Pre-Exposure Prophylaxis Implementation in South Africa

Overview

November 2017
Oral PrEP Initiations
June 2016 – October 2017

FROM JUNE 2016 – OCTOBER 2017

3 344 INITIATIONS

TOOK PLACE AT 26 SITES ACROSS SOUTH AFRICA

Provincial coverage includes:

GAUTENG
FREE STATE
EASTERN CAPE
KWAZULU-NATAL
LIMPOPO
MPUMALANGA
NORTHERN CAPE
WESTERN CAPE
Oral PrEP Implementation
Oral PrEP and ART commencements by site type

**June 2016 – October 2017 SW sites**
- Total HIV tests: 41,518
- PrEP initiations: 2,716 (12%)
- # offered PrEP: 36,081 (87%)
- Pos. HIV tests: 2,666 (49%)
- Neg. HIV tests: 5,437 (13%)
- ART initiations: 22,890 (63%)

**April 2017 – October 2017 MSM sites**
- Total HIV tests: 3,914
- PrEP initiations: 616 (43%)
- # offered PrEP: 3,708 (95%)
- Pos. HIV tests: 214 (104%)
- Neg. HIV tests: 206 (5%)

**October 2017 University sites**
- Total HIV tests: 1,607
- PrEP initiations: 11 (100%)
- # offered PrEP: 1,588 (99%)
- Pos. HIV tests: 22 (116%)
- Neg. HIV tests: 19 (1%)
• Outreach key in reaching target population and important for follow-up
• Mobile sites attract more demand than the stand alone clinics
  • initiating PrEP & ART in mobile units a challenge (lab results, frequency of visits)
• Peer-led programme: higher demand creation and uptake
  Peer educators taking PrEP & ART potentially very beneficial in supporting uptake
• Communication is important (through whatsapp groups, peer educators, creative spaces and focus groups)
EARLY LESSONS

• Basic staff required are nurse, counsellor and peer educator
• For roll out to public facilities will require special attention to staff attitudes and responsiveness
• Special attention to treatment adherence and consistent use of prevention interventions (Condoms & PrEP) is needed
• Operating hours need to suit the target population
• Providing services close to where the target population can access services easily
University Campus Clinics
Early learnings

- Oral PrEP provision began in select campus clinics in **October 2017**.
- Due to the academic calendar and exams, 9 of 12 identified clinics conducted a **soft launch of oral PrEP**, with minimal outreach and provision mostly to those who sought the service.
- **A full launch will be held in early 2018**, coinciding with the start of a new academic year.

**Early learnings**

- PrEP-related activities (e.g. outreach and mass testing campaigns) largely depend on university academic calendars
- Critical to engage with and support university clinics in early implementation
- HIV testing numbers and clinic head counts indicate there are significant gaps in testing

**Next steps**

- Scale up promotion of health services on campus
- Leverage existing HIV prevention programmes demand generation (HEAIDS’ First Things First campaign)
- Conduct additional oral PrEP training in January 2018
Oral PrEP uptake across all sites was 13% of those who were offered PrEP as of October 2017. Uptake varies substantially between sex worker-focused sites (12%) and MSM-focused sites (47%). Differences in uptake suggest opportunities to learn varying successes and lessons from different types of sites.
Oral PrEP expansion: She Conquers priority sub-districts secondary school and TVET clusters

Providing PrEP to at-risk adolescent girls and young women will be a key component of the next phase of PrEP implementation. Beginning implementation in the She Conquers priority sub-districts ensures that combination prevention, including PrEP, will be available to young people at highest risk. The cluster system, described below, will reach a large numbers of AGYW.

*In each sub-district, a focal facility will be selected based on the following criteria:*

<table>
<thead>
<tr>
<th>Education institutions</th>
<th>Clinics closest to clusters of Q1-Q3 secondary schools, TVETs, and universities were prioritised.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catchment</td>
<td>The selected facility should ideally be located as close as possible to the largest number of educational institutions, ensuring that learner/student catchment is high.</td>
</tr>
<tr>
<td>Distance</td>
<td>The distance between educational institutions and the focal health facility is critical to both uptake of services and retention in care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility audit and selection</td>
<td>School cluster selection</td>
<td>Health facility capacitation and sensitisation</td>
<td>Demand generation in selected schools through She Conquers, HEAIDS, and partner activities</td>
<td>Provision of PHC, family planning, and combination prevention services – including PrEP</td>
<td>Appointing or electing peer “youth champions” to continuously promote and normalise clinic services</td>
</tr>
</tbody>
</table>