Linda-Gail Bekker, Desmond Tutu Health Centre, South Africa &
Sarah Masyuko, NASCOP, Kenya

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

AIDS 2022

Conflict of interest disclosure

We have no relevant financial relationships with ineligible companies to disclose.

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

Session co-chairs

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Session presenters

Heather-Marie Schmidt
UNAIDS & WHO

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Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

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Ana Francisca Kolling
Ministry of Health, Brazil

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IHRI, Thailand

Session panelists

Hasina Subedar
National Department of Health, South Africa

John Danvic Rosadino
LoveYourself, Philippines

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Session overview

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations
• **Launch of WHO technical brief, "Simplified and differentiated service delivery for PrEP",** Robin Schaefer, WHO, Switzerland & Heather-Marie Schmidt, UNAIDS & WHO
• **The importance of DSD for PrEP - Lessons from COVID-19**, Lynne Wilkinson, IAS, South Africa
• **Adapting the when and where - innovations from Kenya**, Kenneth Ngure, Jomo Kenyatta University of Agriculture and Technology, Kenya
• **Adapting the who - innovations from Brazil**, Ana Francisca Kolling, Ministry of Health, Brazil
• **Adapting the what - innovations from Thailand**, Narukjaporn Thammajaruk, IHRI, Thailand
• **Panel discussions – Challenges and opportunities**, Hasina Subedar, National Department of Health, South Africa, John Danvic Rosadino, LoveYourself, Philippines & all speakers

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Please engage

#AIDS2022

Post your questions virtually

Robin Schaefer, WHO & Heather-Marie Schmidt, WHO & UNAIDS

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

Launch of WHO technical brief, ”Differentiated and simplified PrEP for HIV prevention"

AIDS 2022

Conflict of interest disclosure

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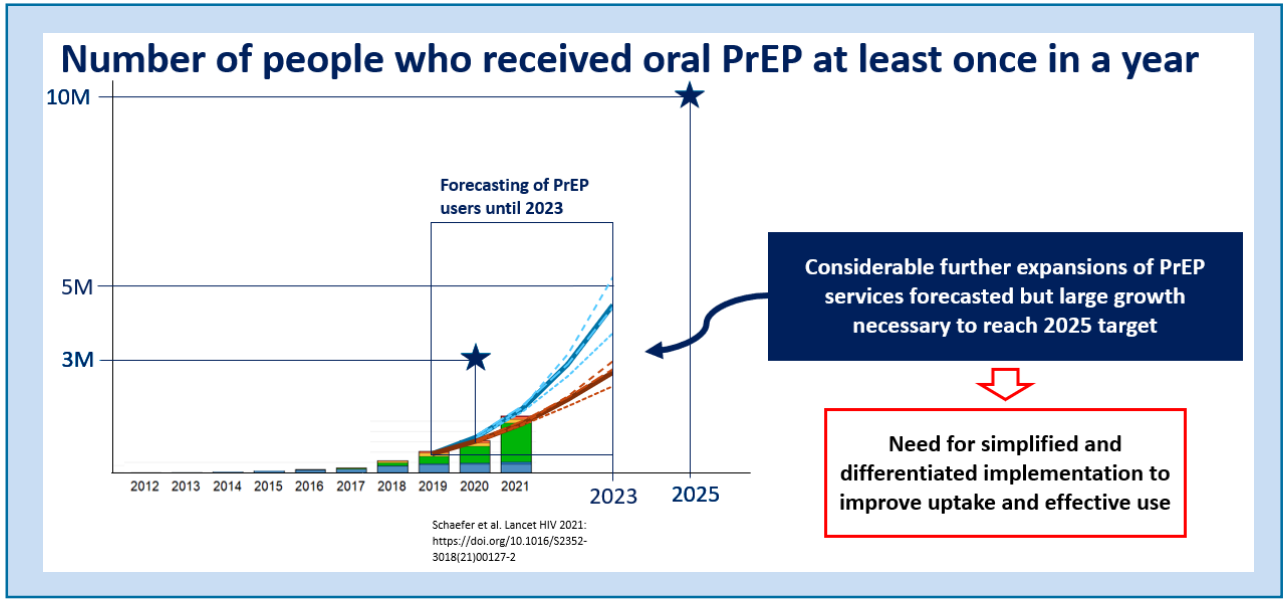
To accelerate PrEP scale-up and overcome barriers, we need differentiated and simplified PrEP services

- Technical brief aims to support differentiated, simplified, demedicalized and comprehensive PrEP services
  - Support uptake, persistence, effective use
  - Maintain quality and safety of services
  - Support achievement of global goals for PrEP



- The focus of the technical brief is **oral PrEP**
  - Guidance on DVR and CAB-LA included as relevant

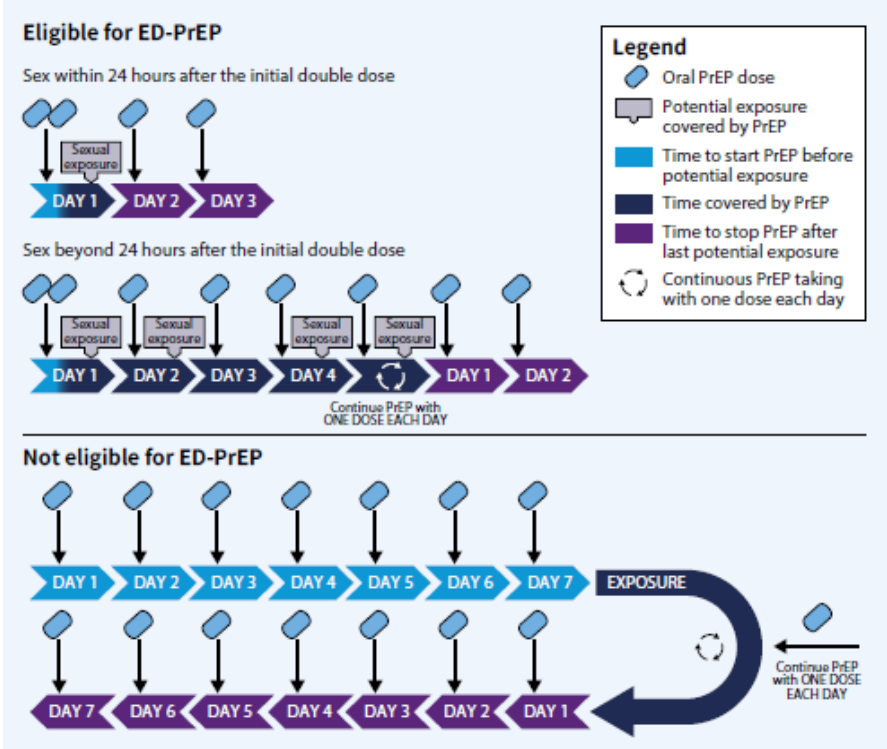
World Health Organization

Starting, using and stopping PrEP

World Health Organization

Starting, using and stopping oral PrEP

Population	Starting oral PrEP	Using oral PrEP	Stopping oral PrEP
Cisgender men and trans and gender diverse people assigned male at birth who: • have sexual exposure AND • are not taking exogenous estradiol based hormones *Hepatitis B is not a contraindication	Double dose 2–24* hours before sexual exposure * ideally closer to 24 hours	1 dose per day	1 dose per day until 2 days after the day of the last potential sexual exposure
Cisgender women and trans and gender diverse people assigned female at birth	1 dose daily for 7 days before exposure	1 dose per day	1 dose daily for 7 days after last potential exposure
Cisgender men and trans and gender diverse people assigned male at birth taking exogenous estradiol-based hormones			
People using oral PrEP to prevent HIV acquisition from injecting practices			



World Health Organization

- This guidance only applies to TDF-based oral PrEP.

PrEP and hepatitis B and C virus

World Health Organization

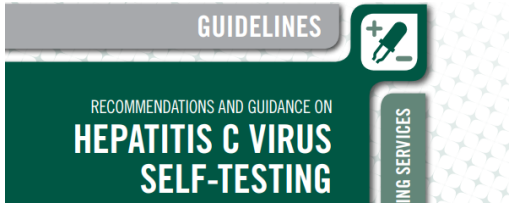
PrEP and viral hepatitis

PrEP services provide a unique opportunity to screen for hepatitis B and hepatitis C infection and address multiple public health issues.

Hepatitis B virus (HBV)

- Testing oral PrEP users for **hepatitis B surface antigen (HBsAg) once**, at or within 3 months of PrEP initiation, is strongly suggested where feasible.
- TDF-based daily or event-driven oral PrEP and the dapivirine vaginal ring can be safely offered to persons with HBV infection.
- Rapid point-of-care tests are available for HBsAg, and WHO has prequalified several rapid diagnostic tests.
- Consider people with detectable HBsAg for treatment.
- People at risk of acquiring hepatitis B with non-reactive HBsAg test may be considered for hepatitis B vaccination.

Hepatitis C virus (HCV)

- **HCV antibody testing is strongly encouraged at or within the first three months of PrEP initiation and every 12 months thereafter** where PrEP services are provided to populations at high risk of HCV infection.
- TDF-based daily or event-driven oral PrEP and the dapivirine vaginal ring can be safely offered to persons with HCV infection.
- Individuals with reactive serology test results should be referred for further assessment and treatment for hepatitis C infection.
- 

WHO has recently released guidelines on hepatitis C self-testing

HBV and HCV testing should not be a barrier to PrEP initiation or use. PrEP can be initiated before HBV and HCV test results are available. HBV or HCV testing are not a requirement for PrEP use.

➢ Specific considerations for CAB-LA.

Kidney function monitoring for PrEP

World Health Organization

Kidney function monitoring for oral PrEP

Impaired kidney function, indicated by eGFR<60*, is a contraindication for using oral PrEP containing TDF.

Comorbidities	Age	Initiation		Follow-up
No	<30	Optional	Very low risk	Optional (until age 30 or kidney-related comorbidities develop)
				If baseline done and eGFR<90*, conduct follow-up ever 6-12months
No	30-49	Optional	Low risk, particularly 30-39 years. Screening optional, depending on resources.	If eGFR≥90*, optional (until age 50 or kidney-related comorbidities develop)
		Conduct once within 1-3 months after oral PrEP initiation		If eGFR<90*, screening every 6-12 months
Yes	Any age	Conduct once within 1-3 months after oral PrEP initiation		Screening every 6-12 months
No	50+			

- * Estimated glomerular filtration rate (eGFR) is a measure of kidney function. It is given in mL/min per 1.73 m^2. An alternative measure is estimated creatinine clearance, which uses the same cut-off points as eGFR with different units (mL/min).

World Health Organization

➢ This guidance only applies to TDF-based oral PrEP.

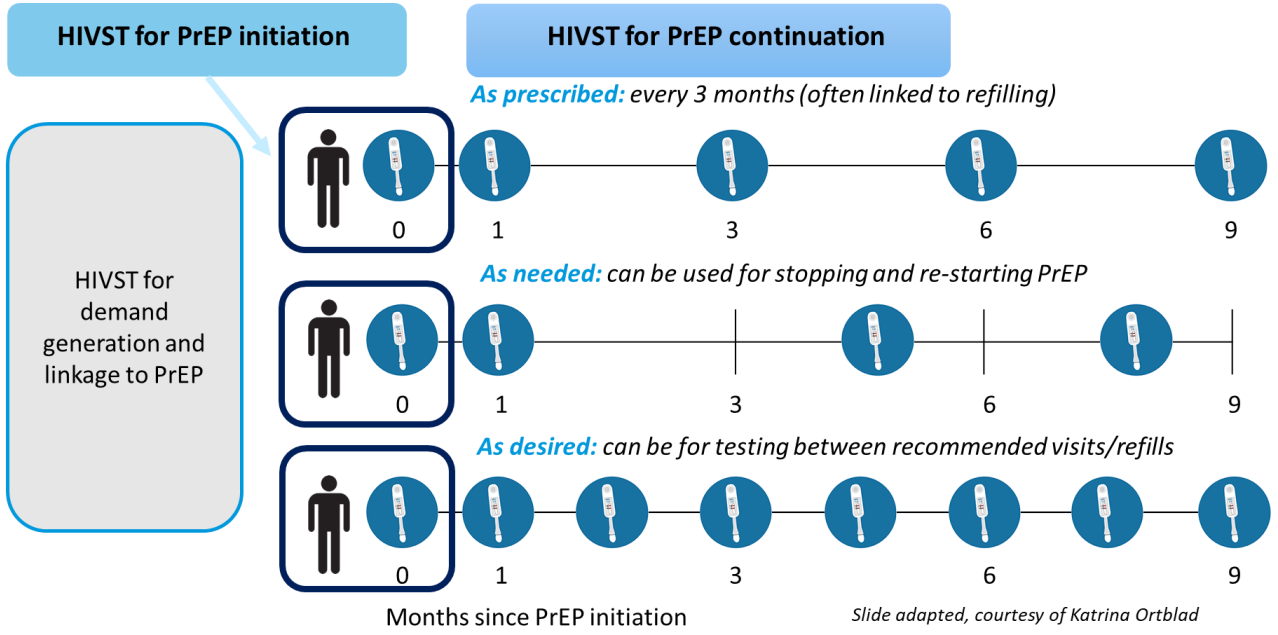
HIV self-testing (HIVST) for PrEP

World Health Organization

HIVST for PREP

HIV testing is required prior to starting or restarting PrEP and should be conducted regularly (e.g., every 3 months) during PrEP use.

- HIVST is an additional testing choice and can ***complement existing HIV testing strategies*** for **oral** PrEP and DVR, and may:
  - reduce clinic visits
  - be preferred for convenience, privacy, and self-managed care
    - ? increase PrEP use and persistence
    - ? HIV testing frequency
- Programs can consider HIVST for oral PrEP and DVR users when starting, re-starting, and/or continuing PrEP
  - Clear and concise messaging
- Where HIVST-supported PrEP delivery models reduce clinic visits, important that comprehensive services to address the diverse needs of PrEP users still provided
- Operational research on HIVST-supported PrEP delivery is important e.g. optimizing delivery, understanding impact and costs.



➢ Role for HIVST with CAB-LA currently unclear

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Differentiated PrEP service delivery

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Building blocks of differentiated service delivery

- Differentiated PrEP services:
  - Person- and community-centred
  - Adapts services to needs and preferences
  - May make PrEP services more acceptable and accessible
  - Support uptake, persistence, effective use.
- Common framework for differentiated PrEP service delivery: four building blocks of “where” (service location), “who” (service provider), “when” (service frequency), and “what” (service package).
  - Building blocks can differ between PrEP initiation, continuation, and reinitiation, and between PrEP products.

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

World Health Organization

Key considerations

WHERE

- Community involvement
- Government support and policy
- Logistics systems
- Adequate infrastructure
- Clinical oversight and referral pathways
- Data systems
- Person-centred and integrated services

Building block	PrEP initiation, initial follow-up (0–3 months), and re-initiation			PrEP continuation (3+ months)	
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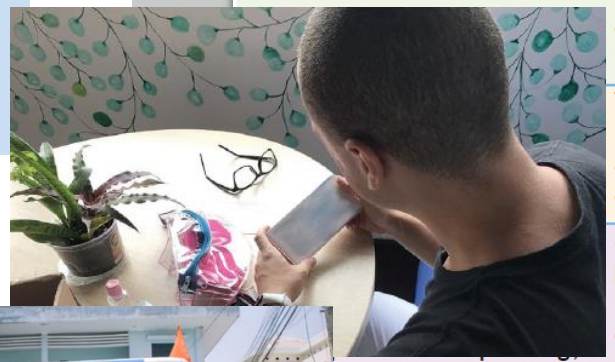

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Key considerations

WHO

- **Task sharing** to make the best use of available human resources e.g. physicians, nurses, pharmacists, clinical officers, and trained and supervised peer and community health workers
- Acceptability of provider types to the PrEP user
- Registration and regulation of provider types to provide PrEP - may vary by PrEP product type (e.g. DVR and oral PrEP vs CAB-LA)
- Training and accreditation, quality assurance, protocols, and linkage to facilities, remuneration

Building block	PrEP initiation, initial follow-up (0–3 months), and re-initiation			PrEP continuation (3+ months)	
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Key considerations

WHEN and WHAT

- Dynamic use of PrEP
- Client centered: follow-up and dispensing tailored to needs of PrEP clients
- Integrated service package that is responsive to the needs and wants of a client (N.B. some clients may only want PrEP)
- Integration and co-delivery with STIs, family planning / contraceptive services etc.

Building block	PrEP initiation, initial follow-up (0–3 months), and re-initiation			PrEP continuation (3+ months)	
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Thank you!

Thanks to the **WHO HHS Testing, Prevention, and Populations** team for contributions to this presentation.

Contact the PrEP team for questions or comments:

- **Rachel Baggaley:** baggaleyr@who.int
- **Michelle Rodolph:** rodolphm@who.int
- **Robin Schaefer:** schaeferr@who.int
- **Heather-Marie Schmidt:** schmidth@unaids.org

WHO's global work on PrEP:
https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis
WHO Global PrEP Network webinars:
https://www.who.int/groups/global-prep-network

World Health Organization

Find the new Technical Brief here:
https://www.who.int/publications/i/item/9789240053694

Other new and upcoming WHO PrEP & PEP guidance

- **Guidelines on long-acting injectable cabotegravir (CAB-LA): out now!**
  - Outstanding issues like HIV testing and drug resistance
  - Need support for LMICs implementation projects
  - Likely small part of PrEP market in LMICs until more implementation experience
- **Updates to the WHO PrEP Implementation Tool**
  - ***NEW*** PrEP/STI integration module (September 2022)
  - *Updated* Module 1: Clinical (end 2022)
- WHO is looking into ways to **expand community access to PEP**

Lynne Wilkinson (IAS, South Africa)

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

The importance of DSD for PrEP:

Lessons from COVID-19 and way forward

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Conflict of interest disclosure

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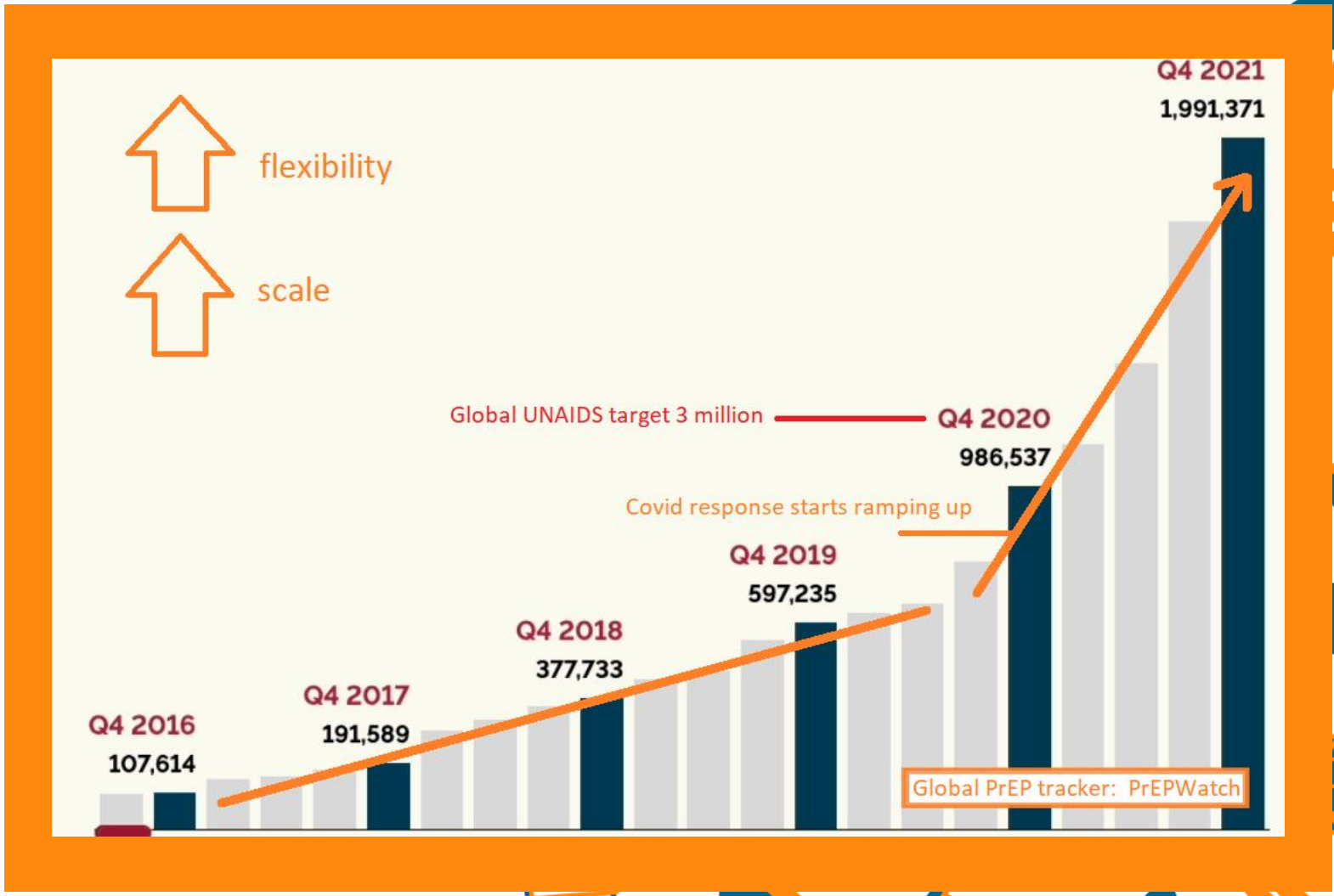
DSD lessons from COVID-19

Global PrEP initiations

PrEP emergency response to COVID pandemic:

- Quickly leveraged differentiated service delivery (DSD) approaches used for treatment
- Simplified, decentralized and demedicalized PrEP service delivery



Country responses to COVID-19

- Most common response:
  - **3-monthly combined clinical consultations and oral PrEP refills** immediately from PrEP initiation or initial follow-up 1-3 months later

- Other frequently adopted responses:
  - Use of **virtual check-ins**: psychosocial support/effective use counselling
  - Use of **HIV self-testing/home specimen collection** to limit need for facility in-person visits
  - **Peer distribution/courier delivery** of oral PrEP refills in community/home
  - **Community outreach** to initiate PrEP/provide continuation clinical consults

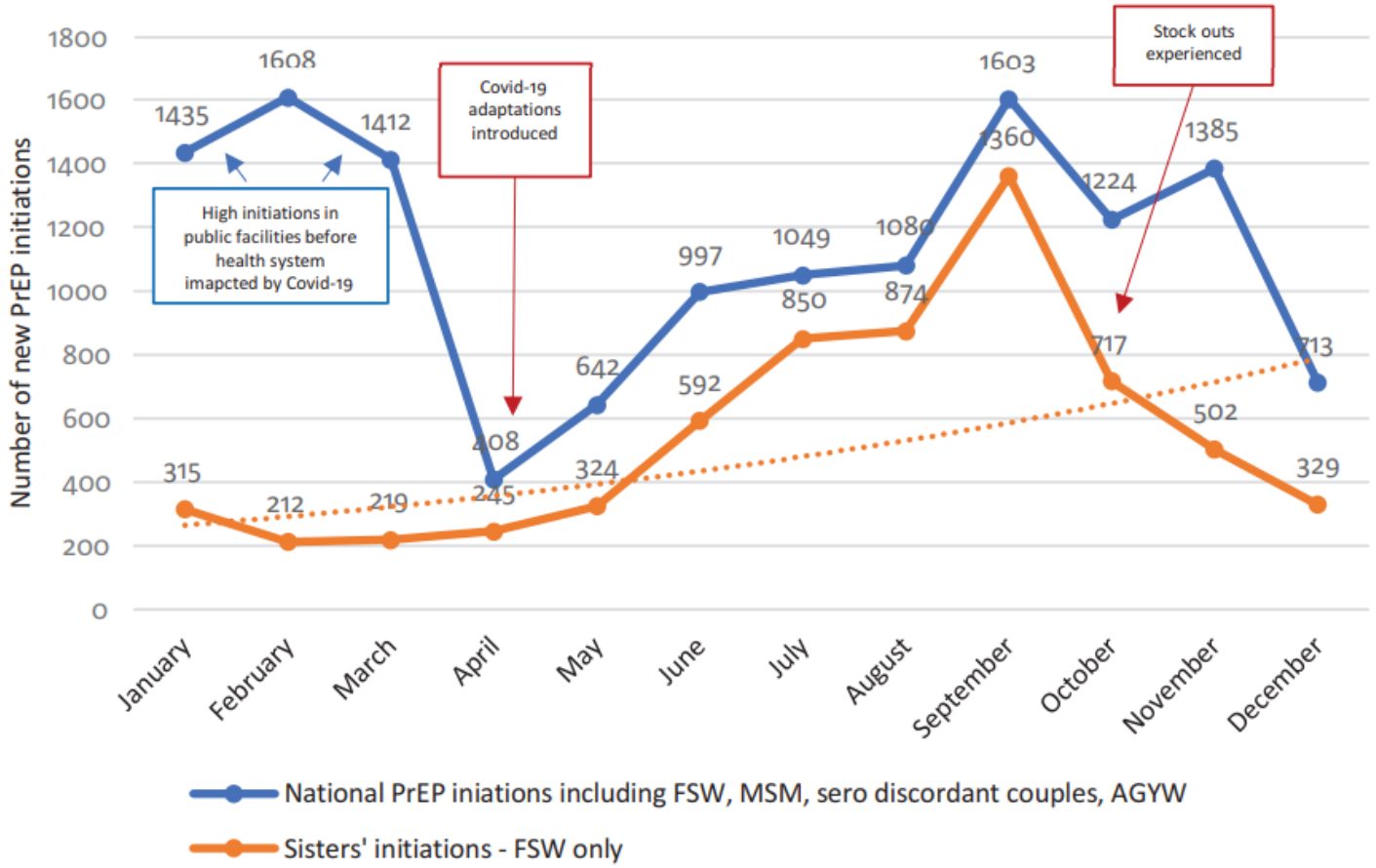
Zimbabwe – Female sex workers (FSWs)

Before COVID-19:

- Monthly combined clinical consults/refills

From early COVID-19:

- Peers in FSW community offering PrEP
- Virtual check-in at 1 week
- Initial clinical follow-up at month 1 *(facility/outreach in community or DIC)*
- Then 3-monthly combined in-person clinical consult/refill visits
- Ongoing virtual communication/support from trained peers



Matambanadzo P…Cowan FM. "*It went through the roof": an observation study exploring the rise in PrEP uptake among Zimbabwean female sex workers in response to adaptations during Covid-19*. J Int AIDS Soc. 2021 Oct;24 Suppl 6(Suppl 6):e25813.

This is the beginning of DSD for PrEP, not the end…

More similarities than differences between needs and preferences of people living with HIV and people at risk of HIV acquisition

People who are at risk of HIV acquisition also have:

- Work/school commitments
- Social/family/caregiving responsibilities
- Limited time and resources
- High (often unplanned) mobility
- Other healthcare demands (for example ante-natal care)
- May be vulnerable and/or stigmatized reducing health facility access

Impacting access, uptake and persistence and effective use

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DSD for HIV treatment evolution…

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

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DSD for HIV treatment evolution…

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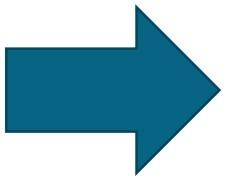

	ART maintenance* *(from 6 months on ART with VL suppression)*	
	ART refill-only	**Clinical consultation**
WHEN Service frequency	3 to 6 monthly *(increasingly 6 monthly)*	6 to 12 monthly
WHERE Service location	Home delivery Community pick-up Health facility fast lane	Community outreach Health facility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

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DSD for HIV treatment evolution…

	ART maintenance
	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 maintenance* *(from 6 months on ART with VL suppression)*	
	ART refill-only	**Clinical consultation**

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People on ART struggling with engagement want *more* flexibility

PLOS ONE

RESEARCH ARTICLE

Rethinking retention: Mapping interactions between multiple factors that influence long-term engagement in HIV care

Stephanie M. Topp[1,2]*, Chanda Mwamba[1], Anjali Sharma[1], Njekwa Mukamba[1], Laura K. Beres[1,3], Elvin Geng[4], Charles B. Holmes[1,3], Izukanji Sikazwe[1]

AIDS and Behavior (2022) 26:674–685
https://doi.org/10.1007/s10461-021-03427-1

ORIGINAL PAPER

How HIV Clients Find Their Way Back to the ART Clinic: A Qualitative Study of Disengagement and Re-engagement with HIV Care in Malawi

Stephanie Chamberlin[1] · Misheck Mphande[2] · Khumbo Phiri[2] · Pericles Kalande[2] · Kathryn Dovel[2,3]

AIDS and Behavior
https://doi.org/10.1007/s10461-022-03602-y

ORIGINAL PAPER

Implementation of South Africa's Central Chronic Medicine Dispensing and Distribution Program for HIV Treatment: A Qualitative Evaluation

Laura M. Bogart[1] · Zinhle Shazi[2] · Sarah MacCarthy[1,7] · Alexandra Mendoza-Graf[1] · Nafisa J. Wara[3] · Dani Zionts[3] · Nduduzo Dube[2] · Sabina Govere[2] · Ingrid V. Bassett[3,4,5,6]

PLOS ONE

RESEARCH ARTICLE

Why do patients interrupt and return to antiretroviral therapy? Retention in HIV care from the patient's perspective in Johannesburg, South Africa

Melanie A. Bisnauth[1☯]*, Natasha Davies[1☯], Sibongile Monareng[1‡], Fezile Buthelezi[1‡], Helen Struthers[1,2¤‡], James McIntyre[1,3¤‡], Kate Rees[1,4☯¤]

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ORIGINAL PAPER

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Most common expressed need and preference
More flexible visit schedules
(for clinical consultations and drug refills)

AIDS and Behavior
https://doi.org/10.

ORIGINAL P

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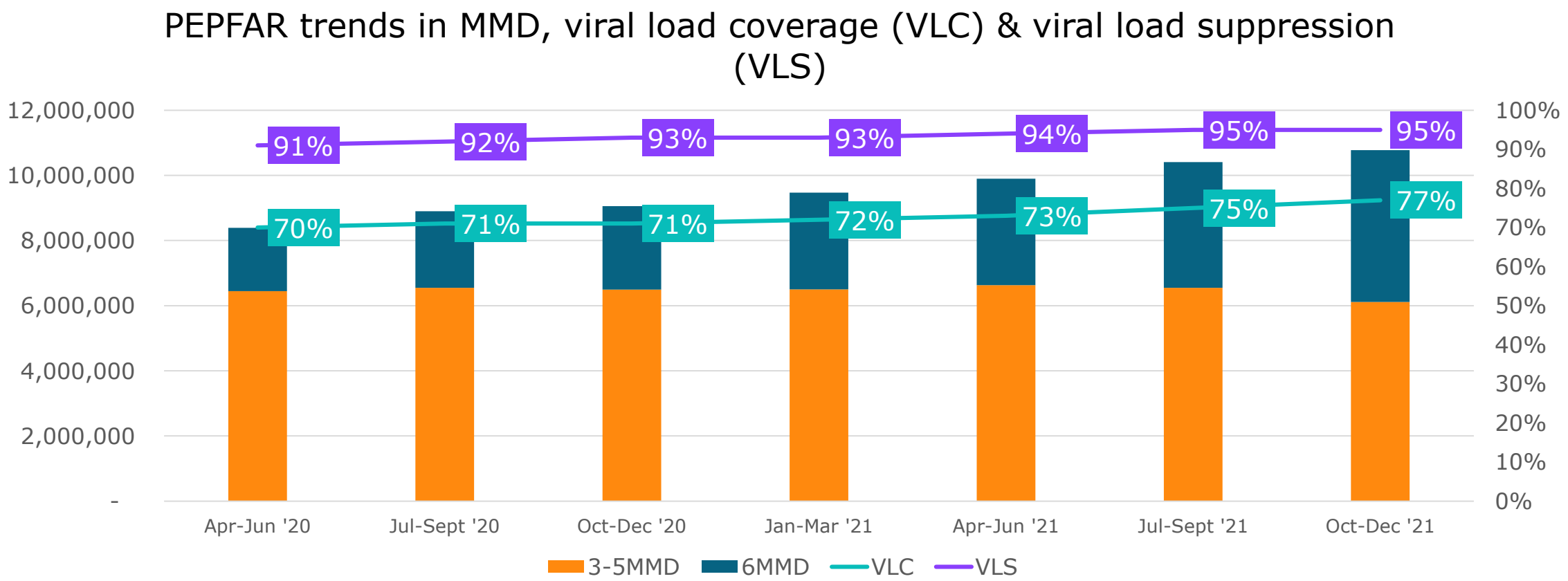
From early in COVID-19 pandemic increased visit schedule flexibility



Increasing refill length → no drop in viral load coverage or suppression

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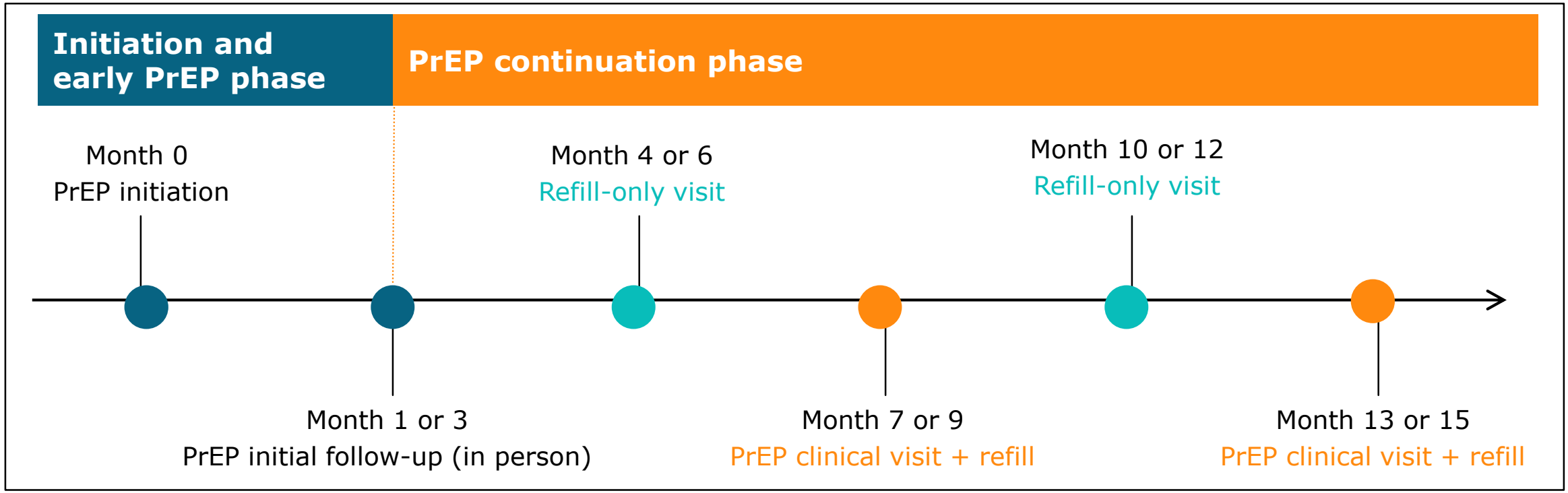
DSD fundamentals

1. Separation of initiation/re-initiation and continuation follow-up phases

PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)	PrEP continuation (>3 months)

- The initial period is focused on "setting the stage early" – providing the necessary clinical follow-up and effective use support.
- Enabling a reduction in the frequency and required minimum clinical service delivery package for the majority of people during continuation phase.
- The length of the initial phase can be shorter than 3 months.
- The PrEP refill length during the initial period is flexible but should be aligned with clinical consults (could provide a 3-month refill immediately until the first in person follow-up with a virtual check-in after the first few weeks)

2. Separation of drug refills and clinical consultations



- Reduced-intensity DSD means alternating
  - refill/injection-only visits
  - clinical consultations with scripting and refill/injection administration
- This is necessary to enable refill collection at locations closer to home, work or school

3. DSD components for PrEP

PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)			PrEP continuation (>3 months)	
Assessment (after negative HIV test result)	**PrEP initiation/ re-initiation***	**Initial clinical follow-up**	**PrEP refill (or injection) only**	**Clinical consultation**

- The initiation and continuation service phases are broken down into core components – each requires consideration of its own building blocks (next slide)
- Understanding that people on PrEP stop and start PrEP frequently, the re-initiation component requires specific consideration.

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4. Building blocks for each of the DSD components

Building blocks are strongly interdependent

For example

Where max clinical consultation visit spacing = 3-monthly in-person with a clinician

Limited value in separating out PrEP refill-only visits or enabling peer refill community distribution.

	PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)			PrEP continuation (>3 months)	
	Assessment (after negative HIV test result)	**PrEP initiation/ re-initiation***	**Initial clinical follow-up**	**PrEP refill (or injection) only**	**Clinical consultation**
WHEN Service frequency	Timing of PrEP assessment and offer	Timing of PrEP initiation or re-initiation*	Frequency of initial follow-up	Frequency of PrEP refill collection/injection administration visits (length of PrEP product supply)	Frequency of maintenance clinical consultations
WHERE Service location	Locations for PrEP assessment and offer	Locations for PrEP initiation or re-initiation*	Locations for initial follow-up visit/s (including virtual)	Locations where PrEP refills can be collected/injections administered (no clinical consultation required)	Locations where maintenance clinical consultations can be provided
WHO Service provider	Service provider/s who can assess for and offer PrEP	Service provider/s authorized to initiate or re-initiate* PrEP	Service providers who can carry out initial follow-up visit/s	Service provider/s who can distribute PrEP refills/administer injection (considering HIV testing requirements and method)	Service provider/s who may conduct PrEP maintenance clinical consultations
WHAT Service package**	Service package for PrEP assessment and offer	Service package for PrEP initiation or re-initiation*	Service package at initial follow-up visit/s	Service package at PrEP refill collection/ injection administration visit/s	Maintenance clinical consultation service package

** Re-initiation visit can further simplify the service package as it is not necessary to repeat all services and some services could be abbreviated (for example, counselling)*

Under PrEP continuation phase: A separate psychosocial support component (column) can be added, defining the building blocks for additional psychosocial support (beyond counselling already reflected in the service delivery package for refill-only and clinical consultation visits). However, as this is not required for all PrEP clients, this is not routinely reflected.

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Importance of national PrEP DSD guidance

Why national PrEP DSD guidance?

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

PrEP DSD guidance is critical to enable health authority managers, implementing partners and healthcare providers

1. **Who** can prescribe PrEP and provide repeat scripts?
2. **Who** can distribute PrEP refills? And administer PrEP injectables?
3. **Where** can a person collect their PrEP refills or have PrEP injections administered?
4. **When** (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?

Developing country policy guidance for DSD

1. An introduction to PrEP DSD
2. Key policies for PrEP DSD guidance
3. A draft of the policy, for each key area, for consideration and country adaptation.

https://bit.ly/DSDpreppolicy

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Eight key policies for differentiated PrEP service delivery

1. **Recognize the importance of implementing differentiated PrEP service delivery**
2. **Define the criteria for PrEP access**
3. **Define and describe approved PrEP methods for PrEP DSD**
5. **Consider and define the duration of intended PrEP use to assess suitability for reduced-intensity PrEP DSD models**
6. **Define suitability assessment for reduced-intensity PrEP DSD models for the PrEP continuation phase**
7. **Define all the building blocks that can be utilized for building PrEP DSD models** for i) PrEP assessment; ii) PrEP initiation (and re-initiation); iii) early follow-up; and iv) PrEP continuation with PrEP refills and clinical consultations.
8. **Define PrEP DSD models** *by population*
9. **Enable transition to differentiated HIV treatment services**

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Nationally supported building blocks to adapt/build PrEP service delivery models

Country policy development brief

July 2022

Example policy template section 6

Building blocks for differentiated PrEP service delivery components

	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**
WHO Service provider	All healthcare workers providing HTS, including lay healthcare workers (or peers distributing HIVST kits)	Outreach nurse[b] Facility-based nurse[b] (FP nurse, OPD designated nurse supporting HTS service, STI nurse, ANC nurse, PNC nurse or ART nurse) Private sector pharmacist	**In person:** Outreach nurse[b] or facility-based nurse[b] **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 nurse[b] or facility-based nurse[b]

Possible example models

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Country policy development brief

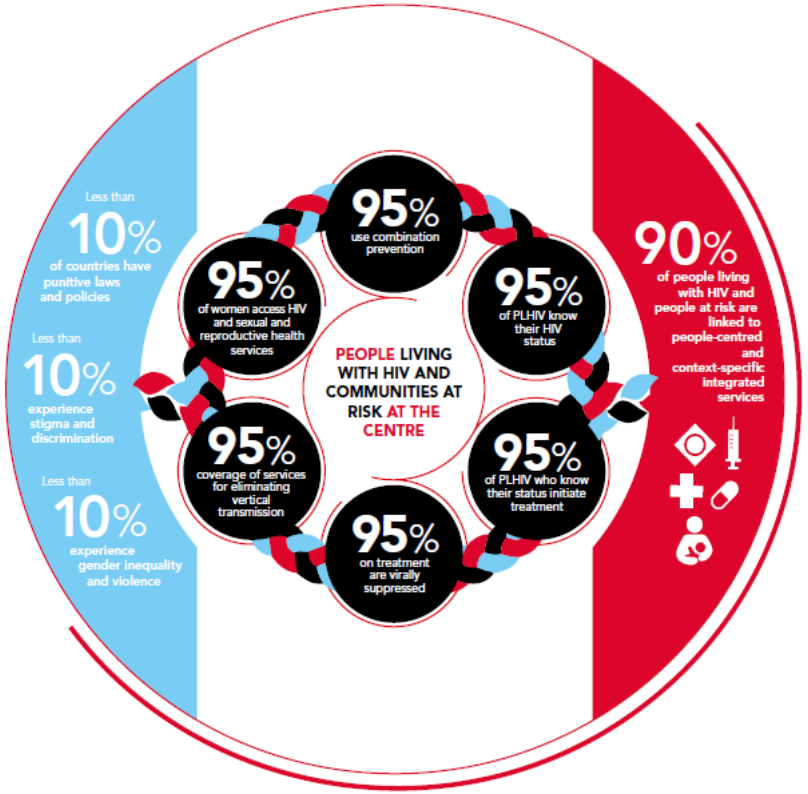
Example policy template section 7A

Differentiated PrEP service delivery models

July 2022

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 3MMD May only support HIVST kit provision (not HIV rapid testing)	Same as facility fast-track PrEP 3MMD

Key take-aways



1. WHO supports differentiated PrEP service delivery
2. Scaling PrEP, towards reaching the UNAIDS 2025 prevention targets, depends on implementing reduced-intensity DSD models of care
3. PrEP implementers need country PrEP DSD operational guidance – clarifying PrEP service delivery building blocks
4. DSD for PrEP enables increased self-management
5. The PrEP landscape is evolving quickly which will impact PrEP DSD – we can adjust as we go!

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

DSD for PrEP in action

Adapting the WHEN and WHERE: Innovations from Kenya

Kenneth Ngure PhD

School of Public Health, Jomo Kenyatta University of Agriculture and Technology, Kenya

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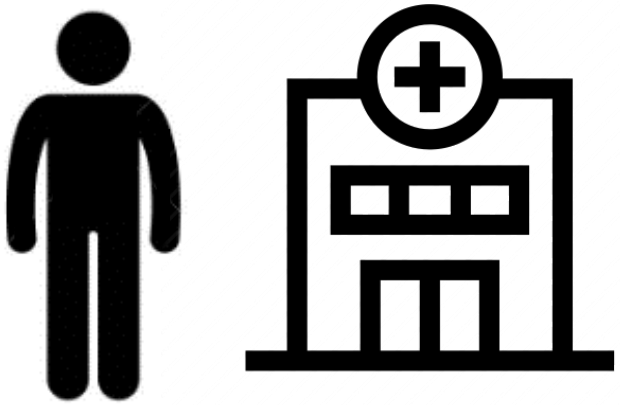
Current Kenya PrEP delivery challenges:

(Ortblad KF et al., JIAS 2020)



PrEP initiation & continuation
at healthcare facilities

Stigma
Associated with visiting HIV clinics when HIV uninfected

Limited hours of operation
Especially challenging for workers

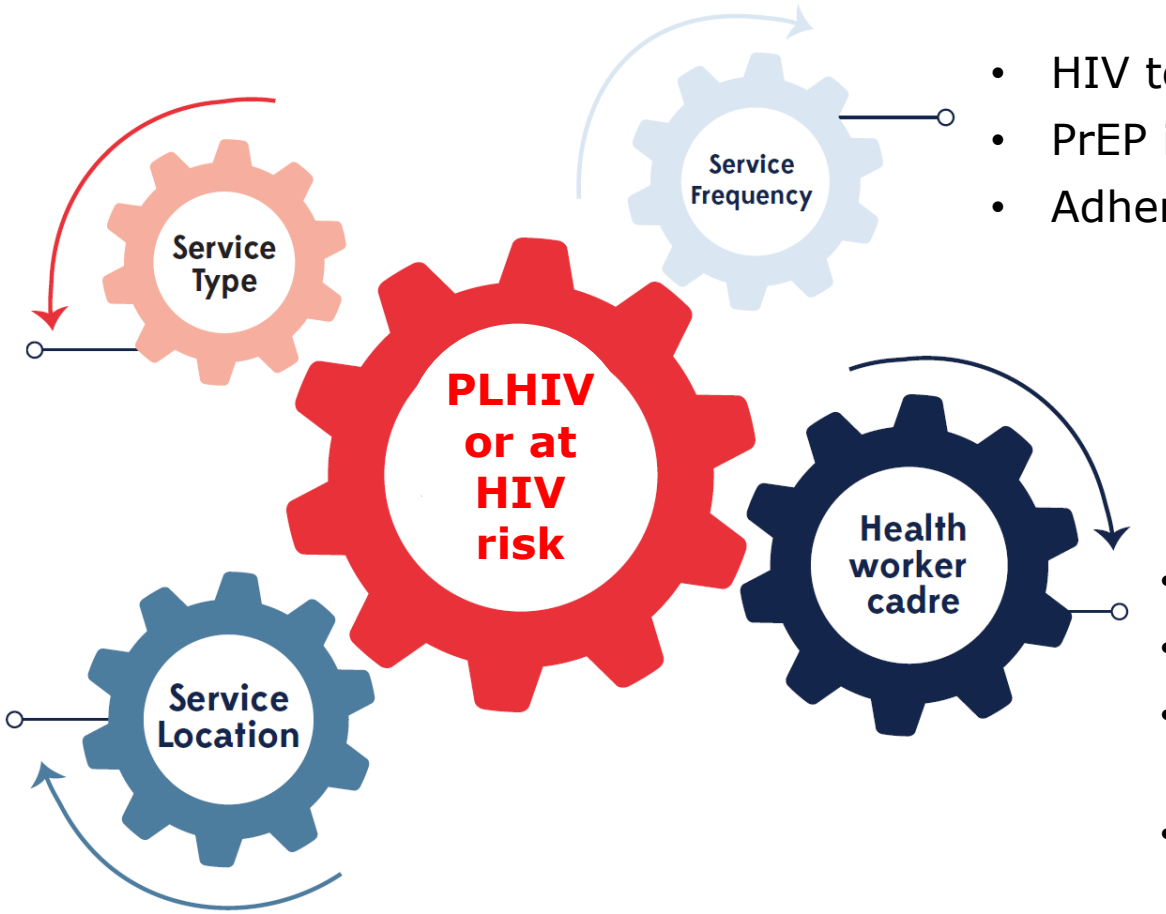
Long wait times & travel distance
Associated with overcrowding, multiple PrEP stops, and limited PrEP clinics

Lack of privacy
Associated with overcrowding and HIV-specific health service provision

DSD models needed:

(SOURCE: Epidemic Control Project, December 2019)

- Monthly
- Bimonthly
- Every 3 months
- Every 6 months



- HIV testing
- PrEP initiation & refills
- Adherence support

- Public HIV clinic
- Community
- Private pharmacy
- Telemedicine

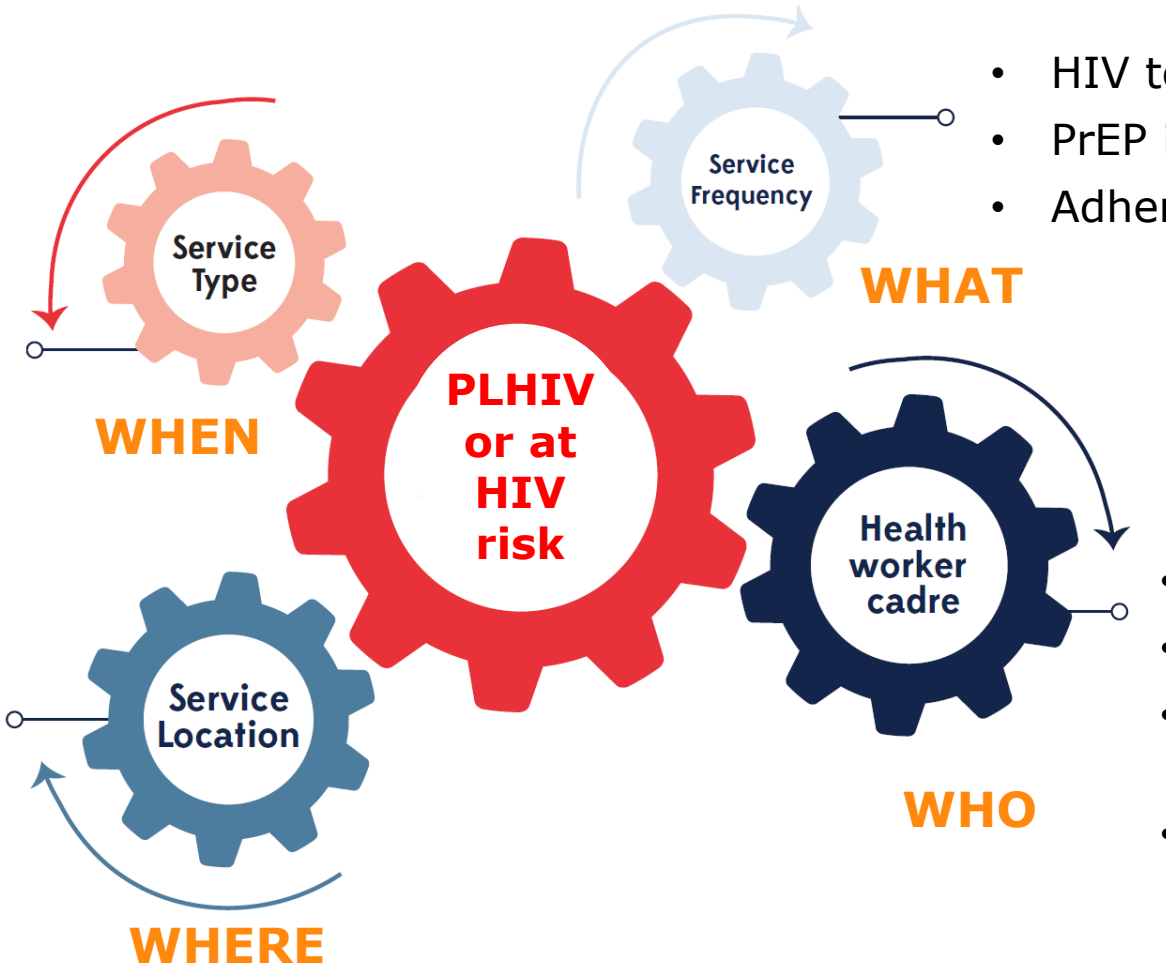
- Physician
- Lay counselor
- Community health worker
- Patients, peers, sexual partners

PLHIV: People living with HIV

DSD models needed:

(SOURCE: Epidemic Control Project, December 2019)

- Monthly
- Bimonthly
- Every 3 months
- Every 6 months



- HIV testing
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- Adherence support

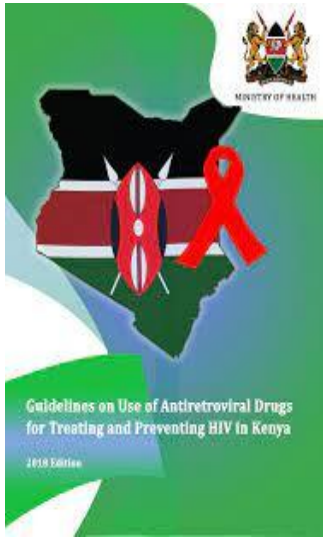
- Public HIV clinic
- Community
- Private pharmacy
- Telemedicine

- Physician
- Lay counselor
- Community health worker
- Patients, peers, sexual partners

PLHIV: People living with HIV

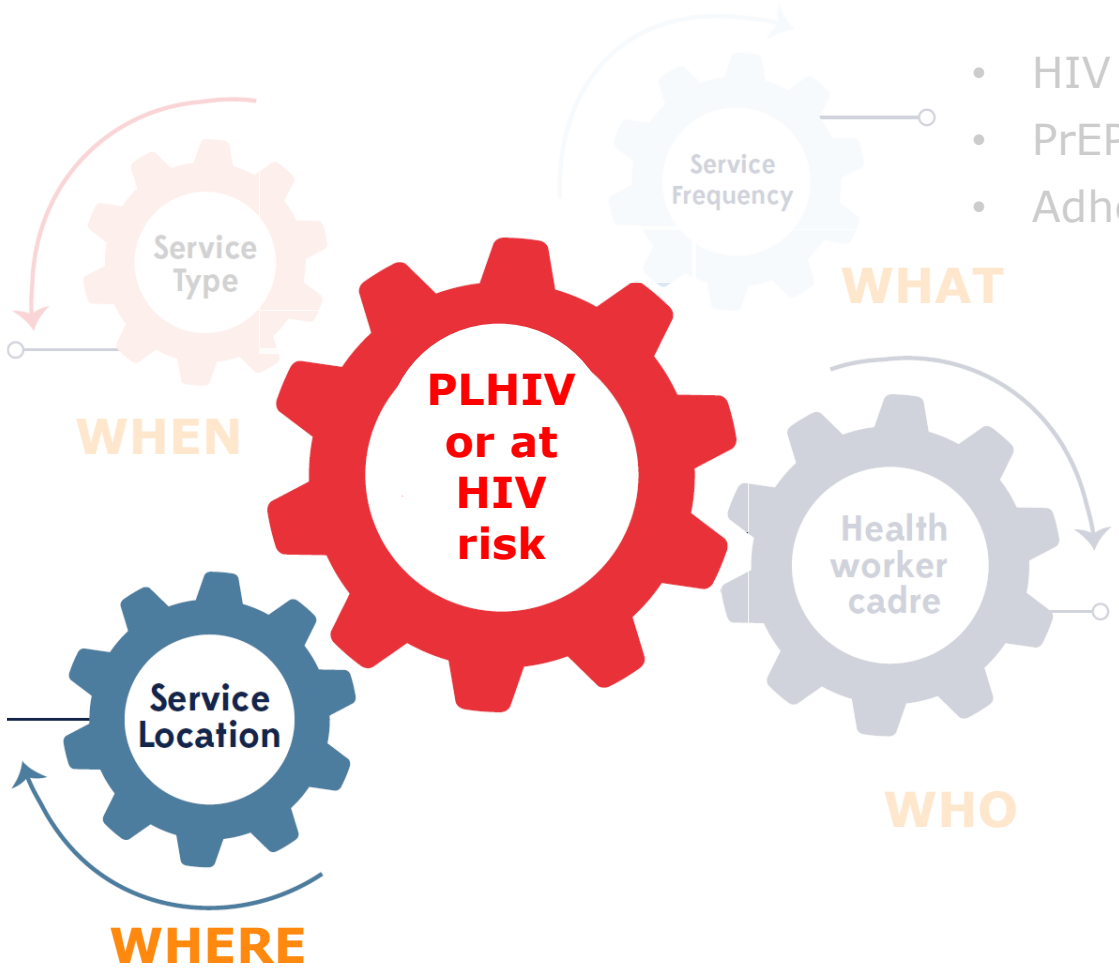
PrEP service delivery in Kenya: SOC

	PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)			PrEP continuation (>3 months)
	Assessment (after negative HIV test result)	**PrEP initiation/ re-initiation**	**Initial clinical follow-up**	**Clinical consultation and PrEP refill**
WHEN Service frequency	Timing of PrEP assessment/offer	Timing of PrEP initiation/re-initiation*	M1 and M3	No separation – PrEP refill always combined with clinical consultation 3-monthly
WHERE Service location	Locations for PrEP assessment/offer	Locations for PrEP initiation/re-initiation*	Accredited primary healthcare facilities – ART service (mainly public facilities)	Accredited primary healthcare facilities – ART service (mainly public facilities)
WHO Service provider	Service provider/s who can assess for PrEP and offer PrEP	Service provider/s authorized to initiate/re-initiate* PrEP	Service providers who can carry out initial follow-up visit/s	Service providers who can carry out follow-up visit/s that include PrEP refills and HIV testing using rapid diagnostic tests
WHAT Service package	Service package for PrEP assessment and offer	Service package for PrEP initiation/re-initiation*	Service package at initial follow-up visit/s	Clinical consultation PrEP package plus script plus 3-month PrEP refill



DSD models needed:

(SOURCE: Epidemic Control Project, December 2019)



- Monthly
- Bimonthly
- Every 3 months
- Every 6 months

- HIV testing
- PrEP initiation & refills
- Adherence support

- Public HIV clinic
- Community
- **Private pharmacy**
- **Telemedicine**

- Physician
- Lay counselor
- Community health worker
- Patients, peers, sexual partners

PLHIV: People living with HIV

Pharm PrEP Pilot: Initiation

From **Nov 2020 – Dec 2021**

Clients screened
(N=575)

→ No HIV risk (N=76)
Liver/kidney disease (N=6)
Diabetes (N=3)
Breastfeeding/pregnant (N=3)

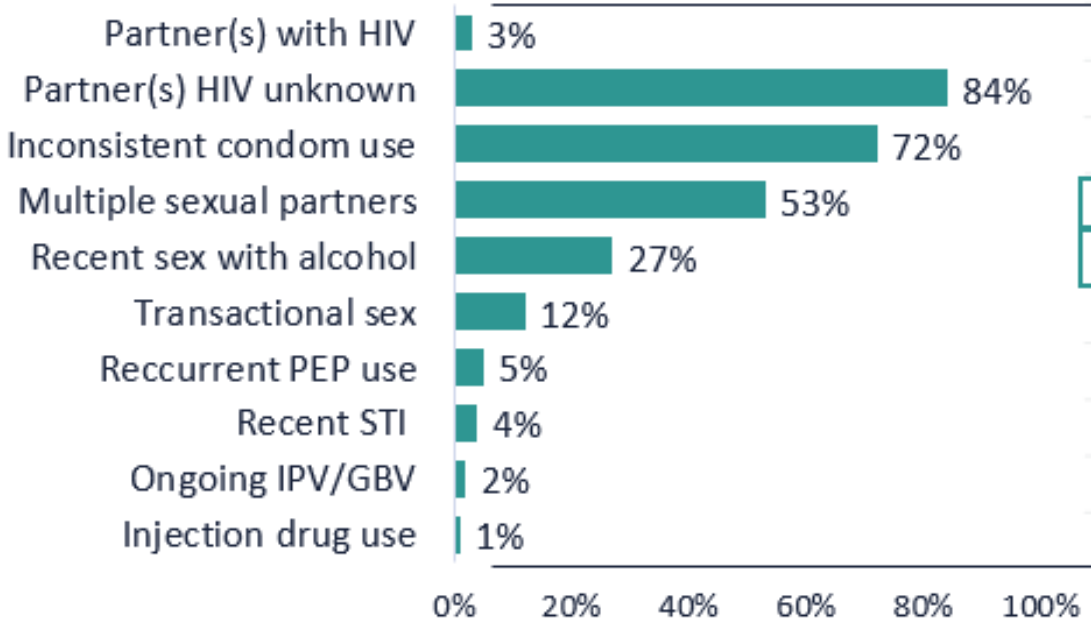
Clients eligible for pharmacy PrEP
(N=476)

→ Not interested/ready (N=104)
Not willing to consent (N=130)

Clients enrolled/ initiated PrEP
(N=287)

PrEP initiation: 60%

Behaviors associated with HIV risk:

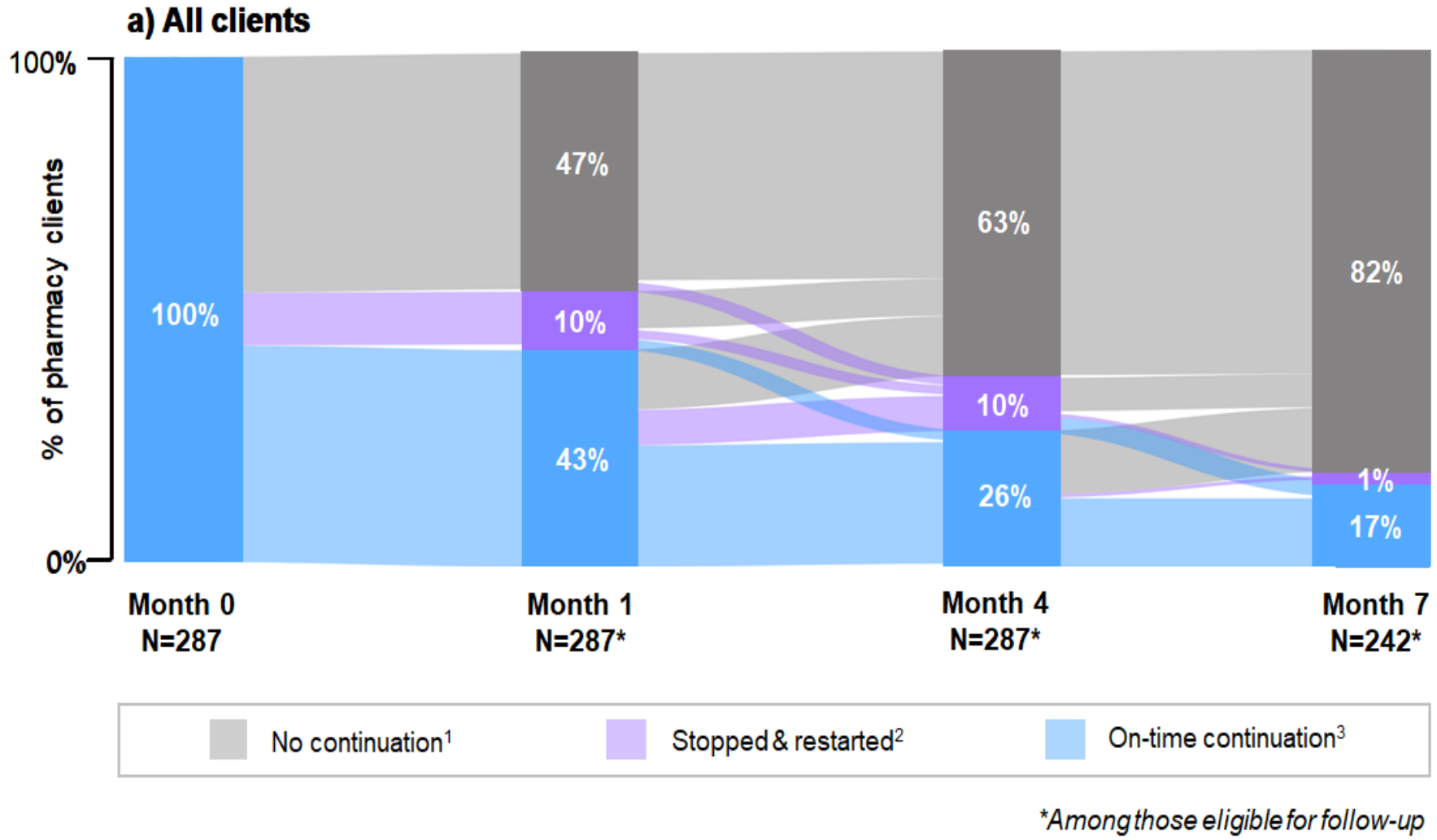


	Clients <25 years		Clients ≥25 years	
	Females (N=64)	Males (N=60)	Females (N=59)	Males, (N=104)
Partner(s) with HIV	3%	0%	5%	4%
Partner(s) HIV unknown	80%	88%	85%	83%
Inconsistent condom use	75%	68%	80%	69%
Multiple sexual partners	25%	75%	27%	71%
Recent sex with alcohol	13%	40%	8%	39%
Transactional sex	11%	10%	10%	14%
Reccurrent PEP use	5%	5%	0%	5%
Recent STI	6%	2%	7%	3%
Ongoing IPV/GBV	0%	0%	5%	2%
Injection drug use	0%	2%	0%	0%

(Ortblad KF, et. al., CROI 2022)

Pharm PrEP Pilot: Continuation

From **Nov 2020 – Dec 2021**



Any PrEP continuation: 55%

Any stopping/ restarting: 21%

(Ortblad KF, et. al., CROI 2022)

Pharm PrEP Pilot: Main takeaways

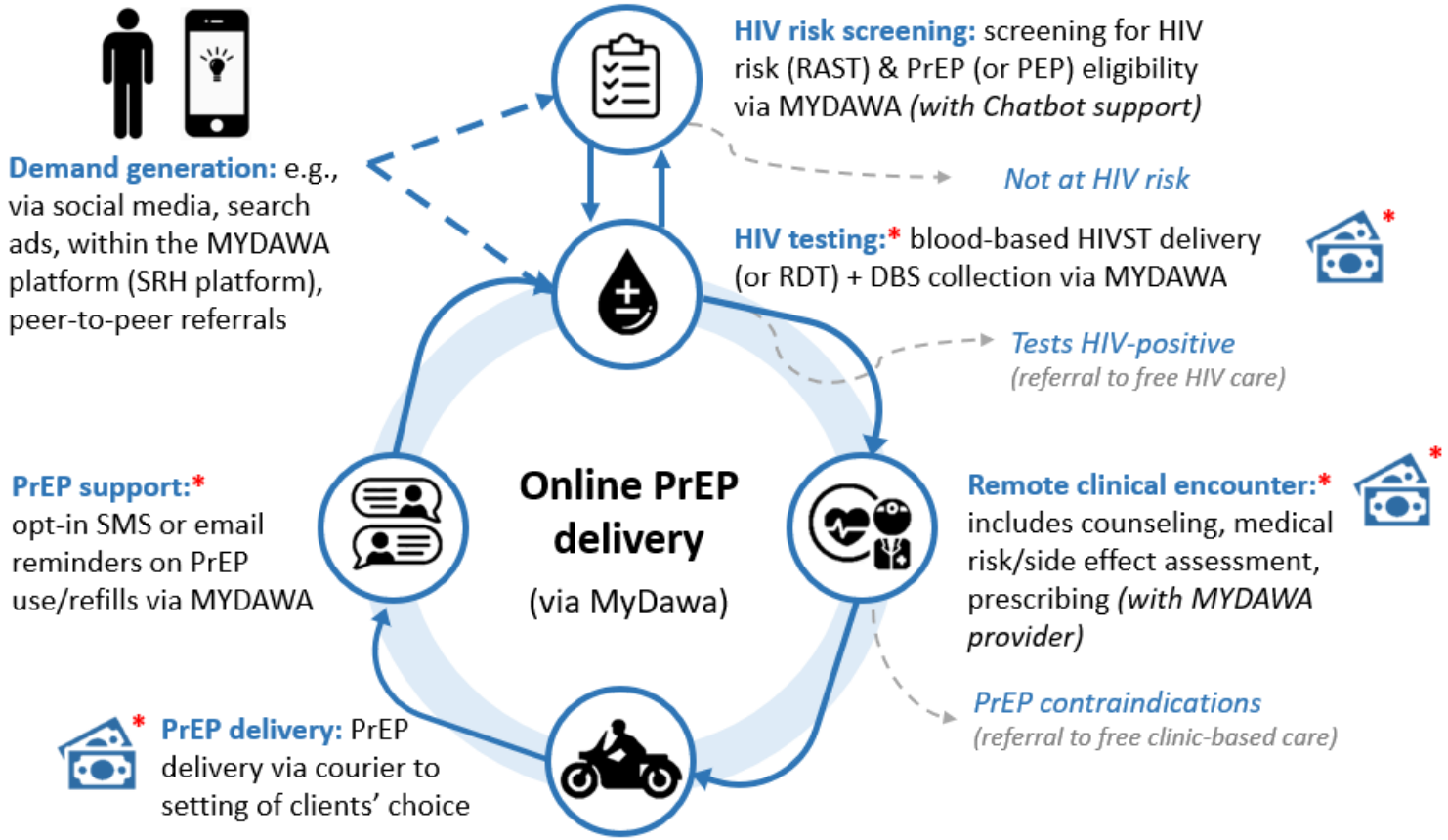
Pharmacy-based PrEP delivery is an **exciting new PrEP delivery platform** that has the potential to expand PrEP reach and access

Early pilot findings suggest:

- Private pharmacies can **reach a new population** at high HIV risk that we are not reaching with traditional clinic-delivered PrEP services
- Pharmacy-delivered PrEP is in **high demand**, with continuation rates that are **similar to** or **exceed** clinic-based PrEP delivery

Barriers to scale-up include lack of evidence on **effectiveness**, **costs** associated with delivery, and **regulatory barriers** surrounding provider prescribing

e-PrEP Kenya Pilot: Care pathway



Joint collaboration!

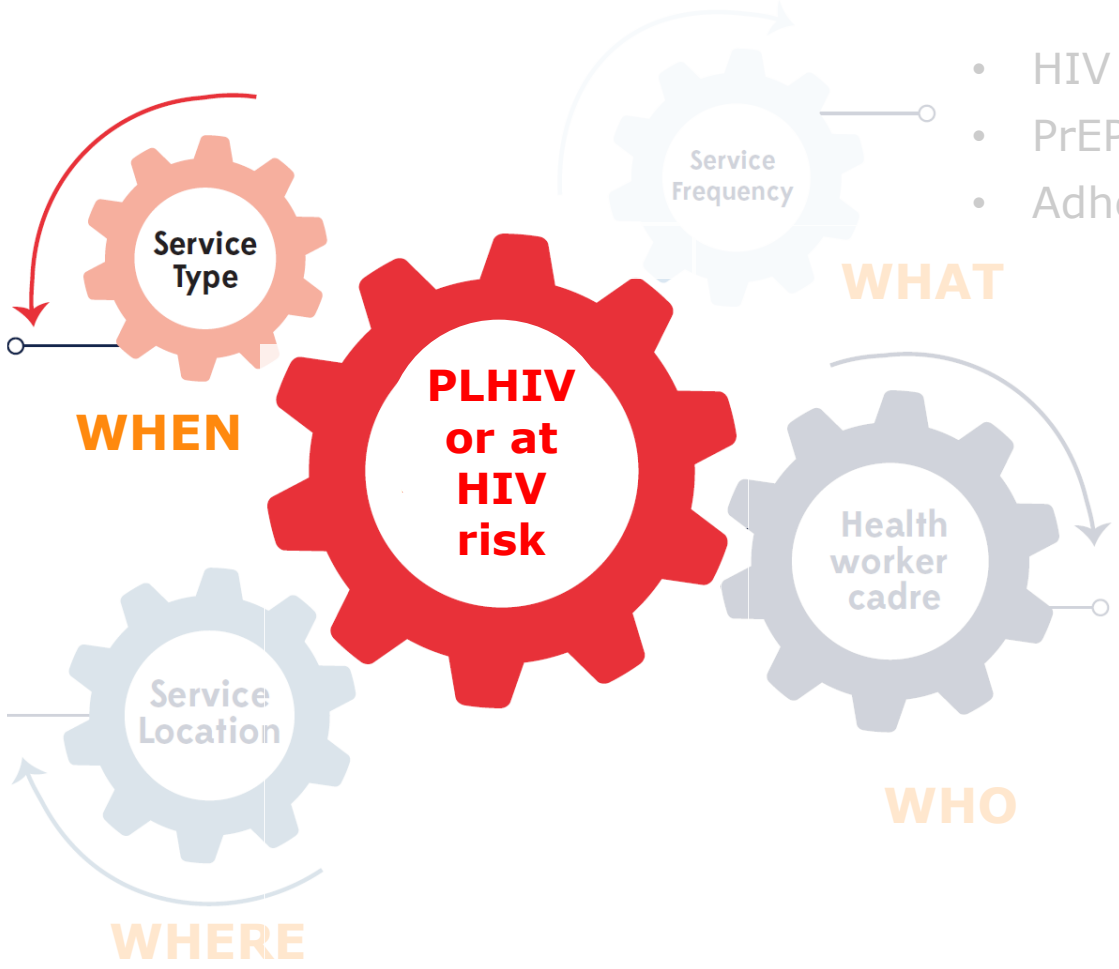
Will refine model based on findings on patient preferences determined from a Discrete Choice Experiment-DCE

(PIs: Ngure K, Mugambi M, Ortblad KF)

DSD models needed:

(SOURCE: Epidemic Control Project, December 2019)

- Monthly
- Bimonthly
- Every 3 months
- **Every 6 months**



- HIV testing
- PrEP initiation & refills
- Adherence support

- Physician
- Lay counselor
- Community health worker
- Patients, peers, sexual partners

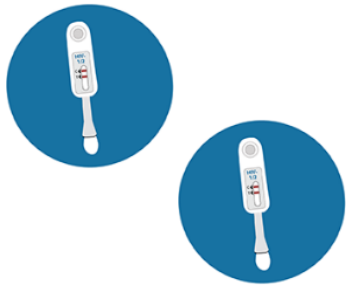
- Public HIV clinic
- Community
- Private pharmacy
- Telemedicine

PLHIV: People living with HIV

Six-month dispensing + HIVST: Study design

The intervention:

6-month PrEP dispensing



HIVSTs
(for interim testing)

Biannual PrEP clinic visits

Anticipated outcomes:

Equivalent PrEP continuation & adherence

Acceptable to PrEP users and providers

Reduced health system costs

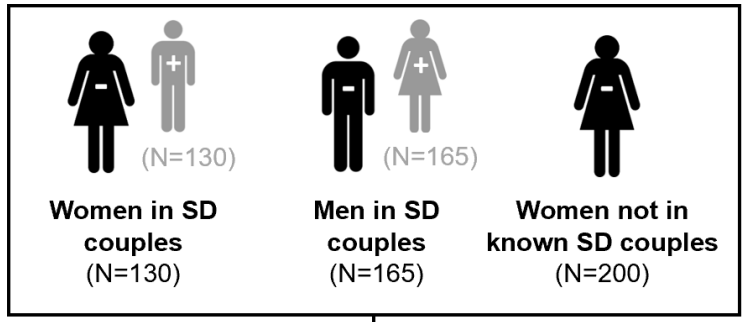
(Ngure K, et al, Lancet HIV 2022)

Six-month dispensing + HIVST: Study design

1:1:1 non-inferiority individual-level randomized trial:

Inclusion criteria:

- ≥18 years
- Using PrEP 1 month



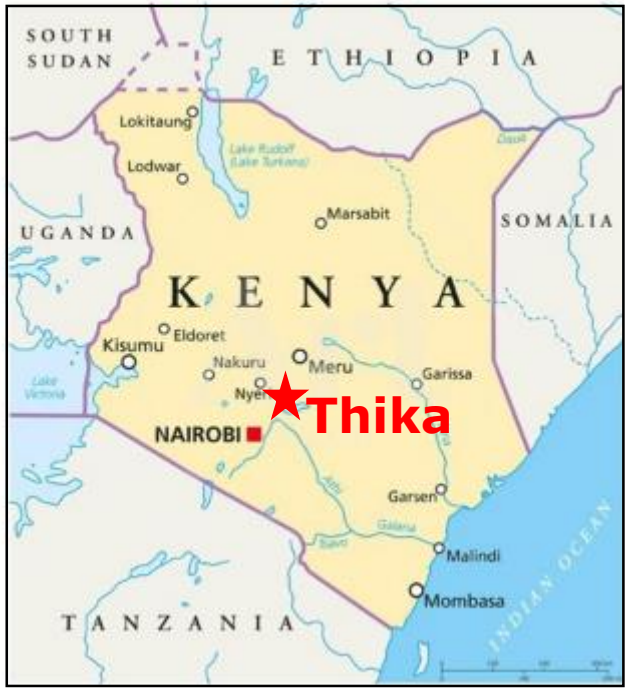
Randomization

6-month PrEP + blood-based HIVST	6-month PrEP + oral-fluid HIVST	3-month PrEP + clinic-based RDT
HIVST training; 2 HIVSTs; Bi-annual clinic visits	HIVST training; 2 HIVSTs; Bi-annual clinic visits	Quarterly clinic visits
Q1 Q2 * Q3 Q4	Q1 Q2 * Q3 Q4	Q1 Q2 * Q3 Q4

primary outcome measurement

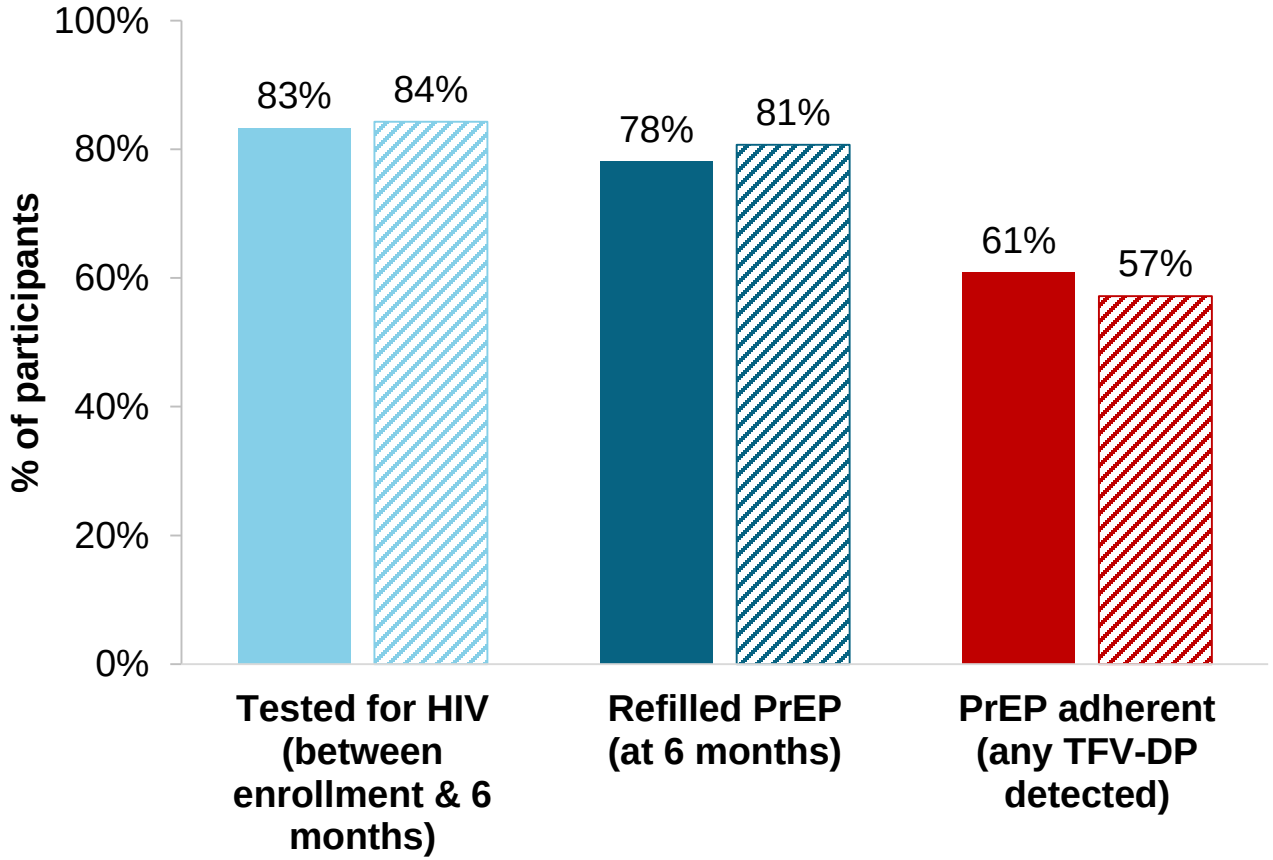
Intervention

SOC

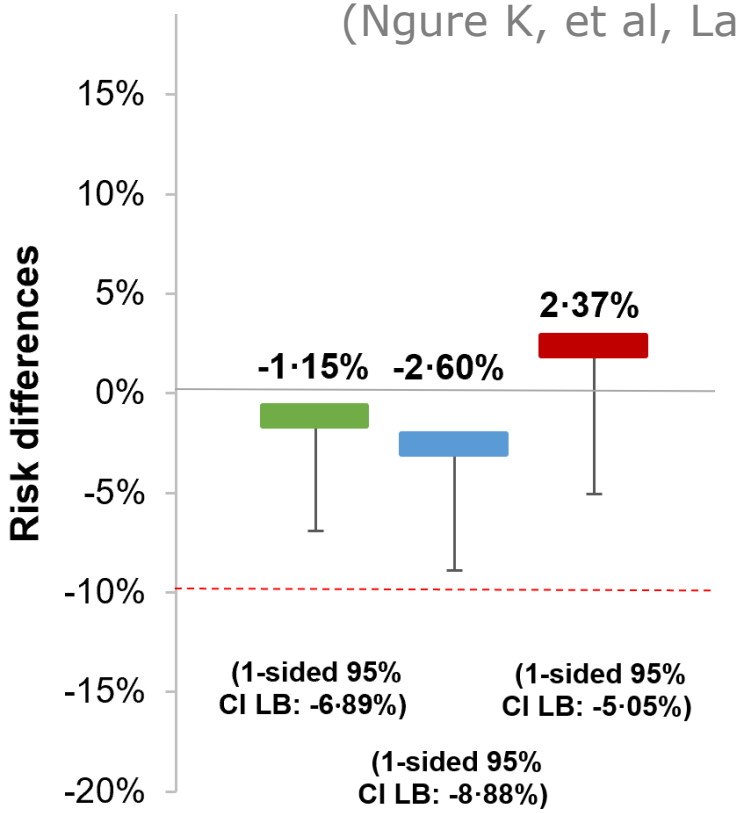


(Ortblad KF, et al, Trials 2019)

Six-month dispensing + HIVST: Results



(Ngure K, et al, Lancet HIV 2022)



6-month PrEP + HIVST (combined intervention arms)

3-month PrEP + clinic-based testing (standard-of-care)

HIVST-supported PrEP continuation was non-inferior to standard of care

Six-month dispensing + HIVST: Takeaways

Six-month PrEP dispensing with HIV self-testing for PrEP is feasible and acceptable with non-inferior to the current 3 monthly visits (SOC)

- Six-month PrEP dispensing with HIVST for interim testing at three months reduced the number of PrEP clinic visits in half **without compromising HIV testing, retention, or adherence** at six months.
- In sub-group of women not in HIV sero-different couples, the intervention significantly **increased PrEP adherence** at six months.
- HIVST to support PrEP continuation can enable new models of community-based PrEP refilling that require less frequent contact with the health system.

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Ana Francisca Kolling (Ministry of Health, Brazil)

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

DSD for PrEP in action

Adapting the WHO: Innovations from Brazil

AIDS 2022

Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

Introduction – "WHO"

Scaling up access to HIV pre-exposure prophylaxis (PrEP): should nurses do the job?

Heather-Marie A Schmidt, Robin Schaefer, Van Thi Thuy Nguyen, Mopo Radebe, Omar Sued, Michelle Rodolph, Nathan Ford, Rachel Baggaley

Task sharing has been one of the most important enabling policies supporting the global expansion of access to HIV testing and treatment. The WHO public health approach, which relies on delivery of antiretroviral therapy (ART) by nurses, has enabled a trebling of the number of people receiving ART during the past decade. WHO recognises that HIV pre-exposure prophylaxis (PrEP) can also be provided by nurses; however, many countries still do not have policies in place that support nurse provision of PrEP. In sub-Saharan Africa, most countries allow nurses to prescribe ART, but only a few countries have policies in place that allow nurses to prescribe PrEP. Nurse-led PrEP delivery is particularly low in the Asia-Pacific region, which has some of the world's fastest growing epidemics. Even in many high-income countries, PrEP scale-up has been limited because policies often require medical doctors or specialists to prescribe. Service providers in many countries are coming to realise that scaling up access to PrEP cannot be achieved by medical doctors alone, and nurse-led PrEP delivery can help to lay the groundwork for supporting uptake of other HIV prevention approaches that will become available in the future. Countries with policies that authorise nurses to prescribe ART could be early adopters and help to pave the way for wider adoption of nurse-led PrEP delivery.

Lancet HIV 2022; 5: e363-66

Published Online March 28, 2022 https://doi.org/10.1016/S2352-3018(22)00006-6

UNAIDS Regional Office for Asia and the Pacific, Bangkok, Thailand (H-M A Schmidt PhD); Global HIV, Hepatitis and STIs Programmes, World Health Organization, Geneva, Switzerland (H-M A Schmidt, R Schaefer PhD, M Rodolph MPH, N Ford DSc, R Baggaley MBBS); World Health Organization, Hanoi, Vietnam

- **Model of care requiring doctor prescription restricts access** for the majority of people in need;
- **Nurse-led PrEP delivery is a viable strategy** and can lead to rapid **increases in PrEP service capacity without additional resources;**
- **Task sharing** can facilitate care decentralization, by **engaging other non-clinician providers** in PrEP delivery.
- **PrEP decentralization** across various services will be crucial to improving **access for key populations**;
- **Nurse-led PrEP delivery** might **provide greater job satisfaction** by allowing them to **develop new skills** and work to a fuller scope of practice.

Brazil's approach to WHO (PrEP service providers)

- Brazil approach to PrEP prescription, before changing to nurse prescription, was centralized in a few services only in large urban centres and metropolitan regions;
- PrEP Brazilian policy does not require medical doctors or specialists to prescribe;
- Nurses have experience with providing or ordering necessary testing, conducting counselling for combination HIV prevention and providing complementary services such as contraception and STI management;
- **2020**: MoH Brazil agreed with the Federal Council of Nursing (COFEN) to enable **nurses to start prescribing PrEP** and trained nurses with webinars and workshops. We provide a free access virtual course for all prescribers;
- MoH included Nurse-led PrEP provision in the national guideline;

PrEP service delivery before nurse prescription: Brazil

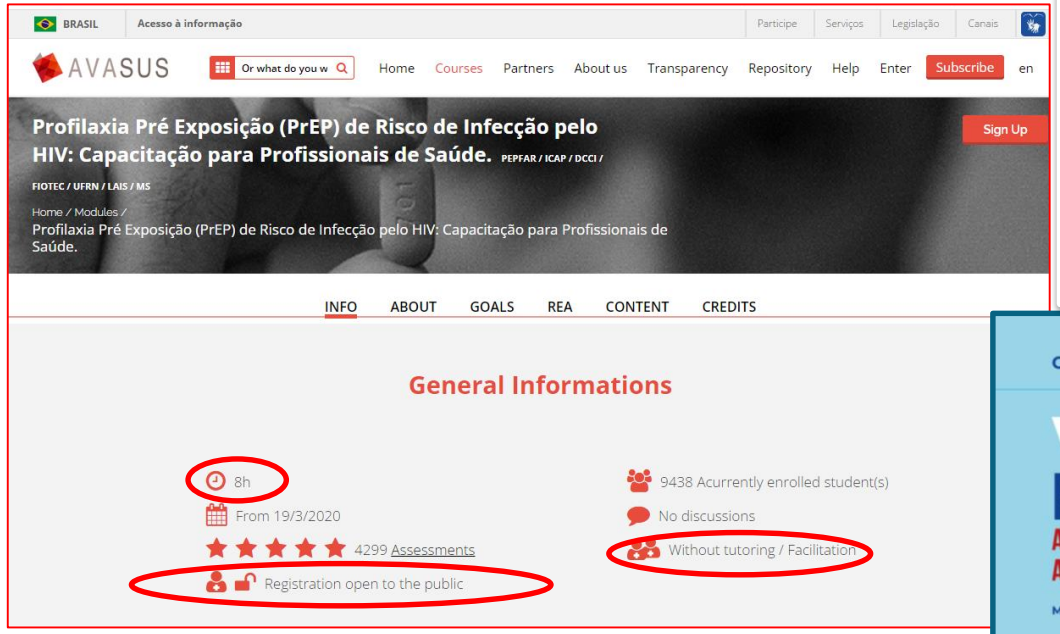
	PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)			PrEP continuation (>3 months)
	Assessment (after negative HIV test result)	**PrEP initiation/ re-initiation**	**Initial clinical follow-up**	**Combined clinical consultation with PrEP refill**
WHEN Service frequency	Immediately or schedule	Immediately or schedule	30 days	3 months
WHERE Service location	Reference services	Reference services	Reference services	Reference services
WHO Service provider	Nurse	Doctor	Doctor	Doctor
WHAT Service package	Service package for PrEP assessment and offer	Service package for PrEP initiation/re-initiation*	Service package at initial follow-up visit/s	Maintenance clinical consultation service package and script and PrEP refill

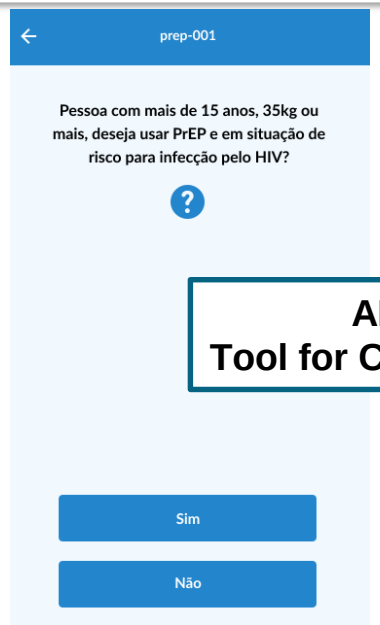
PrEP service delivery Adaptation: WHO (Brazil)

	PrEP assessment, initiation (re-initiation) and early follow-up (0-3 months)			PrEP continuation (>3 months)
	Assessment (after negative HIV test result)	**PrEP initiation/ re-initiation**	**Initial clinical follow-up**	**Combined clinical consultation and PrEP refill**
WHEN Service frequency	Immediately	Immediately	30 days	4 months
WHERE Service location	Reference services, PHC, Private Services	Reference services, PHC, Private Services	Reference services, PHC, Private Services	Reference services, PHC, Private Services
WHO Service provider	Doctor 2020: Nurse	Doctor 2020: Nurse	Doctor 2020: Nurse	Doctor 2020: Nurse
WHAT Service package	Service package for PrEP assessment and offer	Service package for PrEP initiation/re-initiation*	Service package at initial follow-up visit/s	Maintenance clinical consultation service package and script and PrEP refill

Training approach

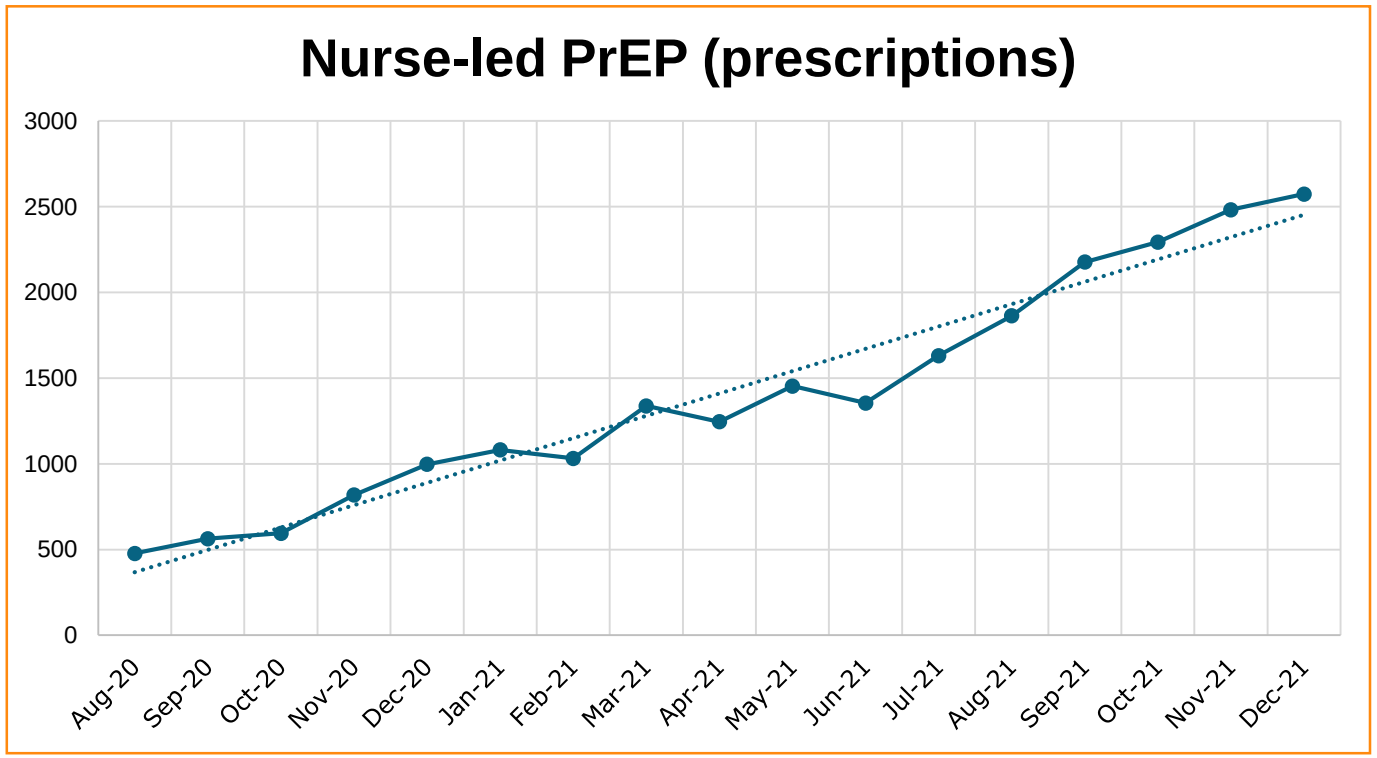
Short <8 hours
Virtual
Open access
Available and recommended for all prescribers (doctors and nurses)
Not mandatory! Not needed to prescribe





APP PrEP
Tool for Clinical Decision

Implementation outcomes



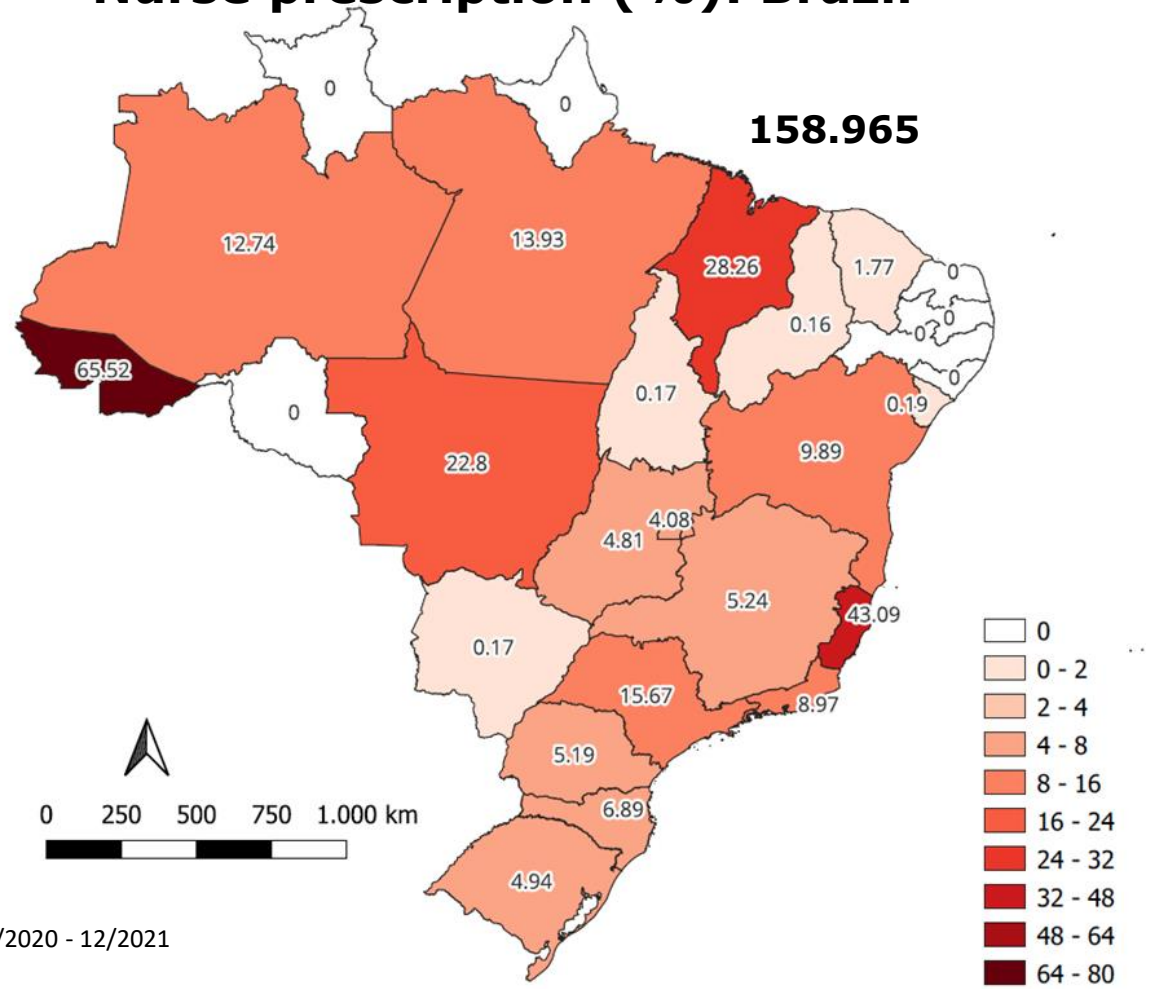
Nurse-led PrEP had an important impact on **expanding PrEP access** in Brazil, representing a growth rate of 10,63%(CI 95%: 9,42-11,85); R Squared (0,96)] in relation to total prescriptions

15,29%
prescriptions made by Nurses

Abstract presented IAS 2022
https://programme.aids2022.org/Abstract/Abstract/?abstractid=5299

Implementation outcomes

Nurse prescription (%): Brazil



07/2020 - 12/2021

Demographic groups with statistically significant difference in PrEP uptake

($p < 0.05$ – Mann-Whitney rank test) among users monitored by doctors or nurses:

- Sex workers account for approximately 2.12% of prescriptions by nurses and 0.79% by doctors
- People who use drugs represent approximately 13.4% of prescriptions by nurses and 6.7% by doctors
- Black patients represent approximately 14.1% of prescriptions by nurses and 12% by doctors;
- Patients with less than 11 years of schooling account for approximately 32.7% of prescriptions by nurses and 27.8% by doctors.
- **Nurse prescription increases access to the most vulnerable populations**

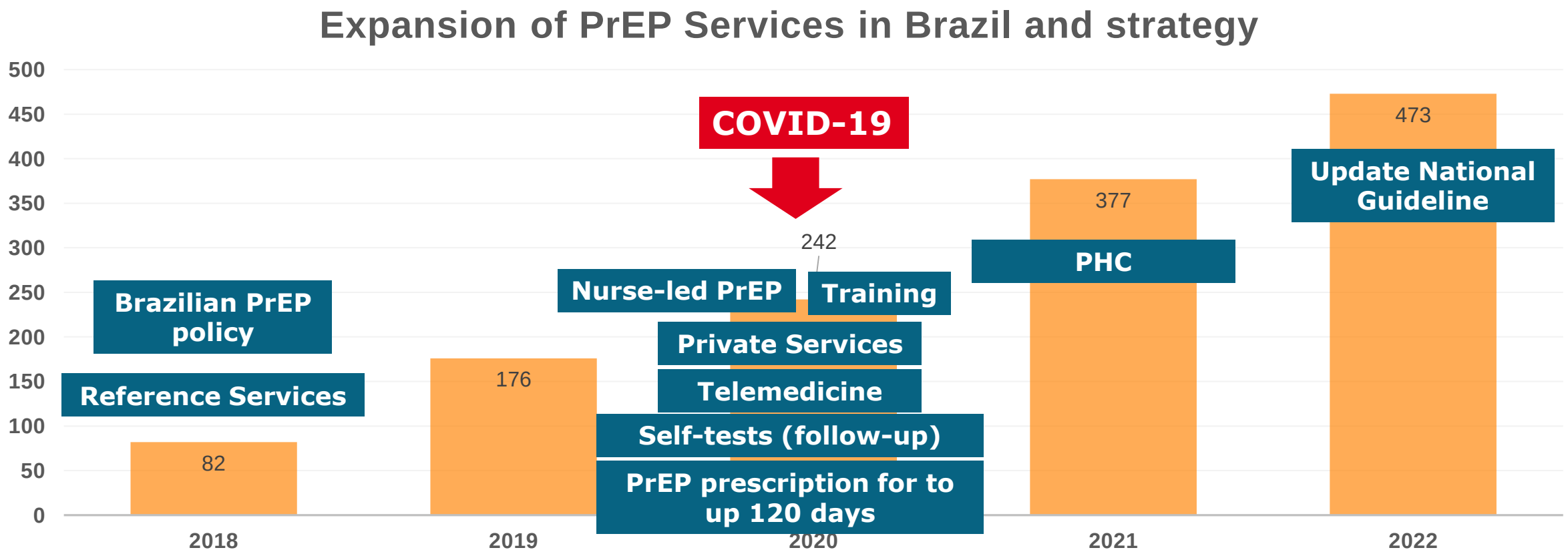
Increased access to PrEP services and equity

- Before nurse-led PrEP services, the majority of PrEP users in Brazil were white.
- Since September 2021, PrEP services access has shifted with 62,8% of patients being Black.

PrEP provision in primary healthcare has the potential to reduce healthcare inequities

Abstract presented IAS 2022
https://programme.aids2022.org/Abstract/Abstract/?abstractid=5227

Brazil enabling WHO policy impact on PrEP access and uptake: # facilities providing PrEP



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Key takeaways
Nurse prescribed and managed PrEP:

1. Is non-inferior, safe and effective;
2. Supported the growth of the number of PrEP services;
3. Increased uptake of PrEP services and avoid unnecessary referrals;
4. During the Covid-19 pandemic nurse prescription was crucial for enlarging the number of new PrEP users;
5. Supports access among vulnerable populations.

Where to from here....

- Increase PrEP services in all country, specially on primary healthcare facilities.
- Continue to train nurses, especially where they still do not prescribe and support the prescription by pharmacists.
- Begin to offer injectable cabotegravir (LA-CAB) as option for specific populations.
- Learning from other countries experiences about the possibility lay cadres for PrEP refill delivery ("Live Better Knowing It");
- Start PrEP project to expand access by trans people, which will be developed in partnership with Pan American Health Organization (PAHO) Brazil in 16 services in the country, at the trans outpatient clinics.

Acknowledgements

I would like to thank the MoH, specially my director Gerson Pereira, who supported my participation in this conference and my thanks to my work team in the national HIV coordination.

And also all the conference organizers, specially Anna and Amie, for being so caring.

ana.kolling@aids.gov.br

Narukjaporn Thammajaruk, IHRI, Thailand

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

Adapting the WHAT: Innovations from Thailand

AIDS 2022

Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

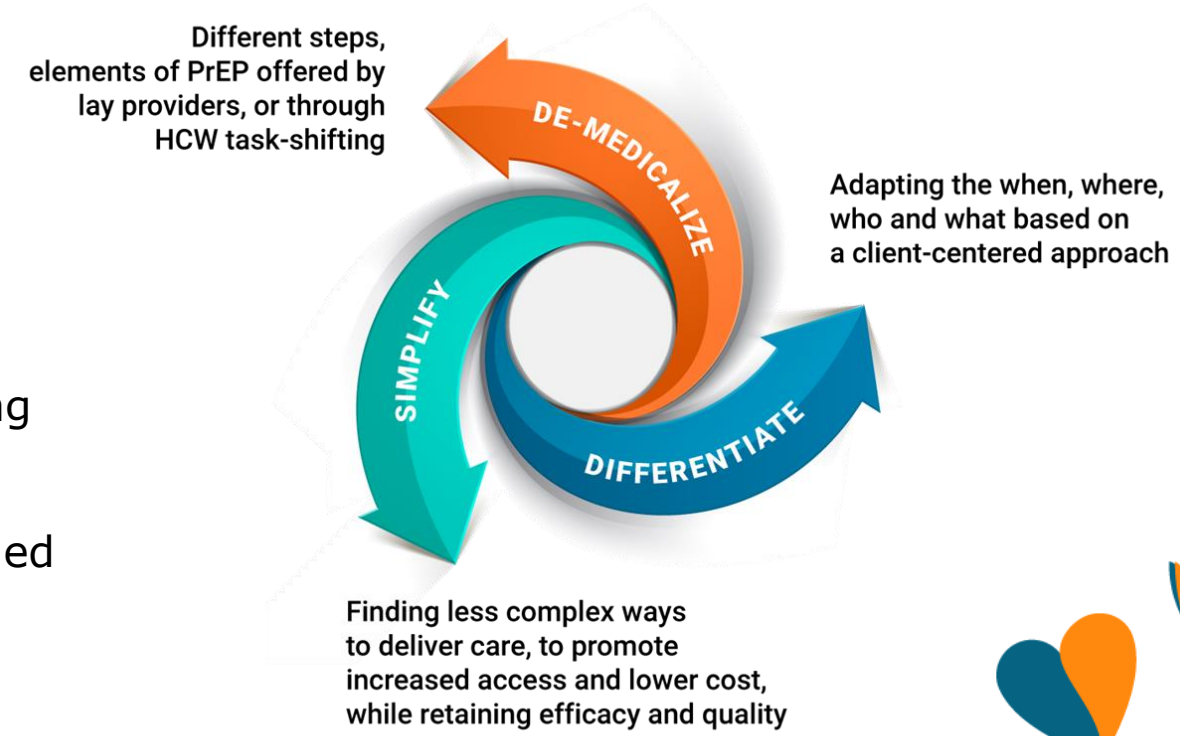
Lessons from COVID-19 adaptations for differentiated PrEP service delivery

WHAT: "Demedicalization"

- **Providers:** task shifting to KP lay providers, pharmacists, nurses
- **Service delivery sites:** community centers, pharmacy, home-based through telemedicine
- **Supporting technology:** mobile apps for information, locator, reminder
- **Innovative skill-building methods:** teleconsultation, e-training, short in-service coaching

Example of WHAT models in Thailand

- **Xpress service** and self-collection sampling at KP-led clinics
- **Telehealth** with HIV self-testing and STI management service at KP-led clinics
- **Bundled services delivery** at Pribta Tangerine Clinic



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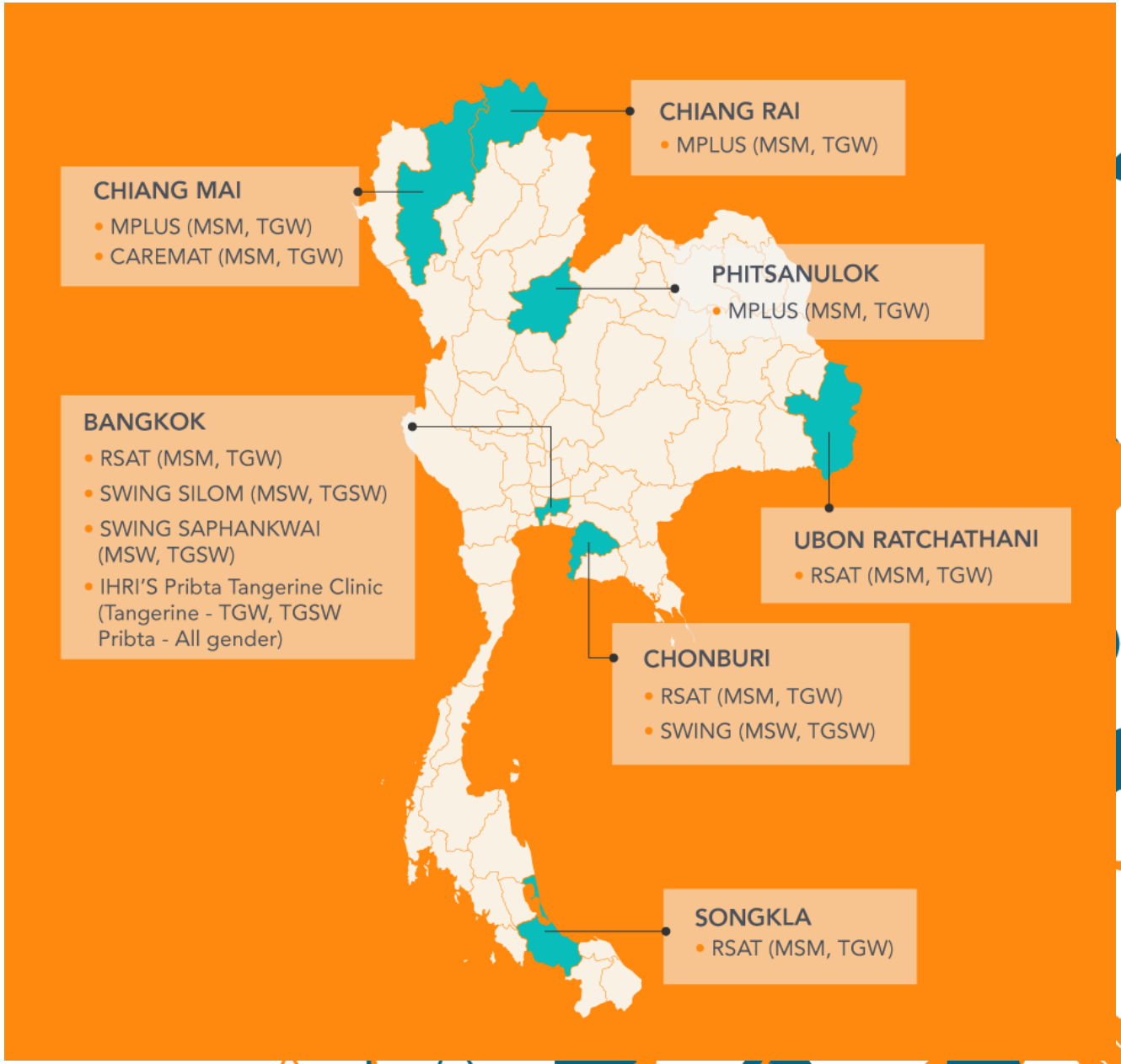
Key population-led health services (KPLKS)

- **designed and co-delivered** by KPs, focusing on specific KPs
- implemented among **11 community-based organization** health centers and **1 IHRI's clinic** (Pribta Tangerine Clinic)



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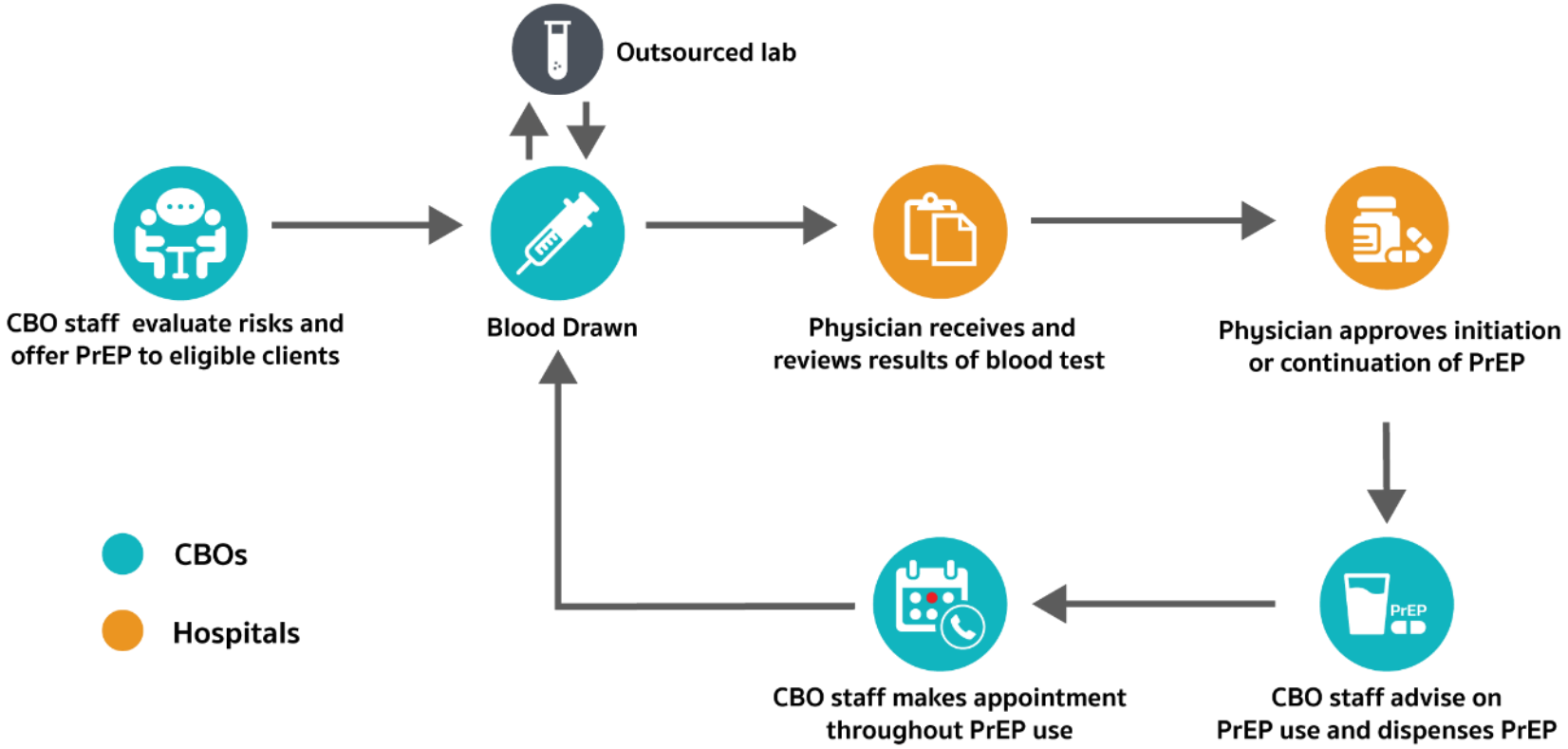
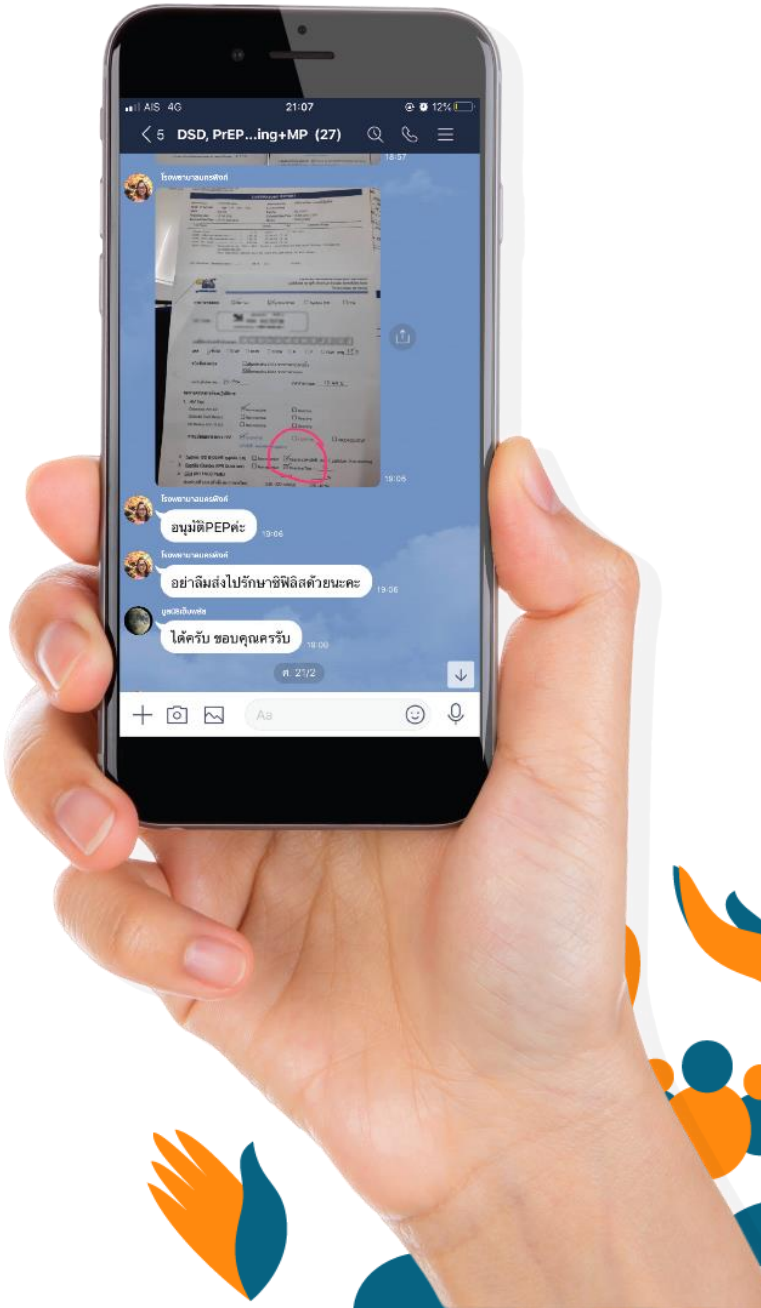
Key population-led PrEP in Thailand

to simplify, de-medicalize and differentiate PrEP service – through close collaboration with hospitals





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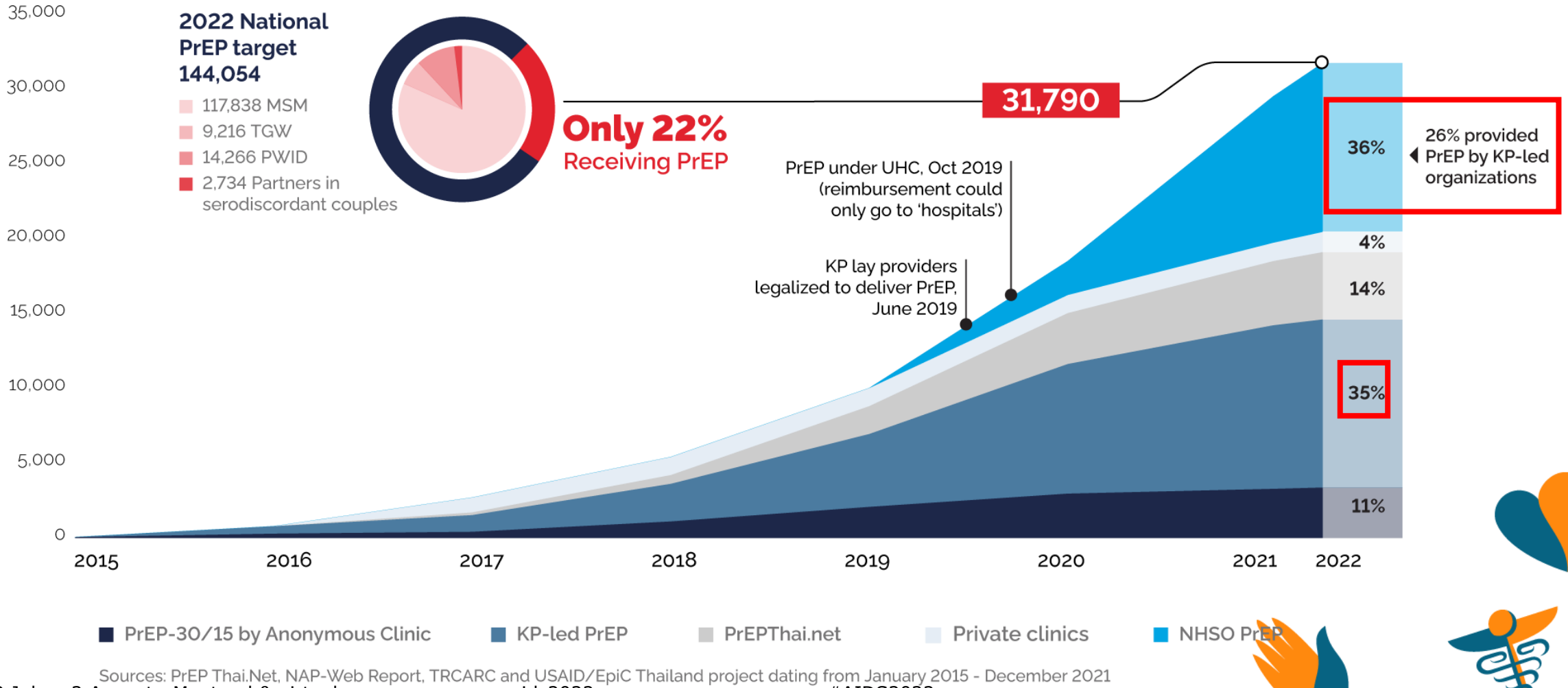
KP-led PrEP service in Thailand:
80% of current PrEP users



Sources: PrEP Thai.Net, NAP-Web Report, TRCARC and USAID/EpiC Thailand project dating from January 2015 - December 2021

Xpress and telehealth services at KP-led clinics

Xpress service

- Remove some steps at the clinics and use online platform instead
- Provide the shortest time to spend at clinics for sample collection
- For the **clients who prefer onsite visits**

Telehealth service

- PrEP delivery
- Deliver services virtually
- For the **clients who are unable to visit the clinics**

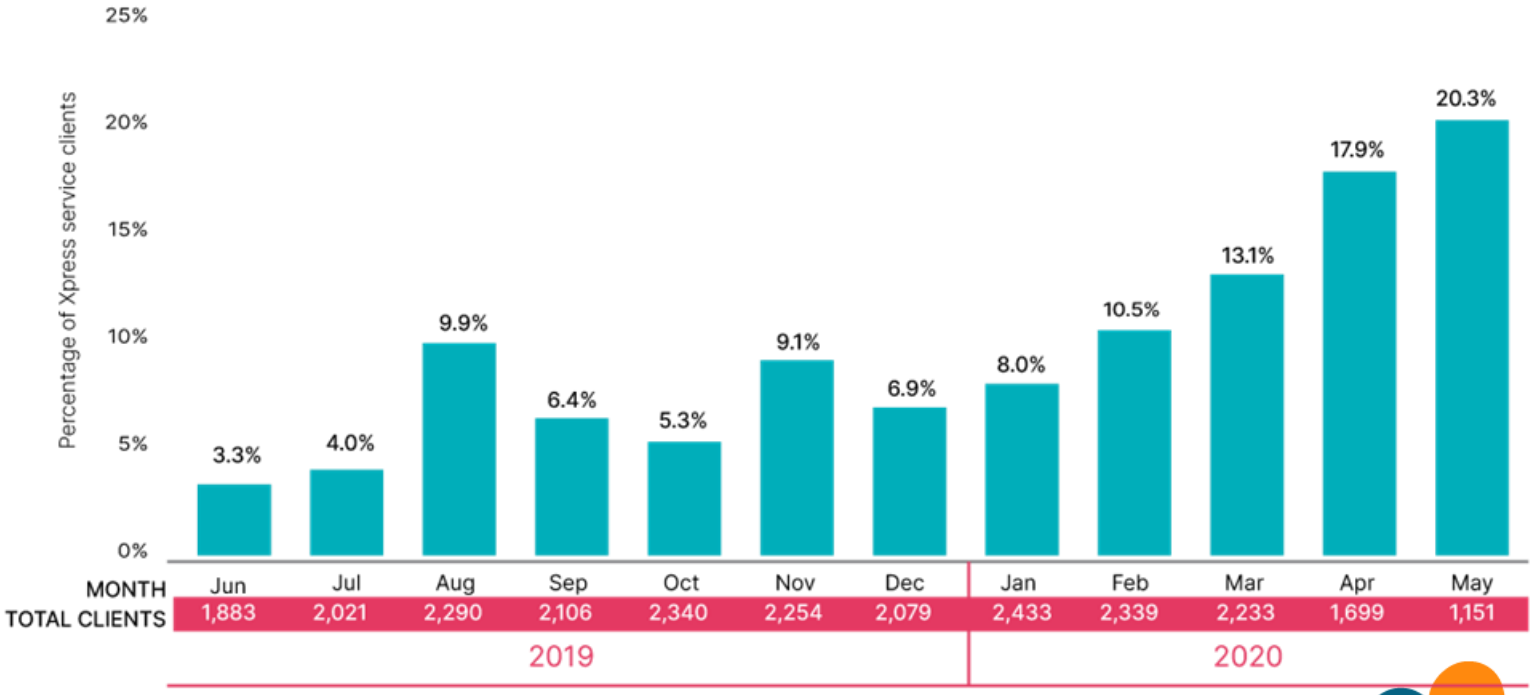
Building blocks of Xpress PrEP service in Thailand

	PrEP screening, initiation and early follow-up (0-3 months)		PrEP continuation (+3 months)
	Screening	**PrEP initiation visit**	**Initial follow-up**	**Routine clinical follow-up**
WHEN *Service frequency*	Same-day PrEP		Months 1, 3	Every 3 months
WHERE *Service location*	Key population (KP)-led clinics/Community-based organizations (CBOs) Pribta Tangerine Clinic (Full Xpress scheme)		KP-led clinics/CBOs Pribta Tangerine Clinic	KP-led clinics/CBOs Pribta Tangerine Clinic
WHO *Service provider*	KP lay providers 2. Physicians/virtual physicians (which is prescribed remotely by physicians) 3. Clients		1. KP lay providers 2. Physicians/virtual physicians 3. Clients	1. KP lay providers 2. Physicians/virtual physicians 3. Clients
WHAT *Service package*	**Recommended:** Same-day HIV testing • Cr, HBsAg (results come later) • PrEP counseling • PrEP prescription/virtual prescription • PrEP dispensing/give PrEP out		• HIV testing • PrEP/effective use counseling • PrEP prescription/virtual prescription • PrEP dispensing/give PrEP out	• HIV testing • Cr (results come later, every 6-12 months) • PrEP/effective use counseling • PrEP prescription/virtual prescription • PrEP dispensing/give PrEP out
	Alternatives: Syphilis testing • CT/NG testing **(self-collection sampling)** • Anti-HCV		• Syphilis testing (every 3-6 months) • CT/NG testing **(self-collection sampling**, every 3-6 months)	• Syphilis testing (every 3-6 months) • CT/NG testing **(self-collection sampling**, every 3-6 months) • Anti-HCV (every 6-12 months)
	Laboratory results sharing via email, chat application, SMS, phone call			

KP-led Xpress service delivery for PrEP follow-up

Procedures for Xpress service:

- Risk assessment using online survey link
- Counseling through video/telephone call
- Reduced time onsite and limited physical contact
- In-clinic CT/NG self collection sampling
- Test results sent via email, chat application, SMS, phone call



The PrEP Xpress service is a feasible option to optimize service flow and in-clinic time for PrEP follow-up clients. **Very high client satisfaction was demonstrated.**

Thammajaruk N, et al. AIDS 2020, Abstract number: PDE0106

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CT/NG self-sampling during 1st wave of COVID-19

(March – May 2020)

187 CLIENTS = **131** MSM + **56** TGW

conducted self-sampling collection for CT/NG

Acceptability varied by anatomical sites:

- 100% for urine collection
- 100% for rectum
- 100% for neovagina, and
- 78.6% for oropharynx.
- No invalid test results

Tested positive for CT/NG

- 19.1% MSM
- 19.6% TGW

63.4% of MSM and TGW on PrEP

14.2% engaging in sex work

10.4% using injecting substances

52.8% had inconsistent condom use

8.3% had condomless sex

30.3% tested syphillis reactive

Janamnuaysook R and Thammajaruk N. Integrating STI Testing for MSM and TGW at the Tangerine Clinic and other key population-led health clinics in Thailand. STI 2020 WHO and IAS Satellite Session, AIDS 2020 Virtual.

Building blocks of Telehealth PrEP service in Thailand

Thailand National Guideline for PrEP 2021	PrEP screening, initiation and early follow-up (0-3 months)		PrEP continuation (+3 months)
	Screening	PrEP initiation visit	Initial follow-up	Routine clinical follow-up
WHEN *Service frequency*	Recommended for same-day PrEP		Months 1, 3	Every 3 months
WHERE *Service location*	Key population (KP)-led clinics/Community-based organizations (CBOs) Pribta Tangerine Clinic (Full Telehealth scheme)		KP-led clinics/CBOs Pribta Tangerine Clinic	KP-led clinics/CBOs Pribta Tangerine Clinic
WHO *Service provider*	1. KP lay providers 2. Physicians/virtual physicians (which is prescribed remotely by physicians) 3. Clients		1. KP lay providers 2. Physicians/virtual physicians 3. Clients	1. KP lay providers 2. Physicians/virtual physicians 3. Clients
WHAT *Service package*	• HIV testing **(HIV self testing or perform lab tests at nearby laboratories/hospitals)** • Virtual PrEP counseling • Virtual PrEP prescription • PrEP dispensing/PrEP delivery		• HIV testing **(HIV self testing or perform lab tests at nearby laboratories/hospitals)** • Virtual PrEP/effective use counseling • Virtual PrEP prescription • PrEP dispensing/PrEP delivery	• HIV testing **(HIV self testing or perform lab tests at nearby laboratories/hospitals)** • Virtual PrEP/effective use counseling • Virtual PrEP prescription • PrEP dispensing/PrEP delivery
	Virtual STI management			

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CT/NG management at Pribta Tangerine Clinic

REACTIVE
Symptomatic

↓

Prescribe treatment online

↓

Telehealth follow-up in 7 days

REACTIVE
Asymptomatic

↓

Prescribe treatment online

↓

Telehealth follow-up in 7 days

NON-REACTIVE
Symptomatic

↓

See physicians in person for further testings

HIV self testing with PrEP telehealth at Pribta Tangerine Clinic - implementing

PrEP initiation

MONTH 0

Telehealth pre-test counseling

HIV self-testing kit delivery

Client testing negative
(if positive, refer to confirmatory HIV test)

Telehealth post-test counseling

1-month PrEP delivery

PrEP follow up

MONTH 1

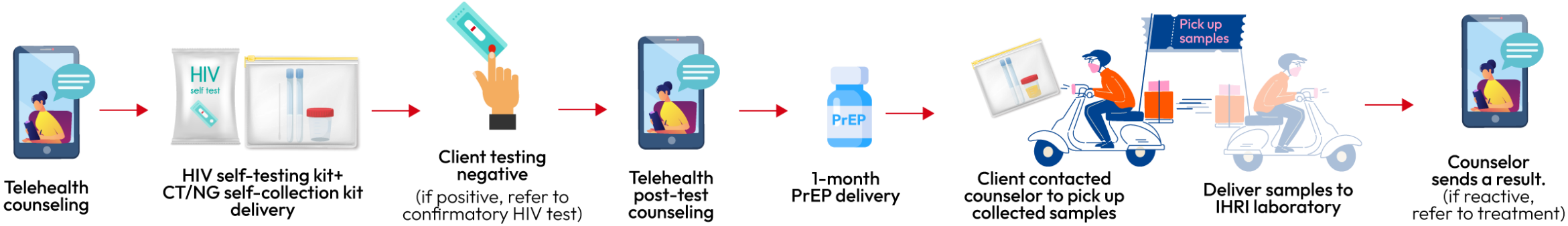
MONTH 3

MONTH 6

Bundled services delivery at Pribta Tangerine Clinic – to be implemented

PrEP initiation

MONTH 0



Telehealth counseling

HIV self-testing kit+ CT/NG self-collection kit delivery

Client testing negative (if positive, refer to confirmatory HIV test)

Telehealth post-test counseling

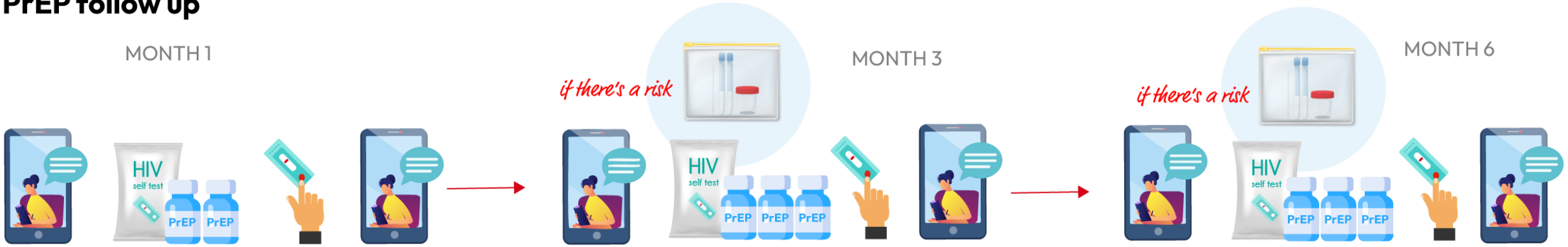
1-month PrEP delivery

Client contacted counselor to pick up collected samples

Deliver samples to IHRI laboratory

Counselor sends a result. (if reactive, refer to treatment)

PrEP follow up



Key Messages

- Integrating differentiated service delivery improves PrEP access and uptake, through **task sharing** from physicians/nurses **to lay providers, Xpress and telehealth services.**
- CT/NG self-sampling is able to eliminate cultural barrier on STI screening especially in Asia. It addressed challenges in implementing **routine asymptomatic STI screening**.
- HIV self-testing can be one key element of PrEP service during and post COVID-19 pandemic. It can be combined with other self-test/self-sampling in order to establish **'service options' for clients**.
- HIV self-testing is currently **not reimbursable** under universal coverage scheme in Thailand. This is **key barriers in scale-up**.

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Thank you.

Linda-Gail Bekker, Desmond Tutu Health Centre, South Africa &
Sarah Masyuko, NASCOP, Kenya

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

Panel discussion
Challenges and opportunities ahead

AIDS 2022

AIDS 2022

The science of differentiated service delivery: Where we are and where we are going

Monday 1 August, 08:00-09:00

Room 516/Channel 6

https://programme.aids2022.org/Programme/Session/71

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Want to learn more? Register for our free course

Differentiated service delivery for HIV treatment

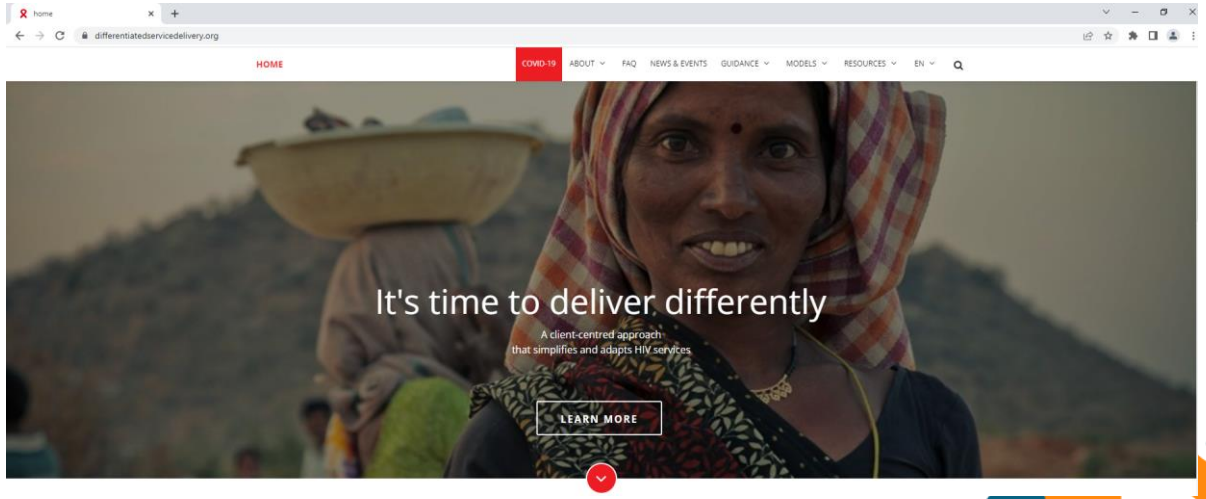
Free online course

https://ias-courses.org/

Want to learn more? Visit our website

Differentiated service delivery website

The compendium website contains tools and evidence endorsed for use by national HIV programmes and country implementing partners supported by the agencies engaged in its development.



https://differentiatedservicedelivery.org/

Download the AIDS 2022 DSD roadmap

DSD Roadmap for AIDS 2022

Check out the AIDS 2022 DSD roadmap and discover the latest DSD science – pre-conferences, satellites, symposia, oral abstract sessions and posters.

https://bit.ly/DSD_AIDS2022

AIDS 2022

DSD roadmap for AIDS 2022

Version 15 July 2022

*All times in EDT – local time Montreal, Canada.

PRE-CONFERENCE

- Differentiated service delivery for HIV treatment in 2022, Thursday, 28 July, 09:00 – 12:30 EDT

LIVE SESSIONS (satellites and symposia)

Friday, 29 July 2022

- Innovative differentiation: How best to deliver HIV testing, treatment and prevention services, Oral abstract session, Room 517b/Channel 4, 10:30 – 11:30 EDT
  - Medical drones to support HIV differentiated service delivery in an island population in Uganda - Rosalind Parkes-Ratanshi (Infectious Diseases Institute, Uganda)
  - How efficient are HIV self-testing models? A comparison of community, facility, one-stop-shop and pharmacy retail distribution models in Nigeria - Victor Abiola Adepoju (Jhpiego Nigeria (an affiliate of John Hopkins University), Nigeria)
  - How soon should patients be eligible for differentiated service delivery models for antiretroviral treatment? - Sydney Rosen (Boston University, United States)
  - The effect of six-month PrEP dispensing supported with interim HIV self-testing on PrEP continuation at 12 months in Kenya: a randomized implementation trial - Katrina Ortblad (University of Washington, United States)
- Differentiated Testing Services: Best practices and lessons learned re: optimizing HIV testing and linkage program design, Satellite, Room 524/Channel 9, ICAP at Columbia University and the Clinton Health Access Initiative (CHAI), 13:00 – 14:30 EDT
- Differentiated service delivery for Advanced HIV Disease: a health systems strengthening approach to improving the coverage and quality of AHD services, Satellite, Room 511/Channel 7, ICAP at Columbia University, 18:15 – 19:45 EDT

Saturday, 30 July 2022

- Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations, Satellite, Room 517c/Channel 5, IAS – the International AIDS Society and the World Health Organization, 08:00 – 09:00 EDT
- In it together: How to integrate health services for specific populations, Symposium, Room 517c/Channel 5, 11:45 – 12:45 EDT
  - Improving outcomes through integrated HIV, diabetes and hypertension care in sub-Saharan Africa, Shabbar Jaffar (Liverpool School of Tropical Medicine, United Kingdom)

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Questions?

Email us

dsd@iasociety.org