

Responses provided to SpotlightNSP on DREAMS study 28 October 2024

1. Please state your full name and area of expertise

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2. Based on the data we currently have access to on PrEP choice from the DREAMS study, what do we know so far about the demand for the dapivirine ring among women in South Africa?

Through our USAID funded implementation science study implementing PrEP choice through a community-based service delivery model in Johannesburg, there was approximately a third of participants (27%; n=175) who chose the PrEP Ring at enrolment. This is similar to other demonstration/implementation science studies offering choice. It should be noted that because these are demonstration studies, we conducted demand creation activities (community engagements, social media engagements, on-site demand creation efforts to create awareness) around study sites as opposed to a national campaign. This was to ensure a balance between demand and availability of product - which at this point was a donation from PEPFAR to catalyze introduction and generate some real-world evidence – before governments commit to procurement for broader programme scale up.

We also implemented the study within the context of DREAMS where the population of interest is AGYW, this is important to note as the Ring is not a familiar modality for young women in our context where they are familiar with injectable products like contraception – this could be a product characteristic that influences choice. In a poster presentation also presented at HIVR4P, we shared that among those who did not choose the PrEP ring, the most commonly cited reason was afraid to insert/remove the ring and afraid of inserting something into the body. Once participants become more familiar with the Ring, we could see better uptake and use (as was demonstrated by the REACH study).

3. Based on the data we currently have access to what conclusions, if any, can be drawn about the role of the ring in PrEP options for women?

For the first time in HIV prevention, we can present our clients with choice. The PrEP ring is an important method in the HIV prevention toolbox. It allows women, who are looking for a longer acting and more discreet method, who do not want to undergo blood tests to initiate a PrEP method and take a daily pill, to choose a method that works best for them. Just as we've seen in the contraceptive field, with increasing method choice, the better the coverage. We hope that this will be true as new PrEP methods are introduced.

4. Was there anything surprising or particularly noteworthy that came from the study so far?

Noteworthy that the ring is acceptable when introduced into routine health settings/service delivery platforms. For the first time, we have choice in PrEP methods and our data underscores that when presented with alternatives, women are empowered to choose the Ring to meet their HIV prevention needs. Choice was delivered in various settings (youth and skills centres, high learning institutions, CBOs in partnership with DREAMS implementing partners), through a community-based model - we were able to demonstrate that differentiating service delivery into community spaces and offering choice was feasible. This was achieved through mobile clinics as well as pop up gazebos equipped with resources to

support implementation (demo rings, pelvic models to demonstrate insertion and removal, IEC materials and job aids, foldable beds and benches).

5. When counseling study participants, how is the concept of the difference in efficacy between the different PrEP choices explained? I'm thinking specifically about how the dapivirine ring showed lower efficacy in study settings.

It's important to note that providers utilised standardised implementation guidance and job aids developed by the National Department of Health. One such job aid that assists with choice counselling is the product table which presents the products side by side. Providers use this table to guide participants through the different characteristics of each of the products to support them to make an informed choice. The table covers dosing, side effects, mode of application and efficacy (noting that these are not the only considerations when choosing a PrEP method). When participants are counselled, a balanced approach is taken - presenting the data on efficacy as approved by national guidance. The data on efficacy is presented in an unbiased way, noting that efficacy is at its highest when used as directed. Therefore important that the client uses the method as prescribed. As presented above, efficacy is not the only factor that women look at when making a choice of PrEP method. For some, it will be the efficacy whilst others not. It is critical to understand what is most important in a PrEP method (long acting, discrete, less side effects etc.) for a client and provide the counselling to support their HIV prevention journey.

6. While this is still early data on PrEP choice and preference, can any helpful conclusions be drawn from it to assist with PrEP programmes going forward?

Our data indicated that women 25-34 years were more likely to choose the PrEP Ring compared to their younger counterparts (18-24 yrs); and those reporting never to have used PrEP before were less likely to choose PrEP Ring. Therefore the PrEP Ring may still have a role to play in meeting the prevention needs of older women and those having used oral PrEP before and looking for another method that meets their needs. We also saw that participants who reported transactional sex were more likely to choose the PrEP Ring possibly indicating that a higher perception of risk may also be a key factor for determining who to prioritize for roll out, if cost and supply are concerns.

Our study demonstrated the ability to provide choice outside of the traditional health facility setting, taking services to where clients are and reaching those who may require longer acting methods to meet the multiple demands of daily life i.e. attending classes, exam schedules, busy social calendars and difficulty attending clinics off campus

7. What are the implications of these findings for PrEP choice in South Africa?

Understanding who is likely to take up a PrEP method, characteristics that drive choice and the service delivery platforms that are feasible will inform how programmes are designed and delivered at scale

Important to acknowledge that there is no perfect method, but rather the best method is one that the client has chosen after careful consideration of their preference, lifestyle and a myriad of other factors such as potential HIV exposure (frequent or infrequent condom use); partner involvement and ability to safely disclose their PrEP use; frequency/patterns of sex (regular, planned vs unplanned etc); availability and access to health services and HIV prevention services; are they seeking SRH services as well (STI,

contraception); product commitment; and characteristics (effectiveness, side effects, frequency of follow up visits etc.)

The PrEP ring has a place within the prevention toolbox and whilst most participants/clients have chosen oral PrEP it is important to consider that the Ring presents opportunities for long acting application, discrete use and no need for a daily pill taking. No two people are the same and as such availability of PrEP products that address peoples different HIV prevention journeys could greatly reduce the number of new HIV infections in the region.

8. If a 3 month ring comes to market in the next few years, how can the data around PrEP choice right now inform how this product might be rolled out?

At this time, through demonstrations studies and some country level investment for programme use, a combination of oral PrEP, PrEP Ring and CAB PrEP are being made available. There ultimately will be choice but understanding who would benefit the most from specific formulations (ring vs oral vs injection) is still early to say. Findings from these studies are critical to understanding what the implementation roadmap looks like. These early findings have demonstrated an acceptability of the Ring formulation and in the spirit of choice (in an ideal world where cost is not a factor) women would be presented with as many options and have the ability to choose what works well for them. Noting that even product preferences may change as individual life course changes. It will be important to conduct more demand generation activities and create awareness about the product and ring formulation, address any concerns, misinformation or gaps in knowledge to ensure that we can create an enabling environment for all PrEP methods to thrive.