

Speaker's Profile



Dr. Moe Kyaw Kyaw

Strategic Information Director at Community Partners International (AIS)

- 8-year experience in Pharmaceutical Supply Chain area: worked for SCMS (Supply Chain Management System), GHSC-PSM (Global Health Supply Chain, Procurement and Supply Management) by MSH (Management Sciences for Health) and Chemonics International funded by USAID in Pharmaceutical Supply Chain areas.
- 13-year experience in areas of Epidemiology, Data management, Research, Monitoring and Evaluation related to HIV/TB/Malaria/, Primary Health care, Reproductive and Nutrition Programs: worked for Oxford Clinical Research Unit, Myanmar, MSF (Holland, Myanmar), UNICEF (Myanmar), MSF, Belgium (Thailand).
- 6-year clinical experiences: Worked in MSF set up clinics in remote areas of Myanmar for HIV/TB/Malaria and Primary Health Care Programs.

Speaking Topic - PrEP End-term Evaluation Results



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HIV/TB Agency, Information and Services Activity

PrEP End-term Evaluation Results

COP Session – 2nd Feb 2023
Moe Kyaw Kyaw
SI Director, AIS, CPI

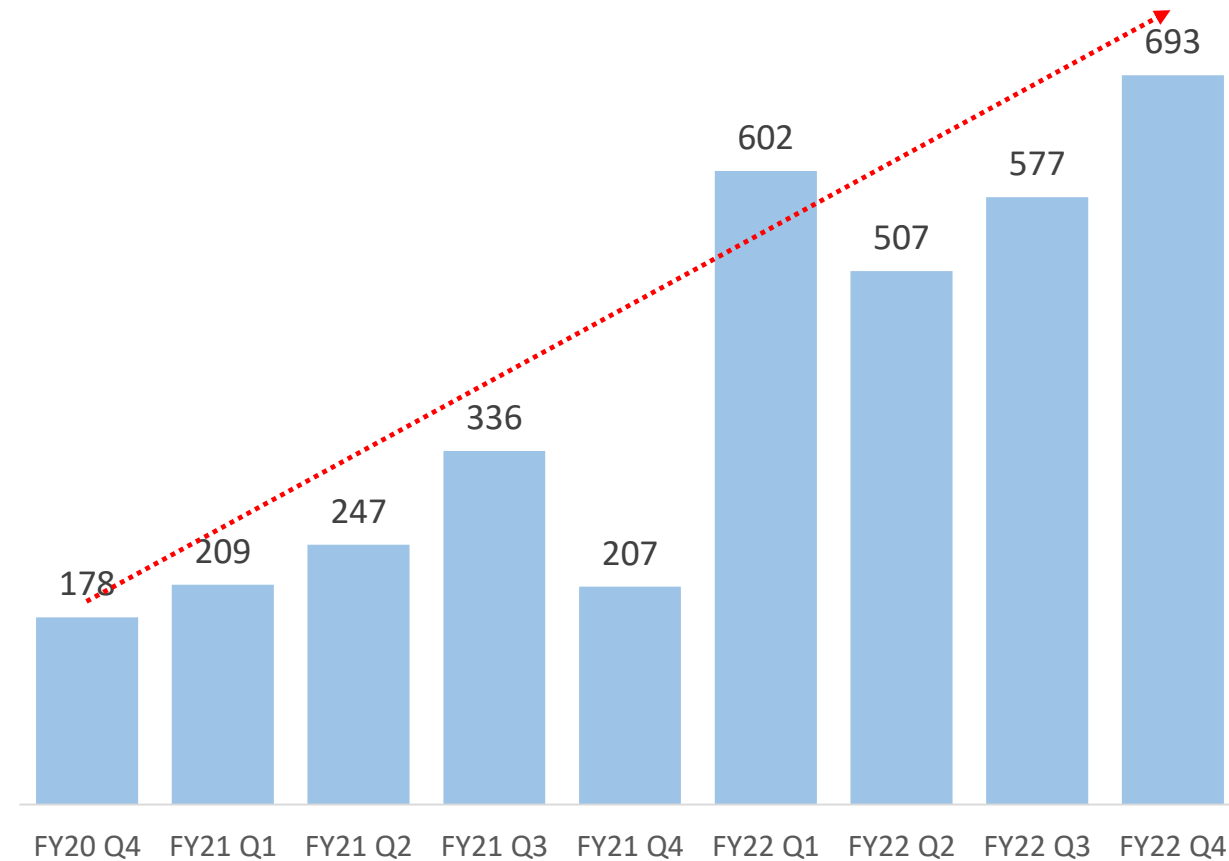


New PrEP initiation gradually increased – despite challenges

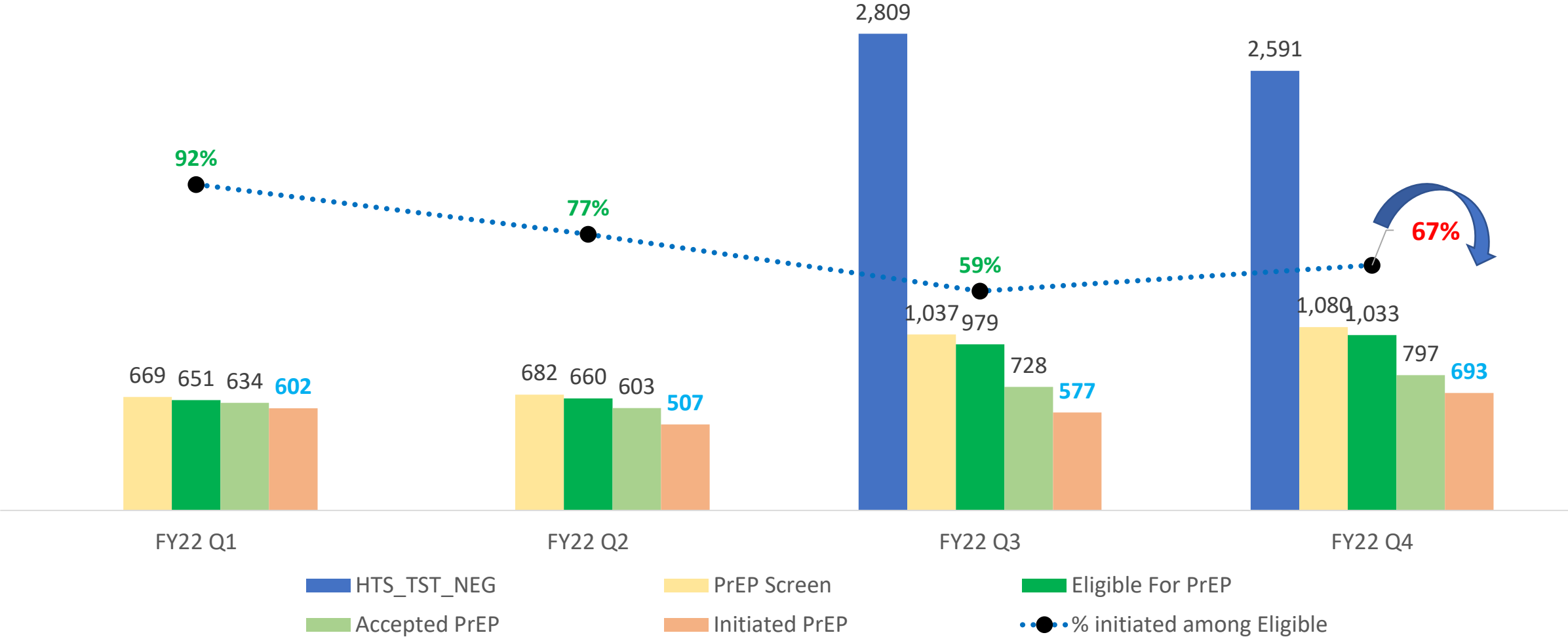
BACKGROUND

- HIV prevalence in the general population reduced from 0.9% (in 2000) to 0.6% (in 2017) in Myanmar. Prevalence in KP still high --- 34.9% in PWID, 8.8% in MSMs, 8.3% in FSWs
- A demonstration project introduced PrEP to MSMs and TGWs in two clinics in Yangon with the funding support from USAID in July 2020
- Evaluation methods:
 - Data analysis of routine monitoring data
 - End-line Evaluation – Qualitative & Quantitative

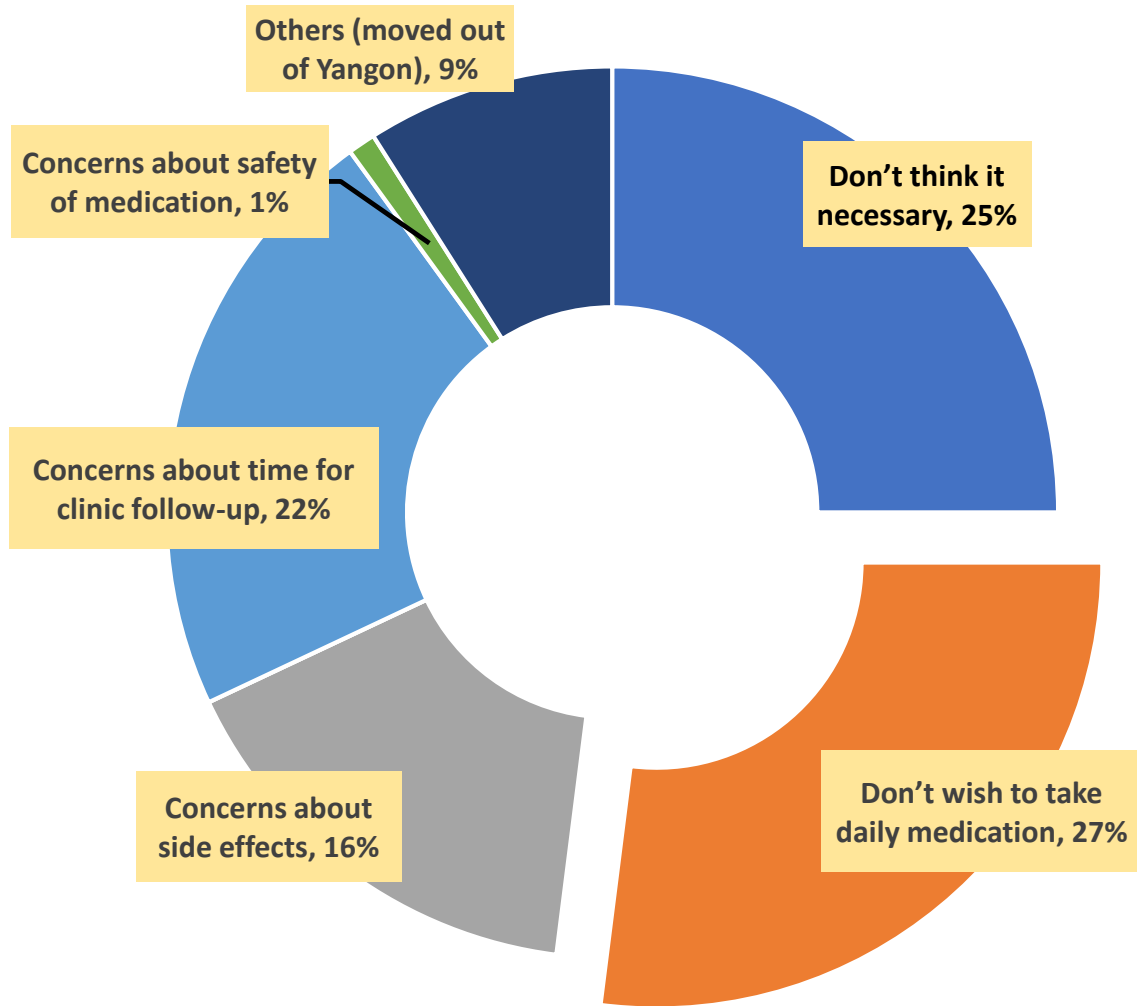
PrEP NEW Initiation in 2.25 years
(n= 3,556)



PrEP cascade and % of PrEP initiation among eligible clients



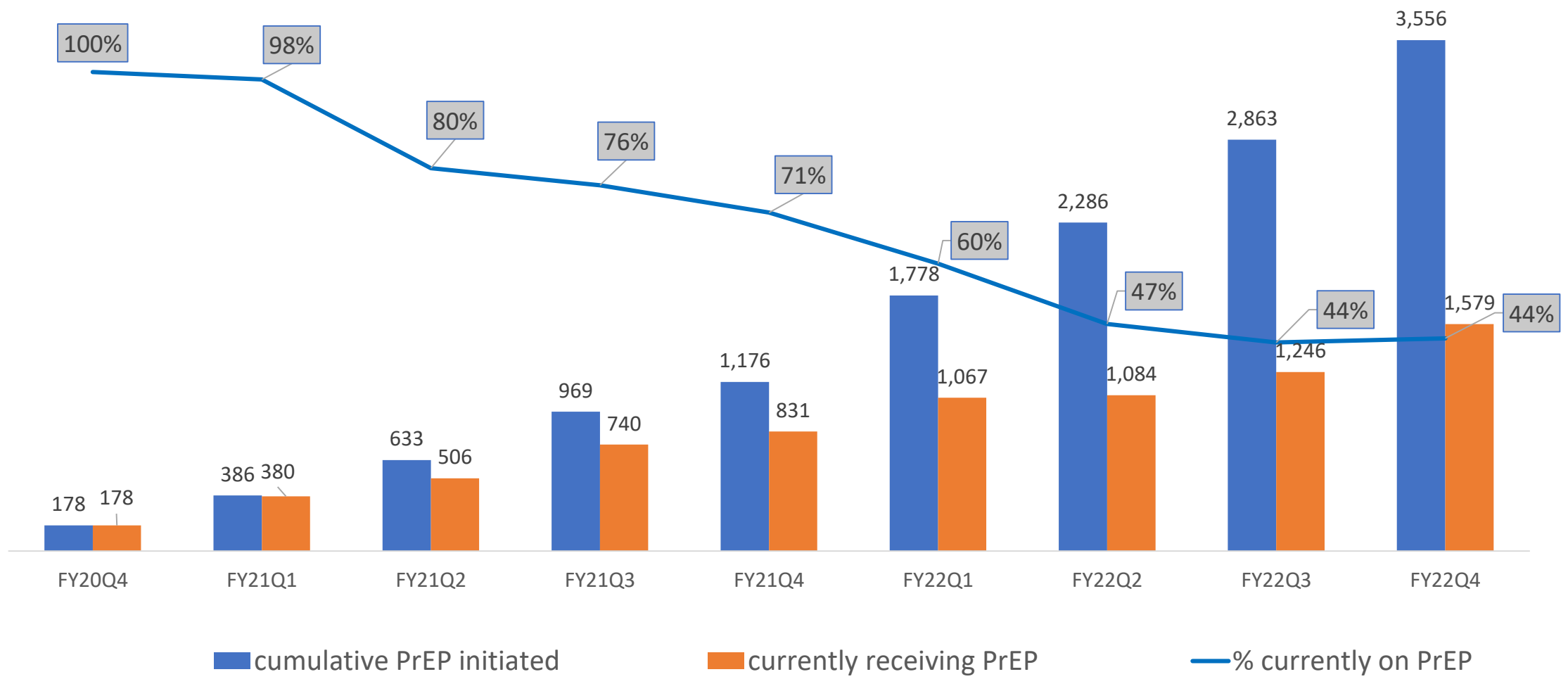
Clients' reasons for declining PrEP



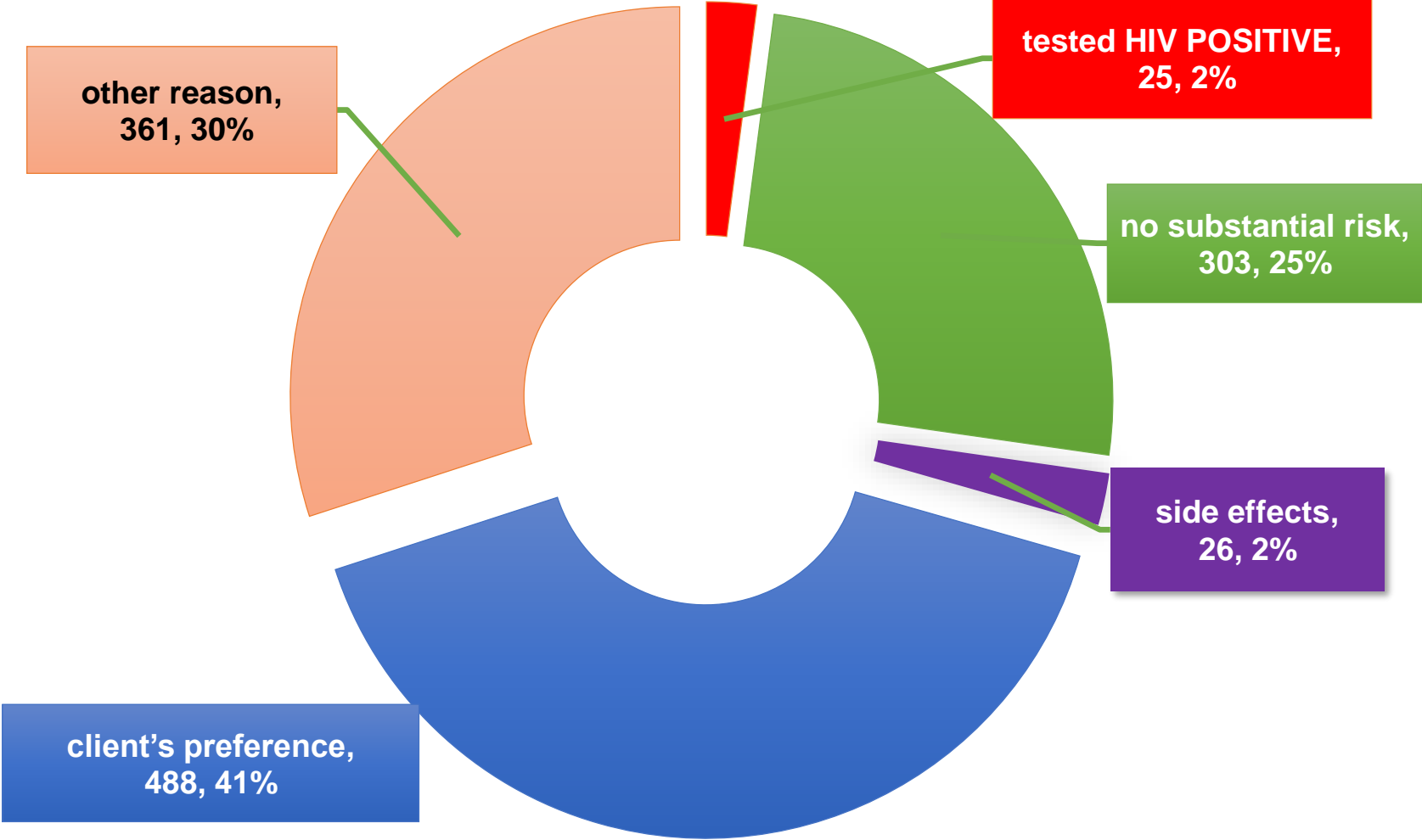
3 main reasons

1. Don't wish to take daily PrEP – 27%
2. Don't think it is necessary – 25%
3. Concern about time for clinic follow-up – 22%

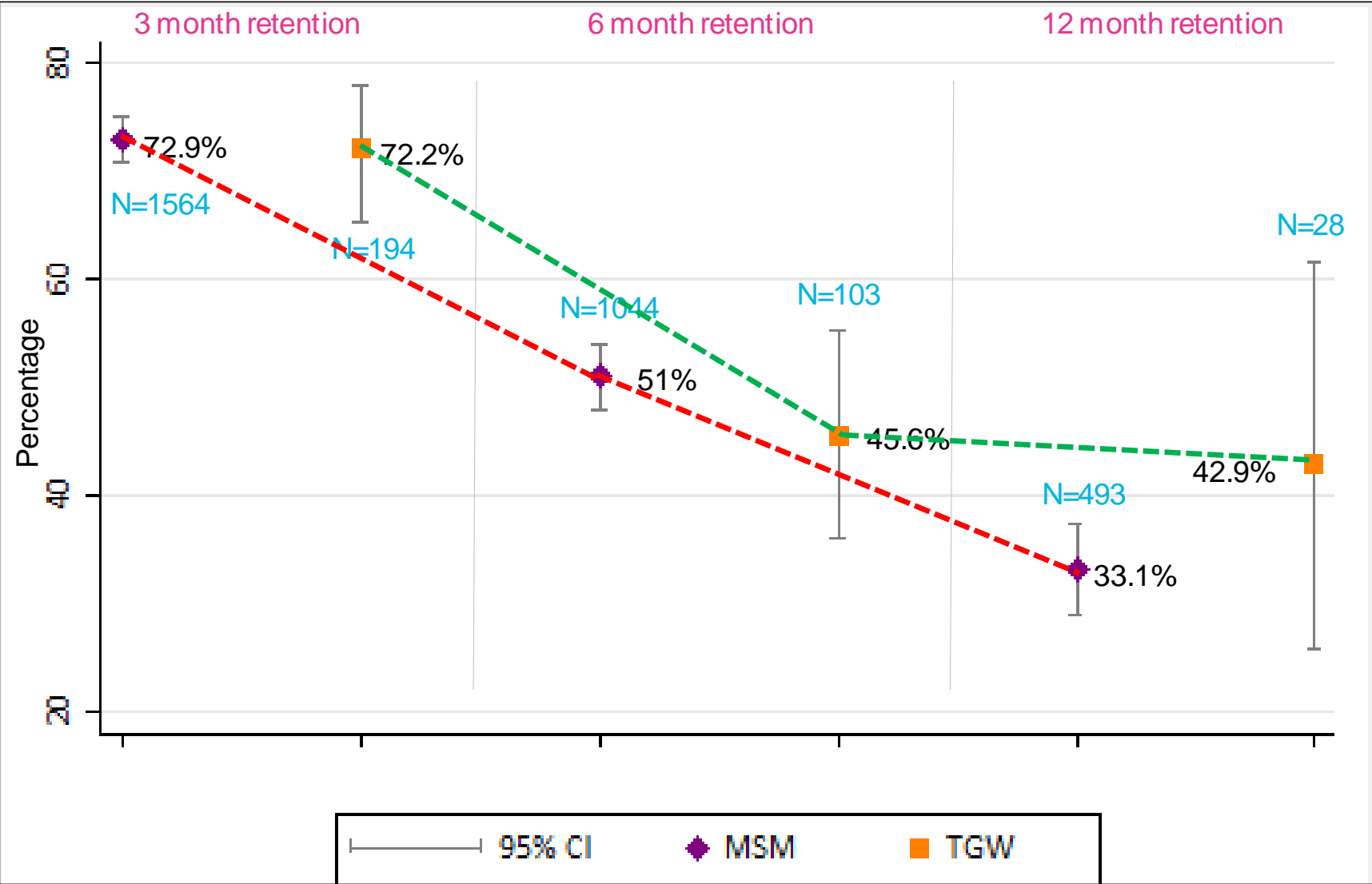
% currently on PrEP – decreased to 44% after 2.25 year PrEP project



Reasons for discontinued PrEP (Ref: monitoring data – frequencies)

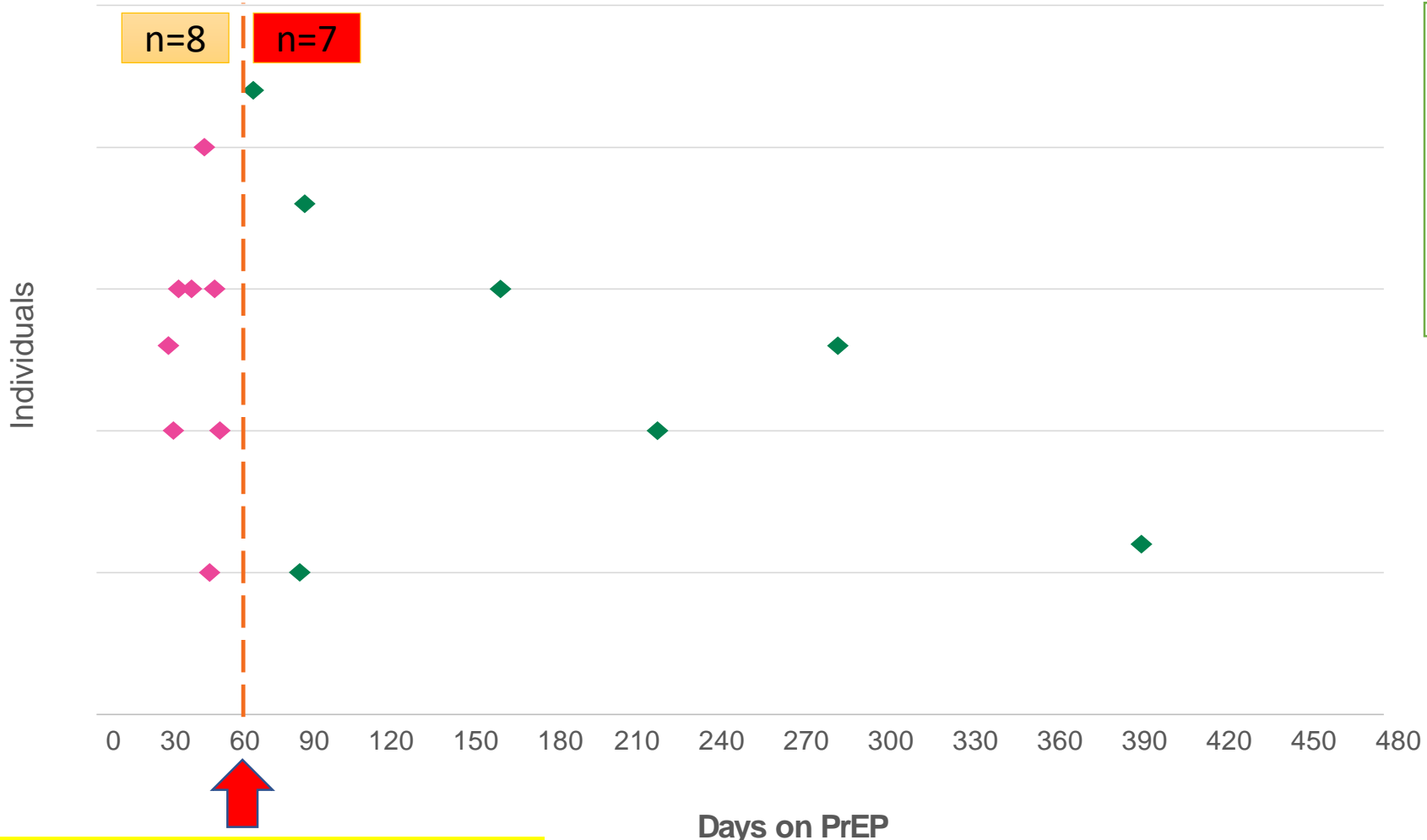


Continue on PrEP (Ref: End Term evaluation)



HIV seroconversion after initiation of PrEP (Ref: End Term evaluation)

HIV Seroconversion by PrEP days

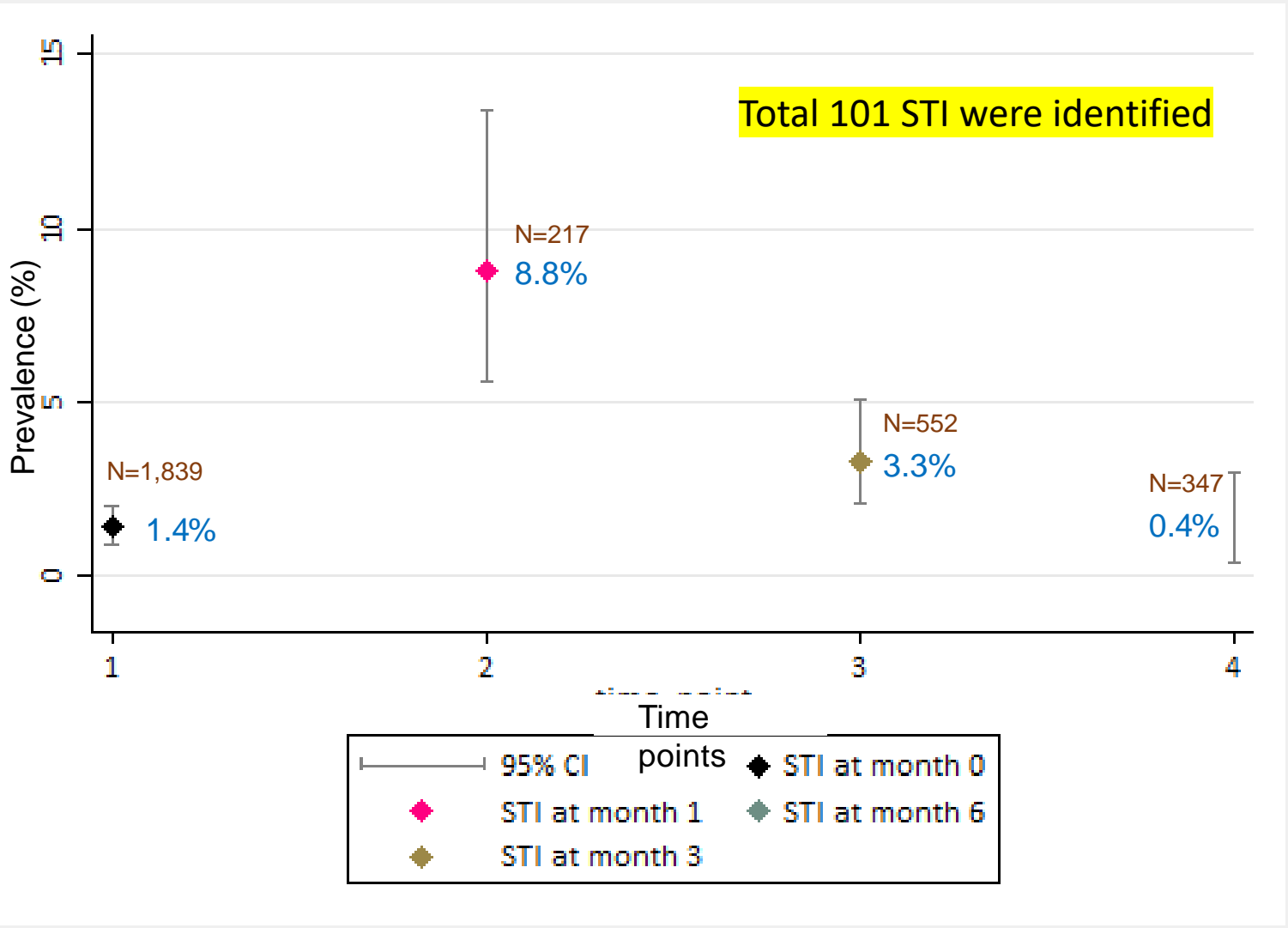


HIV Incidence Estimates

- All: 1.8 per 100 PY (95%CI: 1.1 – 3.0)
- After exclusion of early conversions: 0.9 per 100 PY (95% CI: 0.4 – 1.8)

Seroconversion before day 60 of PrEP

STI prevalence after initiation of PrEP (Ref: End Term evaluation)



PrEP INITIATION (Ref: End Term evaluation)

FACILITATORS

- Clients are proud of taking PrEP as they can ensure that their HIV test results negative ---- all clients tested HIV before taking PrEP
- Taking PrEP gives clients confident have sex with someone
- Support for travel expense, food
- Celebrity PrEP users

BARRIERS

- Do not have multiple sex partners
- Use condoms regularly
- Don't want to take daily pills
- Stigma due to misunderstanding of PrEP as ART
- Feel embarrassed going to HIV clinics to take PrEP medicines
- Unsupportive family and social network
- PrEP do not prevent STI

PrEP ADHERENCE (Ref: End Term evaluation)

FACILITATORS

- Online PrEP user networks (TOP center page by LPK & Prevent Yangon Page by MAM) --- information & support
- Regular HIV & STI screening during PrEP
- Trust to the service providers --- LPK & MAM clinics
- Reminder call for follow-up
- No reported serious side effects

BARRIERS

- Some characteristics ---- frequent travelers (FSWs, Spa boys, KTV boys, Nat Ka Daw guys) --- challenge with daily dose
- Partners' influences
- Changing risks
- Can't come to follow-up --- transport, fixed clinic schedule, travelling

Client behaviors after taking PrEP (Ref: End Term evaluation)

Behavior

Impact

Clients have knowledge options to stop and restart PrEP

→ Clients stop daily PrEP, restarts later with their own decision

Clients change/separate with their partners/no more risks

→ Clients stop taking PrEP

Clients perceive PrEP will fully protect from HIV

→ Clients do not use condoms

Challenges at provider side

- Limited PrEP supply ---- provide for one month instead of 3 months
- Giving incorrect phone numbers and address --- makes communication/giving reminder call for follow-ups
- No phone available in some clients

Recommended action/strategies

- To find out clients' prefer option/s rather than daily PrEP --- start & stop
- Ensure PrEP supply to be uninterrupted
- To expand PrEP distribution sites/service provision
- To ensure giving quality services along the PrEP cascade
- Flexible clinic hours for PrEP follow-ups
- Communication strategies for PrEP information, support during PrEP and demand generation
- Support to PrEP users for follow-ups --- travel expense, foods
- Destigmatize among general population that PrEP is not ART and it can prevent HIV infection
- Condom distribution to be promoted together with PrEP
- To do more studies on:
 - To include FSW and PWID populations in the upcoming studies
 - Clients' preferences on taking PrEP and their behavioral change related to discontinuation and restart PrEP
 - Study on Seroconversion after longer cohort with more sample size --- adherence of PrEP among seroconversions
 - To do study on behavior changes after taking PrEP including condom usage



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THANK YOU.