West Africa PrEP Learning Network
Session #1 – Getting Started with PrEP Rollout

FHI 360 | Afton Bloom | LVCT Health | PZAT

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PEPFAR

EpiC Meeting Targets and Maintaining Epidemic Control

RISE Reaching Impact, Saturation, and Epidemic Control

Panelists

- Katie Schwartz, FHI 360
- Neeraja Bhavaraju, Afton Bloom
- Definate Nhamo, Pangaea Zimbabwe AIDS Trust, Zimbabwe
- Patriciah Jeckonia, LVCT Health, Kenya

Agenda

Time	Topic
10 min	Introduction to CHOICE and the Learning Network
5 min	Framing Key Topics
20 min	Introductions from LVCT Health (Kenya) and PZAT (Zimbabwe)
45 min	Q&A and Discussion
10 min	Wrap-up and Survey

Introduction to CHOICE

CHOICE is an 18-month collaboration funded by USAID in partnership with PEFPAR through two central mechanisms: Meeting Targets and Maintaining Epidemic Control (EpiC) and Reaching Impact, Saturation, and Epidemic Control (RISE).

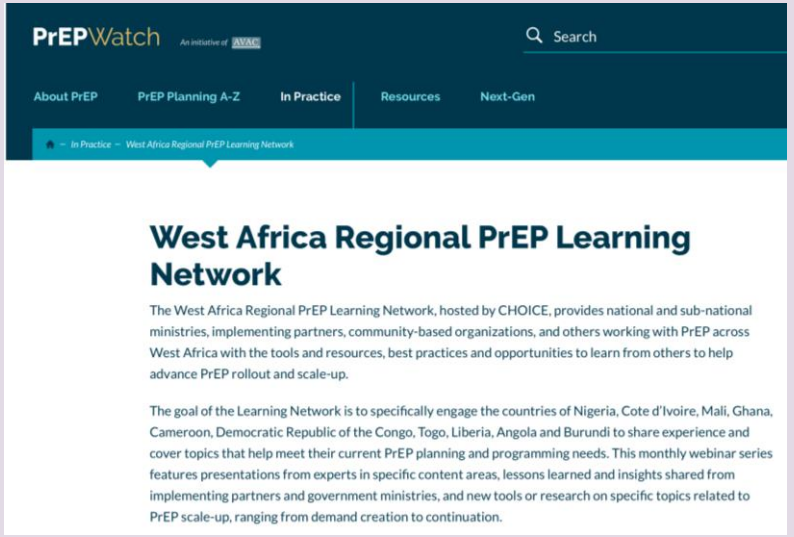
The goal of this collaboration is to address technical gaps and support national scale-up of antiretroviral-based HIV prevention products in PEPFAR countries through catalytic evidence generation, translation and research utilization.

CHOICE is led by FHI 360 and Jhpiego, in partnership with Afton Bloom, Avenir Health, LVCT Health and PZAT

West Africa Regional PrEP Learning Network

To learn more about the Network visit https://www.prepwatch.org/in-practice/west-africa-prep-learning-network/

For questions or thoughts on the Network email WestAfrica@PrEPNetwork.org



Key topics for this webinar series

Oral PrEP Introduction Framework

PLANNING & BUDGETING

National and subnational plans include oral PrEP and guidelines are established to support access to PrEP via priority delivery channels

SUPPLY CHAIN MANAGEMENT

Oral PrEP is regularly available in sufficient quantity to meet projected demand via priority delivery channels

PrEP DELIVERY PLATFORMS

Oral PrEP is delivered by trained healthcare workers across diverse delivery channels that effectively reach target end users

UPTAKE & EFFECTIVE USE

End users are aware of oral PrEP and have the support, motivation, and ability to seek out, initiate, and effectively use PrEP during periods of HIV risk

MONITORING

Oral PrEP is effectively integrated into national, subnational, program, and facility monitoring systems and ongoing research supports learning

Introduction Kenya

Why did policymakers in Kenya feel PrEP was an important part of the HIV prevention response?

- High new HIV infections of >77,000 in 2015
- The 2014 Kenya AIDS Strategic Framework and the 2014 Kenya HIV Prevention Revolution Roadmap set a target of reducing new HIV infections by 75% by 2020
- Pre-exposure prophylaxis (PrEP) (in combination with other HIV prevention and treatment interventions) is proven to reduce new HIV infections by over 90%
- Kenya failing to meet UNAIDS prevention targets by 2020 despite increasing access to existing HIV prevention tools – need for more options
- Mathematical modelling of Kenyan data provided evidence that combinations of HIV prevention methods, including PrEP, could maximize effectiveness of the national prevention response

How did Kenya introduce PrEP?

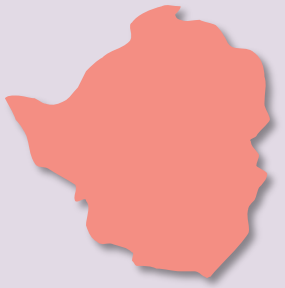
- In December 2015, the Kenya Pharmacy and Poisons Board approved TDF/FTC for use as oral PrEP
- In 2016, the National AIDS and STI Control Program (NASCOP), led a participatory process reviewing scientific evidence generated from clinical trials and demonstration projects to inform development of national guidelines
- Decision made to provide PrEP to those who are at substantial ongoing risk of HIV infection
- Following inclusion of PrEP in national ARV guidelines, the Ministry of Health set-up a PrEP Technical Working Group (TWG) in October 2016, chaired by NASCOP with a mandate to provide strategic direction and oversight for the implementation of PrEP in Kenya (met often initially)
- TWG engaged communities (SDC, AYP, KP) in PrEP planning
- Developed a national scale-up plan with targets and operational mechanisms to guide implementation by all PrEP stakeholders
- Conducted facility assessments to prepare for scale-up

How has Kenya scaled-up PrEP since 2016?

- In May 2017, the Kenya PrEP Implementation Framework prioritized 9 counties with high HIV prevalence and new infections
- Conducted demand creation campaigns on mainstream media and trained media staff
- Targeted demand creation among high risk populations
- Developed training curriculum and PrEP Toolkit for healthcare providers. Trained Master Trainers and County Trainers to cascade training to facility- and community-level service providers
- Developed data collection and reporting tools for PrEP
- Integrated PrEP into existing national ARV commodities quantification, procurement and distribution system
- PrEP is now available in 1,994 facilities (public and private) in the country across all 47 counties. More than 58,000 ever initiated on PrEP

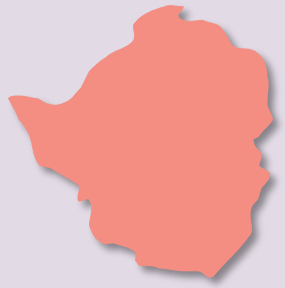
Introduction Zimbabwe

Why did policymakers in Zimbabwe feel PrEP was an important part of the HIV prevention response?



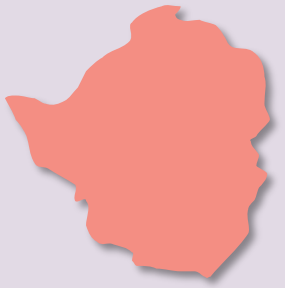
- Natural process of adaptation of global guidance
- An adaptation committee is always in place to adapt global guidance
- HIV incidence is quite high – 0.47%
- Need to reduce the rate of new infections
- Increase HIV prevention options

How did Zimbabwe introduce PrEP?



- There is a broader adaptation committee in place
- PrEP specific TWG was formed
- TWG composition is very important (Policy makers, WHO, MCAZ, Researchers, Advocates, CSOs, AGYW)
- Guideline development
- Implementation plan
- Development of IEC materials

How has Zimbabwe scaled-up PrEP since 2016?



Zimbabwe had a phased approach to scale up:

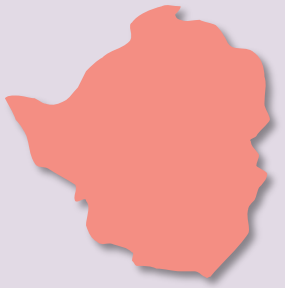
- Central/Provincial
- District
- Clinic level
- Populations
  - ✓ FSW
  - ✓ AGYW
  - ✓ KPs
  - ✓ Serodiscordant couples

Discussion

Key stakeholders

- Ministry of Health- NASCOP, NACC, National HIV Reference Lab
- County Health Governments
- KEMSA
- Pharmacy and Poisons Board
- Development partners
- Implementing partners
- Community based organizations/groups
- Research institutions and academics, for example: KEMRI
- Media

Key stakeholders

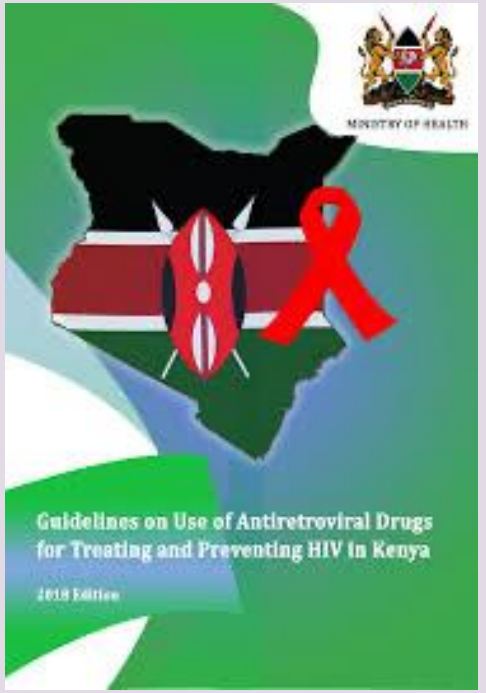


Engagement was mainly through the TWG with the main players being:

- MoHCC
- CSO
- Researchers
- AGYW
- WHO
- Advocates
- Funders
- UN agencies

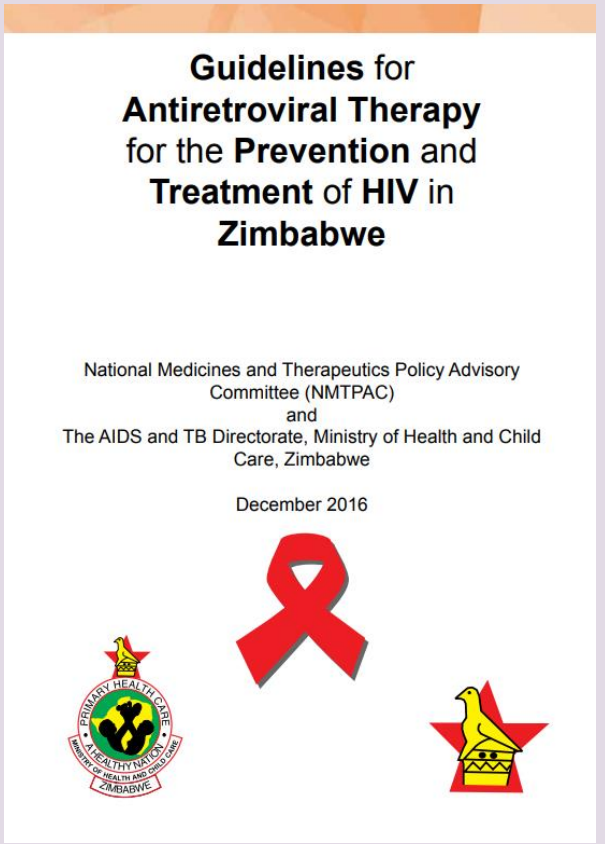
Clinical guidelines

- Eligibility criteria
- Mandatory tests pre-enrollment on PrEP
- Approach(es) to take for training of human resources involved in PrEP delivery, who would prescribe PrEP
- Monitoring and evaluation - tools and indicators
- Research questions relevant to PrEP rollout in Kenya
- Adequate financing for PrEP



Clinical guidelines

- Decisions on who could deliver PrEP based on medicines being ARVs
- All HCPs delivering PrEP had to have some prior ART training
- Frequency of visits informed by WHO implementation guidance and experiences from clinical trials and demonstration studies
- HIV test – required
- Creatinine test – recommended
- Creatinine test for those 50+ and comorbid - required



Implementation plan

Implementation plan focus areas

- Leadership and governance
- Service delivery
- Commodity security
- Communications, advocacy and community engagement
- Monitoring and evaluation
- Research and impact evaluation
- Financing and resource mobilization

Major decisions

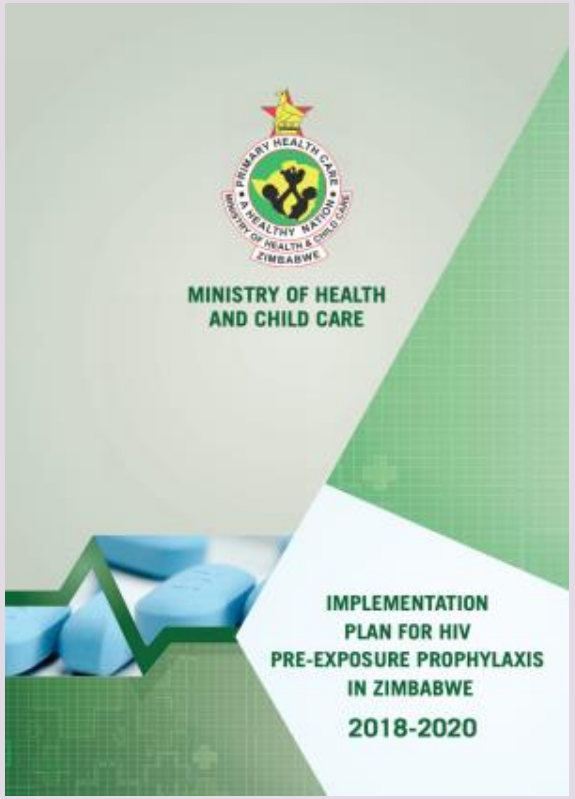
- Breaking the stigma that PrEP is for a specific population
- Priority counties for high impact including counties for “generalized” rollout versus counties for “targeted” rollout
- M&E indicators

Implementation plan

- There were two main decisions made based on:
  - Population and
  - Geography

- Several tools helped make these decisions:
  - Rollout scenarios helped bring a balance between geography and population
  - Hotspot mapping helped inform where and who to target

- Facility level assessment:
  - Facility readiness assessment tools



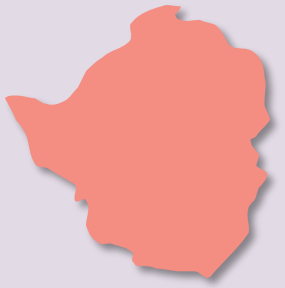
Success factors

- Political goodwill
- Available funds
- Community engagement
- Stakeholder mapping and engagement
- Functional and active technical working group, with frequent meetings to start then transitioning to quarterly meetings

Challenges

- **Training in PrEP delivery has not reached all healthcare facilities/healthcare providers**
  - *Recommendation: Have a complete capacity-building plan for all levels of the health system and stakeholders that includes ensuring budget for cascading of training*
- **Lack of M&E tools during scale-up resulted to data problems that are yet to be reconciled**
  - *Recommendation: Develop M&E tools, include M&E in providers training and distribute them to facilities prior to scale-up*
- **Provider training curriculum did not address provider attitudes which affected provision of PrEP to AGYW**
  - *Include attitude exercises within the provider training at the beginning – check OPTIONS provider training manual*
- **Rolling out oral PrEP in the absence of an effective, national communication strategy**
  - *Recommendation: Have and implement a communication strategy to support demand and uptake at the early stages of rollout*

Success factors and challenges



Success factors

- Careful dissemination of guidelines, SOPs and job aids
- Training of HCPs
- Ongoing clinical mentorship
- Communication strategy

Challenges

- Community awareness
- PrEP campaigns and IEC materials
- Training of HCPs
- PrEP supply

Q&A Discussion

Wrap-up

Upcoming sessions: Register today!

Jul 15

Aug 19

Up next:

Developing PrEP Guidelines

Upcoming Sessions

- **September 16:** Developing PrEP Implementation Plans
- **October 21:** TBD
- **November 18:** TBD

Register today at: https://www.prepwatch.org/in-practice/west-africa-prep-learning-network/

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- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date
- **Additional resources** that are complementary will also be included on PrEPWatch—including related research articles, tools and more to dive deeper into specific topics
- Registration for **upcoming webinars** can also be found on PrEPWatch

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Thank you!