

Factors that affect country readiness to roll out PrEP

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Need for PrEP in Asia

High incidence and prevalence

Interest by AIDS programme

PrEP services available

Community readiness

- Best data in Thailand
- Incidence data available in Indonesia (modelled)
- High HIV prevalence in China, India (selected sites), Malaysia, Mongolia, Mongolia, Myanmar, Philippines, Viet Nam

Readiness for PrEP in Asia



- High interest in China
- Medium to high in India (Approved pilot for SW) and Thailand (Guidelines exists)
- Some interest in Philippines (stakeholder consultation Oct 2015)
- Low in Malaysia but capacity exists
- Low interest and readiness in other countries

Readiness for PrEP in Asia



- **China:** PrEP studies ongoing, NSP includes MSM interventions and think tank in planning
- **India:** for female sex workers in Kolkata and Mysore
- **Indonesia:** 1 private clinic site in Bali offering PrEP, pilots in Bali and Jakarta to start soon
- **Philippines:** Demonstration pilot site being explored by WHO
- **Thailand:** PrEP studies ongoing and national guidelines include PrEP recommendations

Readiness for PrEP in Asia



- **Myanmar:** High interest in community
- **Philippines:** High interest (community consultation in the Philippines early September 2015)
- **Thailand:** Medium interest
- Other countries surveyed did not express high interest

Readiness for PrEP in Asia



Philippines community consultation Sep 2015

- MSM community was very interested and some have already used PrEP. They were extremely knowledgeable on the pharmacodynamics.
- Concerns from the breakout sessions were of sustainability, cost and the inability of individuals to shoulder the cost.
- Needed further information on health side effects of PrEP, applicability of only using PrEP for HIV prevention.
- They were requesting evidence on feasibility from countries with similar cultural and demographics such as the Philippines
- The need to discuss approaches for advocacy, promotion.
- Understand duration required to achieve maximum protection and the length of protection.

Conclusions

- Some interest by national programmes to support roll out of PrEP but no funding (services)
- UNAIDS/WHO should work with APCOM and other partners to work on communication package
- WHO operational guidance should reflect rich experience from PrEP studies in Asia and learn from new demonstration sites how to target MSM most at risk, to develop prevention and treatment continuum and metrics
- Costing of PrEP modelling should be done to inform investment cases – do we need to redo the investment cases?