

West Africa PrEP Learning Network Session 7

Training providers for PrEP

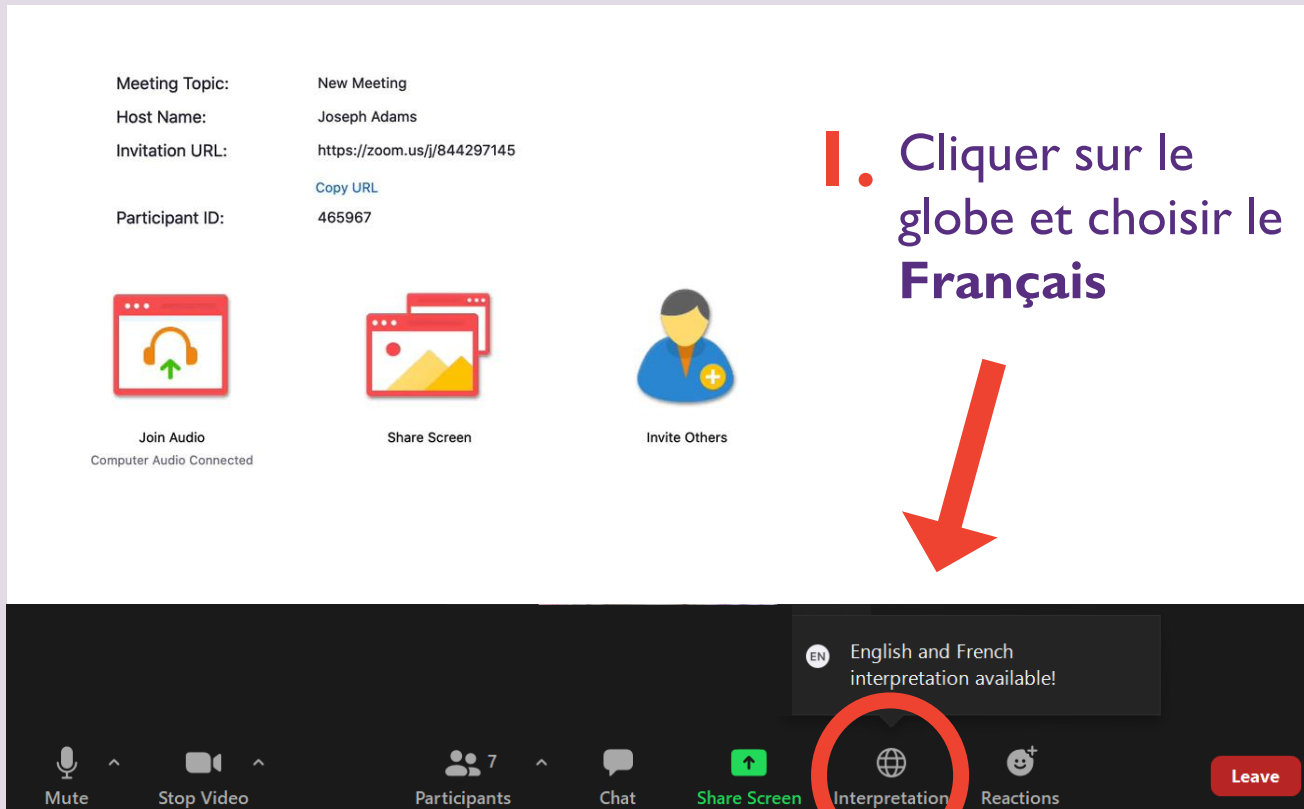
Jhpiego | FHI 360 | PZAT | LVCT Health

JANUARY 2021

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic

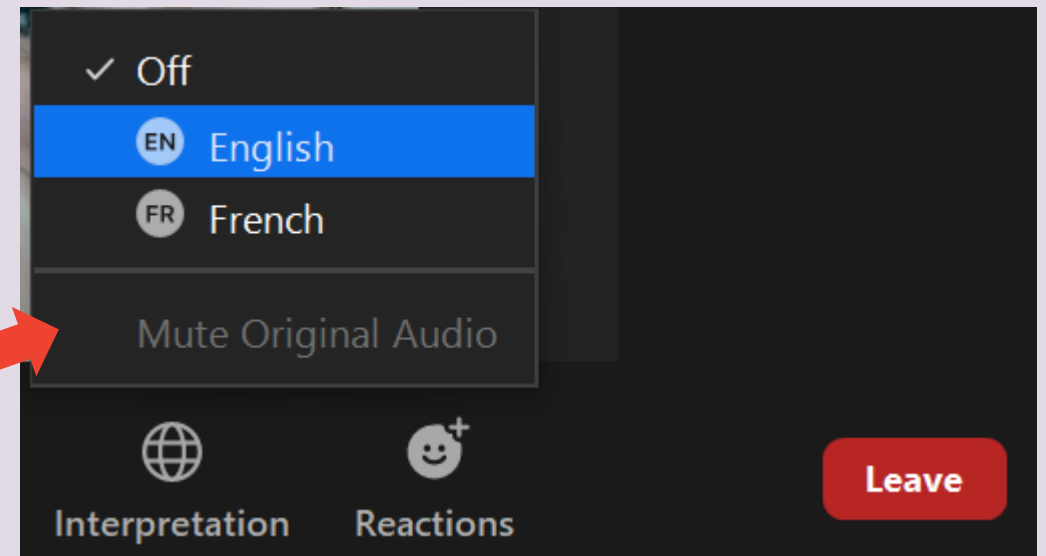


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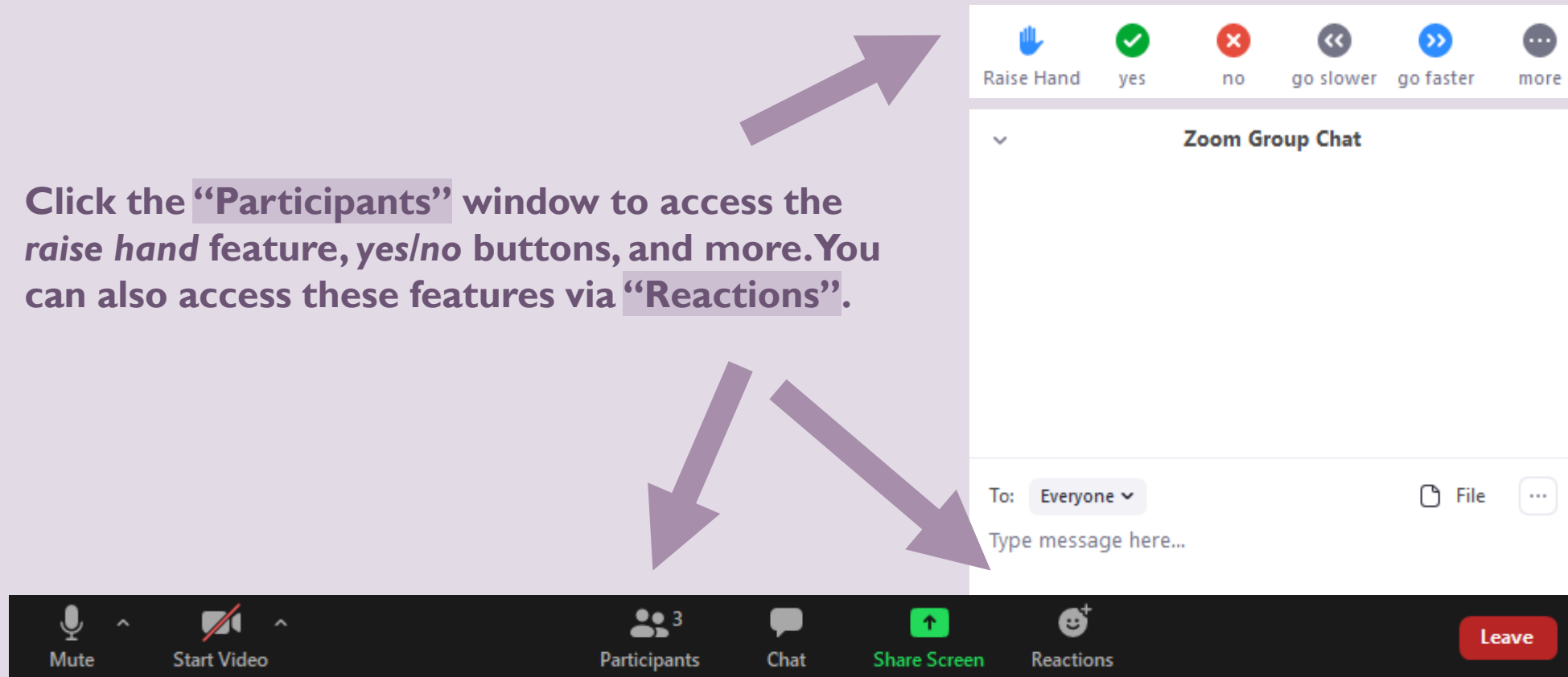
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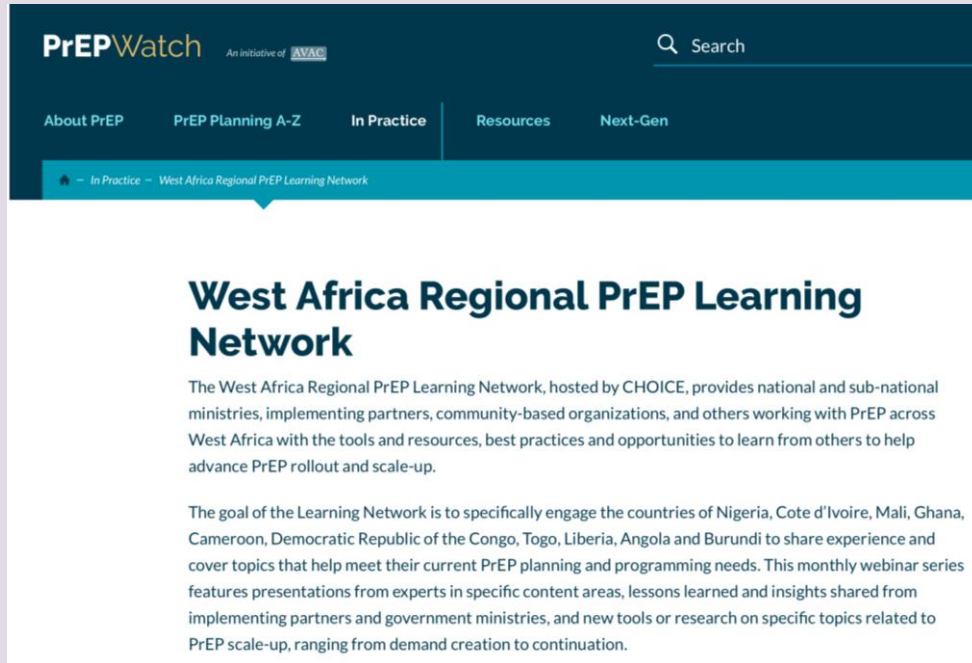
Please introduce yourself in the chat box!

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”.



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

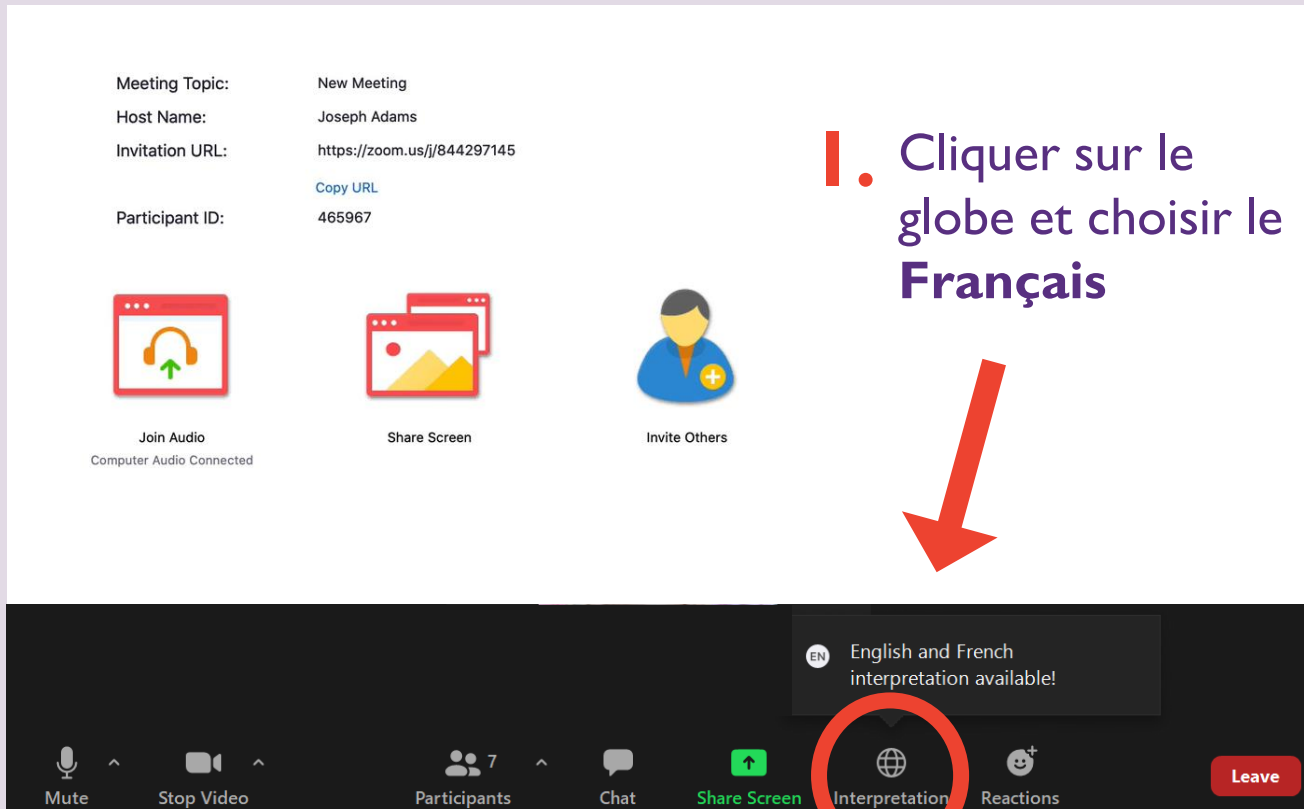
Agenda

Time	Topic
5 min	Welcome and introduction
10 min	Introduction to PrEP Provider Training
10 min	Introduction to the WHO PrEP eLearning Course
10 min	Q&A
10 min	Implementing Oral PrEP Training in Ghana
10 min	Q&A
10 min	Training Providers to Deliver Services to Key Populations
10 min	Training Providers to Deliver Services to AGYW
10 min	Q&A
5 min	Wrap-up

Panelists

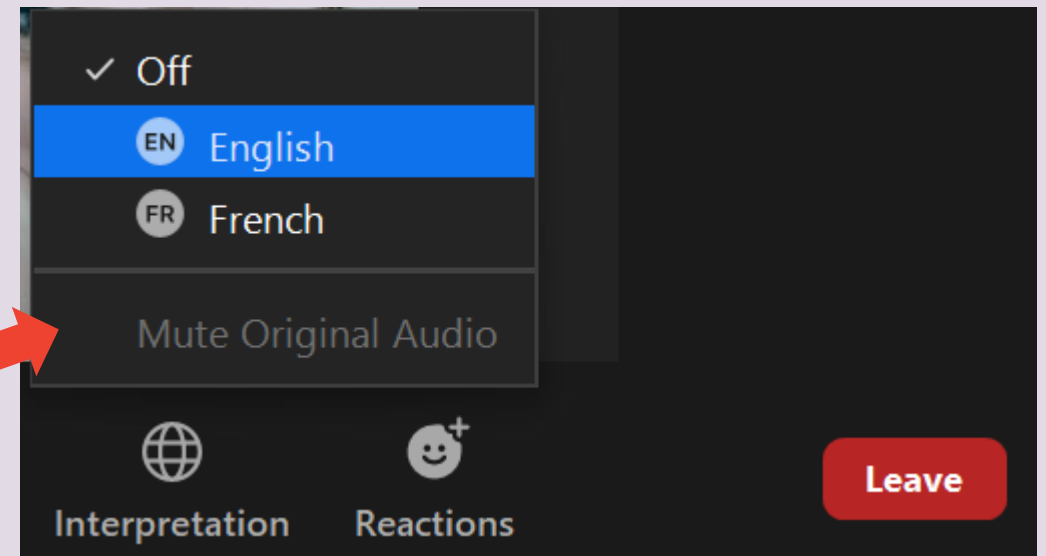
- Neeraja Bhavaraju, Afton Bloom
- Jason Reed, Jhpiego
- Michael Odo, FHI 360
- Robyn Dayton, FHI 360
- Regeru Regeru, LVCT Health
- Joseph Murungu, PZAT

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Health Care Provider Training for oral PrEP

Overview

FHI 360, LVCT Health Kenya, PZAT Zimbabwe, Wits RHI South Africa

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic
PROMISE Preparing for Ring Opportunities through Market Introduction Support and Knowledge Exchange

JANUARY | 2021



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

Final approach should be context appropriate

Each approach to training has benefits and challenges

Most programs use a combination of approaches

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

Pros and cons of different models

Cascade

- Master trainers are trained, then cascade trainers to others via a “train the trainer” model
- Benefits: Broader reach
- Challenges: Requires cadres of credible, effective trainers and significant oversight and quality checks throughout the system otherwise quality can become diluted through cascade

Centralized

- Government or key partners implement all provider training
- Benefits: Supports greater consistency of messaging, quality, and oversight and enables networking across trainees
- Challenges: Limits the number of providers who receive training and training sessions may be large and impersonal

Facility-based

- Benefits: Cost-effective approach with less interruption of service delivery
- Challenges: Participants may be interrupted, lack of cross-facility networking opportunities, requires repeat trainings

Off-site

- Benefits: Concentrated focus, opportunities for cross-facility networking, opportunity to train select PrEP providers
- Challenges: Requires additional costs, more disruptive for ongoing service delivery

Online

- Benefits: A cost- and time-effective way to achieve broad reach, allows providers to go at their own pace
- Challenges: May not support deep learning - especially on complex concepts, internet and literacy dependent

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

jhpiego.org

West Africa Regional PrEP Learning Network

Jason Reed, Jhpiego (Jason.reed@jhpiego.org)

January 20, 2021

Johns Hopkins University Affiliate

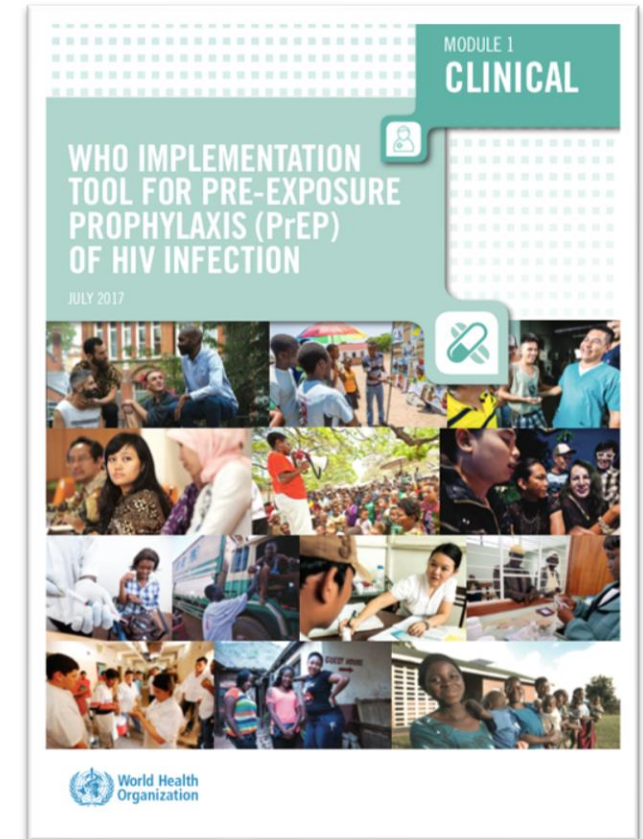


**World Health
Organization**

jhpiego

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



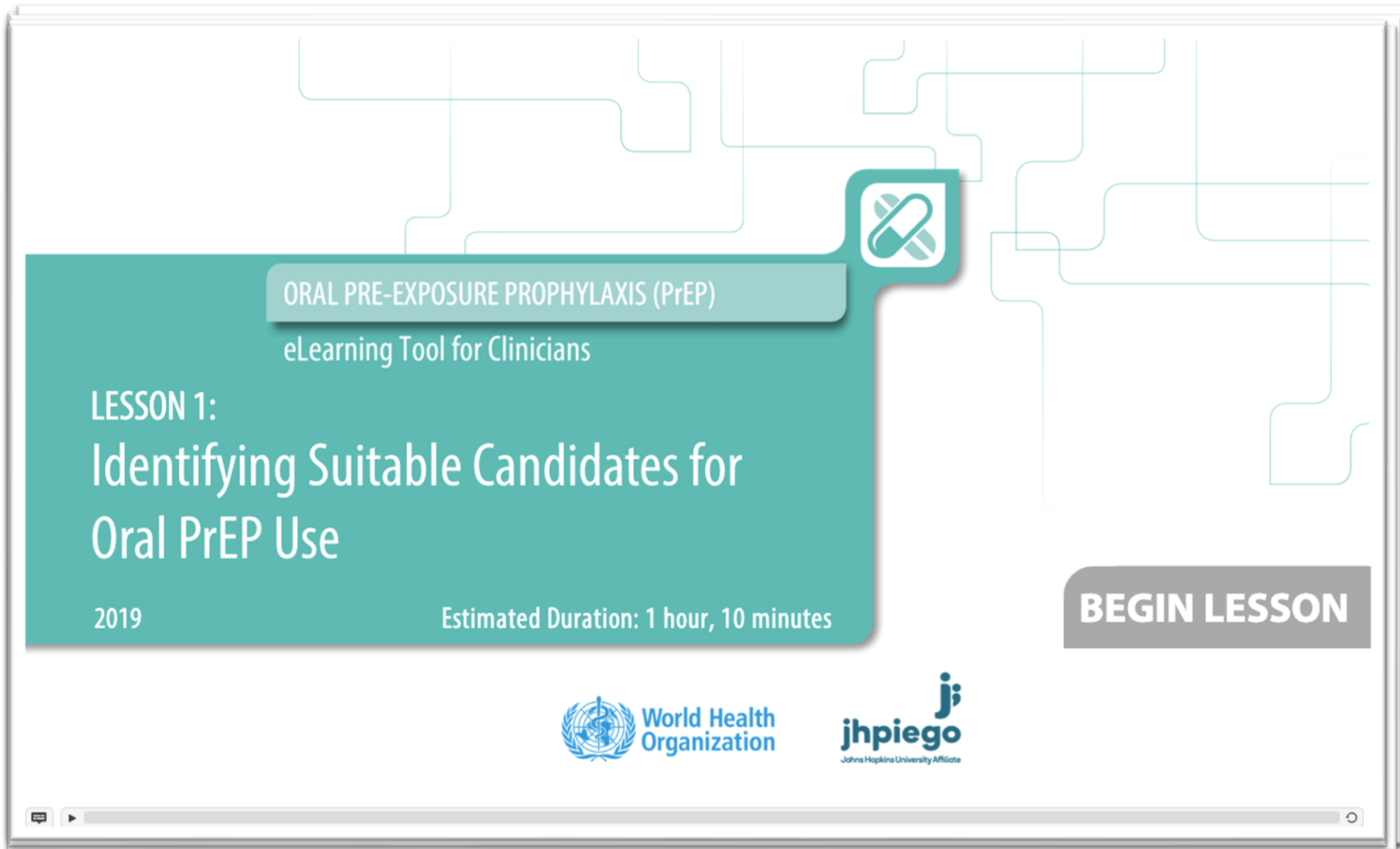
How is the PrEP eLearning Tool Structured?

- 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

Lesson 1: Determining Eligibility




ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP)


eLearning Tool for Clinicians

LESSON 1:
**Identifying Suitable Candidates for
Oral PrEP Use**

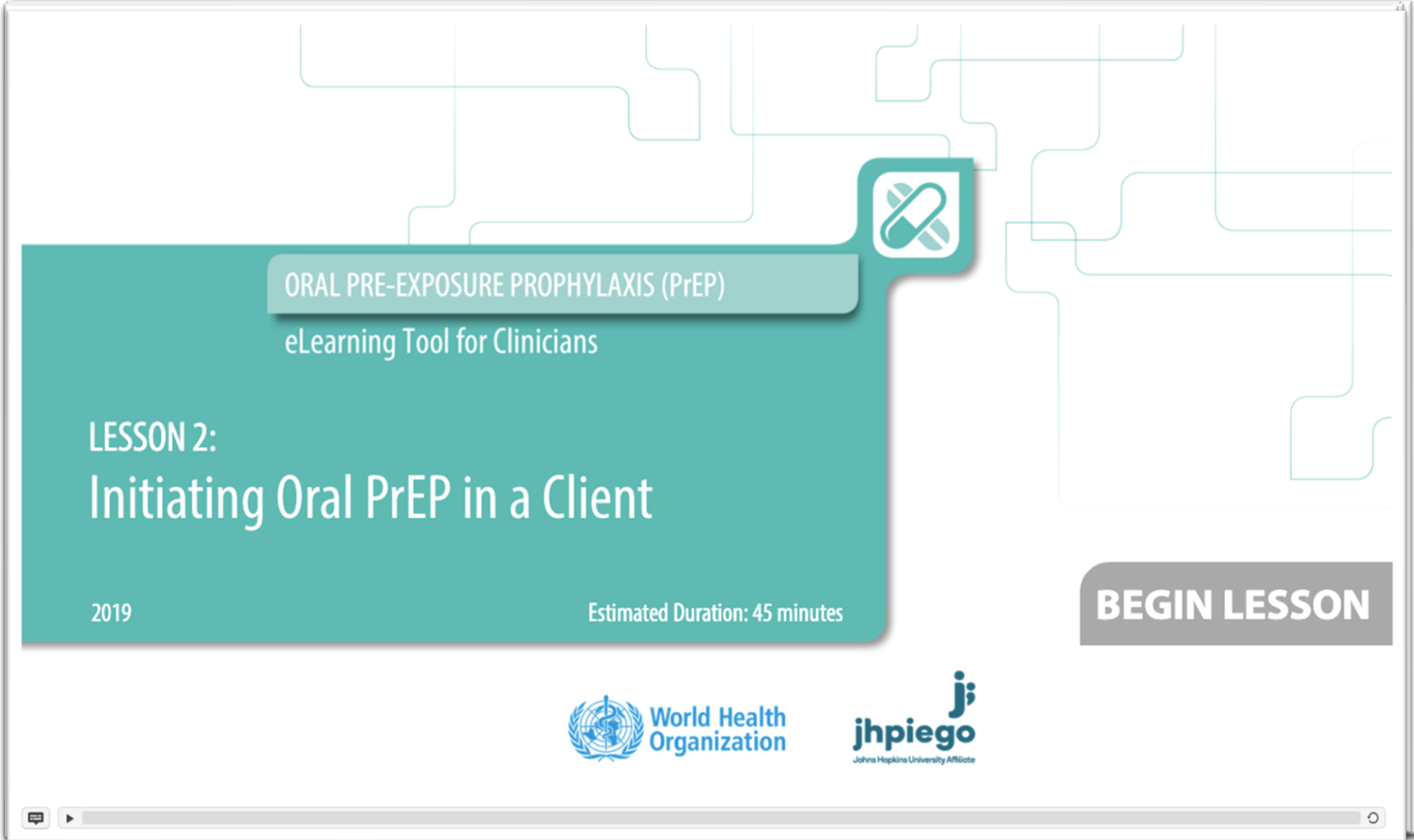
2019 Estimated Duration: 1 hour, 10 minutes

BEGIN LESSON

 World Health Organization

 **jhpigo**
Johns Hopkins University Affiliate

Lesson 2: Initiating clients on PrEP





ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP)
eLearning Tool for Clinicians

LESSON 2:
Initiating Oral PrEP in a Client

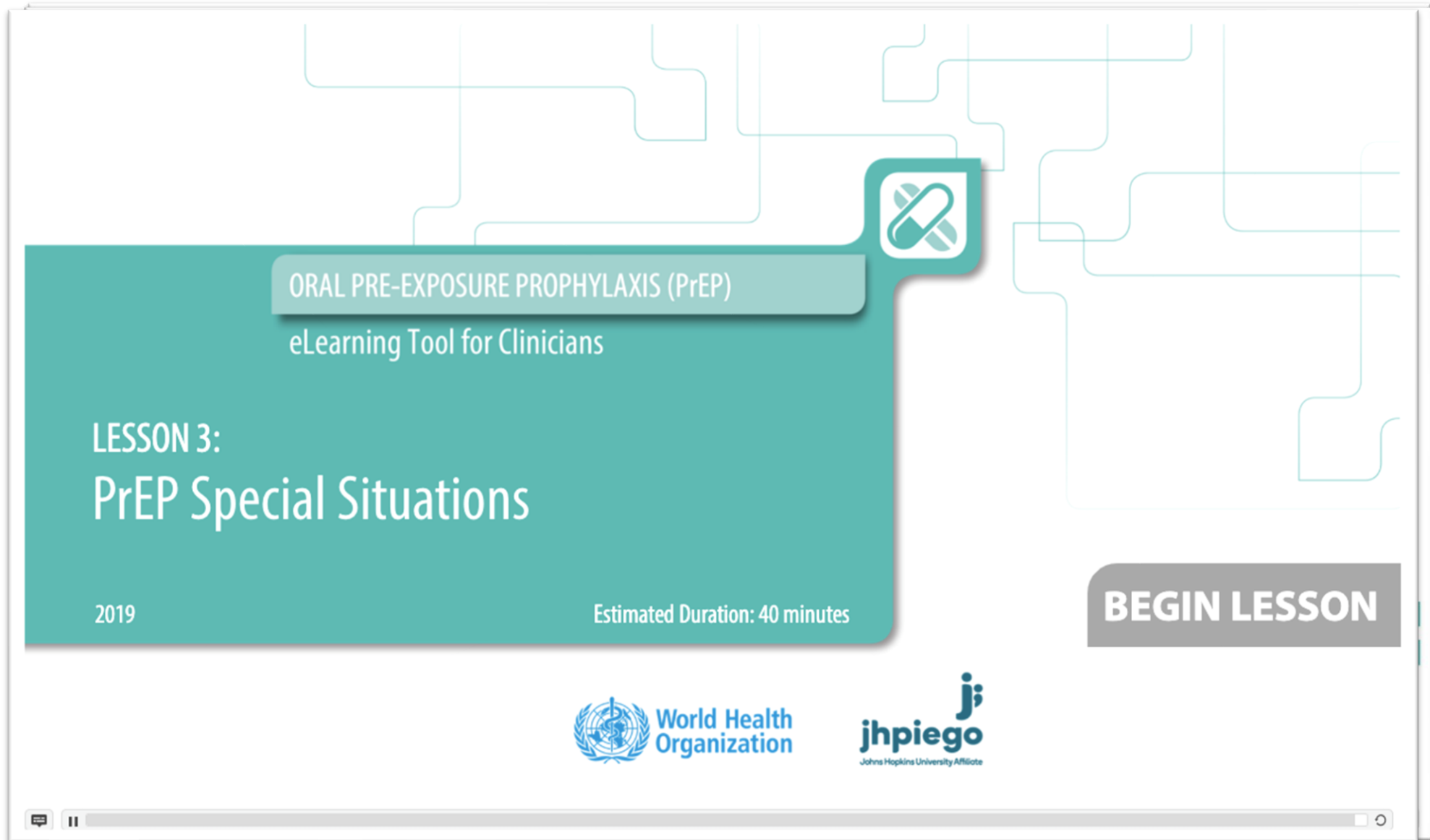
2019 Estimated Duration: 45 minutes

BEGIN LESSON

 World Health Organization

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Lesson 3: Special Clinical Situations




The image shows a screenshot of an eLearning tool interface. The background is light blue with a faint circuit-like pattern. A teal-colored box on the left contains the lesson title and duration. A grey button on the right says 'BEGIN LESSON'. At the bottom, there are logos for the World Health Organization and JHPIEGO, along with a video player control bar.


ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP)
eLearning Tool for Clinicians


LESSON 3:
PrEP Special Situations


2019 Estimated Duration: 40 minutes

BEGIN LESSON

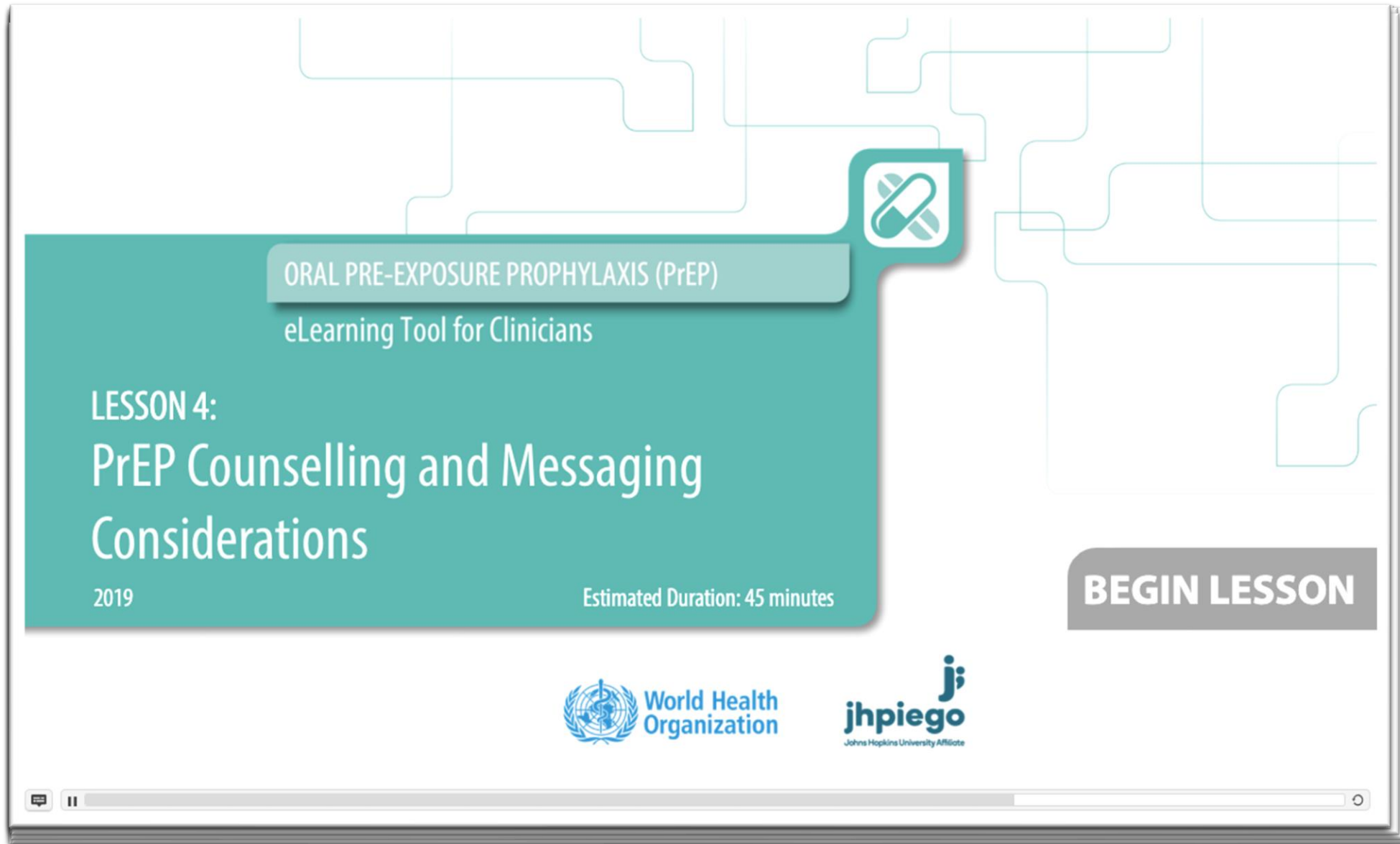
 World Health Organization

 **jhpiego**
Johns Hopkins University Affiliate

 World Health Organization

 **jhpiego**

Lesson 4: Counseling Clients/Avoiding Stigma





ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP)
eLearning Tool for Clinicians


LESSON 4:
**PrEP Counselling and Messaging
Considerations**


2019 Estimated Duration: 45 minutes

BEGIN LESSON

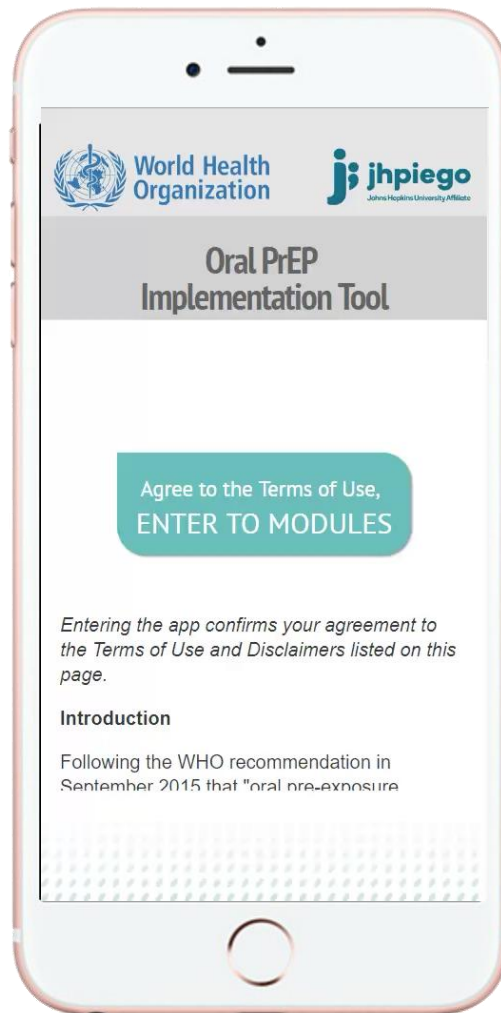
 World Health Organization

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 World Health Organization

 **jhpiego**

Training Tool Complemented by App



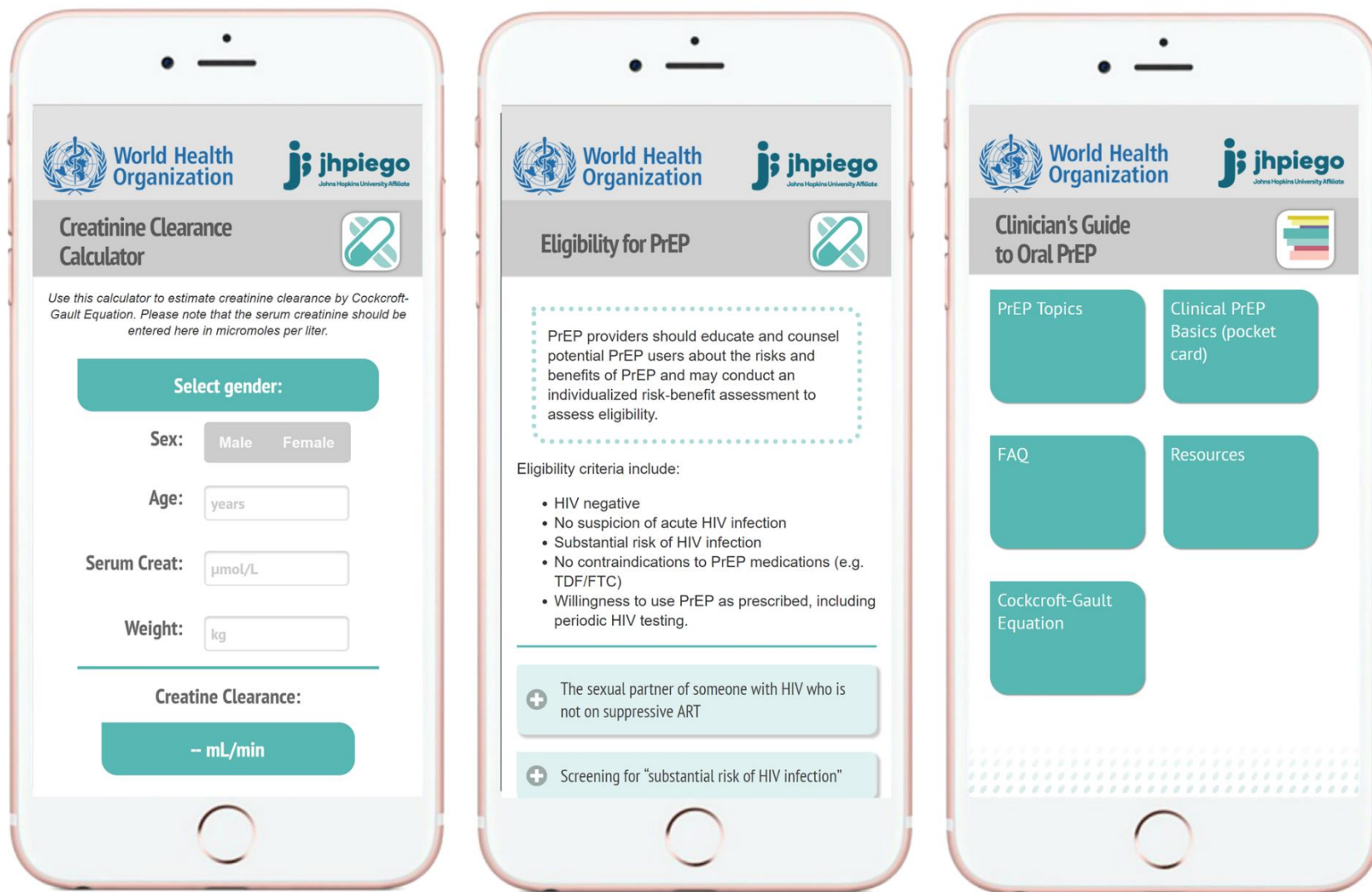
www.hivoralprep.org



World Health
Organization



Training Tool Complemented by App



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

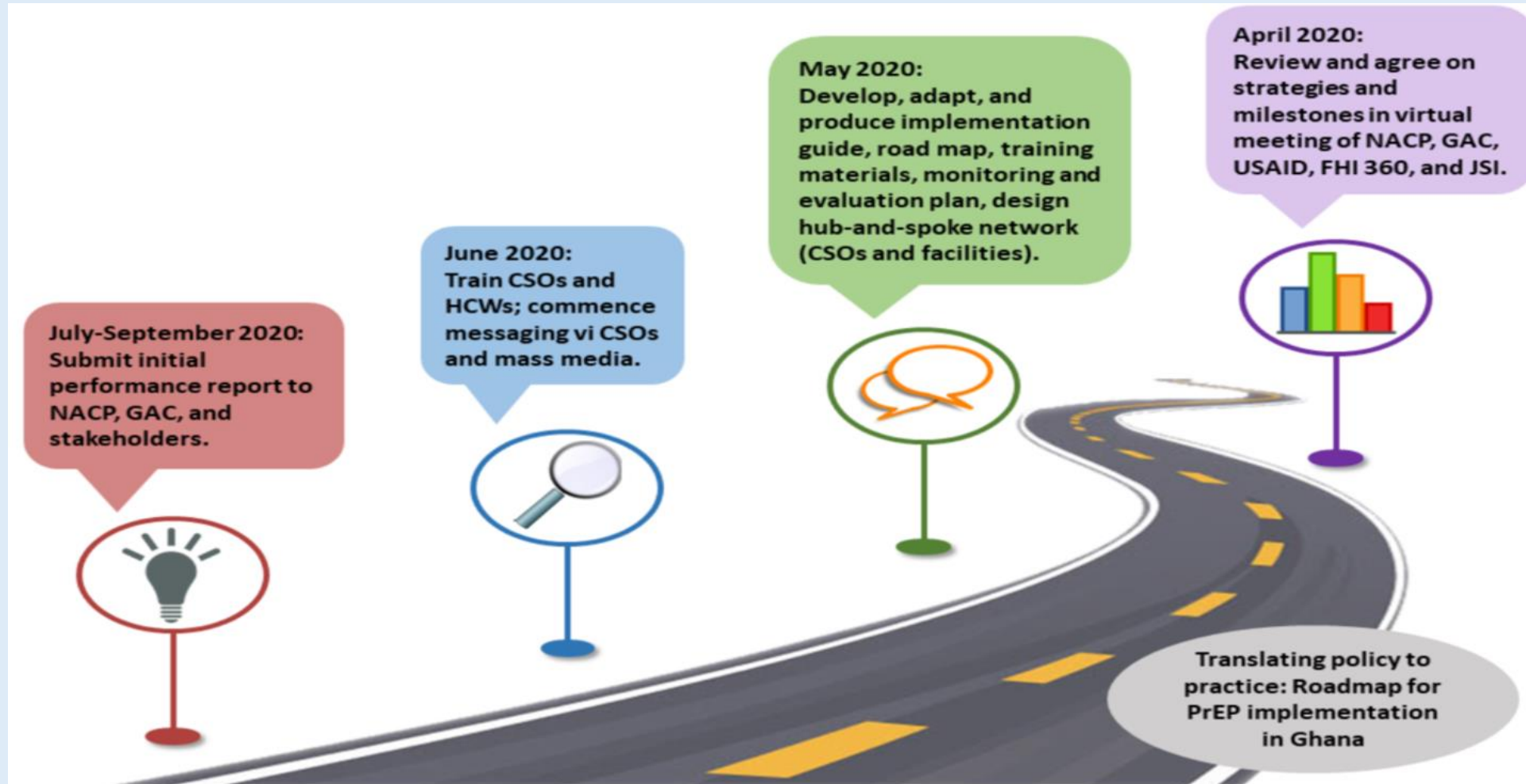
Michael Odo, Danielle Darrow de Mora,
Chris Akolo, Trudi Nunoo, Tiffany Lillie



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



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

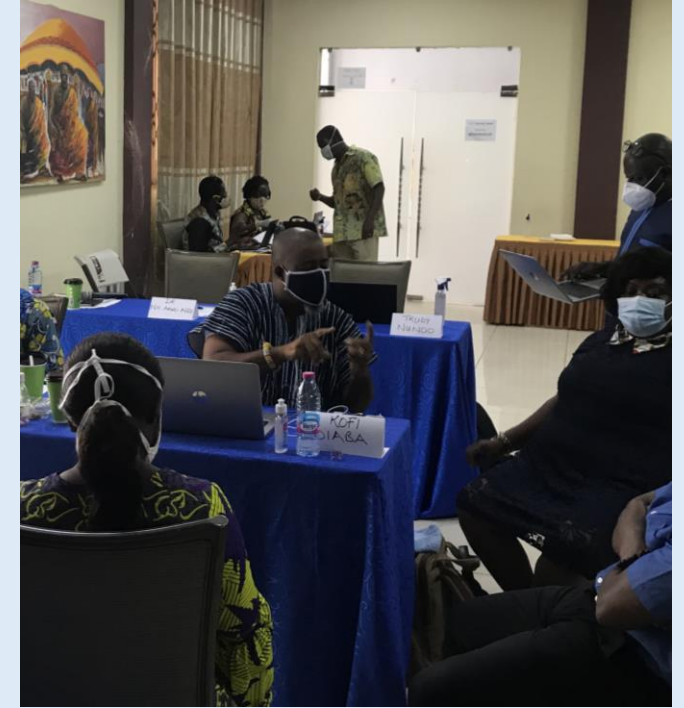
Pre-workshop Management (2)



- 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



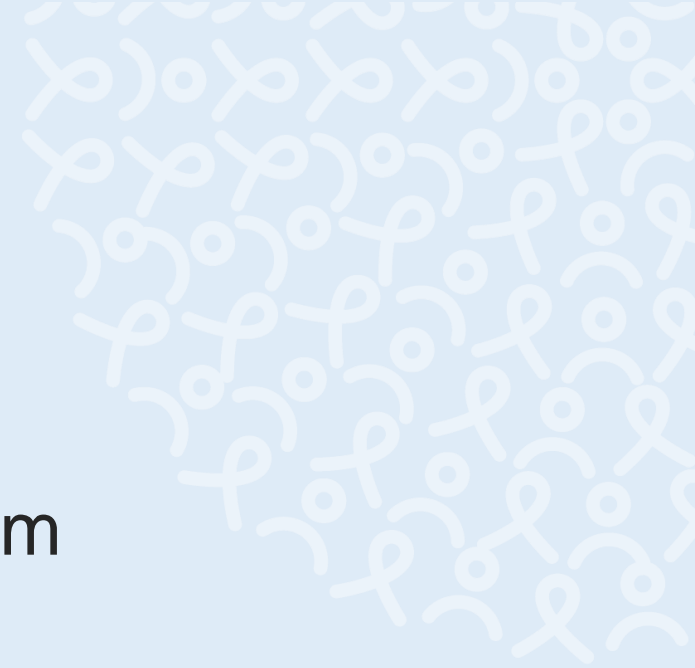
Lessons

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

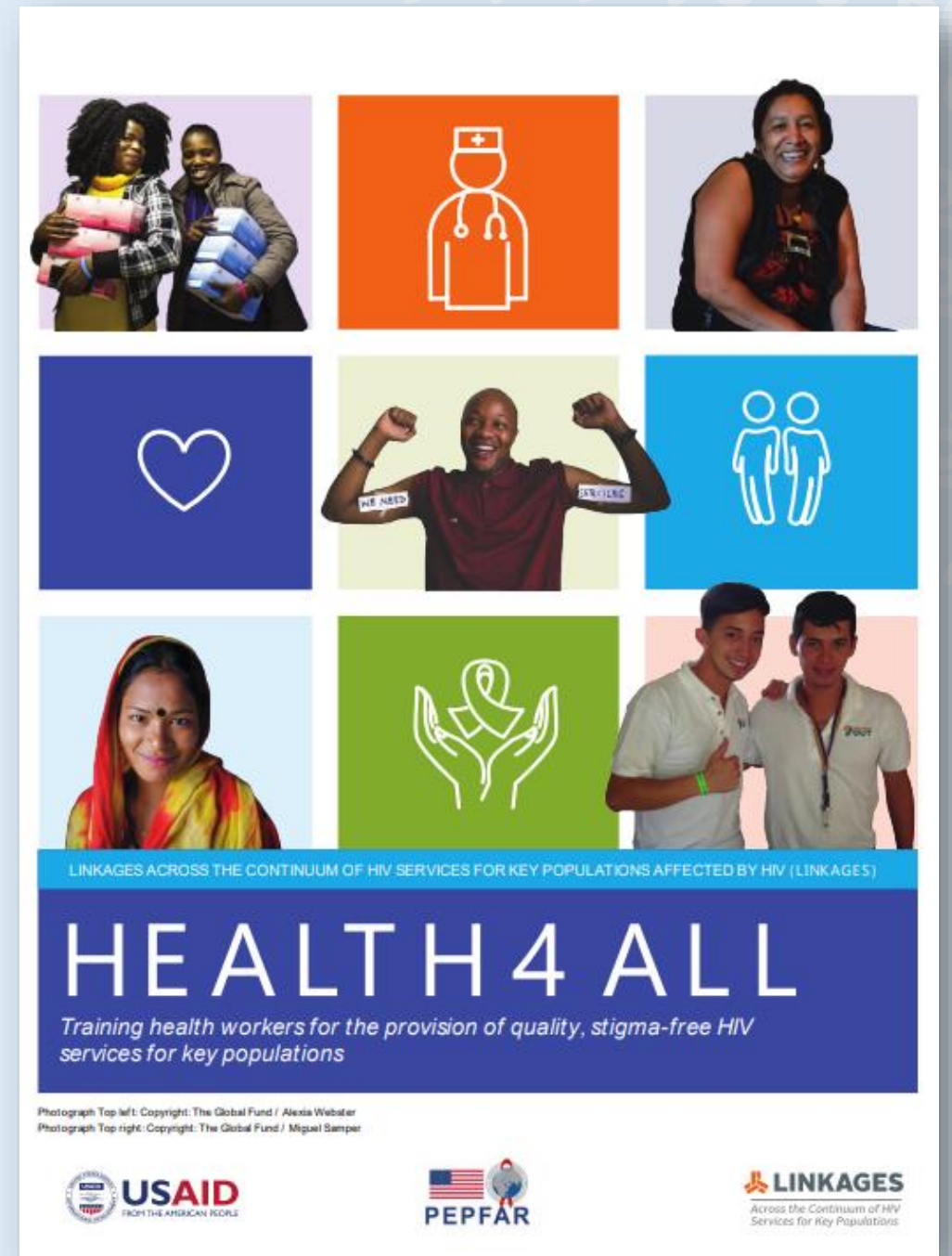


Outline

- 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 men¹
- 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 men³

1. Gyamerah. 2020. <https://doi.org/10.1080/09540121.2020.1757020>
2. Lyons. 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147043/>
3. Mbeda. 2019. <https://doi.org/10.1080/09540121.2020.1776824>

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

DAY 1

Time	Topic	Module/Session
8:45 – 9:00	Facilitators meeting – set up	
9:00 – 10:30	Welcome, introductions, and pre-training questionnaire	Introductory session Pre-training questionnaire
10:30 – 11:00	Know your epidemic LINKAGES presentation	Module 1: Session 1.1
11:00 – 11:30	Why focus on key populations?	Module 1: Session 1.2
11:30 – 11:45	TEA BREAK	
11:45 – 13:15	Sexual orientation and gender identity	Module 1: Session 1.3
13:15 – 14:00	LUNCH BREAK	
14:00 – 14:45	Substance use	Module 1: Session 1.4
14:45 – 16:15	Violence, key populations, and human rights	Module 1: Session 1.5
16:15 – 16:30	TEA BREAK	
16:30 – 17:30	Beliefs about key populations	Module 2: Session 2.1
17:30 – 17:45	Closing summary and reflection	
17:45 – 18:00	Facilitators' meeting	Prep Day 2

DAY 2

Time	Topic	Module/Session
8:45 – 9:00	Facilitators' meeting – set up	
9:00 – 9:30	Welcome, summary of previous day, and agenda for today	
9:30 – 10:30	Our own values, judgments, and opportunities to challenge stigma	Module 2: Session 2.2
10:30 – 10:45	TEA BREAK	
10:45 – 11:45	Forms, causes, layers, and effects of stigma	Module 2: Session 2.3
11:45 – 13:00	Top 10 clinical standards of care for key populations	Module 3: Session 3.1
13:00 – 14:00	LUNCH BREAK	
14:00 – 15:00	Top 10 clinical standards of care for key populations (continued)	Module 3: Session 3.1
15:00 – 15:30	TEA BREAK	
15:30 – 17:30	Providing youth-friendly services for key populations	Module 3: Session 3.2
17:30 – 17:45	Closing summary	
17:45 – 18:15	Facilitators' meeting	Prep Day 3

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.
6. Screen for tuberculosis.
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.
10. Promote mental health.

Session 3.1

Top 10 clinical standards of care for key populations



Female sex workers (FSWs)

Additional services:

- Family planning
- Pregnancy testing
- Offer or refer for abortion care
- Cervical/anal cancer screening
- Services to prevent vertical transmission of HIV (prevention of mother-to-child transmission [PMTCT])
- Youth-friendly services for young FSWs

Transgender people

Additional services:

- Assess clinical needs (may be postsurgery and already on hormone therapy)
- Offer or refer for hormone therapy
- Offer or refer for surgical options
- Youth-friendly services for transgender people:
 - includes counseling that recognizes young people are exploring their gender identity, and considers implications associated with puberty

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



MODUL PELATIHAN

INTERVENSI PENGHAPUSAN STIGMA DAN DISKRIMINASI PADA POPULASI KUNCI DAN ODHA

UNTUK FASYANKES DKI JAKARTA

PENDAHULUAN

Tujuan umum strategi penanggulangan HIV dan AIDS di Indonesia adalah percepatan per infeksi baru, kematian akibat AIDS dan zero stigma dan diskriminasi dengan cara meningkatkan akses pengobatan, meningkatkan retensi, meningkatkan kualitas hidup ODHA, mitigasi dampak sosial ekonomi epidemic HIV pada individu, Keluarga dan Masyarakat untuk menjaga produktivitas dan sumber daya manusia Indonesia.

Tenaga kesehatan memainkan peranan unik dan penting dalam pencapaian tujuan strategi tersebut. Keterbatasan pengetahuan tentang HIV dan AIDS serta kepercayaan terhadap mitos-mitos yang berkembang tentang Orang dengan HIV dan AIDS (ODHA) dan Populasi Kunci, mengakibatkan adanya stigma dan diskriminasi kepada mereka di layanan Kesehatan.

Sehubungan dengan hal tersebut, Dinas Kesehatan Provinsi DKI Jakarta didukung oleh LINKAGES berupaya untuk menghapus stigma dan diskriminasi dari layanan Kesehatan di DKI Jakarta dengan melakukan peningkatan pengetahuan dasar tentang HIV dan AIDS serta bagaimana menerapkan intervensi penghapusan stigma dan diskriminasi di layanan Kesehatan.

Dengan upaya tersebut diharapkan adanya peningkatan komitmen petugas kesehatan, peningkatan cakupan pengobatan ARV dan penurunan penularan HIV, serta kematian akibat AIDS.



Team IPSD Provinsi DKI Jakarta

Indonesia

ប្រវត្តិឡង់មេរោគអេដស៍ប៉ាន់ប្រមាណក្នុង ចំណោមក្រុមប្រឈមមុខ



Cambodia

ក្រុមប្រឈមខ្ពស់ (KP)	ឆ្នាំអង្កេត	ប្រភព	ប្រេវ៉ាឡង់មេរោគអេដស៍ប៉ាន់ស្មាន
ស្ត្រីធ្វើការកន្លែងសេវាកម្សាន្ត (FEW)	2016	IBBS	3.2%
• FEW ដែលមានដៃគូរួមភេទគិតលុយ ≤ 2 ក្នុងមួយសប្តាហ៍	2016	IBBS	5.9%
• FEW ដែលមានដៃគូរួមភេទគិតលុយ > 2 ក្នុងមួយសប្តាហ៍	2016	IBBS	8.3%
បុរសរួមភេទជាមួយបុរស (MSM)	2016	IBBS	2.3%
អ្នកចាក់គ្រឿងញៀន (PWID)	2017	IBBS	15.2%
ក្រុមប្លែងភេទ (TG)	2014	IBBS	5.9%

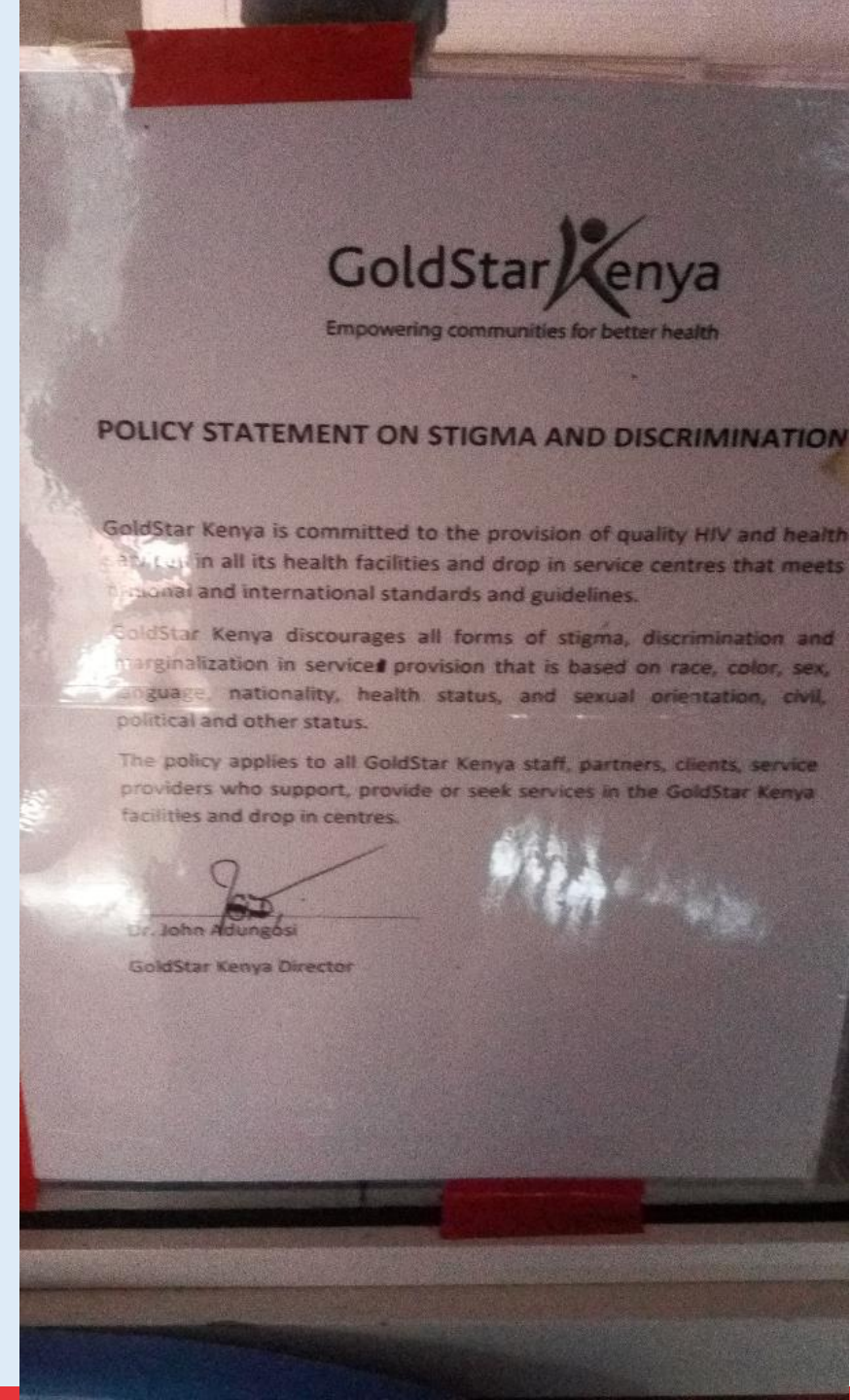
5

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

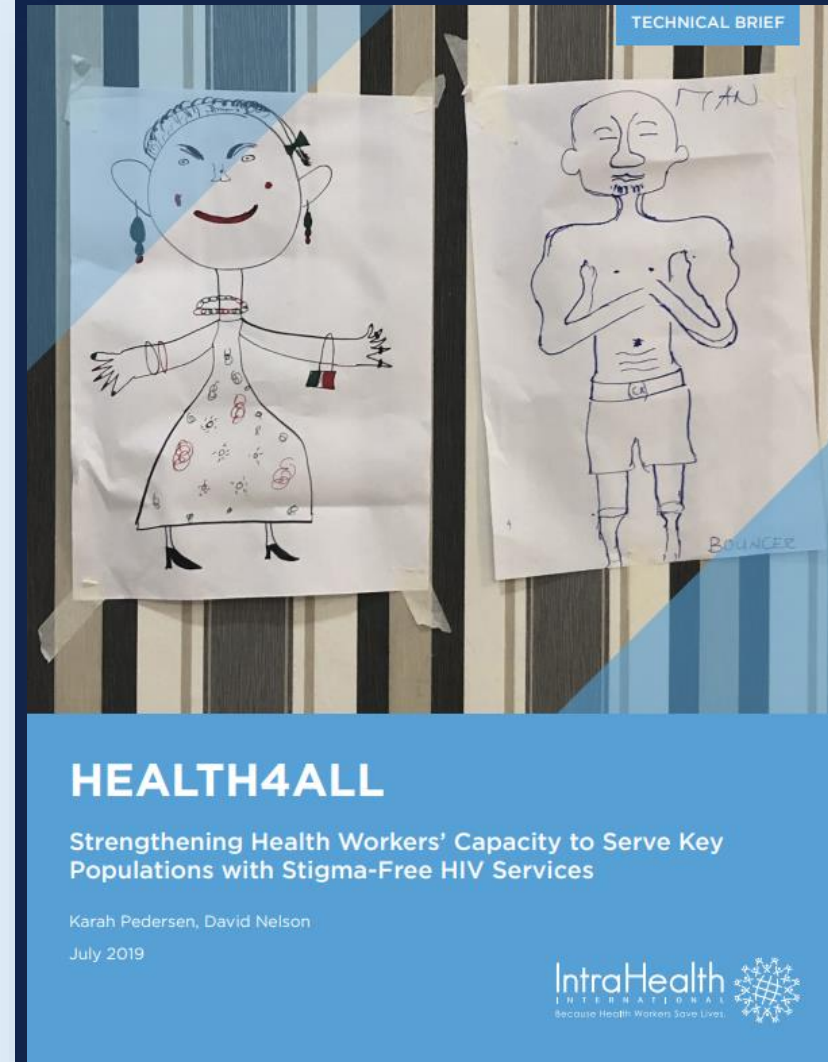
Examples of Impact

- 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

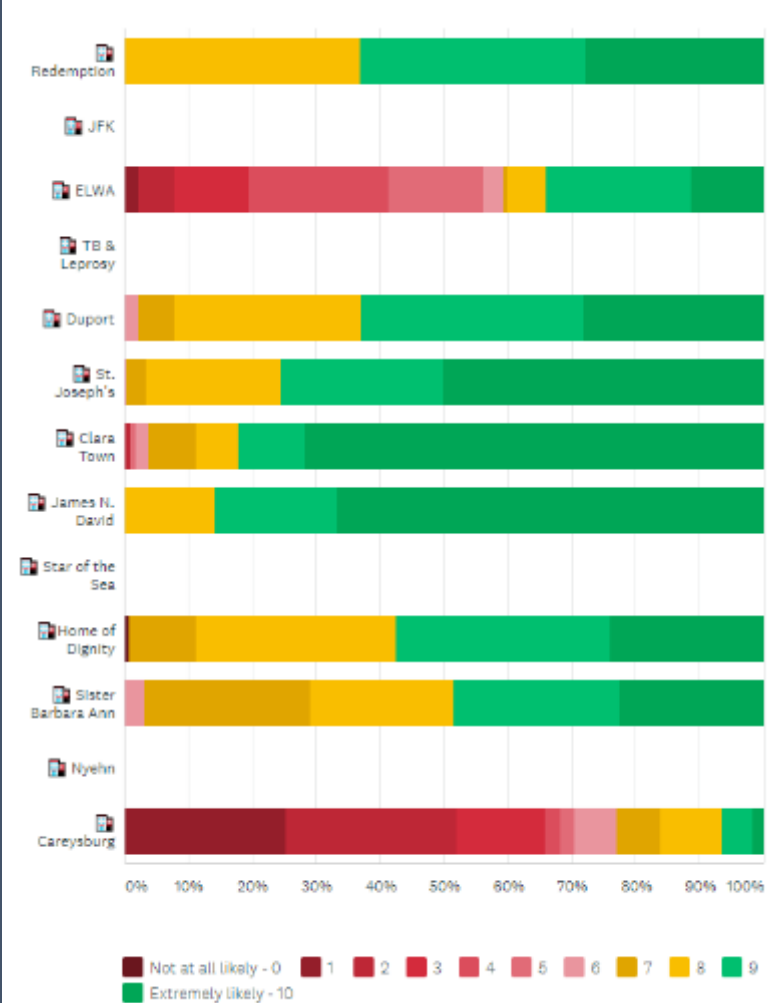


<https://www.intrahealth.org/sites/ihweb/files/attachment-files/innovation-tech-briefhealth4all.pdf>

Result Use

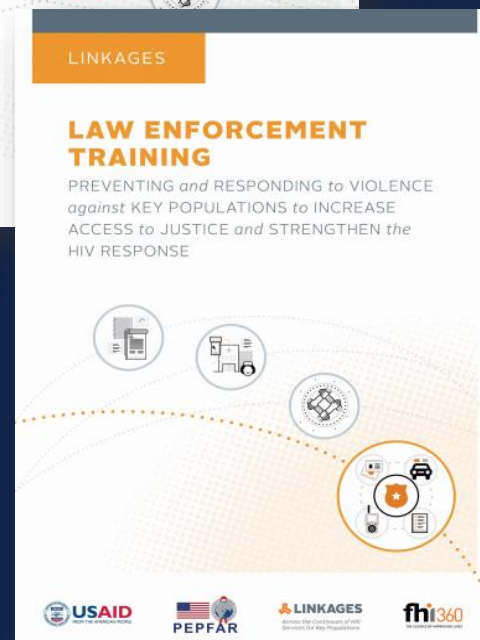
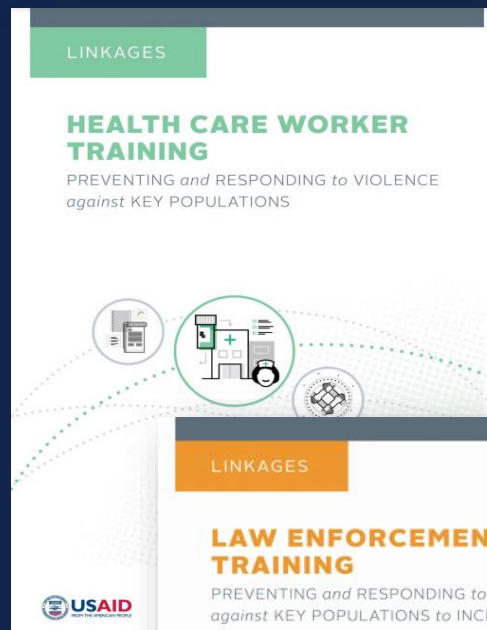
- Individual
- Facility
- Multiple facilities
- Community

**How likely is it that
you would
recommend this
service to a friend
or colleague?**

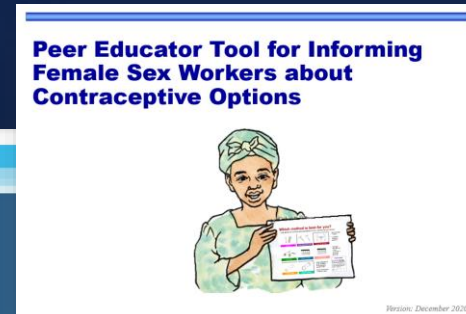
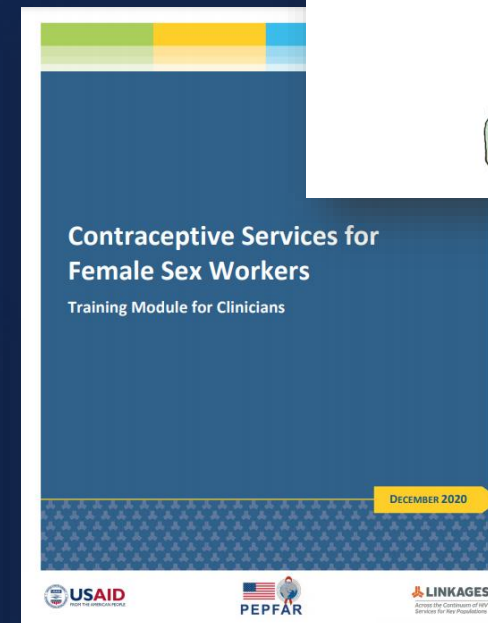


Additional Materials

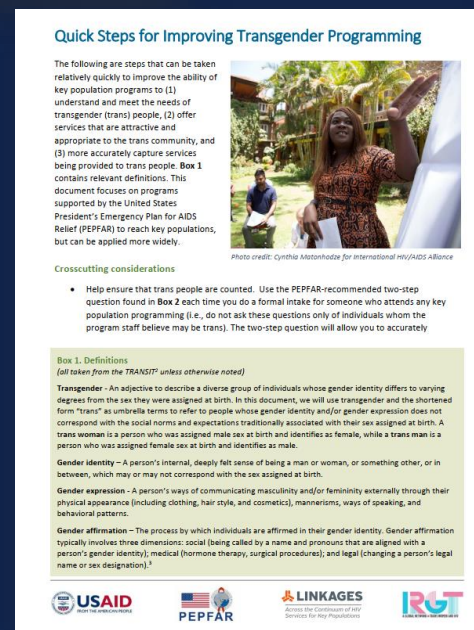
- Address deeper clinical training needs related to violence identification and response and family planning provision
- Increase capacity of peers to engage in health service provision
- Engage other sectors



<https://www.fhi360.org/resource/linkages-violence-prevention-and-response-series>




<https://www.fhi360.org/resource/contraception-female-sex-workers-job-aids-and-training-curricula-peer-educators-and>



Developed for circulation to LINKAGES and EpiC programs to improve services and programs available to transgender people



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

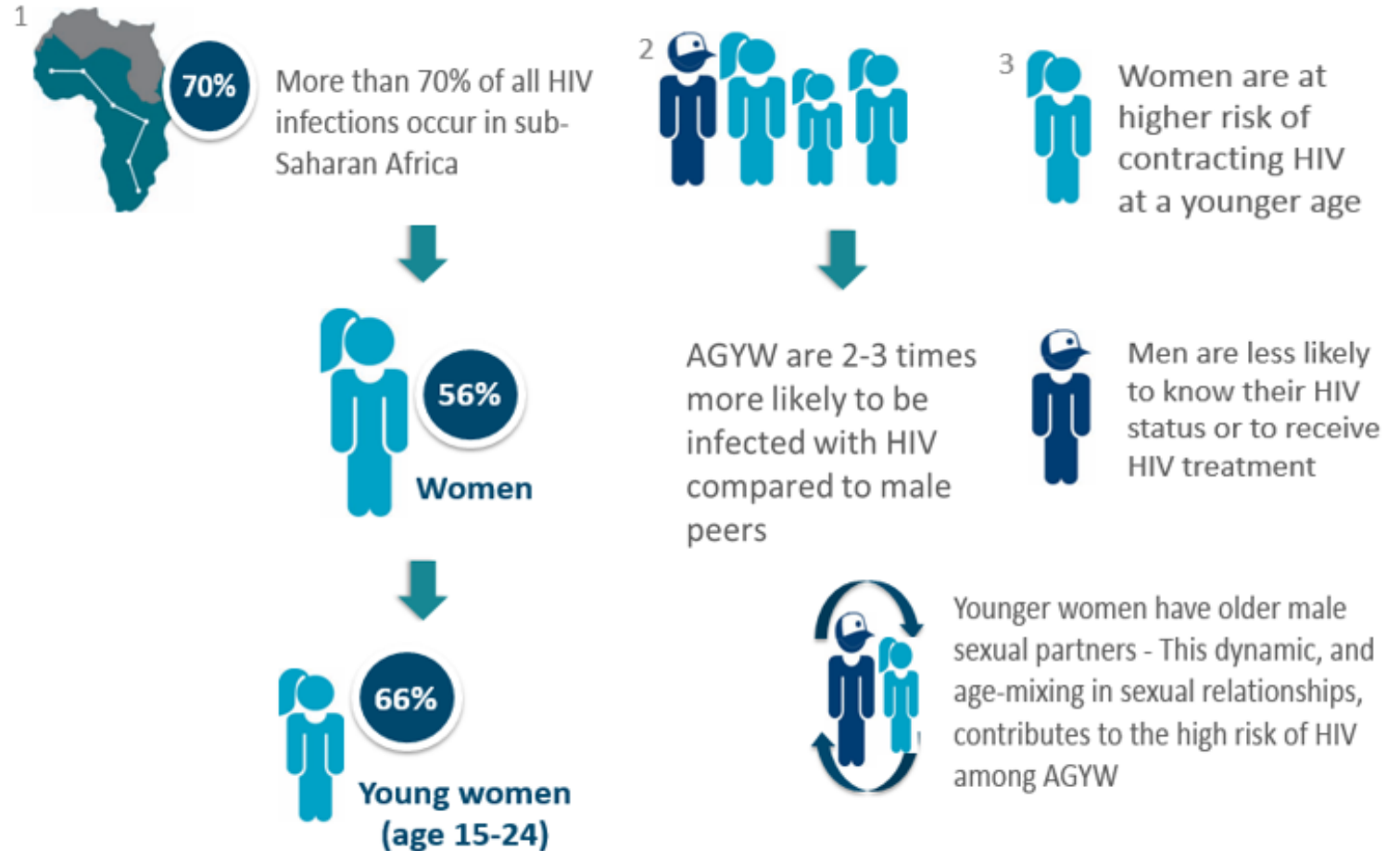
January 2021





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

Module 1 Introduction to oral PrEP	Module 2 Provision of oral PrEP to AGYW	Module 3 Factors for consideration	Module 4 PrEP initiation	Module 5 Monitoring, follow-up, and adherence	Module 6 Wrapping-up	Module 7 Initiation and clinical management
<ul style="list-style-type: none">• Basics of oral PrEP (e.g., effectiveness, differences between PrEP/PEP/ART)• Combination prevention• Country-specific guidelines	<ul style="list-style-type: none">• Importance of PrEP for AGYW• Factors related to adolescence• Adolescent- and youth-friendly services• Personal views and values about PrEP and AGYW	<ul style="list-style-type: none">• Combination prevention and related services and entry points for PrEP• Evidence / lessons learned for PrEP for AGYW	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Promoting adherence and retention for AGYW• Frequently asked questions	<ul style="list-style-type: none">• Key take-home messages• Resources for providing oral PrEP to AGYW	<ul style="list-style-type: none">• Optional model• AGYW should follow the same procedures for initiation, follow-up and maintenance as adults



Digging deeper: an example

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

Adaptation to local context

- Package should be adapted to fit the needs of the country, participants and available time
- Package should be adapted to include country-specific guidelines, data and other information

Integration

- 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

Reviews and updates

- 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

Post training support and mentorship

- 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



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

OPTIONS Provider Training Package: Effective Delivery of Oral Pre-exposure Prophylaxis for Adolescent Girls and Young Women.

OPTIONS Consortium, August 2018.

<https://www.prepwatch.org/prep-resources/training-materials/>

This program is made possible by the generous assistance from the American people through the U.S. Agency for International Development (USAID) in partnership with PEPFAR under the terms of Cooperative Agreement No. AID-OAA-A-15-00035. The contents do not necessarily reflect the views of USAID or the United States Government.

OPTIONS Consortium Partners

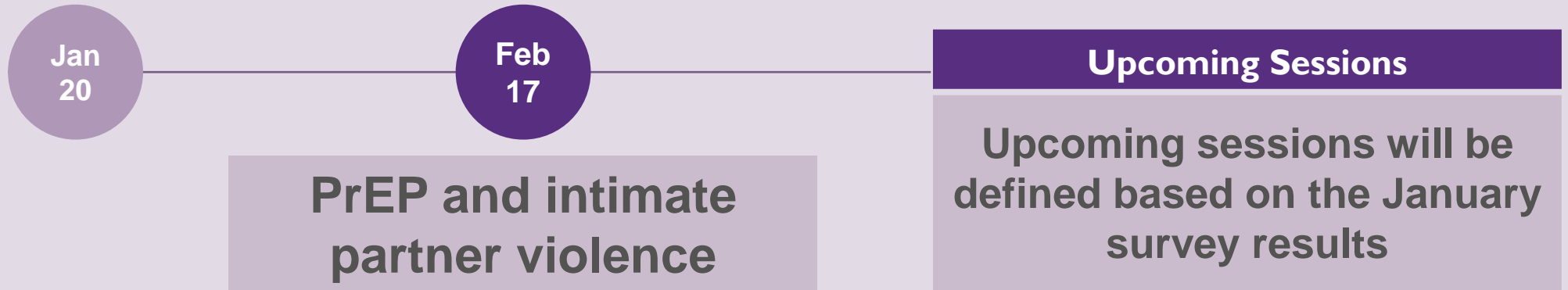




Q&A

**Please add
questions to the
chat.**

Upcoming Sessions



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

Sign-up here:

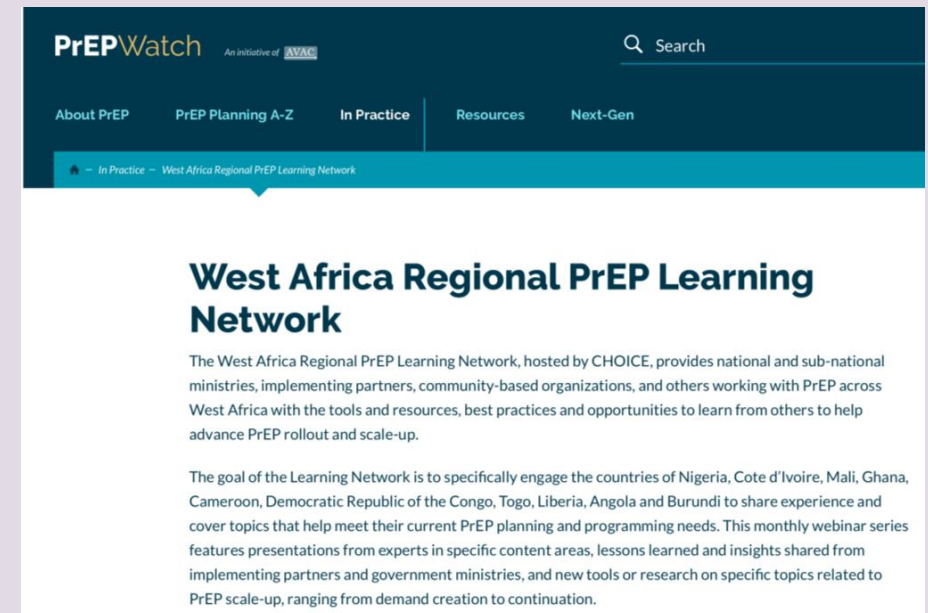
<https://mailchi.mp/prepnetwork/westafrica>

SURVEY

**Which PrEP
topics are high
priority for
future sessions?**

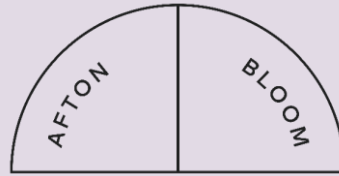
Visit PrEPWatch for Additional Resources

- 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/>)
- 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://www.prepwatch.org/in-practice/west-africa-prep-learning-network/>

Thank you!



CHOICE is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement 7200AA19CA00002 and 7200AA19CA00003. The contents are the responsibility of the EpiC project and the RISE project and do not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.