West Africa PrEP Learning Network Session #3 Adapting WHO Guidance for National PrEP Policy and Programming: Implementation Plan Development

USAID | LVCT Health | PZAT | FHI 360 | Afton Bloom

SEPTEMBER 2020

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic





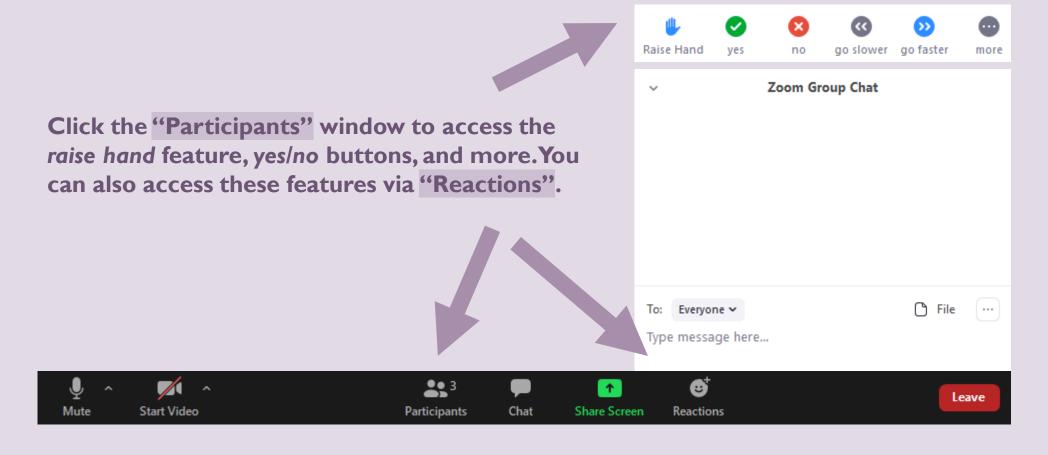




Please introduce yourself in the chat box!

Click on "More" to access thumbs up and thumbs down.





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.

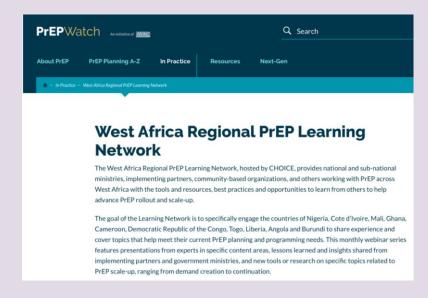
CHOICE is led by FHI 360 and Jhpiego, in partnership with Afton Bloom, Avenir Health, LVCT Health and PZAT

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



RING 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

Agenda

Time	Topic
10 min	Introduction to PrEP implementation plans
15 min	Introduction to the Plan 4 PrEP Toolkit
5 min	Q & A
50 min	Country panel and discussion - What is included in PrEP implementation plans? - How are PrEP implementation plans developed? - What have we learned about PrEP implementation planning?
5 min	Wrap-up

Panelists

- Robyn Eakle, USAID
- Neeraja Bhavaraju, Afton Bloom
- Definate Nhamo, Pangaea Zimbabwe AIDS Trust, Zimbabwe
- Patriciah Jeckonia, LVCT Health, Kenya
- Tiffany Lillie, FHI 360, Ghana

POLL

Does your country have a PrEP implementation plan in-place?

Introduction Preplementation Plans

Why are PrEP Implementation Plans needed?

- Fill in gaps/information not covered in clinical guidelines
- Create a document to map out site launching and expansion schedules, training, resources/commodities, responsibility and accountability
- Ensure all aspects of PrEP service delivery are planned and accounted for



A PrEP Implementation Planning Tool

4.8. Above site

- Supports plans for scale-up and acceleration moving from smaller, phased approaches to wider implementation (in COP20)
- Provides a template that takes into consideration each component of PrEP implementation
- Can be adapted to meet partner/country needs and context

PrEP Implementation Scale-up and Acceleration Plan
Country X
April 2020
Table of contents

1. Purpose 2. Background of PrEP implementation in [country] to date 3. Overview of PrEP program for COP20

4. COP20 Acceleration and Implementation Plan
4.1. Policy environment
3. A.2. Service delivery
3. Human resources for health
4.4. Commodity and supply chain management
4.5. Demand creation (include target reach for each?)
4.6. Community and stakeholder engagement
4.7. Monitoring and evaluation
6

7

4.9. Potential facilitators and barriers to implementation and scale-up

rtner/country

5. Appendices

Introduction Plan 4 PrEP Toolkit

Introduction to Plan 4 PrEP Toolkit

- The Plan 4 PrEP Toolkit is a set of six tools to support planning for PrEP introduction and scale-up
- It was developed in partnership with stakeholders in Kenya, Zimbabwe and South Africa based on their needs and experiences with oral PrEP
- The Toolkit can support implementation plan development in other countries – it is available on PrEPWatch in English, and will soon be available in French

Plan 4 PrEP Toolkit Tools

1

SITUATION ANALYSIS

Understand current context for oral PrEP

- Identify existing assets, gaps, challenges, and key questions for PrEP rollout
- Develop a landscape of key stakeholders and ongoing efforts

2

PROJECT LANDSCAPE

Assess findings & gaps in projects

- Survey current and planned studies and implementation projects
- Identify key questions to inform implementation and assess gaps

3

ROLLOUT SCENARIOS

Inform where and how to rollout PrEP

- Define rollout scenarios that differ by regions or population groups
- Highlight considerations and trade-offs between different scenarios

4

DISTRICT READINESS ASSESSMENT

Assess district readiness for oral PrEP

- Assess district/ county readiness to introduce and scale oral PrEP
- Support subnational planning for oral PrEP roll out and scale-up

5

FACILITY READINESS ASSESSMENT

Assess facility readiness for oral PrEP

- Assess the readiness of healthcare facilities to deliver oral PrEP
- Identify areas that require additional investment

6

PRIVATE SECTOR ASSESSMENT

Identify opportunities for oral PrEP in the private sector

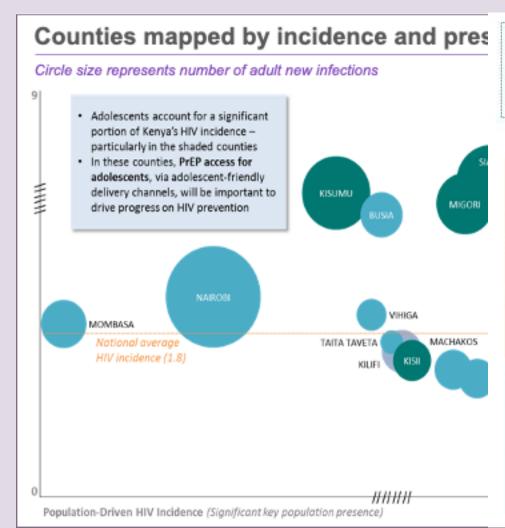
- Understand if private sector channels could expand PrEP access
- Compare across channels for ability to effectively deliver PrEP

Tool #1: Situation Analysis

Expecte PLAI PLAN BUD BUD New pla Q= Q= investm MOHCC de Impact, cost a adolesc effectiveness people, **NAC** provi for PrEP as pa key pop and techn **SUPPLY CHAIN** PREP DELIVERY **EFFECTIVE USE & PLANNING &** INDIVIDUAL comprehensiv Innovati during pla **MANAGEMENT PLATFORMS** UPTAKE **MONITORING** prevention po BUDGETING financin **Technical** Identification focused or quantification are involve target popula • When will Truvada. • Which delivery • To what extent, how. What are the What investment for PrEP or alternatives, be channels will be used and/or capacityincremental benefits and with what Inclusion of Pr to deliver PrEP to key funding will the building needs to be and costs of PrEP for approved for female-contro populations, in what challenges of stigma. done to mitigate target populations? prevention? Civil socie methods in cu sequence? access, and demand strain on the system access, an upcoming nat When will PrEP be · What is the total from ongoing testing **generation** be prevention pl Pangaea o meaningfully • How can non-public forecasted need for addressed? Who will (HIV and creatinine included in national PrEP, and how will facilities (e.g. NGO, Key popul address these? levels) of PrEP users? Timeline and private) be leveraged plan? effective forecasts be PrEP introduc **CESHHAR** developed given data for PrEP? Who will coordinate Will users adhere to scale-up What populations PrEP impa limitations? the communications effective use of Zimbabwe and sub-segments, · How and when will campaign for PrEP PrEP? How can Not all I • How will the supply and where, will health care worker A **budget** for and when? What are adherence/ effective fully rep receive PrEP beyond chain be managed to engagement for PrEP roll-out to tar the most effective use be encouraged new pla populations demo projects and avoid stock-outs or be delivered? What messages to reach and supported? · No clear DREAMS? perceived are expected populations at risk, sources How will services be competition with opportunities or including those in beyond How will PrEP be treatment? challenges? linked across Sufficient fun cities, commercial Internatio funded beyond achieve targe facilities when not farming, mining, current levels? Emergir available on-site? Multilater

borders, etc.?

Tool #2: Rollout Scenarios



- Based on the population, # of counties, and # of new infections that would be "covered" in each scenario, we compared scenarios across potential impact and cost
- This is something that actual modeling would be able to do in more detail and with more potential accuracy, but this approach can provide directional estimates

	Scenario		Potential Impact	Potential Cost	
Ħ	1	Highest incidence cluster	MODERATE IMPACT Covers ~45% adult new infections	LOWER TOTAL COST 4 counties (2M 15+ population) good demo project coverage	ŗ
County Rollout	2	High new infections	MODERATE IMPACT Covers ~60% adult new infections	MODERATE TOTAL COST 7 counties (7M 15+ population) good demo project coverage	
ප	3	High + medium new Infections	HIGHER IMPACT Covers ~90% adult new infections	HIGHER TOTAL COST 19 counties (16M 15+ population) some demo project coverage	
n Rollout	4	High PLHIV to reach discordant couples	LOWER IMPACT Covers ~30% adult new infections (based on SDC proportion)	LOWER TOTAL COST 12 counties 946K PLHIV (15+) good demo project coverage	5
Population Rollout	5	High + medium key populations	LOWER IMPACT Covers ~20% adult new infections (based on key pop. proportion)	MODERATE TOTAL COST 16 counties 101K key populations some demo project coverage	

Providing PrEP beyond key opulations will require largerscale rollout, however, it is necessary to address the majority of ew infections.

2 offer the best balance of impact and cost.



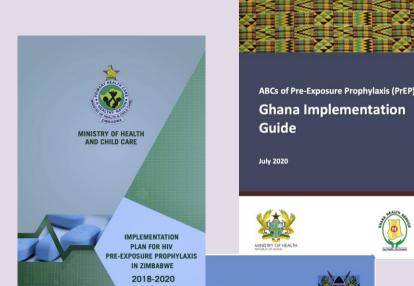
Panel Discussion

Key topics in implementation planning

? What is included in PrEP implementation plans?

How are PrEP implementation plans developed?

What have we learned about PrEP implementation planning?



Framework for the Implementation of Pre-Exposure Prophylaxis of HIV In Kenya

What is included in PrEP implementation plans?



- Background on the PrEP implementation journey in Kenya
- Situation Analysis findings
- Overview of five different approaches for PrEP scae-up based on the county incidence clusters (Rollout Scenarios)
- Objectives (availability, acceptability, accessibility, integration and impact)
- Seven implementation areas: Leadership and Governance; Service Delivery; Commodity Security; Communications, Advocacy and Community Engagement; Monitoring and Evaluation; Research and Impact Evaluation; Financing and Resource Mobilization



- Focused on six main objectives
 - Building capacity of providers,
 - Management and coordination,
 - Access
 - Demand creation
 - Supply chain
 - M&E
- Phased approach starting at central level, down to local clinics



- HIV Basics
- Oral PrEP for HIV Prevention (i.e. Demand Creation, Eligibility, Lab Support, Dosage, Where offered/, Schedule, Adherence counseling)
- PrEP Demand and Delivery
 System (i.e. community
 engagement, service delivery,
 capacity building, supply chain)
- Pharmacovigilance, Supply Chain, Monitoring and Evaluation
- Appendices (Training & certification, National HIV testing algorithm, Screening tool, SOPs)

How are PrEP implementation plans developed?



- Process spearhead by the PrEP Technical Working Group led by NASCOP
- TWG organized in 5
 subcommittees to develop
 content for each section
 (Service Delivery; Commodity
 Security; Communications,
 Advocacy and Community
 Engagement; Monitoring and
 Evaluation; Research and
 Costing)
- A smaller team was formed to collate, review and finalise the content of the framework



- Developed with TWG oversight
- Taskforce developed for each strategic objective: communications, demand creation, M&E, costing
- Consultative process with policy makers, implementers, programmers, researchers and end-users.
- Informed by an evidence base (KAP survey, community dialogues, research)



- National level PrEP & HIVST
 Implementation Committee formed with WHO, UNAIDS, PLHIV Group, NACP, GAC, USAID, and PEPFAR Implementing Partners chaired by NACP and co-chaired by GAC
- Switched from in-person to virtual due to COVID-19; conducted virtual stakeholder consultations
- Shared draft of ABC PrEP Implementation Guide for review/revision, several iterations
- Lessons learned from inform more comprehensive National PrEP Implementation Framework

What have we learned about PrEP implementation planning?



- Reference research and evidence and international guidance
- Involve key stakeholders
- Plan according to the varying contexts that exist in a country (particularly important in devolved setting)
- A phased approach helps for learning improvement
- Capacity building of healthcare providers and demand creation for PrEP among target populations are key considerations
- Funding available has a direct impact on implementation



- Essential to be a consultative process and to map out all key stakeholders
- Work with committed and engaged people who understand the value addition brought by implementation plan
- Have focal persons that are available and not too busy
- Set timelines for the process
- Make sure to have buy-in from decision makers
- Costing should not be done at the end



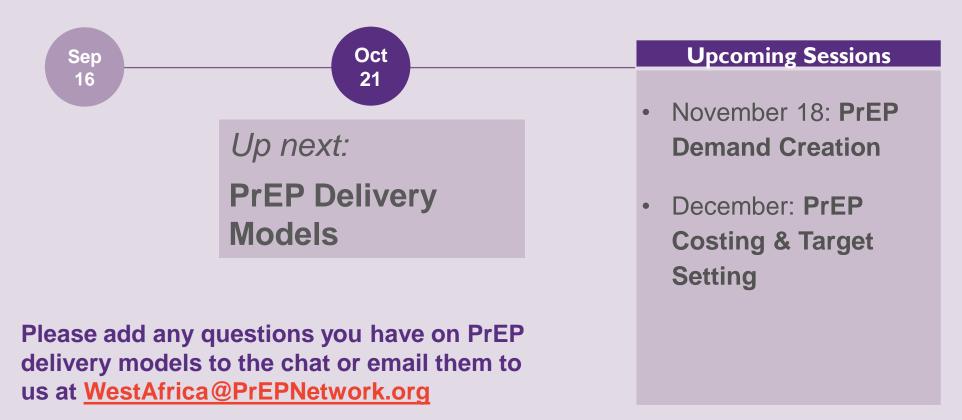
- Political will at all levels was paramount for success
- Stakeholders were ready to start implementing PrEP; therefore, the jump start implementation could start before the national framework
- Experienced TA provider was able to effectively lead the process virtually
- Review of the plan took time--even received additional comments last week
- Commodity availability and commitment was a challenge
- Costs for lab tests currently not covered by NACP

CHAT

Any remaining questions on PrEP implementation plans?

Wrap-up

Upcoming sessions: Register today!



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

Visit PrEPWatch for additional resources

- Webinars will be recorded and loaded onto PrEPWatch for you to access at a later date
- You can find the Plan 4 PrEP
 Toolkit on PrEPWatch, in both
 English and French
- Registration for upcoming webinars can also be found on PrEPWatch



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POLL

What is your preferred date for the December session?

Thank you!