Introduction to the Plan 4 PrEP Toolkit

Neeraja Bhavaraju
November 11, 2019
PLAN 4 PREP TOOLKIT INTRODUCTION
## Tools Overview

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<td><strong>SITUATION ANALYSIS</strong></td>
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<td><strong>ROLLOUT SCENARIOS</strong></td>
<td><strong>DISTRICT READINESS ASSESSMENT</strong></td>
<td><strong>FACILITY READINESS ASSESSMENT</strong></td>
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<td>Understand current context for oral PrEP - Identify existing assets, gaps, challenges, and key questions for PrEP rollout - Develop a landscape of key stakeholders and ongoing efforts</td>
<td>Assess findings &amp; gaps in projects - Survey current and planned studies and implementation projects - Identify key questions to inform implementation and assess gaps</td>
<td>Inform where and how to rollout PrEP - Define rollout scenarios that differ by counties/districts or population groups - Highlight considerations and trade-offs between different scenarios</td>
<td>Assess district readiness for oral PrEP - Assess district/county readiness to introduce and scale oral PrEP - Support sub-national planning for oral PrEP roll out and scale-up</td>
<td>Assess facility readiness for oral PrEP - Assess the readiness of healthcare facilities to deliver oral PrEP - Identify areas that require additional investment</td>
<td>Identify opportunities for oral PrEP in the private sector - Understand if private sector channels could expand PrEP access - Compare across channels for ability to effectively deliver PrEP</td>
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INTRODUCTION TO SITUATION ANALYSIS
Oral PrEP Introduction Framework

- Distills the complex system for oral PrEP introduction into a simple framework
- Developed and refined based on oral PrEP rollout in South Africa, Kenya and Zimbabwe
- Forms the basis of the Plan 4 PrEP toolkit

Introduction Framework for Oral PrEP

**PLANNING AND BUDGETING**
- Plan developed to implement WHO oral PrEP guidelines for end user populations

**SUPPLY CHAIN MANAGEMENT**
- Oral PrEP produced, purchased, and distributed in sufficient quantity to meet projected demand

**PREP DELIVERY PLATFORMS**
- Oral PrEP services delivered through appropriate channels with access to end user populations

**INDIVIDUAL UPTAKE**
- End user populations seek and are able to access oral PrEP and begin use

**EFFECTIVE USE & MONITORING**
- End users adhere to PrEP in recommended frequency and time period; use is effectively monitored
## Defining steps for oral PrEP introduction

### Zimbabwe example

<table>
<thead>
<tr>
<th>Planning &amp; Budgeting</th>
<th>Supply Chain Management</th>
<th>Prep Delivery Platforms</th>
<th>Individual Uptake</th>
<th>Effective Use &amp; Monitoring</th>
</tr>
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<tbody>
<tr>
<td>Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio</td>
<td>Regulatory approval of form(s) of oral PrEP by authorities</td>
<td>Issuance of standard clinical guidelines for prescription and use of PrEP</td>
<td>Clear and informative communications on PrEP for general public audiences</td>
<td>Established plans to support effective use and regular HIV, creatinine testing that reflect the unique needs of target populations</td>
</tr>
<tr>
<td>Identification and quantification of target populations for PrEP</td>
<td>Effective demand and supply forecasting mechanisms for PrEP</td>
<td>Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe PrEP in priority channels</td>
<td>Development of demand generation strategies targeted to unique needs of different populations</td>
<td></td>
</tr>
<tr>
<td>Inclusion of PrEP and female-controlled methods in current or upcoming national HIV prevention plans</td>
<td>Manufacturer identification and contract negotiation to purchase PrEP</td>
<td>Linkages between HTC, PrEP prescription, and PrEP access to enable PrEP uptake</td>
<td>Capacity to provide ongoing HIV and creatinine level testing for PrEP users accessible to target populations</td>
<td></td>
</tr>
<tr>
<td>Timeline and plan for PrEP introduction and scale-up</td>
<td>Product and packaging design to meet target population needs and preferences</td>
<td>Plan to engage health care workers on PrEP and delivery to target populations (including mitigating stigma)</td>
<td>Information for clients on how to effectively use PrEP for all target populations</td>
<td></td>
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<tr>
<td>A budget for PrEP roll-out to target populations</td>
<td>Development of distribution plan for PrEP to reach target populations</td>
<td>Tools to help potential clients and HCW understand who should use PrEP</td>
<td>Sufficient resources to roll-out plans for demand generation</td>
<td></td>
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<td>Sufficient funding to achieve targets</td>
<td>Effective distribution mechanisms to avoid PrEP stock-outs in priority facilities</td>
<td>Sufficient resources to roll-out plans for healthcare worker engagement</td>
<td>Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)</td>
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### Color Key
- Significant progress and/or momentum
- Early progress
- Initial conversations ongoing
Data Collection Example: Planning

### Readiness for PrEP Introduction

<table>
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<tr>
<th>Readiness Factor</th>
<th>Progress</th>
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</table>
| Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio | - CESSHAR, IMPACCT, HTPN082 demo projects underway; potential for additional studies  
- BMGF compiling cost data from PrEP demo projects to create standardized costing model |
| Identification and quantification of target populations for PrEP | - Priorities include comprehensive prevention programs for SW, adolescent and young people, people in stable unions, and discordant couples, with a focus on geographic hotspots. Target populations for PrEP specifically have not been identified |
| Inclusion of PrEP and female-controlled methods in current or upcoming national HIV prevention plans | - PrEP has been incorporated into the Zimbabwe National Strategic Plan |
| Timeline and plan for PrEP introduction and scale-up | - A TWG on WHO Test and Start Guidelines, as well as a sub-committee on PrEP, developed oral PrEP guidelines. Implementation planning is set to begin in 2017  
- ZIMPHIA study results shared in December 2016. Insights from data set to inform PrEP rollout |
| A budget for PrEP roll-out to target populations | - A costed implementation plan, to be developed in 2017, will be used as a resource mobilization tool. No budget has been created as of yet |
| Sufficient funding to achieve targets | - Available funding limited to DREAMS and CeSHHAR |

### Key Stakeholders
- MOHCC is responsible for developing national strategic plan as well as convening a the guideline adaptation TWG for WHO guidelines on UTT and PrEP, and the PrEP sub-committee
- Country Coordinating Mechanism oversees GF proposals and grants
- Technical working groups focused on key themes are involved in planning
- Key populations are included in these groups, but more efforts are needed to ensure meaningful representation
- NAC provides logistical and technical assistance in the preparation of plan
- Advocacy groups for key populations (e.g., GALZ, ZNPN+, WASN, etc.)
- PrEP implementing partners: DREAMS (CeSHHAR, PSI) & HPTN (UZ-UCSF)

### Key Strengths and Opportunities
- ZNASP III identifies key populations as adolescents, AGYW, key FSW, MSM, and people in stable unions and zero-discordant couples
- ZNASP III calls for prioritization of specific geographic hotspots
- Technical working groups include some key populations in planning
- National AIDS Levy draws 3% of private income (totaling ~$19M), of which 10% goes to HIV prevention
- HIV policy environment appears to be well developed, supported by strong technical expertise, and responsive to WHO guidelines

### Key Emerging Considerations
- Not all key populations meaningfully represented in working groups or national plan (e.g., plan states that not enough data exists on MSM, but it’s unclear if MSM have input or if they are deemed “priority”)  
- Concern that PrEP will be focused primarily on FSW, which could stigmatize the use of PrEP for other populations (e.g., AGYW)  
- PrEP not meaningfully included in ZNASP III
- Recent successes with VMMC have made it a key prevention strategy, but government’s investment in scaling it up may prevent additional focus on PrEP scale-up
- National leaders remain concerned about ARV resistance resulting from PrEP
Analysis - State of Progress for PrEP

- A summary of assessments from data collection slides on current progress (via color coding) for each component of the introduction framework
- Useful for technical working groups to develop a common understanding of what was needed to rollout oral PrEP and ongoing progress
- Updated as progress was made over time

### APRIL 2016

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- **Initial conversations ongoing**

- **APRIL 2016**
  - Impact, cost and cost-effectiveness analyses for PrEP, including comprehensive HIV prevention programs
  - Identification and quantification of target populations for PrEP
  - Initial cost-benefit analysis of PrEP budgeting
  - Effective distribution plan for prazepam to target populations

- **DECEMBER 2016**
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INTRODUCTION TO PROJECT LANDSCAPE
Analysis – Summary of Key Dimensions

14 ongoing or planned projects on PrEP

PrEP projects by target population

These projects are concentrated around Nairobi, Kisumu and Mombasa.

These projects will yield insights over the next several years on effective PrEP strategies

Timeline of PrEP Projects
South Africa realized its biggest need was to better understand and organize the evidence for oral PrEP for AGYW.

They decided to focus the analysis on AGYW projects, and defined a series of **12 questions** specific to AGYW.

**Topics** included delivery channels, demand generation, adherence support, cost implications.
### Analysis – Key questions and gaps

#### Q1 | How can PrEP be effectively **targeted** to higher-risk AGYW?

<table>
<thead>
<tr>
<th>TARGETING</th>
<th>Timeline</th>
<th>Characteristics</th>
<th>Insights expected from demo projects</th>
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<tr>
<td><strong>CAPRISA 082</strong></td>
<td>Ongoing March 2016 - April 2021</td>
<td>Currently enrolling, Provisional results mid-2017</td>
<td>Primary objective is to identify risk factors for HIV acquisition in sexually active women (3x in past 3 months) aged 18 – 30; Recording HIV risk perception and behavioural assessment through study</td>
</tr>
<tr>
<td><strong>EMPOWER</strong></td>
<td>Ongoing July 2015 - December 2017</td>
<td>AGYW at risk for violence; Investigating integrated Gender-based violence and stigma reduction through combination HIV prevention methods</td>
<td></td>
</tr>
<tr>
<td><strong>HPTN 082</strong></td>
<td>Ongoing June 2016 - August 2018</td>
<td>Provisional results mid-2017</td>
<td>Includes risk perception scoring, recording of sexual and substance abuse behaviour; targeting AGYW sexually active in past month</td>
</tr>
<tr>
<td><strong>MSF</strong></td>
<td>Under Ethics Review</td>
<td>Expected start April 2017</td>
<td>Up to 200 sexually active, HIV-uninfected females ages of 18 - 23</td>
</tr>
<tr>
<td><strong>MTN034</strong></td>
<td>Planned</td>
<td>Expected start early-2017</td>
<td>Behavioural questionnaire; No planned req. for sexual activity for participation in study; Developing a risk assessment tool</td>
</tr>
<tr>
<td><strong>Plus Pills</strong></td>
<td>Completed end 2016</td>
<td></td>
<td>15-19 years old Sexually active in past 12 months Using effective contraception method &gt; 148 pts enrolled</td>
</tr>
<tr>
<td><strong>POWER</strong></td>
<td>Ongoing</td>
<td>Formative research completed. Recruitment ongoing. Completion expected 2020</td>
<td>Sexually active AGYW</td>
</tr>
</tbody>
</table>

• For each question, we created a slide to summarize how each project would inform the question.

• For example, to understand how the projects could inform identification of high-risk AGYW, we compared participant criteria and risk scoring methods.
### Analysis – Summary

We then created a one page summary to assess how much information would be available for each question.

This highlighted several issues, for example:
- Targeting high-risk AGYW is a topic in many projects (Q1)
- Costing was included in only 1 project (Q5)
- There is a gap on how interactions between AGYW, family members and partners impact ability to take / adhere to oral PrEP (Q8)

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>How can PrEP be effectively targeted to higher-risk AGYW?</td>
<td>Studies use differing “risk factors” to identify study participants; a comparison across them will be informative</td>
</tr>
<tr>
<td>Q2</td>
<td>What are the major barriers to PrEP uptake for AGYW and how can they be addressed?</td>
<td>Several studies [HPTN 082, POWER] collect data on barriers and AGYW who decline PrEP; others will study product acceptability</td>
</tr>
<tr>
<td>Q3</td>
<td>What legal or ethical considerations are relevant for PrEP provision to AGYW?</td>
<td>Collection of data on parental consent, but no other specific legal/ethical considerations noted</td>
</tr>
<tr>
<td>Q4</td>
<td>What service delivery and civil society channels will most effectively reach AGYW?</td>
<td>Coverage across different types of delivery channels (e.g., mobile, primary care clinics, FP clinics)</td>
</tr>
<tr>
<td>Q5</td>
<td>What types of investments are required to effectively deliver PrEP through these channels?</td>
<td>Only one study (POWER) explicitly includes costing component</td>
</tr>
<tr>
<td>Q6</td>
<td>How can negative health care worker attitudes be effectively mitigated?</td>
<td>POWER formative research and OPTIONS Provider KAP Survey</td>
</tr>
<tr>
<td>Q7</td>
<td>What are the most effective strategies to build awareness and generate demand for PrEP amongst AGYW?</td>
<td>Significant focus on demand through various recruitment and communications strategies across demo projects</td>
</tr>
<tr>
<td>Q8</td>
<td>How are AGYW communicating about PrEP to partners or family members and/or involving them in decisions?</td>
<td>No awareness of current plans to study this aspect</td>
</tr>
<tr>
<td>Q9</td>
<td>How are “periods of risk” defined? What strategies/ tools support PrEP decision-making around on/off decisions?</td>
<td>CAPRISA and HPTN 082 studies explicitly discuss and track “PrEP cycling,” but little focus on this (and strategies for communications) in other studies</td>
</tr>
<tr>
<td>Q10</td>
<td>To what extent are AGYW adhering to PrEP? What messages and strategies effectively support adherence?</td>
<td>Significant focus on adherence and strategies for encouraging adherence across studies</td>
</tr>
<tr>
<td>Q11</td>
<td>Are AGYW getting regular HIV/STI testing? What strategies effectively support retention in regular testing?</td>
<td>Each study has a different testing protocol; comparisons across them may be useful</td>
</tr>
<tr>
<td>Q12</td>
<td>What information do health care facilities need to collect and report to NDOH? What data are demonstration projects collecting?</td>
<td>Subcommittee of AGYW TWG meeting to determine how and what data to report to NDOH</td>
</tr>
</tbody>
</table>
INTRODUCTION TO ROLLOUT SCENARIOS
Analysis - Summary

Kenya example

HIV Incidence Clusters

1. **High Incidence** - Incidence rates equal to or above the national average (0.27)
   (Homa Bay, Siaya, Kisumu, Migori, Nyamira, Kiambu, Busia, Mombasa, Nakuru, Kisii, Kitui)

2. **Medium Incidence** - Incidence rates of 0.1-0.27
   (Machakos, Murang’a, Kwale, Nyeri, Taita Taveta, Isiolo, Nyeri, Vihiga, Tharaka-Nithi, Kakamega, Kilifi, Kirinyaga, Embu, Meru, Nairobi, Bungoma, Lamu)

3. **Low Incidence** - Incidence rates below 0.1
   (Trans Nzoia, Marsabit, Uasin Gishu, Kajiado, Turkana, Tana River, Nakuru, Kericho, Narok, Laikipia, Bomet, Samburu, Nandi, Baringo, Elgeyo-Marakwet, West Pokot, Garissa, Mandera, Wajir)

Proportion of National Adult New HIV Infections by Cluster, 2015

<table>
<thead>
<tr>
<th>Incidence Cluster</th>
<th># of Counties</th>
<th>Total Population (15+)</th>
<th># of New Infections (15+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Incidence</td>
<td>11</td>
<td>7M</td>
<td>46K</td>
</tr>
<tr>
<td>Medium Incidence</td>
<td>17</td>
<td>11M</td>
<td>20K</td>
</tr>
<tr>
<td>Low Incidence</td>
<td>19</td>
<td>8M</td>
<td>5K</td>
</tr>
</tbody>
</table>

• Use the collected data on HIV (e.g., prevalence, incidence and new infections) and other demographic data (e.g., population numbers) to develop summary analyses

• The purpose of these analyses is to clarify how HIV incidence is distributed across geography within a country

• There are PPT templates in the Plan 4 PrEP Toolkit to guide development of these analyses
We also looked at the counties / districts along three dimensions (using the framework below) to better differentiate what model of PrEP rollout would be most appropriate:

1. HIV incidence
2. Size of key populations
3. Absolute numbers of new HIV infections

**Kenya example**

Two-Step Delivery Approach Framework

1. **HIV incidence** (rate and absolute number of new HIV infections) determines a county’s need for investment in new HIV prevention solutions including oral PrEP and prioritizes counties for PrEP rollout.
   
   Counties with higher HIV incidence are higher priority for PrEP rollout.
   
   *Source: 2015 NACC HIV data*

2. **Size of key populations** (FSW, MSM) determines *how a county should rollout PrEP*.

   Counties with epidemics driven by key populations should consider a targeted rollout to those groups while counties with low key populations but high HIV incidence should consider rollout to the general population, including sero-discordant couples, adolescent girls & young women, and bridging populations (e.g., fisherfolk).

   *Source: FSW, MSM, PWID estimates, MARPS, 2012*
Analysis – County Assessment

Counties mapped by incidence and presence of key populations, 2015

Circle size represents number of 2015 adult new infections

Kenya example

High-incidence counties with significant key populations should consider PrEP rollout targeted high-risk populations (e.g., FSW, MSM, AGYW)

High-incidence counties with generalized HIV epidemics should consider broad PrEP rollout to the general population with focused efforts to reach those at highest-risk
- Adolescents account for a significant portion of Kenya's HIV incidence – particularly in the shaded counties.
- In these counties, PrEP access for adolescents, via adolescent-friendly delivery channels, will be important to drive progress on HIV prevention.
Analysis - Scenarios

- Based on this analysis, we defined several scenarios for possible PrEP rollout – three defined by geography and two defined by populations.
- We worked with the Kenya TWG to define which scenarios were most relevant for their decision-making.

PrEP Rollout Scenarios

**County Rollout**

1. Highest incidence cluster
2. High new HIV infections
3. High + medium new HIV infections

**Population Rollout**

4. High PLHIV to reach discordant couples
5. High and medium key populations

Note: This is not an exhaustive list of possible scenarios. These scenarios have been selected to highlight likely options for PrEP rollout and to illustrate the trade-offs between potential cost and impact across different options.
Analysis – Cost / Impact Comparisons

Based on the population, # of counties, and # of new infections that would be “covered” in each scenario, we compared scenarios across potential impact and cost.

This is something that actual modeling would be able to do in more detail and with more potential accuracy, but this approach can provide directional estimates.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Potential Impact</th>
<th>Potential Cost</th>
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<tr>
<td>Highest incidence cluster</td>
<td>MODERATE IMPACT Covers ~45% adult new infections</td>
<td>LOWER TOTAL COST 4 counties (2M 15+ population)</td>
</tr>
<tr>
<td>High new infections</td>
<td>MODERATE IMPACT Covers ~60% adult new infections</td>
<td>MODERATE TOTAL COST 7 counties (7M 15+ population)</td>
</tr>
<tr>
<td>High + medium new infections</td>
<td>HIGHER IMPACT Covers ~90% adult new infections</td>
<td>HIGHER TOTAL COST 19 counties (16M 15+ population)</td>
</tr>
<tr>
<td>High PLHIV to reach discordant couples</td>
<td>LOWER IMPACT Covers ~30% adult new infections (based on SDC proportion)</td>
<td>LOWER TOTAL COST 12 counties</td>
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<tr>
<td>High + medium key populations</td>
<td>LOWER IMPACT Covers ~20% adult new infections (based on key pop. proportion)</td>
<td>MODERATE TOTAL COST 16 counties</td>
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Kenya example

Providing PrEP beyond key populations will require larger-scale rollout, however, it is necessary to address the majority of new infections.

Scenarios 1 and 2 offer the best balance of impact and cost.
INTRODUCTION TO READINESS ASSESSMENT
The PrEP Introduction Framework provides the organizing structure for the Readiness Assessment.

### Introduction Framework for Oral PrEP

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The toolkit includes example indicators along the value chain and Excel and PPT templates to collect data and complete the analysis.

In Kenya, these indicators were shared with the TWG and the TWG adapted them for the Kenyan context.

The indicators were turned into a self-assessment tool included in the national plan.

In Kenya, county health officials completed the tool themselves, however this can also be completed through data analysis and interviews.
Analysis – District Assessment

• Provides a summary of the readiness of each county

• Includes a summary of key indicators across the value chain, including:
  - Capacity of health system to deliver PrEP and reach target populations
  - Rate of viral suppression as an indicator of likelihood of PrEP uptake and adherence
Similar to district assessment, but includes comparison across districts for key indicators.

Can include qualitative assessment (color coding) or a quantitative assessment (e.g., by attaching a number score to a strong – moderate – weak rating).

This more readily allows for comparisons across districts for a small set of key readiness indicators.
INTRODUCTION TO FACILITY READINESS ASSESSMENT
Facility readiness assessment overview

**Purpose**
A tool to assess healthcare facilities for readiness to deliver oral PrEP

**Method to develop tool**
- Collect existing facility readiness assessment tools from countries where tools are already in use (see list at right)
- Interview implementing partners to identify strengths and challenges of tools in practice
- Develop a tool for use by other countries based on existing examples

**Countries included**
- Kenya
- South Africa
- Zambia
- Zimbabwe
Some criteria were consistent across facility readiness assessments

The following criteria are evaluated across all facility readiness tools:

| Human Resources + Personnel | • Presence of healthcare workers with training on oral PrEP or experience delivering ART  
                                 • Presence of implementing staff (e.g., peer educators, counselors, community outreach staff) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>• Connection to a lab for lab-based services</td>
</tr>
<tr>
<td>Communications</td>
<td>• Use of information, education and communication (IEC) materials to support client education and increasing awareness of HIV prevention options and oral PrEP</td>
</tr>
</tbody>
</table>
| Commodity Management        | • Track record of storing and distributing ARVs  
                                 • Procurement systems                                                                        |
| Monitoring + Evaluation     | • Procedures and systems for tracking and reporting oral PrEP delivery  
                                 • Connection to national reporting structure                                                   |
**Additional criteria were used in some facility readiness assessments**

*These additional criteria may be included depending on the specific areas of focus and desired level of depth within the facility readiness assessment:*

<table>
<thead>
<tr>
<th>Human Resources + Personnel</th>
<th>Service Delivery</th>
<th>Communications</th>
<th>Commodity Management</th>
<th>Monitoring + Evaluation</th>
<th>Finance &amp; Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinical, outreach and administrative staff</td>
<td>Outreach model with person-centered delivery</td>
<td>Presence of PrEP champions</td>
<td>Frequency and reason for stock-outs</td>
<td>Presence of electronic patient monitoring systems</td>
<td>Signed MOU with the Department of Health</td>
</tr>
<tr>
<td>Staff qualifications in terms of training/certification</td>
<td>Tracing and referral processes</td>
<td></td>
<td>Security and compliance of stock room</td>
<td>Client identification, confidentiality and consent processes</td>
<td>Copy of integrated ART guidelines</td>
</tr>
<tr>
<td>Focal staff person to integrate oral PrEP into existing services</td>
<td>Focus on specific key populations (KPs)</td>
<td></td>
<td>Commodity requirements for oral PrEP</td>
<td></td>
<td>Sufficient resources to support oral PrEP rollout including additional lab testing and training</td>
</tr>
<tr>
<td>Training and mentorship capacity for staff</td>
<td>Availability of tools or job aids for staff</td>
<td></td>
<td>Site mapped to ordering points</td>
<td></td>
<td>Current funding gaps, duration and future plans</td>
</tr>
<tr>
<td>Trained data management personnel</td>
<td>Link to adherence support programming</td>
<td></td>
<td>Information about suppliers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Criteria to assess youth friendliness can also be integrated into a readiness assessment

While few existing facility readiness assessments explicitly include youth-focused criteria, they can be included for facilities serving AGYW or other youth audiences.

Suggested criteria include:

• Does the facility have a **policy or guidelines on youth-friendly** provision of services?

• Does the facility have **staff with necessary competencies** and training to provide equitable, non-judgmental services to young people?

• Does the facility have a process for integrating the **voices of young people** in designing and planning efforts?

• Has the facility identified a **focal person for youth-friendly** services?

• Is there **space** to provide services to young people?

• Does the facility have a process for **identifying and reviewing outreach hot spots** to reach young people?

*Additional dimensions of quality care for adolescents developed by the World Health organization (WHO) be found in appendix or on the [WHO website](https://www.who.int).*
The accompanying Excel tool was developed based on existing tools used by countries today. The tool includes two options:

**A “simple” assessment** with a short list of core criteria that are essential to oral PrEP rollout

**A “comprehensive” assessment** that includes a longer list of criteria that can be customized to each country’s needs and preferences
The facility readiness assessment tool contains:

1) A list of questions/criteria that facilities preparing for oral PrEP delivery can answer based on current capabilities

2) Based on the answers to each question, the tools will indicate areas where the facility may be strong and other areas where the facility may need to build additional capacity, capabilities or invest to introduce oral PrEP
INTRODUCTION TO PRIVATE SECTOR ASSESSMENT
Purpose
A tool to assess and compare opportunities to deliver oral PrEP through private sector healthcare channels to reach individuals at high-risk for HIV

About the tool
- This tool was developed based on consultations in the three OPTIONS countries (South Africa, Kenya and Zimbabwe)
- The tool is designed to provide answers to two key questions that were raised by policymakers and implementers in those countries:

  To what extent does private sector healthcare reach individuals at high risk for HIV, especially women and adolescent girls?

  What can be done to leverage the opportunity to deliver oral PrEP through the private sector?
Private sector healthcare includes diverse channels that could deliver PrEP

While different channels will be relevant in each country, the following healthcare channels are broadly relevant across many countries:

<table>
<thead>
<tr>
<th>Commercial healthcare facilities</th>
<th>Private, for-profit hospitals and clinics</th>
<th>Faith-based organizations (FBOs)</th>
<th>Private facilities affiliated with religious institutions, including church-related networks and individual mission hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private doctors</td>
<td>For-profit doctors who either work in small private clinics or manage their own independent practice</td>
<td>Pharmacies</td>
<td>Private facilities in which individuals can purchase medicine, some of which are managed by trained health care workers or pharmacists</td>
</tr>
<tr>
<td>NGO clinics / Social franchises</td>
<td>Private, not-for-profit facilities funded by donors and for- or not-for-profit clinics participating in social franchise networks</td>
<td>Higher education institutions or workplaces</td>
<td>Health facilities and services at universities, technical schools, and places of employment</td>
</tr>
</tbody>
</table>

Sources: FSG Interviews and Analysis.
Assessing each channel against six criteria

The following six criteria were identified as critical to assess for private sector channels to understand to what extent they could improve access to oral PrEP for high-risk populations.

### Can individuals at high-risk for HIV access this channel?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Acceptability</strong></td>
<td>Individuals at risk for HIV are comfortable with accessing family planning and other sexual and reproductive health services through this channel</td>
</tr>
<tr>
<td><strong>2 Affordability</strong></td>
<td>Services are affordable for individuals at risk for HIV with a range of income levels</td>
</tr>
<tr>
<td><strong>3 Proximity</strong></td>
<td>Sufficient number of facilities located in regions with high HIV incidence</td>
</tr>
</tbody>
</table>

### Does this channel have the capacity to deliver oral PrEP?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4 HIV counseling and testing services (HCT)</strong></td>
<td>Channel currently offers HIV counseling and testing services</td>
</tr>
<tr>
<td><strong>5 Healthcare workers (HCW)</strong></td>
<td>Channel has healthcare workers on staff who can prescribe and support adherence to oral PrEP</td>
</tr>
<tr>
<td><strong>6 Ability to provide follow-up</strong></td>
<td>Channel enables oral PrEP users to easily follow-up for prescription pick-up and ongoing testing</td>
</tr>
</tbody>
</table>

Sources: FSG Interviews and Analysis.
### Example: South Africa

<table>
<thead>
<tr>
<th>Delivery channel</th>
<th>Acceptability</th>
<th>Affordability</th>
<th>Proximity</th>
<th>HCT</th>
<th>HCW</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial facilities</td>
<td></td>
<td></td>
<td></td>
<td>LOW OPPORTUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGO clinics/social franchises</td>
<td></td>
<td></td>
<td></td>
<td>MEDIUM OPPORTUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private doctors</td>
<td></td>
<td></td>
<td></td>
<td>HIGH OPPORTUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
<td></td>
<td></td>
<td>MEDIUM OPPORTUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher education institutions</td>
<td></td>
<td></td>
<td></td>
<td>HIGH OPPORTUNITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Can women at high-risk for HIV access this channel?**

**Does this channel have the capacity to deliver oral PrEP?**

- **Opportunity to deliver PrEP**
  - LOW OPPORTUNITY
    - Unaffordable prices and urban concentration limit accessibility beyond wealthy populations
    - Strong capacity to deliver oral PrEP
  - MEDIUM OPPORTUNITY
    - Social franchises effectively deliver affordable, integrated HIV and SRH services without stigma
    - Small number restricts delivery of PrEP at scale
  - HIGH OPPORTUNITY
    - Highly accessible, as the most common private sector entry point nationwide
    - Limited capacity for ongoing testing and follow-up
  - MEDIUM OPPORTUNITY
    - Highly accessible due to privacy and proximity
    - Most will not be able to prescribe oral PrEP, but could be an information dissemination point
  - HIGH OPPORTUNITY
    - On site health centers deliver HCT to at-risk AGYW and have high referral rates
    - Important avenue to deliver information on PrEP in conjunction with HCT
Thank you

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OPTIONS Consortium Partners