West Africa PrEP Learning Network Session 7
*Training providers for PrEP*

Jhpiego | FHI 360 | PZAT | LVCT Health

JANUARY 2021
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English speakers: leave interpretation feature “Off”
Please introduce yourself in the chat box!

Click on “More” to access thumbs up and thumbs down.

Click the “Participants” window to access the raise hand feature, yes/no buttons, and more. You can also access these features via “Reactions”.

Type message here...
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

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<th>PLANNING &amp; BUDGETING</th>
<th>SUPPLY CHAIN MANAGEMENT</th>
<th>RING DELIVERY PLATFORMS</th>
<th>UPTAKE &amp; EFFECTIVE USE</th>
<th>MONITORING</th>
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<tbody>
<tr>
<td>National and subnational plans include oral PrEP and guidelines are established to support access to PrEP via priority delivery channels</td>
<td>Oral PrEP is regularly available in sufficient quantity to meet projected demand via priority delivery channels</td>
<td>Oral PrEP is delivered by trained healthcare workers across diverse delivery channels that effectively reach target end users</td>
<td>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</td>
<td>Oral PrEP is effectively integrated into national, subnational, program, and facility monitoring systems and ongoing research supports learning</td>
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## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>5 min</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td>10 min</td>
<td>Introduction to PrEP Provider Training</td>
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<tr>
<td>10 min</td>
<td>Introduction to the WHO PrEP eLearning Course</td>
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<tr>
<td>10 min</td>
<td>Q&amp;A</td>
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<tr>
<td>10 min</td>
<td>Implementing Oral PrEP Training in Ghana</td>
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<tr>
<td>10 min</td>
<td>Q&amp;A</td>
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<tr>
<td>10 min</td>
<td>Training Providers to Deliver Services to Key Populations</td>
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<tr>
<td>10 min</td>
<td>Training Providers to Deliver Services to AGYW</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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Panelists

- Neeraja Bhavaraju, Afton Bloom
- Jason Reed, Jhpiego
- Michael Odo, FHI 360
- Robyn Dayton, FHI 360
- Regeru Regeru, LVCT Health
- Joseph Murungu, PZAT
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Health Care Provider Training for oral PrEP

Overview

FHI 360, LVCT Health Kenya, PZAT Zimbabwe, Wits RHI South Africa
Key audiences for trainings

**Public and private sector providers**

The core audience for introductory trainings are health care providers.

Providers can include doctors, nurses, community health workers, pharmacists and other private sector providers.

**Policymakers and other key stakeholders**

Introductory trainings can also include a range of stakeholders beyond providers to build understanding and awareness for the rollout of a new product.

Participants can include national and subnational stakeholders including policymakers, regulators, and supply chain managers.
Three training opportunities

**Pre-service training**
Training that occurs before individuals begin to provide health care services (e.g., as part of nursing school or medical school curricula) or prior to the provision of a new service.

While integrating new products into pre-service training takes time, it is beneficial to ensure widespread awareness and understanding of new products, especially in countries with significant staff rotation or turnover.

**In-service training**
Training of health care professionals who are already employed on new products or approaches that are being introduced in the country.

This will likely be the first step for introducing new products to health care providers who are already practicing and can be done aligned to other trainings or as a one-off training program.

**Ongoing supervision and mentorship**
Ongoing mentorship and supervision of healthcare providers, typically led by national or subnational public health authorities on a regular basis.

This is an important consideration for introducing new products to health care providers, who benefit from follow-up and supervision to support high-quality care and problem-solving, especially on new technologies.
Training models

Different approaches to training include:
- Cascade model
- Centralized training
- Project/cluster or site-specific training
- On-line training
- Informal tools (e.g., WhatsApp)
- Combination of the above

Final approach should be context appropriate

Each approach to training has benefits and challenges

Most programs use a combination of approaches
## Pros and cons of different models

<table>
<thead>
<tr>
<th>Model</th>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>Cascade</td>
<td>- Master trainers are trained, then cascade trainers to others via a “train the trainer” model&lt;br&gt;- Benefits: Broader reach&lt;br&gt;- Challenges: Requires cadres of credible, effective trainers and significant oversight and quality checks throughout the system otherwise quality can become diluted through cascade</td>
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<tr>
<td>Centralized</td>
<td>- Government or key partners implement all provider training&lt;br&gt;- Benefits: Supports greater consistency of messaging, quality, and oversight and enables networking across trainees&lt;br&gt;- Challenges: Limits the number of providers who receive training and training sessions may be large and impersonal</td>
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<td>Facility-based</td>
<td>- Benefits: Cost-effective approach with less interruption of service delivery&lt;br&gt;- Challenges: Participants may be interrupted, lack of cross-facility networking opportunities, requires repeat trainings</td>
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<td>Off-site</td>
<td>- Benefits: Concentrated focus, opportunities for cross-facility networking, opportunity to train select PrEP providers&lt;br&gt;- Challenges: Requires additional costs, more disruptive for ongoing service delivery</td>
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<tr>
<td>Online</td>
<td>- Benefits: A cost- and time-effective way to achieve broad reach, allows providers to go at their own pace&lt;br&gt;- Challenges: May not support deep learning - especially on complex concepts, internet and literacy dependent</td>
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Training contents

**Product attributes**
Training components with basic information on the core attributes of the product, including clinical background, target population, product use considerations, and side effects. Training should also include essential information on all HIV prevention products available in the community, and referral pathways to support client choice.

**Counseling**
Training components on relevant client counseling, risk screening, and interpersonal communication, including guidance on supporting informed client choice and working with specific populations (e.g., adolescent girls and young women, key populations) with a focus on HIV prevention and not treatment.

**Supply chain management**
Training components on facility-level supply chain considerations, such as ordering, inventory management, and reporting.

**Monitoring & evaluation**
Training components covering monitoring and evaluation activities, including registers, client tracking systems, and other monitoring and reporting requirements for providers.
WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection
Online Learning Resource Package

West Africa Regional PrEP Learning Network

Jason Reed, Jhpiego (Jason.reed@jhpiego.org)
January 20, 2021
What is the PrEP eLearning Tool for Clinicians?

• Training tool for clinicians that is self-paced and interactive via the internet; free to everyone

• Aligned specifically with content from the *WHO Implementation Tool for PrEP of HIV*, Clinical Module

• Divided into 4 lessons, each taking approximately 45-60 mins

• Includes interactive, engaging visuals and narration accessible from computer and smart phones with internet access and audio

www.hivoralprep.org
How is the PrEP eLearning Tool Structured?

• Course Overview
• Pre-test
• **Lesson 1**: Identifying Suitable PrEP Candidates
• **Lesson 2**: Starting and Managing PrEP (exact title of abbreviated description)
• **Lesson 3**: Special Situations Arising in Clients (exact title of abbreviated description)
• **Lesson 4**: Counseling and Effectiveness and Safety, and Avoiding Stigma (exact title of abbreviated description)
• Post-Test
• Certificate of Completion

Each Lesson Includes:
• Technical content
• Knowledge checks interspersed
• Quiz at the end

www.hivoralprep.org
Lesson 1: Determining Eligibility

LESSON 1:
Identifying Suitable Candidates for Oral PrEP Use

2019

Estimated Duration: 1 hour, 10 minutes

BEGIN LESSON
Lesson 2: Initiating clients on PrEP
Lesson 4: Counseling Clients/Avoiding Stigma

- Counseling clients on PrEP safety (double check these bullet points for match with verbiage of the Lesson objectives by Margo)
- Counseling clients on PrEP effectiveness
- Reducing stigma for clients

www.hivoralprep.org/courses/clinician
Training Tool Complemented by App

www.hivoralprep.org
Training Tool Complemented by App

Use this calculator to estimate creatinine clearance by Cockcroft-Gault Equation. Please note that the serum creatinine should be entered here in micromoles per liter.

Select gender:
- Male
- Female

Age: [ ] years

Serum Creat: [ ] mmol/L

Weight: [ ] kg

Creatinine Clearance: [ ] mL/min

PreP providers should educate and counsel potential PreP users about the risks and benefits of PreP and may conduct an individualized risk-benefit assessment to assess eligibility.

Eligibility criteria include:
- HIV negative
- No suspicion of acute HIV infection
- Substantial risk of HIV infection
- No contraindications to PreP medications (e.g. TDF/FTC)
- Willingness to use PreP as prescribed, including periodic HIV testing.

Clinician's Guide to Oral PreP

- PreP Topics
- Clinical PreP Basics (pocket card)
- FAQ
- Resources

Cockcroft-Gault Equation

The sexual partner of someone with HIV who is not on suppressive ART

Screening for "substantial risk of HIV infection"

www.hivoralprep.org
Additional Details & Stay Tuned

• Updated to reflect Event Driven PrEP option for MSM
• Online options for clinicians to provide feedback on content and functionality
• Aggregate performance to be monitored for problematic knowledge check and quiz questions
• English version available now at: www.hivoralprep.org
• Spanish version available at PAHO Virtual Campus
• French version to be available by end of March 2021
Q&A

Please add questions to the chat.
Implementing Oral PrEP Training in Ghana

TRAINING OF MASTER TRAINERS

Michael Odo, Danielle Darrow de Mora, Chris Akolo, Trudi Nunoo, Tiffany Lillie
Preparing for Oral PrEP Training in Ghana

- Established an Oral PrEP Implementation Committee

- Developed an implementation guide
  - Aligned with existing policy framework
  - Initially focused on PEPFAR IPs and priority geographical regions

- Adapted existing PEPFAR PrEP training curricula
  - ICAP PrEP Training of Trainers & Participants’ Manual
  - WHO/Jhpiego on-line course
  - Featured local context and realities
  - Described local supply chain processes, monitoring and evaluation
Ghana Oral PrEP Implementation Road Map

July-September 2020: Submit initial performance report to NACP, GAC, and stakeholders.

June 2020: Train CSOs and HCWs; commence messaging via CSOs and mass media.

May 2020: Develop, adapt, and produce implementation guide, road map, training materials, monitoring and evaluation plan, design hub-and-spoke network (CSOs and facilities).

April 2020: Review and agree on strategies and milestones in virtual meeting of NACP, GAC, USAID, FHI 360, and JSI.

Translating policy to practice: Roadmap for PrEP implementation in Ghana
Hybrid Virtual and In-person Training: Virtual Arm

- Simultaneous virtual & in-person training
- Lead facilitator led training virtually from Liberia
- Support facilitators virtually participated from Washington, DC
- In-person facilitators also supported training in conference room
- Participants had to complete an online WHO/Jhpiego training before master training of trainers

Trainers’ Responsibilities
- Adapted existing PEPFAR & WHO PrEP trainings for Ghana context
- Developed role play sessions and group work to align with learning objectives
- Developed mentorship and follow-up plans with health facilities
Hybrid Virtual and In-person Training: In-person Arm

- In-person facilitators/workshop support
  - Equip Health staff (KPIF SR for capacity building and mentorship)
  - EpiC KPIF field staff
  - FHI 360 IT team

- Responsibilities
  - Coordinated role plays/feedback; managed breakout and plenary sessions
  - Managed the virtual platform, including usage, muting and unmuting functions
  - Supported group work and in-person facilitation
  - Supported logistics related to COVID-19 prevention
TOT Participants
(selected for national spread/need)

- National AIDS Control Programme (NACP)
- Ghana Health Service
- JSI Care Continuum Project
- Ghana AIDS Commission
- Regional HIV Coordinators
- EpiC Implementing Partners
  - Equip Health
  - West Africa AIDS Foundation (WAAF)
  - West Africa Project to Combat AIDS and STIs (WAPCAS)
Pre-workshop Management (1)

• Criteria for selection of participants
  – Previous capacity in ART training and facilitation
  – Currently supporting or implementing an HIV program

• Online learning resources:
  – Participants were assisted to undertake the self-paced Jhpiego online oral PrEP training prior to the training
    https://learning.jhpiego.org/user/view.php?id=4445&course=897
  – They were also encouraged to obtain the WHO oral PrEP mobile app for ease of reference and additional learning

• Training slides and manuals, case scenarios, and references were shared in advance for participants to study and come with questions
Pre-workshop Management (2)

- Venue selection: Tomreik Hotel, East Legon Accra for in-person arm and Microsoft TEAMS for virtual arm

- Ensured COVID-19 prevention preparedness for in-person arm
  - Physical distancing
  - Hand sanitizers at entry and on tables
  - Use of facial mask required

- Duration: 8.30am – 4.30pm
Main Workshop Management

• Several facilitation techniques were used to keep the workshop engaging
• Slide presentations included pauses for questions and answers
• Interactive sessions were intermittently introduced to drive home the key points
  – Brainstorming
  – Group conversations and reflections
  – Case study reviews and presentations
  – Role plays
  – Facilitation practice for participants
Training Procedures

• Introductions and opening remarks by the NACP Program Manager

• Pre-test

• Review of workshop rules, expectations, and objectives

• Delivery of training modules, role plays, clinical scenarios and mock facilitation

• Post-test (participants had to score >80% to be eligible to be a trainer)

• Participant evaluation
Training Evaluation

• Learning evaluation:
  – Participants scored an average of 76% on the pre-test and 83.5% on the post-test
  – 5 participants scored below 80% and were referred for follow-up training

• Training evaluation:
  – 85% of the participants scored the training ‘excellent’ for general conduct, facilitation and technical knowledge of the facilitators
  – 20% scored the training `good` for pre-workshop preparation, travel logistics, and venue
Post-workshop Support

- Roll-out trainings were provided to 6 private and public health facilities by Equip master trainers.
- EpiC/KPIF partners conducted step-down trainings for their peer educators and case managers to increase knowledge among staff, create demand for services, ensure referrals/linkages to PrEP facilities.
- Staff from Liberia and Washington, DC continued to provide mentorship meetings virtually.
Factors to Consider

- Strategic selection of participants
- Assure personal interest of participants
- Pre-workshop evaluation and preparation with online PrEP training programs
- Advance training plan, curriculum, and materials
- Set up a social media group for real-time management of workshop engagement
- Assure steady internet connectivity; pre-test technology
- Good audio is necessary so virtual participants can hear face-to-face participants for productive engagement
Lessons

• A hybrid model of virtual and in-person training is possible to effectively engage participants and communicate knowledge

• In-person stepdown training are necessary at the health facility level
Challenges

• Risk of poor internet connectivity
• Repeated echo from the floor of the in-person arm of the training when microphones are unmuted
• Side conversations could arise in the in-person arm if participants were not fully engaged
• Trainees in the virtual arm (4 only) could not contribute to clinical case scenarios
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.
Health4All

Training health care workers to provide friendly and clinically appropriate care to members of key populations

Robyn Dayton, MPH
Senior Technical Advisor, HIV Division, FHI 360
Outline

• Rationale
• Contents
• Delivery
• Examples of impact
• Lessons learned

The training guide can be downloaded at: https://www.fhi360.org/resource/health4all
Rationale

- In Accra, Ghana, 3.3% of men who have sex with men said they were refused a health service because someone believed they have sex with other men.\(^1\)
- In Senegal, 22% of female sex workers and 18% of men who have sex with men reported feeling afraid of seeking health care services.\(^2\)
- In a study of men who have sex with men and transgender women in Kenya, Malawi, and South Africa, 29% reported avoided seeking health care services because someone could discover their involvement with men.\(^3\)

2. Lyons, 2017. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147043/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147043/)
Contents Overview

- 3.5-day training
- Module 1: The Rationale for Services to Key Populations
- Module 2: Hearts and Minds: Quality Services for Key Populations
- Module 3: Appropriate Services for Key Populations
- Module 4: Action, Change, Commitment
Contents: Top 10 Clinical Standards of Care

1. Provide HIV testing and comprehensive prevention services (including condoms and lubricants, HIV risk counseling and minimization, behavioral interventions, and small group support).

2. Provide HIV care and treatment services.

3. Offer or refer for pre- or post-exposure prophylaxis.

4. Screen, test for, and treat vaginal and/or anal sexually transmitted infections.

5. Provide or refer female clients for family planning/contraceptive services.


7. Screen for viral hepatitis and provide prevention information.

8. Screen for substance abuse and provide or refer for harm reduction services.

9. Screen for and respond to gender-based violence.

Delivery

• Multiple cadres of workers trained together
• Practical and adaptable
• Participatory
• Encourages self-reflection
• Addresses root causes of stigma
• Creates space for interaction
• Recommends continued refresher training, data review, policy development
Local Adaptation Determines Delivery and Content

- Initial implementation: Angola, Burundi, Cambodia, Côte d’Ivoire, Democratic Republic of the Congo, Haiti, Honduras, Indonesia, Liberia, Malawi, Mali, Mozambique, South Sudan, Suriname, Thailand
- Local adaptations can be shortened or expanded depending on need
- National adoption in some settings
Examples of Impact

- Stigma and discrimination policies developed and posted at clinics
- Existing advocacy forums were used to address issues of stigma
- Implementation of a Patient Service Feedback system at ARV clinics
- Increased attendance at facilities
- Improved service quality
Lessons Learned

• Training preparation should include local government stakeholders and key population members
• Some clinical topics benefit from additional training
• Continued monitoring and refresher trainings/mentoring are necessary for greatest impact
• Stigma impacting health service uptake is not limited to facility-based stigma
• Mental health services for clients and providers are crucial
How likely is it that you would recommend this service to a friend or colleague?

Result Use
- Individual
- Facility
- Multiple facilities
- Community
Additional Materials

• Address deeper clinical training needs related to violence identification and response and family planning provision

• Increase capacity of peers to engage in health service provision

• Engage other sectors
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.
Provider Training Package:

EFFECTIVE DELIVERY OF ORAL PRE-EXPOSURE PROPHYLAXIS FOR ADOLESCENT GIRLS AND YOUNG WOMEN

Regeru Regeru, LVCT Health, Kenya
Joseph Murungu, PZAT, Zimbabwe

January 2021
Background

- AGYW are a priority group for the provision of oral PrEP
- Prior to the development of the OPTIONS Provider Training Package, no oral PrEP training materials had been specifically designed for the provision of PrEP to AGYW
- The training package was developed to build the capacity of frontline providers to deliver quality, client-centered oral PrEP and HIV prevention services to AGYW
- These training models complement general oral PrEP, HIV prevention, or family planning training
- The package has been developed for both clinical and non-clinical staff gearing up for PrEP provision

Source: Options Provider Training
Training objectives

• Understand key components of youth-friendly SRH and combination HIV prevention service delivery, including oral PrEP services.

• Understand which AGYW are most likely to benefit from oral PrEP.

• Be familiar with specific country guidelines and protocols.

• Identify entry points and opportunities for discussing and offering oral PrEP.

• Understand the management of oral PrEP for AGYW.

• Identify ways to provide youth-friendly oral PrEP adherence and counselling support.

• Understand the range of specific knowledge, attitudes, and skills required to provide oral PrEP to AGYW.

• Raise awareness of own values and how these may influence communication with clients (both positively and negatively).
## Training content

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<th>Module 2</th>
<th>Module 3</th>
<th>Module 4</th>
<th>Module 5</th>
<th>Module 6</th>
<th>Module 7</th>
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</thead>
</table>

- Basics of oral PrEP (e.g., effectiveness, differences between PrEP/PEP/ART)
- Combination prevention
- Country-specific guidelines
- Importance of PrEP for AGYW
- Factors related to adolescence
- Adolescent- and youth-friendly services
- Personal views and values about PrEP and AGYW
- Combination prevention and related services and entry points for PrEP
- Evidence / lessons learned for PrEP for AGYW
- Reaching AGYW with demand generation
- Assessing risk
- Addressing myths, misconceptions, and fears
- Factors influencing decisions to initiation or stay on PrEP
- Key issues to discuss with AGYW
- Promoting adherence and retention for AGYW
- Frequently asked questions
- Key take-home messages
- Resources for providing oral PrEP to AGYW
- Optional model
- AGYW should follow the same procedures for initiation, follow-up and maintenance as adults

Resources for providing oral PrEP to AGYW
Thinking about AGYW and PrEP …

• We speak of adolescent girls and young women – what are the similarities and differences?

• In your experience – what typically characterises “adolescents” and “youth”- what are stereotypes, assumptions, and commonly held assumptions?
  – Which factors may be potential barriers to effective PrEP use?
  – Which factors are strengths and opportunities for PrEP use?
## Key learnings from implementation

<table>
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<tr>
<th>Adaptation to local context</th>
<th>Integration</th>
<th>Reviews and updates</th>
<th>Post training support and mentorship</th>
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</thead>
</table>
| • Package should be adapted to fit the needs of the country, participants and available time | • PrEP for AGYW should be integrated into a framework that includes HIV and SRH services; youth-friendly, youth-sensitive and youth-responsive services; quality health care and rights | • PrEP use is an evolving area  
• Package will require updating as new biomedical HIV prevention products are introduced, new information regarding PrEP arises and implementation experiences accumulate | • Provider training should include with action planning for SMART actions by trained participants  
• Follow-up coaching, supervision, and technical assistance is essential  
• Ongoing review of implementation experiences can inform improvements |
| • Package should be adapted to include country-specific guidelines, data and other information | | | |
Experiences from Kenya and Zimbabwe

KENYA

• Modules from the OPTIONS Provider Training Package covering the provision of youth-friendly, youth-sensitive and youth-responsive HIV prevention and sexual and reproductive health (SRH) services have contributed to the content covering this topic in Kenya’s national PrEP training curriculum

• LVCT Health used the OPTIONS Provider Training Package to train 30 healthcare providers and three Sub-County AIDS/STI Coordinators in Kiambu County

• LVCT Health adapted the OPTIONS Provider Training Package to train 50 family planning (FP) providers, HIV testing and counselling providers, and PrEP providers across three healthcare facilities in Nairobi City County and 17 Sub-County Health Managers in the provision of integrated FP-PrEP services

ZIMBABWE

• Ministry of Health developed a standard comprehensive, integrated HIV prevention, care, treatment and support training package delivered through blended platforms

• PrEP training delivered as part of the integrated package as well as a standalone training in line with national PrEP Implementation Plan

• AGYW modules integrated into standard training package

• Team of trainers reviewed package and adapted to local context

• Capacity building approach includes training of national and provincial trainers who cascade trainings to districts and facilities
Thank you


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OPTIONS Consortium Partners
Q&A

Please add questions to the chat.
Upcoming Sessions

PrEP and intimate partner violence

Upcoming sessions will be defined based on the January survey results

West Africa Regional Learning Network:
Sign up to receive updates and invitations to webinars.

Sign-up here: https://mailchi.mp/prepnetwork/westafrica
SURVEY
Which PrEP topics are high priority for future sessions?
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/)).

- Information on upcoming webinars can also be found on PrEPWatch.

- Sign up for our WARLN mailing list to receive updates and invitations to webinars ([https://mailchi.mp/prepnetwork/westafrica](https://mailchi.mp/prepnetwork/westafrica)).

Thank you!

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