

# WELCOME!

## PREP LEARNING NETWORK REGIONAL WORKSHOP

11-13 NOVEMBER 2019

Blantyre, Malawi

*HOSTED BY OPTIONS, EPIC AND RISE*





# TEST-AND-PREVENT

*Strengthening the prevention continuum*



# This work identifies practices for linking individuals from HIV testing to HIV prevention

## Purpose of this work

- New HIV testing and new HIV prevention tools are now available. They are important parts of comprehensive HIV prevention programs and can contribute to higher rates of HIV testing.
- While there is significant focus on improving linkage from HIV testing to treatment, there is little effort to create links between testing and prevention for populations who are at-risk of HIV and could be HIV prevention users.
- In response, this work aims to identify:
  - **Interventions that are effective** or show promise of effectiveness to link people who test HIV negative to HIV prevention to inform implementation of HIV testing programs and improve uptake of HIV prevention
  - **Enabling systemic conditions that support improved linkage** between HIV testing and prevention for consideration by policymakers and donors
  - **Remaining questions** about how to improve linkage between HIV testing and prevention for further study

## Audiences for this work

HIV testing and prevention implementers

HIV policymakers

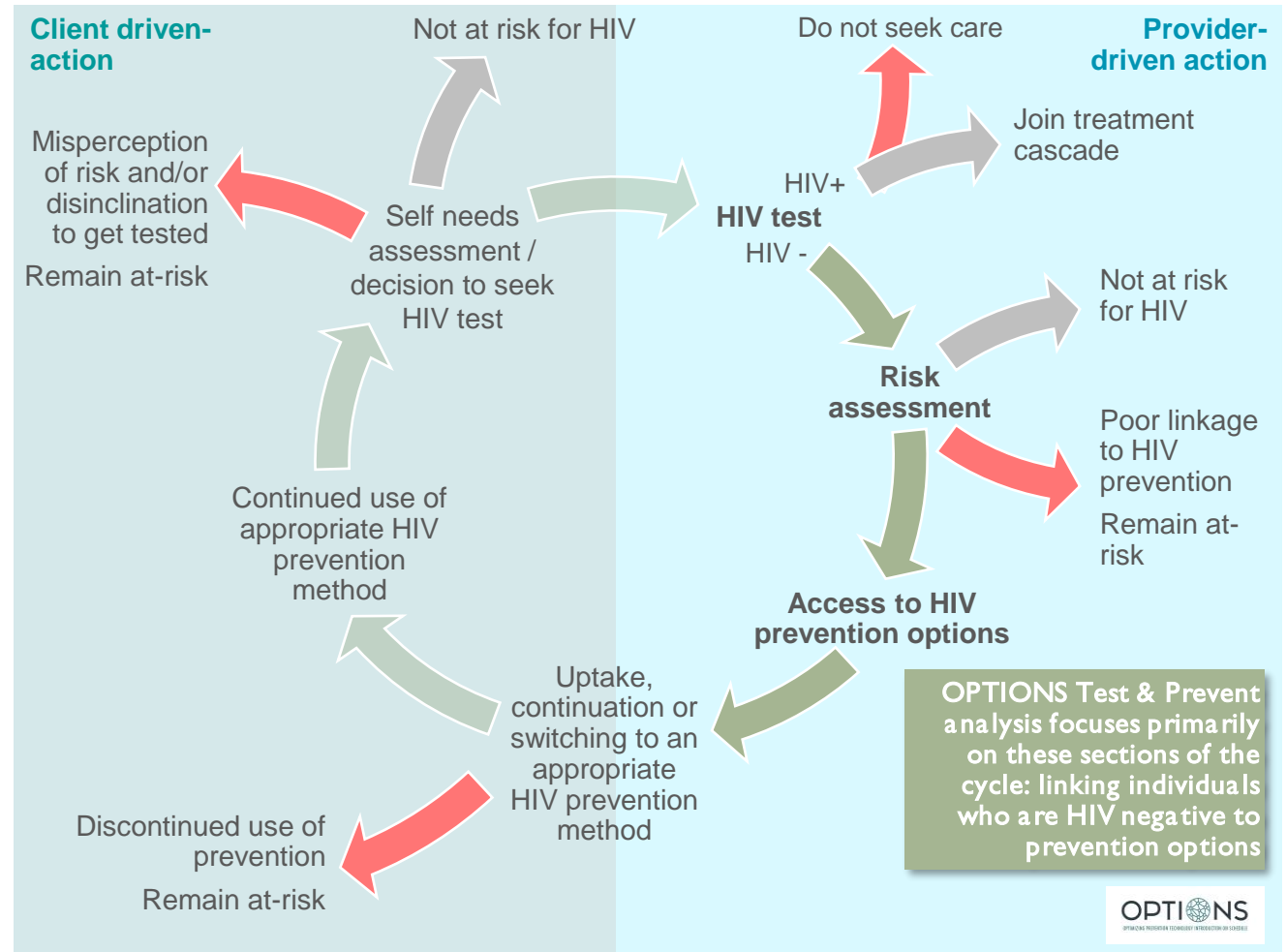
Donors



# OPTIONS HIV prevention cycle aims to capture these prevention dynamics

## A proposed cycle framework for HIV prevention

- This framework highlights the goal of HIV prevention as **retention** in the cycle for those who remain at risk for HIV
- This cycle allows for changing levels of risk and acknowledges that **ongoing decision-making** is necessary for initiation and continuation of HIV prevention
- The time period for one cycle is likely **~3 months**, in-line with guidance for regular HIV testing for at-risk populations or those on oral PrEP
- Individuals will likely **start the cycle** at the self needs assessment or the HIV test, depending on how they are reached





# Test-And- Prevent Analysis

Visit PrEPWatch to learn more!

<https://www.prepwatch.org/resource/test-prevent-analysis-key-findings/>



# AGYW HIV PREVENTION AMBASSADOR TRAINING

*Meaningful youth engagement*



# Training Package Structure

This manual is divided into three parts:

## PART 1 Facilitator Preparation

Information for facilitators to read before implementing the training. It includes suggestions for identifying HIV Prevention Ambassadors, facilitation tips and guidance about preparing information and materials for the training.



## PART 2 Training Manual

A comprehensive manual for facilitators to train AGYW to become HIV Prevention Ambassadors. The manual includes information about each topic, detailed session plans and training materials.



## PART 3 Ambassador Toolkit

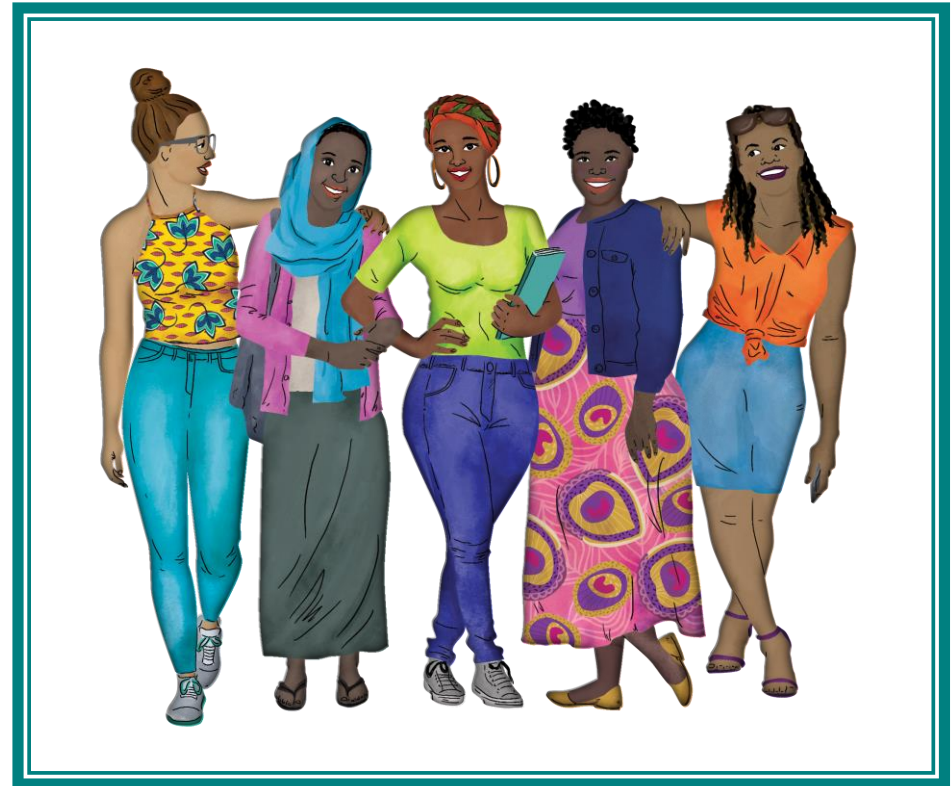
A separate book for participants that includes the materials they will use during the training, as well as tools they can use in their roles as Ambassadors.





# Accessing the training resources

- Training Manual, graduation certificate, and template resource list ([link](#))
- Toolkit ([link](#)) – available in Kiswahili and Shona
  - *If you have resources to translate the toolkit, we can lay out the translated text*
- If you're interested in using the training package, we are happy to schedule a one-on-one call to discuss
- Contact us:  
[AmbassadorTraining@optionsconsortium.org](mailto:AmbassadorTraining@optionsconsortium.org)





# Creating an Enabling Policy Environment for PrEP

Taurai Bhatasara

National DREAMS and Key Populations  
Coordinator

Ministry of Health and Child Care, Zimbabwe



MINISTRY OF HEALTH  
AND CHILD CARE

IMPLEMENTATION  
PLAN FOR HIV  
PRE-EXPOSURE PROPHYLAXIS  
IN ZIMBABWE  
2018-2020





Zimbabwe PrEP road map

Policy Environment

Government support

Civil society engagement

Current implementation

Lessons learnt

Challenges and solutions

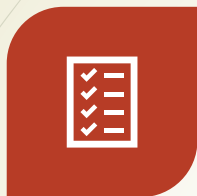
**Presentation  
outline**

# Zimbabwe Road map to PrEP Implementation



**MINISTRY OF HEALTH  
AND CHILD CARE**

**IMPLEMENTATION  
PLAN FOR HIV  
PRE-EXPOSURE PROPHYLAXIS  
IN ZIMBABWE  
2018-2020**



COMMUNITY  
DIALOGUES



PREP  
IMPLEMENTATION  
PLAN 2018-2020



TRAINING MANUAL-  
2018



AGE OF CONSENT



INTEGRATION WITH  
FAMILY PLANNING



ADAPTATION OF  
WHO GUIDANCE  
ON PREP 2016

**Policy  
Environment**

## Support from Ministry of Health



Based on the changing epidemic and using public health approach GoZ acknowledged the existence of various populations and different sexual practices.



The KP programme allowed the inclusion of various populations in programming.



The Ministry of Health has been progressive in allowing different medical products for HIV prevention including the dapivirine ring as this was included in the PrEP Implementation plan.



Age of consent (16 years) and also HTS guidelines which support provision of services to mature minor under the interest of the child principle



Adapted WHO guidelines and allowed all populations to get PrEP as long as they are at substantial risk even though the plan has a list of targeted populations - GoZ policy allows provision of service to all regardless of the group they belong to

# Engaging Civil Society

Engagement meetings with civil society on PrEP focusing on how they would want PrEP implemented and their role on the roll out.

Community dialogues with community leaders, parents, AGYW, FSW, MSM and Transgender

The dialogues were also instrumental in deciding the point in facilities where PrEP should be offered

The engagement also informed the development of the National Implementation Plan

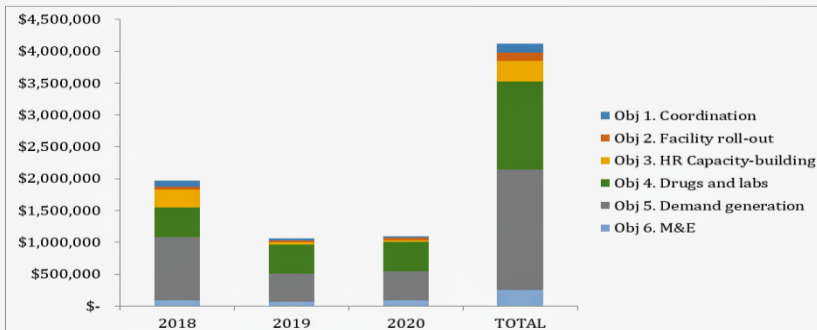


Figure 10 Cost of implementing PrEP by category 2018-2020

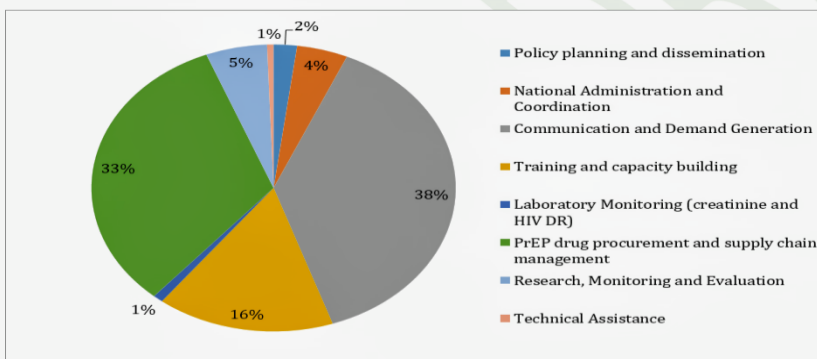
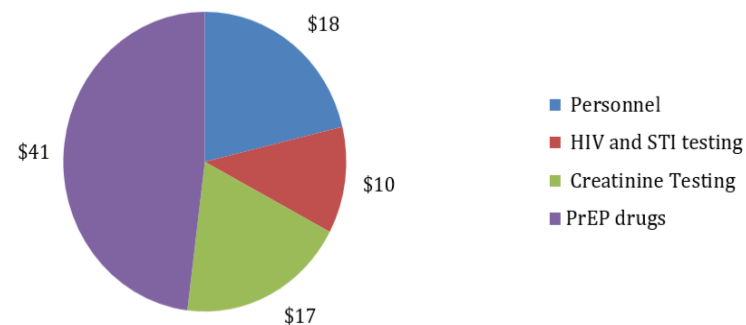


Figure 11 Key cost drivers for implementing PrEP in Zimbabwe

#### Break down of the direct per client cost of 6 months on oral PrEP (\$86)



#### Direct per client cost of 6 months on PrEP sensitivity analysis

	PER CLIENT COST
<b>Base case*</b>	<b>\$86</b>
Client on PrEP for 1 year†	\$156
Alternative PrEP regimen: TDF/3TC	\$74
No creatinine testing offered	\$69
No STI testing offered	\$80
Sero-conversion at final visit requiring HIV drug resistance testing	\$493

\*Base Case: TDF/FTC regimen; creatinine and STI monitoring (syphilis and hepatitis B) conducted at baseline; two follow-up visits and one discontinuation visit

†Includes creatinine and STI monitoring test at both baseline and 6 months

# Informing Policy

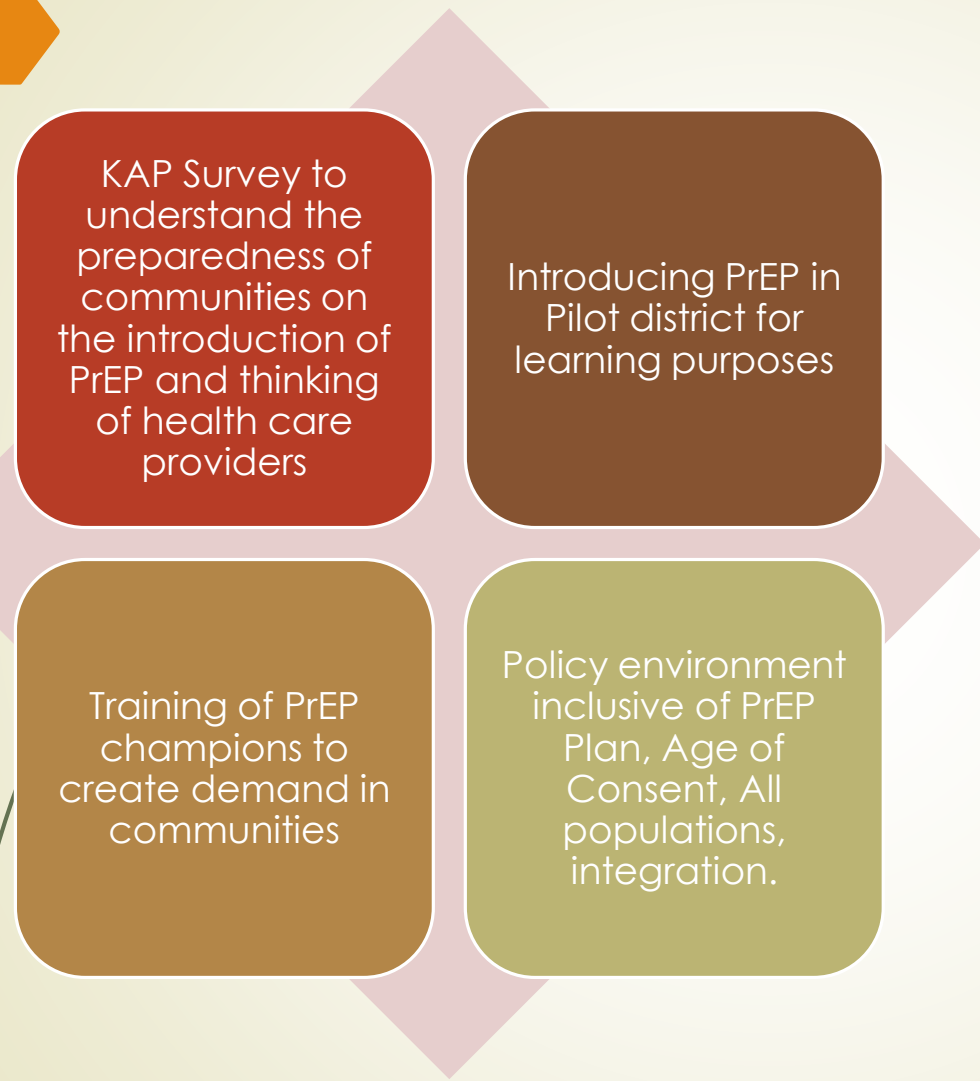




## National PrEP targets

Client Profile	2018	2019	2020
FSW	4313	4357	4340
SDC	2674	2474	2475
MSM	1969	1949	1969
Adolescent Girls	1023	1023	1034
Young Women	645	652	658
<b>Total</b>	<b>10624</b>	<b>10455</b>	<b>10476</b>





KAP Survey to understand the preparedness of communities on the introduction of PrEP and thinking of health care providers

Introducing PrEP in Pilot district for learning purposes

Training of PrEP champions to create demand in communities

Policy environment inclusive of PrEP Plan, Age of Consent, All populations, integration.

**Environment  
for PrEP Uptake**



# Partner Support

- ▶ PrEP roll out within PSI New Start Centre started in 2016
- ▶ PSI New Start Centres acted as demonstration and learning sites
- ▶ Integrated service provision, PrEP clients generated in different service points-HTS, ART,FP/STI and through index testing, identify high risk yet HIV uninfected
- ▶ To date 12,196 client ever initiated on PrEP
- ▶ Direct Implementation
  - ▶ New Start Centres –KP focused
  - ▶ Make use of
    - ▶ enhanced peer mobilisers for mobilization and support for clinic visits & adherence
    - ▶ PrEP ambassadors
- ▶ Indirect Implementation
  - ▶ CeSHHAR- FSW focused
  - ▶ Facility based-Public sector (16 facilities in Makoni)
  - ▶ Community based-Chipingwe & Makoni districts



# Programme Highlights

- ▶ PrEP cohort consist of
  - ▶ About 50% of are sex workers
  - ▶ 23% are MSMs
- ▶ DREAMS girls (10-24 years) have a low risk perception and have poor attendance after the first initiation of PrEP
  - ▶ Mostly in a hurry & have poor adherence
  - ▶ Fear stigmatization of being perceived as promiscuous or being HIV positive
- ▶ Clients in discordant relationships are more committed & adhere better than Key populations
- ▶ MSM clients prefer to be attended separately from the other clients
- ▶ There is need to create more awareness on PrEP in view of MOHCC roll out of PrEP( created moonlight events where integrated services are provided inclusive of PrEP services). Provision of HIV prevention & care services(HTS, STI, VMMC,TB screening & case management, ART)
- ▶ The lessons learnt formed the basis of the MOHCC PrEP roll out

## Current PrEP implementation



Using phased-out approach PrEP started in 6 districts in 2016 using NGO models and rolled out into public health facilities in 2018- the phased-out approach has worked well. Phased out approach was informed by the Roll out Scenarios



Currently being implemented in 31 of 65 districts.



The roll out is targeting high HIV burdened districts using hotspot making and taking in cognisance those at substantial risk.



PrEP started being offered in OI and OPD departments and now include other entry points such ANC, Family Planning and VMMC

# Lessons learnt after 2 years of implementation



Adoption of the PrEP guidelines in 2016 and subsequent development of PrEP implementation Plan 2018-2020 gave a policy environment where PrEP was quickly adopted



Community engagement made it easier for PrEP roll out as there was community buy in.



Targeting everyone at substantial risk of HIV infection made it easier for PrEP to be accepted in the community as compared to targeting certain populations



Creating demand targeting certain geographical spaces has helped in managing demand vs available commodities, learning from implementation in smaller spaces

## Challenges and solutions



High frequency of opting in and out of PrEP amongst groups such as SW, SDC, AGYW and MSM



Social reasons for dropping out of PrEP-citing disclosure issues and myths around ART



Clinical withdrawal problems- opting out without continuing as indicated in the guidelines

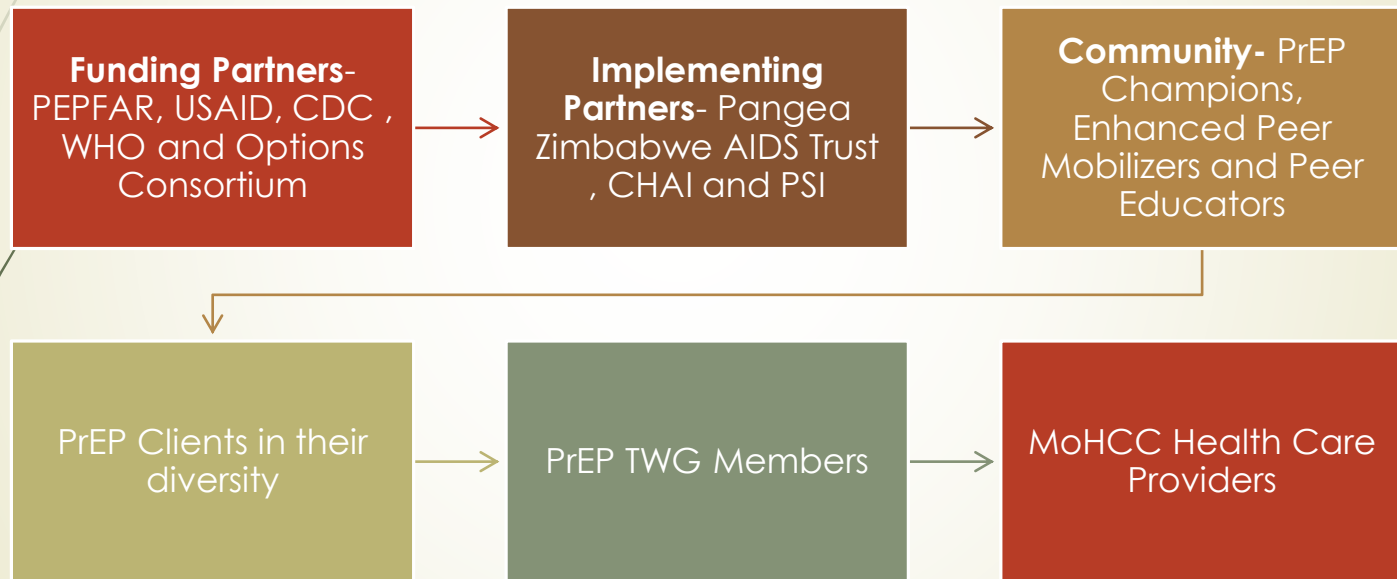


Sero-conversion- still monitoring what are the cause however current indications are pointing to poor adherence



Package of the commodities has stigma associated to it

# Acknowledgements





**Thank you**





# **Partnering with CSO in PrEP Policy Development and Implementation**

The Case of Malawi

Grace Kumwenda

Pakachere IHDC

13 November 2019

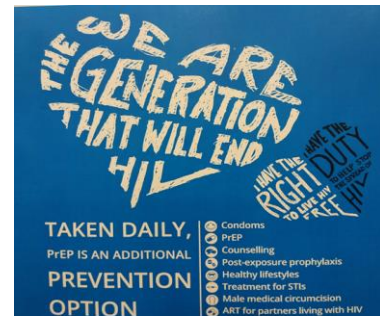
# HIV Prevention Landscape in Malawi: Overview

- **In 2016, Malawi as a member state committed to reducing new infections by 75% in 2020**
  - This means reducing new infections from 59,000 in 2010 to 11,000 new infections in 2020
  - Malawi is currently at 38,000 new infections
  - Over 50% of new infections are happening among AGYW
  - Many structural barriers affect people's access to prevention services
- **Malawi CSO Position:**
  - Proven prevention products including PrEP need to be made available to people who needs them
  - Combination Prevention is key- as one method may not work for others (client centered approach)
  - Communities need to be involved when designing PrEP interventions and scale-up
  - CSO like other stakeholders have a critical role to play in mobilizing communities, improving access, continuation rates and quality of PrEP service delivery.



# Policy Enablers for PrEP in Malawi

- MoH approved PrEP for HIV prevention through its policy guidance in December 2018
- Current guidance targets population at high risk including FSWs, MSM, AGYW and sexual partners of HIV positive persons
- The revised HIV Prevention strategy (2018-2020) recognises PrEP as one of the key pillars for prevention
- There have been several platforms for CSO engagement in target setting, policy development and plans for role out



# CSOs Role in supporting enabling policy Environment

## Mobilization

- PrEP Taskforce in 2017
- PrEP efficacy/implementation Data used for creating advocacy strategy
- Mapped Allies, targets and plan for advocacy
- An initial 15 CSO organizations were involved

## Advocacy

- CSOs used Technical Working Groups to bring on board community voices
- Engagement through the PrEP taskforce under MoH was critical
- Key Advocacy Area included:
  - Access: who will access PrEP and where?
  - Scale-Up: How will the intervention be taken to scale
  - Funding: Where are the resources going to come from
  - Key Allies: MoH, NAC, PEPFAR,

## Communication

- Preparing the community for new product entry
- Facilitated interventions on targeted communication and awareness raising with:
  - Key Population Groups
  - AGYW communities
  - Faith communities
- This was mainly aimed at creating advocacy momentum and cautiously raising awareness about PrEP

**Ensuring that people have options for prevention has been one of the driving factors for CSO PrEP advocacy work in Malawi**

# Key Gains from the Collaboration

- Client Centered Design and Programming for PrEP
  - How and when we offer PrEP
  - How we tailor services for the different populations
- Consistent push on the PrEP agenda
- Ownership and acceptance of PrEP as part of combination prevention by all stakeholders
- Human rights is embedded in policy language and implementation frameworks
- Prevention is back on the agenda with PrEP as an additional tool
- Partnering with MoH to mobilise resources for PrEP (COP 19)

**Call to Action: It is important to recognize the role of local CSOs and communities in design, roll out and monitoring of PrEP intervention. It will take a multi-stakeholder approach to achieve epidemic control**



**THANK YOU**

**GRACIAS**  
**ARIGATO**  
**SHUKURIA**

**DANKSCHEEN**  
**JUSPAXAR**  
**KOMAPSUMNIDA**  
**MAAKE**  
**GRAZIE**  
**MEHRBANI**  
**PALDIES**  
**BOLZİN**  
**MERCİ**

**YAQHANYELAY**  
**TASHAKKUR ATU**  
**SUKSAMA**  
**EKHMET**  
**SHUKRIA**  
**BIYAN**  
**TINGKI**  
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**EFCHARISTO**  
**ADUYAR**  
**TAKKAR**