6 – 10 October · Lima, Peru and virtual hivr4p.org

**Damary Rehema Chora**, Kenya Medical Research Institute; *on behalf of Pharm PrEP study team*

## Differentiated PEP and PrEP – reaching more people with HIV prevention services using DSD

# Adapting the where for PEP & PrEP – expanding service reach through private pharmacies in Kenya

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# In Kenya, barriers to PrEP/PEP remain that could be addressed with pharmacies

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## Dominant PrEP/PEP delivery model:

**Public HIV clinics**

Barriers to client access:

**Stigma**
*Associated with visiting HIV clinics when HIV uninfected*

**Limited hours of operation**
*Closed on weekends when prevention (especially PEP) needed*

**Long wait times & travel distance**
*Associated w/ overcrowding, many stops, limited PrEP/PEP clinics*

## New PrEP/PEP delivery model:

**Private community pharmacies**

- ☑ **Health services commonly sought here** *(~50% of individuals in low- and middle-income countries)*
- ☑ **Long operating hours** & operate on weekends
- ☑ **Quick, discreet services** *(No HIV stigma)*
- ☑ **Large purveyor of SRH products** *(e.g., condoms, emergency contraception)*

**In Kenya, >5000 licensed pharmacies** overseen by a regulatory board, with annual renewal & continuing professional development requirements.

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# We have demonstrated the feasibility of pharmacy-delivered PrEP/PEP in pilots

## Care pathway for pharmacy PrEP/PEP:

*Utilizes prescribing checklist w/ remote clinician oversight*

HIV risk assessment → *Not at HIV risk*

Medical safety assessment → *Medical conditions that might contraindicate drug safety*

HIV testing → *HIV-positive*

*Referred to clinic services*

Drug dispensing

→ *Tested in 12 pharmacies in Western and Central Kenya over ~18 months*

## Key findings

- Pharmacies **reached PrEP/PEP naïve clients** with HIV risk not often engaged in clinic-delivered PrEP/PEP services
- Delivering public drugs in a new private settings was **feasible**; services delivered with high fidelity
- PrEP **continuation was comparable** with that observed at public clinics


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→ *Research on implementation strategies to support scale-up needed*

(Ortblad KF et al., CROI 2022; Roche et al., CROI 2023)

# An ongoing cluster-randomized controlled trial is testing implementation strategies to inform scale-up

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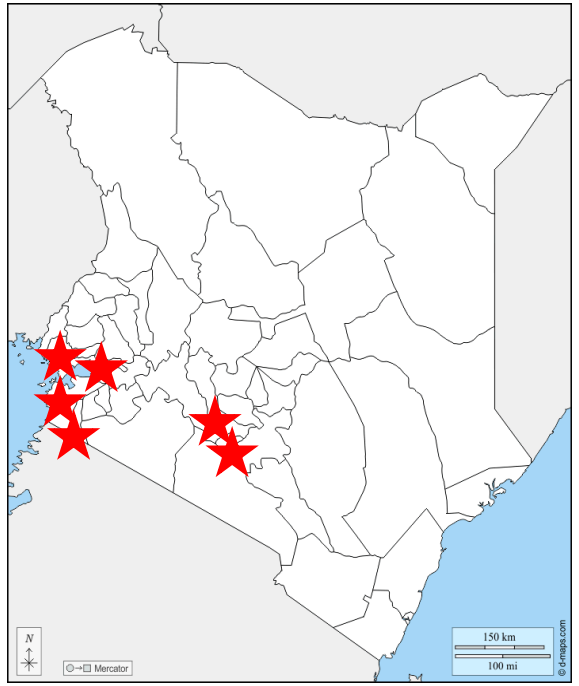
**Retail pharmacies**
(k=60 pharmacies)

| | Arm 1 | Arm 2 | Arm 3 | Arm 4 |
|---|---|---|---|---|
| | **PrEP/PEP: Fee** | **PrEP/PEP: Free** | **PrEP/PEP: Free w/ HTS counselor** | **SOC: PrEP/PEP referral** |
| | (k=15 pharmacies) | (k=15 pharmacies) | (k=15 pharmacies) | (k=15 pharmacies) |
| **Provider leading screening & HIV testing** | Pharmacy provider | Pharmacy provider | HTS counselor | Pharmacy provider |
| **Client pays pharmacy*** | **250 KES** | 0 KES | 0 KES | 0 KES |
| **Study pays pharmacy*** | 0 KES | **250 KES** | **100 KES** | **100 KES** |

**Outcomes:** PrEP initiation & continuation (primary); PEP initiation & repeat use

*Per HIV test completed or (if Arm 4) per referral

**Start:** June 2023
**Anticipated end:** June 2025




**Setting:** 6 counties in Western and Central Kenya

# Overview of pharmacy PrEP delivery in the intervention pharmacies, k=45


| | **DSD for PrEP: initiation (0 months)** | | **DSD for PrEP: continuation (>1 month)** |
|---|---|---|---|
| | *Assessment and initiation* | *Early follow up* | *PrEP refill & clinical consultation* |
| **WHEN** | • **Month 0:** Immediately after confirming ongoing HIV risk and testing HIV-negative | • **Month 1**; following screening for drug side effects + HIV testing | • **3-monthly**; following screening for drug side effects + HIV testing |
| | → *During pharmacy hours (incl. evenings & weekends)* | | |
| **WHERE** | • Intervention pharmacies, k=45 | • At pharmacy where PrEP initiated | • At pharmacy where PrEP initiated |
| **WHO** | • Pharmacy providers (i.e., pharmacist or pharmaceutical technologists), w/ HTS counsellor support (Arm 3) | • Pharmacy providers (+ HTS counsellor, Arm 3) | • Pharmacy providers (+ HTS counsellor, Arm 3) |
| **WHAT** | • HIV risk assessment (+ counselling); medical safety assessment; HIV testing; PrEP dispensing | • HIV risk assessment; side effect screening; HIV testing; PrEP dispensing | • HIV testing; 3 months of PrEP |

# Overview pharmacy PEP delivery in the intervention pharmacies, k=45

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| | **DSD for PEP** | |
|---|---|---|
| | *Assessment and initiation* | *Follow-up* |
| **WHEN** | • **Month 0:** Immediately after confirming a potential HIV exposure in the past 72 hours and testing HIV-negative<br>→ *During pharmacy hours (including evenings and weekends)* | • **Month 1 & 3:** After 28 days, and 12 weeks |
| **WHERE** | • Intervention private pharmacies, k=45 | • At pharmacy where PEP initiated |
| **WHO** | • Pharmacy providers (i.e., pharmacist or pharmaceutical technologists), w/ HTS counsellor support (Arm 3) | • Pharmacy providers (+ HTS counsellor, Arm 3) |
| **WHAT** | • HIV risk assessment (+ counselling); medical safety assessment; HIV testing; PEP dispensing | • HIV risk assessment; side effect screening; HIV testing; potential PrEP transition |

# Pharmacy PrEP/PEP uptake among pooled intervention pharmacies, k=45

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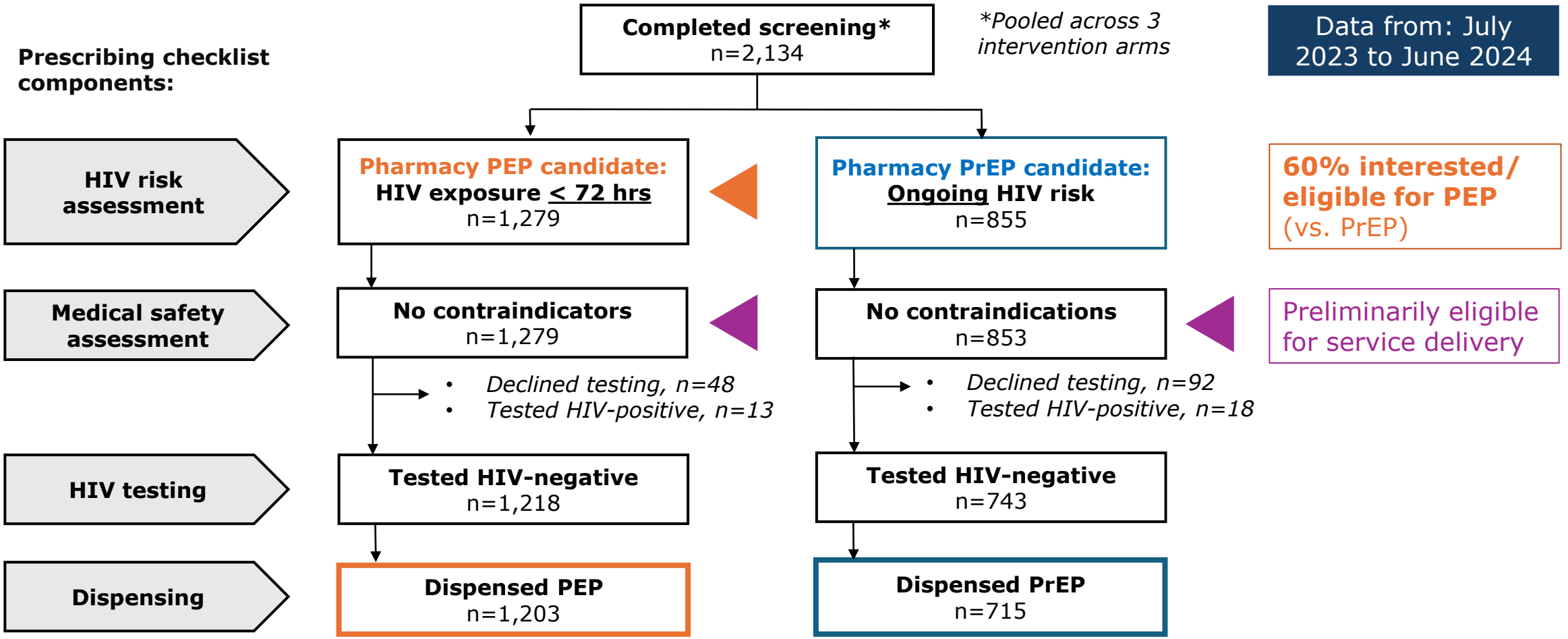

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# Reach of pharmacy PrEP/PEP: demographics of clients initiating services

| Characteristic | Private pharmacies PEP clients (n=1,203) | Private pharmacies PrEP clients (n=715) |
|---|---|---|
| Male | 717 (59%) | 326 (46%) |
| <25 years | 396 (33%) | 271 (38%) |
| Unmarried | 704 (59%) | 353 (49%) |
| **Relationship status** | | |
| One primary & casual partners | 390 (32%) | 214 (30%) |
| Casual only | 335 (28%) | 203 (28%) |
| One primary partner | 316 (26%) | 190 (27%) |
| No partners | 119 (10%) | 20 (3%) |
| **Population type** | | |
| Key population | 13 (1%) | 31 (4%) |
| Serodiscordant couple | 9 (1%) | 24 (3%) |
| **Prior PEP/PrEP use*** | | |
| Prior PEP use | 125(13%) | 32 (6%) |
| Prior PrEP use | 140(15%) | 59 (12%) |

- Majority of PrEP/PEP clients were **male (54%)** and **unmarried (55%)**
- Most reported **at least 1 casual partner (60%)**; few identified as a member of a **key population (2%)**
- **Little prior PrEP/PEP use (<15%)** reported among pharmacy PrEP/PEP clients

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# Reach of pharmacy PrEP/PEP: demographics of clients initiating services

| Characteristic | Private pharmacies: PEP clients (n=1,203) | Private pharmacies: PrEP clients (n=715) | Public clinics: PrEP clients (n=4,898) |
|---|---|---|---|
| Male | 717 (59%) | 326 (46%) | 2,257 (46%) |
| <25 years | 396 (33%) | 271 (38%) | 969 (20%) |
| Unmarried | 704 (59%) | 353 (49%) | 432 (9%) |
| **Relationship status** | | | |
| One primary & casual partners | 390 (32%) | 214 (30%) | |
| Casual only | 335 (28%) | 203 (28%) | |
| One primary partner | 316 (26%) | 190 (27%) | |
| No partners | 119 (10%) | 20 (3%) | |
| **Population type** | | | |
| Key population | 13 (1%) | 31 (4%) | |
| Serodiscordant couple | 9 (1%) | 24 (3%) | 4092 (84%) |
| **Prior PEP/PrEP use*** | | | |
| Prior PEP use | 125(13%) | 32 (6%) | |
| Prior PrEP use | 140(15%) | 59 (12%) | |

Data from large-scale implementation project: **Partner's Scale-Up**

- Compared to PrEP clients at public clinics, more pharmacy PrEP/PEP clients are: **younger, unmarried, and not in a serodifferent couple.**

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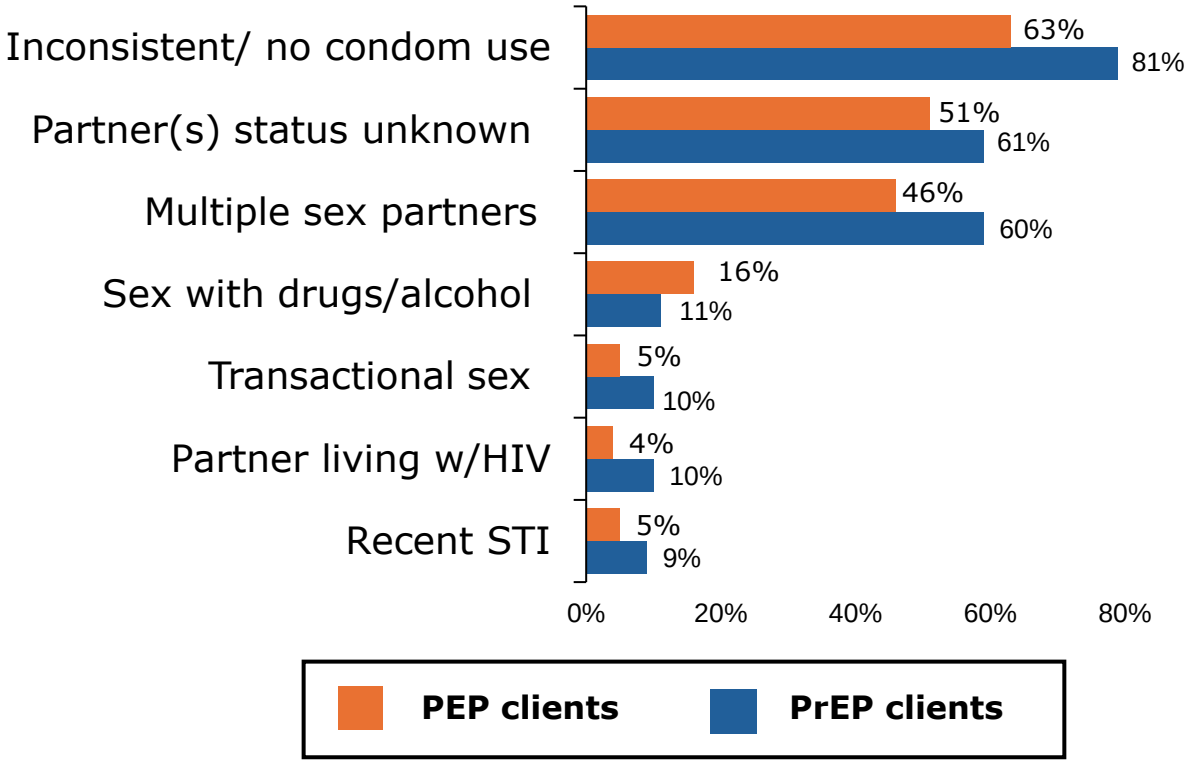
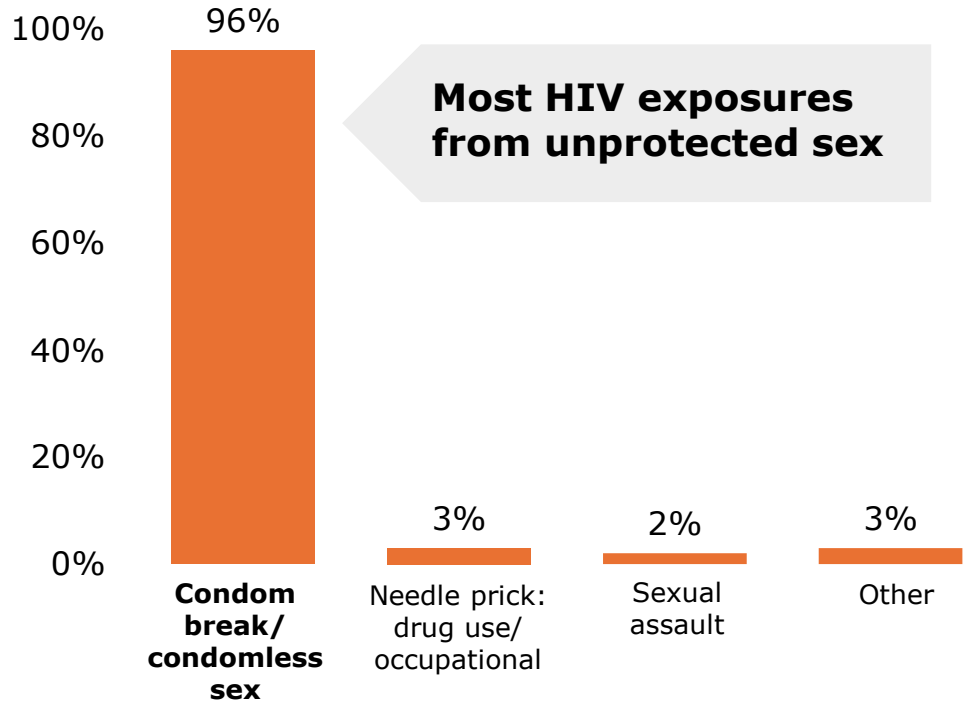
# Behaviors associated with HIV risk among pharmacy PrEP/PEP clients

## Behaviors associated with HIV risk, past 6 months




## Acute HIV exposures, past 72 hours



# High acceptability of pharmacy PrEP/PEP among clients

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- Assessed different component constructs of the **Theoretical Framework of Acceptability** following clients' first visit

## PEP Acceptability

**Affective attitude:** Likes getting PEP at pharmacy

**Perceived effectiveness:** Pharmacy PEP reaches people at risk.

**Burden*:** It is hard to get PEP at a pharmacy.

**Opportunity cost*:** Getting PEP at the pharmacy interfered with other priorities.*

## PrEP Acceptability

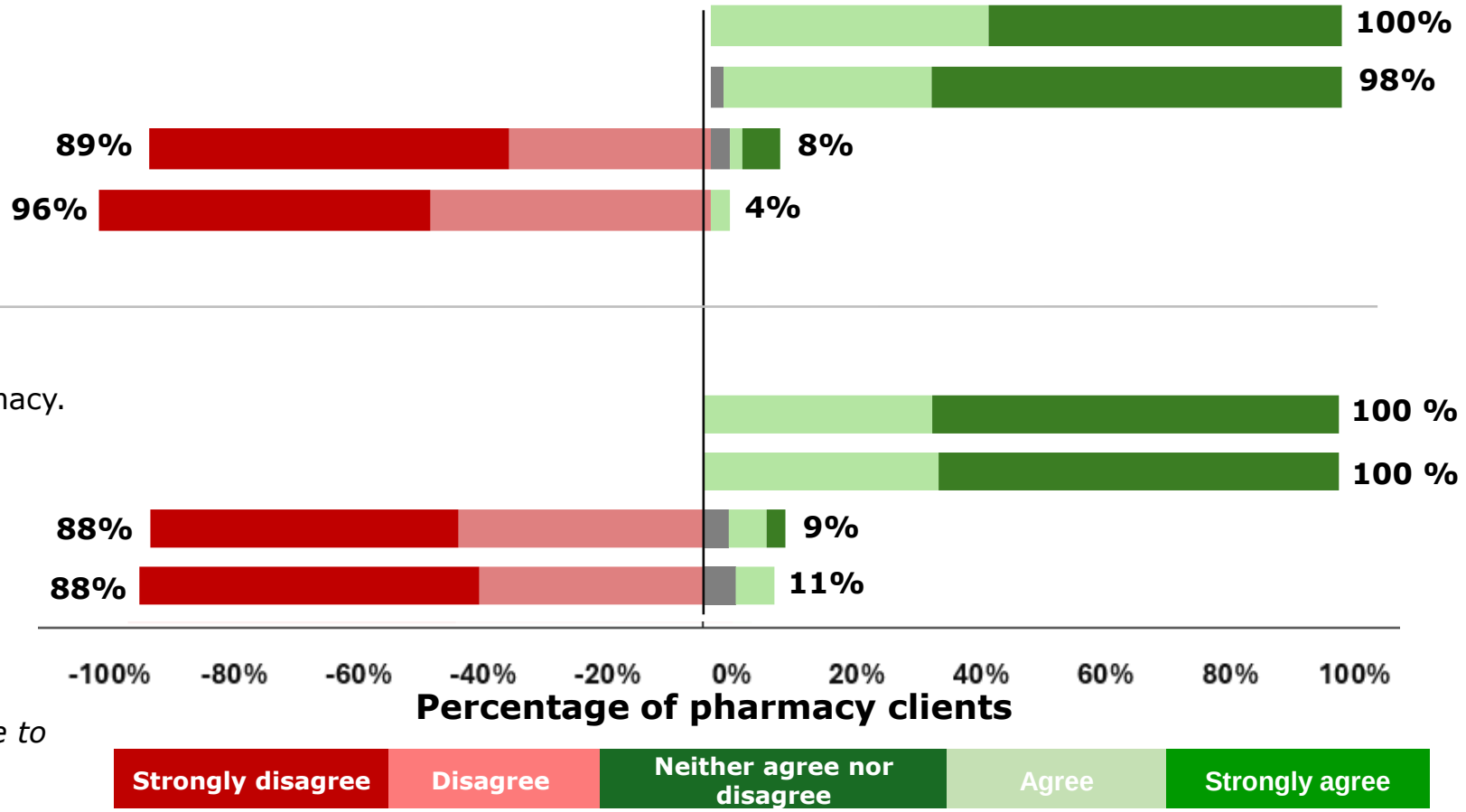
**Affective attitude:** Likes getting PrEP at pharmacy.

**Perceived effectiveness:** Pharmacy PrEP reaches people at risk.

**Burden*:** It is hard to get PrEP at a pharmacy.

**Opportunity cost*:** Getting PrEP at the pharmacy interfered with other priorities.*

**Question reverse coded: A validation technique to bring out a positive item in a negative way*



# Key takeaways to date

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1. **Reached clients who could benefit and are not engaged in existing clinic-based PrEP/PEP services, by adapting the "where" of PrEP/PEP service delivery**
   - Private pharmacies might expand the reach of PrEP/PEP services rather than decongest existing delivery platforms

2. **Great demand for pharmacy PEP services**; with extended hours, including weekends, pharmacies may be well-suited to deliver this time-sensitive service
   - Highlights need for periodic versus persistent HIV prevention interventions
   - Underscores role PEP could play in delivery of comprehensive HIV services that enable choice

3. **Pharmacy-delivered PrEP/PEP services are highly acceptable** among clients who received services
   - Emphasizes the need for diverse delivery platforms that suit various client preferences

# Next steps

- **Add private pharmacies as recommended delivery platform** to PrEP/PEP implementation guidelines
- **Identify a model of pharmacy PrEP/PEP for scale-up**, informed by the ongoing cRCT findings
- **Develop implementation strategies that support the scale-up and sustainability** of the approach
  - e.g., electronic dispensing records, curriculum for providers, quality assurance tools, MOH reporting tools
- **Adapt the model ongoing in Kenya for other countries and interventions**, including injectable PrEP forms, ART, and combination prevention interventions


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**Principal Investigators:** Dr. Katrina Ortblad (Fred Hutchinson Cancer Center), Professor Elizabeth Bukusi (KEMRI), Assoc. Professor Kenneth Ngure (JKUAT), Dr. Daniel Were (Jhpiego)

**Damary Rehema**
rdamary@kemri-rctp.org