Key population-led health services (KP-LHS) critical to PrEP introduction among men who have sex with men (MSM) and transgender women (TGW) in Thailand

Ravipa Vannakit, USAID Regional Development Mission for Asia (RDMA), Bangkok, Thailand
July 24, 2018
rvannakit@usaid.gov
PrEP in Thailand: who needs it?

- Thailand has a concentrated HIV epidemic, with men who have sex with men (MSM) estimated to comprise over half of new HIV infections
- They are thus a prime focus for PrEP scale-up

**Estimated number of new HIV infections among adults ≥15 years in Thailand**

[Graph showing the estimated number of new HIV infections in Thailand from 1986 to 2019, with a significant peak in 1986 and a decline thereafter.]
Evolution of PreP in Thailand

- Thailand involved in early PrEP development
- National guidelines for PrEP 4 years later
- PrEP-30 (about US$ 1 per PrEP dose) starts at Thai Red Cross AIDS Research Centre (TRCARC)
- PEPFAR Implementation science in community and government clinics
  - USAID LINKAGES and Thai Princess support PreP scale-up through key population-led health services in 2016 (free PrEP)

The Princess PrEP
The first key population-led PrEP initiative under the royal patronage
- Use Thai Red Cross public donation fund and USAID LINKAGES funding to scale-up KP-led PrEP services in CBOs
- Aims to serve 1,000 PrEP users per year for 3 years
- Started with MSM and TGW, being expanded to FSW and PWID
- Will focus more on 15-19 years old in FY 2018

Source: Thai Red Cross AIDS Research Centre
Key population-led health services (KP-LHS) in Thailand: early adopters of innovations, e.g. PrEP

- 7 KP-LHS organizations in provinces in Thailand are “learning lab” for many innovations and new approaches in the HIV cascade
  - Enhanced peer mobilization (EPM)
  - Community-based HIV testing and ART
  - Oral-fluids HIV screening and self-testing
  - PrEP
- Active partners in research that provides on-going evidence of innovation effectiveness and implementation led by KP-LHS
Thailand’s PrEP programs as of June 2018

Source: Thai Red Cross AIDS Research Centre
PrEP research in partnership with KP-LHS

Data and evidence on characteristics of PrEP acceptors, adherence, etc.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Overall (N=1,697)</th>
<th>MSM (n=1,467)</th>
<th>TGW (n=230)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (years: Mean (SD))</td>
<td>28.8 (7.2)</td>
<td>29.2 (7.4)</td>
<td>26.1 (5.7)</td>
<td>&lt;0.001c</td>
</tr>
<tr>
<td>Thai Nationality (n(%))</td>
<td>1,616 (95.2)</td>
<td>1,406 (95.8)</td>
<td>210 (91.3)</td>
<td>-</td>
</tr>
<tr>
<td>Education less than bachelor degree (n(%))</td>
<td>578 (34.1)</td>
<td>427 (29.1)</td>
<td>151 (65.7)</td>
<td>&lt;0.001c</td>
</tr>
<tr>
<td>Main occupation as Sex worker (n(%))</td>
<td>175 (10.3)</td>
<td>99 (6.8)</td>
<td>76 (33)</td>
<td>&lt;0.001c</td>
</tr>
<tr>
<td>2. Risk characteristics at baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First sexual intercourse &lt; 18 years (n(%))</td>
<td>548 (32.3)</td>
<td>442 (30.1)</td>
<td>106 (46.1)</td>
<td>&lt;0.001c</td>
</tr>
<tr>
<td>Male circumcision (n(%))</td>
<td>242 (14.3)</td>
<td>228 (15.5)</td>
<td>14 (6.1)</td>
<td>0.002c</td>
</tr>
<tr>
<td>Self-perceived having moderate/high risk of HIV infection in the past 3 months</td>
<td>793 (46.7)</td>
<td>677 (46.2)</td>
<td>116 (50.4)</td>
<td>0.30c</td>
</tr>
<tr>
<td>Having multiple partners in the past 3 months</td>
<td>1,085 (63.9)</td>
<td>929 (63.3)</td>
<td>156 (67.8)</td>
<td>0.002c</td>
</tr>
<tr>
<td>Had group sex in the past 3 months</td>
<td>358 (21.1)</td>
<td>315 (21.5)</td>
<td>43 (18.7)</td>
<td>0.57c</td>
</tr>
<tr>
<td>Condomless in the past 3 months</td>
<td>749 (44.1)</td>
<td>641 (43.7)</td>
<td>108 (47)</td>
<td>0.16c</td>
</tr>
<tr>
<td>Drug/stimulant use in the past 3 months</td>
<td>557 (32.8)</td>
<td>495 (33.7)</td>
<td>62 (27)</td>
<td>0.04c</td>
</tr>
<tr>
<td>Amphetamine-type stimulant use</td>
<td>105 (6.2)</td>
<td>97 (6.6)</td>
<td>8 (3.5)</td>
<td>0.06c</td>
</tr>
</tbody>
</table>

Data suggests that KP-LHS organizations are reaching high-risk individuals in need of PrEP, e.g. high rates of drug/stimulant use, group sex

Data indicate 43.9% adherence after 12 months; Transgender women show much lower adherence at 25.3%

Source: Thai Red Cross AIDS Research Centre/ USAID LINKAGES Project

#PEPFAR15
Numerous government and non-government organizations are now involved in PrEP scale-up

KP-LHS account for about 50% of PrEP scale-up

BUT STILL NOT ENOUGH → NO HERD EFFECT TO AVERT HIV INFECTIONS IN THE COMMUNITY!!!
Improved and faster PrEP scale-up necessitates better demand creation, outreach, and HIV testing

Demand creation: social media, crowd-sourcing

Outreach: use of peer mobilizers, on-line outreach

HIV testing – making it easier

oral fluids screening, HIV self-testing
Conclusions and future plans for PrEP in Thailand

- **KP-LHS organizations** are critical for rapid PrEP scale-up, particularly where epidemic growth is concentrated among KPs.

- Data suggest that in the early stages of introduction, KP-LHS can quickly add new products such as PrEP and obtain high uptake through their trusted relationships with KPs.

- PrEP to be supported by National Health Security Organization (NHSO) in Thailand later this year as part of **universal health coverage**.

- Advocacy on establishing **national targets** still needed.

- More demand creation among **young MSM and TGW** is critical to addressing the needs of this high-incidence population.