Expanding Event-Driven Pre-Exposure Prophylaxis to People Assigned Male at Birth across Three African Countries

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BACKGROUND

Globally in 2022, there were 1.3 million new HIV infections, and 2.5 million people received oral HIV pre-exposure prophylaxis (PrEP) at least once.[1] Scale-up of acceptable and differentiated strategies for increased uptake of oral PrEP is necessary. In 2022, World Health Organization recommended the expansion of event-driven pre-exposure prophylaxis (ED-PrEP) to prevent HIV not only among men who have sex with men (MSM) but also all people assigned male at birth (AMAB) who are not using estradiol-based exogenous hormones. The USAID- and PEPFAR-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project offered ED-PrEP as another option to oral daily PrEP for people AMAB not using estradiol-based exogenous hormones across three sub-Saharan African countries.

METHODS

Using various differentiated service delivery (DSD) models, EpiC offered HIV-negative people AMAB who are MSM, purchase sex, are transgender, are gender diverse, and other people AMAB options for daily PrEP and ED-PrEP in Ghana, Liberia, and Eswatini. ED-PrEP was recommended for people who had infrequent and predictable sexual encounters or anyone who wanted to enroll. Routinely collected programmatic data were analyzed to understand preference and uptake by population and age groups across the three countries.

The results demonstrate the feasibility of offering ED-PrEP to all people AMAB and the preference of some of these individuals for ED-PrEP compared to daily oral PrEP. Scale-up of ED-PrEP may improve oral PrEP uptake among all people AMAB warranting ED-PrEP expansion efforts beyond MSM.

CONCLUSIONS

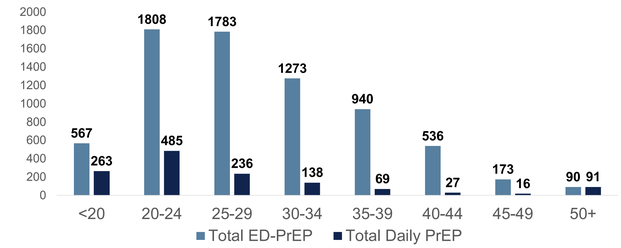
The results demonstrate the feasibility of offering ED-PrEP to all people AMAB and the preference of some of these individuals for ED-PrEP compared to daily oral PrEP. Scale-up of ED-PrEP as another option for PrEP through DSD models may improve oral PrEP uptake among all people AMAB warranting ED-PrEP expansion efforts beyond MSM. More research is needed to understand preferences for all individuals AMAB—not just MSM—and to improve uptake strategies.

As new products for HIV prevention are introduced, all available methods for HIV prevention should be offered to provide options, and population-specific barriers should be identified and addressed to ensure improved and equal access. Finally, further research is needed to understand barriers and strategize for improved adherence and continuation on PrEP for optimum results, including through DSD models and effective counselling.

RESULTS

From October 2021 to May 2023, EpiC newly initiated 8,495 individuals AMAB on oral PrEP in the three countries, among whom 7,101 (84.40%) initiated on ED-PrEP. A larger proportion who were not MSM chose ED-PrEP (95.36%) over daily PrEP compared to MSM (76.85%). The proportion of those who initiated ED-PrEP over daily PrEP was highest among individuals aged 40–44 (95.20%; 536/569) and lowest among 50 and over (49.72%; 90/195) (Figure 1).

Figure 1. Oral PrEP initiations among all people AMAB across three countries by age and ED-PrEP vs. daily PrEP (October 2021–May 2023)



Oral PrEP uptake among people AMAB who were not MSM was higher (84.58%) than among MSM (75.92%). PrEP uptake among those to whom it was offered increased from 39.99% (October 2020–September 2021) to 72.57% (October 2021–May 2023) after ED-PrEP was offered in Ghana and Eswatini. The increase was most highest among those aged 50 and older (18.95% to 75.58%). While the proportion selecting ED-PrEP was lowest among those 50 and over, uptake of oral PrEP increased most among this age group with the added option for ED-PrEP. Provision of options may increase acceptability of services.

REFERENCES

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Conference on Retroviruses and Opportunistic Infections (CROI) 2024

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This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).