

# 7 CASE STUDIES



Featuring HIV Pre-Exposure  
Prophylaxis Initiatives Led by  
Gay Men in Australia, Kenya,  
Ukraine, Vietnam, and  
Zimbabwe





## ACKNOWLEDGEMENTS

### Lead Authors

Mohan Sundararaj, MPact, United States  
Charlie Baran, Consultant, United States

### Editing & Design

Saurav Jung Thapa, Consultant, United States  
Sabiha Basrai, Design Action Collective, United States

### Contributors

Alice Olawo, FHI 360, Kenya  
Andrii Bogoslavets, Alliance Global, Ukraine  
Angel Fabian, MPact, United States  
Barbara Thirikwa, FHI 360, Kenya  
Ben Eveslage, FHI 360, United States  
Doan Thanh Tung, Lighthouse, Vietnam  
Don Baxter, MPact Board, Australia  
George Ayala, MPact, United States  
Greg Tartaglione, MPact, United States  
Jeffrey Walimbwa, Ishtar, Kenya  
Matthew Vaughan, ACON, Australia  
Ngoc Nguyen Anh and Le Thanh, G-Link, Vietnam  
Nic Parkhill, ACON, Australia  
Omar Banos, MPact, United States  
Othman Mellouk, MPact Board, Morocco  
Pato Hebert, New York University, United States  
Purvi Shah, FHI 360, Kenya  
Samuel Matsikure, GALZ, Zimbabwe  
Saurav Jung Thapa, Consultant, United States  
Sergey Kondratyuk, ITPC, Ukraine

*These case studies were developed specially for MPact's PrEP demand generation workshops and were piloted in trainings led by MPact and ITPC in Siem Reap, Cambodia and Johannesburg, South Africa in 2019. MPact wishes to thank the 55 advocates from both trainings for providing valuable input and guidance to help us strengthen the case studies and improve their instructional value.*

# MPACT PRESENTS THIS COMPENDIUM OF SEVEN REAL-LIFE CASE STUDIES PRESENTED IN AN ACCESSIBLE FORMAT TO SUPPORT MOBILIZING COMMUNITY DEMAND FOR HIV PRE-EXPOSURE PROPHYLAXIS (PREP) PROGRAMS SERVING GAY AND BISEXUAL MEN IN DIVERSE CONTEXTS AROUND THE WORLD.

The case studies offered here are intended as an instructional tool for anyone interested in leading new or strengthening existing PrEP efforts. It will especially be beneficial to advocates, community-based organizations, healthcare providers, and policymakers working in HIV prevention, sexual health, or human rights. While the specific contexts of each country are unique, there are lessons or considerations in each case study that may be relevant in other country contexts. At the beginning of each of the case studies are key takeaways. Each case study is followed by a set of reflection questions.

The case studies are preceded by primers on PrEP and on PrEP pricing, and followed by a knowledge quiz, a worksheet for action planning, and additional resources. They point to the key building blocks of community-led advocacy, social marketing, training, and service delivery efforts to make PrEP more accessible to gay and bisexual men.

The seven case studies were assembled following detailed desk reviews and qualitative interviews with stakeholders and community-based organizations partnered with MPact. We piloted the case studies at two multi-country PrEP demand-generation workshops in partnership with the International Treatment Preparedness Coalition (ITPC) in 2019. The workshops were held in Siem Reap and Johannesburg and helped deepen the PrEP-related capacities of advocates from Botswana, Burundi, Cambodia, Cameroon, Ghana, Indonesia, Jamaica, Kenya, Kyrgyzstan, South Africa, Tajikistan, Tanzania, Ukraine, Vietnam, and Zimbabwe. Case studies were revised and improved based on input from advocates who helped to adapt them for use in a learning environment. They are recommended as a supplementary resource to the [ITPC Key Population Activist's Guide for PrEP](#).

This document would not be possible without the hard work of advocates around the world who are leading important work in these areas. The case studies provide a snapshot of where we are today in the global struggle for

health equity for gay and bisexual men. This case studies workbook is also a living document which will be updated from time to time as conditions change, new instructive stories are uncovered, and new normative guidance becomes available.

There is much to celebrate about PrEP. It is one more powerful tool in the fight against the HIV epidemic, like treatment, and U=U that ensures zero transmission risk. Other exciting recent advances include event-driven PrEP for gay and bisexual men who do not want to take a pill every day.

But we know that not everyone who should have access to PrEP, or wants access to it, can easily get it. This is especially true in an era where international resources for HIV, and HIV prevention in particular, are fast drying up. We also know that transgender men who have sex with men have been excluded in HIV prevention research agendas, prompting the need for more advocacy and data collection. We must therefore act quickly and effectively to make PrEP access a reality for all gay men who can benefit from it. We must also fight stigma, including HIV-related stigma, homophobia, and transphobia using PrEP as an additional entry point in our advocacy. We hope you will find this resource helpful in your work and for your community.

As always, MPact welcomes your feedback, contributions and suggestions for improvement. If you have a PrEP story that is focused on gay and bisexual men, including trans men who have sex with men, which you feel would be instructive for others - whether the outcome is positive or not - please do share it. With the information and tools provided in this case studies workbook, you should be well on your way to building and deploying an effective PrEP advocacy strategy. For advice and support in using this workbook, please do not hesitate to contact us.

In solidarity,  
The MPact Team

## TABLE OF CONTENTS

A Primer on PrEP .....	3
A Primer on PrEP Pricing .....	6
Case Study 1: A self-financing model for community-based delivery of PrEP in Vietnam .....	9
Case Study 2: Taking PrEP to scale in Australia .....	12
Case Study 3: Ensuring the inclusion of gay men in government-led PrEP roll-out in Zimbabwe .....	15
Case Study 4: Using online peer-led models to shift the conversation about PrEP among gay men in Kenya .....	19
Case Study 5: Deploying sex-positive imagery and messaging to enroll gay men on PrEP in Ukraine.....	21
Case Study 6: Addressing PrEP stigma at individual, community and provider-levels in Vietnam .....	24
Case Study 7: Facilitating PrEP access for gay men through an online HIV service booking platform in Kenya .....	27
PrEP knowledge quiz .....	33
Worksheet for action planning.....	36
Additional resources .....	40

# A PRIMER ON PREP

## What is PrEP or pre-exposure prophylaxis?

PrEP is a major scientific breakthrough in HIV prevention science and involves the use of antiretroviral medication taken orally by HIV-negative individuals to prevent the transmission of HIV. PrEP is an HIV drug formulation taken by HIV-negative people who want to protect themselves against HIV transmission as a daily pill, or around sexual events, for instance a double dose of PrEP 2-24 hours in advance of sex and a third and fourth pill 24 and 48 hours after sex.

PrEP uses a combination of antiretroviral drugs to prevent HIV transmission (see accompanying infographic for more information). Some people think of PrEP as a way to protect themselves against HIV. Others view it as an enabling tool to fully express their sexual selves so they can explore and enjoy sex without condoms. These are both valid perspectives. PrEP is, and can be, of great benefit to gay and bisexual men all over the world. It should be available on demand and without judgement at minimal or no cost to the user. In our experience, we have learned that there is still persistent stigma and moral judgment attached to using PrEP and enjoying sex without condoms. This stigma must be overcome through sex-positive re-framing and by prioritizing principles of bodily autonomy and self-determination.

Combination prevention interventions that recognize the interdependent relationship between prevention, care, and treatment are essential to promote a comprehensive approach to sexual health of gay men. PrEP is one essential element of such an approach, which should include:

- Pre-exposure prophylaxis (PrEP);
- Post-exposure prophylaxis (PEP);
- Individual and group-level behavioral interventions;
- Sexual history-taking;
- Adaptive strategies such as serosorting and strategic positioning;
- Condom and lubricant promotion;

- Voluntary HIV testing and counseling;
- Sexually transmitted infection prevention and care services;
- Mental healthcare services;
- Harm reduction services;
- Integrative medicine services;
- Structural interventions to end gender-based violence targeting gay and bisexual men.

PrEP is most effective when deployed in a manner that engages, prioritizes, and empowers the community. It is part of a comprehensive package of HIV prevention and sexual health services. Comprehensive sexual health for gay men – with PrEP being an integral part of it – is an assessment of well-being which focuses on the holistic physical and emotional state of the person. It goes beyond the mere prevention or treatment of a given disease. With regard to HIV, comprehensive sexual health views HIV as more than a pathogen. It considers a panoply of factors affecting gay men's health, including structural barriers. The World Health Organization defines sexual health as:<sup>1</sup>

*“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”*

A community empowerment approach seeks to resource and enable gay and bisexual men to take individual and collective ownership of the HIV response. A community empowerment-centered intervention on PrEP will engage with gay and bisexual men to raise awareness about their rights, establish community-led safe spaces, and raise awareness about PrEP and other HIV prevention interventions that are available. Communities of gay and bisexual men are

<sup>1</sup> [https://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)

best positioned to reach other members, rally support, and lobby to make national HIV and PrEP policies responsive to their needs. Empowered gay and bisexual men can also challenge societal homophobia and counter stigma and discrimination. Community empowerment can contribute to positive self-esteem as well as a lend a sense of urgency, altruism, and fellowship.

Consensual sex between men is neither a pathology nor a risk behavior in itself. It is life-affirming, fun, and vital.

PrEP is an intervention that gay men can use to further actualize their sexuality and themselves by dramatically reducing their chances of acquiring HIV. It is a powerful tool for self-care and self-empowerment. Gay men have the right to PrEP, as they have the right to pleasure, intimacy, and comprehensive sexual health.

The accompanying infographic provides more information about PrEP for gay and bisexual men.

## PrEP Basics

### Drug information

The drug most commonly used for PrEP is composed of 300mg of tenofovir disoproxil fumarate with 200 mg emtricitabine. It was originally developed as an antiretroviral therapy for people living with HIV and is still used as a medication for treatment. Until 2019, it was the only drug that had been formally approved for use as oral PrEP in many countries. In October 2019, the U.S. Food and Drug Administration (FDA) approved a second drug for use as a HIV prophylaxis containing a newer form of tenofovir. This new PrEP drug has 25 mg tenofovir alafenamide with 200 mg emtricitabine. Injectable PrEP administered once every eight weeks has also been proven to be safe and effective based on data from clinical trials (although it has not been approved for use yet).

### Injectable PrEP

Results from a recent global clinical trial showed the safety and efficacy of a long-acting injectable drug for preventing HIV infection when compared to a daily oral PrEP regimen. The research protocol from study HPTN 083 was stopped early because evidence clearly showed that the long-acting injectable drug, cabotegravir, performed better than the study's comparisons in lowering HIV incidence among cisgender men and transgender women who have sex with men. The clinical trial enrolled 4,570 cisgender men and transgender women who have sex with men in Argentina, Brazil, Peru, South Africa, Thailand, the U.S. and Vietnam. Two-thirds of the participants

were under the age of 30 and 12% were transgender women. Fifty percent of study participants in the U.S. were Black or African-American. The injectable option, which in the study was administered every eight weeks, is a new and exciting alternative to a pill form. Now with long-acting injectable PrEP, gay men and trans women can soon choose from a range of accessible, sex-positive, user-friendly and flexible HIV prevention options, which are critical to curbing new HIV infections in our communities.

### Who should take PrEP?

PrEP has been shown to provide substantial and reliable protection against HIV transmission among gay and bisexual men who may be exposed to the HIV virus. This includes those who are sexually active, those who engage in sex work, those who do not have access to condoms, those who opt to enjoy sex without condoms, and those who have sex with multiple and unknown partners. Although HIV undetectability assures zero transmission (Undetectable=Untransmissible or U=U), PrEP is an additional, powerful tool for gay and bisexual men also in sero-discordant partnerships.

### Effectiveness and dosing

The recommended dosage for oral PrEP is to take a single tablet every day at approximately the same time. Injectable PrEP administered once every eight weeks has been proven to be safe and effective based on data from clinical trials (although it

has not been approved for use yet). When taken daily, oral PrEP is extremely effective in preventing HIV transmission through anal sex among gay men. Based on the findings of the iPrEx Study, for gay men and transgender women who consistently took PrEP seven days every week, PrEP was 99% effective at preventing HIV transmission. For those who took PrEP less frequently, its effectiveness was less but still significant. PrEP effectiveness for those taking four pills a week was estimated at 96%. For those taking just two pills a week, protection against HIV transmission was estimated at 76%.

### **Event-driven PrEP**

Recent HIV prevention guidelines also recommend the use of event-driven or on-demand PrEP for gay men who are unable to adhere to a daily PrEP regimen. Event-driven PrEP or ED-PrEP involves taking PrEP tablets on a 2+1+1 schedule - two tablets taken 2-24 hours before sex and one tablet each taken 24 and 48 hours after sex. Event driven PrEP was demonstrated to be highly effective even for gay and bisexual men who have infrequent sex (less than five times a month on average) through the IPERGAY trial, which reported zero new infections among gay and bisexual men on ED-PrEP.

### **Getting on PrEP and side effects**

PrEP is an extremely safe and well-tolerated drug with minimal to no side-effects. However, gay men who wish to get on PrEP should first seek a medical

evaluation by a trained healthcare provider. Among others, this will include being tested for HIV and renal impairment. PrEP is only recommended for those who are HIV negative and do not have significant renal impairment. A small proportion of people report side effects such as nausea, vomiting, loss of appetite, headache, and fatigue in the initial days of taking the medication, but these generally subside in a few weeks.

### **PrEP, HIV, and STIs**

PrEP does not prevent or impede the transmission of sexually transmitted infections (STIs) other than HIV. Other STIs include syphilis, gonorrhea, herpes, hepatitis, or chlamydia. It is recommended that individuals taking PrEP combine it with other methods to prevent STIs. It is also recommended that people who take PrEP and are sexually active be tested for HIV and STIs every three months.

### **Availability and accessibility**

PrEP availability and accessibility vary a great deal depending on the country, proximity to health facilities, financial ability, knowledge about HIV and PrEP, and other factors. In some countries, PrEP is readily available at low or no cost to most people who demand it. In other countries, PrEP is not approved and therefore not available. Most countries fall somewhere in between. For current information on the availability of PrEP in your country, you can check <https://www.prepwatch.org/>.



# A PRIMER ON PREP PRICING

**PrEP is a relatively new tool in the fight against HIV and its availability and prices vary greatly across countries owing to the patent status of PrEP drugs and other factors. The medication currently approved for oral use as PrEP in most of the world is tenofovir disoproxil fumarate with emtricitabine.**

Additionally, in the United States, the FDA approved a second drug for use in HIV prophylaxis containing a newer form of tenofovir, namely tenofovir alafenamide with emtricitabine. Tenofovir disoproxil fumarate with emtricitabine is among the most commonly used drugs to treat HIV and was the primary drug studied and approved for preventive use as PrEP. Both these drugs are marketed by Gilead Science, Inc. under the brand names Truvada for tenofovir disoproxil fumarate with emtricitabine and Descovy for tenofovir alafenamide with emtricitabine.

In the United States, a 30-day supply of Truvada costs between US\$1,600 and \$2,000, while a generic form of the drug is available for less than \$5. In most middle and lower-income countries the price disparity, while less extreme, can still be significant. For example, a 30-day supply of brand name Truvada for PrEP in Indonesia costs US\$63 while the generic form used for treatment costs about twelve times less. Thus, the cost of PrEP in many countries surpasses prices for treatment even though it is the identical drug. These lower international costs are partly attributable to price negotiations made by large-scale purchasers such as the Global Fund to Fight AIDS, Tuberculosis and Malaria or national governments.

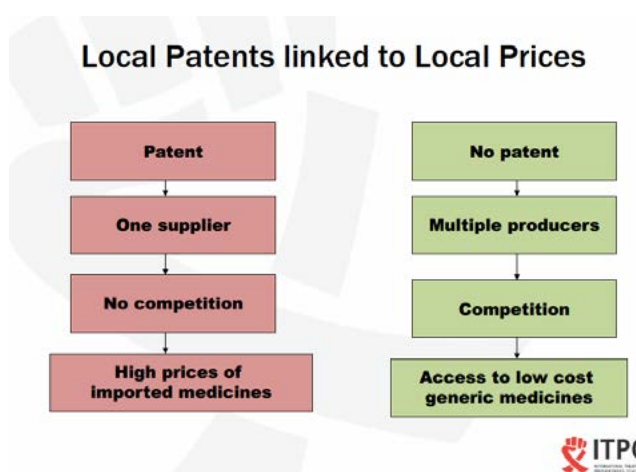
Patents are granted to pharmaceutical corporations such as Gilead by national governments. A patent for an invention is the grant of a property right for a few years or a few decades by a national government to the inventor. Owning a patent, for instance on a PrEP or HIV treatment drug formula, means that other parties are excluded from being able to produce, use, sell, or import

the patented drug.<sup>2</sup> Patents allow the inventor of a product to financially benefit by monetizing it while other parties are prevented from competing for a fixed period.

With patent protections in place for its PrEP drugs in many countries, Gilead has little or no competition and is able to charge a hefty price. Gilead's U.S. patent for the use of the drug for treatment expired in 2017 and the drug is now widely produced by generic manufacturers. However, Gilead's U.S. patent for the same drug to be used in prevention ends only in September 2020. This means that patients who are HIV-negative and seek PrEP generally have to purchase the expensive brand-name version rather than a generic that may be cheaper and available for treatment purposes. The same is true globally.

Thus, patent protections on PrEP drugs manufactured by pharmaceutical companies is the most important factor driving the exorbitant cost of PrEP in many countries. Dismantling or renegotiating said patents are at the core of efforts to reduce the cost of PrEP. There are numerous country-level examples of successfully dismantling or renegotiating PrEP patents which provide useful lessons for reducing the cost elsewhere.

**FIGURE 1. LOCAL PATENTS LINKED TO LOCAL PRICES (ITPC, 2019)**



2 <https://www.uspto.gov/patents-getting-started/general-information-concerning-patents#heading-2>



As patent status can vary from country to country, it is important to take a national approach to understanding the situation and determining what can be done to reduce the price of PrEP for users. According to the Make Medicines Affordable campaign, the first step is to gather patent and market intelligence by determining the answers to a series of questions:

**•What is the price of PrEP tablets?**

- › Talk to providers, patients, and chemists to learn consumer prices in a country

**•Identify the purchasers of PrEP tablets?**

- › Organizations such as the Global Fund
- › National or local government entities, including public health bodies
- › Private healthcare providers
- › Users/consumers
- › Civil society organizations

**•From where is PrEP being procured?**

- › Pooled procurement mechanisms, e.g. Global Fund wambo.org website
- › Directly from Gilead Sciences, Inc.
- › From a generic manufacturer

Once the market conditions are understood, it can be determined if PrEP is affordable in a country. Due to years of advocacy and negotiations, PrEP may be inexpensive in a country, at least from a procurement perspective, but not necessarily from a cost-to-consumer perspective. If PrEP is unaffordable, then the following information should be researched:

**•What is the patent law in a country for PrEP drugs?**

- › Figure 2 provides an overview of the regulatory status of PrEP around the world.
- › The Medicines Patent Pool has an [online tool](#) for determining pharmaceutical patents in most countries. That tool does not clarify PrEP-related patent status, but does describe whether or not PrEP drugs have active patents in most countries.
- › If there is an active patent for the use of HIV drugs such as Truvada for PrEP in a country, a patent attorney can visit the intellectual property or patent office to collect information. ITPC recommends that the circulation of a request for proposals from patent attorneys is generally effective and the services are typically not too expensive. A chemist or pharmacist can assist the patent attorney.

**FIGURE 2. REGULATORY STATUS OF TRUVADA FOR PREP (AVAC, 2019)**

Updated April 2019

## Regulatory Status of TDF/FTC for PrEP

**Truvada & Generic TDF/FTC approved for prevention**

Belgium	Israel	Spain
Canada	Italy	Swaziland*
Czech Republic	Kenya	Sweden
England	Netherlands	Thailand
France	Portugal	United States
Germany	Scotland	Wales
Greece	Slovenia	Zimbabwe
Ireland	South Africa	

**Truvada approved for prevention**

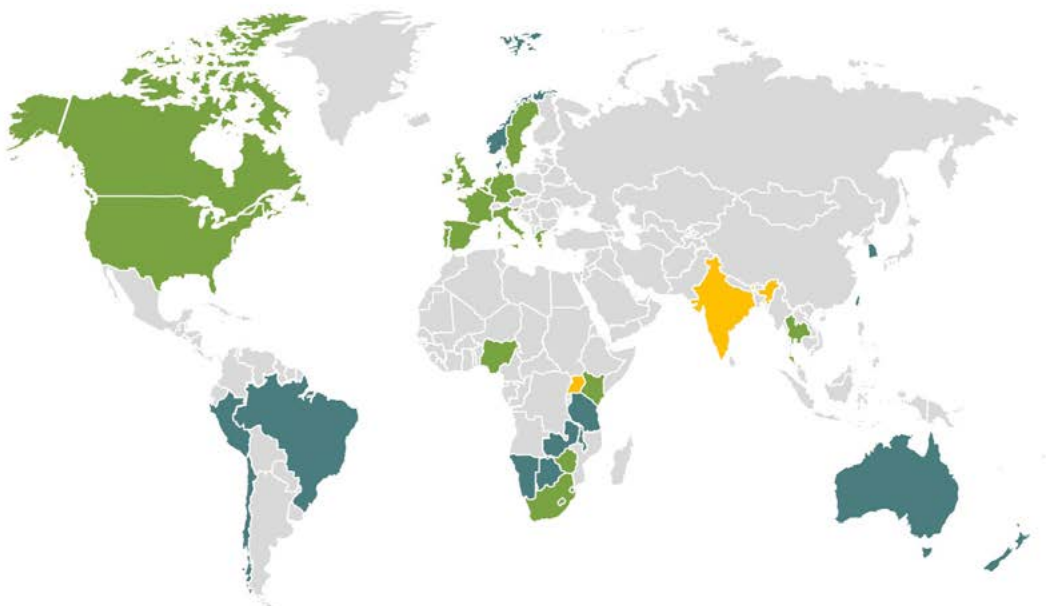
Australia	Denmark	South Korea
Bahamas	Malawi	Taiwan
Barbados	Namibia	Tanzania
Botswana	New Zealand	Zambia
Brazil	Norway	
Chile	Peru	

**Generic TDF/FTC approved for prevention**

India	Lesotho*
Uganda	

**Regulatory application submitted for a prevention indication for TDF/FTC**

Botswana	Mexico	China
Cote d'Ivoire	Mozambique	
Ecuador	Senegal	
Hong Kong	Ukraine	



\*Approved via import license from South Africa.

The patent attorney's main objective will be to learn the basis and veracity of the patent protection in your country. This important information is critical to determining your course of action in working towards challenging, dismantling, or circumventing the patent. Their findings should generally conform to one of the following:

•**Weak patent protection**

- › Patents are considered weak when they are based on a minor modification of an already existing drug or drug combination.
- › In these cases, civil society organizations are encouraged to file a “patent opposition” with the office of intellectual property. The attorney should be able to assist in this filing.
- › The act of filing a patent opposition raises pressure on drug companies and could compel them to non-enforcement of the patent or voluntary licensing without further action needing to be taken.

•**Strong patent protection**

- › A strong patent is based on a more substantial invention such as an entirely new drug or drug combination.
- › In these cases, the most promising immediate course of action is to approach the government about establishing a compulsory license for the drug. This is when a government can force a drug company, such as Gilead, to license a drug for local and/or generic manufacture and sale if it deems such action vital to public health.
- › Again, the initiation of such a process, especially when a company is already under pressure to reduce prices, as Gilead is, may compel a company to begin to negotiate pricing and/or licensing options with the government.

•**No patent protection**

- › If there is no patent protection in place, or if Gilead has offered a voluntary license (see accompanying box for info) in the country but prices remain too high, advocacy can be conducted for increased competition in the marketplace. This can involve the incentivization of market-entry by additional generic manufacturers.
- › The influence of corruption on drug pricing and availability should be assessed. An anti-corruption campaign may be an option.
- › Generate demand for the drug so that larger-scale procurement, which can lead to lower prices for consumers, can be realized. Also advocate for greater government or donor subsidization of drug costs.

### **Voluntary Licensing**

A voluntary license is an arrangement whereby a patent holder may allow others to manufacture, import, and/or distribute its patented drug ([amfAR, 2017](#)). This is a key strategy for bringing down drug prices in a defined market. Despite being the oft-maligned target of price-reduction advocacy, the Access to Medicine Foundation has [commended](#) Gilead for the “Widest use of non-exclusive voluntary licensing” for its HIV and Hepatitis C products. This suggests that there have been many successes in terms of licensing and price reductions with Gilead products.

# CASE STUDY 1: A SELF-FINANCING MODEL FOR COMMUNITY-BASED DELIVERY OF PrEP IN VIETNAM

## KEY TAKEAWAYS

- PrEP is a powerful tool among a suite of effective interventions for HIV and STI prevention and treatment among gay and bisexual men.
- Community-based delivery of PrEP ensures friendly, sex-positive services reaching gay and bisexual men.
- Sexual health programs must be designed and implemented with input from gay men.

Since April 2019, Vietnam's Ministry of Health has made PrEP available in most of the country at no cost to users. This development followed a pilot program in Hanoi and Ho Chi Minh City beginning in 2018 in which the LGBT sexual health organization G-Link teamed up with the government to make PrEP available to gay and bisexual men at a monthly cost of \$18. Following the success of the pilot project, G-Link innovated its delivery through the creation of a self-financing model to increase gay men's access to PrEP. It continues to collaborate with the government to provide PrEP for free to about 700 gay and bisexual men in Vietnam. G-Link also works with government health facilities and community organizations around the country to ensure that they can provide PrEP to gay and bisexual men in a sensitive manner.

The HIV epidemic in Vietnam has always been concentrated among gay, bisexual, and other men who have sex with men; drug users; and sex workers. However, in recent years gay men have accounted for a growing proportion of new cases of HIV, with prevalence

increasing from 5.7% in 2015 to 7.4% in 2016. At the same time, Vietnam's fast economic growth and achievement of middle income country status has led donors to reduce support for public health programs, including for HIV services. In response to these trends, civil society organizations are moving towards self-financing models to ensure they can continue to effectively serve their communities.

G-Link is an example of the shift to this model. Originally founded as a support group for gay men in Ho Chi Minh City, G-Link has expanded its services and now operates a full service LGBT-focused sexual health clinic, with gay men making up the majority of its clients.

Most HIV services in Vietnam are provided by government-operated public health facilities, which generally do not have personnel who are sensitized to provide competent service to gay men. Thus, the availability of a clinic that is operated by gay men and primarily serving gay men is an important innovation. The G-Link clinic also takes care to deliver HIV treatment and prevention services in alignment with national guidelines and based on the recommendations of the World Health Organization and the U.S. Centers for Disease Control and Prevention, while bringing a comprehensive sexual health orientation to all its services.

## WHO definition of “sexual health”

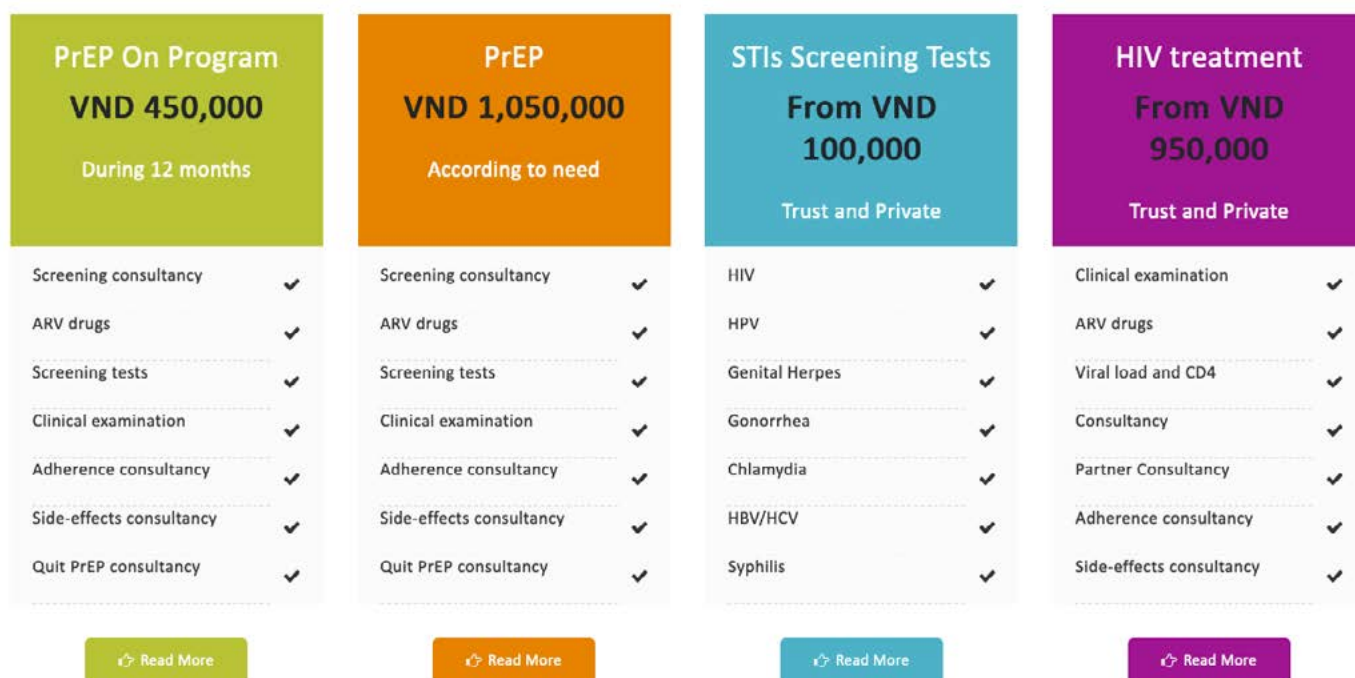
A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Because of the reductions in international donor funding, G-Link’s PrEP services during the initial phase of PrEP

roll-out in Vietnam in 2018 were strictly provided on a fee-for-service basis. In a study of willingness to pay for PrEP among gay men, G-Link found that about 70% of its clients were willing to pay for PrEP.

G-Link offers PrEP as part of a package of comprehensive sexual health and prevention services for individuals and couples. As a clinic that also provides HIV treatment, G-Link promotes its services for sero-discordant couples, such as ART treatment for one partner and PrEP for the other. For individuals, G-Link promotes itself as a “one-stop-shop” for taking care of sexual health, making it easy and comfortable for gay men and other members of the LGBT community. The core HIV services offered by G-Link are listed in Figure 1.

**FIGURE 1. G-LINK SEXUAL HEALTH SERVICE OFFERINGS**



G-Link situates its PrEP services in alignment with the principle of comprehensive sexual health, thereby contributing to the overall sexual, emotional, and physical health and well-being of clients. The sexual health services provided are driven by these principles:

- Peer-delivered and educational;
- Consider the needs of the community and structural inequities;
- Provide opportunities for social support and belonging;
- Include opportunities for individuals to make meaningful contributions to their own welfare and that of their community.

## Holiday discounts for PrEP

The cost of PrEP has been found to be one of the major barriers to uptake for gay men who otherwise could have access. While 70% of G-Link's service population of gay men reported a willingness to pay the average cost of PrEP, this left it out of reach for nearly a third of the gay men who might benefit. Because G-Link is a private clinic, it can directly manage the pricing of products and services. To grow demand and uptake of PrEP offerings in 2018 and 2019, G-Link ran holiday discount promotions. During key Vietnamese holiday periods, during which G-Link observed increased sexual activity, it offered PrEP at reduced costs to encourage more gay men to initiate or resume taking PrEP. Enrollment in PrEP increased in response to these periodic promotions

G-Link uses two main mechanisms to market its PrEP services: client word-of-mouth and social media. Clinic staff have found that both platforms work well, generating comparable levels of demand for PrEP services. To drive

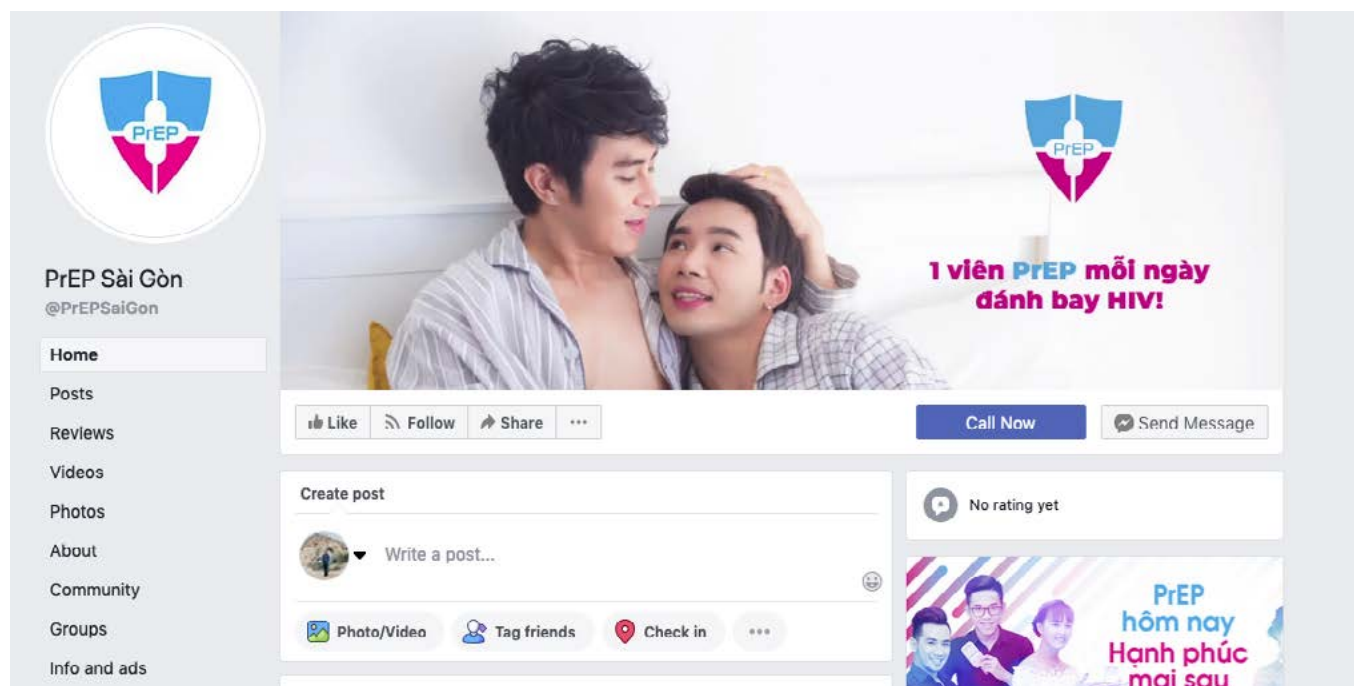
word-of-mouth marketing, G-Link ensures that all of its clients, no matter which services they receive, are made aware of all available services, including PrEP. This is especially important now that PrEP is available free of cost.

G-Link uses the [PrEP Sài Gòn](#) Facebook page to market PrEP specifically to gay and bisexual men and to transgender women. Posts with high-quality images and targeted, sex-positive messages are used to generate awareness and demand for PrEP in the LGBT community of Ho Chi Minh City and beyond (see Figure 2). This approach is similar to that described in the Ukraine example (Case Study 5) later on in this document.

## REFLECTION QUESTIONS

1. What is the World Health Organization's definition of sexual health?
2. Does a community-based PrEP delivery system exist in your country? How would you assess the feasibility of delivering community-based PrEP in your country?
3. How much does a 30-day supply of PrEP cost in your country? How would you go about finding this information?
4. What strategies do you use in your country or local context to promote and market PrEP-related information and services?

FIGURE 2. PREP SAI GON PAGE





# CASE STUDY 2: TAKING PrEP TO SCALE IN AUSTRALIA

## KEY TAKEAWAYS

- PrEP campaigns and delivery platforms must be properly vetted with gay men prior to implementation.
- A well-executed campaign can inspire gay and bisexual men to discuss PrEP, HIV, and sexual health with providers, partners, and friends.
- The use of multiple channels to mobilize gay men may be necessary to bring PrEP to scale in a community.
- Diffusion innovation theory can be an additional lens to enhance community-centered approaches to mobilize demand for PrEP.

**The Australian state of New South Wales (NSW) had seen a stable number of new HIV cases from 2012 onwards despite substantial increases in HIV testing and treatment. However, a remarkable drop in the number of new HIV cases occurred following the rapid introduction of PrEP in 2016. Of the 7,000 people who had gotten on PrEP, only one acquired HIV by 2017. Furthermore, the number of new HIV cases across NSW fell by 35% in a little over a year. A study attributed this dramatic reduction in new HIV cases to the high uptake and adherence among those who began using PrEP.**

Over the past several years, there has been a surge in uptake of PrEP among gay and bisexual men in Australia. From 2015 to 2017, the proportion of surveyed gay and bisexual men who reported having used PrEP grew from 2% to 24%.<sup>3</sup> The major driver of PrEP scale-up was the initiation, in 2016, of a large-scale PrEP demonstration project in NSW (EPIC-NSW), which

contains Sydney. This was followed by the national approval of tenofovir disoproxil fumarate with emtricitabine for PrEP and inclusion of it as a covered drug under national healthcare benefits scheme in 2018.

A study found that the number of gay men willing to try PrEP also grew substantially between 2011 and 2017 and concerns about PrEP use declined.<sup>4</sup> Years of creating demand meant that gay men were broadly willing to use PrEP when it became widely available.

In 2013, ACON, a Sydney-based LGBTI health organization, was contracted by the NSW government to develop and deploy a public education campaign related to PrEP and HIV/STI prevention and treatment targeting gay men, named Ending HIV. This and various related campaigns were able to generate a significant level of demand for PrEP and awareness of HIV interventions among gay men over six years. From the launch of Ending HIV in February 2013 to April 2019, ACON conducted 11 surveys of gay men in NSW about their level of agreement with a series of statements, including:

3 Holt M et al. *Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013–17*. The Lancet HIV, online ahead of print June 2018.

4 Holt M et al. *Trends in attitudes to and use of HIV pre-exposure prophylaxis by Australian gay and bisexual men, 2011–2017: implications for further implementation from a diffusion of innovations perspective*. AIDS and Behavior, 2018, online edition, <https://doi.org/10.1007/s10461-018-2368-y>.

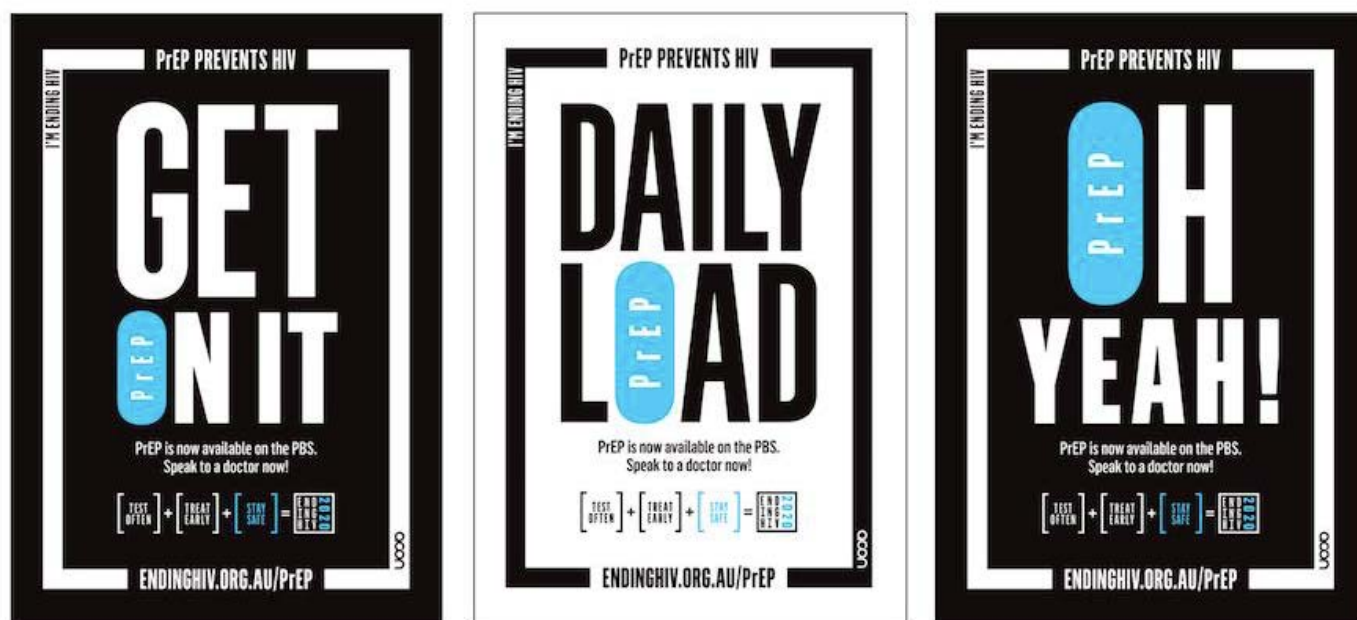
**“Everything has changed, we can now dramatically reduce HIV transmission.”**

Agree, Feb 2013: **48%**    Agree, Apr 2019: **85%**

In 2018, to coincide with the introduction of PrEP coverage by Australia’s national healthcare system (PBS: Pharmaceutical Benefits Scheme), ACON launched its eleventh public information campaign since 2013, as part of the long-term Ending HIV campaign. Named PrEP

Access, the campaign consisted of three images (see Figure 1) which were displayed on Facebook, Grindr, and other online platforms. They were also displayed as posters in “out of home” physical locations such as gay bars, healthcare facilities, streets, and train stations. The images used for the PrEP Access campaign were selected from an original 18 images which were tested through focus groups of gay men. Three focus groups with 10-15 participants each were conducted. This pre-deployment assessment and tweaking of the campaign allowed ACON to determine which images were most effective at communicating information about PrEP.

**FIGURE 1. THREE PREP ACCESS CAMPAIGN ADVERTISEMENTS**



The use of online and physical platforms to communicate a single, or small set, of simple ideas was much more impactful than a single-platform approach, especially given that the various platforms were reaching the same population. The reinforcement of an online-offline and multi-channel campaign led to a high level of recall in the target audience and ultimately led to action. To understand the reach and impact of their PrEP Access campaign in 2018, ACON conducted an online survey

of primarily gay men in NSW. They found that 64% of respondents recalled seeing the campaign and that nearly all respondents felt that the campaign communicated effectively. But most importantly, 37% of respondents took some action after seeing the advertisements. These actions included looking online for more information on PrEP, talking to their healthcare provider about PrEP, and discussing HIV prevention options with their partners or friends, among others.



### Multi-channel PrEP Access campaign components:

- Posters placed in “out of home” settings: gay venues, newspapers, streets, train stations, 7/11 convenience stores.
- Paid advertising on social media sites (Facebook, Twitter, Instagram), dating sites (Grindr, Hornet, Jack’d, Squirt), YouTube, and Google.
- Ten frequently asked questions videos posted online.
- Ten Instagram posts with videos and an 14 additional images related to the campaign.
- Four blog posts about PrEP.
- A dedicated PrEP information landing page on the ACON website.

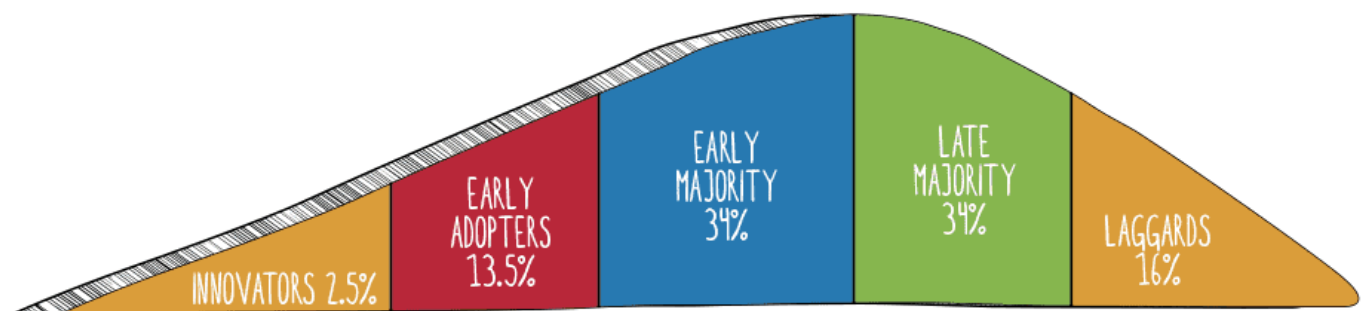
An additional interesting point about the growth in PrEP uptake in NSW is how the study authors analyzed their data through the lens of Diffusion of Innovation theory (DOI) which concerns the adoption of new ideas, behaviors, or products in a population. DOI is grounded in the notion that innovative ideas, behaviors, or products are first adopted only by a small number of people who are willing to take risks (not to be confused with HIV-related

risk). These people are called “Innovators” and “Early Adopters.” The rest of the population takes their cues from this smaller group as they become more comfortable with new ideas, behaviors, and products by observing their use by others. The risk-taking innovators and early adopters are followed by groups that are increasingly more traditional and conservative, namely the early majority, the late majority, and finally the laggards (see chart below).<sup>5</sup> In the case of NSW, once the safety and efficacy of PrEP was established from efforts such as the EPIC-NSW demonstration project and ACON’s PrEP Access campaign, wide usage of PrEP among gay men followed.

### REFLECTION QUESTIONS

1. What would a multi-stakeholder partnership to bring PrEP to scale for gay and bisexual men look like in your country?
2. Are you familiar with public education campaigns targeting gay and bisexual men? What worked about it and what did not work? Why?
3. What do you think would be the most effective platforms to leverage for a multi-channel PrEP demand generation campaign in your country or community?
4. Which aspects of this Australian example with PrEP are applicable to your context, and which are not? Why?

FIGURE 2. DIFFUSION OF INNOVATION MODEL<sup>6</sup>



ESSENTIAL MARKETING MODELS [HTTP://BIT.LY/SMARTMODELS](http://bit.ly/smartmodels)

<sup>5</sup> <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories4.html>

<sup>6</sup> <https://www.smartinsights.com/marketing-planning/marketing-models/diffusion-innovation-model/>

# CASE STUDY 3: ENSURING THE INCLUSION OF GAY MEN IN GOVERNMENT-LED PrEP ROLL-OUT IN ZIMBABWE

## KEY TAKEAWAYS

- Enabling policies and frameworks for PrEP implementation embedded in national HIV programs can facilitate PrEP access for gay men.
- Global advocacy targeting institutions such as the Global Fund and PEPFAR can influence PrEP financing and services at the country level.
- A systematic set of advocacy capacity strengthening actions, including initiatives that prepare advocates for engagement in national HIV planning processes, are central to an inclusive national response.

Only 94 gay and bisexual men were enrolled in PrEP in Zimbabwe at the end of 2017, representing a mere three percent of total enrollment. Since then, programmatic and financial coverage for PrEP for gay men has grown substantially because of a major advocacy campaign spearheaded by LGBTI organizations such as GALZ. The first national [Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe, 2018-2020](#) significantly expanded PrEP access in Zimbabwe and includes PrEP targets for gay men.

Gay and bisexual men in Zimbabwe bear an extreme burden of HIV. An estimated one-third of them are living with HIV. HIV prevention programs targeting gay men have historically not received adequate funding and the national response to HIV has been largely focused on other key populations. Gay Zimbabweans also face a hostile legal and political climate. Same-sex sexual relations are criminalized and the former dictator Robert Mugabe, who ruled Zimbabwe for 37 years until 2017, was notoriously homophobic and once called gay men worse than pigs.

However, in recent years, there is increasing government investment in HIV programs that meaningfully reach gay men. These results are largely due to the advocacy and technical contributions of Gays and Lesbians of Zimbabwe (GALZ), the country's oldest LGBTI-led organization.

Owing to the global and national-level advocacy by GALZ with donors such as PEPFAR and the Global Fund - that contribute the bulk of funding to Zimbabwe's HIV response - the Ministry of Health has shown an increased willingness to fund HIV interventions targeted at gay men.

PrEP has been available in Zimbabwe since 2016 as a result of updated normative national guidance which provided PrEP as a prevention method for communities who are at higher odds of being exposed to the HIV virus. GALZ participated in national consultations to formulate a PrEP policy and ensured that gay men were included in it. The updated guidelines were accompanied by public awareness campaigns and assessment of demand for PrEP. While demand was high, it did not immediately correlate to high uptake.

### ***GALZ is a the oldest LGBTI rights organization in Zimbabwe.***

It currently has 24 staff in four offices across the country. As a membership organization, GALZ embodies a community empowerment framework: it is of the LGBTI community, it serves the LGBTI community, and it advocates on behalf of the LGBTI community. GALZ conducts advocacy and monitors the provision of PrEP services for gay and bisexual men.

At the end of 2017, the Ministry of Health and Child Care (MOHCC) reported that only 94 men who have sex with men were enrolled in PrEP, representing a mere three percent of total enrollment. However, since then, due to a substantial advocacy campaign conducted by GALZ and others, programmatic and financial coverage for PrEP for gay and bisexual men has grown especially through a US\$2 million matching funds grant from the Global Fund that began in 2019. A more substantial roll-out of PrEP began in 2018, with the introduction of the first national Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe, 2018-2020. Clear PrEP targets for gay men are now defined in the national HIV plan.

To date, the primary provider of PrEP in Zimbabwe has been Population Services International (PSI), an international NGO that offers HIV testing and PrEP in six sites around the country. In addition, the Harare City Council operates a clinic which provides HIV services including PrEP for gay men and I-TECH, a program of the University of Washington, operates a facility which provides PrEP for gay men and sex workers. Thus, the PrEP access infrastructure in Zimbabwe is predominantly donor-funded and implemented.

Historically, the Zimbabwean government did not meaningfully involve gay men and other key populations in formulating HIV policy and was rarely responsive to domestic advocacy to do so. As was the case in many other countries, gay organizations such as GALZ aligned their demands with donors expectations to use as a lever to access spaces where the government otherwise restricted their access and to make the governments more responsive to their needs. This was an especially effective strategy as donors provide the majority of financing for HIV and health programs in Zimbabwe. Some examples

of donor language around gay men and other key populations are presented below:

***“PEPFAR stands firmly and unequivocally with and for key populations. These groups include gay men and other men who have sex with men, people who inject drugs, sex workers, transgender persons, and prisoners.” (PEPFAR Website)***

***“The Global Fund Strategy 2017-2022 prioritizes investment in evidence-based programs for key populations, in removing barriers to health services and in providing support to secure their meaningful engagement. In addition, the Global Fund asks countries to prioritize programs for key and vulnerable populations in their funding requests, as well as through domestic commitments, based on country income context.” (Global Fund website)***

As the leading LGBTI organization in Zimbabwe, GALZ had a strong case that it represented and served key populations and it actively participated in HIV and PrEP technical working groups that were regularly consulted by the Ministry of Health. The working groups members joined proposal-writing teams for donor funding from PEPFAR and the Global Fund. As one GALZ representative put it: “Advocacy is more of a process than an event.” By engaging in government and donor processes, GALZ was able to enter the priorities of gay men into the record and follow up and monitor them over time. A partial mapping of the meetings and processes GALZ has engaged in, and the objectives they sought to achieve, are described in Table 1. This mapping may have relevance to activists in other countries that receive Global Fund or PEPFAR grants for HIV programs.

**TABLE 1. GALZ TECHNICAL AND PARTNERSHIP PROCESSES**

Ongoing processes	Time-specific processes
<p><b>PEPFAR CSO engagement meetings</b></p> <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Objectives: Review PEPFAR funding opportunities and program monitoring</li> <li>• Key advocacy issues: PEPFAR support for KP PrEP programs, demand creation innovations, drug costs</li> </ul>	<p><b>Global Fund funding request development</b></p> <ul style="list-style-type: none"> <li>• Q1 2017</li> <li>• Objectives: Identify funding gaps and priorities for LGBTI programs</li> <li>• Key advocacy issues: Proposed models for reaching gay and bisexual men with PrEP and other HIV prevention services; request support for PrEP stocks</li> </ul>
<p><b>PrEP Technical Working Group</b></p> <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Objective: Oversee national PrEP program</li> <li>• Key advocacy issues: PrEP accessibility expansion to public health facilities in addition to private facilities</li> </ul>	<p><b>PrEP modeling and target setting meeting</b></p> <ul style="list-style-type: none"> <li>• Objective: Review and revise PrEP targets for different key populations</li> <li>• Key advocacy issues: Contributed to the setting of PrEP priorities for gay and bisexual men and for transgender women for 2019-20</li> </ul>
<p><b>Key Population Partners Forum</b></p> <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Objective: Discuss challenges and opportunities in KP programming</li> <li>• Key advocacy issues: Provision of PrEP as part of standard combination prevention package</li> </ul>	

The major outcomes of GALZ’s engagement on PrEP issues in HIV planning bodies were:

- PrEP targets for gay and bisexual men in 2018-2020 represented 18% of the national target, a six-fold increase over 2017 levels (see Table 2);
- “Awareness and demand creation” is the most re-

sourced objective in the national PrEP plan budget, a significant area of concern for GALZ;

- Through participation in the PrEP Technical Working Group, GALZ successfully advocated for the expansion of PrEP services to public health facilities;
- The Ministry of Health revised guidelines for HIV prevention services to include PrEP.

**TABLE 2. ZIMBABWE NATIONAL PREP TARGETS, 2018-2020**

Population Group	2018	2019	2020
Female Sex Workers (FSW)	4,313	4,357	4,400
Sero-Discordant Couples (SDC)	2,674	2,474	2,475
Men who have Sex with Men (MSM)	1,969	1,949	1,969
Adolescent Girls (15-19 years old)	1,013	1,023	1,034
Young Women (20-24 years old)	645	652	658
<b>Totals</b>	<b>10,576</b>	<b>10,455</b>	<b>10,536</b>

The increased PrEP uptake targets combined with the updated guidelines make PrEP more widely available for gay men in Zimbabwe. This is an essential precursor to servicing demand.

In conclusion, it is clear that by participating directly in government and donor planning and funding processes, GALZ ensured that gay men were included in the national PrEP implementation plan and in PEPFAR, Global Fund, and national HIV budgets. These positive outcomes were not always assured. Homophobia among some government officials and implementer organization personnel could have limited GALZ's participation and affected the ability of gay men to access PrEP and other HIV services. GALZ was able to overcome these challenges through persistent advocacy, engagement at the local level, and through continuous feedback to international donors directly and through intermediaries.

## REFLECTION QUESTIONS

1. In your country, how are gay men represented in national HIV planning processes? What are the entry points for gay men to engage in PrEP program and funding decisions?
2. How might you shape your advocacy messages in interventions targeting your health ministry? What about the finance ministry or the treasury?
3. What efforts are currently in place to build capacity of gay advocates from diverse geographical regions in your country to engage in national-level HIV processes?
4. While leveraging donor-articulated priorities to shape national HIV and PrEP priorities may be a useful and effective strategy, how do you safeguard the interests of gay men?

# CASE STUDY 4: USING ONLINE PEER-LED MODELS TO SHIFT THE CONVERSATION ABOUT PrEP AMONG GAY MEN IN KENYA

## KEY TAKEAWAYS

- The use of peer educator models for mobilizing demand for PrEP among gay men is consistent with WHO recommendations for increasing service acceptability.
- Capacity building of online peer educators can ensure standardization and continuous improvement of PrEP-related information that is virtually delivered.
- Peer leaders can best serve the needs of target service users when their own realities and experiences are aligned with those of the community.

With longstanding experience in the delivery of HIV-related information and services using peer outreach, a Kenyan gay-led organization and community clinic – Ishtar MSM – leveraged new opportunities to keep communities engaged in PrEP. Ishtar did this by integrating peer education approaches in online platforms frequented by gay and bisexual men. By training gay men using PrEP to educate other gay men in their social network, Ishtar achieved the objectives of changing the conversation about PrEP among gay men, increasing demand for PrEP within the community, and providing additional venues for connecting gay men with sexual health information and services.

Kenya is an East African country where consensual same-sex sexual acts are illegal. Nevertheless, HIV programming for gay and bisexual men has been supported by the government’s National AIDS and STI Control Programme since 2005.<sup>7</sup> In 2016, consistent with global normative guidelines, the Kenyan government recom-

mended rapid scale-up of PrEP for all persons vulnerable to HIV transmission, including gay men. At the time of government-led PrEP roll-out, the levels of awareness about PrEP among gay men was low.

Ishtar used in-person and online support groups to increase PrEP demand in gay communities and promote adherence among gay men already enrolled on PrEP. A primary function of these support groups is the exchange of information and personal experiences regarding PrEP among gay men. Ishtar observed that among some gay men, worries related to the side effects of PrEP fueled skepticism and inhibited uptake, with rumors and inaccurate information being circulated. To address this, Ishtar decided to develop and deploy a peer-led model to dispel myths and provide accurate information.

Ishtar’s online PrEP support groups were hosted on Facebook and WhatsApp. Some support groups were established specifically for this purpose, while others were preexisting social networks connected to the peer leaders that were leveraged for this purpose. In many cases, these “support groups” were informal discussion threads on Ishtar’s Facebook page, taking place in the

<sup>7</sup> Onyango-Ouma W, Burungi H, Geibel S. Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. Washington: Population Council. 2005.

comments sections of posts. Some of the groups were associated with specific LGBT parties, fashion shows, or other established social and cultural infrastructure in the LGBT community.

As a method of drawing new participants to the online support groups, Ishtar regularly held in-person events to promote PrEP awareness and generate demand, such as a “Friday PrEP Talks” event. These events would be promoted in the online support groups to foster communication between existing participants and new members. In the online support groups, which generally functioned as group texts or chats, members of the group could ask questions of other members or of the peer leader. The peer leader had three principal roles in the discussion:

1. Respond to questions with accurate information and personal experiences as appropriate.
2. Monitor discussions and intervene to correct inaccurate information.
3. Refer a participant to the Ishtar Wellness Facility for a PrEP consultation when they indicated interest in PrEP.

To ensure that the peer leaders would bring optimal value to the support groups, Ishtar established a set of criteria. The criteria allow Ishtar to ensure quality and authenticity when communicating with support group participants. The criteria for peer leadership were:

- Must be a PrEP user;
- Must be willing to publicly discuss the experience of using PrEP and associated medical and lifestyle issues;
- Must have a substantial social network they can tap to expand the reach of the group;
- Must have accurate information about PrEP and HIV services.

In deploying peer educators to increase PrEP uptake, Ishtar was following the World Health Organization’s guidance on the value of “PrEP-user champions” as powerful sources of information. Using peer leaders is a long-standing and successful approach in the HIV response around the world. See accompanying box for more information on why peer-based approaches to PrEP and HIV service delivery can be highly effective and desirable to reach gay men.

## **Rationale for the Use of Peer-Based Approaches in Service Delivery**

*(Adapted from MSMIT, Chapter 1)*

- Decreased internalized stigma and increased self-worth and collective solidarity in the context of PrEP when sharing common experiences.
- Increased likelihood of knowledge exchange about PrEP and access to networks and communities of gay and bisexual men linked to PrEP.
- Increased comfort when discussing intimate details with someone who is experienced and knowledgeable about gay men’s sexual health issues.
- Greater likelihood for follow up on referrals to services, adhere to treatment, and engage in health-seeking behaviors if someone trusts the person providing the advice.

## **REFLECTION QUESTIONS**

1. What are some principles or best practices that you use to select, train, and guide peer educators to mobilize demand for PrEP among gay men?
2. What are the challenges you have encountered in sharing information about PrEP in online platforms? What are some safety concerns you have encountered and how have you addressed them?
3. What approaches will you consider to address the training needs of peer educators engaged in PrEP demand generation?
4. If you were to design a program for peer-led online engagement on PrEP demand generation, what factors would you need to consider prior to implementation? How will you measure success? What types of resources will you need?
5. Are there gay men who will be missed by demand generation strategies that primarily rely on social media and internet access? How will you account for their needs?



# CASE STUDY 5: DEPLOYING SEX-POSITIVE IMAGERY AND MESSAGING TO ENROLL GAY MEN ON PREP IN UKRAINE

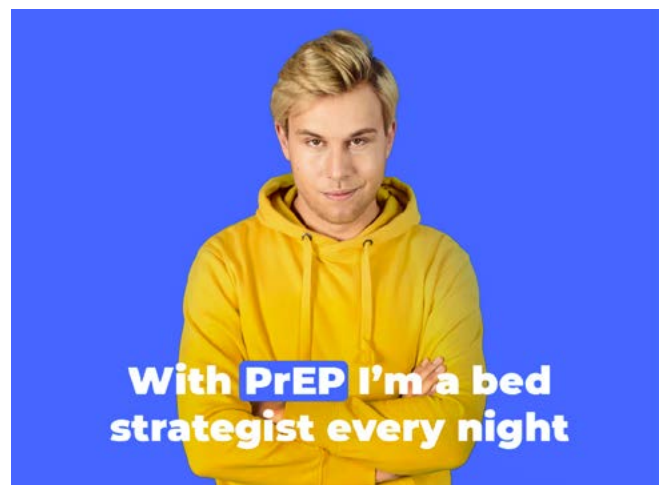
## KEY TAKEAWAYS

- Virtual platforms are an effective way to reach and enroll gay and bisexual men in both rural and urban settings on PrEP.
- Sex-positive messaging and non-stigmatizing engagement approaches can increase PrEP uptake.
- Different types of analytics can help PrEP programs make the best use of their data.

Alliance Global has been at the forefront of providing PrEP to gay and bisexual men in Ukraine. Its PrEP services are familiar to gay men in Kiev - where it operates a LGBT community health center - and in some larger cities in Ukraine. However, awareness of PrEP is low among gay men elsewhere in the country. To reach them and increase demand for PrEP among gay men in Ukraine, Alliance Global developed a public information campaign centered on the [prep.com.ua](http://prep.com.ua) website. This initiative has been aided by changes at the government level. Since April 2019, national guidelines on HIV have supported increasing the availability of PrEP around the country.

Ukraine is an Eastern European country where the HIV epidemic is concentrated among key populations, particularly gay and bisexual men and drug users. While there are HIV prevention and treatment services tailored to gay men in the capital Kiev, and in some of the large cities, this is not the case in most of the country. High levels of stigma against gay men, and against people living with HIV are reported throughout Ukraine.

Nonetheless, it is an exciting time for PrEP in Ukraine. After a one-year PEPFAR-funded demonstration project in Kiev which provided free PrEP to gay men and other key populations, about 400 people were on PrEP. In April 2019, the government published national



guidelines for PrEP, bringing it into greater alignment with WHO recommendations and signaling that it was ready to provide PrEP across the country at no cost for users. With expanded resources available and expanded sites to deliver PrEP, demand and uptake is expected to grow quickly, with a target of 2,900 persons on PrEP by 2020.

Alliance Global, which operates the only LGBT community health center in Kiev, has been at the forefront of PrEP implementation in Ukraine as a provider for gay men. The organization provides combination HIV prevention and testing and treatment services for HIV, Hepatitis C, and other STIs. It also operates [prep.com.ua](http://prep.com.ua), the main online hub for information and linkage to PrEP services in Ukraine.

While Alliance Global and its PrEP services are familiar to gay men in Kiev and larger cities in Ukraine, awareness of PrEP is low in the rest of the country. To reach these men and to generally grow awareness about and demand for PrEP among gay men in Ukraine, Alliance Global developed a streamlined, high-quality, sex-positive public information campaign which centers on the prep.com.ua website. The website's principal function is to link interested gay and bisexual men to a PrEP consultation, which can lead to enrollment. It does so by combining attractive, high-quality photo and design elements with messages that resonate with many gay men, and then promoting the campaign on social media and dating apps, thus sparking interest and discussion about PrEP among gay men, online and in person. As one provider put it, "To have an impact in Ukraine, the campaign has to be provocative, to get gay men talking about it."

The advertisements, which all link back to prep.com.ua, feature sex-positive messaging which positions PrEP as a mechanism of sexual empowerment. PrEP is therefore not just another public health campaign, but an enabler for gay men to have sex however they like, regardless of drugs, alcohol, anonymity, or number of partners.

In addition to increasing awareness about PrEP, the campaign's messaging, discussion, and resources on online platforms such as on Facebook and Hornet - the most popular online dating app for gay men in Ukraine - seek to correct misconceptions. Some of the misconceptions Alliance Global tries to counteract are common to other contexts too, for example that PrEP has powerful side effects or that it is prohibitively expensive.

## Leveraging dating apps to reach gay men with HIV prevention messaging

Analysis by the U.S. CDC has shown that paid advertising on gay dating apps can be considerably more effective than ads placed on more general apps to reach gay men with HIV messaging. A click-rate on ads placed on gay dating apps was observed to be twice as effective as ads placed elsewhere. Other research has shown that messaging on dating apps and websites is correlated with higher rates of HIV testing among gay users of apps. This approach can be particularly effective at reaching non-gay-identified men who have sex with men who are generally harder to reach in public spaces.

To review, there are three main components of the online PrEP demand generation campaign:

1. **Impact through apps:** High-quality, image-based messaging about PrEP in dating apps like Hornet and Grindr or at prep.com.ua and the related Facebook group are effective at raising awareness on PrEP and sexual health among gay men.
2. **Deeper dialogue:** A social networking approach - mainly through a Facebook group - allows for more information to be posted and public dialogue about PrEP to unfold on online platforms. Visitors are directed to prep.com.ua for additional PrEP resources.
3. **Converting interest into action:** The website prep.com.ua is the endpoint of the other online tools and has a simple form to indicate interest in PrEP and provide contact information. Alliance Global staff then follow up for screening and connect eligible men to PrEP services.

Alliance Global uses Google Analytics to track the location of visitors to prep.com.ua. This helps them better understand the reach of the campaign, its performance, and allows for necessary adjustments to strategy.

## What can Google Analytics tell you about people who visit your website?

- Their behavior on your site: how long they spent on your website, what pages they visited, and what they clicked on.
- Where they came from: What website were they on before they got to yours, i.e. how they found your site.
- Who “converted” from visitor to action-taker, i.e. who did what you ultimately wanted them to do, such as sign up for a PrEP consultation?

By aggregating this type of information about your visitors you can draw conclusions about what is working with your online engagement and what is not, and allows you to fine-tune your strategy to achieve optimal results.

The “last mile” of the campaign, of course, is to get interested men connected to PrEP providers who are located conveniently. In Kiev during the pilot phase, potential PrEP enrollees were referred back to Alliance Global’s

community center. But to do this at a national scale, Alliance Global coordinates with 27 NGOs around Ukraine. Coordination involves ensuring that the NGOs have the capacity and willingness to provide PrEP services to gay men in accordance with national and global normative guidance. Once that capacity is established, interested men who have indicated interest in PrEP on prep.com.us are referred to local providers.

## REFLECTION QUESTIONS

1. How do gay men obtain information about PrEP, HIV, and sexual health in your country?
2. Have you considered using an online portal to generate demand for PrEP among gay men in your country? What are the advantages and drawbacks of trying to reach your target audience online?
3. What are the most popular online platforms (websites, social media, dating apps) that are commonly used by gay men in your country? Which of these would be the best platform to use for a campaign to generate greater demand for PrEP?

If you were to design a sex-positive campaign for PrEP demand generation among gay men, what would that look like?

## Designing a Social Media Post

**Top Social Media Platforms:** Facebook, Instagram, Snapchat, Twitter, TikTok, WhatsApp

*The most widely used and useful platforms for social media marketing tend to be Facebook, Instagram, and Twitter. Is this the case in your community and social network?*

### The three most important things to remember:

- Tell a story
- Keep it simple
- Be organic

### Questions to drive your approach:

- Who is your target audience?
- What do you want them to do? (Call to action)
- Where do they spend time online? What platforms?
- What is your key message?
- What type of content would be most useful? Video, photo, text?

### Components of a post (may vary by platform):

- Imagery: The photo, video, or graphic you are featuring
- Message: The idea you are communicating
- Text: The words you are using
- Connecting: Links, hashtags, user/account tags, geo-tagging, user sharing capabilities

### Posts as part of a campaign:

- How does your post fit into a longer arc of communication with your audience?
- Does the current post build on or repeat prior content? Is it a new topic altogether?
- What type of content has driven engagement with past posts?
- Does the current post have a similar look and feel to previous posts?
- What are your next few posts going to be about?

# CASE STUDY 6: ADDRESSING PREP STIGMA AT INDIVIDUAL, COMMUNITY, AND PROVIDER-LEVELS IN VIETNAM

## KEY TAKEAWAYS

- Stigma and self-stigma related to PrEP among gay and bisexual men must be addressed as major barriers to PrEP uptake and retention.
- Communities will benefit from having a clear roadmap of what it takes to enroll and stay enrolled on PrEP.
- With a roadmap, both healthcare providers and community members can be prepared to be more effective in interactions with each other.

Lighthouse, a gay-led nonprofit, began to offer fee-based PrEP to key populations in Hanoi in March 2018 at the cost of approximately US\$18/month at the Light clinic. Before offering PrEP, Lighthouse conducted a survey of clients about their knowledge, understanding, and needs on PrEP. Lighthouse then adopted a multi-pronged strategy to reduce stigma and self-stigma related to PrEP, present a roadmap to the community for obtaining and maintaining access to PrEP, and sensitized healthcare providers to work effectively with gay PrEP users.

According to the Vietnam Administration of HIV/AIDS Control (VAAC), it is estimated that there are more than 300,000 gay, bisexual and other men who have sex with men in Vietnam. HIV prevalence among them is at least 12%, with younger men bearing a disproportionate burden. To many people working on HIV issues with gay men in Vietnam, there are indications that a substantial rise in new transmissions will occur in the near future in the absence of effective interventions.

One of those key interventions that is effective is PrEP, which has recently been approved for widespread roll-out in Vietnam after a pilot period. According to a study implemented by the Healthy Markets project, significant demand for PrEP was found among gay men and transgender women in the urban centers

of Hanoi and Ho Chi Minh City. Among nearly 800 survey respondents, 91% said they were interested in taking PrEP and 71% preferred to access PrEP from gay-friendly or community-based organization. This difference shows the importance of community-led service provision, or at minimum the need for sensitized and affirming clinical staff.

Lighthouse, a gay-led nonprofit, began to offer fee-based PrEP to key populations in Hanoi in March 2018 at the cost of 425,000 VND/month (~US\$18) at its Light clinic. Before offering PrEP, Lighthouse conducted a survey of 128 community clients about their knowledge, understanding, and needs on PrEP. The results of the study informed the development of a PrEP demand generation strategy which included the following components:

1. Increase knowledge and understanding about PrEP;
2. Reduce stigma and self-stigma related to PrEP;
3. Present a roadmap for obtaining and maintaining access to PrEP;
4. Sensitize healthcare providers to work effectively with gay and bisexual PrEP users;
5. Provide linkages to other related sexual health services;
6. Follow up and responds to feedback from PrEP users;
7. Conduct advocacy to create an enabling environment for PrEP uptake.

For this case study, we will focus on components 2, 3, and 4 of the Lighthouse strategy. Research<sup>8 9 10</sup> has documented how the media and cultural norms can promote stigma against PrEP users, which can be internalized. Shaming concepts like “Truvada whore” and the idea that PrEP enables sexual promiscuity among gay men (and that this is an inherently bad thing) can be found in most contexts where PrEP is available or where people know what it is. This moralizing is not based on science. Additionally, from a human rights perspective, PrEP is a beneficial tool to promote gay men’s sexual health and well-being. Nonetheless, the stigma against PrEP is very real in many communities and for many individuals and it should be countered.

Through their survey and practice, Lighthouse found that stigma and self-stigma towards PrEP users was one of the main barriers impeding gay men in Hanoi from seeking PrEP. Barriers included ambient stigma in the community, stigma from healthcare providers, and self-stigmatization among PrEP users. Lighthouse developed media content to drive demand for PrEP which directly took on the stigma and self-stigma by stating: “always integrate the meaning of love, the importance of protecting our own health, as well as normalizing the use of PrEP as a good protective tool for everyone.” In addition, Lighthouse highlights the fact that they ensure confidentiality and privacy of their clients during all phases of the PrEP enrollment process including consultations and service delivery.

### Two-pronged response to PrEP stigma

- **Communications:** Promoting sex-positive, health-positive, and affirming messages about PrEP through campaign communications and marketing channels.
- **Confidentiality:** Assuring gay men that their confidentiality and privacy will be protected at all points in the PrEP enrollment process and communicating that assurance in advance.

The third and fourth components of the Lighthouse strategy work in concert with one another. They involve preparing both users and providers to be effective and sensitive in their interactions with one another, so as to reduce stigma and improve the likelihood that gay and bisexual men who want to access PrEP are able to do so.

One of the most important pieces of information highlighted in Lighthouse’s PrEP community survey was the need for a clear, specific and accurate PrEP registration process including cost, i.e. a roadmap. “Since then, we have been working with PrEP facilities, discussing the referral process to ensure it is quick, simple and convenient,” said one staff member. The main components of the process that Lighthouse covers in their PrEP enrollment roadmap are:

- **Time & tests:** Blood tests and the time it takes to get results and be approved for PrEP;
- **Amount of PrEP:** The number of PrEP tablets provided at each visit;
- **Maintenance:** Expectations for follow-up visits and adherence;
- **Privacy:** Regulations and practices related to information security at medical facilities.

Because PrEP is often promoted as an on-demand intervention, many people may be under the impression that they can simply go to a PrEP clinic and leave with as much medication as they want. This is generally not the case. Therefore, it is important to clarify the steps required to initiate and maintain PrEP enrollment so that potential users are not surprised and turned off by an unexpected process.

On the other side of the interaction, healthcare providers must be sensitized to working effectively with gay men and to providing PrEP in a nonjudgmental manner. For Lighthouse, the objective here is to, “make sure service providers understand the community, know the languages of the community, common issues and needs... and have good skills to communicate and provide services in a friendly way.”

8 Card, K.G., Hawkins, B.W., Mortazavi, L. et al. *AIDS Behav* (2018). <https://doi.org/10.1007/s10461-018-2332-x>

9 Calabrese SK, Underhill K. How Stigma Surrounding the Use of HIV Preexposure Prophylaxis Undermines Prevention and Pleasure: A Call to Destigmatize “Truvada Whores”. *Am J Public Health*. 2015;105(10):1960–1964. doi:10.2105/AJPH.2015.302816

10 <http://www.croiconference.org/sessions/prep-stigma-predicts-prep-uptake-and-adherence-results-radar-cohort-study>

To accomplish this, Lighthouse approaches provider sensitization from two angles: training and feedback. Lighthouse provides short training courses for providers on delivering PrEP services to gay and bisexual men and transgender women before they commence providing services. And then, from time to time, Lighthouse follows up with PrEP enrollees to record their voluntary feedback about their experiences with specific providers. Those findings are then turned into recommendations which are shared with the provider so they can improve their service.

These approaches are in alignment with some of the normative guidance for how healthcare providers should work with gay and bisexual men in a PrEP context or otherwise. Comprehensive clinical guidance for PrEP can be found from the World Health Organization, government health ministries and departments, the U.S. CDC, and other health norms-setting institutions. The MPact MSMIT also provides topline principles for clinical staff when providing services to gay and bisexual men.

### ***MSMIT: Principles of clinical staff sensitization for working with gay men***

All staff delivering clinical services should be training and continuously updated in sensitivity towards gay men, with particular respect to ethical conduct. This includes:

- The duty to be respectful and nonjudgmental.
- Understanding the specific needs of subpopulations of men who have sex with men.
- The absolute requirement to maintain confidentiality about any information provided during the counseling session, including the patient's engagement in same-sex sexual behavior.

So far, Vietnam has an estimated 2,500 people on PrEP. From March 2018 to March 2019, Lighthouse introduced and provided PrEP to 217 clients in Hanoi. Recently, PrEP has been made available to gay men free of charge in 11 provinces. Lighthouse continues to generate demand for PrEP and improve the quality of PrEP services with an emphasis on young gay and bisexual men who are also those in need of services.

### **REFLECTION QUESTIONS**

1. What are the common misconceptions about PrEP in your country? If stigma and self-stigma are barrier to accessing and using PrEP, how will you address them?
2. If you had to develop a roadmap for PrEP enrollment for your community, what would be the main components?
3. What technical and financial resources will you need to sensitize healthcare providers in your network about PrEP?
4. How will ensure the ongoing quality of PrEP programs?



# CASE STUDY 7: FACILITATING PREP ACCESS FOR GAY MEN THROUGH AN ONLINE HIV SERVICE BOOKING PLATFORM IN KENYA

## KEY TAKEAWAYS

- Online service booking platforms are an effective and convenient method for providing a range of HIV services to gay and bisexual men including non-stigmatizing HIV risk self-assessments and PrEP demand generation campaigns.
- Pairing outreach workers with online users within virtual platforms can greatly increase service utilization and PrEP enrolment.
- Incentives for outreach workers must be equitable and commensurate with level of effort, not merely with achieving targets for PrEP.

In Kenya<sup>11</sup>, the USAID and PEPFAR-funded LINKAGES project helps community service organizations (CSOs) in 16 counties provide HIV prevention, care, and treatment for key populations (KPs). The main entry-point for clients to access HIV services are through physical outreach approaches such as community events, mobilization, and networks provided by these CSOs. The outreach approaches connect KPs to communities of social support, education on sexual health, and facilitate referrals for health and HIV services. However, community partners using these physical outreach and referral approaches encounter challenges such as:

- Low HIV testing rates (48-53%) among eligible gay men.
- Difficulty reaching some men who have sex with men, particularly those who do not identify closely with community service organizations, are not open about their sexuality, do not operate online, and do not visit

physical locations where gay men congregate.

- Leakage between HIV positive diagnosis and linkage to HIV treatment.

Of those gay men tested under this program, there was a relatively low number of reported cases of HIV. This may be the case because those in the program cohorts have safer sex behaviors which translates to lower HIV incidence. However, there remains a proportion of previously unreached gay men in Kenya that are at higher odds for acquiring HIV because they have not been provided with HIV prevention education and routine HIV testing. Additionally, the range of service delivery modalities which primarily rely on physical outreach and community-based HIV testing and service referrals may be inaccessible to closeted men who have sex with men.

To better understand the unreached populations, their self-assessed HIV risk, and service delivery preferences, LINKAGES circulated an online survey in 2018 and collected responses from 347 men at-risk for acquiring HIV and 215 gay or bisexual men. The key findings from the online survey filtered to only include 215 gay and bisexual men include (full analysis [here](#)):

<sup>11</sup> MPact wishes to thank the writers of this case study Ben Eveslage, Barbara Thirikwa, Alice Olawo, and Purvi Shah as well as the community partners that made this work possible namely, HOYMAS, MPEG, KASH, MAAYGO, NYDESO, and K-NOTE.



- 45% of the respondents were under the age of 25;
- 60% of respondents had not been contacted by a local sexual health CSO in the last six months;
- The most preferred means to learn about HIV services was through an online search;
- The most preferred means to find services was by booking an appointment online;
- The most preferred service delivery site was a private health facility;
- 73% said they would be willing to pay for HIV services;
- 60% were interested in taking PrEP, 15% were not interested, 15% did not know about PrEP, and 10% were already taking PrEP.

A May 2019 verdict by Kenya’s High Court retained the country’s archaic colonial-era ban on same-sex sexual relations. Social stigma against the LGBT community in Kenya is very high. The criminalization and resultant stigma and discrimination experienced by gay men makes it difficult for them to access HIV services due to privacy concerns and the risk of being outed at service delivery sites. Being outed could put gay men’s lives in jeopardy. In this challenging context, new and tailored approaches are required to reach and support gay men. This will ensure they are able to access a broad range of confidential HIV service options and providers.

In March 2019, LINKAGES supported the launch of Step1.co.ke, a website for clients to assess their HIV risk and book appointments for HIV services. Website features include:

- A non-stigmatizing risk assessment that allows clients to receive a tailored recommendation for HIV services;
- Service booking at 14 clinics including six CSO drop-in centers and eight private clinics;
- A demand generation campaign and larger HIV service delivery brand that is broad but inclusive, allowing a wide range of gay men to use the platform and access HIV services;
- A wide range of clinical service options including PrEP, PEP, HIV testing and treatment, STI testing, STI treatment, and sexual health counseling;
- Service booking options available in major cities.




Three outreach approaches are used to generate demand and drive traffic to the Step1 website, including online outreach workers based at CSO partners, engaging social media influencers, and advertising on Facebook and Instagram. These outreach approaches leverage a common campaign called #iam1in3 – which uses the statistic that one in three Kenyans have been tested for HIV recently enough to truly know their status. This campaign empowers Kenyans to say they are 1 in three who know their HIV status.

## TABLE 1: ABOUT THE CAMPAIGN AND WEBSITE BRAND

 <p><b>#iam1in3 – Social Media Campaign</b></p> <p>In a nationally representative survey,<sup>12</sup> it was found that only one in three Kenyans have been tested for HIV recently enough to know their HIV status. This campaign takes this statistic as the central call to action – “Take the first step to proudly say #iam1in3!” The campaign places emphasis on knowing your status, and not on the test result, however there is adequate education about HIV treatment to reduce fears that may lead people to not want to know their HIV test result. Clients are then linked to the Step1 website where they can take the first step toward this aim.</p>	 <p><b>Step1 website</b></p> <p>The Step1 website is where clients take the first step toward finding out their HIV status and taking care of their sexual health needs. Clients play a simple game on Step1 to see if they need to update their sexual health status with an HIV test to say “iam1in3”. Clients complete step 1 by booking an appointment for services, continue to step 2 by arriving at the clinic, and complete the process at step 3 where they receive their results and next steps from a counselor – at which point they can say “iam1in3.”</p>
--	---

12 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4786172/>

**TABLE 2: OUTREACH APPROACHES FOR STEP1**

Influencer Outreach	Online Outreach Workers	Online Ads
 <p>Denis Nzioka is an LGBT advocate in Kenya and has joined the iam1in3 campaign and posted promotional material to his followers on social media. Denis is accompanied by two other influencers, including the rapper Femi One and comedian Seth Gor.</p>	 <p>Outreach workers (ORW) based at CSOs have been trained on how to conduct safe online outreach to gay and bisexual men and facilitate referrals through Step1. ORW were provided branded profile photos that help maintain their anonymity for their outreach. Drop-in centers (DICs) will call new clients before confirming their appointments to ensure safety of DICs and clients.</p>	 <p>A series of posts were developed for advertising on Facebook and Instagram to highlight the Step1 platform and service offerings, increasing the target audiences awareness of their risk for HIV, reducing their barriers for accessing HIV services, and later introducing education on PrEP and ART, and U=U. All posts link clients to Step1 for booking HIV services.</p>

Since the launch of the #iam1in3 campaign and Step1 booking platform in March 2019, the LINKAGES program and CSO partners have had impressive results with this new online HIV service delivery platform and began documenting lessons. The program plans to introduce this approach to other CSOs and clinics and support outreach workers to begin routinely using online outreach as a mechanism by which to reach gay men online and refer them to clinical services at community and private facilities for HIV testing, PrEP, ART, and other sexual health services.

Some key insights include:

- Large numbers of people who need HIV services can be reached online. Among the 3,490 people who took the Step1 risk assessment between March 15 and April 24, 2019, 36% had never been tested for HIV and 42% of clients who know they were HIV positive were not taking ART consistently (or not on treatment).
- iam1in3 was successful in reaching gay men. Among those who completed a Step1 risk assessment, about 25% reported being a member of a key population.
- The rate of gay men who book an appointment and visit a clinic is lower than the rate who do so after physical outreach. It was at an unsatisfactory level.
- Online outreach workers perform better than other online outreach approaches for bringing clients in for HIV services. Among online outreach methods, 57% of clients who arrived at a clinic did so following contact with an online outreach worker, 20% did so after seeing ads, and 9% did so after seeing posts by influencers (the remainder were untracked referrals).
- Outreach approaches like social media influencers and online advertising are incredibly effective in getting clients to take the assessment online. However, they have less success with getting clients to physically

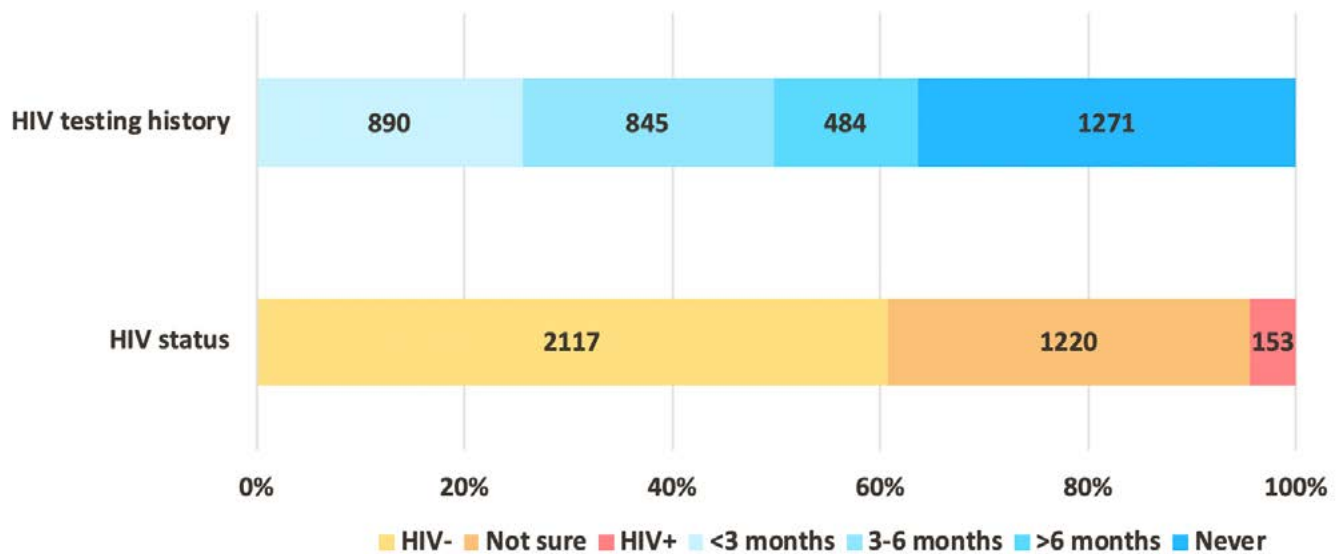
visit a clinic. More targeted advertising approaches are beginning to address this problem, for instance by targeting ads back to clients who previously completed an assessment but had not booked an appointment.

- Currently no known people living with HIV are visiting clinics for ART services.
- There is an uneven flow of bookings and visits to clinics across different weeks depending on the engagement of part-time outreach workers and inconsistent influencer and advertising promotions.
- HIV testing can be an entry point for PrEP initiation and is currently underutilized (only 12% of those testing HIV negative are initiated on PrEP).
- Online demand creation for PrEP will also drive HIV testing among those at highest odds for acquiring HIV.

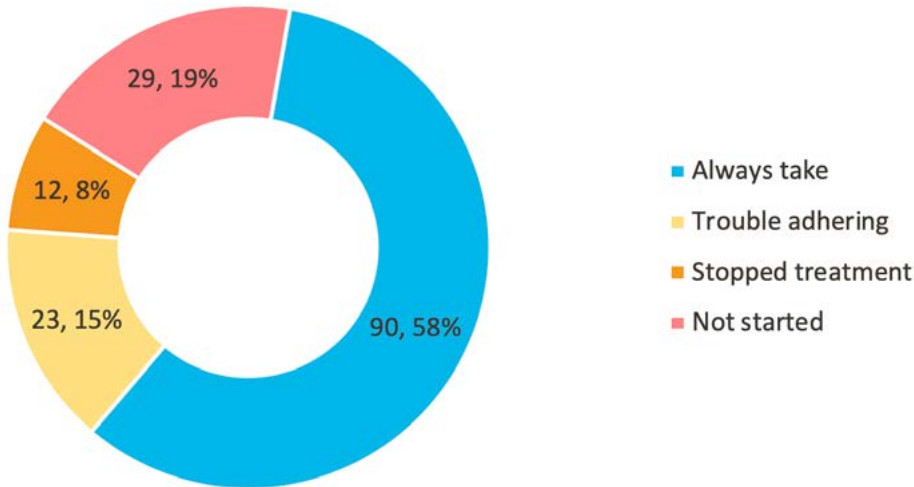
Next steps:

- Messaging should focus on reducing barriers to accessing services at clinics.
- Move to providing equitable incentives to all online outreach workers.
- Move from large influencers to micro influencers with more community-level engagement and performance-based incentives.
- Add clinics and outreach to regions that are underserved.
- Integrate outreach campaigns with self-testing and other online campaigns including other U.S. government-funded PrEP programs in Kenya.
- Develop an online demand creation campaign for PrEP linking clients to Step1.
- Develop a self-reported, risk-based referral network strategy for linking people living with HIV to treatment and provide them confidential and safe methods to refer their partners for HIV testing.

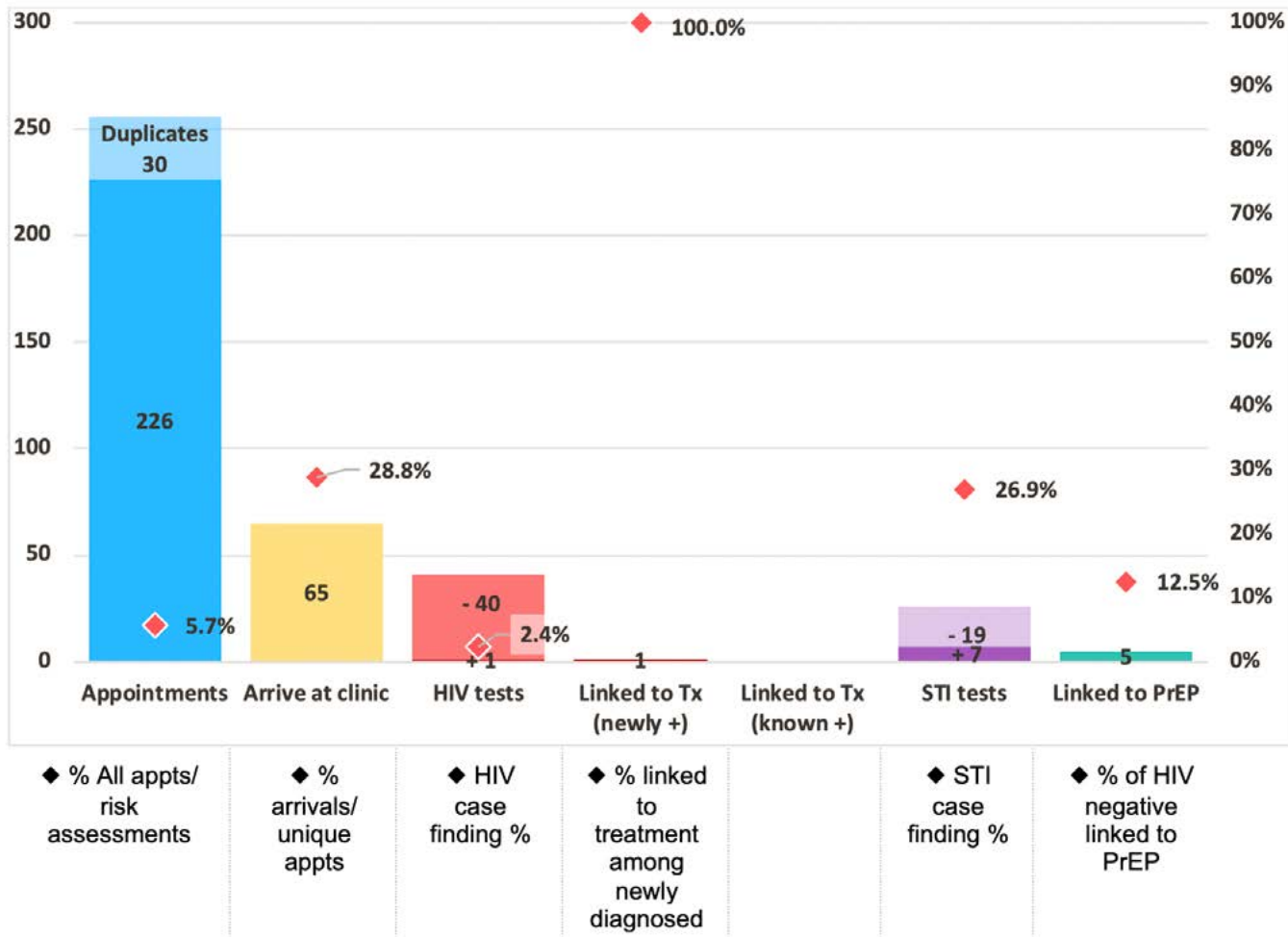
**FIGURE 2: HIV TESTING AND HIV STATUS DATA FROM STEP1 ONLINE RISK ASSESSMENT (MARCH 15 TO APRIL 24, 2019)**



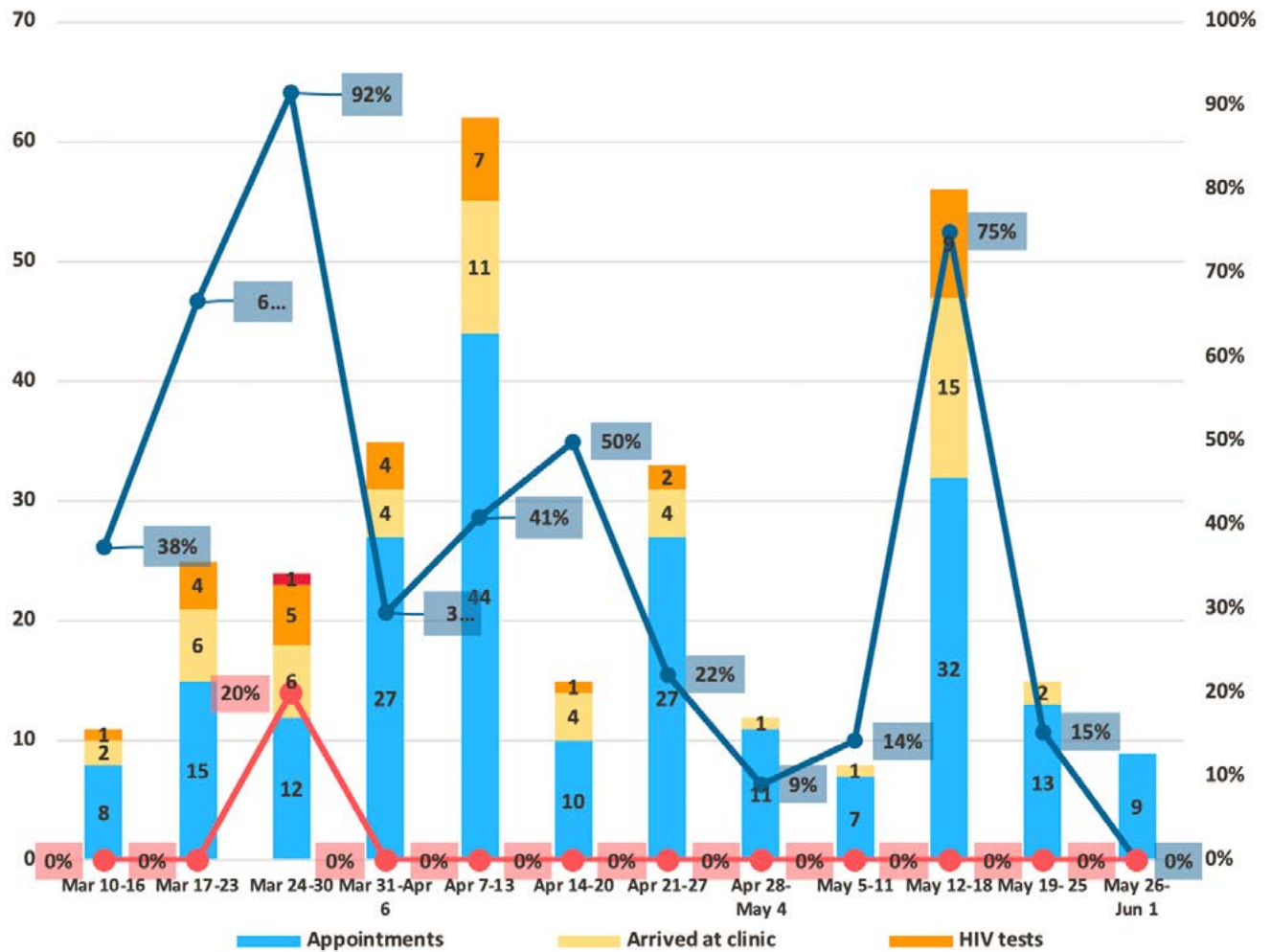
**FIGURE 3: TREATMENT STATUS FOR PEOPLE LIVING WITH HIV. DATA FROM STEP1 ONLINE RISK ASSESSMENT (MARCH 15 TO APRIL 24, 2019)**



**FIGURE 4: STEP1 HIV SERVICES CASCADE FROM ONLINE OUTREACH (MARCH 15 TO JUNE 1, 2019)**



**FIGURE 5: OVERALL PERFORMANCE BY WEEK (HIV TESTING) (MARCH 15 TO JUNE 1, 2019)**



**REFLECTION QUESTIONS**

1. Are you aware of a virtual health or HIV service booking platform in your country or context? What steps can you take in order to assess if this platform is acceptable to gay and bisexual men who wish to access HIV services, including PrEP?
2. In order to design a virtual health service platform, what kinds of partnership will you need to assemble in order to assess its relevance in your country context?
3. What are all the types of information and services you can offer in a single online platform to promote the health and well-being of gay and bisexual men?

# PREP KNOWLEDGE QUIZ

Complete the following knowledge quiz to the best of your ability. You may want to review the **Additional Resources** section at the end of this document if you need more information. An answer key is provided at the end of the quiz.

1. What do “PrEP” and “PEP” stand for?

PrEP: \_\_\_\_\_

PEP: \_\_\_\_\_

2. True or False: PEP is equally effective as PrEP (post-exposure prophylaxis).

- True
- False
- Don't know/unsure

3. True or False: The U.S. Food and Drug Administration (FDA)-approved Truvada for PrEP is taken as a once-daily oral pill, which combines two drugs in one: emtricitabine and tenofovir disoproxil fumarate.

- True
- False
- Don't know/unsure

4. True or False: For people who take four PrEP pills per week, their estimated level of protection against HIV transmission is 80%.

- True
- False
- Don't know/unsure

5. True or False: PrEP is more protective in men than in women.

- True
- False
- Don't know/unsure

6. True or False: Truvada works by blocking an enzyme called HIV reverse transcriptase. By blocking this enzyme, the HIV virus is unable to make copies of itself in the human body.

- True
- False
- Don't know/unsure

7. Which one of the following statements is NOT a key element of community empowerment among men who have sex with men? (select one)

- A) Fostering programs led by gay and bisexual men
- B) Promoting a human-rights framework
- C) Adapting to local needs and contexts
- D) Tokenizing gay men
- E) Don't know/unsure

8. Select the characteristic of program approaches that most closely suits this description: *PrEP programs listen to gay men's ideas about what to do in the context of PrEP roll-out and how to do it.*

- Collaborative
- Prescriptive
- Don't know/unsure

9. True or False: 90% of those who received Truvada as PrEP reported nausea in the first month, compared with 5% of those who received placebo?

- True
- False
- Don't know/unsure

10. True or False: In one PrEP trial, only 0.3% of those who received Truvada experienced mild increases in serum creatinine that persisted until the next test.

- True
- False
- Don't know/unsure

**11. Meaningful participation in PrEP delivery and in national-level PrEP policy processes means that gay men... (select one)**

- A) ...do not choose how they are represented.
- B) ...choose how they are represented, but not by whom.
- C) ...choose how they are represented, and by whom.
- D) ...do not choose whether to participate or not.
- E) Don't know/unsure

**12. True or False: The iPrEx trial showed that PrEP reduces the risk of HIV transmission among gay and bisexual men but not among transgender women.**

- True
- False
- Don't know/unsure

**13. True or False: Alcohol intake lowers PrEP efficacy and is therefore prohibited while taking PrEP.**

- True
- False
- Don't know/unsure

**14. True or False: According to the World Health Organization, PrEP can be used as an event-based strategy (2-1-1) before and after sex.**

- True
- False
- Don't know/unsure

**15. True or False: Feminizing hormone therapy (FHT) reduces Tenofovir levels in the blood, but if taken consistently, PrEP can still be effective in persons undergoing FHT.**

- True
- False
- Don't know/unsure

**16. True or False: Oral PrEP drug combinations containing Tenofovir is currently the only WHO-recommended PrEP tool.**

- True
- False
- Don't know/unsure

**17. Indicate the most logical order of steps in the PrEP advocacy cycle (assign each a step, 1-5):**

- \_\_\_ A) IMPLEMENT & MONITOR: Put your PrEP activities into action and keep track of what you are getting done.
- \_\_\_ B) PRIORITIZE THE ISSUES: What issues must be focused on first, and why?
- \_\_\_ C) PLAN YOUR ADVOCACY: What are you going to do, how, when and with what resources?
- \_\_\_ D) EVALUATE & REVISE: What change have you brought about and how much? How can you do things better?
- \_\_\_ E) GATHER EVIDENCE: What is the PrEP access problem, and how do you know?

**18. Which one of the following is NOT a component of a PrEP education campaign targeting gay and bisexual men? (select one)**

- A) Paid advertising on social media sites and apps like Facebook and Instagram.
- B) Installing a condom vending machine at sex hotspots.
- C) Instagram posts containing photos and videos about PrEP access.
- D) "Frequently Asked Questions" videos about PrEP posted on YouTube or your organization's website.
- E) Sex-positive posters placed in public venues frequented by gay men.
- F) Don't know/unsure

**19. You are tasked with defending PrEP programs in your county against funding cuts. Policymakers say that since condoms and lubricants are available, PrEP is not required given the high cost and challenges with delivery. Which of the following arguments will likely help your advocacy? (select all that apply)**

- A) Gay men commonly have multiple co-morbidities (e.g. HIV, TB, and mental health conditions) and poor social situations.
- B) To be most effective, HIV prevention strategies should be multi-pronged, involving various prevention strategies that must be thoughtfully combined, tailored, and delivered by communities most impacted by HIV.
- C) All people, including gay men and transgender people, have the right to self-determination and the right to choose what HIV prevention option works best for them.
- D) UNAIDS has recommended multi-pronged or combination approaches to HIV prevention for gay men and other men who have sex with men, while addressing their human rights more broadly.
- E) Don't know/unsure



**20. Select the outcome(s) which is/are LEAST important when training healthcare providers on gay men's sexual health and PrEP. (select all that apply)**

- A) Increasing providers knowledge of gay men and their common health issues, including barriers to PrEP.
  - B) Challenging and changing providers moral and religious beliefs about same-sex sexual acts or relationships.
  - C) Improving providers attitudes towards gay men, such as comfort discussing anal sex.
  - D) Improving providers skill and confidence in providing friendly and appropriate services to gay men.
  - E) Increasing providers' willingness to do no harm when the law requires providers to report men who engage in same-sex sexual acts to the authorities.
  - F) Increasing providers' willingness to spend time in gay bars and in other community venues.
  - G) All of the above
  - H) None of the above
- 

**Now check your work with the answer key:**

1. Pre-Exposure Prophylaxis; Post-Exposure Prophylaxis
2. False
3. True
4. False
5. False
6. True
7. D
8. Collaborative
9. False
10. True
11. C
12. False
13. False
14. True
15. True
16. True
17. E>B>C>A>D (see ITPC Toolkit)
18. B
19. B, C, D
20. A, C, D, E

# WORKSHEET FOR ACTION PLANNING

The following exercises are intended to help guide your thinking and planning for expanding PrEP uptake by gay and bisexual men in your context, however you may define that.

## Mapping the current situation

**Some resources to help you get these answers:**

General status: [www.prepwatch.org](http://www.prepwatch.org)

Regulatory status: <https://www.medspal.org/?page=1>

1. What is the current status of PrEP availability? (select the option which best describes)

- PrEP is readily available at low or no cost to most or all gay men who want it
- PrEP is widely available, but cost can be a problem
- PrEP is available, but is not accessible to a lot of gay men
- PrEP is approved, but not widely available
- PrEP is not approved or available
- I'm not sure

2. What organizations are working on PrEP advocacy or service delivery in your country/city/community?

Organization	Advocacy	Delivery	Other services

3. If PrEP is available, where and how are gay men able to access it and at what cost?

---

---

---

4. How is PrEP paid for?

- 100% by national or local government
- 100% by international donors such as Global Fund, PEPFAR, or other  
(Other? \_\_\_\_\_)
- Partially by government or international donors
- By health insurance
- By non-governmental or community-based organizations (Such as: \_\_\_\_\_)
- By consumers/patients
- Other: \_\_\_\_\_

5. On a scale of 1-10, how knowledgeable are gay and bisexual men about PrEP, how it can benefit them, and where to access it?

What PrEP is:	1	2	3	4	5	6	7	8	9	10
How PrEP can benefit them:	1	2	3	4	5	6	7	8	9	10
Where they can access PrEP:	1	2	3	4	5	6	7	8	9	10

6. Is there a national PrEP plan or other HIV plan which contains PrEP targets or strategies?

- Yes
- No
- Don't know

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there any clinical trials or other research projects about PrEP that are ongoing or planned?

- Yes
- No
- Don't know

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Building an advocacy strategy

8. From your perspective, what are the main barriers to expanded PrEP access for gay and bisexual men?

---

---

---

---

9. What are the key enablers needed to overcome these barriers? These may be policy, legal, economic, communication, social, or others.

---

---

---

---

10. What is a specific role you and/or your organization can play in eliminating these barriers, or otherwise promoting PrEP availability, accessibility, affordability, demand, and uptake?

---

---

---

---

10. Based on your assessment of the current status of PrEP, and the key barriers and enablers, which entities below would be your ideal partners for a PrEP advocacy coalition? Select all that apply, and identify one point of contact in each entity that you could collaborate with.

Ministry of Health:

---

Ministry of Finance:

---

Elected officials:

---

State/province/municipal government agency:

---

Global Fund Country Coordinating Mechanism:

---

PEPFAR Country Operational Plan committee:

---

International NGO(s):

---

Domestic NGO(s):

---

Community-based organization(s):

---

International network of gay men or other key populations:

---

Domestic network of gay men or other key populations:

---

Celebrities, influences, or other public figures:

---

Faith-based organizations:

---

Pharmaceutical manufacturers:

---

Academic or research institutions:

---

Other:

---

Other:

---

11. What are the key messages related to PrEP for gay and bisexual men that are important for decisionmakers to know?

Message 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What are the key messages about PrEP that gay and bisexual men need to know?

Message 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



13. What are the key messages about PrEP for gay and bisexual men that the public needs to know?

Message 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How will you communicate these messages to the relevant audiences?

Decisionmakers: \_\_\_\_\_

Gay and bisexual men: \_\_\_\_\_

The public: \_\_\_\_\_

**Resource needs**

15. What resources do you need to deploy your advocacy strategy?

Personnel: \_\_\_\_\_

Facilities: \_\_\_\_\_

Media coverage: \_\_\_\_\_

Legal/regulatory: \_\_\_\_\_

Travel and other expenses: \_\_\_\_\_

16. Where might you be able to access funding and in-kind support for your advocacy effort?

---

---

---

---

**How will you know when your advocacy has achieved results?**

This is perhaps the most important element of any advocacy strategy: knowing what you want to achieve. It is important to start with an aspirational goal, such as: “PrEP is available and accessible to all gay and bisexual men in my country, at no or low cost, by the end of 2022.” But such goals do not lend themselves well to strategies as there are often many steps between the current situation, and your ultimate goal. So, with your goal in mind, articulate some more specific targets or milestones which can be observed along the way.

My PrEP advocacy goal:

---

---

---

---

Target 1: \_\_\_\_\_

---

To be achieved by (year or date): \_\_\_\_\_

Key enablers needed to achieve: \_\_\_\_\_

Target 2: \_\_\_\_\_

---

To be achieved by (year or date): \_\_\_\_\_

Key enablers needed to achieve: \_\_\_\_\_

Target 3: \_\_\_\_\_  
\_\_\_\_\_

To be achieved by (year or date): \_\_\_\_\_

Key enablers needed to achieve: \_\_\_\_\_

Target 4: \_\_\_\_\_  
\_\_\_\_\_

To be achieved by (year or date): \_\_\_\_\_

Key enablers needed to achieve: \_\_\_\_\_

# ADDITIONAL RESOURCES

We would like to offer these additional suggestions for reading and viewing.

## Websites

- PrEPWatch, by AVAC: [www.prepwatch.org](http://www.prepwatch.org)
  - Global PrEP Tracker: <https://www.prepwatch.org/resource/global-prep-tracker/>
  - Developing Marketing and Communications Strategies to Promote Demand and Uptake: <https://www.prepwatch.org/prep-planning/marketing-communications/>
- PrEP Communications Accelerator, by PrEPWatch: <http://accelerator.prepwatch.org/>
  - The PrEP Communications Accelerator is a free interactive, digital resource that supports national governments, program implementers, and health practitioners to develop marketing and communications that drive demand for PrEP in sub-Saharan Africa. Both easy to use and information-rich, the Accelerator offers tested guidance throughout the lifecycle of a PrEP communications campaign and can be applicable across all PrEP formulations.
- The Sex You Want, by Gay Men's Sexual Health Alliance (Canada): <https://thesexyouwant.ca/>
- PrEPMap, by APCOM. PrEP status by country in Asia-Pacific region [https://www.prepmap.org/prep\\_status\\_by\\_country](https://www.prepmap.org/prep_status_by_country)
- Prepfacts.org, by the San Francisco AIDS Foundation, San Francisco Department of Public Health, Project Inform, Be The Generation, Gilead Sciences and others: <https://prepfacts.org/>

## Toolkits

- ITPC PrEP Key Population Activist Toolkit: <http://itpcglobal.org/wp-content/uploads/2018/02/ITPC-PrEP-Toolkit-English.pdf>
- MSM Implementation Toolkit: <https://mpactglobal.org/current-projects/msmit/>
  - Video accompaniment to MSMIT: <https://mpactglobal.org/learn-online/cpr-video-gallery/>
- OPTIONS Plan 4 PrEP Toolkit: <https://www.prepwatch.org/prep-planning/plan4prep-toolkit/>
  - Supports national planning for the rollout of oral PrEP, informed by experiences in South Africa, Kenya, and Zimbabwe.
- WHO Implementation Tool for PrEP: <https://www.who.int/hiv/pub/prep/rep-implementation-tool/en/>

## Normative guidance

- WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: <https://www.who.int/hiv/pub/arv/arv-2016/en/>
- PrEP guidelines for selected Bridging the Gaps countries (National HIV Strategic Plans included for some)
  - Botswana: [https://www.moh.gov.bw/Publications/Handbook\\_HIV\\_treatment\\_guidelines.pdf](https://www.moh.gov.bw/Publications/Handbook_HIV_treatment_guidelines.pdf)
  - Georgia: <http://www.georgia-ccm.ge/wp-content/uploads/HIV-NSP-2016-20181.pdf>
  - Kenya: [Guidelines on use of ARV drugs for treating and preventing HIV infections \(2018\)](#)
  - Mozambique: <http://www.misau.gov.mz/index.php/planos-estrategicos-do-hiv?download=171:plano-estrategico-de-accao-prevencao-e-controlo-das-its-2018-2021>
  - Myanmar: <http://mohs.gov.mm/docs?url=https://goo.gl/llpN5X>
  - Nepal
  - Pakistan
  - South Africa: [South African Guidelines on the Safe Use of Pre-exposure Prophylaxis in Persons at Risk of Acquiring HIV-1 Infection \(2016\)](#)
  - Tanzania: [http://nacp.go.tz/site/news/NATIONAL\\_GUIDELINES\\_FOR\\_THE\\_MANAGEMENT\\_OF\\_HIV\\_AND\\_AIDS\\_2019.pdf](http://nacp.go.tz/site/news/NATIONAL_GUIDELINES_FOR_THE_MANAGEMENT_OF_HIV_AND_AIDS_2019.pdf)
  - Uganda: [Consolidated Guidelines for Prevention and Treatment of HIV in Uganda \(2018\)](#)
  - Zimbabwe: [Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe \(2016\)](#)

## Videos

- Demand Creation 101, by OPTIONS: <http://accelerator.prepwatch.org/demand-creation/>
- Video accompaniment to MSMIT: <https://mpactglobal.org/learn-online/cpr-video-gallery/>
- “Generating Demand for PrEP,” video from Siem Reap PrEP workshop: <https://www.youtube.com/watch?v=8-aZsZuzwLk>
- “Getting PrEP to Our Communities”, video from Johannesburg PrEP workshop: <https://www.youtube.com/watch?v=sywlh-C0EQg>

## **PrEP Stigma**

- Media-driven PrEP stigma: <https://www.mdmag.com/medical-news/addressing-stigma-that-limits-prep-use-for-hiv>
- Destigmatize “Truvada whores”: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566537/>
- Experience of stigma related to PrEP in Canada: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5756933/>

## **PrEP and PrEP-related Normative Guidance**

- U.S. CDC guidance to clinicians providing PrEP: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

## **Online Engagement**

- Using social media to increase HIV testing among gay and bisexual men, Clinical Infectious Diseases, June 2016, <https://doi.org/10.1093/cid/ciw127>
- For gay men seeking HIV info, hookup apps are good for more than dates, thebody.com, 2016. <https://www.thebody.com/article/for-gay-men-seeking-hiv-info-hookup-apps-are-good->
- Four business questions Google Analytics can answer about your website visitors, medium.com, 2017: <https://medium.com/analytics-for-humans/4-fundamental-business-questions-google-analytics-can-answer-about-your-customers-d32f8a91c9ed>
- A vision for going online to accelerate the impact of HIV programs. FHI 360 LINKAGES. 2019. <https://www.fhi360.org/goingonline>
- Technical Brief: Online Reservation App (ORA). FHI 360. 2019. <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-ora-technical-brief.pdf>

## **Peer Educators**

- Guidance on PrEP for peer educators, gay men considering PrEP, and other key groups:
  - WHO, 2017. WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 2, Community educators and advocates. <https://www.who.int/hiv/pub/prep/prep-implementation-tool/en/>
  - UNAIDS Training Manual for MSM Peer Educators, 2016, [https://www.unaids.org/sites/default/files/media\\_asset/Alliance\\_MENA\\_MSM\\_module1\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/Alliance_MENA_MSM_module1_en.pdf)
- Study of impact and approaches of peer-led social media-based PrEP demand generation:
  - Empowering with PrEP (E-PrEP), a peer-led social media-based intervention to facilitate HIV preexposure prophylaxis adoption among young Black and Latinx gay and bisexual men: Protocol for a cluster randomized controlled trial: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6134229/>

## **Engaging with Donors**

- Independent multi-country review of community engagement in grant making and implementation processes, CLAC, 2017, <https://mpactglobal.org/wp-content/uploads/2017/03/MSMGF-CLAC-Study-Full7.pdf>
- How civil society and communities can engage in the Global Fund grant-making processes, ICASO & MPact, 2017, <http://icaso.org/wp-content/uploads/2017/06/grant-EN.pdf>
- How can you influence PEPFAR plans in your country?, Health GAP, 2016. [https://healthgap.org/wp-content/uploads/2018/11/Fact\\_Sheet\\_-\\_PEPFAR\\_COP\\_Engagement.pdf](https://healthgap.org/wp-content/uploads/2018/11/Fact_Sheet_-_PEPFAR_COP_Engagement.pdf)
- How to make your voice heard in your country’s voluntary national review of sustainable development implementation, 2018, MPact, <https://mpactglobal.org/wp-content/uploads/2018/05/VNR-Engagement-Info-Sheet-FINAL.pdf>



MPact Global Action for Gay Men's Health and Rights was founded in 2006 by an international group of activists who were concerned about the disproportionate HIV burden being shouldered by gay and bisexual men. We have since expanded our work to focus on the broader sexual health and human rights needs of all men who have sex with men.

**MPact Global Action for Men's Health and Rights**

111 Broadway, Floor 3  
Oakland, California 94607  
United States  
[www.mpactglobal.org](http://www.mpactglobal.org)

For more information, please contact us at:  
[contact@mpactglobal.org](mailto:contact@mpactglobal.org)

**PrEP Case Study Workbook! January 2020**

Copyright © 2020 by MPact