HIV/AIDS Programme

GUIDANCE ON PRE-EXPOSURE ORAL PROPHYLAXIS (PrEP) FOR SERODISCORDANT COUPLES, MEN AND TRANSGENDER WOMEN WHO HAVE SEX WITH MEN AT HIGH RISK OF HIV:

Recommendations for use in the context of demonstration projects

July 2012

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WHO Library Cataloguing-in-Publication Data

Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV: recommendations for use in the context of demonstration projects.

1.HIV infections. 2.Anti-HIV agents - therapeutic use. 3.HIV seronegativity. 4.HIV seropositivity - transmission. 5.Transsexualism. 6.Homosexuality, Male. I.World Health Organization.

ISBN 978 92 4 150388 4 (NLM classification: WC 503.6)

Layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

Printed by the WHO Document Production Services, Geneva, Switzerland..

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
FTC	Emtricitabine
GRADE	Grading of Recommendations Assessment, Development and Evaluation
GRC	Guidelines Review Committee
HIV	Human Immunodeficiency Virus
HR	Hazard Ratio
MSM-TG	Men who Have Sex with Men and Transgender Women
PICO	"P" for the patient or population; "I" for the intervention of interest; "C" for comparison; and "O" for outcome
PMTCT	Prevention of Mother-to-Child HIV Transmission
PrEP	Pre-Exposure Prophylaxis
QALY	Quality Adjusted Life Year
RCT	Randomised Controlled Trial
STI	Sexually Transmitted Infection
TDF	Tenofovir Disoproxil Fumarate
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1. BACKGROUND

Globally, 34 million people are living with HIV. A number of HIV prevention methods are available, including male and female condoms, voluntary medical male circumcision, prevention of mother-to-child HIV transmission (PMTCT) and harm reduction strategies such as provision of sterile injecting equipment and opiate substitution therapy for people who inject drugs. All these have contributed to a levelling of the rate of new infections in some countries. Elsewhere, however, the momentum of the epidemic remains strong. In 2010 alone an estimated 2.7 million people became newly infected with HIV. Additional safe and effective approaches to HIV prevention are urgently needed.

The field of HIV prevention, until recently, experienced years of disappointment, as the search for potential vaccines and non-antiretroviral microbicides has yielded little result. Now, however, a promising new approach has emerged: the use of antiretroviral drugs for HIV prevention, both for those uninfected and for those already living with HIV *(1–3)*.

These recommendations have been developed specifically to address the daily use of antiretrovirals in HIV-uninfected people to block the acquisition of HIV infection. This prevention approach is known as pre-exposure prophylaxis (PrEP). At this stage evidence is available from studies with two groups: men and transgender women[1] who have sex with men; and serodiscordant heterosexual couples. In parallel, the World Health Organization (WHO) also is preparing new recommendations on the use of antiretroviral drugs in people living with HIV to prevent transmission of infection.

1.1 Why is guidance needed?

Clinical trials of daily oral PrEP for uninfected individuals have shown evidence of effectiveness *(4–6)*. These clinical trials have focused on two regimens, (i) a daily fixed-dose combination of 300 mg tenofovir disoproxil fumarate (TDF) and 200 mg emtricitabine (FTC) and (ii) 300 mg of TDF alone. The safety of these regimens has been established in these effectiveness trials *(4–6)*, through their use as therapeutic agents in the treatment of AIDS and in a safety trial in uninfected people *(7)*. Trials of additional drugs for PrEP and different modes of administration are now starting.

Although the evidence of effectiveness is strong, it remains unclear how PrEP may best be implemented and scaled up in settings where its use might be most beneficial. While the effects on risk behaviours, values, preferences and resource costs have been studied in conjunction with the clinical trials, they are not well understood in actual application, and so the feasibility of PrEP implementation is not known. Therefore, experience with using PrEP outside the context of controlled clinical trials is needed. For this, WHO is encouraging countries to

1 Transgender women are birth-assigned males who identify and/or present as female, or as members of another broadly feminized gender (in cultures in which it is accepted that more than two genders may exist.).

undertake demonstration projects and will offer advice on key questions and areas that could be addressed to facilitate understanding of the safety, effectiveness and sustainability of daily oral PrEP and its use as an addition to existing HIV prevention efforts (see Section 4, Need for demonstration projects). The outcome of these demonstration projects and country experience will also be used by WHO in three to five years' time to develop guidance for the implementation and scale-up of PrEP.