

Implementation Partner Landscaping

(USAID Nigeria Treatment & OVC programs)

CONSULTATIONS AND ANALYSIS

APRIL 26, 2023



AGENDA

S/N	ACTIVITY	RESPONSIBLE
1	Welcome remarks - Meeting objective - Acknowledging Partner/Projects	Helen
2	Opening remarks	USAID
3	Goodwill messages	NACA/NASCP
4	Report presentation	MOSAIC Team
5	Feedback/ Discussion	IPs
6	Next steps	Helen
7	Vote of thanks/Closing	MOSAIC



MOSAIC Project Overview

- 5-year global project funded by PEPFAR through USAID (2021–2026)
- Focuses on introduction and access for new biomedical prevention products to prevent HIV for women in sub-Saharan Africa
- Works across multiple countries – Botswana, Eswatini, Lesotho, Kenya, Namibia, Nigeria, South Africa, Uganda, Zambia, and Zimbabwe
- Supports a multi-product market with informed choice for HIV prevention as new products enter the market
- Collaborates closely with ministries of health, missions, implementing partners, civil society, end users, providers, other local and global stakeholders, and product developers

VALUES

Country-led

Women-focused
with emphasis
on AGYW

Informed choice

Equitable co-
leadership

Intentionality



Our Strategic Priorities

- 1 Promote a **user-centered approach** in which the needs and preferences of users — especially adolescent girls and young women (AGYW) — are understood and addressed in product introduction and scale-up.
- 2 Conduct **research to expand the evidence base** on how to effectively enhance product availability, acceptability, uptake, and effective use.

Coordinate and provide technical assistance to global, national, and subnational stakeholders to **expedite product introduction in policy and programs** by addressing issues related to regulatory review, policy development, resource mobilization, supply chain, delivery models and platforms, monitoring and evaluation, surveillance, and demand generation.
- 3 Implement **research utilization** activities and establish mechanisms for **rapid, effective knowledge exchange** among key stakeholders to facilitate application of existing and emerging evidence on product introduction in policy and programs.
- 4 **Strengthen and sustain local partner capacity** to advocate for, design, and implement high-quality product introduction activities and research.



MOSAIC SUPPORTS NATIONAL PROGRAMMING

We work alongside ministries of health, implementing partners and civil society to strengthen the HIV prevention platform

We support ministries of health and interagency partners to:

- Conduct analyses for PrEP **target setting, demand forecasting, costing and budgeting**
 - Integrate new products into national **policies and guidelines**
 - Integrate new products into the **supply chain system**
 - Integrate new products into **M&E and surveillance systems**, including **laboratory strengthening** for HIV drug resistance
 - Integrate new products into **differentiated service delivery** models
 - Build **awareness, support and demand** for new products
 - Expand and strengthen **provider training** and **effective use** of new products among end-users
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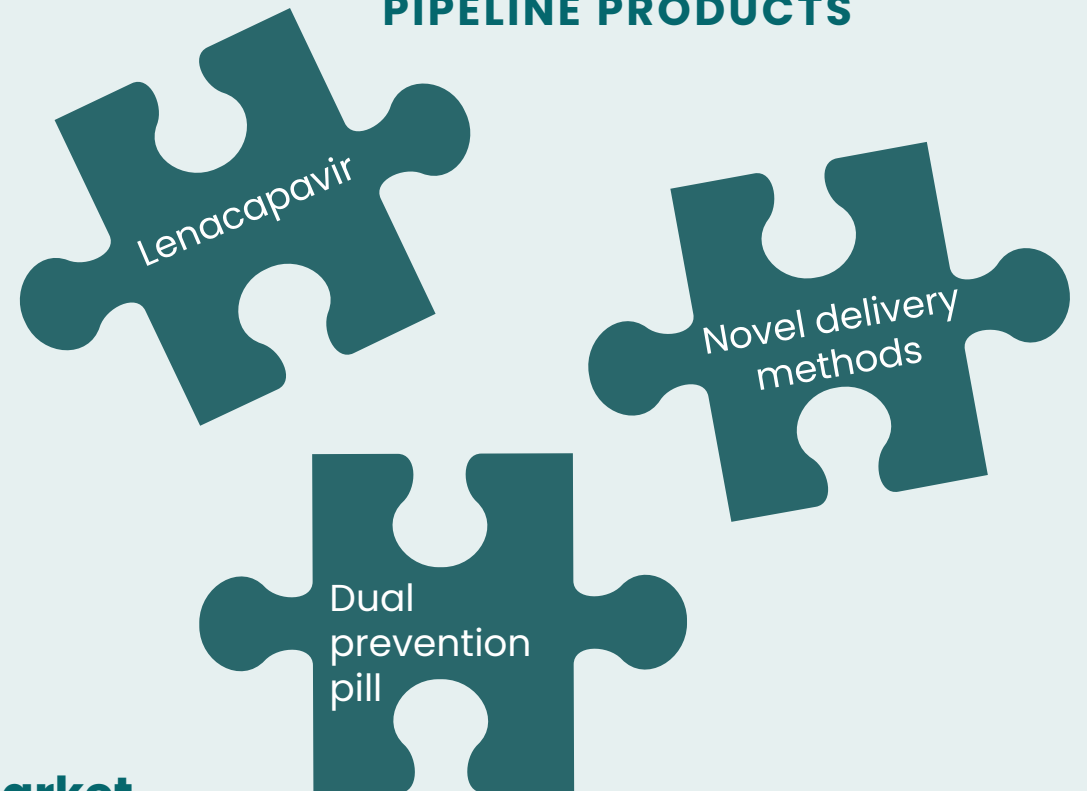
MOSAIC's goal is to accelerate access to new products

MOSAIC works to accelerate and expand introduction of new HIV prevention products, including those in and near to market, and to lay the groundwork for introduction of products in the research pipeline.

IN MARKET

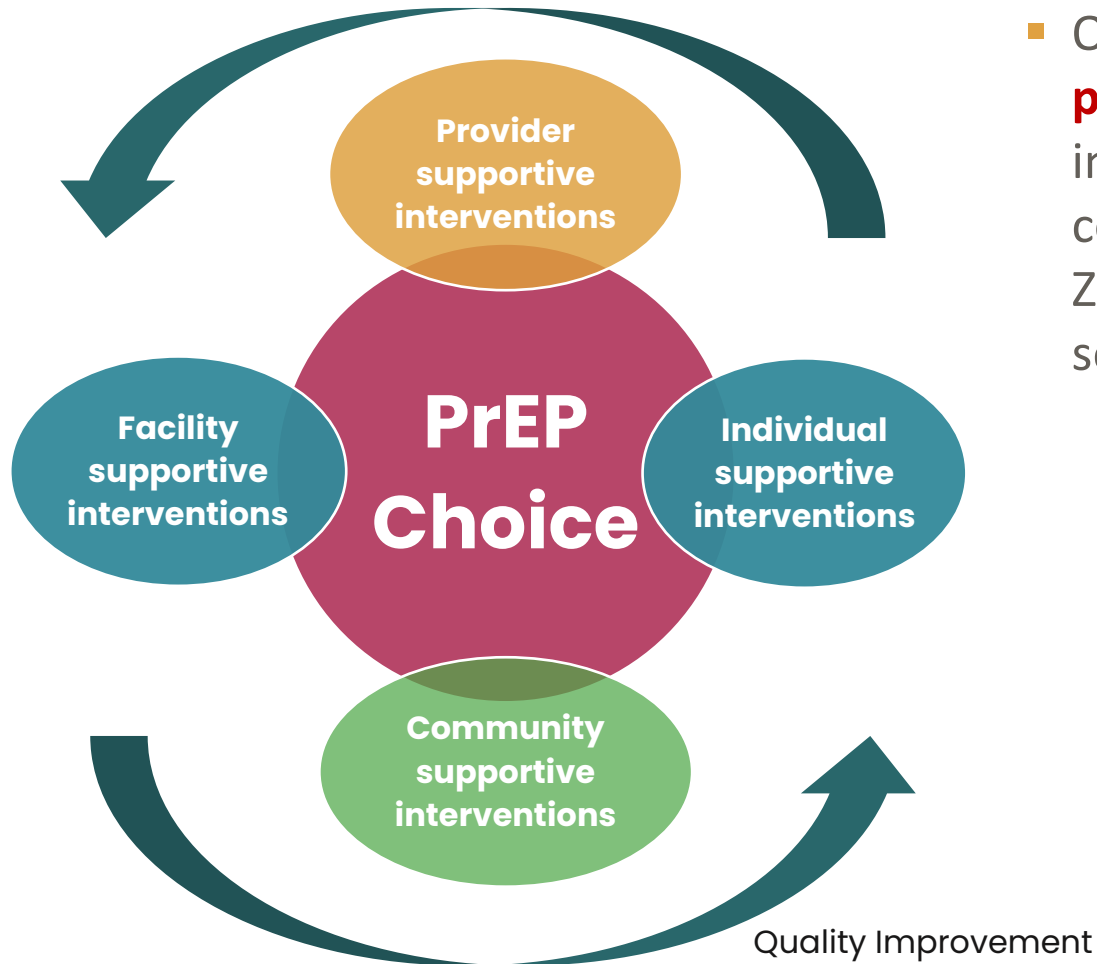
NEAR-TO-MARKET

PIPELINE PRODUCTS



...toward a multi-method market

Implementation Research Technical Assistance (TA)



- Our flagship study, **Catalyzing access to new prevention products to stop HIV** (CATALYST) will introduce the PrEP ring and CAB PrEP in 5 countries (Kenya, Lesotho, South Africa, Uganda, Zimbabwe), launching in April 2023. The enhanced service delivery package will:

- **Support choice** among the PrEP products that have regulatory approval in each country.
- Include components at the **individual, provider, facility and community levels**
- Use **quality improvement** methods to refine components and identify a core service delivery package for PrEP choice.

All implementation materials will be **publicly available** and MOSAIC can provide TA in protocol development and/or implementation as needed/requested

Overview of Rapid Landscaping Analysis

- This document summarizes findings from a **rapid landscaping analysis** undertaken by the MOSAIC team to understand the current PrEP Landscape through the lens of USAID Implementing Partners (IPs) either providing or supporting service provision of oral PrEP and/or working with AGYW in Nigeria.
- The activity aims to achieve two purposes:
 1. Aims to clarify critical steps for the introduction of biomedical HIV prevention products as an addendum to a previous Value Chain Situational Analysis (VCSA) reported by the MOSAIC Team in 2022
 2. Understand USAID Nigeria's investments in PrEP through the IPs and find areas of collaboration and complementarity with MOSAIC's work in this fiscal year
- This report is based on virtual interviews with 14 USAID Nigeria-funded Implementing Partners conducted in March 2023.
- The findings of this report will be drawn upon to inform **work plan activities for MOSAIC Nigeria**.



Nigeria VCSA Refresher

- The value chain framework has been used across countries to support planning for the introduction of PrEP products. **It identifies necessary steps for PrEP introduction and scale-up across five major categories and across priority delivery channels.** It can also be used to track progress toward introduction of various PrEP products by different partners.
- The 2022 Nigeria VCSA was based on several inputs, including a desk review, secondary research, interviews with key stakeholders in Nigeria, and a short impact survey with key stakeholders at the Training of Trainers (TOT) held in July 2022.
- Elements of the VCSA findings are incorporated in this deck where the findings are complementary and are marked with the yellow VCSA sticker as seen on this slide.



PLANNING & BUDGETING

National and subnational plans are established to introduce and scale up PrEP products.



SUPPLY CHAIN MANAGEMENT

PrEP products are available and distributed in sufficient quantity to meet projected demand via priority delivery channels.



DELIVERY PLATFORMS

PrEP products are delivered by trained providers in priority delivery channels to effectively reach end users.



UPTAKE & EFFECTIVE USE

End users know about and understand PrEP products and know how to access and effectively use them.



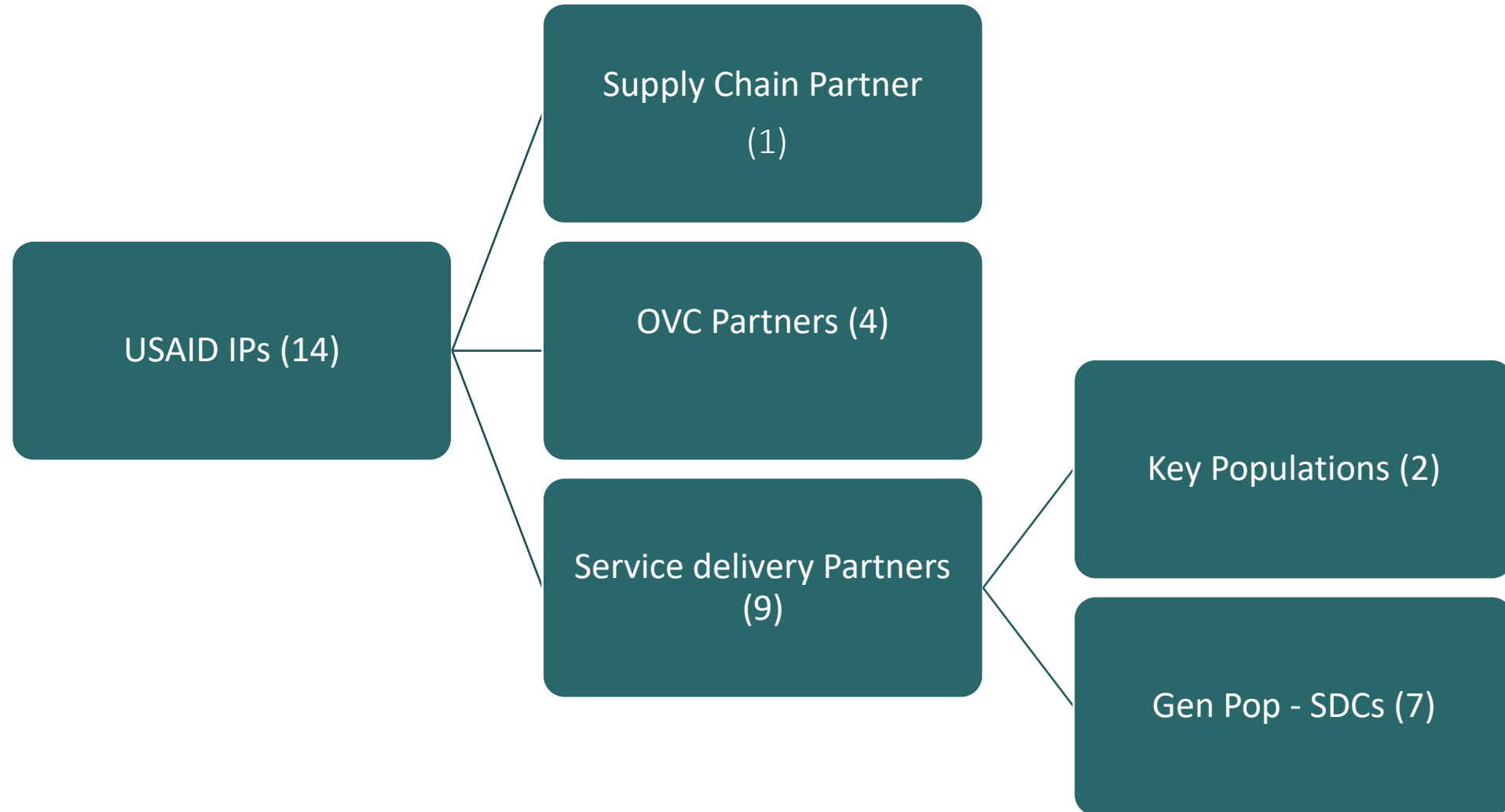
MONITORING, EVALUATION, & LEARNING

PrEP products are effectively integrated into national, subnational, facility, community, and program monitoring systems.

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STAKEHOLDERS

USAID Implementers Engaged



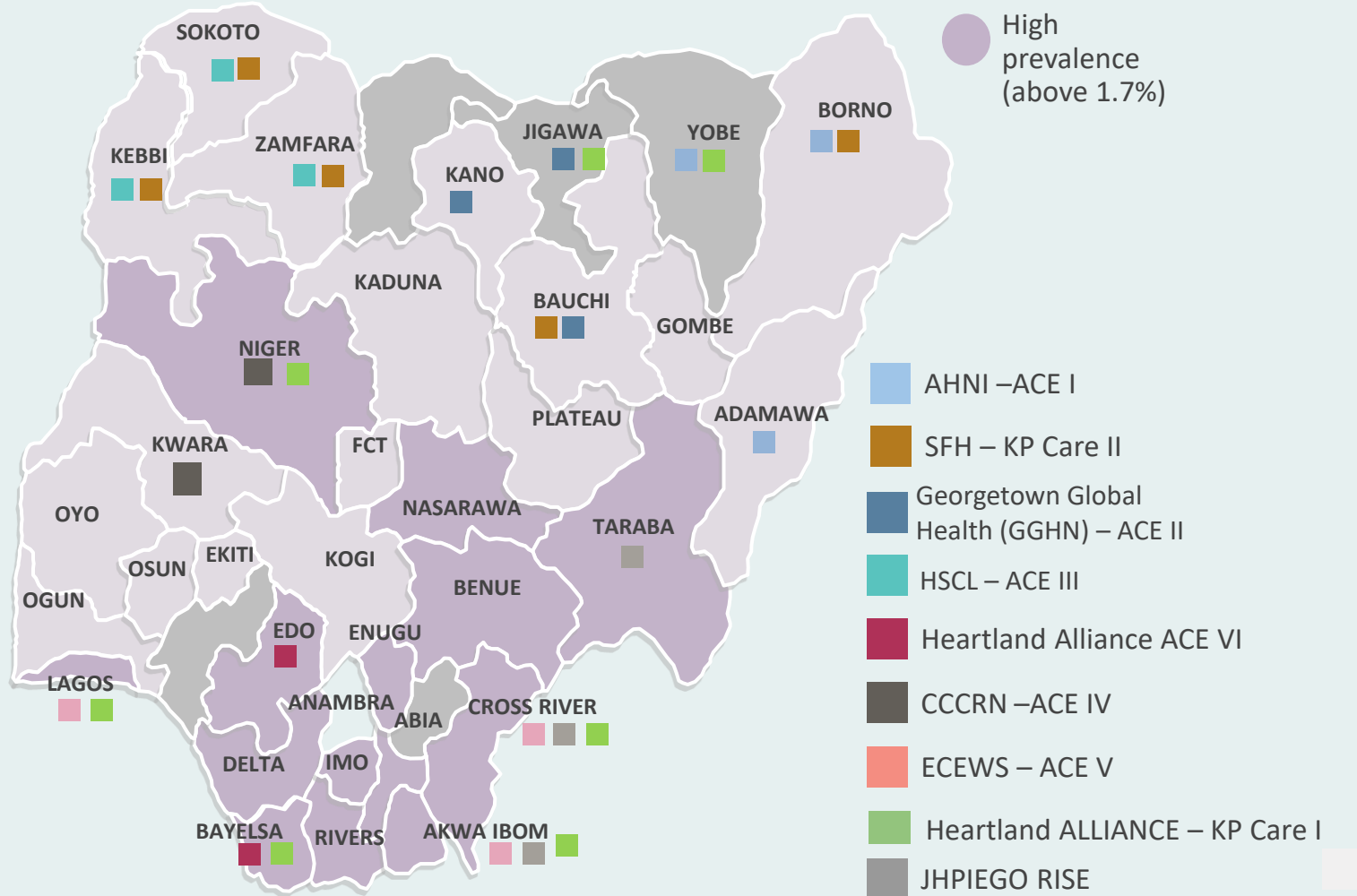
Implementing Partners Providing Oral PrEP

Projects	Where	How	Target populations
ACE I	Borno, Adamawa, Yobe	Direct Service Delivery	General population; heterosexual seronegative partners identified mostly through index testing; persons who were identified at high risk during facility/community/mobile HIV Testing
ACE II	Kano, Bauchi, Jigawa		
ACE III	Kebbi, Sokoto, Zamfara		
ACE IV	Kwara, Niger		
ACE V	CRS, Akwa Ibom		
ACE VI	Lagos, Bayelsa, Edo		
RISE	CRS, Akwa Ibom, Taraba		Key Populations- MSM, Sex workers, TG, PWID
KP Care I	Lagos, CRS, Akwa Ibom, Bayelsa, Niger, Yobe, Jigawa		
KP Care II	Bauchi, Kebbi, Sokoto, Zamfara, Borno		

Implementing Partners for OVC

Projects	Where	How	Target Population
ICHSSA II	Lagos, Edo, Kwara	Focus on OVC, work closely with Care and Treatment IPs. Do not deliver or monitor PrEP only refer clients for PrEP and PEP (survivors of GBV)	OVC – Orphans and Vulnerable Children between the ages of 0-17 years old.
ICHSSA III	Kano, Jigawa, Maiduguri, Niger, Yobe		Beneficiaries are persons who are either orphaned or made more vulnerable because of HIV/AIDS; includes Children and Adolescents living with HIV, HIV exposed Infants, survivors of GBV
ICHSSA IV	Adamawa, Bauchi Taraba, Sokoto, Zamfara and Kebbi		
ACHIEVE	Provide Health Systems Strengthening TA (Above-site) for the ICHSSA partners funded by USAID		

Map of current USAID Nigeria-funded PrEP Implementation Projects



Implementing partners for oral PrEP programs include:

1. AHNI – ACE I
2. Georgetown Global Health (GGHN) – ACE II
3. HSCL – ACE III
4. CCCRN – ACE IV
5. ECEWS – ACE V
6. Heartland Alliance – ACE VI
7. Heartland Alliance – KP Care I
8. SFH – KP Care II
9. JHPIEGO RISE

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FINDINGS

Key Takeaways – Across the Value Chain

Focus Area	Takeaways
Planning & Budgeting	<ul style="list-style-type: none"> Engagements with FMOH (NASCP), NACA, Donors, Implementers + other stakeholders involved in the Product Introduction Coordination Mechanism is a key first step in product introduction process Work with the FMOH - NASCP to include new products into the National guidelines
Supply Chain Management	<ul style="list-style-type: none"> Target-setting work for USAID IPs is done by PEPFAR; it forms part of the national target setting Supply chain partners should be part of all activities in the product introduction process including capacity building events; information and regular updates about near market products such as CAB PrEP and DPV ring should be provided Supply chain partners supporting the distribution of IEC materials when delivering products to facilities - presents opportunity for sharing resources in a more widespread manner GHSC-PSM requests more information from stakeholders on their role in supporting new product introduction outside of logistics support for delivering products to service delivery sites Supply chain partner expressed their support in developing plans and distribution strategy for new products, including locations, target population etc.
Delivery Platforms	<ul style="list-style-type: none"> Strengthen integration of PrEP/Prevention services counselling across spectrum of services Refresher trainings for PrEP service providers needed to strengthen PrEP awareness and service provision Materials and resources to promote uptake and use of PrEP is not widely available in facilities
Uptake & Effective Use	<ul style="list-style-type: none"> Need for more demand generation activities to increase awareness among users and providers Need for community level adherence support
Monitoring, Evaluation & Learning	<ul style="list-style-type: none"> Work with NASCP to include new product in the National M&E tools Work with NACA to coordinate introduction and rollout through the NPTWG and subcommittees

Oral PrEP Rollout & Scale-up

Successes	Challenges/Barriers	Opportunities
<ul style="list-style-type: none"> • Federal Ministry of Health (FMOH) buy-in lead to quick introduction and support driving demand • Use of information, education, communication (IEC) material to generate demand, especially materials for clients to use before meeting the provider, where available • Support groups as a platform for demand generation • Engaging stakeholders in the standard operating procedure (SOP) and guideline development process 	<ul style="list-style-type: none"> • Baseline testing and screening is arduous and costly (especially creatinine clearance) • High discontinuation due to pill burden, side effects, no return • Partner nondisclosure • Poor PrEP awareness beyond ART clinics • Limited provider training on PrEP • Restrictive policies on who can access PrEP, such as people in prisons • Lack of youth-friendly service delivery points in facilities and clinics • Stigma, cultural norms and health seeking behavior in households influenced by male figurehead 	<ul style="list-style-type: none"> • Provide education on health service days, with emphasis on partner notification and serodiscordance • Demand creation activities at the community level • New discreet PrEP methods and confidential service provision • Strengthen communication cascade from the federal to the state level and across the health sector • Support more HCW training and knowledge products • Orphans and vulnerable children (OVC) partners can be helpful with supporting more youth-friendly services, social networking outreach • Support more dynamic youth-focused services

Supporting Oral PrEP Awareness & Uptake

Oral PrEP awareness is low and there are issues with PrEP continuation and discontinuation. To combat this, stakeholders suggested leveraging healthcare workers to support case management and increasing PrEP sensitization and demand generation beyond facilities.

How are people supported after starting oral PrEP?

- Follow-up counseling support
- Community focal persons
- Outreach campaigns
- Using gender-based violence (GBV) champions and PrEP ambassadors
- Sensitization sessions on PrEP during other HIV demand generation activities , including programming targeted to specific groups, like young people, parents, community gate-keepers

What can we learn from oral PrEP to improve effective use of new products?

- Leverage HIV case managers and expand dedicated PrEP focal persons
- More sensitization on the difference between PrEP and ART
- Increase frequency monitoring during follow-up
- Expanded demand generation and PrEP awareness within facilities and beyond, especially in rural communities

Current use of/need for trainings, tools, and information channels

Most IPs are developing their own materials or making adaptations to materials created by the Government of Nigeria (GoN), global organizations, or other IPs.

Trainings

- Significant **preference for in-person and onsite**
 - Virtual training is useful for refreshers, follow-ups, high-security areas or with short notice
- **Interest in:**
 - Adaptable training materials for use by IPs working with different populations
 - Training and refreshers on PrEP guidelines for current and new products – integrate information on new products in current training modules
- New product TOTs and in-person step-down for IPs

Tools

- The **most beneficial materials** are job aids, tabletops, pamphlets, videos, picture-based for clients with lower literacy
- Requesting **more tools with infographics and in other languages**
- With new products, high interest for in **SOPs, reference documents, documentation tools, flipcharts, webinars** for providers; **IEC, one-pagers, audiovisuals, skits** for clients

Information channels

- Success with **using PrEP ambassadors** to share voice, experience, knowledge, and build demand
- **PrEP users get information from:** IEC materials, social media, tabletops and in-clinic materials
- **PrEP providers get information from:** SOPs, job aids, check-lists, desk references
- Opportunity for more:
 - Stakeholder engagement with the media
 - Expanded community case worker communication
 - Radio jingles and social media for demand generation

Demand Generation

Currently, awareness materials are more localized to facilities and usually created by GoN. Many stakeholders requested increased demand generation efforts for PrEP because PrEP awareness is very low.

Need

- Outreach to more rural communities and populations with lower literacy
- More widespread and consistent PrEP advocacy
- Increased community acceptability and raised PrEP awareness

Opportunities

- Leverage USAID IPs to cascade awareness from federal to state, facility, community levels with consistency
- Decentralize messaging through radio and social media, other mass media
- Leverage other USAID IPs (OVC Partners) that support AGYW who are in-school or under 18

Supporting PrEP Use

There were similar successes and challenges in supporting oral PrEP use across IPs, and interest in collaboration around opportunities to address challenges and fill gaps.

Success:

- PrEP use is tracked in registers using national tools at sites
- Personnel support through community support services, mental health providers, and nurses and doctors at the community level
- Peer counseling, support groups

Challenges:

- Point of care testing is a barrier due to cost and number of required tests for initiation or continuation
- Misconceptions impacting uptake and continuation
- Stigma impacts uptake
- Power dynamics impact access (male partners, parents as 'gatekeepers')
- PrEP continuation is low and adherence counseling is not always conducted

Opportunities:

- Strengthen monitoring systems, including feedback mechanisms on healthcare provision
- Support PrEP use in communities by training community-based providers and messaging at the community level
- Use Prevalence data of HIV among Adolescents and Young Women as a selling point

Supporting PrEP Use: OVC Partners

OVC partners do not offer PrEP service delivery, but they do access AGYW populations, especially through community channels.

Success:

- Referrals of GBV clients to PEP services
- Household level service provision and hybrid model with household and facility-based services
- Community interventions with minimum package for GBV clients, including HTS, PEP, emergency contraceptives
- Using community case workers to tackle stigma and discrimination

Challenges:

- OVC services are not linked to PrEP services
- No trainings on oral PrEP
- Age of consent for PrEP

Opportunities:

- Collaborate with OVC partners on case finding for AGYW under 18 years old (so negative individuals are referred)
- Use OVC partnerships to reach AGYW, especially through gender norms training that includes HIV messaging, adolescent HTS, and PrEP start-up
- Leverage existing OVC platforms at the household level

Oral PrEP Integration

- Oral PrEP is not widely integrated. Integration does occur via two service delivery points:
 - **Referrals** from other health services like family planning, antenatal care, mental health, and COVID-19
 - Identification of negative individuals through **Index Testing** through testing and treatment services, particularly for serodiscordant couples

Success:

- COVID-19 outreach at the community level has offered an opportunity for integrated distribution
- Placing case managers in integrated service delivery points

Challenges:

- Lack of youth-friendly services and fears among adolescents around disclosure of status
- Low uptake at community level because of societal norms and stigma
- Inability to integrate PrEP service into Adolescent HIV services due to age of consent policy

Opportunities:

- Strengthen use of peer networks
- Leverage digital platforms and use of social media for awareness creation
- Messaging around busting myths and misconceptions around PrEP use

New PrEP Methods: Introduction Support

Pending product registration, stakeholders are eager for increased collaboration across IPs on sensitization, demand generation material creation, and training to support the introduction to new products and product choice, backed by NACA and NASCP.

Need

- New product trainings for providers (TOTs, step-downs, in-person) to build buy-in
- National sensitization on new methods
- Mass awareness campaigns
- Budget and personnel to translate IEC and training materials
- Differentiated service delivery via private sector, pharmacies
- Dedicated human and financial resources
- Integrated services with referral support and escort service
- User preferences and acceptability research on new methods
- Regulatory approval, commodity waivers, established cold chain (where relevant) for supply

Opportunities

- Future planning within TWGs on challenges and opportunities with new PrEP method introduction
- Incorporate new PrEP methods in guidelines
- Dissemination of updates and new information on PrEP methods through existing USAID IPs, COPS, and other relevant platforms
- Improve digital engagement for demand and awareness
- Community-based demand generation and service provision using existing COVID-19 outreach
- Facility-based awareness campaigns
- Forecasting targets for supply chain

New PrEP Methods: Provider & User Support*

Providers are most interested in:

- In-person training
- SOPs
- Updated guidelines
- Different mediums for information

Users are most interested in:

- New products beyond oral PrEP
- Community-based sensitization and awareness campaigns
- Choice between products
- Youth-friendly services

Both are interested in:

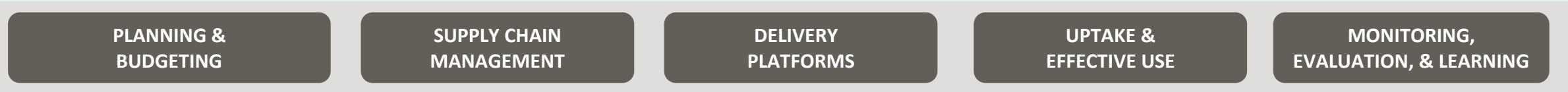
- IEC
- Sensitization campaigns
- Materials that help build awareness
- Opportunities to refresh knowledge of methods

Key findings from stakeholder consultations

INTRODUCING NEW PREP METHODS IN NIGERIA

- **The rollout and scale-up of oral PrEP will be a strong foundation for the introduction of new PrEP methods** in terms of structures, processes, and plans; demand creation initiatives; and differentiated service delivery channels.
- **Coordination and stakeholder engagement will be critical** across key national and subnational stakeholders, implementing partners, medical associations, HIV facilities and clinicians, and communities to integrate the new PrEP methods into existing programming. To help speed the process, FMOH can facilitate discussions between community leaders (e.g., community advocates, religious leaders, KP leaders) and health care workers (HCWs) to change views of oral PrEP and discuss the benefits of the new PrEP methods.
- **Building the capacity of key groups through a phased rollout** of new PrEP methods should be the focus, to adapt services rather than build new systems. More formal training and curricula for communities will be essential for greater expansion through differentiated service delivery (DSD) models. End user capacity building for the PrEP ring will be critical for the success of the product (e.g., ensuring accurate insertion and duration of use), whereas provider capacity building will be most important for the CAB PrEP injection (e.g., for administration of intramuscular [IM] injections).
- **There is already high anticipation for the new PrEP methods** within the existing delivery channels. HCWs and end users are eager to see when the new product forms will become available — particularly for CAB PrEP, which they hope will improve continuation of PrEP for the users who have pill fatigue. However, **greater investment is needed in mass public education and demand generation strategies** that focus on awareness of PrEP beyond the KP groups, especially for SDCs and AGYW (e.g., through social media and key influencer groups, such as religious leaders).
- **Stakeholders are concerned about sustainability**, particularly given that HIV prevention programming is entirely supported by donor organizations. One key challenge for the success of the integration of the new products will be to ensure funding — possibly with greater investment from the public and private sector within Nigeria.

PrEP introduction situation analysis



Plans, systems, and processes to support service integration across priority delivery channels, including reproductive health/family planning and private sector providers/pharmacies

- Convene existing Product Introduction Coordination Mechanism within the National Prevention TWG.
- Identify **focus populations and set targets** to inform PrEP planning.
- Engage **community stakeholders** to inform planning for PrEP rollout.
- Include PrEP in national HIV prevention and other relevant **plans and policies** (e.g., HIV testing, FP).
- Issue standard **clinical guidelines** for delivery and use of PrEP methods.
- Develop an **implementation plan and budget** to guide initial PrEP introduction and scale-up.

- Register** PrEP methods and include them on the national essential medicines list, if needed.
- Update **supply chain guidelines and logistics systems** to include PrEP products.
- Conduct **forecasting and/or quantification** to inform procurement of PrEP products.
- Establish **procurement, commodity monitoring, and distribution** for PrEP products and associated materials.
- Establish **storage and distribution systems** that maintain temperature controls for PrEP products, if needed.

- Dedicate resources to conduct regular **HIV tests, initiate PrEP, and support ongoing PrEP use.**
- Develop trainings and materials for **health care workers** on PrEP methods.
- Establish **referral systems** to link clients from other channels to sites providing PrEP.
- Integrate support for **partner communication** and services for intimate partner violence (IPV) response.

- Develop and implement **demand generation strategies** that include PrEP promotion.
- Address social norms/stigma to build **community and partner acceptance** of PrEP use.
- Develop **information and tools for clients** to support product choice.
- Support **effective use** of PrEP products.

- Update or establish **integrated monitoring tools** to support data collection and analysis on PrEP use across multiple products.
- Establish systems for **pharmacovigilance** and to monitor drug resistance.
- Conduct **implementation science** research to inform policy and scale-up.

COLOR KEY

- Opportunity to easily build on oral PrEP rollout
- Will require new effort, but no anticipated challenges
- Requires significant consideration for integration of new PrEP methods

Key lessons learned for more expansive PrEP integration

1. **Ensure all stakeholders are involved and highly engaged from the outset**, from the national to subnational level — particularly key government groups — for rapid integration into HIV policies and plans.
2. **Conduct inclusive provider training** early on for all the health care workers that will be involved in the scale-up.
3. **Build on existing HIV prevention programs** and explore pilots to reach **end users where they already are within communities** — churches, schools, universities, community pharmacies, etc. — through more expansive programming outside of HIV facilities and KP-focused programs.
4. **Engage communities early** in the planning process through key influencer groups such as religious and KP leaders — from a range of ethnic diversity and belief systems — to ensure successful demand generation strategies.
5. **Sensitize the mass population** through public education and social media awareness campaigns on the new HIV prevention methods.

"One thing that stood out for me was the collaborative process of developing the policy guidelines and framework for PrEP implementation — that helped quickly integrate PrEP into existing plans."

"To reach more AGYW, consider the ethnic diversity and beliefs in certain areas in Nigeria to know the effective way to introduce the products. Consider using midwives, traditional birth attendants, concerts, and clubs to introduce these products or music apps on social media."

"PrEP rollout was just centered on key populations, excluding other potential PrEP users like people in serodifferent relationships, which exposed adolescents and young women. We need to think of more programming in communities outside of the HIV programming."

"Advocacy through social media mediums should be more emphasized, and more awareness should be created for Nigerian people on the new preventive methods."

Opportunities for MOSAIC Technical Assistance

MOSAIC
Opportunities

MOSAIC can offer technical assistance that meets the gaps and operationalizes the opportunities uncovered in the landscaping analysis. Examples include:

- Ensuring the guidelines template is up to date with latest WHO guidance; supporting national policy/guideline updates
- Support in-country efforts to conduct demonstration studies for CAB-PrEP and/or PrEP Ring
- Curating resources and compiling information in accessible formats and dissemination of updates and new information on PrEP methods through existing USAID IPs, COPS, and other relevant platforms
- In-person or virtual support for PrEP-it tool use for forecasting; support national target-setting efforts for new PrEP products
- Support in the adaptation/development of national training curricula to align with CAB Provider Training Toolkit (developed by Jhpiego/RISE in consultation with WHO, ViiV and other stakeholders); support sensitization for CAB PrEP and PrEP ring
- Conduct facilitator training for Nigerian implementers to support PrEP uptake and continuation and includes up-to-date information on oral PrEP, PrEP ring and CAB PrEP.
- Adapt the Journey Tool and/or HIV Prevention Ambassador Training for the Nigerian context and support uptake of the tool across program implementers in Nigeria, as desired.
- Partnership with OVC IPs, AGYW Prevention IPs and CSOs for meaningful engagement with AGYW and local capacity strengthening around new product introduction

Key stakeholders interviewed

Organization	Individuals
ARFH –ICHSSA II	Olakunle Osinowo, Elijah Idoko
HSCL- ACE III	Steven Takwi, Abdulrazaq, Dr. Chukwuneku Opiti
CCCRN - ACE IV	Dr. Idris Saliu, Ikenna Onyejiaka, Patricia Igweike, Aisha Ahmad Adamu, Ibrahim Suleiman, Olaitan Adeoye
ECEWS - ACE 5	Chika Okafor, Onwah Uzuazo, Imaobong Charles, Erica Alora, Esther Nwanja, Agozie Nwangeneh, Ursula Onwuzuruigbo, Paul Otu, Uduak Akpan, Umana Joe, Austin Idemudia, Emmanuel Egbe, Mary Umoh, Kufre-Absi Ukpog
Heartland Alliance Lt/Gte- ACE VI	Zika Ogonna, Victor Omotola Lawal, Tambari Birane, Mabel Ikpeme, Ogonna Ngozika Yvonne, Victor Omotola Lawal
Georgetown Global Health Nigeria - AHNI- ACE II	Umar Nasir, Bashir, Evelyn Paul
JHPIEGO RISE	Dr. George Ikaroha
Heartland Alliance Lt/Gte- KP Care	Michael Akanji, Paul Amaechi, Agboola Olatunji
SFH - KP Care II	Dr. Abone Chizoba Geraldine, Dr Mustapha Halidu Aliero, Dung Mafla Gabriel., Abdullahi Abdulazeez Raji, Ibrahim Haliru Gwandu. Dr Segun Oyedeji
PACT- ACHIEVE	Manji Rengschwat, Victor Agwu, Ijeoma
CCCR	Dr. Idris Saliu, Ikenna Onyejiaka, Patricia Igweike, Aisha Ahmad Adamu, Ibrahim Suleiman, Olaitan Adeoye
PHI - ICHSSA	Usman Kabiru, Dr Bello, Jimin Sontoyo, Dr Osuji
SFH – ICHSSA III	Dr. Ahmad Tijjani Muhammad, Innocent Pius, Felicia Mariga
AHNI -ACEBAY	Sara Emmanuel, Rashidat Mamudu, Paul Yunana, Joseph Shuaibu, Dr. Jonah Baba
Chemonics – GHSC PSM	Chris Wright, Mathew, Bennet Uruma

FEEDBACK



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ANNEX OF EXISTING MOSAIC RESOURCES

PrEP Template Guidelines

- The intent of [this document](#) is to provide adaptable guidelines to support the development and adoption of national guidelines that align with WHO PrEP recommendations and guidance, including those for oral PrEP, PrEP ring, and CAB PrEP.
- The document includes prompts for national-level consideration during the guideline adaptation process.

Template Guidelines for Oral Pre-Exposure Prophylaxis, PrEP Ring, and CAB PrEP

Updated on December 12, 2022



The intent of this document is to provide adaptable guidelines to support the development and adoption of national guidelines that align with World Health Organization (WHO) pre-exposure prophylaxis (PrEP) recommendations and guidance, including those for tenofovir disoproxil fumarate (TDF)-based daily and event-driven oral PrEP, the monthly dapivirine vaginal ring (“PrEP ring” or “the ring”), and injectable cabotegravir (CAB PrEP). The document includes prompts for national-level consideration during the guideline adaptation process. Areas specifically requiring national updates are indicated in **red font**; sections for additional consideration by policymakers, shown in green boxes, are informed by regulatory bodies, available product information, and country-level insights. Once a decision has been made about the considerations in green boxes, text can be added, and the green boxes can be removed.

The content of this document was sourced largely from:

- Australian Product Information for [Apretude](#) (August 2022, pending public sharing)
- [Updated Differentiated and Simplified Pre-exposure Prophylaxis for HIV Prevention](#) from WHO (July 2022)
- [Guidelines on Long-Acting Injectable Cabotegravir for HIV Prevention](#) from WHO (July 2022)
- [Consolidated Guidelines on HIV Viral Hepatitis and STI Prevention, Diagnosis, Treatment, and Care for Key Populations](#) from WHO (July 2022)
- [United States Food and Drug Administration Apretude Label](#) (December 2021)
- [Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach](#) from WHO (July 2021)
- [Summary of Product Characteristics for PrEP Ring](#) from the European Medicines Agency (April 2021)
- [Updated Recommendations on HIV Prevention, Infant Diagnosis, Antiretroviral Initiation and Monitoring Guidelines](#) from WHO (March 2021)

PrEP-it

Supply

- [PrEP-it](#) is a web-based tool that helps users set targets, estimate costs and impact associated with targets, identify priority areas for PrEP for adolescent girls and young women, and forecast needed commodities.



CAB PrEP Provider Training Toolkit & PrEP Ring Clinical Training

Training

- PrEP Ring [Clinical Training](#) for providers
- Developed by Jhpeigo/RISE, [the training materials](#) included in this toolkit will help clinicians learn about and provide CAB PrEP as an HIV prevention option for their clients.
- These materials will be used to train providers for the CATALYST study.

CAB-LA Toolkit: Access specific resources or tools for use as needed. Return to the eLearning lessons whenever you need to brush up your knowledge.

- [Clinical Information and Eligibility](#)
- [CAB-LA Administration](#)
- [Ongoing Clinical Management](#)
- [Counseling Resources](#)
- [Pregnant and Breastfeeding Populations](#)

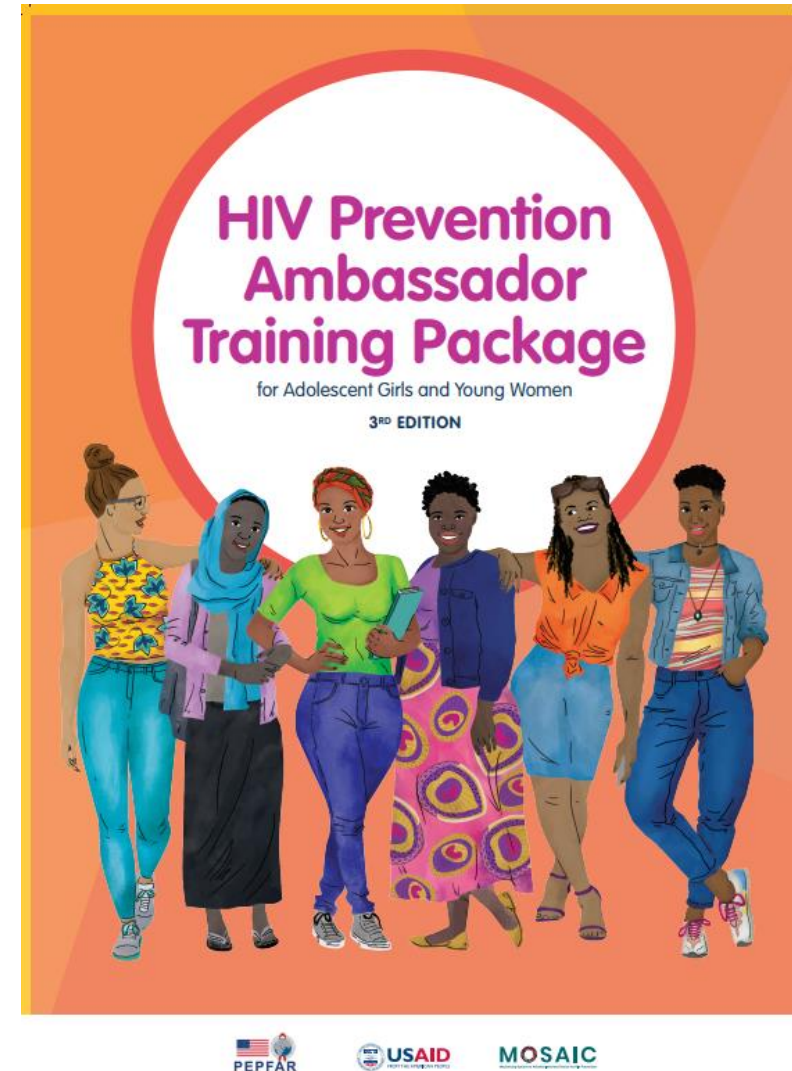
Coming soon: Abbreviated CAB PrEP sensitization slide deck



HIV Prevention Ambassador Training & Toolkit

Demand
generation

- This [training and toolkit](#) are designed to engage adolescent girls and young women (AGYW) as HIV prevention ambassadors to support PrEP uptake and continuation and includes up-to-date information on oral PrEP, PrEP ring and CAB PrEP.



HIV Prevention Journey Tool

Counseling

- The [HIV Prevention Journey Tool](#) was developed to support adolescent girls and young women to explore methods that would align with their lifestyle, needs and personal preferences; and support healthcare providers to provide informed counseling based on client needs. The tool has paper-based and digital options.

My HIV Prevention method needs to be...

Click the **ONE** option below that best describes what you need. Then click **next**.

Something I control that no one will know about.

Something that prevents HIV all over my body.

Something I don't have to remember in the heat of the moment... no condoms.

Something that doesn't require me to take a pill every day.

* [Click here for PEP](#): I may have been exposed to HIV in the past three days (72 hours)

BACK

NEXT

Background resources on PrEP

Knowledge Management

CAB PrEP Research: East and Southern Africa

RESOURCE SHEET
APRIL 2022

What do we know about CAB PrEP?

Efficacy

Long-acting injectable cabotegravir (CAB LA) for PrEP, also known as CAB pre-exposure prophylaxis (CAB PrEP), was shown to be statistically superior to daily oral tenofovir/emtricitabine (TDF/FTC) in preventing HIV acquisition when administered every eight weeks among cisgender men, transgender women, and people assigned female at birth (AFAB) who were mostly cisgender women, in two large clinical trials. HPTN 083, a Phase 2B/3 double blind study, among cisgender men and transgender women found a 66% reduction in risk of HIV acquisition as compared to oral PrEP. In HPTN 084, a Phase 3 double blind study among people AFAB, participants in the CAB PrEP arm were found to have an 89% reduction in risk of HIV acquisition as compared to the oral PrEP arm.

Safety profile

Two Phase 3 clinical trials (HPTN 083, 084) established that CAB PrEP administered every 8 weeks for HIV prevention was well-tolerated among cisgender men, transgender women, and people AFAB in East and Southern Africa. Injection site reactions (ISR) were usually mild, associated with pain, and typically occurred after the 1st injection.

Acceptability

Ongoing research regarding the acceptability of CAB PrEP across Africa includes three studies, HPTN 083, HPTN 084, and HPTN 084-01, a sub-study of HPTN 084.

CAB PrEP research carried out in East and Southern Africa to date, has included more than 7,920 participants, including cisgender women and men, and transgender women and men.

Study	Description	Countries engaged	Participant sample	Status
HPTN 077	A Phase 2A, randomized (3:1) controlled trial to evaluate the safety, tolerability, pharmacokinetics and acceptability of CAB PrEP.	8 sites in: Brazil, Malawi, South Africa, United States	199 HIV-negative cisgender men and women aged 18-65, including 52 cisgender women in South Africa and Malawi	Completed in July 2018 Manuscript-PLoS Med. 2018



Background resources on long-acting injectable cabotegravir for PrEP (CAB PrEP)

AUGUST 2022

[Click here](#) to access the July 28, 2022 WHO Guidelines on long-acting injectable cabotegravir for HIV prevention.

Background on CAB PrEP

Research:

- [Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women \(NEJM 2021\)](#)
- [HPTN 083 Study Results](#) (resource page)
 - [HPTN 083 Preliminary Study Results](#) (webinar)
 - [FAQ](#) (2020)
 - [HPTN 083 FAQ AIDS2020](#)
- [HPTN 084 Study Results](#) (resource page)
 - [HPTN 084 Primary Study Results](#) (video)
 - [FAQ](#) (2020)
 - [Open Label Extension FAQ](#) (2021)
- [Long-acting injectable PrEP in women: laboratory analysis of HIV infections in HPTN 084](#) (poster)
- [Long Acting Injectable Cabotegravir is Safe and Effective in Preventing HIV Infection in Cisgender Women: Results from HPTN 084 \(HIV R4P 2021\)](#) (video)
- [FDA Approved Aprelude Label](#) (2021)

Implementation support materials/tools:

- [A Plan for Accelerating Access and Introduction of Injectable CAB for PrEP](#) (2022 report)
- [Product Introduction/Implementation Project Planning for Next-Generation PrEP](#) (meeting summary)
- [HIV Testing and CAB PrEP Introduction: What are the Implications for HIV prevention scale-up and the HIV response?](#) (AVAC/BioPIC & WHO meeting summary)
- CASPR CAB PrEP (slide decks)
 - [For Advocates](#)
 - [Testing](#)
 - [Product Introduction Basics](#)



Dapivirine Ring 101

The dapivirine vaginal ring for HIV prevention

Updated July 2020

Materials developed under CATALYST

Research

- CATALYST study protocol
- Implementation materials:
 - PrEP method fact sheets
 - PrEP job aids
 - Provider training on informed choice counseling
 - PrEP provider training and CAB PrEP sensitization

All available or soon to be available
on [CATALYST page of PrEPWatch](#)


Provider Training
DRAFT February 2023

INFORMED CHOICE COUNSELING

TIME REQUIRED
45 minutes

About Injectable PrEP (CAB PrEP)

THE CATALYST STUDY

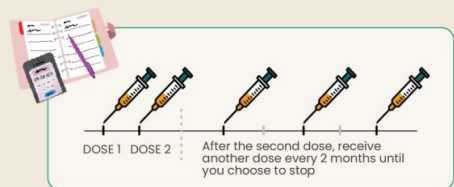


How long-acting injectable cabotegravir for PrEP (CAB PrEP) works

Injectable cabotegravir (CAB PrEP) is one HIV prevention option that participants can choose in CATALYST. It is an antiretroviral (ARV) medication that is given as an injection every two months for HIV pre-exposure prophylaxis (PrEP). It can be taken by people without HIV to reduce the chance of getting HIV. Because ARVs circulate throughout the body, CAB PrEP prevents HIV during vaginal, anal and oral sex. CAB PrEP prevents HIV from entering human cells and multiplying itself. If the virus cannot multiply, it simply dies within the body.

CAB PrEP is more than 90% effective, which means it is the most effective PrEP method currently available. CAB PrEP starts preventing HIV for most people about one week after their first dose.

For maximum HIV prevention, it is important to keep regular appointments for injections and use condoms whenever possible.



Provider job aid:
CAB PrEP Initiation and Counseling

CAB PrEP: INITIATION STEPS & COUNSELING

Table 1: Required CAB PrEP initiation [steps](#)

Clinical practice guidelines and provider training on CAB PrEP for PBFP (Available December 2023)

Policy &
Practice

- Developed by the CHOICE collaboration of the EpiC and RISE programs, with support from PEPFAR through USAID, the PrEP for [Pregnant and Breastfeeding People Toolkit](#) is designed for use by policy makers, program implementers, and healthcare workers to expand provision of PrEP to PBFP
- The evidence-informed materials are designed to be adapted to reflect local context and priorities, national policy and guidelines, and implementation context surrounding provision of PrEP to PBFP



Clinical Practice Guidelines
for Providing PrEP for
Pregnant and Breastfeeding
Populations

A version of this toolkit specific to CAB PrEP will
be available in December 2023