

VinaPrEP

Demonstration project of pre-exposure prophylaxis for men who have sex with men at risk of HIV in Vietnam
A project results briefing

In Ho Chi Minh City, Viet Nam (Oct 2017 to Dec 2018)

Partners

An Hao Poly-clinic
Center for Applied Research on Men and Health (CARMAH)
Ho Chi Minh City AIDS Center
Vietnam Administration of HIV/AIDS Control (VAAC)
UNAIDS Viet Nam

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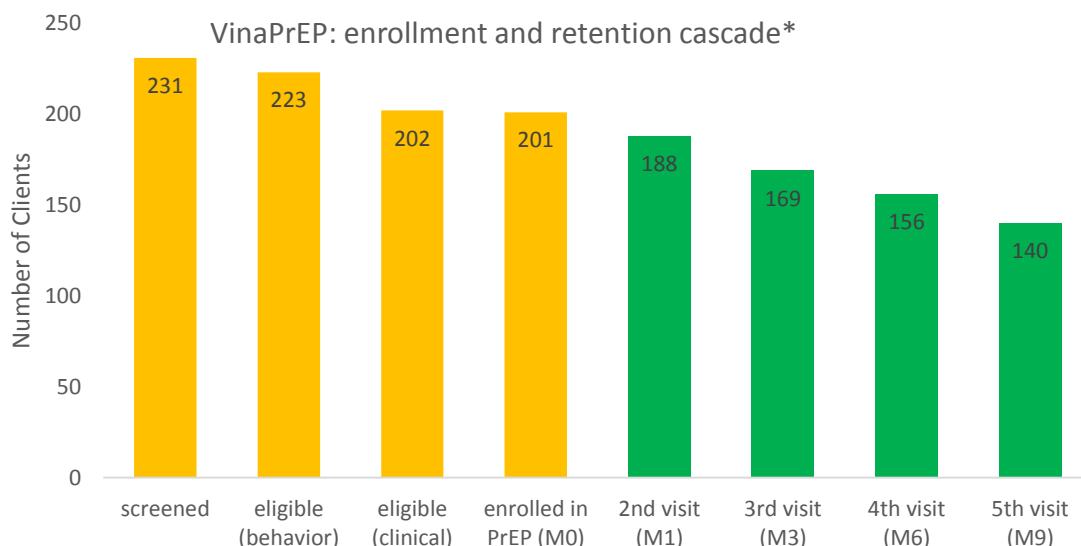
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Background

The HIV epidemic among Men who have sex with men (MSM) in Viet Nam has been increasing steadily since 2015, with prevalence at 5.1% in 2015, over 7% in 2016 and 12.2% in 2017. The prevalence is even higher in many cities, including Ho Chi Minh City. Pre-exposure Prophylaxis (PrEP) has proven highly effective in prevention of HIV transmission. Even though WHO has recommended PrEP as an additional prevention choice for MSM since 2014 and for all population groups at substantial risk of HIV infection since 2015, the majority of people in Viet Nam had never heard of PrEP prior to 2016, and there were no PrEP services in Viet Nam prior to 2017. There had also been limited experience with providing PrEP outside research and demonstration projects in low- and middle-income countries. The VinaPrEP demonstration project aimed to assess the acceptability and tolerability of PrEP among Vietnamese MSM, and assess the feasibility of PrEP implementation for MSM in a community setting in Viet Nam.

Actions

- Recruitment of 201 project clients over 9 weeks from early October 2017 with HIV, STI, renal function, Hep A, B and C screening and counselling
- Client follow-up visits to receive free PrEP (Tenofovir 300 mg + Emtricitabine 200 mg), HIV test, renal function, counselling and risk reduction support from CARMAH counsellors and other required health services and referrals from An Hao clinic physicians, for twelve month.
- Mid-term review and clients satisfaction survey
- Final technical assessment of project and sharing of lessons learned



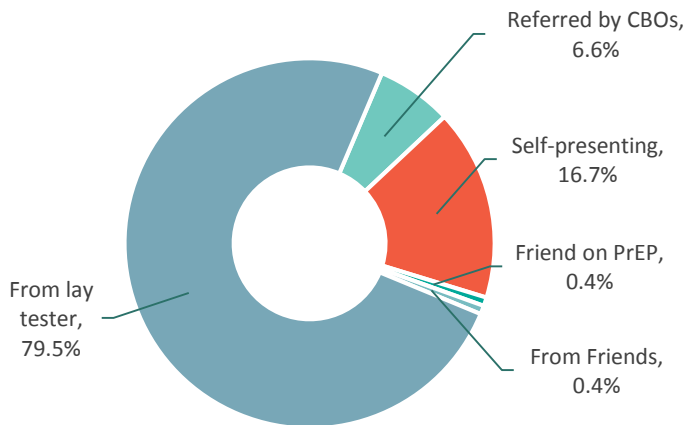
*At the closure of the project, 114 PrEP project clients came for the final visit at 12 month (M12) by the project reporting date, however as additional clients were expected to come back, this number is not considered final.

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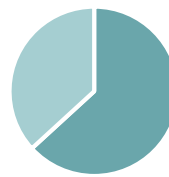
Results

- High percentage of eligible clients enrolled to use PrEP and remained with the project at 9 months showing **high acceptability, tolerability, and retention**
- 61 clients dropped out by 9 months due to no longer having risk behaviors, changing residence, side effects, medical conditions or were lost to follow-up
- No cases of HIV sero-conversion after 12 months: **PrEP is effective in terms of HIV prevention and no substantial alteration of condom use was observed**



- 16.7% of clients were self-presenting. With proper awareness raising, **PrEP services could reach MSM who are not reached** through community and/or outreach activities.

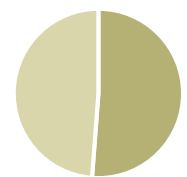
- **High satisfaction** among clients thanks to quality peer counselling and support, flexible clinics operating time, good understanding of community needs, leading to good motivation and adherence



63.2%
of clients are
highly satisfied
with the PrEP
medication



53.6%
of clients are
highly satisfied
with facilities
and service
providers



51.2%
of clients are
highly satisfied
with operating
times

Lessons and recommendations

- Creating and enhancing demand for- access to- and uptake of- PrEP services is crucial as part of combination HIV prevention. To promote demand for PrEP, awareness raising among MSM must be enhanced using channels that they often use such as social media. Efforts to promote demand for PrEP should also consider interventions to mitigate social and structural barriers to access, such as possible prejudice and stigma that may be associated with PrEP taking or attached with a specific key populations group.
- While PrEP seems largely accepted among the MSM community, some MSM still find it hard to access to PrEP services because of social and financial challenges. Future scale-up of PrEP program needs to consider different PrEP delivery models as well as different financing schemes (including free or subsidized PrEP) that meet the needs of potential PrEP users. Efforts should also be made to ensure client adherence and make PrEP most accessible to those who wish to continue using PrEP despite their mobility or other constraints.
- Ensure quality peer counselling and support, especially on harm and risk reduction for PrEP clients, for example by consistent and correct use of condoms
- As PrEP has high acceptability among the MSM community in Viet Nam, it can serve as an entry point for clients to discuss other health issues than HIV, such as STIs, and engage them in the health and social services they need.
- PrEP can be implemented in community settings. While PrEP prescription and testing are provided by health facilities, the programme should partner with CSOs who play an important role for user-friendly counselling and their support to clients to adhere to their medication.
- PrEP is highly effective and Viet Nam's national action plan on PrEP provides a key opportunity to bring PrEP services to communities at risk of HIV.