



OPTIONS

*Optimizing Prevention Technology
Introduction On Schedule*

Introduction to the Plan 4 PrEP Toolkit

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PLAN 4 PREP TOOLKIT INTRODUCTION



Tools Overview

1

SITUATION ANALYSIS

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

2

PROJECT LANDSCAPE

Assess findings & gaps in projects

- Survey current and planned studies and implementation projects
- Identify key questions to inform implementation and assess gaps

3

ROLLOUT SCENARIOS

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

4

DISTRICT READINESS ASSESSMENT

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

5

FACILITY READINESS ASSESSMENT

Assess facility readiness for oral PrEP

- Assess the readiness of healthcare facilities to deliver oral PrEP
- Identify areas that require additional investment

6

PRIVATE SECTOR ASSESSMENT

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

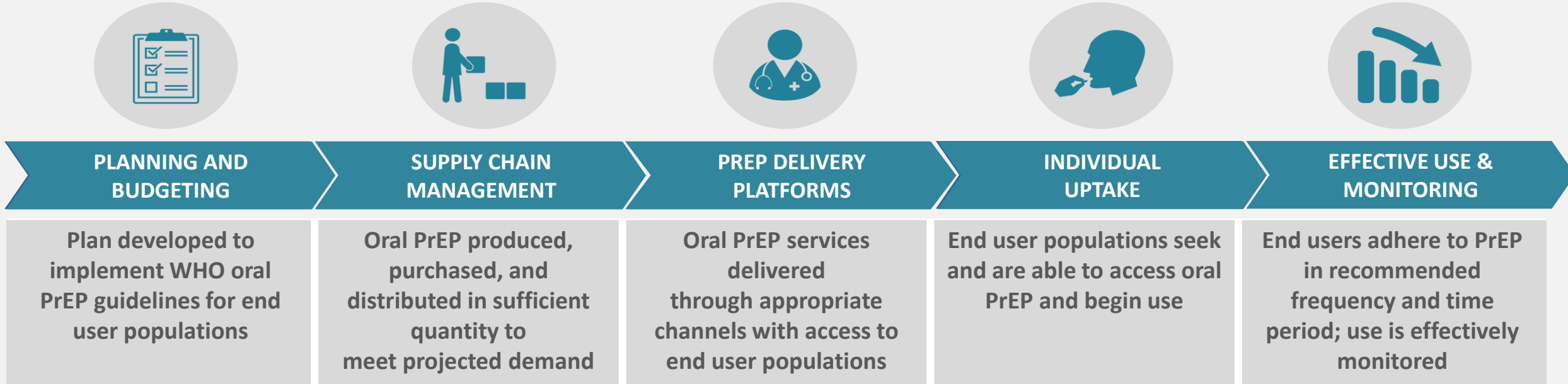
INTRODUCTION TO SITUATION ANALYSIS



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





Summary Analyses

Expected Strengths

- New **plan** 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

- **Variety** of HIV service channels with **strong coverage** (e.g., ART sites, CBHC, HTC)

- Good **HTC coverage**
- **Recent positive legal change** relevant to FSWs

- Single **harmonized** monitoring and evaluation system
- New plan (ZNASP III)

PLANNING & BUDGETING

SUPPLY CHAIN MANAGEMENT

PREP DELIVERY PLATFORMS

INDIVIDUAL UPTAKE

EFFECTIVE USE & MONITORING

MOHCC develops national strategic plan, identifies drug needs, does forecasts, specifies delivery timelines, creates treatment guidelines, M&E plans

NAC provides logis and technical assis during plan prepar

Technical working focused on key the are involved in pla

PLANNING & BUDGETING

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

Emerging Key Considerations

National stakeholders

Local Implementers

Donors

Civil society group access, and demar

Pangaea can help

Key populations a

CESHAR conduct PrEP impact study Zimbabwe (among

International bilat

Multilateral dono

PLANNING & BUDGETING

SUPPLY CHAIN MANAGEMENT

PREP DELIVERY PLATFORMS

INDIVIDUAL UPTAKE

EFFECTIVE USE & MONITORING

- What are the **incremental benefits and costs** of PrEP for target populations?

- When will PrEP be meaningfully included in **national plan**?

- What **populations and sub-segments, and where**, will receive PrEP beyond demo projects and DREAMS?

- How will PrEP be **funded** beyond current levels?

- When will Truvada, or alternatives, be **approved** for prevention?

- What is the total **forecasted need** for PrEP, and how will effective forecasts be developed given data limitations?

- How will the supply chain be managed to avoid **stock-outs or perceived competition with treatment**?

- Which **delivery channels** will be used to deliver PrEP to key populations, in what **sequence**?

- How can **non-public facilities** (e.g. NGO, private) be leveraged for PrEP?

- How and when will **health care worker engagement** for PrEP be delivered? What are expected opportunities or challenges?

- To what extent, how, and with what funding will the challenges of **stigma, access, and demand generation** be addressed? **Who** will address these?

- Who will coordinate the **communications campaign** for PrEP and when? What are the most effective messages to reach populations at risk, including those in cities, commercial farming, mining, borders, etc.?

- What investment and/or capacity-building needs to be done to **mitigate strain on the system** from ongoing testing (HIV and creatinine levels) of PrEP users?

- Will users **adhere to effective use of PrEP**? How can adherence/ effective use be encouraged and supported?
- How will **services be linked across facilities** when not available on-site?



Defining steps for oral PrEP introduction

Zimbabwe example

PLANNING & BUDGETING	SUPPLY CHAIN MANAGEMENT	PREP DELIVERY PLATFORMS	INDIVIDUAL UPTAKE	EFFECTIVE USE & MONITORING
Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio	Regulatory approval of form(s) of oral PrEP by authorities	Issuance of standard clinical guidelines for prescription and use of PrEP	Clear and informative communications on PrEP for general public audiences	Established plans to support effective use and regular HIV, creatinine testing that reflect the unique needs of target populations
Identification and quantification of target populations for PrEP	Effective demand and supply forecasting mechanisms for PrEP	Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe PrEP in priority channels	Development of demand generation strategies targeted to unique needs of different populations	Capacity to provide ongoing HIV and creatinine level testing for PrEP users accessible to target populations
Inclusion of PrEP and female-controlled methods in current or upcoming national HIV prevention plans	Manufacturer identification and contract negotiation to purchase PrEP	Plan to engage health care workers on PrEP and delivery to target populations (including mitigating stigma)	Linkages between HTC, PrEP prescription, and PrEP access to enable PrEP uptake	Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)
Timeline and plan for PrEP introduction and scale-up	Product and packaging design to meet target population needs and preferences	Tools to help potential clients and HCW understand who should use PrEP	Information for clients on how to effectively use PrEP for all target populations	
A budget for PrEP roll-out to target populations	Development of distribution plan for PrEP to reach target populations	Sufficient resources to roll-out plans for healthcare worker engagement	Sufficient resources to roll-out plans for demand generation	
Sufficient funding to achieve targets	Effective distribution mechanisms to avoid PrEP stock-outs in priority facilities			

COLOR KEY

- Significant progress and/or momentum
- Early progress
- Initial conversations ongoing



Data Collection Example: Planning

Readiness for PrEP Introduction	
Readiness Factor	Progress
Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> PrEP has been incorporated into the Zimbabwe National Strategic Plan
Timeline and plan for PrEP introduction and scale-up	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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, ZNNP+, 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 sero-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 components 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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Sufficient funding to achieve targets	Effective distribution mechanisms to avoid PrEP stock-outs in priority facilities			
COLOR KEY ■ Significant progress and/or momentum ■ Early progress ■ Initial conversations ongoing				

DECEMBER 2016

PLANNING & BUDGETING	SUPPLY CHAIN MANAGEMENT	PREP DELIVERY PLATFORMS	INDIVIDUAL UPTAKE	EFFECTIVE USE & MONITORING
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INTRODUCTION TO PROJECT LANDSCAPE



	2015				2016				2017				2018				2019				2020								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
DREAMS					First PrEP initiation in January 2017																								
AMP Study (HVTN73/HPTN81)																													
Anza Mapema																													
Bridge to Scale (Jilinde Project)																													
Consumer Demand Driven PrEP Use for AGYW in Kenya																													
IPCP Study	2014 – 2017																												
LEARN																													
MP3-Youth	2014 – 2016																												
Partners	2012 – 2016 (demo)								2017 – 2022 (scale-up)																				
POWER																													
PriYA																													
REACH																													
SEARCH																													
GEMS																													

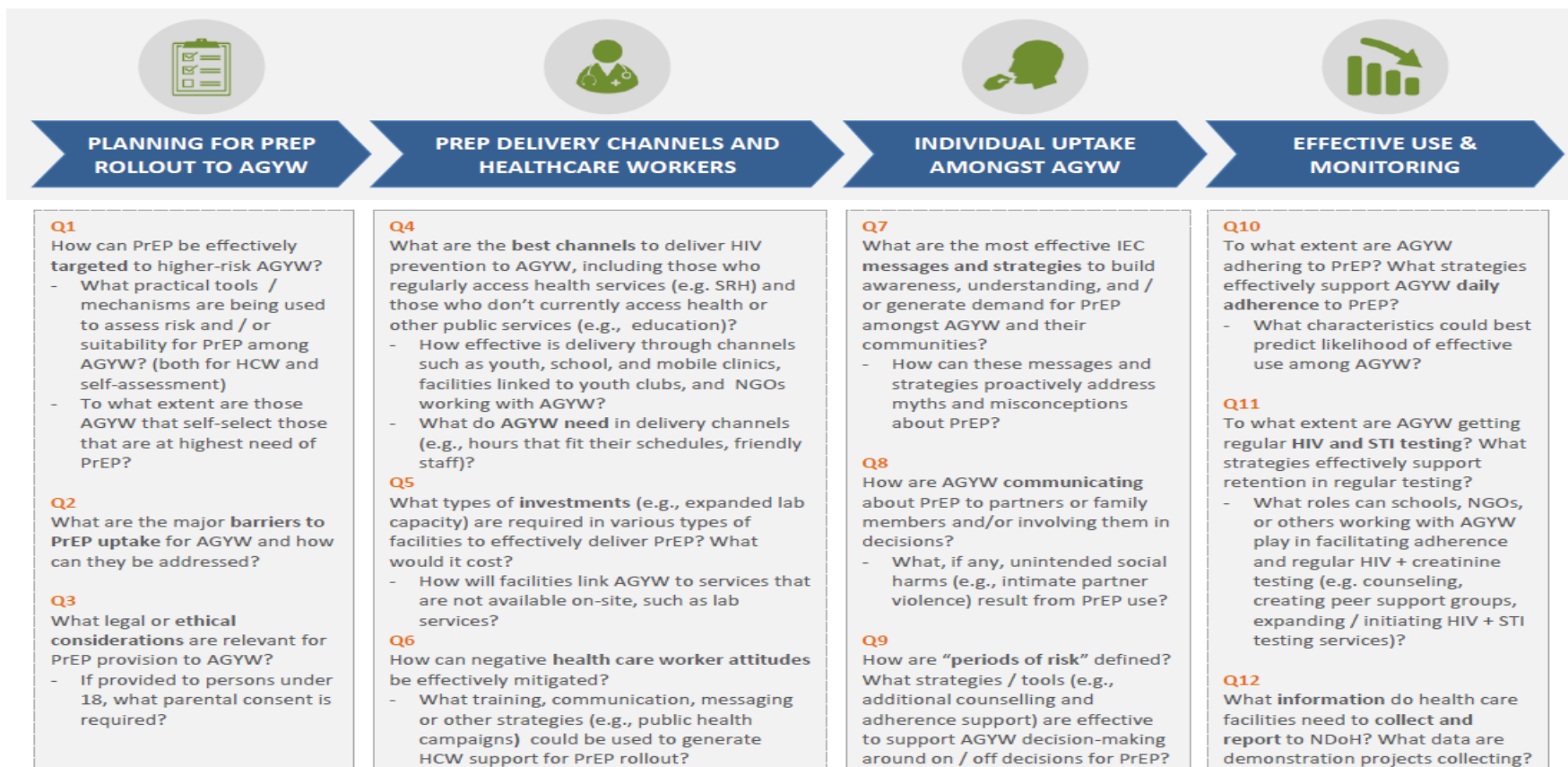
PrEP Projects in	
Siaya	DREAMS Partners
Kisumu	AMP Anza Mapema DREAMS IPCP PriYA
Homa Bay	DREAMS IPCP MP3-REACH Partners SEA
Kisii	Bridge to Scale
Migori	Bridge to Scale Partner:
Nyeri	Partners
Kiambu	Bridge to Scale Partner:
Nairobi	Bridge to Scale DREAM
Machakos	Bridge to Scale

* GEMS will work in all counties



Defining Key Questions

Key questions for AGYW demo 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?



TARGETING

Study	Timeline	Characteristics
CAPRISA 082	Ongoing March 2016 - April 2021 <i>Currently enrolling, Provisional results mid-2017</i>	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
EMPOWER	Ongoing July 2015 - December 2017	AGYW at risk for violence; investigating integrated Gender-based violence and stigma reduction through combination HIV prevention methods
HPTN 082	Ongoing June 2016 - August 2018 <i>Provisional results mid-2017</i>	Includes risk perception scoring, recoding of sexual and substance abuse behaviour; targeting AGYW sexually active in past month
MSF	Under Ethics Review <i>Expected start April 2017</i>	Up to 200 sexually active, HIV-uninfected females ages of 18 - 25
MTN034	Planned <i>Expected start early-2017</i>	<ul style="list-style-type: none">• Behavioural questionnaire• No planned req. for sexual activity for participation in study• Developing a risk assessment tool
Plus Pills	Completed end 2016	15-19 years old Sexually active in past 12 months Using effective contraception method > 148 ppts enrolled
POWER	Ongoing <i>Formative research completed. Recruitment ongoing. Completion expected 2020</i>	Sexually active AGYW

Insights expected from demo projects

- ✓ CAPRISA, HPTN, and MTN studies will all record behavioral characteristics of study participants to inform identification of risk factors for AGYW
- ✓ CAPRISA and HPTN will yield insights on risk perception scoring for AGYW
- ✓ CAPRISA, HPTN, and MTN studies use different sexual activity thresholds (3x in 3 months vs. any activity in past month vs. no requirement) – a comparison across them could yield insights on the use of sexual activity as a risk factor

Remaining questions about demo projects

- ? How will DREAMS and related studies define criteria for AGYW participation?
- ? How comprehensive are the behavioural assessments and risk perception scoring? What can be learned from the tools used in the CAPRISA, HPTN, and MTN projects?
- ? What insights can Pills Plus yield on risk characteristics differences between girls and boys?

- 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

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

	Question	Status	Notes
Q1	How can PrEP be effectively targeted to higher-risk AGYW?	Significant coverage in studies	Studies use differing “risk factors” to identify study participants; a comparison across them will be informative
Q2	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
Q3	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
Q4	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)
Q5	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
Q6	How can negative health care worker attitudes be effectively mitigated?	Some studies address topic	POWER formative research and OPTIONS Provider KAP Survey
Q7	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
Q8	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
Q9	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
Q10	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
Q11	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
Q12	What information do health care facilities need to collect and report to NDoH? What data are demonstration projects collecting?	No studies address topic	Subcommittee of AGYW TWG meeting to determine how and what data to report to NDOH

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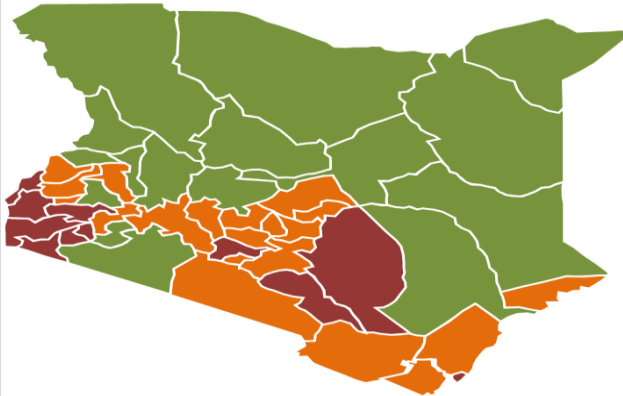
- We then created a one page summary to assess how much information would be available for each question
- This highlighted several issues, for example:
 - Targeting high-risk AGYW is a topic in many projects (Q1)
 - Costing was included in only 1 project (Q5)
 - There is a gap on how interactions between AGYW, family members and partners impact ability to take / adhere to oral PrEP (Q8)

INTRODUCTION TO ROLLOUT SCENARIOS



Analysis - Summary

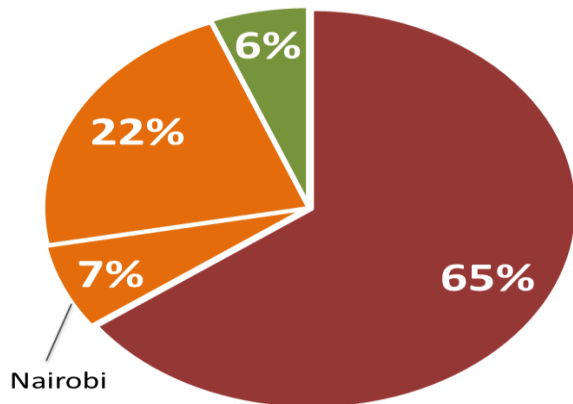
Kenya example



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, Makueni, Kisii, Kitui)
- 2 Medium Incidence** - Incidence rates of 0.1-0.27
(Machakos, Muranga, 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, Elegeyo-Marakwet, West Pokot, Garissa, Mandera, Wajir)

Proportion of National Adult New HIV Infections by Cluster, 2015



Incidence Cluster	# of Counties	Total Population (15+)	# of New Infections (15+)
1 High Incidence	11	7M	46K
2 Medium Incidence	17	11M	20K
3 Low Incidence	19	8M	5K

- 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



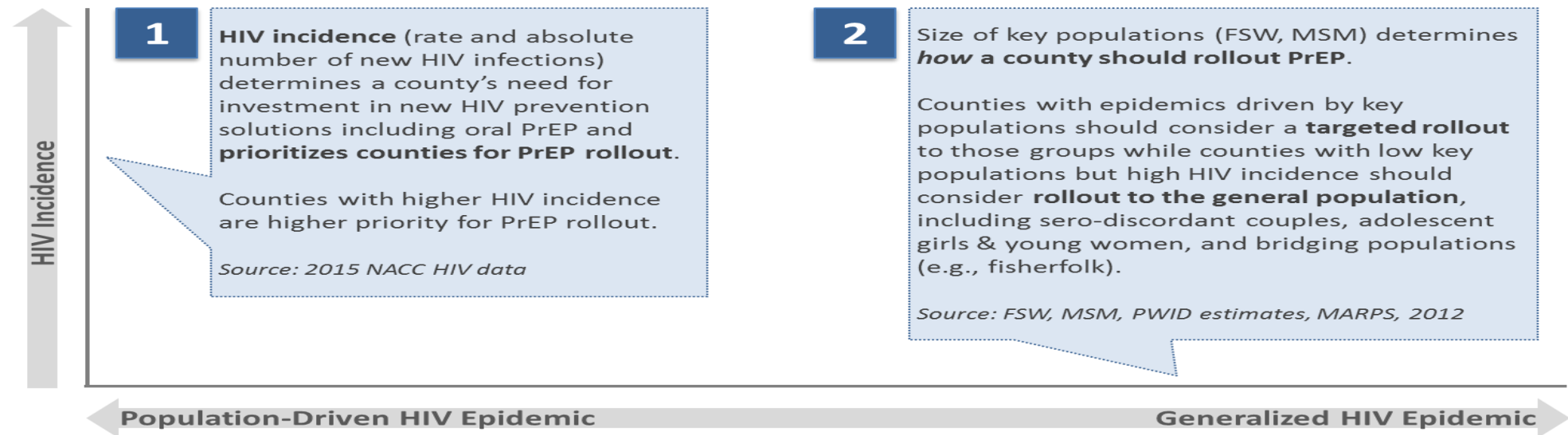
Analysis – Geographic Analysis

Kenya example

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

Two-Step Delivery Approach Framework



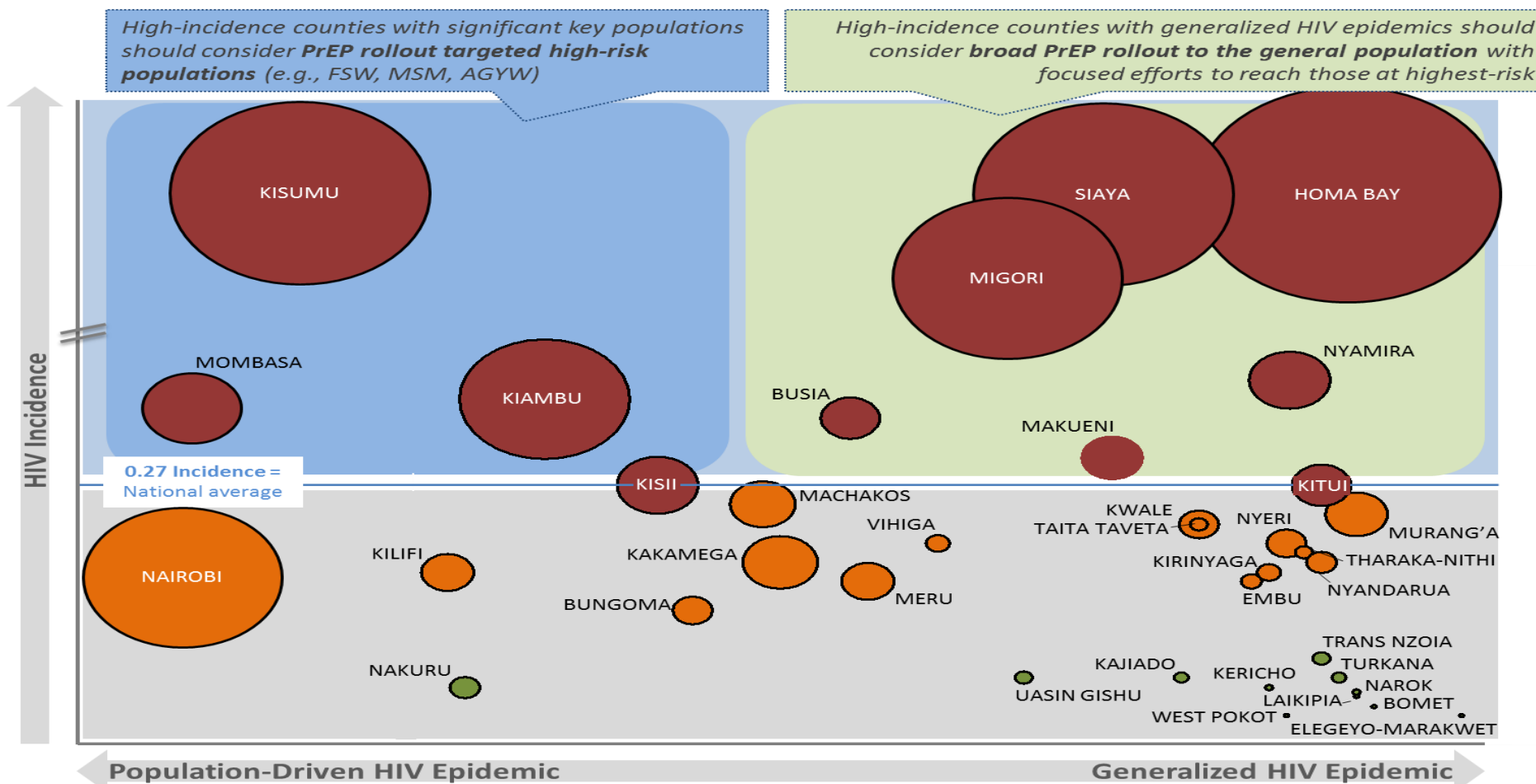


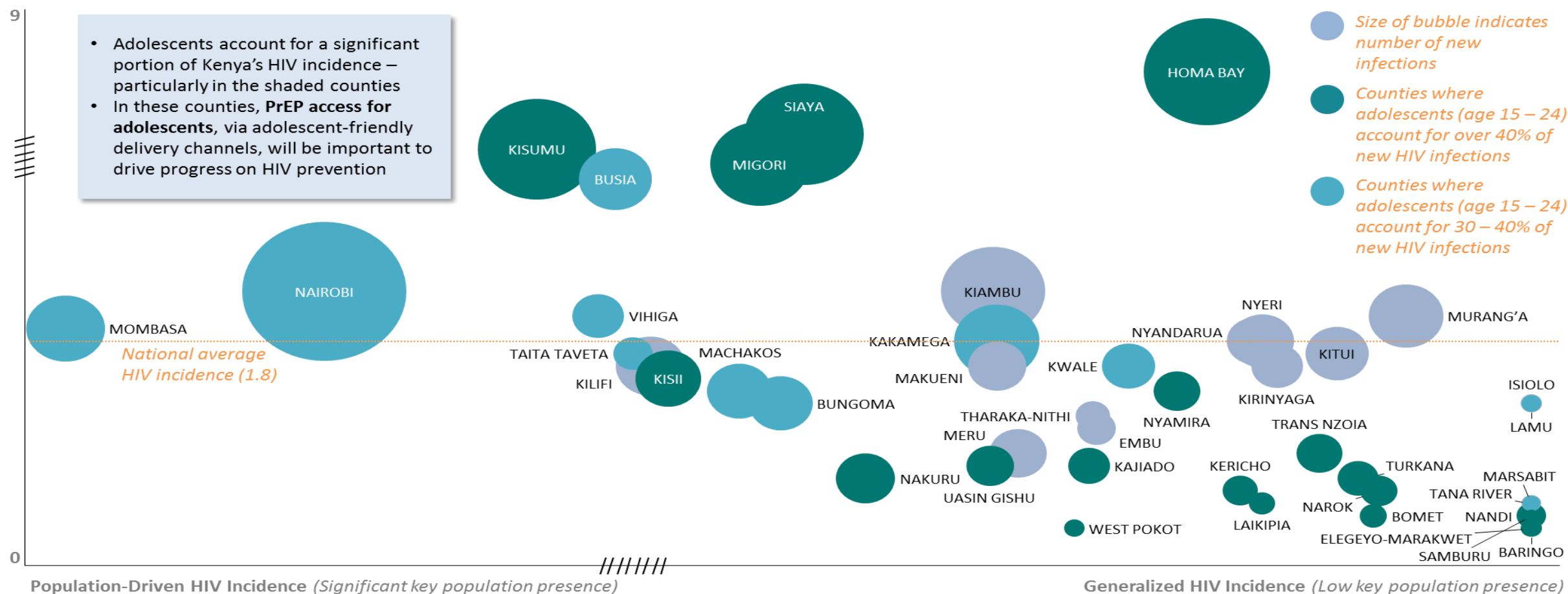
Analysis – County Assessment

Counties mapped by incidence and presence of key populations, 2015

Circle size represents number of 2015 adult new infections

Kenya example







Analysis - Scenarios

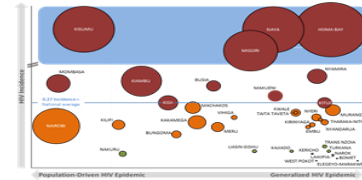
- Based on this analysis, we defined several scenarios for possible PrEP rollout – three defined by geography and two defined by populations
- We worked with the Kenya TWG to define which scenarios were most relevant for their decision-making

Kenya example

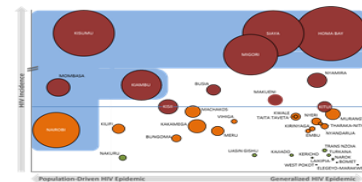
PrEP Rollout Scenarios

County Rollout

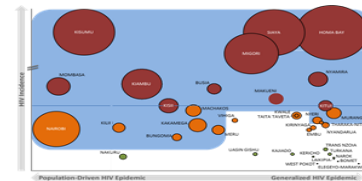
1 Highest incidence cluster



2 High new HIV infections

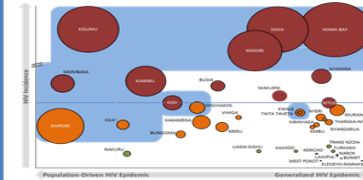


3 High + medium new HIV infections

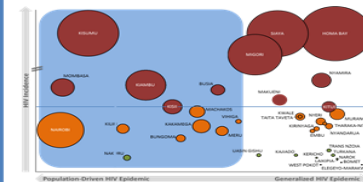


Population Rollout

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

Kenya example

Scenario		Potential Impact	Potential Cost
County Rollout	1 Highest incidence cluster	MODERATE IMPACT Covers ~45% adult new infections	LOWER TOTAL COST 4 counties (2M 15+ population) good demo project coverage
	2 High new infections	MODERATE IMPACT Covers ~60% adult new infections	MODERATE TOTAL COST 7 counties (7M 15+ population) good demo project coverage
	3 High + medium new Infections	HIGHER IMPACT Covers ~90% adult new infections	HIGHER TOTAL COST 19 counties (16M 15+ population) some demo project coverage
Population Rollout	4 High PLHIV to reach discordant couples	LOWER IMPACT Covers ~30% adult new infections (based on SDC proportion)	LOWER TOTAL COST 12 counties 946K PLHIV (15+) good demo project coverage
	5 High + medium key populations	LOWER IMPACT Covers ~20% adult new infections (based on key pop. proportion)	MODERATE TOTAL COST 16 counties 101K key populations some demo project coverage

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.

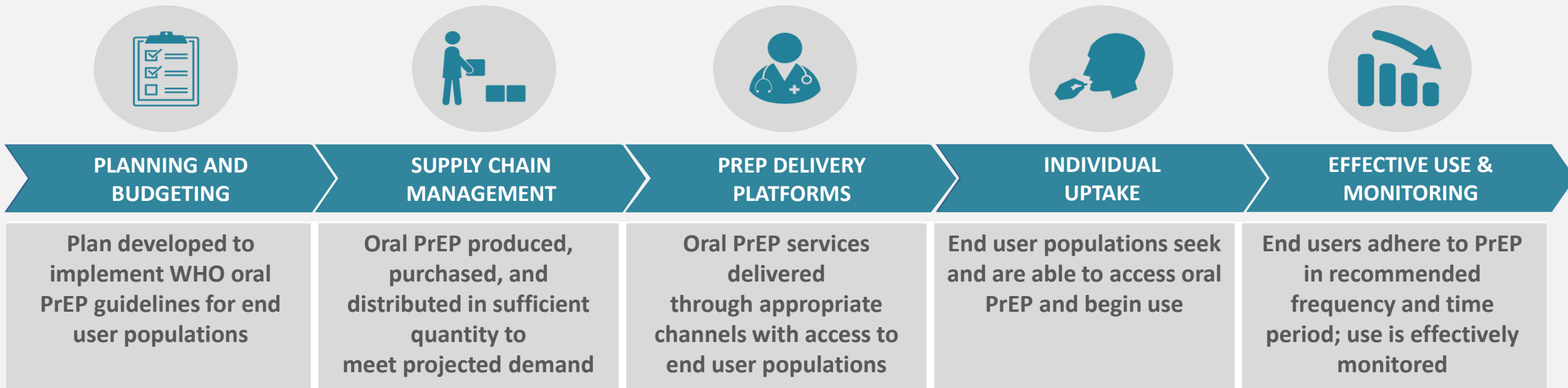
INTRODUCTION TO READINESS ASSESSMENT



Oral PrEP Introduction Framework

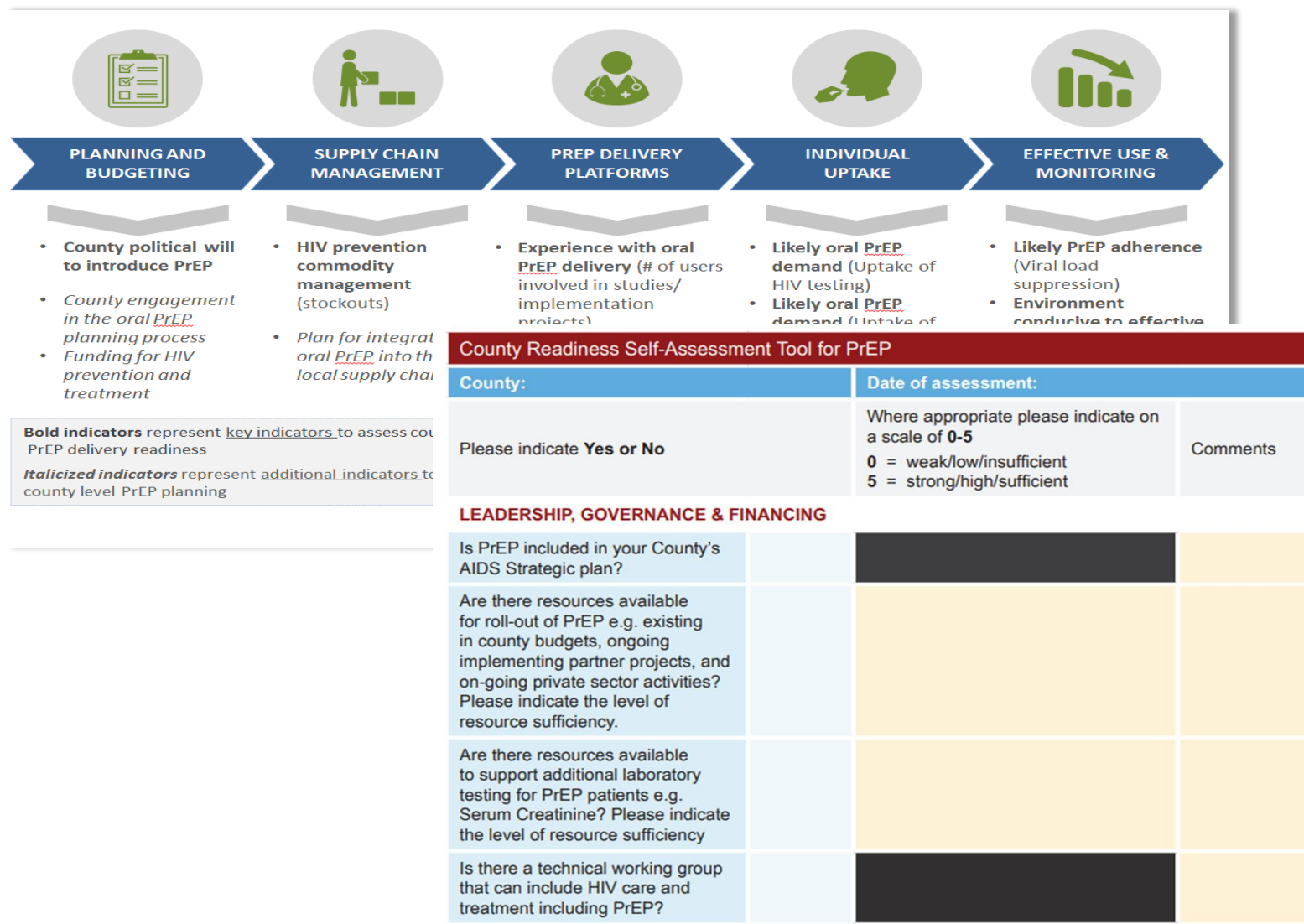
The PrEP Introduction Framework provides the organizing structure for the Readiness Assessment.

Introduction Framework for Oral PrEP





Data Collection



- 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

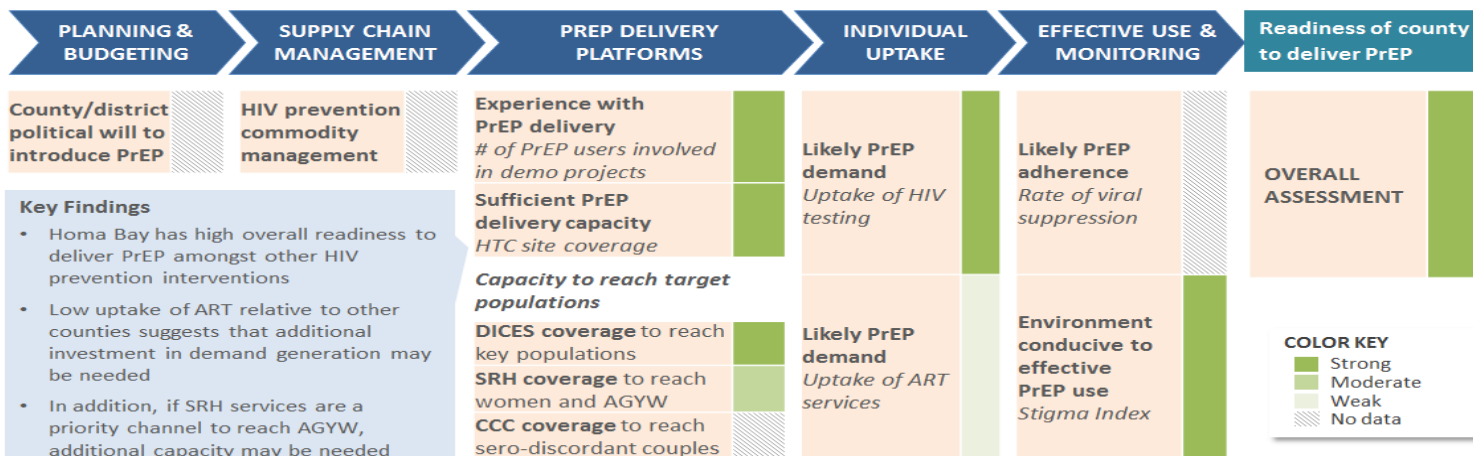


Analysis – District Assessment

Overview

County/District:	Homa Bay
HIV Incidence	HIGH (2% incidence, 9.6K annual new infections)
County Readiness	STRONG

County/District Readiness 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



Analysis – Multiple District Assessment

KEY TAKEAWAYS

- Homa Bay has the most favorable characteristics among the three counties, although relatively low ART uptake may signal need for strong demand generation to accompany oral PrEP introduction and investment in SRH services may be needed if oral PrEP is to be added to that delivery channel
- Nairobi largely scores moderate across indicators although the low # of DICEs may be a challenge given the likely focus on key populations
- Nakuru has the lowest scores across indicators and may require greater investment in delivery capacity

Readiness indicators for select counties

	Plan/ Budget	Supply Chain	Delivery Platforms (Coverage of potential oral PrEP delivery sites)					Individual Uptake (Uptake of HIV services)		Effective Use (ART adherence + stigma)		Overall Score
	Progress on plan	Stockout freq.	Demo project reach (#)	15+ pop. per HTC site	Key pop. per DICE	15+ pop. per SRH site	15+ pop. per CCC	HIV testing uptake	ART uptake	Viral suppression rate	Stigma Index rating	
HOMA BAY			3,499	8,399	701	2,473		64.9%	63.0%		34.5%	16
NAIROBI			2,410	15,105	1,705	3,101		59.2%	79.0%		39.5%	13
NAKURU			0	15,416	2,805	3,005		49.6%	76.0%		45.6%	8

COLOR KEY

- Strong
- Moderate
- Weak
- No data

Note: Thresholds were defined by segmenting data on each indicator into quartiles across all counties. 1st quartile= strong (3 points); 2nd quartile= moderate (2 points); 3rd quartile= weak (1 point); 4th quartile = weak (0 points).

- 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)



Service Delivery

- Connection to a lab for **lab-based services**



Communications

- Use of **information, education and communication (IEC) materials** to support client education and increasing awareness of HIV prevention options and oral PrEP



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:

 Human Resources + Personnel	<ul style="list-style-type: none">• Number of clinical, outreach and administrative staff• Staff qualifications in terms of training/certification	<ul style="list-style-type: none">• Focal staff person to integrate oral PrEP into existing services• Training and mentorship capacity for staff• Trained data management personnel
 Service Delivery	<ul style="list-style-type: none">• Outreach model with person-centered delivery• Tracing and referral processes• Focus on specific key populations (KPs)• Availability of tools or job aids for staff• Link to adherence support programming• Fee structure (prices of services)	<ul style="list-style-type: none">• Private room for individual counseling and risk assessment• Space in facility for additional drug storage• Availability of prevention and testing services• Availability of other prevention services (STI and TB screening, HIV testing, condoms)• Integrated prevention approach with partners
 Communications	<ul style="list-style-type: none">• Presence of PrEP champions	
 Commodity Management	<ul style="list-style-type: none">• Frequency and reason for stock-outs• Security and compliance of stock room• Commodity requirements for oral PrEP	<ul style="list-style-type: none">• Site mapped to ordering points• Information about suppliers
 Monitoring + Evaluation	<ul style="list-style-type: none">• Presence of electronic patient monitoring systems• Client identification, confidentiality and consent processes	
 Finance & Regulations	<ul style="list-style-type: none">• Signed MOU with the Department of Health• Copy of integrated ART guidelines• Sufficient resources to support oral PrEP rollout including additional lab testing and training• Current funding gaps, duration and future plans	



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](#)



OPTIONS facility readiness tool

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

PLAN 4 PREP TOOLKIT FACILITY READINESS ASSESSMENT TOOL - BASIC VERSION		
<i>This tool was adapted from several existing facility readiness assessment tools from South Africa, Kenya, Zimbabwe acknowledge and thank all of the contributing countries for their thought partnership and for making their tools accessible so that they can be shared with other countries implementing oral PrEP.</i>		
Facility		Date of assessment
	Select Yes, No, or Some	Comments for additional internal clarification and information
Human Resources and Personnel		
Does the facility have clinical staff to support oral PrEP delivery?		
Does the facility have outreach staff or partner organizations to support oral PrEP rollout (e.g., peer educators)?		
Service Delivery		
Does the facility offer prevention services such as HIV testing, PrEP, oral PrEP, family planning, STI screening or other SRH services? If yes, list services in comment box.		
Are there toolkits or job aids for service providers on HIV prevention and oral PrEP available?		
Is there a private screening room for clients?		
Is there a referral system or connection to labs for specialized laboratory tests (e.g., creatinine)?		

A “comprehensive” assessment that includes a longer list of criteria that can be customized to each country’s needs and preferences

PLAN 4 PREP TOOLKIT FACILITY READINESS ASSESSMENT TOOL - COMPREHENSIVE VERSION			
<i>This tool was adapted from several existing facility readiness assessment tools from South Africa, Kenya, Zimbabwe and Zambia. We want to acknowledge contributing countries for their thought partnership and for making their tools accessible so that they can be shared with other countries implementing F</i>			
Facility		Date of assessment	
Size of clinic (# of clients served per day)		Opening schedule	
		Where appropriate please indicate on a scale of 0-5 (0 = weak/low/insufficient 5 = strong/high/sufficient)	Comments for additional internal clarification and information
Human Resources and Personnel			
* Does the facility have clinical staff to support oral PrEP delivery? Indicate the # of clinical staff in the comment box, specify number with relevant licenses / certifications			
Does the facility have outreach staff or partner organizations to support oral PrEP rollout (e.g., peer educators)? Indicate the # of outreach staff in the comment box			
Is there a training plan in place that includes continuous mentorship and capacity building of healthcare workers on oral PrEP delivery (that includes addressing attitudes on oral PrEP)?			
Does the facility have time to add oral PrEP? Please specify how oral PrEP roll-out would be integrated into the facility management plan			
Does the facility work with implementing partners to support HIV prevention? Provide additional context on partners in the comment box.			
Has the facility identified a focal person or team to facilitate and			



The assessment tools provide a simple rating system to highlight areas of focus/investment

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

Screenshot of criteria in “Basic Assessment” tool

	Select Yes, No, or Some	Com
Human Resources and Personnel		
Does the facility have personnel with experience delivering ART or oral PrEP?		
Does the facility have appropriate personnel to implement oral PrEP (Service providers; Peer educators, Lay counselors and / or Community Health Volunteers)?	Yes Some No	
Service Delivery		
Does the facility offer additional prevention services such as testing, family planning, STI screening or SRH services?		

Screenshot of criteria and rating scale in “Basic Assessment” tool

	Select Yes, No, or Some	Implications
Human Resources and Personnel		
Does the facility have personnel with experience delivering ART or oral PrEP?	No	Little additional investment needed
Does the facility have appropriate personnel to implement oral PrEP (Service providers; Peer educators, Lay counselors and / or Community Health Volunteers)?	Yes	Moderate effort/investment required
Service Delivery		
Does the facility offer additional prevention services such as testing, family planning, STI screening or SRH services?	Some	Significant investment required

INTRODUCTION TO PRIVATE SECTOR ASSESSMENT



Private sector assessment tool overview

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:

Commercial healthcare facilities

Private, for-profit hospitals and clinics

Faith-based organizations (FBOs)

Private facilities affiliated with religious institutions, including church-related networks and individual mission hospitals

Private doctors

For-profit doctors who either work in small private clinics or manage their own independent practice

Pharmacies

Private facilities in which individuals can purchase medicine, some of which are managed by trained health care workers or pharmacists

NGO clinics / Social franchises

Private, not-for-profit facilities funded by donors and for- or not-for-profit clinics participating in social franchise networks

Higher education institutions or workplaces

Health facilities and services at universities, technical schools, and places of employment



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?

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



Does this channel have the capacity to deliver oral PrEP?

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



Example: South Africa

Delivery channel	1 Can women at high-risk for HIV access this channel?			2 Does this channel have the capacity to deliver oral PrEP?			Opportunity to deliver PrEP
	Acceptability	Affordability	Proximity	HCT	HCW	Follow-up	
Commercial facilities							LOW OPPORTUNITY <ul style="list-style-type: none">Unaffordable prices and urban concentration limit accessibility beyond wealthy populationsStrong capacity to deliver oral PrEP
NGO clinics/ social franchises							MEDIUM OPPORTUNITY <ul style="list-style-type: none">Social franchises effectively deliver affordable, integrated HIV and SRH services without stigmaSmall number restricts delivery of PrEP at scale
Private doctors							HIGH OPPORTUNITY <ul style="list-style-type: none">Highly accessible, as the most common private sector entry point nationwideLimited capacity for ongoing testing and follow-up
Pharmacies							MEDIUM OPPORTUNITY <ul style="list-style-type: none">Highly accessible due to privacy and proximityMost will not be able to prescribe oral PrEP, but could be an information dissemination point
Higher education institutions							HIGH OPPORTUNITY <ul style="list-style-type: none">On site health centers deliver HCT to at-risk AGYW and have high referral ratesImportant avenue to deliver information on PrEP in conjunction with HCT



QUESTIONS?





Thank you

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OPTIONS Consortium Partners

