

Speaker's Profile



Dr. Linn Aung Thu

Program Director at Community Partners International (AIS)

Medical doctor with over 13 years' experience of working in harm reduction, management of HIV/AIDS and TB. Worked as Medical Coordinator and Program Manager in Northern Shan State and as a Program Coordinator based in Yangon to oversee projects of AHRN in Northern Shan, Sagaing and Kachin. Since the start of USAID HIV/ AIDS Flagship Project worked as a focal of AHRN with UHF on HIV/AIDS activities. Worked as a Technical Advisor under UHF at CPI and currently working as Program Director (Program & Innovations) under AIS with the same organization, CPI.

Worked on the National Drug Control Policy development (2018) with CSOs.

Speaking Topic - Demonstration of Pre-Exposure Prophylaxis (PrEP) among PWID with substantial risk of HIV



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HIV/TB Agency, Information and Services Activity

Demonstration of Pre-Exposure Prophylaxis (PrEP) among PWID with substantial risk of HIV



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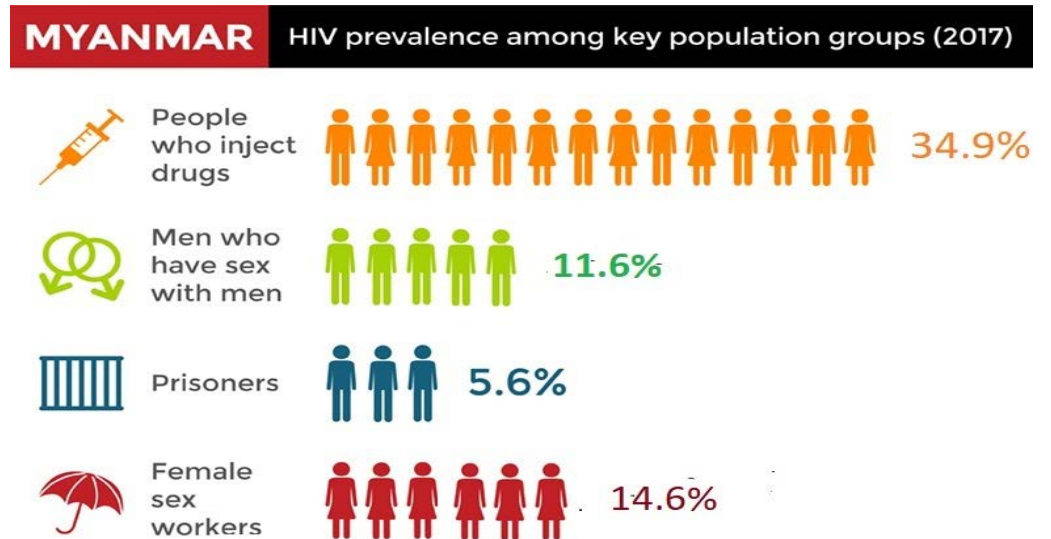
Background

WHO Recommendation on Pre-Exposure Prophylaxis (PrEP)

- PrEP reduced the chances of HIV infection by more than 90% from un-protected sex¹ and by over 70% from injecting drugs²
- PrEP was recommended as one of the additional tools for HIV prevention among people at substantial risk of HIV in September 2015

In Myanmar-2018

- An estimated around 11,000 people newly infected (approximately 30 new infections per day⁶)
- Nearly 28% were attributed by PWID and 13% by MSM&TG populations⁷.



Source: IBBS-MMR 2017; UNAIDS 2018

Research evidence before the present study

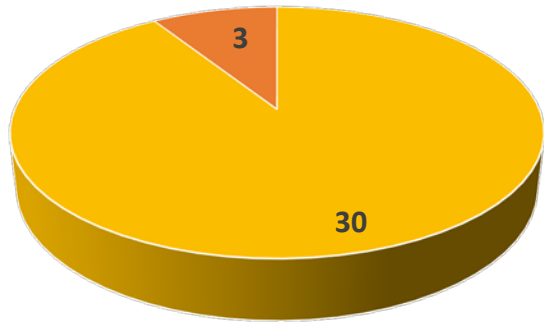
- The **Bangkok Tenofovir Study (clinical trial)** among PWID: Once-daily oral Tenofovir **decreased HIV incidence by 48.9%.**²
- Between June 9, 2005, and July 22, 2010, we enrolled 2413 participants. Approximately 80 percent of the population were male (1,924) and 20 percent were female (489). The age of participants ranged from 20 – 60, with a median age of 31 years. People with HIV, people with hepatitis B infection, and women who were pregnant or breast feeding were excluded from the study.
- Assigning 1204 to tenofovir and 1209 to placebo. Two participants had HIV at enrolment and 50 became infected during follow-up: 17 in the tenofovir group and 33 in the placebo group, indicating a 48.9% reduction in HIV incidence.

Formative Assessment of (PrEP) implementation among People Who Inject Drug

- 33 participants from MKN & Waimaw on January 2020.
- 91% of the participants were male PWID and 36% were in the age range of 20 to 24 years.
- None of the FGD participants had heard of PrEP prior to before recruitment for this assessment.
- After learning the basics of PrEP, nearly all participants expressed a willingness to take it. Half (n=16) were still willing to take PrEP even daily dose.
- PWID who engage in unsafe sex, use additional stimulants, and practice other high-risk behaviors would be more likely to have an interest in using PrEP.
- Several participants raised concerns related to the necessary duration, preferring it to be a short-term regimen.

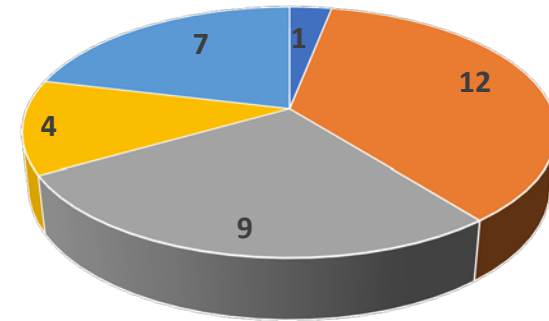
Sociodemographic characteristics

Sex



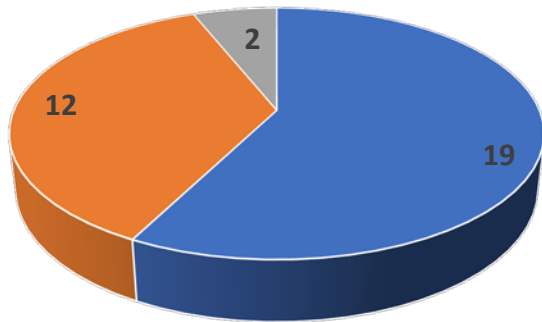
■ Male ■ Female

Age group (Years)



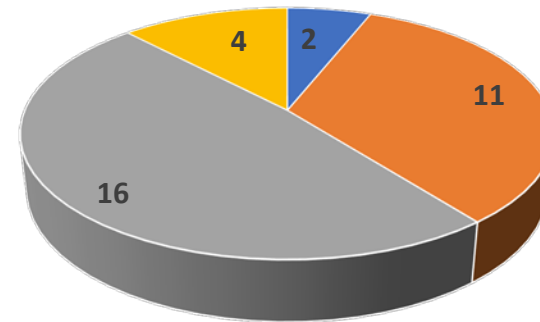
■ <20 ■ 20-24 ■ 25-29 ■ 30-34 ■ >35

Marital status



■ Single ■ Married ■ Divorce/Widow

Level of education



■ Primary school ■ Middle school ■ High school ■ University

HIV Awareness and Risk Perception

HIV risk perception

“People who inject drugs can get HIV, Hepatitis B and C infection...from sharing needles.”

“After long duration of injecting drug use, one will get HIV infection. Don’t know how it’s transmitted.”

Risk behaviours

“Sometimes, people who inject drugs shared syringes and needles. It’s better to take such prevention.”

“Sometimes, we dare not take needles and syringes as we would be arrested. That’s why we clean the old one and use them again.”

Duration

“It’s possible if it is for short duration; let’s say six months like TB treatment.”

Objectives

Primary Objectives:

- To assess the uptake, feasibility & acceptability of PrEP for PWID in Kachin State and Northern Shan State
- To assess HIV seroconversion rate among PrEP users

Secondary Objectives:

- To assess the risk behavior and STI rate among PrEP users
- To assess PrEP acceptability, barriers and facilitators to adherence from users' perspective
- To assess barriers for delivering PrEP from providers' perspective

Methodology

Study design : A mixed method prospective cohort study; qualitative method (FGD & KIIs) to explore barriers and enablers from clients and providers perspective

Project Sites (study areas) :

Kachin State (Waingmaw Township) (300 clients)

Northern Shan State (Lashio Township) (200 clients)

Study population:

PWID in Kachin and Shan

For qualitative: Service providers & PrEP users

Project Sites (study areas)

- Kachin State (Waingmaw Township)
- Northern Shan State (Lashio)
- Selection criteria based on the criteria set by PrEP National Technical Consultation and the discussion in the Core HIV TSG.
 - ✓ High HIV prevalence or incidence
 - ✓ Presence of a large number of key populations
 - ✓ Good coverage of existing HIV prevention services
 - ✓ Presence of National Program's facilities and accessibility to provide support and supervision
 - ✓ Presence of strong and active CBO/ Key population community network
 - ✓ Readiness of service providers

Study population

Selection characteristics include:

- ✓ High HIV incidence or prevalence
- ✓ Potentially high acceptability of PrEP
- ✓ Good services coverage of prevention services including condom, needle syringe program, medication-assisted treatment (MAT) for drug treatment, HIV testing, and treatment
- ✓ High HIV risk behavior and practices such as risky sexual and injecting practices
- ✓ Young population groups with high risk behaviors
- ✓ Multiple risks behavior and practices

Sample size

For quantitative:

500 HIV negative PWID with substantial risk of HIV

AIS Proposed Service Delivery Models

- Clinic based
- Outreach
- Community PrEP Distribution Points

PrEP regimens containing TDF

TDF 300 mg/ 3TC 300 mg (or) TDF 300 mg/ FTC 200 mg

For qualitative

FGD

- Four FGD sessions with estimated 40-50 PWID participants in Kachin

KII: 6 KIIs covering respective PrEP providers including:

- Focal persons
- Clinical Providers and
- Outreach Workers from PrEP facilities from Shan (N) and Kachin State

Data collection

Quantitative

- Standardized registers and records will be used at all facilities for tracking individuals through the PrEP cascade from eligibility screening through follow-up visits
- Individual data from the facilities would be anonymized and mechanisms will be put in place to ensure that confidentiality, privacy and data protection is maintained

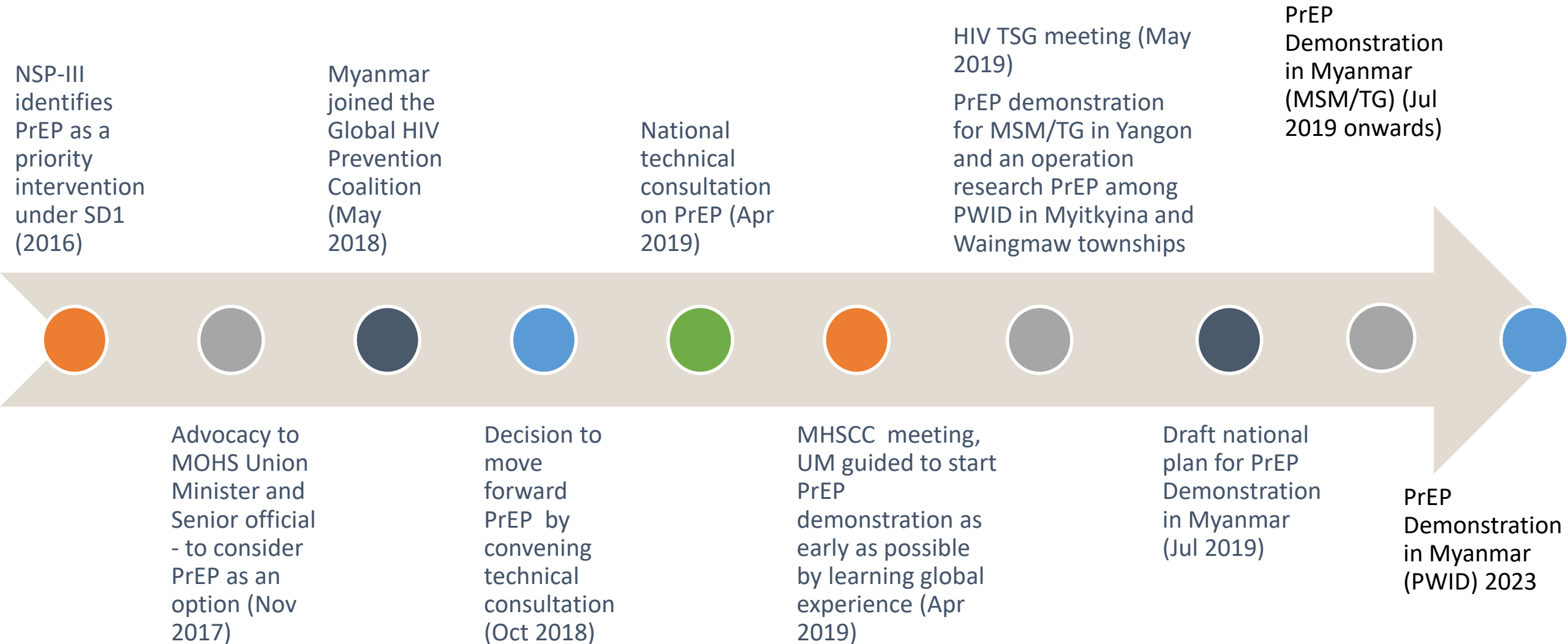
Qualitative

- Data collectors will be trained to use FGD & KII guides developed for Qualitative assessment

Implications of evidence from the PrEP Demonstration Project

- Providing opportunity to test an implementation framework for the country models of service delivery
- Learning user's and providers' perspectives on confidentiality, barriers, and facilitators to adhere or deliver PrEP
- Understanding of the overall contextual issues, population-specific issues and models of service delivery in accessing and adhering to PrEP
- Identifying best practices, challenges and lessons learned as well as their potential solutions to deliver PrEP safely and effectively to achieve high level of adherence

Evolution of PrEP in Myanmar





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Thank You!