Beatriz Grinsztejn, Fundação Oswaldo Cruz (Fiocruz), Brazil

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

Differentiated service delivery for PEP and PrEP

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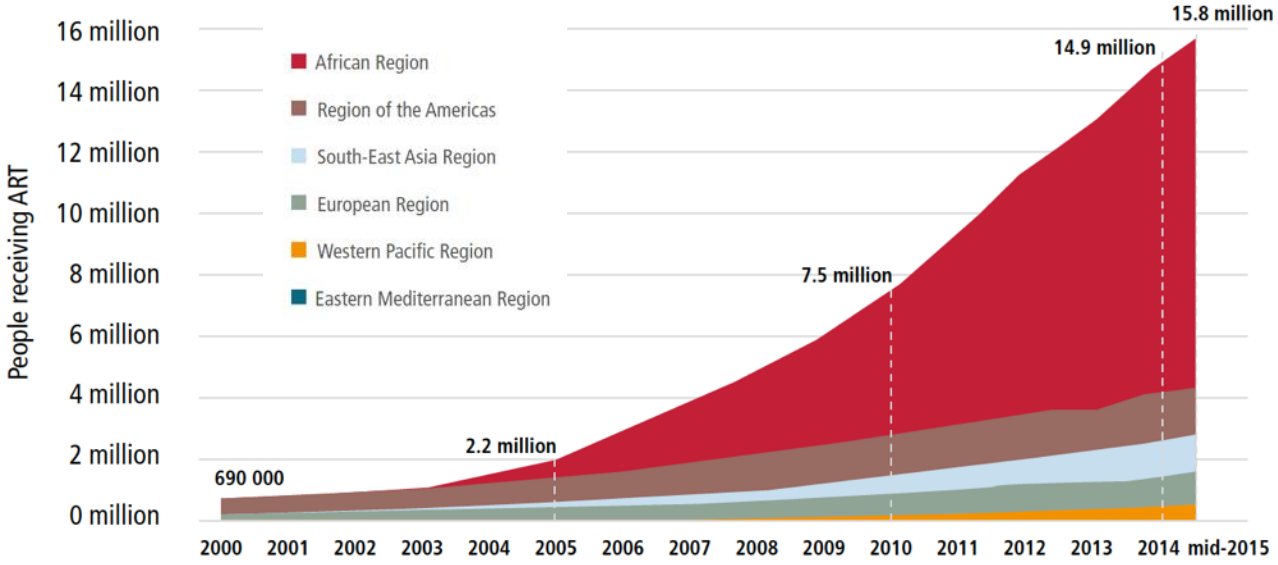
Background to differentiated service delivery (DSD) for HIV treatment

Think back to 2015



For the first time in global health history, the world reached a global treatment target prior to the agreed deadline – providing ART to 15 million people by mid-2015

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HIV treatment in 2015

- One-size-fits all approach to delivery
  - Monthly visits, at health facilities, to be seen by a clinician
- WHO recommended “treat all”
- Need to double the treatment cohort
- While also supporting sustained retention and adherence for those access ART


Monthly visits to collect ART
Three-hour trip to clinic: Cost of transport
Long queues at the clinic
Leaving family and activities at home

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Result was DSD

South Africa – Adherence Clubs

Effectiveness of Patient Adherence Groups as a Model of Care for Stable Patients on Antiretroviral Therapy in Khayelitsha, Cape Town, South Africa *Fernandes et al PloS One 2013*

97% of club patients remained in care compared to 85% of other patients. Club participation reduced loss to care by 57% (HR 0.43 95% CI 0.21-0.91)

South Africa National Roll Out aiming for 100,000 clubs by next year

Mozambique– Community Adherence Groups

RESEARCH ARTICLE

Community ART Support Groups in Mozambique: The Potential of Patients as Partners in Care

Kebba Jobarteh[1]*, Ray W. Shiraishi[2], Inacio Malimane[1], Paula Samo Gudo[1], Tom Decroo[3], Andrew F. Auld[2], Vania Macome[4], Aleny Couto[4]

1 Division of Global HIV/AIDS, Center for Global Health, Centers for Disease Control and Prevention, Maputo, Mozambique, **2** Division of Global HIV/AIDS, Center for Global Health, Centers for Disease Control and Prevention, Atlanta, United States of America, **3** Medical Department, Médecins Sans Frontières, Operational Centre Brussels, Brussels, Belgium, **4** Mozambique Ministry of Health, Maputo, Mozambique

Uganda– Community drug distribution points and and client-led ART delivery

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"Differentiated service delivery (DSD), or differentiated care, is a person-centred approach. It simplifies and adapts HIV services across the cascade of HIV care to reflect the preferences and expectations of various groups of people living with or at risk of acquiring HIV while reducing unnecessary burdens on the health system."

Adapted from Grimsrud A et al. Journal of the International AIDS Society 2016, 19:21484

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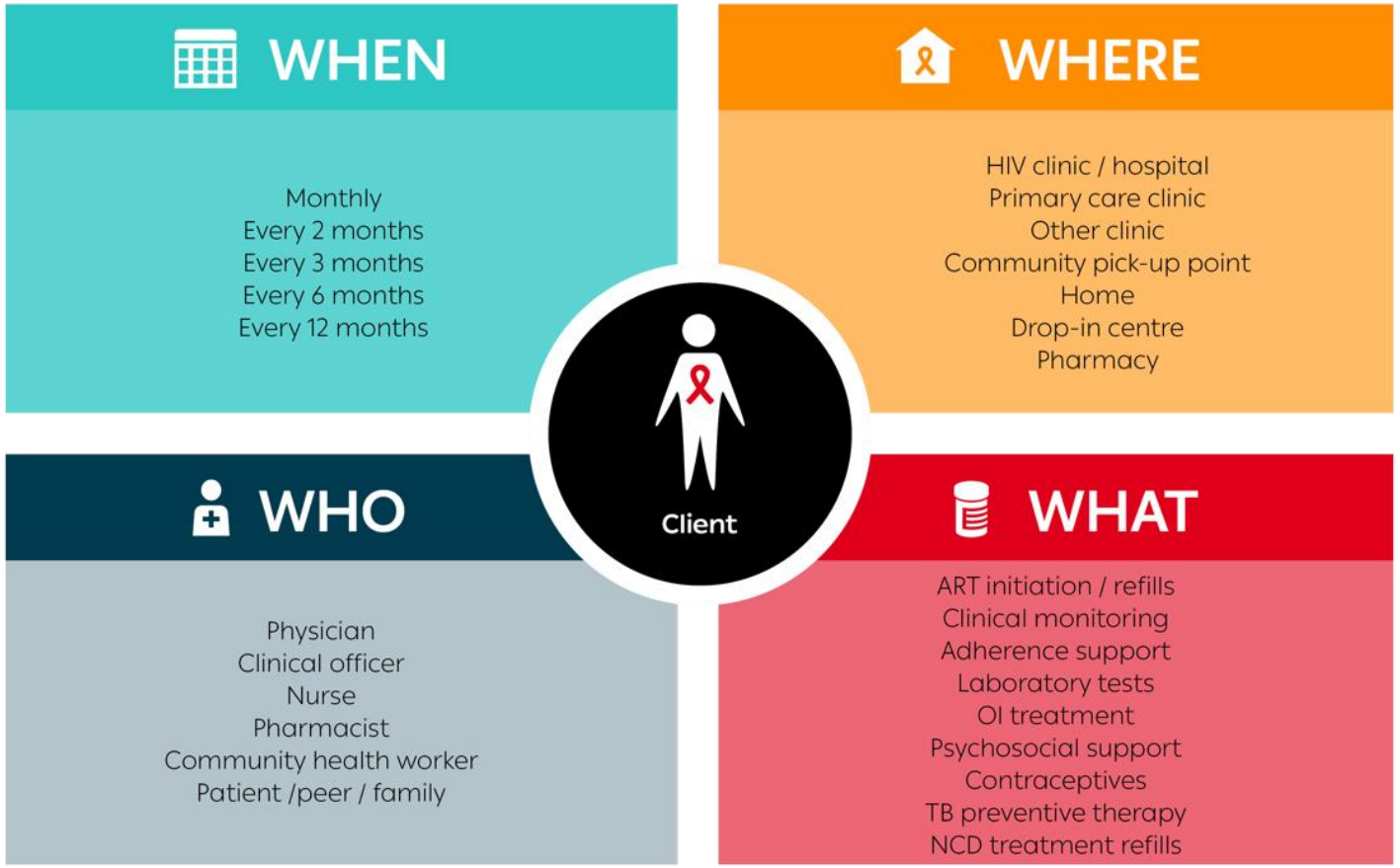
Building blocks of service delivery for HIV treatment



DSD for HIV treatment evolution*

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	Clinical consultation + ART refill
WHEN **Service frequency**	Monthly
WHERE **Service location**	Health facility
WHO **Service provider**	Doctor/Nurse
WHAT **Service package**	ART clinical guidelines

	ART refill-only	Clinical consultation
WHEN **Service frequency**	3 to 6 monthly *(increasingly 6 monthly)*	6 to 12 monthly
WHERE **Service location**	Home delivery Community pick-up Health facility fast lane	Community outreach Health facility
WHO **Service provider**	Client Peers Lay health providers	Nurse
WHAT **Service package**	Minimum package commonly only distributing ART	ART clinical guidelines

*Once established on ART

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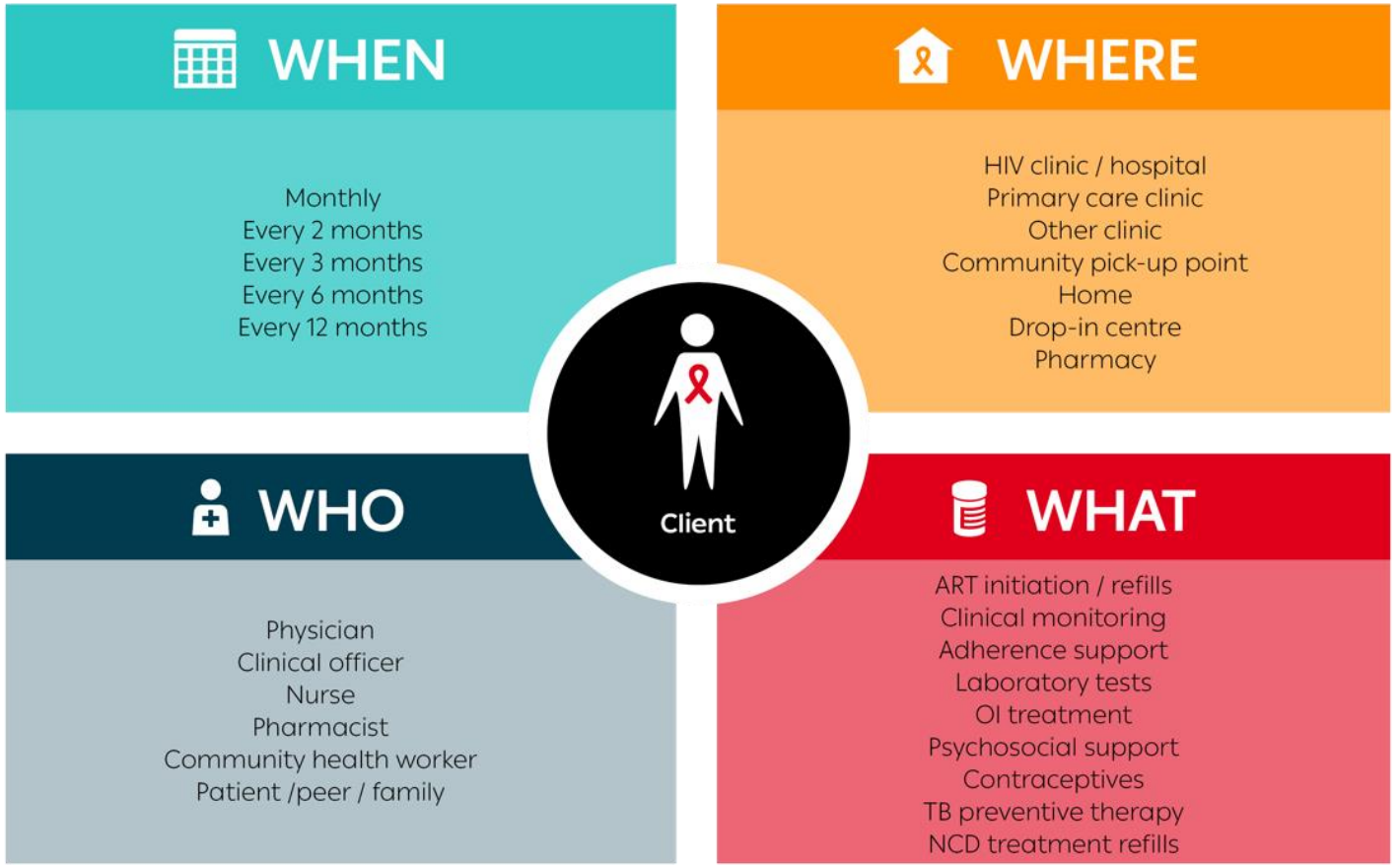
DSD for HIV treatment is enabled by:

- Less frequent clinical visits (the "when")
- Task sharing (the "who")



- Decentralization (the "where")
- Longer refills (the "what"

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But how does this relate to PreP?

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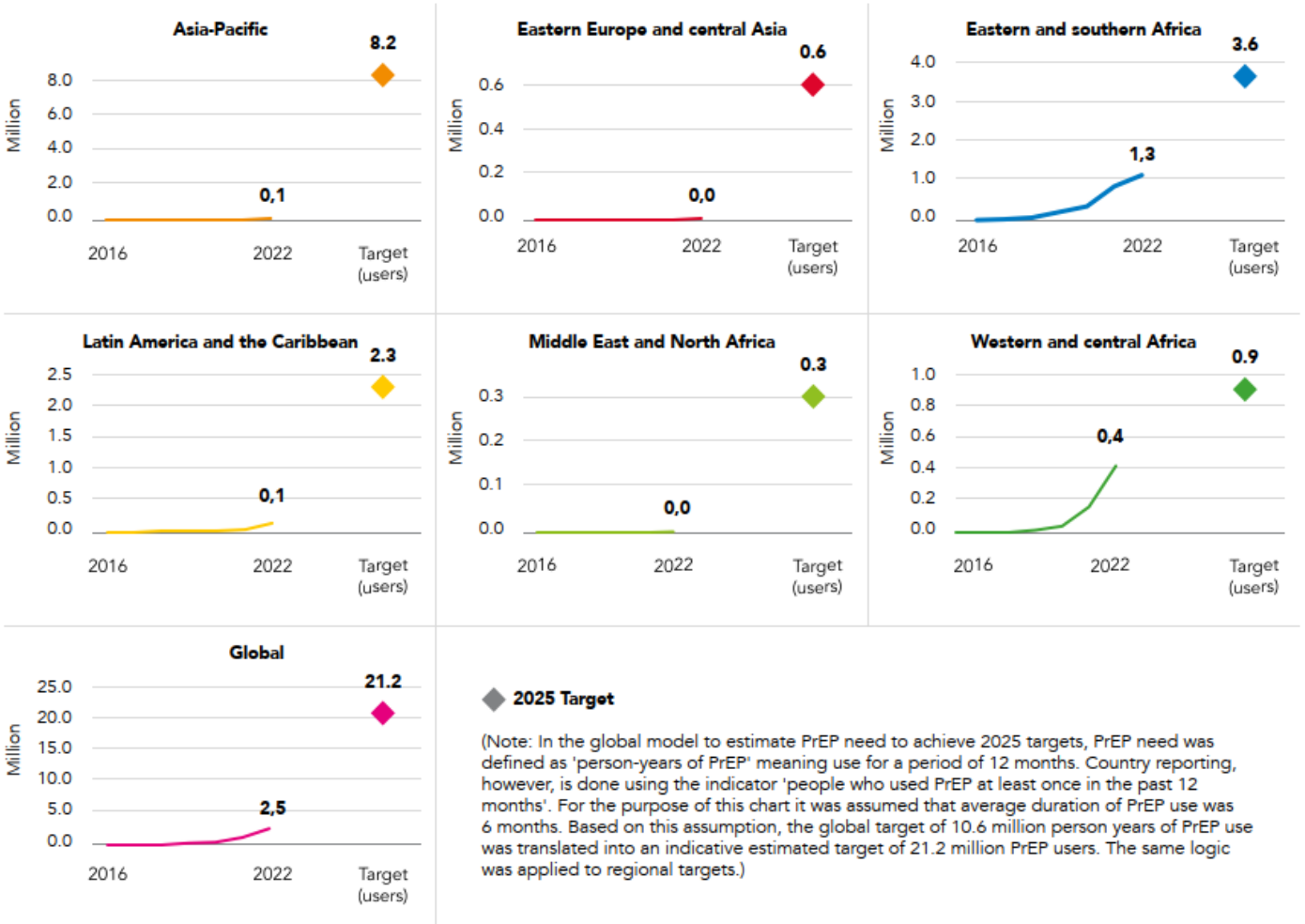
PrEP coverage below global targets

Figure 8. **Number of people using PrEP in 2022, relative to 2025 targets**



- Considerable recent progress with PrEP scale up, but still far behind global targets
- PrEP access varies between regions

UNAIDS report. HIV Prevention: From Crisis to Opportunity.2024

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COVID silver lining was shifts to prioritize PrEP access

PrEP emergency response to COVID pandemic:

- Quickly leveraged differentiated service delivery (DSD) approaches used for treatment
- Simplified, decentralized and de-medicalized PrEP service delivery
- Increased flexibility and increased scale

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A DSD approach supports expanding access, uptake and PrEP continuation

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DSD for PrEP has enabled supportive policies

Longer PrEP refills with less frequent clinical monitoring

Decentralized and closer to home (e.g., drop-in centers, community-led)

Support by peers, expert clients, nurses

PrEP refills and comprehensive health services, self-screening

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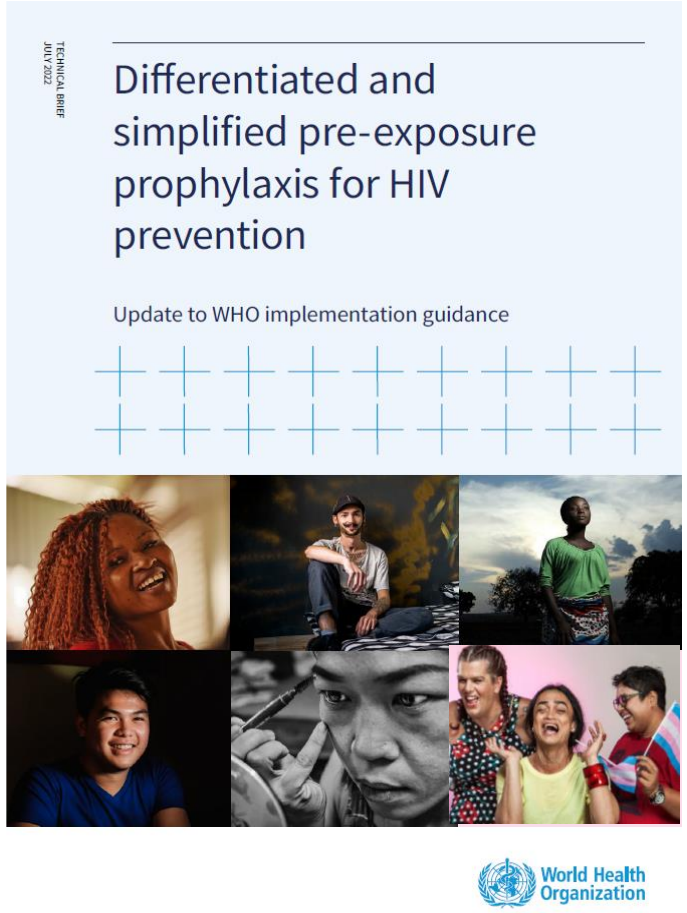
WHO implementation guidance to support DSD for PrEP



WHO. Differentiated and simplified pre-exposure prophylaxis for HIV prevention: Update to WHO implementation guidance.2022

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

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Why country PrEP DSD guidance?

To enable health authority managers, implementing partners and healthcare providers

1. Who can prescribe PrEP or provide repeat scripts?
2. Who can distribute PrEP refills? Or administer PrEP injectables?
3. Where can a person collect their PrEP refills or have PrEP injections administered?
4. How frequently must a person on PrEP be seen for a clinical consultation?
5. What is the minimum package of care at clinical follow-up visits by PrEP method?

PrEP DSD policy guidance can be incorporated in:

1. Service delivery operational guidance across the cascade; OR
2. PrEP clinical guidelines as a separate section

IAS developed a brief to support countries to include DSD for PrEP in their guidance

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Country policy development brief

July 2022

Differentiated pre-exposure prophylaxis (PrEP) service delivery

Key considerations in developing policy guidance for differentiated PrEP service delivery

1. An introduction to PrEP DSD
2. Eight key policy areas for DSD PrEP guidance
3. A draft of each key policy areas for consideration and country adaptation.

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Updated WHO recommendation on HIVST and PrEP

NEW recommendation: HIVST may be used to deliver pre-exposure prophylaxis, including for initiation, re-initiation and continuation *(conditional recommendation, low-certainty evidence)*.

- HIVST may be an important tool to reach underserved populations with PrEP.
- HIVST is an option to support PrEP delivery; its use should be driven by client needs and preferences.
- There is a range of PrEP options available for which HIVST use could be considered, including oral PrEP and the dapivirine vaginal ring (DVR). HIVST can also be considered as part of post-exposure prophylaxis (PEP) implementation. Further research is needed on the role of HIVST in the use of long-acting injectable prevention options, such as cabotegravir (CAB-LA).

Source: WHO. Consolidated guidelines on differentiated HIV testing services. 2024

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Looking ahead with long-acting PrEP (1)

Current DSD model with daily oral tablets

	Clinical visits	PrEP-refill only visits
WHEN	• 3- to 6-monthly clinical visits	• 3-monthly PrEP refills (moving towards 6-monthly)
WHERE	• Clinical visits at primary healthcare or via telemedicine	• PrEP refills decentralized to community settings
WHO	• Clinical visits by trained HCWs or lay providers supports by clinicians (prescriptions by clinicians)	• PrEP refills distributed by lay providers, peers, pharmacists, CHWs and courier
WHAT	• PrEP refills, other prevention commodities, HIV self-test kids, HIV risk and PrEP effective use counselling, PrEP clinical management and monitoring	• PrEP refills, other prevention commodities, HIV self-test kids, HIV risk and PrEP effective use counselling

Adapted from Grimsrud A et al. JIAS, 2023, https://doi.org/10.1002/jia2.26095b

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Looking ahead with long-acting PrEP (2)

DSD with current long-acting (CAB-LA)

Clinical visits with 2-monthly IM injections

WHEN	• 2-monthly IM injections and clinical visits
WHERE	• PHC/hospital (with infrastructure for IM injection, management of syringes and needles)
WHO	• Trained HCW for IM injections and PrEP prescribing and monitoring
WHAT	• Same as current DSD - PrEP injection + other prevention commodities, HIV self-test kids, HIV risk and PrEP effective use counselling, PrEP clinical management and monitoring

CAB-LA – requires more frequent visits, less decentralization, less task shifting

Adapted from Grimsrud A et al. JIAS, 2023, https://doi.org/10.1002/jia2.26095b

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Looking ahead with long-acting PrEP (3)

DSD with LEN (for prevention)

Clinical visits with 6-monthly injections

WHEN	• 6-monthly SC injections + clinical visits
WHERE	• At PHC
WHO	• Trained HCW for SC injections and PrEP prescribing and monitoring
WHAT	• Same as current DSD - PrEP injection + other prevention commodities, HIV self-test kids, HIV risk and PrEP effective use counselling, PrEP clinical management and monitoring

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Looking ahead with long-acting PrEP (4)

Ideal with future long-acting extended delivery

(including oral tablets, injections, implants and patches)

	Clinical visits	PrEP-refill only visits
WHEN	• 6- to 12-monthly clinical visits • Aligned with visits for other medical needs	• 6-12 monthly delivery systems (LA oral tables, longer IM injections, SC self-injections, implants and patches)
WHERE	• Decentralized – fast track delivery at facilities or outside of PHC and into communities (e.g., pharmacies, community-based organizations, mobile vans, etc.) supported by telemedicine	
WHO	• Clinical visits by trained HCWs or lay providers supports by clinicians (prescriptions by clinicians)	• Prevention options support self-management: choice of, for example, 6- to 12-month implant; 6 x monthly oral tablets; 6-12 months of self-managed SC or patch
WHAT	• Stipulated minimum package of services (supporting demedicalization) + product service integration with other health needs including STIs, contraception, NCDs and gender-affirming hormonal therapy	

Adapted from Grimsrud A et al. JIAS, 2023, https://doi.org/10.1002/jia2.26095b

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And how does DSD relate to PEP?

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Current PEP situation

- Historically, PEP has been underutilized outside of occupational HIV exposure and in sexual assault cases. While PrEP initiations have increased, PEP usage has flatlined
- Recent differentiated approaches to PrEP delivery have highlighted the unmet need for PEP. Examples include:
  - Uptake of PEP from private pharmacies in Kenya
  - Uptake of PEP from mobile clinics

- Crucial to PEP efficacy is timely access. Recent innovations to improve access include:
  - Vending machine distribution
  - Online linkage to commodities

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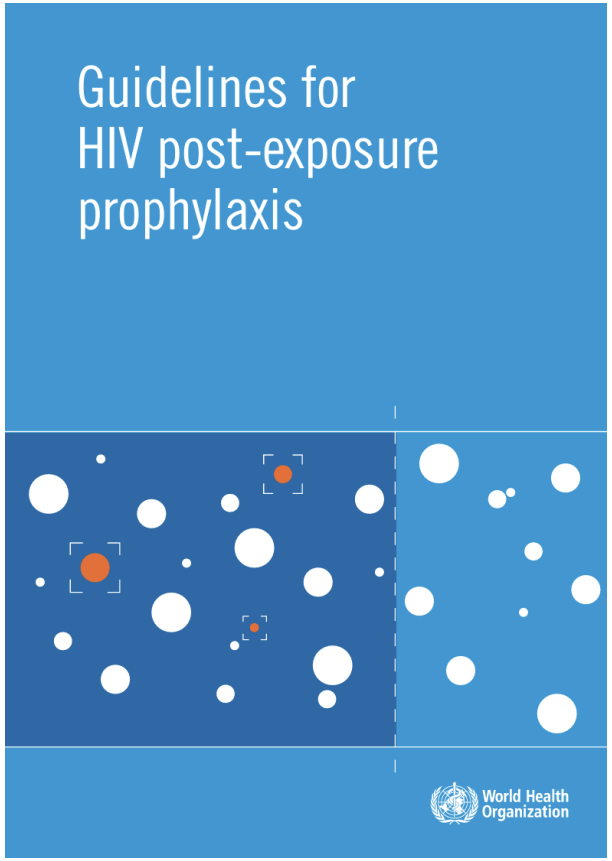
Newly launched PEP guidelines from WHO



- Two new recommendations relate to building blocks

WHO. Guidelines for HIV post-exposure prophylaxis.2024

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WHERE – WHO recommendation for PEP decentralization

- **HIV PEP should be delivered in community settings** *(strong recommendation, very low-certainty evidence).*

NEW 2024 recommendation

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WHO – WHO recommendation for PEP task sharing

- **Task sharing should be employed to dispense, distribute, provide and monitor PEP** *(strong recommendation, very low-certainty evidence).*

NEW 2024 recommendation

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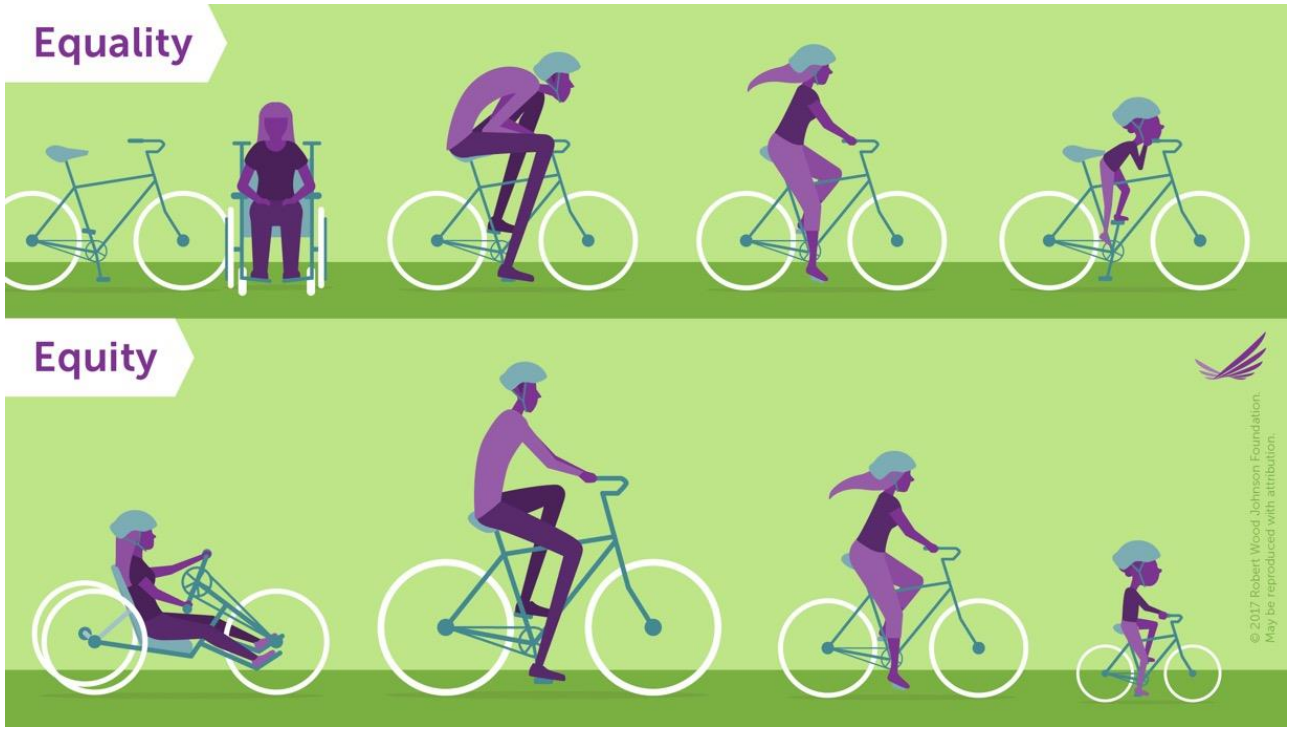
DSD can support equity in access to PrEP and PEP – and positively impact uptake, persistence and effective use

"It's not about everybody getting the same thing. It's about everybody getting what they need in order to improve the quality of their situation."
C. Parker



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Today's session will highlight innovative DSD models for PrEP & PEP

Focus on innovations in where PrEP and PEP are provided to improve access and uptake

- Adapting the where for PEP & PrEP – expanding service reach through private pharmacies in Kenya
- The era of choice – the FastPREP model in South Africa
- Expanding options and reach - online PEP and PrEP in Brazil