



Pre-Exposure Prophylaxis Implementation in South Africa

Overview

November 2017

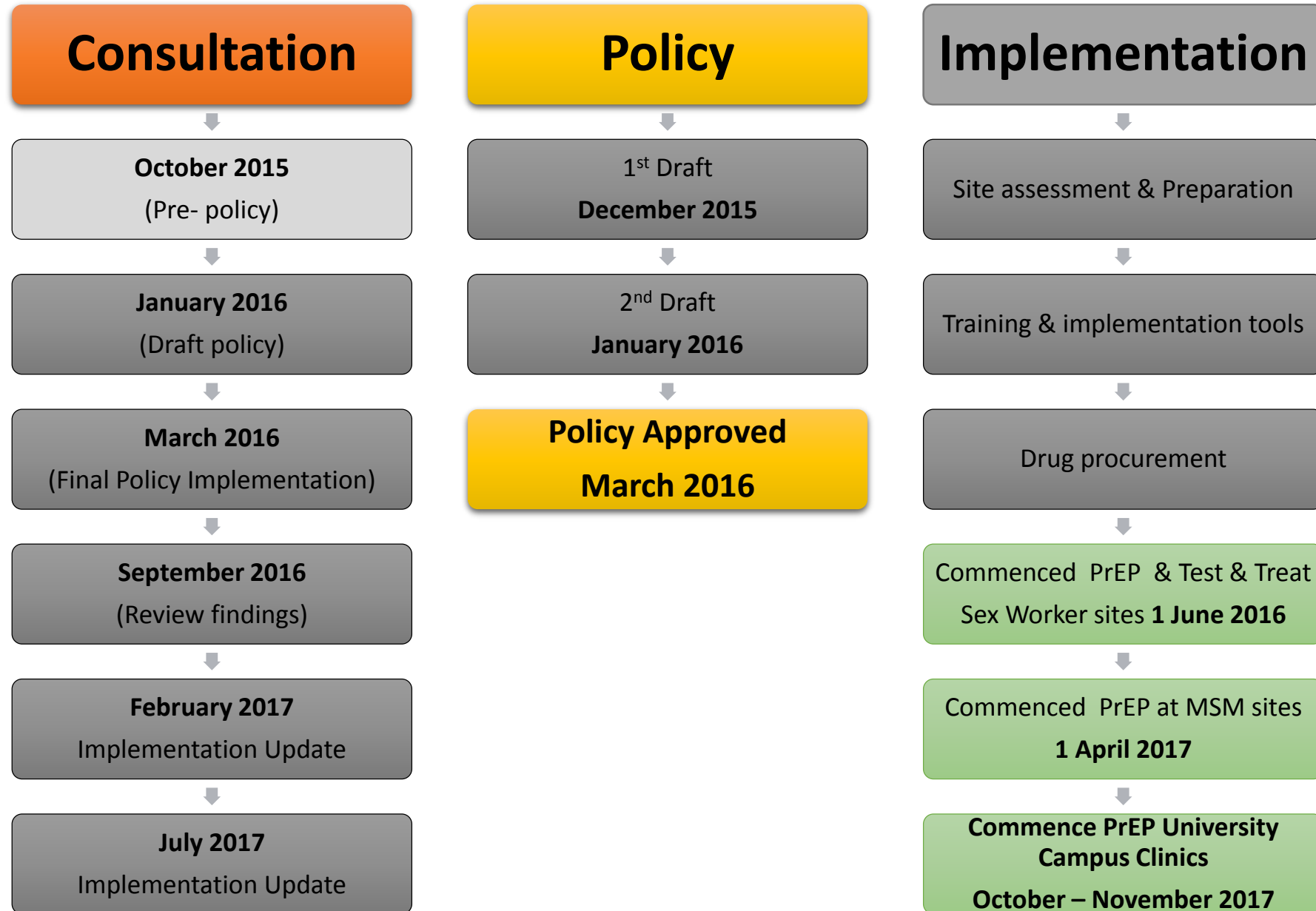


health

Department:
Health
REPUBLIC OF SOUTH AFRICA



PrEP & T&T Implementation Process 2015 – 2017



Oral PrEP Initiations

June 2016 – October 2017

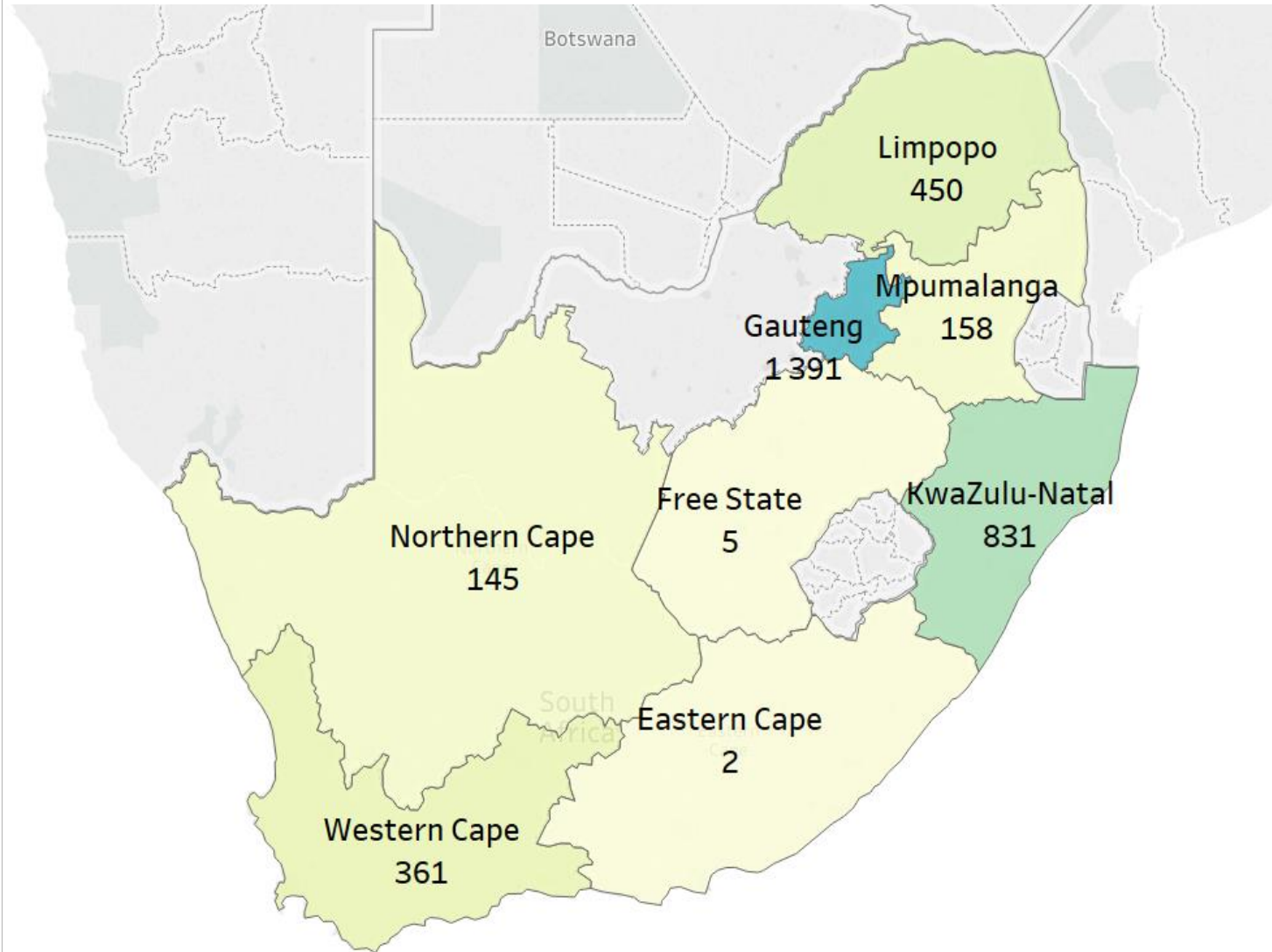
FROM
JUNE 2016 –
OCTOBER 2017

3 344
INITIATIONS

TOOK PLACE AT
26 SITES
ACROSS SOUTH
AFRICA

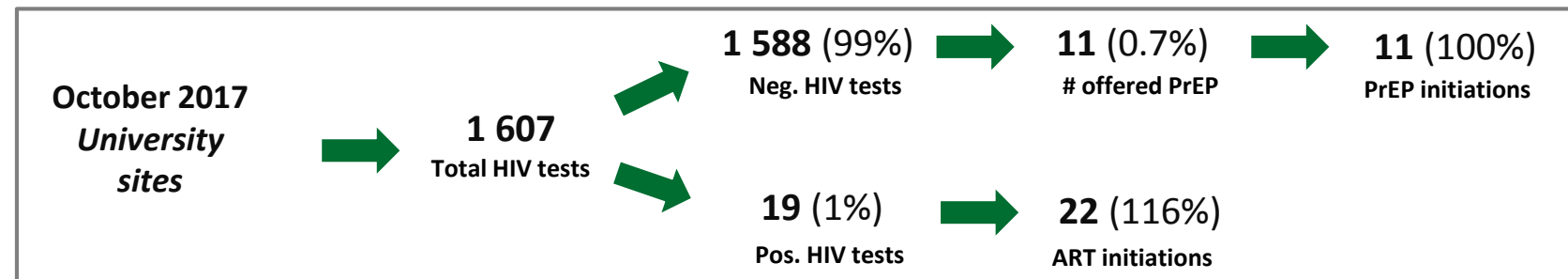
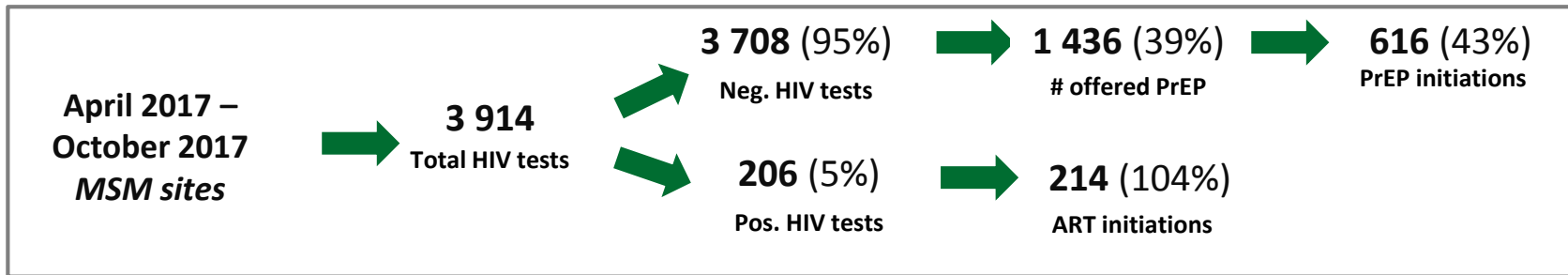
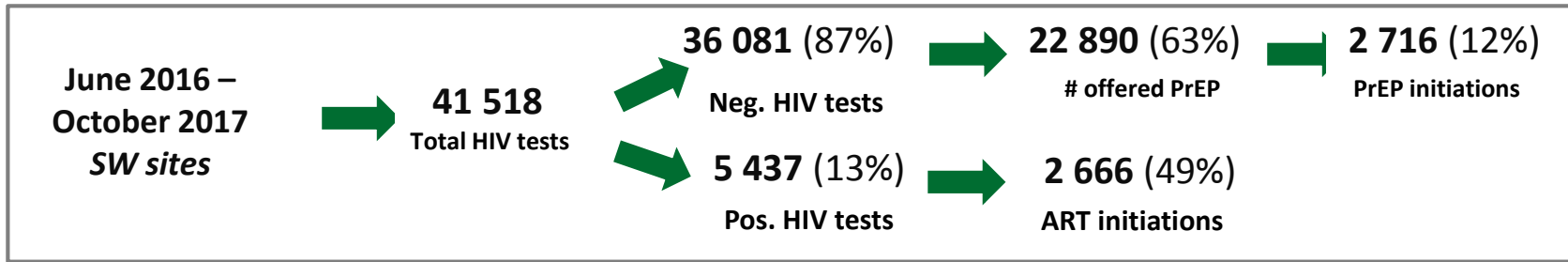
Provincial coverage
includes:

GAUTENG
FREE STATE
EASTERN CAPE
KWAZULU-NATAL
LIMPOPO
MPUMALANGA
NORTHERN CAPE
WESTERN CAPE



Oral PrEP Implementation

Oral PrEP and ART commencements by site type



EARLY LESSONS

- 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

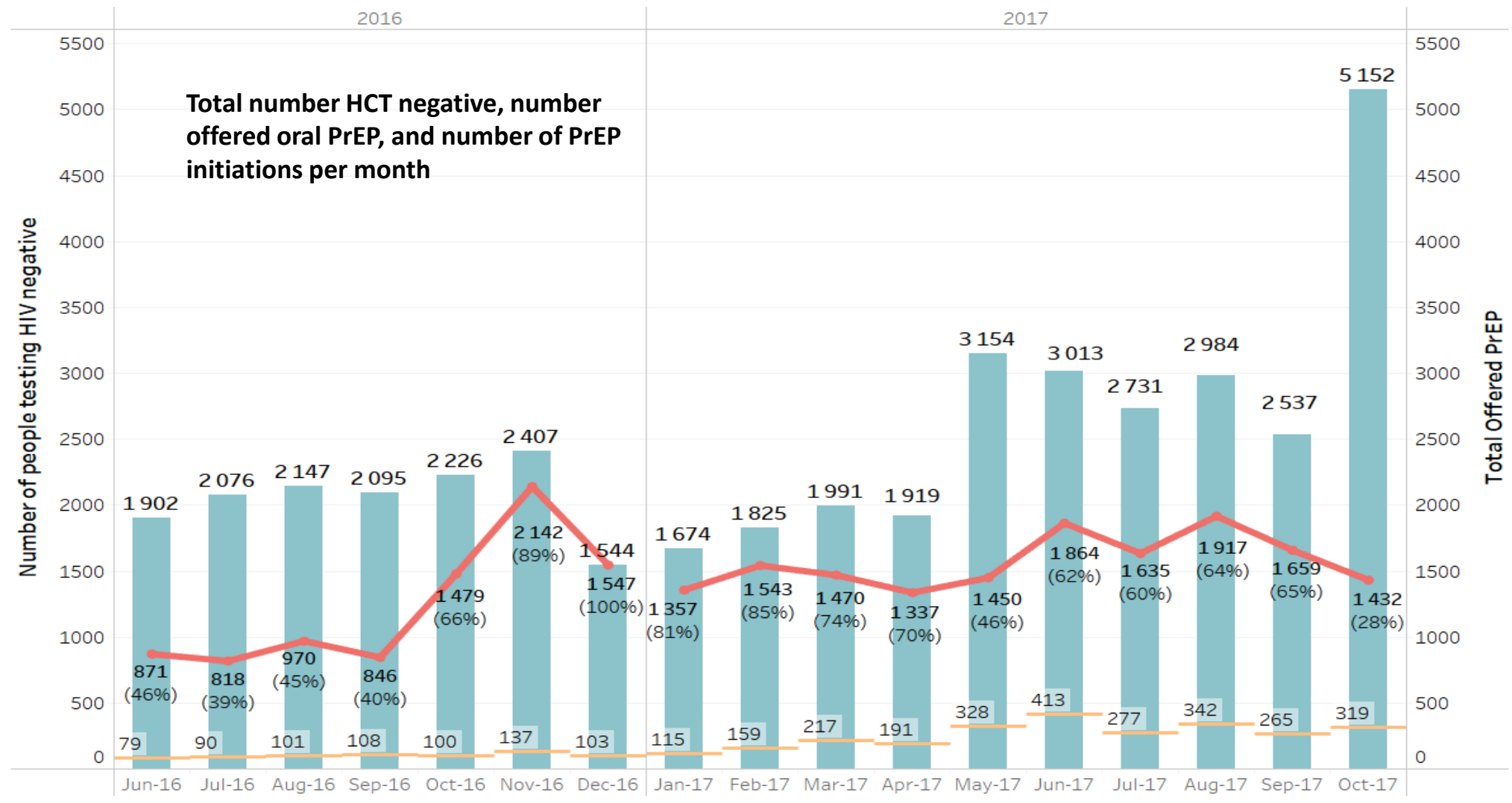


Next steps

- 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 Preliminary statistics: All sites

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:

Education institutions

Clinics closest to clusters of Q1-Q3 secondary schools, TVETs, and universities were prioritised.

Catchment

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.

Distance

The distance between educational institutions and the focal health facility is critical to both uptake of services and retention in care.

