GOING VIRTUAL WITH PrEP SERVICE DELIVERY

PrEP Learning Network Webinar Series

Thank you to our speakers from FHI 360, the Thai Red Cross AIDS Research Centre, and PATH as well as attendees who participated in the eleventh PrEP Learning Network webinar. In this webinar, FHI 360 in Eswatini, the Red Cross AIDS Research Centre in Thailand, and PATH projects from Vietnam and Kenya shared how they are using virtual platforms to support PrEP and antiretroviral therapy delivery. Virtual and online elements were established in these programs prior to COVID-19 but are becoming more critical and being expanded upon in the current context of service delivery. If you missed it, you can access the [webinar recording here](#).

Top 8 Questions

Many questions were raised during the webinar's Q&A, and summaries for the top eight 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. In the era of not leaving anyone behind, how is the project reaching AGYW without a phone?

A survey done with key populations in 2015 showed that phone coverage is extremely high in Vietnam, and that there is a significant amount of use of social media.
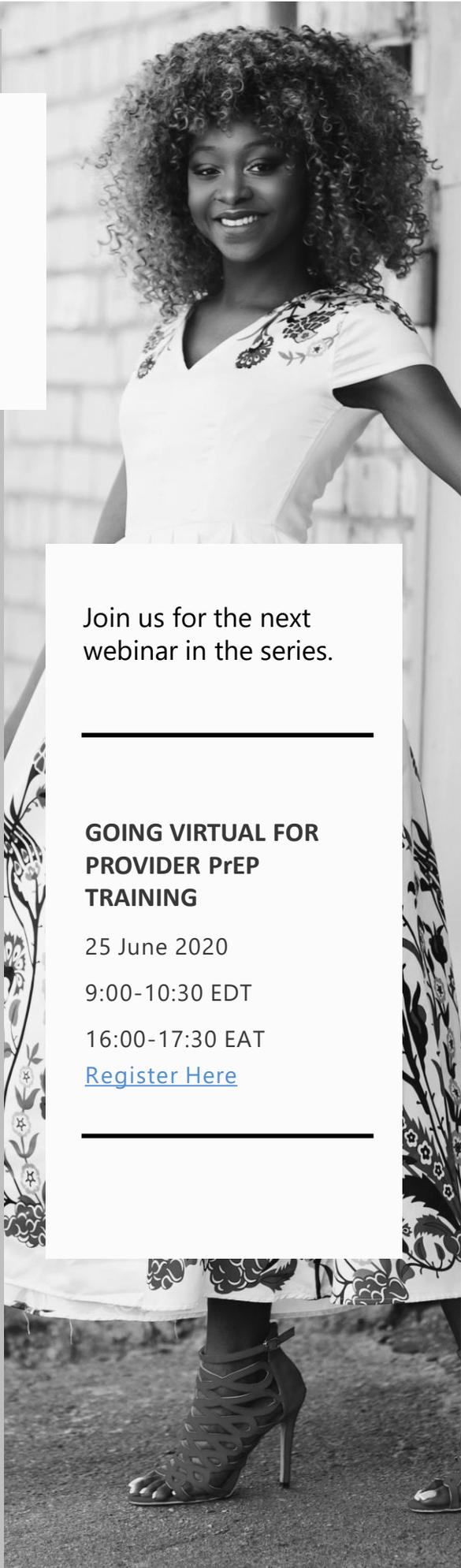
Join us for the next webinar in the series.

GOING VIRTUAL FOR PROVIDER PrEP TRAINING

25 June 2020

9:00-10:30 EDT

16:00-17:30 EAT

[Register Here](#)

In Kenya, younger age bands of AGYW are less likely to own a phone (see analysis of phone access by age bands presented in the slides). Given this, the Afya Ziwani project in Kenya applied differentiated models where AGYW without a phone are reached either through mobile/temporary Safe Spaces that have been set up in more remote/rural areas where there is a cluster of AGYW present or through one-on-one/peer outreach by DREAMS mentors, Ambassadors, or community health workers. All of these engagements apply physical distancing, universal masking, and hand hygiene. Through these combined strategies (phone follow-up, mobile Safe Spaces, or home visits), the Afya Ziwani project has ensured that all AGYW clients are in contact with a provider and receive ongoing support for PrEP or other health services.

The EpiC outreach and case manager staff focus on using the most common platforms, such as WhatsApp, Facebook, or phone calling and SMS for clients without mobile data. In some cases, program staff can take the phone number of a friend or family member of the client if both client and the phone owner consent. This allows the program to stay in contact with clients who do not have a phone themselves. The program staff calling would need to follow a protocol to verify the identity of the intended client before discussing private or health matters.

In Eswatini, about 70% of outreach workers have phones.

2. How do you create virtual safe spaces on WhatsApp? Are participant names kept anonymous?

Regarding confidentiality, under the Afya Ziwani project in Kenya, AGYW who participate in virtual WhatsApp-based Safe Spaces previously met and knew each other while attending in-person group meetings at physical brick-and-mortar Safe Spaces. All AGYW who participate in Safe Spaces provide informed consent and can opt in or out based on their preferences. While general information on PrEP and questions/answers are shared in the broader Virtual Safe Space forum, for AGYW interested in or on PrEP, all individual inquiries are handled privately between the client and DREAMS mentors/healthcare providers. DREAMS mentors/healthcare providers also discuss preferred communication methods and frequency with each AGYW PrEP client as an additional method of ensuring confidentiality, and Virtual Safe Space moderators frequently encourage group members who need individualized services to liaise directly with their assigned DREAMS mentor/healthcare provider. AGYW clients not on WhatsApp (or without access to their own mobile device) are reached either through mobile/temporary Safe Spaces or through individual outreach, as noted above. Afya Ziwani also uses "Please call me," a call-back feature that allows those who do not have phone credit to be called back for free by a DREAMS mentor or healthcare provider.

WhatsApp groups list all members by their phone numbers and profile name, which need not be their real name. In this way WhatsApp groups members can see these details of other members and so their participation is not anonymous. Another method is to use a broadcast group on WhatsApp which allows a single program staff to coordinate outgoing messages to members of the broadcast group, and members of the broadcast cannot see each other, they also cannot communicate as a group or to other group members. Max of 256 members can be on a single broadcast group and members need to have saved the sender's contact info in their address book in order to receive the broadcast messages. You need to have a WhatsApp account and be included on the group chat or broadcast group in order to view any of the content. We have not heard of other virtual safe spaces using phone or SMS, but I am sure it may be possible.

3. **What are clients saying related to confidentiality and virtual platforms? How can we ensure that clients feel safe using online/virtual PrEP services – keeping in mind cyber insecurities associated with internet on client's data?**

In Eswatini, we have seen concerns as portions of demand creation (using WhatsApp etc.). People have been afraid to join because people could see who they are in the discussions, as their names/profiles will show to members who have them in their contacts, causing potential disclosure. LINKAGES is looking to use Facebook in different ways, such as moving the virtual demand creation aspect to Facebook, through Facebook live discussions where people can join via a link versus from their own Facebook account. For booking apps, the Eswatini program has generally seen people open to issues and expressing needs and concerns on the one-on-one chats. There is some online pushback based on concerns of being exposed as a key population. It is also helpful to ensure there are strong moderators in different online discussions.

In Thailand, most clients use text messaging through a popular application called LINE. The Thai Red Cross project registered an official account through LINE so people can chat with project staff directly to discuss sexual health related issues. The conversations are all one-on-one and LINE accounts can also be anonymous.

In Vietnam, PATH has put measures in place to ensure clients feel safe accessing virtual PrEP and other HIV services, such as using websites, fan pages, Zalo-based chatbots, and Facebook messenger groups trusted by KPs to communicate on HIVST and PrEP. Clients interested in PrEP and/or HIVST services (either for themselves or their partners) can use a nickname while engaging virtually with peer providers from KP-led non-governmental organizations and will not have to disclose any private or confidential information until an in-person meeting with a clinician.

Top 8 Questions (continued)

4. How is enrollment done online? How is this paid for?

AGYW enrolled in the Afya Ziwani project's DREAMS program are informed of the option to join a WhatsApp-based Virtual Safe Space, and they are free to opt into a group (or leave a group) whenever they want. This project provides DREAMS mentors, healthcare workers, and community health volunteers with monthly data stipends to support virtual follow-up with AGYW and other clients. AGYW join groups using income generated by socio-economic activities they are engaged in as part of the DREAMS program. For AGYW clients who may not have credits to call the person they need to communicate with, the project has established a "Please call me" feature which enables an AGYW to send a request to the person they want to speak with, to call them back free of charge.

In Eswatini, FHI 360 has increased communication stipends to outreach workers to support engagement of KPs, including doing surveys or discussions on their phones for the KPs. They have also hosted group discussions for target groups of KPs, where a small stipend is provided to those attending to allow them to link on the phone.

5. How is the Vietnam program doing STI screening? How was self-sampling for STI enabled in Thailand?

STI screening (syphilis/gonorrhea/chlamydia) in Vietnam is available at PrEP initiation, and then conducted every six months. PATH introduced a pilot pooled sampling approach to reduce the cost for molecular testing for gonorrhea and chlamydia, and plan to introduce self-sampling options in clinic and at home.

In Thailand, the program just started implementing self-sampling for STI testing and developed communication materials prior to launching, including pamphlets and video instructions on how to collect samples. They are in the pilot phase (10-15 clients collecting currently). Self-sampling is taking place within facility, but ultimately the program wants to reach the home sample collection phase.

Top 8 Questions (continued)

6. **For online PrEP services, what results are you seeing in terms of consistent use/compliance? How do you measure continuation in the context of virtual delivery?**

In Vietnam, continuation is defined as when a client successfully receives a refill when they are due for a refill. For event-driven (ED) PrEP, there is ongoing communication between the client and the clinician to determine if a client might want to switch between event-driven and daily, and a specific national M&E tracker that has been established to measure continuation among ED-PrEP users. Reasons for PrEP discontinuation and information on consistent use of PrEP are also collected during virtual check-ins with PrEP clients.

In Eswatini, the program will expand use of the Online Reservation App (ORA) which will allow case managers to be assigned clients who book PrEP services at various clinics and follow up with them quarterly to track and report adherence to PrEP and note any retention or service access issues. Right now this is being done separately, but the adaptations to the ORA platform will allow for more efficient case management and reporting.

In Thailand, high levels of effective use are being seen in both daily and ED-PrEP clients. MSM clients can switch between the two regimens to tailor to the events happening in their life. Counsellors will assess adherence through telehealth services (video calls) and send out PrEP refills via mailing services to those who are eligible.

7. **Given the strict rules on movement due to COVID-19, how have you been able to negotiate some home delivery and community pick up points?**

In Eswatini, LINKAGES worked with the MOH to ensure PrEP delivery was determined to be an essential service. The project received a letter from the Principal Secretary of the MOH and issued it to the CBOs they work with. CBO staff carry this letter when they are out in the community. SMS is also used to indicate they are providing a health service and that is why they are out in the community.

In both Kenya and Vietnam, USAID/PATH-supported projects met early on with the MOH and local authorities to secure approvals for home delivery during lock-down. This was critical to enable continuity of care. The hope post-COVID-19 is to normalize home or community PrEP distribution (similar to what has been done through differentiated service delivery for ART) to further increase PrEP service access and convenience.

Top 8 Questions (continued)

In Thailand, The Thai Red Cross is currently implementing Telehealth services and PrEP delivery for current PrEP users who have good adherence.

8. **How are we addressing myths and misconceptions related to use of PrEP as prevention for COVID-19, since the drug is perceived as anti-virus?**

In the FHI 360 programs this has been anticipated in the risk communication strategies for PrEP and COVID. KP/COVID messaging guidance from EpiC can be sent to clients to address these issues. PATH is doing similar with risk communication around ARVs, COVID-19 and PrEP within their programs. In Thailand, there is a widespread misperception that PrEP can be used for COVID prevention (also with other ARVs and COVID). The Thai program did a Facebook live to talk specifically about PrEP and COVID, and communicated further through social media posts and live videos with popular community members.

In Vietnam, myths and misconceptions were common at the start of the pandemic—there was an overwhelming volume of information being shared that might mislead PLHIV and key populations—but this seems to have subsided recently. These myths, misconceptions, and questions from PLHIV were addressed by the USAID/PATH Healthy Markets project through webinars for facility and-community HIV providers, Facebook live events and content for the community (including fact sheets and Q&As; see excerpt from a Q&A on ARV use to treat COVID-19 below), and hotlines established in coordination with key population-led community-based organizations to address individual questions, concerns, or support needs.

> **Can HIV medicine (ART) be used to treat COVID-19?** Answer: There is no evidence that taking anti-HIV drugs will stop COVID-19. Although some ART drugs are being trialed for use to treat COVID-19, there is no evidence yet that they are effective for this purpose. *(Source: Avert.org, CDC.gov)*

For more information, please see this guidance for COVID-19 and HIV, which has clarifications about misconceptions for PrEP and ART use for COVID-19 prevention and treatment: https://www.fhi360.org/sites/default/files/media/documents/epic-kp-messaging-guidance-covid-19.pdf

ADDITIONAL RESOURCES

Additional resources related to virtual and online approaches to PrEP service delivery are below:

- Attached posters detailing the PrEP service models in Vietnam
    - Poster: Low PrEP uptake but good continuation among transgender women: Preliminary results from real-work PrEP roll-out in Vietnam
    - Poster: Key population-delivered oral PrEP: Initial enrollment, adherence, and continuation results among men who have sex with men in Vietnam
- http://xomcauvong.com/en/prep-en
- TrueEswatini booking site: https://trueeswatini.com/
- Article from PATH on how best to deliver PrEP and considerations for differentiated PrEP service delivery
- Article from PATH on ways to ensure continuity of care for HIV and TB services during COVID-19, including use of telehealth and virtually mediated platforms (https://www.path.org/articles/how-curb-covid-19s-impact-hiv-and-tb/)
- FHI 360 blogpost on going online to mitigate COVID-19 impact on service delivery
- FHI 360 Online Reservation App (ORA) technical brief and overarching vision document about taking HIV services online.
- The Differentiated Service Delivery Initiative of IAS, AVAC Prevention Market Manager, and PATH are currently collecting descriptions of differentiated PrEP service delivery models. Responses will help inform guidance and development of DSD models for PrEP, which we hope will ultimately help improve access to oral PrEP and new interventions on the horizon. All data will be kept confidential and will be aggregated to inform a planned satellite session at AIDS2020. Do you have a differentiated service delivery (DSD) model to share? Please complete this short survey if so!
- All attendees are welcome to join the WhatsApp chat to continue the conversation! https://chat.whatsapp.com/Gvq2zoDD8bGEyXmOH4633I
- Interested in more? Take part in EpiC's Going Online 'How to' webinar series!
    - **June 25:** QuickRes for online service booking and case management > Register here
    - **July 30:** Virtual case management for ART initiation and retention > Register here
    - **August 27:** LINK electronic client feedback systems > Register here
    - **September 25:** Online marketing for HIV services > Register here

We hope you join us again on June 25th! Our twelfth webinar will focus on Going Virtual for PrEP Provider Training. Visit the PrEP Virtual Learning Network for more information on previous sessions.