

NOVEMBER  
2016

# Accelerating the Curve

## *Preparing Health Systems for the Introduction of Oral PrEP in South Africa, Kenya and Zimbabwe*

HSR 2016



**USAID**  
FROM THE AMERICAN PEOPLE



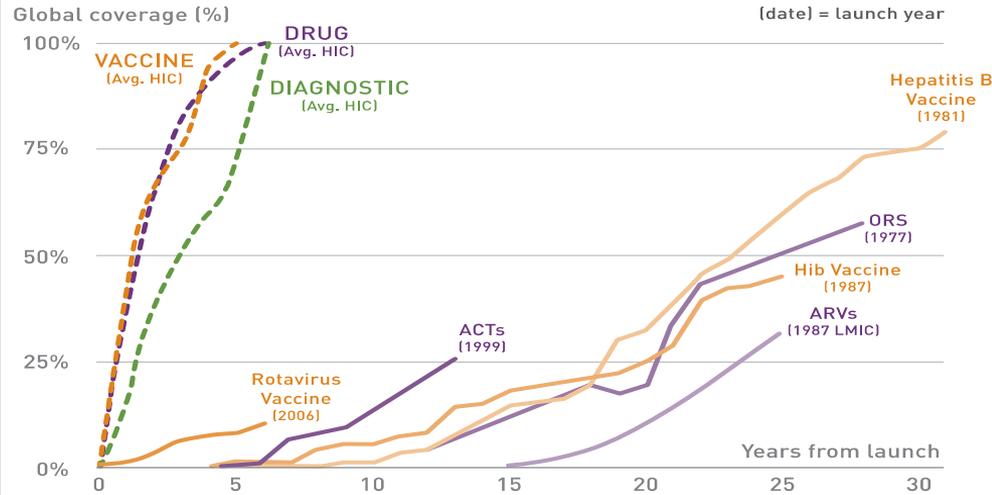
**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

**OPTI<sup>ONS</sup>**  
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

# About OPTIONS



**Goal: To accelerate introduction and access to advances in biomedical technologies and new approaches for HIV prevention.**



ACT: artemisinin-based combination therapy	ARV: antiretroviral
Hib: <i>Haemophilus influenzae</i> type b	HIC: high-income countries
LMIC: lower- and middle-income countries	ORS: oral rehydration solution

While drugs, diagnostics, and vaccines typically scale within the first two years of launch in developed countries, they often take decades to scale in lower- and middle-income countries.

Source: Bill & Melinda Gates Foundation



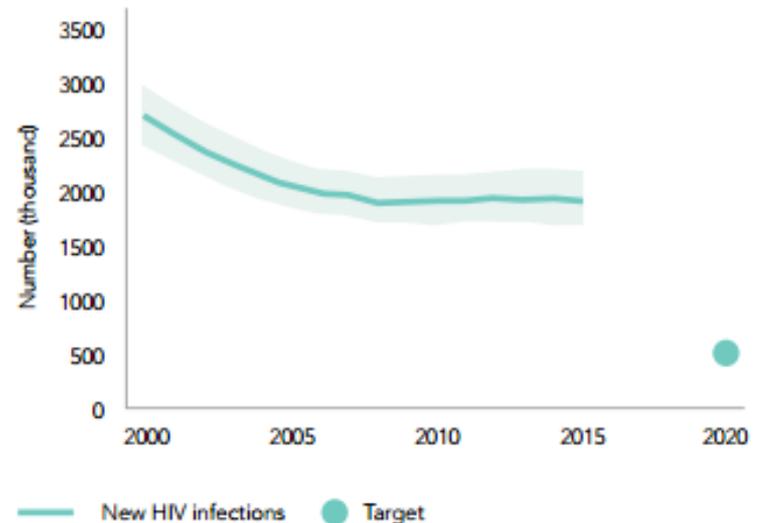
WITS REPRODUCTIVE HEALTH & HIV INSTITUTE



# Adolescent girls and young women need access to new HIV prevention methods

Adolescent girls and young women account for **70-80%** of new HIV infections in Sub-Saharan Africa

**New HIV infections among adults (aged 15 years and older), global, 2000–2015**



# Ensuring access to PrEP products will require overcoming numerous challenges



# A simple but comprehensive value chain introduction framework can support planning

## *Value chain for PrEP products*



**PRODUCT DEV'T  
& APPROVAL**



**POLICIES, PLANS  
& BUDGETS**



**SUPPLY CHAIN  
MANAGEMENT**



**DELIVERY  
PLATFORMS**



**END USER UPTAKE  
& ADHERENCE**



**MONITORING &  
EVALUATION**

Effective products that meet user preferences are developed, researched, and approved

National gov'ts develop a plan & budget to implement WHO PrEP guidelines for targeted populations

PrEP is produced, procured, and distributed in sufficient quantity to meet demand

PrEP services delivered by supportive HCW through channels that reach target populations

Target populations are able to seek, access, and adhere to PrEP regimens during high-risk periods

PrEP use, impact on HIV prevention, and potential resistance is monitored and evaluated

# Our partners in South Africa, Zimbabwe and Kenya used this framework in 3 ways

## 1

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**Planning**  
for PrEP  
introduction at  
the national  
level

## 2

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**Understanding**  
the landscape  
of PrEP demo  
projects and  
related insights

## 3

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**Assessing**  
readiness to  
deliver PrEP  
in high-need  
districts

# 1 Planning for PrEP introduction in Zimbabwe

## Expected Strengths

- New **plan** (ZNASP III) calls for HIV investment in children, adolescents, young people, women, girls, key populations
- Innovative domestic **financing mechanism**

- **Well-coordinated** procurement and distribution system that serves public and NGO channels
- Coordination challenges in ARV scale-up **resolved**

- **Variety** of HIV service channels with **strong coverage** (e.g., ART sites, CBHC, HTC centres, civil society, mobile clinics)
- Wide dissemination of **treatment guidelines**

- Good **HTC coverage**
- **Recent positive legal change** relevant to FSWs
- PITC is being pushed
- Civil society presence **advocating for key pops** (e.g., FSW, MSM)

- Single **harmonized** monitoring and evaluation system
- New plan (ZNASP III) mentions **M&E plan to be developed** and upholds importance of monitoring



**POLICIES, PLANS & BUDGETS**



**SUPPLY CHAIN MANAGEMENT**



**PREP DELIVERY PLATFORMS**



**END USER UPTAKE & ADHERENCE**



**MONITORING & EVALUATION**

- **Not all key populations** represented in new plan
- **PrEP not included** in revised plan
- No clear **funding sources** for PrEP beyond DREAMS

- **Truvada** registered as treatment but not prevention
- **Demand forecast** will involve populations for which little data exists

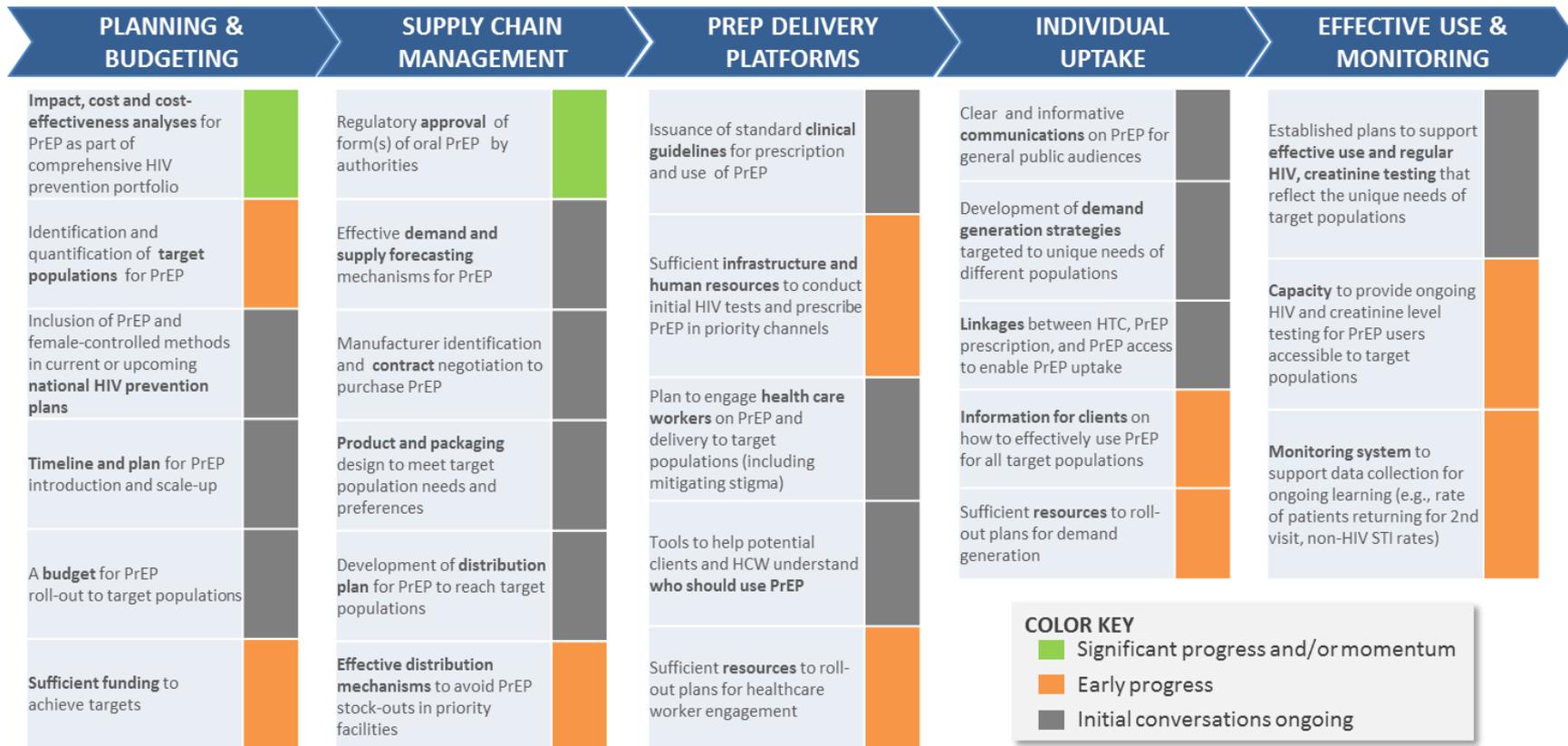
- **Access to HTC**
- **Negative / stigmatizing health care worker attitudes**
- **Capacity limitations** in some HIV channels

- Low (but rising) rates of **HTC usage**
- **Demand generation** plans early-stage
- **Stigma and laws** inhibit access to HIV services

- **Little is known** about PrEP adherence
- Ongoing testing of PrEP users could place **strain on the existing HIV testing capacity**

## Emerging Key Considerations

# 1 Planning for PrEP introduction



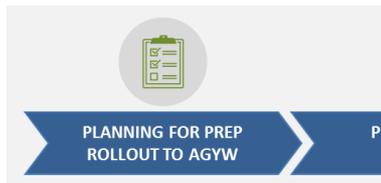
# 2 Analyzing demonstration projects in South Africa

Input is needed or

Q7 | What are the most effective strategies to build awareness and generate demand for PrEP amongst AGYW?

Status of research agenda on effective practices to target and deliver PrEP to AGYW

■ Significant coverage in studies  
■ Some studies address topic  
■ No studies address topic



**Q1**  
What are the characteristics of high-risk AGYW and how can PrEP be effectively targeted to higher-risk AGYW?

**Q2**  
What are the major barriers to PrEP uptake for AGYW and how can they be addressed?

**Q3**  
What legal or ethical considerations are relevant for PrEP provision to AGYW?

**Q4**  
What service delivery channels are most effective for reaching high-risk youth linked to y

**Q5**  
What type of investments are required to deliver PrEP through these channels?

**Q6**  
How can negative health care worker attitudes be mitigated?

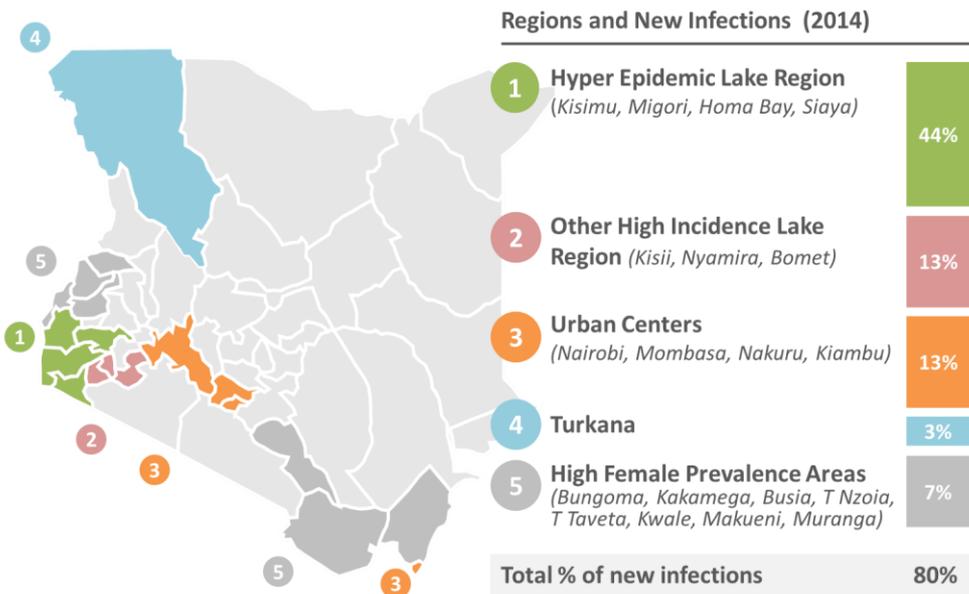
DEMAND GENERATION		
Study	Timeline	Target
CAPRISA 082	Ongoing March 2016-April 2021 Prov. results mid-2017	• R • n
EMPOWER		• Re • co • Us
HPTN 082	Planned 6/16 – 8/18 Provisional results mid-2017	• Re • co • Cc • m
MSF		• Re • St • w: • Pr
MTN034	Planned Expected start early-2017	• N • Ir • p • e
Pills Plus	Ongoing Plus pills expected in 10/16 U	• A • a • d • A
POWER	Ongoing Recruitment mid-2016 Completion 2020	• R • c • V

Question	Status	Notes
<b>Q1</b> What are the characteristics of high-risk AGYW and how can they be effectively targeted?	Significant coverage in studies	Studies use differing “risk factors” to identify study participants; a comparison across them will be informative
<b>Q2</b> What are the major barriers to PrEP uptake for AGYW and how can they be addressed?	Significant coverage in studies	Several studies (HPTN 082, POWER) collect data on barriers and AGYW who decline PrEP; others will study product acceptability
<b>Q3</b> What legal or ethical considerations are relevant for PrEP provision to AGYW?	Some studies address topic	Collection of data on parental consent, but no other specific legal/ethical considerations noted
<b>Q4</b> What service delivery and civil society channels will most effectively reach AGYW?	Significant coverage in studies	Coverage across different types of delivery channels (e.g., mobile, primary care clinics, FP clinics)
<b>Q5</b> What types of investments are required to effectively deliver PrEP through these channels?	Some studies address topic	Only one study (POWER) explicitly includes costing component
<b>Q6</b> How can negative health care worker attitudes be effectively mitigated?	No studies address topic	No awareness of current plans to study this aspect
<b>Q7</b> What are the most effective strategies to build awareness and generate demand for PrEP amongst AGYW?	Significant coverage in studies	Significant focus on demand through various recruitment and communications strategies across demo projects
<b>Q8</b> How are AGYW communicating about PrEP to partners or family members and/or involving them in decisions?	No studies address topic	No awareness of current plans to study this aspect
<b>Q9</b> How are “periods of risk” defined? What strategies / tools support AGYW decision-making around on/off decisions?	Some studies address topic	CAPRISA and HPTN 082 studies explicitly discuss and track “PrEP cycling,” but little focus on this (and strategies for communications) in other studies
<b>Q10</b> To what extent are AGYW adhering to PrEP? What messages and strategies effectively support adherence?	Significant coverage in studies	Significant focus on adherence and strategies for encouraging adherence across studies
<b>Q11</b> Are AGYW getting regular HIV/STI testing? What strategies effectively support retention in regular testing?	Some studies address topic	Each study has a different testing protocol; comparisons across them may be useful

Additional detail on

# 3 Assessing county readiness to deliver PrEP in Kenya

## Geographic Rollout Scenarios for PrEP in Kenya



- Draft -

## Scenario 1: Hyper Epidemic Lake Region

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**Total Population:** ~4M  
**Target Populations:** CSW (#), MSM (#), high-risk AGYW (#)  
**Current Prevalence:** 14.7% (Migori) – 25.7% (Homa Bay)  
**Current Incidence Rate:** 1.56% (Migori) - 2.98% (Homa Bay)  
**Current New Infections:** ~39K total new infections in 2014



# What's next?

- South Africa has introduced oral PrEP for sex workers in a pilot project
- Kenya and Zimbabwe are planning to finalize implementation plans for oral PrEP in early 2017
- Details and lessons can be found at [PrEPWatch.org](http://PrEPWatch.org)

