West Africa PrEP Learning Network Session 4
*PrEP Delivery Models*

Afton Bloom | FHI 360 | Jhpiego

OCTOBER 2020
Access French interpretation / Accès à l’interprétation vers le Français

1. Click on the globe icon and select French

2. Then click “Mute Original Audio”

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Introduction to CHOICE

CHOICE is a 24-month collaboration funded by USAID in partnership with PEPFAR 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/

To sign-up for updates and information on upcoming webinars go to https://mailchi.mp/prepnetwork/westafrica
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Introduction</td>
</tr>
<tr>
<td>15 min</td>
<td>Community-based PrEP delivery in Nigeria</td>
</tr>
<tr>
<td>10 min</td>
<td>Q&amp;A</td>
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<tr>
<td>15 min</td>
<td>Community-based PrEP delivery in Lesotho</td>
</tr>
<tr>
<td>10 min</td>
<td>Q&amp;A</td>
</tr>
<tr>
<td>15 min</td>
<td>Community-based PrEP delivery in Botswana</td>
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<tr>
<td>10 min</td>
<td>Q&amp;A</td>
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<tr>
<td>5 min</td>
<td>Wrap-up</td>
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</tbody>
</table>
Panelists

• Neeraja Bhavaraju, Afton Bloom
• Chidubem Oraelosi, FHI 360, Nigeria
• Chakare Tafadzwa, Jhpiego, Lesotho
• Masego Gilbert, FHI 360, Botswana
POLL
What service delivery methods are used by your PrEP program?
EpiC Nigeria Experience with Community-based PrEP Delivery

October 2020
Overview

Factors to consider when developing a community-based delivery model

PrEP data

Challenges, opportunities, and scale-up plans
Overview of Service Delivery Model/Approach

• In Nigeria, EpiC currently implements PrEP services for different KPs and their partners

• PrEP services are offered at community and facility levels
PrEP Delivery Models in the Community

A
- KP Hotspots, other community settings
- cART team, outreach workers
- 53%
- Peer navigator follow up

B
- OSS, DIC, ART Clinics
- Facility clinician, other facility staff
- 32%
- Peer navigator Follow up

14% Both
Considerations for Community-Based Models

1. Availability of HR (outreach workers, cART team)
2. Proximity to referral facilities and other community structures
3. Beneficiaries’ preferences
4. Client follow-up
Number of KPs initiated on PrEP (Jan – August 2020)

<table>
<thead>
<tr>
<th>KP group</th>
<th>PrEP_NEW</th>
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<tbody>
<tr>
<td>FSW</td>
<td>2,319</td>
</tr>
<tr>
<td>MSM</td>
<td>2,545</td>
</tr>
<tr>
<td>Other KP</td>
<td>68</td>
</tr>
<tr>
<td>PWID</td>
<td>907</td>
</tr>
<tr>
<td>People in prisons and other closed settings</td>
<td>22</td>
</tr>
<tr>
<td>TG</td>
<td>369</td>
</tr>
<tr>
<td>Total</td>
<td>6,230</td>
</tr>
</tbody>
</table>

% Disaggregation of PrEP_NEW

- FSW: 42%
- MSM: 35%
- Other KP: 7%
- PWID: 14%
- TG: 1%
- People in prisons and other closed settings: 0%

Clients of SW: 42%
FSW: 35%
MSM: 7%
Other KP: 14%
PWID: 1%
TG: 0%
PrEP Cascade Across Groups (Jan – August 2020)

- **Total PrEP SCREEN (KP):** 19,664
- **PrEP_ELIGIBLE (KP):** 6,346
- **PrEP_NEW (N):** 6,230
- **PrEP_SERO (KP):** 3

Bar chart and pie chart show distribution across different groups:
- **FSW**
- **MSM**
- **Other KP**
- **PWID**
- People in prisons and other closed settings
- **TG**
Challenges

• Commodity stock out
• Poor or incessant condoms and lubs supply
• Low MMD
• Mobility of KPs
• Fear of stigma & discrimination
• Poor adherence with follow up lab monitoring
Opportunities

- Urinalysis
- Leverage on SNT
- PrEP and ART integration

Social Media Assisted Reach Out Platforms
- Innovative local solutions like the Enrollment video guide
- Local educative interactive website SWEETEX, SAFEX

Plans for expansion of this model

- Provision of serum chemistry machines to improve clinical laboratory monitoring
- Scale-up social media assisted reach out techniques (SMART)
- Advocacy for improved commodity supply especially condoms/lube and drugs
Social Web Interactive Platform (SWIPE)

- **Purpose**: To improve PrEP/ART client follow up using technology
- Utilizes **QR code** (abbreviated from **Quick Response code**)
- QR codes and instructions for use embedded on the Oral PrEP pill container caps
- Scanning the QR code allows you to chat with/call an online PrEP Counsellor
- To be rolled out before the end of Q1

Introducing Scan to Chat (s2c)
EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.
Q&A
Please add questions to the chat.
Providing Community PrEP Services

Experiences from TSEPO Project, Lesotho

Tafadzwa Chakare
MBChB, M.Phil

Johns Hopkins University Affiliate
Background

• Lesotho has a 2.2 million population
• 25.6% adult (15-59 years) HIV prevalence (LePHIA 2017)
• Making significant progress towards 90-90-90
• An estimated 29.4% of all HIV infected women and 32.4% of HIV all HIV infected men are not virally suppressed
• Estimated annual incidence of 1.1% among adults 15-59 years
• Incidence was highest in men aged 35-49 years (2.65%) and in older adolescent girls and young women aged 15-24 years (1.49%).
• Estimated 10 000 new HIV infections in 2017
Rationale for Community PrEP

• Many young, healthy individuals at substantial risk of HIV infection are not attracted to conventional health facilities
  • Services often viewed as unfriendly to adolescents, young people and key populations
• Challenges accessing transport to health facilities
• Inability to go to health facilities early in the morning as is often required to be served
• “Facility staff only provide PrEP to discordant couples”
Project Goal and Objectives

- To reduce new HIV infections for those considered at substantial risk of HIV in 3 districts - Maseru, Berea and Leribe
- To offer a comprehensive minimum package of PrEP services with a focus on the community
- Ensure strong linkage to care and treatment services for HIV positive clients

Minimum package of PrEP services:

- Health education
- HIV Testing Services
- Assessment, initiation and follow-up for oral PrEP
- Condom and lubricant distribution
- Family planning counseling and community FP initiation (OCs, implants, injectables)
- Risk reduction counseling
- TB symptom screening
- STI symptom screening
- Referral for care and treatment for HIV positive clients
- Referral for DREAMS services
Community-Based PrEP Beneficiaries

• Designed to provide equitable access to HIV prevention services by high risk groups
  • AGYW
  • MSM
  • FSW
  • Other individuals at substantial risk
Community-Based PrEP Model

- Model involves Prep initiation and follow-up at
  - Fixed community ‘resource centers’
  - Tertiary institutions
  - Workplaces
  - Other community sites
Demand Creation
Rapid Scale-up Achieved

PrEP New

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan-18</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53</td>
<td>98</td>
<td>259</td>
<td>400</td>
<td>502</td>
<td>616</td>
<td>963</td>
<td>1201</td>
</tr>
</tbody>
</table>

- PrEP New
- AGYW Total
New PrEP Enrollments (Jan18-Jun20)

- AGYW
  - FY20: 4013
  - FY19: 4719
  - FY18: 1664

- FSW
  - FY20: 384
  - FY19: 641
  - FY18: 530

- MSM
  - FY20: 271
  - FY19: 408
  - FY18: 322
Declining Early Continuation Rates

PrEP New

30 Day Continuation Rate (%)

---|---|---|---|---|---
55% | 58% | 54% | 37% | 29% | 21%
PrEP Users and Service Providers Engaged to Redesign Approaches

Multiple Parallel Interventions

- Weekly continuation tracking
- Generation Aspire
- Observed start
- Premobilization
- Week 1 phone call
- Community PrEP Groups
- Destigmatized packaging
- Engagement of village health workers
PrEP Continuation Innovations

**Generation Aspire**
Empower AGYW during their first month on PrEP to share experiences with peers.

**RESULT**
63% of participants continued PrEP beyond 1 month.

**Community PrEP Groups**
Groups send a representative to collect refills each month.

**RESULT**
100% continuation* after 12 months.

*based on 1 group of 10 clients

**Pre-Mobilization**
Start discussions with communities in advance of services being offered.

**RESULT**
79% returned for 1 month refill, compared to continuation rates of 27–46% in the district at the time.

**Observed Start**
Clients take their first dose of PrEP with the nurse to eliminate the fear of swallowing the pill.

**RESULT**
50% of clients returned for refill after 30 days, compared to continuation rates of 33–41% in the district at the time.

**7-Day Phone Call**
Clients receive a phone call from a provider within 7 days of starting PrEP.

**RESULT**
60% of clients returned for refill after 30 days, compared to continuation rates of 33–41% in the district at the time.

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**CROSS-CUTTING SOLUTIONS**

- Calling or WhatsApp messaging with clients scheduled for refills the week prior to appointments to remind them to come for their refill.
- Providing clients with pill cases shaped like lip balm at their 30-day refill to allow for easy carrying of a 7-day supply in their bag.
Challenges

Health System
• Shifting mindsets from ART to PrEP
  • LTFU
  • Adherence measurement
• Drug resistance concerns
• Lack of a dedicated PrEP stakeholder platform
• Supply chain system
• Lab sample handling
• Failure to fully integrate SRH services
• Sustainable convenience

Community
• Demand creation and matching supply to demand
• Behavior change concerns
• Parental and partner influence
• ARV stigma
Q&A
Please add questions to the chat.
Community-Based PrEP Service Delivery

Botswana EpiC Project

Dr Masego Gilbert
Background

• PrEP is traditionally offered in clinical/ facility-based settings in SRH/STI stand-alone clinics

• These settings have some challenges:
  – While they identify high-risk clients, they leave out a lot who are not attending these clinics
  – Overcrowding and long waiting periods do not motivate healthy clients, even though they have unmet HIV prevention and need to seek services
  – Access is a challenge, including transport costs, distance, and times of operation
## Community PrEP Service Delivery

<table>
<thead>
<tr>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Drop in centres</td>
<td>- Moonlighting (after hours)</td>
</tr>
<tr>
<td>- Mobile clinic / outreaches</td>
<td>- Weekends</td>
</tr>
<tr>
<td>- Home based</td>
<td>- Weekdays</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Nurses</td>
<td>- Screening for eligibility</td>
</tr>
<tr>
<td>- Lay counsellors</td>
<td>- HIV testing</td>
</tr>
<tr>
<td>- Peer Navigators</td>
<td>- Initiation on PrEP</td>
</tr>
<tr>
<td></td>
<td>- Adherence support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>- In person visits</td>
</tr>
<tr>
<td>- Digital/ Telemedicine</td>
</tr>
<tr>
<td>- Telephone calls</td>
</tr>
<tr>
<td>- WhatsApp groups</td>
</tr>
</tbody>
</table>
Differentiated PrEP Delivery
Demand Creation and Enrolment

Step 1: Identifying high risk KPs and Raising awareness
- Mobilization is done virtually, and clients are referred to the static clinic or appointments made for enrolment at home or in the community by POW/ VOWS HIV Testing

Step 2 – PrEP Enrolment
- Conducted by lay counsellors
- Home-based HIV testing, Drop-in Centre, outreach or facility
- Screening for eligibility/ substantial risk and IPV
- Referral to Nurse for enrolment
Differentiated PrEP Delivery Continuation Support

Nurses track clients who are due for refills and HIV testing through phone calls and followed-up with home visits

- Offer home-based testing and refill
- Home-based refills with 3-month MMD
- STI & TB screening and treatment and referral
Differentiated PrEP Delivery
Peer Navigation Support

- Beneficiaries provided with nurses and peer navigators’ (PNs) phone numbers
- Online support through WhatsApp groups and phone calls by PNs
- Frequent check-ins by PNs for those newly put on PrEP
Community Refills to Support PrEP Continuation

PrEP Refills Modalities
April – August 2020

- 95% of refills done through community (home deliveries and community pick-ups)
- Only 5% of refills done through facility modality
Factors to Consider for Community Approach

• Privacy and confidentiality for beneficiaries especially KP-
  Status of beneficiaries
• GBV/IPV screening for all beneficiaries
• Flexible hours of operation and constant reminders of the
  appointments
• Text or phone call reminders
• Online support via phone
Cumulative PrEP & Negative Cascade in Botswana FSW and MSM FY20

EpiC achieved 190% against annual targets for PrEP New and 173% for PrEP Curr
Overall PrEP Continuation Cascade in Botswana FSW and MSM FY20Q4

<table>
<thead>
<tr>
<th>Follow up visits</th>
<th>Number of KPs</th>
<th>Receiving PrEP</th>
<th>% retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in PrEP</td>
<td>1023</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>One month</td>
<td>767</td>
<td>75.0%</td>
<td></td>
</tr>
<tr>
<td>Three months</td>
<td>205</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td>Six months</td>
<td>51</td>
<td>5.0%</td>
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</tr>
</tbody>
</table>
Challenges

• Only 59% of HIV negative KPs are screened and offered PrEP.
  – Capacitate POWs and lay counsellors to provide health education and awareness for PrEP and to improve uptake and acceptability among KPs
  – Integrate PrEP screening at all service points (FP, STI screening, HTS)

• Low continuation rates on PrEP
  – Most PrEP users discontinue on their own
  – Need a systematic way of documenting reasons for discontinuation
  – Some reasons include relocation to districts outside implementation and side effects (nausea and vomiting in first month, weight gain long term)
Opportunities and Conclusions

1. Coupling PrEP refills with home-based testing can improve PrEP continuation for KPs, reduce the burden of clinic visits (transport costs, time from work, long queues).


3. Always consider “client-centeredness”; this model is not for everyone—issues of confidentiality, screening for IPV is key.

4. EpiC is currently implementing decentralized drug distribution model through post-office delivery; another model that should be considered for PrEP users.
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Q&A
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Upcoming Sessions

Up next:
PrEP Demand Creation

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Upcoming Sessions

• December 9: PrEP Costing & Target Setting
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 ([https://www.prepwatch.org/prep-planning/plan4prep-toolkit/](https://www.prepwatch.org/prep-planning/plan4prep-toolkit/)).

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Thank you!