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# Using antiretroviral drugs to prevent HIV

It is not just people who are living with HIV who need to be linked to services. The 2013 Guidelines stress the importance of also linking people who are vulnerable to HIV to prevention services. Applying a combination prevention approach means that these prevention services should include the use of antiretroviral drugs (ARVs) by people who are uninfected to prevent them from acquiring HIV.

The 2013 Guidelines do not make new recommendations on the use of ARVs for prevention for people not living with HIV. However, they do reiterate a few points from recent WHO guidance on daily oral pre-exposure prophylaxis (PrEP), the use of ARVs to prevent HIV among serodiscordant couples (where one partner is living with HIV and the other is not) and post-exposure prophylaxis (PEP) for occupational and non-occupational exposure to HIV.

**Pre-exposure prophylaxis (PrEP)** is the daily use of ARVs by HIV-uninfected people to prevent HIV acquisition.

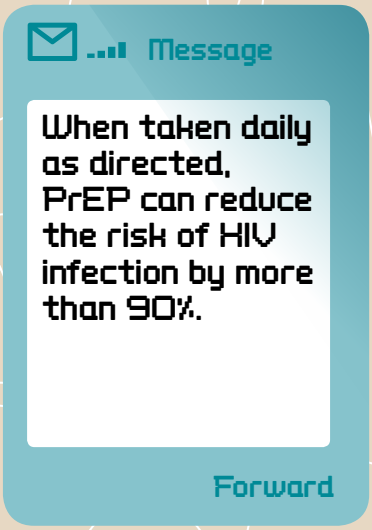
**Post-exposure prophylaxis (PEP)** is short-term antiretroviral treatment to reduce the likelihood of acquiring HIV infection after potential exposure, either occupationally or through sexual intercourse.

## What do the 2013 Guidelines say?

The 2013 Guidelines restate recent WHO guidance regarding PrEP and PEP:

- **Provide oral pre-exposure prophylaxis (PrEP)** in the context of demonstration projects for partners in serodiscordant relationships and for men and transgender women who have sex with men.[1] (2007)
- **Consider post-exposure prophylaxis (PEP) for women presenting within 72 hours of sexual assault**, using shared decision-making with the survivor to determine if this is appropriate.[2] (2013)

WHO also stresses that although ARVs play a key role in HIV prevention, they should be used in combination with an appropriate mix of other biomedical, behavioural and structural interventions (e.g. condoms, voluntary safe medical male circumcision, risk reduction counselling, reduction of stigma and gender-based violence, opioid substitution therapy).




Link

This module links to Chapter 5: Clinical guidelines across the continuum of care: HIV diagnosis and ARV drugs for HIV prevention, in the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.* Available at: www.who.int/hiv/pub/guidelines/arv2013/clinical/en/

1. WHO (2012). *Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV.* Available at: www.who.int/hiv/pub/guidance_prep/en/index.html

2. WHO (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.* Available at: www.who.int/reproductivehealth/publications/violence/9789241548595/en/

## Engage!

Promote and support research or pilot studies on the acceptability of PrEP among relevant communities in your country. Engage in future guidance, implementation and evaluation of follow up demonstration projects.

## Research!

Further studies are needed on where and how to provide access to PrEP, support adherence, prevent stock-outs and monitor its success or failure.

# What does this mean for my country?

## Oral pre-exposure prophylaxis

Respondents in a community consultation[3] raised concerns regarding costs, stigma and discrimination (particularly when PrEP is used by key populations), and side effects. These were seen as barriers that must be addressed for PrEP to be effective. There is also some debate about what effects PrEP has for prevention messages and counselling (e.g. in relation to risk reduction and condom use). Community organisations have a critical role to play in ensuring acceptance of PrEP and in increasing demand for and linking communities to these kind of interventions.[4]

In controlled clinical trial settings, when people take PrEP as directed, it works. It is another question entirely whether people will want to take PrEP beyond these settings and whether or how programmes should construct prevention services that deliver PrEP to these target populations. Experience with PrEP beyond clinical trial settings remains very limited to date.

Given this uncertainty, WHO recommends that national programmes interested in PrEP perform small pilots to verify whether scale-up is worthwhile and what needs to be in place to make it effective. For example, WHO recommends that countries carry out implementation science studies with serodiscordant couples, and men and transgender women who have sex with men, to see how PrEP use impacts on these key populations.

Currently, PrEP recommendations do not extend to other populations at higher risk of HIV (e.g. sex workers, people who inject drugs). Interest in PrEP as a preventive measure may differ greatly among these populations in different epidemic settings.

## Post-exposure prophylaxis

In light of recommendations to set up pilot projects to explore long-term PrEP among these populations, it seems a missed opportunity not to make similar recommendations about providing PEP to individuals who have experienced a sexual exposure that places them at high risk of HIV (e.g. after sex with someone known to have HIV, or with someone with a high risk of HIV). Providing PEP in these cases could be an identical process to providing PEP in cases of sexual assault: that is an initial supply of PEP followed by counselling to see whether the exposure warrants a month's supply of ARVs. Key populations such as female sex workers should not be forced to claim sexual assault because currently people with "chronic exposure" to HIV are not eligible to access PEP under WHO guidelines. Also, men and transgender people should have access to PEP after being sexually assaulted – not only women, as the current recommendations state.

## Advocate!

There is a need for better global guidance on PEP that addresses the issues raised by communities. At a national level, PEP should become more readily available, and healthcare workers should be educated on providing it in a non-judgmental way.

3. International HIV/AIDS Alliance and GNP+ (2013). Community consultation to inform the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Available at: www.aidsalliance.org/includes/Publication/1.%20Community%20Consultation%20Report.pdf

4. To learn more about these technologies and the role communities can play, see resources available at www.avac.org

## Take stock! Take action!

- [ ] Does your country have policies regarding PrEP and PEP? Who are offered PEP and PrEP, and does this match the needs of your country and your community?
- [ ] Is PEP readily available in your country and how is it being delivered? What needs to change to increase accessibility and effectiveness?
- [ ] Is your country considering PrEP demonstration projects, as recommended by WHO, or looking into other projects in your region? If conducting demonstration projects, will these include an analysis of project outcomes?
- [ ] Have communities groups, including key populations, been consulted for their views on PrEP? Have acceptability studies regarding PrEP been conducted?
- [ ] How would your communities or groups like PrEP to be delivered? Who should be able to prescribe and administer it? Will this require regulatory changes? How will adherence be supported? Who will monitor its success or failure, including observing side effects, preventing stock-outs and providing repeat testing and counselling services?
- [ ] Have your communities discussed WHO policies regarding PrEP? If so, has using PrEP to support the sexual and reproductive health rights of partners in serodiscordant relationships been considered? Also, has using PrEP among transgender men and women who have sex with men been considered?
- [ ] Is a multi-stakeholder group that includes funders, researchers, policymakers and advocates from countries where PrEP might be introduced collaborating to develop forward-looking strategy to fill specific gaps?
- [ ] Are advocates and policymakers having open conversations about how to ensure treatment access to those who need ARVs for their health, while finding a way to provide PrEP?

This is one in a series of modules supporting a community response to the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.*

Produced by the International HIV/AIDS Alliance, Global Network of People Living with HIV (GNP+) and STOP AIDS NOW!

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