

The Choice Agenda presents

True Choice in HIV Prevention Involves More than Product Options

Novel Strategies in Service Delivery



November 19, 2024
9 AM ET to 10:30 AM ET



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This webinar will feature live simultaneous translation in Portuguese, Spanish, and Ukrainian. Thanks to WHO and PAHO for the support of these language services.

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avac.org/project/choice-agenda



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TCA Playlist
NOV 19

Market Place
Hugh Masekela

By the River
Sauti Sol

E-LOVE ft. Sam Mbugua
N'jiru X Chevy Kev

Fancy
La Cruz

Looking for Love
Alok Anitta

Sua Preferida
LUDMILLA, MC Kevin O Chris
& WIU

Signed Sealed Delivered
Stevie Wonder





Run of show

- Catherine Verde Hashim, **AVAC**
- Catherine Martin, **Wits RHI**
- Daniel Were , **Jhpiego**
- Katrina Ortblad, **Fred Hutch**
- Ines Dourado, **Universidade Federal da Bahia**
- Adriano Queiroz, **City of São Paulo Municipal Health Secretariat**

- Remarks: Hortencia Peralta, **PAHO**

- QA/discussion, **ALL**



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Providing Choice in Service Delivery Channels

The Choice Agenda

Catherine Verde Hashim, AVAC

19 November 2024

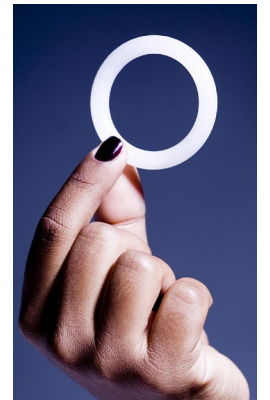
Why are we here today?

Exploring another dimension of PrEP Choice

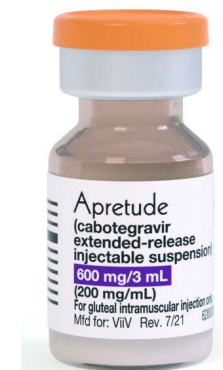
- We are in the era of **PrEP choice!**
- PrEP users *in some locations* can now choose between an **oral pill** (with dosing options), a **monthly ring**, a **two-month injectable**, and likely soon, a **six-month injectable**- with more options in the pipeline
- **However**- choice means more than having a range of products to select from- it also means being able to decide **how** you access your chosen product
- Just as users have diverse reasons for choosing different products, they will have diverse reasons for choosing **different delivery channels**



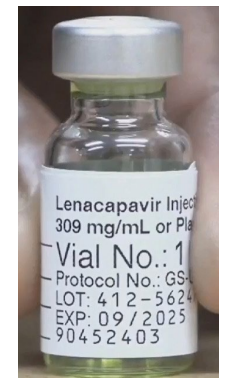
Oral PrEP



Dapivirine Ring



Cabotegravir



Lenacapavir

What do we mean by choice in service delivery?

WHO's Building Blocks of Differentiated PrEP Service Delivery

Service Location

facility, community setting, virtual setting

Service Provider

doctor, nurse, pharmacist, CHW

Service Frequency

monthly, quarterly, biannually

Service Package

STIs services, FP, ANC/PNC

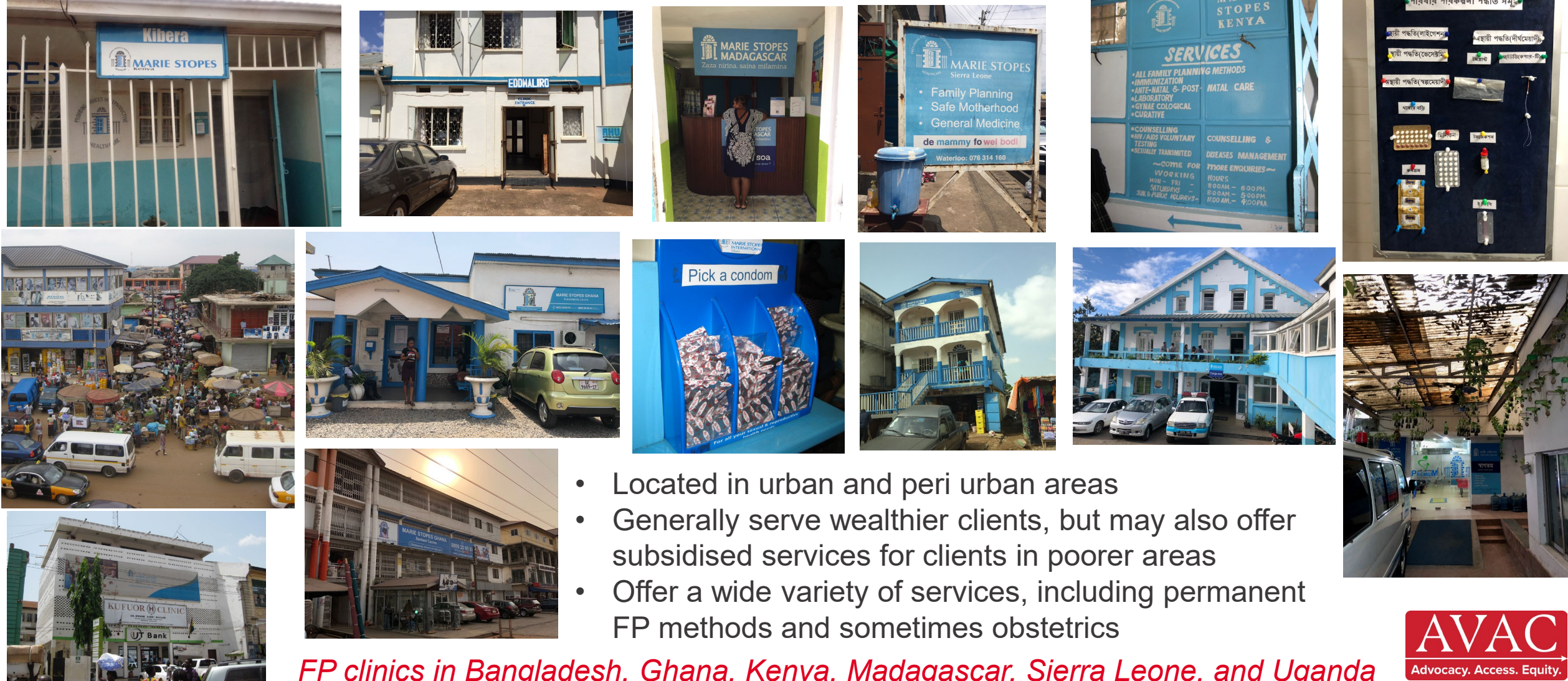
Why does choice matter?

Different delivery channels reach different clients- examples from FP

- Though there are many differences, Family Planning and HIV prevention have a lot in common- in particular, they are both preventative services people may use for defined periods dependent on personal circumstances
- Users may be less motivated to seek out preventative services than they would be to seek treatment- so making these services acceptable and easy to access is even more crucial
- Service delivery strategies from Family Planning involve a wide variety of delivery channels to meet the needs of different clients, e.g.:
 - Urban/peri urban/rural/last mile
 - High income/middle income/low income
 - Younger/older
 - Married/unmarried
 - With/without children

Clinics

Fixed facilities staffed by nurses and midwives



- Located in urban and peri urban areas
- Generally serve wealthier clients, but may also offer subsidised services for clients in poorer areas
- Offer a wide variety of services, including permanent FP methods and sometimes obstetrics

FP clinics in Bangladesh, Ghana, Kenya, Madagascar, Sierra Leone, and Uganda

Outreach

Mobile teams of nurses/midwives who set up in public health facilities or tents



- Operate in both rural and urban settings, though rural settings are more common
- All services are provided free of charge
- Generally serve the lowest income clients
- Teams return every 2-3 months, so service package may be limited based on continuity of care in place



Left: Rural outreach in Alwar District, India and Central Region, Ghana

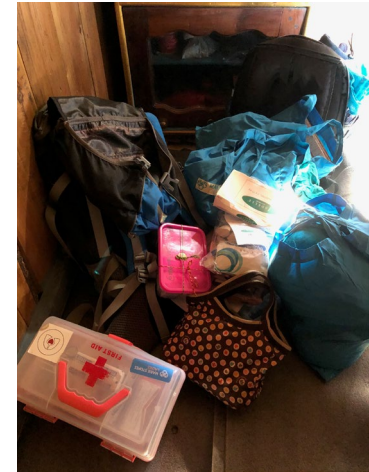


Right: Urban outreach in Agbogbloshie, Accra, Ghana

Community-Based Providers

Mobile nurses/midwives/CHWs delivering services in the community

- Most versatile channel- offer services everywhere from their own homes, to client homes, to schools, to rural health posts, to “last mile” locations that can only be reached on foot
- Offer services for free or for a fee
- Very popular with youth



Left: Delivery sites in Tamatave and Antananarivo, Madagascar, including provider homes

Right: Delivery sites in Baglung District, Nepal, including a remote health post on the side of a mountain, and a photo of the contents of a provider's backpack

Third Party Channels

Training and quality assuring existing providers to reach more clients



- Rather than providing all services themselves, NGOs can support others to provide them
- This can be in the private sector, public sector, or even pharmacies
- In addition to clinical support, can also give specialist training, such as “youth friendly” services



Franchised facilities in Ghana, Kenya, Madagascar, and Nigeria

Key Takeaways

Offer real choice!

- Choice in service delivery channel is **just as important** as product choice
- Offering PrEP via different channels can reach **different types of clients** and **increase uptake**
- PrEP delivery should **leave no one behind**





University of the Witwatersrand
WITS RHI

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Preferences for Delivery of HIV Prevention Services Among Healthcare Users in South Africa: A Discrete Choice Experiment

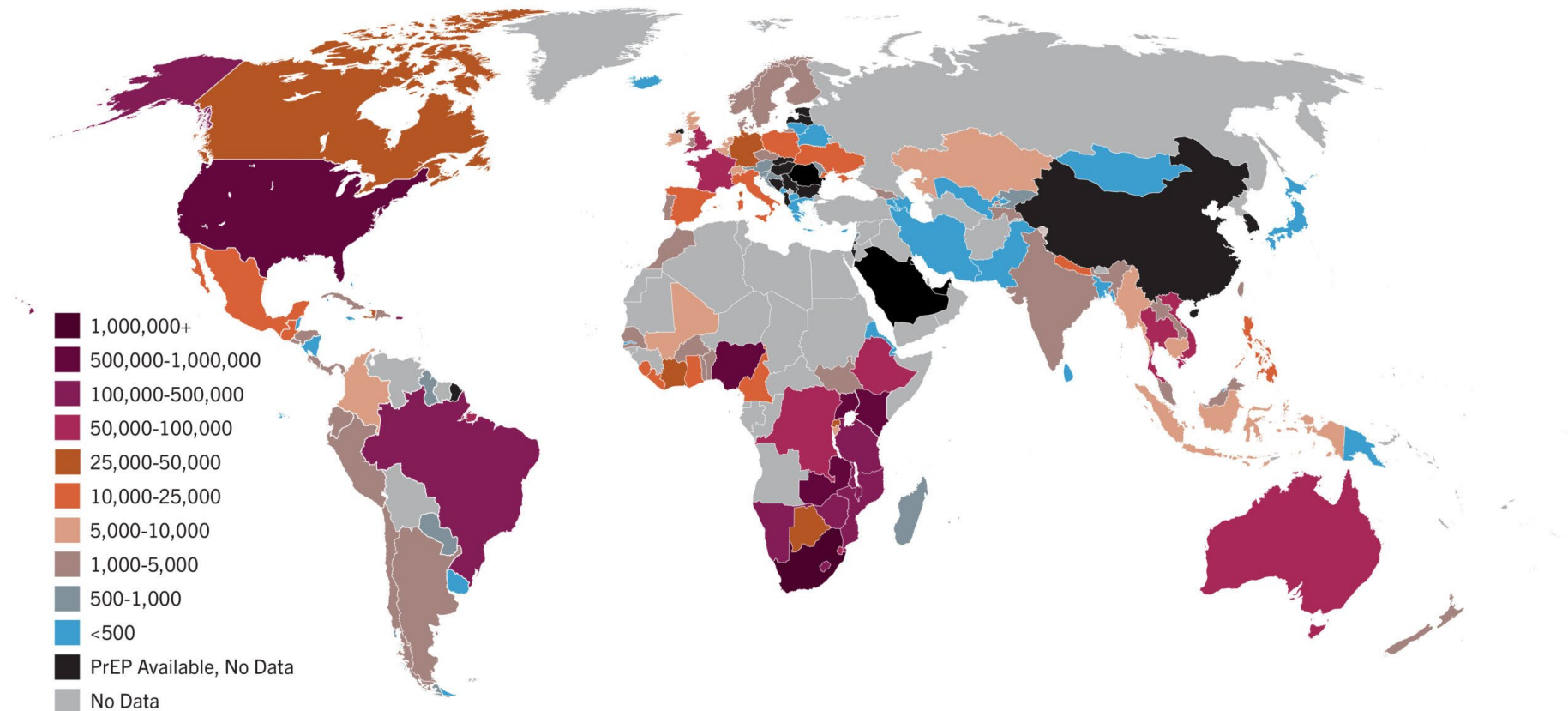
Catherine Martin
Wits RHI, University of the Witwatersrand
19 November 2024

 **Unitaid**
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 project prep

Progress has been made to scale PrEP services, with ~ 7,5 million PrEP initiations globally

PrEP Initiations by Country, August 2024



Source: AVAC Global PrEP Tracker, Q2 2024,
<https://www.prepwatch.org/data-by-country/>

AVAC. PrEP Initiations by Country Worldwide. 16 August 2024.
<https://avac.org/resource/infographic/prep-initiations-by-country-worldwide/>

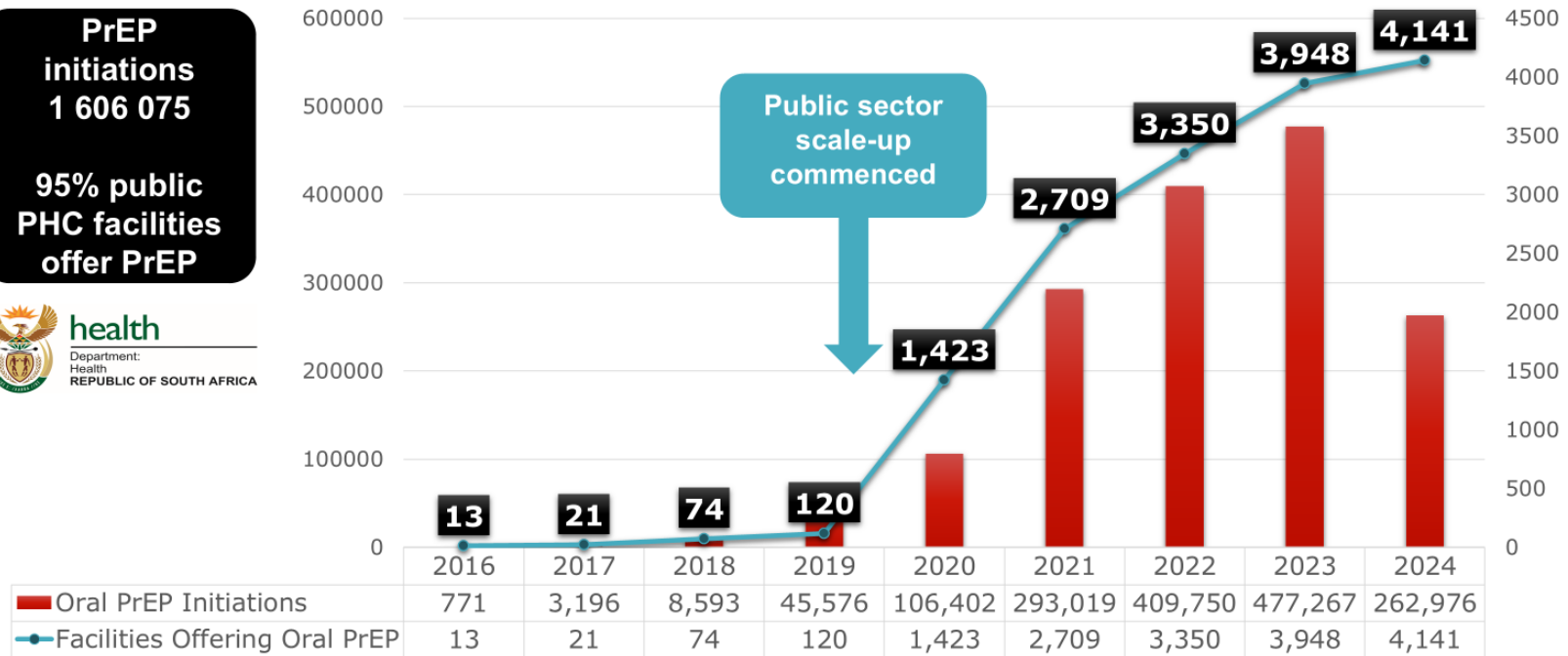
In South Africa, oral PrEP is available free of charge at 95% of primary public health facilities

Oral PrEP Scale-up progress in South Africa June 2016 to August 2024



**PrEP
initiations
1 606 075**

**95% public
PHC facilities
offer PrEP**



6 – 10 October · Lima, Peru and virtual

hivr4p.org

Structural barriers to accessing and using PrEP have been identified

“I have stopped [PrEP] because of my job. That time, it was December. I didn't have a chance to be off, I was always working... So, that's why I didn't find time to come here.”

21-year-old male PrEP user, South Africa

[My biggest challenge] is not having access... the fact that I stay far from the clinic, and I have to use public transport when I go there; and I don't always have transport fare in that week; I'd have it the following week.

20-year-old female PrEP user, South Africa

Cholo, F. A., et al (2024). Experiences of oral pre-exposure prophylaxis use among heterosexual men accessing sexual and reproductive health services in South Africa: a qualitative study. *Journal of the International AIDS Society*, 27(5), e26249. <https://doi.org/10.1002/jia2.26249>

Nongena P, Martin CE, et al. Reaching young women through a decentralized mobile service delivery model for HIV prevention and PrEP services in South Africa. *Global Health Science and Practice*. *Under review*.

Self-reported reasons for PrEP discontinuation girls and young women included clinic access factors

Table 6

Self-reported reasons for PrEP discontinuation among AGYW initiated on oral PrEP, by age category

	15–17 years n = 29 (13.6%)		18–20 years n = 91 (42.5%)		21–24 years n = 94 (43.9%)		Total N = 214 (100%)	
Clinic access related factors								
Clinic is too far	13	44.8%	35	38.5%	37	39.4%	85	39.7%
Prescription ran out and didn't go back	6	20.7%	8	8.8%	19	20.2%	33	15.4%
Couldn't access clinic due to other commitments	0	0.0%	12	13.2%	6	6.4%	18	8.4%
Challenges accessing the clinic due to COVID-19	1	3.4%	5	5.5%	0	0.0%	6	2.8%
Unsure where my nearest clinic is	0	0.0%	2	2.2%	1	1.1%	3	1.4%
Clinic didn't offer PrEP anymore	0	0.0%	1	1.1%	0	0.0%	1	0.5%
Perceived risk of HIV								
No longer sexually active	3	10.3%	11	12.1%	18	19.1%	32	15.0%
Only have one faithful sexual partner	0	0.0%	9	9.9%	5	5.3%	14	6.5%
No longer feel I need or want to take PrEP	1	3.4%	1	1.1%	4	4.3%	6	2.8%
Product related factors								
Side effects were too much	7	24.1%	14	15.4%	15	16.0%	36	16.8%
Pill burden	2	6.9%	10	11.0%	1	1.1%	13	6.1%
Discontinued due to clinical reasons	0	0.0%	0	0.0%	3	3.2%	3	1.4%
Social factors								
My partner or family member told me to stop using it	1	3.4%	6	6.6%	2	2.1%	9	4.2%
I felt stigmatized	0	0.0%	2	2.2%	1	1.1%	3	1.4%
Pregnancy	0	0.0%	6	6.6%	7	7.4%	13	6.1%
Other	0	0.0%	5	5.5%	1	1.1%	6	2.8%

Sub-analysis of cohort data among 967 15-24 year old women using oral PrEP, Jan 2019 – December 2021

Decentralized services hold the potential to address some of these access barriers

“I would like to get service from mobile taking into consideration the **convenience.**”

*20-year-old female
PrEP user, South
Africa*

“... we must use mobile cars... because you find that the mobile is not busy... But at the clinic when you come it is known that you are sick.”

*40-year-old male
PrEP user, South
Africa*





WHO outlines Building Blocks of a differentiated PrEP service delivery package

Differentiated and simplified pre-exposure prophylaxis for HIV prevention

Update to WHO implementation guidance

TECHNICAL BRIEF

Differentiated PrEP service delivery: When, where, who and what to deliver

Key points

- A differentiated PrEP service delivery approach is person- and community-centred and adapts services to the needs and preferences of people who are interested in and could benefit from PrEP.
- Differentiated PrEP services may make PrEP services more acceptable and accessible and support PrEP uptake, persistence and effective use.
- A common framework for differentiated PrEP service delivery utilizes the four building blocks of where (service location), who (service provider), when (service frequency), and what (service package). These building blocks can be different for PrEP initiation, continuation and re-initiation, and for different PrEP products.

A differentiated PrEP service delivery approach is person- and community-centred and adapts services to the needs and preferences of the people who are interested in and could benefit from PrEP. Differentiated PrEP service delivery may also support more efficient and cost-effective use of health care resources. WHO recommends differentiated service delivery for HIV testing and antiretroviral therapy (ART) (4). Delivery of person-centred health services is one of the key strategic directions of the global health sector strategies on HIV, viral hepatitis and STIs, and differentiated service delivery is recognized as a key action (3).

This section provides guidance on differentiated service delivery for PrEP, utilizing the four building blocks of differentiated service delivery (Table 3). These building blocks can be different for PrEP initiation, continuation and re-initiation. For example, a person may be initiated on PrEP at a health care facility and offered follow-up visits in a community setting. The building blocks may also be different for the various PrEP products. Although the primary focus of this section is oral PrEP delivery, many of the principles could be applied to the DPr. However, for CAB-LA there are different safety and clinical considerations, and there has been very limited implementation of CAB-LA outside of clinical trial settings.

Building blocks of differentiated PrEP service delivery

In many countries, individuals interested in PrEP must go to a health care facility (often an HIV clinic) to obtain a prescription from a medical provider (often a physician). In recent years, and particularly during the COVID-19 pandemic (60), the shift towards differentiated PrEP service delivery has accelerated.

DIFFERENTIATED AND SIMPLIFIED PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION: UPDATE TO WHO IMPLEMENTATION GUIDANCE: TECHNICAL BRIEF

Table 3. The building blocks of differentiated PrEP service delivery

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

PrEP: pre-exposure prophylaxis.
Source: Adapted from the International AIDS Society framework for differentiated service delivery (61).

<https://www.who.int/publications/i/item/9789240053694>

Wits RHI developed a Discrete Choice Experiment to explore health care user preferences for PrEP service delivery models

Service Attributes:













- Source of information about HIV prevention and PrEP
- PrEP initiation site and clinical follow-up
- Frequency of follow-up appointments;
- PrEP pick up point between clinical appointments
- HIV testing method whilst using PrEP
- Contact between appointments for general support for PrEP use

Service delivery attributes

	Where you would get information about HIV prevention and PrEP?	Where you would start PrEP and come back for your appointments?	How often you will come back for your appointment with the nurse?	Where you will pick up your PrEP between your appointments (every month)?	How you will be tested for HIV whilst on PrEP ?	How would you like to be contacted between appointments?
Levels	Printed materials like flyers or brochures	Nurse at a clinic	3 Monthly	At the clinic or place you initiated PrEP	Nurse or counsellor to use a finger-prick HIV test, every 3 months	Do not contact me. I will call or text someone at the clinic if I need to.
	Online, like on social media or a website	Nurse at a mobile clinic	3 Monthly	From a pharmacist at a private pharmacy (at no cost)	Nurse or counsellor to use a finger-prick HIV test, every 3 months at a convenient place for you.	WhatsApp or Facebook group with other people my age taking PrEP
	An app that I can download on my smartphone	Nurse at a community site (e.g., gazebo in a mall)	6 Monthly	From a vending machine in a community site	Nurse or counsellor to use a finger-prick HIV test, every 3 months	Weekly automated text message to my mobile phone
	Through WhatsApp	Nurse at private pharmacy (at no cost)	6 Monthly	Delivery to your home	Test yourself with a finger-prick HIV self-test, every 3 months at a convenient place for you.	Someone from the clinic can call me on my mobile phone, once a month.

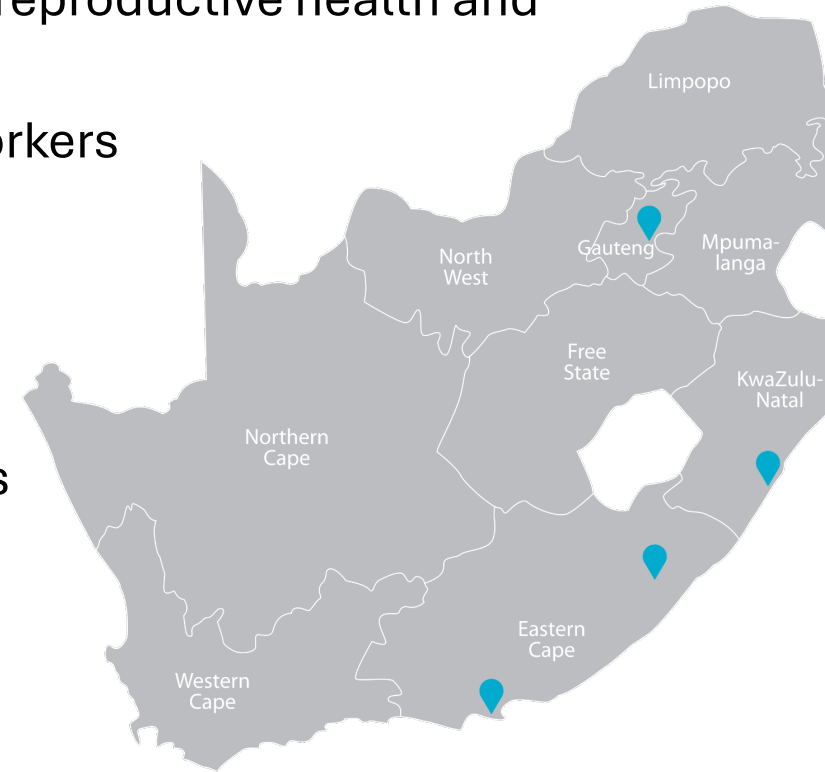
Example of the DCE Choice Set

Q1
A

	SERVICE A	SERVICE B	NEITHER
Where you would get information about HIV prevention and PrEP	 Printed materials like flyers or brochures	 Online, like on social media or a website	
Where you would start PrEP and come back for your appointments	 Nurse at a private pharmacy (at no cost)	 Nurse at a mobile clinic	
How often you will come back for your appointment with the nurse	 3 monthly	 6 monthly	
Where you will pick up your PrEP each month between your appointments	 From a pharmacist at a private pharmacy (at no cost)	 At the clinic or place you initiated PrEP	
How you will be tested for HIV whilst on PrEP	 Test yourself with a finger-prick HIV self-test every 3 months at any place convenient to you	 Nurse or counsellor finger-prick HIV test every 3 months at a HIV testing point convenient to you	
Contact between appointments	 None, you can call or text someone at the clinic if you need to	 Weekly automated text message to your phone	
Which PrEP service would you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

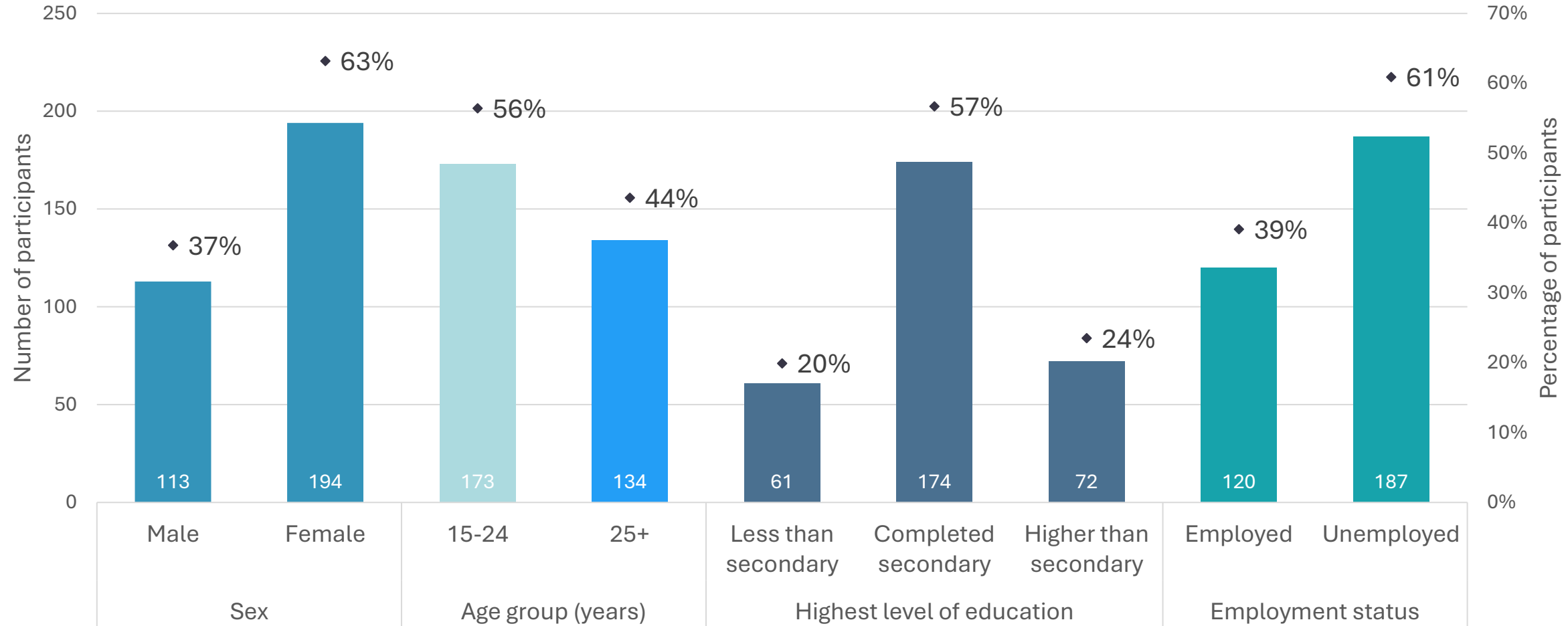
Between November 2022 and February 2023, participants from eight clinics in four areas of South Africa were recruited

- Recruiting sites were primary care clinics supported by Wits RHI's Project PrEP to integrate PrEP within routine primary care services since 2018
- Participants were HIV negative men and women accessing sexual and reproductive health and related services
- Potential participants were consecutively approached by study fieldworkers
- Interviews were conducted in English and ~45mins
- Data were captured on tablet devices using REDCap
- Descriptive statistics were used to describe the participants
- DCE data were analysed using generalised multinomial logistic models



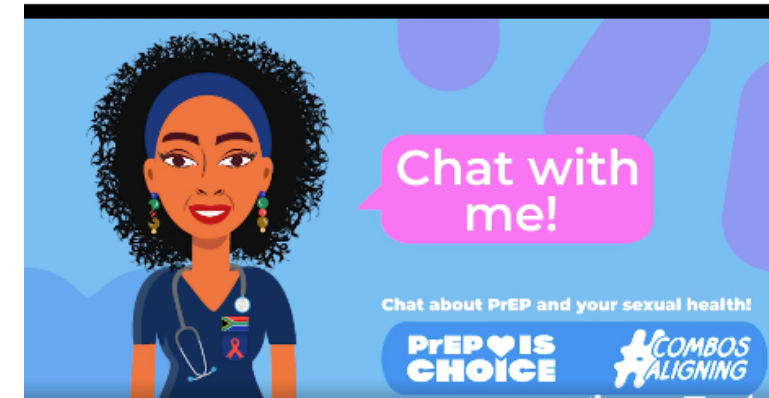
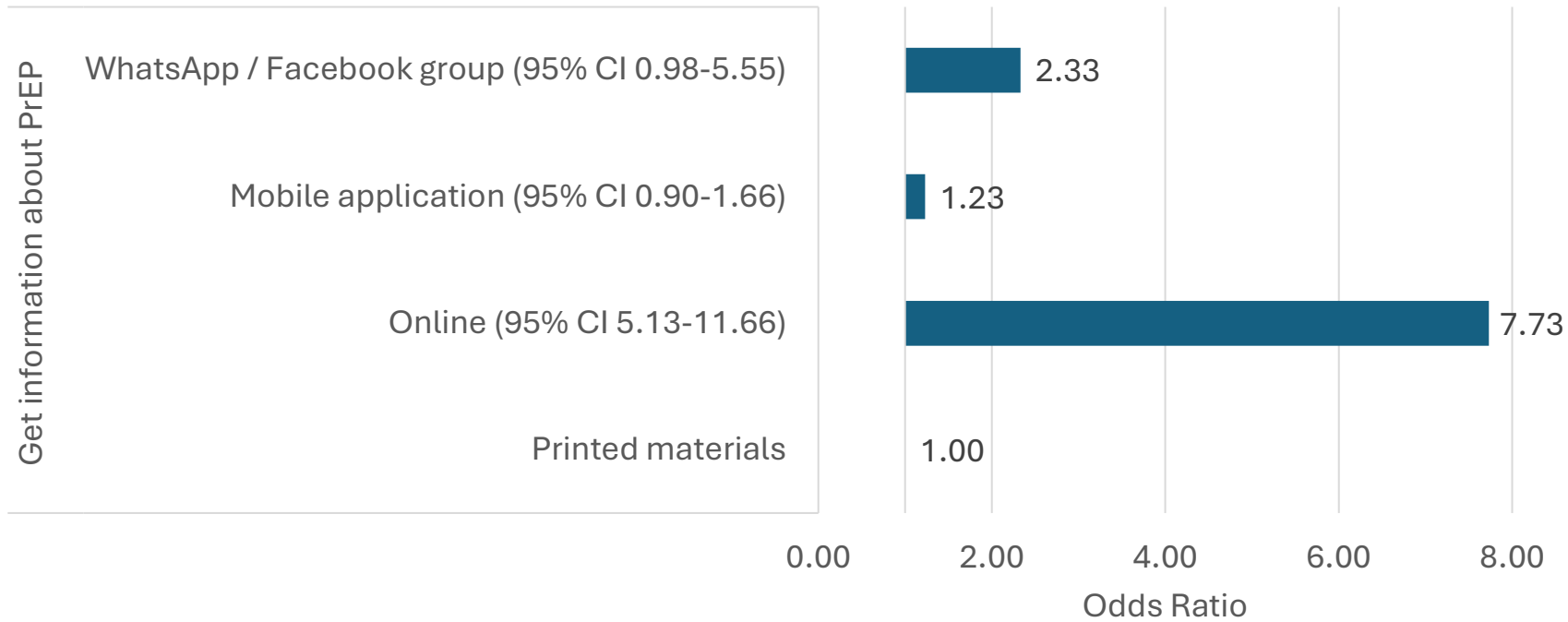
The majority of the 307 participants were young women, who had completed secondary education but were unemployed

Demographic Characteristics of the Study Participants (N=307)



There was a strong preference for information about PrEP to be provided through online platforms

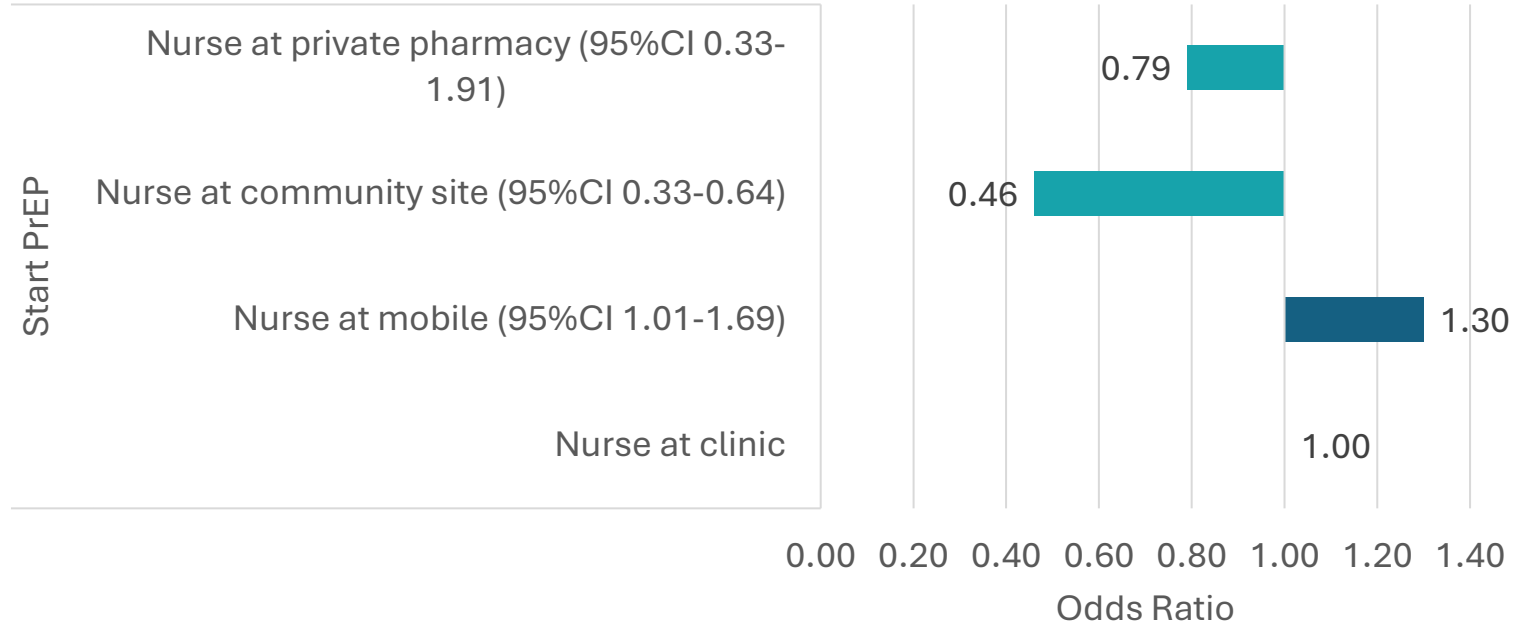
Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



Participants showed some preference for PrEP initiation at mobile clinics, but did not prefer initiation at a pop-up community site over a fixed clinic



Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



There was a strong preference for HIV self-testing, and 6-monthly compared to 3-monthly PrEP follow up



Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences

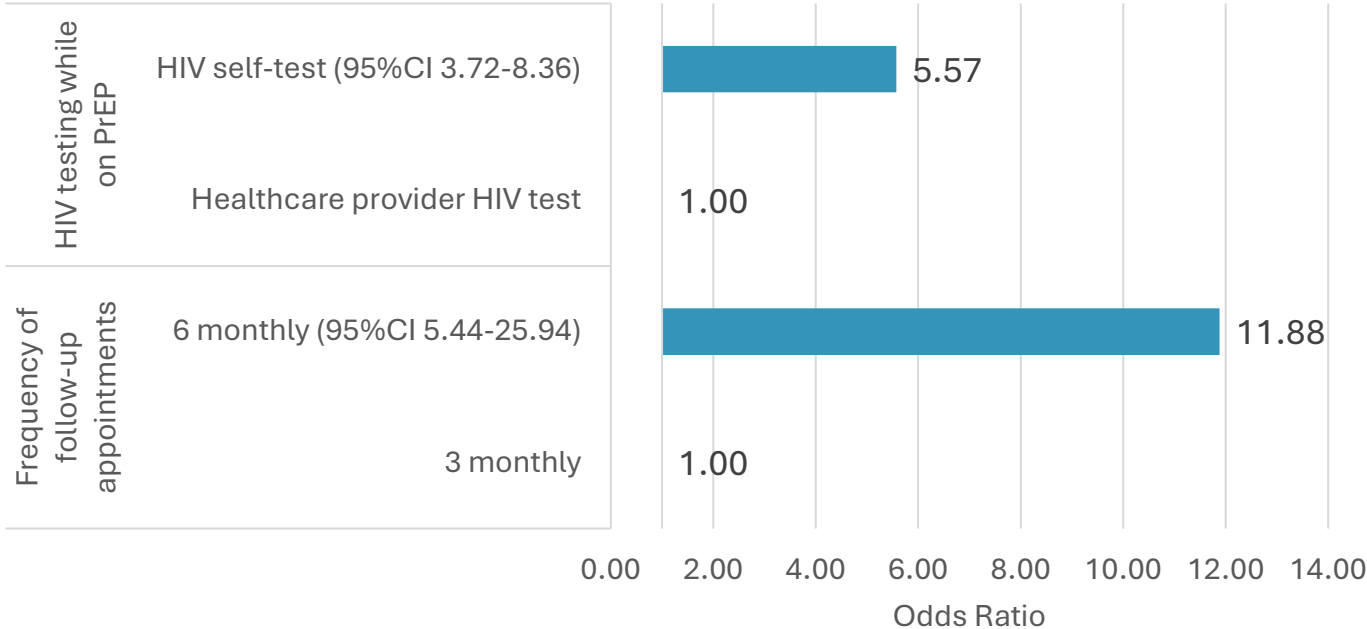


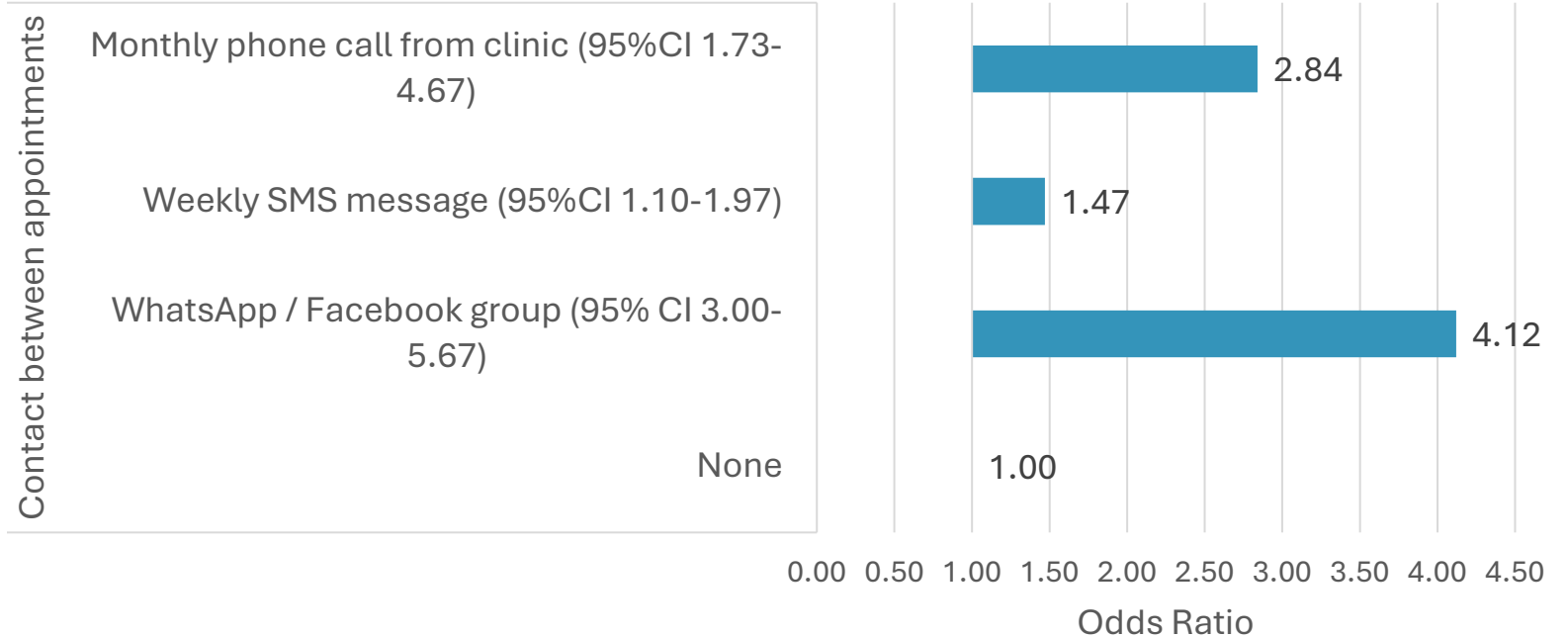
Photo by Domizia Salusest on aidsmap

Between clinic visits participants preferred contact through social media, although also accepted a monthly phone call or weekly SMS over no contact



Photo by [Nathan Dumlao](#) on [Unsplash](#)

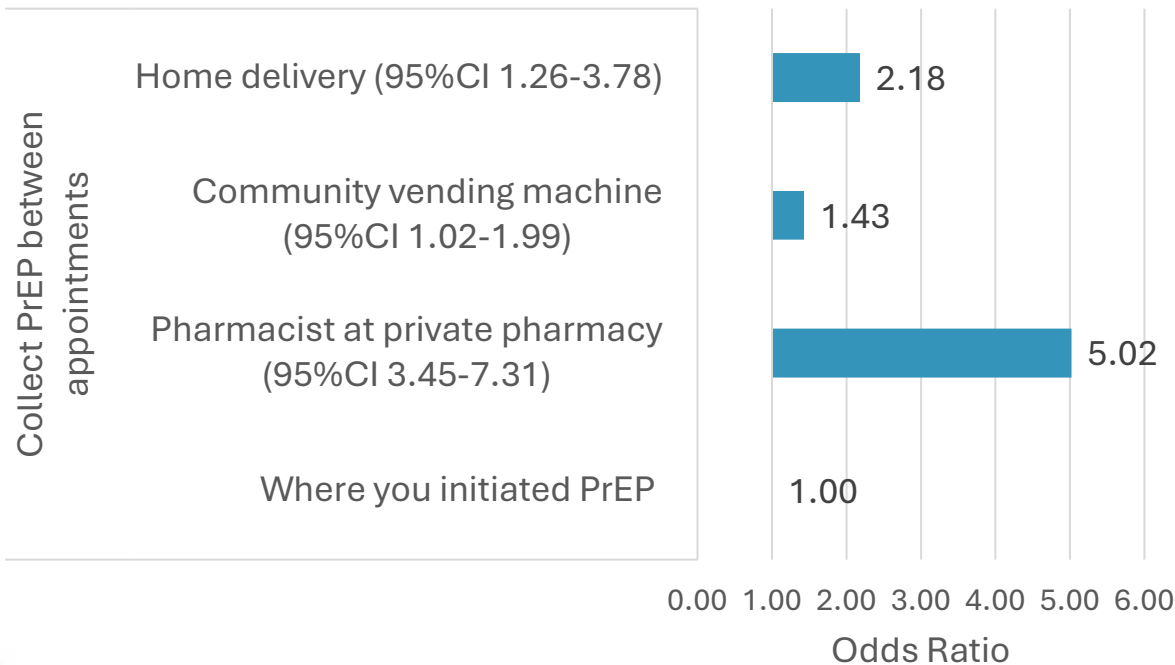
Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



There was a strong preference for PrEP pick ups through private pharmacies, as well as a preference for home delivery or vending machine pick up compared to the PrEP initiation site



Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



Conclusion



- These data are being used to inform the implementation of decentralized models within Project PrEP
- The myprep.co.za, MyPrEP facebook page and the Sr Unathi chatbot are a central component of the Project PrEP delivery model, with more than 35 million (reached multiple times) people reached through these platforms.
- Our findings highlight a clear preference for out of facility options for PrEP pick up.
- Project PrEP delivers services through mobiles and fixed facilities and is expanding out of facility PrEP pick up points.
- Longer follow up periods between PrEP visits were strongly desired by healthcare users.
- There was a willingness and a preference to use HIV self-testing, which could enhance more self-led prevention.
- In addition to choice of PrEP methods, offering choice within service delivery models could further improve access and acceptability.

Acknowledgements



- Unitaid, for funding this work
- The South African National Department of Health
- All the participants who contributed their time and effort participating in this study
- The Project PrEP team!

AIDS and Behavior
<https://doi.org/10.1007/s10461-024-04519-4>

ORIGINAL PAPER



Preferences for Delivery of HIV Prevention Services Among Healthcare Users in South Africa: A Discrete Choice Experiment

Catherine Elizabeth Martin¹ · Duane Blaauw² · Pelisa Nongena¹ · Glory Chidumwa¹ · Siphokazi Dada¹ · Samantha Jack¹ · Vusile Butler¹ · Saiqa Mullick¹



Full article
available
online

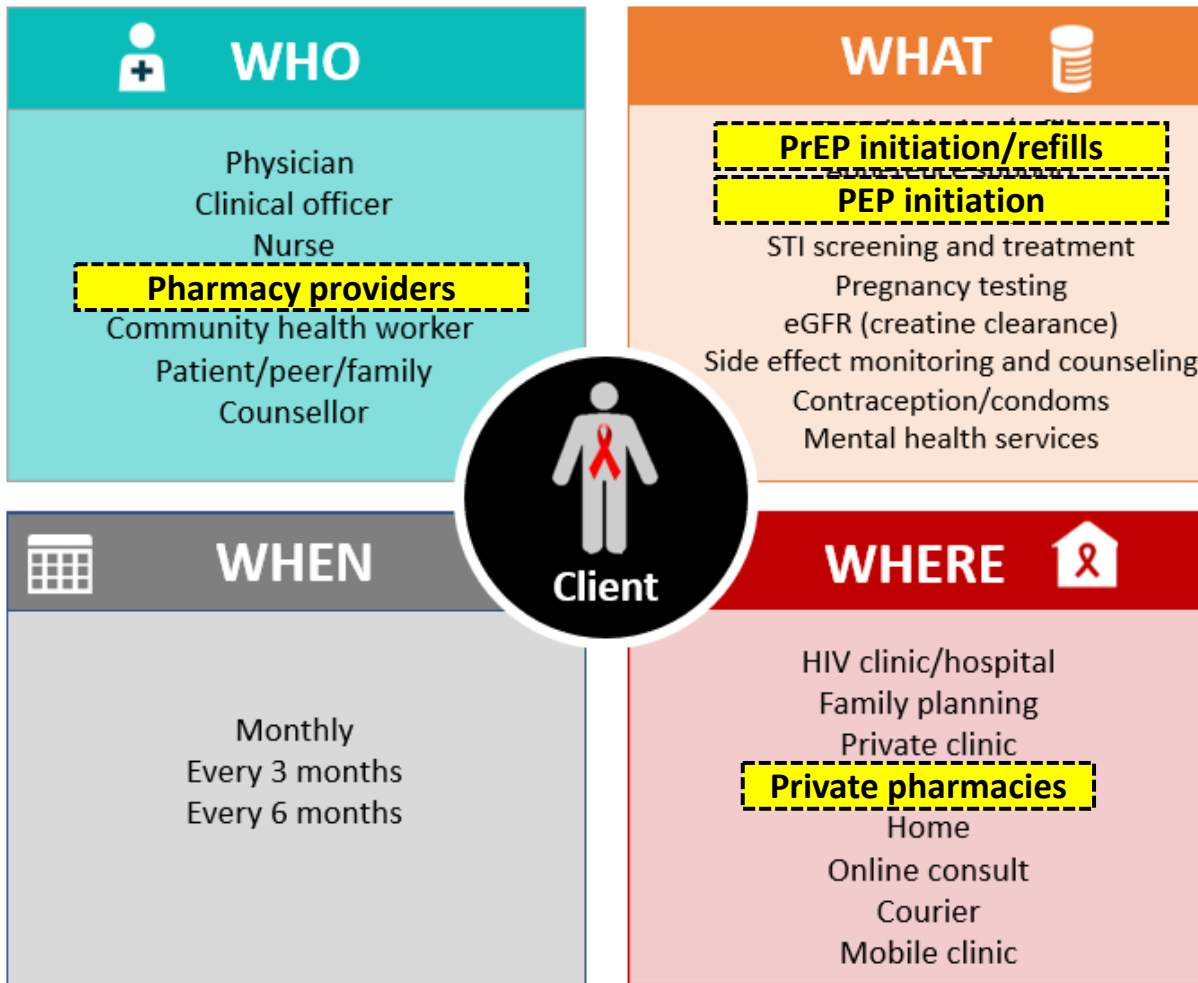


The Choice Agenda: Novel Strategies in Service Delivery

Leveraging private brick-and-mortar & online pharmacies in Kenya for delivery of biomedical HIV prevention products

Katrina Ortblad & Daniel Were, on behalf of the Pharm PrEP and ePrEP Kenya teams

The Choice Agenda: Exploring the “WHO”, “WHAT”, and “WHERE” of HIV prevention services



Expanding HIV prevention options to **include PEP in addition to PrEP**

- *Serves those with periodic or unpredictable potential HIV exposures*
- *Makes PEP accessible; beyond victims of sexual assault or individuals who experienced occupational exposures*

Leveraging an existing healthcare delivery platform to reach new clients with HIV services

- *Designed an innovative care pathway to enable direct PrEP/PEP delivery in these settings; potentially addressing barriers to clinic-based care*

Potential advantages of brick-and-mortar and online pharmacies for HIV service delivery



Brick-and-mortar pharmacies

- *Community-based; ubiquitous (>5000 licensed in Kenya)*
- *Common access points for other SRH services*



Online pharmacies

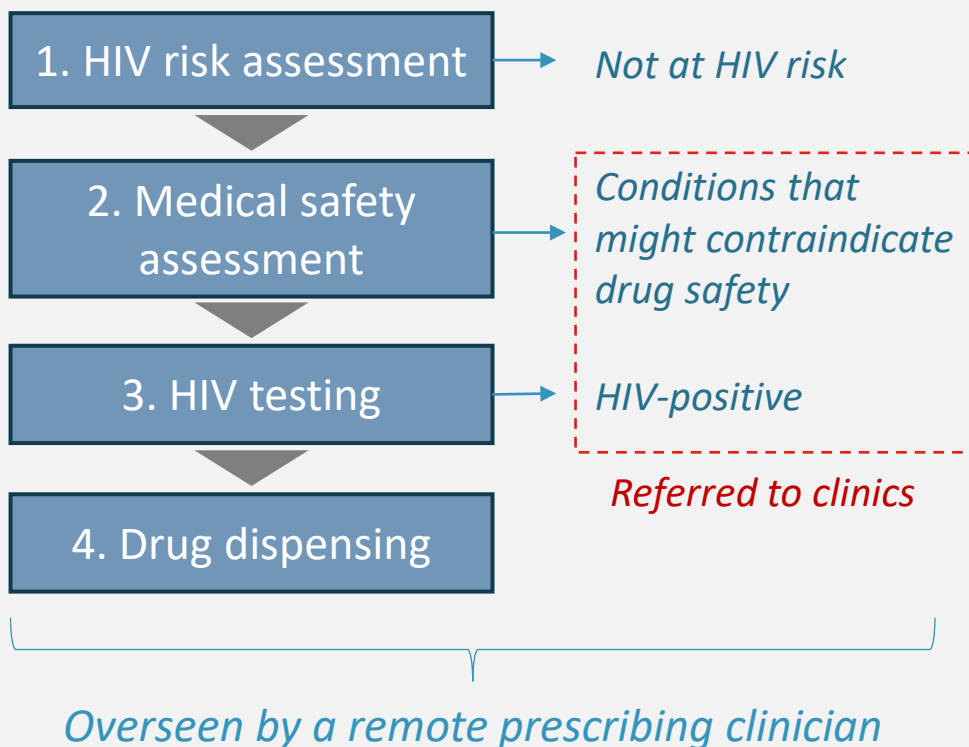
- *Growing across Africa with increased access to telecommunication platforms*
- *Private and anonymous services*

Shared advantages:

- *Large purveyor of SRH products (e.g., emergency contraception, condoms)*
- *Offer quick & discrete services (i.e., no HIV stigma)*
- *Long operating hours and open on weekends*
- *Existing trained healthcare professionals*

Care pathway for delivery of PrEP and PEP in brick-and-mortar and online pharmacies

Prescribing checklist:



Implementation variations by delivery model:

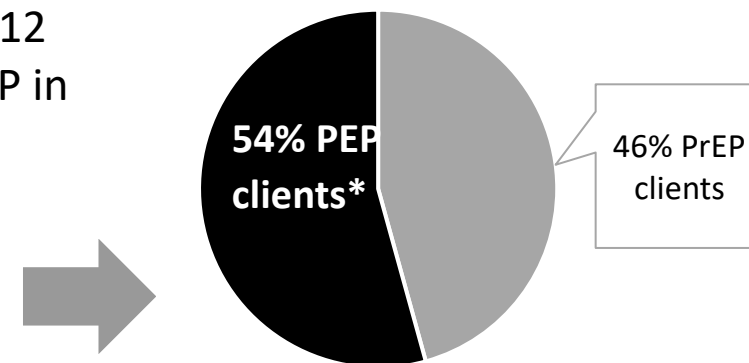
Core component	Brick-and-mortar pharmacies	Online pharmacy
1. HIV risk assessment	Trained pharmacy provider	Clinician via telehealth
2. Medical safety assessment	Trained pharmacy provider	Clinician via telehealth
3. HIV testing	Trained pharmacy provider	Courier-delivered at home HIV self-testing
4. Drug dispensing	Trained pharmacy provider	Courier-delivered

High demand for PEP at brick-and-mortar and online pharmacies



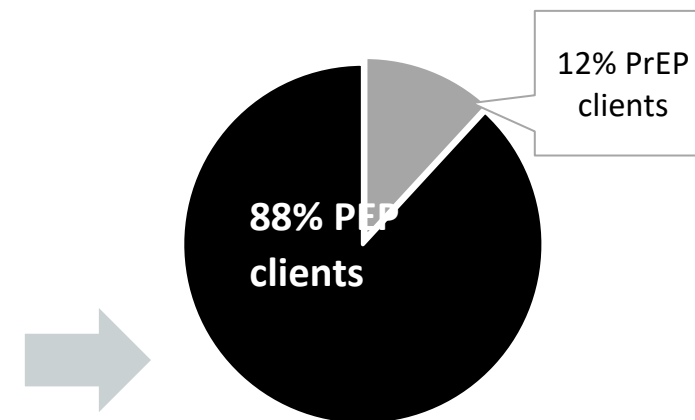
Brick-and-mortar pharmacies

- Completed pilot study delivering PrEP/PEP in 12 pharmacies; ongoing cRCT delivering PrEP/PEP in 45 intervention pharmacies:
 - Pilot: From Nov 2020 to July 2022, 823 clients initiated PrEP/PEP.
 - cRCT: From Jun 2023 to Oct 2024, 2587 clients initiated PrEP/PEP.



Online pharmacies

- Completed pilot study in one online pharmacy (Nairobi and Mombasa):
 - From Oct 2022 to Dec 2023, 1757 clients initiated PrEP/PEP.



*Pooled pilot & cRCT data

The reach of pharmacy-delivered PrEP and PEP services

Characteristic	Brick-&-mortar pharmacies*		Online pharmacy	
	PrEP, n=1690	PEP, n=2004	PrEP, n=208	PEP, n=1549
Age <25 years	731 (43%)	705 (35%)	154 (74%)	1119 (72%)
Male	796 (47%)	1152 (57%)	155 (75%)	966 (62%)
Married	599 (35%)	714 (36%)	24 (12%)	196 (13%)
Partner living with HIV	145 (9%)	76 (4%)	24 (12%)	42 (3%)
Multiple sex partners	940 (56%)	837 (42%)	136 (65%)	716 (46%)
HIV exposure, <72 hrs				
Occupational	N/A	3 (0%)	N/A	70 (4%)
Sexual: consensual	N/A	1870 (93%)	N/A	1462 (94%)
Sexual: non-consensual	N/A	50 (2%)	N/A	17 (1%)

Online clients: Greater percentage male and lower prevalence of marriage compared to brick-and-mortar clients

Online clients: HIV exposures associated PEP need is similar to brick-and-mortar clients

*Pooled pilot & cRCT data

SAVE LIVES FASTER



The reach of pharmacy-delivered PrEP and PEP services

Characteristic	Brick-&-mortar pharmacies*		Online pharmacy	
	PrEP, n= 1690	PEP, n=2004	PrEP, n=208	PEP, n=1549
Age <25 years	731 (43%)	705 (35%)	154 (74%)	1119 (72%)
Male	796 (47%)	1152 (57%)	155 (75%)	966 (62%)
Married	599 (35%)	714 (36%)	24 (12%)	196 (13%)
Partner living with HIV	145 (9%)	76 (4%)	24 (12%)	42 (3%)
Multiple sex partners	940 (56%)	837 (42%)	136 (65%)	716 (46%)
HIV exposure, <72 hrs				
Occupational	N/A	0 (0%)	N/A	70 (4%)
Sexual: consensual	N/A	1717 (93%)	N/A	1462 (94%)
Sexual: non-consensual	N/A	44 (2%)	N/A	17 (1%)

PEP clients: lower prevalence of partner living with HIV and multiple sexual partners

PEP clients: most recent HIV exposures from consensual unprotected sex

*Pooled pilot & cRCT data

SAVE LIVES FASTER



The reach of pharmacy-delivered PrEP compared to clinic-delivered PrEP services

	Brick-&-mortar*	Online pharmacy	Public clinics: Scale up
Characteristic	PrEP, n=1690	PrEP, n=208	PrEP, n=4898
Age <25 years	731 (43%)	154 (74%)	969 (20%)
Male	796 (47%)	155 (75%)	2,257 (46%)
Married	599 (35%)	24 (12%)	4,466 (91%)
Partner living with HIV	145 (9%)	24 (12%)	4,092 (84%)
Multiple sex partners	940 (56%)	136 (65%)	565 (12%)
HIV exposure, <72 hrs			
Occupational	N/A	N/A	N/A
Sexual: consensual	N/A	N/A	N/A
Sexual: non-consensual	N/A	N/A	N/A

Pharmacy PrEP clients: tend to be younger, greater percentage male, and fewer married compared to clinic-based PrEP clients

*Pooled pilot & cRCT data

SAVE LIVES FASTER



The reach of pharmacy-delivered PrEP compared to clinic-delivered PrEP services

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Multiple sex partners	940 (56%)	136 (65%)	565 (12%)
HIV exposure, <72 hrs			
Occupational	N/A	N/A	N/A
Sexual: consensual	N/A	N/A	N/A
Sexual: non-consensual	N/A	N/A	N/A

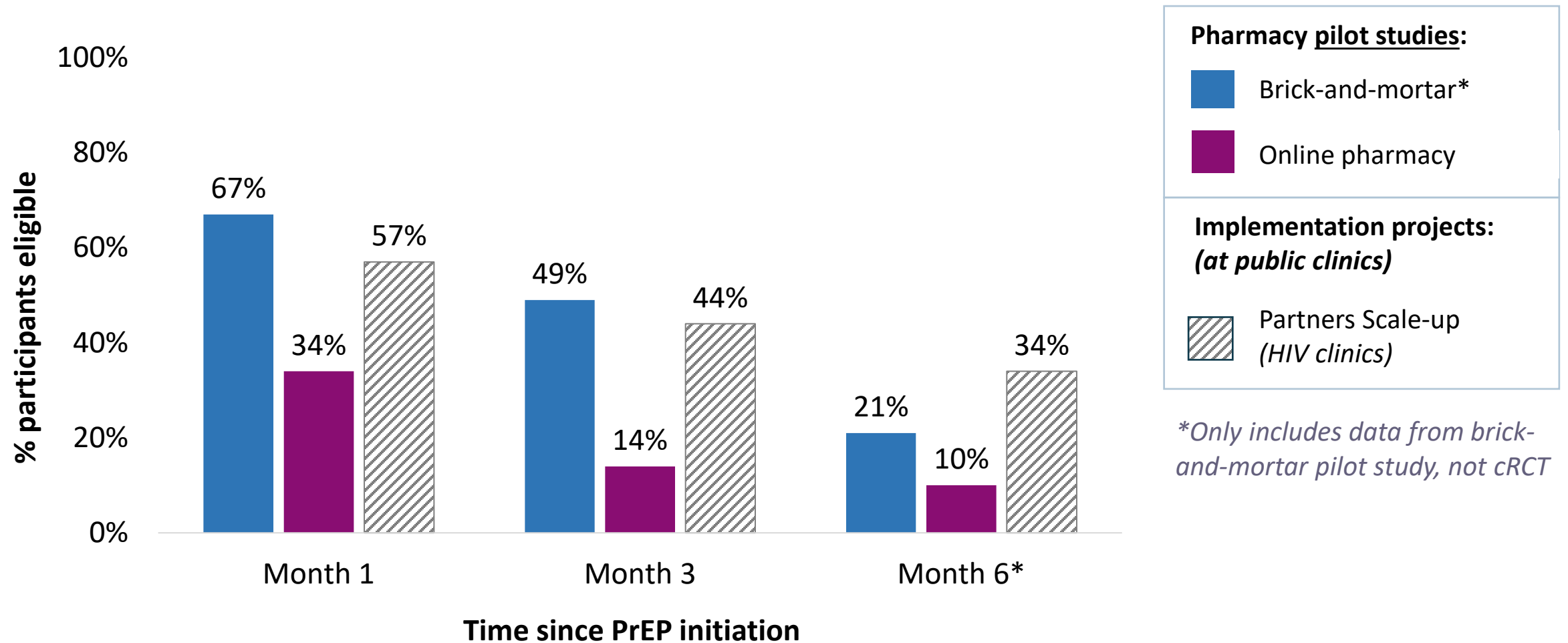
Pharmacy PrEP clients: fewer report a partner living with HIV and more report multiple sexual partners compared to clinic-based PrEP clients

*Pooled pilot & cRCT data

SAVE LIVES FASTER

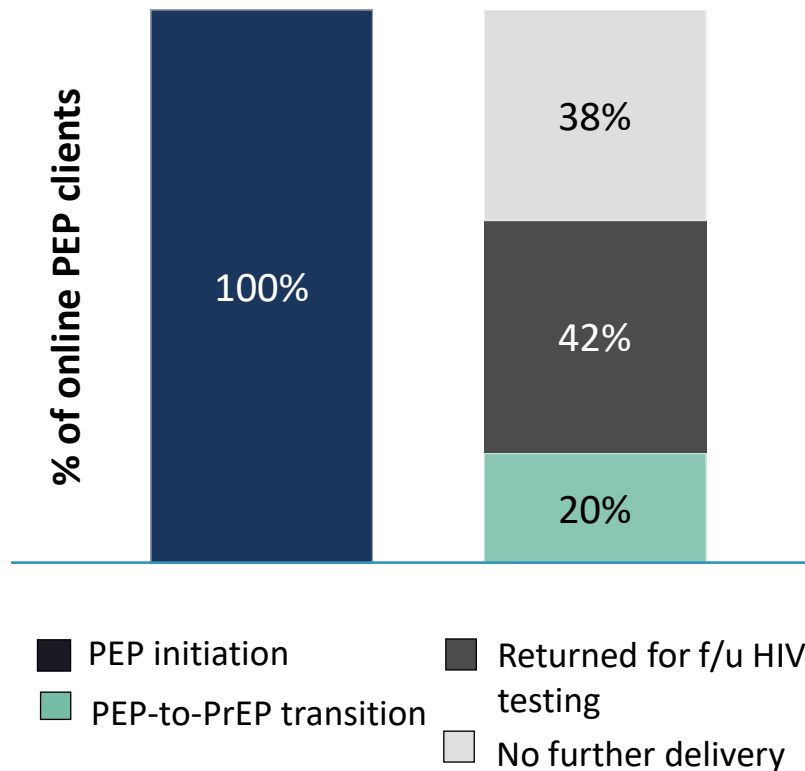


PrEP continuation in pharmacy- vs. clinic-based delivery models

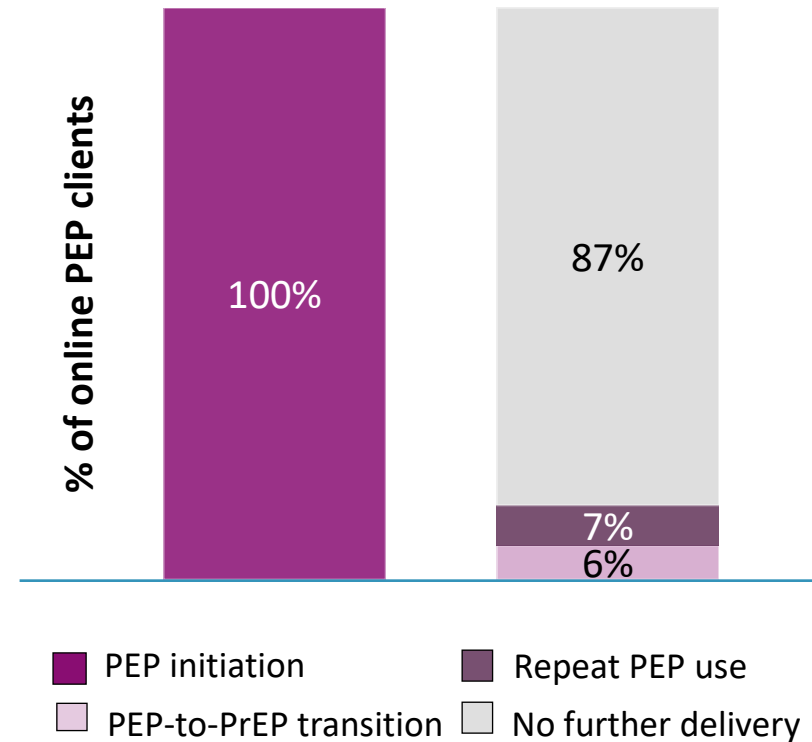


PEP-to-PrEP transition in the pharmacy-based pilot studies

Brick-and-mortar pharmacies*,
n=162 PEP clients



Online pharmacy,
n=1549 PEP clients



*Only includes data from brick-and-mortar pilot study, not cRCT

(Sources: Roche SD, CROI 2023; Kiptinness C, AIDS 2024)

Acceptability of pharmacy-delivered PrEP/PEP services

≥75% of clients and providers agreed or strongly agreed with statements assessing acceptability of these models, indicating high acceptability

Brick-and-mortar pharmacies

“It is close to where I live and there is privacy.”

Male client, age 22

“It is easier to get PrEP here than in a hospital.”

Female client, age 25

“The clients are open, and this gives me an easy time to deliver PrEP.”

Female provider, age 27

“This will make the community that live near a pharmacy ... know about the preventive measures that they can take to prevent the spread of HIV.”

Male provider, age 35

Online pharmacy

“It was fast, I didn’t have to go and queue at any hospital.”

PEP client

“An online store is private and no one will be looking at you.”

PrEP client

“I can’t get [time] off to go to the [clinic], but I can easily call MYDAWA and get my medication delivered.”

PEP client

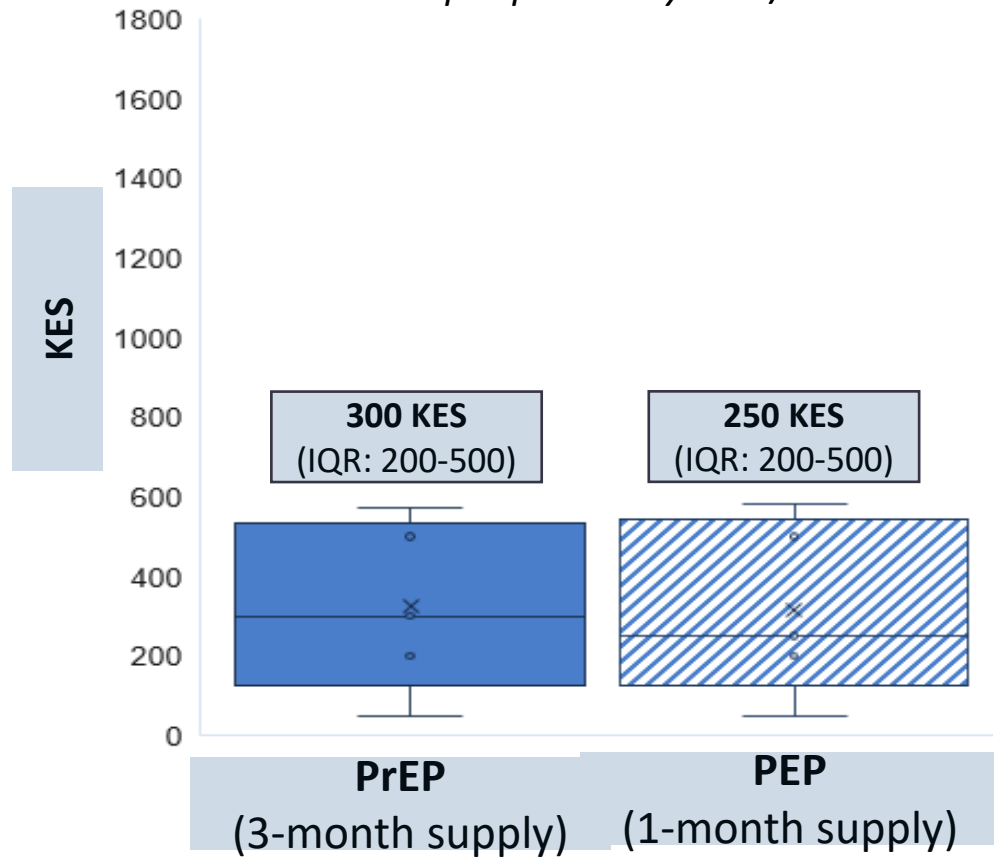
“[A consultation] is just a click away.”

Provider

Willingness to pay for pharmacy-delivered PrEP/PEP services

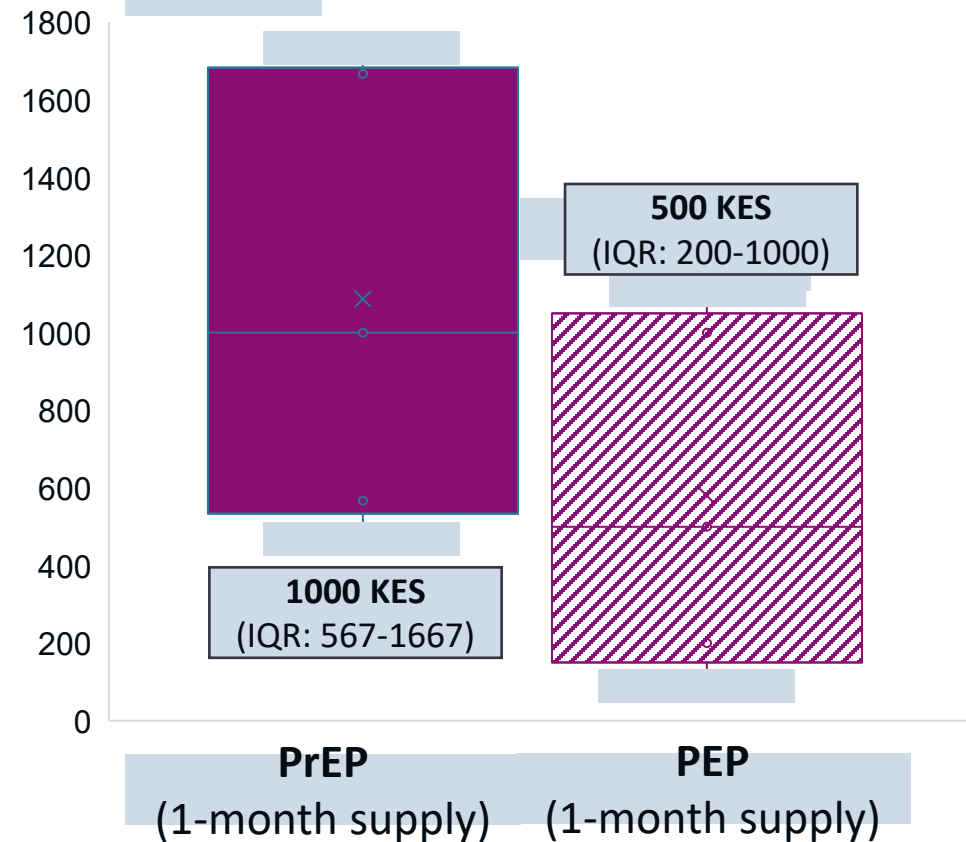
Brick-and-mortar pharmacies*

Amount per pharmacy PrEP/PEP visit



Online pharmacy

Amount per dispensing event



*Only includes data from brick-and-mortar cRCT

Impact on the HIV prevention choice agenda

- **Expanding PrEP/PEP delivery to private pharmacies can reach new populations that could benefit**
 - **Potential for private pharmacies to expand coverage of biomedical HIV prevention products to those not engaged in traditional service delivery setting.**
- **Findings underscore the unmet demand for PEP services**
 - With convenient access and long operating hours, pharmacies may be well-suited to delivering PEP
 - Suggests the **important role PEP could play in the HIV prevention choice agenda.**



Takeaway: Private pharmacies in Kenya can reach those in urgent need of PEP and expand access to HIV prevention options. Guidelines are needed to facilitate the delivery of biomedical HIV prevention services in private brick-and-mortar and online pharmacies.

Key considerations for implementation



Pre-implementation

- **Pharmacy selection:** Developing criteria outlining the minimum requirements
- **Provider training:** Innovative capacity-building approaches that are convenient and flexible
- **Commodities:** Determining feasible procurement mechanisms



Implementation

- **Demand generation:** Investing in user-centered materials and community-level awareness creation
- **Quality assurance:** Comprehensive protocols and guidelines with quality metrics
- **Reporting:** Simplified and direct reporting to the national health management information system

Policies: Designating retail pharmacies—including brick-and-mortar and online pharmacies—as PrEP/PEP service delivery points.



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- Participating pharmacy providers & clients, research assistants & support teams, Kenya National AIDS & STI Control Program, Kenya Pharmacy & Poisons Board

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MPI: E Bukusi, K
Ngure, K Ortblad).



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AVAC Choice Agenda webinar

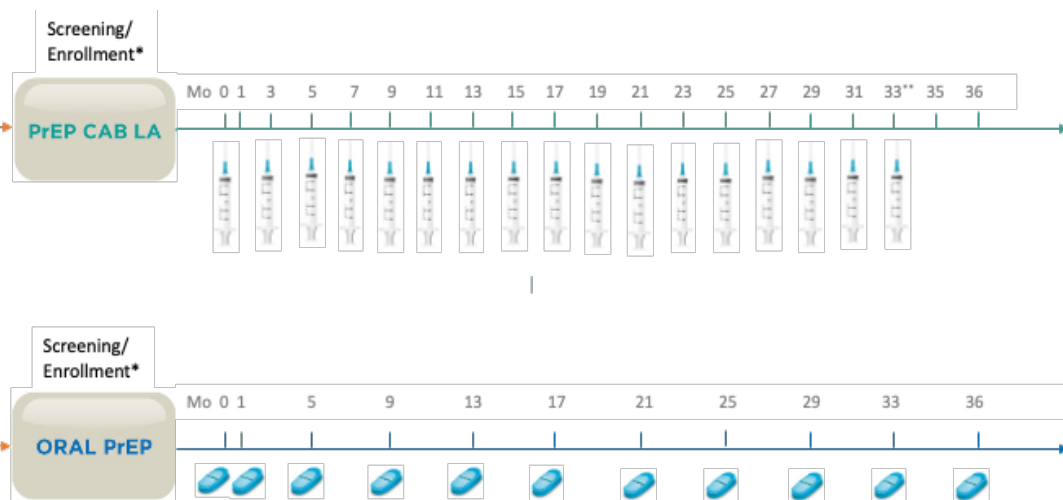
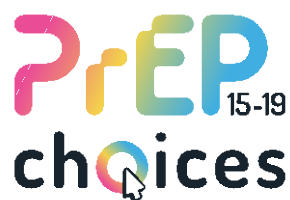
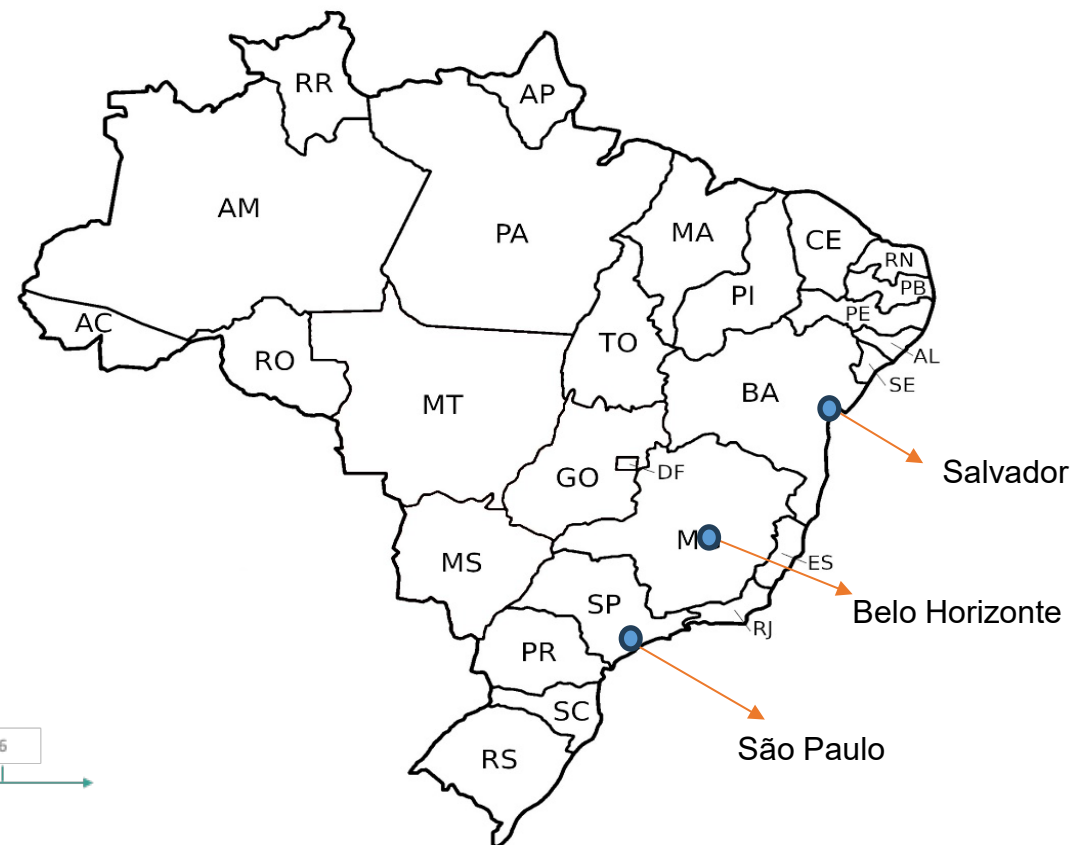
True Choice in HIV Prevention
Involves More than Product
Options: Novel strategies in
service delivery

Service delivery in PrEP15-19 Choices in Brazil: novel strategies
Inês Dourado, MD, PhD
Instituto de Saúde Coletiva/Unversidade Federal da Bahia, Brazil

RESEARCH Open Access

Zero knowledge and high interest in the use of long-acting injectable pre-exposure prophylaxis (PrEP) among adolescent men who have sex with men and transgender women in two capital cities in Brazil

Leo Pedrana^{1*}, Laio Magno^{1,2}, Eliana Miura Zucchi³, Luís Augusto Vasconcelos da Silva⁴, Dulce Ferraz⁵, Alexandre Grangeiro⁶, Marcelo Castellanos¹, Sandra Assis Brasil² and Inês Dourado¹



An implementation study of CAB-LA for HIV PrEP among adolescents: men who have sex with men, non-binary, and trans people 15-19 years old in Brazil

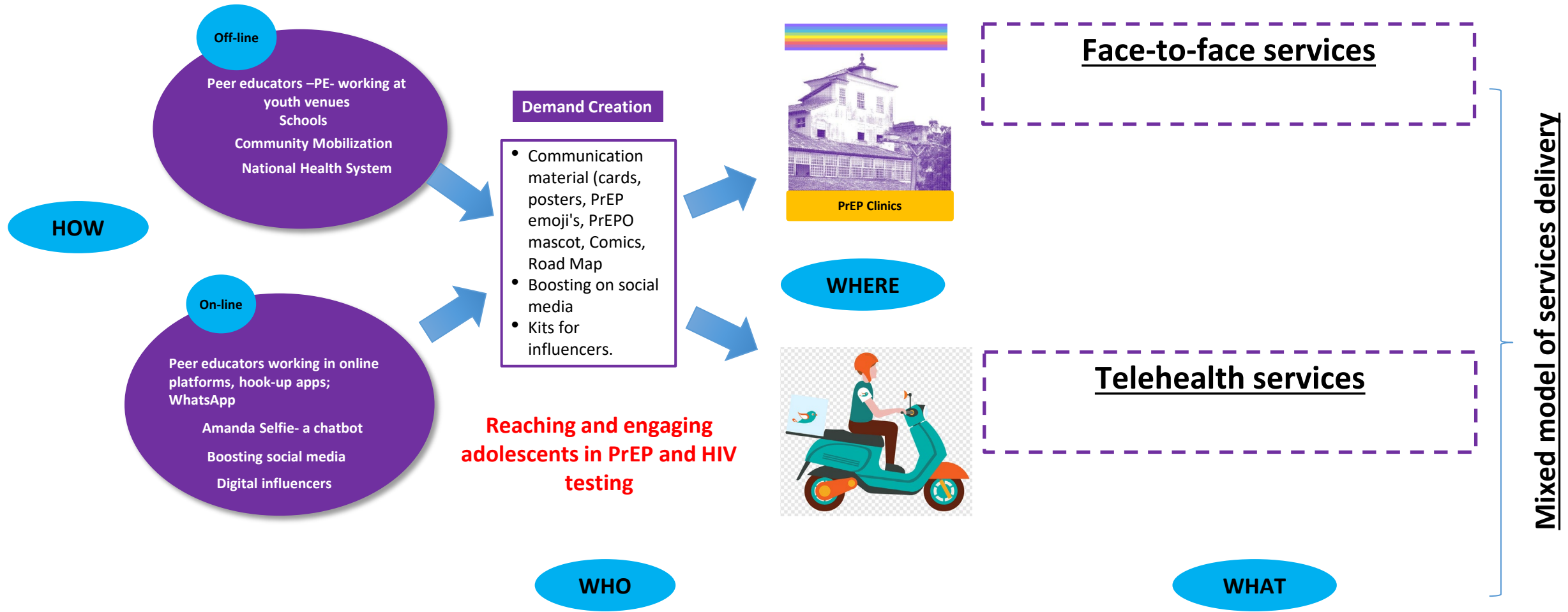
Representative PI: Inês Dourado, MD, PhD
Protocol Chair - São Paulo: Alexandre Grangeiro, Soc
Protocol Chair - Belo Horizonte: Dirceu Greco, PhD

How can we engage adolescents in HIV prevention in the era of PrEP choices?

- Peer educators activities (online and offline): LGBTQIA+ parties, mingling areas, bars, and youth venues;
- Recruitment in schools: workshops-sex education and HIV prevention;
- Referrals from the Brazilian National Health System services;
- Referrals from Community Based organizations;
- Dating apps: Grindr, Tinder etc.;
- By the indication of participants who are in PrEP (word of mouth);
- Amanda Selfie – a Transgender chatbot.



PrEP15-19 Service Delivery Model: recruiting, enrolling and linking adolescents MSM, non-binaries and trans people to PrEP



Slide content courtesy of Laio Magno

PrEP Choices as a playlist

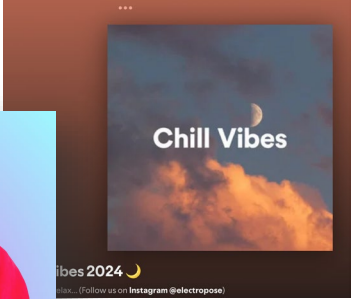
Choose the one that fits your rhythm and makes you feel protected!



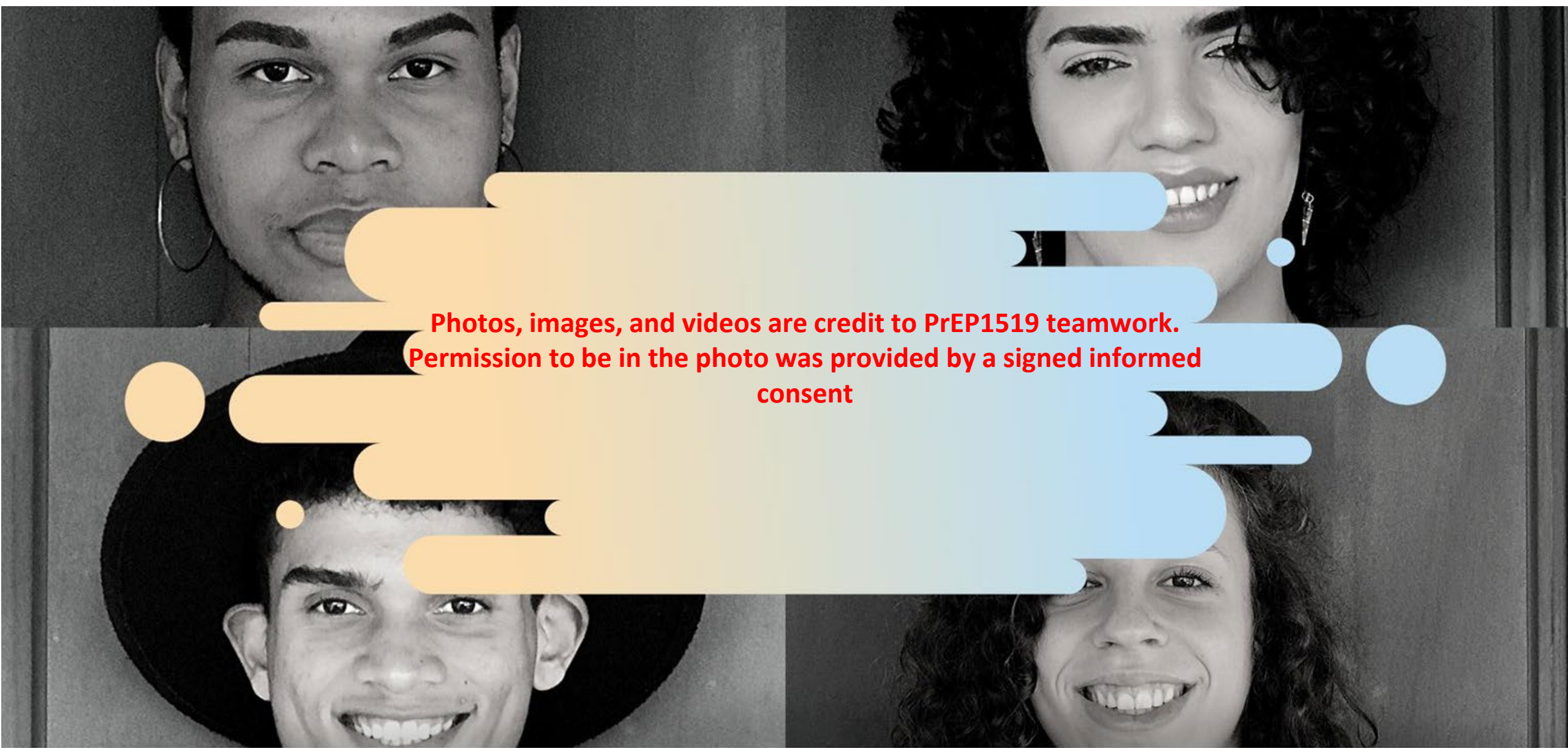
Everyday Empowerment

Event-driven PrEP

Daily oral PrEP



Long-acting injectable PrEP



**Photos, images, and videos are credit to PrEP1519 teamwork.
Permission to be in the photo was provided by a signed informed
consent**

Environment matters!



PrEPOs

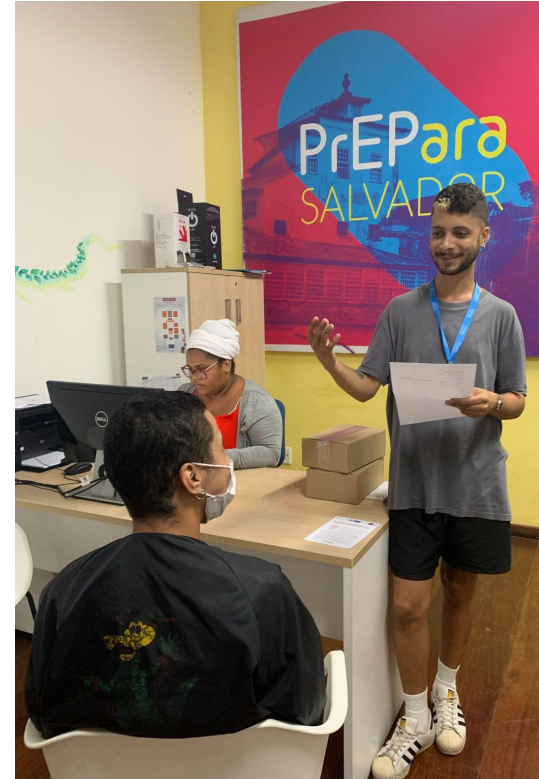


Peer educators

St Cher Chapel

Innovations in healthcare delivery for HIV and sexually transmitted infections prevention for sexual and gender minority's adolescents

**PrEPa Salvador: Community-Based Sexual Health and PrEP Clinic
(A research clinic funded by Unitaid and supported by the Brazilian Ministry of Health)**



Goal: Create a welcoming, affirming environment focused on HIV prevention and sexual health for the sexual and gender minority's adolescents

Community-Based Sexual Health and PrEP Clinics



- Built from the ground up
- Focus on sexual and gender minority HIV prevention (with PrEP), sexual health and sexually transmitted infection testing
- Implemented telehealth-based encounters during COVID-19 and thereafter
- Differentiated Service Delivery



The clinic at the Salvador site, for example, is situated on a side street in an underserved part of the city.

The clinic is on a bus route.

Differentiated Service Delivery at the PrEP Clinics

Services delivered face-to-face

- HIV (RT 4th generation) and STI testing;
- PrEP + condom dispensation;
- Linkage to care if positive
- Clinical care
- Psychological support;
- Post-exposure prophylaxis-PEP
- Referrals to vaccination to public services
- Screening and treatment of sexually transmitted infections (STI)

Telehealth services

- Telehealth by health team;
- TelePrEP;
- STI consultation





- The clinic has a fully equipped laboratory for phlebotomy.
- The clinic has fully equipped exam rooms and staff work areas.



Fun pouch and prevention kit



Kit Contents:

- HIV self test
- Condoms
- Lubes
- Sensual Perfume
- Informational Flyer

Recruitment form for those interested in the prevention kit - invitation to participate

Face to face demand creation- outreach



At the beach in Salvador



Schools in Salvador



Trans March in São Paulo



Sarau (dance and poetry) in São Paulo



At venues in Belo Horizonte



Speak the language of the community you are working with

A PREVENÇÃO COMEÇA BEM ANTES DA PEGAÇÃO

Já parou para pensar qual é o melhor método de prevenção para você?

A PrEP te dá mais autonomia para se prevenir do HIV. Ela impede a infecção pelo vírus e, aliada a outros métodos, pode te dar muito mais segurança na hora do sexo. E o melhor: no PrEPPara Salvador a PrEP é grátis!

Público alvo: pessoas trans, não binárias registradas masculino, meninos cis gays e HSH, com idade entre 15 e 19 anos.

Você pode usar de graça!
Entre em contato com o PrEPPara.

Formas de utilização da PrEP:

- Comprimidos:** Diários ou sob demanda.
- Injeções:** A mais nova tecnologia na prevenção ao vírus HIV.

Casarão da Diversidade:
Rua do Tijolo nº 08 - Pelourinho, Salvador-BA

71 99640-9030 @prepsalvador

Colors inspired by the transgender and non-binary flags



Posters: Sex and HIV prevention

SEXO E PREVENÇÃO?

Se você é...

- Pessoa trans
- Não binária registrada no masculino
- Menino cis gay ou HSH
- Com idade entre 15 e 19 anos
- Você pode utilizar os serviços do PrEPPara Salvador

CONHEÇA A PrEP

- Um medicamento que impede a infecção pelo HIV.
- No PrEPPara Salvador, a PrEP é de graça.
- Você também tem acesso a outros serviços: **testagem e tratamento para outras infecções sexualmente transmissíveis e aconselhamento.**

#Escolha PrEP

A PrEP pode ser utilizada das seguintes formas:

- Comprimidos diários
- Sob demanda
- Injetável

Entre em contato para saber mais.

Casarão da Diversidade
Rua do Tijolo nº 08, Pelourinho, Salvador-BA.

71 99640-9030 @prepsalvador @prepsalvador

Simplified LAI-PrEP Info QR code for youth to easily access our social networks and contact channels.

Você sabe cuidar direitinho da sua

SAÚDE SEXUAL?

Fans

Brochures

PrEP de LONGA DURAÇÃO

Casarão da Diversidade, Rua do Tijolo nº 08 - Pelourinho, Salvador-BA

71 99640-9030 @prepsalvador @prepsalvador

PrEP de LONGA DURAÇÃO

Entre os métodos disponíveis, o mais moderno é a PrEP de longa duração, que é uma tecnologia super eficaz para proteger do HIV.

PrEP oral e sob demanda PrEP injetável

PrEP oral e sob demanda PrEP injetável

PrEP oral e sob demanda PrEP injetável

PrEP oral e sob demanda PrEP injetável

PrEP de LONGA DURAÇÃO

Se liga nas dicas pra se dar bem com a PrEP

Você sabe cuidar direitinho da sua SAÚDE SEXUAL?

Atenção ao Calendário!

É importante estar atento às datas agendadas para as injeções, pois elas precisam ser feitas na data combinada para garantir sua proteção. Você pode antecipar ou atrasar a data de sua injeção em no máximo sete dias da data agendada para ela.

Se você precisa antecipar ou atrasar sua injeção, recomendamos falar com o quanto antes, a clínica HSH, assim podemos reagendar.

Se você não tomar a injeção nos 7 dias de uso a PrEP não funciona mais. Você precisa voltar a tomar a PrEP imediatamente. Não se preocupe com a interrupção, você pode voltar a tomar a PrEP imediatamente, sem precisar fazer nenhum teste de HIV. Se você não tomar a injeção nos 7 dias de uso a PrEP não funciona mais. Você precisa voltar a tomar a PrEP imediatamente.

Se você não tomar a injeção nos 7 dias de uso a PrEP não funciona mais. Você precisa voltar a tomar a PrEP imediatamente.

TelePrEP sub-study within the PrEP15-19 Choices study

For participants using oral PrEP only:

Must attend two face-to-face consultations;

Receive access to up to five HIV self-tests for personal use and for partners.

Subsequently:

Conduct HIV self-tests at home or rapid tests at other services.

Undergo sexually transmitted infection (STI) testing at the study lab or other designated locations;

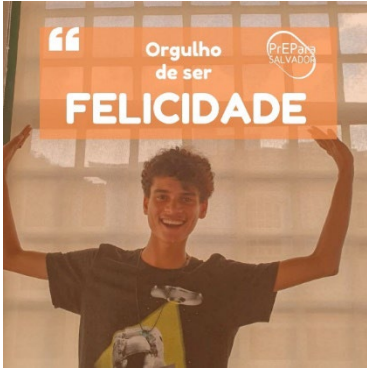
Have PrEP delivered by mail to their preferred address.



- Limited internet and cell phone access create barriers to TelePrEP;
- Few adolescents choose this option, preferring in-person clinic visits;
- It offers an opportunity to connect with a welcoming healthcare team in a friendly environment and assists with broader health needs;
- TelePrEP addresses specific, immediate needs, such as STI treatment prescriptions, but appears to be more suitable for adults.

Key lessons learned

Pride to be happy



Gay adolescent – peer educator

Pride to be LOVE



Transgender man – navigator care

Pride to be happy



Bisexual nurse

- Long-acting PrEP for adolescents offers a promising alternative to daily pills, potentially improving adherence and protection;
- Flexible PrEP options can allow adolescents to choose between oral and injectable PrEP and enhance engagement by catering to individual lifestyles;
- LGBTQIA+ youth staff and inclusive, welcoming spaces play a crucial role in connecting adolescents with HIV prevention services;
- Addressing mental health issues within HIV prevention programs is critical for the well-being and effective protection of adolescents.

Pride to be fight



TGM -peer navigator

Pride to be hope



TGW-young peer educator

Pride to be affection



Gay psychologist

Key lessons learned

Pride to be happiness



Gay adolescent – peer educator

Pride to be love



TGM -peer navigator

Pride to be joy



Bisexual nurse

- **Adolescents, especially the most vulnerable, may need more support to stay in service and use PrEP than adults;**
- **Providing PrEP as part of a comprehensive package is important because young people needing prevention usually need other services:**
 - **STI services; gender-based violence and mental health support;**
- **Adolescents are dynamic and fluid and, therefore, we must continually adapt to their context, and respect their choices.**

Pride to be fight



TGM -peer navigator

Pride to be hope



TGW-young peer educator

Pride to be care



Gay psychologist

Acknowledgments - Teams

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Expanding access to PrEP and PEP: SPrEP and automatic prophylaxis delivery machines

Adriano Queiroz da Silva, Municipal Health Department of São Paulo, Brazil



Conflict of interest

I, ADRIANO QUEIROZ DA SILVA, do not have a conflict of interest.

Background



PrEP was formally adopted as a public health policy in Brazil in 2018, including its implementation in the city of São Paulo



Currently, PrEP is only available in oral tablet form



Access to prophylaxis, as well as antiretroviral therapy (ART), is facilitated through the Brazilian Unified Health System (SUS)



While the Brazilian Health Regulatory Agency has approved the use of bi-monthly injectable Cabotegravir, its availability within the public healthcare network is still pending

Both prophylaxis and antiretroviral treatment are offered free of charge in Brazil.



Ongoing clinical trials are investigating the use of injectable Lenacapavir

7th CONSECUTIVE YEAR OF HIV INCIDENCE DECLINE

↓ **54,6%**

In the comparison between the year
2023 and the year 2016.

22% reduction was
observed between
2022 and 2023.

The largest decline ever
recorded in the capital

57% reduction in
new HIV cases
among young
people aged 15
to 29

Between 2016 and 2022.

More than

50,000

PrEP registrations in
the city of São Paulo

PEP

More than

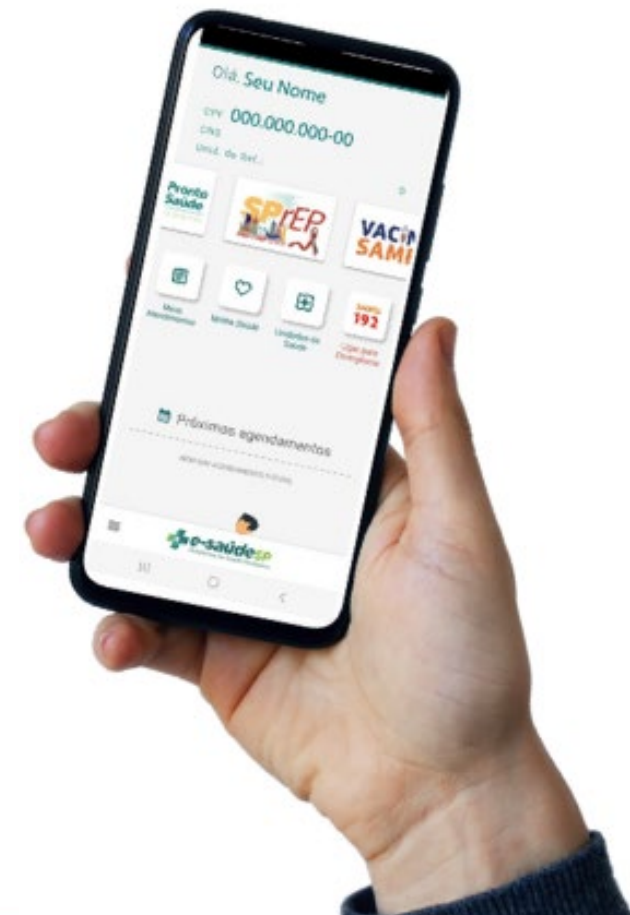
136,000

dispensation since 2018

What is SPrEP?

SPrEP – PrEP and PEP online is:

- a channel within the **e-saúdeSP** application, managed by the Municipal Health Department of São Paulo
- operates every day, including holidays and weekends, from 6 P.M. to 10 P.M., through teleconsultations
- offers the initiation and continuation of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV



Organizational structure



Team: 3 physicians



Remote and decentralized work



Platform hosted in its own application

There **are four options** for consultation requests in the app:



I want PrEP



I want a PrEP follow-up



I want PEP



I have questions

How does it work?

Options	What do you need?	During the Medical appointment	Post-appointment
I want PrEP	Image of an HIV-negative test result within the past 7 days or a self-test image Teleconsultation request initiated	Medical advice Medical prescription Transmission of prescriptions and test orders (via email, WhatsApp, or SMS) QR code generated	The person retrieves a 30-day supply of medication from healthcare units or the automated PrEP and PEP dispensing machine
I want PrEP follow-up	Image of an HIV-negative test result within the past 7 days or a self-test image Image of other test results A teleconsultation request is generated	Medical advice Medical prescription Transmission of prescriptions and test requests (via email, WhatsApp, or SMS) QR code generated	The person retrieves the medication for 30, 60, 90, or 120 days from healthcare units or the automated PrEP and PEP dispensing machine
PEP	No test results are required A teleconsultation request is generated	Medical advice Medical prescription QR code generated	The person retrieves the medication from healthcare units or the automated PrEP and PEP dispensing machine.
I have a question about the services	Questions regarding recent risk exposure (< 72 hours) are presented. If exposure occurred, the individual is directed to PEP services; if not, to PrEP services. A teleconsultation request is generated.	Process flow contingent upon the initial responses to the questions	Process flow contingent upon the initial responses to the questions

The WHERE for PrEP and PEP collection



At the
**Prevention
Station Jorge
Beloqui**

From Tuesday to
Saturday
5 PM to 11 PM



At one of the
**24-hour
units** as
indicated

Everyday
24 hours



One of the
**conventional
units** of the
specialized
network

From Monday to Friday
7 AM to 7 PM



At the **City's
CTA**

From Thursday to
Saturday
5 PM to 10 PM

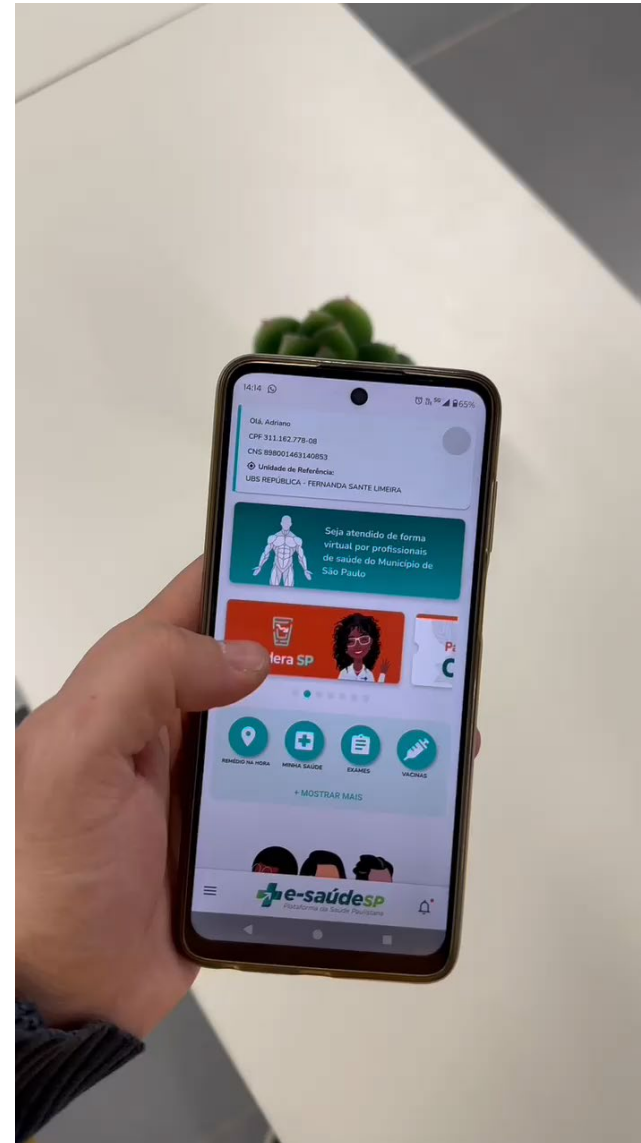


Or collect from
one of the
**Dispensing
machines**

Everyday
4:40 AM to 12PM



Demonstration:



SPrEP

(from June 2023 to September 2024)

955

PEP

1,129

PrEP

52%

prefer to have the medication dispensed at 24-hour units.

571

follow-up consultations

more than
2 MILLION
ACCESSES

Source: e-saúdeSP, SMS/SP; SICLOM/Brazilian Ministry of Health, 2024

SPrEP

(from June 2023 to September 2024)

	1 - PrEP initiation	3 - PEP	2- Follow-up	TOTAL
	N (%)	N (%)	N (%)	N (%)
Gender identity				
Cis men	958 (84.9)	685 (71.7)	457 (80.0)	2100 (79.1)
Trans men	2 (0.2)	2 (0.2)	1 (0.2)	5 (0.2)
Cis women	7 (0.6)	104 (10.9)	28 (4.9)	139 (5.2)
Trans women	2 (0.2)	2 (0.2)	1 (0.2)	5 (0.2)
Non-binary	6 (0.5)	3 (0.3)	2 (0.4)	11 (0.4)
Travesti	1 (0.1)	1 (0.1)	2 (0.4)	4 (0.2)
Missing	153 (13.6)	158 (16.5)	80 (14.0)	391 (14.7)
Face/color				
Yellow	29 (2.6)	14 (1.5)	18 (3.2)	61 (2.3)
White	705 (62.4)	564 (59.2)	341 (59.7)	1610 (60.7)
Indigenous	2 (0.2)	0 (0)	0 (0)	2 (0.1)
Pardo	247 (21.9)	193 (20.3)	136 (23.8)	576 (21.7)
Black	92 (8.1)	98 (10.3)	45 (7.9)	235 (8.9)
Missing	54 (4.8)	84 (8.8)	31 (5.4)	169 (6.4)
Age				
<18	3 (0.3)	6 (0.6)	1 (0.2)	10 (0.4)
18-24	124 (11.0)	202 (21.2)	92 (16.1)	418 (15.7)
25-29	311 (27.5)	288 (30.2)	160 (28.0)	759 (28.6)
30-34	331 (29.3)	211 (22.1)	138 (24.2)	680 (25.6)
35-39	188 (16.7)	112 (11.7)	84 (14.7)	384 (14.5)
40-44	118 (10.5)	73 (7.6)	52 (9.1)	243 (9.2)
45-49	26 (2.3)	44 (4.6)	14 (2.5)	84 (3.2)
>50	28 (2.5)	19 (2.0)	30 (5.3)	77 (2.9)

- Of those initiating PrEP, 85% were cis men compared to 72% of those accessing PEP.
- Overall, 61% of those accessing services through SPrEP were White, 22% were Pardo and 9% were Black.
- More than half (52%) of those access PEP were <30 years of age. Among those accessing PrEP initiation or follow-up, 39% and 44% were <30 years of age, respectively.
- In addition, 73% of support for women are for the prescription of PEP.

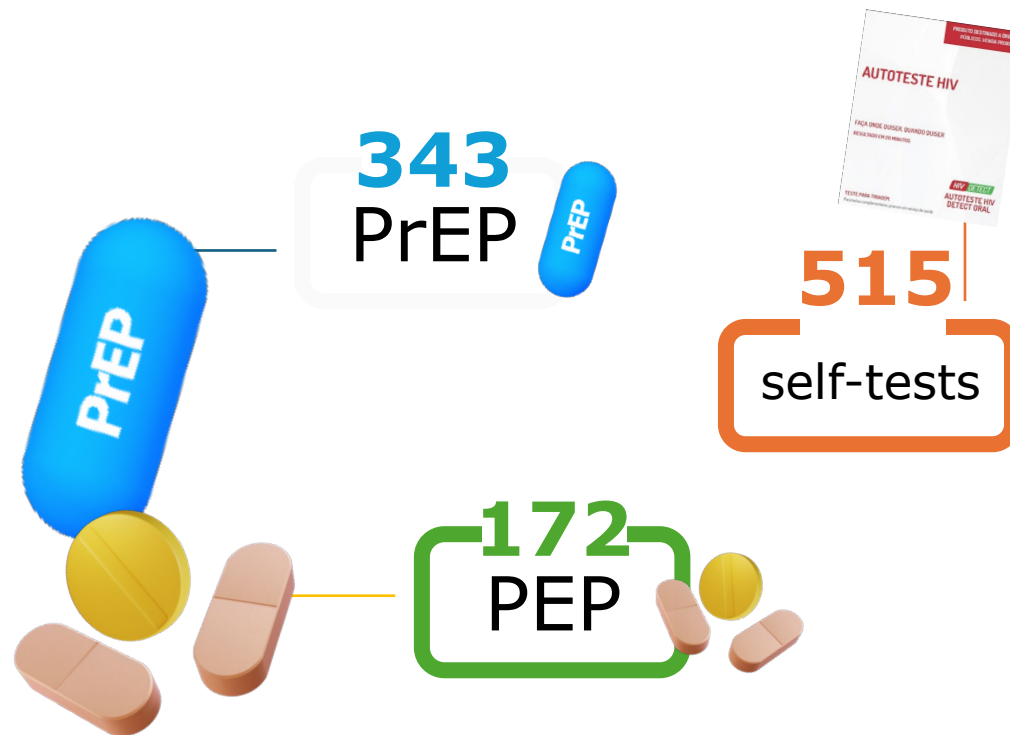
Source: e-saúdeSP, SMS/SP; SICLOM/Brazilian Ministry of Health, 2024

Automated machines

More than

500

Withdrawals in 3 months



Source: Municipal Health Department of São Paulo, 20245

Key takeaways

- PrEP has been essential in reducing new HIV cases in the city of São Paulo
- Different strategies for offering prophylaxis enable greater access to HIV prevention
- More vulnerable populations tend to benefit from diversified access strategies to PrEP and PEP
- Services that extend operating hours reduce access barriers
- Online services facilitate access and, in São Paulo, enable quick retrieval in a greater number of health units
- The city of São Paulo allows for PrEP retrieval 24 hours a day, 7 days a week

Next steps



Expansion of PrEP and PEP dispensing locals



Participation in studies to make injectable PrEP available in the city of São Paulo



Participate in studies for the provision of DoxyPEP



Increase the number of machines for retrieving PrEP and PEP



Assess the possibility of integration with other applications, especially for use by more vulnerable populations

Thank you!

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Preferences for Delivery of HIV Prevention Services Among Healthcare Users in South Africa: A Discrete Choice Experiment

Catherine Martin

Wits RHI, University of the Witwatersrand

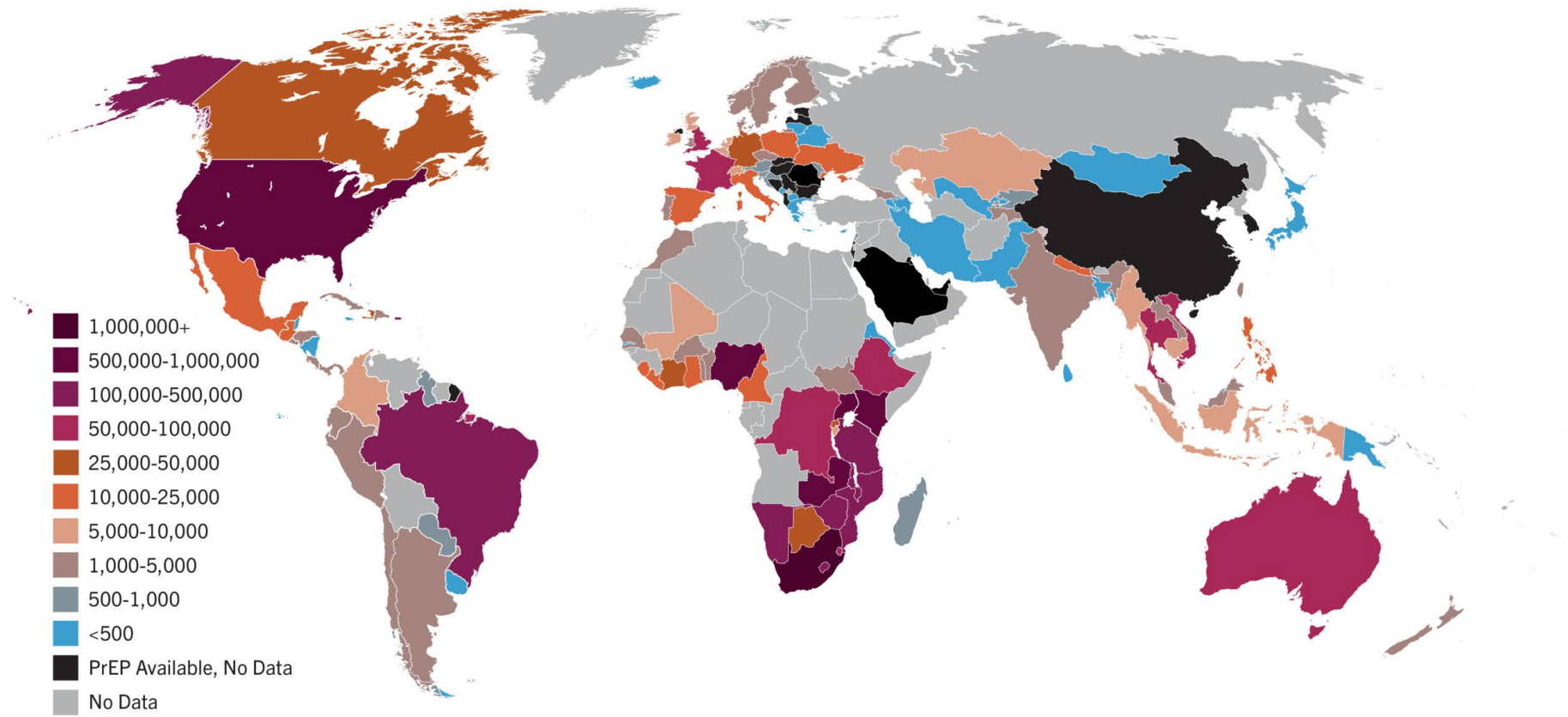
19 November 2024

 **Unitaid**
SAVE LIVES FASTER

 project prep

Progress has been made to scale PrEP services, with ~ 7,5 million PrEP initiations globally

PrEP Initiations by Country, August 2024



Source: AVAC Global PrEP Tracker, Q2 2024,
<https://www.prepwatch.org/data-by-country/>

AVAC. PrEP Initiations by Country Worldwide. 16 August 2024.
<https://avac.org/resource/infographic/prep-initiations-by-country-worldwide/>

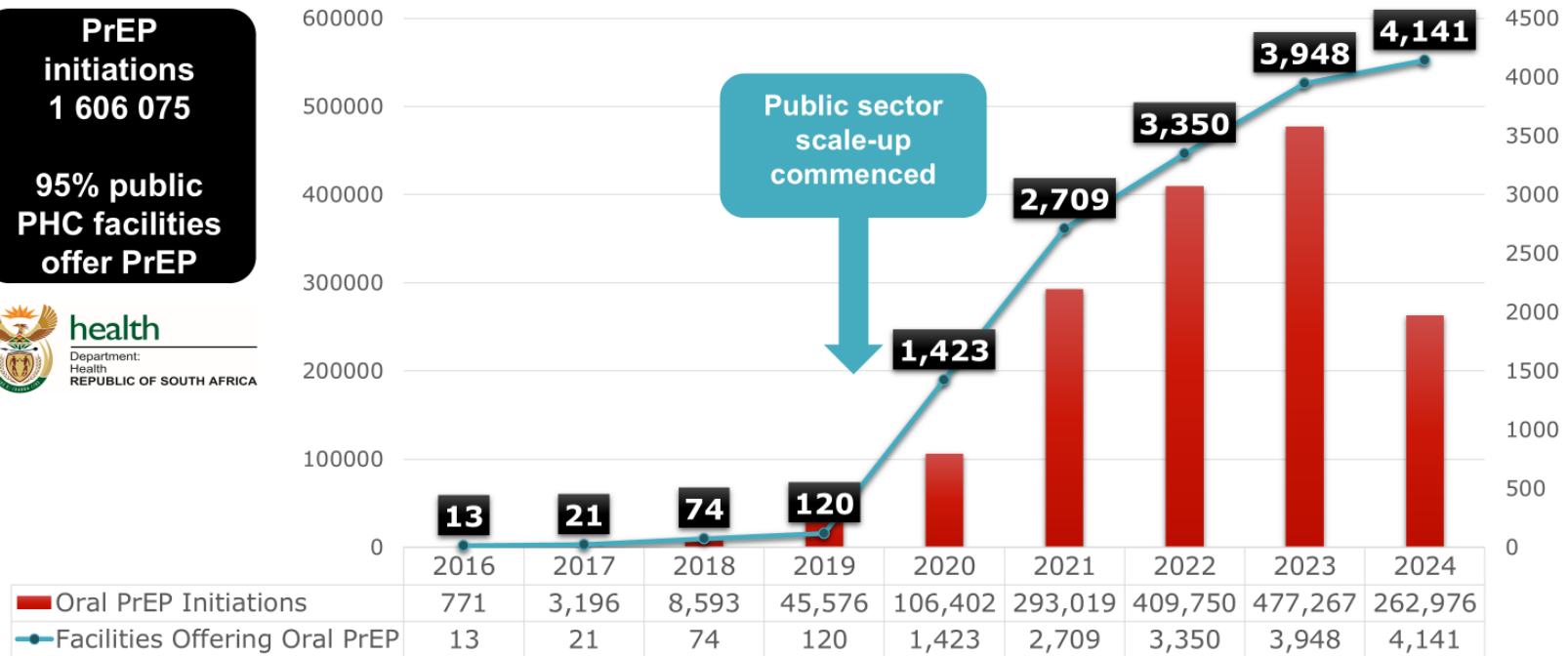
In South Africa, oral PrEP is available free of charge at 95% of primary public health facilities

Oral PrEP Scale-up progress in South Africa June 2016 to August 2024



**PrEP
initiations
1 606 075**

**95% public
PHC facilities
offer PrEP**



6 – 10 October · Lima, Peru and virtual

hivr4p.org

Structural barriers to accessing and using PrEP have been identified

“I have stopped [PrEP] because of my job. That time, it was December. I didn't have a chance to be off, I was always working... So, that's why I didn't find time to come here.”

21-year-old male PrEP user, South Africa

[My biggest challenge] is not having access... the fact that I stay far from the clinic, and I have to use public transport when I go there; and I don't always have transport fare in that week; I'd have it the following week.

20-year-old female PrEP user, South Africa

Cholo, F. A., et al (2024). Experiences of oral pre-exposure prophylaxis use among heterosexual men accessing sexual and reproductive health services in South Africa: a qualitative study. *Journal of the International AIDS Society*, 27(5), e26249. <https://doi.org/10.1002/jia2.26249>

Nongena P, Martin CE, et al. Reaching young women through a decentralized mobile service delivery model for HIV prevention and PrEP services in South Africa. *Global Health Science and Practice*. *Under review*.

Self-reported reasons for PrEP discontinuation girls and young women included clinic access factors

Table 6

Self-reported reasons for PrEP discontinuation among AGYW initiated on oral PrEP, by age category

	15–17 years n = 29 (13.6%)		18–20 years n = 91 (42.5%)		21–24 years n = 94 (43.9%)		Total N = 214 (100%)	
Clinic access related factors								
Clinic is too far	13	44.8%	35	38.5%	37	39.4%	85	39.7%
Prescription ran out and didn't go back	6	20.7%	8	8.8%	19	20.2%	33	15.4%
Couldn't access clinic due to other commitments	0	0.0%	12	13.2%	6	6.4%	18	8.4%
Challenges accessing the clinic due to COVID-19	1	3.4%	5	5.5%	0	0.0%	6	2.8%
Unsure where my nearest clinic is	0	0.0%	2	2.2%	1	1.1%	3	1.4%
Clinic didn't offer PrEP anymore	0	0.0%	1	1.1%	0	0.0%	1	0.5%
Perceived risk of HIV								
No longer sexually active	3	10.3%	11	12.1%	18	19.1%	32	15.0%
Only have one faithful sexual partner	0	0.0%	9	9.9%	5	5.3%	14	6.5%
No longer feel I need or want to take PrEP	1	3.4%	1	1.1%	4	4.3%	6	2.8%
Product related factors								
Side effects were too much	7	24.1%	14	15.4%	15	16.0%	36	16.8%
Pill burden	2	6.9%	10	11.0%	1	1.1%	13	6.1%
Discontinued due to clinical reasons	0	0.0%	0	0.0%	3	3.2%	3	1.4%
Social factors								
My partner or family member told me to stop using it	1	3.4%	6	6.6%	2	2.1%	9	4.2%
I felt stigmatized	0	0.0%	2	2.2%	1	1.1%	3	1.4%
Pregnancy	0	0.0%	6	6.6%	7	7.4%	13	6.1%
Other	0	0.0%	5	5.5%	1	1.1%	6	2.8%

Sub-analysis of cohort data among 967 15-24 year old women using oral PrEP, Jan 2019 – December 2021

Decentralized services hold the potential to address some of these access barriers

“I would like to get service from mobile taking into consideration the **convenience.**”

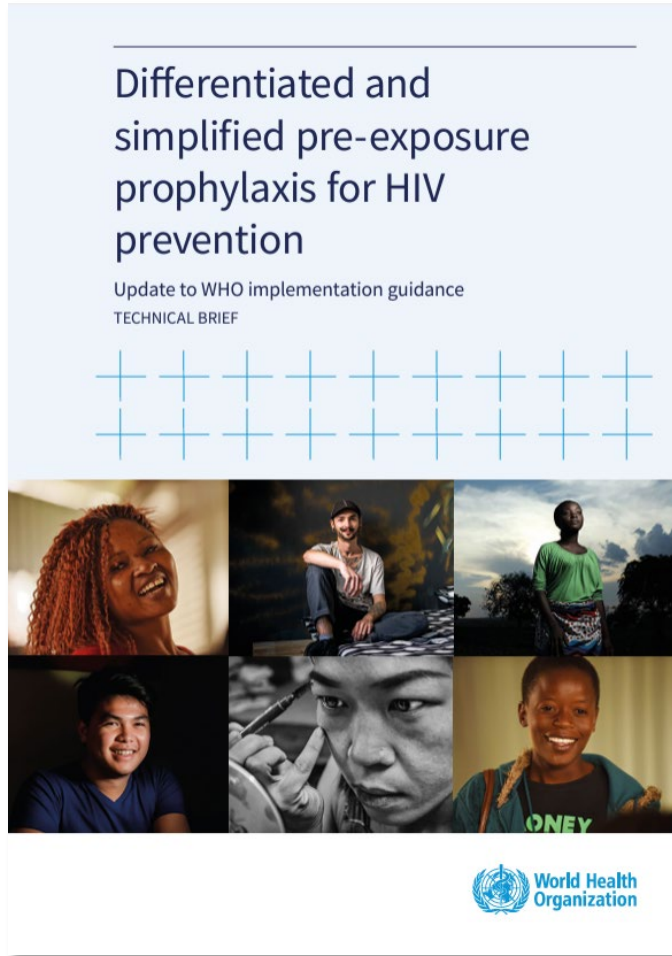
*20-year-old female
PrEP user, South
Africa*

“... we must use mobile cars... because you find that the mobile is not busy... But at the clinic when you come it is known that you are sick.”

*40-year-old male
PrEP user, South
Africa*



WHO outlines Building Blocks of a differentiated PrEP service delivery package



Differentiated PrEP service delivery: When, where, who and what to deliver

Key points

- A differentiated PrEP service delivery approach is person- and community-centred and adapts services to the needs and preferences of people who are interested in and could benefit from PrEP.
- Differentiated PrEP services may make PrEP services more acceptable and accessible and support PrEP uptake, persistence and effective use.
- A common framework for differentiated PrEP service delivery utilizes the four building blocks of where (service location), who (service provider), when (service frequency), and what (service package). These building blocks can be different for PrEP initiation, continuation and re-initiation, and for different PrEP products.

A differentiated PrEP service delivery approach is person- and community-centred and adapts services to the needs and preferences of the people who are interested in and could benefit from PrEP. Differentiated PrEP service delivery may also support more efficient and cost-effective use of health care resources. WHO recommends differentiated service delivery for HIV testing and antiretroviral therapy (ART) (4). Delivery of person-centred health services is one of the key strategic directions of the global health sector strategies on HIV, viral hepatitis and STIs, and differentiated service delivery is recognized as a key action (3).

This section provides guidance on differentiated service delivery for PrEP, utilizing the four building blocks of differentiated service delivery (Table 3). These building blocks can be different for PrEP initiation, continuation and re-initiation. For example, a person may be initiated on PrEP at a health care facility and offered follow-up visits in a community setting. The building blocks may also be different for the various PrEP products. Although the primary focus of this section is oral PrEP delivery, many of the principles could be applied to the DPr. However, for CAB-LA there are different safety and clinical considerations, and there has been very limited implementation of CAB-LA outside of clinical trial settings.

Building blocks of differentiated PrEP service delivery

In many countries, individuals interested in PrEP must go to a health care facility (often an HIV clinic) to obtain a prescription from a medical provider (often a physician). In recent years, and particularly during the COVID-19 pandemic (60), the shift towards differentiated PrEP service delivery has accelerated.

DIFFERENTIATED AND SIMPLIFIED PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION: UPDATE TO WHO IMPLEMENTATION GUIDANCE: TECHNICAL BRIEF

Table 3. The building blocks of differentiated PrEP service delivery

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

PrEP: pre-exposure prophylaxis.
Source: Adapted from the International AIDS Society framework for differentiated service delivery (61).





















<https://www.who.int/publications/i/item/9789240053694>

Wits RHI developed a Discrete Choice Experiment to explore health care user preferences for PrEP service delivery models

Service Attributes:

- Source of information about HIV prevention and PrEP
- PrEP initiation site and clinical follow-up
- Frequency of follow-up appointments;
- PrEP pick up point between clinical appointments
- HIV testing method whilst using PrEP
- Contact between appointments for general support for PrEP use













Service delivery attributes

	Where you would get information about HIV prevention and PrEP?	Where you would start PrEP and come back for your appointments?	How often you will come back for your appointment with the nurse?	Where you will pick up your PrEP between your appointments (every month)?	How you will be tested for HIV whilst on PrEP ?	How would you like to be contacted between appointments?
Levels	 Printed materials like flyers or brochures	 Nurse at a clinic	 3 Monthly	 At the clinic or place you initiated PrEP	 Nurse or counsellor to use a finger-prick HIV test, every 3 months at a convenient place for you.	 Do not contact me. I will call or text someone at the clinic if I need to.
	 Online, like on social media or a website	 Nurse at a mobile clinic		 From a pharmacist at a private pharmacy (at no cost)	 WhatsApp or Facebook group with other people my age taking PrEP	
	 An app that I can download on my smartphone	 Nurse at a community site (e.g., gazebo in a mall)		 From a vending machine in a community site	 Weekly automated text message to my mobile phone	
	 Through WhatsApp	 Nurse at private pharmacy (at no cost)	 6 Monthly	 Delivery to your home	 Test yourself with a finger-prick HIV self-test, every 3 months at a convenient place for you.	 Someone from the clinic can call me on my mobile phone, once a month.

Example of the DCE Choice Set

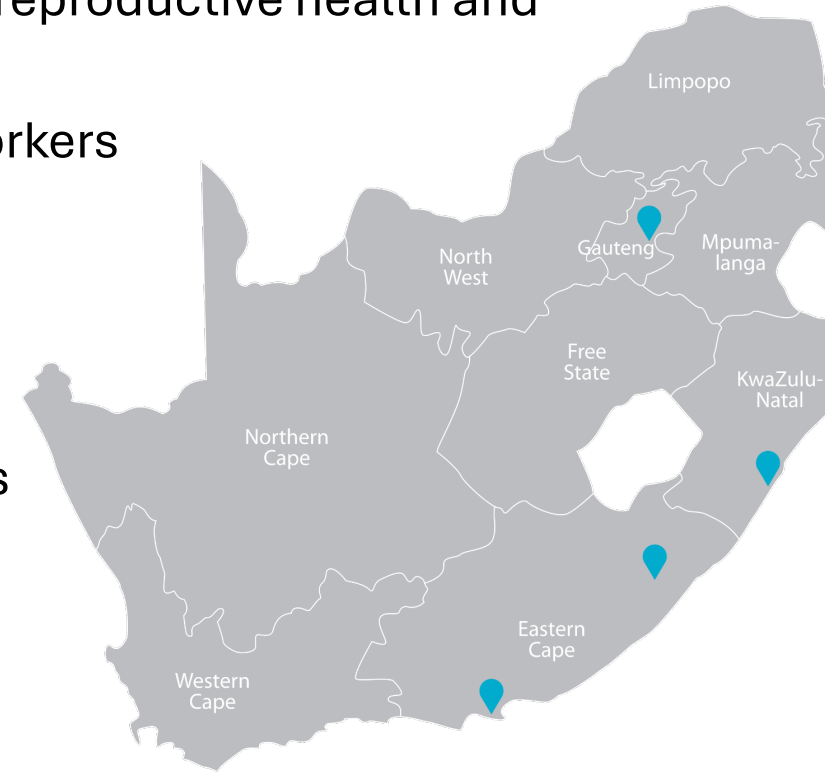
A

Q1

CHARACTERISTICS	SERVICE A	SERVICE B	NEITHER
Where you would get information about HIV prevention and PrEP	 Printed materials like flyers or brochures	 Online, like on social media or a website	
Where you would start PrEP and come back for your appointments	 Nurse at a private pharmacy (at no cost)	 Nurse at a mobile clinic	
How often you will come back for your appointment with the nurse	 3 monthly	 6 monthly	
Where you will pick up your PrEP each month between your appointments	 From a pharmacist at a private pharmacy (at no cost)	 At the clinic or place you initiated PrEP	
How you will be tested for HIV whilst on PrEP	 Test yourself with a finger-prick HIV self-test every 3 months at any place convenient to you	 Nurse or counsellor finger-prick HIV test every 3 months at a HIV testing point convenient to you	
Contact between appointments	 None, you can call or text someone at the clinic if you need to	 Weekly automated text message to your phone	
Which PrEP service would you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

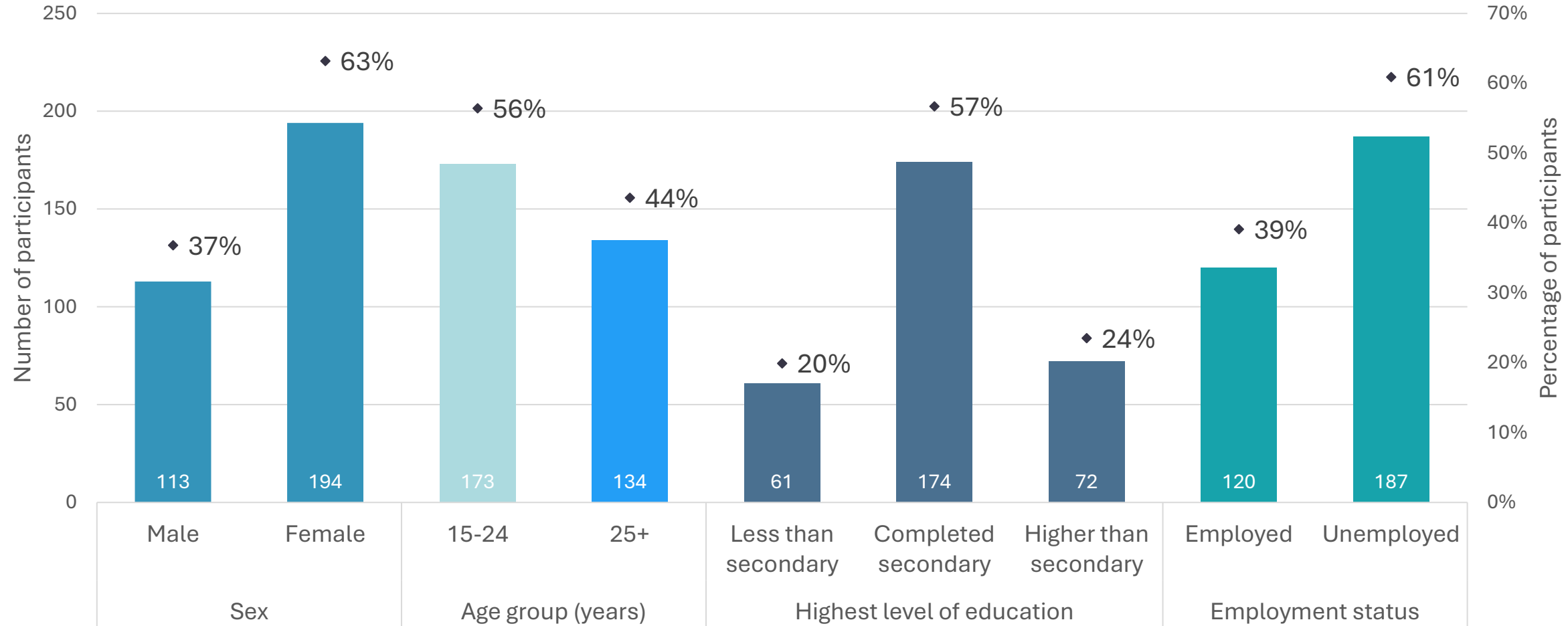
Between November 2022 and February 2023, participants from eight clinics in four areas of South Africa were recruited

- Recruiting sites were primary care clinics supported by Wits RHI's Project PrEP to integrate PrEP within routine primary care services since 2018
- Participants were HIV negative men and women accessing sexual and reproductive health and related services
- Potential participants were consecutively approached by study fieldworkers
- Interviews were conducted in English and ~45mins
- Data were captured on tablet devices using REDCap
- Descriptive statistics were used to describe the participants
- DCE data were analysed using generalised multinomial logistic models



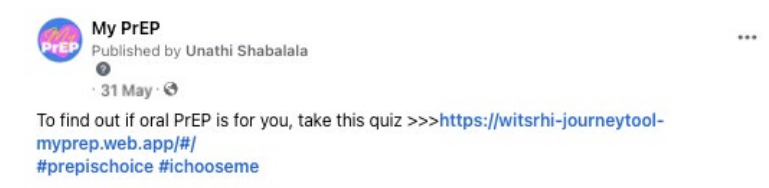
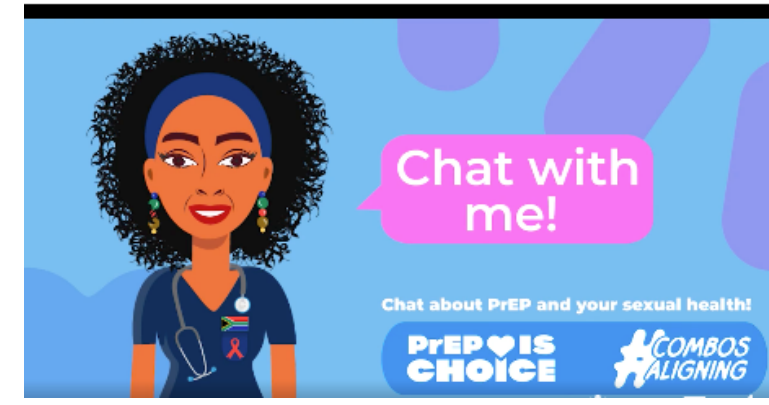
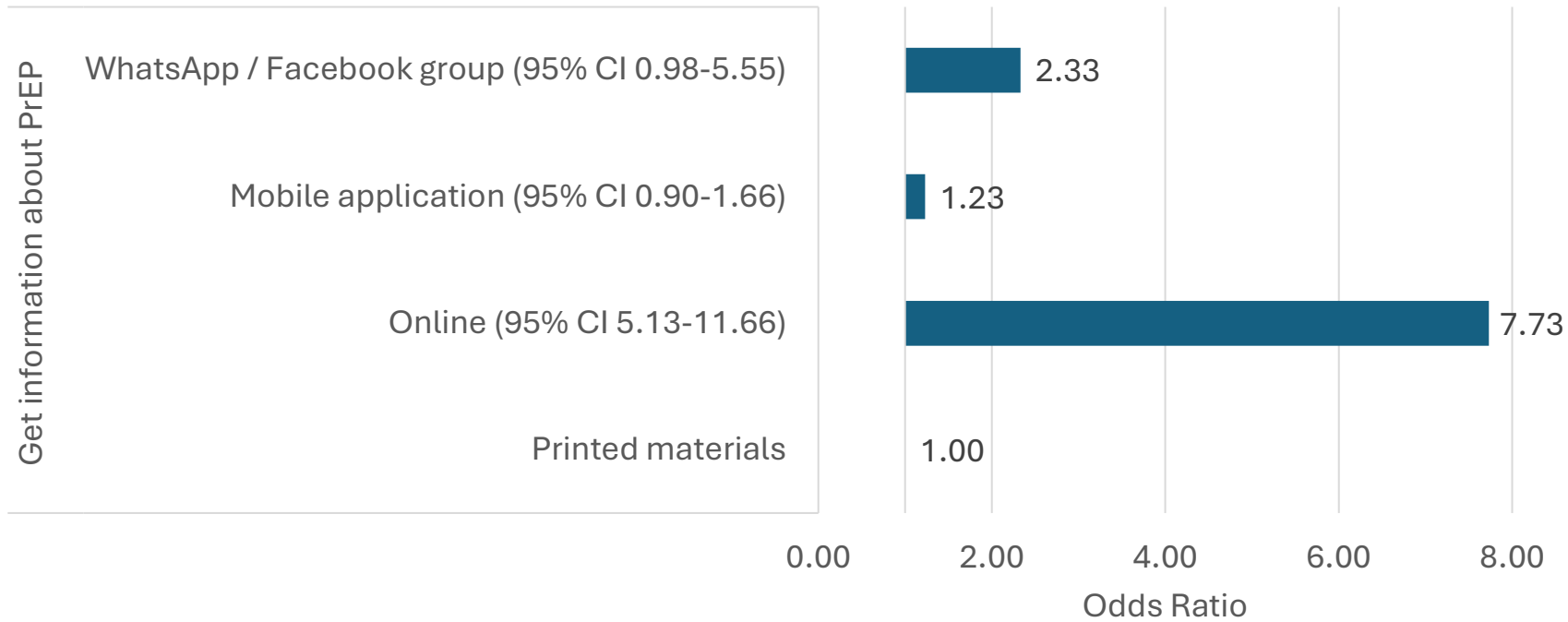
The majority of the 307 participants were young women, who had completed secondary education but were unemployed

Demographic Characteristics of the Study Participants (N=307)



There was a strong preference for information about PrEP to be provided through online platforms

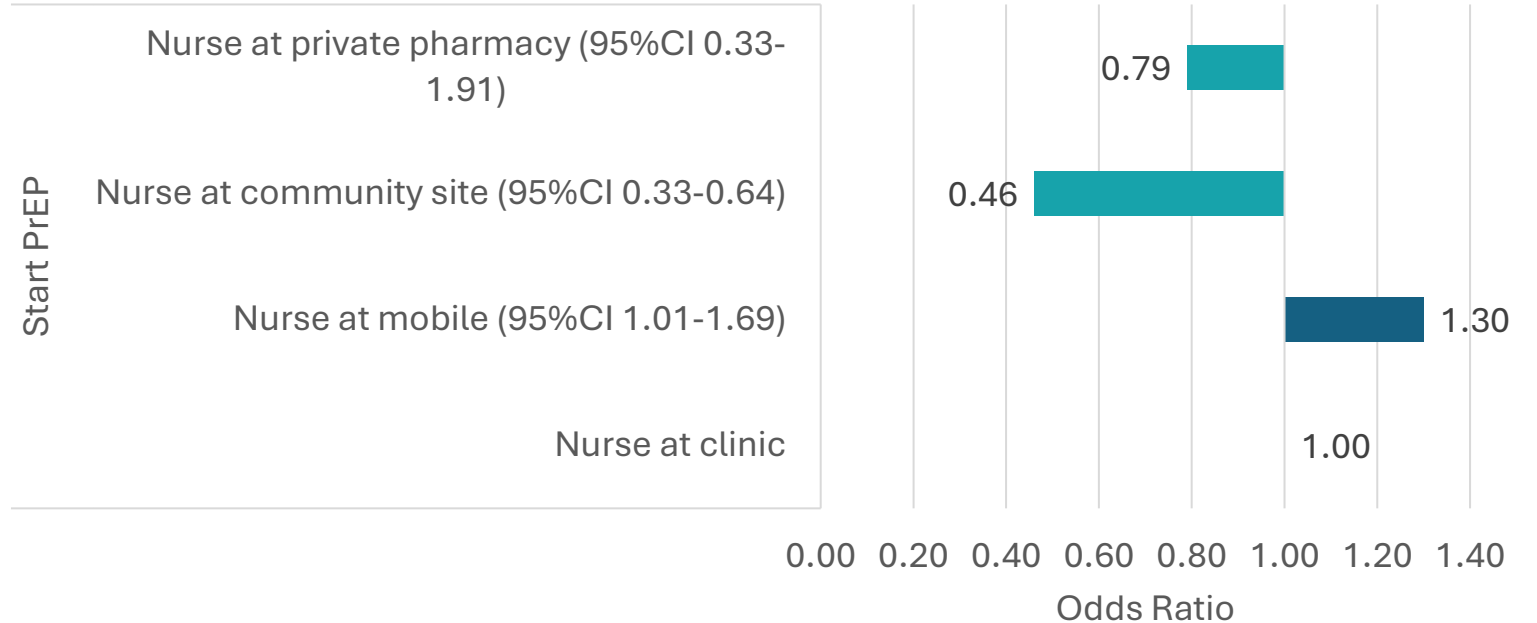
Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



Participants showed some preference for PrEP initiation at mobile clinics, but did not prefer initiation at a pop-up community site over a fixed clinic



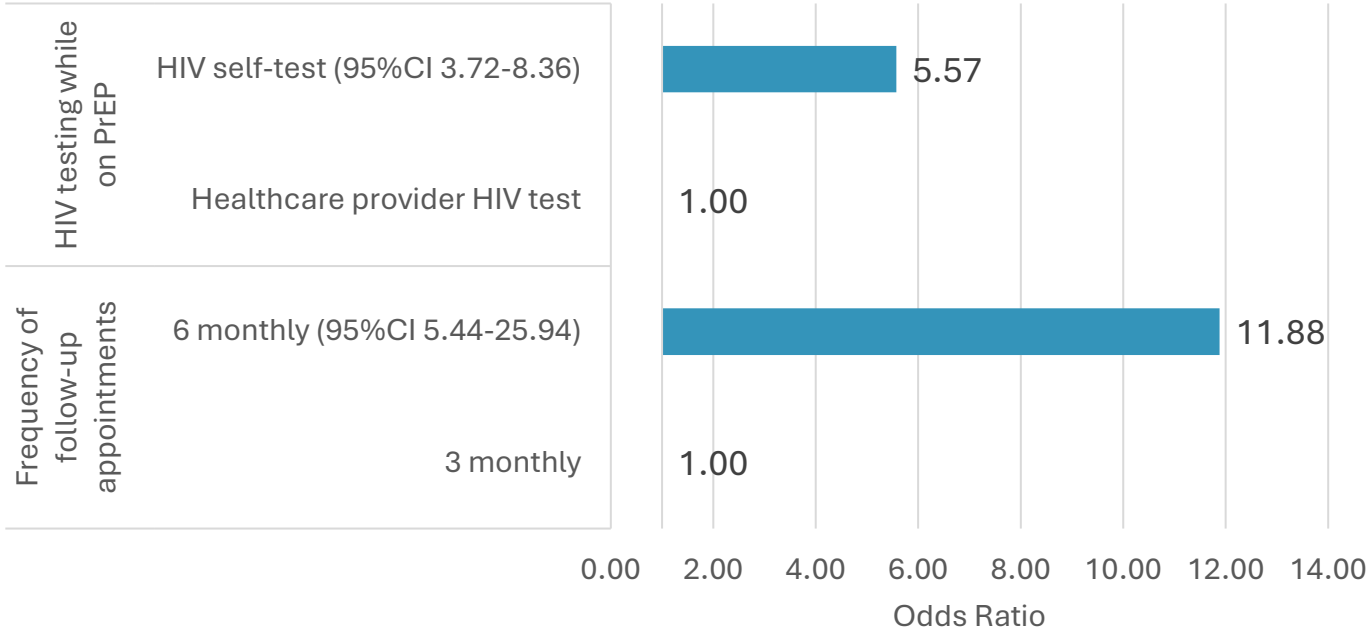
Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



There was a strong preference for HIV self-testing, and 6-monthly compared to 3-monthly PrEP follow up



Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences

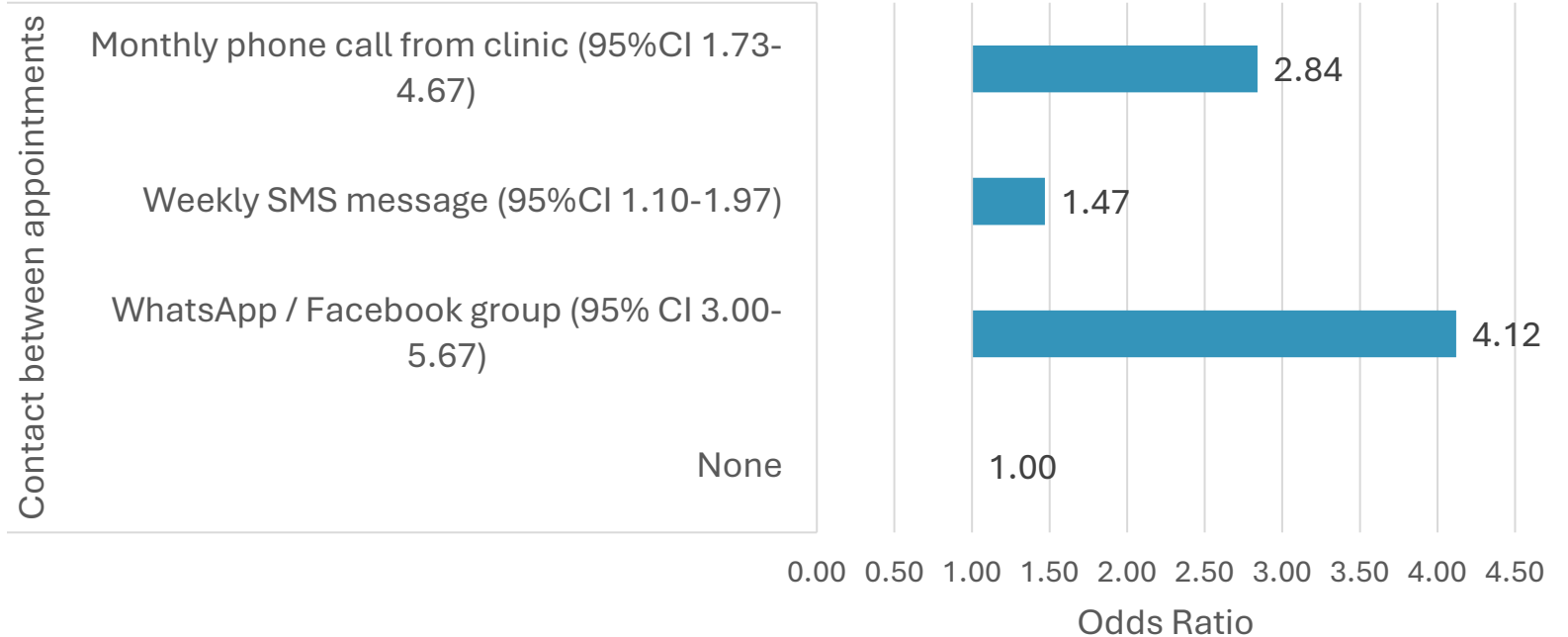


Between clinic visits participants preferred contact through social media, although also accepted a monthly phone call or weekly SMS over no contact



Photo by [Nathan Dumlao](#) on [Unsplash](#)

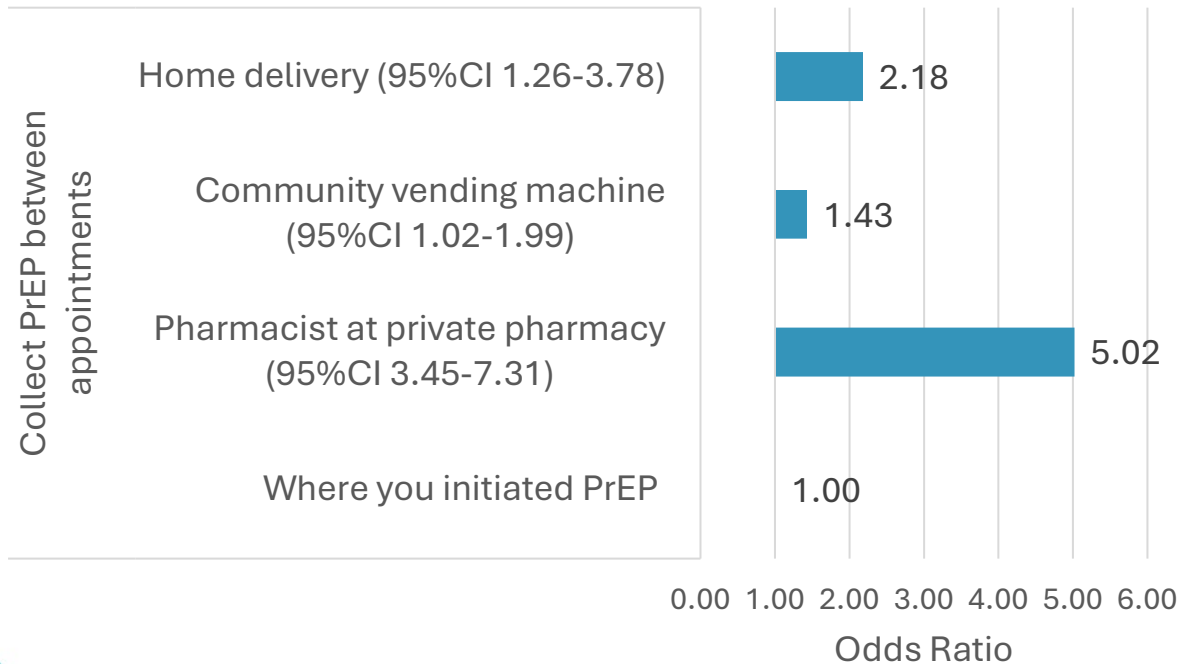
Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



There was a strong preference for PrEP pick ups through private pharmacies, as well as a preference for home delivery or vending machine pick up compared to the PrEP initiation site



Generalised multinomial logistic (G-MNL) regression for determinants of service delivery preferences



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Conclusion



- These data are being used to inform the implementation of decentralized models within Project PrEP
- The myprep.co.za, MyPrEP facebook page and the Sr Unathi chatbot are a central component of the Project PrEP delivery model, with more than 35 million (reached multiple times) people reached through these platforms.
- Our findings highlight a clear preference for out of facility options for PrEP pick up.
- Project PrEP delivers services through mobiles and fixed facilities and is expanding out of facility PrEP pick up points.
- Longer follow up periods between PrEP visits were strongly desired by healthcare users.
- There was a willingness and a preference to use HIV self-testing, which could enhance more self-led prevention.
- In addition to choice of PrEP methods, offering choice within service delivery models could further improve access and acceptability.

Acknowledgements



- Unitaid, for funding this work
- The South African National Department of Health
- All the participants who contributed their time and effort participating in this study
- The Project PrEP team!

AIDS and Behavior
<https://doi.org/10.1007/s10461-024-04519-4>

ORIGINAL PAPER



Preferences for Delivery of HIV Prevention Services Among Healthcare Users in South Africa: A Discrete Choice Experiment

Catherine Elizabeth Martin¹ · Duane Blaauw² · Pelisa Nongena¹ · Glory Chidumwa¹ · Siphokazi Dada¹ · Samantha Jack¹ · Vusile Butler¹ · Saiqa Mullick¹



Full article
available
online

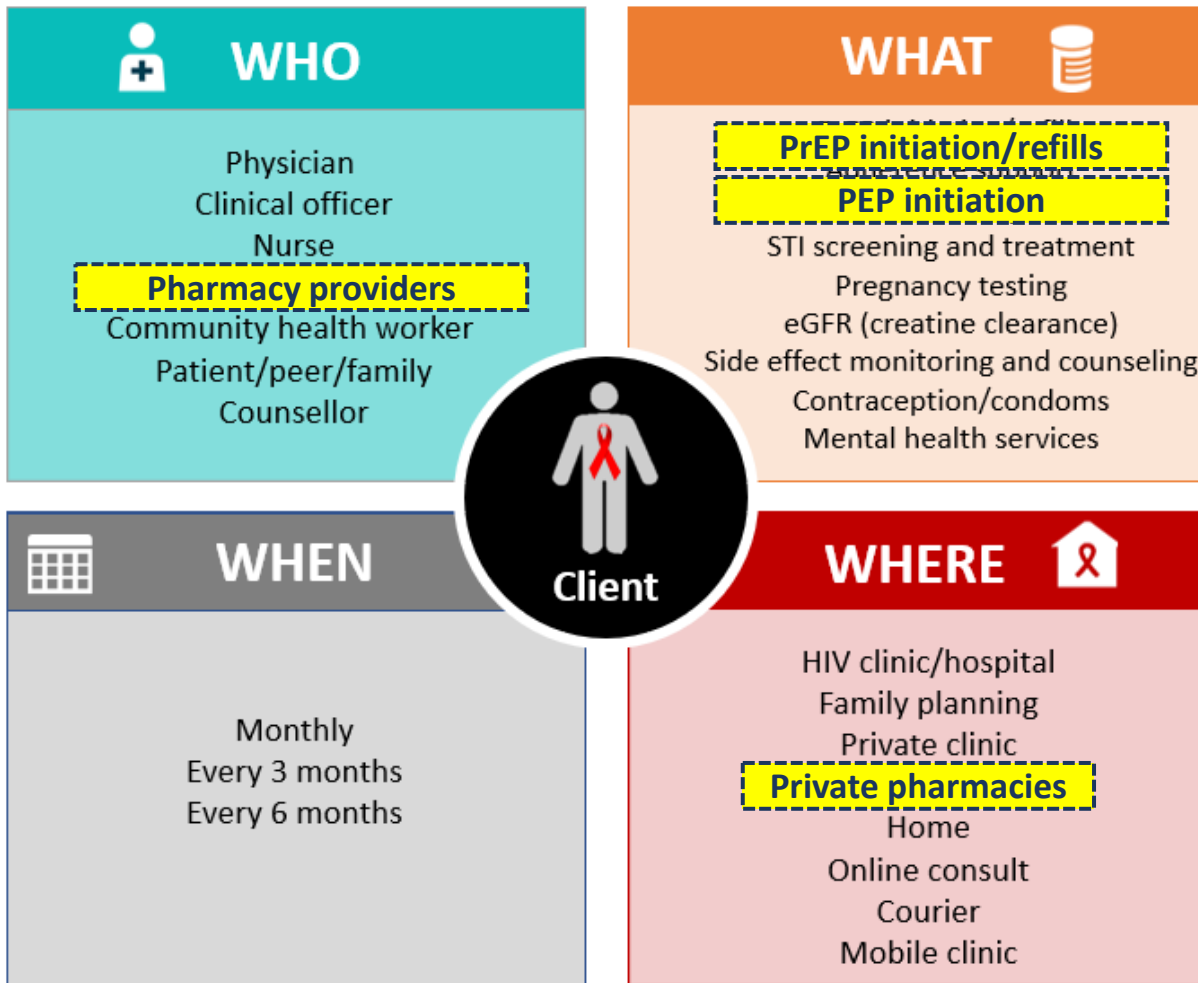


Leveraging private brick-and-mortar & online pharmacies in Kenya for delivery of biomedical HIV prevention products

Katrina Ortblad & Daniel Were, on behalf of the Pharm PrEP and ePrEP Kenya teams

November 19, 2024

The Choice Agenda: Exploring the “WHO”, “WHAT“, and “WHERE” of HIV prevention services



Expanding HIV prevention options to **include PEP in addition to PrEP**

- *Serves those with periodic or unpredictable potential HIV exposures*
- *Makes PEP accessible; beyond those reporting sexual assault or occupational exposures*

Leveraging an existing healthcare delivery platform to reach new clients with HIV services

- *Designed an innovative care pathway to enable direct PrEP/PEP delivery in pharmacies; can address barriers to clinic-based care*

Potential advantages of brick-and-mortar and online pharmacies for HIV service delivery



Brick-and-mortar pharmacies

- *Community-based; ubiquitous (>5000 licensed in Kenya)*
- *Common access points for other SRH services*



Online pharmacies

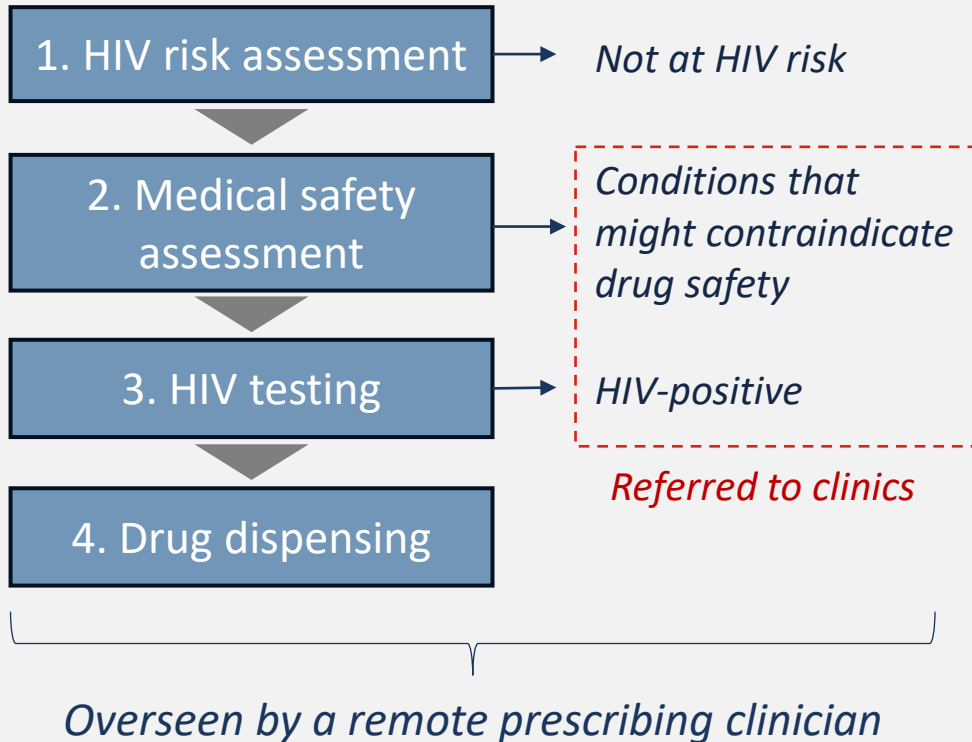
- *Growing across Africa with increased access to telecommunication platforms*
- *Private and anonymous services*

Shared advantages:

- *Large purveyor of SRH products (e.g., emergency contraception, condoms)*
- *Offer quick & discrete services (i.e., no HIV stigma)*
- *Long operating hours and open on weekends*
- *Existing trained healthcare professionals*

Care pathway for delivery of PrEP and PEP in brick-and-mortar and online pharmacies

Prescribing checklist:



Developed in collaboration with Kenyan stakeholders

Implementation variations by delivery model:

Core component	Brick-and-mortar pharmacies	Online pharmacy
1. HIV risk assessment	Trained pharmacy provider	Clinician via telehealth
2. Medical safety assessment	Trained pharmacy provider	Clinician via telehealth
3. HIV testing	Trained pharmacy provider	Courier-delivered
4. Drug dispensing	Trained pharmacy provider	Courier-delivered

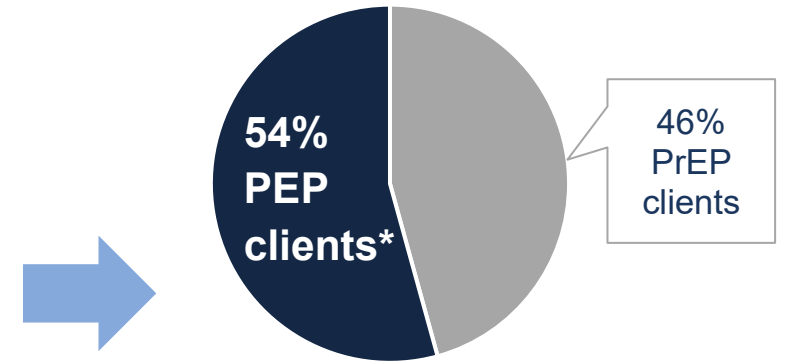
(Source: Ortblad KF, BMC Health Serv Res 2020)

High demand for PEP at brick-and-mortar and online pharmacies



Brick-and-mortar pharmacies (2 studies)

1. Pilot: delivered PrEP/PEP in 12 pharmacies:
 - From Nov 2020 to July 2022, 823 clients initiated PrEP/PEP.
2. Ongoing cRCT: delivering PrEP/PEP in 45 intervention pharmacies:
 - From Jun 2023 to Oct 2024, 2587 clients initiated PrEP/PEP.

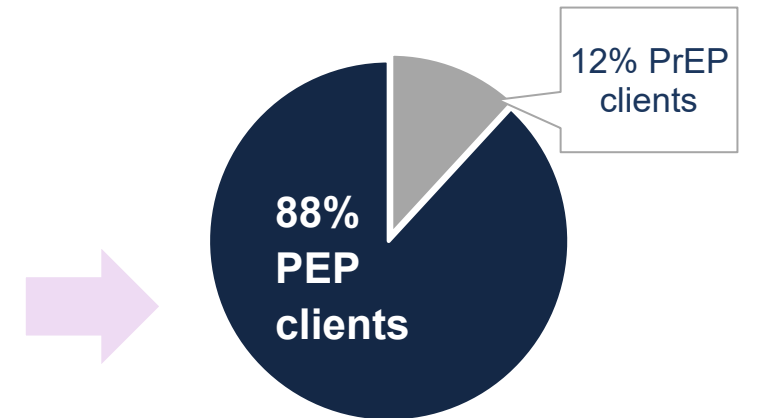


*Pooled pilot & cRCT data



Online pharmacies (1 study)

1. Pilot: delivered PrEP/PEP in one online pharmacy (Nairobi and Mombasa):
 - From Oct 2022 to Dec 2023, 1757 clients initiated PrEP/PEP.



Reach of pharmacy-delivered PrEP and PEP services

Characteristic	Brick-&-mortar pharmacies*		Online pharmacy	
	PrEP, n=1690	PEP, n=2004	PrEP, n=208	PEP, n=1549
Age <25 years	731 (43%)	705 (35%)	154 (74%)	1119 (72%)
Male	796 (47%)	1152 (57%)	155 (75%)	966 (62%)
Married	599 (35%)	714 (36%)	24 (12%)	196 (13%)
Partner living with HIV	145 (9%)	76 (4%)	24 (12%)	42 (3%)
Multiple sex partners	940 (56%)	837 (42%)	136 (65%)	716 (46%)
HIV exposure, <72 hrs				
Occupational	N/A	3 (0%)	N/A	70 (4%)
Sexual: consensual	N/A	1870 (93%)	N/A	1462 (94%)
Sexual: non-consensual	N/A	50 (2%)	N/A	17 (1%)

Online clients: Greater % male and lower % married compared to brick-and-mortar clients

Online clients: HIV exposures associated PEP need is similar to brick-and-mortar clients

*Pooled pilot & cRCT data

Reach of pharmacy-delivered PrEP and PEP services

<i>Characteristic</i>	Brick-&-mortar pharmacies*		Online pharmacy	
	<i>PrEP, n=1690</i>	<i>PEP, n=2004</i>	<i>PrEP, n=208</i>	<i>PEP, n=1549</i>
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Multiple sex partners	940 (56%)	837 (42%)	136 (65%)	716 (46%)
HIV exposure, <72 hrs				
<i>Occupational</i>	N/A	0 (0%)	N/A	70 (4%)
<i>Sexual: consensual</i>	N/A	1717 (93%)	N/A	1462 (94%)
<i>Sexual: non-consensual</i>	N/A	44 (2%)	N/A	17 (1%)

PEP clients: lower % of partner(s) living with HIV and multiple sexual partners

*Pooled pilot & cRCT data

The reach of pharmacy-delivered PrEP compared to clinic-delivered PrEP services

	Brick-&-mortar*	Online pharmacy	Public clinics: Scale up
Characteristic	PrEP, n=1690	PrEP, n=208	PrEP, n=4898
Age <25 years	731 (43%)	154 (74%)	969 (20%)
Male	796 (47%)	155 (75%)	2257 (46%)
Married	599 (35%)	24 (12%)	4466 (91%)
Partner living with HIV	145 (9%)	24 (12%)	4092 (84%)
Multiple sex partners	940 (56%)	136 (65%)	565 (12%)
HIV exposure, <72 hrs			
Occupational	N/A	N/A	N/A
Sexual: consensual	N/A	N/A	N/A
Sexual: non-consensual	N/A	N/A	N/A

◀ Data from the Partners Scale-up Project

Pharmacy PrEP clients: tend to be younger, greater % male, and lower % married compared to clinic-based PrEP clients

*Pooled pilot & cRCT data



Reach of pharmacy-delivered PrEP compared to clinic-delivered PrEP services

	Brick-&-mortar*	Online pharmacy	Public clinics: Scale up
Characteristic	PrEP, n=1690	PrEP, n=208	PrEP, n=4898
Age <25 years	731 (43%)	154 (74%)	969 (20%)
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Multiple sex partners	940 (56%)	136 (65%)	565 (12%)
HIV exposure, <72 hrs			
Occupational	N/A	N/A	N/A
Sexual: consensual	N/A	N/A	N/A
Sexual: non-consensual	N/A	N/A	N/A

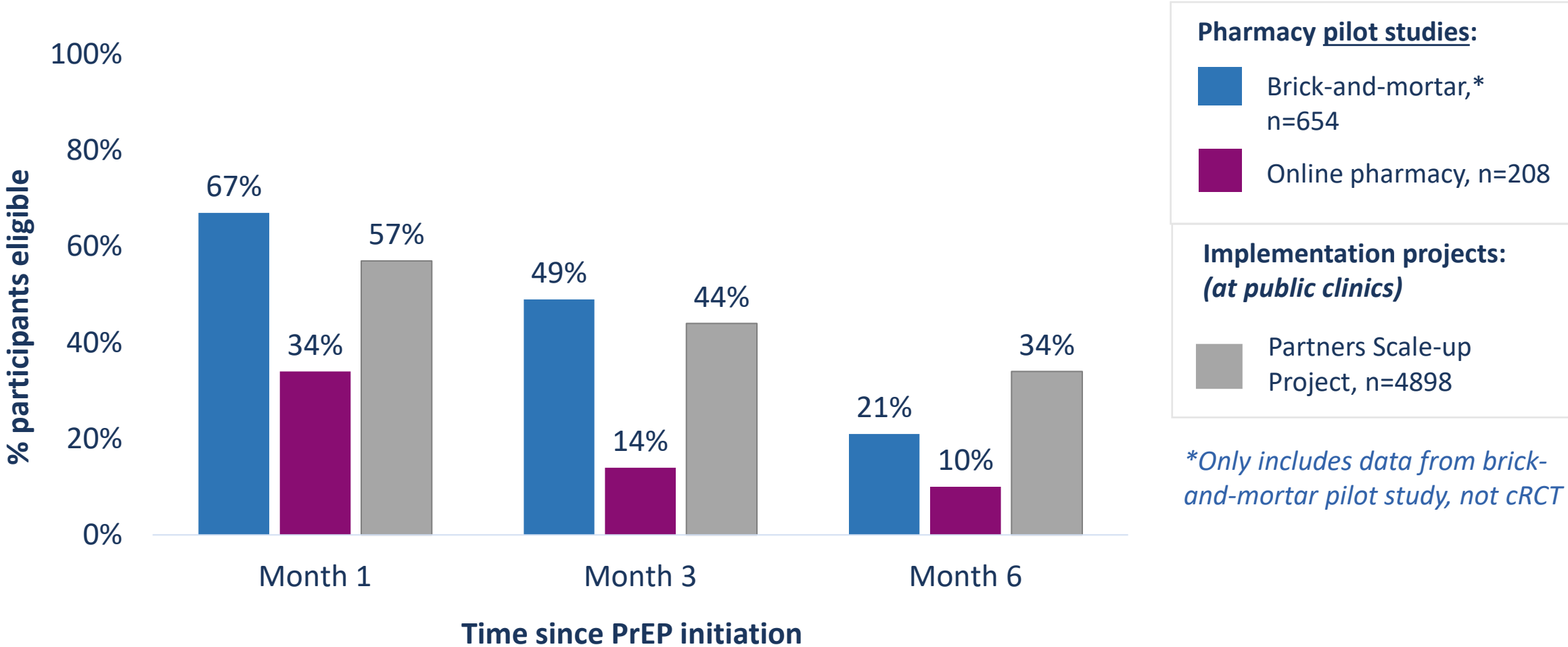
◀ Data from the Partners Scale-up Project

Pharmacy PrEP clients: fewer report a partner with HIV and greater % report multiple sexual partners compared to clinic-based PrEP clients

*Pooled pilot & cRCT data

(Sources: Ortblad KF, J Int AIDS Soc 2023; Roche SD, CROI 2023; Kiptinness K, AIDS 2024; Irungu E, Lancet Glob Health 2021)

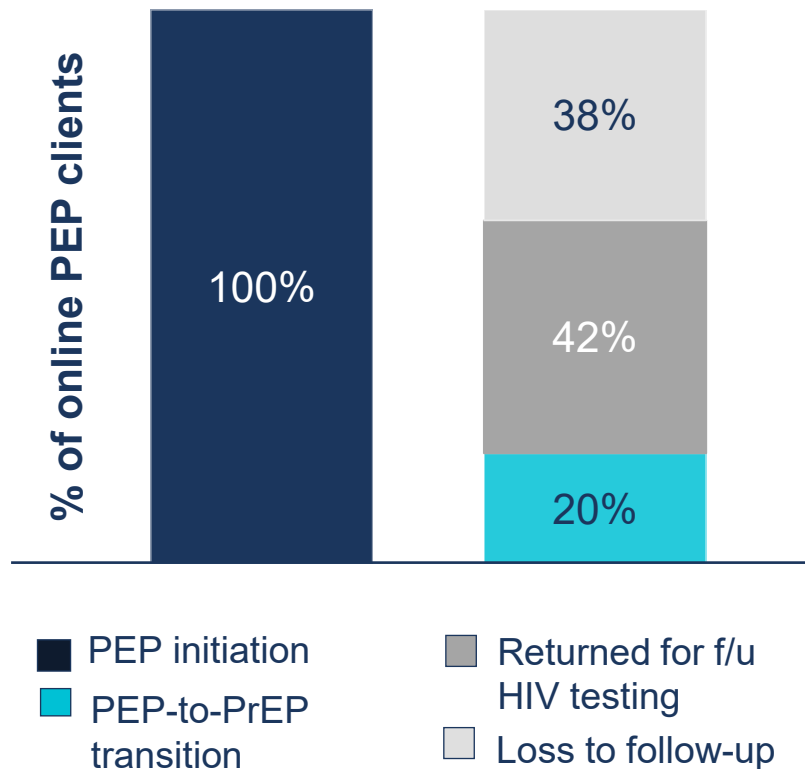
PrEP continuation in pharmacy- vs. clinic-based delivery models



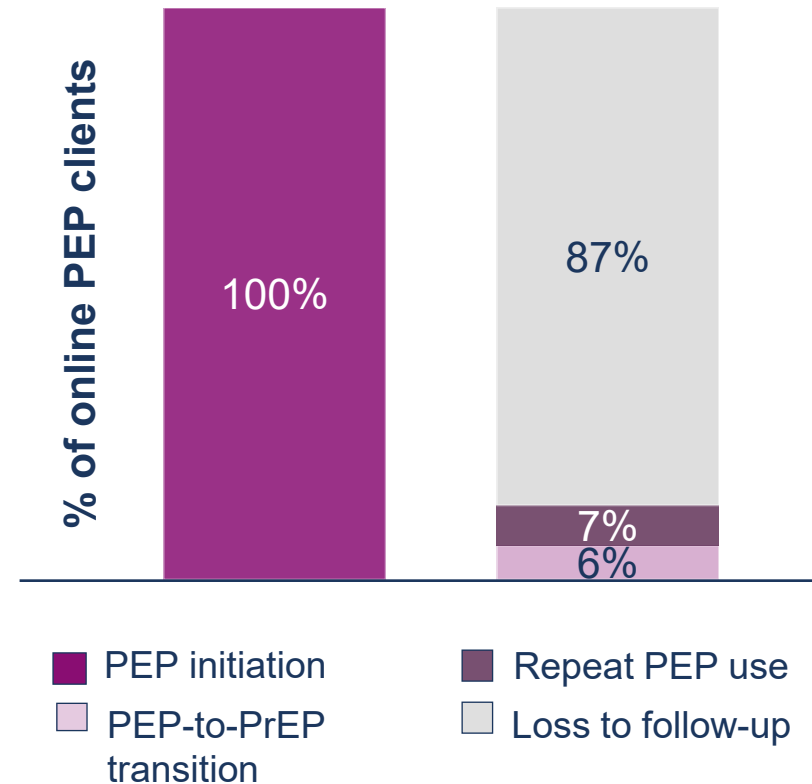
(Sources: Ortblad KF, JIAS 2023; Roche SD, CROI 2023; Kiptinness C, AIDS 2024; Irungu E, Lancet Glob Health 2021)

PEP-to-PrEP transition & repeat PEP use in the pharmacy-based pilot studies

Brick-and-mortar pharmacies,*
n=162 PEP clients



Online pharmacy,
n=1549 PEP clients



*Only includes data from brick-and-mortar pilot study, not cRCT

(Sources: Roche SD, CROI 2023; Kiptinness C, AIDS 2024)

Acceptability of pharmacy-delivered PrEP/PEP services

≥75% of clients and providers agreed or strongly agreed with statements assessing acceptability of these models, indicating high acceptability

Brick-and-mortar pharmacies

“It is close to where I live and there is privacy.”

Male client, age 22

“It is easier to get PrEP here than in a hospital.”

Female client, age 25

“The clients are open, and this gives me an easy time to deliver PrEP.”

Female provider, age 27

“This will make the community that live near a pharmacy ... know about the preventive measures that they can take to prevent the spread of HIV.”

Male provider, age 35

Online pharmacy

“It was fast, I didn’t have to go and queue at any hospital.”

PEP client

“An online store is private and no one will be looking at you.”

PrEP client

“I can’t get [time] off to go to the [clinic], but I can easily call MYDAWA and get my medication delivered.”

PEP client

“[A consultation] is just a click away.”

Provider

Impact on the HIV prevention choice agenda

- **Expanding PrEP/PEP delivery to private pharmacies can reach new populations that could benefit**
 - **Potential for private pharmacies to expand coverage of biomedical HIV prevention products to those not engaged in traditional service delivery setting.**
- **Findings underscore the unmet demand for PEP services**
 - With convenient access and long operating hours, pharmacies may be well-suited to delivering PEP
 - Suggests the **important role PEP could play in the HIV prevention choice agenda.**



Takeaway: Private pharmacies in Kenya can reach those in urgent need of PEP and expand access to HIV prevention options. Guidelines are needed to facilitate the delivery of biomedical HIV prevention services in private brick-and-mortar and online pharmacies.

Key considerations for implementation



Pre-implementation

- **Pharmacy selection:** Developing criteria outlining the minimum requirements
- **Provider training:** Innovative capacity-building approaches that are convenient and flexible
- **Commodities:** Determining feasible procurement mechanisms



Implementation

- **Demand generation:** Investing in user-centered materials and community-level awareness
- **Quality assurance:** Comprehensive protocols and guidelines with quality metrics
- **Reporting:** Simplified and direct reporting to the national health management information system

Policies: Designating retail pharmacies—including brick-and-mortar and online pharmacies—as PrEP/PEP service delivery points.



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AVAC Choice Agenda webinar

True Choice in HIV Prevention
Involves More than Product
Options: Novel strategies in
service delivery

Service delivery in PrEP15-19 Choices in Brazil: novel strategies
Inês Dourado, MD, PhD
Instituto de Saúde Coletiva/Unversidade Federal da Bahia, Brazil



RESEARCH

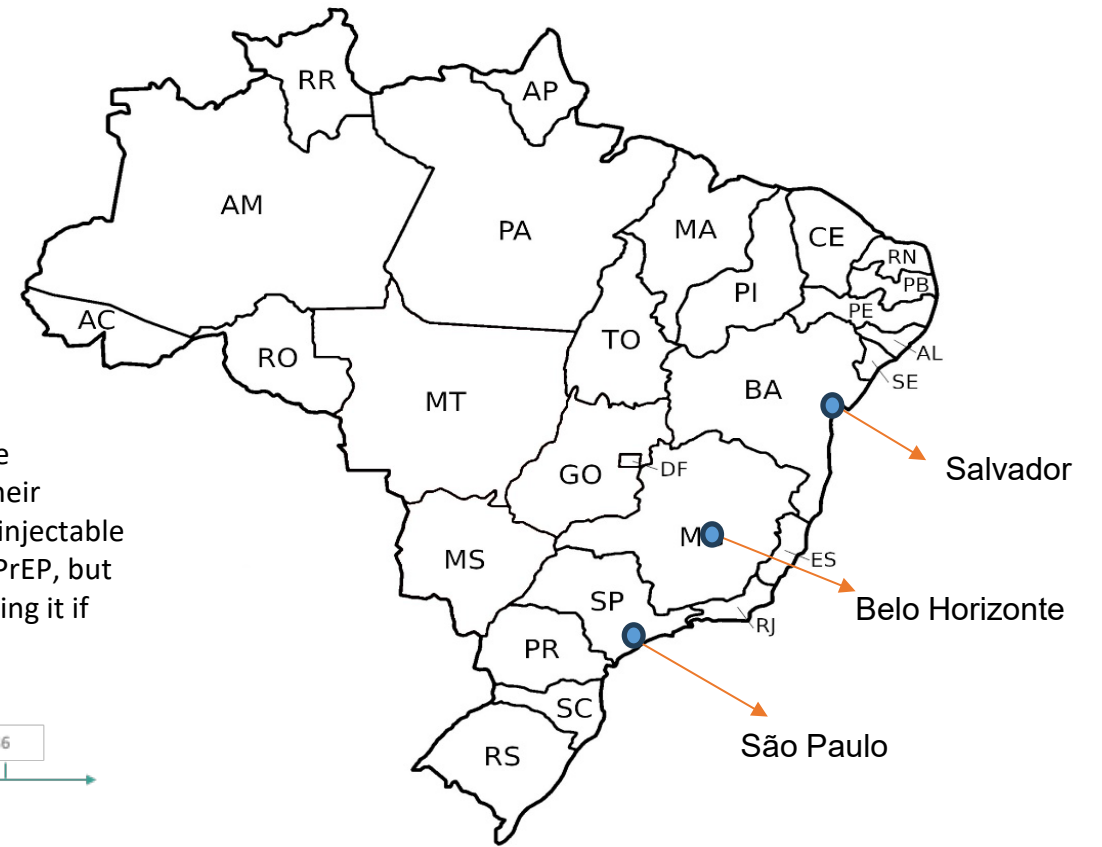
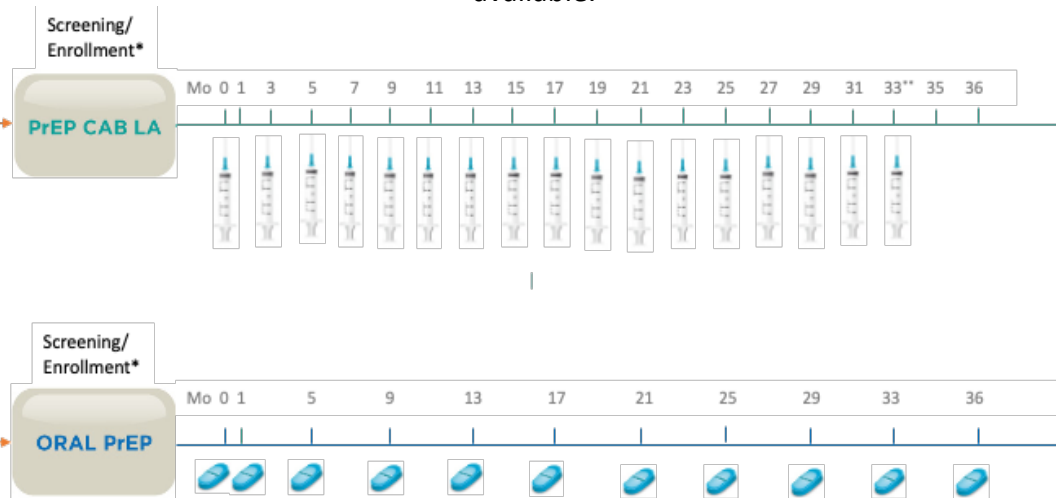
Open Access



Zero knowledge and high interest in the use of long-acting injectable pre-exposure prophylaxis (PrEP) among adolescent men who have sex with men and transgender women in two capital cities in Brazil

Leo Pedrana^{1*}, Laio Magno^{1,2}, Eliana Miura Zucchi³, Luís Augusto Vasconcelos da Silva⁴, Dulce Ferraz⁵, Alexandre Grangeiro⁶, Marcelo Castellanos¹, Sandra Assis Brasil² and Inês Dourado¹

During the oral phase of PrEP15-19, we interviewed adolescents to evaluate their knowledge and interest in long-acting injectable PrEP. No one was aware of injectable PrEP, but many expressed a strong interest in using it if available.



An implementation study of CAB-LA for HIV PrEP among adolescents: men who have sex with men, non-binaries, and trans people 15-19 years old in Brazil

Representative PI: Inês Dourado, MD, PhD
Protocol Chair - São Paulo: Alexandre Grangeiro, Soc
Protocol Chair - Belo Horizonte: Dirceu Greco, PhD

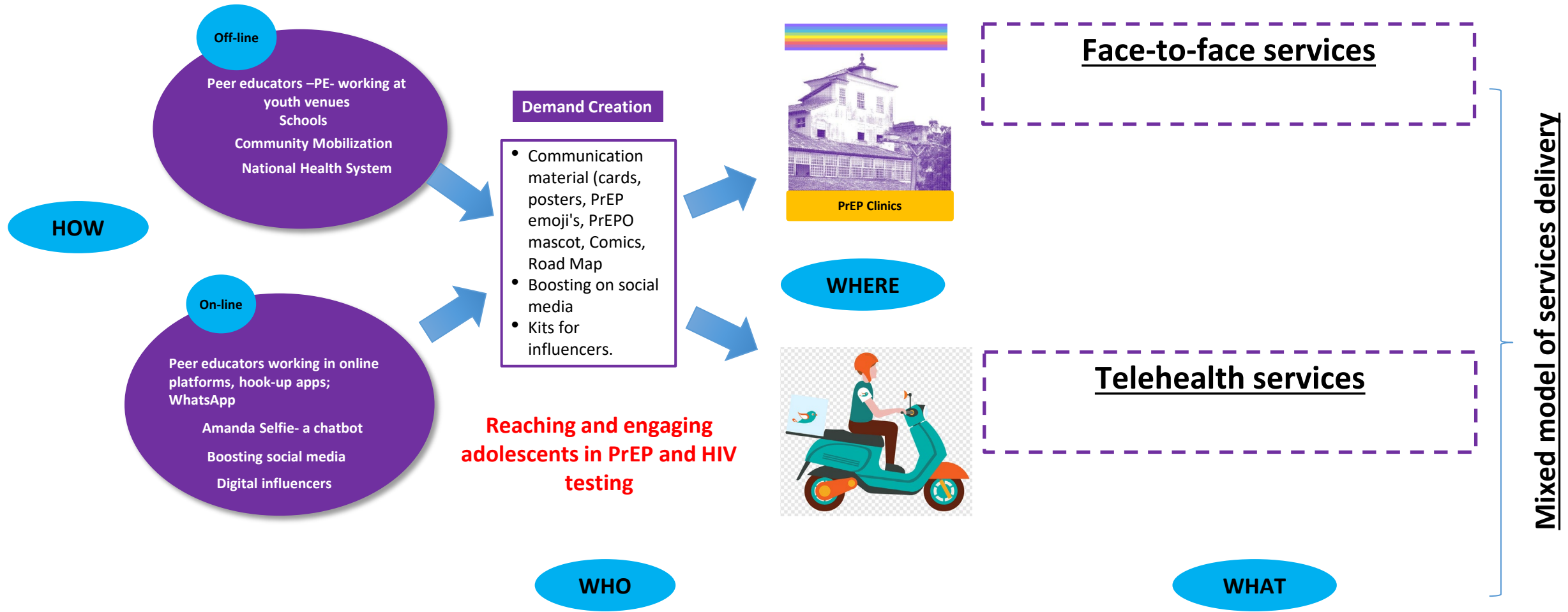


How can we engage adolescents in HIV prevention in the era of PrEP choices?

- Peer educators activities (online and offline): LGBTQIA+ parties, mingling areas, bars, and youth venues;
- Recruitment in schools: workshops-sex education and HIV prevention;
- Referrals from the Brazilian National Health System services;
- Referrals from Community Based organizations;
- Dating apps: Grindr, Tinder etc.;
- By the indication of participants who are in PrEP (word of mouth);
- Amanda Selfie – a Transgender chatbot.



PrEP15-19 Service Delivery Model: recruiting, enrolling and linking adolescents MSM, non-binaries and trans people to PrEP



Slide content courtesy of Laio Magno

PrEP Choices as a playlist

Choose the one that fits your rhythm and makes you feel protected!

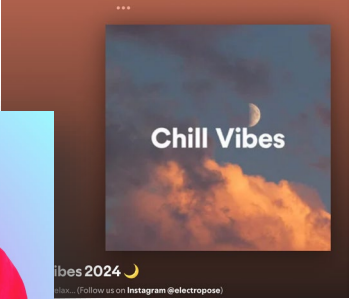


Event-driven PrEP

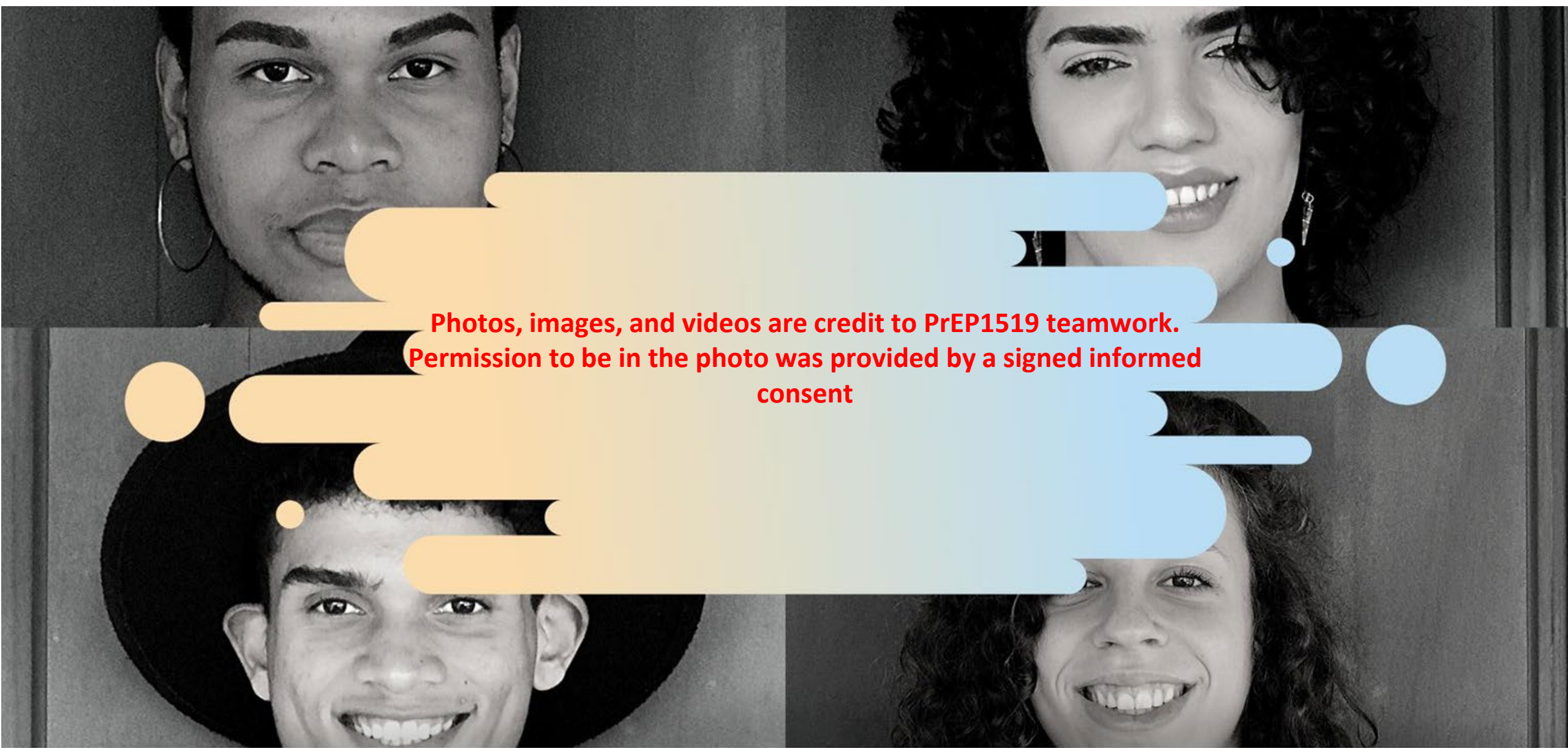
Everyday Empowerment



Daily oral PrEP



Long-acting injectable PrEP



**Photos, images, and videos are credit to PrEP1519 teamwork.
Permission to be in the photo was provided by a signed informed
consent**

Environment matters!



PrEPOs



Peer educators

St Cher Chapel

Innovations in healthcare delivery for HIV and sexually transmitted infections prevention for sexual and gender minority's adolescents

**PrEPa Salvador: Community-Based Sexual Health and PrEP Clinic
(A research clinic funded by Unitaid and supported by the Brazilian Ministry of Health)**



Goal: Create a welcoming, affirming environment focused on HIV prevention and sexual health for the sexual and gender minority's adolescents

Community-Based Sexual Health and PrEP Clinics



- Built from the ground up
- Focus on sexual and gender minority HIV prevention (with PrEP), sexual health and sexually transmitted infection testing
- Implemented telehealth-based encounters during COVID-19 and thereafter
- Differentiated Service Delivery



The clinic at the Salvador site, for example, is situated on a side street in an underserved part of the city.

The clinic is on a bus route.

Differentiated Service Delivery at the PrEP Clinics

Services delivered face-to-face

- HIV-RT 4th generation and molecular test for CAB option.
- Screening and treatment of sexually transmitted infections (STI)
- PrEP + condom dispensation;
- Linkage to care if positive
- Clinical care
- Psychological support;
- Post-exposure prophylaxis-PEP
- Referrals to vaccination to public services

Telehealth services

- Telehealth by health team;
- TelePrEP;
- STI consultation





- The clinic has a fully equipped laboratory for phlebotomy.
- The clinic has fully equipped exam rooms and staff work areas.



Fun pouch and prevention kit



Kit Contents:

- HIV self test
- Condoms
- Lubes
- Sensual Perfume
- Informational Flyer

Recruitment form for those interested in the prevention kit - invitation to participate

Speak the language of the community you are working with

Α Ω Ξ Θ Υ Φ Γ Δ Ε Ζ Η Θ Ι Κ Λ Μ Ν Ξ Ο Π Ρ Σ Τ Υ Φ Χ Ψ Ω

A PREVENÇÃO COMEÇA BEM ANTES DA PEGAÇÃO

Já parou para pensar qual é o melhor método de prevenção para você?

A PrEP te dá mais autonomia para se prevenir do HIV. Ela impede a infecção pelo vírus e, aliada a outros métodos, pode te dar muito mais segurança na hora do sexo. E o melhor: no PrEPPara Salvador a PrEP é grátis!

Público alvo: pessoas trans, não binárias registradas masculino, meninos cis gays e HSH, com idade entre 15 e 19 anos.

Você pode usar de graça!
Entre em contato com o PrEPPara.

Formas de utilização da PrEP:

- Comprimidos:** Diários ou sob demanda.
- Injeções:** A mais nova tecnologia na prevenção ao vírus HIV.

Casarão da Diversidade:
Rua do Tijolo nº 08 - Pelourinho, Salvador-BA

☎ 71 99640-9030 @prepsalvador

📍 @prepsalvador

Colors inspired by the transgender and non-binary flags



Posters: Sex and HIV prevention

SEXO E PREVENÇÃO?

Se você é...

- Pessoa trans
- Não binária registrada no masculino
- Menino cis gay ou HSH
- Com idade entre 15 e 19 anos
- Você pode utilizar os serviços do PrEPPara Salvador

CONHEÇA A PREP

- Um medicamento que impede a infecção pelo HIV.
- No PrEPPara Salvador, a PrEP é de graça.
- Você também tem acesso a outros serviços: **testagem e tratamento para outras infecções sexualmente transmissíveis e aconselhamento.**

#Escolha PrEP

A PrEP pode ser utilizada das seguintes formas:

- Comprimidos diários
- Sob demanda
- Injetável

Entre em contato para saber mais.

Casarão da Diversidade
Rua do Tijolo nº 08, Pelourinho, Salvador-BA.

☎ @prepsalvador @prepsalvador
☎ 71 99640-9030 @prepsalvador

Simplified LAI-PrEP Info QR code for youth to easily access our social networks and contact channels.

Você sabe cuidar direitinho da sua

SAÚDE SEXUAL?

Α Ω Ξ Θ Υ Φ Γ Δ Ε Ζ Η Θ Ι Κ Λ Μ Ν Ξ Ο Π Ρ Σ Τ Υ Φ Χ Ψ Ω

Fans

Brochures

Se liga nas dicas pra se cuidar com a PrEP de LONGA DURAÇÃO

VEJA COMO FUNCIONA O ESCHEMATA

1ª Injeção 2ª Injeção 3ª Injeção 4ª Injeção

Casarão da Diversidade:
Rua do Tijolo nº 08 - Pelourinho, Salvador-BA

☎ 71 99640-9030
@prepsalvador
@prepsalvador

PrEP de LONGA DURAÇÃO

Casarão da Diversidade:
Rua do Tijolo nº 08 - Pelourinho, Salvador-BA

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@prepsalvador
@prepsalvador

PrEP oral e sob demanda PrEP injetável

MULHER OU HOMEM TRANS, TRAVESTI OU PESSOA TRANS MASCULINA

NÃO BINÁRIE REGISTRADO NO MASCULINO

HOMEM CIS QUE FAZ SEXO COM OUTROS HOMENS

Face to face demand creation- outreach



At the beach in Salvador



Schools in Salvador



Trans March in São Paulo



Sarau (dance and poetry) in São Paulo



At venues in Belo Horizonte



TelePrEP sub-study within the PrEP15-19 Choices study

For participants using oral PrEP only:

Must attend two face-to-face consultations;

Receive access to up to five HIV self-tests for personal use and for partners.

Subsequently:

Conduct HIV self-tests at home or rapid tests at other services.

Undergo sexually transmitted infection (STI) testing at the study lab or other designated locations;

Have PrEP delivered by mail to their preferred address.



Preliminary findings:

- Limited internet and cell phone access create barriers to TelePrEP;
- Few adolescents choose this option, preferring in-person clinic visits;
- It offers an opportunity to connect with a welcoming healthcare team in a friendly environment and assists with broader health needs;
- TelePrEP addresses specific, immediate needs, such as STI treatment prescriptions, but appears to be more suitable for adults.

Key lessons learned

- Long-acting PrEP for adolescents offers a promising alternative to daily pills, potentially improving adherence and protection;
- Flexible PrEP options can allow adolescents to choose between oral and injectable PrEP and enhance engagement by catering to individual lifestyles;
- Addressing mental health issues within HIV prevention programs is critical for the well-being and effective protection of adolescents.

Pride to be happy



Gay adolescent – peer educator

Pride to be LOVE



Transgender man – navigator care

Pride to be happy



Bisexual nurse

Pride to be fight



TGM -peer navigator

Pride to be hope



TGW-young peer educator

Pride to be affection



Gay psychologist

Key lessons learned

Pride to be happiness



Gay adolescent – peer educator

Pride to be love



TGM -peer navigator

Pride to be joy



Bisexual nurse

- Adolescents, especially the most vulnerable, may need more support to stay in service and use PrEP than adults;
- Providing PrEP as part of a comprehensive package is important because young people needing prevention usually need other services:
 - STI services; gender-based violence and mental health support;
- Adolescents are dynamic and fluid and, therefore, we must continually adapt to their context, and respect their choices.

Pride to be fight



TGM -peer navigator

Pride to be hope



TGW-young peer educator

Pride to be care



Gay psychologist

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Expanding access to PrEP and PEP: SPrEP and automatic prophylaxis delivery machines

Adriano Queiroz da Silva, Municipal Health Department of São Paulo, Brazil



Conflict of interest

I, ADRIANO QUEIROZ DA SILVA, do not have a conflict of interest.

Background



PrEP was formally adopted as a public health policy in Brazil in 2018, including its implementation in the city of São Paulo



Currently, PrEP is only available in oral tablet form



Access to prophylaxis, as well as antiretroviral therapy (ART), is facilitated through the Brazilian Unified Health System (SUS)



While the Brazilian Health Regulatory Agency has approved the use of bi-monthly injectable Cabotegravir, its availability within the public healthcare network is still pending

Both prophylaxis and antiretroviral treatment are offered free of charge in Brazil.



Ongoing clinical trials are investigating the use of injectable Lenacapavir

7th CONSECUTIVE YEAR OF HIV INCIDENCE DECLINE

↓ **54,6%**

In the comparison between the year
2023 and the year 2016.

22% reduction was
observed between
2022 and 2023.

The largest decline ever
recorded in the capital

57% reduction in
new HIV cases
among young
people aged 15
to 29

Between 2016 and 2022.

More than

50,000

PrEP registrations in
the city of São Paulo

PEP

More than

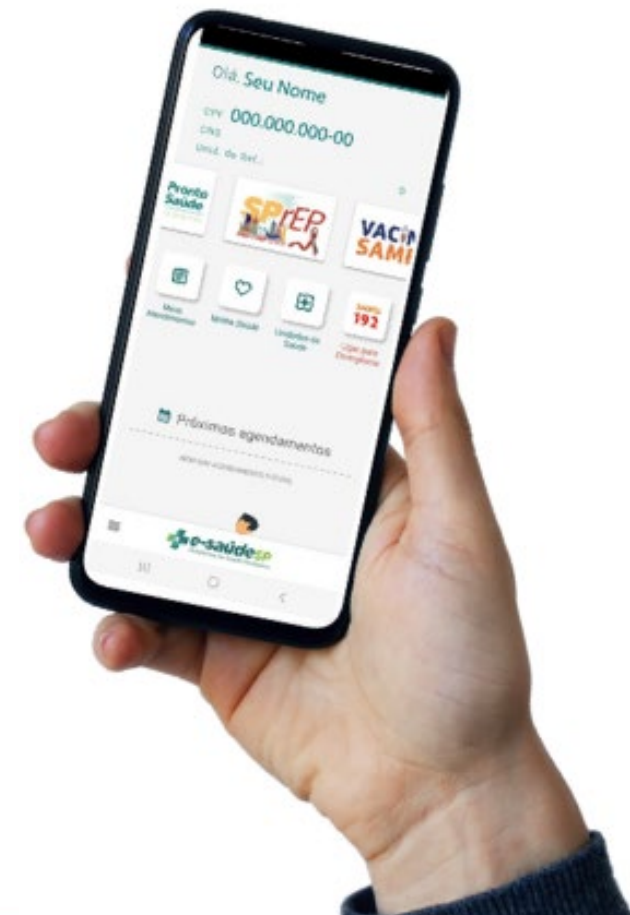
136,000

dispensation since 2018

What is SPrEP?

SPrEP – PrEP and PEP online is:

- a channel within the **e-saúdeSP** application, managed by the Municipal Health Department of São Paulo
- operates every day, including holidays and weekends, from 6 P.M. to 10 P.M., through teleconsultations
- offers the initiation and continuation of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV



Organizational structure



Team: 3 physicians



Remote and decentralized work



Platform hosted in its own application

There **are four options** for consultation requests in the app:



I want PrEP



I want a PrEP follow-up



I want PEP



I have questions

How does it work?

Options	What do you need?	During the Medical appointment	Post-appointment
I want PrEP	Image of an HIV-negative test result within the past 7 days or a self-test image Teleconsultation request initiated	Medical advice Medical prescription Transmission of prescriptions and test orders (via email, WhatsApp, or SMS) QR code generated	The person retrieves a 30-day supply of medication from healthcare units or the automated PrEP and PEP dispensing machine
I want PrEP follow-up	Image of an HIV-negative test result within the past 7 days or a self-test image Image of other test results A teleconsultation request is generated	Medical advice Medical prescription Transmission of prescriptions and test requests (via email, WhatsApp, or SMS) QR code generated	The person retrieves the medication for 30, 60, 90, or 120 days from healthcare units or the automated PrEP and PEP dispensing machine
PEP	No test results are required A teleconsultation request is generated	Medical advice Medical prescription QR code generated	The person retrieves the medication from healthcare units or the automated PrEP and PEP dispensing machine.
I have a question about the services	Questions regarding recent risk exposure (< 72 hours) are presented. If exposure occurred, the individual is directed to PEP services; if not, to PrEP services. A teleconsultation request is generated.	Process flow contingent upon the initial responses to the questions	Process flow contingent upon the initial responses to the questions

The WHERE for PrEP and PEP collection



At the
Prevention Station Jorge Beloqui
From Tuesday to Saturday
5 PM to 11 PM



At one of the 17
24-hour units
as indicated
Everyday
24 hours



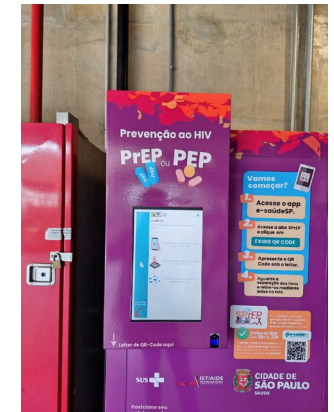
One of the 27
conventional units of the
specialized
network
From Monday to Friday
7 AM to 7 PM



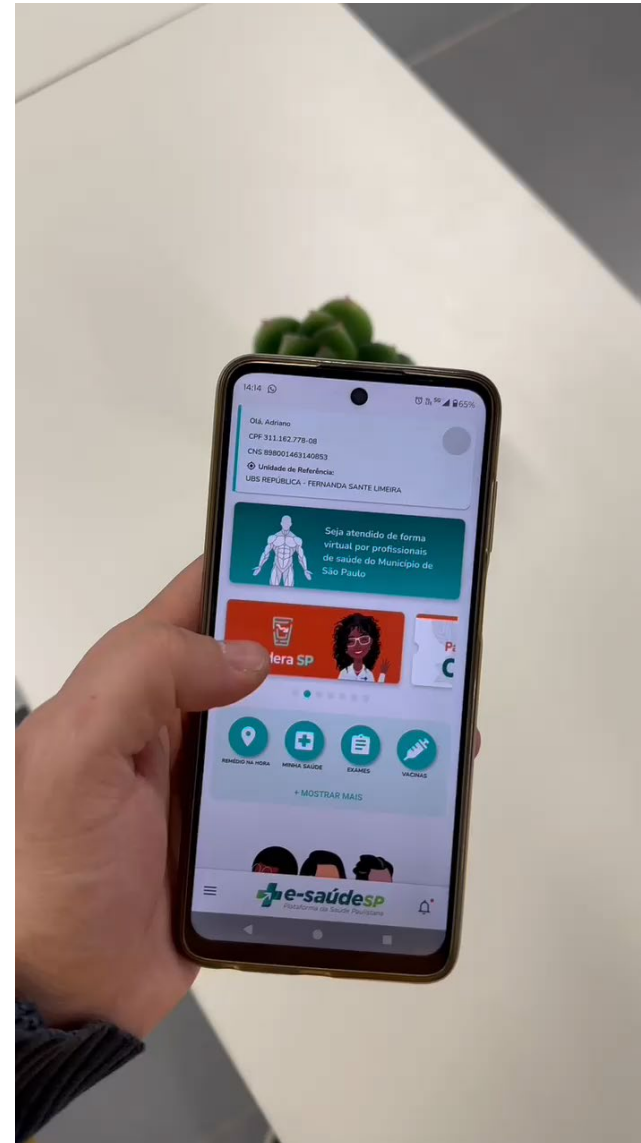
At the **City's CTA (Testing and Counseling Center)**
From Thursday to Saturday
5 PM to 10 PM



Or collect from one of the 2
Dispensing machines
Everyday
4:40 AM to 12PM



Demonstration:



SPrEP

(from June 2023 to September 2024)

955

PEP

1,129

PrEP

52%

prefer to have the medication dispensed at 24-hour units.

571

follow-up consultations

more than
2 MILLION
ACCESSES

Source: e-saúdeSP, SMS/SP; SICLOM/Brazilian Ministry of Health, 2024

SPrEP

(from June 2023 to September 2024)

	1 - PrEP initiation	3 - PEP	2- Follow-up	TOTAL
	N (%)	N (%)	N (%)	N (%)
Gender identity				
Cis men	958 (84.9)	685 (71.7)	457 (80.0)	2100 (79.1)
Trans men	2 (0.2)	2 (0.2)	1 (0.2)	5 (0.2)
Cis women	7 (0.6)	104 (10.9)	28 (4.9)	139 (5.2)
Trans women	2 (0.2)	2 (0.2)	1 (0.2)	5 (0.2)
Non-binary	6 (0.5)	3 (0.3)	2 (0.4)	11 (0.4)
Travesti	1 (0.1)	1 (0.1)	2 (0.4)	4 (0.2)
Missing	153 (13.6)	158 (16.5)	80 (14.0)	391 (14.7)
Face/color				
East Asian	29 (2.6)	14 (1.5)	18 (3.2)	61 (2.3)
White	705 (62.4)	564 (59.2)	341 (59.7)	1610 (60.7)
Indigenous	2 (0.2)	0 (0)	0 (0)	2 (0.1)
Mixed race	247 (21.9)	193 (20.3)	136 (23.8)	576 (21.7)
Black	92 (8.1)	98 (10.3)	45 (7.9)	235 (8.9)
Missing	54 (4.8)	84 (8.8)	31 (5.4)	169 (6.4)
Age				
<18	3 (0.3)	6 (0.6)	1 (0.2)	10 (0.4)
18-24	124 (11.0)	202 (21.2)	92 (16.1)	418 (15.7)
25-29	311 (27.5)	288 (30.2)	160 (28.0)	759 (28.6)
30-34	331 (29.3)	211 (22.1)	138 (24.2)	680 (25.6)
35-39	188 (16.7)	112 (11.7)	84 (14.7)	384 (14.5)
40-44	118 (10.5)	73 (7.6)	52 (9.1)	243 (9.2)
45-49	26 (2.3)	44 (4.6)	14 (2.5)	84 (3.2)
>50	28 (2.5)	19 (2.0)	30 (5.3)	77 (2.9)

- Of those initiating PrEP, 85% were cis men compared to 72% of those accessing PEP.
- Overall, 61% of those accessing services through SPrEP were White, 22% were Mixed race and 9% were Black.
- More than half (52%) of those access PEP were <30 years of age. Among those accessing PrEP initiation or follow-up, 39% and 44% were <30 years of age, respectively.
- In addition, 73% of support for women are for the prescription of PEP.

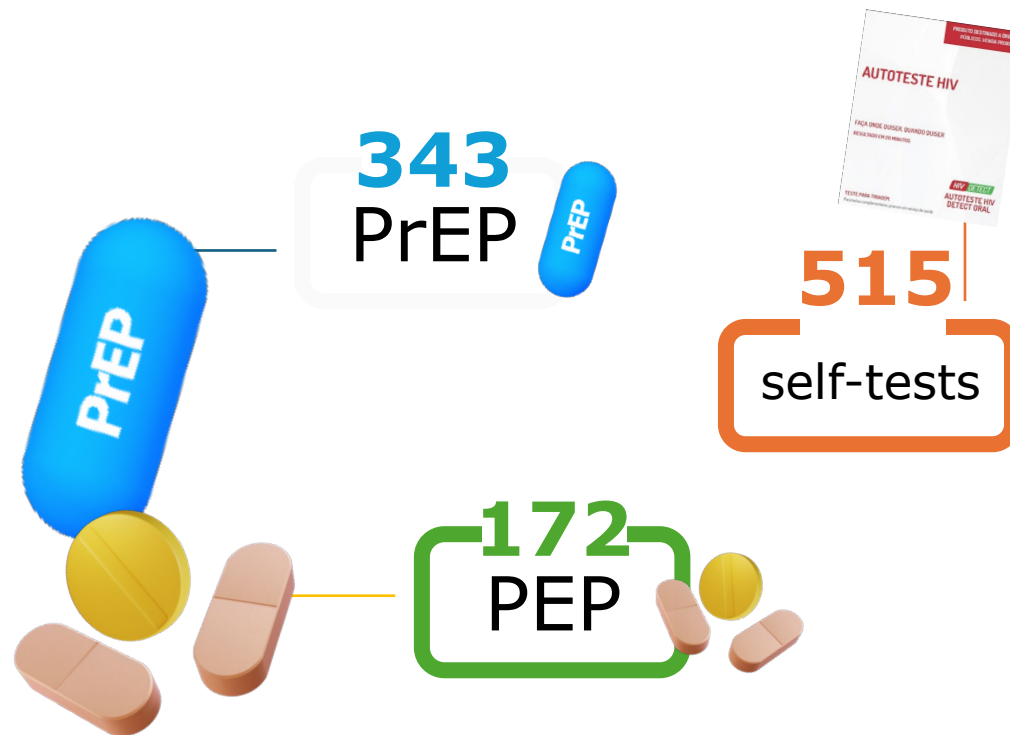
Source: e-saúdeSP, SMS/SP; SICLOM/Brazilian Ministry of Health, 2024

Automated machines

More than

500

Withdrawals in 3 months



Source: Municipal Health Department of São Paulo, 20245

Key takeaways

- PrEP has been essential in reducing new HIV cases in the city of São Paulo
- Different strategies for offering prophylaxis enable greater access to HIV prevention
- More vulnerable populations tend to benefit from diversified access strategies to PrEP and PEP
- Services that extend operating hours reduce access barriers
- Online services facilitate access and, in São Paulo, enable quick retrieval in a greater number of health units
- The city of São Paulo allows for PrEP retrieval 24 hours a day, 7 days a week

Next steps



Expansion of PrEP and PEP dispensing locals



Participation in studies to make injectable PrEP available in the city of São Paulo



Participate in studies for the provision of DoxyPEP



Increase the number of machines for retrieving PrEP and PEP



Assess the possibility of integration with other applications, especially for use by more vulnerable populations

Thank you!

Adriano Queiroz da Silva

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