

24 OCTOBER 2019 | WEBINAR 5

Addressing Challenges and Achieving Success Integrating PrEP into Other Health Services

PrEP Learning Network Webinar Series

Thank you to our speakers from the U.S Agency for International Development, Kenya Medical Research Institute, and the Ministry of Health and Child Care in Zimbabwe, as well as attendees who participated in the fifth PrEP Learning Network webinar. In this webinar, technical experts provided an overview of considerations for integrating oral pre-exposure prophylaxis (PrEP) into family planning and sexual and reproductive health (FP/SRH) settings, shared examples of studies and real-world implementation in which oral PrEP has been successfully integrated in other health settings, and shared best practices to support integration. We also learned about policymakers' perspectives and next steps to successfully integrate oral PrEP at the national level. You can access the [webinar recording here](#).

Top 8 Questions

Eight primary questions and themes were discussed during the webinar's Q&A; summaries are provided below. Learn more by listening to the webinar recording, accessing complementary resources, signing up for future webinars, or visiting the [PrEP Virtual Learning Network Page](#).

1. What factors should you assess when planning to integrate PrEP into FP or sexually transmitted infection (STI) screening and management services?

All of the following should be assessed to support integration: potential differentiated models of integration, commodity forecasting and management, provider capacity and training needs, existing risk assessment tools, bidirectional referral pathways, existing data collection tools. See the [first presentation](#) of this session for more in-depth information on this topic.



Join us again soon for the last session of 2019! This webinar will focus on setting targets for PrEP.

SETTING TARGETS FOR PREP

21 November
8:00-9:30 EST
16:00-17:30 EAT

[Register Here](#)

Top 8 Questions (continued)

2. How do you support PrEP adherence and continuation in FP/PrEP integration?

The POWER site in Kisumu, Kenya suggests offering adherence counselling, identifying ways to address client concerns (e.g., adding cotton in pill bottles to muffle the sound of the pills moving around, putting pills in smaller containers), asking practiced PrEP users (called POWER Queens in the study) to share experiences and support messages, and calling clients to find out how they are doing. Ways to support PrEP continuation in an integrated model can be similar to other delivery models. The Advancing Partners & Communities (APC) project at FHI 360 in Botswana reported implementing community-level initiation and re-initiation of adolescent girls and young women (AGYW) for PrEP and a desire to expand their services to provide community-based refill points where AGYW can easily access PrEP without necessarily having to go to a facility. This will help reduce barriers to access and address the issue of FP and PrEP refills sometimes not coinciding. Clinic-based PrEP refills could be provided when FP visits are needed, and community-based refills for PrEP could be provided at other times.

3. How can you integrate FP and PrEP when the timelines are so different?

In most countries in sub-Saharan Africa, where HIV incidence is high, short-acting FP methods, particularly injectables, are still the most frequently used methods of modern contraception. For short-acting methods, there are opportunities for real synergy with PrEP follow-up. Clients who use injectables could come back every three months and get a refill of PrEP at that time. Clients who use oral contraceptives, depending on the schedule for the country, may come back every month or every three months. In the POWER study, integration when short-term methods are used has been very straight forward. Staff try to assess follow-up plans one-on-one: if a client will have a difficult time returning to the clinic, and she is willing to take her medication, more PrEP pills are dispensed at once, leading to fewer clinic visits. Client reactions have been positive because they get everything—risk assessment, FP counselling, side effect management—in the same place.

However, more women are beginning to use long-acting methods, in which case syncing PrEP and FP is not as straight forward. Clients who use long-acting methods may want to get their PrEP refills elsewhere because they do not need to return to the FP site frequently. It is up to FP sites to determine whether they want to become long-term PrEP dispensing sites. At the country and site levels, it needs to be determined whether it is effective in terms of client flow and service delivery costs (among other factors) for a FP site to still provide PrEP (refills) even if FP does not need to be accessed at that visit.

4. How do you support health care workers to manage the added workload from integrating PrEP in FP services?

The FHI 360 APC project in Botswana is implementing integrated PrEP and FP for AGYW. The integration into existing services has proven to be feasible, and keys to this success were the support of the Ministry of Health & Wellness and the national protocols and procedures put in place to guide implementation of PrEP. In Zimbabwe, health care workers at the FP sites were already trained on FP, so they received an updated training focused on PrEP. The health care workers had a more positive reaction to providing PrEP at their sites when they were educated on PrEP and had a clear understanding about its benefits to clients. It is important to note that there is not a one-size-fits-all integration model. Different facilities have different capacities and will need to determine what degree of integration is feasible for them.



Top 8 Questions (continued)

5. How does integrating PrEP in FP services affect stigma?

By integrating PrEP delivery into other services (FP or otherwise), people no longer have to attend comprehensive care clinics or treatment clinics to access antiretroviral-based prevention services. Concerns about family, neighbors, or peers seeing them at these clinics dissipate, along with the fear that people might assume they are HIV-positive. In FP or STI settings, the clinician is already aware that the client is sexually active, so discussions about HIV risk and/or unprotected sex are already taking place. HIV prevention is a natural direction for counseling and support within these settings, from both provider and client perspectives. The POWER study has shown that clients like the friendly, private environment of an FP clinic.

6. What integrated service delivery models—community-based, facility-based, or both—have the greatest PrEP uptake?

A PrEP implementation program in South Africa reported that it had implemented PrEP through two models—a health facility model and a community-outreach model. The program offered a range of HIV and SRH services in both models (e.g., HIV testing services; screening for gender-based violence, STIs, and tuberculosis; antiretroviral therapy initiation for HIV-positive clients; and PrEP initiation for HIV negative clients). They also offered sexual behavioral risk screening and FP methods, including condoms. The program noted higher uptake of PrEP services by AGYW in the health facility model compared to the outreach model, whereas among older males, PrEP uptake was higher in the community model. When thinking about which model to use, consider the target population you are trying to reach. PrEP should be integrated into the services most applicable to them—which are those services they are already using.

7. How does FP/PrEP integration meet the needs of key populations (KPs)?

Integrating PrEP and FP services is likely to have more impact on PrEP delivery for cisgender women and transgender men. But integrating PrEP into services, such as STI services, or at KP-friendly drop-in centers is key to ensuring access for all who are at risk.

8. How do you monitor and evaluate integration?

We are not aware of any guidance yet on how to monitor and evaluate PrEP integration, but the field has learned a fair amount about [measuring integration of FP and HIV services](#). As PrEP/FP integration moves forward, we hope to see more guidance and experience-sharing specifically in this area!

ADDITIONAL RESOURCES

Additional resources helpful for PrEP integration are provided below.

- [Prevention and control of STIs in the era of PrEP for HIV \(WHO, 2019\)](#)
- [Integrating pre-exposure prophylaxis delivery in routine family planning clinics: A feasibility programmatic evaluation in Kenya. Mugwanya et al. \(2019\). PLoS Med.](#)

