Thank you to all of the speakers and attendees who participated in the second PrEP Learning Network webinar. In this webinar implementing partners from Kenya (Jhpiego/Jilinde) and Zimbabwe (SHAZ! HUB/PZAT) shared their experiences with PrEP continuation challenges, successes, and approaches. Speakers from Jhpiego and Prevention Market Manager (PMM) also presented findings from a recent Think Tank on defining impact and success in the context of PrEP and discussed key considerations for measuring and monitoring continued/effective use. To hear the conversation, access the webinar recording here.

Top 4 Questions

Four key questions arose during the webinar. Learn more about each by listening to the webinar recording, accessing complementary resources, signing up for future webinars or visiting the PrEP Virtual Learning Network page.

1. How much PrEP needs to be taken for it to be effective?

   Available data suggests at least 4 doses/week for rectal exposure and at least 6 doses/week for all other exposures. For more on this, and how coverage leads to impact, see this commentary by Pyra et al. recently published in the Journal of the International AIDS Society.

2. How do you measure continuation rates?

   The Jhpiego programs use two approaches: (1) a crude approach that looks at the number of clients continuing at a particular point in time/total initiated in a particular month, and (2) an approach that considers favorable and unfavorable outcomes: clients with favorable outcomes such as no longer at risk are removed from the denominator. For more on continuation measurement issues and challenges, check out this manuscript from Sexual Health(2018).
Top 4 Questions (continued)

3. How do you integrate shifting periods of risk in defining and measuring PrEP continuation success (e.g. accounting for individuals who may discontinue due to lack of risk)?

Ideally, it would be possible to accommodate change in risk/purposeful stop in monitoring and evaluation (M&E) approaches. Though providers assess risk at each encounter, existing indicators don’t encompass risk/change in risk. Challenges related to this are that those who purposefully discontinue often don’t return to let providers know (and are classified as lost to follow up), the inability of current M&E systems to capture this information, and provider workload. Implementation research has provided us with insights on why clients discontinue, but this is not nested in many programs. In some sites, with fewer clients, a few motivated providers have accounted for all clients who discontinued PrEP through robust follow-up, but this is not built into routine M&E systems, and requires workforce to follow-up at the community level.

4. How do continuation rates compare among clients of different demographics? (e.g., are adolescent girls and young women in day school or boarding school more likely to effectively use PrEP?)

The Jhpiego PrEP programs have witnessed variations in uptake and continuation among adolescent girls and young women in boarding institutions compared to those out of school. There are spikes of high uptake and continuation during holidays when schools are closed and low uptake and high discontinuation when schools reopen. Reasons learned from implementation research is largely not being at risk when schools are open. Reasons for discontinuation at non-boarding institutions were discussed in the presentation.

ADDITIONAL RESOURCES

Additional resources from the PrEP Learning Network host organizations (OPTIONS Consortium, EpiC and RISE) are included below for further exploration and learning.

The OPTIONS Consortium developed a ‘lessons from the field’ video and blog series documenting key implementation challenges experienced in the LVCT Health PrEP demonstration project in Kenya. The following are relevant to PrEP continuation:

- Providing Oral PrEP: Month one — provides an overview of the several strategies they used to help women continue PrEP, despite challenges identified within the first month of use.
- Providing Oral PrEP: Stigma and pill taking — addresses the critical issue of stigma and the impact it has on the ability to continue taking PrEP.
- Providing Oral PrEP: A package of services — considers the role that service providers have in ensuring PrEP users have access to flexible, friendly and sensitive PrEP services. The role that service delivery plays in PrEP continuation rates was highlighted in the SHAZ! Hub case study presented on the webinar- this case study will be finalized later in 2019. Stay tuned!

Relevant manuscripts and implementation materials related to continuation and measurement:

- Celum et al. (2019): HIV pre-exposure prophylaxis for adolescent girls and young women in Africa: from efficacy trials to delivery
- Sidebottom et al. (2018): A systematic review of adherence to oral pre-exposure prophylaxis for HIV — how can we improve uptake and adherence?
- WHO PrEP Implementation Tool: Monitoring and Evaluation Module
- PEPFAR Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide