



IAS 2025

Policy shifts needed to enable PrEP private sector delivery

Meet me where I am: Harnessing private sector
strategies to expand access to PrEP

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Disclosures

None to disclose



Overview

- Defining the private sector
- The role of the private sector in healthcare provision
- PrEP landscape in the private sector
- Policy shifts to enable private sector PrEP delivery
- Challenges and Opportunities
- Key Takeaways

Defining the Private Sector

A diverse array of healthcare delivery channels

- The private sector is **huge and diverse**, and includes everything from small community distributors going door-to-door to large national clinic networks
- It also includes many **novel, technology-based channels** like e-pharmacies and telemedicine



Pharmacies



E-Pharmacies



Telehealth/Telemedicine



Community Distribution/Mobile Outreach

Third Party Channels

Non-Governmental Organisations



Faith-Based Organisations



Private Clinics (including networks)



Social Franchise Networks



The Role of the Private Sector in Healthcare Provision

Meeting people where they are

- The private sector plays a **substantial role** in healthcare delivery, particularly in sub-Saharan Africa (SSA), where **roughly half of all outpatient services in 2024 were provided via the private sector**
- **Technology-based channels** have grown rapidly in SSA, accelerated by the Covid pandemic and increases in mobile coverage- it's currently estimated that **half of all people living in SSA are covered by mobile connectivity**
- Despite the additional cost, the private sector is preferred by many for:
 - **Discretion**- many communities who face discrimination accessing healthcare, including youth and key populations, prefer the private sector, particularly channels which minimise face-to-face contact
 - **Convenience**- pharmacies have greater coverage than public facilities and are more accessible, particularly to last-mile users, and online-based channels are continually growing their coverage areas and accessible 24 hours/day
- The ubiquity and diversity of the private sector makes it **well suited to reach different population segments**- men/women, urban/rural, older/younger, married/unmarried, wealthier/less wealthy, etc.

PrEP Landscape in the Private Sector

An untapped source of PrEP delivery

Channel	PrEP Delivery
Private Clinics, including networked facilities	Though current policies allow for PrEP delivery, PrEP is not as widely available as in the public sector
Pharmacies	Often first point of call for healthcare services; in most cases, can dispense but not prescribe- though several pilots, notably in Kenya and South Africa (PIMART), are trialling pharmacist-initiated PrEP
E-Pharmacies	Rapidly growing channel, though concentrated in urban areas and limited to those with mobile access; popular source of HIVST kits; like pharmacies, can normally dispense but not prescribe
Telehealth/Telemedicine	Laws are changing to keep pace with recent growth- depending on the context, may be able to dispense or connect to a pharmacy/e-pharmacy to dispense

For more information, see: Verde Hashim, Catherine et al. “Harnessing private sector strategies for family planning to deliver the Dual Prevention Pill, the first multipurpose prevention technology with pre-exposure prophylaxis, in an expanding HIV prevention landscape.” *Journal of the International AIDS Society* vol. 27,8 (2024): e26346. doi:10.1002/jia2.26346

Policy Shifts to Enable Private Sector PrEP Delivery

Many users prefer to access healthcare services at pharmacies and via newer, technology-based channels, yet PrEP is not widely available this way- how can we align PrEP delivery with user preferences?

Engage government regulators, MoH, and professional bodies to **update PrEP delivery regulations**, including:



- **Who**- pharmacists, nurses, CHWs, peer distributors (*task shifting*)



- **What**- ensuring all cadres can provide the full range of PrEP methods, including injectables and vaginal rings



- **Where**- pharmacies, online, community-based distribution points



- “Where” will also impact... **when**- as many online-based channels are open 24 hours/day



- **How**- in person, via post or courier

Policy Shifts to Enable Private Sector PrEP Delivery

Many users prefer to access healthcare services at pharmacies and via newer, technology-based channels, yet PrEP is not widely available this way- how can we align PrEP delivery with user preferences?

Policies which permit the **use of HIV self-testing (HIVST)** can also facilitate PrEP delivery via the private sector.



- HIVST is a **safe, accurate, and effective** alternative to provider-administered testing, often preferred for its discretion and convenience
- In July 2023, WHO issued a **recommendation to offer HIVST for initiation and continuation** of oral PrEP, PEP, and the DVR
- Adopting this recommendation is **necessary to enable the provision of PrEP in many private sector channels**, such as pharmacies, e-pharmacies, and telemedicine, and can reduce the number of facility visits required for follow-up

Opportunities and Challenges

- Updating these regulations will ensure **PrEP can be delivered alongside other services**, including FP and STI services, and will help prepare for introduction of **Multi-purpose Prevention Technologies** like the Dual Prevention Pill
- Newer, technology-based channels are **uniquely suited to deliver services associated with a high level of stigma**, such as HIV or FP services, and can **reach KPs and youth** who may prefer to access services remotely, as well as **last mile users** who may live far away from the nearest facility

However...

- Private providers must be **engaged on PrEP**, and **sold the value proposition of PrEP**- many who can provide (e.g. in private clinics) still aren't providing
- **Willingness-to-pay is a big unknown**- private providers are operating a business and it's uncertain if PrEP users will be willing to pay a price that covers their costs- **subsidies may be needed**

Key Takeaways

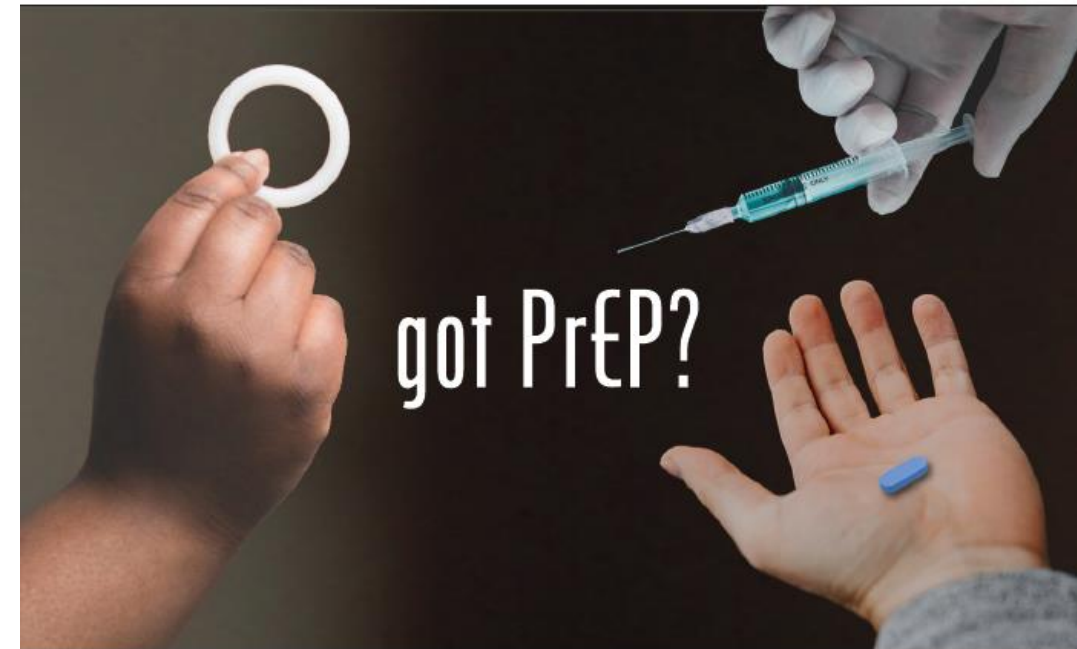
- The private sector includes a **diverse range of channels**, including many new technology-based channels
- Roughly **half of people accessing healthcare services** in sub-Saharan Africa choose the private sector, and it's often **preferred by KP groups and youth** who can face healthcare discrimination in the public sector, as well as **last mile users**
- The private sector is currently an **untapped source of PrEP**, due both to **lack of engagement** by providers and **policies which restrict** where, by whom, and how PrEP and HIVST can be delivered
- Changing these policies has the potential to **widen PrEP access** to many more users, particularly KPs, youth, and last mile users
- These policy changes need to be accompanied by **provider engagement** and strategies to ensure differences between **user willingness-to-pay and provider cost recovery** can be managed

Further Resources

- [PrEPWatch.org](https://www.prepwatch.org)- data, information, and PrEP resources
- [*Harnessing private sector strategies for family planning to deliver the Dual Prevention Pill, the first multipurpose prevention technology with pre-exposure prophylaxis, in an expanding HIV prevention landscape*](#)
- [*HIV Self-Testing and PrEP: Opportunities for Scale-up*](#)

Questions or comments?

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For the last 8 years, AVAC has proudly worked with PEPFAR to document PrEP uptake and its impact around the world. That stopped in January with a stop work order from the US government. But protecting access to PrEP is vital. Are you leading a PrEP program? Whether supported by PEPFAR or not, we invite you to work with us to ensure global data on PrEP is not lost.