**Example of a national DSD for PrEP policy**

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9. **Introduction: Why differentiated PrEP service delivery?**

Differentiated PrEP service delivery is critical for increasing person- and community-centredness. It improves access, uptake and persistence among people with an ongoing likelihood of HIV exposure, supports effective use of PrEP (sufficient drug concentration to achieve protection during periods of risk) and reduces unnecessary burdens on the health system (frequent unnecessary consultations by scarce professional cadres). Differentiated PrEP service delivery aims to:

1. **Simplify and decentralize** – providing easier to collect, longer PrEP refills at more convenient locations
2. **De-medicalize and task share** – reducing the clinical package at certain types of visits, enabling lay cadres to manage such visits and increasing utilization of virtual platforms
3. **Integrate services** – screening for and managing common conditions within PrEP services and integrating PrEP services into other clinical and non-clinical services with adjustments based on the chosen PrEP method (oral, vaginal ring or injectable).
4. **Country suitability criteria for PrEP access**

PrEP should be offered and made available to all people weighing over 35kg without clinical contra-indications, who self-identify as being at ongoing risk of HIV acquisition and who are willing to take PrEP as prescribed. Pregnant andbreastfeeding people are explicitly included.

1. **Approved PrEP methods for differentiated PrEP service delivery**

The following PrEP methods have been approved, and this guidance provides the differentiated PrEP service delivery model options across these methods.

(*insert country approved PrEP methods*)

Service delivery constraints and limitations are indicated below by approved method.

1. **Oral PrEP (daily and/or event-driven)**
* Initiation prescribing and rescripting by (*insert authorised service providers*)
* No refrigeration requirements. Stored safely at room temperature.
1. **Dapivirine vaginal ring**
* Initiation prescribing and rescripting by (*insert authorised service providers*)
* No refrigeration requirements. Stored safely at room temperature.
* Dapivirine vaginal rings are inserted by the person using PrEP and do not require an in-person consultation for monthly ring insertion.
1. **Long-acting injectable cabotegravir**
* Initiation prescribing and rescripting by (*insert authorised service providers*)
* No refrigeration requirements. Stored safely at room temperature.
* First two injections four weeks apart. Thereafter, repeat dosing is required
* every second month.
* Injection administration by (*insert service providers authorised to give intramuscular,*
* *gluteal injections*)
* (*insert any oral PrEP required for lead-in or discontinuation as per countryPrEP guidelines*)
1. **Definitions of duration of intended PrEP use**

To support suitability assessment for specific reduced-intensity differentiated PrEP service delivery models, the intended durations of PrEP use are defined.

1. Short-term PrEP use is defined as use for one to three months, including a once-off event.
2. Moderate-term PrEP use is defined as use for three to 12 months.
3. Prolonged PrEP use is defined as use for 12 months or longer.
4. **Suitability assessments for differentiated PrEP service delivery models for the continuation phase**

People intending to use PrEP for more than a short duration should be considered for less intensive differentiated PrEP service delivery models during the continuation phase (beyond the initial phase). Differentiated PrEP service delivery models can support persistent effective PrEP use for the longer term (beyond the first few months). Such models consider separate building blocks for PrEP refill-only collection (or injection administration), clinical consultations and, where appropriate, psychosocial support.

People using PrEP should be assessed for suitability for less intensive differentiated PrEP service delivery as soon as it is feasible. For example, referral to a differentiated PrEP service delivery model should happen at the first in-person follow-up visit following PrEP initiation using the assessments below.

When a person is established as suitable for less intensive differentiated PrEP, it should be offered and, if accepted, the person should be referred to a differentiated PrEP service delivery model.

1. **Assessment for people with moderate PrEP duration intention**

To be completed at the first in-person follow-up visit after PrEP initiation

1. Intend to continue PrEP use for at least a further six months (no expected discontinuation)
2. Intend to continue with the same PrEP method for a further six months
3. No clinical concerns expected that require clinical follow-up more frequently than six monthly. Pregnant and breastfeeding people are eligible.

If a person is not suitable at this visit, repeat the assessment at each subsequent clinical follow-up consultation.

*Where a person is not suitable at the time of assessment, people using PrEP should be considered for and offered extended oral PrEP refills (three months), three dapivirine vaginal rings or two-monthly injectable cabotegravir, aligned with clinical consultations (PrEP refill and clinical consultation offered together).*

1. **Assessment for people with prolonged PrEP duration intention**

To be completed at 12-month PrEP continuation clinical consultation

1. Previously qualified for and utilized three-monthly PrEP refill collection with six-monthly clinical consultations (any model)
2. Intend to continue PrEP use for at least a further 12 months (no expected discontinuation)
3. On oral PrEP and not intending to change PrEP method in the next 12 months
4. No clinical concerns expected that require clinical follow-up more frequently than annually
5. No psychosocial concerns requiring follow-up more frequently than bi-annually

If the person is not suitable at this visit, repeat at each subsequent six-monthly clinical follow-up consultation.

1. **Building blocks for differentiated PrEP service delivery components**

The building blocks for the components of differentiated PrEP service delivery are outlined in Table 1. These building blocks (WHEN - service frequency, WHERE – service location, WHO - service provider, and WHAT - package of services) may be utilized to adapt an existing model or build a new model appropriate to a target population or geographical context.

The right-hand “continuation” section of the table defines building blocks for people using PrEP beyond a short duration and who are assessed as suitable (see Section 5 above).

When someone is not suitable for less intensive differentiated PrEP service delivery during the continuation phase at the time of assessment, they should be offered extended PrEP refills combined with clinical consultations. Unless clinically indicated, they should not be required to make frequent clinical visits. Oral PrEP or dapivirine vaginal ring refills with a clinical consultation should be three-monthly and, for those receiving long-acting injectable cabotegravir, two-monthly combined visits. Additionally, clients should be reassessed for suitability for less intensive differentiated PrEP service delivery models at every visit.

**Table 1: Building blocks for differentiated service delivery for assessment, initiation and early follow-up (0-3 months)**

**and PrEP continuation (>3 months)**ANC – antenatal care; ART – antiretroviral therapy; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health;NCD – non-communicable disease; OPD – outpatients department; PEP – post-exposure prophylaxis; PNC – perinatal care; STI – sexually transmitted infection

|  |  |  |
| --- | --- | --- |
|  | **PrEP assessment, initiation and early follow-up (0-3 months)** | **PrEP continuation** (for people suitable for less intensive PrEP service delivery). Where unsuitable, people should as a minimum be offered combined clinical consultations and PrEP refills 3-monthly (oral/ring) or 2-monthly (injectable). |
|  | **PrEP assessment** (after negative HIV test result) | **PrEP initiation/re-initiation**c | **Initial clinical follow-up** | **PrEP refill/injection only** | **Clinical consultation** |
|  **WHEN** | Immediately after HIV testing (or can be offered at time of demand creation for HIV testing to PrEP-eligible population) | Same-day initiation following PrEP offer acceptance if available on site   If not possible for person to attend PrEP initiation site on the same day, within 7 days of HTS | Oral/ring: 1-month post-initiation IN PERSON OR 1 month post-initiation VIRTUAL and 3-month post-initiation IN PERSONInjectable: 1-month post-initiation IN PERSON (can be monthly until month 3 to allow for monthly lead-in injections)  | 3 monthly (2 monthly for injectable)(Oral only: 6 monthly for prolonged duration assessed as suitable) | 6 monthly(Oral only: 12 monthly for prolonged duration assessed as suitable)  |
|  **WHERE** | All HIV testing locations – community or facility | Community outreach location Specified facility HTS services (FP service or OPD-HTS service or STI service, if standalone from OPD, or ANC-MCH service or ART servicea)Community pharmacy or drug shop | Virtual or community points supported by outreach servicesFacility service where initiation took place  | **Community-based:** Community point (e.g., pharmacy, drop-in centre, mobile outreach or home delivery)**Facility-based:** Service designated for fast-track refill collection and/or injection administration (e.g., family planning or pharmacy, if HIVST) | Community point supported by outreach services Facility service where initiation took place  |
|  **WHO** | All healthcare workers providing HTS, including lay healthcare workers (or peers distributing HIVST kits) | Outreach nursebFacility-based nurseb (FP nurse, OPD designated nurse supporting HTS service, STI nurse, ANC nurse, PNC nurse or ART nurse) Private sector pharmacist | **In person:** Outreach nurseb or facility-based nurseb**Virtual only:** Trained and supervised lay healthcare worker  | Trained lay healthcare worker, pharmacy worker or peer (for injectable – stipulate authorized provider to administer injection)  | Outreach nurseb or facility-based nurseb |
| **WHAT** | PrEP demand creationPrEP initial eligibility assessment based on country criteriaPrEP offerImmediate referral and navigation to nurse for PrEP initiation (if available on site or person can attend initiation site elsewhere)Alternatively, offer PrEP initiation site options and schedule appointment within 7 days  | Confirm PrEP eligibility assessmentScreen for PEP eligibility (with plan for transition to PrEP upon PEP completion and HIV re-testing)Screen for acute HIV infectionEffective use and discontinuation counsellingc2Sexual and substance use risk reduction counsellingc1Assessment of intended PrEP use duration (short, moderate or prolonged duration)Assess and offer appropriate methods (daily oral, event-driven oral, ring or injectable)c2**Depending on timing of in-person initial follow-up:**Oral or ring: 1- or 3-month script and refill (and HIVST kit for home use)Injectable: 1-month injectable script and injection (for lead in) **The following package components can be shifted to initial in-person follow-up visit if initiated in community:**Hepatitis B surface antigen (HBsAg)c1STI screening and treatmentUrine pregnancy testFP counselling and access to contraceptionc2Condoms and lube | **Virtual and in person**HIV testing (can be HIVSTd)Screen for acute HIV infectionRing only: check on insertionAddress side-effectsBrief review of effective use Discuss PrEP discontinuation and if client chooses to discontinue: guide on discontinuation**Virtual only**Recall to facility if abnormal results and/or suboptimal fit for ring**In person only**Oral only: >30 years or co-morbidity: Cr clearance (eGFR)HBV vaccine if uninfected and unvaccinatedIf client chooses to continue PrEP: Suitability assessment and offer for less intensive PrEP continuation 6-month script Oral/ring: 2x3-month refillsInjectable: 3x 2-monthly injectionsCondoms and lube | HIV testing (can be HIVSTd for home use with demonstration and guidance on what to do if screen HIV positive)Effective use and discontinuation check-in Oral:3-6-month refillRing: 3-month refillInjectable:1 x PrEP injectionCondoms and lube Referral if necessary | **Follow PrEP clinical guidelines**HIV testingScreen for acute HIV infectionScreen for and address side-effectsBrief review of effective use and sexual risk counsellingSTI screen and treatmentOral only: Cr clearance (eGFR): >50 years, co-morbidity or previous result of <90 mL/min: Discuss PrEP discontinuation and if client chooses to discontinue: guide on discontinuationManage NCDs and other co-morbiditiesFor women: FP assessment and aligned script6-12-month PrEP scriptOral: 2x3-6-month refills Ring: 2x3-month refillsInjectable: 3x2-monthly injections |

a Service location/s should be considered from the PrEP user’s perspective. Only providing PrEP services at the ART services is frequently reported to be undesirable among PrEP users.
b All nurse cadres can prescribe and manage PrEP after PrEP orientation training and do not require comprehensive ART management training.
c Re-initiation package components that need 1) not be repeated or 2) can be abbreviated.
d HIVST endorsed for use in PrEP includes XXX (insert country approved HIVST for PrEP use).

1. **A. Differentiated PrEP service delivery models**

The tables in Section 7A define differentiated PrEP service delivery models for the PrEP continuation phase for people eligible for reduced-intensity differentiated PrEP service delivery.

In less intensive PrEP models, PrEP refill-only and clinical consultation visits alternate (Figure 1).

**Figure 1: Timeline of differentiated PrEP service delivery by visit type**

**PrEP continuation phase**

Month 0

PrEP initiation

Month 4 or 6

Refill-only visit

Month 10 or 12

Refill-only visit

Month 1 or 3

PrEP initial follow-up (in person)

Month 7 or 9

PrEP clinical visit + refill

Month 13 or 15

PrEP clinical visit + refill

**Initiation and early PrEP phase**

Where additional psychosocial support is indicated or requested by the person using PrEP, psychosocial support can be provided separately (for example, virtual support) or during PrEP refill-only visits (for example, when integrated within a support group environment).

It is important to note that reduced-intensity differentiated PrEP service delivery is not limited to the models outlined in the following tables. These models can be adapted or new models built using the building blocks in Section 6.

**Individual models based at facilities**

**Table 3: Fast-track 3MMD PrEP**

|  |  |
| --- | --- |
| **Short model description** | * **Fast-track 3-monthly PrEP refill-only collections and 6-monthly clinical consultations**
* At the PrEP refill-only collection, the client should not need to report for registration or folder collection and should be required to attend only one service point for a fast-tracked service with no need to see a clinician.
* The service should have the capacity to provide a brief adherence and discontinuation check-in. It may also be required to provide rapid HIV testing.
 |
| **Suitable PrEP methods** | Daily oral PrEP, event-driven PrEP and vaginal rings |
|  | **PrEP continuation** |
| **PrEP refill-only** | **Clinical consultation** |
| **WHEN** | 3 monthly | 6 monthly |
|  **WHERE** | One or more of the following:* Pharmacy (only if HIVST)
* Family planning service
* HTS within OPD department
* Fast-track STI services (in OPD or elsewhere at facility) ANC, MCH services
* ART servicea
 | Facility service where PrEP initiation took place or service designated for PrEP continuation managementa |
|  **WHO** | Lay provider or pharmacy worker | OPD, STI, FP, ANC, MCH or ART service-based nurse |
|  **WHAT** | Effective use and discontinuation check-inHIV testing: HIVST (at facility self-testing booth or home) or HIV rapid testing at facilityOral/ring: 3-month refill (plus HIVST kit) Referral to nurse if necessary | Follow clinical guidelinesHIV rapid testing and screen for acute HIV infection (refer to ART service if positive) Screen for and address side-effectsBrief review of effective use and sexual risk counsellingDiscuss PrEP discontinuation and if client chooses to discontinue, guide on appropriate approach to discontinuationSTI screen and treatmentOral only: Cr clearance (eGFR): >50 years, co-morbidity or previous result of <90 mL/minFor women: FP assessment and aligned scripting 6-month PrEP scriptOral/ring: 2x3-month refills |

**Table 4: Fast-track 6MMD PrEP**

|  |  |
| --- | --- |
| **Short model description** | * **Fast-track 6-monthly PrEP refill-only collection and annual clinical consultations**
* At the PrEP refill-only collection, the client should not need to report for registration or folder collection and should attend only one service point for a fast-tracked service with no need to see a clinician.
* The service should have capacity to provide a brief adherence and discontinuation check-in. It may also be required to provide rapid HIV testing.
 |
| **Suitable PrEP methods** | * Daily oral PrEP and event-driven PrEP
 |
|  | **PrEP continuation** |
| **PrEP refill-only** | **Clinical consultations** |
| **WHEN** | 6 monthly | Annual |
|  **WHERE** | Same as PrEP fast-track 3MMD | Same as PrEP fast-track 3MMD |
|  **WHO** | Same as PrEP fast-track 3MMD | Same as PrEP fast-track 3MMD |
|  **WHAT** | Same as PrEP fast-track 3MMD except:Oral only: 6-month refill (plus HIVST kit)Additional HIVST kit to be provided for use in 3 months at home | Same as PrEP fast-track 3MMD except: 6-month PrEP scriptOral only: 2x6-month refillsHIVST kit to be provided for use in 3 months at home |

**Table 5: Fast-track PrEP injectable**

|  |  |
| --- | --- |
| **Short model description** | * **Fast-track two injection administration-only visits and 6-monthly clinical consultations**
* At the PrEP injection administration-only visit, the client should not need to report for registration or folder collection and should attend only one service point for a fast-tracked service (this can be a different facility service point to where the clinical consultation is provided).
* The service should have capacity to provide a brief adherence and discontinuation check-in and provide rapid HIV testing.
 |
| **Suitable PrEP methods** | * Injectable PrEP only
 |
|  | **PrEP continuation** |
| **PrEP injection administration-only** | **Clinical consultations** |
| **WHEN** | 2 monthly | 6 monthly |
|  **WHERE** | Family planning service or dedicated injection administration room | Facility service where PrEP initiation took place or service designated for PrEP continuation managementa |
|  **WHO** | FP nurse or dedicated injection administration nurse | OPD, STI, FP, ANC, MCH or ART service-based nurse |
|  **WHAT** | Effective use and discontinuation check-in HIV rapid testingInjectable only: 1 x PrEP injection Condoms and lubeReferral for clinical consultation if necessary | Same as PrEP fast-track 3MMD except: 6-month PrEP scriptInjectable only: 3x2-monthly injections |

a Service location/s should be considered from the PrEP user’s perspective. Only providing PrEP services at the ART service has been reported to be undesirable among PrEP users. Consideration should be given to an alternative or additional facility service point.

**Individual models not based at facilities (community-based models)**

**Table 6: Community points (fixed community points, including private or community pharmacies, and mobile outreach)**

|  |  |
| --- | --- |
| **Short model description** | * **PrEP refill-only collection at community points (private or community pharmacies or drug shops, vending machines, fixed community points, including CBO offices and key population drop-in centres, and mobile outreach, including to key population hotspots or youth centres)**
* The community point will be required to provide a brief adherence and discontinuation check-in (can be virtual). Does not need to have capacity to provide HIV rapid testing.

*Designated community points for HIV treatment ART refills should also provide PrEP refill collection.* |
| **Suitable PrEP methods** | Daily oral PrEP, event-driven PrEP and vaginal rings |
|  | **PrEP continuation** |
| **PrEP refill-only** | **Clinical consultations** |
| **WHEN** | 3 monthly | 6 monthly |
|  **WHERE** | Community points(Private or community pharmacies or drug shops, vending machines, fixed community points, including CBO offices and key population drop-in centres, and mobile outreach to key population hotspots or youth centres) | Health facility or mobile outreach to community point |
|  **WHO** | Lay healthcare worker, CBO provider or pharmacy worker | Facility service-based nurse or outreach nurse |
|  **WHAT** | Same as facility fast-track PrEP 3MMDMay only support HIVST kit provision (not HIV rapid testing) | Same as facility fast-track PrEP 3MMD |

**Table 7: Community points, including injection administration**

|  |  |
| --- | --- |
| **Short model description** | * PrEP injection administration-only visits can take place at community points (private pharmacies or drug shops, CBO offices and key population drop- in centres and mobile outreach to key population hotspots or youth centres).
* The community point will be required to have an on-site service provider authorized to give intramuscular injections. Injection administration-only visit dates can be aligned with health facility outreach dates.
 |
| **Suitable PrEP methods** | Injectable PrEP |
|  | **PrEP continuation** |
| **PrEP injection-only** | **Clinical consultations** |
| **WHEN** | 2 monthly | 6 monthly |
|  **WHERE** | Community points with injection administration capacity | Health facility or mobile outreach to community point |
|  **WHO** | Private pharmacy nurse or outreach nurse or authorized trained providerb | Facility service-based nurse or outreach nurse |
|  **WHAT** | Same as facility fast-track PrEP injectable | Same as facility fast-track PrEP injectable |

b Where country allows contraceptive injectable by trained provider (other than a professional nurse or doctor)

**Table 8: Home delivery**

|  |  |
| --- | --- |
| **Short model description** | **PrEP refill collected by intermediary at health facility or community point and delivered to the person using PrEP at home. The collection can be carried out by a CBO, community health worker or authorized private service provider.** |
| **Suitable PrEP methods** | Daily oral PrEP, event-driven PrEP and vaginal ringsc |
|  | **PrEP continuation** |
| **PrEP refill-only** | **Clinical consultation** |
| **WHEN** | 3 monthly | 6 monthly |
|  **WHERE** | Home | Facility or mobile outreach to community point |
|  **WHO** | CBO or community health worker or an authorized private service provider | Nurse or outreach nurse |
|  **WHAT** | Same as facility fast-track PrEP 3MMD, either with HIVST kit delivery with PrEP refill or home rapid testing (if provider capacitated to test) | Same as facility PrEP fast-track 3MMD |

c Injectable PrEP could also be provided at home by a mobile outreach nurse for specific target populations in settings with sufficient resource capacity.

**Group models**

**Table 9: Support groups integrating PrEP refills**

|  |  |
| --- | --- |
| **Short model description** | * **PrEP refills are provided in a group environment by either a lay healthcare worker or trained peer, commonly in a community setting.**
* PrEP refills can be integrated into existing support groups established for psychosocial support needs other than PrEP specifically, or groups can be specifically formed to deliver and support PrEP effective use.
 |
| **Targeted populations** | * All populations already benefitting or who would benefit from psychosocial support through a group environment with a particular focus on key population groups, adolescents and young people and post-natal women
 |
|  | **PrEP continuation** |
| **PrEP refill**(Can also be separated from psychosocial support) | **Clinical consultations** | **Psychosocial support** |
| **WHEN** | 3 monthly | 6 monthly | 3 monthly(can be more frequent using virtual platforms) |
|  **WHERE** | Community venue Group member’s home Health facility | Health facility or mobile outreach to community point | Community venue Group member’s homePopulation-specific health facility service (e.g., adolescent corners)Virtual platform |
|  **WHO** | Lay healthcare worker or trained peer | Facility-based nurse or outreach nurse | Lay healthcare worker or trained peer |
|  **WHAT** | Same as facility fast-track PrEP 3MMD except: HIVST kit provided for home use | Same as PrEP fast-track 3MMD | Peer supportPopulation specific psychosocial supportEducation on effective use, sexual risk, PrEP methods and discontinuationDemonstration and education on home HIVST and what to do if test HIV positive |

ANC – antenatal care; ART – antiretroviral therapy; CBO – community-based organization; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health; MMD – multi-month dispensing; OPD – outpatients department; STI – sexually transmitted infection

**7 B. Differentiated PrEP service delivery models, by PrEP method**

The summary tables in Section 7B define differentiated PrEP service delivery models for the PrEP continuation phase for people suitable for reduced-intensity differentiated PrEP service delivery **by PrEP method**.

In less intensive PrEP models, PrEP refill-only and clinical consultation visits alternate (Figure 2).

**Figure 2: Timeline of differentiated PrEP service delivery by visit type**

**PrEP continuation phase**

Month 0

PrEP initiation

Month 4 or 6

Refill-only visit

Month 10 or 12

Refill-only visit

Month 1 or 3

PrEP initial follow-up (in person)

Month 7 or 9

PrEP clinical visit + refill

Month 13 or 15

PrEP clinical visit + refill

**Initiation and early PrEP phase**

Where additional psychosocial support is indicated or requested by the person using PrEP, psychosocial support can be provided separately (for example, virtual support) or during PrEP refill-only visits (for example, when integrated within a support group environment).

It is important to note that reduced-intensity differentiated PrEP service delivery is not limited to the models outlined in the following tables. These models can be adapted or new models built using the building blocks in Section 6.

# **For oral PrEP (daily or event-driven)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Individual models NOT based at facilities** | **Individual models based at facility** | **Group models** |
| **Model name** | Community pointa | Home delivery | Fast-trackb 3MMD | Fast-trackb 6MMD | Support group integrating PrEPc |
| **Time on PrEP** | 1-3 months(after 1st initial in-person follow-up) | 12 months | 1-3 months(after 1st initial in-person follow-up) |
| **Building blocks** | **PrEP refills** |
| **WHEN** | 3 monthly | 6 monthly | 3 monthly |
|  **WHERE** | Community point | At home | Health facility one-stop fast-track service (pharmacy [HIVST only]or FP or OPD-HTS or ANC or MCH and/or ARTd) | Community venue or home or health facility |
|  **WHO** | Lay provider |
|  **WHAT** |  |
| HIV testing | HIVST (community point self-test booth or home) or rapid test | HIVST (health facility self-test booth or home) or rapid test | 1 rapid test + 1 HIVST (home 3 months later)or 2 HIVST (0m [self-test booth at facility or home]+ 3m later (home) | HIVST (home or health facility self-test booth) |
| Service package | Effective use and discontinuation check-in3-month oral PrEP refillReferral to health facility or nurse if necessary |
| **Building blocks:** | **Clinical consultations** |
| **WHEN** | 6 monthly | 12 monthly | 6 monthly |
|  **WHERE** | Health facility or community point supported by health facility mobile outreach | Facility service where PrEP initiation took place or service designated for PrEP continuation managementd | Health facility or community point supported by health facility mobile outreach |
|  **WHO** | Facility service-based nurse or outreach nurse | OPD or STI or FP or ANC or MCH or ART service-based nurse | Facility service-based nurse or outreach nurse |
|  **WHAT** |  |
| HIV testing | Rapid test | Rapid test + 1 HIVST (3m later home) | Rapid test |
| Service package | Follow PrEP clinical guidelinesScreen for acute HIV infection (refer to ART service if positive) Screen for and address side-effectsBrief review of effective use and sexual risk counsellingDiscuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach to discontinuation STI screen and treatmentCr clearance (eGFR): >50 years/co-morbidity/previous result of <90 mL/minFor women: FP assessment and aligned scripting |
| 6-month PrEP script: 2x3-month PrEP refills Dispense 3-month refill | 12-month PrEP script: 2x6-month PrEP refills Dispense 6-month refill | 6-month PrEP script: 2x3-month PrEP refills Dispense 3-month refill |
| **Building blocks:** | **Psychosocial support** |  |  |
|  **WHEN** | Optional link to virtual platform | 3 monthly |
|  **WHERE** | Community venue or group member’s home or population-specific health facility service (adolescent corners) or virtual platform |
|  **WHO** | Lay healthcare worker or trained peer |
|  **WHAT** | Peer and/or psychosocial supportEducation on effective use, sexual risk, PrEP methods and discontinuation Demonstration and education on home HIVST and what to do if test positive for HIV |

**For vaginal rings**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Individual models NOT based at facilities** | **Individual models based at facility** | **Group models** |
| **Model name** | Community pointa | Home delivery | Fast-trackb 3MMD | Support group integrating PrEPc |
| **Time on PrEP** | 1-3 months(after 1st initial in-person follow-up) |
| **Building blocks** | **PrEP refills** |
| **WHEN** | 3 monthly |
|  **WHERE** | Community point | At home | Health facility one-stop fast-track service (pharmacy [HIVST only]or FP or OPD-HTS or ANC or MCH and/or ARTd) | Community venue or home or health facility |
|  **WHO** | Lay provider |
|  **WHAT** |  |
| HIV testing | HIVST (community point self-test booth or home) or rapid test | HIVST (health facility self-test booth or home) or rapid test | HIVST (home or health facility self-test booth) |
| Service package | Effective use and discontinuation check-in 3x vaginal ringReferral to health facility or nurse if necessary |
| **Building blocks** | **Clinical consultations** |
| **WHEN** | 6 monthly |
|  **WHERE** | Health facility or community point supported by health facility mobile outreach | Facility service where PrEP initiation took place or service designated for PrEP continuation managementd | Health facility or community point supported by health facility mobile outreach |
|  **WHO** | Facility service-based nurse or outreach nurse | OPD or STI or FP or ANC or MCH or ART service-based nurse | Facility service-based nurse or outreach nurse |
|  **WHAT** |  |
| HIV testing | Rapid test |
|  Service package | Follow PrEP clinical guidelinesScreen for acute HIV infection (refer to ART service if positive) Screen for and address side-effectsBrief review of effective use and sexual risk counsellingDiscuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach to discontinuation STI screen and treatmentFor women: FP assessment and aligned scripting 6-month PrEP script: 2x3 vaginal ringsDispense 3 vaginal rings |
| **Building blocks** | **Psychosocial support** |  |  |  |
| **WHEN** | Optional link to virtual platform | 3 monthly |
|  **WHERE** | Community venue or group member’s home or population-specific health facility service (adolescent corners) or virtual platform |
|  **WHO** | Lay healthcare worker or trained peer |
|  **WHAT** | Peer and/or psychosocial supportEducation on effective use, sexual risk, PrEP methods and discontinuation Demonstration and education on home HIVST and what to do if test positive for HIV |

**For PrEP injectable**

|  |  |  |
| --- | --- | --- |
|  | **Individual models NOT based at facilities**f | **Individual models based at facility** |
| **Model name** | Community pointa with injection administration | Fast-trackb PrEP injectable |
| **Time on PrEP** | 3 months(after any lead-in completion) |
| **Building blocks** | **PrEP refills** |
| **WHEN** | 2 monthly |
|  **WHERE** | Community points with injection administration capacity | Family planning service or dedicated injection administration room |
|  **WHO** | Private pharmacy nurse or outreach nurse or authorized trained providere | FP nurse or dedicated injection administration nurse |
|  **WHAT** |  |
| HIV testing | Rapid test |
| Service package | Effective use and discontinuation check-in 1x administer injectionReferral to health facility/nurse if necessary |
| **Building blocks** | **Clinical consultations** |
| **WHEN** | 6 monthly |
|  **WHERE** | Health facility or community point with health facility mobile outreach | Facility service where PrEP initiation took place or service designated for PrEP continuation managementd |
|  **WHO** | Facility service-based nurse or outreach nurse | OPD or STI or FP or ANC or MCH or ART service-based nurse |
|  **WHAT** |  |
| HIV testing | Rapid test |
| Service package | Follow PrEP clinical guidelinesScreen for acute HIV infection (refer to ART service if positive) Screen for and address side effectsBrief review of effective use and sexual risk counsellingDiscuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach to discontinuation STI screen and treatmentFor women: FP assessment and aligned scripting 6-month PrEP script: 3x injectableAdminister 1x injection |
| **Building blocks** | **Psychosocial support** |
| **WHEN** | Optional link to virtual platform |
|  **WHERE** |
|  **WHO** |
|  **WHAT** | Peer and/or psychosocial supportEducation on effective use, sexual risk, PrEP methods and discontinuation Demonstration and education on home HIVST and what to do if test positive for HIV |

## **Notes:**

1. Community points are private or community pharmacies/drug shops, vending machines, fixed community points (including CBO offices and key population drop-in centres) and mobile outreach (for example, to key population hotspots or youth centres).
2. Fast track: For the refill-only visit, the client should not need to report for registration or folder collection and should attend only one service point for a fast-tracked service with no need to see a clinician other than for injection administration.
3. PrEP refills can be integrated into existing support groups established for psychosocial support needs other than PrEP specifically or groups can be specifically formed to deliver and support effective PrEP use.
4. Service location/s should be considered from the PrEP user’s perspective. Only providing PrEP services at the ART service has been reported to be undesirable among PrEP users. Consideration should be given to an alternative or additional facility service point.
5. Where a country allows contraceptive injectable to be given by a trained provider (other than professional nurse or doctor).
6. Injectable PrEP could also be provided at home by a mobile outreach nurse for specific target populations in settings with sufficient resource capacity.

## **Abbreviations:**

ANC – antenatal care; ART – antiretroviral therapy; CBO – community-based organization; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health; MMD – multi-month dispensing; OPD – outpatients department; STI – sexually transmitted infection

1. **Linkage to differentiated HIV treatment services**

People using PrEP are eligible for PrEP due to a substantial risk of HIV acquisition. Regular and frequent HIV testing helps ensure timely identification and/or diagnosis of HIV and supports the transition to HIV treatment services. Linkage support is critical for ensuring effective transition and rapid initiation of antiretroviral therapy (ART).

Recommended linkage support:

|  |
| --- |
| Transition **OUT OF** differentiated PrEP service delivery model |
|  | **From PrEP model** | **To ART model** |
|  | Any differentiated PrEP service delivery model | Facility-based clinician- managed ART care |
| **Linkage (transitioning) building blocks** |
|  **WHEN**(timing of linkage package delivery) | Offer linkage package (see WHAT) immediately after HIV testing or when person reports HIV-positive result from HIV self-test, which is confirmed by country HIV testing algorithmProvide a follow-up telephone call within 7 days after missed scheduled ART initiation appointmentProvide a follow-up home visit within 14 days if no response to telephone call |
|  **WHERE**(location of linkage packagedelivery) | Same location where confirmatory testing provided either at facility or in community |
|  **WHO**(linkage package service providers) | Linkage package offer: same provider that provided HIV testing Telephone follow-up: same provider that provided HIV testingHome visit follow-up: designed provider for home tracking and tracing |
|  **WHAT**(linkage service package) | Concise post-test counselling focused on linkage to treatment including disclosure supportIf testing at facility1. offer same-day ART initiation at same facility
2. if same day offer declined, schedule appointment within 7 days

If testing in community, schedule appointment within 7 days at preferred ART facility or link to community ART initiation servicePeer navigation to ART initiation serviceOffer HIV partner services (index testing and/or social network testing) |

These policy examples are linked to the publication, “IAS - the International AIDS Society. Key considerations in developing policy guidance for differentiated PrEP service delivery: Country policy development brief. July 2022.” available at <https://www.differentiatedservicedelivery.org/Resources/Resource-Library/DSD-PrEP-policy-2022>