



PrEP and its delivery

experience in Asia

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What's on the menu today:

- PrEP efficacy
- PrEP – caution advised?
- Clinical aspects of PrEP delivery
- Examples of PrEP implementation in Asia
- PrEP implementation – personal experience
- NUH BEPREP Clinic

Introduction

...gaining momentum with PrEP

U.N. Millennium Goals *(by 2020)*



90%

diagnosed



90%

on treatment



90%

virally suppressed



UNAIDS

U.N. Millennium Goals

What do they mean?

- 73% PLHIVs worldwide will be virally suppressed (2-3 fold increase from current state)
- modelling suggests that this will end HIV epidemic by 2030



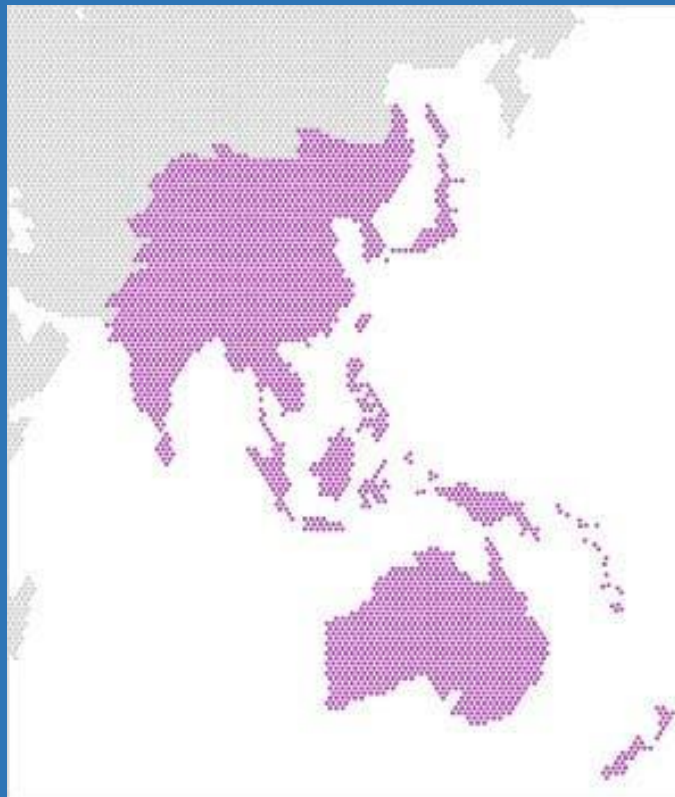
In spite of years of HIV prevention

4 people infected with HIV every minute!

3 people dying from HIV every minute!

How good are we at preventing HIV today?

300,000 new infections in Asia-Pacific region in 2016



Asia and the Pacific (2016)

5.1 million people living with HIV

0.2% adult HIV prevalence

300,000 new HIV infections

180,000 AIDS-related deaths

64% know their status

41% on antiretroviral treatment

34% virally suppressed

Source: UNAIDS Prevention Gap Report 2016

Condoms

...the old mantra of HIV prevention

- ✓ Longest known HIV prevention tool with a good record
- ✓ It has averted millions of infections
- ✓ Protect from HIV and other STIs

,but...



Condoms *efficacy*

- only 16% of the MSM reported consistent condom use during anal intercourse with male partner of any HIV status over the entire observation period
- **70% effectiveness** when condoms used consistently (compared with *never use*)
- no protection when comparing *sometimes use* to *never use*

EPIDEMIOLOGY AND PREVENTION

Condom Effectiveness for HIV Prevention by Consistency of Use Among Men Who Have Sex With Men in the United States

Dawn K. Smith, MD, MS, MPH, Jeffrey H. Herbst, PhD, Xinjiang Zhang, PhD, and Charles E. Rose, PhD

Objective: We derived an estimate of male condom effectiveness during anal sex among men who have sex with men (MSM) because the most widely used estimate of condom effectiveness (80%) was

Key Words: MSM, HIV, condom, effectiveness

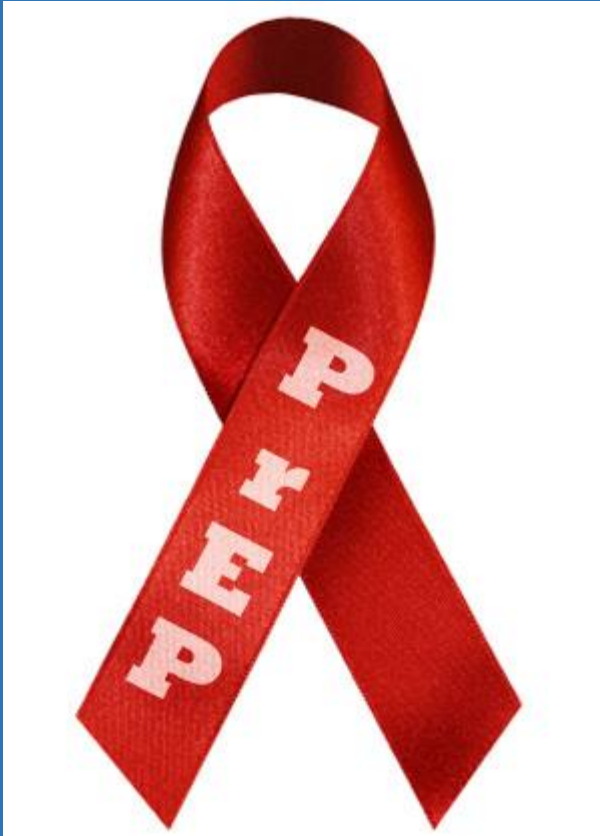
(*J Acquir Immune Defic Syndr* 2015;68:337–344)

Condoms

...the old mantra of HIV prevention

- ✓ Longest known HIV prevention tool with a good record
 - ✓ It has averted millions of infections
 - ✓ Protect from HIV and other STIs
- Condoms are an effective tool in HIV prevention
 - Consistent and proper use are key





PrEP Efficacy Data

PrEP Efficacy studies

Study	Results announced	Population	Number of participants	PrEP agent	Reduction in infections
CAPRISA 004	2010	Women, 18-40 years, South Africa	889	Tenofovir vaginal gel (intermittent dosing)	39%
iPrEx	2010	MSM and transgender women, international	2499	<i>Truvada</i> pill	44%
FEM-PrEP	2011	Women, 18-35 years, Africa	1950	<i>Truvada</i> pill	0%
Partners PrEP	2011	HIV-serodiscordant couples, Kenya and Uganda	4758	<i>Truvada</i> pill or tenofovir pill	75% on <i>Truvada</i> ; 67% on tenofovir
TDF-2	2011	Heterosexual men and women, 18-35 years, Botswana	1200	<i>Truvada</i> pill	63%
VOICE	2012	Women, 18-45 years, Africa	5029	Tenofovir vaginal gel, tenofovir pill, or <i>Truvada</i> pill	0%
Bangkok tenofovir study	2013	Men and women who inject drugs, Thailand	2413	Tenofovir pill	49%
FACTS 001	2015	Women, 18-30 years, South Africa	2059	Tenofovir vaginal gel (intermittent dosing)	0%
IPERGAY	2015	MSM and transgender women, France and Canada	400	<i>Truvada</i> pill (intermittent dosing)	86%
PROUD	2015	MSM and transgender women, England	544	<i>Truvada</i> pill	86%

Source: aidsmap.com

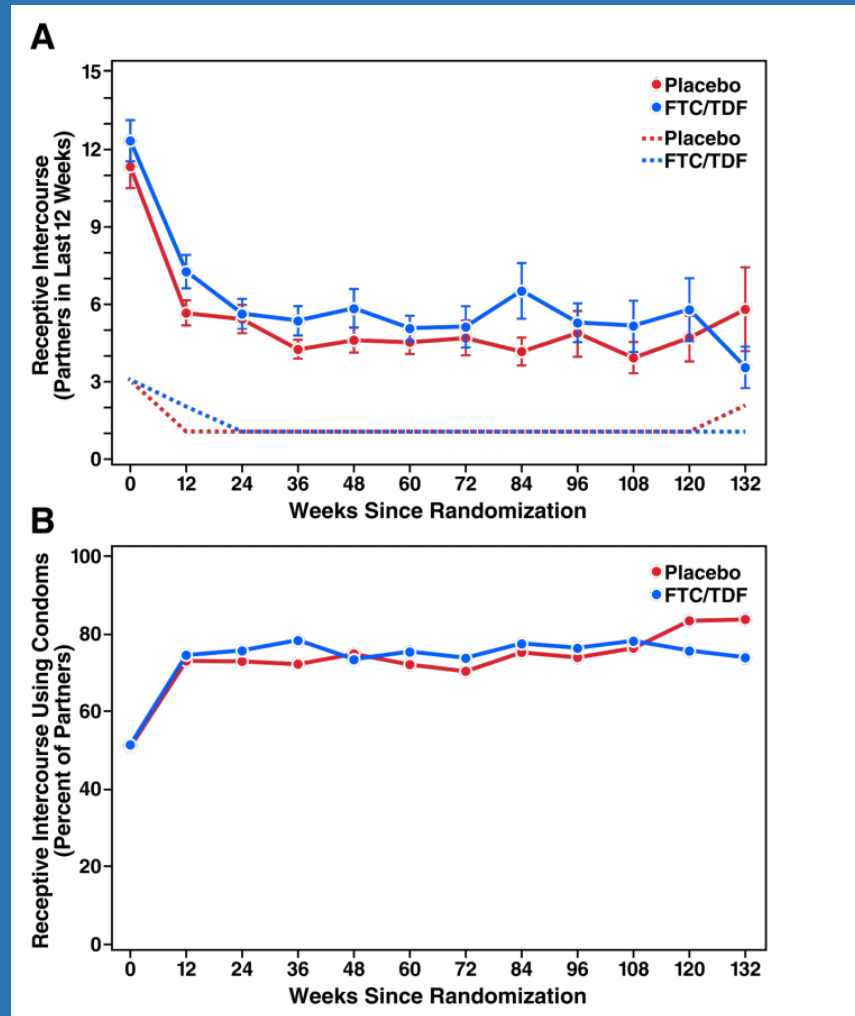
IPrEx trial

- 2470 HIV negative MSM and 29 transgender women
- Randomized to Truvada or placebo
- 44% HIV incidence reduction (36 infections in Truvada arm, 64 in placebo arm)
- 92% HIV incidence reduction for those with detectable plasma drug concentrations
- Perfect adherence not required to achieve effect
- Risk behaviors declined over time in both arms
- PrEP uptake was high when provided at no cost by an experienced physician



iPREX Study

Sexual Practices did not change significantly while taking PrEP



iPREX Study

No significant difference in STI incidence by visit and randomization group

Sexually Transmitted Infection	Study Rx	Study Week			
		24 N	48 N	72 N	96 N
Syphilis by RPR (P=0.49) ←					
	Placebo	165	145	111	70
	FTC/TDF	173	159	108	87
Warts by Exam (P=0.53) ←					
	Placebo	35	34	22	19
	FTC/TDF	44	37	26	15
Genital Ulcer by Exam (P=0.62) ←					
	Placebo	18	14	11	2
	FTC/TDF	18	11	6	2
Urethral Gonorrhea by PCR (P=0.74) ←					
	Placebo	8	6	2	1
	FTC/TDF	8	4	1	1
Urethral Chlamydia by PCR (P=0.43) ←					
	Placebo	8	2	3	1
	FTC/TDF	9	0	1	0

PROUD study

- 544 HIV negative MSM
- nonrandomized (immediate vs deferred PrEP (Truvada))
- designed to show similar efficacy to iPrEX Study, but in more real life setting
- 86% HIV incidence reduction (regardless of whether participants in immediate PrEP arm actually took PrEP)
- designed to find out if being on PrEP changed sexual behavior / STI incidence

PROUD study



Over 500 men who have sex with men enrolled.

Recruited at 13 English sexual health clinics. Most used condoms some, but not all, of the time. Many had multiple sexual partners and were at higher risk of HIV infection than some other men.

Random allocation



Intervention group

268 participants: immediate PrEP

PrEP is a daily tablet of *Truvada* (tenofovir and emtricitabine). Participants knew it was effective and that they were taking it.

Appointments for STI check-ups and safer sex advice every three months. Follow-up for one year.

13 participants stopped taking PrEP because of side-effects but 12 started it again.

Broadly similar sexual behaviour and identical rates of STIs in the two groups.

3 men acquired HIV (incidence 1.2%)
These men were probably not taking PrEP at the time. Two had dropped out of the study. One probably got HIV just before starting PrEP.

Men in this group will receive PrEP until April 2016.



Control group

255 participants: no PrEP

Men in the control group could get PrEP after one year's wait.

Appointments for STI check-ups and safer sex advice every three months. Follow-up for one year.

20 men acquired HIV (incidence 9.0%)

All men in the control group have now been offered PrEP and can get it until April 2016.

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- 1 participant tested HIV positive at first visit one month after starting PrEP
- 2 participants were lost to follow up soon after starting PrEP

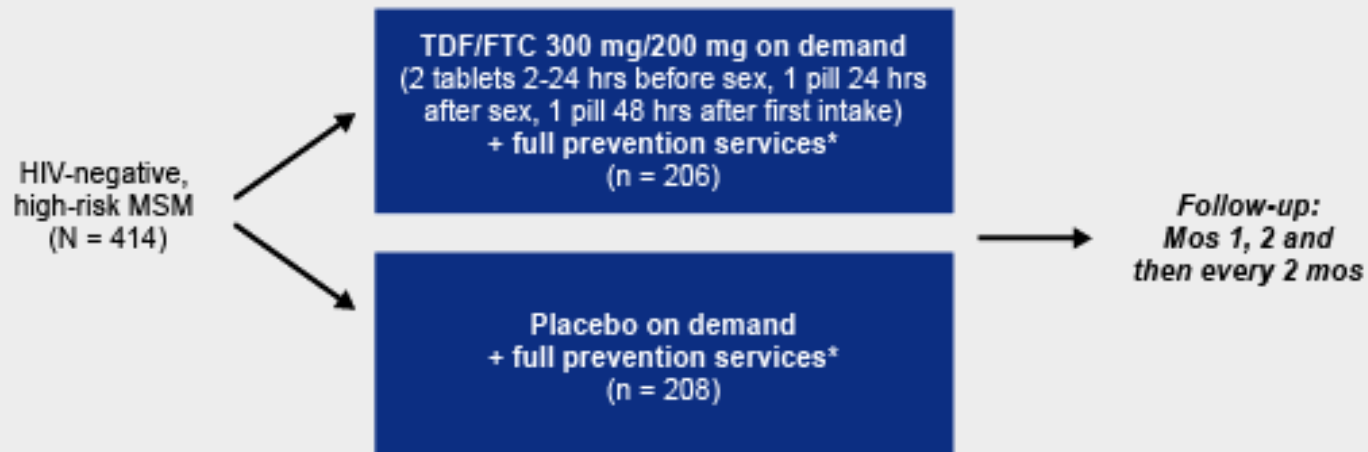
PROUD Study

sexual risk compensation

No change in sexual behavior for most participants throughout the study, whether or not they were receiving PrEP

Higher number participants reporting receptive anal intercourse without a condom with 10 or more sexual partners in immediate vs deferred PrEP group (21% vs 12%; $p=0.03$, test for trend) – however this was not reflected in higher number of STIs in this group, especially no difference in rates of rectal gonorrhoea or chlamydia (indicators of condomless receptive anal sex)

Ipergay trial – intermittent PrEP



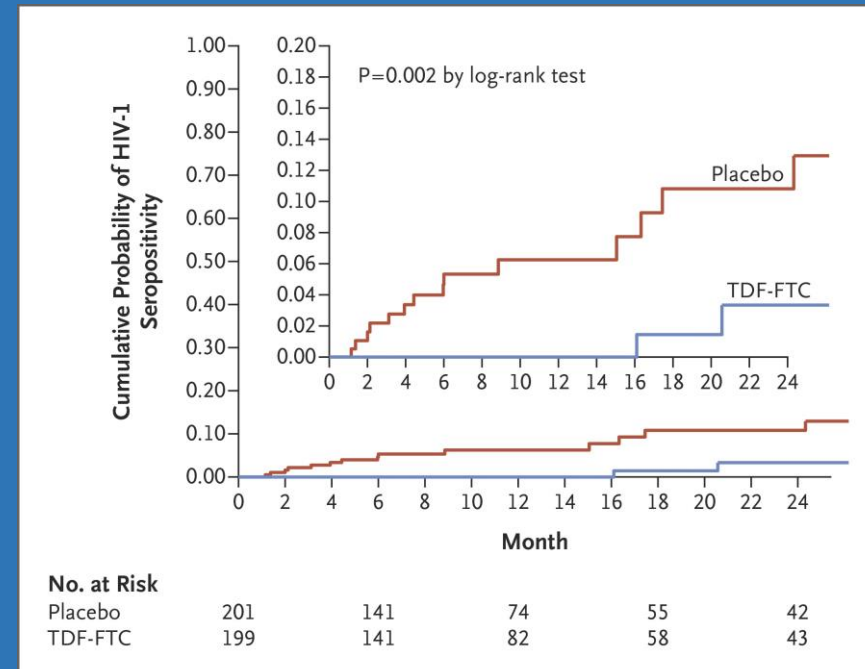
*Counseling, condoms and gels, sexually transmitted infection (STI) testing and treatment, hepatitis A and B vaccination, postexposure prophylaxis (PEP).

B vaccination, postexposure prophylaxis (PEP)
*Counseling, condoms and gels, sexually transmitted infection (STI) testing and treatment, hepatitis A and

Ipergay trial – intermittent PrEP

86% reduction compared with placebo (95% CI: 40% to 99%; $P = .002$):

- 14 infections in placebo arm (incidence: 6.6/100 PY)
- 2 infections in TDF/FTC arm (incidence: 0.94/100 PY)
-both had discontinued PrEP prior to infection; no drug detected in plasma at visit prior to seroconversion



Ipergay trial – sexual behavior

No change in sexual behavior overall:

- same total number of episodes of sexual intercourse in 4 weeks before visits
- same proportion of episodes of receptive anal intercourse without a condom in 4 weeks before visits
- same proportion of episodes of anal intercourse without condom during the most recent sexual contact

Small, but significant decrease in the number of sexual partners in the last two months in the placebo group vs TDF-FTC group

Incidence of STIs were similar (41% in the TDF-FTC group and 33% in the placebo group; $P=0.10$) - most (39%) were *rectal infections*.

iPrEX

- 92% incidence reduction in participant with detectable TDF levels
- no change in sexual practices
- no difference in STI rates between the groups

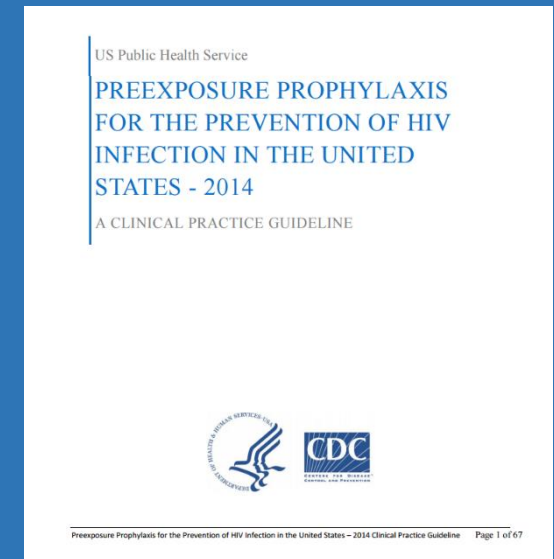
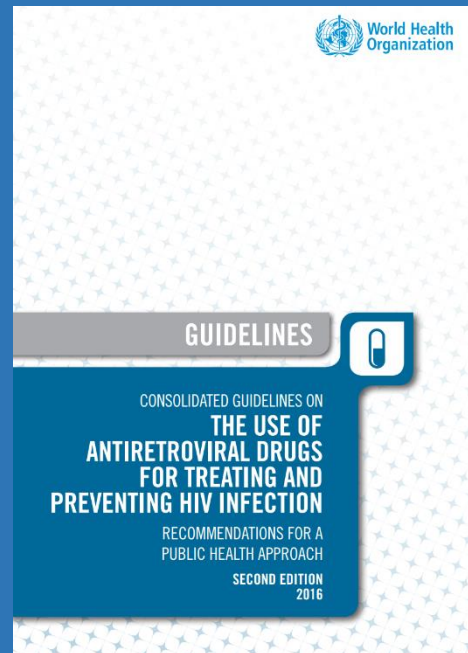
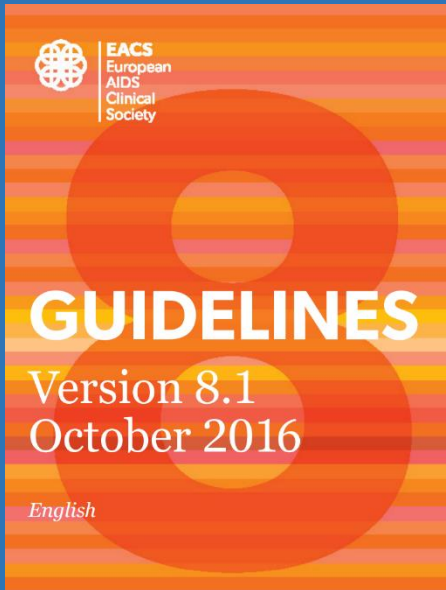
PROUD

- 86% incidence reduction (regardless of compliance)
- some compensatory change in sexual behavior in minority of those on PrEP, but not reflected in higher STI rates

Ipergay

- 86% incidence reduction
- no change in sexual practices
- no difference in STI rates between the groups

PrEP now recommended by guidelines across the world



PrEP – not a magic pill?

Why some are less enthusiastic about PrEP

Potential concerns regarding PrEP

PrEP will encourage “irresponsible” sexual behavior

There will be an increase in incidence of STIs

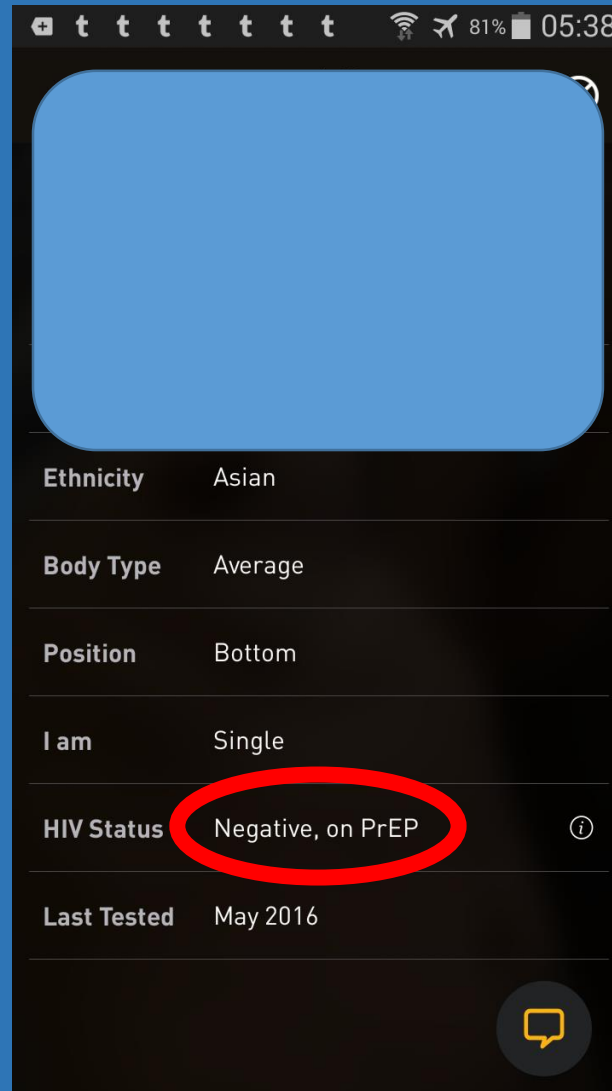
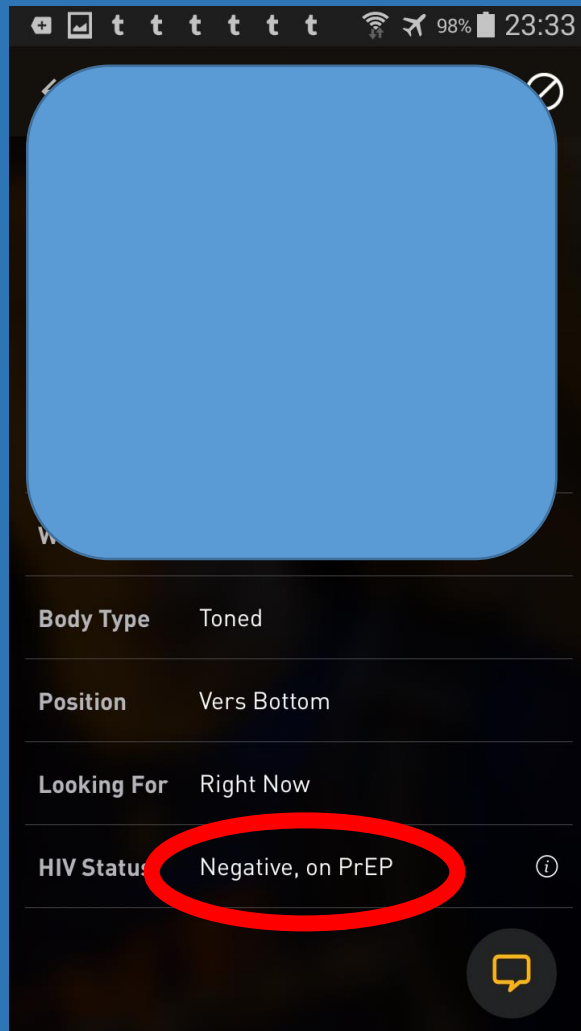
Potential for development of viral resistance

Side effects

Who should pay for it?

People on PrEP will be having more sex

PrEP – a new way to negotiate yourself into bareback sex?



PrEP in clinic

...clinical aspects of providing PrEP

PrEP starts with counseling *pre-requirements*

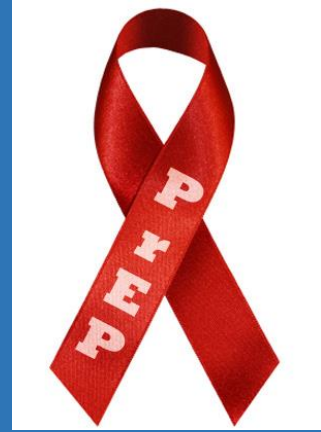
- safe space
- respectful counselors / PrEP providers
- nonjudgmental and open
- speak the language your client understands



**Peer counselors
Community centers**



Indications for PrEP



- condomless anal sex with an HIV+ partner or partner of unknown HIV status in last 6 months
- syphilis or other STI in the last 6 months
- accessing PEP in the last 6 months
- anal sex in discordant relationship (consideration)
- exchanging money for sex
- recreational drug use (eg crystal meth)

Adapted from CDC PrEP Guideline, NUH BEPREP Clinic Protocol and Thai Red Cross AIDS Research Center

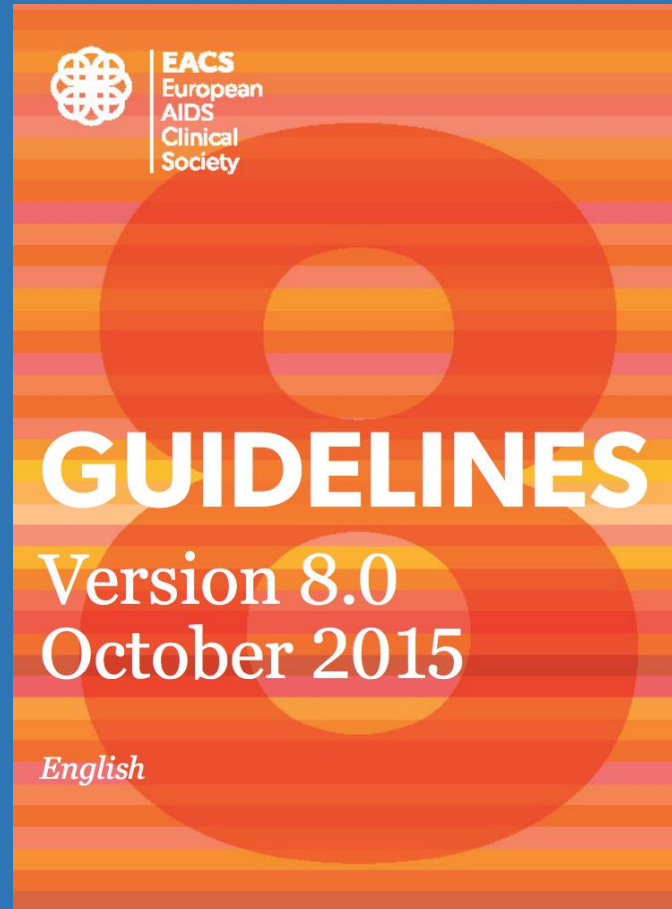
Important considerations when prescribing PrEP

- documented recent HIV negative test and no clinical suspicion of recent acute seroconversion (HIV-RNA if indicated)
- hepatitis B status (is HBsAg enough?)
- renal function (tenofovir contraindicated if eGFR < 60 ml/min)
- discussing adherence
- discussing recreational drug use
- linkage to HIV care for those tested HIV+

PrEP on demand (*intermittent PrEP*)

- most data on daily PrEP
- Ipergay study investigated intermittent PrEP:
 - 2 tabs Truvada 2-24 hours prior to potential exposure
 - 1 tab Truvada 24 hours later
 - 1 tab Truvada 48 hours later
 - continue once daily Truvada if consecutive exposures
- Questions
 - most subjects in Ipergay study took on average 4 tabs Truvada a week (=daily PrEP?)
 - it takes 7 days for tenofovir to achieve protective levels in anal mucosa

PrEP on demand (*intermittent PrEP*)



PrEP Implementation



Current situation

UNAIDS Update 31 October 2016

- by October 2016 approximately 100,000 people were on PrEP – vast majority in the U.S.
- PrEP activities are increasing globally, but outside the U.S. are still very limited
- significant, but unquantifiable number of people are accessing PrEP through less regulated channels



UNAIDS Global PrEP Goal



3 million people on PrEP by 2020

- considerable effort will be needed to scale up PrEP delivery in order to achieve this target
- this is needed to achieve the UN 90-90-90 goals



The 1st Asia-Pacific Consultation on PrEP Implementation

Tuesday, January 17, 2017

At Anantara Siam Bangkok Hotel

- Community based delivery
- Involvement of the community groups in designing PrEP delivery
- San Francisco experience
- Thailand PrEP implementation projects

PrEP Implementation

Thailand Experience



PrEP in Thailand

- national guidelines recommended PrEP for KAPs in 2014!
- PrEP still not funded by national health programs
- demonstration projects since 2015
- PrEP now available in:
 - Bangkok
 - Chiang Mai
 - Chonburi
 - Pattaya
 - Pathumtani
 - Songkhla

CELEBRATE LOVE WITH ADAM'S LOVE
เฉลิมฉลองความรักไปกับอดัมส์เลิฟ

ลงทะเบียนออนไลน์เพื่อร่วมกิจกรรม "ตรวจเลือดฟรี รับฟรีพรี กับอดัมส์เลิฟ" ในวันก่อนโลกนี้ถึงประเทศไทย พร้อมรับของขวัญสุดพิเศษมากมาย ฟรี!
Register online for Thailand's First "FREE TEST – FREE PrEP with Adam's Love" and receive FREE gifts and more.

ตรวจฟรี	พรีพรี
• เครื่องดื่มต้อนรับ (Welcome Drinks)	• เครื่องดื่มต้อนรับ (Welcome Drinks)
• เสื้อยืดเท่ๆ จากอดัมส์เลิฟ (Adam's Love Signature T-shirts)	• เสื้อกั๊กหรือเสื้อยืดหลากหลายไซส์ (Adam's Love Tank Tops or T-shirts)
• หมวกเท่ๆ สัปดาห์ เลิฟ (Limited Edition Cap)	• กระเป๋า สัปดาห์ เลิฟ (Limited Edition Tote Bag)

5 ขั้นตอนสนุกกับอดัมส์เลิฟ ผ่านช่องทางออนไลน์ Ways to Register Online

- เข้าไปจองที่ "อดัมส์เลิฟ" ตาม QR Code ด้านข้างนี้ Book through Eventbrite at this QR Code
- จองผ่านทางอดัมส์เลิฟแฟนเพจ (AdamsloveThailand) AdamsloveThailand Facebook Fan Page
- อีเมลหาเราที่ adamsloveevents@gmail.com E-mail us at adamsloveevents@gmail.com
- ส่งข้อความไลน์มาที่ไลน์ adamsloveclinic LINE ID: adamsloveclinic
- ทวิตหาเราที่ Twitter.com/AdamsloveTweet Tweet us at Twitter.com/AdamsloveTweet

ADAM'S LOVE
for Men who love Men

Princess PrEP

HRH Princess Soamsawali officially supported with Princess Fund *community-led PrEP services* in Thailand



Fund will allow expansion of PrEP delivery to over 3,000 MSM and transgender individuals over 3 years

Courtesy of Thai Red Cross AIDS Research Center

Community incentive campaigns

Free PrEP packages at Adam's Love center:

- welcome drink
- tank top or T-shirt
- exclusive tote bag



Courtesy of Thai Red Cross AIDS Research Center

PrEP-30 Project

- Fee-based PrEP (THB 30 = USD 1 per day all-in) at Thai Red Cross in Bangkok
- Using existing staff and infrastructure
- Simple checklist for peer counselors to introduce and screen for PrEP eligibility
- PrEP provided at first visit (after negative HIV test)

PrEP-30 Project *publicity*

- Online promotions

PrEP
ป้องกันได้ถึง 92 %
วันนี้คุณสามารถป้องกันตัวเอง จากการติดเชื้อเอชไอวีได้แล้ว
ด้วย “ยาเพรีพ” (PrEP) ความก้าวหน้าล่าสุดทางการแพทย์
By 92%... You can now prevent yourself from getting infected
with HIV with PrEP, a latest advancement in medical science!

-เพรีป (PrEP) คือสูตรยาต้านไวรัส
ที่ให้ทานเป็นประจำวันเพื่อลดความเสี่ยง
และป้องกันการติดเชื้อเอชไอวี
ใช้สำหรับกลุ่มผู้ที่ไม่ม่มีเชื้อเอชไอวี แต่มีความเสี่ยงสูง
สอบถามหรือขอรับปรึกษาได้ที่ คณินนิพนาน

ADAM'S
LOVE
for Men who love Men

- PrEPaARING ASIA – regional meeting in Bangkok

สมาคมฟ้าสีรุ้งประเทศไทย
Rainbow Sky Network of Thailand (RSAT)
PrEP
KEEPS HIV AWAY

I'M A
PrEP
ADVOCATE

PrEP
KEEPS HIV AWAY
#PREPaARINGASIA

PrEPaARING ASIA
A new direction for HIV prevention
among MSM in Asia

apcom

PrEP-30 Project

Table 1: Indications for PrEP for MSM, heterosexual women, and heterosexual men

Any person who:

- age > 18 years
- recent HIV test negative

And has at least one risk factor within the previous 6 months:

- sex partner known to be HIV positive
- works as commercial sex worker
- use of PEP for sexual exposure
- injection drug use
- any STI (syphilis, gonorrhea, chlamydia)
- ≥ 5 sex partners
- inconsistent condom use with high-risk partners:
 - **MSM:** any insertive or receptive anal sex without condom
 - **Women:** any sex without condom with high-risk male partner (MSM, IDU, multiple female partners)
 - **Heterosexual men:** any sex without condom with high-risk female partner (commercial sex worker, IDU, multiple male partners)

Courtesy of Thai Red Cross AIDS Research Center

PrEP-30 Project

PrEP-30 Follow-up Schedule

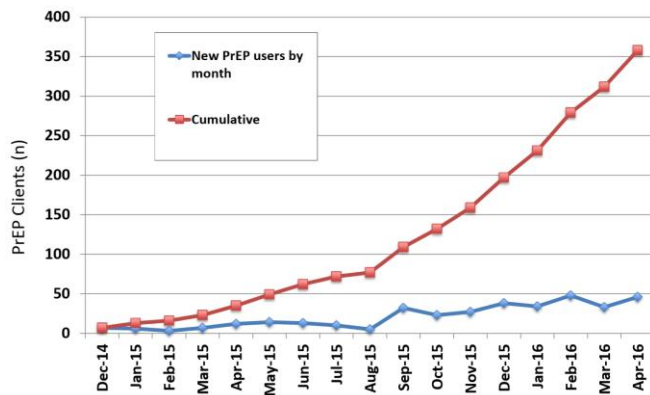
Procedures and Testing	First Visit	Months					Every 3 M	Every 6 M	Every 12 M
		1	3	6	9	12			
Screen for PrEP criteria	X								
Provide information on PrEP	X								
Risk-Reduction counseling	X	X	X	X	X	X	X		
HIV- antibody test	X	X	X	X	X	X	X		
HBsAg	X								
Creatinine	X		X	X		X		X	
TDF/FTC prescription	X	X	X	X	X	X	X		
Optional Testing and treatment									
- VDRL	X					X			X
- anti-HBS	X								
- HBV vaccine	<i>as indicated</i>								

Courtesy of Thai Red Cross AIDS Research Center

PrEP-30 Project

- increasing uptake of PrEP-30 service
- no HIV infections
- willingness to pay for PrEP by MSM if offered at an affordable price
- PrEP service can be started quickly using existing staff and infrastructure

PrEP-30 clients: cumulative



D. Colby e.a., APCPC Hong Kong 2016

PrEP Implementation

Singapore Experience

PrEP in Singapore prior to 2016

- sporadic PrEP provisions by private GPs at very high cost
- no signals showing interest by MSM community
- unclear stance of the governing bodies in a country known for moral conservatism
- criminalization of gay sex

Preparing for PrEP in Singapore (2016)

- identifying stakeholders
 - MSM community
 - potential PrEP providers
 - health authorities
 - NGOs
- national PrEP providers taskforce
- MSM community consultation



**PrEP Consultation with Community and
Health Service Providers**
Singapore

Media vibe around PrEP introduction in Singapore

B12 | THE STRAITS TIMES | TUESDAY, DECEMBER 6, 2011

DRY SKIN AND ITCH MOISTURISERS CAN BRING RELIEF B10

MIND&BODY



PrEP or pre-exposure prophylaxis, cuts more than 90% of the risk of HIV infection. But the length of time it needs to be taken varies from person to person. PHOTO: ISTOCKPHOTO

New drug to prevent HIV infections available here

PrEP is good for those at high risk but abstinence, being faithful and condom use are still important

PrEP or pre-exposure prophylaxis, cuts more than 90% of the risk of HIV infection. But the length of time it needs to be taken varies from person to person. PHOTO: ISTOCKPHOTO

What is PrEP?

PrEP, short for pre-exposure prophylaxis, is medication that can reduce a person's chance of getting infected with HIV. It works by stopping HIV from taking hold and spreading throughout the body.

PrEP is taken before a person's exposure to HIV, and is meant to be an additional tool to reduce the risk of infection from the disease. It is meant to supplement, not replace, condoms, which are an effective preventive method against HIV.

The pill is taken once a day. It contains two medicines - tenofovir and emtricitabine - that are also used to treat HIV.

What do the studies show?

PrEP has been shown to reduce the risk of HIV infection through sex for gay and bisexual men, transgender women, heterosexual men and women, as well as people who inject drugs.

It can cut the risk by more than 90 percent.

PrEP does not work after you stop taking it.

Who is it for?

It is for HIV-negative people or those who do not have HIV infection, but who have a very high risk of getting it.

These include, sexually active gay men and women who are not consistently using a HIV-preventive condom.

Are there any side effects?

Side effects are uncommon. Studies show that some people get early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away within the first month.

Some people reported lactic acid buildup, but no serious side effects were observed.

Where to get PrEP?

PrEP is available only through

Mr. Chan, founder and president of the charity, action for AIDS, spoke at the Asia conference.

While the number of new HIV infections in Singapore has stabilised in the last five years, it has increased in some groups, such as gay men.

Latest figures from the Ministry of Health show that nearly four in 10 are at a late stage of infection by the time they are diagnosed.

If PrEP succeeded, HIV risk had to be reduced to a level where the AIDS acquired immunodeficiency syndrome, where the patient's immune system has been permanently weakened, became less common.

PrEP also does not replace condoms, he said. "When people are on it, they need to keep in touch with healthcare. We advise testing every three months for sexually transmitted diseases and HIV."

"If a person already has HIV but doesn't know it and he goes on PrEP, that's very dangerous." The AIDS acquired immunodeficiency syndrome, where the patient's immune system has been permanently weakened, became less common.

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Contact Information

The BePrep Clinic is located on Level 13 of the NUH Medical Centre

To make an appointment, please call: (65) 6772 6666 or email: umcapptline@nuhs.edu.sg

For all other enquires, please email: bpc@nuhs.edu.sg



National University Hospital
5 Lower Kent Ridge Road
Singapore 119074
Tel: (65) 9779 8668 Fax: (65) 6779 8678
Website: www.nuh.edu.sg
Company Registration No: 198008309

Be Prepared Clinic

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PrEP Singapore in 2017

- PrEP clinics currently operational in two public hospitals
- several private PrEP prescribers
- PrEP information and referrals to PrEP clinics currently offered at the largest anonymous HIV testing site in Singapore (Action for AIDS)
- generally slow and low uptake of PrEP so far
- plans to offer PrEP at anonymous testing site for MSM

PrEP implementation in Singapore

lessons for others

- PrEP providers working in silos
- PrEP can be delivered even in conservative society which criminalizes gay sex
- *hospital-based* instead vs *community-based*

Beprep Clinic

...experience in National University Hospital



NUH BEPREP Clinic experience

Clinic set-up

Workflows

Publicity

Challenges

NUH BEPREP Clinic *setup*

Located in a larger Medicine Clinic

Physically not a part of our HIV clinic

Sources of our clients:

- anonymous HIV testing sites
- self-referrals
- our HIV patients
- NUH transgender clinic

BEPREP CLINIC – FIRST VISIT CHECKLIST

to be completed by counselor on the first visit

INTRODUCTION

Describe the confidentiality of clinic and the privacy
 Point out that we will not acknowledge knowing the patient in public (for client's privacy sake)
 Point out that it is big clinic and nobody knows why other patients are here; also not run on MIDC days
 Point out that it is non-stigmatizing / nonjudgmental / everyone is welcome / is LGBT friendly
 Describe what the workflow is:

- Risk assessment / importance of a frank and open conversation to reliably assess HIV risk (Emphasize that the sexual history is a routine and is strictly confidential)
- Information about how to minimize risk of HIV and other STIs

GENERAL HIV RISK ASSESSMENT

HIV+ partner
 STI in last 6 months
 Condomless anal sex in the last 6 months
 History of PEP
 Exchanging sex for money

Condom use for anal sex in the last six months with an HIV+ partner or a partner of unknown HIV status: always/most of the time/sometimes/never
Condomless receptive oral sex with ejaculation in the last 6 months?
Multiple sex partners in the last 6 months?

FURTHER INFORMATION GATHERING

If client eligible for PrEP based on the checklist above, gather the following information:
 MSM / Transgender
 Past Medical History and any current conditions (especially history of liver or kidney disease)
 Allergy History
 Current Medication
 History of acute seroconversion symptoms in the past 3 months

OFFER COMPREHENSIVE PACKAGE OR AT LEAST BASIC PACKAGE PLUS HBcAb WITH OR WITHOUT PrEP DEPENDING ON THE ELIGIBILITY CRITERIA ABOVE.

Inform the client how PrEP can lower his risk for HIV
 Stress importance of other harm reduction techniques (condoms, frequent STIs testing)
 Inform client of small risk of "occult chronic hepatitis B" if only HBsAg done
 If history of seroconversion like symptoms, then supplement HIV test with HIV viral load

Check NEHRS for previous kidney or liver tests and evidence of successful HBV vaccination
 Approach sexual risk in paradigm of seasons; PrEP is not necessarily a life-long commitment – it is used to support the client in the "season of risk"; in the seasons of low risk it may not be needed or recommended

MANAGEMENT

Discuss with patient how to deliver results of today's blood tests (including HIV test results) and delivery of prescription
If recommending PrEP then give info on:
 importance of adherence
 what to do if a dose is forgotten
 short term and long-term side effects
 importance of HIV testing every three months / risk of HIV resistance / advantage of early HIV diagnosis of HIV and quick linkage to care
 educate on symptoms of acute seroconversion and instruct client to report them immediately (for HIV-VL testing)
 advise condom use for further risk reduction and to prevent other STIs
 explain the workflow (next TCU in 3 months with HIV test and creatinine)
If NOT recommending PrEP or PrEP not accepted by client:
 Counsel on condom use
 Offer regular STI testing
 Offer vaccinations
 Offer our helpline
 Offer PEP service
 Explain that "season or risk" may change encourage client to engage with us gain if his risks change

Client's name:	NRIC/FIN:
Name Counselor:	Signature:
	Date:

This checklist is to be fully completed, signed and scanned into the CDOCs at the first visit.

Checklist to be completed before issuing a PrEP prescription

all six requirements must be verified and ticked off

Client's name:		NRIC/FIN:
latest negative HIV test		Date:
no history of <i>acute seroconversion syndrome</i> in last 3 months		
chronic hepatitis B ruled out		
if only HBsAg used to rule out chronic hepatitis B, client informed of a small chance of <i>occult hepatitis B</i> and encouraged to complete serology		
creatinine checked within last 3 months		
adherence checked/reinforced		
Name Prescriber:	Signature:	DATE:

This checklist is to be fully completed, signed and scanned into the CDOCs before a PrEP prescription is issued (applies to the first prescription and all the following PrEP prescriptions)!

If PrEP is prescribed...

(NUH BEPREP Clinic)

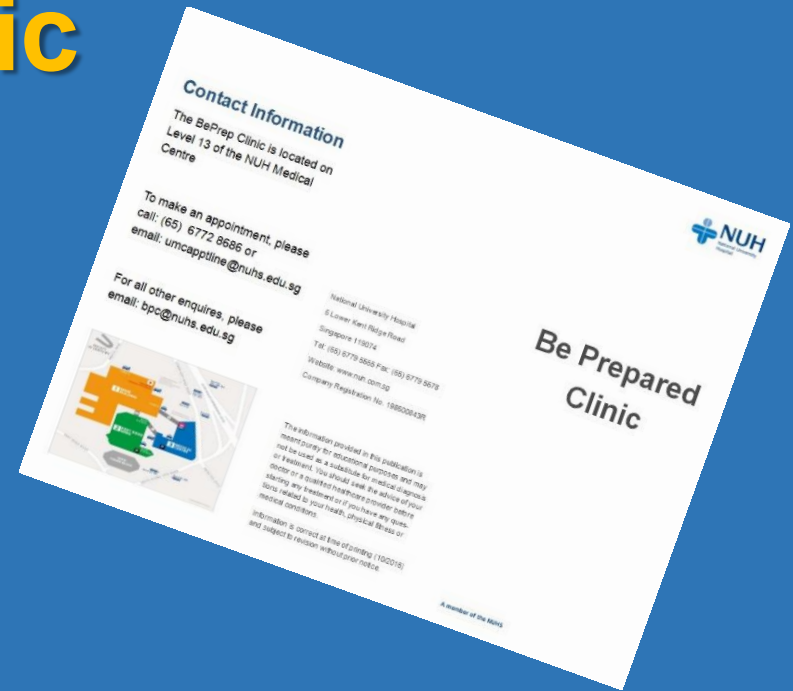
- importance of adherence
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- advise condom use for further risk reduction and to prevent other STIs
- educate on symptoms of acute seroconversion and instruct client to report them immediately (for HIV-VL testing)
- explain the workflow (next TCU in 3 months with HIV test and creatinine)

If PrEP is not offered/accepted... (*NUH BEPREP Clinic*)

- Counsel on condom use
- Offer regular STI testing
- Offer vaccinations
- Offer our helpline and PEP service
- Explain that “season or risk” may change encourage client to engage with us gain if his risks change

NUH BEPREP Clinic *publicity*

- AFA anonymous clinic
- AFA mobile testing site
- AFA MSM services
 - Pinkcarpet
 - gayhealth
- national media
- Community consultation
- Reaching out to Singaporeans currently accessing PrEP in Bangkok
- Information dissemination to our HIV patients (mouth to mouth)



NUH BEPREP Clinic

challenges

- low uptake
 - cost
 - confidentiality concerns
 - being identified as gay / promiscuous
- not reaching those who should be target most: young MSM
- cost / no subsidy
- not community-based
- stigma inside and outside gay community
- uncertain stance of the authorities
- backlash from moralists
- publicity limited by hospital PR rules

Closing remarks

...gaining momentum with PrEP

Take home messages (I)

The question is no longer whether PrEP should be a part of our HIV Prevention toolbox, but how best to deliver it to the target populations

Many barriers to successful implementation still exist (cost, healthcare provider PrEP ignorance, “slut-shaming”)

PrEP has been recognized as one of the tools to achieve U.N. 90-90-90 goals

Take home messages (II)

Community-led PrEP delivery seems to be gaining ground as most effective

PrEP can be delivered to MSM even in settings of conservative social settings with criminalization of gay sex

My own concerns regarding PrEP

Roll out across Asia is too slow and does not reach the most vulnerable population: young MSM (except Thailand)

There is an unknown and likely growing number of men in Asia who self-medicate with PrEP

Some MSM who are not on PrEP may be using PrEP as an argument in negotiating condomless sex

Policy makers in most countries (including western world) do not seem to realize the potential of PrEP to prevent infections and save medical costs

Real Life Cases

Which of the following would you offer PrEP?

Case 1: An HIV negative man who has an HIV positive wife

Case 2: A 22 year old HIV negative gay man with multiple partners who was diagnosed with syphilis and gonorrhoeal proctitis a month ago

Case 3: A 16 year old young man who started dating girls 7 months ago and so far had three 3 girlfriends

Case 4: A 36 year HIV positive woman who would like to become pregnant by her HIV negative fiancée