Simplifying and Improving PrEP Delivery

Early successes and challenges with the introduction of daily oral PrEP offer valuable lessons in how to make PrEP initiation and ongoing use easier, which translates into more prevention of HIV acquisition for those at risk.

Lessons for Simplifying and Improving PrEP Delivery

- Think beyond the HIV clinic to offer PrEP in more places.
- Involve and train more professionals to support PrEP use.
- Offer flexible or convenient long-term support that makes it easier for people to stay on PrEP.
- Prepare for a "Pipeline of Options and Programs for Choice."

Think beyond the HIV clinic to offer PrEP in more places

Because oral PrEP involves prescribing HIV medication (ART), HIV clinics are logical sites for the initial rollout, but with over a decade of accrued evidence, it is clear that oral PrEP can be safely and effectively provided at a wide range of public and private health sites including family planning clinics, STI clinics, HIV testing sites and pharmacies, and community sites offering peer support and mentors.

One especially promising PrEP model is a drop-in center, which typically offers HIV testing, STI testing and treatment, cervical cancer screening and other related services in a safe, supportive space without appointment requirements or other restrictions. Another is to offer PrEP in conjunction with other services that people at risk for HIV acquisition are likely to seek out, such as family planning services or hormone replacement therapy.

Once someone has successfully started PrEP, they may be able to stay on the medication for weeks or months without visiting a clinic at all. To make PrEP easier to access, some programs enable PrEP users to pick up their medications at community depots or offer PrEP home delivery. These models were expanded in the context of COVID-19 travel restrictions and should be sustained post-pandemic, providing PrEP users with more options to continue on their regimens between clinic visits or monitoring appointments.

The Jilinde project

In Kenya, the Jilinde project supports the scale-up of PrEP services with a particular focus on reaching adolescent girls and young women (AGYW). Jilinde uses peer mobilizers to refer AGYW to safe spaces, health facilities or drop-in centers that provide sexual and reproductive health services, including PrEP. Using drop-in centers tailored to AGYW rather than more general care facilities led to an exponential increase in PrEP uptake. To encourage AGYW to come to facilities, Jilinde developed "Brighter Future" events that offer PrEP and other sexual and reproductive health services alongside fun and skills-building activities such as beadmaking and entrepreneurship lessons.[1]

This is one in a series of four issue briefs highlighting key insights from a decade of oral PrEP programs and their implications for next-generation prevention products, programs and platforms. Developed as part of the AVAC-led HIV Prevention Market Manager project, all four briefs can be found at prepwatch.org/PrEP-Lessons.

HIV Prevention Market Manager
Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact
AVAC 25 Years and Counting
Clinton Health Access Initiative
Supported by the Bill & Melinda Gates Foundation

Involve and train more professionals to support PrEP use

To maximize the potential of PrEP provision beyond the HIV clinic, countries and implementers need to involve a wider range of trained health workers, including nurses, pharmacists and lay providers. While many countries limit PrEP prescribing authority to medical doctors or nurses trained to provide HIV treatment, some—notably Kenya, Namibia, Uganda and Zimbabwe—allow other providers to prescribe PrEP after completing a three-day curriculum.[2]

Even in countries with relatively restrictive prescribing guidelines, other nurses, pharmacists, and community health workers can provide information and counseling related to effective use, adherence strategies, potential side effects and more. As new products become available, these providers will need ongoing education to ensure they remain a knowledgeable source of support to potential PrEP users, irrespective of their ability to administer or provide products.

In addition to basic information about products and their use, all PrEP providers should be trained to be empathetic, supportive and non-judgmental of clients. This training can be especially important for providers dealing with adolescent girls and young women. Research shows that too often AGYW—who may face high HIV risk and stand to benefit from PrEP use—encounter providers who lack empathy or respect, which can discourage them from taking steps to protect themselves from HIV.

Offer flexible or convenient long-term support that makes it easier for people to stay on PrEP

Experience across countries has shown that oral PrEP use often drops off steeply during the first month of use.[3] Programs have responded by developing new tools and approaches to support continued use for those at risk of HIV acquisition. These innovations should be sustained and expanded for oral PrEP and new products as they enter the market.

Many programs have effectively incorporated mHealth tools that turn mobile phones into sources of PrEP information, pill reminders, counseling and support services. More interactive texts to increase awareness, send virtual reminders, and provide peer or provider support and counseling are particularly promising mHealth strategies for sustaining PrEP use. In Chicago, for example, young MSM receiving support through an interactive text messaging program were more likely to return for study visits and to adhere to their prescribed PrEP regimens.[4] In Vietnam, people interested in PrEP can be linked to online risk screening and customized peer counseling before receiving an HIV self-test kit via mail, courier, drop-off or in-person pickup.[5]

Countries can also explore ways to reduce the burden of ongoing PrEP use in terms of travel and wait time for medical appointments. Some laboratory tests, such as creatinine testing, may not be necessary, especially for younger people and people without comorbidities who usually don't have problems with renal function. Periodic HIV and STI testing can be provided at drop-in centers or mobile sites that may be easier to access than clinics. Finally, oral PrEP can be distributed in multi-month supply batches that reduce the number of repeat pick up trips back to a clinic or other site.

Prepare for a "Pipeline of Options and Programs for Choice"

New methods in the PrEP pipeline may eliminate some barriers to continued PrEP use while introducing others, so programs should consider and incorporate strategies to support continued use from the very beginning. A single injection of long-acting cabotegravir (CAB-LA) for example, can protect users for eight weeks, but some people may have problems with injection site pain, or find it difficult to get to a facility for their next injection. The Dapivirine Vaginal Ring will still require monthly refills. And women who choose a dual-use product, like the dual protection pill (DPP) that combines oral PrEP with an oral contraceptive, will need counseling and assistance to switch methods if either their fertility intention or their HIV risk changes, or if they miss a dose. No single product will meet the needs of all users all of the time, or for one person, all the time.

Programs could also consider allowing people to obtain PrEP counseling, refills and injections at non-clinical sites. Self-injection of CAB-LA could be explored, following the lead of the contraceptive DPMA-SC (a low dose subcutaneous formulation of Depo-Provera) that is available as a pre-filled, single-dose injectable that women in many parts of the world are now able to self-inject. Looking forward, developers of new PrEP products should take into account, at the start, ways to maximize ease of administration and minimize barriers to continuation for PrEP users.

Key Considerations for Improving PrEP Delivery

Product developers can:

- Invest in developing products that can be delivered easily, outside of health facilities, in settings preferred by the populations they are trying to reach.

Ministries of Health can:

- Consider task-shifting provisions that allow a wider range of trained health providers to offer PrEP services.
- Incorporate PrEP provision and support into initial and in-service trainings for various levels of medical professionals—beyond ART-trained nurses — as well as lay providers.
- Changes in guidance, delivery, and other innovations to sustain PrEP access during COVID should be formalized and expanded. For example:
  - Permitting multi-month drug distribution
  - Enabling PrEP distribution at community depots or via home delivery
- Eliminate unnecessary clinical monitoring requirements.
- Offer essential monitoring, such as HIV testing, outside of clinics.

Both public and private PrEP implementers can:

- Establish and invest in community and peer-led programs offering a range of HIV prevention services.
- Continue to use drop-in centers for PrEP.
- Organize community-based and home-based delivery services.
- Invest in scaling up mHealth to provide PrEP information, advice and support reminders.
- Incorporate guidance in how to be empathetic, supportive and non-judgmental into PrEP provider trainings.
- Involve clients in the design of programs for PrEP delivery.

For more information:

DSD for Easier and Equitable Access to PrEP, Rodrigues J. International AIDS Society, ***Differentiated Service Delivery Newsletter***, June 2020, https://mailchi.mp/iasociety/differentiated-service-delivery-newsletter-june-2020.

Health system adaptations and considerations to facilitate optimal oral pre-exposure prophylaxis scale-up in sub-Saharan Africa, Were DK et al. ***The Lancet HIV***, published online 12 July, 2021, DOI: https://doi.org/10.1016/S2352-3018(21)00129-6.

[1] https://www.prepwatch.org/prep-messages-for-young-women/; https://www.differentiatedservicedelivery.org/Models/Prevention/Peer-led-PrEP-and-SRH-for-AGYW

[2] HIV Prevention Market Manager. Policy Barriers to Provision of HIV Biomedical Prevention Services in sub-Saharan Africa. October 2019. https://docs.google.com/presentation/d/1i9XT9nrCek1rF-VT4PvFjXJLoBSa79ZM.

[3] Rousseau-Jemwa et al. Early persistence of HIV pre-exposure prophylaxis (PrEP) in African adolescent girls and young women (AGYW) from Kenya and South Africa. *AIDS Research and Human Retroviruses* 2018;34(68); Kinuthia et al. Pre-exposure prophylaxis uptake and early continuation among pregnant and post-partum women within maternal and child health clinics in Kenya: results from an implementation programme. *Lancet HIV* Epub 2019 Dec 5;7(1):e38-e48; Mugwanya et al. Integrating preexposure prophylaxis delivery in routine family planning clinics: A feasibility programmatic evaluation in Kenya. *PLOS Medicine* 2019.

[4] Liu et al. Randomized Controlled Trial of a Mobile Health Intervention to Promote Retention and Adherence to Preexposure Prophylaxis Among Young People at Risk for Human Immunodeficiency Virus: The EPIC Study. *Clin Infect Dis*. 2019 May 30;68(12):2010-2017.

[5] PrEP delivery through key population-owned private clinics and community-based organizations. IAS 2021. https://www.differentiatedservicedelivery.org/Models/Prevention/Peer-led-PrEP-delivery-for-key-populations.

The HIV Prevention Market Manager (PMM), led by AVAC and CHAI with funding from the Bill & Melinda Gates Foundation, works with partners to expand the portfolio of HIV prevention options and ensure appropriate products are available, accessible and used. Since 2016, the PMM has generated key insights into HIV prevention programming, centering the people who most need, want and can use prevention, including the identification of motivators and barriers to product use and adherence. PMM has also supported evidence-based PrEP implementation strategies in multiple countries and catalyzed solutions to improve HIV prevention delivery and monitoring of PrEP impact. PMM isn't about a specific HIV prevention product; it's about paving the way for more robust and comprehensive options; accelerating their delivery; and reducing time to impact.

PMM also established the Biomedical Prevention Implementation Collaborative (BioPIC), an innovative mechanism that coordinates key stakeholders including product developers, civil society, donors, researchers, policy makers, normative agencies, and implementers to develop a product introduction strategy for emerging and future biomedical prevention options, including injectable cabotegravir and the dapvirine vaginal ring.

A summary of PMM activities is online, and a wide range of relevant data, research insights and practical PrEP implementation tools created by PMM is available at prepwatch.org.