

Integrating PrEP and Other SRH Services

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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.

WHO, UNAIDS, UNFPA, IPPF (2008) Gateways to integration: a case study series. www.srhivlinkages.org

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

Implication #1	Increase access to broad range of contraceptive methods
Implication #2	More aggressive HIV prevention efforts for women are needed now
Implication #3	No more silos; the connection between the FP and HIV worlds cannot be lost
Implication #4	New STI screening, treatment, and prevention strategies are needed
Implication #5	Integrate services and put women at the center.

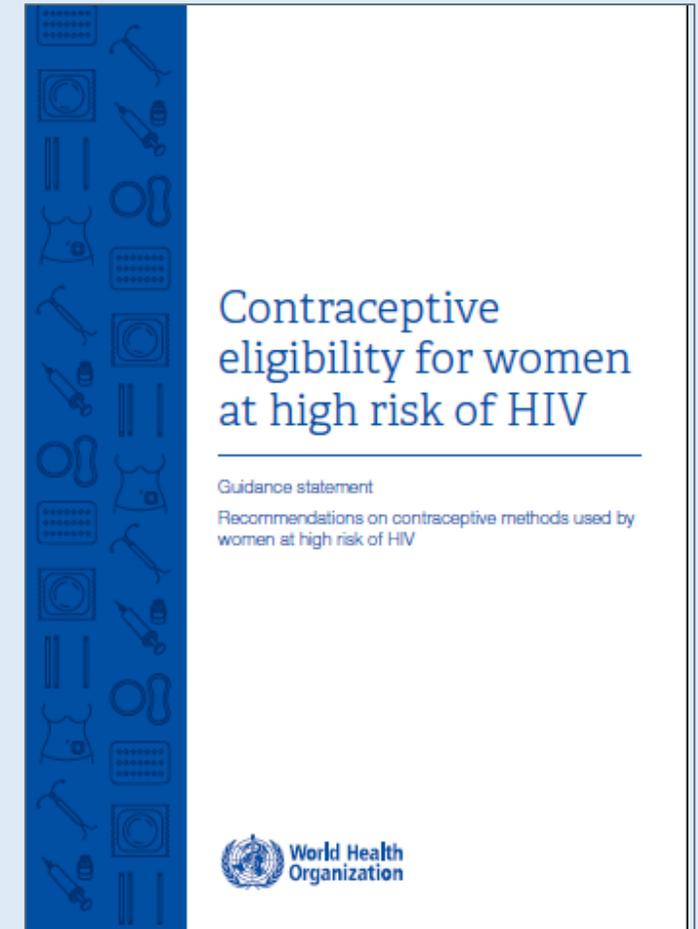
Adapted from Jared Baeten, IAS 2019

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

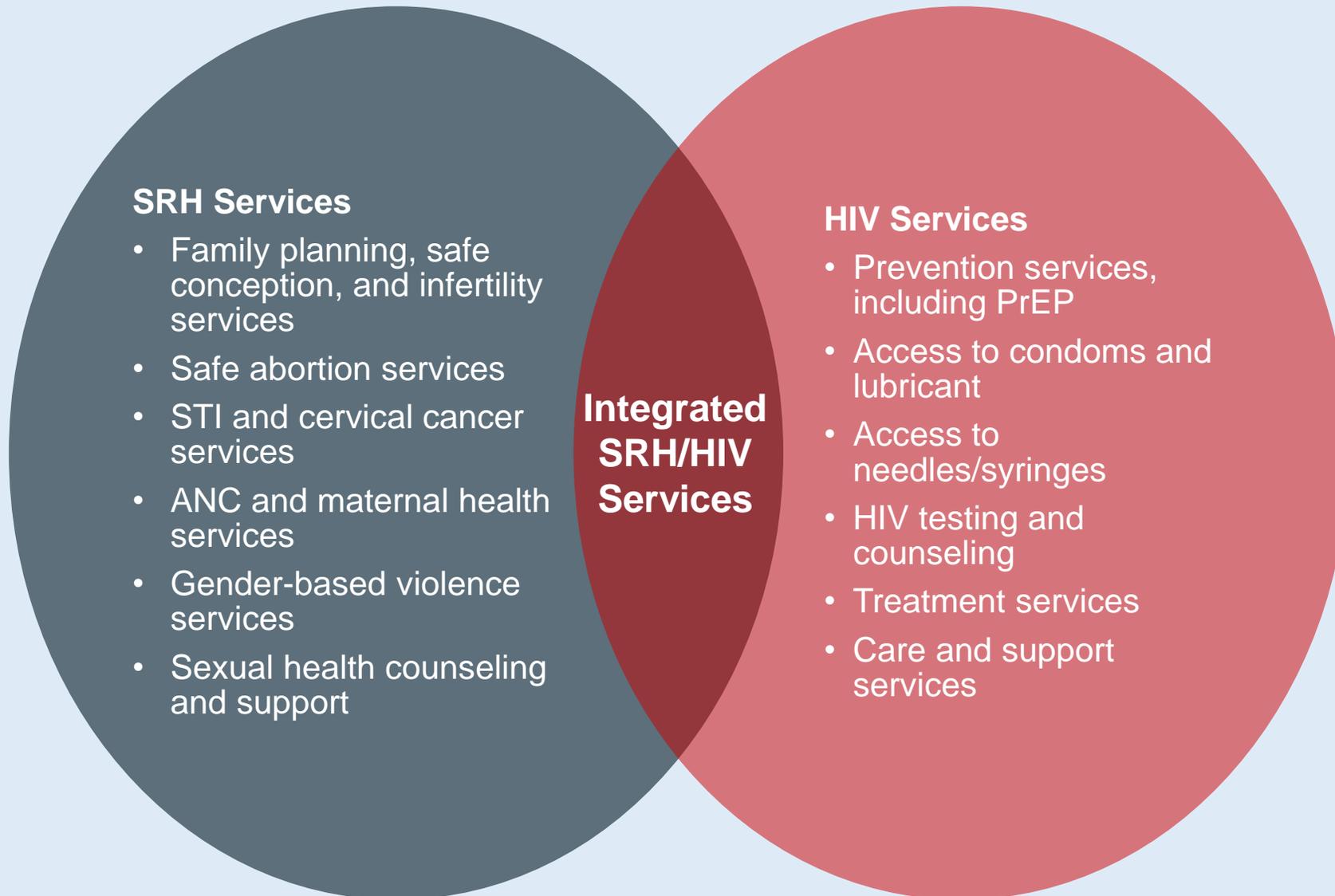
- Current HIV prevention measures remain unavailable or unsatisfactory for many women and adolescent girls living in settings of high HIV incidence. In such areas, **the integration of family planning and HIV prevention services for all women is essential** if the health of women and adolescent girls 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 woman 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.





“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*

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



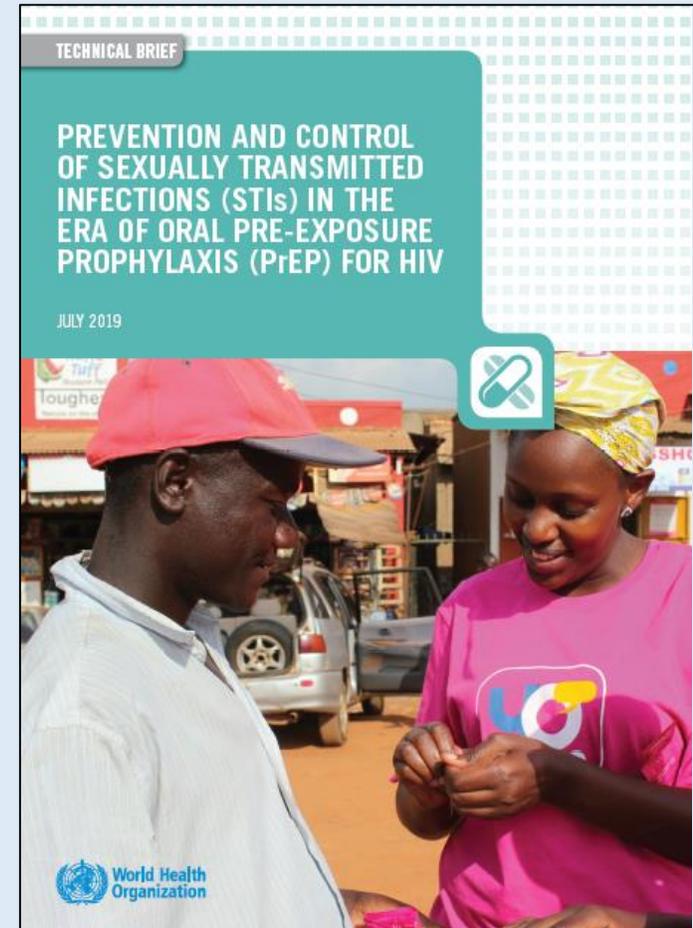
PrEP/FP integration evidence

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

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>

SRHR & HIV LINKAGES TOOLKIT Search ?



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



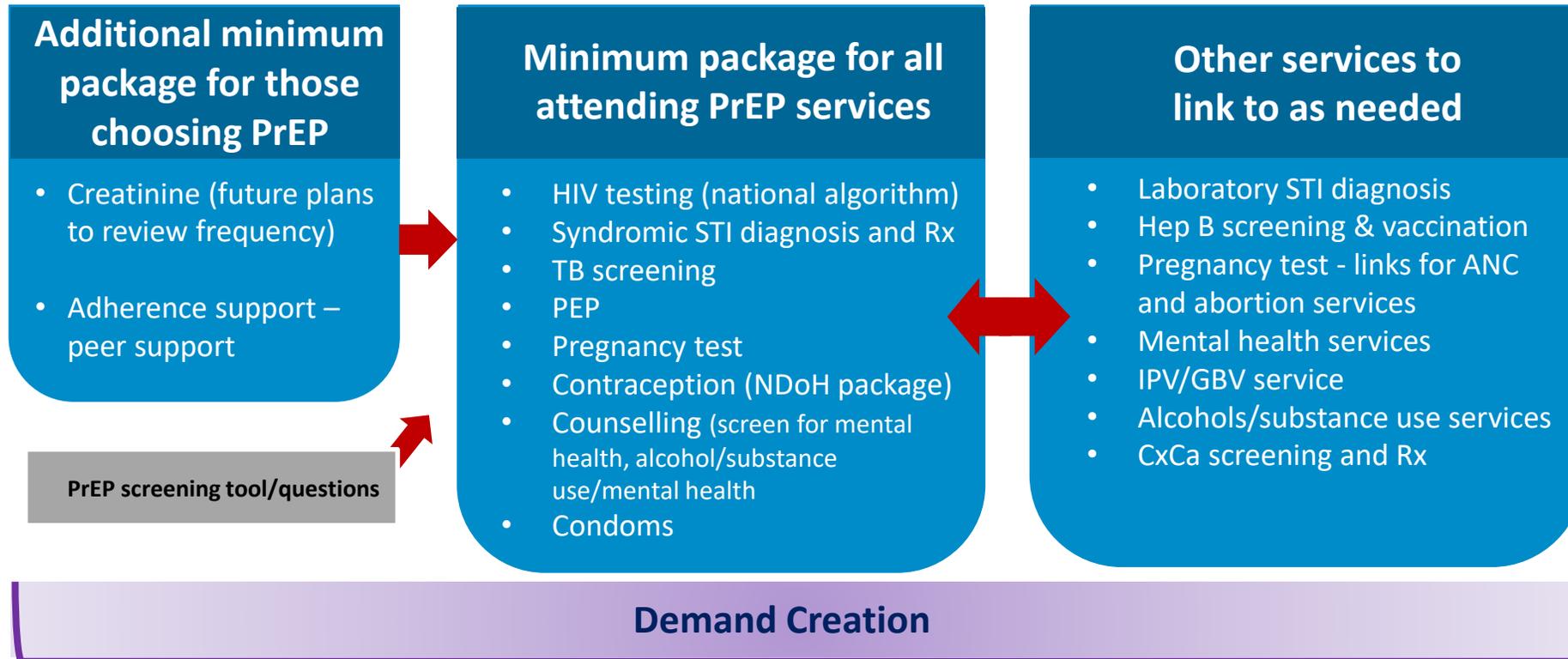
**PrEP integration
models:
Technical and
operational
considerations**

Presenter: Dr. Saiqa Mullick
Wits RHI
Malawi Learning Collaborative
11-13th November 2019

University of the Witwatersrand

WITS RHI

PrEP is not a stand-alone intervention



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 provides 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**



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Optimizing Prevention Technology Introduction on Schedule (OPTIONS). (2019). Unpublished Technical Brief. Service Providers' Knowledge, Attitudes, and Practices around Oral Pre-exposure Prophylaxis (PrEP) for Populations at Substantial HIV Risk in South Africa.

OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

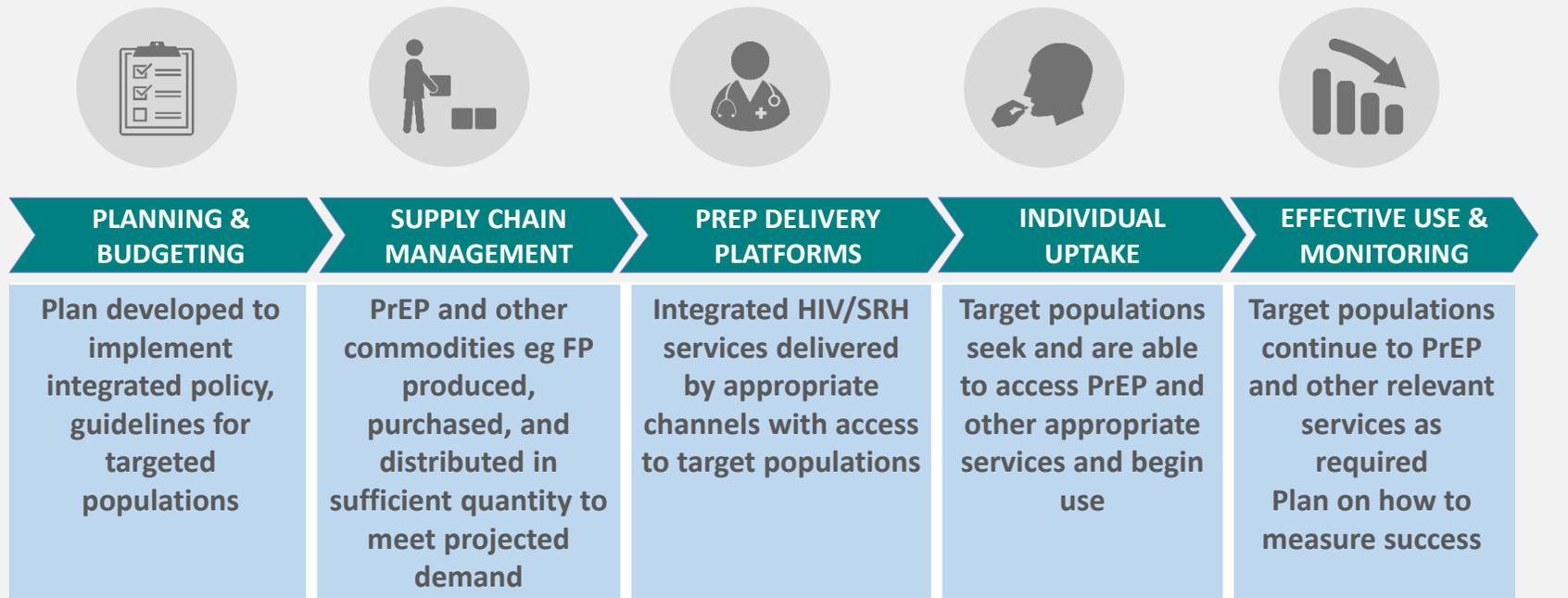
What's needed to introduce integrated PrEP services?

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



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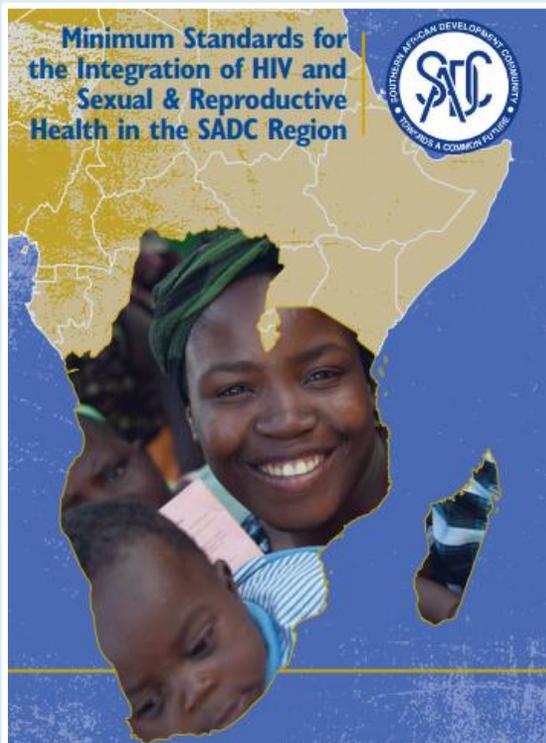


Optimizing Prevention Technology Introduction on Schedule (OPTIONS); FSG in partnership with Wits RHI. (2016). Country Situation Analysis Interim Findings: South Africa. Accessed on, 7 November 2019 from: https://www.prepwatch.org/wpcontent/uploads/2017/03/OPTIONS_Situation_Analysis_South-Africa_Dec2016.pdf

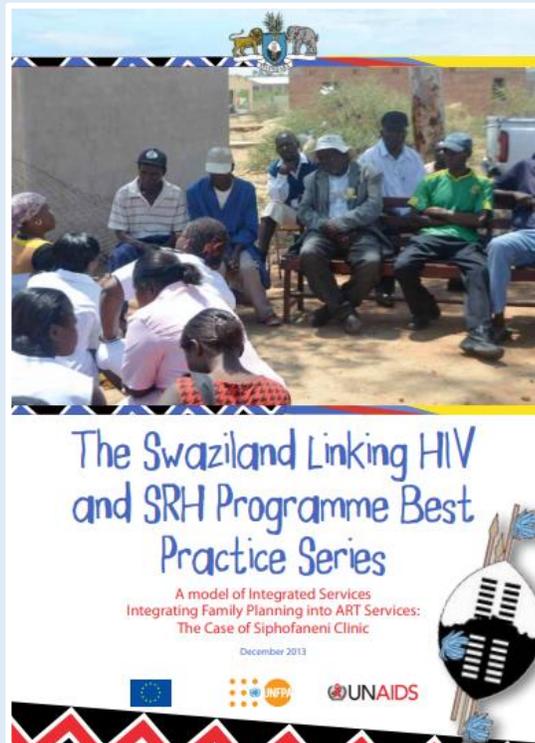
OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE



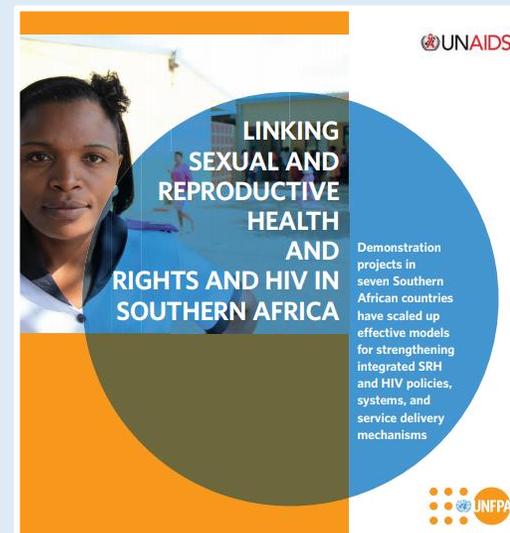
Many guidelines on implementing integrated services



South African Development Community (SADC) Minimum Standards for Child, Adolescent, HIV, TB and Malaria Continuum of Care and Support. (2013–2017). Accessed from: <http://www.integrainitiative.org/wp/wp-content/uploads/2015/12/tmp-11285-SADC-Min-Stds-Eng-final-1158402048.pdf>

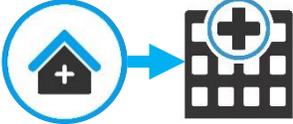


UNAIDS, UNFPA. The Swaziland Linking HIV and SRH Programme Best Practice Series 2013. A model of Integrated Services Integrating Family Planning into ART Services: The Case of Siphofaneni Clinic. December 2013.



UNAIDS, UNFPA. Linking Sexual and Reproductive Health and Rights and HIV in Southern Africa. Accessed from: <http://www.integrainitiative.org/wp/wp-content/uploads/2015/10/Regional-booklet-final.pdf>

Integrated service delivery: Menu of strategies

Level	Description								
 <p>Professional Integration</p>	<p>Integration of organizations different service providers, engaged or brought together through coordinated provider networks or via contacts between separate organizations.</p>								
 <p>Systems-Level Integration</p>	<p>Coherent referral systems between facilities and up and down health care levels to ensure the client is able to access a broad range of services. Involves multiple sites.</p>								
 <p>Functional Integration</p>	<p>Integration of management or non-clinical support and back-office functions, such as electronic patient records, data systems, supervision, planning and resource allocation</p>								
 <p>Facility level Integration Provider level</p>	<table border="0"> <tr> <td data-bbox="963 843 1488 896"> <p>One provider, all services, one day</p> </td> <td data-bbox="1505 843 2135 896"> <p>Many providers, many services, one day</p> </td> </tr> <tr> <td data-bbox="963 901 1488 996"> <p>The same provider offers a range of services during the same consultation.</p> </td> <td data-bbox="1505 901 2135 996"> <p>A range of services available at one facility but not necessarily from the same provider.</p> </td> </tr> <tr> <td data-bbox="963 1001 1488 1053"> <p>Client driven integration</p> </td> <td data-bbox="1505 1001 2135 1053"> <p>Facility Level</p> </td> </tr> <tr> <td data-bbox="963 1058 1488 1232"> <p>Clients are able to request multiple services or are aware of services available and are able to initiate conversations around different services provided.</p> </td> <td data-bbox="1505 1058 2135 1232"> <p>Facility integration can include physical changes to the clinic space or enhancements to remove barriers to navigation or provide information on integrated service delivery.</p> </td> </tr> </table>	<p>One provider, all services, one day</p>	<p>Many providers, many services, one day</p>	<p>The same provider offers a range of services during the same consultation.</p>	<p>A range of services available at one facility but not necessarily from the same provider.</p>	<p>Client driven integration</p>	<p>Facility Level</p>	<p>Clients are able to request multiple services or are aware of services available and are able to initiate conversations around different services provided.</p>	<p>Facility integration can include physical changes to the clinic space or enhancements to remove barriers to navigation or provide information on integrated service delivery.</p>
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#1

PrEP Implementation in Young Women and Adolescents (PrIYA): PrEP integrated into FP services

Level	Description
Objective	Feasibility of real world integration of Prep into routine FP services through screening all clients for risk and offering PrEP.
 Provider Level Integration	<p>One provider, PrEP services, one day</p> <p>The same provider offers a range of services during the same consultation.</p> <p>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.</p>
Outcomes	<ul style="list-style-type: none"> • FP clinics were an effective platform to efficiently reach HIV at-risk women who may benefit from PrEP. • Number of women screened and • PrEP Uptake -22% of clients accepted PrEP, but early drop-off was high • PrEP Continuation
What have we learnt? <p><small>Adapted from the UNFPA service integrations model And Colombini, C., Mayhew, S., and Watts, C., 2008. "Health-sector Responses to Intimate Partner Violence in Low- and Middle-income Settings: A Review of Current Models, Challenges and Opportunities." Bulletin of the World Health Organization 86 (8),pgs. 635-642.</small></p>	<p>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.</p>

#2

Prevention Options for Women Evaluation Research (POWER): PrEP and FP integration

Level	Description
<p>Objective</p>	<p>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).</p>
 <p>Provider Level Integration</p>	<p>One provider, all services, one day</p> <p>The same provider offers a range of services during the same consultation.</p> <p>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.</p>
<p>Outcomes</p>	<p>Integrated PrEP & FP counselling have a lot in common. Both are preventive measures and both work only when taken.</p> <ul style="list-style-type: none"> • 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 <p>Staff challenges - limited knowledge about PrEP. Attitudes about sexually active young women. Beliefs. Workload</p> <p>Facility challenges: Space. Waiting time, especially for laboratory services and pharmacy</p>
<p>What have we learnt?</p> <p>Prevention Options for Women Evaluation Research (POWER). (26 June 2019). Connie Celum. Unpublished. Presented at CA Meeting.</p>	<ul style="list-style-type: none"> • 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
And Colombini, C., Mayhew, S., and Watts, C., 2008. "Health-sector Responses to Intimate Partner Violence in Low- and Middle-income Settings: A Review of Current Models, Challenges and Opportunities." Bulletin of the World Health Organization 86 (8), pgs. 635-642.

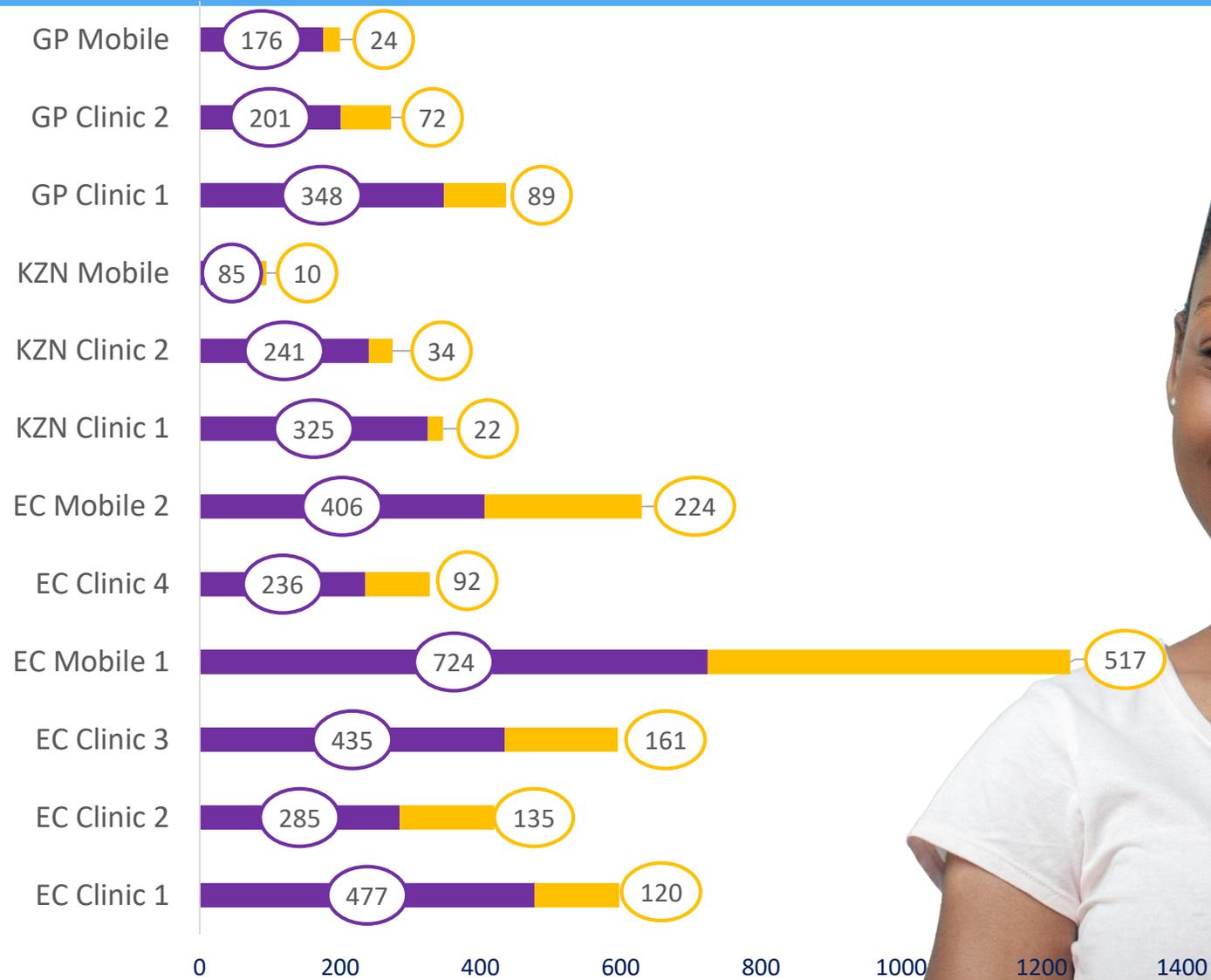


#3 Project PrEP mobile: PrEP, FP and STI service integration

Level	Description
Objective	<ol style="list-style-type: none"> 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	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p>Professional Integration</p> </div> <div style="text-align: center;">  <p>Functional Integration</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> <p>One provider, all services, one day</p> </div> <div style="text-align: center; margin-top: 10px;">  <p>Systems-Level Integration</p> </div> <div style="text-align: center; margin-top: 10px;">  <p>Provider Level Integration</p> </div> <div style="text-align: right; margin-top: 10px;"> <p>Client driven integration Supported by demand creation, community outreach, peers, navigators and demand creation officers</p> </div>
Outcomes	<p>Over 50% of PrEP clients are AGYW and other young people who come to the mobile clinic because the team maintains privacy.</p> <p>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.</p> <p>Young people prefer a one-stop shop and integrated services in their community.</p> <p>There is flexibility to extend working hours to include weekends – this allows AGYW to access services when fixed facilities are not operational.</p>
What have we learnt?	<p>Ensure that nurses are trained on NIMART, oral PrEP and how to integrate services</p> <p>It is vital to establish strong referral network within and beyond facility in circumstances where you do not have adequate trained personnel</p>

Project PrEP: STI and FP service integration among PrEP users

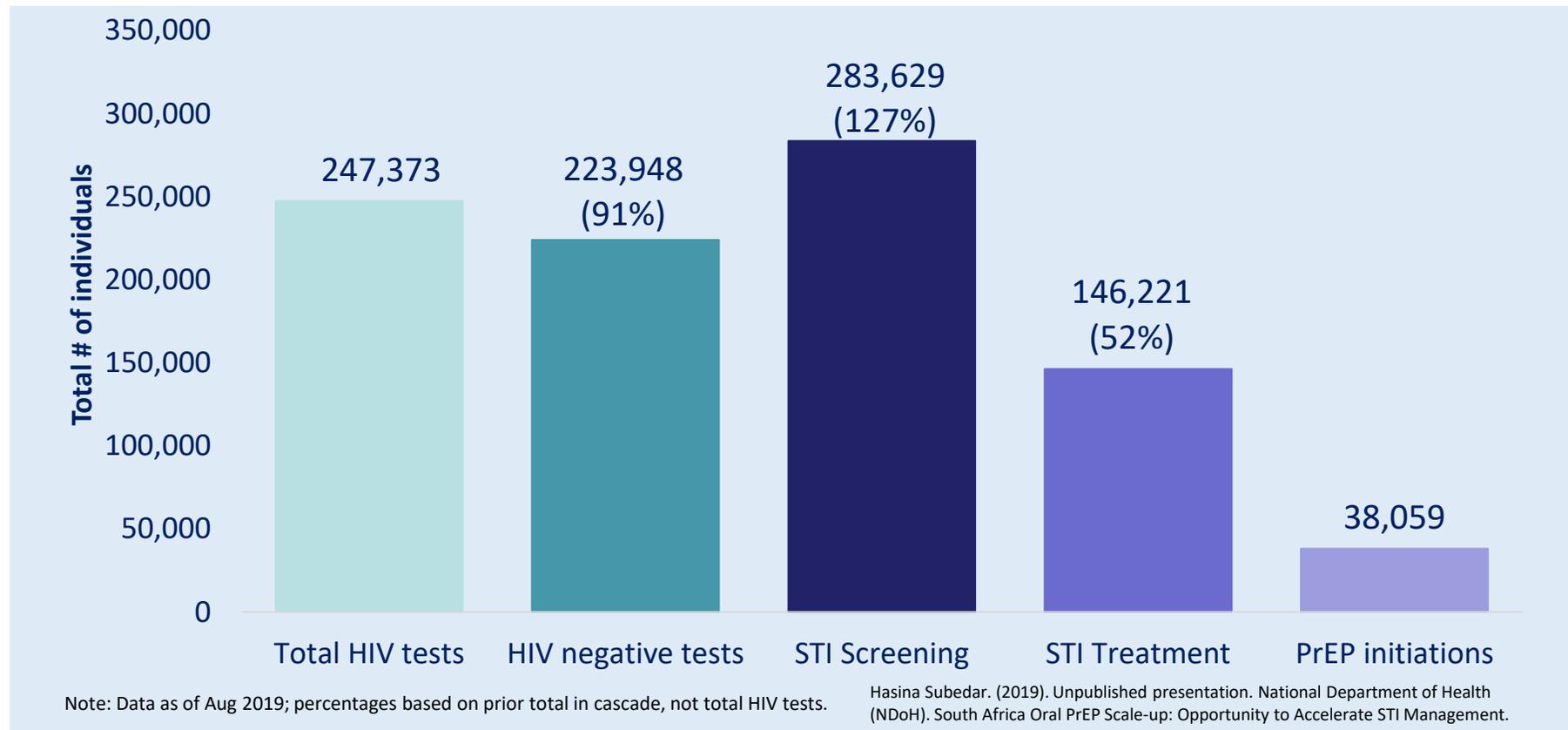
AGYW PrEP Users Accessing SRH Services ■ STI Screening ■ Family Planning



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

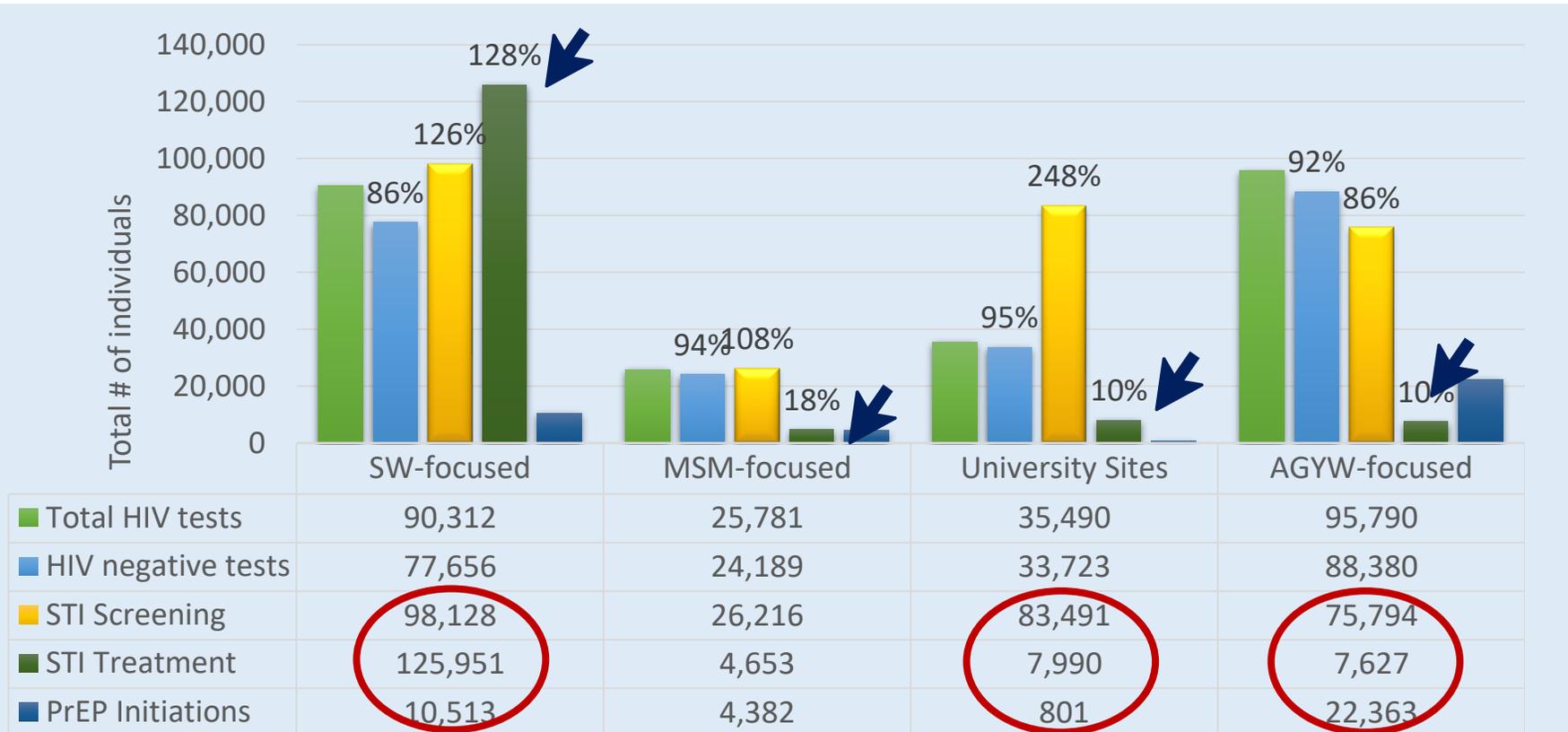
Oral PrEP Implementation STI Screening and Treatment | all sites

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



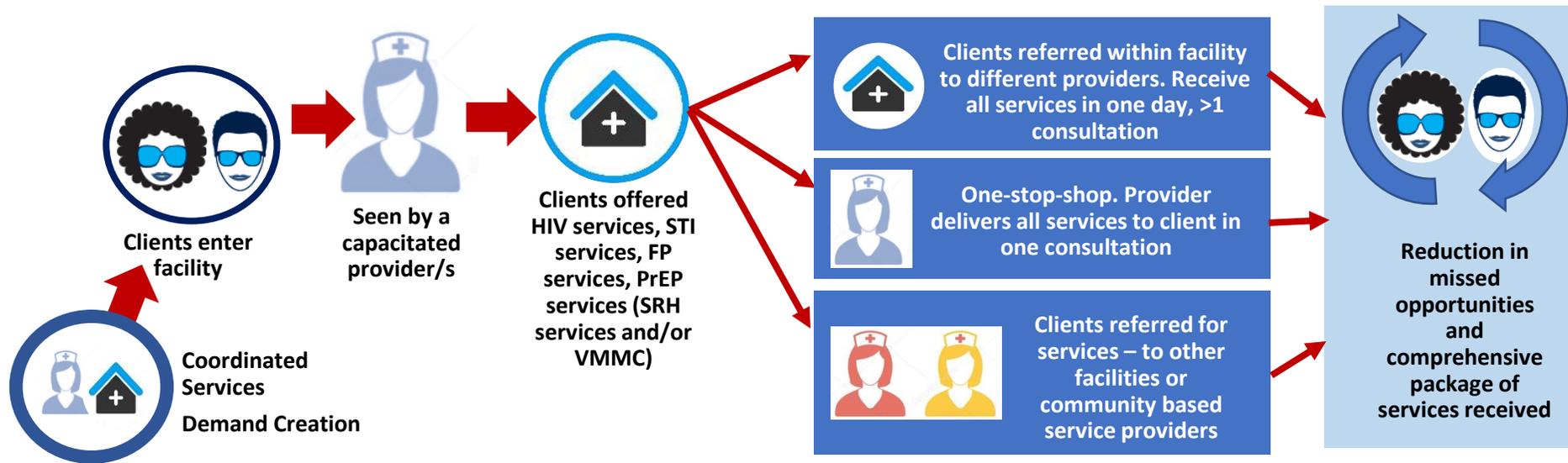
National Department of Health: Integration of STI services as part of PrEP provision is feasible...at scale

Oral PrEP Implementation STI Screening and Treatment | all sites

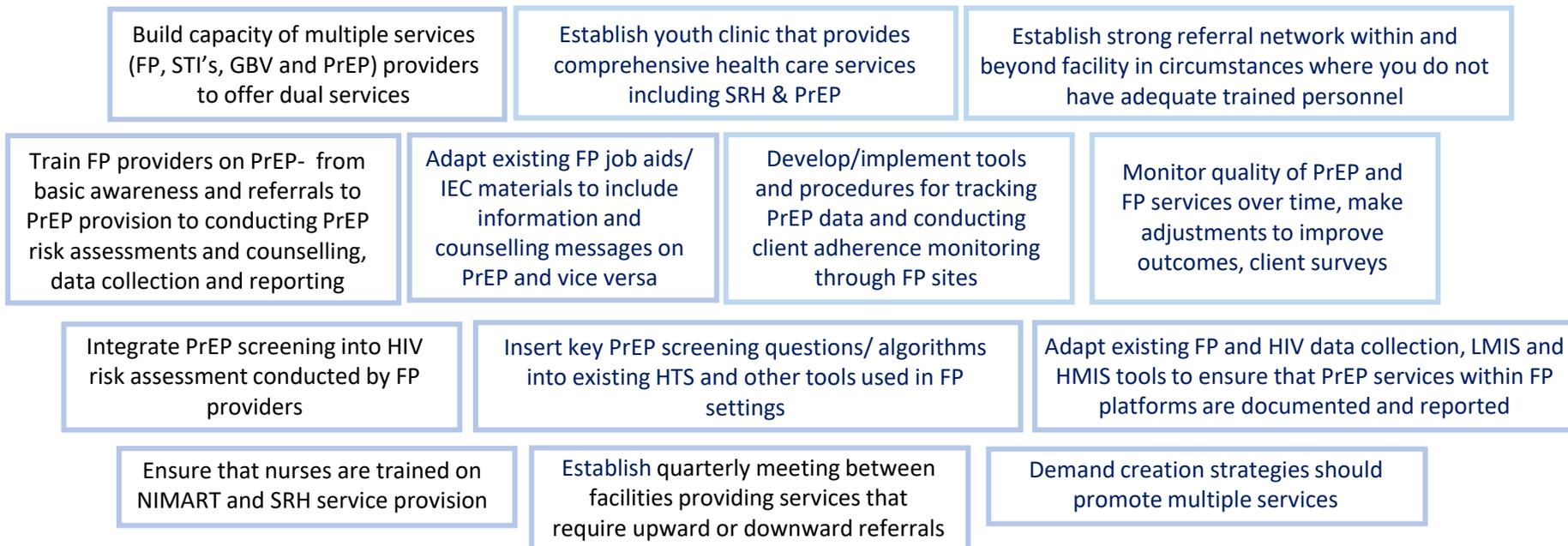


Note: Data as of Aug 2019; percentages based on prior total in cascade, not total HIV tests

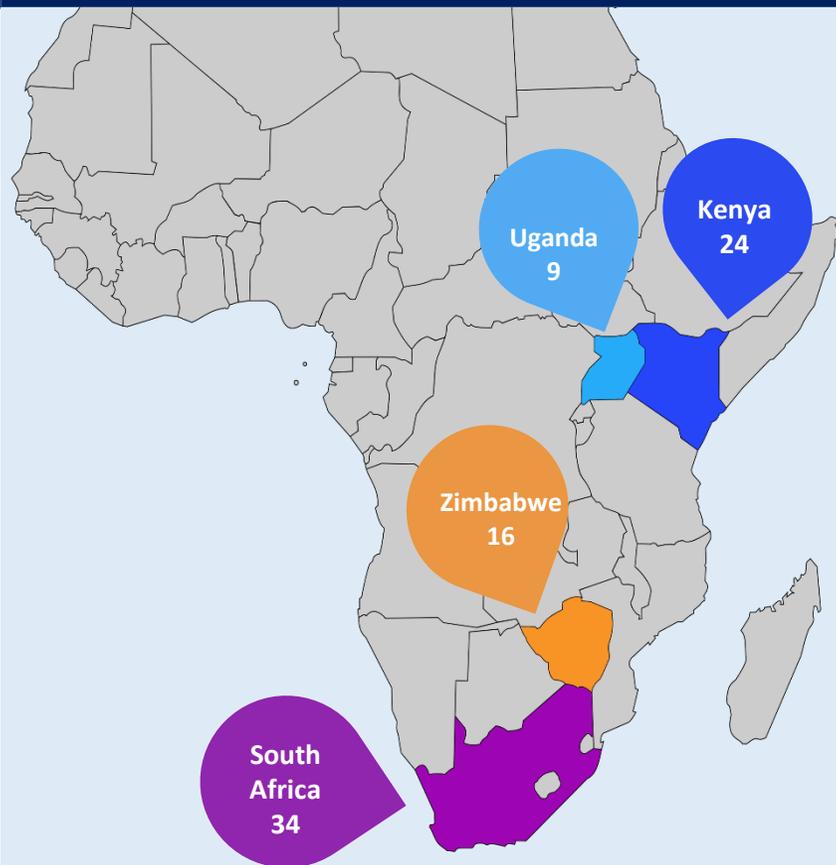
Hasina Subedar. (2019). Unpublished presentation. National Department of Health (NDoH). South Africa Oral PrEP Scale-up: Opportunity to Accelerate STI Management.



EXAMPLES OF STRATEGIES TO CONSIDER

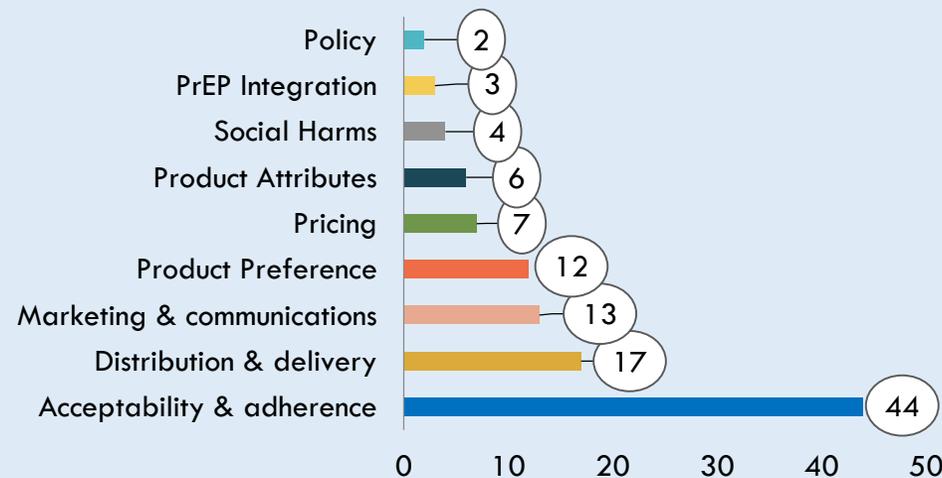


There is a lack of research on integration of sexual and reproductive health services and HIV prevention options, such as, PrEP and social harms.



A review of Oral PrEP projects, studies and initiatives studying HIV prevention for AGYW in sub-Saharan Africa.

- 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.



For PrEP to have a substantial impact, services need to adapt and innovate

WHO implementation tool for pre-exposure prophylaxis of HIV infection



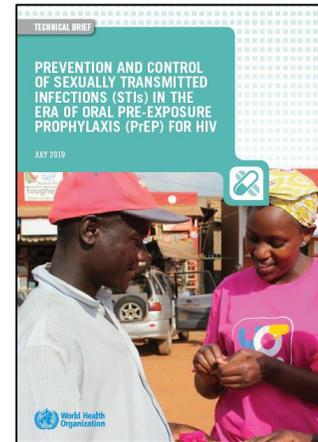
Publication details

Publication date: July 2017
 Languages: English, Spanish, Portuguese
 WHO reference: WHO/HIV/2017.17

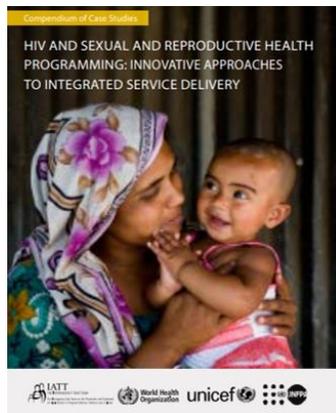
Summary

Portuguese | Spanish

https://www.unfpa.org/sites/default/files/pubpdf/HIV_SRH_Programming_Integrated_Service_Delivery_Case_Studies_1.pdf



<https://www.fhi360.org/sites/default/files/media/documents/TenStepsFPHIV.pdf>



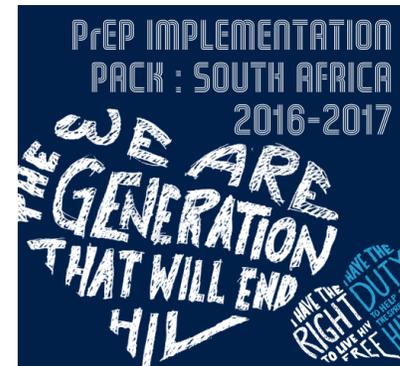
Planning and Implementing an Essential Package of Sexual and Reproductive Health Services

Guidance for Integrating Family Planning and STI/RTI with other Reproductive Health and Primary Health Services

Katherine Williams, Charlotte Warren, and Leo Ashew
 October 2010



https://www.unfpa.org/sites/default/files/resource-pdf/Essential_Package_Integration.pdf



https://www.prepwatch.org/wp-content/uploads/2017/07/SA_ImplementationPack.pdf

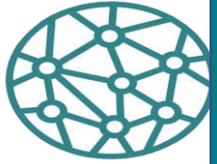


https://www.who.int/healthsystems/technical_brief_final.pdf



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University of Washington)**



**Rose Wilcher (Global HIV Programs,
FHI360)**



All photographs used are courtesy of Adobe Stock, standard licensing – appearance in a photograph in this presentation does not indicate a person's health status.

A woman is shown in profile, looking down at a small, white, circular object she is holding between her fingers. The object has a dark, intricate pattern on its surface. The entire image is overlaid with a semi-transparent teal filter. The text "Thank You!" is centered in the middle of the image in a white, sans-serif font.

Thank You!

