PrEPARING ASIA
A NEW DIRECTION FOR HIV PREVENTION AMONG MSM IN ASIA
Executive Summary & Take Home Messages for PrEP Advocates
1. Executive Summary & Take home messages for PrEP advocates

In Asia, HIV epidemics among Men who have sex with Men (MSM) are out of control, especially in urban areas. This is happening against the background of strong declines in heterosexual transmission and despite increasing coverage and uptake by MSM of existing prevention options, including condom use, regular testing and early HIV treatment.

Pre-exposure prophylaxis (PrEP) is efficacious, and has the real potential to help global and local efforts to reach prevention targets. PrEP is especially useful for MSM, and especially indicated for those at highest risk, such as young MSM and those unable to use condoms consistently with all partners. PrEP is more than a daily pill: PrEP services include kidney screening, regular HIV testing, adherence support, and screening for STIs and side effects.

Globally and in Asia, PrEP real-life demonstration projects confirm the efficacy found in clinical trials and show that PrEP uptake and adherence is best among those men who benefit most from PrEP. PrEP both requires and enables regular HIV testing, and as such is the gateway to the strategy of ‘test and treat, test and prevent’.

MSM in Asia are ready to consider PrEP as a prevention option. PrEP users appreciate the empowerment PrEP provides and the reduced anxiety about sex and intimacy it brings. However, awareness about PrEP is very low and questions exist about effectiveness, safety and side effects. Cost is low in some countries (30 Baht/day in Thailand), but is highly variable and presents a significant barrier to some, including young men.
HIV service providers are ready to recommend and provide PrEP to MSM. Experiences of service providers in current pilot projects are positive, and interest is especially high among community based service providers to incorporate PrEP into existing MSM services.

To scale up PrEP pilot projects into the national health system, countries need to consider relevant health system components. This includes task shifting and capacity building of service providers; positioning of PrEP in other (HIV) services; public-private partnerships with community based services, and financing of PrEP in the context of universal health coverage programmes.

National AIDS programme managers are aware and interested to include PrEP into the national HIV prevention strategy, and several countries are implementing or planning demonstration services. Opportunities exist for incorporating PrEP into strategies for meeting the new global targets for prevention (zero new infections) and treatment (90-90-90), and linking prevention (PrEP) and treatment (TasP) with (community based) HIV testing and counselling as a common entry point. Additional costs of PrEP need to be covered with additional resource mobilisation, but PrEP cost-effectiveness can be increased through generic drugs, effective targeting men at highest risk, and community-based service delivery models.

MSM community and service organisations are ready and actively supporting PrEP roll-out in countries like China, Indonesia, Philippines, Vietnam and Thailand. Local LGBT and male sexual health organisations have a key role in advocating for and rolling out PrEP for MSM. PrEP has catalysed a new activism among MSM communities. But the notion of MSM “communities” is vague, and male sexual health platforms have varying priorities. For awareness raising and advocacy, early PrEP adopters may be crucial. Next steps in the region are country-level PrEP roll-out planning where possible, and PrEP advocacy where needed. The consultancy delivered 8 country specific roll-out plans. MSM communities will have a key role in supporting not only the increased awareness about PrEP and creating demand but will need to be able to support people to take it safely – stressing the need to adherence and monitoring.

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1.1. Take home messages for PrEP advocates

On the promise of PrEP

1. While heterosexual HIV transmission in the region is strongly declining, HIV epidemics in MSM continue unabated.
2. The reason is different HIV transmission dynamics, since unlike heterosexuals, all MSM combine the most efficient routes of acquisition and transmission behaviour and can switch between them instantly and at will.
3. Current prevention strategies are not enough to reverse the HIV epidemic among MSM in Asia.
4. PrEP works, especially to reduce HIV transmission through anal sex.
5. PrEP is an additional prevention choice, especially for MSM who don’t manage to use condoms consistently.
6. PrEP is not for everybody, but especially for people most at risk of HIV. Current evidence from clinical trials and demonstration projects show that MSM most at risk can self-identify and are the most adherent to PrEP when provided with accurate information and accessible services.
7. PrEP is not for everywhere, but especially cost effective in high-incidence areas and high-incidence populations.
8. PrEP is not for always, but for periods in a person’s life when extra prevention is needed.
9. PrEP is not just a daily pill, but a service package with on-going follow-up such as regular HIV testing, medical evaluation and counselling.
10. PrEP can be cost effective and saves life-long care and treatment costs.
On preparing readiness for PrEP

11. MSM are ready for PrEP, if
   • They have heard about it from others—peers or health providers
   • They understand how it works and that they believe it is effective
   • They considered their HIV risk and behaviours, including other prevention options
   • They understand how to take it and the need for regular monitoring
   • PrEP services are accessible, affordable and non-judgmental

12. Service providers are ready for PrEP, if
   • They have been told about it
   • They understand the effectiveness and for whom PrEP is (or is not) a good option
   • They receive technical assistance, training and support to provide PrEP
   • They have access to global and local PrEP service guidelines
   • They are willing to reach out and listen to potential and current PrEP users and offer services that are inclusive and respectful
   • The health system supports PrEP services and providers

13. Health systems are ready for PrEP, if
   • PrEP services are designed well and (cost) effective, using global guidance
   • Capacity building, guidelines and support are provided to health workers
   • Resources are mobilised for PrEP services, including drugs and lab facilities
   • Service costs are reduced through use of generic
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On preparing readiness for PrEP

14. National AIDS Programme managers are ready to include PrEP services, if
   • They have been told about PrEP, and the global guidance
   • They have and use available data and evidence on HIV incidence (and prevalence) among MSM
   • They prioritise key affected populations, especially MSM
   • They engage with affected communities for design and implementation of PrEP
   • They integrate PrEP services into broader services, and link PrEP to HIV testing and treatment for those found to be HIV+ through PrEP services
   • They (re)register PrEP drugs for prevention use, and secure low cost drugs, if they (legally) can
   • Supportive legislation exists (decriminalisation of male-male sex, age of consent, etc.)

15. Networks and organisations of MSM are ready for PrEP, if
   • Advocacy messages for PrEP are included in Global Fund and other international funding proposals as well as in national strategies and programmes
   • They learn about PrEP from other countries and generate locally relevant information
   • They engage with potential users, and their constituency to discuss PrEP
   • They engage with service providers and policy makers to advocate for PrEP
   • They engage in direct service delivery, while advocating for national services
On national roll out and advocacy for PrEP

16. Introduction of PrEP is a matter of time for most countries, you can start working on it now
   • Use standard planning methods and steps
   • Position PrEP in the global HIV prevention and treatment targets, and emphasise the crucial role of HIV testing for PrEP and other services.
   • Realise that national scale PrEP is a long term goal, and may take years
   • In the meantime, plan and implement local demonstration projects

17. Demand creation for PrEP among MSM needs to start early
   • Audience segmentation is key: PrEP is not for everybody
   • Put special effort in reaching young and marginalised men
   • Ensure debate and dialogue to address the real questions and concerns
   • Advocate for supply as well: demand without supply reduces trust

18. Advocacy for greater quality and coverage of PrEP is an on-going need
   • Discuss with service providers about service protocols and health workers attitudes
   • Discuss with policy makers about cost and other barriers to access
   • Demand community involvement in monitoring and evaluation of PrEP services
We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.

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