

## EVALUATION REPORT

### *Are we prepared for PrEP? The Challenges of Implementing Proven Biomedical Prevention Technologies*

IAS-ILF Satellite held at the 4<sup>th</sup> IAS Conference on  
HIV Pathogenesis, Prevention and Treatment

Sydney, Australia  
22 July, 2007

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## Executive summary

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Approximately 80 people attended the ILF satellite, *Are we prepared for PrEP? The Challenges of Implementing Proven Biomedical Prevention Technologies*, held at the 4<sup>th</sup> IAS Conference on HIV Pathogenesis, Prevention and Treatment, Sydney, Australia, July 2007. Thirty-four participants (43%), provided feedback about the satellite by means of a short questionnaire distributed at the satellite.

The greatest proportions of respondents were physician/clinicians and clinical researchers, came from the Asia-Pacific region and had worked in HIV/AIDS for more than five years. A large majority of respondents had not attended a previous ILF satellite on PrEP and the most frequently identified reason for attending was to gain the latest updates on the status of PrEP.

Findings demonstrated strong support for the satellite which had a positive and immediate impact on many respondents who intended to disseminate the information gained in their own settings. The evaluation also provided some useful input regarding improvements for future ILF satellites with respect to planning, scope and representation.

## Author

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The evaluation was undertaken by Diana McConachy, Evaluation Coordinator, International AIDS Society. The report was submitted 1 October 2007.

## 1. Introduction

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The Industry Liaison Forum (ILF) is an initiative of the International AIDS Society (IAS). The ILF's mission is 'to accelerate scientifically promising, ethical research in resource-constrained settings with a particular focus on the role and responsibilities of industry as sponsors and supporters of research'<sup>1</sup>. Pre-exposure prophylactic (PrEP) research is one of the priority areas identified in the ILF Strategic Plan: 2006 – 2008.

Since 2005, the ILF has run three different PrEP satellites at three international AIDS conferences:

- *Scientific and ethical challenges of conducting pre-exposure prophylactic research in resource-poor countries*, 3<sup>rd</sup> IAS Conference of HIV Pathogenesis and Treatment (IAS 2005), Rio de Janeiro, Brazil, July 2005 (attended by approximately 50 people);
- *What if pre-exposure prophylaxis (PrEP) works?* XVI International AIDS Conference, Toronto, Canada, August 2006 (attended by approximately 300 people); and
- *Are we prepared for PrEP? The Challenges of Implementing Proven Biomedical Prevention Technologies*, 4<sup>th</sup> IAS Conference on HIV Pathogenesis, Prevention and Treatment (IAS 2007), Sydney, Australia, July 2007 (attended by approximately 80 people).

Evaluative feedback was sought from participants attending the most recent satellite, *Are we prepared for PrEP? The Challenges of Implementing Proven Biomedical Prevention Technologies*, held at IAS 2007. Evaluation findings are presented in this report.

## 2. The Satellite

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The ILF satellite, *Are we prepared for PrEP*, had five objectives.

To bring together stakeholders in prevention and policy to:

- i. Describe the impact of an effective PrEP on the global epidemiology of HIV;
- ii. Consider lessons learned from the roll-out of other HIV treatment and prevention programmes;
- iii. Explore challenges to implementation including operational, technical, licensure and funding;
- iv. Discuss the critical role of civil society in supporting PrEP communication, acceptability and use;
- v. Determine directions in policy to support the implementation of PrEP if proven effective.<sup>2</sup>

The format of the satellite comprised welcome remarks /overview, eight 10-minute presentations and 15 minutes of facilitated discussion. Due to a variety of unexpected events (illness, visa difficulties, country commitments, personal reasons), six of the ten advertised presenters were unable to attend the satellite. Five presentations were made by substitute speakers and one presentation was cancelled.

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<sup>1</sup> IAS Industry Liaison Forum Strategic Plan 2006 – 2008, p.1, [www.iasociety.org/WebContent/File/Old.PDF/1100.pdf](http://www.iasociety.org/WebContent/File/Old.PDF/1100.pdf)

<sup>2</sup> IAS Industry Liaison Forum (ILF): Are we prepared for PrEP? The challenge of Implementing Proven Biomedical Prevention Technologies, IAS 2007 Programme-at-a-Glance, [www.ias2007.org/pag/PSession.aspx?s=81](http://www.ias2007.org/pag/PSession.aspx?s=81)

The satellite was held on 22 July 2007, 8.00 – 10.00, the day the conference opened. Three other satellites were scheduled to commence at the same time:

- 8.00 – 10.00: HIV 2007: New Agents, New Regiments, New Challenges (Merck & Co.);
- 8.00 – 13.00: Accelerating the Development of Replicating Viral Vectors for AIDS Vaccines (International AIDS Vaccine Initiative);
- 8.00 – 16.00: Grant Management and Funding Opportunities (National Institute of Allergy and Infectious Diseases, NIH, DHHS, US).

### **3. The Evaluation**

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Although *Are we prepared for PrEP?* was the third ILF satellite to focus on PrEP, it was the first to be evaluated. The primary purpose of the evaluation was to investigate the value and immediate impact of the satellite for participants.

A short questionnaire was used to collect information from participants about their reasons for attending, coverage of satellite objectives, benefits gained from attending, and brief demographic details (Appendix 1). The questionnaire was anonymous and comprised 12 closed questions, three of which included a comments section or sought additional qualitative information. The bright yellow questionnaire was placed on auditorium seats prior to the commencement of the satellite and the session chair, in his opening and closing remarks, encouraged participants to fill it out. Completed questionnaires were collected as participants left the auditorium.

Thirty-four questionnaires were returned, representing approximately 43% of participants attending the satellite. Responses to open-ended questions were transcribed and analysed for content and key themes. Frequencies were tallied for closed questions. Total numbers varied in some instances because non-responses were excluded from valid data.

Feedback was not collected from satellite presenters due to time constraints, and the fact that the evaluation of the satellite is part of a broader review of the ILF to which this group will contribute. Satellite organizers provided clarificative feedback as required.

### **4. Findings**

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#### **4.1 Who responded**

Physician/clinicians and clinical researchers comprised the largest group of respondents (43%); however, a variety of people from other occupational groups also completed questionnaires, including health care workers, media representatives and policy/administrators (6% of respondents respectively). The main track of interest of almost half the respondents was Track B: Clinical Research, Treatment and Care.

Approximately 30% of respondents worked in a hospital or clinic, followed by academia and non-government organizations (almost 20% of respondents respectively). Smaller numbers of respondents were affiliated with a variety of other organizations including pharmaceutical companies, media, and grass roots community and intergovernmental organizations. The majority of respondents (almost 70%) had worked in HIV for more than five years, and six of

these respondents had worked in the area for more than 15 years. Only 10% of respondents had worked in HIV for less than three years.

Forty-four percent of respondents worked in a less developed country. The highest proportion of total respondents (44%) worked in the Asia/Pacific region, with 10 of these people identifying Australia as their main country of work.

A summary of respondents' demographic details is presented in Table 1.

**Table1: Summary of respondents' demographic details**

<i>Attribute</i>	<i>Percent</i>
<b>Occupation</b> (n=33)	
Physician/clinician	24
Clinical researcher	21
Biomedical prevention researcher	9
More than one occupation selected	12
<b>Affiliation/organization</b> (n=32)	
Hospital/clinic	31
Academia	19
Non-government organization	19
<b>Years worked in HIV/AIDS</b> (n=32)	
5 or less	31
6 - 10	28
11 or more	41
<b>Region of work</b> (n=32)	
USA/Canada	9
Europe	16
Africa	19
Latin America/Caribbean	12
Asia/Pacific	44
<b>Main track of interest</b> (n=33)	
Track A: HIV Basic Science	6
Track B: Clinical Research, Treatment & Care	46
Track C: Biomedical Prevention	27
No main track of interest	9
More than one track selected	12

#### **4.2 Attendance at previous satellites**

A large proportion of respondents (79%) had not attended a previous ILF satellite and only two respondents had attended all three satellites. Six people had attended the satellite held at AIDS 2006 and four people had attended the satellite held at IAS 2005.

#### **4.3 Reasons for attending the satellite**

Respondents were presented with a list of possible reasons for attending *Are we prepared for PrEP?* and asked to select those applicable to them. Most respondents selected more than one

reason, with a large majority (70%) looking for the latest updates on the status of PrEP. Well over half the respondents also reported a general interest in PrEP as a biomedical prevention tool. Findings are summarized in Table 2.

**Table 2: Main reason/s for attending satellite**

<i>Reason</i>	<i>Percent* (n=34)</i>
I wanted the latest information on the status of PrEP and key issues	71
I have a general interest in PrEP as a biomedical prevention tool	59
PrEP implementation will directly impact on my work	35
I wanted to contribute to discussions about PrEP research and implementation	9
Other: Involved in PrEP research; journalist wanting to disseminate the information on PrEP	6

\* Percentages total more than 100% because some respondents identified more than one reason

#### 4.4 Success in meeting satellite objectives

The objectives of the satellite programme were broad, seeking to address a number of different aspects of PrEP. Respondents were asked to rate how well the satellite had covered these areas using a four-point scale (excellent/good/fair/poor). The majority of respondents rated the coverage of each objective as ‘good’ or ‘excellent’ although, there were marked differences between these two ratings for some objectives, as shown in Table 3.

Coverage of the challenges of implementing PrEP was by far the most highly rated objective (rated ‘excellent’ 33% of respondents). Coverage of lessons learned from the roll-out of other initiatives, and the role of industry, government and civil society in supporting PrEP, rated markedly lower than coverage of other areas (rated excellent by only 9% and 6% respectively).

**Table 3: Rating of coverage of key objectives**

<i>Objective</i>	<i>Rating</i>			
	excellent	good	fair	poor
The impact of an effective PrEP compound on HIV epidemiology (n=33)	21	39	31	9
Lessons learned from the roll-out of other HIV treatment and prevention programmes (n=32)	9	50	25	16
Challenges to implementing PrEP (n=33)	33	52	9	6
The role of industry, government and civil society in supporting PrEP research and implementation (n=33)	6	55	27	12
The planning/policy development required to support implementation (n=33)	22	44	22	12

Reasons for the disparity in ratings cannot be definitively reported as only six respondents provided additional written comments about their ratings. These fell into two main categories.

The first related to a lack of information about or discussion of the specifics of PrEP during the satellite:

*Only one presentation was actually on PrEP. No new data presented, models presented of possible impact of PrEP on HIV incidence unclear, no assumptions specified, no discrimination made between microbicides, PEP and PrEP.*

Researcher, Europe

*No discussion of specifics of PrEP, for example, compliance, dosing, resistance, which all really affect the roll-out of PrEP*

Physician/clinician, Australia

*Interesting but unhelpful talk on the Thai roll-out*

Private practitioner, Europe

Comments in the second category highlighted the issue of representation:

*The comments were mostly from developed countries. [There were] very few comments from developing countries concerning this matter, where actually the trials are going on.*

Health worker, Asia/Pacific

*The lack of civil society representation was noticed as key issues needed to be brought up*

Policy/administrator, USA/Canada

*One really has to listen carefully and critically when industry and hugely powerful philanthropic organization representatives speak.*

Physician/clinician, Australia

#### 4.5 Gains from attending the satellite

Respondents were asked if they had gained professionally from attending the satellite. The vast majority (91%) identified at least one professional gain from a list provided. Although 15 people only identified a single gain, 10 reported three or more gains. New insights into the potential impact of PrEP on the epidemic, and enhanced understanding of the challenges of implementation, were the most frequently identified gains (by approximately 60% of respondents respectively). Findings are presented in Table 4.

**Table 4: Gains from attending satellite**

<i>Gain</i>	<i>Percent* (n=33)</i>
New insights into the potential impact of PrEP on the epidemic	62
Increased understanding of the challenges of PrEP implementation	59
Strategies for addressing the challenges of implementing PrEP	26
An opportunity to share ideas/knowledge with others working in PrEP research	15
New contacts/opportunities for collaboration about PrEP	15
Other	3

\* Percentages total more than 100% because some respondents identified more than one gain

#### 4.6 Transfer of information to the workplace

Respondents were asked if they would use the information that had been presented or discussed at the satellite in their work. A large majority of respondents (76%) indicated that they would use the information, and 18 people described how they would do this. The remaining respondents were unsure (15%) or would not use the information (9%).

The most frequently noted strategy was information dissemination:

*I am a journalist. I'll write about it for the website I work for.*

Media representative, Latin America/Caribbean

*[I will] share information with my fellow workers in the community organization, and see if we can also plan for research in PrEP.*

Physician/clinician, Africa

*There will be knowledge transfer.*

Physician/clinician, Europe

Other, less commonly noted strategies were: using the information as an impetus for action, and a consideration of its application in other contexts:

*[PrEP] has the potential to reduce HIV incidence in the risk groups and in general. [The information] will help kick start discussions along this line, which is not the case at present in my workplace.*

Student, Africa

*[The] information will assist in formulating strategies to address challenges in PrEP implementation*

Physician/clinician, Africa

*[I can] revisit the opportunity for our local Family Planning organizations' involvement in any possible future PrEP roll-out.*

Physician/clinician, Australia

As an indicator of the satellite's professional value, respondents were asked if they would recommend the satellite to a colleague. A large majority of respondents (81%) would recommend the satellite. Six respondents would not recommend the satellite, three of whom provided the following, different reasons: only one presentation was actually on PrEP, there was almost no information about ongoing trials, and the satellite had limited representation.

## 5. Discussion

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Although a response rate of 43% is considered above average for a pen and paper survey, findings from the evaluation of the satellite, *Are we prepared for PrEP*, must be used with caution because it was not possible to determine if the survey sample was representative of all satellite participants. Despite this limitation, the evaluation demonstrated that the satellite had a positive and immediate impact on many respondents. Most people reported at least one professional gain from attending, especially new insights into the potential impact of PrEP on the epidemic, and increased understanding of the challenges of PrEP implementation. Although this is not surprising given that 80% had not attended a previous satellite, findings also revealed that the information covered in the satellite would reach further than the satellite's immediate audience, with three quarters of respondents indicating that they would disseminate the



information more widely and/or use it in their work. The professional value of the satellite was also highlighted by the fact that a large majority of respondents would recommend it to a colleague or peer.

Findings also revealed some useful information about participants to inform future planning. The majority of respondents were primarily interested in the Clinical Sciences track at the conference, although the satellite was clearly aimed at a biomedical prevention audience. Furthermore, most respondents were quite experienced in HIV and the vast majority had not attended a previous ILF satellite on PrEP. It should be noted that respondents were not asked if they had attended AIDS 2006 or IAS 2007.

The satellite attracted approximately 80 participants. This was more than half as many again as the number who attended the ILF satellite at IAS 2005 (n~50), although the latter satellite was held at what may be deemed a more convenient time (afternoon, rather than early morning the day the conference opened). Respondents' preferences for satellite timing were not investigated in the evaluation and it would be useful to seek this information in future to maximise attendance.

The evaluation also illuminated three key issues to be considered when planning future satellites:

The first related to the coverage of satellite objectives. Although the majority of respondents rated the coverage of each objective 'good' to 'excellent', there were some marked differences in ratings. In part this may be attributed to the fact that just over half the presenters withdrew before the satellite, resulting in the use of substitute presenters and one cancelled presentation. However, consideration should also be given to the amount of information that can be covered in a two-hour session and the breadth of the objectives set.

The second issue related to the representation of different groups involved in PrEP research and implementation. Few presentations were made by representatives from developing countries where PrEP research had been undertaken, a situation compounded by the late withdrawal of the civil society representative due to visa problems.

The third issue related to satellite planning. Although the satellite was well planned, more than half the advertised speakers withdrew. It may be necessary to establish contingency plans for future satellites, so that if designated speakers are unable to attend alternative speakers have been identified. This will be particularly important for developing world speakers, who are more prone to visa problems.

## **5.1 Conclusion**

The evaluation has demonstrated strong support for the ILF satellite, *Are we prepared for PrEP*, as well as providing some useful input regarding improvements for future ILF satellites.



## FEEDBACK SHEET

### IAS Industry Liaison Forum (ILF) Satellite

## Are we prepared for PrEP?



Please take a few minutes to complete this survey. Your feedback will assist the IAS-ILF to assess the impact of the satellite and to plan future satellites. The survey is anonymous. By returning a completed survey you consent to the information being used for reporting purposes. Please note: the survey has two pages.

#### About the satellite

1. Which IAS-ILF satellite(s) you have attended? *(Select all that apply)*

- 1  today's satellite — *Are we prepared for PrEP?*
- 2  the satellite at AIDS 2006, Toronto — *What if pre-exposure prophylaxis (PrEP) works?*
- 3  the satellite at IAS 2005, Rio de Janeiro — *Scientific and ethical challenges of conducting pre-exposure prophylactic research in resource-poor countries*

2. What were your main reasons for attending today's satellite? *(Select all that apply)*

- 1  I have a general interest in PrEP as a potential biomedical prevention tool
- 2  PrEP implementation will directly impact on my work
- 3  I wanted the latest information on the status of PrEP and key issues
- 4  I wanted to contribute to discussions about PrEP research and implementation
- 5  Other *(please specify)*

3. How would you rate the satellite's coverage of the following ...

	Excellent	Good	Fair	Poor
a. The impact of an effective PrEP compound on HIV epidemiology	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Lessons learned from the roll-out of other HIV treatment and prevention programmes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Challenges to implementing PrEP	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. The roles of industry, government and civil society in supporting PrEP research and implementation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. The planning/policy development required to support implementation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**Comments?**

4. What did you gain from attending the satellite? *(Select all that apply)*

- 1  New insights into the potential impact of PrEP on the epidemic
- 2  An opportunity to share ideas/knowledge with others working in PrEP research
- 3  Increased understanding of the challenges of PrEP implementation
- 4  Strategies for addressing the challenges of implementing PrEP
- 5  New contacts/opportunities for collaboration about PrEP
- 6  Other *(please specify)*
- 7  I gained nothing

*... please turn over*

5. Will you use the information presented/discussed at this satellite in your work?  
 1  Yes                      2  No                      3  Unsure

5a. If yes, please explain how

6. Would you recommend the satellite to a colleague?  
 1  Yes                      2  No

6a. If no, please explain why

7. What is your main track of interest at IAS 2007? *(Select one)*

- 1  Track A: HIV Basic Science  
 2  Track B: Clinical Research, Treatment and Care  
 3  Track C: Biomedical Prevention  
 4  I have no main track of interest

8. What is your main occupation/profession in HIV/AIDS? *(Select one)*

- |   |  |
|---|--|
| 1. Researcher – HIV basic science                   | 8. Policy/Administrator                        |
| 2. Researcher – clinical research, treatment & care | 9. Advocate/activist                           |
| 3. Researcher – biomedical prevention science       | 10. Funder                                     |
| 4. Researcher - other                               | 11. Pharmaceutical representative/manufacturer |
| 5. Physician/clinician                              | 12. Educator/trainer                           |
| 6. Other health care worker                         | 13. Media representative                       |
| 7. Student  | 14. Other <i>(please specify)</i>              |

9. Approximately how many years (whether part-time or full-time) you have worked in HIV/AIDS?

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| 1 <input type="radio"/> 2 or less | 4 <input type="radio"/> 10 – 15      |
| 2 <input type="radio"/> 3 – 5     | 5 <input type="radio"/> more than 15 |
| 3 <input type="radio"/> 6 – 10    |                                      |

10. What is your main affiliation/organization in HIV/AIDS? *(Select one)*

- |   |   |
|---|---|
| 1 <input type="radio"/> Hospital/clinic                               | 6 <input type="radio"/> Grassroots community-based organization   |
| 2 <input type="radio"/> Academia (university, research institute etc) | 7 <input type="radio"/> People living with HIV/AIDS group/network |
| 3 <input type="radio"/> Non-government organization                   | 8 <input type="radio"/> Media organization                        |
| 4 <input type="radio"/> Government                                    | 9 <input type="radio"/> Pharmaceutical company                    |
| 5 <input type="radio"/> Intergovernmental organization (eg UN, WHO)   | 10 <input type="radio"/> Other <i>(please specify)</i>            |

11. In which country do you mainly work? \_\_\_\_\_

12. In which region do you mainly work? *(Select one)*

- |                                    |   |
|------------------------------------|---|
| 1 <input type="radio"/> USA/Canada | 4 <input type="radio"/> Latin America/Caribbean |
| 2 <input type="radio"/> Europe     | 5 <input type="radio"/> Asia/Pacific            |
| 3 <input type="radio"/> Africa     |   |

***Thank you for completing the survey – please hand it in as you leave the satellite***