Technical Talk: Prevention is PrEParing for the Future

Laura Martindale, USAID, Moderator
Allison Kimmel, USAID, Moderator
Dr. Veni Naidu, BroadReach, South Africa
Dr. Ruben Frescas, Jr, LIFE Centre, Vietnam
Dr. Botlhale 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

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

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 infections remains increasing since 2007. The reduced incidence in gay and bisexual men was most pronounced in London, in whom there was a 29% decrease with an overall fall of 31%.

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 the non-gay suburban (PrEP) in New South Wales, Australia (the EPIC-Nsw study). The challenge of reaching all those at risk for HIV is a key consideration for the wider roll-out of PrEP.
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
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 Naidu¹, Claire Serra¹, 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 AGYW newly infected with HIV
- 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

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

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PrEP demand creation activities

**Demand Creation**
- Government Campaigns
- DREAMS Partners

**Demand Creation Activities**
- 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 announcements

**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?

- 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.

**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
   - Kedneys 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
       - are 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 immediately.

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:
   - AFTER 1 MONTH
     - Counselling
     - STI screening
     - HIV Test
     - Condom use
     - Contraception
   - VISIT EVERY 3 MONTHS
     - Counselling
     - STI screening
     - HIV Test
     - Condom use
     - Contraception

10. 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.
## Results

**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

### Number of PrEP initiations from co-located activities vs total number of PrEP initiations (n/N, %)

<table>
<thead>
<tr>
<th>Quarter (Q)</th>
<th>Nkangala (started Q2)</th>
<th>Gert Sibande</th>
<th>King Cetshwayo</th>
<th>uGu</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-Dec 21 (Q1)</td>
<td>0/629 (0%)</td>
<td>115/1,476 (8%)</td>
<td>79/1,795 (4%)</td>
<td>47/661 (7%)</td>
<td>241/4,560 (5%)</td>
</tr>
<tr>
<td>Jan-Mar 22 (Q2)</td>
<td>98/979 (10%)</td>
<td>71/1,392 (5%)</td>
<td>272/2,084 (13%)</td>
<td>141/956 (15%)</td>
<td>582/5,411 (11%)</td>
</tr>
<tr>
<td>Apr-Jun 22 (Q3)</td>
<td>344/1,885 (18%)</td>
<td>167/1,788 (9%)</td>
<td>330/1,496 (22%)</td>
<td>364/1,491 (24%)</td>
<td>1,205/6,660 (18%)</td>
</tr>
</tbody>
</table>

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**PrEP initiations from co-planning vs total PrEP initiations**

- Total PrEP initiations
- PrEP Initiations from co-location
- % co-location
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
<table>
<thead>
<tr>
<th>No</th>
<th>Key Activities</th>
<th>Deliverable</th>
<th>Nr of Days</th>
<th>Start</th>
<th>End</th>
<th>Responsible Person/Institution</th>
<th>Responsible Person Contact details</th>
<th>Progress on Key Activities</th>
<th>Remarks</th>
<th>Actions to Mitigate Behind Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community identification</td>
<td>Areas agreed:</td>
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<td>Target audience defined</td>
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<tr>
<td>2</td>
<td>Venues</td>
<td>Identified venue, arrange for opening and closing of venue (if applicable), main contact person identified</td>
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<tr>
<td>3</td>
<td>Event date</td>
<td>Date(s) agreed between main stakeholders</td>
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<tr>
<td>4</td>
<td>Stakeholders</td>
<td>Name all stakeholders &amp; their roles even those to be informed</td>
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<td>5</td>
<td>DSD Services required:</td>
<td>Name each service &amp; requirements including referral person</td>
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<tr>
<td>6</td>
<td>Equipment required:</td>
<td>Name these &amp; who providing e.g., gazebos, chairs, tables, test kits, registers, banners, etc.</td>
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<tr>
<td>7</td>
<td>Staffing required:</td>
<td>Name each staff member required and their role</td>
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<tr>
<td>8</td>
<td>Invites</td>
<td>Who to send invites and receive RSVPs</td>
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<tr>
<td>9</td>
<td>Catering &amp; other costs</td>
<td>Are there costs involved; define them and follow BroadReach procurement processes</td>
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<tr>
<td>10</td>
<td>Transport arrangements</td>
<td>Car hire where appropriate with appropriate type of vehicle, car pools follow BroadReach travel processes</td>
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<tr>
<td>11</td>
<td>Communications, IEC and Media</td>
<td>Define these</td>
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<tr>
<td>12</td>
<td>Project meetings</td>
<td>State dates of touch base meetings to prepare, distribute minutes and follow-up deliverables with individuals responsible</td>
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<tr>
<td>13</td>
<td>Referral &amp; Reporting tools</td>
<td>Itemize requirements, data elements to be measured</td>
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<tr>
<td>14</td>
<td>Attendance registers</td>
<td>Follow up on interventions referred and received &amp; Campaign Report produced</td>
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<tr>
<td>15</td>
<td>Follow up on interventions</td>
<td>Referred and received &amp; Campaign Report produced</td>
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</table>

**Key activities**
- Deliverables
- Timing
- Responsible Person
- Progress on Key Activities
- Actions to mitigate behind Schedule
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

<table>
<thead>
<tr>
<th>DREAMS Partner</th>
<th>Referrals (cumulative)</th>
<th>Referrals (previous week)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Receive d</td>
<td>Closed</td>
<td>Made</td>
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<td>CCI (DramAIDE)</td>
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<td>EDC</td>
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<tr>
<td>FHI-360</td>
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<tr>
<td>FHI-360 (AIDS Foundation)</td>
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<tr>
<td>NACOSA (Childline)</td>
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<tr>
<td>NACOSA (LifeLine)</td>
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<tr>
<td>Wits RHI</td>
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<tr>
<td>Global Fund</td>
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<tr>
<td>Other – Dept of Employment &amp;</td>
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</table>

*xx - Enter data for each partner and week.*
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.

Contact telephone number
Cape Town: +27 21 514 8300
Johannesburg: +27 11 727 9500

www.broadreachcorporation.com
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, anytime, 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
Reorient client screen to align with one stop shop model

Home Screen
- Outreach
- Counseling / Information

Secondary Screen*
- Screening
- Testing
*Profile required

Tertiary Screen**
- Referral
- Support
*Dependent on screen or test result

Navigation Bar: Home; My Account; Notifications; Help [FAQ]
Milestones

- Planning
- Interface
- Database
- Wireframe, Layout, Design
- Mock-up
- Alpha test version
- Beta test version
- Final public launch

Iterative Process
Data Flow

HF → CBO: test result confirmation; treatment (ART/PrEP/PEP); successful linkage; LTFU
CBO → HF: Client referrals (confirmation testing; PrEP); client profile data; client consents for information sharing; client consent for community HIV testing
C → CBO: support; testing/counseling request
CBO → C: confirm appt with OW; deliver self-test
C → HF: testing/counseling request; confirmation testing; ART/PrEP/PEP management/care
HF → C: test result (confirmation/VL); treatment/management care;

LIFE → CBO: Quality and performance metrics
CBO → LIFE: de-ID client profile data; aggregate client consents for information sharing complete; aggregate client consent for community HIV testing; confirmation of testing (HIV/VL)/treatment (ART/PrEP/PEP) from HF

CBO → OW: de-ID client profile (alerting for complete data/services – cases in aggregate per OW showing performance)
CBO → OW: Client referral confirmation for their designated clients; performance metrics by CBO, for specific OW

Client

OW → CBO: de-ID client profile (alerting for complete data/services – cases in aggregate per OW showing performance)
CBO → OW: Client referral confirmation for their designated clients; performance metrics by CBO, for specific OW

C → OW: support; testing/counseling request
OW → C: rapid test result; referral; f/u confirmation testing/treatment(ART/PrEP/PEP)
D. Health: PrEP Example (I)
D. Health: PrEP Example (II)

**PrEP Example**

PrEP (Pre-exposure Prophylaxis) is a preventive measure used to reduce the risk of HIV transmission through sexual intercourse, injection drug use, or exposure to HIV-infected blood.

**PrEP Use**

- **Precaution:** PrEP is not a substitute for safer sex practices. It should be used in conjunction with other HIV prevention methods.
- **Eligibility:** PrEP is recommended for individuals at high risk of HIV infection, including those who are sexually active with someone who is HIV-positive or has a high risk of being HIV-positive, or who inject drugs.
- **Cost:** PrEP is typically covered by insurance, but out-of-pocket costs may vary. Patients are encouraged to contact their insurance provider to discuss coverage options.

**PrEP Benefits**

- Reduces the risk of HIV acquisition by up to 90% when taken consistently and correctly.
- Provides long-term protection if taken daily as directed.
- Can be started at any age and any stage of HIV risk.

**PrEP Side Effects**

PrEP may cause mild to moderate side effects, including:

- Nausea
- Diarrhea
- Headache
- Fatigue
- Rash

**PrEP Cost**

PrEP can be costly, but many insurance plans cover the cost. Patients should contact their insurance provider to understand their coverage.

**PrEP Eligibility**

- Men who have sex with men
- Women who have sex with men
- People who inject drugs
- People who have a partner with HIV

**PrEP Access**

- PrEP can be accessed through clinics, pharmacies, and healthcare providers.
- Some programs offer PrEP at a reduced cost or for free.

**PrEP Implementation**

- PrEP is taken daily, usually with food to prevent stomach upset.
- PrEP must be started before the initial exposure to HIV and continued indefinitely.
- Regular HIV testing is required to monitor for any signs of HIV infection.

**PrEP Benefits**

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**PrEP Implementation**

- PrEP is taken daily, usually with food to prevent stomach upset.
- PrEP must be started before the initial exposure to HIV and continued indefinitely.
- Regular HIV testing is required to monitor for any signs of HIV infection.
Following your referral for starting PrEP, you may need to test for HIV. If this was done and you were negative, you likely were given your prescription and PrEP medications.

Remember to take your medications as prescribed – there are generally two forms of taking the medication:

1. Continuous – taking the same dose every day. This is most appropriate for people who may have constant risk of exposure or who may be exposed unpredictably based on your behavior.
2. “Event Driven” or as needed – taking the medication when you think you may be at risk, starting at least one hour prior to exposure, continuing to take the medication daily during the time of exposure and for at least 2 days after the last exposure.

Common side effects of PrEP may include:

- Diarrhea
- Nausea
- Headache
- Fatigue
- Stomach pain

HOWEVER, these effects are temporary and go away with time. If they persist or get worse, you should speak with your doctor.

1. [Behavior change] You can learn more about positive behavior change skills to stay safe.
2. [Sexual & reproductive health] You can learn more about sexual and reproductive health issues for a safe sex life.
3. [STI] You can learn about sexually transmitted infections, what to do if you may think you have been exposed and how to protect against them.

Speak with an outreach worker?

Speak with a health provider?
D.Health: PrEP Example (III)

Following your referral for starting PrEP, you may need to test for HIV. If this was done and you were negative, you likely were given your prescription and PrEP medications.

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Speak with an outreach worker?

Speak with a health provider?
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
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.
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 AGYWs.

**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, watsapp 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,
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
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
THANK YOU
Discussion
Questions & Answer Session