PrEP Learning Network:

Going Virtual with PrEP Service Delivery

May 28, 2020
OPENING

PrEP IN THE TIME OF COVID-19: LEVERAGING VIRTUAL PLATFORMS FOR TELEHEALTH AND HOME DELIVERY SYSTEMS TO ENSURE CONTINUITY OF CARE

VIETNAM PrEP PLUS: ONLINE CONSULTATION & COURIER SERVICE

3DREAMS GOES DIGITAL: ADAPTING PrEP DELIVERY FOR ADOLESCENT GIRLS AND YOUNG WOMEN DURING COVID-19 IN KENYA

GOING VIRTUAL WITH PrEP SERVICE DELIVERY

ONLINE PrEP REFILLS AND VIRTUAL CASE MANAGEMENT IN ESWATINI

PrEP TELEHEALTH AND XPRESS SERVICES

WHAT’S NEXT WITH THE LEARNING NETWORK
Kimberly Green
Global Director for HIV & TB, PATH

Dr. Kimberly Green has more than twenty years’ experience focused on health service delivery innovations; lay provider and community-led health care; tools and approaches that optimize self-care; service retention and medicine adherence approaches; chronic disease management models of care; private-public sector partnerships; and social behavior change communications.

Nga Ngo
Senior Clinical Officer, USAID/PATH Healthy Markets

Dr. Nga Ngo is a medical doctor and clinical health specialist in Vietnam, where she leads implementation of the project’s continuous quality improvement and quality assurance initiatives, and leads efforts to develop, introduce, and scale new models for delivery of HIV prevention, testing, and treatment services, in close collaboration with the Vietnam Ministry of Health.
Today’s Speakers

Tham Thi Tran
Senior Marketing & Communications Manager, USAID/PATH Healthy Markets

Tham has over 10 years of professional experience with expertise in marketing, communications and project management. She currently leads the development and implementation of marketing and communication strategies on HIV goods and services.

Oluoch Madiang’ Daniel
AGYW Technical Advisor, PATH Kenya

For over 20 years, Oluoch Madiang’ Daniel has provided technical expertise in social and behavior change communication to health programs, spanning the areas of HIV, TB, malaria, gender, and sexual and reproductive health, across sub-Saharan Africa and India.
**Benjamin Eveslage**  
Technical Advisor, Online HIV Services, FHI 360

Benjamin Eveslage is a Technical Advisor for Online HIV services at FHI 360. At FHI 360, Ben leads a portfolio called “Going Online” which helps several global and bilateral HIV programs use online and mobile platforms for HIV outreach and service delivery.

**Laura Muzart**  
Project Director, HIV Programs, LINKAGES Eswatini

Laura Muzart has over 15 years of international development context with extensive experience with USAID/PEPFAR and UNICEF funded projects in Central Asia, Southeast Asia, Europe, the Middle East and Africa. She has led the FHI 360/Eswatini office for the past five years.
Tanat Chinbunchorn
Technical Support Manager & Research Physician,
Thai Red Cross AIDS Research Centre

Dr. Tanat is the Technical Support Manager and Research Physician at the Thai Red Cross AIDS Research Centre, in Bangkok Thailand. His research is mainly focused on implementation science through key population led health services, HIV treatment and prevention, and pre-exposure prophylaxis (PrEP).
Use the “Chat” feature to ask questions!

There will be dedicated time for Q&A after the presentations. Please feel free to type your questions into the chat box at any point during the presentations.

Make sure to share your chat with all panelists and attendees, not just the panelists.
Why PrEP Delivery Must Go On

HIV Risk is Ongoing

Additional risks associated with increased gender-based violence, job loss and homelessness

Demand for PrEP Continues

COVID-19 presents an opportunity to move PrEP out of the biomedical sphere…

… and into more creative, diverse delivery models that make it easier for people to access PrEP
PEPFAR Guidance on PrEP in the time of COVID-19

- PrEP is an essential component of PEPFAR HIV programming.
- Strong advocacy for PrEP service delivery should continue as part of comprehensive combination prevention including counseling (by phone), condoms, and lubricants, or as outlined in country guidelines.
- PEPFAR recommends moving PrEP services away from and out of the clinics as much as possible, using virtual options for client initiations, refills and check-ins, decentralizing dispensing of PrEP through community delivery and moving to multi-month dispensing (MMD) as much as possible.
- Decisions on whether multiple months of PrEP can be given on the first/initiation visit should be made based on an assessment by the client and provider together according to the client’s needs. If a client is committed to taking several months of PrEP from initiation, then it should be allowed.
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WHAT’S NEXT WITH THE LEARNING NETWORK
PrEP in the time of COVID-19:

Leveraging virtual platforms for telehealth and home delivery systems to ensure continuity of care

Dr. Kimberly Green
Global Director–HIV & TB
PATH
Need for more community-based, differentiated PrEP services

Diversifying PrEP delivery models—what about DSD for PrEP?

Monday, March 2, 2020 | PrEP

Help us collect examples and evidence that supports differentiated service delivery (DSD) models for PrEP—fill out this survey by March 13th!

As part of an effort by The Differentiated Service Delivery Initiative of the International AIDS Society (IAS), AVAC and CHAI's HIV Prevention Market Manager project and PATH are reaching out with a survey to better understand DSD models currently being piloted and implemented for oral PrEP. The survey should take approximately 10 minutes to complete.

50 submissions
7 with some form of virtual HIV pre-exposure prophylaxis (PrEP) engagement:

- **Ethiopia**: PSI
- **Eswatini**: USAID/FHI360 LINKAGES
- **Kenya**: USAID/PATH Afya Ziwani
- **Namibia**: Society for Family Health
- **South Africa**: Wits RHI/Project PrEP
- **Thailand**: Thai Red Cross AIDS Research Center (USAID/FHI360 LINKAGES)
- **Vietnam**: USAID/PATH Healthy Markets

Have an example to share? https://www.avac.org/blog/diversifying-prep-delivery-models

How can we best deliver PrEP?
Find out here: https://www.path.org/articles/how-can-we-deliver-hiv-prep/
COVID-19 safe PrEP considerations: virtual or in-person

**How to communicate?** Screen clients first for most acceptable communication method (virtual or in-person) and timing for follow-up. If virtual, through what tool (e.g., phone, WhatsApp, video chat, etc.) and ensure confidentiality and personal safety.

**Establishing flow for virtual client engagement:** Frame to clients what will be covered for new PrEP enrollment or PrEP continuation.

**Home-based specimen collection:** Provide option of blood-based HIV self-test (HIVST) kit (e.g., INSTI) and safe home specimen collection by mobile lab services or health care worker for HIV testing, creatinine, hepatitis B/C, and sexually transmitted infections (STI).

**Home delivery of PrEP:** What options are available and work best for a given client? For example, courier (e.g., Grab), post, CBO of pick-up.

**Rapid revision of facility flow and systems:** Pre-entry symptom screen; universal masking (providers and clients); handwashing with soap or use of hand sanitizer; and visits by appointment only to limit drop-ins to thin out attendance and maintain physical distancing.
New enrollment versus continuing client: factors to consider

**Multi-month dispensing for new enrollment:** Where possible, three-month supply for daily or event driven-PrEP (ED-PrEP) users to minimize need for clinic visit.

**Counseling on side effects at new enrollment** and providing options for clients to check-in (e.g., phone, WhatsApp, video chat, etc.) with service providers if side effects are experienced during the first month(s).

**Information on daily versus ED-PrEP and pausing PrEP use:** Offering support to clients to work through what options are best for them during COVID-19—either no change in PrEP use or taking a break; for men who have sex with men (MSM), switching between daily, ED-PrEP, or no PrEP.

**Adherence support:** Counseling for new and continuing users on setting daily reminders/prompts for PrEP using their phone or other tools, especially for those whose routines may have been disrupted by COVID-19.

**Addressing STIs:** Where STI testing is available, enabling self-sampling or safe visits to designated health services.
Other support that may be needed

Intimate partner violence, mental health, and drug use among PrEP users: COVID-19 has amplified stress and anxiety in many populations and increased vulnerabilities to violence and poor health outcomes. Hotlines, virtual or physically distanced peer support, and counseling services can offer critical wraparound support to PrEP users.
1. **Vietnam PrEP Plus:**
   Online consultation + courier service
   Dr. Nga Ngo and Tham Thi Tran | USAID/PATH Healthy Markets

2. **DREAMS goes digital:**
   Adapting PrEP during COVID-19 in Kenya
   Oluoch Madiang’ Daniel | Afya Ziwani
Vietnam PrEP Plus:
Online consultation + courier service

Dr. Nga Ngo and Tham Thi Tran
USAID/PATH Healthy Markets
Pre-COVID-19 PrEP delivery model: Key population community-based organization and clinic partnership

Key population (KP) community-based organizations (CBO) paired with a public or private clinics

Community stewardship
- KP CBOs paired with PrEP clinics.
- KP lead majority of private clinics (7 of 8 clinics).

Feedback mechanisms
- Exit surveys
- Online survey
- Routine focus group discussions embedded in CQI cycles addressing specific quality issues
PrEP reach: Multiple entry points during COVID-19

- Online risk assessment and HIV service booking app
- Online peer influencers (OPI) and KP CBO staff
- Hook-up app advertisements and OPI postings
- HIV and COVID-19 hotline
- HIV services chatbot
Blued PrEP promotion
Growing demand for PrEP in Vietnam

Figure: Healthy Market’s PrEP cohort across 18 clinics by province, October 2019-March 2020.
COVID-19 response: Vietnam online PrEP model in private clinics

1. Online risk screening
2. Opt for PrEP
3. Blood-based HIVST kit delivered to client (Grab, post, CBO)
4. One-month virtual check-in/HIVST with clinic
5. HIV-negative clients couriered 3 months of PrEP (daily oral OR ED-PrEP for
6. Client performs online HIVST with healthcare worker
7. Quarterly check-in & delivery of PrEP

COVID-19 response: Vietnam online PrEP model in private clinics
Online support and counseling for PrEP clients

Online promotion → Online customized counseling → HIVST kit delivered to client with follow-up instructions

“Online platform (Zalo, Facebook) is truly convenient to educate clients on PrEP and support them to adhere and continue PrEP services, especially during the COVID lockdown in which we could not open the clinic. It is very flexible. We can chat with clients at any time. My team will continue to reinforce online counseling even after COVID”. - Dr Le Duy Khanh, doctor—Glink clinic
Weekly PrEP enrollment during COVID-19

Figure: PrEP_New enrollment by week at 18 public and private clinics, January 1-April 30, 2020.

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PrEP enrollment during COVID-19

Figure: PrEP_New enrollment by KP, January 1–April 30, 2020.

- Men who have sex with men: 1,074 (83.8%)
- Transgender women: 62
- People who inject drugs: 25
- Female sex workers: 19
- Serodiscordant couples: 87
- Others: 15
Greater new PrEP enrollment in private clinics during COVID-19

Figure: PrEP_New enrollment by clinic type.

October 1, 2018–September 30, 2019

- Public: 586 (66%)
- Private: 306 (34%)

January 1–April 30, 2020

- Public: 915 (67%)
- Private: 460 (33%)
Month 3 PrEP refills before and during COVID-19:
Remained high in private clinics but declined in public clinics compared to non-COVID-19 period

Figure: Percentage of clients securing PrEP refill at month 3 by location.

<table>
<thead>
<tr>
<th>Location</th>
<th>November–December 2019</th>
<th>March–April 2020</th>
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<tr>
<td>Private</td>
<td>96%</td>
<td>95%</td>
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<tr>
<td>Public</td>
<td>87%</td>
<td>74%</td>
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Where to next? Future virtual PrEP model

Unified digital platform: Online risk screening and appointment booking

Opt for PrEP

Home lab service with option for self-sample collection

One-month virtual check-in: HIVST with clinic and home labs

HIV-negative clients couriered 3 months of PrEP (daily oral OR ED-PrEP for MSM)

Healthcare worker provides counseling and lab results through live online interface

Quarterly check-in, home labs and PrEP delivery

Unified Digital Platform:
- Service booking
- Client records (client and provider interface)
- Reminders and adherence support
- Ask-a-MD (chatbot and human)
- Educational messages, tools, and gaming
Acknowledgements

Ministry of Health/Vietnam Administration for HIV/AIDS Control

• Dr. Nguyen Hoang Long; Dr. Phan Thi Thu Huong; Dr. Nguyen Huu Hai; Dr. Do Thi Nhan

KP CBOs and clinics

• Glink-Ho Chi Minh City; Glink Hanoi; Galant; AloCare; My Home; Bien Viet; MSM-TG Network; G3VN; Aloboy; FGG, Life

U.S. Agency for International Development

• Ngo Minh Trang; Lopa Basu; Ritu Singh; Cameron Wolf; Robyn Eakle; Chris Obermeyer
DREAMS goes digital:
Adapting PrEP delivery for adolescent girls and young women during COVID-19 in Kenya

Oluch Madiang’ Daniel
Technical Advisor—AGYW programming
Afya Ziwani
Afya Ziwani: who and where we are

- **Funder**: PEPFAR/USAID
- **Description**: Comprehensive HIV prevention, testing, and care project, focusing on adolescent girls and young women (AGYW), fisherfolk, and KPs.
- **Period of performance**: 5 years
- **Geographies**: 4 counties in Western Kenya—Homa Bay, Kisumu, Migori, and Nyamira

Pre-COVID-19 PrEP delivery model: PrEP at facilities or Safe Spaces

- PrEP education, initiation, and continuation facilitated through Safe Spaces.
- AGYW assessed for eligibility, tested for HIV, and provided with PrEP at Safe Space or health facilities.
- PrEP support groups for AGYW for increased adherence and provision of layered package of DREAMS services.
- No telemedicine or virtual options.

AGYW PrEP support group meeting at a safe space in Ruma-Kaksingiri Ward.
PATH/Afya Ziwani.
COVID-19 response: Increased community and virtual options for PrEP

1. Home delivery
   • Provides AGYW aged 15-24 with PrEP.
   • AGYW opt to have PrEP delivered to them at a place of convenience, e.g. home.
   • Healthcare worker accompanies DREAMS mentor to provide PrEP to AGYW at home.

2. Temporary “mobile” Safe Space
   • Serves well for AGYW living in close proximity to each other.
   • Meetings organized by and held at AGYW Ambassadors’ home.

3. Virtual Safe Space and outreach
   • Increased use of virtual contact (calls, text messages, WhatsApp, video) to provide PrEP services to AGYW.
   • Led by DREAMS Mentors.
Feasibility of virtual outreach with AGYW

AGYW in Afya Ziwani’s DREAMS cohort with cell phone access by age, as of March 2020.

**9-17 YEARS**
- **76%**
- Have cell access

**18-19 YEARS**
- **67%**
- Have own phone
  - 7,731 AGYW have their own phone; remaining 33% (3,696) reachable through parent/guardians’ phones.

**20-24 YEARS**
- **87%**
- Have own phone
  - 11,411 AGYW have their own phone, with remaining 13% (1,667) reachable through parent/guardians’ phones.

46,160 AGYW had access to a cell phone, with majority using their parents’/guardians’ phones, a significant consideration factor given confidentiality information shared on virtual platforms.
COVID-19 response: Virtual AGYW Safe Spaces

- **WhatsApp-based Virtual Safe Spaces** created in areas where AGYW are able to confidentially communicate via phone-based platforms.

- **AGYW can access healthcare providers and request services** via Virtual Safe Spaces, with Afya Ziwani facilitating appointment scheduling.

- **COVID-19 resources** shared through Virtual Safe Spaces (e.g., government alerts; Ministry of Healthy factsheets; facility service directories).

  19 Virtual Safe Spaces created to date.

Screenshots of WhatsApp-based “Virtual Safe Spaces” for Manyatta B ward in Kisumu County and West Kamagak and Kokwanyo wards in Homa Bay County. PATH/Afya Ziwani.
COVID-19 response: Enhanced outreach and education through virtual platforms

Screenshots of WhatsApp based “Virtual Safe Spaces” providing information on PrEP

Screenshots of WhatsApp based “Virtual Safe Space” members discussing PrEP
COVID-19 response: PrEP enrollment and follow-up through Virtual Safe Spaces

1. **Online outreach**
   - DREAMS mentor initiates online discussion on PrEP with Virtual Safe Space group.

2. **Opt for PrEP**
   - AGYW member expresses interest in enrolling on PrEP.

3. **Risk screening**
   - DREAMS mentor and AGYW complete the rapid assessment screening tool and schedules appointment for PrEP initiation.

4. **PrEP initiation**
   - Clinician reviews AGYW file, conducts HIV test, and initiates on PrEP (if deemed eligible).

5. **Ongoing follow-up**
   - DREAMS mentor/healthcare volunteer conducts one-month/quarterly check-in with AGYW.

6. **PrEP refills**
   - DREAMS mentor/healthcare volunteer provides PrEP refill to AGYW at preferred location (home; Safe Space; clinic; community).
Monthly PrEP enrollment among AGYW before and during COVID-19

Figure: PrEP_NEW enrollment among AGYW by month, October 2019—April 2020

Peak enrollment period: full engagement of healthcare workers

COVID-19 outbreak

PrEP refills during COVID-19

385 AGYW across 22 wards received refills of PrEP from March 15 through April 30.

- Safe Space: 39%
- Home: 14%
- Health facility: 47%
Ministry of Health recognition of PATH’s contribution

PATH is currently reaching out to vulnerable Adolescent Girls & Young Women, in 51 wards covering the counties of Kisumu, HomaBay & Migori in partnership with @MOH_Kenya @PoliceKE to provide COVID-19 basic information on curfew, social distance, handwash

#KomeshaCorona update
Acknowledgements

Ministry of Health
National AIDS and STI Control Program
DREAMS local implementing partners
U.S. Agency for International Development
Thank you!
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PrEP TELEHEALTH AND XPRESS SERVICES

WHAT’S NEXT WITH THE LEARNING NETWORK
Going Virtual with PrEP Service Delivery

Benjamin Eveslage
Technical Advisor, Online HIV Services, FHI 360 (HQ)
Two presentations

- Online PrEP Refills and Virtual Case Management in Eswatini – Laura Muzart
- PrEP Telehealth and Xpress Services (Thailand) - Tanat Chinbunchorn
As part of EpiC’s “how-to” webinar series

Also see…

- **June 25**: QuickRes > [Register here](#)
- **July 30**: Virtual case management > [Register here](#)
- **August 27**: LINK electronic client feedback systems > [Register here](#)
- **September 25**: Online marketing for HIV services > [Register here](#)
Contextual Factors for Going Virtual...

- Ethical and privacy concerns
- Sustainability
- Low connectivity settings
- Supporting clients without internet access
Online PrEP Refills and Virtual Case Management in Eswatini

Laura Muzart
Program Manager, LINKAGES Eswatini Project, FHI 360
Background
Background

- COVID-19 pandemic coincided with launch of TrueEswatini.com (April 2020)
- Shifted to virtual and online methods for generating demand for PrEP initiation and refills
- Case management for PrEP shifted to telemedicine
Limitations

- All community-based testing is restricted due to COVID-19
- Home delivery not approved by the MOH based on sustainability/logistical constraints
- Nurse assistants are able to support refills but not expert clients or equivalent
- Outreach workers can not collect PrEP refill due to HIV testing requirement.
Approaches
Adapted PrEP Case Management Approach

Flow of clients in the adapted PrEP Case Management Approach used in Eswatini

Virtual follow-up
Linkage case manager calls before and after appointments.

Chats with outreach workers and Facebook ads to support demand creation and refills

Online booking at community centers

PrEP community distribution

Rule out acute HIV infection at 1 month and offer 3-month refill

Linkage case manager phone call follow-up

Psycho-social support via True Eswatini Of PrEP dispensed at community center and community distribution points

Book PrEP initiation and refill online

Initiate At Community center or home

Refill At community center and community distribution points.

1 month Of PrEP dispensed at community center and community distribution points

See more at fhi360.org/GoingOnline
“Visitor Refill” on True Eswatini

“Visitor refill” allows people to continue accessing PrEP and ART outside of their normal clinic during COVID-19. Aims to reduce congestion at clinics and keep key population members on PrEP.
Results
Initial trends for HIV service access via True Eswatini

Notes:
- High arrival rate, but still with low overall volume
- Still a new method of service access (not the only way to access services)
- Currently retroactively reporting HIV test results
- Provides ORWs with something to create demand around
- Initially seeing higher uptake of PrEP (and ART, and case finding)

Incomplete data for current week

Screenshot of timeline data visualization on True Eswatini backend (26 May 2020)
PrEP service booking and uptake among LINKAGES’ clients

- April 2020 was first full month in which outreach workers followed up with clients virtually to support PrEP initiation and refills.
- Outreach workers are reminded of confidentiality when conducting follow ups and making calls. Any notes/data captured in hard copy is kept in locked bags.

Data available for through May 24th
Overall program PrEP trends over time

Uptake of PrEP among clients who are HIV negative and offered PrEP

Notes:
- Virtual PrEP mobilization through True Eswatini and ORA allows for improved targeting of those most at risk accessing services at KP community centers
- Use True Eswatini site through Facebook, Instagram, and through WhatsApp message groups

COVID-19 lockdown commenced

Introduced online demand creation
Next Steps
Expanding case management on True Eswatini

- Book all clinic visits on True Eswatini to:
  - Avoid double booking
  - Manage/limit client flow
  - Reduce wait time
  - Easily adjust clinic hours based on demand

- Use True Eswatini to roll out of decentralized distribution of PrEP (for KPs only) for:
  - Tracking clients booked at various distribution sites
  - Reporting uptake and results of their visit
Next Steps

- Expand PrEP refill sites from the two current ones to community sites and use virtual demand creation and online booking system
- Currently reviewing performance of online demand creation and True Eswatini booking platforms and will strengthen demand creation for PrEP refills and other services
Thank you!
PrEP Telehealth and Xpress Services

Tanat Chinbunchorn, BMedSci, MD
Technical Support Manager/Research Physician
Overview

• Sexual Xpress Services
• PrEP Telehealth
• Effective use of PrEP
• Xpress Services
• Conclusion
Sexual Xpress Services

- Risk assessment using **online survey link**
- Counseling through **video/telephone call**
- Clinic time and physical contact limited, with the exception of blood collection
- In-clinic **self-sampling for STIs**
- Test results provided by **LINE, email, SMS, telephone call**
Telehealth Flow: Current Pre-Exposure Prophylaxis (PrEP) Users

Current PrEP clients

- Online reservation and counseling

PrEP delivery checklist

- Completion of Online Behavioral Risk Assessment
- Referral letter
- Data entry completion

Received Lab Results

- Blood collection at clinic of choice and notification of laboratory results to CBO staff

Ineligible

Routine service at community-based organization (CBOs)

Eligible

Enrolled for PrEP delivery

- Reimbursement of lab testing

Follow up on PrEP status

- PrEP delivery (3-month supply)

Online counseling
Supply Chain Management

• Issues with raw materials and generic drug shipments and custom clearance

• **Unstable supply chain** due to prolonged or worsening COVID-19 situation of exporting and/or importing countries

• Cross-clinic/cross-program stock management

• Effective use of PrEP
Xpress Services
Objectives of Xpress

• To reduce service duration and consequentially increase number of clients
• To offer more time for those who truly need more attention during their visits
• To effectively collect data and reduce time spent on completing all forms at the sites
• Eligibility criteria
**CURRENT FLOW (New Cases) >1 Hr.**

1. TB screening and registration (3-5 min.)
2. Pre-counseling (10-15 min.)
3. Blood draw (5 min.)
4. Waiting for the result (20 min.)
5. Post-counseling (15 min.)
6. Issue PID and complete PrEP questionnaire (5 min.)
7. Receive PrEP and make next appointment (10 min.)

**CURRENT FLOW (Follow-Up) >1 Hr.**

1. TB screening and registration (3-5 min.)
2. PrEP questionnaire (15 min.)
3. Pre-counseling (10-15 min.)
4. Blood draw (5 min.)
5. Waiting for the result (20 min.)
6. Post-counseling, receive PrEP, and make next appointment (10-15 min.)
Xpress Flow: Full Xpress Service 20 Minutes

1. Confirm appointment (5 min.)
2. Pre-counseling, dispense PrEP, and make next appointment (10 min.)
3. Blood draw (5 min.)
4. Send the result via SMS/LINE/Email

- Test me now (res99)
- Select the service(s) and register (UIC and screening ID issued)
- Xpress screening, PrEP questionnaire, and consent to receive a result via SMS/LINE/E-mail
- TB screening
Results: Xpress Services at Community-Based Organizations (June 2019–April 2020)

Result delivery preference

- Eligible Clients: 2,024
- LINE: 1,740 (86.0%)
- SMS: 180 (8.9%)
- FACE TO FACE: 100 (4.9%)
- PHONE: 2 (0.1%)
- E-MAIL: 2 (0.1%)

Number of Xpress clients

- JUN. 19: 62
- JUL. 19: 81
- AUG. 19: 226
- SEP. 19: 134
- OCT. 19: 125
- NOV. 19: 205
- DEC. 19: 143
- JAN. 20: 195
- FEB. 20: 245
- MAR. 20: 292
- APR. 20: 304
- MAY. 20: 234
The ‘New Normal’ in the Asia-Pacific

More differentiated service delivery models! Less paternalistic and hierarchical medical system → task sharing from doctors to nurses, lay providers, and “the people”

• Xpress Service and Telehealth
  ▪ Self-sampling: in clinic/at home
  ▪ Self-testing
  ▪ Home/pharmacy-based ART and PrEP refill

• ART multi-month scripting
• PrEP effective use
• Key population/community-led approach for emerging health conditions
How did we do it?

- Key primary step: Are the providers motivated? What do they feel about introducing new services?
- Engaged all relevant stakeholders from the beginning
- Agreed on service flows suitable to each clinic’s settings
- Developed standard operating procedures (SOPs)
- Set a date to dry run real service (vital step)
- Ready to go!
THANK YOU
Q&A
OPENING

PrEP IN THE TIME OF COVID-19: LEVERAGING VIRTUAL PLATFORMS FOR TELEHEALTH AND HOME DELIVERY SYSTEMS TO ENSURE CONTINUITY OF CARE

VIETNAM PrEP PLUS: ONLINE CONSULTATION & COURIER SERVICE

3DREAMS GOES DIGITAL: ADAPTING PrEP DELIVERY FOR ADOLESCENT GIRLS AND YOUNG WOMEN DURING COVID-19 IN KENYA

GOING VIRTUAL WITH PrEP SERVICE DELIVERY

ONLINE PrEP REFILLS AND VIRTUAL CASE MANAGEMENT IN ESWATINI

PrEP TELEHEALTH AND XPRESS SERVICES

WHAT’S NEXT WITH THE LEARNING NETWORK
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• Additional, complementary **resources** will also be shared on PrEPWatch—including related research articles and tools

• Registration for **upcoming webinars** is also located on PrEPWatch

Visit [PrEPWatch](http://www.prepwatch.org/virtual-learning-network/) for additional resources.
Exit Poll:

What are the main barriers to integrating IPV identification and response into PrEP services?
Thank You!