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# Embracing Task Shifting and Innovation to Support Expanded Access to Long-Acting Injectable PrEP

THURSDAY JUNE 26

10 – 11:30 AM ET

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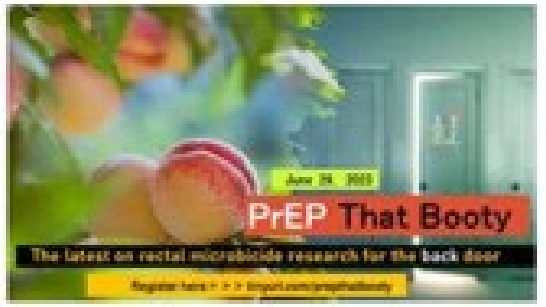








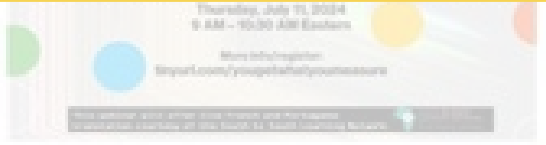


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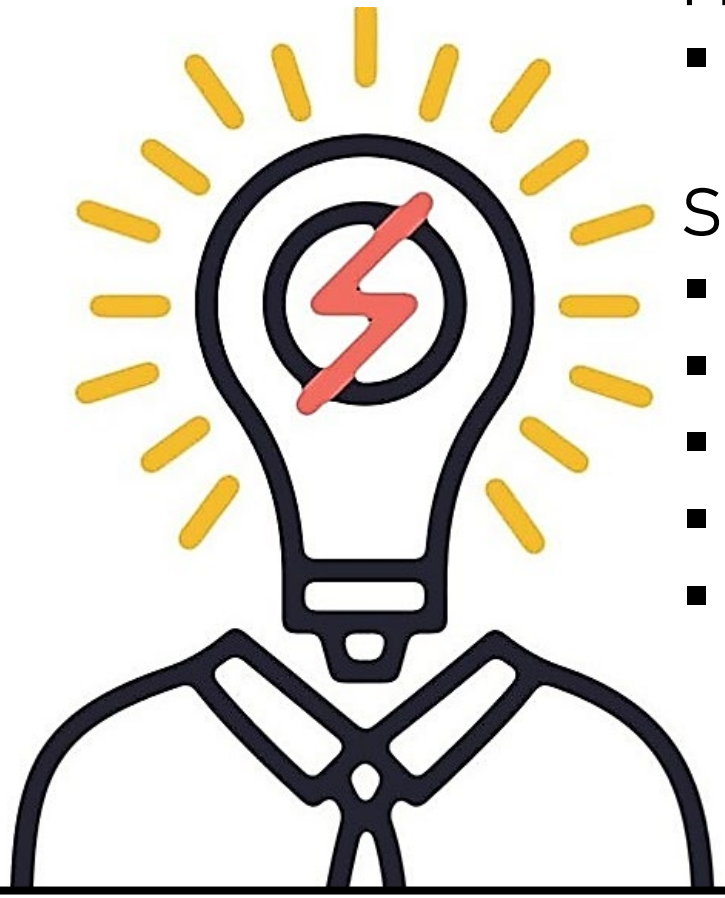
# Embracing Task Shifting and Innovation to Support Expanded Access to Long Acting Injectable PrEP



Moderator:

- Rupa Patel, Washington University in St. Louis

Speakers

- Yan Nee Gan, Ministry of Health Malaysia
- Megan Dieterich, Whitman-Walker Health, DC
- Juan Carlos Loubriel, Whitman-Walker Health, DC
- Carey Pike, Desmond Tutu Health Foundation, Cape Town
- Kevin Aloysius, Legacy Community Health, Houston

# Embracing Taskshifting for HIV Treatment and Prevention

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INFECTIOUS DISEASES PHYSICIAN AND BIOMEDICAL PREVENTION ADVISOR
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DIVISION OF INFECTIOUS DISEASES, WASHINGTON UNIVERSITY IN ST. LOUIS

# Definitions and Why Taskshifting?

- **10 million** health worker gap by 2030; **5.9 million** nursing and midwives
- **Taskshifting** is the rational redistribution of tasks among health workforce teams. It allows for specific tasks to be moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications.
- Approach has evolved over decades in response to health workforce shortages

World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organization. (Update 2023)
WHO. Task Shifting: Rational Redistribution of Tasks Among Health Workforce Teams. Global Recommendations and Guidelines. 2008.

# Implementation Frameworks for Taskshifting

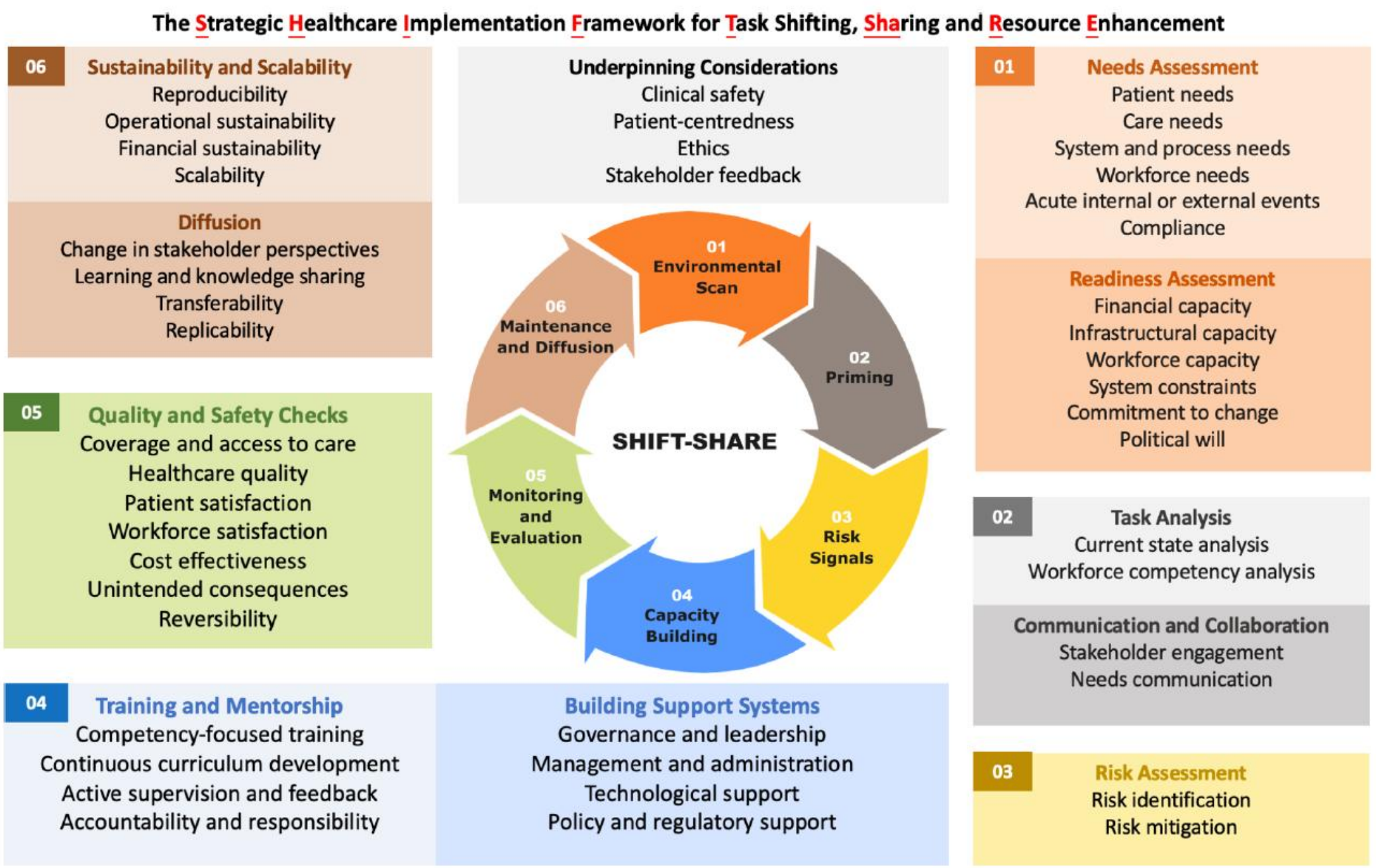



Fig. 2 *The SHIFT-SHARE framework*

Das S, et al. Global Implementation Research and Applications (2024) 4:394–403

# Elements for Successful Taskshifting


Leong S et al. Eur J of Gen Prac. 2021

# Models and Evidence for Taskshifting Injections/Procedures

- U.S.: Pharmacists; Naloxone, GAHT, Mental Health
- Global models for HIV care & Policies by MOH- Partners In Health, Others
- Bangladesh/India/Pakistan & MOH Policies- TB, Family Planning, Newborn care, Ob/Labor, Skilled Birth Attendants, Rural Paramedics, Large CHW Programs (i.e., Hala workers in Pakistan; BRAC)

*Community health worker and patients in a health centre in Bangladesh. August 2021.* ©WHO/Nuruzzaman

Published in final edited form as:
*Pediatr Infect Dis J*. 2009 April ; 28(4): 304–310. doi:10.1097/INF.0b013e31819069e8.

# Effectiveness of Home-based Management of Newborn Infections by Community Health Workers in Rural Bangladesh

**Abdullah H. Baqui, MBBS, MPH, DrPH, Shams E. Arifeen, MBBS, PhD, Emma K. Williams, MHS, Saifuddin Ahmed, MBBS, PhD, Ishtiaq Mannan, MBBS, MSc, Syed M. Rahman, MBBS, MSc, Nazma Begum, MA, DCS, Habibur R. Seraji, MBBS, MSc, Peter J. Winch, MD, MPH, Mathuram Santosham, MD, MPH, Robert E. Black, MD, MPH**, and **Gary L. Darmstadt, MS, MD for the Projahnmo 1 Study Group**

Department of International Health, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe St., Baltimore, MD 21205, USA (AHB, EKW, PJW, MS, REB); Department of Population and Family Health, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe St., Baltimore, MD 21205, USA (SA); the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh (AHB, SEA, IM, MR, NB); the South Australia Community Health Research Unit, Department of Public Health, Flinders, Adelaide, Australia (HRS); and the Bill and Melinda Gates Foundation

## Abstract

**Background—**Infections account for about half of neonatal deaths in low-resource settings. Limited evidence supports home-based treatment of newborn infections by community health workers (CHW).

**Methods—**In one study arm of a cluster randomized controlled trial, CHWs assessed neonates at home using a 20-sign clinical algorithm and classified sick neonates as having very severe disease or possible very severe disease. Over a two-year period, 10 585 live births were recorded in the study area. CHWs assessed 8474 (80%) of the neonates within the first week of life and referred neonates with signs of severe disease. If referral failed but parents consented to home treatment, CHWs treated neonates with very severe disease or possible very severe disease with multiple signs, using injectable antibiotics.

**Results—**For very severe disease, referral compliance was 34% (162/478 cases), and home treatment acceptance was 43% (204/478 cases). The case fatality rate was 4.4% (9/204) for CHW treatment, 14.2% (23/162) for treatment by qualified medical providers, and 28.5% (32/112) for those who received no treatment or who were treated by other unqualified providers. After controlling for differences in background characteristics and illness signs among treatment groups, newborns treated by CHWs had a hazard ratio of 0.22 (95% confidence interval 0.07–0.71) for death during the neonatal period and those treated by qualified providers had a hazard ratio of 0.61 (95% confidence interval

Evidence for Taskshifting: CHWs help identify and provide injectable antibiotics for sepsis in newborns

THE LANCET

Submit Article

ARTICLES | VOLUME 350, ISSUE 9072, P169-172, JULY 19, 1997

# Control of tuberculosis by community health workers in Bangladesh

Dr A Mushtaque R Chowdhury, PhD • Sadia Chowdhury, MPH • Md Nazrul Islam, MB • Akramul Islam, MPHM • Prof J Patrick Vaughan

Published: July 19, 1997 • DOI: https://doi.org/10.1016/S0140-6736(96)11311-8



## Summary

### Background

Tuberculosis remains a major public-health problem in Bangladesh, despite national efforts to improve case identification and treatment compliance. In 1984, BRAC (formerly the Bangladesh Rural Advancement Committee), a national, non-governmental organisation, began an experimental tuberculosis-control programme in one thana (subdistrict). Community health workers screened villagers for chronic cough and collected sputum samples for acid-fast bacillus (AFB) microscopy (phase one). Positive patients received 12 months of directly observed therapy. Phase two (1992–94) included another nine thanas and, in phase three (1995), eight more thanas were included. From 1995, the treatment was an 8-month oral regimen.

### Methods

In 1995–96, we analysed all programme data from 1992 to 1995. First we analysed phases two (12-month therapy) and three (8-month therapy) separately for proportion cured, died, treatment failed, defaulted, migrated, and referred. Second, we did a cross-sectional survey of tuberculosis cases in more than 9000 randomly selected households in two phase-two thanas and one non-programme thana, and analysed the follow-up of all patients treated in the programme thanas.

Evidence for Taskshifting: CHWs assist with oral TB therapy administration and helps reduce local disease incidence

RESEARCH ARTICLE VOLUME 306, ISSUE 7935, P567-569, SEPTEMBER 27, 1975

# TUBECTOMY BY PARAPROFESSIONAL SURGEONS IN RURAL BANGLADESH

Susanne Chowdhury • Zafrullah Chowdhury

Published: September 27, 1975 • DOI: https://doi.org/10.1016/S0140-6736(75)90165-8

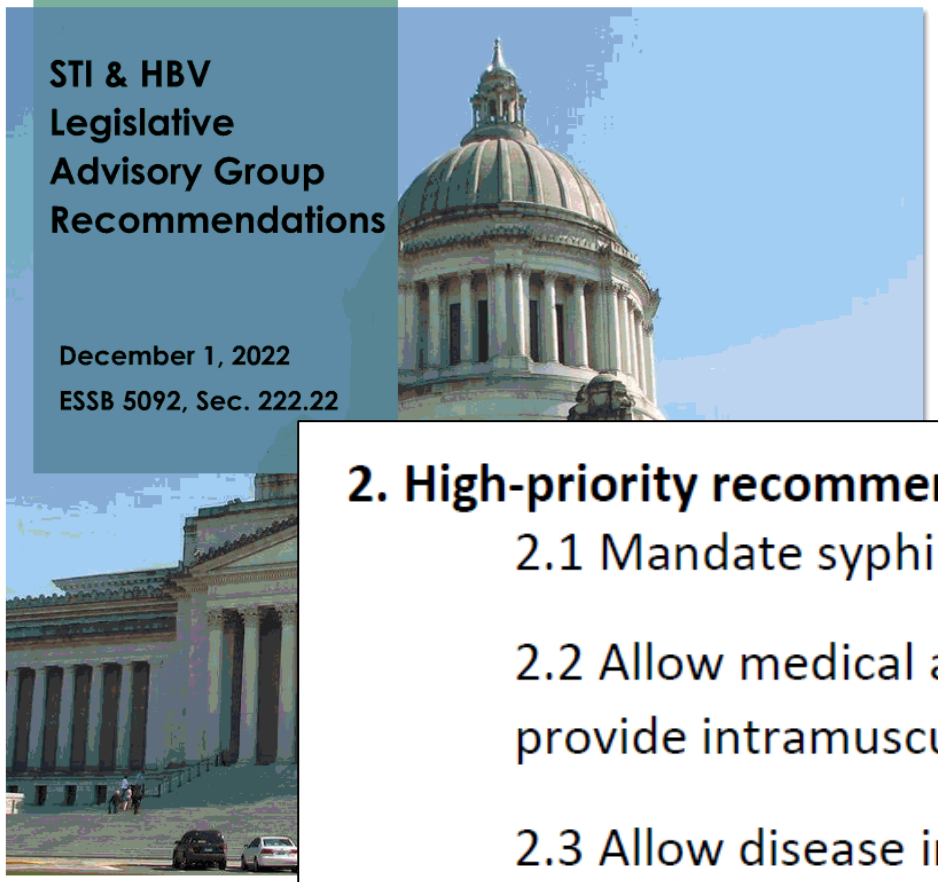
## Abstract

In Bangladesh, social as well as ecofactors strongly favour the use of women over men, and of paraprofessionals over qualified physicians, for tubectomy surgery. Of 600 tubectomies carried out in three centres, 366 were performed by female paraprofessional workers with an average of only two months' part-time training in tubectomy surgery. The rest were performed by qualified physicians. The infection-rate in tubectomies done by paraprofessionals was 5·5%; in those performed by physicians it was 6·4%. Comparison of other factors indicates that the results of paraprofessionals were in no way inferior.

Evidence for Taskshifting: In a 1975 Lancet publication, paraprofessional surgeons performed tubectomies to assist with family planning programs and had similar operative infection rates as physicians

Report to the Legislature

# STI & HBV Legislative Advisory Group Recommendations



December 1, 2022

ESSB 5092, Sec. 222.22

## 2. High-priority recommendations that require policy change or new action

2.1 Mandate syphilis testing on all stillbirths.

2.2 Allow medical assistants (MAs) with telehealth access to a supervising clinician to provide intramuscular injections in the field.

2.3 Allow disease intervention specialists to give intramuscular injections under the standing order of a local health officer.

Prepared by:
Office of Infectious Disease on behalf of the STI & HBV Legislative Advisory Group

Washington State Department of Health

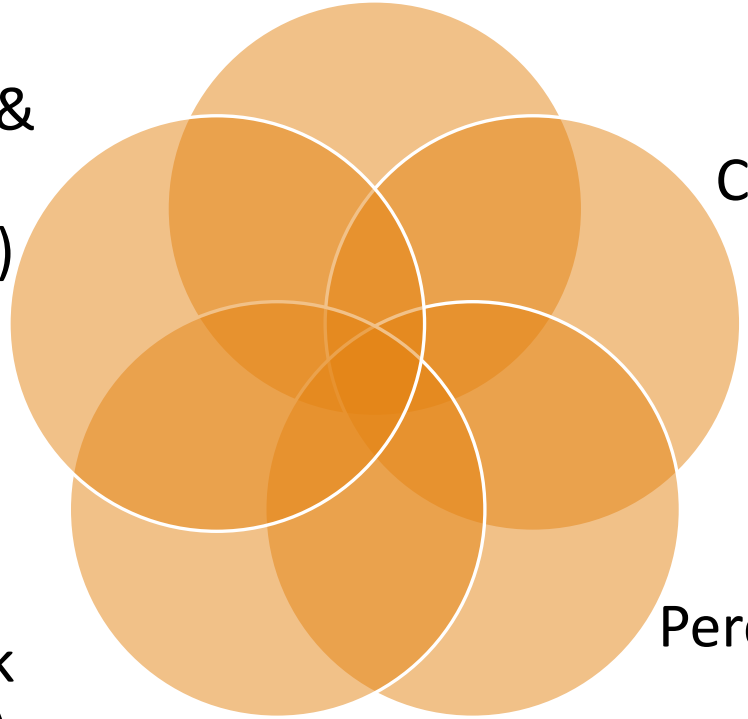
Washington State, USA: Legislation for injection administration by public health workers (who are not licensed nurses or doctors)

# Considerations

National/Local Policy (who, what, where, who provides supervision)

*<u>Program and policy example for taskshifting:</u> Pharmacists can inject continuing cabotegravir PrEP injections on a mobile van with virtual supervision by a nurse practitioner or with offsite supervision by a nurse practitioner.*

Organization Policy & Supervision (offsite/onsite/tele)



Certification/Training

Scope of Work (what, where)

Perceptions of other stakeholders, community, and clients

# Summary

- Ample **robust, evidence exists** in HIV, infectious diseases, primary care and other fields for taskshifting
- Peer worker and other taskshifting programs are feasible and are well-received by the community
- We, collectively, need to advocate for **long-term policies** that enable taskshifting for injectable therapies and care for a syndemic approach

# An Implementation Pilot Program for Pharmacy-Led PrEP Service Delivery Model in Malaysia


## Yan Nee Gan

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Malaysian Health Technology Assessment Section, Ministry of Health, Malaysia

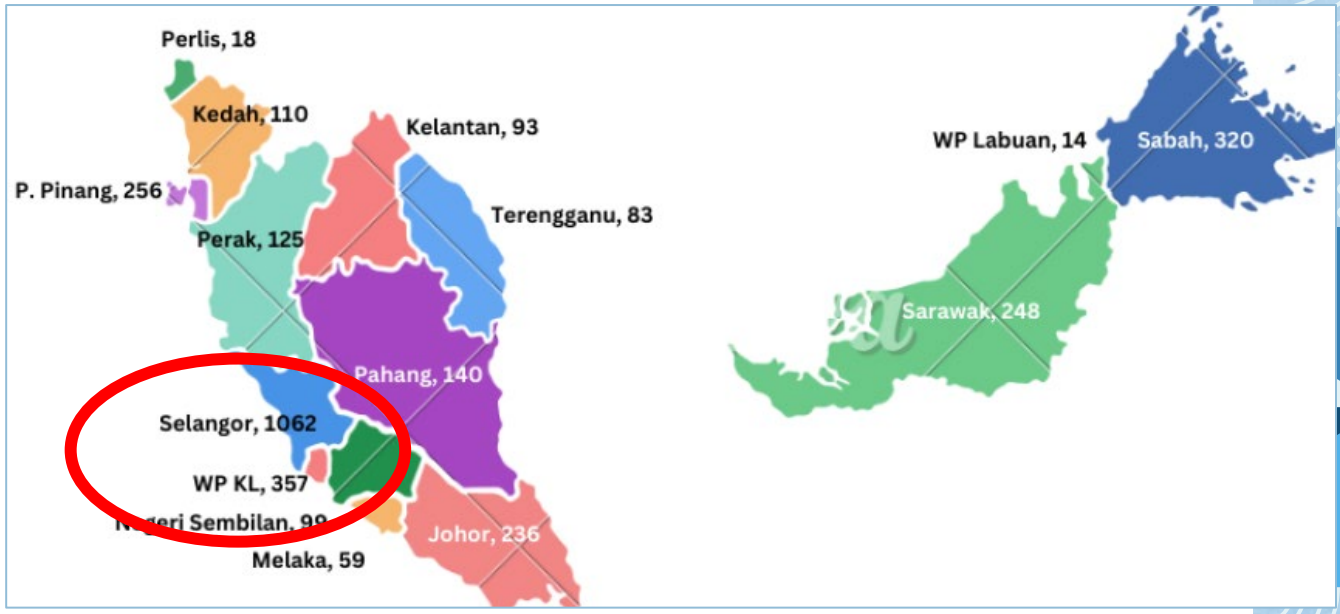
**PhD candidate**

Department of Social & Preventive Medicine, Faculty of Medicine,  Universiti Malaya

# Background

- **HIV in Malaysia**:[1,2]
  - **3,220** new HIV diagnoses (2023)
  - >90% via **sexual transmission**
  - 44% among **20-29** years old;
  - 44% in urban **Klang Valley**
  - High prevalence among **MSM**: **12.9%**

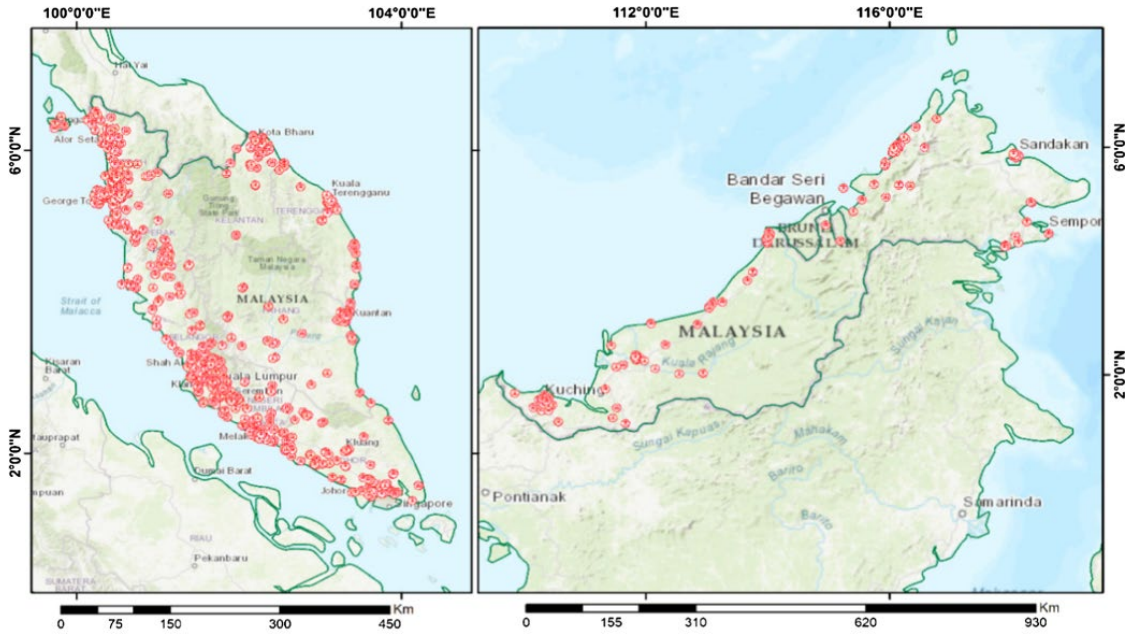
- **PrEP access gap**:
  - Oral TDF/FTC available via private (paid) & public (free) clinics
  - Only **4,421** users (2024) [1]
    - Despite 354,000 estimated key population members [3]




References: 1. Ministry of Health Malaysia. 2024 Global AIDS Monitoring: Country Progress Report - Malaysia. 2. Ministry of Health Malaysia. IBBS survey 2022. 3. Ministry of Health Malaysia. Global AIDS Monitoring 2020: Malaysia HIV/AIDS Progress Report.

# Lack of PrEP Access and Destigmatizing Care

- Need for an **additional** service delivery model outside of medical facilities in the **private sector**
- Community pharmacists are trained healthcare professionals and well-suited to provide PrEP service through effective **task-shifting**
  - **Accessible** (>3,000 pharmacies in Malaysia) with extended operating hours.[1]
  - **Frequently visited**: adults visit them on average 31 times annually.[2]
  - Often the **first point-of-contact for health advice**.




- Led to a pilot implementation study; first example of real-world PrEP care in pharmacies in this country and expanding the scope of care for pharmacists
- The method and tools we used to plan out the project can help other health programs

References: 1. Tew MM, et al. Geospatial analysis of distribution of community pharmacies and other health care facilities providing minor ailments services in Malaysia. J Pharm Policy Pract. 2021;14:1–11. 2. Hamidi N, et al. Determinants of community pharmacy utilisation among the adult population in Malaysia: findings from the National Health and Morbidity Survey 2019. BMC Health Serv. Res. 2021;21:1–11.

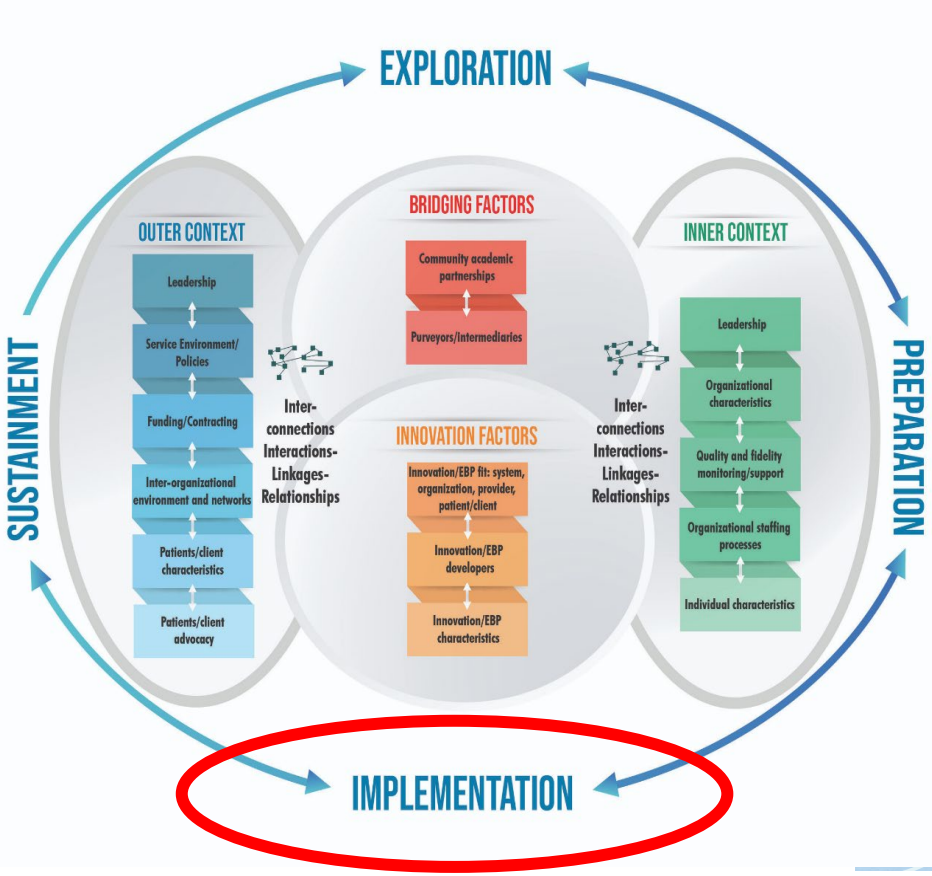
# PrEP Pharmacy Pilot Program Approach

- To implement the pharmacy-led PrEP service at 6 selected private pharmacies in Klang Valley.
- **Implementation outcomes** were and how we assessed:

1. Acceptability
2. Appropriateness
3. Feasibility
4. Fidelity
5. Sustainability
6. Adoption / Uptake

Post-study online survey via Google Form

PrEP User records




The Exploration, Preparation, Implementation, Sustainment
**(EPIS) framework** [1]

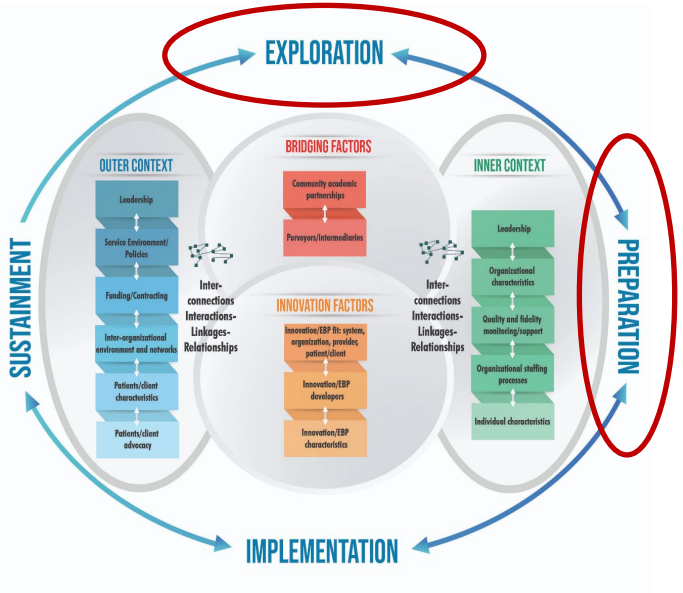
References: 1. Moullin, J. C., et al. (2020). Ten recommendations for using implementation frameworks in research and practice. Implementation Science Communications 2020 1:1, 1(1), 1–12.

# Pre-Implementation Phase Assessments

## Phase 1: Exploration
(4 months: Jan to Apr 2023)

**Semi-structured in-depth interviews to identify barriers & facilitators [1]**

- 18 key population members
- 10 community pharmacists
- 10 PrEP prescribers




The Exploration, Preparation, Implementation, Sustainment **(EPIS) framework [2]**

## Phase 2: Preparation
(6 months: Apr to Sep 2023)

- Stakeholder consultation [1]
- Online self-paced training [1]
- In-person training
- Dry-run

References: 1. Abstracts WEPEE516, THPEE500, TUPEE496. AIDS 2024, the 25th International AIDS Conference. https://www.iasociety.org/sites/default/files/AIDS2024/abstract-book/AIDS-2024_Abstracts.pdf
2. Moullin, J. C., et al. (2020). Ten recommendations for using implementation frameworks in research and practice. Implement. sci. commun. 2020, 1, 1–12.

# Implementation Phase of the Pilot Program

- **Pilot Project Design**: 12-month (Oct 2023 – Oct 2024) multi-site, single-arm prospective study at 6 private pharmacies in Klang Valley

- **Potential PrEP Users in the Pilot Project**

| Included | Not Included |
|---|---|
| Malaysians aged 18-49 interested to use PrEP, based in Klang Valley | Risk of kidney impairment: People aged ≥50, kidney-related comorbidities e.g., diabetes, hypertension. |
| Understand English or Malay | Children, adolescents, pregnant / breastfeeding women |
| Willing to pay for PrEP & lab test(s) as advised | People known to be HIV-positive and/or have hepatitis B |

- **Target sample size: 450** (convenience sampling)

- **Recruitment Strategy**
  - 📱 **Social Media**: Instagram, X, Facebook, WhatsApp, Telegram
  - 📱 Instagram account: **'My PrEP Pharmacy'**
  - 📢 **NGOs:** MAC, KLASS, PT Foundation, SEED, Persatuan Insaf Murni Malaysia
  - 🤝 **Community Outreach:** Peer referral, advocacy groups, My PrEP Locator
  - 👩‍⚕️ **On-site identification:** Enquiries signaling HIV risk

# Then Formulating a PrEP Pharmacy Model

**Recruitment**
- **Online appointment booking** (preferred pharmacy)

Participant arrives at pharmacy
- **PrEP eligibility assessment by pharmacist** using digital checklist-based **assessment tool**
- Free **HIV testing** using **oral fluid self-test kit** (assisted)
- **PrEP counselling**

**Eligible + willing to start / continue PrEP** (new / restarting / continuing users)

Pharmacist requests 30-day / 90-day **electronic prescription** from physician via telemedicine **(Same-day PrEP)**

**Collaboration** with NGO, physician, clinic provider (≤10km) for **lab testing needs & referrals**

**Follow-up** at pharmacy
- 7 months: Months 1, 4, 7 (Subgroup: Months 3, 6)
- Routine HIV testing at every visit

**Real-world implementation** involving **out-of-pocket expenses*** to inform future viability & sustainability of service in private pharmacy setting.

**Participants pay for PrEP medication** at the pharmacy (subsidized price of USD $15/month) & any **laboratory tests** done outside of pharmacy. **Baseline kidney function test** within 3 months of initiation was required.

# Assessing the Pilot Program

## Acceptability, appropriateness and feasibility

- **Validated metrics**[1]
  - 5-point scale (1=completely disagree; 5=completely agree)

| No. | Acceptability of Intervention Measure (AIM) items | Intervention Appropriateness Measure (IAM) items | Feasibility of Intervention Measure (FIM) items |
|---|---|---|---|
| 1. | This pharmacy-led PrEP service **meets my approval**. | This pharmacy-led PrEP service seems **fitting**. | This pharmacy-led PrEP service seems **implementable**. |
| 2. | This pharmacy-led PrEP service is **appealing** to me. | This pharmacy-led PrEP service seems **suitable**. | This pharmacy-led PrEP service seems **possible**. |
| 3. | I **like** this pharmacy-led PrEP service. | This pharmacy-led PrEP service seems **applicable**. | This pharmacy-led PrEP service seems **doable**. |
| 4. | I **welcome** this pharmacy-led PrEP service. | This pharmacy-led PrEP service seems like a **good match**. | This pharmacy-led PrEP service seems **easy to use**. |

## Sustainability

- Overall **satisfaction** level
  - 10-point scale (1 = very unsatisfied, 10 = very satisfied)
- Willingness to **recommend** the service to others
- Willingness to **continue** using the service at retail prices (~USD $35/month)

References: 1. Weiner, et al. (2017). Psychometric assessment of three newly developed implementation outcome measures. Implementation science, 12, 1-12.

# Program Assessments and Pharmacy Training

## Fidelity (Did pharmacists follow the clinical protocol?)

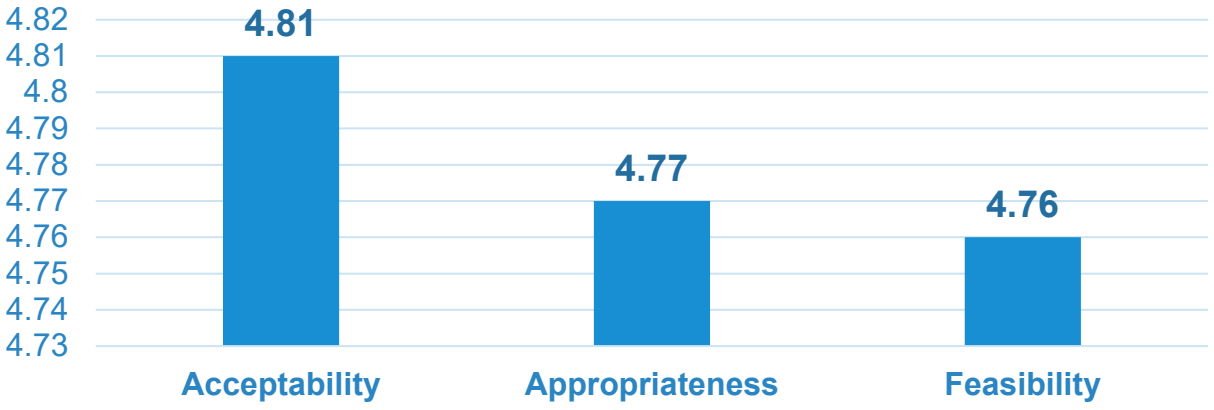
- **8 items assessed:** core components of service, workflow and competencies identified during stakeholder consultation[1]
- *6 key aspects pharmacists were trained on*
  - **Privacy**
  - **HIV screening**
  - **Counseling**
  - **Kidney function monitoring**
  - **Dispensing and follow-up tasks**
  - **Quality of care (respect & non-judgmental)**
- 5-point scale (1 = completely disagree; 5 = completely agree)

| No. | Fidelity items |
|---|---|
| 1. | The pharmacist spoke to me in a **private room**. |
| 2. | The pharmacist **assisted** me in completing the **HIV self-testing** in a private room. |
| 3. | The pharmacist explained to me about:<br>- The **effectiveness** and **safety** of PrEP.<br>- **How to take** PrEP.<br>- The importance of **adherence**.<br>- The **side effects** of PrEP and how to reduce them.<br>- The **symptoms** of HIV infection.<br>- The importance of **regular HIV testing**.<br>- Ways to reduce **HIV risk**. |
| 4. | The pharmacist explained to me about the importance of checking **kidney function** before starting PrEP. |
| 5. | The pharmacist asked for my **kidney function test result** during follow-up. |
| 6. | The pharmacist gave me **PrEP medication** according to prescription and a date for me to come back to the pharmacy for **follow-up**. |
| 7. | The pharmacist treated me with **respect.** |
| 8. | The pharmacist was **not judgmental** towards me. |

References: 1. Omollo, V., et al. (2023). The Fidelity of a Pharmacy-Based Oral HIV Pre-Exposure Prophylaxis Delivery Model in Kenya. Journal of Acquired Immune Deficiency Syndromes, 93(5), 379–386.

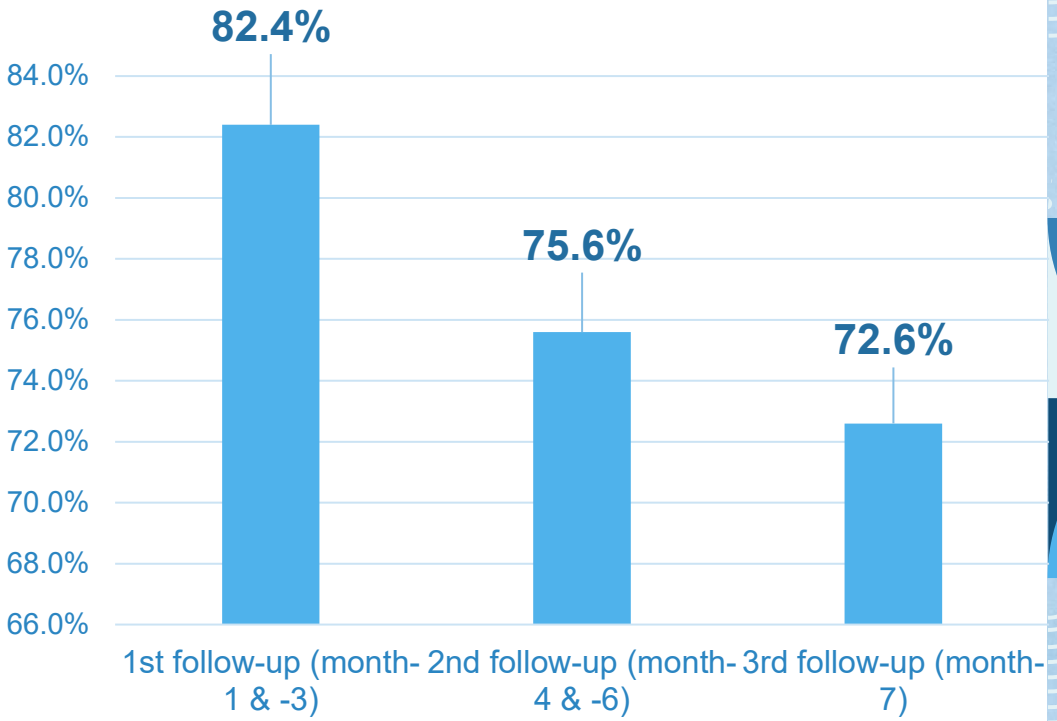
# Pilot Program Results

- **98.6%** (205/208) of those approached started PrEP (Adoption)

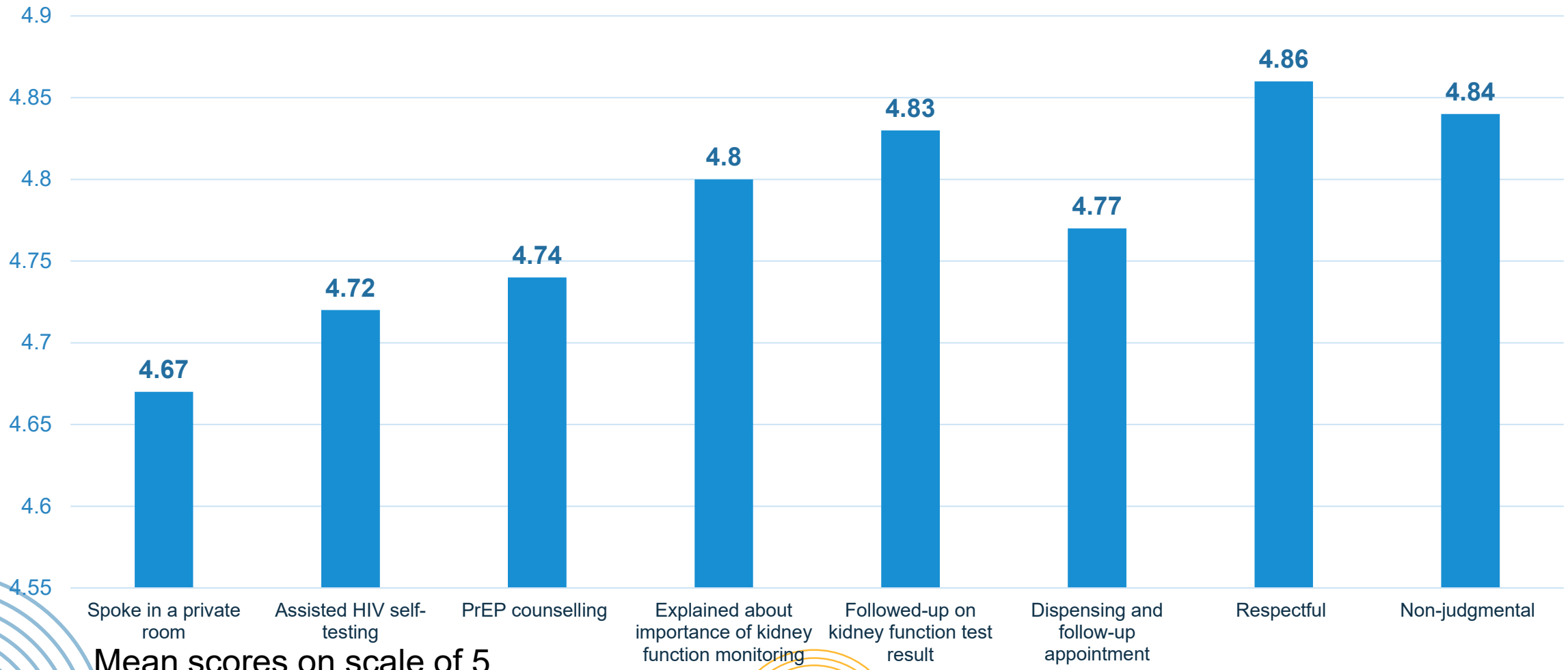



Mean scores on scale of 5

## 7-Month Follow Up (Retention)

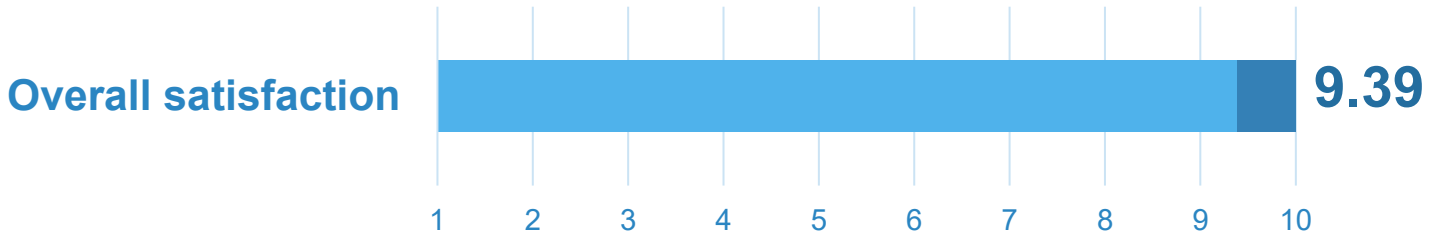


# Fidelity: How well did pharmacists follow the protocol? They did!



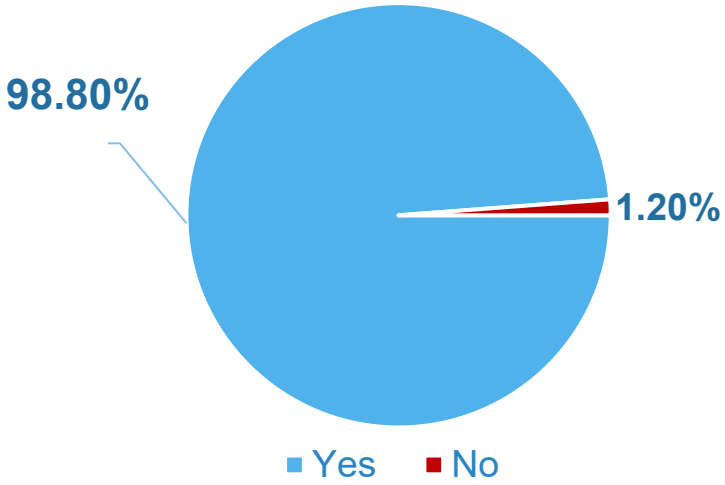

Mean scores on scale of 5

# Sustainability

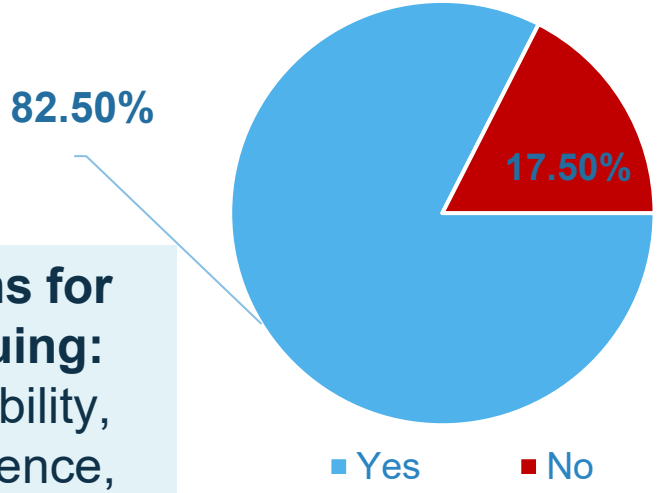



*Rated on a 10-point scale
1 = very unsatisfied, 10 = very satisfied

**Willingness to recommend the service to others**




**Willing to continue using the service at retail price** (~USD $35/month)




**Reasons for continuing:** Accessibility, convenience, affordability, & privacy.

**Reasons for not continuing**: Cost, stopping PrEP due to sexual inactivity, & location.

# Lessons Learned from Building the Program

- Trying to get stakeholder buy in and pushback from few
- Creating a pilot program to demonstrate potential success
- Having clinical support to help pharmacists
  - Ensure availability of physician for clinical advice during **extended pharmacy hours.**
- **There was high turnover** among community pharmacists and so a robust, accessible training program needs to be created for NEW STAFF
  - Training needs to be online and hands-on
- **Scope of training** must go beyond PrEP: **PEP**, **hepatitis B & C**, **other STIs.**

# Acknowledgements


- Project supervisors
- Project team
- All community pharmacists who were committed to the project
- All individuals who were willing to try this model of PrEP care
- Support of the Malaysian Pharmacists Society
- Collaborators

## Project Funding

- **Malaysian Implementation Science Training** program (MIST) supported by Fogarty International Center, NIDA, NIMH and NICHD (D43 TW-011324 – PI: Frederick L. Altice, Adeeba Kamarulzaman).
- **World Health Organization**
- **TREAT Asia**, a program of amfAR, The Foundation for AIDS Research, with support from the US National Institutes of Health's National Institute of Allergy and Infectious Diseases, the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Cancer Institute, National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), the National Heart, Lung, and Blood Institute, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Diabetes and Digestive and Kidney Diseases, and the Fogarty International Center, as part of the International Epidemiology Databases to Evaluate AIDS (IeDEA; U01AI069907).

# Thanks

**Do you have any questions?**

yanneegan@gmail.com

# Embracing Task Shifting along the Long-Acting Injectable HIV Care Continuum: Treatment

**Megan Dieterich (she/her) & Juan Carlos Loubriel (he/him/El)**

**WHITMAN-WALKER HEALTH**

June 2025

WHITMAN-WALKER Health
we see you.

# Who we Are: Whitman-Walker Health (WWH)

- Federally Qualified Health Center and Patient Centered Medical Home or "safety net clinic" in Washington D.C.
- Named HRC "Healthcare Equality Index Leader" annually since 2011
- Named a "National Quality Leader" in HIV by HRSA BPHC in 2023 (1 of 8 awardees)
- High quality scores on key HIV health indicators (YTD 2024):
  - 100% of patients who test positive for HIV are connected to medical care within 30 days
  - 84% viral suppression rate

## Patient Population:

12371 unique medical patients

- 3,838 people with HIV (PWH)
- >4,200 patients prescribed PrEP
- 38% of our population identify as lesbian or gay
- 16% of our population identify as trans
- 38% of our population are AA

## WWH in Washington DC:

- DC HIV prevalence is 11,904 PWH (1.8% of population)
  - WWH serves 21% of DC's reported HIV+ population in our medical services and 24% through our wraparound services
- DC HIV incidence 230
  - WW diagnosed 38% of these new infections



PCMH

HRSA Health Center Program NATIONAL QUALITY LEADER 2023 HIV CARE & PREVENTION

HRSA Health Center Program ADVANCING HIT FOR QUALITY 2024 Awardee

HRSA Health Center Program ADDRESSING SOCIAL RISK FACTORS 2024 Awardee

HEALTHCARE EQUALITY INDEX LGBTQ+ HEALTHCARE EQUALITY LEADER 2022

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# What we do:
## WWH Programs & Services

- Primary Medical Care
- HIV Specialty Care
- Behavioral Health
- Substance Use Disorder Counseling
- Dental Care
- Sexual Health
- STI/HIV Prevention
- PrEP Clinic
- Urgent Care Clinic
- Vaccination & Outreach
- Mobile Health
- Home Health (MORE)
- Community Events
- Telehealth Care, Remote Monitoring
- Youth Programs & Wellness Services
- Gender Expansive Care Navigation
- Public Benefits & Insurance Navigation
- Legal Services
- On-Site Pharmacy
- Peer Support Services
- Research
- Medical Training & Education
- Policy & Advocacy for Systemic Reform
- Immigration/Refugee Services

# Where we are:

Whitman-Walker at LIZ

Max Robinson Center

Whitman-Walker at 1525

Mobile Unit



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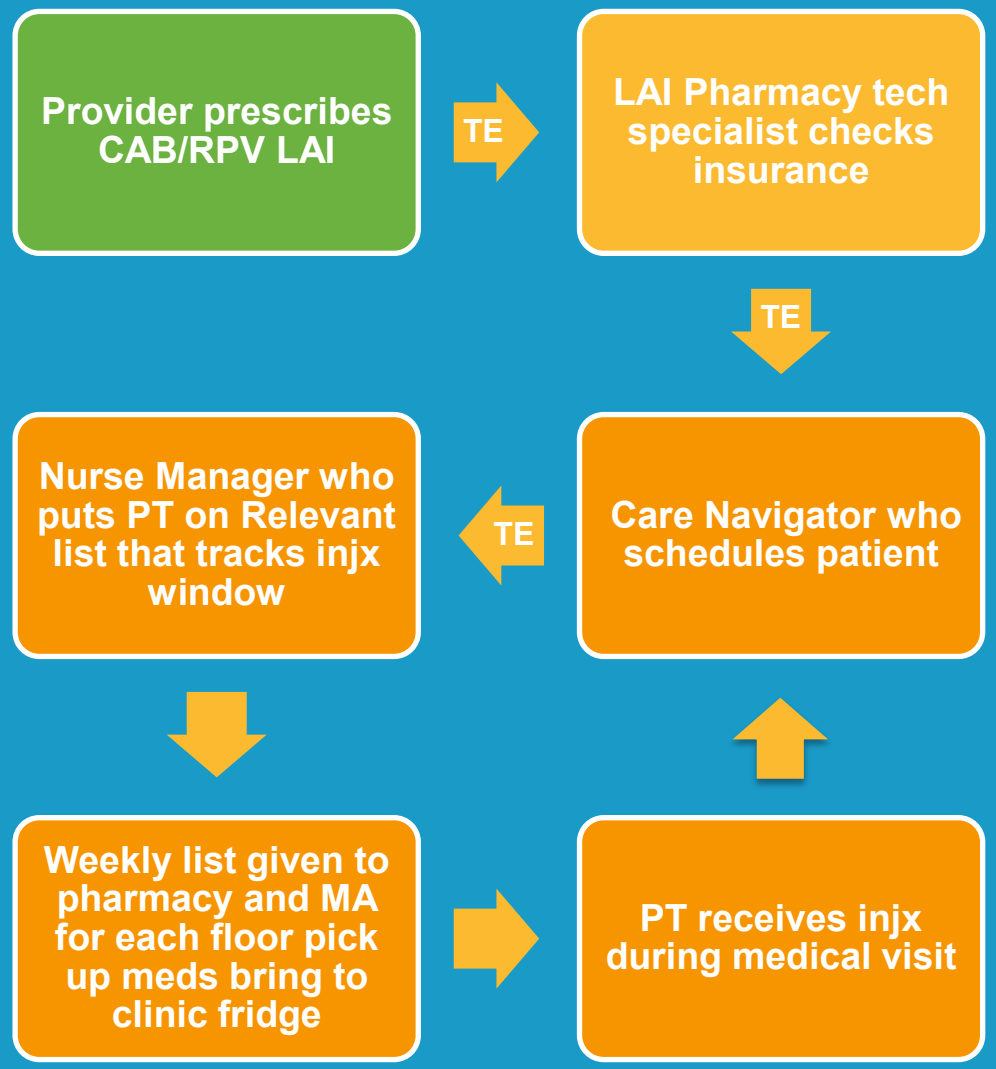
# LAI Treatment at WWH in the Clinic: Task Shifting to Scale Up

- Research participation in ATLAS 2M trial
- Multidisciplinary working group developed a protocol for providers and a workflow to streamline processes involving insurance authorizations, coding/billing, and patient and medication tracking
    - Providers and Medical Assistants were trained by nurse on injection technique
    - Dedicated pharmacy tech specialized in all LAI prescriptions
    - Care Navigators (CN) responsible for tracking and scheduling visits
    - Reports in Relevant track windows and ensure that medication is available for injections

# In Clinic Implementation of CAB/RPV LAI delivery

- First injection in clinic was ~ Jan 2023
- Currently we have ~380 WWH clients who have initiated CAB+RPV LA
- Persistence is ~86%
- Viral Suppression 97% (no confirmed virologic failures)



# Task Shifting to Scale Up LAI Implementation

**<u>#1 task shifted</u>: Injection administration**

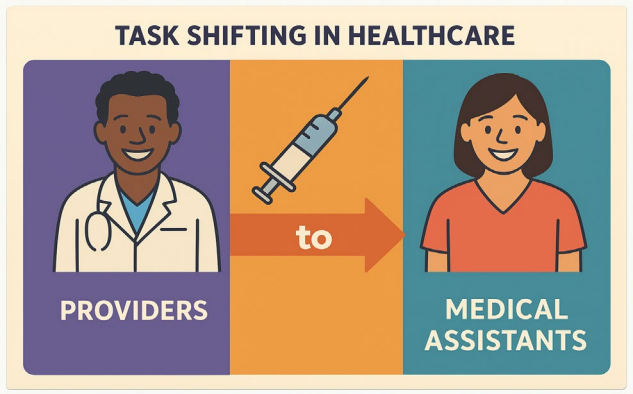
Providers to Medical Assistants

**<u>#2 task shifted</u>: Insurance approval (PAs)**

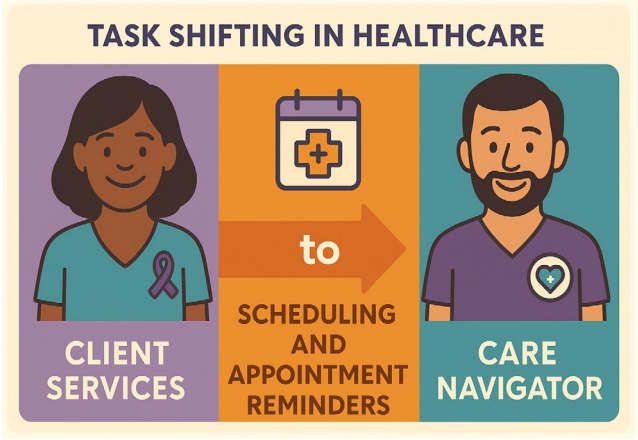
Medical Office Admin to LAI specialist pharmacy tech

**<u>#3 task shifted</u>: Scheduling, appointment reminders and rescheduling**

Call center/Client Services to Care Navigators





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# WWH program for PWH with adherence challenges: MORE

**The Mobile Outreach Retention and Engagement Program (MORE)**
A program to offer **expanded support services and medical care outside of the clinic for PWH with adherence challenges**

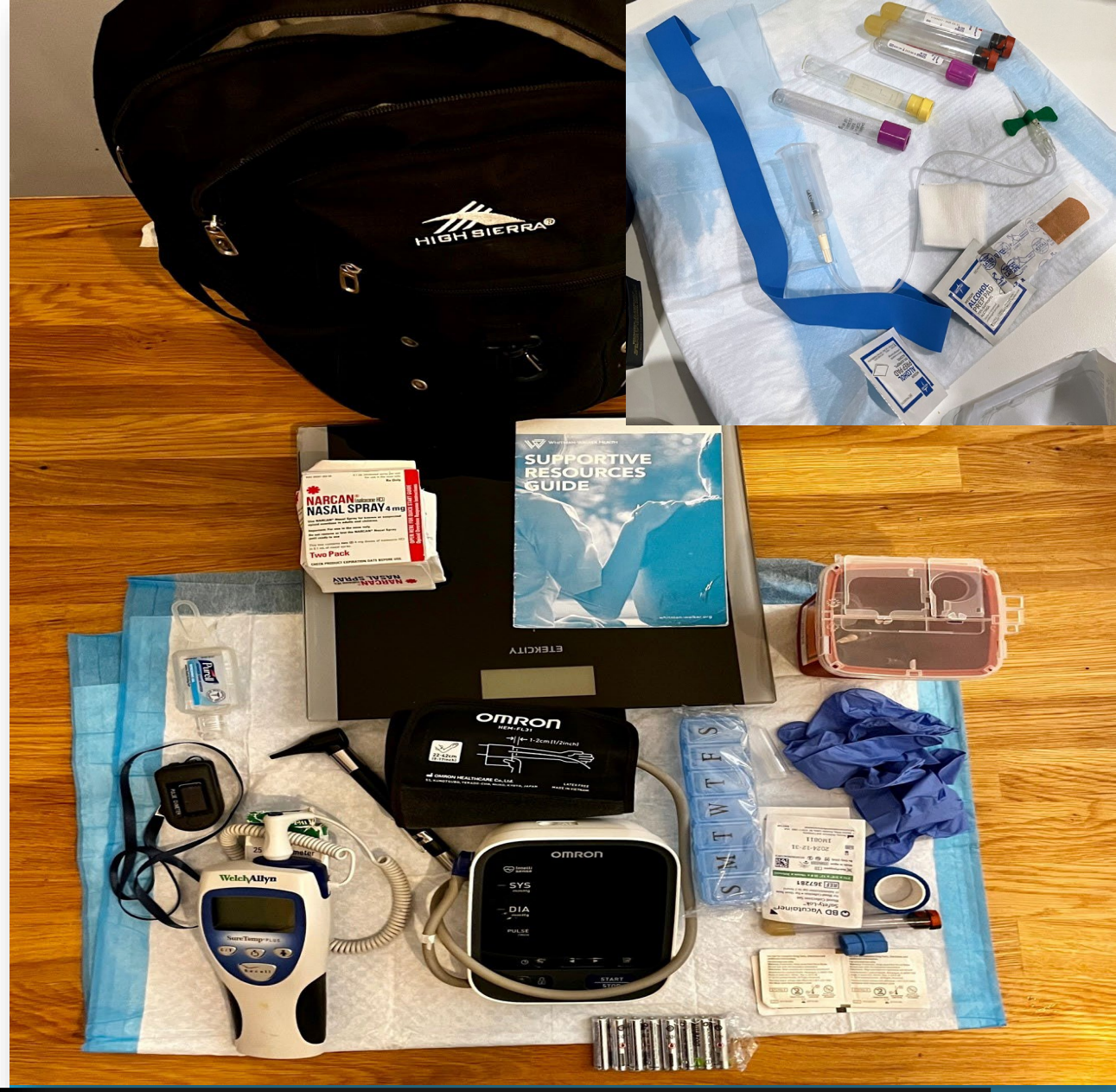
- Designed in 2015 by our Chief of Programs Meghan Davies, MPH
- Initially Public/Private Partnership
- Currently integrated into Standard of Care (Ryan White)
- **Eligibility: Unsuppressed adult PWH,and/or >6 months out of care**
- **PWH are given a choice of services to best fit their needs which can include home medical/phlebotomy and now LAI administration visits**

**MORE team:**

- PA-C/NP with expertise in HIV (AAHIVS) and supervised by ID Physician
- Mobile care navigators (MCN) "Their Person"
  - Perform structured Ryan White intake interviews
  - Aid in coordination of care
    - Scheduling/ride coordination
    - Texting
    - Help with Pharmacy
    - adherence counseling
- Manager of Retention and Engagement
  - Managed MCN
  - Facilitates weekly Care Planning Meetings

# Home Visits

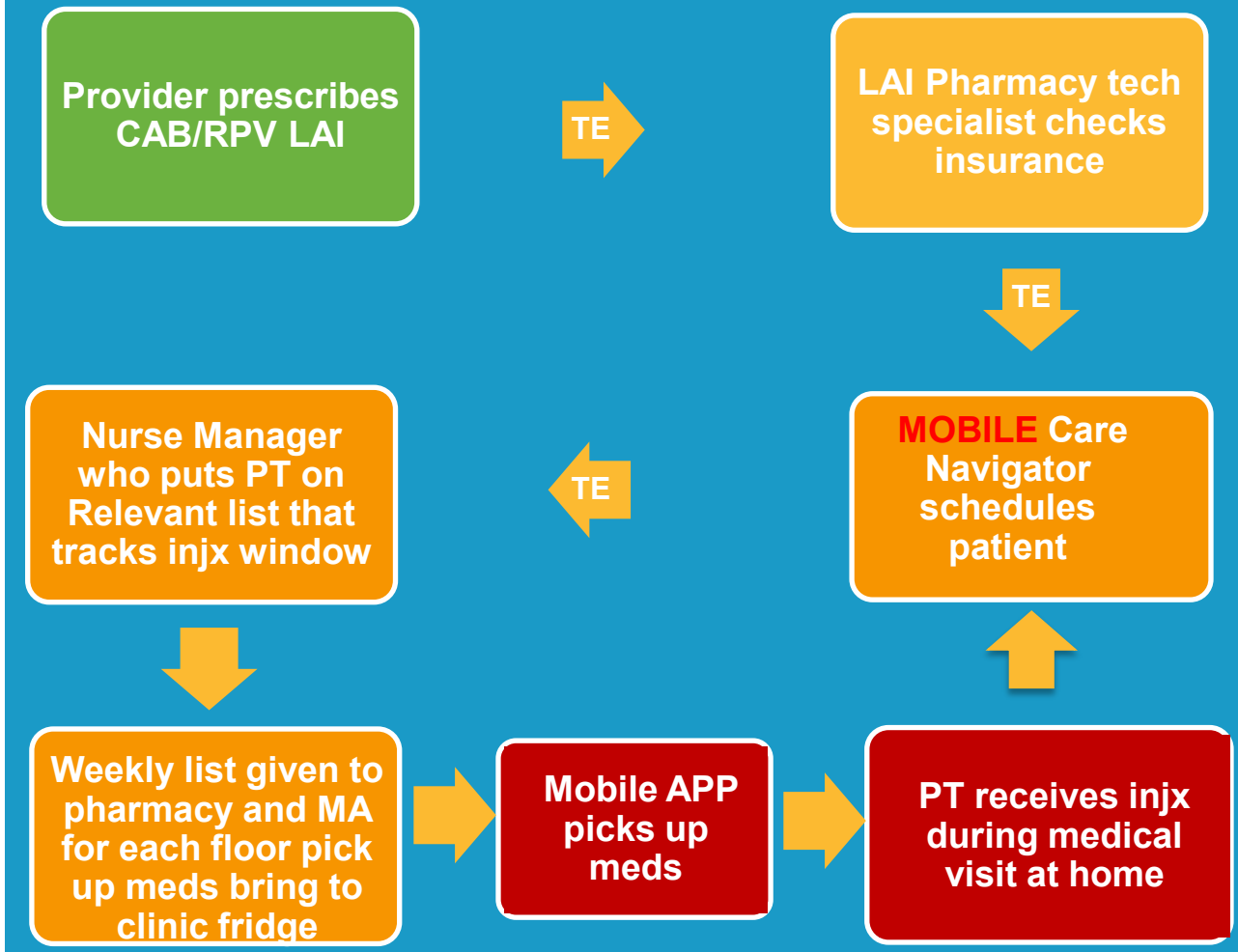
- Travel team in teams of provider & MCN w/ “med bag” and phlebotomy supplies
- Call before to confirm/Prep for visit
- Drive to home
  - 1 hour visit on schedule
  - 15-20min travel time, 30 min visit
- Home visit can include:
  - Vital signs
  - HPI/Limited PE (no sensitive exams)/rx
  - Phlebotomy/specimen collection (STI testing)
  - No Vaccinations or STI injections (yet!)
- Return to closest clinic with specimens to be processed by LabCorp



# Integrating LA-ART into **MORE** Home Visits

- Use existing flow with 2 key differences
  - TE to Mobile CN
  - MAPP picks up LA-ART from Clinic fridge/MA and takes this to pt home to inject
- LA-ART Administration at home
  - **No initiation injections** at home
  - Insulin cooler to maintain cold chain
    - **35°F (2°C) to 45°F (8°C)** remove 15 min before injx, used within 6 hours
    - Finish visit in 10 min obs period

- **Over 50 home injections** successfully delivered



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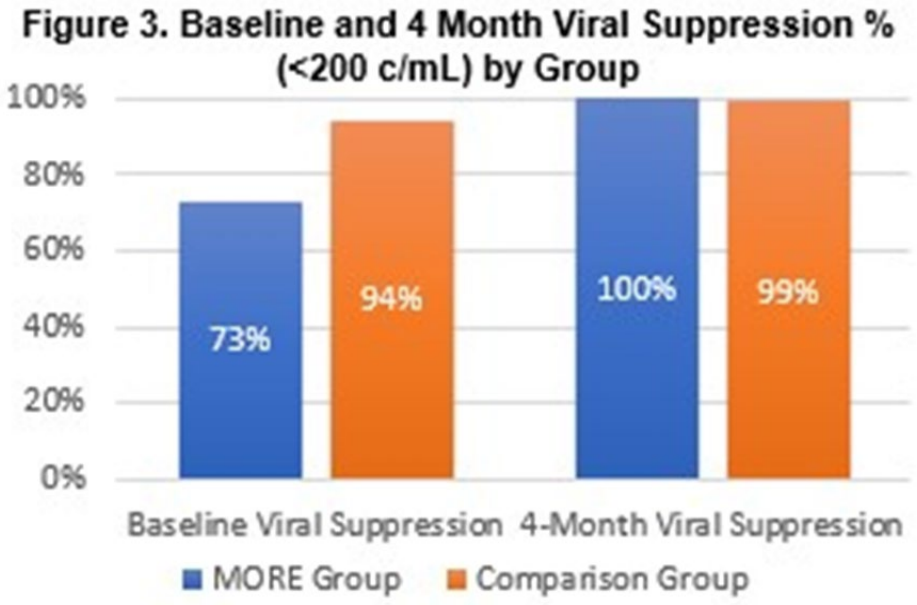
# PWH receiving CAB+RPV LA through MORE

- Between November 2023 and September 2024, 44 PWH initiated CAB/RPV through MORE and 42/44 had >4 months since first injection visit.
- Median age was 44 years, 39% female, and 93% Black/AA, 82% publicly insured, comparison group matched for age, gender, race
- 27% were PWH with baseline viremia (≥200 c/mL)

**Key Outcomes:**

- Adherence and persistence to CAB/RPV at 4 months was (88%; 37/42) and (92%: 39/42)
- 100% (42/42) of PWH in MORE maintained or achieved viral suppression (VL<200c/mL) at 4 months






Dieterich M, et al. CROI 2025. Poster 1318

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# LAI treatment through MORE: Task Shifting to Optimize Care for PWH with Adherence Challenges

Medical Assistant (vital signs and injections)

ID Physician (consult)

Call Center (Scheduling/ appt reminders)

Front Desk (scheduling)

Adherence support (injection appt reminders)

**MORE** team

Phlebotomy

Mobile PA-C or NP

Mobile Care Navigator

Liaison to:
-public benefits
-behavioral health
-pharmacy

# Status Neutral HIV Care Continuum

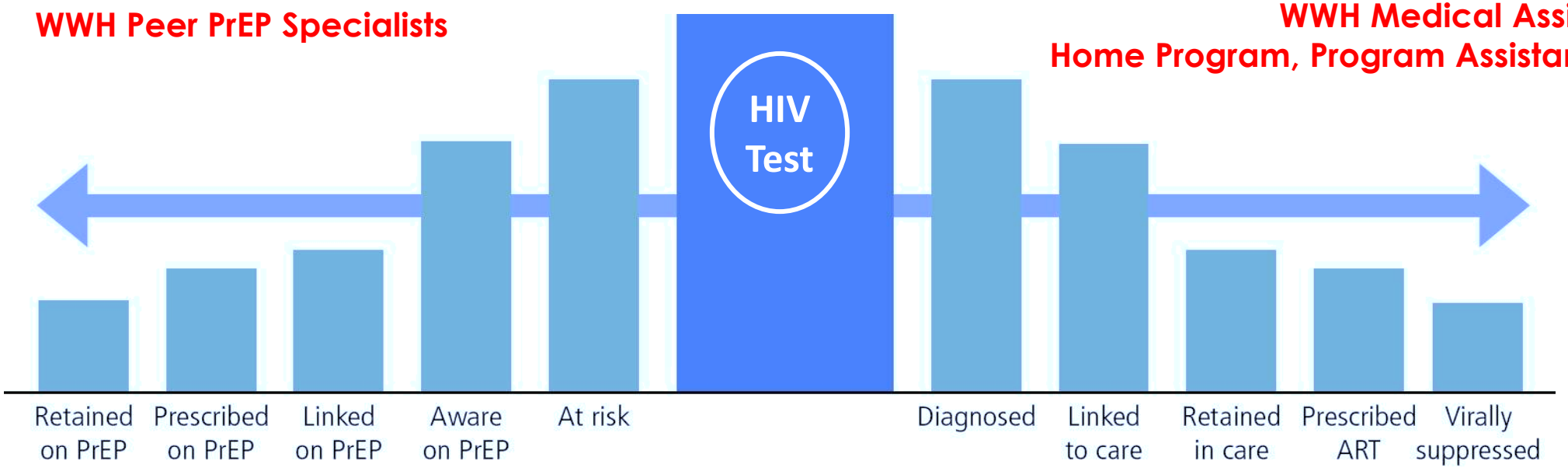
## Implementing the Long-Acting Injectable HIV Care Continuum with Task Shifting

### PrEP Care Continuum

**WWH Peer PrEP Specialists**

### HIV Care Continuum

**WWH Medical Assistants**
**Home Program, Program Assistant-Led**





Buchbinder SP and Liu AY. Top in Antivir Med 2018
Nunn AS, et al. Defining the HIV pre-exposure prophylaxis care continuum. AIDS 2017
Chan PA, et al. Retention in care outcomes for HIV pre-exposure prophylaxis implementation programmes among men who have sex with men in three US cities. JIAS 2016
Chan PA, et al. Long-term retention in pre-exposure prophylaxis care among men who have sex with men and transgender women in the United States. JIAS 2019.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# Embracing Task Shifting along the Long-Acting Injectable HIV Care Continuum: Prevention

**Megan Dieterich (she/her) & Juan Carlos Loubriel (he/him/El)**

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# Status Neutral HIV Care Continuum

## Implementing the Long-Acting Injectable HIV Care Continuum with Task Shifting

### PrEP Care Continuum

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### HIV Care Continuum

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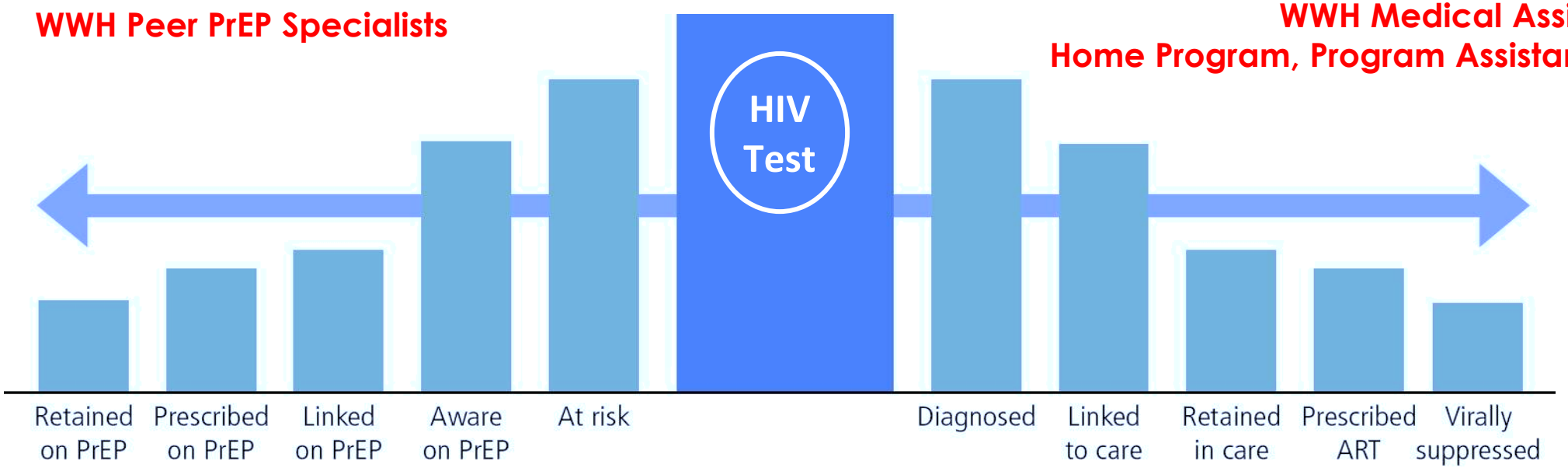



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# The PrEP Clinic: Enhancing HIV Prevention Care

**Overview**

Established in 2018 to address HIV prevention in vulnerable communities.

**Goal**

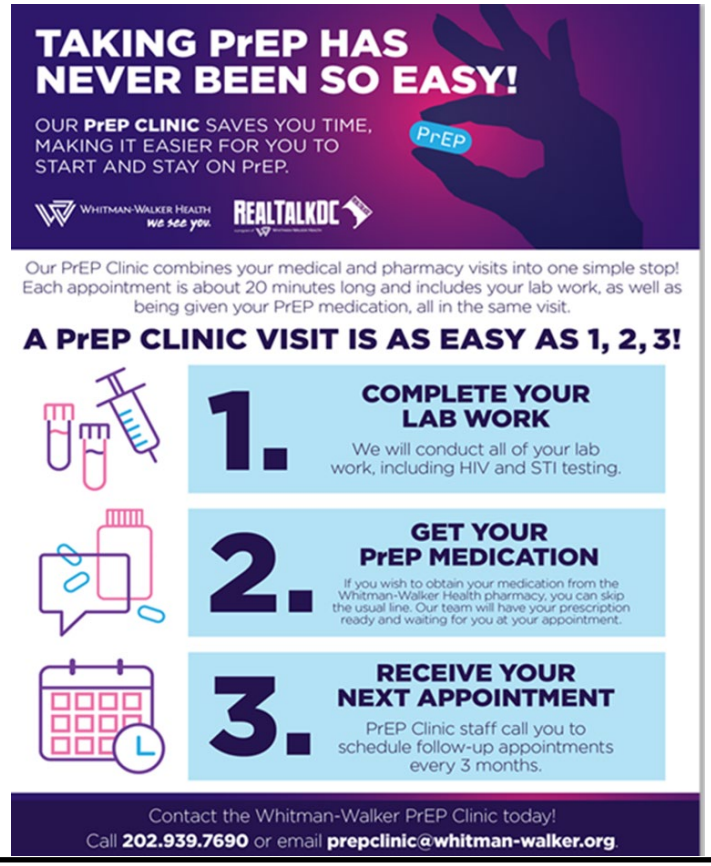
- Strengthen HIV prevention through accessible, scalable, and community-informed care models.

**Key Innovations in Developing Workflow Protocols**

- Detailed PrEP care protocols by PrEP Specialists
- Guided by a patient's Primary Care Provider (PCP)
- Early identification and resolution of care barriers

**Impact**

- Expanded provider capacity
- Increased appointment availability
- Evening hours to meet patient needs
- User-Centered Care
- Quick, convenient, and flexible access
- Emphasis on patient empowerment and accessibility



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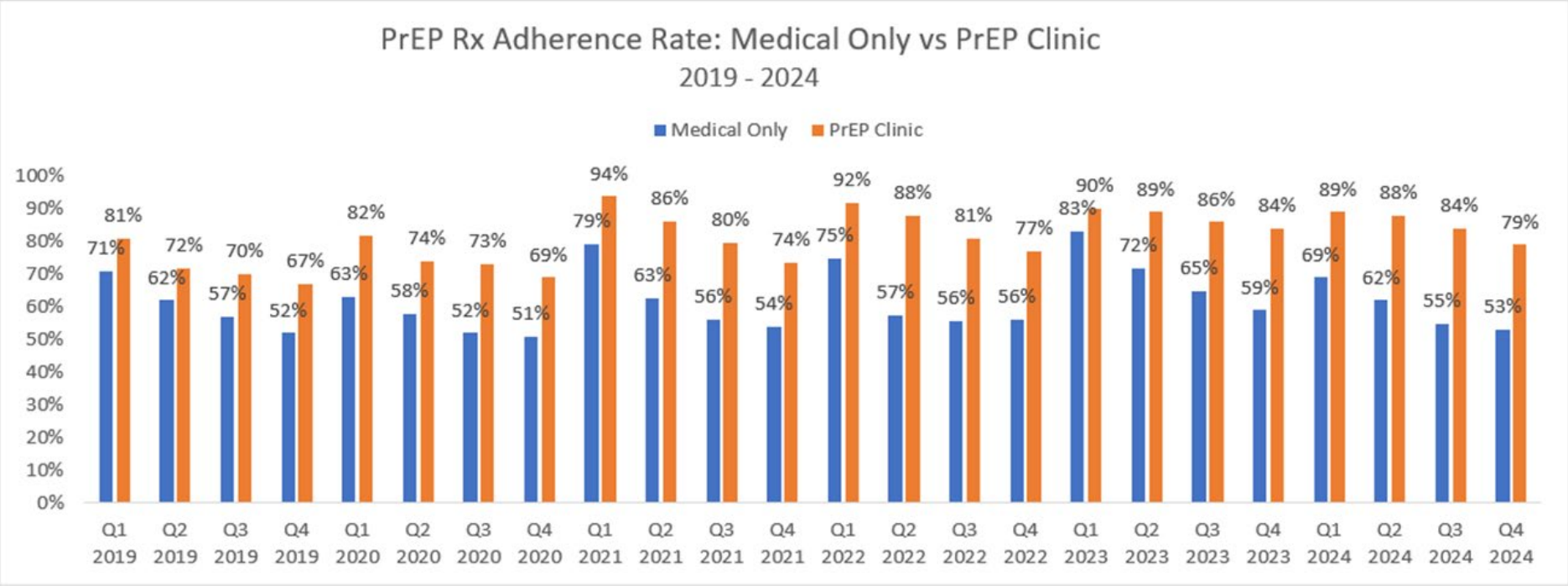
# Peer PrEP Specialist Clinic: Higher Oral PrEP Care Retention vs. Medical Clinic (IAPAC 2023)




| PrEP Rx Adherence: Medical Only vs PrEP Clinic | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Medical Only | | | | | | PrEP Clinic | | | | | |
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| Q1 | 71% | 63% | 79% | 75% | 83% | 69% | 81% | 82% | 94% | 92% | 90% | 89% |
| Q2 | 62% | 58% | 63% | 57% | 72% | 62% | 72% | 74% | 86% | 88% | 89% | 88% |
| Q3 | 57% | 52% | 56% | 56% | 65% | 45% | 70% | 73% | 80% | 81% | 86% | 84% |
| Q4 | 52% | 51% | 54% | 56% | 59% | 53% | 67% | 69% | 74% | 77% | 84% | 79% |

**WWH Community Health Department**
**PrEP Clinic: Peer PrEP Specialist-led**
Services: Medication, Lab Draw, Counseling, Scheduling, Follow Up Visits, Reminders, Referral for Acute/Primary/Mental Health Care

**Total PrEP clients 3,878: Oral 3,369 and LAI 509**

**Novel strategies are needed to reduce PrEP care disparities.**

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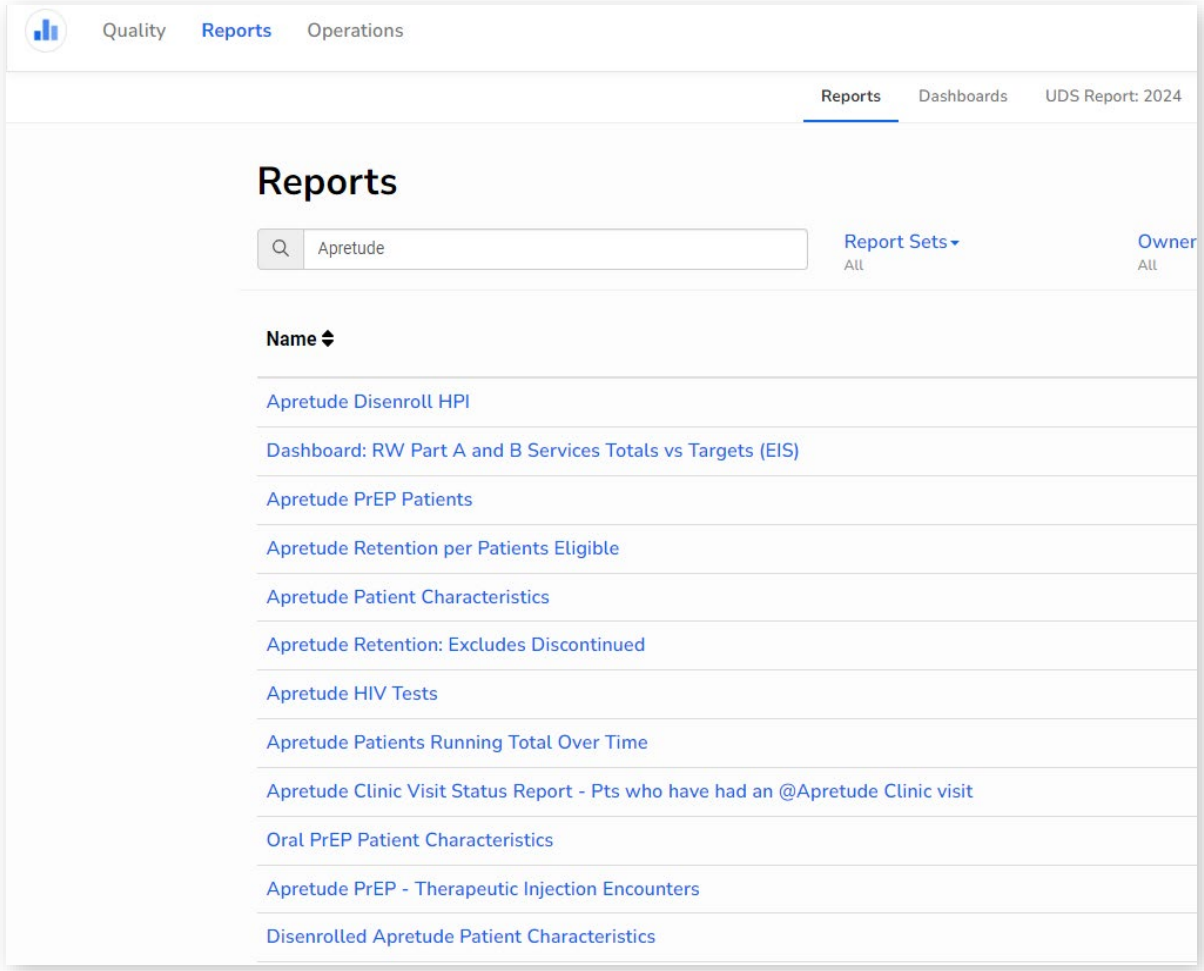
# LAI CAB Implementation Process

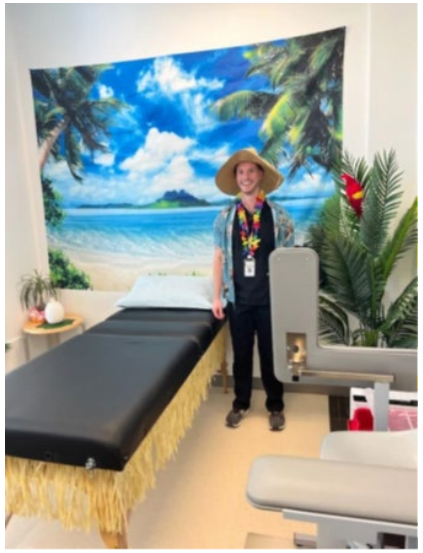


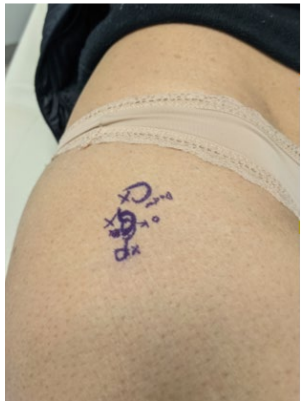

1. Gather insights from other organizations
2. Review legal specifications
3. Identify staffing needs and hire new staff: full-time Injection Coordinator, 3 PrEP Injection Specialists, 2 PrEP Navigators, and Pharmacist LAI CAB Lead
4. Devise a clinical protocol and workflow
5. Appointment scheduling system
6. Missed appointment rescheduling within 1-7 days and follow up plan with Artera® texting and calls
7. LAI CAB pharmacy communication system
8. Medication acquisition and storage plan
9. Specialized electronic medical record changes and medical documentation format
10. Real-time dashboard to identify inventory, missed appointments and other information
11. Billing process with client billing communication
12. Demand generation plan
13. Examination room changes
14. Establish LAI CAB PrEP Specialist Training Program

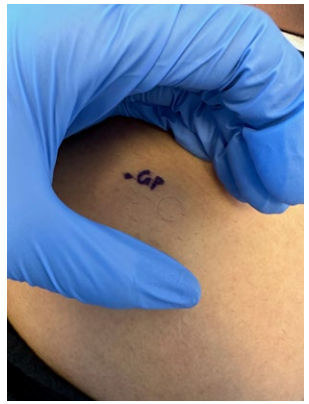
Damschroder LJ, et al. 2009
Damschroder LJ, et al. 2022
Cfirguide.org

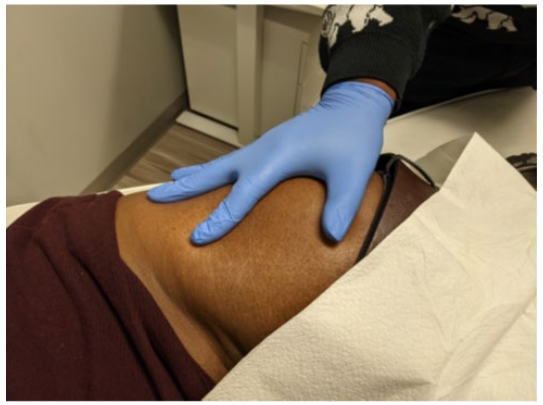
# LAI CAB PrEP Injection Training Program

- Didactic lectures
- Separate sessions for injection preparation & landmark/injection site identification
- Mock sessions
- In-clinic observation by Specialists
- Videotape review with feedback
- Specialist observation by provider
- Log of injections
- Sessions: Group and 1-on-1
- Surveys every month on comfort level and why
- Checklist and exam
- Weekly review of cases





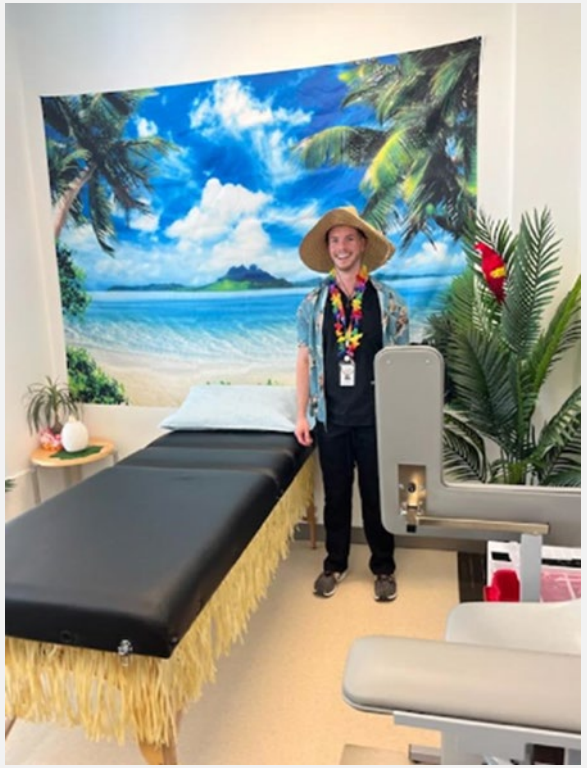




# CAB CHW Program Model: Washington, D.C.

## Hands-On Training for PrEP Specialists

- Videotape and in-clinic observation feedback
- Surveys every month on injection comfort level
- Written and video assessments
- Weekly review of cases; and refresher trainings
- Created checklists, client scripts, and work aids simultaneously
- Phlebotomy and rapid testing training

**PrEP Specialists & Navigators**

## WWH PrEP Services Pathway


WHITMAN-WALKER CROI 2024

Data from Whitman-Walker Health, Population Health & Quality Team; Patel RR. De-medicalizing LAI CAB PrEP. Presentation APACC 2023; Patel R et al. IAPAC2023 Poster#1274; Fessler D, et al. CROI2024 #1235
Patel RR, et al. Feasibility of LAI CAB PrEP and Administration by CHW and Early Aspects of PrEP Injection Care Continuum of Care. IAS2023 #LBPEE01; https://www.washingtonpost.com/dc-md-va/2023/09/19/injectable-prep-hiv-whitman-walker/

# LAI CAB PrEP 9-Month Retention Outcomes By Population

(IAPAC 2024)

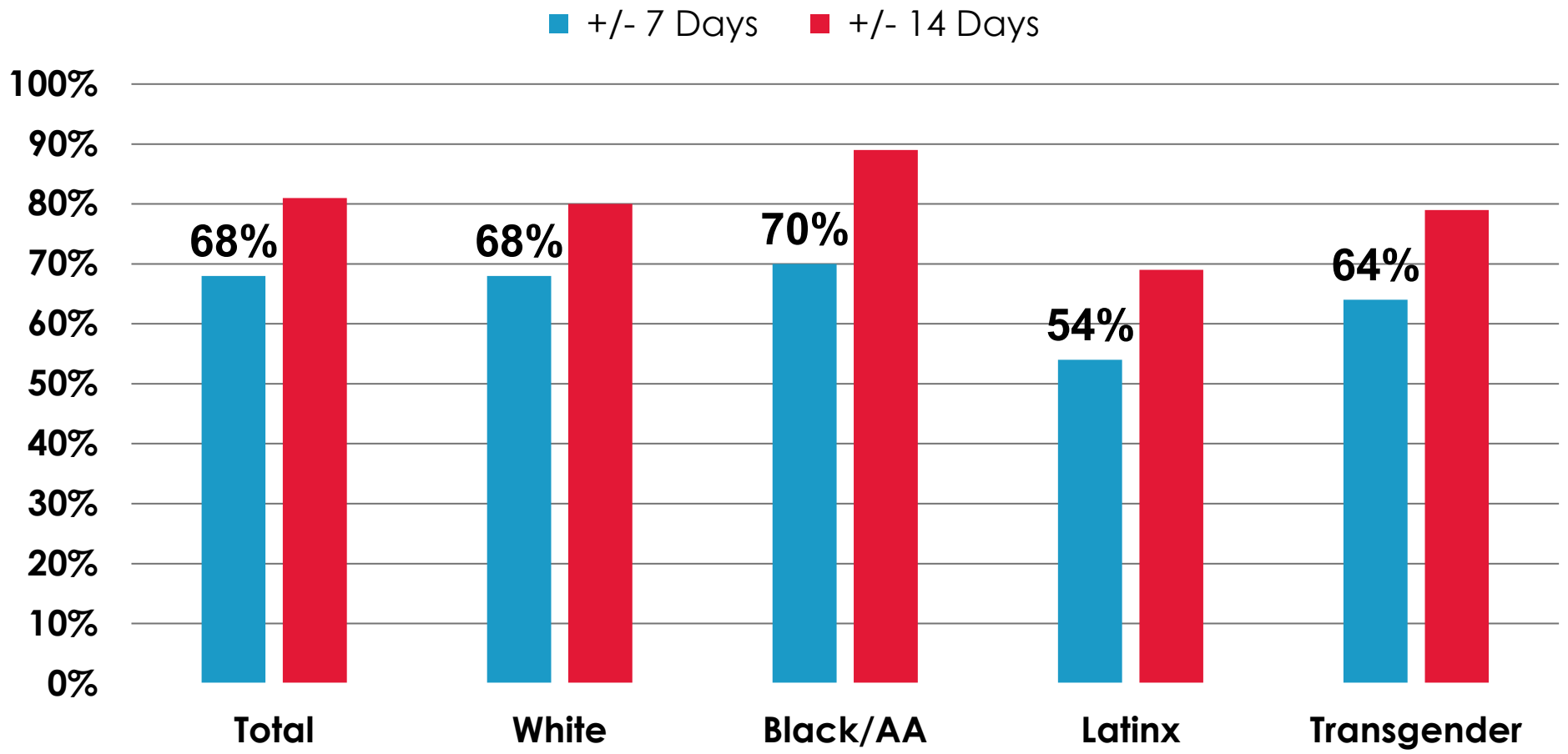
**Program Description: 9-month LAI CAB PrEP retention**

**9-month analysis**: First injection received between March 2022 to June 2023

**Primary outcome**: 9-month retention/adherence (received 6 consecutive injections)

**Outcome defined** as an injection received (+/-7 days) at 9 months (6th on-time injections)

**Secondary outcomes**: injection at 9 months (+/- 14 days)




*Most people attended their appointments within 7 days of the +/- 7 day on-time injection window*

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# LAI CAB Patient Survey Results

| | Surveys results through 4/28 | | |
|---|---|---|---|
| | LAI CAB (n=23) | | |
| | Great (Yes) | OK | Poor (No) |
| Experience Scheduling | **96%** | 4% | 0% |
| Experience w/ Insurance | **90%** | 5% | 5% |
| Experience w/ Injection | **91%** | 9% | 0% |
| Schedule explained? | **100%** | ---------- | 0% |

| **Reasons for choosing Injectable PrEP (LAI CAB):** | **count** | **%** |
|---|---|---|
| More convenient for my schedule than taking a pill | 15 | 38% |
| Easier to remember than taking a pill | 15 | 38% |
| Don't like taking a pill | 7 | 18% |
| Some other reason | 2 | 5% |
| Total* | 39 | 100% |
| **How did you hear about Injectable PrEP (LAI CAB)?** | **count** | **%** |
| WWH medical professional (provider, other clinic staff) | 18 | 50% |
| External medical professional (external provider, clinic staff) | 1 | 3% |
| Another patient, friend, partner, or someone else | 5 | 14% |
| Saw information while in the clinic (poster, brochure) | 0 | 0% |
| Saw an ad on TV, social media, or somewhere else | 11 | 31% |
| Found out some other way | 1 | 3% |
| Total* | 36 | 100% |

**Injectable PrEP (LAI CAB) is a new service for us. Please share any information that can help us to improve the patient experience:**

- "Easy experience with scheduling and staff"
- "The actual injection was quite painful"
- "No pain at all, easy to schedule"
- "First dose was painful; second dose was much smoother"
- "Wider range of appointment times to accommodate patients"

**How would you describe Injectable PrEP (LAI CAB) to another patient who didn't know what it was but wanted to learn?**

- "Be prepared to feel sore for more than a week"
- "It's a way to be our protected from HIV without a daily regimen"
- "It stays in your system for 2 months for HIV prevention"

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*Total higher than n due to selecting multiple response options

# How We Embraced Task Shifting with Trained, Non-licensed Medical Staff for Injecting PrEP

- Initial conversations
- Legal state-level considerations
- Federal health care legal considerations
- Staff union considerations
- Client buy in with non-MD or NPs
- Provider buy in
- Supervision in place
- Consequences faced
- Lessons learned
- Comfortability of injectors
- Loss of money in billing claims (US based audiences)

- Medical leadership and organization-level factors/decisions

Getting Prepped: RECEIVING long-acting PrEP at Whitman Walker in Washington, D.C. (photo by Jimell Greene)

# Acknowledgements

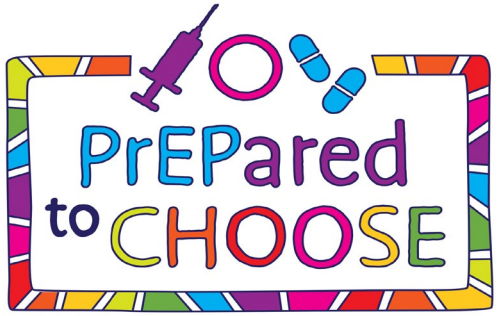

- WWH MORE Team
- WWH PrEP Clinic Team
- Data and IT Teams
- Community Health Department Phlebotomists
- Medical Department
- Nursing and Medical Assistant Teams
- Billing Team Leadership
- Institute Research Team


# This is how we do it:

## shifting PrEP access in Cape Town, South Africa

Carey Pike

Desmond Tutu Health Foundation





# Differentiated PrEP delivery:

*Evolving landscape with the introduction of long-acting modalities*

**WHEN**

Longer PrEP refills

Monthly
Every 3 months
Every 6 months

**WHERE**

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

HIV clinic / hospital
Primary care clinic
Private clinic
Community
Home
Drop-in centre
Online consult
Courier
Pharmacy
Mobile clinic

Client

**WHO**

Support by peers, experts clients, community health workers, nurses, pharmacists

Physician
Clinical officer
Nurse
Pharmacist
Community health worker
Patient / peer / family
Counsellor
Pharmacy staff

**WHAT**

PrEP refills and comprehensive health services

PREP initiation/refills
Clinical monitoring
Adherence support
HIV test
STI screening and treatment
HBV screening (vaccinate/treat)
HCV screening and treatment
Pregnancy test
eGFR (creatine clearance)
Side effect monitoring and counselling
Contraception
Condoms and lubricants
Harm reduction (MAT/N&S/ATS use mitigation)
Mental health services


*Rousseau E, et al FastPrEP*

# FAST PrEP Implementation Platform

*Funded by Bill & Melinda Gates Foundation*

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

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

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

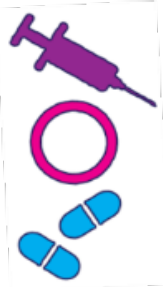
*With intention to introduce new PrEP modalities as they become available*

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


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

PrEPared to CHOOSE

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



900 pts choosing injectable PrEP

300 pts choosing vaginal ring PrEP

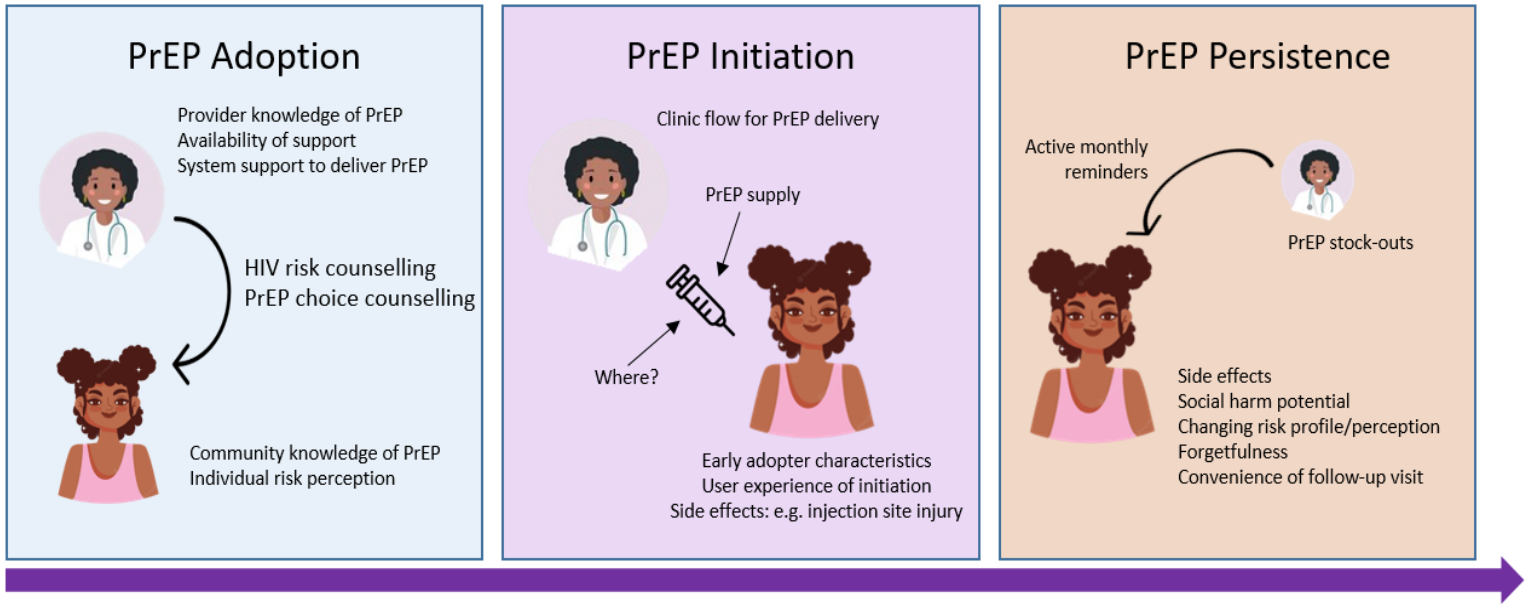
600 pts choosing oral PrEP

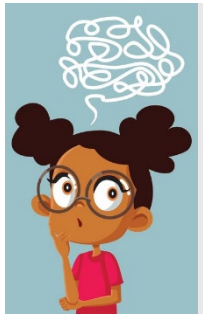
1° outcomes: persistence at 6 & 18 months

*18 month passive follow up*
*– switching between PrEP products allowed at all time points.*

# These are implementation studies

To determine the best combination of **implementation strategies** to achieve optimal PrEP adoption (decision to use PrEP), initiation (first PrEP dose), and persistence.



<u>Key questions we ask ourselves:</u>

- Do these processes reflect real world practises?
- Are the processes we are implementing sustainable for standard of care practise in our setting?
- What are the barriers and enablers for PrEP users trying to use our services – and can we address these within the project through practical (real world, sustainable) changes

# The HOW: **These are implementation studies**

**PrEP product comparison table**

Summarising basic information about oral PrEP, the Ring, CAB-LA and condoms.

PrEPared to CHOOSE

| | Ring | Oral PrEP | CAB-LA | Condoms |
|---|---|---|---|---|
| **Active ingredients** | Dapivirine | Emtricitabine and tenofovir (TDF/FTC) | Cabotegravir | No active ingredient |
| **Description** | Silicone vaginal ring | Single dose tablet | Single dose vial | Male - thin rubber (latex) Female - soft plastic (nitrile) |
| **How is it given?** | Inserted into vagina for 28 days | Tablet - taken orally daily | 2 monthly injection | Male condom worn on penis (optional use of water-based lubricants if preferred); female condom inserted into vagina |
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| **Who is it for?** | HIV-negative individuals assigned female at birth, and willing to use the Ring correctly as prescribed[1]; for protection from HIV when having vaginal sex only; (and according to guidelines[2] and medical eligibility[3]. | HIV-negative individuals; weighing 35kg and more; willing to use oral PrEP correctly as prescribed; for protection against all exposure to HIV; and according to guidelines and medical eligibility. | HIV-negative individuals; weighing 35 kg and more; willing to return for injection appointments; for protection against all exposure to HIV; and according to guidelines and medical eligibility. | Anyone wanting protection against HIV (and STIs and pregnancy). |
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# FASTPrEP & PtC: The Where


In the Klipfontein-Mitchells Plain Health Sub-district, **Cape Town**, **South Africa** - a peri-urban, high density, low socio-economic setting, with > 1 million people.

- Desmond Tutu Health Foundation **mobiles (4)**: rotates on a fixed schedule through the district, ext. hours


- **Primary Healthcare Clinics**
  - *Clinic team:* Nurse run, counsellors, pharmacy/ pharmacy assistant.
  - *DTHF at clinic:* peer navigator, weekly nurse visit, Dr on call, counsellor at select clinics since loss of USAID funding

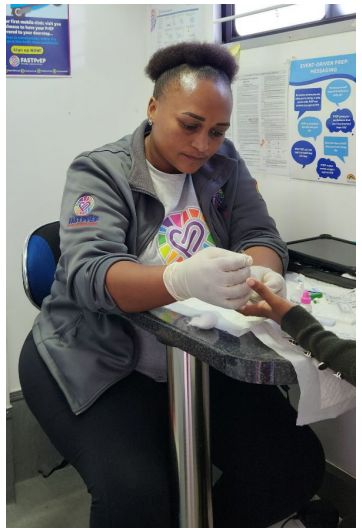
# FASTPrEP & PtC: The Who & What

## (1) Health Education, Recruitment, & Service Navigation

**Peer navigators –** youth (<30 yrs) from the area, stationed at mobiles & clinics.

**Social media** (Instagram, Facebook, TikTok, WhatsApp line)

**Youth Reference Group** (Ambassadors & study advisors) – youth (<30 yrs), PrEP experienced



## (2) HIV & PrEP counselling (*risk reduction, choice, STI / mental health / IPV / TB screening)*

HCT counsellors – counselling certificate, HIV test as the starting point of all counselling

## (3) Research nurse / primary health clinic nurses

NIMART trained nurses – *Nurse Initiated Management of Antiretroviral Therapy* (only registered nurses or clinical nurse practitioners), course takes weeks to months. Nurse prescribes and administers PrEP. *Other clinical services:* contraception, PEP, STI treatment, pregnancy screening.

**PIMART (for pharmacists) in court - backlash from doctors.*

**+ Drivers, community liaison officers, Pharmacy, mini Labs, research assistant, Ops team**

# Expanded role of HIV counsellors

- **PrEP choice counselling**
  - Built from formative workshops with YRG + PrEP providers + NDOH Guidelines + Choice literature (*framework is motivational interviewing)*
  - 5 step multi-modal process: *Emphasis on:*
    - *Information provision (correction of misinformation)*
    - *Agency in choice*
    - *Appropriate exit points*
  - Regular review: YRG and participant feedback + fidelity sessions with counsellors

- **Counsellors have shaped the process:**
  - Inclusion of a **male-friendly quiz version** (on request from counsellors, well-received, includes expanded information on demand oral PrEP counselling)
  - Introduction of a **continuation counselling quiz** that focuses on key information about the PrEP product of choice – started December 2024, under evaluation

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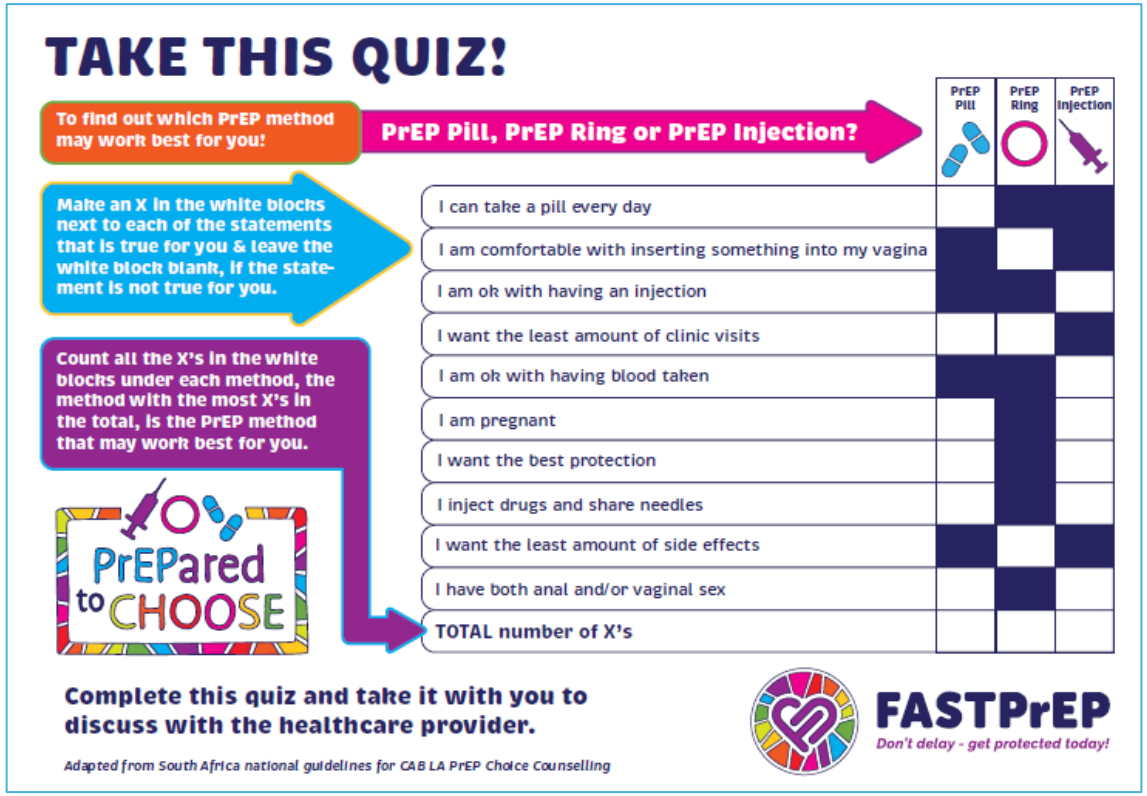


Pike *et al. HIV*R4P poster 2024.


# **PtC:** Mobile clinics expand reach and access to diverse populations

PrEPared to CHOOSE

| | Mobile Clinic | Community Clinic |
|---|---|---|
| No. participants | 70.26% total participants<br>***Faster rate of recruitment*** *(160-190 new initiations per month during peak recruitment periods)* | 29.73% total participants<br>***Slower recruitment*** *– peaked at just over 100 new initiations per month* |
| Populations reached | Vast majority of **all populations** (AGYW, MSM, male partners) – except… | **Pregnant and breastfeeding** women – majority initiated at the clinic |
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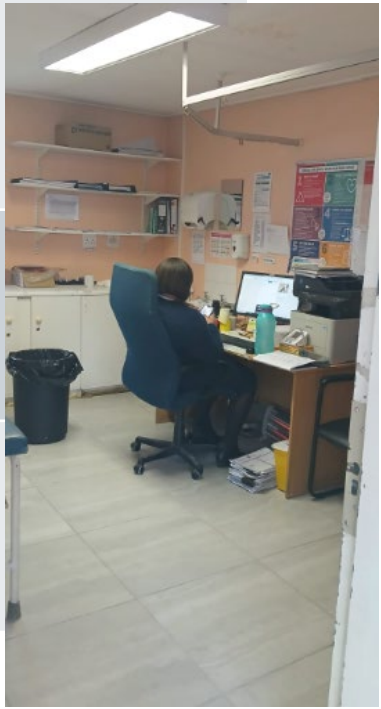


# Alternative delivery options for initiated oral and ring PrEP users

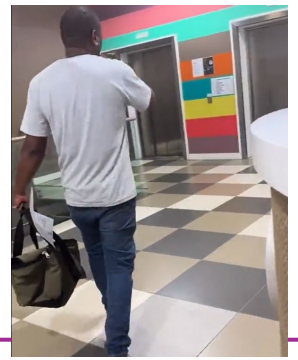
## Courier Delivery

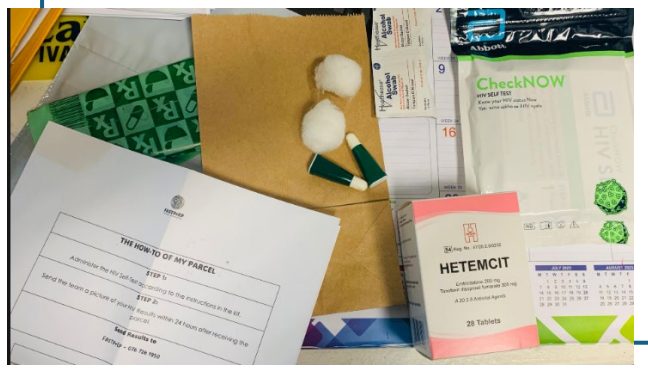
- Sign up courier option offered to all oral and DapiRing users
- Courier direct to homes
- HIV self-testing done to confirm HIV status and allow cntd courier service – test resulted communicated via WhatsApp to nurse/counsellor.

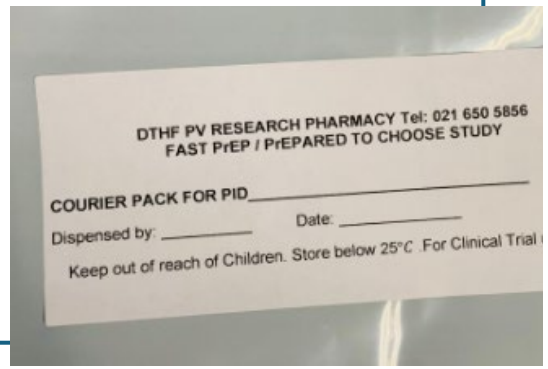
*PrEP Self-testing kit contains: 2x lancets, 2x alcohol swabs, Cotton balls, and instruction note*

## Direct Pick up

- Initiated oral and ring users can collect directly from community-based pharmacy
- HIV testing: collect a self-test to test at home or can test at the pharmacy while waiting for their package (HIV counsellors available to guide testing if desired).



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**Need choice of delivery site: PrEP uptake differs by populations and location.** Mobile clinics continue to be the most used PrEP delivery platform in both FAST PrEP and PrEPared to Choose; but the clinics saw a larger proportion of injectionable users and was popular in some populations.

**More access points = greater persistence.** Preliminary evaluation indicates that early oral PrEP persistence (beyond month 1) increased among young people when PrEP access and distribution outlets increased (FAST PrEP data)
*Keitumetse Lebelo, et al - HIVR4P, 2024*

**Choice of product matters.** Participants felt they had a choice and had enough information to make an informed choice; liked that there were multiple options

**Injectable PrEP:** Success at primary healthcare and mobile settings (PtC data)

- Majority of PrEP users opt for this option across all populations (including heterosexual men)
- Time on PrEP was greater amongst injectable users compared to oral and ring users (*IAS 2025 poster: Pike et al AS-IAS-2025-06760*)
    - A large number of PrEP users that returned switched to injectable PrEP at month 1.
- Early opt outs: up to a third (*IAS 2025 poster, Pike et al., TUPEC056)*

## Reasons for discontinuation: (PtC qualitative findings)

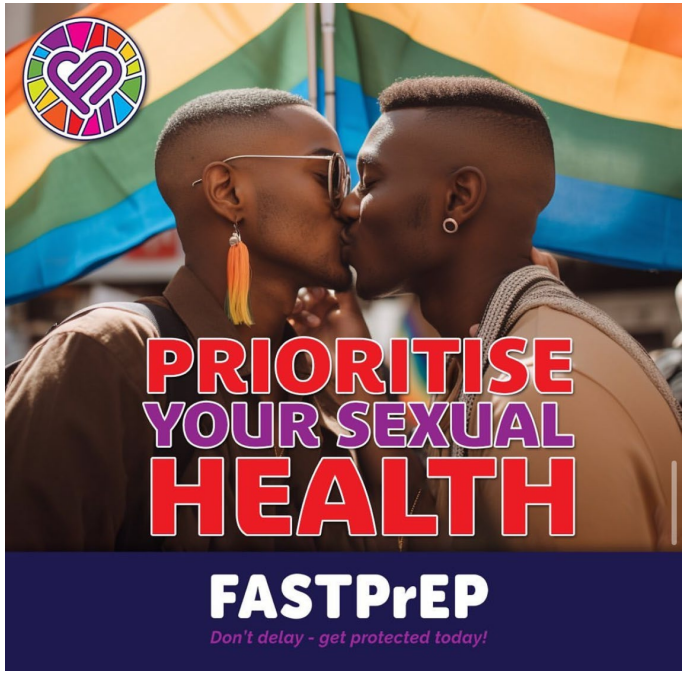
- PtC mobile too far or not in convenient location - "I was too lazy to walk" (4)
- Clash of time with personal/ work schedules (3)
- **Side effects:** Pain at site (amongst other reasons) (2)
- **Service delivery:** Long waiting times (same as normal clinics or when at clinics) (2)
- **HIV risk perception:** Is currently abstaining (1)

*Fiona Bennin, et al - AIDSImpact, 2025*

**No such thing as a perfect PrEP user in the real world**

# **Differentiated service delivery remains the goal.** *It's feasible for all PrEP options and an area we can continue to innovate in.*



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Linda-Gail Bekker

Elzette Rousseau

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Pakama Mapukata

The PrEPared to Choose, Fast PrEP, and Align teams and our participants.

Questions: Carey.Pike@hiv-research.org.za

DESMOND TUTU HEALTH FOUNDATION

https://desmondtutuhealthfoundation.org.za/

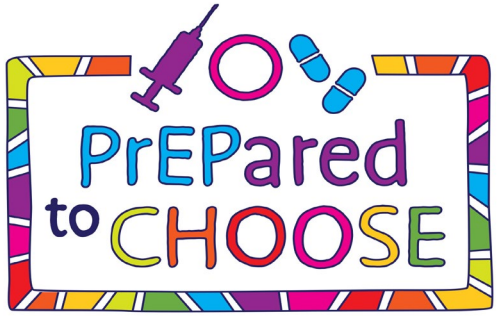
*Follow us.*

# This is how we do it:

## shifting PrEP access in Cape Town, South Africa

Carey Pike

Desmond Tutu Health Foundation





# Differentiated PrEP delivery:

*Evolving landscape with the introduction of long-acting modalities*

**WHEN**

Longer PrEP refills

Monthly
Every 3 months
Every 6 months

**WHERE**

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

HIV clinic / hospital
Primary care clinic
Private clinic
Community
Home
Drop-in centre
Online consult
Courier
Pharmacy
Mobile clinic

Client

**WHO**

Support by peers, experts clients, community health workers, nurses, pharmacists

Physician
Clinical officer
Nurse
Pharmacist
Community health worker
Patient / peer / family
Counsellor
Pharmacy staff

**WHAT**

PrEP refills and comprehensive health services

PREP initiation/refills
Clinical monitoring
Adherence support
HIV test
STI screening and treatment
HBV screening (vaccinate/treat)
HCV screening and treatment
Pregnancy test
eGFR (creatine clearance)
Side effect monitoring and counselling
Contraception
Condoms and lubricants
Harm reduction (MAT/N&S/ATS use mitigation)
Mental health services


*Rousseau E, et al FastPrEP*

# FAST PrEP Implementation Platform

*Funded by Bill & Melinda Gates Foundation*

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

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

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

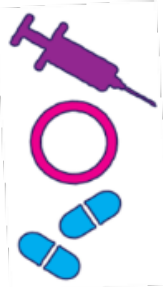
*With intention to introduce new PrEP modalities as they become available*

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


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

PrEPared to CHOOSE

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



900 pts choosing injectable PrEP

300 pts choosing vaginal ring PrEP

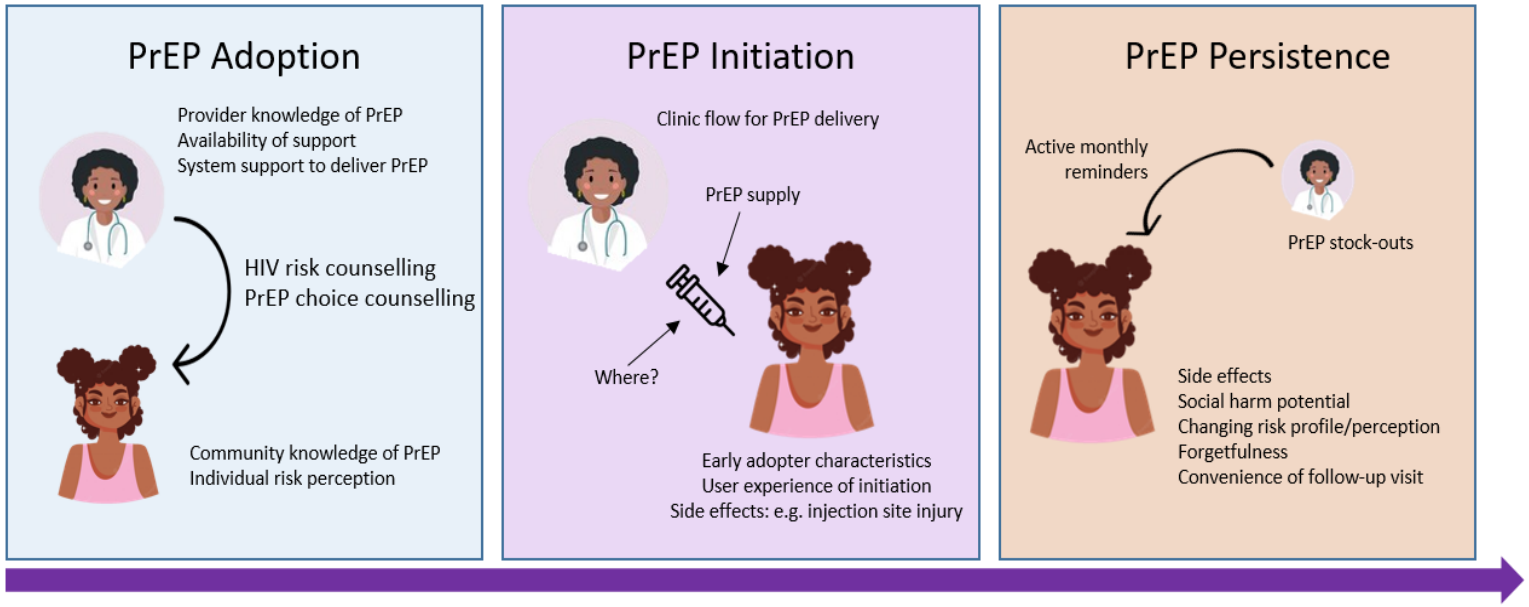
600 pts choosing oral PrEP

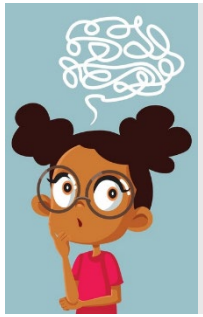
1° outcomes: persistence at 6 & 18 months

*18 month passive follow up*
*– switching between PrEP products allowed at all time points.*

# These are implementation studies

To determine the best combination of **implementation strategies** to achieve optimal PrEP adoption (decision to use PrEP), initiation (first PrEP dose), and persistence.



<u>Key questions we ask ourselves:</u>

- Do these processes reflect real world practises?
- Are the processes we are implementing sustainable for standard of care practise in our setting?
- What are the barriers and enablers for PrEP users trying to use our services – and can we address these within the project through practical (real world, sustainable) changes

# The HOW: **These are implementation studies**

**PrEP product comparison table**

Summarising basic information about oral PrEP, the Ring, CAB-LA and condoms.

PrEPared to CHOOSE

| | Ring | Oral PrEP | CAB-LA | Condoms |
|---|---|---|---|---|
| **Active ingredients** | Dapivirine | Emtricitabine and tenofovir (TDF/FTC) | Cabotegravir | No active ingredient |
| **Description** | Silicone vaginal ring | Single dose tablet | Single dose vial | Male - thin rubber (latex) Female - soft plastic (nitrile) |
| **How is it given?** | Inserted into vagina for 28 days | Tablet - taken orally daily | 2 monthly injection | Male condom worn on penis (optional use of water-based lubricants if preferred); female condom inserted into vagina |
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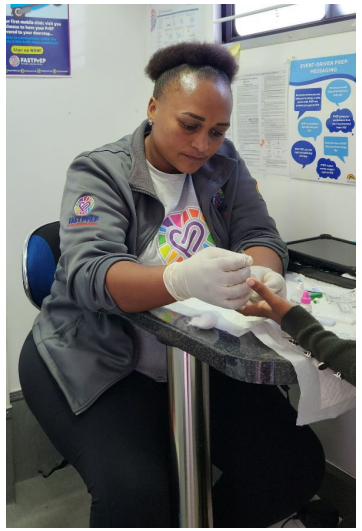

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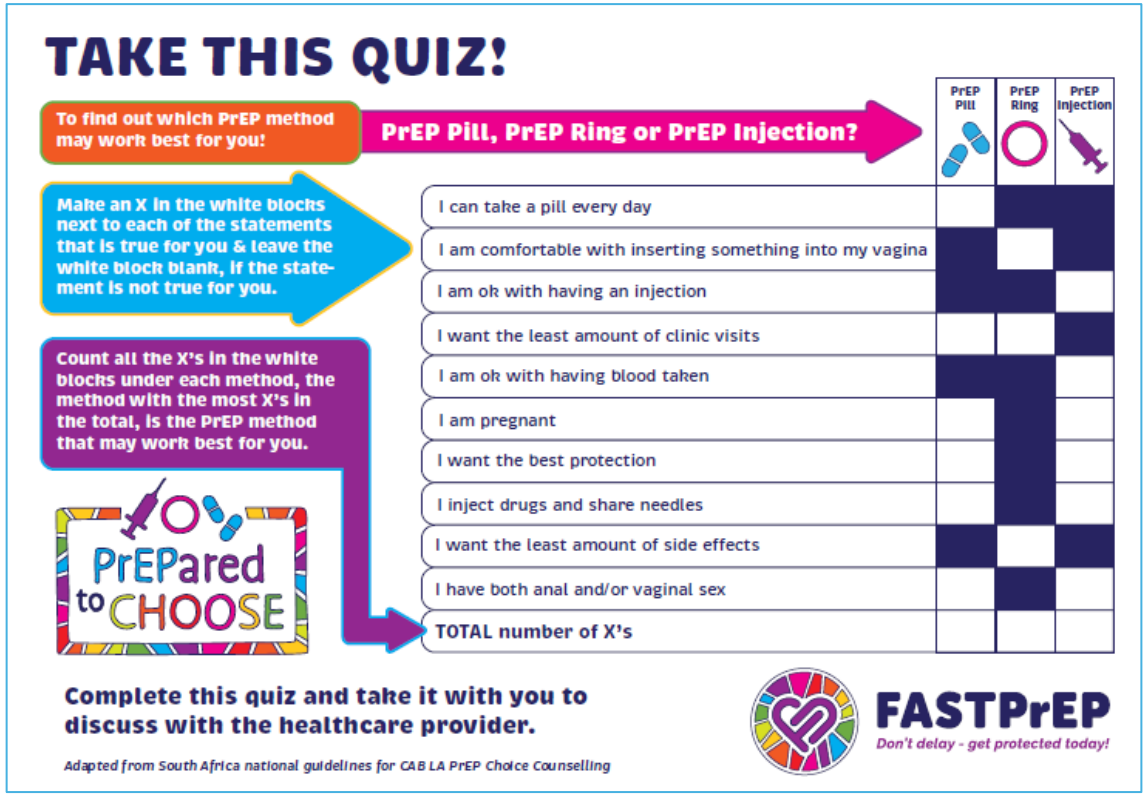


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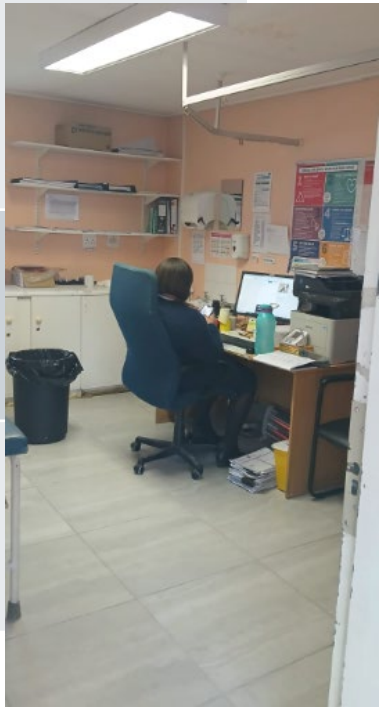

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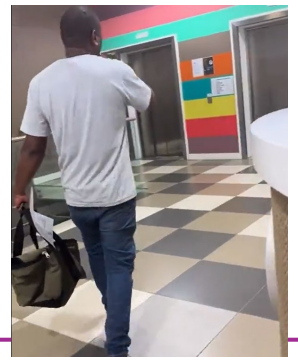

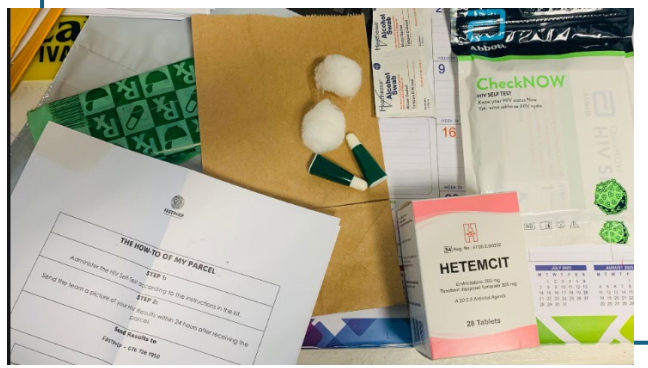


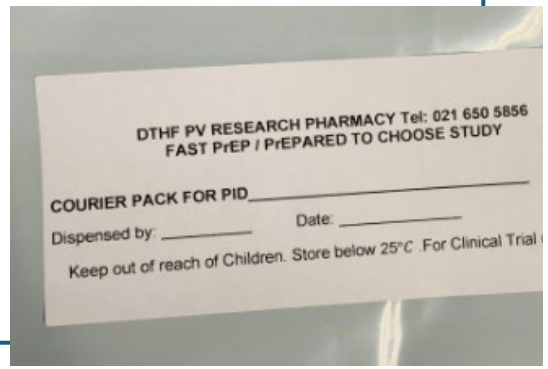

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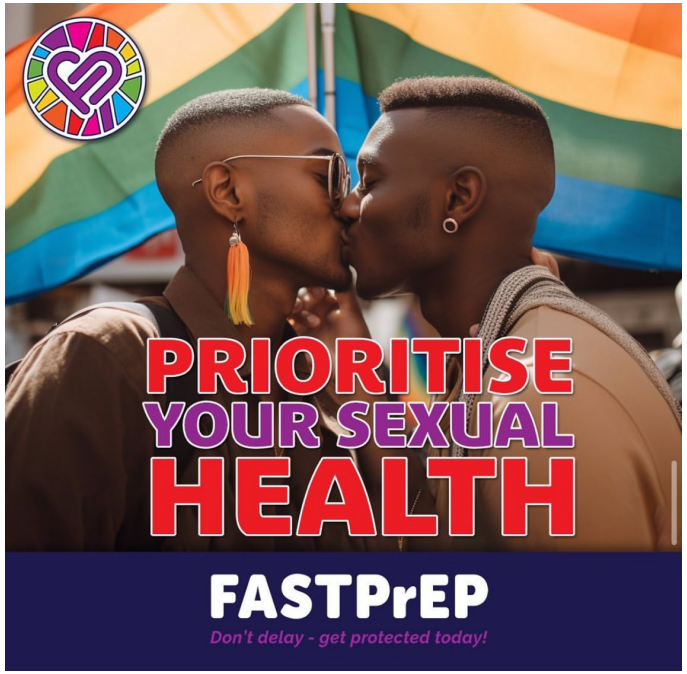
- Clash of time with personal/ work schedules (3)
- **Side effects:** Pain at site (amongst other reasons) (2)
- **Service delivery:** Long waiting times (same as normal clinics or when at clinics) (2)
- **HIV risk perception:** Is currently abstaining (1)

*Fiona Bennin, et al - AIDSImpact, 2025*

**No such thing as a perfect PrEP user in the real world**

# **Differentiated service delivery remains the goal.** *It's feasible for all PrEP options and an area we can continue to innovate in.*



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