Global PrEP Learning Network:
Re-thinking the Use of Risk Assessment Tools for PrEP

January 21, 2021
Opening & Introductions

Risk assessments for PrEP: Overview of the issues

Risk conversations and operationalizing risk assessments: When, why, and how

Q & A

Zimbabwe’s experience with the risk assessment and screening tool and findings from the OPTIONS Test and Prevent Study

Panel discussion: National Perspectives on PrEP Risk Assessment
Today’s Speakers

**Rachel Baggaley**, Coordinator testing, prevention and populations, Global HIV, Hepatitis and STIs programmes, World Health Organization

Dr. Rachel Baggaley is the team lead for testing, prevention, and populations in the Global HIV, hepatitis and STI programmes at World Health Organisation in Geneva. This work includes supporting global normative guidance on prevention including PrEP.

**Andrew Lambert**, Senior Technical Advisor, EpiC/LINKAGES, FHI 360

Andy Lambert is a Senior Technical Advisor for KP/PP for FHI 360’s EpiC-LINKAGES programs. He has over 20 years of experience in HIV programming from HIV vaccine and microbicide research to leading HIV service delivery programs. He currently resides in Cape Town, South Africa.
Today’s Speakers

**Joseph Murungu**, Senior Technical Consultant, Pangaea Zimbabwe AIDS Trust (PZAT)

Joseph is a Senior Technical Consultant for Pangaea Zimbabwe AIDS Trust collaborating with the Ministry of Health and Child Care to introduce and scale up oral PrEP, including research, development of guidelines, strategic plans, implementation, and training and mentorship of service providers.

**Hasina Subedar**, Technical Advisor, National Department of Health, South Africa

Hasina has been supporting the National Department of Health in South Africa since 2015 with the implementation of Pre-Exposure Prophylaxis and the She Conquers Campaign. Her past technical support included the roll-out of the human papillomavirus vaccination programme and the revitalization of Primary Health Care services, integrating community health workers into the public health system, and the establishment of ward-based outreach teams.
Today’s Speakers

Getrude Ncube, National HIV Prevention Coordinator, Ministry of Health and Child Care, Zimbabwe

Getrude is the National HIV Prevention Coordinator for the Zimbabwe Ministry of Health and Child Care. She has led national combination HIV prevention programming for the general population for over ten years. She has spearheaded the introduction of new evidenced-based initiatives in biomedical prevention that include VMMC and Pre-Exposure Prophylaxis in Zimbabwe. Getrude has also contributed to the WHO Guideline development group for HIV Testing Services and HIV Self-Testing.

Sindy Matse, National Coordinator for Key Populations and PrEP programs, Eswatini National AIDS Program, Ministry of Health

Sindy is responsible for providing technical leadership and coordination; facilitating the development of policies and plans; and designing programs for key populations and PrEP programs in Eswatini. Sindy is a nurse with extensive experience in public health and HIV. She holds a Bachelor of Nursing and Masters in public health.
Reminder: Use “Chat” Function

Please feel free to ask questions and add comments to the chat box at any point during today’s presentations. At the end of the session, we will dedicate time to Q&A.

Choose “all panelists and attendees” from the drop-down menu when adding a question or comment to the chat box.
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PrEP Learning Network: Risk Assessments

Assessments for PrEP: overview of the issues

WHO

Rachel Baggaley

World Health Organization

HIV Pre-Exposure Prophylaxis (PrEP) Risk Assessment Tool: Individual Risk Calculator

1. What percent of the time do you use condoms when having anal sex, including both receptive (bottom) and insertive (top)?
   - 50% Yes
   - 50% No

2. What percent of the time are you the insertive partner (top) when having anal sex?
   - 50% Yes
   - 50% No

3. On average, how many times per month do you have anal sex?
   - 6

4. Are you in a monogamous relationship with an HIV positive partner?
   - 16% Yes
   - 84% No

Risk factor
- Value per factor
- Complete score
- Simplified score

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Value per factor</th>
<th>Complete score</th>
<th>Simplified score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of lifetime sexual partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter at least 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male partner HIV status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known or no male partner</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RPR reactive</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RPR nonreactive</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative or not screened</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervicitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative or not screened</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total risk score

Risk of acquiring HIV this year:
- Without PrEP: 1 in 44 (2.3%)
- PrEP, expected adherence: 1 in 77 (1.3%)
- PrEP, expected adherence + increase in risky behavior: 1 in 59 (1.7%)
- PrEP, high adherence: 1 in 538 (0.2%)
- PrEP, high adherence and 100% condom use: 1 in 1614 (0.1%)
What does WHO say about “eligibility” for PrEP

Three criteria that are universally essential before offering an individual PrEP (see clinical module in WHP PrEP implementation guide):

1. Confirmed HIV-negative status and
2. No signs and symptoms of acute HIV infection and
3. Determined to be at substantial risk for HIV as defined by national guidelines (countries may define this differently)

What does WHO say about “substantial risk”

WHO recommendation

Oral PrEP should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches

Rationale – approximation of when PrEP might be cost-effective

Defining “substantial risk”: Substantial risk of HIV infection is provisionally defined as HIV incidence ≥3 per 100 person-years in the absence of PrEP. HIV incidence ≥3 per 100 person-years identified among some groups of MSM, transgender women in many settings and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection.

How to prioritize PrEP

What does WHO say about “substantial risk”

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Do screening tools help to “find” people at substantial risk?
Why risk assessments

• Worries about costs and cost-effectiveness
• Poor risk perception among people who may benefit from PrEP
• Worries about harms – giving drugs to HIV negative people with ‘lower’ risk
  • Adverse events for client
  • Adverse events for infants
• Number needed to prevent (NNP)
Perceived Risk of HIV Infection Among People Identified to be at Risk in Eswatini (n=652)

a. By sex

- Male:
  - High risk: 44%
  - Some risk: 39%
  - Low risk: 17%
  - Missing: 3%

- Female:
  - High risk: 26%
  - Some risk: 29%
  - Low risk: 43%
  - Missing: 3%

b. By age group

- 16–24 Years:
  - High risk: 19%
  - Some risk: 33%
  - Low risk: 48%

- 25+ Years:
  - High risk: 36%
  - Some risk: 30%
  - Low risk: 34%

Source: Hughey et al., Presented at 12th INTEREST Conference; 2018 29 May–1 June; Kigali, Rwanda
PrEP Uptake by Risk Perception

**a. Youth 16–24 years**
- Percent: 88% Low, 57% Medium, 43% High
- PreP not initiated: 12%, 43%, 57%
- PreP initiated: 91%, 51%, 63%

**b. Youth 25+ years**
- Percent: 91% Low, 51% Medium, 63% High
- PreP not initiated: 9%, 51%, 37%
- PreP initiated: 91%, 49%, 63%

*Source: Hughey et al., Presented at 12th INTEREST Conference; 2018 29 May–1 June; Kigali, Rwanda*
Are we getting it right?
HIV testing and offer - PrEP, South Africa

Number of People Tested for HIV, Offered and Initiated on PrEP

- Tested for HIV
- Tested HIV-negative
- Offered PrEP
- Initiated PrEP

Higher offer in groups of “higher risk”?

? Appropriate
? Are we missing people who might benefit
Why do we need to focus PrEP offer: PrEP for AGYW in South Africa

AGYW 15-24 yrs
≈ 7 million
≈ 5 million HIV-ve
≈ 4 million sexually active
Huge heterogeneity
HIV prevalence >20% (12-25% according to province)
Incidence overall 0.7-1% (ECHO sites <3-6%)

STI
HIV prevalence >25%

Sex work

SW PSE
131-182K SW (0.76-1% adult female prophylactic and counseling service (PSE))
HIV prevalence >50% (30-70% according to region)
Incidence >5%
## Why not risk assessments

<table>
<thead>
<tr>
<th>Provider issues</th>
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<tbody>
<tr>
<td>Adds time and complexity</td>
</tr>
<tr>
<td>Barriers when asking sensitive questions</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Client issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t want to answer</td>
</tr>
<tr>
<td>Exclusion from services</td>
</tr>
</tbody>
</table>
Risk assessments - screening people out or screening people in

Screening out for offer
‘risk factors’ for ‘eligibility’

• Offering choices among higher risk populations

Screening in for offer
Prompts for offer

• Large heterogenous populations with overall lower risk
• AGYW in some settings?

? the best assessment of risk is personal request
If someone ‘asks’ for PrEP usually appropriate
Screening tools effectiveness

- Predictive ability
  - AUC
- High sensitivity tools
  - Don’t want to miss people who could benefit from PrEP
- High specificity tools
  - Can rule out those who don’t or wouldn’t benefit from PrEP
Tools must be "accurate"

High AUC
Ideally > 0.8

Tools must be externally validated

- Often wide variations in AUC
  - Variations in HIV epidemiological profiles (even within the same country)
  - New risk factors to include or adapting to local measurements
    - How risk factors relate to one another (co-variance) and importance will change in different settings and over time
    - Not all risk factors are routinely collected
    - Different HIV epidemics – e.g. concentrated among MSM men or not
  - Risk factors may change over time
Tools must be reliable

- Self-reported behaviours vs. objective measures
- Language construction and wording

Tools must be feasible

Implementation
- Simple, concise
- Acceptable to providers and users
- Clinic flow
- Ongoing monitoring
Performance of existing national and international PrEP eligibility criteria to predict future HIV seroconversion among MSM in Beijing, China

1663 MSM - 287 (17%) incident HIV seroconversions

- Participants classified as indicated for PrEP (or not) based on criteria from guidelines from Europe, Korea, South Africa, Taiwan, UK, US and WHO.
- # men indicated for PrEP from different guidelines ranged from 556 (33.4%) to 1569 (94.2%).
- Compared to random allocation, sensitivity of algorithms to predict seroconversion ranged from slightly worse (-4.7%) to 30.2% better than random.
- None of the sensitivity values increased by more than 11% when compared to random allocation.

The performance of international indication guidelines was only slightly better than random allocation

Conclusion – “it may be best to indicate for PrEP all sexually active persons interested in adopting the prevention mechanism”.

E. Hall, Liming Wang JIAS 2020
Evaluation of the predictive performance of age-specific risk scores of non–age-specific VOICE risk score for women aged 18–45.

- Predictive performance of all risk scores moderate - AUC 0.64 (95% CI 0.60 to 0.67) among women 18–24, 0.68 (0.62 to 0.73) women 25–35, and 0.61 (0.58 to 0.65) for the VOICE risk score applied to women aged 18–35
- Age-specific risk scores do not improve HIV prediction in women in South Africa
- Conclusion: “Approaches for targeted PrEP provision to women in South Africa may require more extensive data than are currently available to improve prediction.”

Kathryn Peebles, JAIDS, 2020
In conclusion

• Mixed evidence of the utility of risk screening tools
• Screening should not screen people out of PrEP, but identify those most at risk and open a conversation around risk between provider and client
• People who request PrEP should be offered – counselling and support more important than risk screening for PrEP
• Move from screening tools to community and conversation approach (about HIV risk, PrEP and if and how it could be a suitable or acceptable prevention method)
  • part of a PrEP conversation - discuss apprehension/barriers and overall willingness/readiness to use PrEP
• “Risk screening” may reinforce a barrier, especially for AGYW
• Difference between “risk assessments” and “eligibility”
• Caution about language
  • “risk” – interpreted as a pejorative, morality issues
  • ? better to say “PrEP conversation tool” or “PrEP counseling tool”

? do away with risk assessment entirely or modify them to a less prescriptive approach – as PrEP conversation tool ... or something else
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Andrew Lambert, Senior Technical Advisor
FHI 360 EpiC/LINKAGES
Appreciation and Thank You

To all the implementers, organizations, NGOs, CBOs and service users that we serve for their tireless efforts in the past, now in this intense time of COVID 19, and in the future working together to end this HIV pandemic, and now working to end these dual pandemics at the same time.

FHI 360 EpiC operational leaders on this topic and in this presentation:

• Engage Men’s Health (EMH) (Dawie Nel and Dorian Smith)
• PACT Lesotho (Motlatsi Rangoanana)
• The FHI 360 technical/SI backstops (Dorica Boyee)
Context/Challenge –
Operationalizing PREVENTION (PrEP) and TREATMENT (ART) programs at the same time

1. Program demands: Targets
   • Finding high number of HIV positive cases with high case finding rate with ART initiation, adherence and viral suppression and maintenance.
   • Keeping HIV negative Individuals HIV Negative. Prevent Individual Infection. Oral (daily) PrEP Option

2. HIV positive case finding, over-testing, and not testing the “right” People
   • Heavy treatment focus and targets seem to take away from broader Prevention efforts
   • Set frequency of testing (i.e. KP 2-3-month) guidelines at country level stifles efficiency and innovation
   • Large cohorts of target populations with repeat testing. Saturation reached or just testing the same people?

3. Treatment ART push has led to need for risk assessment/segmentation for HIV testing
   • Generalized → Localized → Targeted → “Needle in a Haystack”
   • Targeted testing: Risk Network Referrals approaches (EPOA), Targeted at-risk locations, Index Testing, etc
   • Seemingly entire focus is on finding HIV positive cases
   • Feeling of leaving people out and only providing services to a select subpopulation (KP CBOs and communities)

4. Most countries have only ONE option for PrEP, oral daily PrEP
   • Huge targets based only on proportion of HIV negatives without any further understanding around risk or ready, willing and able to use.
   • Where are the PrEP Options that are “available” but no guidelines in country
Exposure Risk Assessments – Current risks of HIV acquisition and vulnerabilities leading to potential future exposure

- Associations with HIV infection:
  - **Primary (exposure)** – Condomless sex and sharing needles (illicit drugs)
    - Risk Multipliers: Receptive anal sex, multiple partners, HIV positive partner, STIs
    - Risk “Reducers”: Proper PrEP use, circumcised
    - Reduce social desirability in questions especially regarding condom use

  - **Secondary (vulnerability)** – May lead to condomless sex or sharing needles
    - e.g., alcohol and substance use/abuse/addiction, mental health, GBV, Intergenerational sex

- ART (Past HIV Exposure) = Find new HIV Positives ➔ ART ➔ VLS and maintenance
- PrEP (Potential Future Exposure) = Prevention ➔ Risk Behaviors and/or Vulnerabilities
Risk Assessment Screening Tool (RAST) to segment and prioritize HIV Testing for MSM: EpiC Lesotho, Namibia, and Liberia

- 7 questions
- Simple skip pattern
- Easy to mark (priority H/M/L) to question
- Includes section for peer/LC instructions.
- Includes PrEP use question with promotion/demand creation/continued use prompt
Attempts to more accurately screen for primary HIV exposure RISK (condomless sex)

- Social desirability question that improves more truthful condom use responses
- “Refuse to answer” as proxy for receptive exposure
- Risk Multipliers: Insertive is rated M, but “multiplied” to H if report not circumcised (2Ms = H)
EpiC Lesotho RAST findings -
709 MSM eligible for testing screened with RAST and tested using rapid HIV testing kits
All data entered, cleaned, and validated

### Risk variable

<table>
<thead>
<tr>
<th>Risk variable</th>
<th>HIV Pos</th>
<th>HIV Neg</th>
<th>Total</th>
<th>% HIV cases</th>
<th>Fisher's exact test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority (risk) Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>0</td>
<td>139</td>
<td>139</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>3</td>
<td>134</td>
<td>137</td>
<td>2%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>High</td>
<td>25</td>
<td>408</td>
<td>433</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

- Zero HIV case in Low priority group
- 89% (25/28) of HIV cases in High priority group

### Age

- 82% (23/28) of newly diagnosed MSM were 30+
- Majority of under 30 infections from sex with older MSM.

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 30</th>
<th>424</th>
<th>429</th>
<th>1%</th>
<th>P&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30+</td>
<td>23</td>
<td>257</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

### Condom Use

- 66% of all 709 MSM reported condomless sex
- 27/28 HIV positives reported condomless sex

<table>
<thead>
<tr>
<th>Condom Use (YES)</th>
<th>27</th>
<th>443</th>
<th>470</th>
<th>6%</th>
<th>P= 0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condomless sex (NO)</td>
<td>1</td>
<td>215</td>
<td>216</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Refused to answer</td>
<td>0</td>
<td>23</td>
<td>23</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

Intergenerational sex analysis – Majority of under 30 infections from sex with older MSM.
Screen-in or Screen-out… Or both?

• Risk segmenting for reaching higher exposure risk individuals for HTS/PrEP equals
  – Efficiency in reaching more positives (case finding rate increase)
  – Increased pool of higher risk HIV negatives to focus targeted PrEP education, awareness, decision making.

• “Screen out – Opt in” approach for low exposure risk individuals.
  – Test if desired (no one denied testing)
  – Provide PrEP if asked for but not actively offered

• “Screen in – Opt” out approach for high exposure risk individuals.
  – Ready, Willing and Able conversation
Negative and at exposure risk, but are they Ready, Willing and Able for PrEP?

- **Not willing** = Client doesn’t think PrEP is important or needed for them
- **Not able** = Doesn't fit in with their lifestyle or can't commit to taking 1 pill a day

### PrEP Referral

<table>
<thead>
<tr>
<th>Has the client been identified as high risk MSM?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, has PrEP been offered to the client?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, did client accept offer of PrEP?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If no, why did client decline offer of PrEP?</td>
<td>Fear of perceived HIV</td>
<td>Fear of MSM disclosure</td>
</tr>
<tr>
<td>(select all)</td>
<td>Don’t want to do follow ups</td>
<td>Need more time</td>
</tr>
</tbody>
</table>

*Willing and Able PrEP risk screening, education and segmentation tools and data from Engage Men’s Health MSM project in South Africa*
PrEP risk segmentation/prioritization program results: a need to balance high case finding and PrEP targets

Engage Men’s Health, South Africa

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Neg</td>
<td>171</td>
<td>387</td>
<td>287</td>
<td>180</td>
<td>434</td>
<td>270</td>
</tr>
<tr>
<td>Offered PrEP</td>
<td>171</td>
<td>387</td>
<td>287</td>
<td>15</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Accepted</td>
<td>33</td>
<td>21</td>
<td>14</td>
<td>15</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>% accepted/offer and started</td>
<td>19%</td>
<td>5%</td>
<td>5%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiated</td>
<td>33</td>
<td>21</td>
<td>14</td>
<td>100%</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Risk</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV negative as prior defined as MSM and anal sex</td>
<td>852</td>
<td>684</td>
<td>455</td>
<td>401</td>
<td>668</td>
<td>618</td>
</tr>
<tr>
<td>Number moved to L risk with no reported condomless sex</td>
<td></td>
<td></td>
<td></td>
<td>297</td>
<td>262</td>
<td></td>
</tr>
<tr>
<td>% changed to L</td>
<td></td>
<td></td>
<td></td>
<td>44%</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>HIV Neg H risk offered PrEP</td>
<td>852</td>
<td>684</td>
<td>455</td>
<td>401</td>
<td>371</td>
<td>356</td>
</tr>
<tr>
<td>Number YES, Willing and Able</td>
<td></td>
<td></td>
<td></td>
<td>320</td>
<td>264</td>
<td></td>
</tr>
<tr>
<td>% willing and able</td>
<td></td>
<td></td>
<td></td>
<td>86%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Initiated PrEP</td>
<td>349</td>
<td>213</td>
<td>171</td>
<td>162</td>
<td>228</td>
<td>264</td>
</tr>
<tr>
<td>% of total H risk negatives that initiated</td>
<td>41%</td>
<td>31%</td>
<td>38%</td>
<td>40%</td>
<td>61%</td>
<td>74%</td>
</tr>
<tr>
<td>% of Total H risk and able/willing that initiated</td>
<td></td>
<td></td>
<td></td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Compares PrEP initiation/uptake between H/L risk MSM based on more segmented exposure disaggregation in Nov/Dec

- **July to September**
  - H risk segmentation based solely on MSM reporting anal sex with ALL Negative MSM offered PrEP in a “screen-in, opt out” approach. PrEP variation in uptake between L/H in pink

- **October to December**
  - October – December: changed L risk to “screen-out, opt in” approach. Stopped actively referring L priority MSM
  - Nov/December – adjusted H risk priority determination to include primarily those reporting condomless exposure risk
    - 43% (n=559) shifted into L priority category
    - 59% of new H risk categorization initiated
    - Of willing and able, 84% initiated, with December rate at 100%
Secondary Exposure Risk Assessment and PrEP

- Of note, more work needs to be done around screening for secondary risks and identifying opportunities for individuals and service providers to have conversations around current secondary risk as it relates to primary risk exposure and unpacking when to offer or suggest PrEP to individuals who may be vulnerable to a primary exposure because of the secondary risk.

<table>
<thead>
<tr>
<th>GBV Referral</th>
<th>GBV Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever experienced verbal or physical abuse because of your sexuality?</td>
<td>Sexual</td>
</tr>
<tr>
<td>Have you ever experienced discrimination because of your sexuality? (select all)</td>
<td>Relationship</td>
</tr>
<tr>
<td>If yes: Is this discrimination ongoing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the client been identified as being at risk for GBV/IPV?</td>
<td>Yes</td>
</tr>
<tr>
<td>For Sexual violence: when did the sexual violence occur?</td>
<td>Less than 72 hours ago</td>
</tr>
<tr>
<td>If less than 72 hours: has the client been offered PEP?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, did client accept offer of PEP?</td>
<td>Yes</td>
</tr>
<tr>
<td>If no, why did client decline offer of PEP?</td>
<td>Fear of violence</td>
</tr>
<tr>
<td>Does client need to be referred for hate crime support?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
PrEP targets are unrealistic with only one Oral PrEP daily option.

- Risk assessments that capture primary and secondary exposure risks to prioritize for PrEP is only one element of increasing uptake and use.
- Estimate numbers of those to “be on PrEP” are not calculated to take into consideration the Ready, Willing and Able
- If we want to increase demand, uptake and continuation we NEED more options beyond daily oral PrEP.
- Options are there (i.e. Event Driven PrEP for MSM, Dapivirine Ring for AGYW, SWs, at-risk Women in general)…. Let’s quickly act on them.
- We need more OPTIONS
Risk Assessments and PrEP Take-aways

• “Validating” risk assessments and risk questions to improve prioritizing HIV testing segmentation and PrEP can easily be done within regular HIV programming and operations

• Finding HIV+ individuals and treating to VL suppression is only ½ of the equation to epidemic control

• Efficiency in targeted HIV testing allows for increased capacity to reach new (more hidden) KPs and intensify PrEP prevention efforts

• HIV prevention is the other ½ of the epidemic control equation

• Risk segmenting and prioritizing for PrEP can show improved uptake and allow more time to support higher risk population with continued use.

• Motivational interviewing support needs for staff

• Need staff training, oversight, and continued guidance

• Data use for improved programming a must. Need to invest in this important aspect of programming
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.
Opening & Introductions

Risk assessments for PrEP: Overview of the issues

Risk conversations and operationalizing risk assessments: When, why, and how

Q & A

Zimbabwe’s experience with the risk assessment and screening tool and findings from the OPTIONS Test and Prevent Study

Panel discussion: National Perspectives on PrEP Risk Assessment
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</table>
Zimbabwe experience with the risk assessment and screening tool (RAST) and findings from the OPTIONS Test and Prevent Study

Joseph Murungu

January, 2021
Introduction

- Daily oral PrEP included in the national guidelines in 2016 as part of combination HIV prevention and revitalization of HIV prevention in Zimbabwe
- Oral PrEP will be made available to all individuals who are HIV uninfected and are at substantial risk of HIV infection after individual risk assessment
  - Mandatory to assess whether the client is at substantial risk for HIV infection when PrEP is started
- Guidelines include practical questions to make the screening of potential PrEP users easy and should be not used to ration or exclude people from accessing PrEP
**HTS Screening Tool**

1. **What is the service/purpose of your visit?**
   - Medical □  Surgical □  Visitor □  Other □

2. **Have you experienced poor health in the past three months?**
   - Yes □  No □
   - If yes offer HIV testing

3. **When was the last time you were tested for HIV?**
   - Never □  Past 3 Mnts □  Past 12 Mnts □  Beyond 12 Mnts □
   - Refer to testing/retesting algorithm

4. **What was the result?**
   - Positive □  Negative □  Inconclusive □

5. **If negative, how do you consider your HIV risk?**
   - Not at all □  Mild □  Moderate □  Severe □
   - Refer to testing for those at risk.

6. **If Inconclusive**
   - Refer to testing/retesting algorithm

7. **If Positive, are you currently on ART?**
   - Yes □  No □
   - If No, refer for OL/ART services

8. **Have you experienced any symptoms and/or signs of an STI, such as vaginal/urethral discharge or genital sores?**
   - Yes □  No □
   - If yes offer HIV testing

9. **Any partner, parent HIV positive?**
   - Yes □  No □
   - If yes offer HIV testing

*Follow the colour codes from 4 to 7.*

- Administered to all clients seeking services at a facility: to identify clients eligible for HIV testing
- Aims to improve yield, efficiency and cost-effectiveness of HIV testing services
- A client is considered eligible for testing if s/he meets any of the following criteria:
  - reports experiencing poor health in the past 3 months.
  - considers her/his own risk of HIV to be mild, moderate, or severe.
  - has experienced symptoms of a sexually transmitted infection (STI).
  - has an HIV positive partner or parent
Risk assessment and screening tool (RAST)

- Administered to determine whether a client should be offered PrEP, PEP, or be considered for acute HIV infection
- For clients testing HIV negative
- Mandatory before PrEP initiation and resupplies
- Client is a candidate for PrEP if s/he meets any of the following criteria:
  - has had vaginal or anal sex with two or more people in the past 6 months
  - has not used a condom every time s/he had sex in the past 6 months
  - has had an STI in the past six months
  - has an HIV positive partner

### Screening Form for PrEP

**Start Up or Follow-Up Visits**

<table>
<thead>
<tr>
<th>Date of Birth (DD/MM/YYYY)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is your sex?** (Tick what is applicable)

- Male [ ]
- Female [ ]

**Consider offering PrEP**

1. In the past 6 months: How many people did you have vaginal or anal sex with?
   - 0 [ ]
   - 1 [ ]
   - 2+* [ ]

   *(If response is zero (0) skip to question 6)*

2. In the past 6 months: Did you use a condom every time you had sex?
   - Yes [ ]
   - No]* [ ]
   - Don't Know* [ ]

3. In the past 6 months: Did you have a sexually transmitted infection?
   - Yes* [ ]
   - No [ ]
   - Don't Know* [ ]

4. Do you have a sexual partner who has HIV?
   - Yes* [ ]
   - No [ ]
   - Don't Know* [ ]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No*</th>
<th>Don't Know*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If &quot;Yes,&quot; has he or she been on therapy for 6 or more months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; has the therapy suppressed viral load?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The OPTIONS Test and Prevent Study

**GOAL**
To produce evidence about a Test and Prevent intervention introduced into existing HIV testing programs in Zimbabwe.

**Interventions**

- **Counselling and Referral**
  - At-risk clients are counseled on HIV prevention options and referred as appropriate

- **Reminder Messages**
  - Clients who don’t complete referrals receive reminders to access PrEP services

- **Risk Assessment**
  - Client’s risk for HIV and eligibility for PrEP is assessed using the RAST

- **Accompanied Fast Tracking**
  - Clients referred for PrEP are offered accompanied referrals and can skip the queue

**Methodology**
- Mixed methods descriptive evaluation
- Clients (16+ years) who accessed HIV testing services and tested negative were enrolled to receive risk assessment, in-person counselling, referral to prevention services as needed, and follow-up

**Tracking data:**
- # PrEP referrals
- # PrEP referrals completed
- # clients who initiate PrEP

**Qualitative interviews with providers and clients**
PrEP cascade using M&E data from study sites

- Disconnect between results of the Adult Screening Tool and the RAST
- 94% of clients were considered at risk from the Adult Screening Tool, but not at risk based on the RAST
- Adhering too strictly to the questions defined in the RAST could lead to lack of identification of at-risk clients
Why clients were not screened

• Intervention steps such as screening no trained provider was available
• Heavy workload
• Perceived potential client discomfort with the content of the RAST
• Providers uncomfortable and avoid taking sexual histories
• Providers purposefully avoided screening clients because of 1) perceived duplication with HTS screening tool 2) they felt some clients were not at risk

~40% of negative clients weren’t screened for PrEP eligibility

# Screened

3636
Action points

• Provider training to address discomfort and bias in discussing risk behaviors
• Encouraging providers to administer it in a more conversational manner—
including use of local languages
• Further refinement of the RAST to address the sensitivity of some questions
• Review of the HTS screening and risk assessment processes and tools
  – Evaluation of an updated HTS screening tool (underway)
  – Modified electronic version of HTS screening tool included as part of the
    Electronic Health Records
  – Compliance with national guidelines: practical questions make the
    screening of potential PrEP users easy and should be not used to ration or
    exclude people from accessing PrEP
Thank you

Joseph Murungu
joemurungu@gmail.com

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Q&A
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Panel discussion: National Perspectives on PrEP Risk Assessment
Panel Discussion: National Perspectives on PrEP Risk Assessment

**Getrude Ncube**, Ministry of Health and Child Care, Zimbabwe

**Sindy Matse**, National AIDS Programme, Eswatini

**Hasina Subedar**, National Department of Health, South Africa
Job Aid
Counselling Guide

Oral Pre-Exposure Prophylaxis (PrEP)
Counselling Guide

1. Pre-test information
2. HIV test
3. Post-test counselling

4. Assess your client’s risk of getting HIV.

Discuss your client’s risk, explore the following:
- Do you ever have unprotected sex (not using a condom)?
- Do you have unprotected sex with a partner/s who are HIV-positive?
- Do you ever have unprotected sex with a person whose HIV status you don’t know?
- Do you ever have sex under the influence of alcohol and/or drugs?

Be sensitive and non-judgmental!

Individuals who answer **YES** to any of these questions or ask for PrEP should be considered for PrEP.

5. Inform your client that PrEP, a pill that prevents HIV, is available at this clinic.

6. Find out if your client is interested in knowing more about PrEP.

7. Provide information about PrEP - if your client is interested and wants to know more.

- PrEP is an ARV pill used to **PREVENT** HIV infection.
- PrEP is for HIV-negative people.
- PrEP is taken daily.
- PrEP is safe to take!
- PrEP does not protect you from getting other STIs.
- PrEP does not prevent you from getting pregnant.
- PrEP can be stopped at any time that you do not need it.
PrEP is possibly a great option for you!
Get to your nearest clinic and have a chat with your health care worker about whether PrEP can be a good choice for you.
Find out more press Enter

Is PrEP for me?
Find out now! press Enter

Are you having sex? Or thinking about starting a sexual relationship?
Yes
No

Do you know your HIV status?
Yes
No

What is your HIV status:
I'm HIV positive
I'm HIV negative

Do you want to know ALL your options to stay HIV negative?
More Information press Enter

Ask yourself:
Are you having sex with a partner(s) who’s HIV status you don’t know?
Are you having sex with a partner(s) who is HIV positive?
Have you had sex while under the influence of alcohol or drugs?
Have you had unprotected sex in the last year? (Didn’t use a condom)
A: Answered "YES" to one or more of the questions...
B: Answered "NO" to all of the questions...

Find your nearest PrEP-providing facility at:
My PrEP Locations
press Enter
Upcoming Sessions

- **FEB 25**: PrEP Delivery Strategies and Universal Access to PrEP: Findings from the POWER and SEARCH Studies
- **MAR 25**: PrEP Continuation
- **APR 22**: TBD

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- Complementary resources will also be shared on PrEPWatch—including relevant research articles and tools.
- Registration for upcoming webinars is also located on PrEPWatch.

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Thank You!