is also the need for making a business case for PrEP as a priority prevention tool, not a luxury.*
    - Kenya and South Africa advocates shared advocacy and challenges from their PrEP/gay male demonstration studies as well as efforts to implement policy and guidelines.

Overall, the meeting left participants with a decisive sense that oral PrEP is feasible for gay men in Africa—and a sense of the work that is left to be done. As one participant said, "Before starting PrEP I wasn't enjoying sex . . . I was fearful and I wanted more freedom." The Johannesburg meeting is just the beginning of a concerted effort to realize PrEP in a context of supportive services for gay men in Africa.

Participants from the same countries worked together to develop plans for next steps and various stakeholders including WHO, LINKAGES, amfAR and others made commitments to support follow-up.

Below are snapshots of sessions, including excerpts from participant discussions, proposed actions, and presentations

Why Are We Here

Kene Esom (AMSHeR) and Brian Kanyemba (DTHF) introduced the meeting's purpose as a response to the urgent need for a policy framework for the rollout of PrEP to gay men on the African continent. This meeting is to address how to ensure PrEP is grounded in positive policies in the context of discrimination and criminalization that stands in the way of access to HIV services. There's an acknowledgement to of the need for advocacy for PrEP as a tool for gay men but there's also a question about how that works and what it looks like in Africa and for African men. This meeting will begin to answer this question and catalyze the formation of core national advocacy teams to approach national authorities with specific demands.

The latest on PrEP: Research update

See presentation by Mike Zvahera Chirenje (UZ-UCSF)

WHO PrEP Guidelines update

See presentation by Heston Phillips (UNAIDS)

In 2015 WHO released guidelines recommending offering the choice of PrEP containing tenofovir for all those at substantial risk.

WHO writes technical guidelines based on clinical evidence and is currently finalizing implementation guidelines. In turn, UNAIDS translates the guidelines for easier access. UNAIDS is currently working on community advocacy guidelines to help support people to talk about PrEP and on regulation and access guidance for providers.

Country PrEP guidelines are important because they address issues of drug quality, service provision and equity in access (not all can order online or buy private market PrEP). Advocates need to make sure Truvada or its generic equivalent is registered in their country and that it receives a prevention label or is authorized for use as prevention by national clinical authorities, in addition to treatment.

PrEP in-depth

Roundtables on PrEP science, research, policy and advocacy—what questions remain?

Below are sample questions and proposals.

- How to prevent MSM/gay PrEP exceptionalism?
- How to use PrEP as a catalyst for HIV care and access to health services?
- How to advocate in the absence of data? E.g., lack of good data on population level of HIV incidence and prevalence of African gay men.
- How to advocate for government to look at expenditures and waste and extra money (usually found), and use it to focus on treatment and PrEP?
- PrEP is an opportunity to focus on sexuality, sexual health, behavior change and LGBTI rights.

- PrEP is an opportunity to challenge structural barriers and stigma with an affirmative prevention message
- Need to recognize UNAIDS 90-90-90 model has been good for targets, but so much more is needed (esp. on the prevention end which includes a focus on human rights).
- What are necessary PrEP clinical services and how can community services be promoted more. Medical context needs to be closer, delivered in and even by the community.
- Concern about sustainability. If community is mobilized and demanding it, it will be sustainable.

Lessons Learned: Getting PrEP to MSM in Asia
See presentation by Midnight Poonkasetwattana (APCOM)

What do we think about PrEP? Can it be an option for MSM in Africa?
Facilitated group discussions on affordability of PrEP; legal and policy framework; health systems and social mobilization

Affordability
A common notion is that gay communities should be looking at ARVs for PrEP. But where people don't have access to treatment, how can we even think about PrEP? Treatment and prevention are synergistic. Without prevention the cost of treatment will rise and rise (currently about half of People living with HIV have access to treatment but this has not been enough to reduce the numbers of new infections as people are rarely treated early in their infection). For affordability, we need to reach places and groups where people are at highest risk for it to have most impact and be cost effective. It may not be that all gay or MSM are at high risk. Try to convince governments that MSM need services specifically for them. Work on reducing the price of PrEP medicines and devising the most appropriate service structures.

Legal and policy framework
Many countries have prevention policies, national and prevention strategies, and great service packages but are falling short because they don't have a clear way to address structural barriers. The community needs a roadmap to address legal barriers that affect access.

Health systems
"There's an obligation to make PrEP happen in Africa – there's no question, we have to do it." Find spaces to deliver it; the entry point is testing. Use task-shifting," Chris Akolo (LINKAGES)

Social mobilization
- Jim Picket (IRMA): "We have HIV epidemics because people don't use condoms. It's powerful to show that PrEP can take away fear and death. PrEP does not happen at the time of sex and not negotiated with your partner. Different social mobilization campaigns, engage communities in a way that makes people excited for their healthy sex lives. When mobilizing there's a need to embed PrEP in something else, especially when other issues are greater priorities than HIV prevention."

- PrEP fits into VCT and treatment programming. Now we have something different to offer negative people. PrEP is bringing people in to get tested when they haven't been before.
- Need to see how we can create partnerships with researchers and it's time to start engaging with people on regulatory boards so when ready for approval the access path is easier.
- For PrEP, the focus now is rollout, there's no need for more studies. It's about implementation.
- Need community to work with USAID, PEPFAR, Global Fund, UNAIDS and WHO to influence government on support approval and rollout.
- Consult with gay men to ask what they want; *how* they want PrEP to be programmed.

User testimonies: South African MSM share their experiences using PrEP
Select quotes

"Before starting PrEP I was the poster child for using condoms and safer sex. But I wasn't enjoying sex, and I wanted more freedom."

"When I first had sex with PrEP I felt liberated, but I don't notice as much anymore; I take it with my vitamins. I used to stress before."

"Got HPV vaccination as part of sexual health regimen and not picked up anything . . . seeing doctor more often, every 3 months."

"Not interested in stopping PrEP anytime soon. I think I would go off it if I were in a long-term relationship. My preference would be to be off it, but I haven't thought about it given no side effects."

"Drug made me responsible, seeing doctor regularly, getting screenings…more well-informed than I was 4 months ago when I went on it."

"Education of doctors is important (they may be the least exposed). What the doctors know about PrEP is low—could make a big impact as it took a few starts to get on it; I needed tenacity."

Who will pay? Funding for PrEP rollout
WHO
See WHO presentation by Rachel Rachel Baggaley
WHO is working on implementation guidance, which will help to provide countries with the information on how to implement PrEP in a range of settings. One of the suggested models is to integrate PrEP into sites already providing HIV services for key populations and prioritize existing sites that already are friendly to these communities. The role at WHO is to reassure people that PrEP can be provided in a way that isn't too complicated or costly and has many

benefits beyond just providing PrEP, such as increasing access to testing and offering immediate ART to people who test positive and a range of HIV prevention options and other services such as STI and TB screening and treatment. UNITAID has prioritized PrEP among its new investments and will likely support larger scale implementation in Africa. WHO will offer technical support to these and other projects.

UNAIDS

See presentation by Rosalind Coleman (UNAIDS)

Presented all the pieces needed for PrEP and a framework for costing it—all the components of the program, the population, etc. (see slide). Pare the program down to bare essentials: testing, kidney function, hepatitis B screening, the medication and human resources. Other elements are important but shouldn't be all on the shoulders of PrEP; should be part of a good HIV program. UNAIDS says a quarter of funding should go to prevention but when money is cut it's usually advocacy that goes.

amfAR

See presentation by Greg Millet (amfAR)

amfAR funds PrEP in several ways: works to raise US money for funding of PrEP but amfAR itself does not have funding to support rollout for men in Africa. However, it can support meetings around PrEP education and interested in supporting implementation studies. The organization is planning on supporting civil society to do PrEP advocacy.

PEPFAR

See presentation by Lisa Nelson (PEPFAR – OGAC)

One of PEPFAR's initiatives is to support implementation of PrEP among selected populations. This entails planning processes with country teams and Country Operating Plan (COPs) reviews. Now with WHO guidance, expect to see more in the COPs and encourage you to work with PEPFAR teams on the ground regarding what's possible. PEPFAR funding may be used for procurement of PrEP commodities in countries where policies include three key criteria: test and start; routine use of VL testing; and where service delivery models are being differentiated. Gilead is donating PrEP drug for DREAMS programs, and PEPFAR is working with other manufacturers to get donations for other components of the PrEP program. What can PEPFAR do beyond DREAMS?

Global Fund

See presentation by Ed Ngoksin (Global Fund)

There's not enough money going to prevention and governments are thus far reluctant to invest in prevention for KPs. At the same time, PrEP requests for Global Fund monies must be put forward in country grants and also included in the the country's national strategic plans, with strong demand from community stakeholders. There is high commitment to support investment and demand. Robert Carr Fund will support community mobilization.

Discussion and further actions

- Recognize key population-led organizations, instead of just community-based or national NGOs. There's a need for real funding and moving beyond capacity-building.
- As part of standard of prevention in vaccine and other prevention trials, ensure PrEP is included and work closely to ensure provided to trial participants.
- Need for a one-pager on where the funding is coming from and who to be in touch with.
- COC Netherlands could possibly support PrEP advocacy.

Advocacy for PrEP in National AIDS Plans panel (Ghana, South Africa, Malawi)
Countries are in varying stages of PrEP planning and implementation. Approval of PrEP either through regulation or approval by national clinical bodies is a vital step, associated with the development of national PrEP implementation programmes.

Ghana
Major donors are in support of national strategic planning. There's a team looking at new WHO treatment guidelines and how they can incorporate into the NSP. Will advocate for PrEP along with updated treatment guidelines.

South Africa
See presentation by Kevin Rebe & Ben Brown on PrEP MSM Scale up Proposal for NDOH
Anova Health Institute's aim is to secure a policy for rollout and relevant guidelines to be used on state level. Had multiple meetings with South Africa's National Department of Health and implementers to determine implementation plan for MSM focused on costing, targeting, best delivery systems (leveraging existing services), model of operation and M&E. Currently not enough funding for RSA scale-up but anticipated in 2017.

Malawi
Dominic Likongwe (NAC) and Fatima Zulu (JHU CRS Malawi): Malawi just took its first step to include key populations in its NSP (2015-2020) and national prevention strategy. It includes combination prevention for MSM and FSWs, including PrEP for gay men.

Discussion and further actions
- Anova offered technical support for PrEP delivery to MSM and in developing clinical protocols for adaptation in other countries.
- Organize consultations and government buy-in as early as possible
- Push regulatory body for Truvada/tenofovir prevention indication
- Engage marketers for demand creation. Getting negative men into clinic is not easy.
- Assess what needs to be put in place, like additional testing
- Need to claim space on National AIDS Council technical working committees early so when discussions starting you're already part of the conversation.
- Request funding for community advocacy to push government. Community organizations need coordination and ownership.

From Data to Rollout: Lessons from PrEP pilots / demonstration projects with MSM (Kenya & South Africa)

Kenya

Bernard Ogwang (LINKAGES): LVCT completing PrEP demonstration project with MSM to help prepare for scale-up. Thus far findings show MSM quick to take up PrEP but adherence may wane, specifically if travel allowance is taken away. National guidelines for PrEP delivery pending (released post-meeting in July). US CDC and Bill and Melinda Gates Foundation put out requests for applications for funding for PrEP scale-up, inclusive of KPs.

South Africa

See presentation by Kevin Rebe on Lessons from MSM PrEP Pilots Demonstration Projects

Kevin Rebe: Anova's demonstration project enrolled 300 MSM to look at uptake, adherence, risk compensation and nurse delivery. Findings show people with the highest risk self-selected PrEP and had the highest adherence; condomless sex and STIs were less common over time suggesting synergy with ongoing risk-reduction counseling; nurses were efficient.

PrEP Feasibility: Potential challenges and solutions—view from providers

See presentation by Wame Mosime (LINKAGES), Rodgers Bande (BONELA): Across the Continuum of HIV Services for Key Populations Affected by HIV

Godwin Emmanuel (Heartland Alliance), Kevin Rebe (Anova)

Challenges

- If civil society is not extensively consulted on the process, anticipate poor uptake
- Requirement of national IDs to access drugs and services could dissuade KPs for fear of breach of confidentiality and discrimination.
- Health providers' negative attitudes and poor knowledge of gay men's specific health needs
- Criminalizing legislative environment and human rights abuses
- KP programs heavily funded by external donors so not sustainable

Solutions

- Include PrEP in new ARV and treatment guidelines
- Strong community to drive demand creation and advocate at national level
- Include liaison with STI and other sexual and reproductive health programmes to spread the cost of a PrEP programme
- One-stop shops with friendly providers to who could deliver PrEP
- National Strategic Plans with treatment and prevention are a place to push for PrEP
- Ally with others, such as serodiscordant couples, so that PrEP is not seen as only for gay men.
- Engage with Pharma to get drugs registered with country regulatory authorities. Generic over branded is preferred.
- Advocate for implementation pilots and use resulting data to push for scale-up.
- Advocate for unique identifiers or street names when registering for medical services.
- Create centers of excellence from which trainings of nurses in the region can occur.

- **Role of HIV Testing in PrEP Implementation**

See presentation by Rachel Baggaley (WHO)
One goal of HIV testing and PrEP is to minimize the number of false negatives and thus minimize the risk of drug resistance on PrEP. However, in reality there are a very small number of PrEP resistance cases even though health ministries cite resistance and drug toxicities as barriers to rollout. In fact, PrEP is possibly a tool against drug resistance as it could prevent HIV infections and greatest percentage of resistance are due to new infections.
There's a desire to use POC (point-of-care) testing so that people don't need an additional visit to access PrEP. But there's a strong desire to avoid the possibility of missed detection of acute phase HIV infection. This is when most PrEP resistance occurs.

WHO is keen on self-testing, attempting to make it more widely available. Working in Zambia, Zimbabwe, Malawi and South Africa, supporting self-testing kits for KPs including gay men. However, it's not recommend to start on PrEP only after a self-test. A confirmatory test in the clinic should follow.

Demand Creation and Social Media Mobilization

Spread the Tingle, Chicago US
See presentation by Jim Pickett (IRMA)
A professional ad agency worked on Spread the Tingle Campaign pro bono. Most agencies are connected to big global brands. Big agencies have LGBTQ employee networking group which was the entryway for this project.

Mobilization and demand creation can be done in many ways with any budget. Gilead has not been engaged in its own marketing of PrEP so burden fell to community even in countries Truvada had not yet been approved. Multiple messages and designs are required depending on the community. For example, obviously, the Chicago Spread the Tingle would not be appropriate in many African countries.

We The Brave, South Africa
See presentation by Nina Morris-Lee (Anova)
We the Brave is the largest ever MSM campaign on the continent. Anova gradually rolled it out to help ensure that clinics are ready to take on PrEP clients. The focus is on social media but that's not enough. There's a need to support it with some mainstream media. They've also engaged radio, print and outdoor ads. The primary community platform is Facebook, where personal stories are posted but not on their own online platform. It's important to have someone monitoring it so people feel heard. Also to spread the word, look for people with a big following on social media platforms to lead the messaging.

Next steps for PrEP in African MSM: Planning for the next year and beyond
See below for country plans

Botswana
Ghana
Ivory Coast
Kenya
Malawi
Morocco
Nigeria
South Africa
Togo
Uganda
Zambia
Zimbabwe

Appendix

Agenda

Participants

Blog: Not if but When