



# AN ASSESSMENT OF PREP IMPLEMENTATION IN BARBADOS

Pre-exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis  
(nPEP) Virtual Training  
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# Content of Presentation

## **Objective:**

- To provide an overview of the Barbados experience regarding the implementation of PrEP (March 2018 – Nov. 2019)

## **Outline:**

1. The epidemiologic rationale for PrEP
2. Summary of the Barbados experience implementing PrEP
  - a. Key Milestones
  - b. Assessment of the Programme
3. Addressing the programmatic gaps

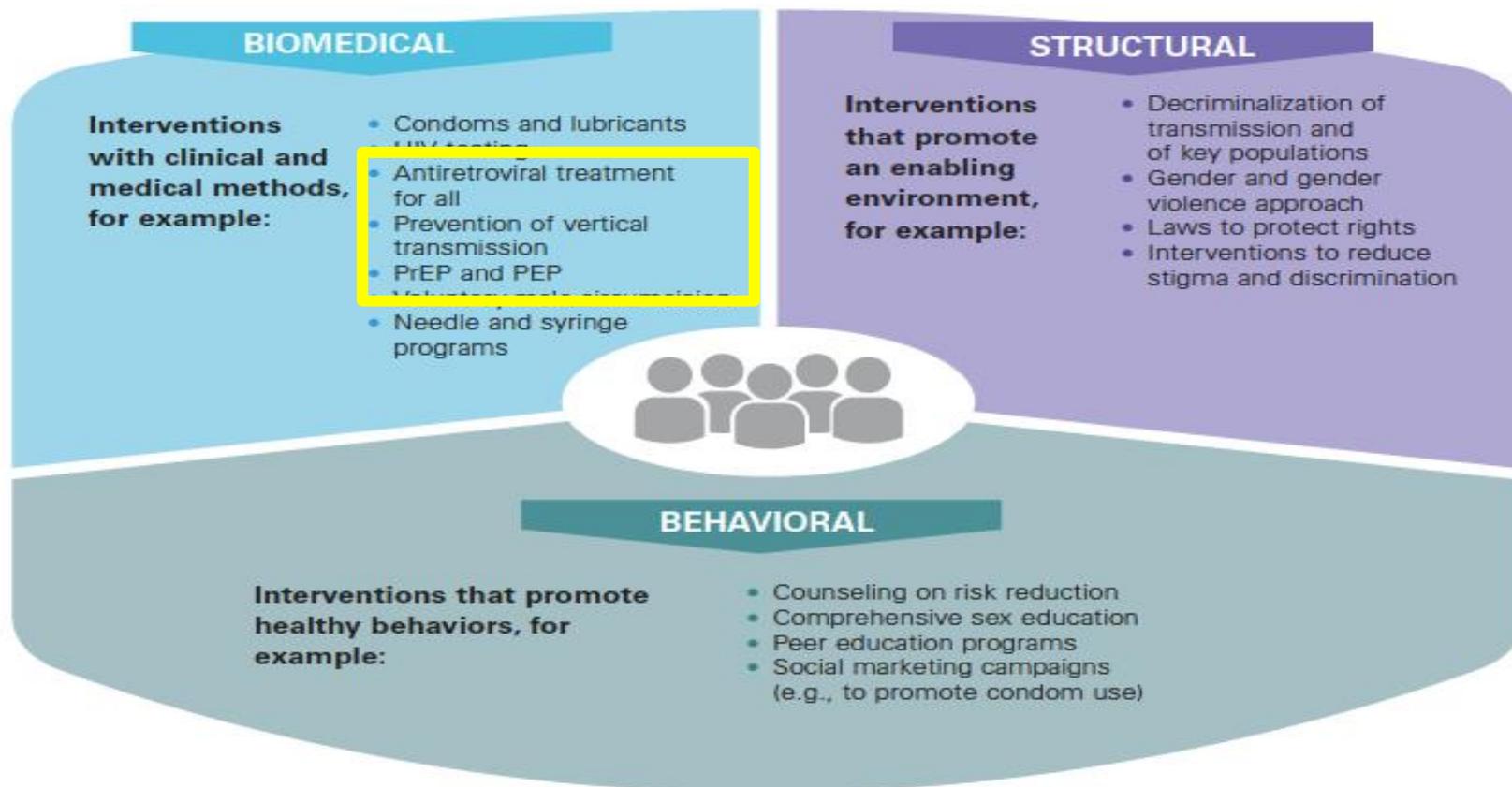
# Why the need for PrEP in Barbados?

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- HIV prevalence in 15-49 year olds = **1.5%** (UNAIDS Spectrum® Estimates 2019)
  - ▣ HIV among MSM = **11.8%** (BBS among MSM, 2017)
  - ▣ Presumed higher HIV prevalence among other marginalized populations
- Sustained high incidence rates/ prevalence of other STIs in the general population:
  - ▣ Chlamydia: **12.4%** (2018)
  - ▣ Gonorrhoea: **3.3%** (2018)
- Syphilis outbreak started in 2011/ 2012 and sustained high rates since 2013
- Behavioral surveys show high levels of knowledge but low condom use

# PrEP must be implemented as part of a Combination HIV Prevention Approach!

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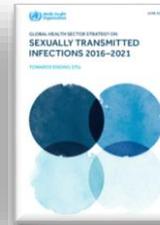
**Source:** Adapted from the International HIV/AIDS Alliance. *An advocacy brief for community-led organisations: Advancing combination HIV prevention*; 2016. Available from: [http://www.aidsalliance.org/assets/000/002/472/web\\_AllianceUnaided\\_Comb\\_prevention\\_original.pdf?1459762561](http://www.aidsalliance.org/assets/000/002/472/web_AllianceUnaided_Comb_prevention_original.pdf?1459762561).

# Strong Global and Regional commitments towards ending AIDS, STIs and VH by 2030

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**3.3** - By 2030, **end the epidemics of AIDS**, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases



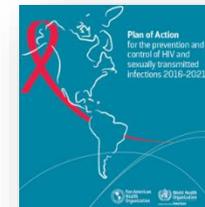
## Fast-Track Targets

by 2020	by 2030
<b>90-90-90</b> Treatment	<b>95-95-95</b> Treatment
<b>500 000</b> New infections among adults	<b>200 000</b> New infections among adults
<b>ZERO</b> Discrimination	<b>ZERO</b> Discrimination

## PAHO Plan of Action for the prevention and control of HIV and STIs (2016-2021)

### Ending AIDS in LAC: milestones by 2020

1. Reduce AIDS-related deaths: 19,000/yr
2. Reduce new HIV cases: 26,000/yr
3. EMTCT of HIV and syphilis



***To Eliminate HIV, STIs and VH in the Caribbean we must deliver differently!***

# Key Milestones

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PrEP clinic started at the LRU  
(HIV and STI specialty clinic)  
**March 2018**



1) Focus groups with KPs  
2) Training of Providers (CDC  
and PAHO)  
**Sept. 2018**



PrEP started at Equals (an NGO site)  
**Feb. 2019**



Commencement of Revamped STI Clinic (with  
VICITS strategy - includes PrEP referral)  
**May 2019**



2<sup>nd</sup> Major Training Workshop (CDC and UCSF)  
**Sept. 2020**



Rollout at other sites - 1 Polyclinic  
and the BFPA  
**By Dec. 2020**

Priority Populations
✓ Men
✓ MSM
✓ Sero-discordant couples at risk
✓ FSW
✓ TG persons



GUIDELINES FOR PRE-EXPOSURE  
PROPHYLAXIS (PrEP) FOR HIV  
PREVENTION IN BARBADOS



# Evaluating the early outcomes of the Barbados HIV Pre-exposure prophylaxis (PrEP) Program

Manuscript by Best, A and Rambarran, N.

Is **PrEP**  
right for me?



If you decide **PrEP** is right for you, follow your doctor's advice on how to take your pill. This will give you the best chance to prevent HIV.



A daily pill of pre-exposure prophylaxis (PrEP) is more than **95% EFFECTIVE IN PREVENTING HIV INFECTION**



For more information, call  
**(246) 536-3315**

Ministry of  
Health & Wellness



With support from the U.S. President's Emergency Plan for AIDS Relief  
through the Ministry of Health and Wellness

# Progress to date; Assessment of the PrEP programme

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- March 2018 – Nov 2019 – **134 PrEP enrolees**
  - ▣ *From December 2019 to September 3 2020 – 17 more – 15 men, 2 women.*
  - ▣ *PrEP services have been curtailed and impacted by COVID-19*
- **126 cisgender men; 6 cisgender women, 2 transgender women**
- **50.7% at Equals and 49.3% at LRU**
- MSM 67.9%, MSMW 14.9%; 20 persons in sero-discordant relationships (45% MSW, 40% MSM)
- 60% had no co-morbidities
  - ▣ most common pre-existing medical conditions were asthma (47.1%) and hypertension (15.0%)
- 23.8% ALWAYS used condoms in 6 months prior to enrolment; 34.4% had more than 3 partners in this period
- Six (6) persons did not commence on PrEP after enrolment
  - ▣ likely allergy, deferral of decision or comorbidities

# Progress to date; STIs, lab tests and condom use

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- When tested on enrolment:
  - ▣ 18 (13.4%) reactive syphilis titres, 3 cases of chlamydia (2.2%), 2 of gonorrhoea (1.5%) and 1 case of HTLV-1 infection (0.7%), for a **total of 22 prevalent infections (16.4%)**
- **Follow-up testing at 3 and 6 months:**
  - ▣ 4 new cases of syphilis, 2 new cases of chlamydia, 1 new case of HCV;
  - ▣ minor elevations in liver enzymes,
  - ▣ 1 patient with CrCl <60 mL/min
- On follow-up visits, most reported **no change in condom use (60%)**; 25.0% used condoms less and 10.0% used condoms more

# Progress to date; ARV side effects

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- Side effects occurred in 52% of patients and were mostly **gastrointestinal in nature** (nausea, vomiting, bloating, gas, diarrhea, flatulence, abdominal cramps) (74.0%)
- Also headaches (14.2%) and sleep disturbances; insomnia, vivid dreams (14.2%) also commonly reported

# Progress to date; WHO Indicators

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## Indicators all based on WHO definitions

### □ UPTAKE

- ▣ % of eligible people who initiated PrEP within the study period: **96%**

### □ CONTINUATION

- ▣ No. of PrEP users who continued on the medication for 3 consecutive months after initiation: **61.5%** (many lost to follow-up)

### □ PrEP-ASSOCIATED TOXICITY

- ▣ % of people who received PrEP but discontinued it due to serious medication-associated toxicity: **2.3%**

### □ HIV POSITIVITY

- ▣ % of people who tested HIV+ among people who received PrEP at least once during the study period and had at least one follow-up HIV test: **1.5%** (1/64)

# Progress to date; Continuation of Care

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- **Continued care by the end of the study period** - more persons remained enrolled at Equals (61%) than LRU
- **Being lost to follow-up** (defined as having missed an appointment by over 2 months with no reason noted in the records) was significantly associated with enrolment at the LRU (93.1%,  $p < 0.00$ )
- Persons who continued enrolment were likely to be **slightly older** (31.3 years, Std. Dev. 11.5) compared to those who had discontinued or been lost to follow-up (29.5 years, Std. Dev. 6.8),  $p = 0.02$ .
- ***Dedicated staff at Equals and less capacity at the LRU***

# Progress to date; Continuation of Care

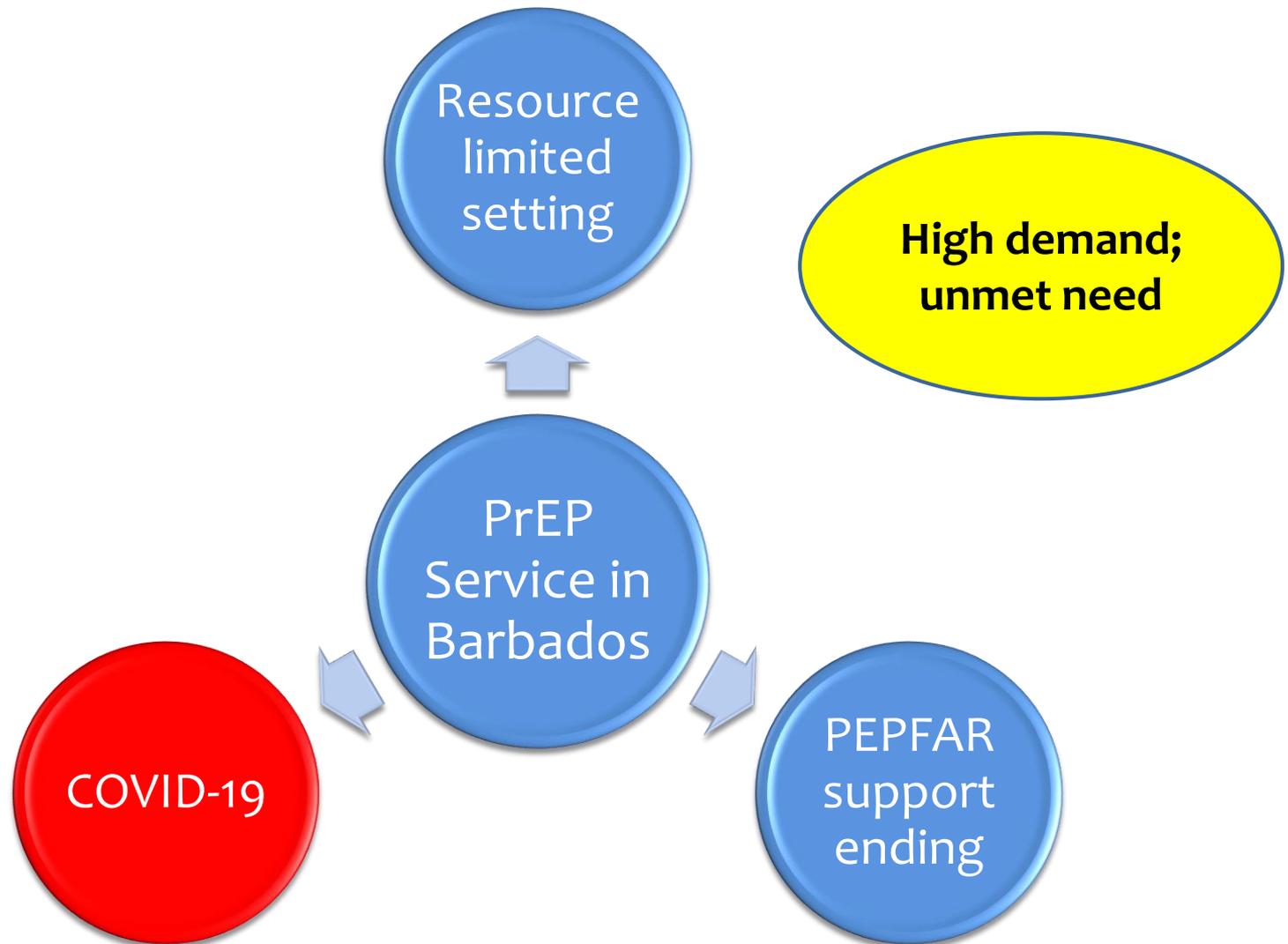
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Risk category	Uptake %	Continuation %
<b>WSM</b>	8/8 (100)	6/7 (85.7)
<b>MSM</b>	87/91 (95.6)	44/68 (64.7)
<b>MSMW</b>	20/20 (100)	12/17 (70.5)
<b>MSW</b>	12/12 (100)	3/10 (30)

- **Especially low continuation rates among MSW**, many of whom were in sero-discordant relationships, may be due to better viral suppression in the HIV+ partners or discontinuation of the sero-discordant partnership, but unable to ascertain reasons because lost to follow-up
- Of the 20 persons in sero-discordant relations, 13 were still enrolled by the end of the study period; 1 discontinued because their HIV+ partner migrated, 1 paused because of U=U but re-started after, and the other reasons for discontinuation are unknown
- **Reasons for discontinuations** not analyzed by frequency since only small number gave reasons. They include: side-effects, difficulty getting to clinic, not being very sexually active, migration/partner migrated, incarceration, sticking to 1 partner who tested negative, “no longer interested”

# What factors are affecting the delivery of PrEP services in Barbados?

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# Gaps in the Barbados PrEP Programme

- ❑ **Overall low capacity to meet demand and to ensure follow-up**
  1. Improved capacity to follow-up PrEP enrollees:
    - ❑ Low continuation rates reflect need for better follow-up to ascertain the reasons for discontinuation or barriers to continuation, as well as the need for better pre-initiation counselling
  2. Need for expansion of PrEP:
    - ❑ Including to other high-risk populations, especially women

## **Conclusion:**

- ❑ **Urgent need for expanded, comprehensive and integrated HIV Combination prevention services**

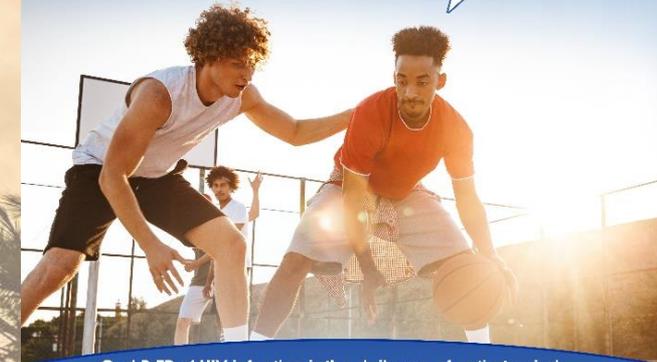
# Thank you for your attention!

## Acknowledgements:

- Dr Nastassia Rambarran
- Staff of the LRU and Equals Inc
- Staff of the wider HIV/ STI Programme and MHW
- The patients and communities we serve in Barbados and rest of the Caribbean



HAVE YOU HEARD ABOUT  
**PrEP?**  
(Pre-Exposure Prophylaxis)



Oral PrEP of HIV infection is the daily use of antiretroviral drugs by HIV-negative people to prevent against acquiring HIV.

PrEP can help lower your risk of contracting HIV.

Note however, PrEP does not protect you from other Sexually Transmitted Infections (STIs). Condoms are needed to provide protection from other STIs such as Chlamydia, Gonorrhea and Syphilis.

**#GETPREP #AREYOUPREPED**

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