Global PrEP Learning Network

Are We There Yet? Progress and Pitfalls with Scaling Up PrEP Delivery

8 SEPTEMBER 2022

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Maximizing Options to Advance Informed Choice for HIV Prevention

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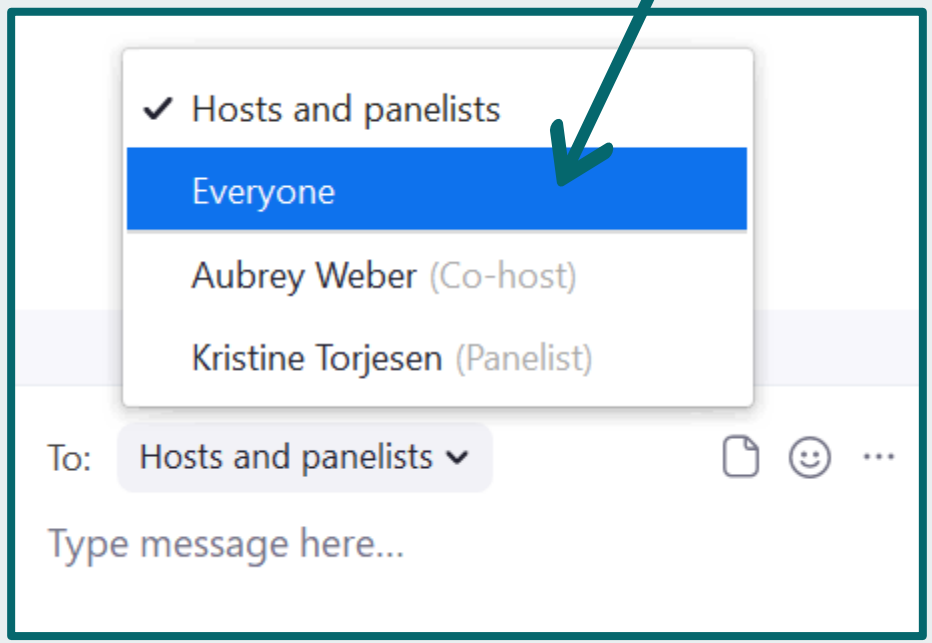
Don't forget to select "Everyone"



Today's presenters

Andrew Grulich (he/him)

Head of the HIV Epidemiology and Prevention Program, the Kirby Institute, University of New South Wales

Professor Andrew Grulich is Head of the HIV Epidemiology and Prevention Program at the Kirby Institute, University of New South Wales, Sydney, Australia. He sits on the governing council of the International AIDS Society and was principal investigator of the Sydney-based EPIC-NSW study of PrEP implementation.

@AndrewGrulich

Heather-Marie Schmidt (she/her)

Regional Advisor (PrEP), UNAIDS Regional Office for Asia and the Pacific & Testing, Prevention, and Populations Unit, Global HIV, Hepatitis and STIs Programme, WHO

Heather-Marie Schmidt (BMedSc(Hon), MPH, PhD) is the regional advisor for PrEP jointly with the UNAIDS Regional Office for Asia and the Pacific and the Testing, Prevention and Populations team at WHO's Department of Global HIV, Hepatitis and STI Programmes. As part of this role, she develops global guidance on PrEP and PEP and provides technical assistance to countries, organizations and communities across the Asia-Pacific region to support planning, implementation, and monitoring and evaluation of PrEP programs. She's passionate about improving community access to and uptake of a range of HIV prevention options.

Daniel Were (he/him)

Project Director & Regional Technical Advisor, Jhpiego

Daniel Were leads two implementation science projects on pharmacy-based PrEP delivery in Kenya. Previously, he was the Project Director for the Jhpiego-led Jilinde project that successfully led the introduction and scale-up of oral PrEP in partnership with the Ministry of Health in Kenya.

@Jhpiego

Sindy Matse (she/her)

National PrEP coordinator, Eswatini Ministry of Health

Sindy Matse 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 degree and a Master's in public health.

Today's panelists

Musonda Musonda (she/her)

Community ART Advisor, USAID Zambia

Musonda Musonda is the Community ART Advisor at USAID Zambia. Musonda is also the PrEP lead, supporting USAID-supported implementing partners to increase PrEP provision through community and facility-based interventions. She is the activity manager for the USAID District Coverage of Health Services project (DISCOVER-Health), which until recently, led the national PrEP campaign, which seeks to increase uptake of PrEP services in the country. Musonda also sits on the national PrEP Task Force, which is responsible for developing national guidelines related to PrEP implementation in Zambia.

Chris Obermeyer (he/they)

Advisor, HIV Prevention Product Introduction, The Global Fund

Chris has spent more than a decade working in public health with the aim to increase access to and uptake of HIV services by those who need them most. Having worked alongside stakeholders on oral PrEP introduction and scale-up in a number of settings, Chris continues this work while also supporting countries to prepare for the introduction of new HIV prevention products.

Agenda

- Welcome
- Introduction
- Scaling up PrEP to Maximize HIV Prevention Impact
  - Q&A
- Differentiated, simplified & providing choice: an update on WHO PrEP guidance
  - Q&A
- Panel discussion
- Closing

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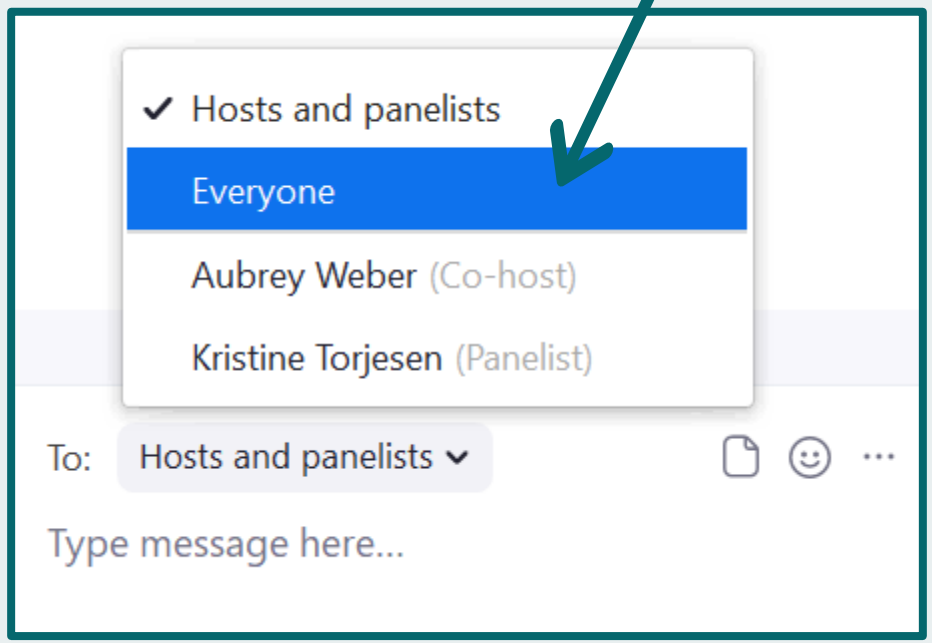


1

Scaling up PrEP to maximize HIV prevention impact

ANDREW GRULICH, THE KIRBY INSTITUTE, UNIVERSITY OF NEW SOUTH WALES

Global PrEP Learning Network

Are We There Yet? Progress and Pitfalls with Scaling Up PrEP Delivery

Andrew Grulich

Head, HIV Epidemiology and Prevention Program

Kirby Institute, UNSW Sydney

September 2022

UNSW Kirby Institute

UNSW SYDNEY

REVIEW

Scaling up preexposure prophylaxis to maximize HIV prevention impact

Andrew E. Grulich and Benjamin R. Bavinton

Curr Opin HIV AIDS 2022, 17:173–178
DOI:10.1097/COH.0000000000000739

In 2022, it has been …

- 10 years since US FDA approved TDF/FTC PrEP for MSM
- 8 years since US CDC recommended PrEP for MSM, heterosexual people, and injecting drug users
- 7 years since WHO recommended that PrEP should be offered as a prevention choice for people at substantial risk of HIV

Where are we up to now?

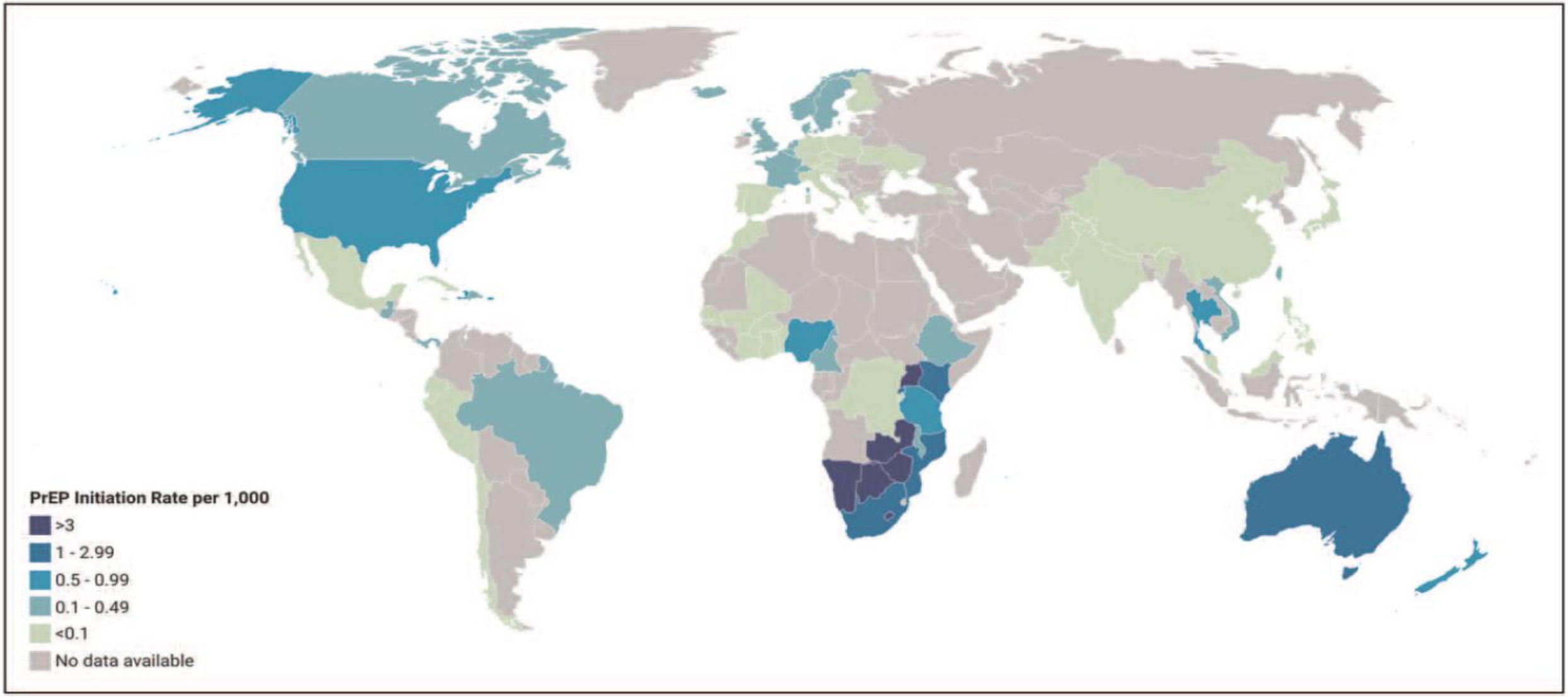
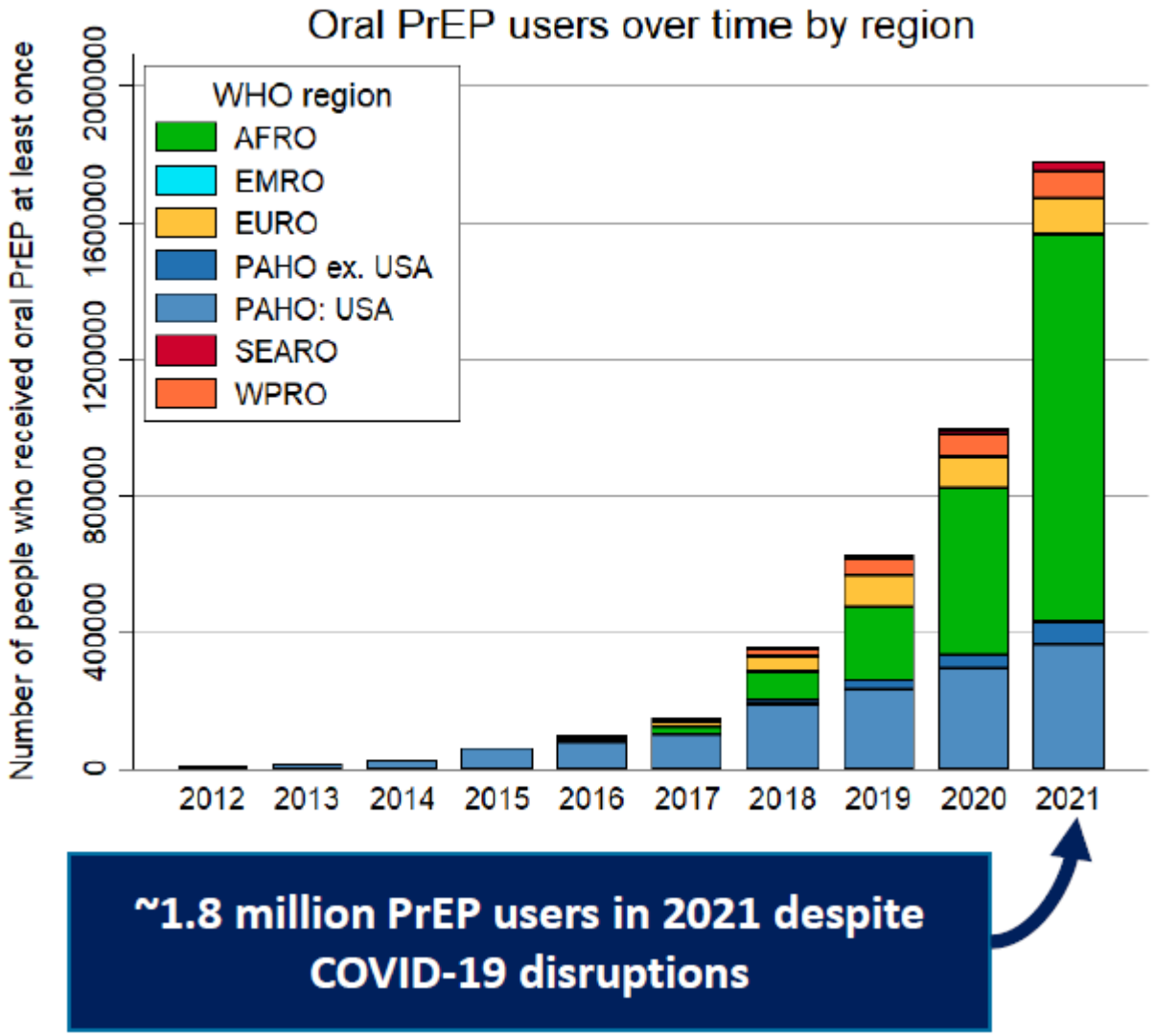


FIGURE 1. Preexposure prophylaxis initiation rates per 1000 population. PrEP initiations were sourced from AVAC Global PrEP Tracker, October 2021. Population estimates were obtained from the United Nations Population Division's World

1.8 million PrEP users in 2021……..

- UNAIDS 2020 target was 3 million on PrEP
  - Missed by one-third
- 68% of 2021 initiations in Africa
- 12 countries have PrEP initiation rates of > 1/1000
  - 11 are in sub-Saharan Africa



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The role of goals and targets: treatment as prevention

- High level
- Aspirational, inspiring
- Difficult to reach
- Measurable
- Evidence-based

Fast-Track Targets

by 2020	by 2030
90-90-90 Treatment	95-95-95 Treatment
500 000 New infections among adults	200 000 New infections among adults
ZERO Discrimination	ZERO Discrimination

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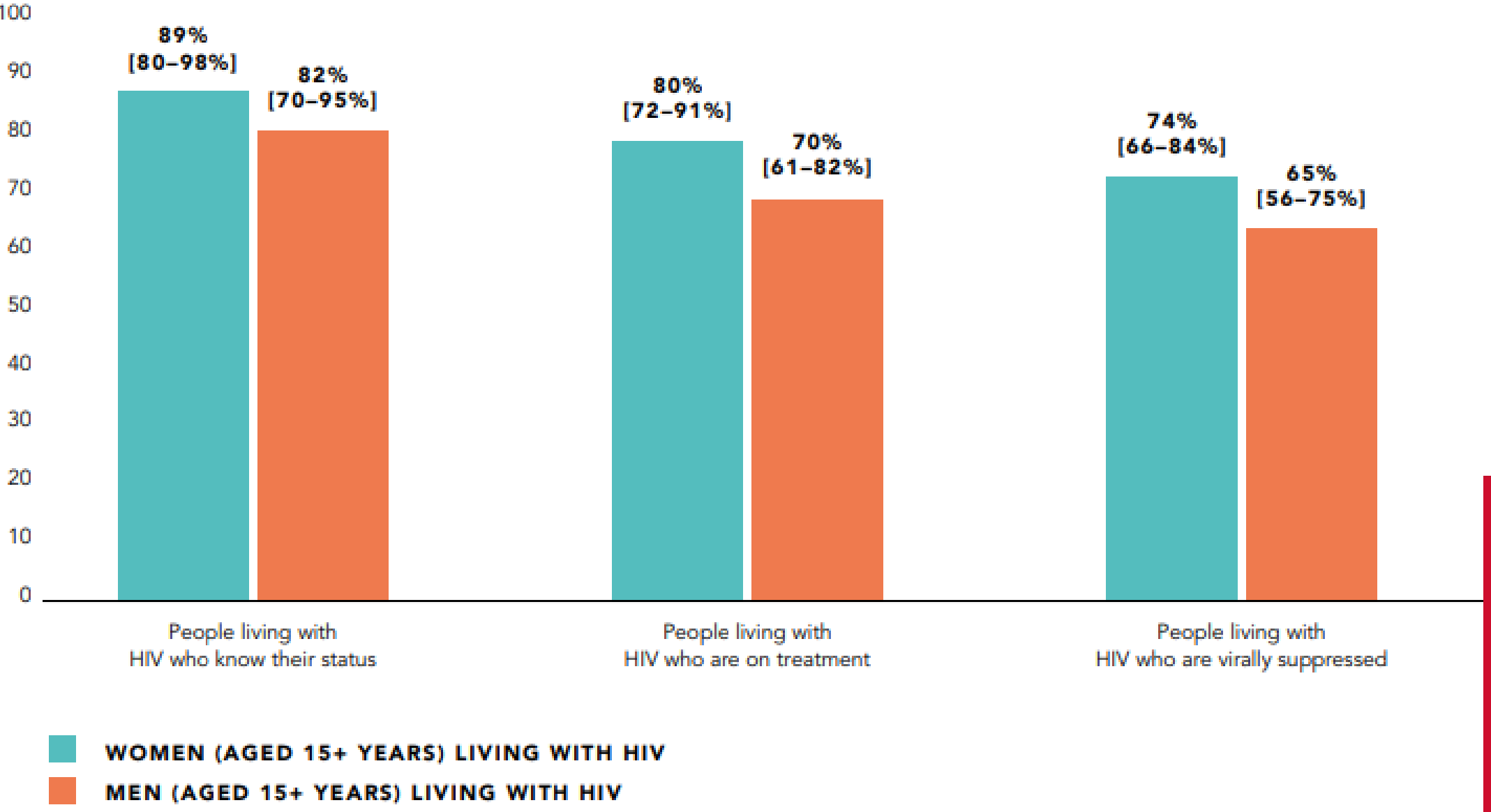
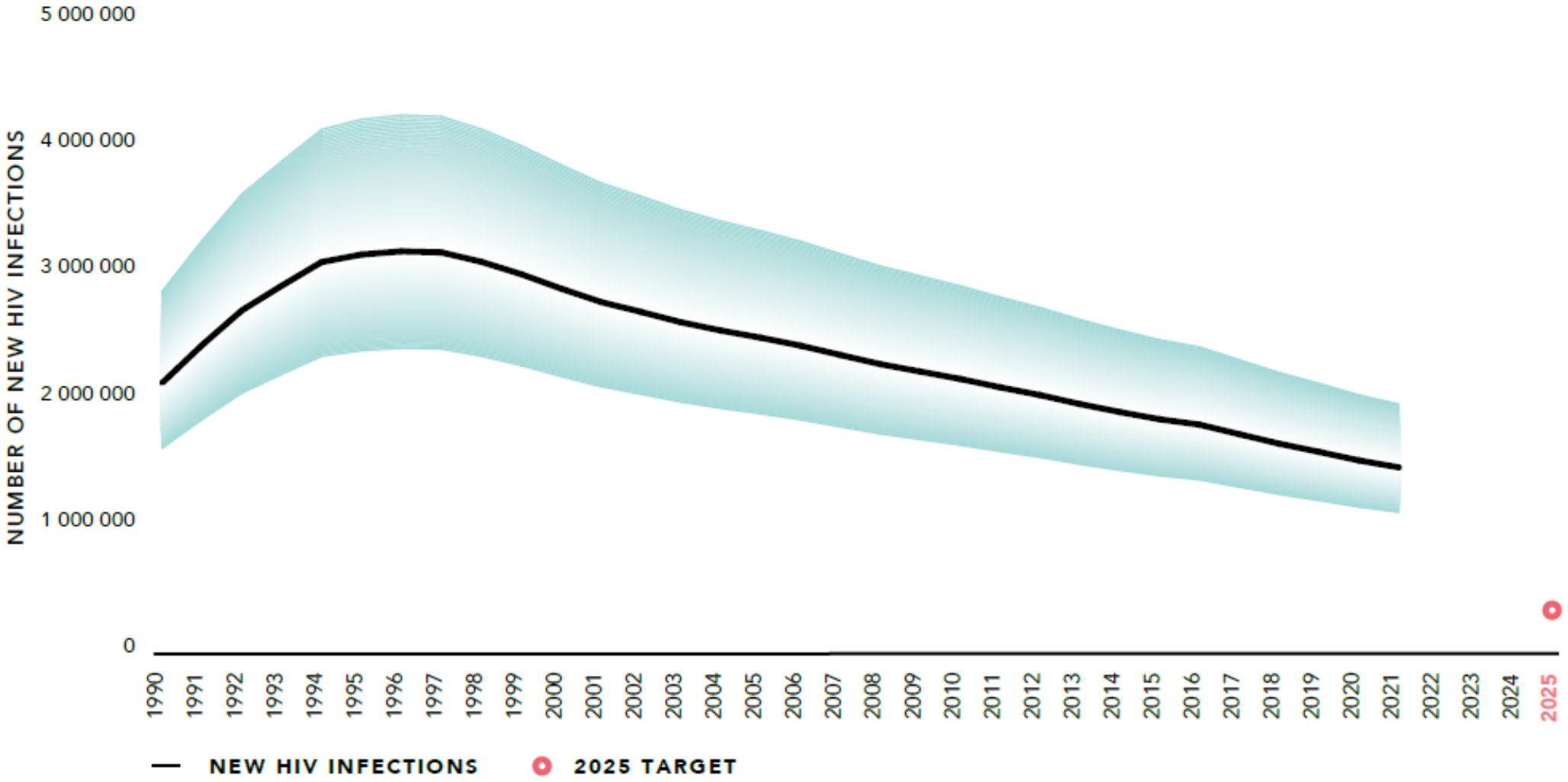
Fast-Track: ending the AIDS epidemic by 2030. UNAIDS, WAD 2014

GURE 1.11 HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), global, 2021



rce: UNAIDS special analysis, 2022.

FIGURE 1.3 Number of new HIV infections, global, 1990–2021, and 2025 target



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UNAIDS Global AIDS Update **2022**

IN DANGER
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What about PrEP targets?

- No “top level” PrEP targets
- Covered in “Combination prevention for all”

REDUCE NEW HIV INFECTIONS

TO UNDER 370 000 BY 2025

Including new HIV infections among adolescent girls and young women to below 50 000

95% of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options. Including 95% of people within humanitarian settings at risk of HIV.

PrEP available to (10 million) people at substantial risk of HIV

PEP available to all people recently exposed to HIV

90% of adolescent boys and men in 15 priority countries have undergone voluntary medical male circumcision

Consistent condom/lubricant use at last sex by people not taking PrEP and who have a nonregular partner whose HIV viral load status is not known to be undetectable (includes people who are known to be (HIV-negative).

- >95% for gay men and other men who have sex with men, people who inject drugs, transgender people and people in serodiscordant partnerships.

Reaching the targets?

In 2021

- 24 countries reached the target of 90% coverage of condom use at last sex among sex workers
- 18 countries reported reaching the 90% target for use of sterile needles and syringes at last injection
- More than 1.6 million people worldwide were receiving oral PrEP, well short of the 2025 target of 10 million people

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FIGURE 1.6 Number of people who received pre-exposure prophylaxis (PrEP) at least once during the reporting period, by region, 2017–2021

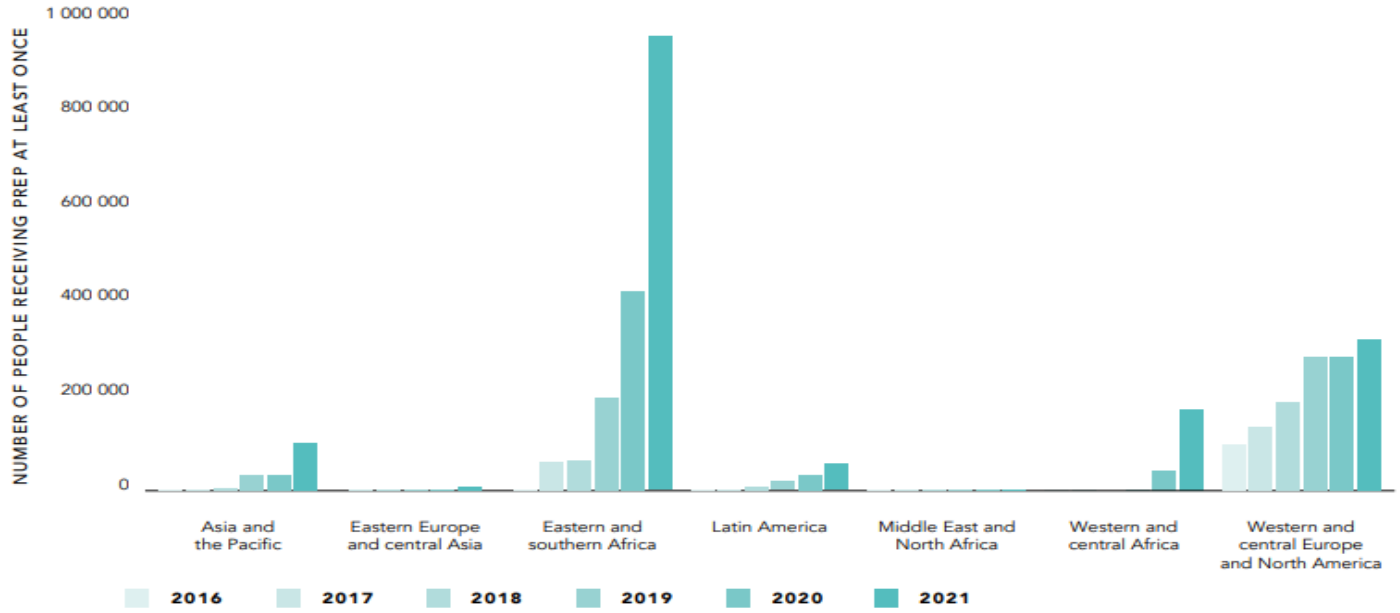
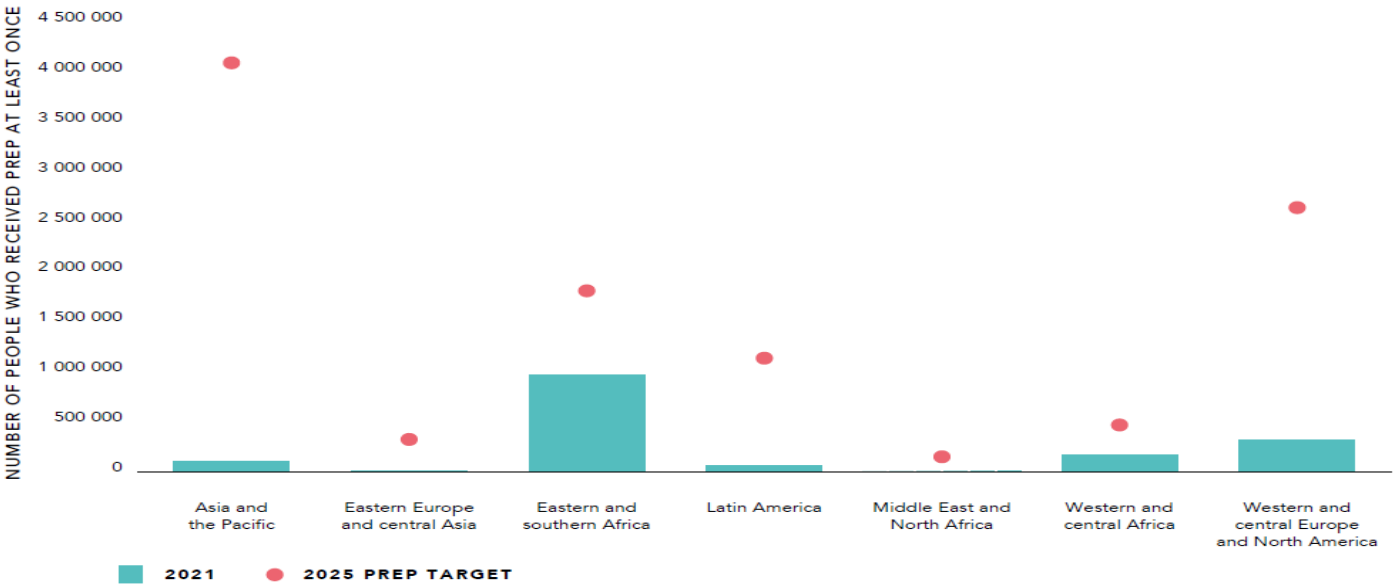


FIGURE 1.7 Number of people who received pre-exposure prophylaxis (PrEP) at least once during the reporting period, by region, 2021, and 2025 target

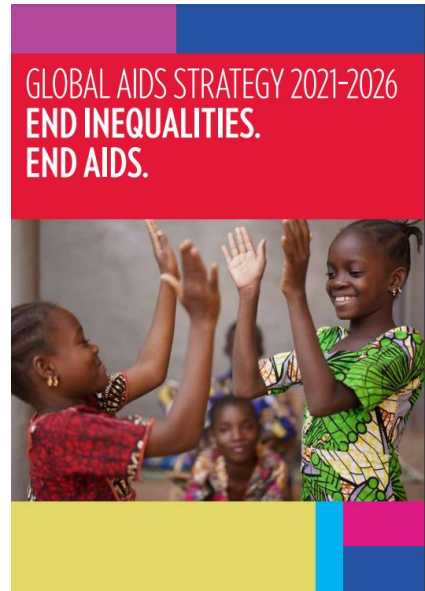


“95% of people at risk of HIV infection use appropriate, prioritized," person-centred and effective combination prevention options

- Annex 1: Disaggregated targets (p132)

Intervention	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	Prisoners and others in closed settings
PrEP use (by risk category)					
Very high	80%	50%	15%	50%	15%
High	15%	15%	5%	15%	5%
Moderate and low	0%	0%	0%	0%	0%

Intervention	Proposed benchmarks by stratum or geography		
Risk by prioritization stratum	Very high	Moderate	Low
PrEP use (by risk category)	50%	5%	0%



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Simple, ambitious, measurable, high-profile PrEP targets

- Australia
  - National HIV Strategy 2018–2022 includes a target of 75% of eligible people on PrEP
- US
  - National HIV/AIDS Strategy 2022–2025 aims to increase PrEP coverage among people with a PrEP indication to 50%
- Vietnam
  - 30% of GBM taking PrEP by 2025

PrEP use among MSM reporting condomless anal sex with casual partners (NSW, Australia)

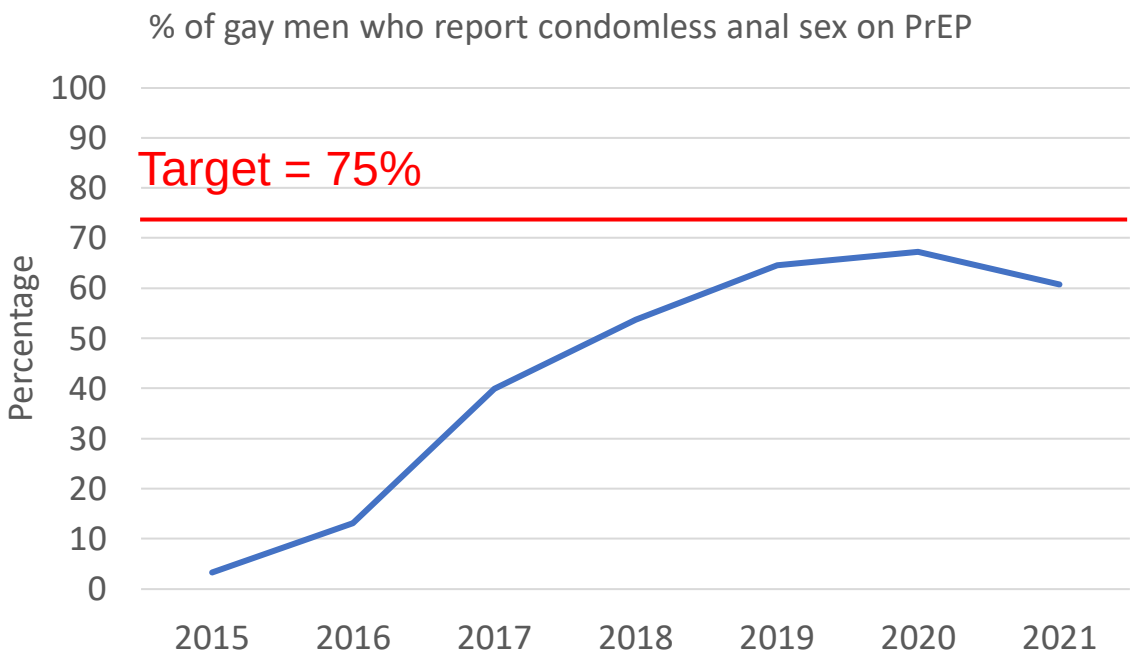
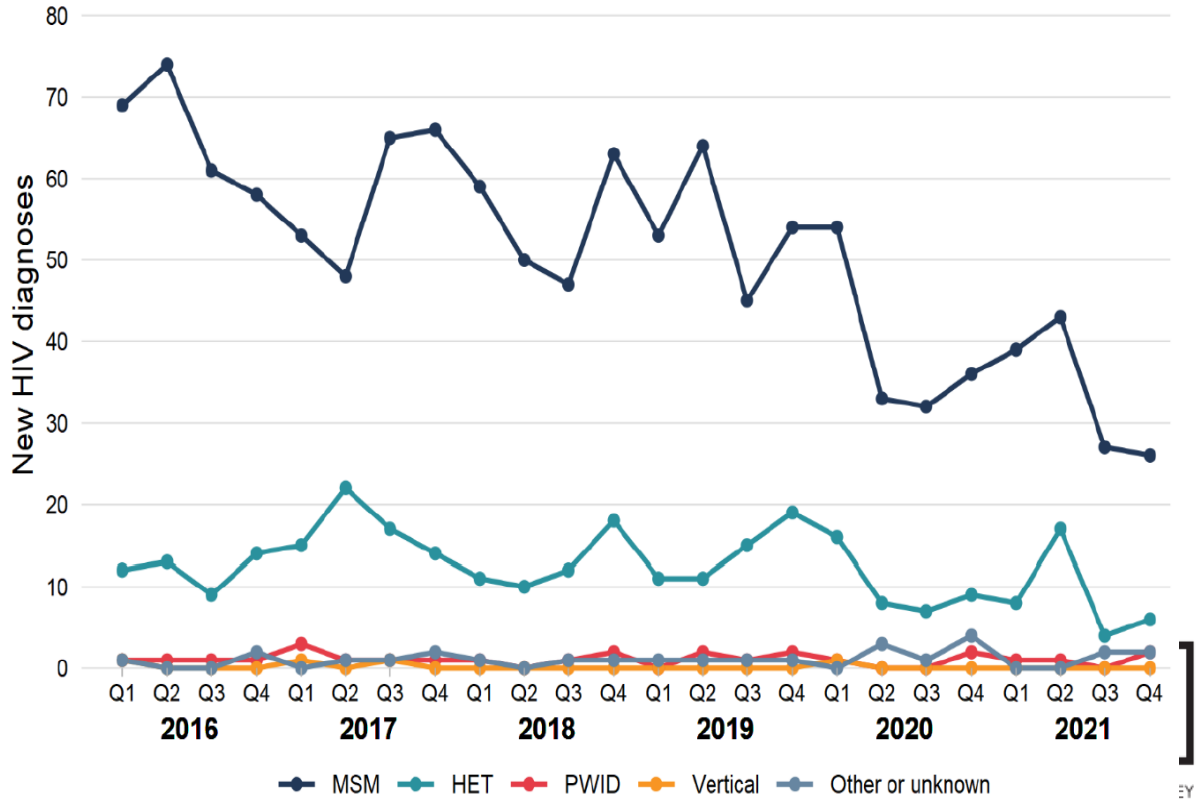


Figure 4: New HIV diagnoses by reported risk exposure, 2016 to 2021



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Impact on the HIV epidemic in other high-coverage PrEP settings

- In San Francisco, new HIV diagnoses declined by 72% between 2012, when PrEP roll-out began, and 2020
- In 2010-2019, HIV diagnoses in US GBM declined only slightly, by 8% overall, but there was a
  - 32% decline in HIV diagnoses in white GBM, the population with the highest PrEP uptake, and
  - no decline in black GBM, who had the lowest PrEP uptake
- In the UK, the number of new HIV diagnoses in GBM decreased by 35% between 2014 and 2018

Increasing PrEP uptake

- Promoting PrEP as both decreasing risk and increasing pleasure
- Simplifying PrEP care: making it easier to get PrEP to the people
  - Peer-led PrEP, nurse-led, pharmacy PrEP, increasing efficiency, self testing, telemedicine
- Improving adherence during times when PrEP is needed
- Increasing choice: new forms of PrEP
- Ensuring no-one is left behind: aiming for equity

Conclusions

- PrEP uptake is accelerating greatly, particularly in sub-Saharan Africa
- Real-world data show that high-level targeted PrEP implementation can have rapid and substantial population-level impact on reducing HIV transmission
- Innovation is required in the delivery of existing forms of oral PrEP and in new forms of long-acting PrEP.
- Ending HIV as a public health threat by 2030 cannot be achieved without much higher PrEP use.
- More ambitious and more highly publicized PrEP targets are required to drive these increases

Q & A

2

Differentiated, simplified & providing choice: an Update on WHO PrEP Guidance

HEATHER-MARIE SCHMIDT, WHO/UNAIDS

Differentiated, simplified & providing choice

An update on WHO PrEP guidance

Heather-Marie Schmidt

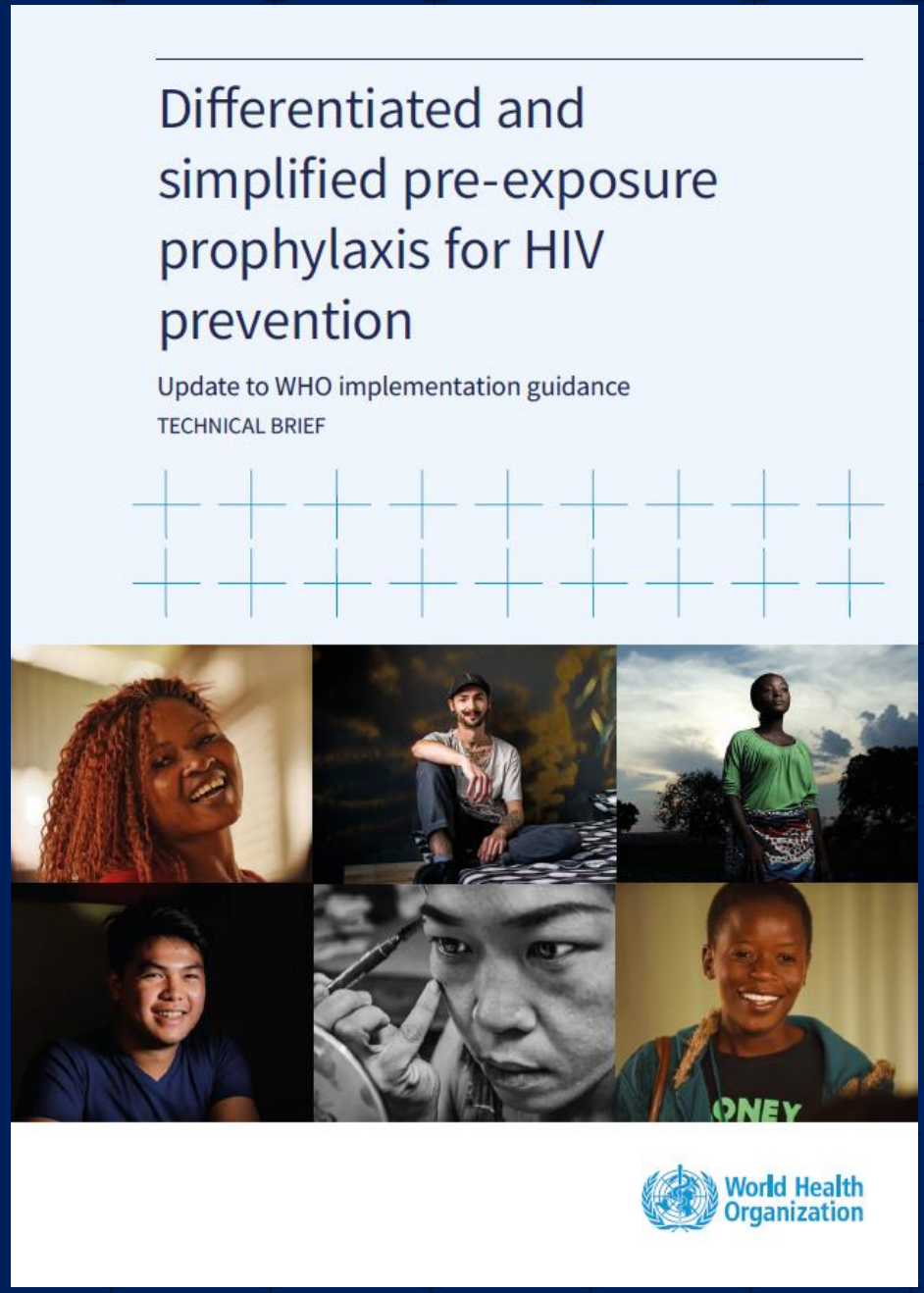
UNAIDS Regional Office for Asia and the Pacific &

World Health Organization Global HIV, Hepatitis and STIs Programme

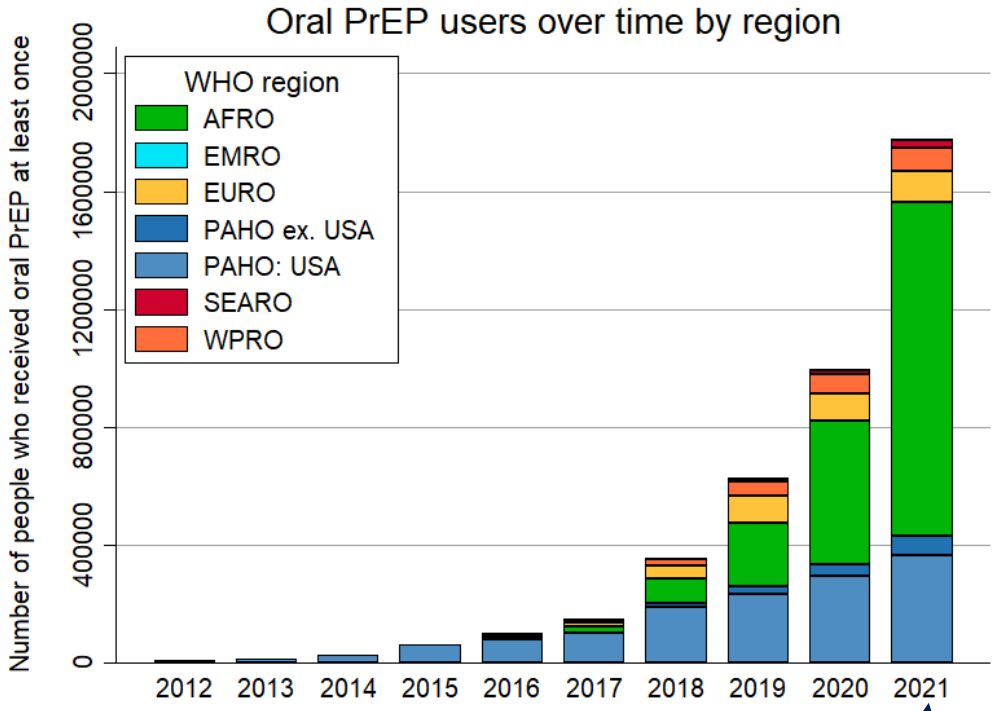
Presenting on behalf of the WHO HHS PrEP team:

Robin Schaefer, Michelle Rodolph, Rachel Baggaley

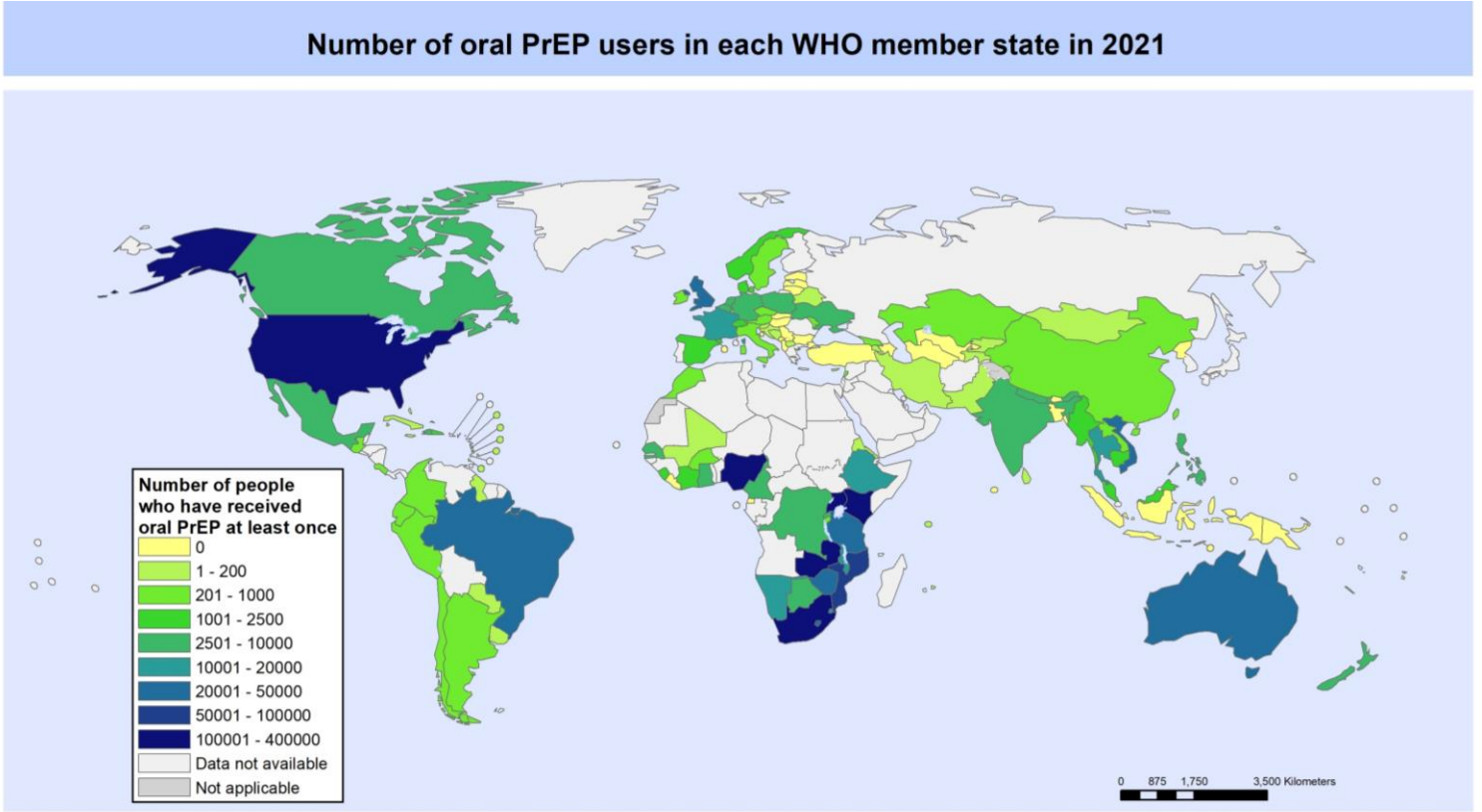
World Health Organization



Number of people who received oral PrEP at least once in a year



~1.8 million PrEP users in 2021 despite COVID-19 disruptions



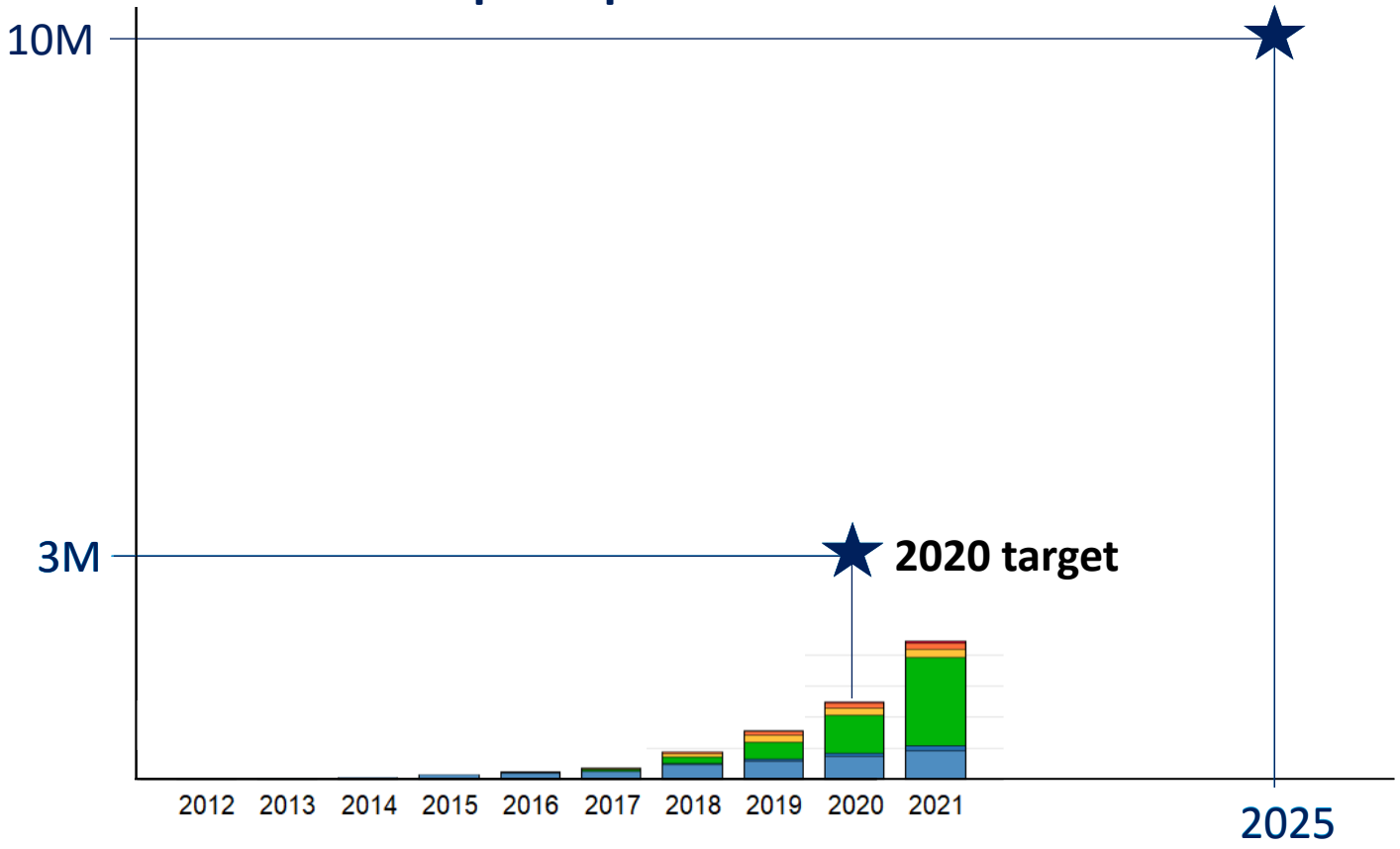
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO; GAM
Map Production: HQ UCN/HHS/TPP
World Health Organization

World Health Organization

Source: GAM and WHO reporting. Preliminary data (subject to change)

Number of people who received oral PrEP at least once in a year



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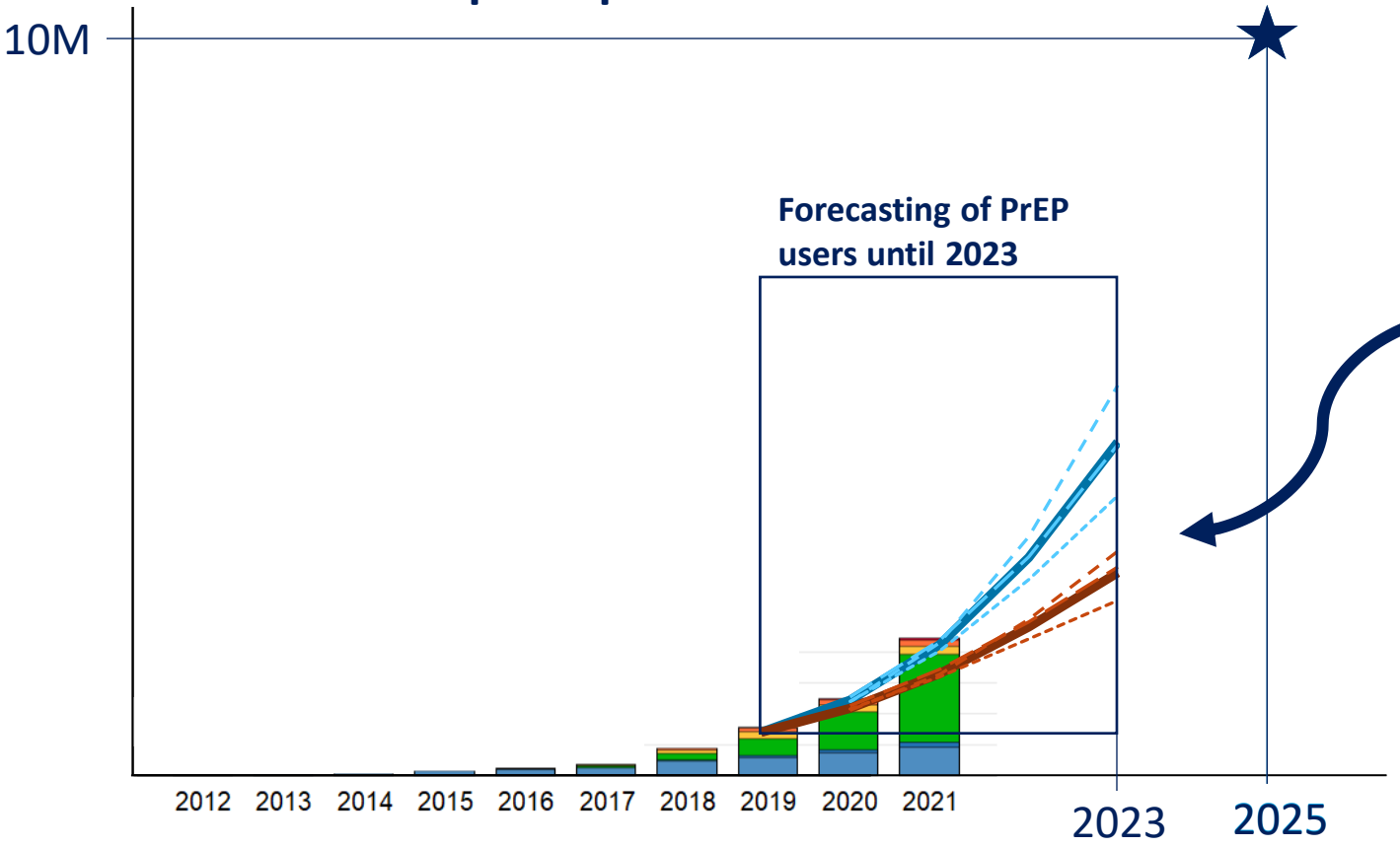


Schaefer et al. Lancet HIV 2021: https://doi.org/10.1016/S2352-3018(21)00127-2

Considerable further expansions of PrEP services forecasted but large growth necessary to reach 2025 target

Need for:

- **additional choice in PrEP products**
- **simplified and differentiated implementation to improve uptake and effective use**

World Health Organization

Offering choice in PrEP products may increase demand, uptake and effective use of HIV prevention

New recommendation

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches *(conditional recommendation; moderate certainty of evidence)*.

- Highly efficacious, often acceptable, and has a good safety profile
- Implementation science urgently needed to fill evidence gaps
- Priority to support CAB-LA as an additional option for PrEP **alongside** oral PrEP and DVR

World Health Organization

28 July 2022 | News release

WHO recommends long-acting cabotegravir for HIV prevention

Schmidt H-MA et al. *Journal of the International AIDS Society* 2022, **25**:e25963
http://onlinelibrary.wiley.com/doi/10.1002/jia2.25963/full | https://doi.org/10.1002/jia2.25963

JIAS JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

VIEWPOINT

Long-acting injectable cabotegravir: implementation science needed to advance this additional HIV prevention choice

Heather-Marie Ann Schmidt[1,2], Michelle Rodolph[1,§], Robin Schaefer[1], Rachel Baggaley[1] and Meg Doherty[1]

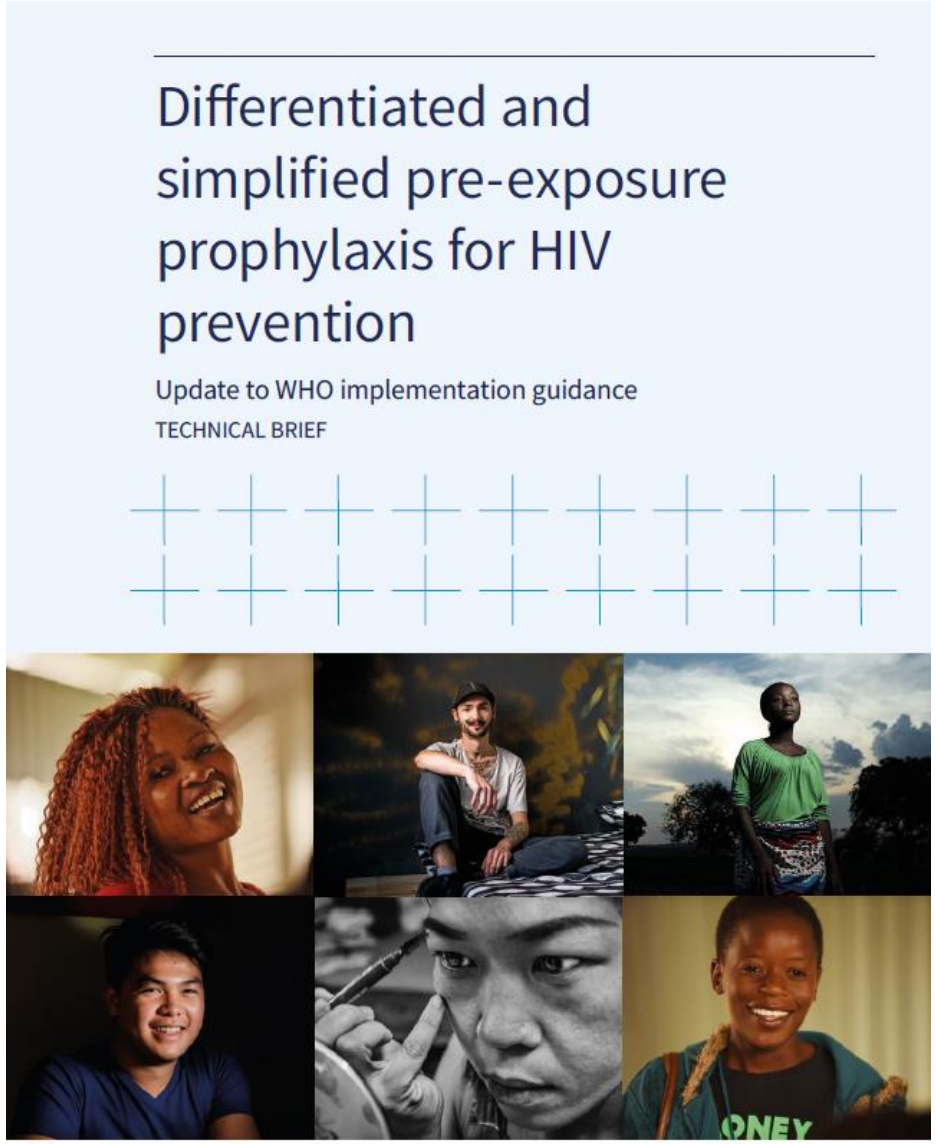
§**Corresponding author**: Michelle Rodolph, Global HIV, Hepatitis and STIs Programme, World Health Organization (WHO), Av. Appia 20, Geneva 1211, Switzerland. (rodolphm@who.int)
Michelle Rodolph contributed equally to this work.

Received 1 June 2022; **Accepted** 5 July 2022

World Health Organization

Accelerate PrEP scale-up through differentiated and simplified PrEP services

- Technical brief aims to support **differentiated, simplified, demedicalized and comprehensive PrEP services**
  - Make services more **acceptable** and **accessible**
  - Support **uptake, persistence, effective use**
  - Maintain **quality** and **safety** of services
  - Support achievement of **country** and **global goals for PrEP**
- The focus of the technical brief is **oral PrEP**
  - Guidance on **DVR** and **CAB-LA** included as relevant



World Health Organization

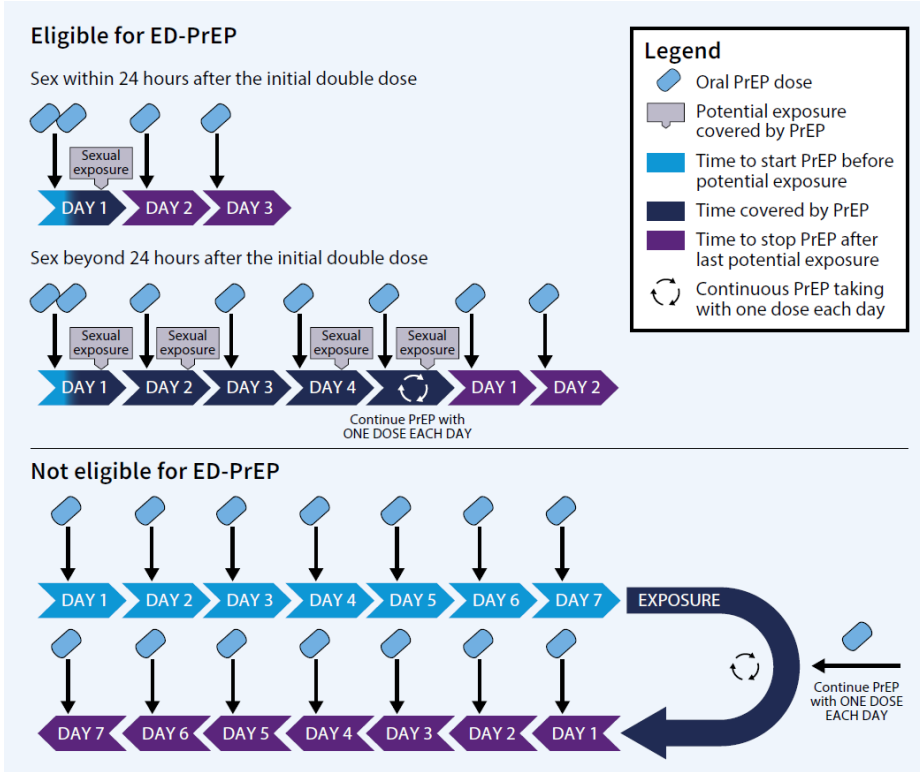
World Health Organization

Starting, using and stopping PrEP

World Health Organization

Starting, using and stopping oral PrEP

Population	Starting oral PrEP	Using oral PrEP	Stopping oral PrEP
Cisgender men and trans and gender diverse people assigned male (incl. transgender women) at birth who: • have sexual exposure AND • not taking exogenous estradiol-based hormones (hepatitis B virus is not a contraindication)	Double dose 2–24* hours before sexual exposure * ideally closer to 24 hours	1 dose per day	1 dose per day until 2 days after day last potential sexual exposure
Cisgender women and trans and gender diverse people assigned female at birth (including transgender men)	1 dose daily for 7 days before exposure	1 dose per day	1 dose daily for 7 days after last potential exposure
Cisgender men and trans and gender diverse people assigned male at birth (incl. transgender women) taking exogenous estradiol-based hormones			
People using oral PrEP to prevent HIV acquisition from injecting practices			



World Health Organization

Guidance only applies to TDF-based oral PrEP.

Starting, using and stopping oral PrEP

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Cisgender men and trans and gender diverse people assigned male at birth (incl. transgender women) taking exogenous estradiol-based hormones			
People using oral PrEP to prevent HIV acquisition from injecting practices			

Key points

- Expanded eligibility for ED-PrEP to prevent sexual acquisition of HIV
- HBV infection: not a contraindication for oral ED-PrEP dosing
- Not eligible for ED-PrEP: Start daily oral PrEP with 7 doses and stop with 7 doses

World Health Organization

Guidance only applies to TDF-based oral PrEP.

PrEP and hepatitis B and C virus

World Health Organization

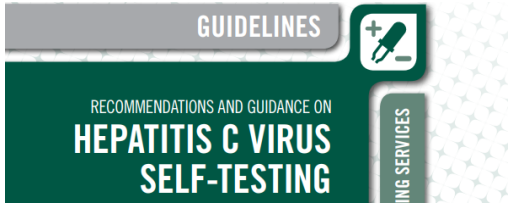
PrEP and viral hepatitis

PrEP services provide a unique opportunity to screen for hepatitis B and hepatitis C infection and address multiple public health issues.

Hepatitis B virus (HBV)

- Testing oral PrEP users for **hepatitis B surface antigen (HBsAg) once**, at or within 3 months of PrEP initiation, is strongly suggested where feasible.
- TDF-based daily or event-driven oral PrEP and the dapivirine vaginal ring can be safely offered to persons with HBV infection.
- Rapid point-of-care tests are available for HBsAg, and WHO has prequalified several rapid diagnostic tests.
- Consider people with detectable HBsAg for treatment.
- People at risk of acquiring hepatitis B with non-reactive HBsAg test may be considered for hepatitis B vaccination.

Hepatitis C virus (HCV)

- **HCV antibody testing is strongly encouraged at or within the first three months of PrEP initiation and every 12 months thereafter** where PrEP services are provided to populations at high risk of HCV infection.
- TDF-based daily or event-driven oral PrEP and the dapivirine vaginal ring can be safely offered to persons with HCV infection.
- Individuals with reactive serology test results should be referred for further assessment and treatment for hepatitis C infection.
- 

WHO has recently released guidelines on hepatitis C self-testing

HBV and HCV testing should not be a barrier to PrEP initiation or use. PrEP can be initiated before HBV and HCV test results are available. HBV or HCV testing are not a requirement for PrEP use.

Specific considerations for CAB-LA.

PrEP and viral hepatitis

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test results should be referred for
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WHO has recently released guidelines on hepatitis C self-testing

Key points

- PrEP services: Opportunity to address HBV and HCV
- HBV: Test once within 3 months of initiation
- HCV: Test once within 3 months of initiation & every 12 months
- HBV and HCV testing should not be a barrier for PrEP services

HBV and HCV testing should not be a barrier to PrEP initiation or use. PrEP can be initiated before HBV and HCV test results are available. HBV or HCV testing are not a requirement for PrEP use.

Specific considerations for CAB-LA.

Kidney function monitoring for PrEP

Kidney function monitoring for oral PrEP

Impaired kidney function, indicated by eGFR<60*, is a contraindication for using oral PrEP containing TDF.

Comorbidities	Age	Initiation		Follow-up
No	<30	Optional	Very low risk	Optional (until age 30 or kidney-related comorbidities develop)
				If baseline done and eGFR<90*, conduct follow-up ever 6-12months
No	30-49	Optional	Low risk, particularly 30-39 years. Screening optional, depending on resources.	If eGFR≥90*, optional (until age 50 or kidney-related comorbidities develop)
		Conduct once within 1-3 months after oral PrEP initiation		If eGFR<90*, screening every 6-12 months
Yes	Any age	Conduct once within 1-3 months after oral PrEP initiation		Screening every 6-12 months
No	50+			

* Estimated glomerular filtration rate (eGFR) is a measure of kidney function. It is given in mL/min per 1.73 m^2. An alternative measure is estimated creatinine clearance, which uses the same cut-off points as eGFR with different units (mL/min).

This guidance only applies to TDF-based oral PrEP.

World Health Organization

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Yes	Any age	Conduct once within 1-3 months after oral PrEP initiation		Screening every 6-12 months
No	50+			

Key points

- Simplified guidance on measuring kidney function: Optional for those without comorbidities aged under 30 and, depending on resources, for those under 50.

* Estimated glomerular filtration rate (eGFR) is a measure of kidney function. It is given in mL/min per 1.73 m^2. An alternative measure is estimated creatinine clearance, which uses the same cut-off points as eGFR with different units (mL/min).

This guidance only applies to TDF-based oral PrEP.

World Health Organization

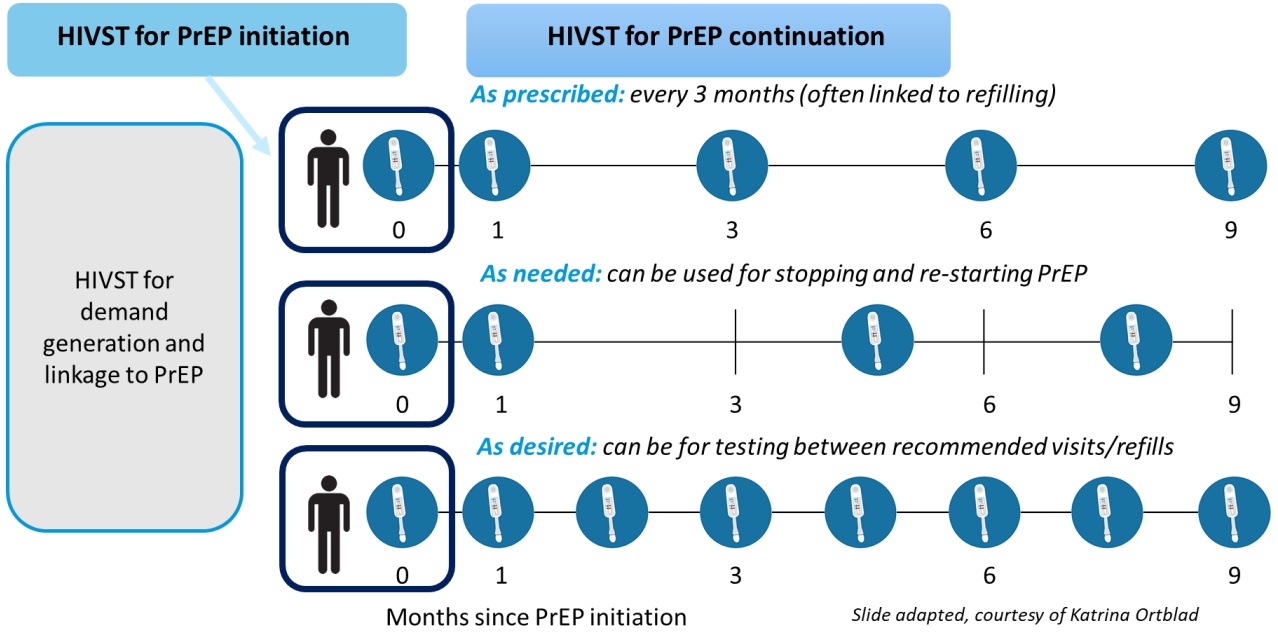
HIV self-testing (HIVST) for PrEP

World Health Organization

HIVST for PrEP

HIV testing is required prior to starting or restarting PrEP and should be conducted regularly (e.g., every 3 months) during PrEP use.

- HIVST: additional testing choice, can **complement existing HIV testing strategies** for **oral PrEP and DVR**, and may:
  - **reduce clinic visits**
  - be preferred for **convenience, privacy, and self-managed care**
    - ? increase **PrEP use and persistence**
    - ? HIV **testing frequency**
- Programmes can consider HIVST for oral PrEP and DVR users when starting, re-starting, and/or continuing PrEP
  - **Clear and concise messaging**
- Where HIVST-supported PrEP delivery models reduce clinic visits, important that **comprehensive services** to address the diverse needs of PrEP users still provided
- **Operational research** on HIVST-supported PrEP delivery, e.g. optimizing delivery, understanding impact, and costs.



Role for HIVST with CAB-LA currently unclear

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HIVST for PrEP

HIV testing is required prior to starting or restarting PrEP and should be conducted regularly (e.g., every 3 months) during PrEP use.

Key points

- HIVST can complement existing HIV testing strategies for PrEP to support differentiated service delivery approaches for oral PrEP and the DVR

- Programmes can consider HIVST for oral PrEP and DVR users when starting, re-starting, and/or continuing PrEP
  - **Clear and concise messaging**
- Where HIVST-supported PrEP delivery models reduce clinic visits, important that **comprehensive services** to address the diverse needs of PrEP users still provided
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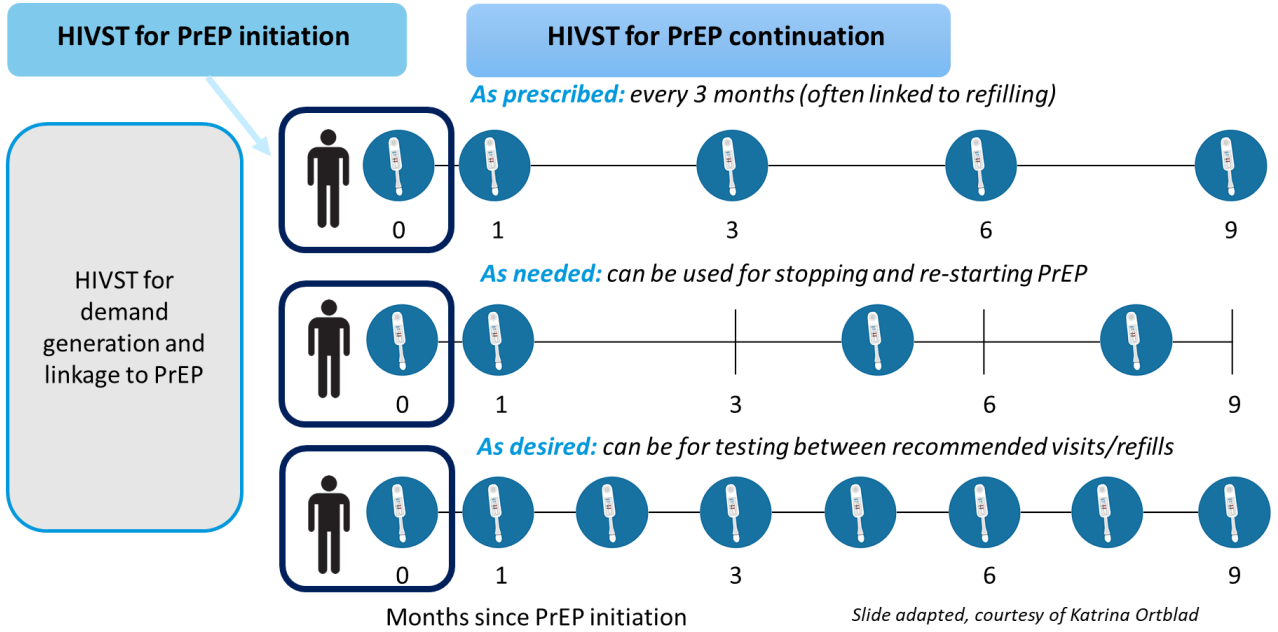

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Role for HIVST with CAB-LA currently unclear

Differentiated PrEP service delivery

Key points

- Differentiated PrEP services may make PrEP services more acceptable and accessible and support PrEP uptake, persistence and effective use.

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Differentiated service delivery supports scale-up, access, acceptability

Differentiated PrEP services:

- Are person- and community centred services (i.e. adapted to needs and preferences of end users)
- Support making services more accessible and acceptable
- May improve uptake, persistence, effective use

DSD building blocks provide a framework for: initiation, follow-up, re-initiation and switching between PrEP products

Building block	PrEP initiation, initial follow-up (0–3 months), and re-initiation			PrEP continuation (3+ months)	
	Initiation	Initial follow-up (0–3 months) (if required)	Re-initiation after discontinuation	PrEP refill	Follow-up
Where: Service location (e.g., primary health care facility, community setting, virtual setting)	Locations for PrEP assessment and initiation	Locations for initial follow-up	Locations for PrEP re-initiation	Locations where PrEP refills can be collected	Locations where follow-up services will be provided
Who: Service provider (e.g., physician, nurse, pharmacist, peer)	Service provider/s authorized to assess for and initiate PrEP	Service providers who can carry out initial follow-up visit/s	Service provider/s authorized to re-initiate PrEP	Service provider/s who can dispense PrEP refills	Service provider/s who conduct follow-up
When: Service frequency (e.g., monthly, every 3 months)	Timing of PrEP assessment and initiation	Timing of initial follow-up	Timing of PrEP re-initiation	Frequency of PrEP refill visits (length of supply)	Frequency of follow-up services
What: Service package (including HIV testing, clinical monitoring, PrEP prescription and dispensing, and comprehensive services)	Service package for PrEP assessment and initiation	Service package at initial follow-up	Service package for PrEP re-initiation	Service package with PrEP refill	Service package with follow-up

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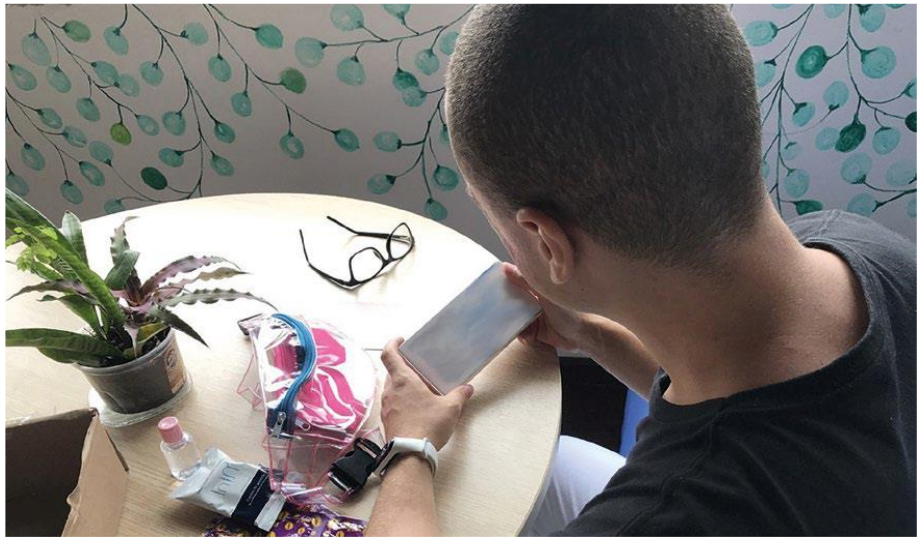
CONSIDERATIONS FOR DIFFERENTIATED SERVICES FOR PREP

WHERE: service location

- Site locations and service types are designed as **person-centered and integrated**
- **Community** involvement
- **Government** supported
- **Supported by:**
  - **Appropriate clinical oversight** and referral pathways
  - **Logistics** systems
  - Adequate **infrastructure**
  - Integrated data systems



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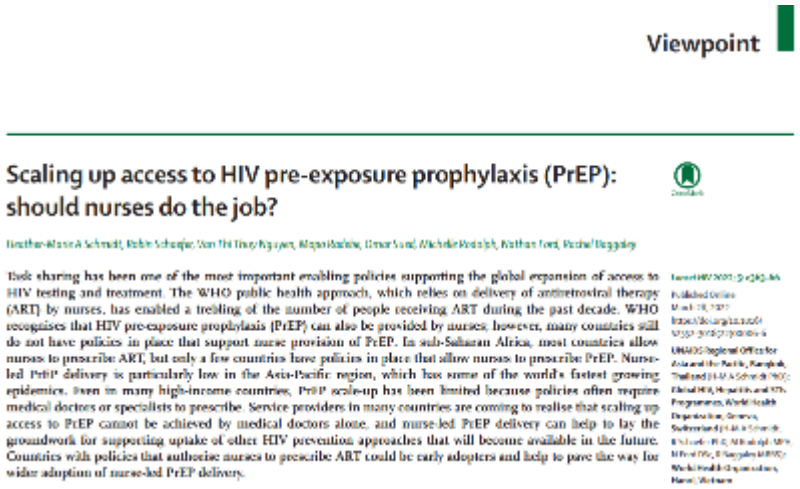
WHO: service provider

- **Task sharing:** efficient use of available human resources incl. community health workers
- **Acceptable provider types** for the PrEP user
- **Registration & regulation** for provider types to provide PrEP - may vary by product (e.g. DVR, oral PrEP, CAB-LA)
- **Training and accreditation of providers**, quality assurance, protocols, and linkage to facilities, remuneration



Viewpoint

Scaling up access to HIV pre-exposure prophylaxis (PrEP): should nurses do the job?

Task sharing has been one of the most important enabling policies supporting the global expansion of access to HIV testing and treatment. The WHO public health approach, which relies on delivery of antiretroviral therapy (ART) by nurses, has enabled a trebling of the number of people receiving ART during the past decade. WHO recognises that HIV pre-exposure prophylaxis (PrEP) can also be provided by nurses; however, many countries still do not have policies in place that support nurse provision of PrEP. In sub-Saharan Africa, most countries allow nurses to prescribe ART, but only a few countries have policies in place that allow nurses to prescribe PrEP. Nurse-led PrEP delivery is particularly low in the Asia-Pacific region, which has some of the world's fastest growing epidemics. Even in many high-income countries, PrEP scale-up has been limited because policies often require medical doctors or specialists to prescribe. Service providers in many countries are coming to realise that scaling up access to PrEP cannot be achieved by medical doctors alone, and nurse-led PrEP delivery can help to lay the groundwork for supporting uptake of other HIV prevention approaches that will become available in the future. Countries with policies that authorise nurses to prescribe ART could be early adopters and help to pave the way for wider adoption of nurse-led PrEP delivery.

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WHEN: service frequency & WHAT: service package

- **Dynamic use** of PrEP
- Client centered: follow-up and dispensing tailored to needs of PrEP clients
- **Integrated service package** that is responsive to the needs and wants of a client (N.B. some clients may only want PrEP)
- **Integration and co-delivery** with STIs, family planning / contraceptive services, antenatal services etc.

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Thank you!

Thanks to the **WHO HHS Testing, Prevention, and Populations** team for contributions to this presentation.

Contact the PrEP team for questions or comments:

- **Rachel Baggaley:** baggaleyr@who.int
- **Michelle Rodolph:** rodolphm@who.int
- **Robin Schaefer:** schaeferr@who.int
- **Heather-Marie Schmidt:** schmidth@unaids.org

WHO's global work on PrEP:
https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis
WHO Global PrEP Network webinars:
https://www.who.int/groups/global-prep-network

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Thanks to everyone who contributed to the Technical brief (too many to list – please check the acknowledgement of the document!)

Find the new Technical Brief here:
https://www.who.int/publications/i/item/9789240053694

Other new and upcoming WHO PrEP & PEP guidance

- **Guidelines on long-acting injectable cabotegravir (CAB-LA): out now!**
  - Outstanding issues like HIV testing and drug resistance
  - Need support for LMICs implementation projects
  - Likely small part of PrEP market in LMICs until more implementation experience
- **Updates to the WHO PrEP Implementation Tool**
  - ***NEW*** PrEP/STI integration module (September 2022)
  - Clinical module (end 2022)
- WHO is looking into ways to **expand community access to PEP**

Q & A

3

Panel discussion

MODERATED BY KRISTINE TORJESEN, FHI 360

Panelists

Daniel Were
Jhpiego

Sindy Matse
National PrEP coordinator, Eswatini Ministry of Health

Musonda Musonda
USAID Zambia

Phan Huong
Vietnam Administration of HIV/AIDS control

Chris Obermeyer
Global Fund

1. What will it take to effectively scale up access to existing and emerging PrEP products?

2. What do we have to do in PrEP pilots to lay the groundwork for effective scale up?

3. What is preventing scale up from happening?

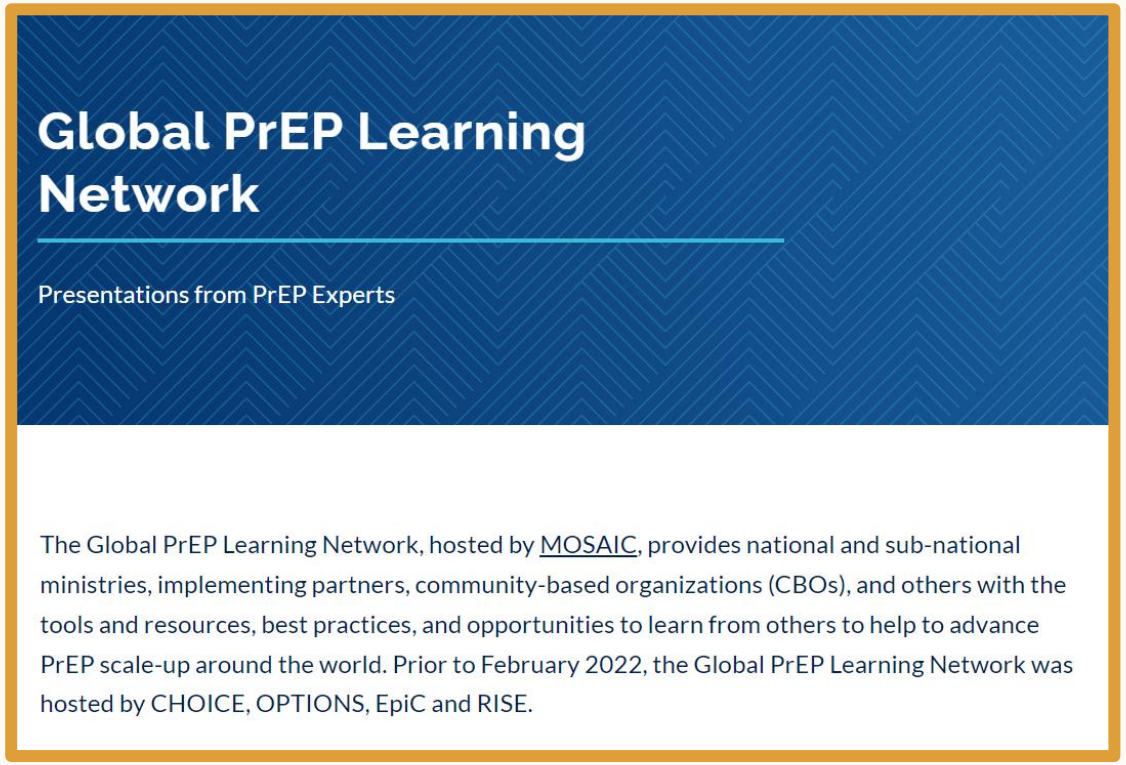
4. What is required to transition from PrEP demonstration project/early introduction efforts to integration within a comprehensive national response?

5. Where are we trying to go with PrEP scale-up? What does the end game look like?

Visit PrEPWatch

All webinars are **recorded** and will be accessible on PrEPWatch within a week.

Complementary resources including relevant articles and tools plus **registration for upcoming webinars** can also be found on PrEPWatch.



Visit https://www.prepwatch.org/global-prep-learning-network/ for more.

Upcoming sessions

The MOSAIC Global PrEP Learning Network takes place **quarterly.**

The next session is planned for **December 2022.**

Stay connected

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MOSAIC Consortium

https://www.mosaicproject.blog/

https://mailchi.mp/prepnetwork/prep-learning-network

THANK YOU!

MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

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