



6 – 10 October · Lima, Peru and virtual

[hivr4p.org](http://hivr4p.org)

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

# The era of choice – the FASTPREP model in South Africa



# Background



South Africa has the highest HIV prevalence globally, with approximately 7.8 million people living with in 2022.

1

## BIOMEDICAL

- Pre-Exposure Prophylaxis (PrEP)
- Voluntary Medical Male Circumcision (VMMC)
- HIV Testing and Treatment (Test and Treat)

2

## BEHAVIOURAL

- Programmes promoting safer sexual practices
- Targeted campaigns like "She Conquers" and "#foreverWena"

3

## STRUCTURAL

- Social determinants of health, such as gender inequality, poverty, and education
- Improve education and economic opportunities, especially for young women
- Access to HIV prevention services

# FASTPrEP



**FASTPrEP aim:** implement and evaluate a District wide PrEP intervention that will lead to increased coverage of at risk, sexually active population (AGYW, incl. pregnant women), male partners and MSM through provision of sexual reproductive health service and PrEP engagement (uptake and effective use) in a peri-urban setting in Cape Town, South Africa

## HUB-and-SPOKES MODEL





The primary objectives are to distinguish **PrEP persistence patterns across different PrEP modalities** (vaginal, oral, and injectable) and from **multiple PrEP delivery platforms** that will aid the provision of PrEP choice to adolescents and young people in South Africa


**Geographic coverage: South Africa, Western Cape – Klipfontein/Mitchells Plain health sub-district**


# HUB-and-SPOKES MODEL


Mobile clinics and government facilities - HUB – provide PrEP initiation, while PrEP refills can also be accessed from schools, courier delivery, or youth club. Participants' movement tracked biometrically.


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Mobile clinics provide integrated, comprehensive SRH including contraception, POC STI testing and treatment, and PrEP provision
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Monthly, youth-led support and PrEP refill club. Young people do HIVST at club and exchange for PrEP refill. Incl. SRH education component.
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Mobile clinics provide comprehensive SRH services including contraception and PrEP on the school grounds. Incl education of students on PrEP
- 

Local government clinics provide SRH services including PrEP. FastPrEP place 2 x peer navigators at each facility for recruitment, retention and clinic flow
- 

PrEP refills are delivered to young person's address of choice (home, school, work, etc.) along with HIVST
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Converted trailers parked next to high foot traffic (hair salons, spaza shops, other NGO's) and provide quick PrEP refills

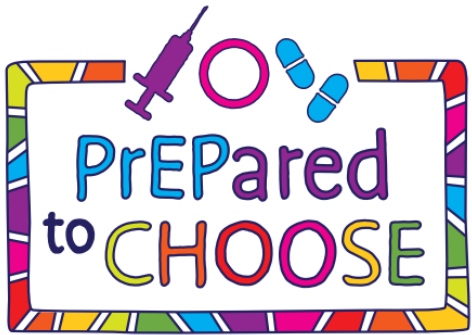


 AGYW 15,000

 PFW 4,000

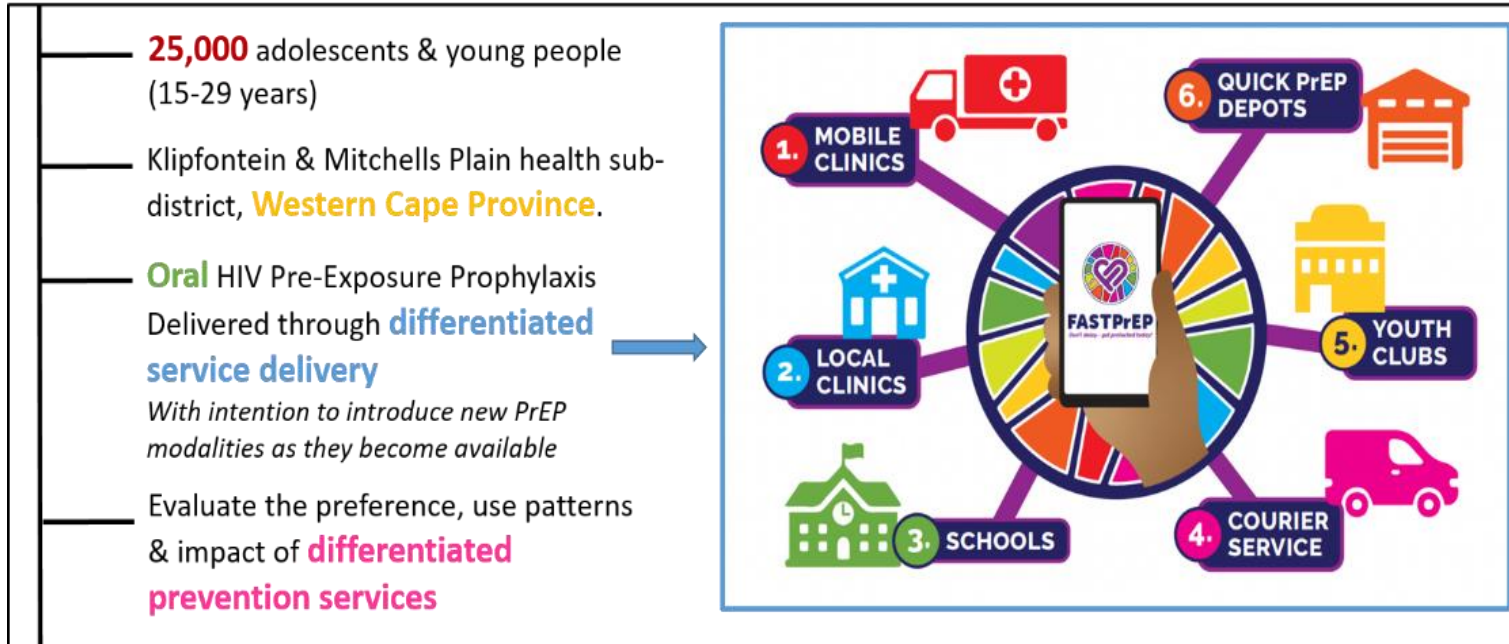
 MSP 3,500

 MSM 2,000



# Fast PrEP: Implementation Programme (Phase IV Study)

Bill & Melinda Gates Foundation + Western Cape Provincial Health



**25,000** adolescents & young people (15-29 years)

Klipfontein & Mitchells Plain health sub-district, **Western Cape Province**.

**Oral** HIV Pre-Exposure Prophylaxis Delivered through **differentiated service delivery**

*With intention to introduce new PrEP modalities as they become available*

Evaluate the preference, use patterns & impact of **differentiated prevention services**

Nested phase 3B sub-study: **PrEPared to Choose**

1800 FAST PrEP participants: *non-randomised allocation to 3 PrEP products*



900 pts choosing injectable PrEP

300 pts choosing vaginal ring PrEP

600 pts choosing oral PrEP

1° outcomes: persistence at 6 & 18 months

# Overview of the intervention (FastPREP)



**HIVR4P 2024**

	Oral PrEP	Vaginal PrEP	Injectable PrEP
<b>WHEN</b>	At initiation – one month supply given  After 1 month: – 3-month supply given	At initiation – one month supply given  After 1 month: – 3-month supply given	Every 8 weeks: 1 injection given
<b>WHERE</b>	At initiation Mobile clinics and local clinics only  All sites (mobile clinics, local clinics, schools, courier services, youth clubs, quick PrEP depots)	At initiation Mobile clinics and local clinics only  All sites (mobile clinics, local clinics, schools, courier services, youth clubs, quick PrEP depots)	Mobile clinics Local clinics
<b>WHO</b>	Healthcare providers Lay counsellors	Healthcare providers Lay counsellors	Only healthcare providers (NIMART-qualified professional nurses or medical doctors)
<b>WHAT</b>	PrEP choice counselling HIV testing: self-testing option Comprehensive SRH service: <ul style="list-style-type: none"> <li>• STI testing and treatment</li> <li>• Pregnancy testing and contraceptive counselling</li> </ul>		The same, but excluding HIV self-testing option



# FASTPrEP



**HIVR4P 2024**

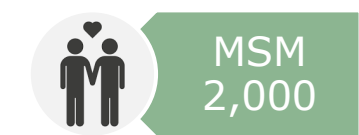
**Table 1: Baseline characteristics and PrEP uptake**

	Clinic (12)	Mobile truck(4)	Total
<b>N (%)</b>	3,085 (23.3%)	10,131 (76.7%)	13,216 (100.0%)
<b>Age m(IQR)</b>	23(19-27)	23(19-28)	23(19-28)
<b>Population*</b>			
AGYW	1,903 (61.7%)	6,022 (59.4%)	7,925 (60.0%)
PBFW	226 (7.3%)	92 (0.9%)	318 (2.4%)
MSM	82 (2.7%)	212 (2.1%)	294 (2.2%)
MSP	874 (28.3%)	3,804 (37.6%)	4,678 (35.4%)
<b>PrEP product at baseline</b>			
DVR**	6 (0.2%)	169 (1.7%)	175 (1.3%)
Oral PrEP	3,079 (99.8%)	9,962 (98.3%)	13,041 (98.7%)

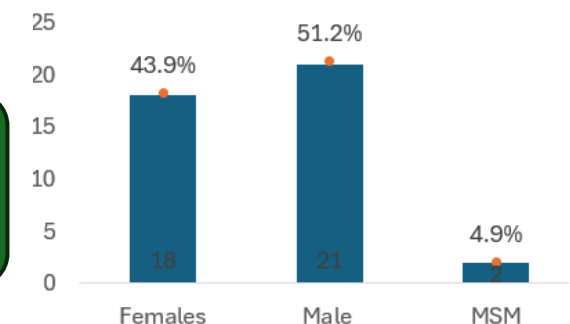
\* 1 participant missing for mobile truck

\*\*Dapivirine Vaginal Ring (started September 2023)

17,254 people who tested for HIV at baseline, 2.09% were positive. Additionally, of the 16,422 STI tests conducted, 16.8% were positive.



**Figure1: FASTPrEP PEP uptake**



Note: PEP (started June 2024)

# Study results (outcomes)



**HIVR4P 2024**

FastPrEP introduced multiple PrEP service delivery access points in a **phased approach** between August 2022 and November 2023, with the rollout spanning cohorts 1 to 4. By the time cohort 5 entered, all access points had been fully established.

In this analysis we included:

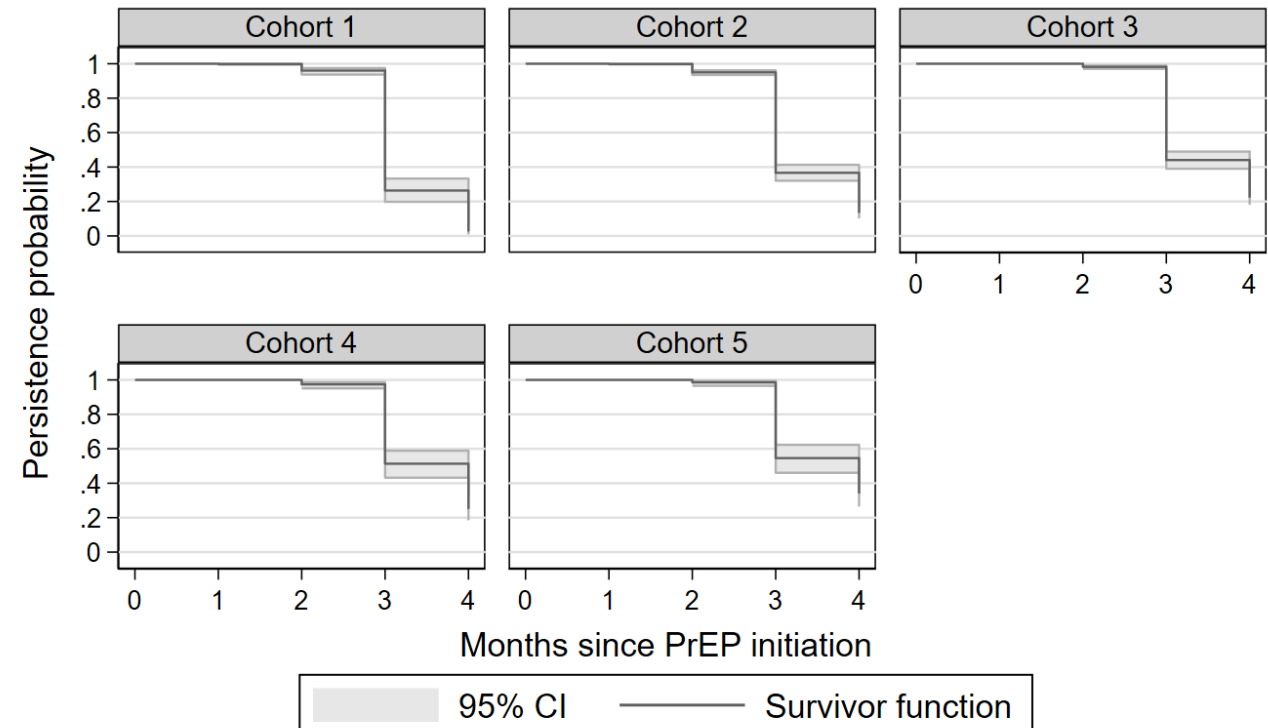
- 3,456 people (2,769 mobile clinic and 687 government health facilities)
- Median age 24 (IQR 20-28) years
- 2,109 (61.0%) were young women

Cohorts*	PrEP uptake n(%)
1. Aug-Nov 2022	370 (10.7%)
2. Dec 2022-Mar 2023	424 (12.3%)
3. Apr 2023-Jul 2023	947 (27.4%)
4. Aug-Nov 2023	907 (26.2%)
5. Dec 2023-Mar 2024	808(23.4%)

\*Defined based on their PrEP initiation date and grouped according to the four-month intervals: i.e. those who initiated PrEP and attended their month 1 PrEP refill visit

## Kaplan–Meier survival estimates

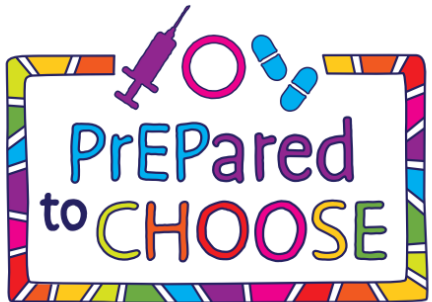
If month 1 attended



Logrank 91.60 (p=0.0000)

**TAKE HOME: PrEP persistence increasing with better accessibility**





# PrEPared to Choose

**Table 1: PrEPared to choose, baseline characteristics and PrEP uptake**

	Oral PrEP	DVR	CAB-LA	Total
<b>N (%)</b>	289 (24.8%)	12 (1.0%)	862 (74.1%)	1,163 (100.0%)
<b>Age Category</b>				
15-19	75 (26.0%)	0 (0.0%)	154 (17.9%)	229 (19.7%)
20-24	91 (31.5%)	7 (58.3%)	301 (34.9%)	399 (34.3%)
25-29	67 (23.2%)	5 (41.7%)	264 (30.6%)	336 (28.9%)
>29	56 (19.4%)	0 (0.0%)	143 (16.6%)	199 (17.1%)
<b>Population</b>				
Male partner	118 (40.8%)	0 (0.0%)	250 (29.0%)	368 (31.6%)
AGYW	159 (55.0%)	12 (100.0%)	557 (64.6%)	728 (62.6%)
MSM	5 (1.7%)	0 (0.0%)	11 (1.3%)	16 (1.4%)
PBFW	7 (2.4%)	0 (0.0%)	44 (5.1%)	51 (4.4%)
<b>PrEP experienced</b>				
No	242 (83.7%)	6 (50.0%)	562 (65.3%)	810 (69.8%)
Yes	47 (16.3%)	6 (50.0%)	298 (34.7%)	351 (30.2%)



- PrEPared to Choose: 74.1% choose CAB-LA (of which 65.3% were PrEP naïve at initiation)
- Among AGYW, 76.5% (n=557/728) opted for CAB-LA
- Among male partners, 67.9% of the 368 males who started on PrEP chose CAB-LA
- Of the 862 people who initiated CAB-LA, 33.5% did so at a government facility.

# Discussion



- To date, mobile clinics were the most used PrEP delivery platform (**76.2% of PrEP clients**) highlighting the importance of mobile services (the “where”) in expanding reach
  - Accessed by **54.9%** of AGYW who used PrEP
- Uptake differs by populations and location – need choice
  - Pregnant women were less likely initiate PrEP at mobile clinics compared to primary health facilities
- Phased rollout, spanning five cohorts, meant cohort 5 saw the greatest benefit in terms of convenience and flexibility, which translated to higher retention and persistence rates compared to earlier cohorts.
- More access points = greater persistence
  - Preliminary evaluation of FASTPrEP indicates that early oral PrEP persistence (beyond month 1) increased among young people accessing community and facility-based PrEP when PrEP access and distribution outlets increased



# Next steps



- **Increase the # of PrEP access points:** Further expand PrEP service points, including mobile clinics and community-based services, to provide reachable services for previously unreached populations
- **Integrate PrEP into existing health services** like family planning, STI treatment, and maternal and child health clinics
- **Implement telehealth and home delivery models** to improve convenience and reduce stigma
- **Incorporate 3D PrEP-User journey integration:** Ensure a more holistic and personalized approach to PrEP delivery, tailoring services to the preferences, behaviors, and life circumstances of individual users to optimize adherence and health outcomes
- **Collaborate for broader Access:** strengthen partnerships with government health facilities and non-governmental organizations to scale up PrEP services and integrate them into routine health care offerings



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