



PEPFAR



USAID
FROM THE AMERICAN PEOPLE

Technical Talk: Prevention is PrEParing for the Future

—
Laura Martindale, USAID, Moderator
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Dr. Veni Naidu, BroadReach, South Africa
Dr. Ruben Frescas, Jr, LIFE Centre, Vietnam
Dr. Bothale Mosadame, TEBELOPELE, Botswana



Despite global progress towards 95-95-95 goals, 1.5 million people still became newly infected with HIV in 2021, impacting especially vulnerable populations.



Southern and Eastern Africa accounted for 670,000 new HIV infections in 2021.



Asia and the Pacific accounted for 260,000 new HIV infections in 2021.



Women and girls accounted for about 50% of all new HIV infections in 2020.

Primary prevention is still needed to reduce HIV incidence beyond what is achievable with ART scale-up.

When scaled-up, PrEP has a high impact - but we are not yet at normalization

PrEP prevents an estimated three-quarters of HIV infections in people at risk in large African study

Big drop in incidence, despite low use of PrEP, because people used it when needed

Gus Cairns | 4 July 2020

PrEP decreases HIV incidence by nearly 80% in west African men, despite suboptimal adherence

Krishen Samuel | 23 June 2021

HIV incidence among west African men taking PrEP fell by 79%, when compared to an earlier cohort of men who did not have access to PrEP. This is despite adherence not being optimal for most men, especially among those taking event-driven PrEP. This PrEP demonstration study was conducted in four west African cities by Dr Christian Laurent from the University of Montpellier and colleagues and published in *The Lancet HIV*.

Huge fall in new HIV infections after roll-out of PrEP in Scotland

Roger Pebody | 21 January 2021

New HIV diagnoses in gay and bisexual men fell by 20% after the implementation of a publicly funded PrEP programme in Scotland, while HIV incidence in a large cohort of men attending sexual health clinics fell by 43%, Professor Claudia Estcourt of Glasgow Caledonian University and colleagues report in *AIDS*.

Evidence of an Association of Increases in Pre-exposure Prophylaxis Coverage With Decreases in Human Immunodeficiency Virus Diagnosis Rates in the United States, 2012–2016 ^{FREE}

Dawn K Smith ✉, Patrick S Sullivan, Betsy Cadwell, Lance A Waller, Azfar Siddiqi, Robertino Mera-Giler, Xiaohong Hu, Karen W Hoover, Norma S Harris, Scott McCallister

Clinical Infectious Diseases, ciz1229, <https://doi.org/10.1093/cid/ciz1229>

Published: 25 February 2020 Article history ▼

Rapidly declining HIV infection in MSM in central London

Published Online
October 20, 2017
[http://dx.doi.org/10.1016/j.s2352-3018\(17\)30181-9](http://dx.doi.org/10.1016/j.s2352-3018(17)30181-9)

In 2016, there were 1.8 million new HIV infections worldwide. Although the annual number of new HIV infections has fallen by 16% since 2010, the rate of

been increasing since 2007.^a The reduced incidence in gay and bisexual men was most pronounced in London, in whom there was a 29% decrease with an overall

What happens when PrEP is scaled up? Results from EPIC-NSW



In *The Lancet HIV*, Andrew E Grulich and colleagues describe the rapid roll-out of pre-exposure prophylaxis (PrEP) in New South Wales, Australia (the EPIC-NSW study). The challenge of reaching all

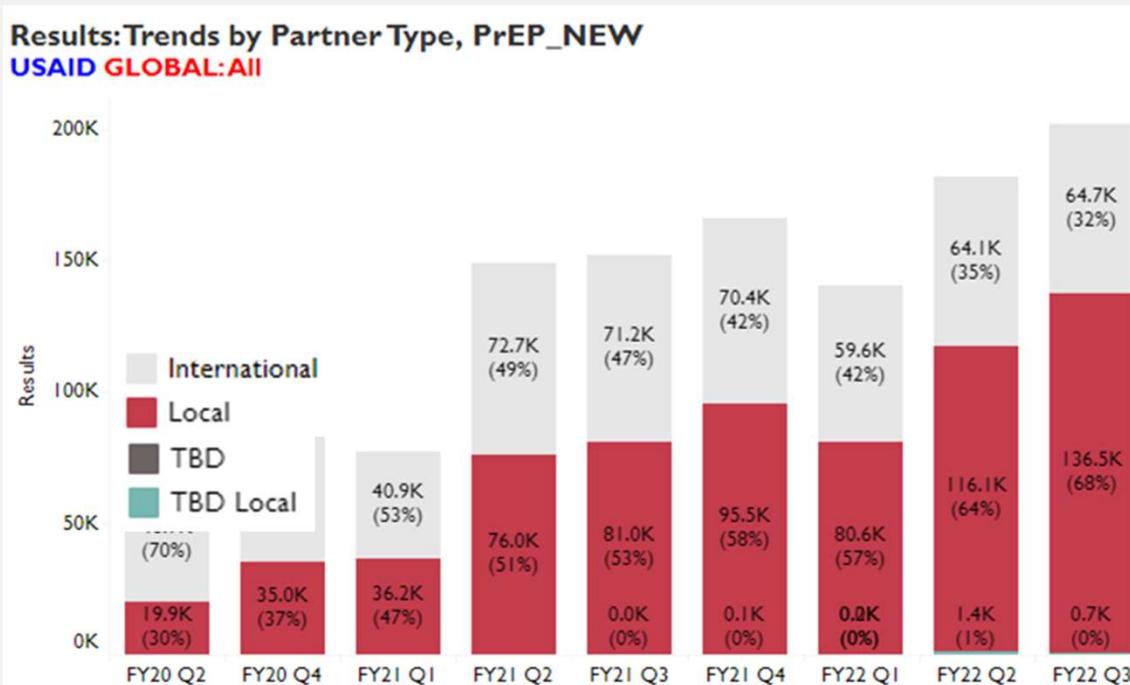
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October 17, 2018
[https://dx.doi.org/10.1016/j.s2352-3018\(18\)30181-9](https://dx.doi.org/10.1016/j.s2352-3018(18)30181-9)

"These results provide evidence that in generalised epidemic settings, offering universal access to PrEP can reduce HIV incidence."

"Just a 25% uptake of PrEP by women in the ECHO study produced a more than 50% fall in the rate of HIV infection."

All studies found results despite imperfect adherence

Quarter over quarter, Local Partners make up an increasing % of PrEP results



LPs have initiated 333,185 clients on PrEP in FY22, surpassing this year's target at 101% achievement

In FY22, LPs account for 67% of target shares, and 64% of total PrEP_NEW results thus far.

LPs will lead PEPFAR in contributing to the global 2025 goal of 10 million people on PrEP

4th Annual USAID Local Partner Meeting

Panel Discussion

Dr Veni Naidu

Johannesburg

12-14 November 2022



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4th Annual USAID Local Partner Meeting
November 2022

Increasing Oral Pre-exposure Prophylaxis Initiations among Adolescent Girls and Young Women from South Africa through Co-planning and Co-location Activities with DREAMS Community Partners

Ivana Beesham¹, Abré Nel¹, **Veni Naidu**¹, Claire Serrao¹, Dhirisha Naidoo¹,
Ayisolwainkosi Ncube¹, Joshua Motlhamme², Nanana Hlatshwayo²,
Khanyo Hlophe², Linda Dlamini², Todd Malone¹

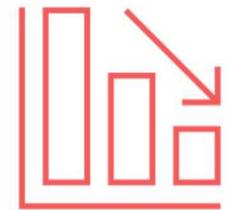
1. BroadReach Health Development, Cape Town, South Africa
2. Department of Health, South Africa



Background on AGYW



1 300
New infections



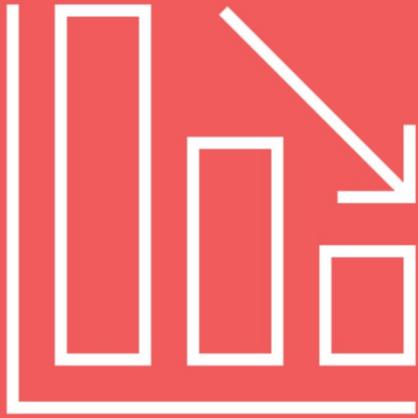
Risk of HIV

1 300 AGYW
newly infected
with HIV¹ weekly

October 2019
DREAMS
initiative
commenced with
oral PrEP

Oral PrEP
initiations are
sub-optimal

* 1. HSRC 2017 survey



Factors contributing to low oral PrEP uptake

- Fear of judgement
- Long waiting queues
- Space shortage
- Inconvenient facility hours
- Lack of guardian/parental support
- Do not perceive to be at-risk for HIV acquisition
- Reluctance to take medication daily
- Substance abuse
- Exposure to gender-based violence
- Reluctance to access treatment continuity in facility post initiation in community

Methods

Community events delivering DREAMS interventions to AGYW

	Co-location Strategy	2021 Implementation 4 BroadReach supported districts	King Cetshwayo and uGu (KwaZulu-Natal) Gert Sibande and Nkangala (Mpumalanga)
	Joint Planning	Department of Health + local DREAMS + non-DREAMS partners	Project management approach was used in planning
	Attendance	Events attended by a range of stakeholders	DREAMS partners, community partners, government departments, civil society and others
	Venues	Close to residential areas	Tertiary education centres, schools, community halls
	Services Provided	Integrated holistic services	Healthcare, life skills, social asset building, creative problem-solving skills, economic strengthening activities, career talks HTS, same-day PrEP initiation, linkage to HIV care, contraception counselling & referral, condoms provision (all) & lubricants (where avail), GBV screening & referral, mental health screening & referral

PrEP demand creation activities

Demand Creation Government Campaigns



- Loud hailers
- Posters on street poles and community halls
- Community meetings
- Municipal buildings
- Community Health Worker door to door visits
- Community Radio
- Sport events – slot provided for

Demand Creation DREAMS Partners



- Peer youth facilitators at schools
- Clinic ground breakers
- Announcements
- Health promotion talks
- MTV media health information slots
- School health programme
- DREAMS life skills programme sessions



DoH PrEP Guidelines are followed

Oral Pre-Exposure Prophylaxis (PrEP) Counselling Guide

1. Pre-test information
2. HIV test
3. Post-test counselling

For clients who are HIV-negative

4. Assess your client's risk of getting HIV.

Discuss your client's risk, explore the following:

 - Do you ever have unprotected sex (not using a condom)?
 - Do you have unprotected sex with a partner/s who are HIV-positive?
 - Do you ever have unprotected sex with a person whose HIV status you don't know?
 - Do you ever have sex under the influence of alcohol and/or drugs?

Be sensitive and non-judgemental!

★ Individuals who answer **YES** to any of these questions or ask for PrEP should be considered for PrEP.
5. Inform your client that PrEP, a pill that prevents HIV, is available at this clinic.
6. Find out if your client is interested in knowing more about PrEP.
7. Provide information about PrEP - if your client is interested and wants to know more.
 - PrEP is an ARV pill used to **PREVENT** HIV infection.
 - PrEP is for HIV-negative people.
 - PrEP is taken daily.
 - PrEP is safe to take!
 - PrEP does not protect you from getting other STIs.
 - PrEP does not prevent you from getting pregnant.
 - PrEP can be stopped at any time that you do not need it.

Always try to use a condom as well as PrEP.

Key messages

PrEP works best when you take it every day!

Because PrEP does not protect you from STIs or getting pregnant, it is best to use with condoms and contraception, where appropriate.

PrEP continuation and follow-up

- 2/52 follow-up call – check for side effects and appointment reminder
- 1-month follow-up for PrEP refill
- Clients who fail to return are contacted via telephone and/or WhatsApp and SMS
- Community Tracing teams track those who cannot be contacted via telephone/messaging
- There are challenges in retaining AGYW in care and with PrEP continuation. These include:
 - AGYW may not perceive themselves to be at risk of HIV infection
 - AGYW do not want to attend clinics/facilities for PrEP continuation
 - Parents/family are non-supportive
 - Unsuitable clinic operating hours
 - Clinics located far from their homes and/or unable to afford transport fares



DoH PrEP Guidelines are followed

8. If client is interested in PrEP tell him/her that the nurse will check the following:

Adolescents

- over 15 yrs old or weigh more than 35 kg

No signs of HIV infection

- physical examination
- HIV test

Kidneys are functioning well

- a blood test will only be done for persons:
 - who have diabetes, or
 - who have high blood pressure, or
 - are over 50 years in age, or pregnant.

If all of these tests are OK, the client could start PrEP immediately.

You do not have to wait for the blood results to start PrEP.

9. Starting PrEP

Provide the correct information and education regarding PrEP:

- You will have to take PrEP pills for 7 days, every day, before you are fully protected from an HIV infection.
- Use a condom in these first 7 days.
- You will get the best protection if you take PrEP pills every day.
- You can stop taking PrEP if you are no longer at risk.
- If you want to stop PrEP, continue to take PrEP pills for 7 days before stopping.



Clinic visits:



10. Pill-taking

- Remember to take PrEP every day.
- PrEP tablets can be taken any time of day, with food or without food.
- If you forget to take a tablet, take it as soon as you remember.
- Set an alarm or link pill taking to something else that you do every day – like having your morning tea or brushing your teeth before you go to bed.
- PrEP is safe even if you are taking hormonal contraceptives, sex hormones or non-prescription drugs.
- PrEP is safe with alcohol.



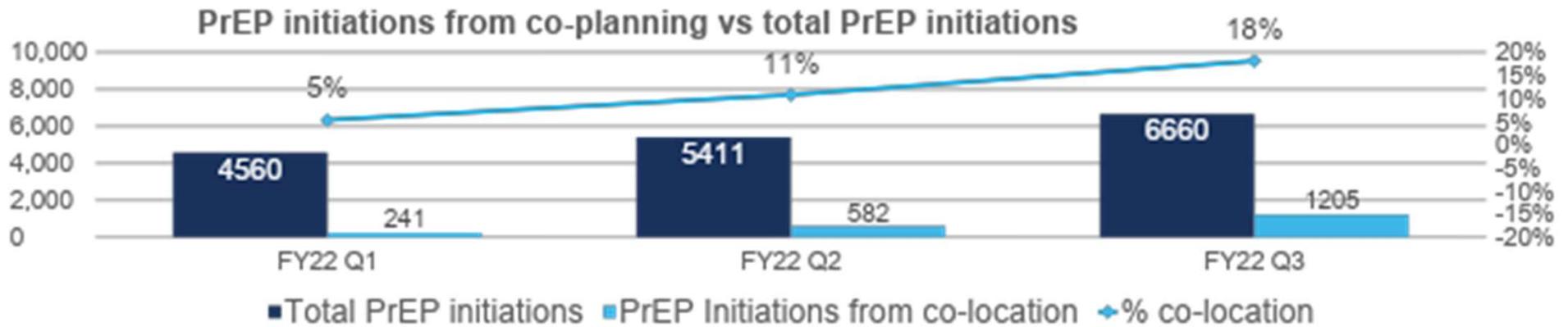
www.myprep.co.za

[@MyPrEPSouthAfrica](https://www.facebook.com/MyPrEPSouthAfrica)

[@MyPrEP_SA](https://www.instagram.com/MyPrEP_SA)



Results



Quarter (Q)	Number of PrEP initiations from co-located activities vs total number of PrEP initiations (n/N, %)				
	Nkangala (started Q2)	Gert Sibande	King Cetshwayo	uGu	Total
Oct-Dec 21 (Q1)	0/629 (0%)	115/1,476 (8%)	79/1,795 (4%)	47/661 (7%)	241/4,560 (5%)
Jan-Mar 22 (Q2)	98/979 (10%)	71/1,392 (5%)	272/2,084 (13%)	141/956 (15%)	582/5,411 (11%)
Apr-Jun 22 (Q3)	344/1,885 (18%)	167/1,788 (9%)	330/1,496 (22%)	364/1,491 (24%)	1,205/6,660 (18%)

Results

- Co-planning and co-location activities significantly increased PrEP initiations among AGYW in all districts from Q1 to Q3
- YTD BroadReach 2028/16631 (12.2%) contribution from co-locations

Project Management Approach to Event planning and execution

- Project planning schedule
- Stakeholders mapped & engaged
- Commodities: PrEP meds, HIV test kits, HIVSS, condoms, lubricants (NGO). Contraceptives refer to Clinic
- Data collated and shared
- Standardised reporting tool used by all partners
- Signed referral slips
- Same day linkage
- Event de-briefing sessions to discuss challenges and



Project Management Planning Template

No	Key Activities	Deliverable	Nr of Days	Start	End	Responsible Person/Institution	Responsible Person Contact details	Progress on key activities			Remarks	Actions to Mitigate Behind Schedule
								Completed	On Track	Behind Schedule		
1	Community identification	Areas agreed: Target audience defined:										
2	Venues	Identified venue, arrange for opening and closing of venue (if applicable), main contact person identified										
3	Event date	Date(s) agreed between main stakeholders										
4	Stakeholders	Name all stakeholders & their roles even those to be informed										
5	DSD Services required:	Name each service & requirements including referral persons										
6	Equipment required:	Name these & who providing e.g., gazebos, chairs, tables, test kits, registers, banners, etc.										
7	Staffing required:	Name each staff member required and their role										
8	Invites	Who to send out invites and receive RSVPs										
9	Catering & other costs	Are there costs involved, define them and follow BroadReach procurement processes										
10	Transport arrangements	Car hire where appropriate with appropriate type of vehicle, car pool, follow BroadReach travel processes										
11	Communications, IEL and Media	Define these										
12	Project meetings	State dates of touch base meetings to prepare, distribute minutes and follow-up deliverables with individuals responsible										
13	Referral & Reporting tools	Itemise requirements data elements to be met										
14	Attendance registers											
15	Follow up on interventions referred and received & Campaign Report produced	Referrals made and closed, reasons for not providing services lessons learnt, gaps identified										

Actions to mitigate behind Schedule

Progress on Key Activities

Responsible Person

Timing

Deliverables

Key activities



Standardised Reporting Tool – Referrals received, made & closed

- Referral Coordinators complete tool at district level
- Data is shared amongst partners including Department of Health and community structures
- Data is used to debrief after the event

DREAMS Partner	Referrals (cumulative)				Referrals (previous week)				Comments
	Received	Closed	Made	Closed	Received	Closed	Made	Closed	
CCI (DramAIDE)									• XX
EDC									• XX
FHI-360									• XX
FHI-360 (AIDS Foundation)									• XX
NACOSA (Childline)									• XX
NACOSA (LifeLine)									• XX
Wits RHI									• XX
Global Fund									• XX
Other – Dept of Employment &									• XX

Conclusion



- Clients receive same day service



- Linkages are provided for continuity of care



- Co-planning and co-locating is an effective HIV prevention strategy to increase PrEP uptake and awareness amongst AGYW



- Project management approach = successful implementation

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BroadReach

BroadReach is a health solution company focused on improving the health and well-being of underserved populations. Using almost two decades of experience and foremost Vantage technology, we design and deliver effective solutions to healthcare problems in emerging markets, empowering stakeholders to make the right decisions and implement the right actions that improve health outcomes and change lives.

Founded in 2003, BroadReach is at the forefront of supporting African governments, donors and Ministries of Health in the implementation of Health Systems Strengthening programs. We have worked in over 20 countries worldwide.

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D.Health

A responsive community application bringing services and empowering clients to manage and navigate their care

Presented by **Ruben Frescas, Jr., MD, MPH**, Deputy Chief of Party
USAID Local Assistance to Develop and Deliver Excellence, Resilience,
and Sustainability in Vietnam (LADDERS)

Problem:

How do you expand reach, improve health literacy, and empower communities to be aware of service?



Solution:
Integrate these functions into an existing application to bring this information to the palm of the client's hand, any-time, anywhere.



Version 1.0

A data entry and monitoring tool for outreach workers and general information for clients to support outreach

Version 2.0

Appointments can be scheduled, self-tests can be ordered, and services can be driven and tailored from outreach to screening to referral and support

Client profiles can be collected, analyzed and visualized to inform human centered design and behavior change communications approaches:

- Communications campaigns
- Messaging
- Outreach approaches
- Individual/group counseling
- Anticipated enhanced support for particularly vulnerable subgroups

Standardize service approach

- 6-steps to providing community-based services

Expand services provision

- HIV-related services (HIV counseling & testing, PrEP, PEP, etc.)
- Mental health, substance abuse, methadone
- PHC augmentation (non-communicable disease screening and information)
- Others (i.e. COVID, Influenza, etc.)

Accountability

- Standard SOPs co-written with MOH
- Training and post-test competency testing
- Continued update training/competency testing
- Client report outcomes/feedback

Branding

- Standard branding materials
- Information materials
- D.Health connection
- Color/Style

Business Development for Sustainability

- Support for social contracting
- Support for identifying other billable services/products (i.e., spa, coffee shop, pharmacy, etc.)
- Support to assess fee-based services or products



DOME Model

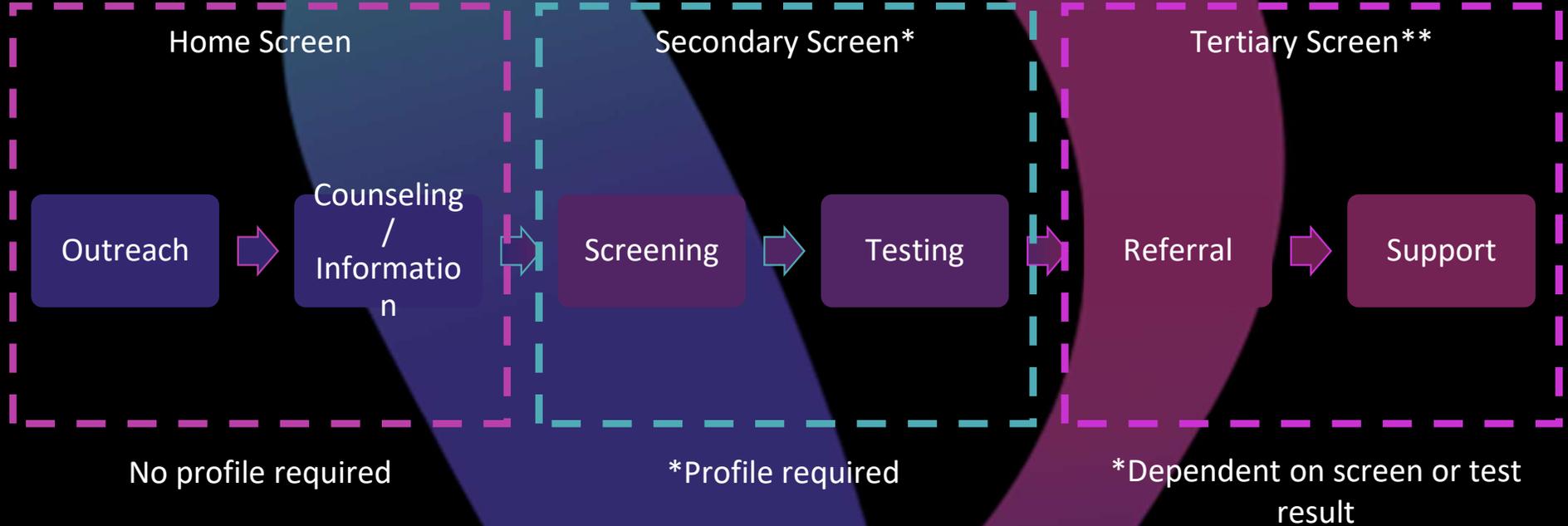
REPRESENTS:
*Unity
Governance
Strength
Quality*

Supported by 6 pillars of the model:



*HIV-related services · STIs · Hepatitis · TB
Mental Health · Substance Abuse · PHC Augmentation*

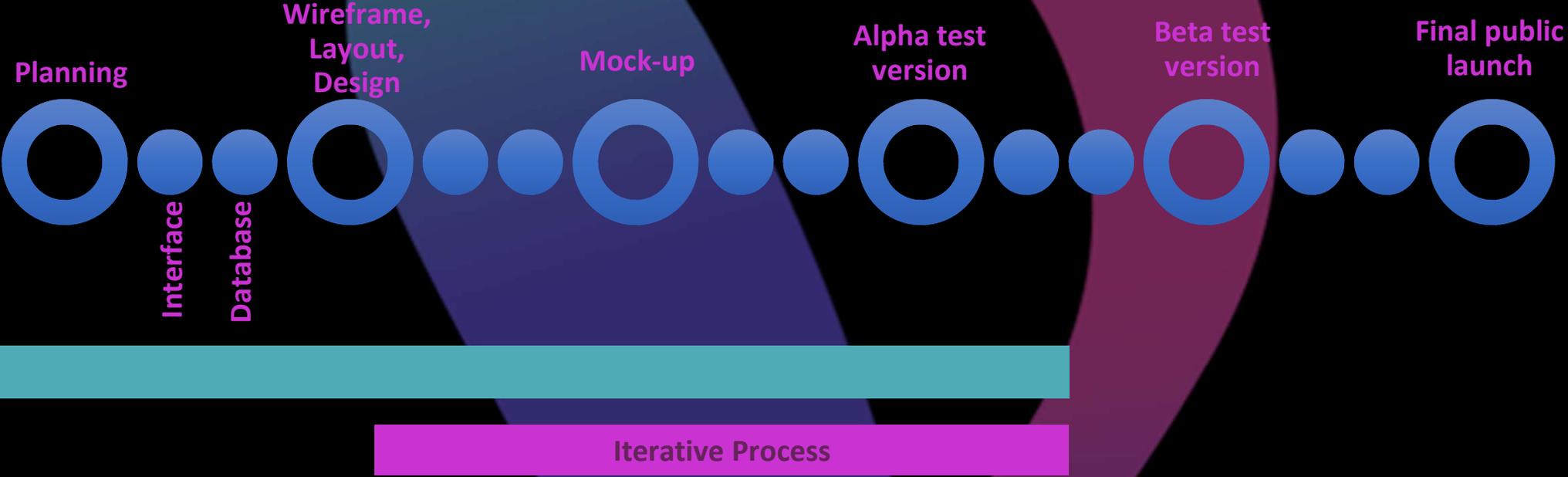
Reorient client screen to align with one stop shop model



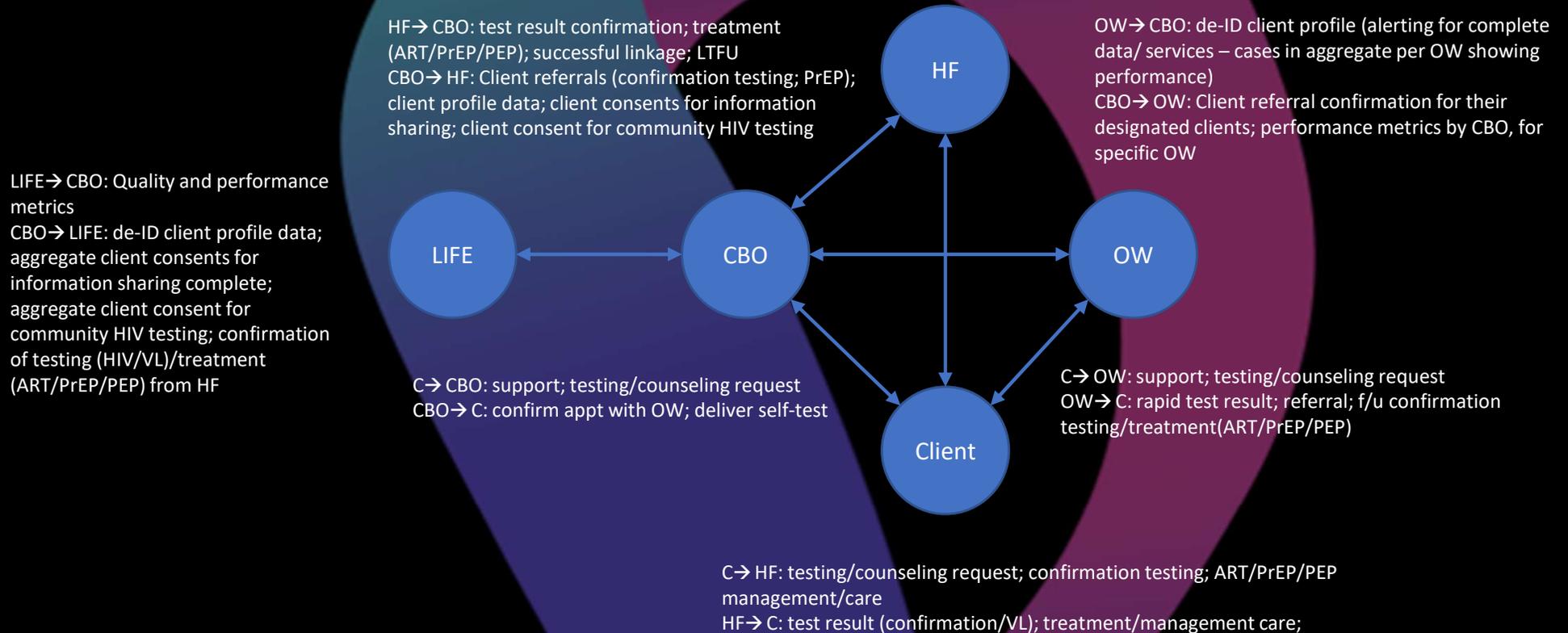
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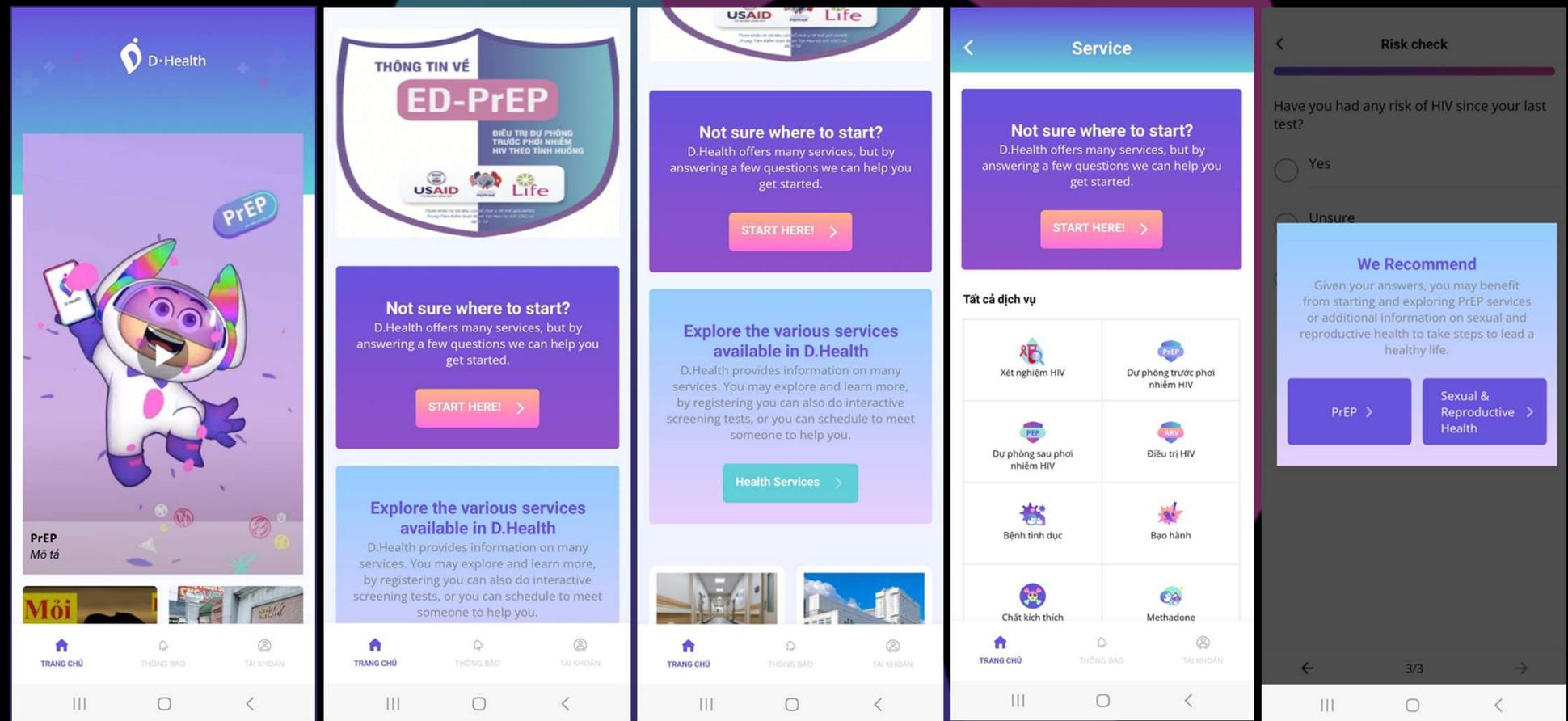
Milestones



Data Flow



D.Health: PrEP Example (I)



D.Health: PrEP Example (II)

< Dự phòng trước phơi nhiễm HIV



Dự phòng trước phơi nhiễm HIV

PrEP là chữ viết tắt của Pre-Exposure Prophylaxis – Điều trị dự phòng HIV trước phơi nhiễm.

PrEP dùng cho người chưa nhiễm HIV (HIV âm tính) và có nguy cơ lây nhiễm HIV cao. Những người chưa nhiễm HIV và có nguy cơ nhiễm cao, bao gồm:

- Người có quan hệ tình dục không an toàn với hoặc tiếp xúc với dịch, máu của nhóm nguy cơ cao nhiễm HIV. Ví dụ như Nam quan hệ tình dục đồng giới, người tiêm chích ma túy, người mắc các bệnh lây truyền qua đường tình dục,...
- Người có bạn tình nhiễm HIV chưa điều trị ARV hoặc điều trị ARV nhưng tải lượng HIV trên 200 bản sao trên 1 ml máu hoặc chưa được xét nghiệm tải lượng HIV.

Lưu ý khi sử dụng PrEP

< Dự phòng trước phơi nhiễm HIV

Lưu ý khi sử dụng PrEP

- PrEP phòng lây nhiễm HIV nhưng không phòng được các bệnh lây truyền qua đường tình dục khác như lậu, giang mai, viêm gan B, viêm gan C, Chlamydia,...
- PrEP không có tác dụng tránh thai.
- PrEP chỉ có tác dụng khi bạn sử dụng trước khi có nguy cơ phơi nhiễm với HIV. Nếu bạn phơi nhiễm với người có HIV hoặc không rõ về tình trạng sức khỏe của họ, trong vòng 72 giờ, hãy sử dụng PEP ngay.
- PrEP sử dụng cùng bao cao su khi quan hệ tình dục phòng lây nhiễm HIV và các bệnh lây truyền qua đường tình dục.
- PrEP an toàn với hầu hết người sử dụng, bao gồm cả phụ nữ mang thai và cho con bú.
- Hãy trao đổi với bác sĩ khi bạn muốn dừng PrEP

Video
Brief video about the service



< Dự phòng trước phơi nhiễm HIV

Video
Brief video about the service



Screening Questions
This tool can help identify potential risks you may have had to HIV to help you decide if testing is recommended for you.

[Questions >](#)

Speak with an outreach worker?
You may reach out to a trained outreach worker

< Risk Calculator

5. Do you enjoy random or spontaneous sex with others?

Yes

No

6. Do you have a partner who is HIV positive

You would likely benefit from enrolling on to PrEP.

[PrEP Service >](#)

7. Do you may have multiple sex partners and you may not know their HIV status and not always use condoms when having sex with them?

Yes

No

[Done](#)

< D-Health

Ngoài phòng khám (ghi rõ địa chỉ):

Thời gian

09:00

09:00 10:00 11:00 12:00 13:00

14:00 15:00 16:00 17:00

Ghi chú

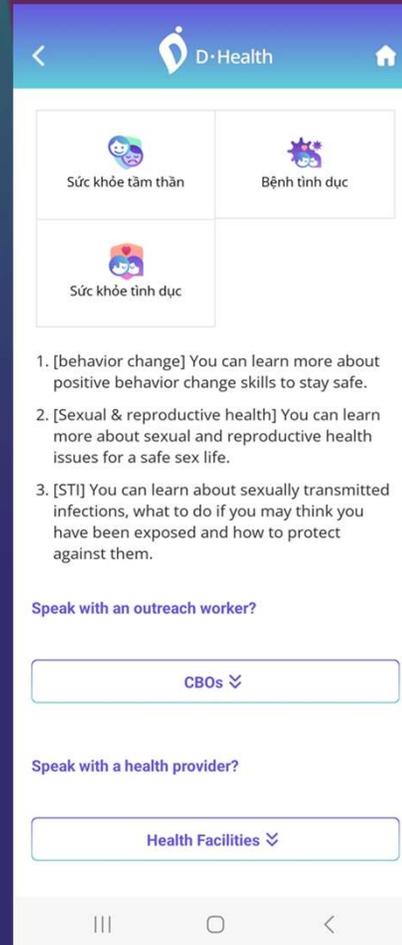
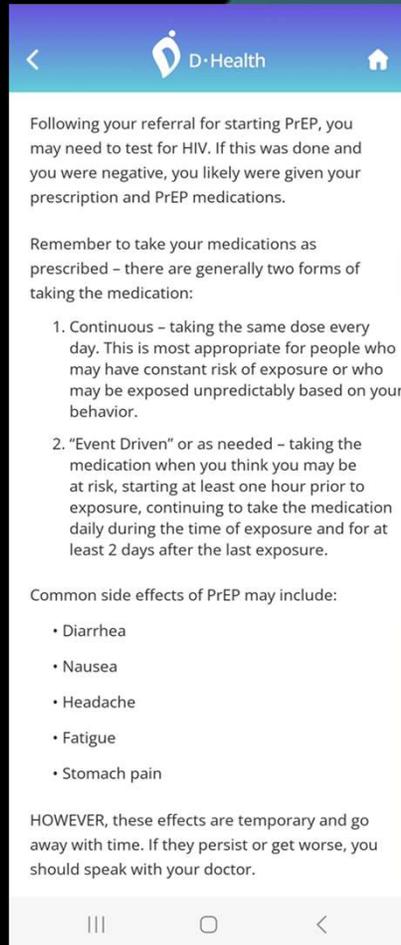
[Booking](#)

Speak with a health provider?

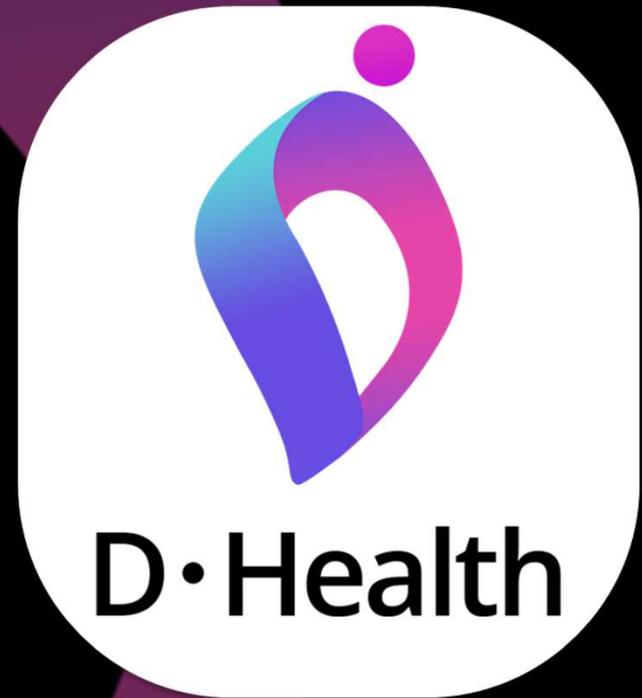
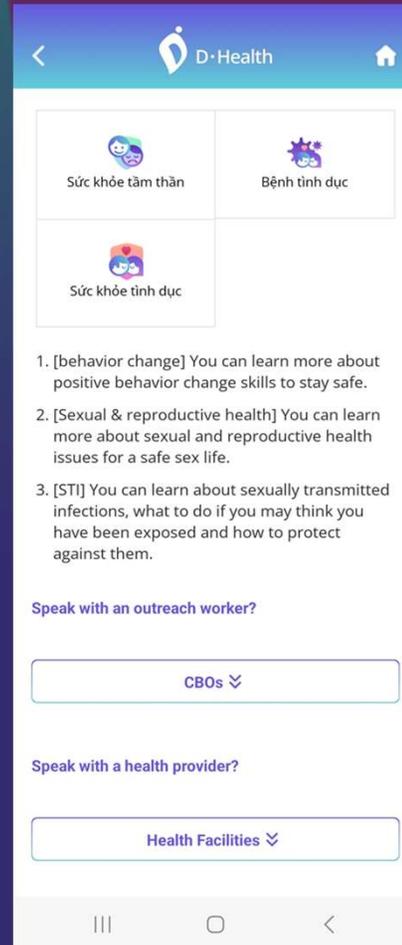
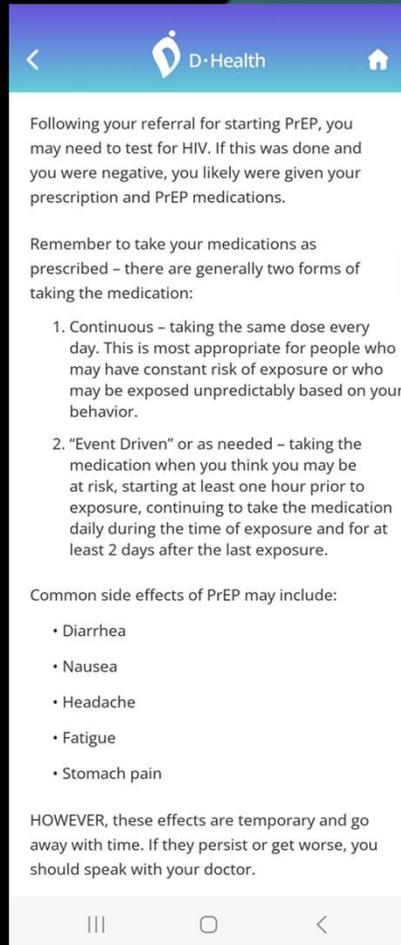
[Health Facilities v](#)

[Support Page](#)

D.Health: PrEP Example (III)



D.Health: PrEP Example (III)





Thank you!
Cảm ơn!

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Optimizing PrEP Service Delivery amongst AGYW in Tebelopele Wellness Clinics to improve uptake and continuation.

- **4th Annual USAID partner's meeting, 14-18 November 2022**

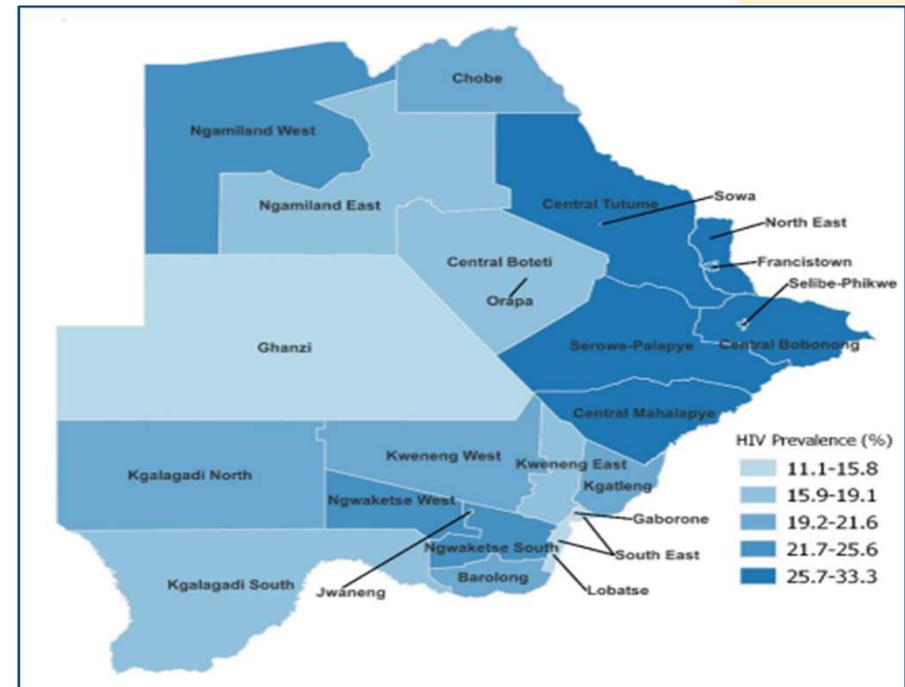
**DR GAONE MAKWINJA BSC, MD
TECHNICAL DIRECTOR
KGATELOPELE MO BOTSOGONG PROJECT**





Background

- Annual incidence of HIV among adults aged 15-64 years in Botswana was 0.2%, which corresponds to approximately 2,200 new cases of HIV per year among adults. HIV incidence was 0.4% among females and 0.0% among males.
- The HIV prevalence among people aged 15-64 years is 20.8%
 - 15.2 % among men
 - 26.2 % among women
- The HIV prevalence among people aged 15-19 years is **2.7 %**(BAIS V, 2022).
- By 5-year age groups, HIV prevalence was **higher among females** than males in each age group from ages 20-24 years through 40-44 years





Background cont..

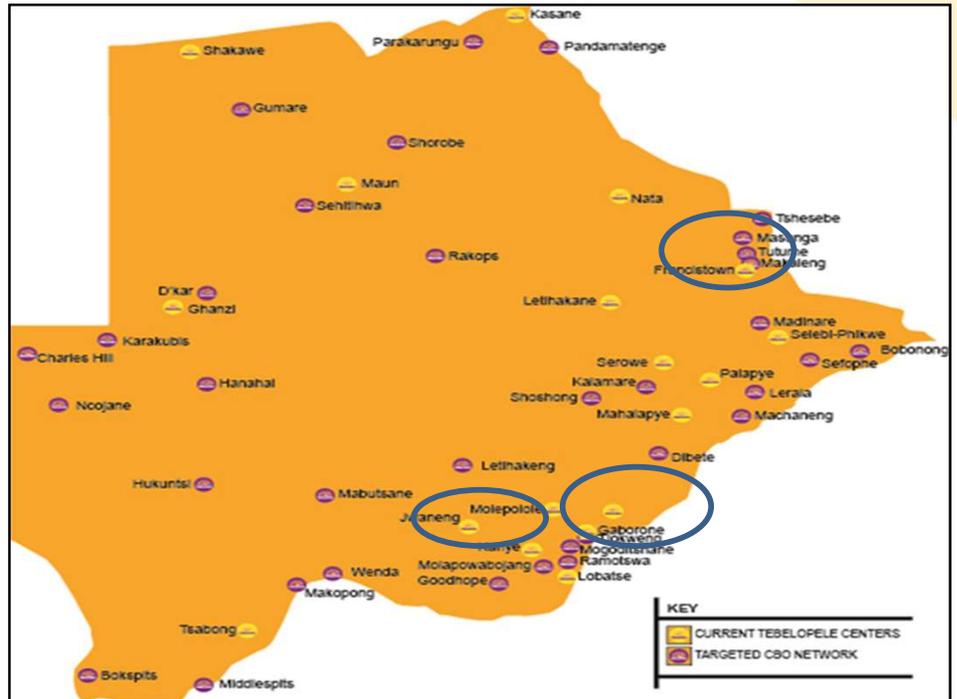
- The Kgatelopele Mo Botsogong Project aims at **providing client centered** integrated HIV health services to close the **gaps** related to HIV / AIDS prevention and care and treatment among AGYW.

Implementing districts:

- ✓ Gaborone
- ✓ Kweneng East
- ✓ Francistown

Target population:

- ✓ **AGYW 10-24 (DREAMS)**
- ✓ Men 25+
- ✓ Female 25-39



Combination prevention package for AGYW (DREAMS)



- **Pre Exposure prophylaxis**
- HIV Testing
- STI screening and Treatment
- Contraceptive mix
- Condom education and distribution
- Post GBV case identification and clinical care
- Referral for Primary services
- Online Platforms – Cookie Jar Facebook Group



Theory of Change



2016: Botswana HIV guidelines recommends the use of PrEP for prevention



2018: TWC pioneers PrEP services for at risk populations including AGYW.

Challenges: Stigma , Side effects, poor perception of HIV vulnerability, high mobility

Mitigation: education on PrEP including side effects, appointment reminders, whatsapp groups



2021: Scales up PrEP services for AGYW including community outreach activities.

Challenges: centralization of services, high mobility, side effects

Mitigation: decentralization of PrEP services, marketing through digital platforms,



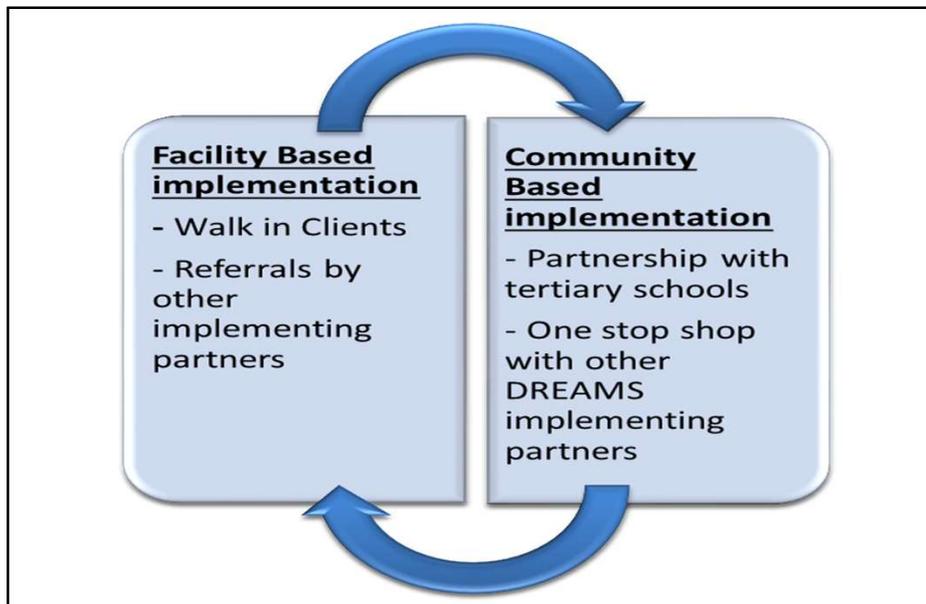
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Models of implementation

Activities



- Outreach activities
- Appointment reminders
- Cookie jar Facebook Group



Methods

- District level planning
- Partner to partner planning
- Memorandum of understanding with Tertiary schools and vocational training institutes
- Community level sensitization including GOB facilities
- Multi-month PrEP dispensing



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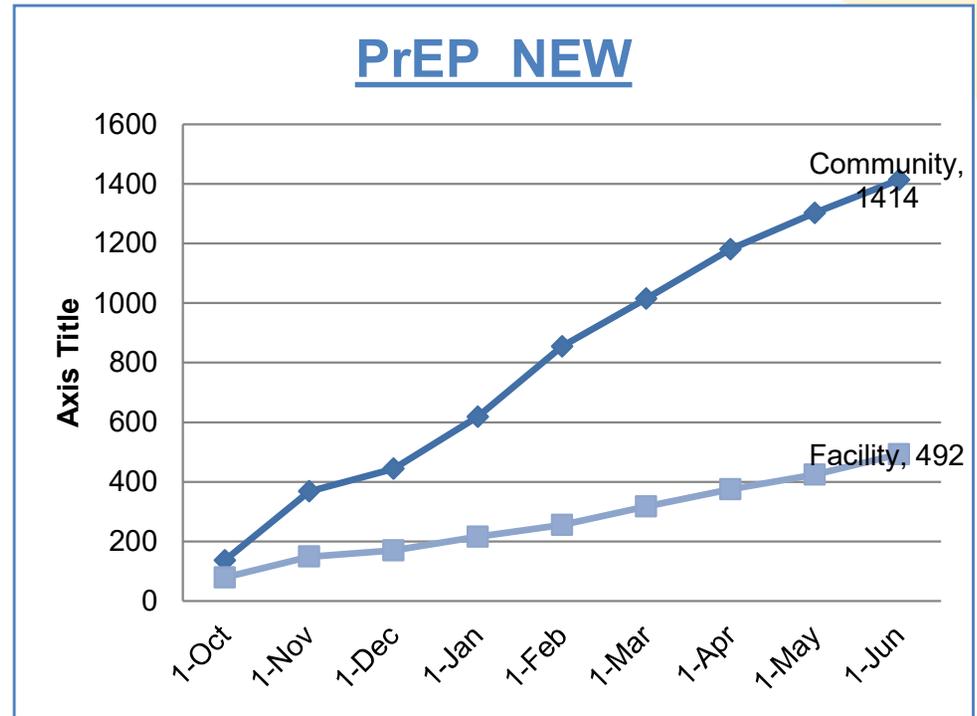
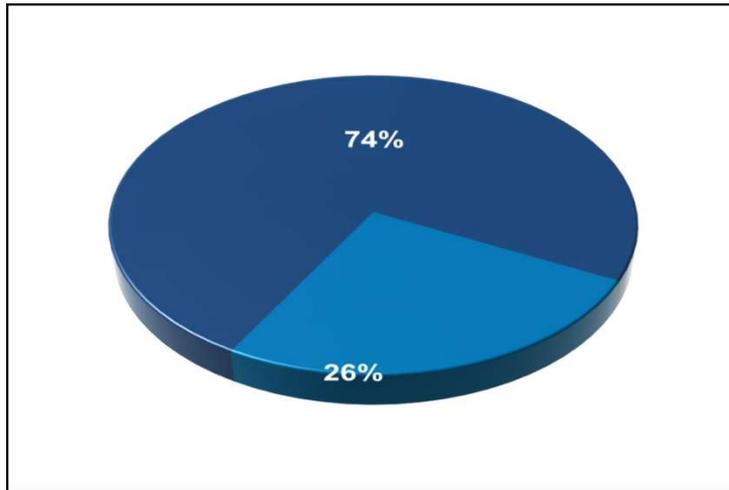
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PrEP NEW: Number of individuals who were newly enrolled on pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period

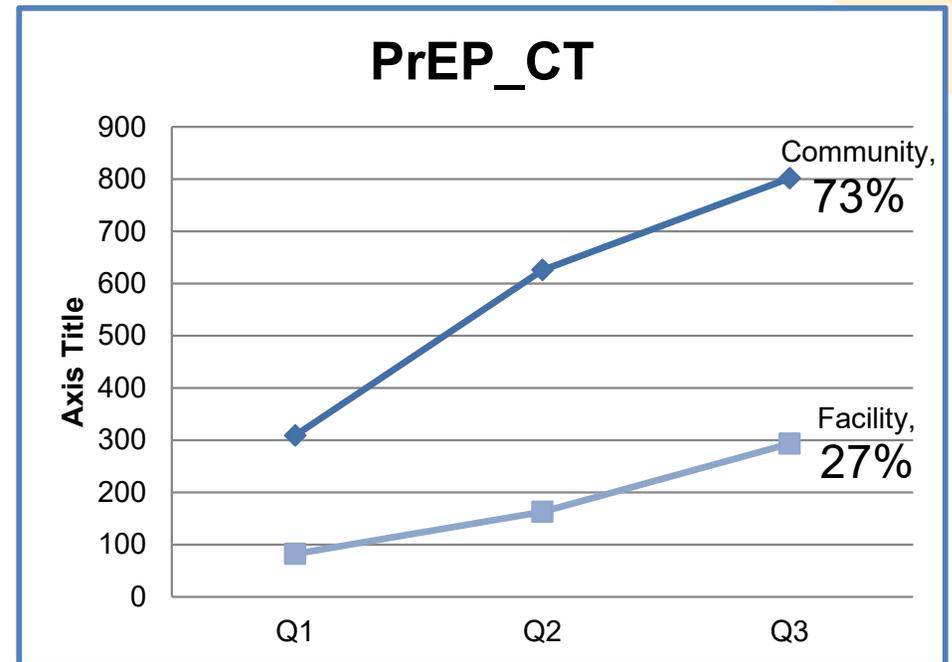
PrEP initiations

- 74% community
- 26% facility





PrEP CT: Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period





Lessons Learnt and Conclusion

- Successful PrEP scale up for AGYW in Botswana requires PrEP integration into the young women's daily lives

Conclusion:

- Scale up PrEP decentralization to improve access and continuity



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THANK YOU





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Discussion Questions & Answer Session

