Integrating PrEP and Other SRH Services

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FHI 360
Definitions

• **Integration** refers to the service delivery level and can be understood as joining operational programmes to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop shop services under one roof, etc).

• **Linkages** refer to bi-directional synergies in policy, systems, and services between SRHR and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

Summary of ECHO results

• This well-conducted, multi-country randomised trial measured HIV incidence among African women assigned to one of three highly-effective contraceptive methods.

• Acceptance of randomized method, contraceptive continuation, and retention were very high across all methods.

• HIV incidence was high for all three groups. The trial did not find a substantial difference in HIV risk among the methods evaluated, and all methods were safe and highly effective for pregnancy prevention.
## Summary of ECHO implications

<table>
<thead>
<tr>
<th>Implication #1</th>
<th>Increase access to broad range of contraceptive methods</th>
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<tbody>
<tr>
<td>Implication #2</td>
<td>More aggressive HIV prevention efforts for women are needed now</td>
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<td>Implication #3</td>
<td>No more silos; the connection between the FP and HIV worlds cannot be lost</td>
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<td>Implication #4</td>
<td>New STI screening, treatment, and prevention strategies are needed</td>
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<tr>
<td>Implication #5</td>
<td>Integrate services and put women at the center.</td>
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Adapted from Jared Baeten, IAS 2019
Statements on ECHO – calls for integration

• “[ECHO] highlights the importance of integrating HIV prevention and treatment with family planning and other health services.”
  – FHI 360

• “ECHO provides the data needed to help guide clear policy decisions that support programs that give women fully integrated HIV and pregnancy prevention information and choice.”
  – AVAC

• “ECHO is a wake-up call to put HIV prevention on site at every family planning clinic including PrEP and female condoms.”
  – Civil Society Advocacy Working Group on HC-HIV
WHO guidance: FP/PrEP integration

• Current HIV prevention measures remain unavailable or unsatisfactory for many women and adolescent girls living in settings of high HIV incidence. In such areas, the integration of family planning and HIV prevention services for all women is essential if the health of women and adolescent girls is to be improved.
  – In settings with high HIV prevalence, HIV testing and prevention [including PrEP] should be included in family planning services.
Why integrate?

- Integrating SRH and HIV services can help ensure that women living with HIV and women at high risk of HIV – including AGYW, key population members, and pregnant women – can access information and services that empower them to fulfill their SRH needs, goals, and rights.
SRH Services
- Family planning, safe conception, and infertility services
- Safe abortion services
- STI and cervical cancer services
- ANC and maternal health services
- Gender-based violence services
- Sexual health counseling and support

HIV Services
- Prevention services, including PrEP
- Access to condoms and lubricant
- Access to needles/syringes
- HIV testing and counseling
- Treatment services
- Care and support services

Integrated SRH/HIV Services

“The woman is one person: the woman has many needs. Women-centred services, capable of dealing with a range of issues under one roof and at one time, are needed.” Jacqui Wambui, ECHO community advisory group member
Evidence for SRH/HIV integration
What does the evidence say?

- Integrated SRH/HIV services:
  - Are desirable for clients
  - Increase service uptake
  - Decrease stigma
  - Improve quality of care
  - Make more efficient use of limited resources
  - Promote better understanding and protection of rights
PrEP/FP integration evidence

PrEP Implementation in Young Women and Adolescents (PrIYA)

- Pilot open-label, “real-world” implementation program to evaluate the feasibility of integrating PrEP delivery into routine FP clinics to reach HIV at-risk young women

- Screening and counseling for PrEP conducted by a PrEP-dedicated nurse embedded in 8 public health FP clinics in a high HIV prevalence region in Kenya

- 22% of clients accepted PrEP, but early drop-off was high

- FP clinics were an effective platform to efficiently reach HIV at-risk women who may benefit from PrEP

Mugwanya, PLoS Med, 2019
What about PrEP/STI integration?

• Integration of STI and PrEP programmes can be viewed bi-directionally (not only integrating STI services into PrEP services but also considering STI clients as people also at risk for HIV and therefore potentially eligible for PrEP). Such an approach fosters synergies and efficiencies from a public health perspective.
Are integrated services enough?

- Poor SRH and HIV outcomes share common root causes
  - Gender inequality, including GBV
  - Stigma and discrimination
  - Punitive or restrictive legal environments
  - Economic marginalization
Making the most of PrEP-SRH integration

• The impact of providing integrated PrEP-SRH services will be maximized when:
  – Structural barriers to service uptake – e.g., stigma, violence, criminalization – are addressed
  – Health systems are strengthened to support integrated delivery of services
  – Services are women-centered with attention to human rights and gender equality
We are not starting from scratch
http://toolkit.srhhivlinkages.org

For SRHR and HIV linkages, I would like to...

1. understand and advocate for linkages
2. know how to integrate services
3. monitor and evaluate
4. conduct research
5. provide integrated SRHR and HIV services for various populations
6. protect and promote human rights
7. apply learnings to other areas of integration
8. mobilise resources and work in partnerships
9. know more about the thematic connections and key entry points
PrEP integration models: Technical and operational considerations

Presenter: Dr. Saiqa Mullick
Wits RHI
Malawi Learning Collaborative
11-13th November 2019
PrEP is not a stand-alone intervention

Additional minimum package for those choosing PrEP

- Creatinine (future plans to review frequency)
- Adherence support – peer support

Minimum package for all attending PrEP services

- HIV testing (national algorithm)
- Syndromic STI diagnosis and Rx
- TB screening
- PEP
- Pregnancy test
- Contraception (NDoH package)
- Counselling (screen for mental health, alcohol/substance use/mental health)
- Condoms

Other services to link to as needed

- Laboratory STI diagnosis
- Hep B screening & vaccination
- Pregnancy test - links for ANC and abortion services
- Mental health services
- IPV/GBV service
- Alcohols/substance use services
- CxCa screening and Rx

Demand Creation

Prevention/PrEP awareness

HIVST to include prevention and PrEP info

NDoH web tool for info and service sites

What have we learnt from contraception?

A strategic approach to PrEP introduction should include a broader focus on the technology/user interface, the method mix and delivery strategies.

Guided by the WHO strategic approach to contraception introduction, the following lessons for PrEP introduction from contraception were identified:

1. The importance of a broader focus on the method mix rather than promotion of a single technology.
2. New technologies alone do not increase choice – service delivery systems and providers are equally important to success.
3. Failure to account for user preferences and social context can undermine the potential of new methods to provide benefit.

Healthcare providers support the integration of PrEP and SRH services

A cross-sectional survey was conducted with healthcare providers. To explore attitudes and beliefs towards oral PrEP delivery.

Key Findings

- PrEP knowledge was high among providers irrespective of whether they were providing PrEP or not.
- Providers were concerned about whether adolescents girls are responsible enough to use PrEP and if it could lead to risky behaviour.
- Providers believed oral PrEP should be provided to AGYW in many situations such as IPV, STIs and pregnancy
- Providers felt that oral PrEP could be provided to AGYW through public health facilities, youth-friendly services or family planning sites
What’s needed to introduce integrated PrEP services?

OPTIONS aims to take a robust and systematic approach to PrEP introduction. The value chain is a systematic way of organizing the introduction of integrated services, identify key bottlenecks and opportunities to introduce and scale PrEP effectively in each OPTIONS country. To identify what’s needed for PrEP introduction, we have organized the rest of the situation analysis along the PrEP value chain, introduced below.

### Value Chain for PrEP

<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>
</thead>
<tbody>
<tr>
<td>Plan developed to implement integrated policy, guidelines for targeted populations</td>
<td>PrEP and other commodities eg FP produced, purchased, and distributed in sufficient quantity to meet projected demand</td>
<td>Integrated HIV/SRH services delivered by appropriate channels with access to target populations</td>
<td>Target populations seek and are able to access PrEP and other appropriate services and begin use</td>
<td>Target populations continue to PrEP and other relevant services as required. Plan on how to measure success</td>
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Many guidelines on implementing integrated services
### Integrated service delivery: Menu of strategies

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td><strong>Integration of organizations</strong> different service providers, engaged or brought together through coordinated provider networks or via contacts between separate organizations.</td>
</tr>
<tr>
<td><strong>Systems-Level</strong></td>
<td>Coherent referral systems between facilities and up and down healthcare levels to ensure the client is able to access a broad range of services. Involves multiple sites.</td>
</tr>
<tr>
<td><strong>Functional</strong></td>
<td><strong>Integration of management</strong> or non-clinical support and back-office functions, such as electronic patient records, data systems, supervision, planning and resource allocation</td>
</tr>
<tr>
<td><strong>Facility level</strong></td>
<td><strong>One provider, all services, one day</strong> The same provider offers a range of services during the same consultation.</td>
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<tr>
<td><strong>Provider level</strong></td>
<td><strong>Many providers, many services, one day</strong> A range of services available at one facility but not necessarily from the same provider.</td>
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<td></td>
<td><strong>Client driven integration</strong> Clients are able to request multiple services or are aware of services available and are able to initiate conversations around different services provided.</td>
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<td></td>
<td><strong>Facility Level</strong> Facility integration can include physical changes to the clinic space or enhancements to remove barriers to navigation or provide information on integrated service delivery.</td>
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Adapted from the UNFPA service integrations model
# PrEP Implementation in Young Women and Adolescents (PriYA): PrEP integrated into FP services

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>Feasibility of real world integration of Prep into routine FP services through screening all clients for risk and offering PrEP.</td>
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<table>
<thead>
<tr>
<th>Provider Level Integration</th>
<th>One provider, PrEP services, one day</th>
</tr>
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<tbody>
<tr>
<td>Description</td>
<td>Screening and counselling for PrEP conducted by a PrEP-dedicated nurse embedded in 8 public health FP clinics in a high HIV prevalence region in Kenya. Primarily PrEP was provided to clients accessing FP services at the clinics.</td>
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<table>
<thead>
<tr>
<th>Outcomes</th>
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<tbody>
<tr>
<td>• FP clinics were an effective platform to efficiently reach HIV at-risk women who may benefit from PrEP.</td>
<td></td>
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<tr>
<td>• Number of women screened and</td>
<td></td>
</tr>
<tr>
<td>• PrEP Uptake -22% of clients accepted PrEP, but early drop-off was high</td>
<td></td>
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<tr>
<td>• PrEP Continuation</td>
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<table>
<thead>
<tr>
<th>What have we learnt?</th>
<th></th>
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<tbody>
<tr>
<td>Integration of universal screening and counselling for PrEP in FP clinics was feasible, making this platform a potential “one stop” location for FP and PrEP. There was a high drop-off in PrEP continuation, but a subset of women continued PrEP use at least through 1 month.</td>
<td></td>
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# Prevention Options for Women Evaluation Research (POWER): PrEP and FP integration

<table>
<thead>
<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>Develop cost-effective and scalable models for implementation of ARV-based HIV prevention products for young women in Cape Town and Johannesburg (South Africa) and Kisumu (Kenya).</td>
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<table>
<thead>
<tr>
<th>Level</th>
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</table>
| Provider Level Integration | One provider, all services, one day  
The same provider offers a range of services during the same consultation. PrEP services are embedded within already established family planning clinics: One private facility (KMET) and One public facility (JOOTRH) Integrated counselling on prevention messaging. PrEP and FP visits aligned, saving time for providers and young women. |

<table>
<thead>
<tr>
<th>Outcomes</th>
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</table>
| Integrated PrEP & FP counselling have a lot in common. Both are preventive measures and both work only when taken.  
• Partner involvement is optional/can be private  
• Saves time walking from one clinic to another  
• Alignment of follow-up visits for those on short-term FP methods |

| Staff challenges | limited knowledge about PrEP. Attitudes about sexually active young women. Beliefs. Workload |
| Facility challenges | Space. Waiting time, especially for laboratory services and pharmacy |

<table>
<thead>
<tr>
<th>What have we learnt?</th>
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</table>
| • Integration of services (especially family planning) can work.  
• Seeing the same health care provider each visit (developing rapport) is desired.  
• Multidisciplinary team needed: a psychologist, social worker and in-house doctor.  
• Communication is key: Contact via Whatsapp. Open conversation around scheduling of visits. Scheduling flexibility and no pressure to accept PrEP.  
• Gaps: STI testing |


Adapted from the UNFPA service integrations model
# Project PrEP mobile: PrEP, FP and STI service integration

<table>
<thead>
<tr>
<th>Level</th>
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</table>
| **Objective** | 1. Increase accessibility of PrEP for eligible AGYW population (15-24) in project implementation areas.  
2. Demonstrate effective delivery models and appropriate use of PrEP amongst adolescents  
3. Generate and disseminate evidence on the use of PrEP in real life settings |
| **Multiple integration approaches employed** |  
- Professional Integration  
- Systems-Level Integration  
- Functional Integration  
- Provider Level Integration |

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<tr>
<th>Level</th>
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</table>
| **Outcomes** | Over 50% of PrEP clients are AGYW and other young people who come to the mobile clinic because the team maintains privacy.  
It is easy to build rapport, trust and confidence with mobile clinic teams - usually the same professional nurse and her/his team - while at facilities staff change a lot.  
Young people prefer a one-stop shop and integrated services in their community.  
There is flexibility to extend working hours to include weekends – this allows AGYW to access services when fixed facilities are not operational. |
| **What have we learnt?** | Ensure that nurses are trained on NIMART, oral PrEP and how to integrate services  
It is vital to establish strong referral network within and beyond facility in circumstances where you do not have adequate trained personnel |
Project PrEP: STI and FP service integration among PrEP users

AGYW PrEP Users Accessing SRH Services

<table>
<thead>
<tr>
<th>Clinic/Station</th>
<th>STI Screening</th>
<th>Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Mobile</td>
<td>176</td>
<td>24</td>
</tr>
<tr>
<td>GP Clinic 2</td>
<td>201</td>
<td>72</td>
</tr>
<tr>
<td>GP Clinic 1</td>
<td>348</td>
<td>89</td>
</tr>
<tr>
<td>KZN Mobile</td>
<td>85</td>
<td>10</td>
</tr>
<tr>
<td>KZN Clinic 2</td>
<td>241</td>
<td>34</td>
</tr>
<tr>
<td>KZN Clinic 1</td>
<td>325</td>
<td>22</td>
</tr>
<tr>
<td>EC Mobile 2</td>
<td>406</td>
<td>224</td>
</tr>
<tr>
<td>EC Clinic 4</td>
<td>236</td>
<td>92</td>
</tr>
<tr>
<td>EC Mobile 1</td>
<td>724</td>
<td>517</td>
</tr>
<tr>
<td>EC Clinic 3</td>
<td>435</td>
<td>161</td>
</tr>
<tr>
<td>EC Clinic 2</td>
<td>285</td>
<td>135</td>
</tr>
<tr>
<td>EC Clinic 1</td>
<td>477</td>
<td>120</td>
</tr>
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</table>
National Department of Health: Integration of STI services as part of PrEP provision is feasible...at scale

Oral PrEP Implementation STI Screening and Treatment | all sites
Across all oral PrEP implementing sites, STI Screening is 127% of all negative HIV tests, with 52% of those screened for STIs treated.

Note: Data as of Aug 2019; percentages based on prior total in cascade, not total HIV tests.

National Department of Health: Integration of STI services as part of PrEP provision is feasible...at scale

Oral PrEP Implementation STI Screening and Treatment | all sites

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EXAMPLES OF STRATEGIES TO CONSIDER

- Build capacity of multiple services (FP, STI’s, GBV and PrEP) providers to offer dual services
- Establish youth clinic that provides comprehensive health care services including SRH & PrEP
- Establish strong referral network within and beyond facility in circumstances where you do not have adequate trained personnel

- Train FP providers on PrEP - from basic awareness and referrals to PrEP provision to conducting PrEP risk assessments and counselling, data collection and reporting
- Adapt existing FP job aids/ IEC materials to include information and counselling messages on PrEP and vice versa
- Develop/implement tools and procedures for tracking PrEP data and conducting client adherence monitoring through FP sites
- Monitor quality of PrEP and FP services over time, make adjustments to improve outcomes, client surveys

- Integrate PrEP screening into HIV risk assessment conducted by FP providers
- Insert key PrEP screening questions/ algorithms into existing HTS and other tools used in FP settings
- Establish quarterly meeting between facilities providing services that require upward or downward referrals
- Adapt existing FP and HIV data collection, LMIS and HMIS tools to ensure that PrEP services within FP platforms are documented and reported

- Demand creation strategies should promote multiple services

Clients enter facility

Clients offered HIV services, STI services, FP services, PrEP services (SRH services and/or VMMC)

Coordinated Services

Demand Creation

Clients referred within facility to different providers. Receive all services in one day, >1 consultation

One-stop-shop. Provider delivers all services to client in one consultation

Clients referred for services – to other facilities or community-based service providers

Reduction in missed opportunities and comprehensive package of services received

- Ensure that nurses are trained on NIMART and SRH service provision
- Establish quarterly meeting between facilities providing services that require upward or downward referrals

Build capacity of multiple services (FP, STI’s, GBV and PrEP) providers to offer dual services

Train FP providers on PrEP - from basic awareness and referrals to PrEP provision to conducting PrEP risk assessments and counselling, data collection and reporting

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The majority of research on HIV prevention for AGYW is concentrated in South Africa, Kenya, and Zimbabwe.

Research focuses are primarily related to product acceptability, adherence, distribution and delivery.

Research highlighting the policy barriers that hinder access to HIV prevention for AGYW should be prioritized,

Need to highlight best practices for integration of HIV prevention with family planning services and/or mitigate gender-based violence.


There is a lack of research on integration of sexual and reproductive health services and HIV prevention options, such as, PrEP and social harms.

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• Research focuses are primarily related to product acceptability, adherence, distribution and delivery.

• Research highlighting the policy barriers that hinder access to HIV prevention for AGYW should be prioritized,

• Need to highlight best practices for integration of HIV prevention with family planning services and/or mitigate gender-based violence.

AIDS Vaccine Advocacy Coalition (AVAC). November 2019. Unpublished poster. What have we learned about adolescent girls and young women and HIV prevention? This poster was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the authors and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.
For PrEP to have a substantial impact, services need to adapt and innovate
### Acknowledgments

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<thead>
<tr>
<th>Organization</th>
<th>Name and Title</th>
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<tbody>
<tr>
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<td>Hasina Subedar (NDoH, South Africa)</td>
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<td>Rose Wilcher (Global HIV Programs, FHI360)</td>
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