

# PrEP for Life: Implementation and Reification of the PrEP Pilot Project among MSM and TG\* in Kyiv City, Ukraine

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# Outline



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# Timeline: PrEP in Ukraine

**2015**

- 1<sup>st</sup> PrEP Kiev Regional Forum for healthcare providers\*;
- Launch of the on-line educational course for healthcare providers\*<sup>\*\*</sup>

**2016**

- 2<sup>nd</sup> PrEP Regional Forum with International Participation: ECDC, WHO, AIDES\*<sup>\*\*</sup>
- PrEP Pilot project planning\*<sup>\*\*</sup>

**2017**

- PrEP among MSM included in the City's AIDS program as a Fast Track strategy;
- Stakeholders meeting on PrEP implementation\*<sup>\*\*\*</sup>
- Launch of research on awareness & acceptability of PrEP among MSM\*
- 2 Trainings for community members, NGOs and healthcare providers<sup>\*\*\*</sup>
- Community counselling and small on-line advertising campaign<sup>\*\*\*\*</sup>
- **Start Pilot Project for 100 MSM/TGW**

**2018**

- On-going patient enrollment and PrEP Provision<sup>\*\*</sup>
- Community counselling<sup>\*\*\*</sup>

Organised by:

\*menZDRAV Foundation; \*\* Kiev City Clinical Hospital No 5; \*\*\* Alliance for Public Health; \*\*\*\* Alliance.Global

# PrEP Pilot Project Brief summary

- **Clinical-based** (on the base of Kiev Clinical Hospital No 5 and 4 private consulting rooms of Kiev City AIDS Centre, located in different districts of Kiev City)
- **Regimen: daily** (1 pill **X** 1 time per day)
- **Agent:** TDF/FTC **generic** (India)
- **Funding:** PEPFAR/CDC through the Alliance for Public Health
- **Community Support** – the Alliance Global
- **PrEP provision** is based on (1) the Local Clinical Protocol, developed by menZDRAV Foundation and Kiev City Clinical Hospital No 5, and (2) the PrEP Implementation and Provision algorithms based on the PrEP Pilot Project Protocol, approved by CDC
- **Scale UP in 2018:**
  - ▶▶ 3500 patients all over Ukraine
  - ▶▶ 90% of them – MSM
  - ▶▶ 1100 MSM and trans women in Kiev City



# Implementation strategy



1

• Informing/education healthcare providers about PrEP as a new prevention strategy (by Regional Forums, Meetings, Vebinars etc.)

2

• Conducting strategic meetings/videoconferences with stakeholders with participation of international experts (ECDC, WHO, AIDES, etc.)

3

• Advocacy by meetings with policymakers of the City Healthcare Department, Ministry of Health

4

• PrEP included to the Kyiv City Target AIDS Programme as a Fast Track Strategy

5

• Set up a small working group for the protocol development; members of the group are healthcare providers and community members

6

• Trainings for healthcare providers and community-based NGOs (counselling, lab diagnostics etc.)

7

• Determine the minimum PrEP services package (screening procedures, counselling models, etc.).

8

• Patient enrollment and PrEP Provision

# Difficulties and Barriers

Barriers	Solutions
<p>1. Lack of the city budget for drugs purchase, social support, trainings for both healthcare providers and community-based NGOs, awareness campaign.</p>	<ul style="list-style-type: none"> <li>Alliance for Public Health bought drugs for PEPFAR/CDC money</li> <li>The city budget covers laboratory diagnostics and salaries of healthcare providers</li> <li><b>Social support, trainings and awareness campaign still requires funding</b></li> </ul>
<p>2. Lack of national clinical protocol.</p>	<p>Local protocol was developed</p>
<p>3. Lack of strategic information on the community's awareness, acceptability and experience of PrEP.</p>	<p>menZDRAV Foundation conducted a PrEP for Life study: Awareness and acceptability of PrEP among MSM in Kyiv and identified a number of new challenges at the community level</p>
<p>4. Lack of demand for PrEP. Funding is not available.</p>	<p><b>The problem remains unresolved. Demand need to be created.</b> A campaign is planned through the sexual-social networks (Hornet, Grindr). Fundraising in the process.</p>
<p>5. Lack of Info Materials. Funding is not available.</p>	<p><b>Still requires funding.</b> The PrEP.in.UA web-site will be launched in February by menZDRAV Foundation but requires additional funding.</p>
<p>6. Retention of PrEP users in the program: now patient receives the pills during 7-9 days after the initial visit to the clinic.</p>	<p><b>The problem remains unresolved.</b> In quarter 4' 2018, a community-based model of PrEP delivery will be implemented.</p>

# Difficulties and Barriers (cont.)

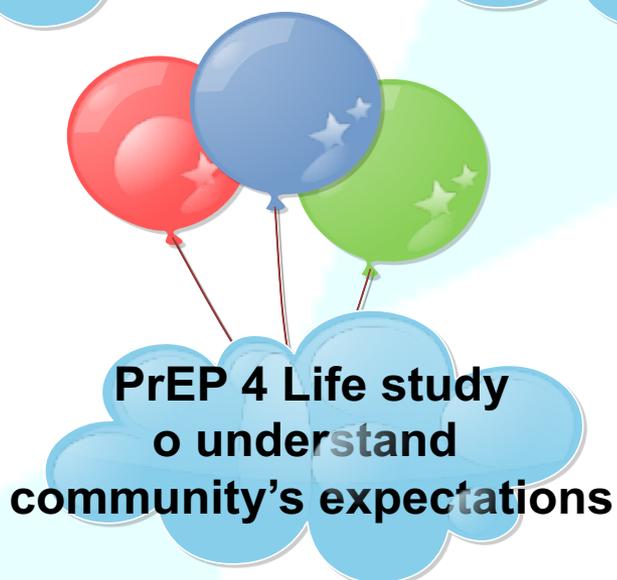
## Some finding from the 'PrEP for Life' Study\*:

**Method:** Cross-sectional survey of 200 MSM and TGW aged 18–52 (median 26.5, IQR 22.0 – 31.0) in Kyiv city, recruited via MSM service-oriented NGOs and socio-sexual media in October 2017 – January 2018. Data analysis used descriptive statistics and multivariate logistic regression.

- **64.7%** respondents had heard about PrEP.
- **6.0%** - reported ever using PrEP; **4.3%** still do so.
- MSM were more likely to know about PrEP if they were high earners (AOR=2.75, CI95% 1.34-5.65), had multiple sexual partners (AOR=3.12, CI95% 1.39, 7.03), and had unprotected anal sex (UPAS) (AOR=2.94, CI95% 1.38, 6.23).
- **Only 42.9%** are willing to use PrEP when available in Ukraine.
- MSM were more likely to use PrEP if they knew about it (AOR=3.22, CI95% 1.48 – 7.02), had UPAS (AOR=2.20, CI95% 1.11 – 4.39), and assessed their risk of HIV infection as moderate/high (AOR=2.91, CI95% 1.46 – 5.81).
- **32.9%** of the participants are not interested in PrEP; 27.8%-interested; 35.8%-undecided.
- The most often reasons for a lack of interest in PrEP are: need for daily administration (83.2%); concerns about side effects (78.4%); risk of other STIs (71.2%); and out-of-pocket costs (65.6%).
- Among potential barriers to use PrEP, participants noted side effects (63.8%), cost expenses (60.3%) and necessity of a daily regimen (52.6%). According to participants, PrEP should be free of cost (53.2%) or partly free (35.8%), and best delivered in LGBT-community centers (50.9%) or through pharmacies (19.7%).

\* PrEP for Life: Awareness and acceptability of PrEP among MSM and TG in Kiev, Ukraine. Study report. menZDRAV Foundation. Kiev. 2018

# Success factors



# Recommendations

- PrEP rollout in Ukraine may be hindered due to a lack of awareness. Strategies to maximize equity in PrEP awareness and access, which in the future will allow to PrEP scaled up among MSM and TG, should be developed and prioritised for MSM and TG with multiple sexual partners.
- PrEP usage is uncommon among MSM and TG in Kyiv; daily administration, potential side effects, risk of STIs and cost are major barriers to PrEP use. Expanded efforts to increase community awareness of PrEP safety and efficacy, as well as more research to determine on-demand regimen as a second viable strategy for MSM and TG in Kyiv, are urgently needed.

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