

**PrEP innovation and implementation in Asia
and the Pacific:
Virtual regional discussion
15-16 December 2020
Meeting Report**

**Hosted by UNAIDS, Unitaid and WHO in association with the Institute
of HIV Research and Innovation (IHRI)**

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Abbreviations

ARV	Antiretrovirals
AIDS	Acquired Immunodeficiency syndrome
CBO	Community-based organization
DSD	Differentiated service delivery
ED-PrEP	Event-driven pre-exposure prophylaxis
HIV	Human immunodeficiency virus
HIVST	HIV self-testing
KPLHS	Key population-led health services
MoH	Ministry of Health
NSP	National strategic plan
PrEP	Pre-exposure prophylaxis
SRH	Sexual and reproductive health
STI	Sexually transmissible infection

1. Executive Summary

The Asia-Pacific virtual discussion on pre-exposure prophylaxis (PrEP) implementation, was convened virtually in December 2020 by UNAIDS, Unitaaid and WHO, in association with the Institute of HIV Research and Innovation (IHRI). It brought together over 300 participants globally and across the region, including community leaders, clinicians, programme implementers and government officials, representing 18 countries together with global and regional organisations. Building on the successful joint meeting held in 2018 on HIV self-testing (HIVST) and PrEP, this virtual discussion aimed to support countries in the implementation and scale-up of PrEP, to revitalize the HIV response in the region. Countries discussed their progress and the challenges experienced in implementing PrEP, as well as reflected on the impact of COVID-19 and the associated service delivery adaptations.

Despite concentrated and growing HIV epidemics in Asia and the Pacific among key populations and their partners, prevention coverage remains sub-optimal. Significant progress in the region has been made over the last two years, as PrEP has been increasingly included in national strategic plans and HIV guidelines, with several countries in the region establishing comprehensive PrEP guidelines that focus on key populations and others at increased risk. A handful of countries in the region have also adapted their guidelines to reflect recently recommended additional dosing regimens such as ED-PrEP.

A key theme that was highlighted during discussions was how to effectively accelerate PrEP scale-up to achieve national availability and quickly move beyond the initial piloting or demonstration phases. Highlights included experiences shared from Cambodia which demonstrated the potential of skipping a pilot project entirely and proceeding to national implementation and Viet Nam demonstrated how the learnings from demonstration projects can be leveraged to inform rapid scale-up. In Thailand, experiences of implementing a PrEP programme for adolescents from key populations emphasized the importance of prioritising differentiated service delivery and in the Philippines, the influential role of client-centered demand generation campaigns for increasing PrEP uptake were highlighted. In Myanmar, enhanced co-ordination between PrEP providers and other health services has ensured continued service provision and follow-up testing for PrEP users throughout COVID-19. However, several barriers remain for countries in the region to achieve successful PrEP scale-up, most notably a lack of government commitment and funding in some countries to support PrEP scale-up despite successful pilot studies. Procurement, cost and registration of the PrEP drugs continue to present challenges to national roll-out plans and pose substantial out-of-pocket expenses for clients in countries where PrEP is not subsidized by national health programmes.

Although COVID-19 has brought with it many challenges in terms of sustaining HIV prevention programmes during periods of restricted movement and reduced staff capacity, the resourcefulness of community responses has shone through, with innovations and adaptations to service delivery models to ensure continued access to combination prevention programmes. COVID-19 has spurred the development and/or use of telehealth and digital platforms to deliver essential PrEP services, such as mobile applications for screening and appointment reservation, PrEP delivery by courier and online peer support groups, which has provided an additional layer

of privacy and convenience for PrEP users. PrEP services have also rerevised their visit schedule and medication dispensing. HIV self-testing (HIVST) is becoming increasingly available across the region and has assisted in maintaining HIV diagnostic services during the pandemic in some countries, reducing the need for frequent clinic visits in some places.

Long-acting injectable PrEP, which has shown high efficacy and acceptability in the recent HPTN083 and 084 trials may offer an exciting prospect for Asia and the Pacific in places and among populations where there is sometimes a strong preference for injectables over oral medication. There are, however, safety and implementation issues that need to be addressed, regulatory approval processes undertaken, manufacturing/supply issues and pricing is as yet uncertain. Nevertheless, it is important that countries start to consider future policy and guidance and the necessary infrastructure to ensure its effective roll-out if and when these issues are addressed.

As countries in the region work towards a post-COVID-19 “new normal”, it is vital to carry forwards the momentum for innovations and adaptations to current oral PrEP service delivery models (including on simplifying, demedicalizing and differentiating PrEP services) and that concrete targets are set to guide countries in accelerating the scale-up of PrEP, in order to reach the new UN 2025 targets. For prevention, this target involves 95% of people at risk of HIV infection using appropriate, prioritized, person-centered and effective combination prevention options, which includes PrEP. Achieving these new targets by 2025 would get the world very close to meeting the target of 90% reduction in annual infections by 2030, as outlined in the Sustainable Development Goal Agenda.

2. Foreword from the Organisers

UNAIDS, UnitAids and WHO, together with the Institute for HIV Research and Innovation (IHRI), recognize the importance of accelerating PrEP implementation and scale-up to reduce new HIV infections and change the course of the epidemic in Asia and the Pacific. Asia and the Pacific must urgently move beyond pilots and demonstration projects to prioritise and scale-up the adoption of new and innovative approaches to enhance HIV-related prevention and testing services for key populations.

This virtual discussion brought together countries and partners at all stages of PrEP adoption to share their diverse knowledge and experiences, to consider innovations in PrEP, to reflect on their progress and their challenges, and to explore next steps to maximise the potential of PrEP as an additional HIV prevention tool. Without a strong commitment at all levels of the response and bold actions, we cannot reach the UN 2030 targets and end HIV transmission within Asia and the Pacific.

3. Background and Objectives

The virtual regional discussion on PrEP implementation in Asia and the Pacific was jointly convened by UNAIDS, Unitaid and WHO, in association with IHRI, and held virtually on the 15 and 16 December 2020. Bringing together over 300 community leaders, clinicians, programme implementers and government officials representing 18 countries across the Asia-Pacific Region. The overarching aim of this virtual discussion was to support countries in the implementation and scale-up of PrEP to re-vitalize the HIV response in the region. The virtual regional discussion on PrEP implementation in Asia and the Pacific addressed four main objectives:

- To discuss the progress and challenges in implementing PrEP since the last meeting in 2018.
- To share experiences and implementation challenges.
- To share service delivery adaptations and innovations as a result of COVID-19.
- To identify country priorities for the next 18 months (implementation plans), for either the expansion or optimization of PrEP service delivery, identifying the challenges that may benefit from regional activities or targeted technical assistance.

This regional consultation built upon the successful joint meeting held in 2018 on HIV self-testing (HIVST) and PrEP and was held in tandem with the HIV testing and self-testing (HIVST) in Asia-Pacific virtual discussion which was convened on 7 and 8 December 2020. The HIV testing and HIVST virtual discussion highlighted the significant but varied progress made in HIVST rollout over the past two years in Asia and the Pacific, as well as bringing to the forefront, the large gaps that remain. Lack of supportive national policy on HIVST and hesitancy related to potential social harms and the procurement costs of HIVST were identified as critical barriers to HIVST implementation, highlighting a need for increased advocacy in-country. Community engagement with key population networks for increasing awareness and generating demand for HIVST, as well as increased technical support for the registration and availability of quality-assured HIVST were also identified as essential next steps to scale-up implementation of HIVST across the region.

4. Introduction

PrEP has a vital role as an additional prevention choice to tackle the HIV epidemics in Asia and the Pacific, where key populations are disproportionately affected. Countries in Asia and the Pacific must move rapidly beyond pilots and demonstration projects, to re-focus efforts on sustainable and scalable implementation of PrEP and national scale-up.

Whilst several countries have advanced beyond a pilot and are now focusing on the scale-up of PrEP, other countries are at earlier stages of planning and roll-out. As a consequence, overall PrEP availability and uptake across the region has been slow. For prevention efforts to have an impact on the HIV epidemics in the region, PrEP needs to become available, accessible and attractive to key populations and their partners to enable uptake at a population scale.

Overview of the HIV epidemic status in Asia and the Pacific

- Despite a 12% reduction in new HIV infections between 2010 and 2019, progress in the region has fallen short of achieving the UNAIDS Fast-Track targets by 2020.
- In 2019, 98% of new HIV infections in Asia and the Pacific among those aged 15-49 years occur among key populations and their partners.
- 44% of new infections in the region are among men who have sex with men, which increases to more than 50% among the youth population aged 15-24.
- Rising new HIV infections among men who have sex with men in China, Indonesia, Malaysia, Pakistan and the Philippines are particularly concerning.

5. Regional Status of PrEP and Updates on Recommendations and Science.

Dr. Heather-Marie Schmidt, Regional PrEP Advisor, UNAIDS Asia and the Pacific, and WHO

The World Health Organization (WHO) updated their recommendations on PrEP in 2019, to include event-driven PrEP (ED-PrEP) as an alternative to daily oral PrEP for men who have sex with men as part of comprehensive HIV prevention services. ED-PrEP or 2+1+1 as it is also known, offers a convenient and flexible alternative for people having infrequent sex and has already been reflected in the PrEP guidelines in a few countries including Australia, Viet Nam and Pakistan.

Long-acting injectable PrEP is now on the horizon following two successful clinical trials (HPTN083 and HPTN084) demonstrating superiority to oral PrEP on an intention to treat analysis. Both CAB-LA and oral TDF/FTC are highly effective in preventing HIV. In the trials as CAB-LA was provided at the site by HCWs 'adherence' was ensured, whereas oral daily PrEP required PrEP clients to adhere and continue with tablets without supervision. Long-acting injectable cabotegravir (CAB-LA) PrEP could be an option for people who find it difficult taking or remembering to take tablets. CAB-LA may also be acceptable in parts of Asia and the Pacific where there may be a preference for injectable over oral medication. While there are important safety and implementation issues to address before considering widespread implementation, including safety and efficacy in adolescents, safety during pregnancy and breastfeeding, and understanding the pharmacokinetic tail and potential drug resistance, it was noted that countries in the region should begin to prepare for newer PrEP modalities to support eventual implementation.

Despite concentrated and growing epidemics in Asia and the Pacific among key populations and their partners, prevention coverage remains sub-optimal among key populations. PrEP provides an empowering, appropriate and responsible prevention option which allows people to take control of their sexual health, and although uptake in the region has been slow, significant progress has been made in many countries over the past two years. PrEP is being increasingly included in HIV guidelines and policies, with most countries in the region mentioning PrEP in their National Strategic Plans (NSPs), and many countries establishing comprehensive PrEP guidelines that focus on key populations and others at substantial risk.

Asia-Pacific Country Highlights

- **THAILAND:** PrEP is now included under Universal Health Coverage (UHC).
- **VIET NAM:** Continuing to expand PrEP scale-up.
- **CAMBODIA:** Launched a PrEP programme, skipping the pilot stage completely and going straight into implementation.
- **INDIA, PHILIPPINES, MALAYSIA AND CHINA:** Demonstration projects completed.
- **SRI LANKA, MYANMAR AND INDIA:** Demonstration projects started for key populations.
- **MONGOLIA, LAO PDR and PAKISTAN:** Planning to launch soon.
- **INDONESIA:** Planning stage of PrEP.

Although almost every country in the region is now at some stage of PrEP implementation, from trialing and planning, to full-scale implementation, persistent gaps between a successful trial and national roll-out remain, with PrEP being discontinued in some countries after a successful trial and in others delayed. Asia and the Pacific has fallen short of the PrEP targets and current uptake is insufficient to steer the course of the epidemic in the region. Of the approximate 60,000 users in Asia and the Pacific, about half are situated in Australia. Among barriers related to the costs of PrEP, in addition to geographical and socioeconomic inequalities in access across the region, COVID-19 has also impacted PrEP implementation programmes and left many people at risk of HIV vulnerable. It was noted that the pandemic has also exacerbated challenges associated with informal PrEP use, which has been associated with risks of sub-optimal adherence, poorer testing uptake and risk compensation. However, there is significant demand for PrEP in Asia and the Pacific, with results of a 2020 survey conducted by UNAIDS, WHO, APCOM, Path and Hornet among Hornet users in the region, suggesting that the unmet need for PrEP is high, with only 30% of those eligible having used PrEP.

The newly released UN targets for 2025 stipulate that 95% of people at risk of HIV infection should be using appropriate, prioritized, person-centered and effective combination prevention options (including PrEP). Epidemic modelling has demonstrated that achieving these targets by 2025, would get the world very close to achieving a 90% reduction in annual HIV infections by 2030.

Key messages to consider for PrEP implementation in Asia and the Pacific include:

- We do not need more evidence from demonstration projects that oral PrEP works; this has already been well established.
- Countries should adopt tailored approaches to PrEP implementation that maximize effectiveness and impact of PrEP at a population-scale.
- The ongoing COVID-19 pandemic offers opportunities to improve and innovate in PrEP service delivery and achieving the new UN targets for 2025 for prevention will require innovation and a commitment to expedite the rollout of technological and service delivery breakthroughs.
- We cannot wait for new modalities of PrEP (although it is important to prepare for them).

6. Advances in Differentiated Service Delivery for PrEP

Dr Nittaya Phanuphak, Executive Director, Institute of HIV Research and Innovation (IHRI)

Differentiated service delivery for PrEP is a key component of PrEP scale-up in Asia and the Pacific. This people-centered approach involves task-shifting or task-sharing to alternative health providers, including nurses, pharmacists and lay providers, making PrEP more accessible for people who experience barriers in accessing primary health care or existing HIV services.

Differentiated delivery models for PrEP such as key population-led health services (KPLHS), the use of digital innovations and strengthening capacities of PrEP providers are essential for optimal PrEP scale-up and there have been several examples throughout Asia and the Pacific. In Thailand, key population-led PrEP services have been central to the success of the country's HIV response, involving close collaborations between community-based organizations (CBOs) and hospitals to ensure the provision of same-day PrEP. In response to COVID-19, key population-led service adaptations in Thailand included extensions to PrEP prescriptions, telehealth consultations, express delivery options, STI self-sampling and PrEP effective use counselling.

Key population-led PrEP also constitutes the main PrEP service delivery model in Viet Nam where integrated home lab sample collections and HIV self-testing (HIVST) have also become available to clients. During the pandemic, online distribution of HIVST was piloted in Viet Nam along with telehealth and PrEP delivery by courier.

Similarly, in the Philippines, the key population-led PrEP programme (PrEPPI) has successfully completed an initial demonstration project and is moving towards national implementation.

Alternative examples of differentiated PrEP delivery models include nurse-led services such as in New South Wales, Australia, and pharmacist-led models which have increased the convenience, privacy and provider engagement in the United States and has been piloted in Kenya.

However, policy dissonance poses a significant barrier for optimal scale-up up of PrEP for countries in Asia and the Pacific, where national policy does not align with or facilitate the use of lay providers as PrEP providers. It was noted that although it has been 18 months since key population-led health services were legalized to provide PrEP in Thailand, key population led-clinics have not yet been certified and so cannot be reimbursed from the national health security office for the services they offer. It was also highlighted that an important component of scaling-up access to PrEP involves overcoming PrEP stigma and generating demand through campaigns that promote positivity and dismantle stigma, such as the recently launched "PrEP in the City" campaign for transgender women in Thailand.

Key actions for successful PrEP scale-up and lessons learned from COVID-19:

- Innovative approaches, including telehealth, PrEP couriers, and self-sampling, should be considered for use beyond COVID-19.
- There is a need for governments in the region to embrace and fund differentiated service delivery models to ensure a higher coverage, especially among marginalized population groups.

- Gain-framed messaging should be employed in PrEP campaigns and service delivery processes to increase awareness and overcome PrEP stigma.

7. Country level experiences of PrEP Implementation

During this panel discussion, five Asia-Pacific countries at different stages of PrEP implementation shared lessons learned and the challenges experienced in the implementation and scale-up of PrEP.

7.1 Myanmar: launching PrEP during the COVID-19 pandemic

Dr Htun Ngyut Oo, Director, National AIDS Program (NAP), Myanmar

Since Myanmar joined the Global HIV Prevention Coalition (GPC) in 2018, the scale-up of comprehensive combination prevention has become a national priority. Despite a 36% decline in new HIV infections since 2010, key populations and their partners represent a disproportionate percentage of new infections, with approximately 70% of new HIV infections occurring among people who inject drugs, men who have sex with men and female sex workers and their clients.

Following the successful launch of a PrEP demonstration project in July 2020 in Yangon, 300 people are currently receiving daily PrEP from three clinics based in Yangon. The 18-month demonstration project which prioritizes men who have sex with men, transgender populations and people who inject drugs, utilises an integrated service delivery approach by linking existing health facilities (both government and NGO-led facilities) with key population service centres, HIV testing centres and other prevention services, as necessary. As there is comparatively less evidence for PrEP programs for people who inject drugs, this component in Myanmar is supported by a strong research frame and enrolment is expected to begin in 2021.

In response to the COVID-19 pandemic and the associated challenges which included restricted access to HIV services, suspended outreach activities and reports of stigma and discrimination among key populations, several mitigation measures were put in place to support the PrEP demonstration project in Myanmar. Enhanced co-ordination between PrEP providers and other services ensured that follow-up testing was arranged at alternative facilities, online and tele-counselling was established for follow-up appointments with PrEP clients, and social media campaigns were utilised to raise awareness and generate demand for PrEP.

Priority areas for the future of PrEP implementation in Myanmar include:

- Expanding PrEP services to other key population groups at substantial risk of HIV infection in the next national strategic plan, subject to the availability of resources.
- Scaling-up of PrEP service delivery models to provide free and co-payment/subsidized models.
- Structured engagement of private health service providers for PrEP service provision.
- Scale-up of PrEP, prioritizing states, regions and townships with high HIV infection rates.

7.2 Cambodia: from zero to rollout, a pragmatic implementation of PrEP

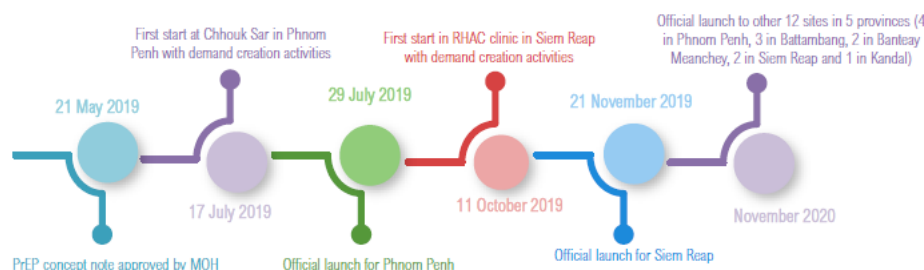
Dr Ly Penh Sun, Director, National Center for HIV/AIDS, Dermatology and STDs (NCHADS), Cambodia

The HIV epidemic in Cambodia is characterised by a concentrated epidemic among men who have sex with men who make up 32% of new HIV infections, sex workers (16%) and the clients and partners of key populations (17%). Increasing new HIV case detection among young men who have sex with men and transgender populations has also become a growing concern in Cambodia. Unlike other countries in the region where PrEP implementation has been preceded by a comprehensive demonstration project, Cambodia proceeded straight to a phased implementation of PrEP starting with an official launch in Phnom Penh in July 2019. The number of sites providing PrEP expanded from the initial two in 2019 (one in Phnom Penh and one in Siem Reap), to 14 sites across 5 provinces (Phnom Penh, Battambang, Banteay Meanchey, Siem Reap and Kandal) by late November 2020. As of November 2020, 522 clients were receiving PrEP and uptake has been increasing quarterly.

The decision to use a phased implementation of PrEP approach, rather than a pilot study, provides lessons for other countries in the region to expedite PrEP implementation programmes. The phased implementation involved the engagement of key stakeholders and significant advocacy work to generate buy-in from the MoH, which led to the endorsement of the PrEP concept note in May 2019 and an official launch two months later in Phnom Penh. Health planners and policy makers worked closely with civil society organizations (CSOs) and community-based organizations (CBOs) focusing on HIV prevention programmes to develop demand generation activities through physical and online outreach.

Challenges experienced in the roll-out of PrEP in Cambodia have ranged from lengthy PrEP enrolment processes (which have now been improved), to tackling the misconceptions surrounding PrEP, in addition to COVID-19-related challenges, such as limited health provider capacity. A PrEP expansion plan has been developed for 2021-2023 with a target of reaching all 15 high-burden provinces of HIV infection and engaging 5,000 clients on PrEP.

Phased Implementation of PrEP in Cambodia



7.3 Thailand: providing PrEP for adolescents

Dr Wipaporn (Natalie) Songtaweasin, Chulalongkorn University, Thailand

Although only 5% of all people living with HIV in Thailand are young people (15-24 years), they are disproportionately affected by new infections, accounting for 50% of all new HIV infections in 2019. In Thailand, PrEP became available free of charge to those meeting the eligibility criteria under universal health care in 2019. Currently, 28% of clients access PrEP through hospitals under universal health care and 72% of clients access PrEP through key population-led health services (not currently under UHC).

Adolescents and young people experience multiple barriers in accessing HIV prevention services due to fears of stigma and discrimination, competing opportunity costs with work, studies and other leisure activities, as well as the perceived affordability of using these services. In response, the adolescent HIV prevention clinic at Chulalongkorn University in Bangkok provides tailored HIV prevention services for young people aged 15-24 years. Since the launch of this specialised clinic in 2017, the number of PrEP users has gradually increased, with 411 clients currently enrolled in their services (21% 15-17 years; 79% 18-24 years), the majority of whom identify as men who have sex with men (82%), 17% transgender women and 1% heterosexual.

Recognizing the multiple barriers that young people face in accessing HIV prevention services, the adolescent HIV prevention clinic has effectively diversified service delivery to ensure that services are youth-friendly, convenient and quick. A convenience store mentality has been applied to the service delivery, providing a one-stop-shop of integrated services such as mental health services, substance addiction support and STI screening to minimize the overall health visit time. The importance of training staff to be welcoming to all gender identities and be aware of the stigma faced by young key populations was noted, especially for adolescents who may not have yet disclosed their sexual orientation or gender identity. In terms of demand generation for PrEP, programme implementers found that social networking strategies using peer educators were a more effective method of conducting outreach, compared with social media. As a result, a social network-based peer recruitment programme will be launched at the centre in 2021 to generate demand for HIV prevention services.

Preparations are being made to develop a digital platform, integrating online bookings, appointment confirmations, consultations and active follow-up in one application. To account for adolescent unreliability, programme implementers aim to create an overbooking system for non-attenders, online confirmation for visits and redeemable loyalty points for appointment attendance. Plans for the coming year also involve recruiting and training peer navigators and developing a triage system for ongoing clients who are established and stable in their PrEP use, to receive online and postal delivered dispensing. Important considerations for adolescent-centred HIV prevention services include:

- Prioritizing and tailoring service delivery essentials vs. a 'one size fits all' approach.
- Use of mobile health – automation where possible.
- Ensuring accessible funding, sustainability and reimbursement schemes.
- Speed, convenience and cost are key service delivery considerations:

- Online and offsite services
- Triaged care
- Staff skills and attitude preparedness are key to fostering a welcoming environment for young people.
- Ensuring clinic locations are accessible to adolescents and young people i.e. shopping districts, student housing areas, university campuses and ensuring that all are accessible by major public transport links.
- Removal of restrictive parental consent laws and policies that pose a critical barrier for adolescent access to HIV and other sexual and reproductive health services in many Asia-Pacific countries. Where parental consent cannot be waived, it is important to focus conversations with parents on maintaining good health rather than on the negative, stigmatised aspects of HIV and sexual health.

7.4 Philippines: digital innovations to provide the PrEP package

Mr Danvic Rosadiño, Senior Operations Manager and Data Protection Officer, LoveYourself, Philippines

PrEP was introduced to the Philippines through Project PrEPPY; a multi-stakeholder PrEP demonstration project launched in 2017 and spearheaded by the community-based organization, LoveYourself, Philippines. The demonstration project evaluated the feasibility and acceptability of community-based preventive HIV PrEP services that utilised a peer-driven approach and alternative models of outreach and engagement with the target community of men who have sex with men and transgender women. Project PrEPPY employs a demedicalized approach to PrEP implementation with task-sharing among community volunteers (PrEPPY peers) who are trained to provide specialised PrEP services and drug dispensing. Use of a peer-driven approach to PrEP service delivery, ensures that clients feel they are in a safe space and feel empowered to manage their own health, which is crucial for retaining clients in services.

The demonstration project had a high follow-up rate and high adherence to PrEP, confirming the importance of peer-driven approaches to PrEP service delivery for the further role out of PrEP in the Philippines. Additional findings from this demonstration project show that there have been no new HIV infections among enrolled clients over the two year project cycle, no increase in STI incidence, no increase in the number of sexual partners, more than 80% follow-up at 3 months and no change in condom use with casual partners.

Demand for PrEP is being generated through successful client-centred online campaigns: #MenOfPrEP campaign targeting men who have sex with men and #QueensOfPrEP targeting transgender women. The demonstration project also led to the establishment of a National PrEP Network in the Philippines, which serves as a hub for PrEP service providers to share examples of best practice and resources for PrEP implementation. Through this network, support and training has been provided to public health providers, including using an online platform during the COVID-19 pandemic.

PrEP access has been expanded to include LoveYourself centres, other community-based organizations and private hospitals and clinics. In addition, national guidelines for PrEP service have been developed and are due to be implemented soon in the Philippines.

Lessons learned from the demonstration project which will be carried forwards to PrEP scale-up include:

- The importance of minimising enrolment and processing times (enrolment was reduced from 5 hours to 1.5-2 hours).
- The vital role of peer-driven and community-based approaches for making PrEP accessible and acceptable.
- Streamlining services by integrating PrEP referral into other online initiatives.
- The influential role of client-centred demand generation campaigns, which use ambassadors to communicate the key messaging of PrEP.
- Importance of providing multiple access points to PrEP services (including online), to provide clients with more choice.

7.5 Viet Nam: results and challenges of scaling up PrEP

Assistant Professor Phan Thi Thu Huong, Vice Director, VAAC Viet Nam

Following the launch of a successful PrEP pilot in Ho Chi Minh City in 2017, Viet Nam commenced national scale-up in 2018, expanding PrEP to a further 11 PEPFAR-funded provinces. As of 2020, PrEP has been expanded to 27 PEPFAR and Global Fund-sponsored provinces and a 5-year plan for further PrEP scale-up has been approved. Following WHO's 2019 recommendation on event-driven PrEP, Viet Nam revised PrEP guidelines.

The integrated community-based HIV testing and PrEP service delivery model utilises a CBO and public-private clinic partnership approach by pairing key population-led CBOs with PrEP clinics. A continuous quality improvement (CQI) system has also been developed as a monitoring and evaluation tool, using exit client surveys, online surveys and routine focus group discussions to inform feedback mechanisms.

In response to COVID-19, innovative service adaptations were developed to ensure continued access to PrEP especially during social quarantine such as online assessment and appointment reservation, online PrEP counselling, home test kit delivery, as well as PrEP home delivery in selected provinces. Despite the ongoing pandemic, between January and September 2020, 7,837 new clients were enrolled in PrEP in Viet Nam, 78% of whom are men who have sex with men. With the number of PrEP clients gradually increasing each quarter, Viet Nam aims to have 38,000 people enrolled on PrEP by the end of 2021.

Lessons learned during the PrEP scale-up process in Viet Nam:

- Learning quickly from pilots to put in place national guidelines, helped facilitate more rapid PrEP scale-up.

- Partnership with the community, key population-led CBOs and key population-led clinics has been critical for PrEP scale-up and will enable reaching 72,000 enrolled people by 2025.
- ED-PrEP has offered an important choice for men who have sex with men and will contribute to increased PrEP coverage among this population.
- COVID-19 service adaptations have provided an increased diversity of PrEP services which is key to increasing coverage and maintaining strong continuation for those that want to continue on PrEP. However, this was still limited at the sites with project support.

8. Community perspectives on PrEP implementation

Moderator: Ms Rena Janamanuaysook (IHRI, Thailand)

Panelists: Miss Jane Kasim (Seed Foundation, Malaysia); Mr Kaushal Ranasinghe (Human Rights & Social Activist and Journalist, Sri Lanka); Mr Yashwinder Singh (The Humsafar Trust, India)

During this panel discussion, community representatives discussed their perspectives on PrEP implementation among their communities and countries (Malaysia, Sri Lanka and India). Panelists agreed that PrEP is an empowering HIV prevention tool that is critical to the HIV response. The importance of PrEP in relieving the anxiety around sex and supporting members of the community, particularly those with multiple vulnerabilities to HIV, to enjoy safe sex was emphasized. Speaking about the stigma and discrimination associated with PrEP, panelists outlined a common misconception among community, health providers and policy makers that PrEP is a luxury item and that it encourages riskier sex practices. Panelists called for increased advocacy, education and positive dialogue around PrEP, that communicates the health and social benefits to the community, policymakers and providers, in addition to dismantling the stigma surrounding it.

“We need to build a further dialogue on the right to enjoy it [PrEP].” Mr Kaushal Ranasinghe, Human Rights & Social Activist and Journalist, Sri Lanka.

Affordability of PrEP was noted as a common barrier to PrEP uptake, including in Malaysia where the prices vary depending on the geographical location. A lack of accessibility was also highlighted as a significant challenge for PrEP uptake in Sri Lanka, where informal PrEP use introduces additional associated risks and further marginalizes key populations and those who use PrEP. This lack of access and outreach is a particular challenge for marginalized community members who remain “hidden” and are not covered by civil society organizations or national health services. In a similar vein, members of the community residing in rural areas also face scarce access to PrEP, with panelists calling for equity in geographical access and a shift away from urban centric PrEP delivery which prioritizes community members in large cities. Panelists also discussed the importance of sustainability in PrEP programs and the dangers of pilots that limit the numbers of people who can benefit from PrEP and contribute to unequitable geographical access.

“We need to convince the people, which includes your government, your policy makers.....we need to convince them that PrEP is not a luxury.” Mr Yashwinder Singh, The Humsafar Trust, India.

Panelists highlighted the need to consider the social aspects of this biomedical intervention. The priorities and needs for the different groups of people who would benefit for PrEP, including young people, must be addressed, including ensuring proper support, information, convenience, affordability, accessibility and availability. Further, the narrative around PrEP must be shifted and gain-framing messaging used, focusing on prioritizing and maintaining good sexual health and countering the negative messages that are often portrayed in the media. Newer media, including social media, plays an important role in reaching the community, especially so-called hidden populations, and normalizing PrEP as an empowering and effective HIV prevention option.

9. Bringing PrEP closer to home: diversifying service delivery and learning from COVID-19

Moderators: Dr Kimberley Green (PATH) and Mr Midnight Poonkasetwattana (APCOM)

Panelists: Dr Nittaya Phanuphak (IHRI, Thailand); Dr Hendry Luis (Bali Peduli Foundation, Indonesia); Ms Manisha Dhakal (Blue Diamond, Nepal); Dr Ho Quan An (Glink, Viet Nam)

During this panel discussion, PrEP implementers and partners in Thailand, Indonesia, Nepal, and Viet Nam discussed experiences in diversifying service delivery for PrEP to ensure that services are tailored to the different needs of key populations, including adolescent key populations and sharing the lessons learned from COVID-19, including associated service innovations.

Whilst successful experiences of PrEP implementation from the region have demonstrated the effectiveness of task-shifting HIV services from formal health providers to key population-led health services, it was highlighted that countries should prioritize diversifying services to fit the individual context and the preferences of high-risk population groups. Ultimately, increasing and diversifying the service delivery options that are responsive to people's needs, leads to improved coverage of combination prevention such as PrEP.

In response to COVID-19, HIV service providers throughout the region have adapted existing services and introduced innovative approaches to ensure consistent PrEP service delivery. In Viet Nam for example, blood-based HIVST kits and home-based lab services were delivered to clients by courier service during the pandemic, with HIV-negative clients receiving a 3-month PrEP delivery through courier service and a virtual one-month follow-up appointment with the dispensing clinic. Although real-world implementation of HIVST has only recently begun, COVID-19 may offer a window of opportunity to integrate HIVST into existing PrEP services, as a private, confidential and convenient testing option for key populations who encounter multiple barriers in accessing HIV prevention services.

The importance of multi-stakeholder engagement for PrEP implementation was highlighted as key to successful roll-out, as well as the need for national guidelines and policy that can help guide and support community-based organizations and other health service providers to implement PrEP.

Key messages:

- To think carefully about which COVID-19 related service delivery adaptations are sustainable to take forwards, that have made PrEP service delivery more convenient, private and efficient.
- Integrating HIVST into PrEP service delivery models has proven effective during COVID-19.
- Choice matters: different key populations are going to have different preferences for service delivery (whether it be nurse-led, doctor-led, key population-led or self-led).
- Targeted demand generation activities for PrEP services are critical for increasing awareness, tackling misconceptions and increasing uptake of PrEP.

10. Discussion summary

During this session, speakers and panelists discussed questions proposed by participants. The barriers to implementation of PrEP and suggested strategies to address barriers and facilitate scale-up are summarized as follows:

9.1 Barriers to implementation and scale-up

Barriers identified to the implementation and scale-up of PrEP in Asia and the Pacific include:

- Challenges related to the procurement of PrEP, coupled with lack of funding from national health budgets, impedes national scale-up for countries in the region, with noted increases of informal PrEP procurement through unregulated channels.
- PrEP is unaffordable for many people at high risk of HIV in Asia and the Pacific due to out-of-pocket expenses, including drug and associated testing, in countries where PrEP is not covered by a national health or other programme.
- There is limited academic research and international/regional guidance for providing PrEP for people who inject drugs, despite a growing demand for PrEP among this population group to prevent sexual and drug use related transmission. It should be emphasized that harm reduction (NSP and OST) should always be priorities for prevention of HIV for PWID, as this has broader benefits alongside effective HIV prevention
- PrEP drugs are yet to be registered in some countries in Asia and the Pacific for prevention purposes, often despite registration and/or approval for treatment purposes.
- Prevailing concerns among health providers and policy makers propagate the misconception that PrEP may lead to unsafe sex practices and a consequent increase in STI incidence rates. These misconceptions commonly cause health providers' reluctance to offer PrEP services, as well as programs' misuse of condom use and STI rates, instead of HIV incidence, to monitor PrEP program success.
- Delays to national PrEP implementation programmes as a result of COVID-19.
- Uncertainty among the transgender community about whether PrEP interferes with hormone therapy. Although there is a small reduction in TDF/FTC levels in transgender women on hormonal therapy, this reduction does not reduce the efficacy of oral daily PrEP.

- Lack of commitment to follow through with national scale-up of PrEP following successful demonstration projects in some countries.
- Ministerial bottlenecks have delayed national rollout of PrEP as part of universal health coverage in some countries, resulting in challenges related to health financing of PrEP.

9.2 Suggested strategies to help address barriers and facilitate scale-up of PrEP

- Continue to prioritize differentiated PrEP services that are tailored to the preferences and needs of key population groups, prioritizing convenience and choice.
- Use PrEP as a window of opportunity to strengthen STI screening, using an integrated service delivery approach in contexts where STI screening infrastructure is already established.
- Explore different avenues of funding for PrEP scale-up programmes such as public-private partnerships with successful examples from the region demonstrating how the corporate social responsibility (CSR) programmes of private sector companies can be harnessed to support HIV prevention efforts.
- Explore how best to integrate HIVST into PrEP service delivery models, as has proven effective in some Asia-Pacific countries during COVID-19.
- Facilitate the exchange of information and best practices in the region to help guide and strengthen PrEP programs for people who inject drugs. Improve the capacity of PrEP service providers to advise clients with specific needs including about chemsex.
- Investigate mechanisms to improve the procurement of PrEP at lower prices such as regional joint price negotiations or expediting the approval and registration of generic PrEP.

11. Actions and strategies needed to scale-up PrEP in Asia and the Pacific

During the break-out session of the virtual regional meeting, participants were divided into pre-assigned groups for facilitated peer country discussions, to share lessons learned in PrEP implementation and using the expertise of country-peers, to outline priorities for the next 18 months. Country-level rapid summaries which provide an overview of the status of PrEP implementation, goal(s) for the next 18 months and priority areas are included in Appendix 1. Participating countries were divided into the following groups:

	Country peers	Facilitators
Group 1	Bangladesh and China	BB Rewari (WHO) and Justin Bionat (YVC)
Group 2	Cambodia, Mongolia and Timor-Leste	Anne Brink (WHO) and Inad Rendon (APCOM)
Group 3	Myanmar and the Philippines	Matthew Avery (FHI360) and Aadi Baig (Youth LEAD)
Group 4	Malaysia and Pakistan	Michelle Rodolph (WHO) and Midnight Poonkasetwattana (APCOM)
Group 5	Indonesia and Viet Nam	Heather Ingold (Unitaid) and Sushena Reza-Paul (University of Maitoba)
Group 6	Lao PDR and Papua New Guinea	Jason Ong (AFAO) and Dale Halliday (Unitaid)
Group 7	India and Thailand	Kimberley Green (PATH) and Hendry Luis (Bali Peduli Foundation)
Group 8	Nepal and Sri Lanka	Chris Obermeyer (USAID) and Philips Loh (AFAO)

11.1 Developing suggested country-level priorities for PrEP implementation

Although countries in Asia and the Pacific are at varying stages of PrEP implementation and scale-up, several common themes emerged among the top three priority areas identified by countries. Although not an exhaustive list, the common themes are summarized as follows (country rapid summaries available in Appendix 1):

- Countries in planning and demonstration phases plan to use the results of these projects to generate buy-in from policy makers and include PrEP in NSPs (Mongolia; Timor-Leste).
- Develop, update and/or disseminate comprehensive PrEP guidelines (Indonesia; Lao PDR; Malaysia; Nepal; Papua New Guinea; Philippines; Timor-Leste).
- Scale-up and expansion of PrEP programs to cover higher numbers of people, additional geographic locations and/or additional populations (Cambodia; Malaysia; Myanmar; Sri Lanka; Thailand).
- Strengthen monitoring and evaluation, including databases for monitoring PrEP roll-out, and develop continuous quality improvement (CQI) mechanisms (Malaysia; Pakistan; Sri Lanka; Thailand).

- Prioritize PrEP awareness raising and dismantle stigma among health care providers and self-stigmatization among key populations (Bangladesh; India; Pakistan).
- Develop targeted demand generation activities that are tailored to the preferences of key population groups (Cambodia; India; Indonesia; Malaysia; Nepal; Papua New Guinea).
- Integrate PrEP into existing HIV intervention packages to accelerate roll-out and minimize the need for additional infrastructure (China; India; Viet Nam).
- Strengthen the capacity of PrEP providers, including key population and CBO service providers (Cambodia; China; India; Indonesia; Lao PDR; Mongolia; Nepal; Philippines; Thailand; Timor-Leste; Viet Nam).
- Explore alternative forms of funding to support PrEP scale up, such as partnerships with private sector or international organizations (India; Sri Lanka).
- Increase the availability to PrEP drugs in-country by supporting drug registration and supporting private and public sector access. Explore options for joint price negotiation and procurement of generic PrEP, as well as advocating for national registration of generic formulations at reduced procurement costs (Bangladesh; Cambodia; China; Philippines; Timor-Leste).

12. Wrap-up: Next Steps

- Significant progress since 2018 but effort is needed to achieve impact and equity.
- Prioritize PrEP scale-up by identifying ways to accelerate or omit entirely, piloting phases: the evidence that PrEP works has been well established.
- Continue to simplify, demedicalized and differentiated PrEP service delivery, tailoring services to your country/epidemic context to ensure that services are responsive to the needs of key populations, and prioritizing task-shifting and task-sharing models for PrEP service delivery.
- Explore ways in which PrEP can be integrated into existing HIV intervention packages and reproductive health services.
- Continue working together with communities, including key population networks, to increase awareness, and support advocacy work and demand generation activities.
- Set concrete targets to work towards i.e. the number of clients enrolled in PrEP in 18 months.
- Prepare guidance and implementation plans for the arrival of long-acting injectable PrEP and other new PrEP modalities.
- As we work towards establishing a “new normal”, use this window of adjustment to decide which components of PrEP service delivery innovations are worth taking forward post-pandemic.
- Continue to harness the potential of virtual space in making PrEP more accessible and convenient.
- Build on country connections for cross-country learning and support, including through the Global PrEP Network and regional groups.
- A check-in with countries will be planned for mid-2021.

Annex 1 - Agenda

PrEP innovation and implementation in Asia and the Pacific:

Virtual regional discussion

15-16 December 2020

UNAIDS, Unitaid and WHO in association with the Institute of HIV Research and Innovation (IHRI)

Agenda

Preliminary “Offline” activity (before 2:00PM 16 December)

Group work 1: review	Country delegations review their progress and challenges in implementation (with reference to any roadmaps developed in 2018 and adaptations due to COVID-19, where appropriate)	Country delegations
Group work 2: priority setting	Country delegations identify and document key priorities and technical assistance needs for PrEP implementation and scale-up in-country for the next 18 months	Country delegations

15 December (day 1) (Zoom and livestreaming via Facebook)

Note: All times are displayed as GMT+7 (Bangkok)

Chair: Dr Mukta Sharma, WHO SEARO

Introduction & overviews

14:00 – 14:05	Welcome	Mr Eamonn Murphy, UNAIDS
14:05 – 14:10	Overview of the virtual discussion	Ms Heather Ingold, Unitaid
14:10 - 14:20	Outcomes of the HIV testing regional virtual discussion	Dr Rachel Baggaley, WHO
14:20 - 14:35	Overview of PrEP in Asia and the Pacific Updates on recommendations and science	Dr Heather-Marie Schmidt, UNAIDS / WHO
14:35 - 14:50	Advances in differentiated service delivery for PrEP	Dr Nittaya Phanuphak, IHRI

Sharing country-level experiences in PrEP implementation

14:50 - 16:15	Introduction to session and overview of speakers	Chair: Dr Mukta Sharma, WHO SEARO
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	Myanmar: launching PrEP during the COVID-19 pandemic	Dr Htun Ngyut Oo, Director, National AIDS Program (NAP), Myanmar
	Cambodia: from zero to rollout, a pragmatic implementation of PrEP	Dr LY Penh Sun, Director, National Center for HIV/AIDS, Dermatology and STDs (NCHADS), Cambodia
	Thailand: providing PrEP for adolescents	Dr Wipaporn (Natalie) Songtaweessin, Chulalongkorn University, Thailand
	Philippines: digital innovations to provide the PrEP package	Mr Danvic Rosadiño, Senior Operations Manager and Data Protection Officer, LoveYourself, Philippines
	Scale-up PrEP in Viet Nam: Initial results and challenges	A/Prof Phan Thi Thu Huong, Vice Director, VAAC, Viet Nam
16:15 – 16:55	Panel discussion: Community perspectives on PrEP implementation challenges and opportunities	Moderator: Ms Rena Janamanuaysook, IHRI, Thailand Panel: Miss Jane Kasim, Seed Foundation, Malaysia Mr Kaushal Ranasinghe, Human Rights & Social Activist and Journalist, Sri Lanka Mr Yashwinder Singh, The Humsafar Trust, India
16:55 – 17:15	Q&A	Chair: Dr Mukta Sharma, WHO SEARO Moderator: Ms Rena Janamanuaysook, IHRI, Thailand
17:15 – 17:30	Close of livestreaming & Close	Chair: Dr Mukta Sharma, WHO SEARO

16 December 2020 (Zoom)

Note: All times are displayed as GMT+7 (Bangkok)	Further experience sharing	Chair: Ms Heather Ingold, Unitaid
14:00 – 14:05	Welcome	Chair: Ms Heather Ingold, Unitaid
14:05 – 14:35	Panel discussion: Bringing PrEP closer to home: diversifying service delivery and learning from COVID-19	Moderators: Dr Kimberley Green, PATH Mr Midnight Poonkasewattana, APCOM Panel: Dr Nittaya Phanuphak, IHRI, Thailand Dr Hendry Luis, Indonesia

Ms Manisha Dhakal, Nepal

Dr Ho Quan An, GLink, Viet Nam

Peer discussions on priorities

Chair: Ms Heather Ingold, Unitaid

14:35 – 14:45 Introduction to group work

Chair: Ms Heather Ingold, Unitaid

14:45 – 15:45 Break out session: Facilitated peer country discussions on PrEP priorities for next 18 months

Facilitators

Country delegations

Bringing it all together

Chair: Dr Heather-Marie Schmidt UNAIDS / WHO

15:45 – 16:45 Country rapid summaries

Country-nominated presenters

16:45 – 17:00 Close

Dr Rachel Baggaley, WHO

Annex 2 – List of Participants

Title	Name	Country	Organisation
Mr	Eamonn Murphy	Co-host	Regional Director, UNAIDS Asia and the Pacific
Dr	Rachel Baggaley	Co-host	WHO
Ms	Heather Ingold	Co-host	Unitaid
Dr	Nittaya Phanuphak	Co-host	Executive Director, IHRI
Dr	Heather-Marie Schmidt	Co-host	UNAIDS and WHO
Dr	Abdur Rahman	Bangladesh	PLHIV Network
Dr	Akm Masud Rana	Bangladesh	ICCDRB
Mr	Aleya Akter Lily	Bangladesh	Sex Workers Network
Dr	Fatema Khatun	Bangladesh	AIDS/STD Program
Ms	Fuad Abdul Hamid	Bangladesh	AIDS/STD Program
Mr	Hafizuddin Munna	Bangladesh	PLHIV Network
Dr	Mya Sapal Ngon	Bangladesh	WHO
Ms	Rajia Begum	Bangladesh	Sex Workers Network
Ms	Ranu Begum	Bangladesh	Sex Workers Network
Ms	Rina Akter	Bangladesh	Sex Workers Network
Mr	Rofiqul Islam Royal	Bangladesh	MSM and TG
Dr	Saima Khan	Bangladesh	UNAIDS
Mr	Shale Ahmed	Bangladesh	MSM and TG
Dr	Sultana Sabera	Bangladesh	WHO
Dr	Guru Prasad Dhakal	Bhutan	JDRWNRH
Dr	Jurmi Supka	Bhutan	JDRWNRH
Dr	Lekey Khandu	Bhutan	DoPH
Dr	Sangay Wangchuk	Bhutan	CRRH, Gelephu
Dr	Sonam Peldon	Bhutan	RCDC, DoPH
Dr	Sonam Wangdi	Bhutan	WHO
Dr	Tashering Tashi	Bhutan	CRRH, Gelephu
Dr	Tashi Wangdi	Bhutan	Phutsholing Hospital
Dr	Thinley Pelzang	Bhutan	Phutsholing Hospital
Dr	Younten Choki Norbu	Bhutan	HISC
Mr	Choub Sok Chamreun	Cambodia	KHANA
Dr	Deng Serongkea	Cambodia	WHO
Dr	Frits Van Griensven	Cambodia	Consultant
Dr	Khin Cho Win Htin	Cambodia	UNAIDS
Dr	Lan Vanseng	Cambodia	NCHADS
Dr	Ly Penh Sun	Cambodia	NCHADS
Dr	Samreth Sovannarith	Cambodia	NCHADS
Dr	Sok Bunna	Cambodia	USAID
Dr	Steve Wignall	Cambodia	EpiC/FHI360
Mr	Ung Polin	Cambodia	UNAIDS
Dr	Veth Sreng	Cambodia	RHAC

Dr	Vladanka Andreeva	Cambodia	UNAIDS
Mr	Yun Phearun	Cambodia	Chhouk Sar
Dr	Chen Zhongdan	China	WHO China Office
Dr	Dong Wei	China	NCAIDS
Dr	Guo Wei	China	UNAIDS China Office
Dr	Han Mengjie	China	China CDC
Dr	Liang Xiaofeng	China	Chinese Preventive Medicine Association
Ms	Sha Sha	China	Chinese Preventive Medicine Association
Dr	Wang Xiaofang	China	NCAIDS
Dr	Xu Jie	China	NCAIDS
Dr	Xue Hui	China	Director of Medical Affairs
Mr	Yang Jie	China	Shenlan Public Health Counseling Center
Ms	Anna Hellstrom	Global	Unitaid
Dr	Chris Obermeyer	Global	USAID
Mr	Dale Halliday	Global	Unitaid
Dr	Kimberly Green	Global	Path
Dr	Michelle Rudolph	Global	WHO
Mr	Ombeni Mwerinde	Global	Unitaid
Dr	Robin Schaeffer	Global	WHO
Dr	Tetty Rachmawati	Indonesia	USAID/Indonesia
Dr	Altynai Rsaldinova	Kazakhstan	FHI360
Dr	Barbara Singer	Kazakhstan	USAID
Dr	Aida Estebesova	Kyrgyzstan	USAID
Dr	Daniyar Saliev	Kyrgyzstan	FHI360
Dr	Olga Samoilova	Kyrgyzstan	FHI360
Dr	Ivana Lohar	Nepal	USAID/Nepal
Dr	Marvi Trudeau	Philippines	Pilipinas Shell Foundation
Dr	Tito Rodrigo	Philippines	USAID/Philippines
Dr	Panus Rattakitvijun Na Nakorn	RDMA	USAID
Dr	Dilshod Pulatov	Tajikistan	FHI360
Dr	Saidmumin Kholov	Tajikistan	USAID
Dr	Chaiwat Songsiriphan	Thailand	Safe Clinic
Dr	Alexandra Vokaty	India	WHO Country Office for India
Dr	Chiranjeev Bhattacharya	India	UNDP
Dr	Melissa Nyendak	India	US Centers for Disease Control and Prevention (CDC)
Ms	Nandini Kapoor Dhingra	India	UNAIDS
Ms	Pratima	India	Ashodaya Samithi
Dr	Rajat Adhikary	India	WHO Country Office for India
Dr	Sangeeta Kaul	India	USAID
Ms	Shruta Rawat	India	The Humsafar Trust
Dr	Smarajit Jana	India	Durbar Mahila Samanwaya Committee
Dr	Sunil Solomon	India	John Hopkins University School of Medicine

Dr	Vimlesh Purohit	India	WHO Country Office for India
Mr	Yashwinder Singh	India	The Humsafar Trust
Mr	Adi Nugroho	Indonesia	GWL-Ina
Dr	Bagus Rahmat	Indonesia	UNAIDS
Mr	Daniel Marguari	Indonesia	Spiritia
Dr	Hariadi	Indonesia	MOH
Ms	Ingrid Silalahi	Indonesia	UNAIDS
Dr	Kemmy AP	Indonesia	WHO
Ms	Liana	Indonesia	OPSI
Dr	Nurhalina Afriana	Indonesia	MOH
Ms	Nurjannah	Indonesia	MOH
Dr	Rudi Wisaksana	Indonesia	Padjadjaran University
Dr	Tiara Nisa	Indonesia	WHO
Mr	Tono Permana	Indonesia	YKS
Dr	Hendry Luis	Indonesia	Bali Peduli Foundation
Dr	Yogi Prasetya	Indonesia	Bali Medika
Dr	Chanvilay Thammachack	Lao PDR	National Center for HIV/AIDS, STI
Dr	Ketmala	Lao PDR	National Center for HIV/AIDS, STI
Dr	Banchongphanith	Lao PDR	National Center for HIV/AIDS, STI
Mr	Khamphao, Tak	Lao PDR	WHO Laos Country Office
Dr	Khanthanouvieng	Lao PDR	National Center for HIV/AIDS, STI
Ms	Lee-Ann Gallarano	Lao PDR	PSI Laos
Mr	Olam Rasphonh	Lao PDR	Community Health & Inclusion Association (CHias)
Dr	Panina Phoumsavanh	Lao PDR	National Center for HIV/AIDS, STI
Ms	Phayvieng Philakone	Lao PDR	FHI360
Dr	Phengphet Phetvisay	Lao PDR	National Center for HIV/AIDS, STI
Ms	Phennapha Phommavongsa	Lao PDR	PSI Laos
Dr	Phonexay Lattanavong	Lao PDR	National Center for HIV/AIDS, STI
Dr	Phouthone Southalack	Lao PDR	National Center for HIV/AIDS, STI
Dr	Shortus Matthew	Lao PDR	WHO Laos Country Office
Dr	Thipphasone Vixaysouk	Lao PDR	USAID
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Mr	Viengkhone Souriyo	Lao PDR	Community Health & Inclusion Association (CHias)
Mr	Viengsamay Vongkhasao	Lao PDR	PSI Laos
Dr	Vilath Seevixay	Lao PDR	WHO Laos Country Office
Dr	Ariza Abd Rahman	Malaysia	State Health Dept (Perak)
Dr	Gupreet Kaur	Malaysia	State Health Dept (Selangor)
Dr	Haseanti Hussein	Malaysia	State Health Dept (Sabah)
Dr	Ismawati Ismail	Malaysia	State Health Dept (FT Kuala Lumpur)
Dr	Janizah Abd Ghani	Malaysia	State Health Dept (Penang)
Dr	Karina Razali	Malaysia	WHO Country Office Malaysia
Ms	Mahani Nordin	Malaysia	State Health Dept (Terengganu)
Dr	Mahanim Yusoff	Malaysia	State Health Dept (Malacca)
Dr	Mohd Akbar Ezra	Malaysia	Centre of Excellence for Research in AIDS
Mr	Nazirah Jusoh	Malaysia	State Health Dept (Pahang)

Dr	Nik Nurmanieza	Malaysia	State Health Dept (Kelantan)
Dr	Nurmawati	Malaysia	State Health Dept (Johor)
Dr	Raja Iskandar Azwa	Malaysia	University Malaya Medical Centre
Mr	Raymond Tai	Malaysia	PT Foundation
Mr	Syirin Junisha Mohd Ali	Malaysia	Federation of Reproductive Health Associations Malaysia
Mr	Yusrail Hakim	Malaysia	Malaysian AIDS Council
Dr	Byambaa Chultemsuren	Mongolia	SKPA Program, "Youth for Health Center" NGO
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Dr	Dolgion Erdenebat	Mongolia	WHO Country Office Mongolia
Dr	Gansukh Battulga	Mongolia	Project Coordination Unit of Global Fund Supported Projects Fight Against HIV/AIDS and Tuberculosis, Ministry of Health
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Dr	Nyein Chan	Myanmar	Assistant Director, National AIDS Program
Dr	Abigail David	Myanmar	UNAIDS
Dr	Aung Pyae Phyo	Myanmar	ICAP
Dr	Fabio Caldes De Mesquita	Myanmar	WHO
Dr	Faisal Mansoor	Myanmar	UNOPS
Dr	Htun Nyunt Oo	Myanmar	Director ,National AIDS Program
Dr	Kay Khaing Kaung Nyunt	Myanmar	Assistant Director, National AIDS Program
Dr	Khin Zarli Aye	Myanmar	Population Service International (PSI) Myanmar
Ms	Kiira Gustafson	Myanmar	USAID Burma
Dr	May Thu Aung	Myanmar	WHO
Dr	Melody Lalmuanpuii	Myanmar	UNAIDS
Dr	Min Shwe	Myanmar	Assistant Director, National AIDS Program
Dr	Min Thet Phyo San	Myanmar	MYS
Dr	Moh Moh Htun	Myanmar	Assistant Director, National AIDS Program
Mr	Murdo Bijl	Myanmar	Asian Harm Reduction Network
Dr	Myat Su Mon	Myanmar	Assistant Director, National AIDS Program
Dr	Myo Set Aung	Myanmar	Save the Children
Mr	Nay Lin	Myanmar	MMTWN
Dr	Ni Ni Tun	Myanmar	Medical Action Myanmar
Dr	Oussama Tawil	Myanmar	UNAIDS
Mr	Sai Aung Kham	Myanmar	NDNM
Dr	Sandar Oo	Myanmar	Assistant Director, National AIDS Program
Dr	Saung Oo Zarni	Myanmar	Family Health International (FHI)
Dr	Than Than Lwin	Myanmar	Deputy Director ,National AIDS Program
Dr	Yin Min Thaug	Myanmar	Community Partners International (CPI)
Ms	Farozar	Myanmar	UNAIDS

Ms	Hnin Hnin Yu	Myanmar	SWiM
Dr	Deepak Dahal	Nepal	National Centre for AIDS and STD Control
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Dr	Rajyashree Kunwar	Nepal	NCASC
Dr	Subhash Lakhe	Nepal	WHO
Dr	Sudha Devkota	Nepal	National Centre for AIDS and STD Control
Dr	Wangchuk Lungten	Nepal	WHO
Dr	Usman Ali	Pakistan	CBO Dostana
Dr	Asghar Ilyas Satti	Pakistan	Association of People living with HIV/AIDS
Dr	Ayesha Ehsani	Pakistan	Common Management Unit
Ms	Fahmida Khan	Pakistan	UNAIDS
Dr	Marlyn Borromeo	Pakistan	UNAIDS
Dr	Moon Ali	Pakistan	CBO Khawaja Sara Society
Ms	Muhammad Pasha	Pakistan	WHO
Dr	Munir Ahmad	Pakistan	Punjab AIDS Control Program
Dr	Naila Bashir	Pakistan	ART Physician, Pakistan Institute for Medical Sciences, Islamabad
Mr	Qasim Iqbal Khawaja	Pakistan	NAZ Foundation
Dr	Quaid Saeed	Pakistan	Grant Manager, Common Management Unit
Dr	Rajwal Khan	Pakistan	UNAIDS
Dr	Saima Paracha	Pakistan	Common Management Unit
Dr	Saqib Sheikh	Pakistan	Communicable Disease – HIV
Mr	Syed Haider Raza	Pakistan	CBO Dostana
Mr	Tanzeel Ur Rehman	Pakistan	Greenstar Social Marketing
Mr	Abel Yamba	Papua New Guinea	USAID
Mr	Alex Mesluwa	Papua New Guinea	Anglicare
A/ Prof.	Angela Kelly	Papua New Guinea	PNG Institute of Medical Research
Dr	Anup Gurung	Papua New Guinea	WHO Country Office PNG
Ms	Cathy Kemben	Papua New Guinea	Anglicare
Ms	Cathy Ketepa	Papua New Guinea	Key Populations Consortium
Mr	David Bridger	Papua New Guinea	UNAIDS
Ms	Elizabeth Tama	Papua New Guinea	FHI360
Ms	Heni Meke	Papua New Guinea	Anglicare

Dr	Janet Gare	Papua New Guinea	PNG Institute of Medical Research
Mr	Lesley Bola	Papua New Guinea	Key Populations Consortium
Dr	Mary Daniel	Papua New Guinea	National Department of Health
Ms	Mary Kenwai	Papua New Guinea	Anglicare
Dr	Nano Gideon	Papua New Guinea	National Department of Health
Dr	Peniel Boas	Papua New Guinea	National Department of Health
Dr	Percy Pokeya	Papua New Guinea	USAID
Mr	Peter Mosende	Papua New Guinea	UNAIDS PNG
Dr	Poruan Temu	Papua New Guinea	FHI360
Ms	Priscilla Sine Mal	Papua New Guinea	Hope WorldWide
Ms	Quina Ongugo	Papua New Guinea	Hope WorldWide
Ms	Rebecca Price	Papua New Guinea	USAID
Mr	Simon Pekon	Papua New Guinea	PNG Institute of Medical Research
Ms	Theresa Palou	Papua New Guinea	National Department of Health
Mr	Wilfred Sikukula	Papua New Guinea	World Vision
Mr	Danvic Rosadiño	Philippines	TLY
Ms	Desi Andrew Ching	Philippines	HASH
Dr	Gerard Belimac	Philippines	DOH-NASPCP
Ms	Joy Morin	Philippines	DOH-NASPCP
Dr	Kate Leyritana	Philippines	SHIP Inc
Dr	Kenn Samaco	Philippines	WHO
Dr	Kiyo Izumi	Philippines	WHO
Dr	Louie Ocampo	Philippines	UNAIDS
Dr	Loyd Brendan Norella	Philippines	SCP
Mr	Michael Joseph Manlutac	Philippines	DOH-CLCHD
Mr	Robert Figuracion	Philippines	FPOP-ILOILO
Mr	Tito Rodrigo	Philippines	USAID/PEPFAR
Mr	Aadi Baig	Regional	Youth LEAD
Dr	Anne Brink	Regional	WHO WPRO
Dr	Arshad Altaf	Regional	WHO
Dr	BB Rewari	Regional	WHO SEARO
Mr	Francis Joseph	Regional	ANPUD
Mr	Hakan Bjorkman	Regional	UNDP

Dr	Heather Davis	Regional	USAID
Mr	Inad Rendon	Regional	APCOM
Ms	Inga Oleksy	Regional	SKPA
Miss	Jane Kasim	Regional	The Seed Foundation
Ms	Janelle Babb	Regional	UNESCO
Mr	Joe Wong	Regional	APTN
Dr	Joumana Hermez	Regional	EMRO
Mr	Justin Binnot	Regional	YVC
Ms	Karen Peters	Regional	UNODC
Ms	Kathryn Johnson	Regional	UNDP
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Dr	Matthew Avery	Regional	FHI360
Mr	Midnight Poonkasetwattana	Regional	APCOM
Dr	Mukta Sharma	Regional	WHO SEARO
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Dr	Mizaya Cader	Sri Lanka	WHO
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Prof. Dr.	Suwat Chariyalertsak	Thailand	Chiang Mai University
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Dr	Thien Nga Nguyen	Viet Nam	UNAIDS
Dr	Van Thi Thuy Nguyen	Viet Nam	WHO

Appendix 1 – Rapid summaries of proposed country-level priorities for PrEP implementation following group work activities

BANGLADESH RAPID SUMMARY

PrEP progress / current status:

1. PrEP included in the National ART Guidelines
2. Waiting for potential funding from the Global Fund and other sources, including domestic resources, to support phased roll out for:
1,000 MSM and 500 Transgender women (Dhaka) targeted under the PAAR
2,000 FSW (Dhaka, Narayanganj, Gazipur) targeted under the PAAR

Goal for next 18 months: Phased rollout of PrEP within 18 months among MSM, TG, FSW

Top 3 priorities:

1. Awareness raising among communities for mobilizing support and community consultations (at least three: one preliminary and 2 follow-up consultations – i.e. every 9 months with the objective of demand creation.
 2. Registration of the PrEP drug(s).
 3. Create a small working group inclusive of community representatives to support the phased rollout of PrEP.
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CAMBODIA RAPID SUMMARY

PrEP progress / current status: Phased implementation in 5 provinces and further scale-up

Goal for next 18 months: To reduce new HIV infection among key populations through increased access to PrEP in 10 priority provinces in 2022

Top 3 priorities:

1. Assess and identify effective PrEP delivery modality/channel and demand creation.
 2. Scale-up PrEP to additional five provinces (Preah Sihanouk, Prey Veng, Kampong Chhnang, Kampong Thom and Takeo)
 3. Conduct on-site coaching and monitoring visits to PrEP implementing sites.
 4. Advocate for availability of generic drugs for PrEP to make it available in both the public and private sector, with clear guidance/regulations on PrEP implementation.
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CHINA RAPID SUMMARY

PrEP progress / current status:	Completed a PrEP pilot programme implemented in 7 sites, including Beijing and Tianjin, from October 2018 through to September 2019.
Goal for next 18 months:	Launch a PrEP demonstration project in 24 cities which will cover 2,400 PrEP users. The target users will be key populations.
Top 3 priorities:	<ol style="list-style-type: none">1. Increasing awareness of PrEP among key populations by integrating PrEP into current intervention packages.2. Training healthcare staff on PrEP service delivery.3. Reducing PrEP drug cost by negotiating with the relative pharmaceutical companies.

INDIA RAPID SUMMARY

PrEP progress / current status:

- Draft technical and policy guidelines under review with NACO senior leadership.
- Rollout via private sector is ongoing
- Demonstration projects (FSW/MSM)

Goal for next 18 months:

Broad adoption of guidelines by NACO and the identification of priority populations/geographies for PrEP rollout.

Top 3 priorities:

1. Community mobilization:

Physical and virtual educational campaigns (PrEP literacy) and demand generation activities.

2. Capacity Building:

Training of health care providers on optimal use of PrEP.

3. Development of novel methods of PrEP delivery:

Integration with existing programmes (e.g. OAT) and establishing self-sustainable models (e.g. cost-recovery, subsidized pricing), as well as tele-PrEP.

INDONESIA RAPID SUMMARY

PrEP progress / current status:

Indonesia has started planning a demonstration project for PrEP implementation that will begin mid 2021.

Goal for next 18 months:

- PrEP implementation in 5 provinces and 12 districts for MSM, TW and FSW.
- Scaling-up to other 5 provinces.

Top 3 priorities:

1. Policy formulation and guideline development, including legal basis of ARV for prevention (daily and event-driven regimens of PrEP).
 2. Demand creation (social media, mobile app, web-based and chatbot).
 3. Capacity building for PrEP prescribers and the community, to minimize misunderstandings around PrEP.
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LAO PDR RAPID SUMMARY

PrEP progress / current status: Lao NAP already considered and discussed with partners (Linkages, FHI360 and CSOs). PrEP has already been adopted from NAP and MoH. PrEP is included in the NSAP 2021-2025.

Goal for next 18 months: Start implementation and pilot of PrEP in VTC in FY21 for MSM and TG, with possible expansion for SVK and CPS in FY22.

Top 3 priorities:

1. In collaboration with partners, support the development of national guidelines on PrEP.

2. Co-ordinate with CHAS and other partners, especially AFAO for the procurement and distribution of ARV drugs for PrEP implementation.

3. Co-ordinate for technical assistance from IHRI and support the ongoing training for HCP and CBS on the implementation of PrEP.

MALAYSIA RAPID SUMMARY

PrEP progress / current status:

Demonstration project completed.
Scale-up planned.

Goal for next 18 months:

National level scale-up of PrEP.

Top 3 priorities:

1. National strategy and M&E framework

PrEP to be incorporated in the NSP. M&E framework to be developed and implemented.

2. Operational preparedness and capacity building for PrEP scale-up

Scaling-up beyond target groups, geographical coverage and service providers (differentiated PrEP services).

3. Demand generation

Increase demand generation activities, national campaigns, online and digital innovations.

MONGOLIA RAPID SUMMARY

PrEP progress / current status: PrEP has been provided to serodiscordant couples since 2017, according to the national guidelines (1 person enrolled). The demonstration PrEP project among MSM community (200 MSM) in Ulaanbaatar city will start in January 2021.

Goal for next 18 months: To have 200 MSM in PrEP by June 2022.
Revision of PrEP eligibility in the national guidelines (to include key populations).

Top 3 priorities:

1. Complete PrEP demonstration project by June 2022.
2. Define the most appropriate service delivery of PrEP and introduction sites, establish targets through consensus among all relevant stakeholders using demonstration project results and recommendations.
3. Capacity building for HCWs on providing PrEP for key populations, according to the revised national guidelines.

MYANMAR RAPID SUMMARY

PrEP progress / current status:

PrEP demonstration project launched in Myanmar on 21 July 2020 at 3 clinics based in Yangon, offering services to men who have sex with men and transgender persons. Preparations underway to open clinics offering services for people who inject drugs in Kachin State in early 2021.

Goal for next 18 months:

Scale-up of PrEP to prioritize high burden states, regions and townships, as well as the inclusion of other eligible populations.

Top 3 priorities:

1. Develop a costed scale-up plan focusing on 5 high burden states, regions and townships, and the inclusion of other eligible populations.
2. Achieve the targets of the current demonstration project.
3. Rollout of the PWID PrEP implementation in Kachin State.

NEPAL RAPID SUMMARY

PrEP progress / current status: PrEP is provided in 19 districts from PEPFAR supported sites in KP-led clinics. 168 people are currently enrolled in PrEP.

Goal for next 18 months: To begin implementing PrEP from ART centres and have 3,000 people enrolled on PrEP by September 2021.

Top 3 priorities:

1. Develop national technical and operational guidelines, including M&E tools for national rollout.
 2. Capacity building of health workers for providing PrEP.
 3. Develop demand generation activities.
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PAKISTAN RAPID SUMMARY

PrEP progress / current status:

PrEP is available for serodiscordant couples. Demonstration project at 2 sites is planned for men who have sex with men, male sex workers and transgender persons.

Goal for next 18 months:

To reach 2500 clients (MSM 1250, TGs 625 and FSW 625) with PrEP and an additional 17,500 key populations (MSM 9000, MSW 4000 and TGs 4500).

Top 3 priorities:

1. Developing “Communication and Advocacy Strategy on PrEP”, as well as a digital social media campaign on PrEP and related S&D, using key messaging.
 2. Development of protocols for health system strengthening for establishing functional linkages between ART clinics and CBOs for clinic level initiation, management and follow-up of PrEP clients.
 3. Develop a functional M&E plan for PrEP, including MIS tool development and its interfacing with the existing DHIS II for Communicable Diseases. Document PrEP experiences.
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PAPUA NEW GUINEA RAPID SUMMARY

PrEP progress / current status: 2019 country PrEP consultation completed.
PrEP operations research included in the 2021-2023 GF grant.

Goal for next 18 months: Undertake a PrEP operations research for sustainability in 2 sites (Mt. Hagen and Port Moresby).
GF support: USD 60,000
DFAT/USAID/UNAIDS/WHO support for technical assistance.

Top 3 priorities:

1. Policy/guidelines and regulations around use of drugs.
2. Service delivery (leveraging support/treatment excellence) and start implementation in 2 provinces.
3. Demand generation (dovetail with enhanced HIV-treatment literacy, scale-up).

PHILIPPINES RAPID SUMMARY

PrEP progress / current status:

- National PrEP guidelines will soon be available.
- PrEP demonstration project has been successfully conducted through LoveYourself and partners.
- Approx. 1,200 individuals are currently enrolled in PrEP under the demo project, GF current cycle and out-of-pocket expenditure.
- Donors identified (GF/PSFI/Unitaid/USAID/PEPFAR) for scaling-up PrEP services in 2021 and beyond. Efforts for rollout may be limited by COVID-19.

Goal for next 18 months:

Scaling-up PrEP services at high burden sites, based on the lessons learned from the demonstration project.

Top 3 priorities:

1. Development and dissemination of national PrEP guidelines.
2. Site preparations including training and capacity building for PrEP service providers and demand generation (including increasing out-of-pocket coverage).
3. Support the procurement and distribution of PrEP in high burden sites.

SRI LANKA RAPID SUMMARY

PrEP progress / current status:

PrEP 4 Sri Lanka pilot initiated.

Goal for next 18 months:

Cover the proposed target with expansion to at least two other sites, development of SoP for tele-PrEP services, introduce innovative demand generation activities.

Top 3 priorities:

1. Scaling-up PrEP beyond 2021

Currently PrEP pilot is for MSM and TG only. Scale-up will be planned and initial work will be completed during 2021. Aim to provide PrEP to more key population groups from 2022.

2. Target estimation and M&E plan beyond 2021

PrEP targets will be decided for each KP group before scaling-up, after the pilot project.

3. Alternative/increased engagement plan (for GF transition)

Advocating to policy makers for sustainable funding to continue PrEP when the Global Fund transition occurs i.e. government funds, private sector PrEP (self-funded).

THAILAND RAPID SUMMARY

PrEP progress / current status:

- Currently 12,000 PrEP users with a national coverage of approx. 10%.
- 60% of PrEP is dispensed by KP-led HIV services and plans are in place to scale-up the number of services from 50 to 100 in 2021.
- Pilot phase under UHC

Goal for next 18 months: Scale-up PrEP provision under UHC and sustainable community-led PrEP service delivery models.

Top 3 priorities:

1. Accelerate NHSO PrEP pilot project and PrEP Princess Funds to full universal health coverage.
 2. Strengthen PrEP national database.
 3. Accreditation of training modules for CBO service providers.
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TIMOR-LESTE RAPID SUMMARY

PrEP progress / current status: PrEP demonstration project is being planned.

Goal for next 18 months: To implement the demonstration project for feasibility and acceptability of TDF-containing PrEP, administered once daily orally to men who have sex with men (MSM) and male sex workers (MSW) and transgender persons (TG).

Top 3 priorities:

1. Technical Assistance (TA) To develop protocols, SOP and guidelines for PrEP demonstration project. To strengthen capacity, facilitate country consultation and support its implementation.

2. Policy consensus Based on the results of the PrEP demonstration project, necessary policy dialogue for including PrEP in the NSP

3. Scale-up of PrEP To register drugs for PrEP and scale-up plan to be developed.

VIET NAM RAPID SUMMARY

PrEP progress / current status:

PrEP is currently being provided in public, private and community-led clinics in 27 provinces. Between January and September 2020, 7,837 new clients were enrolled in PrEP.

Goal for next 18 months:

To have 72,000 people at substantial risk of HIV on PrEP by 2025. In 2021 scale-up PrEP implementation in more than 28 provinces and between 2022 and 2025, scale-up PrEP in every province.

Top 3 priorities:

1. Strengthen linkages between community-based activities: testing, outreach, prevention and communication.
2. Strengthen linkages between HIV testing services and PrEP clinics.
3. Capacity building and training for PrEP service providers.