





ETHICS IN HIV PREVENTION RESEARCH IN THE NEW ERA OF PrEP

**MTN Regional Meeting
Cape Town
20 September 2017**

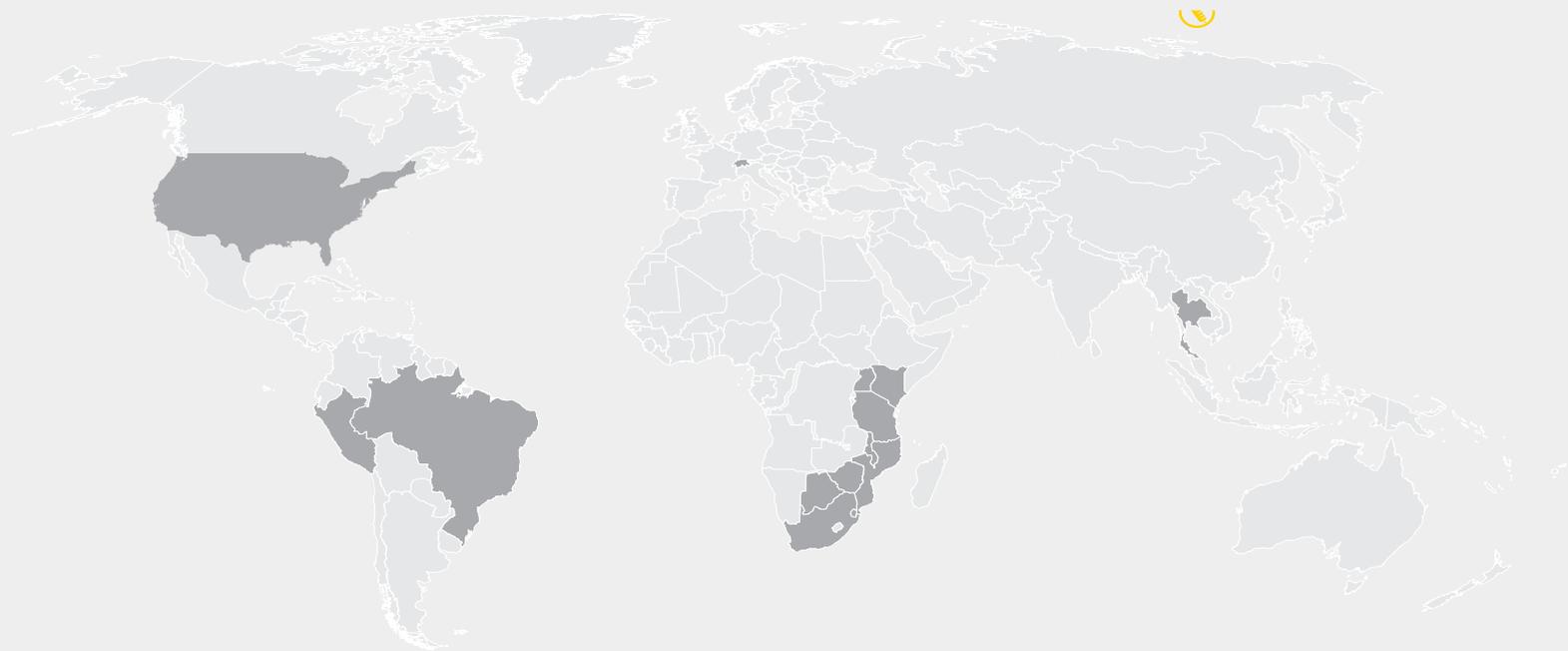
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OVERVIEW

- Biomedical HIV Prevention- State of the field
- PrEP: Summary of PrEP Studies
- PrEP: Regulatory Approval in South Africa
- Current PrEP roll-out in South Africa
- Ethical challenges in the era of PrEP
- Conclusion

BIOMEDICAL HIV PREVENTION- STATE OF THE FIELD





entation

initiatives

** PrEP demo projects planned

● Health system delivery

SUMMARY OF SUCESSFULL PrEP STUDIES

YEAR	STUDY	POPULATION	PrEP AGENT	PrEP EFFICACY
2010	iPrEx	MSM Brazil, Ecuador, Peru, South Africa, Thailand, US (n=2499)	Truvada Pill	44%
2011	Partners PrEP Study	Heterosexual couples Kenya, Uganda (n=4758)	Truvada Pill	75%
			Tenofovir Pill	67%
2011	TDF2 Study	Heterosexuals Botswana (n=1219)	Truvada Pill	62%
2013	Bangkok Tenofovir Study (BTS)	IDUs Thailand (n=2413)	Tenofovir Pill	49%
2015	IPERGAY	MSM and transgender women France and Canada (n=400)	Truvada Pill (intermittent dosing)	86 %
2016	PROUD	MSM and transgender women England (n=544)	Truvada Pill	86%



WHO GUIDELINES

September 2015

Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV

GUIDELINES



GUIDELINE ON WHEN
TO START ANTIRETROVIRAL
THERAPY AND
ON PRE-EXPOSURE
PROPHYLAXIS FOR HIV

SEPTEMBER 2015

2.2 Oral pre-exposure prophylaxis for preventing the acquisition of HIV infection

Recommendation

NEW

Oral PrEP containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (*strong recommendation, high-quality evidence*).

PrEP: REGULATORY APPROVAL IN SOUTH AFRICA



Press release

Medicines Control Council approves fixed-dose combination of tenofovir disoproxil fumarate and emtricitabine for pre-exposure prophylaxis of HIV

From: Registrar of Medicines, Medicines Control Council

Date: 3 December 2015

Release:

At its 75th meeting on 27-28 November 2015, the Medicines Control Council (MCC) approved the use of the fixed-dose combination of tenofovir disoproxil fumarate and emtricitabine to include pre-exposure prophylaxis of HIV (also referred to as PrEP).

As the use of the fixed-dose combination of tenofovir disoproxil fumarate and emtricitabine represents a departure from the usual use of these antiretrovirals for the treatment of HIV infection, the MCC has also requested the applicants to implement a risk management plan, which requires applicants to provide prescribers with a detailed information pack, to gather data on adverse effects, and to report these to the MCC at 6-monthly intervals.

Notes:

1. The Medicines Control Council (MCC) is responsible for regulating all medicines and medical devices in South Africa by ensuring that they meet standards of efficacy, safety and quality. The MCC operates in terms of the Medicines and Related Substances Act (Act 101 of 1965), the Regulations issued in terms of that Act, and associated guidelines.

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November 2015

MCC licensed the daily use of Truvada® as PrEP for individual at risk in acquiring HIV.

CURRENT PrEP ROLL-OUT IN SOUTH AFRICA

2016

- South African HIV Clinician Society publishes revised and expanded PrEP guidelines.
- SANAC launches National Sex Worker HIV Plan (2016-2019) –provide PrEP for HIV negative sex workers.
- Initial roll out to sex worker at 11 demonstration sites 01 June 2016.

2017

- SANSP on HIV, TB and STI's (2017-2022) : Provide PrEP to identified populations at high risk of HIV infection.
- Roll-out to MSM sites 01 April 2017.
- Proposed roll-out to AGYW later in 2017.

DEMONSTRATION SITES

- As of June 2017, PrEP was implemented at 14 partner-supported health facilities across 6 provinces for sex workers and MSM.
- By end of 2017, 6 additional sex worker facilities, which will increase the programme to 20 sex worker facilities across 8 provinces.
- Early to mid 2018, 19 more sex worker facilities may be able to offer PrEP.
- Total of 39 partner-supported sex worker sites providing PrEP by early to mid 2018.
- Expansion to university health centers.
- AGYW –implementation at priority sub-districts. Selected facilities should be located close to educational facilities.

DEMONSTRATION PROJECTS IN SOUTH AFRICA

PROJECT	TARGET POPULATION	LOCATION	START DATE
EMPOWER	16-24 AGYW	JHB, Mwanza, TZ	Mid 2016
HPTN 082	16-25 AGYW	JHB, CT, Harare	July 2016
CAPRISA 082	18-30 females	Vulindlela and eThekwini	March 2016
CAPRISA 084	Young women and men	Vulindlela, eThekwini, Umlazi	2017
3Ps for Prevention Study (Perception, Partners, Pills)	16-25 AGYW	CT	February 2017
Right to Care (DREAMS)	AGYW	South Africa	2017

ETHICAL CHALLENGES IN THE ERA OF PrEP

PERSPECTIVES FROM THE ETHICS COMMITTEE

What is the messaging of PrEP to trial participants?

Number of participants that are on PrEP?

Is PrEP part of HIV risk reduction counselling?

Are the investigators aware of relevant community views regarding PrEP?

What is the access of PrEP at the site and if access will be equal at all sites conducting the study?

If PrEP is made available has standard of care in South Africa, will the sponsor have a separate fund to provide PrEP to participants?

PERSPECTIVES FROM THE ETHICS COMMITTEE

“The influence of PrEP on the study: This is a placebo-controlled trial with a package of preventative measures included. The provision of pre-exposure prophylaxis (PrEP) is mentioned, with Truvada as an important component. Truvada is on the WHO essential drug list. The study protocol allows the use of PrEP if participants want to access it, but it is not provided to participants. The Declaration of Helsinki (2013) guidance is that the best proven intervention must be used in the control arm. If a placebo-controlled trial is conducted with a new intervention, then all participants must receive a full prevention package. The question is whether Truvada is the best proven prevention, irrespective of availability.”

PERSPECTIVES FROM THE ETHICS COMMITTEE

Does condom use drop with use of PrEP?

Is there a higher incidence of STIs when PrEP is used?

What are the long-term plans for post-trial access or if study is stopped prematurely?

Pre-exposure prophylaxis (PrEP) is available at some of the clinics. If Truvada is obtained outside the study as PrEP, at a demonstration site for example, how will this influence the scientific outcome of the study, as a potential confounding factor?

Have adequate levels of PrEP been detected in cervical and vaginal tissues as compared to rectal tissue?

DEMAND AND ACCESS TO PARTICIPANTS

- None of the current participants are on PrEP or requested referral for PrEP.
- PrEP is being discussed with participants, during HIV counselling, as part of risk reduction counselling. It is explained to the participants what PrEP is and where it can be accessed i.e through referral to a demonstration project. Participants are also informed that PrEP can be accessed through private sector for a fee.

COMMUNITY VIEWS ON PrEP

POSITIVES

- Everyone should have access to PrEP and be able to make the choice of whether they feel it would be work for them.
- Young potential participants feel that PrEP can work for them and don't need it all the time. Just take PreP when they need it e.g. December holidays.
- Some feel there is a demand for PrEP in communities.
- Youth should have access to reduce HIV transmission.
- Suggestions for more outreach campaigns around PrEP.

CONCERNS

- Waste of money to provide to all. Feel a country like South Africa will not be able to afford to sustain the provision of PrEP.
- Adherence and regular HIV testing will be a challenge. If people cant adhere to treatment, it will be worse to adhere when they are not sick.
- Fears of drug resistance.
- Potential long term side effects of taking an ARV.
- Misconceptions about PrEP. Confusion between PEP and PrEP.

STAYING ENGAGED ON THE PROGRESS OF PrEP IMPLEMENTATION IN SA

- HPRU representatives are currently active on the South African PrEP working group.
- Active community engagement to ensure the stakeholders in our communities are aware of the progress of PrEP implementation in SA.
- Regular meetings and feedback from other organizations that are involved in PrEP implementation research eg. CAPRISA.

CONCLUSION

- As more biomedical HIV Prevention options become approved for use by international and local regulatory authorities, there are numerous ethical factors to consider that may affect a trial being approved in the future:

Impact on scientific design of new HIV intervention trials

Impact on placebo controlled trials

Who is responsible for providing PrEP in clinical trials

Provision of the PrEP to participants has part of a standard prevention package

Access to PrEP after the trial is complete?

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Thank you!