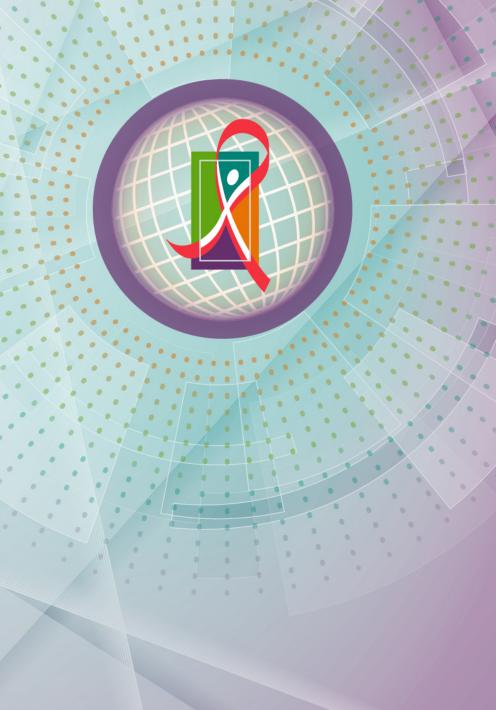
15th International Conference on HIV TREATMENT AND PREVENTION ADHERENCE

Differentiated PrEP: Who Should be Prescribing?

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KENYA



INTRODUCTION

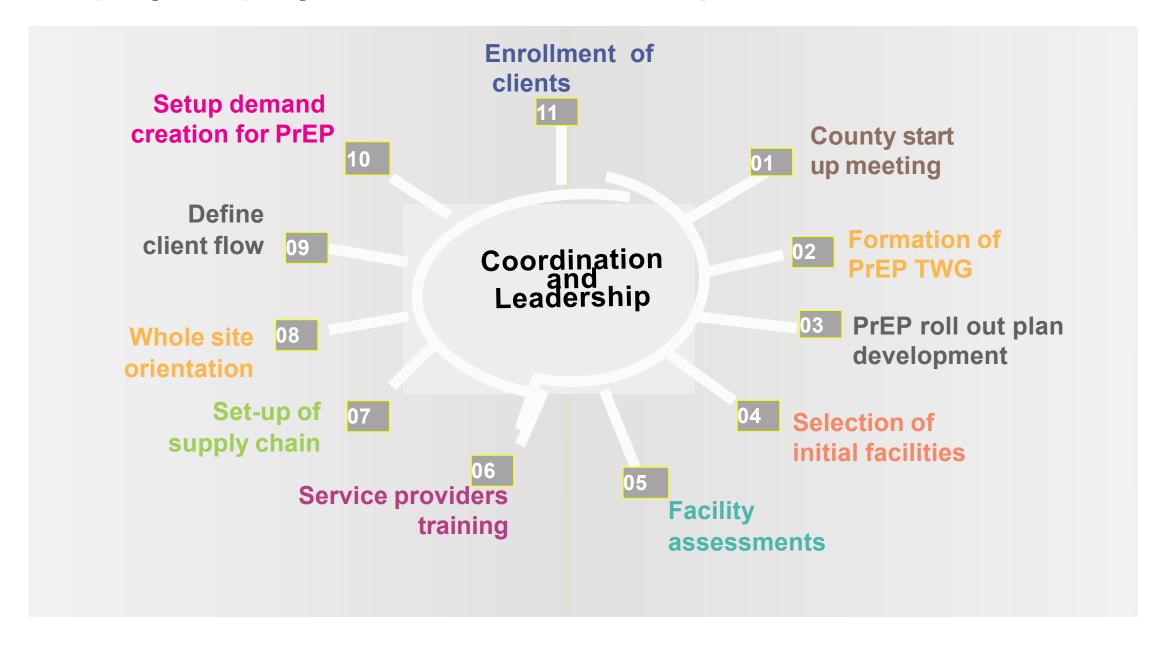
- Pre-exposure prophylaxis (PrEP) is the use of ARV medication to prevent HIV
 infection by an uninfected person at substantial risk of acquiring HIV infection
- In 2015, the World Health Organization (WHO) recommended Oral Pre-Exposure Prophylaxis (PrEP) as a HIV prevention strategy for those at substantial risk
- Oral PrEP was included in the Kenya national policy through a revision of the 'Guidelines on use of antiretroviral drugs in treating and preventing HIV infections in Kenya' (NASCOP 2016)
- National oral PrEP scale up was launched in May 2017

PrEP IN NAIROBI CITY

- The city introduced PrEP through a series of trials and demonstration projects in 2015-2016 among sero discordant couples, female sex workers and AGYWs
- Subsequent scale up of the same began in October 2016 with an introductory meeting involving CHMT and other implementing partners
- PrEP TWG was formed during this meeting with representation of the implementing partners and county team, and quarterly meetings conducted
- Lessons learnt from the PrEP demonstration projects implemented in Kenya were shared that informed the development of a county PrEP scale up plan in 2017
- Initially 44 health facilities started dispensing PrEP but to date this number has almost doubled with now 72 facilities offering PrEP services in the city
- A total 2,778 clients currently on PrEP in Nairobi in September 2020 out of an eligible screened population of 5,486 (51%)



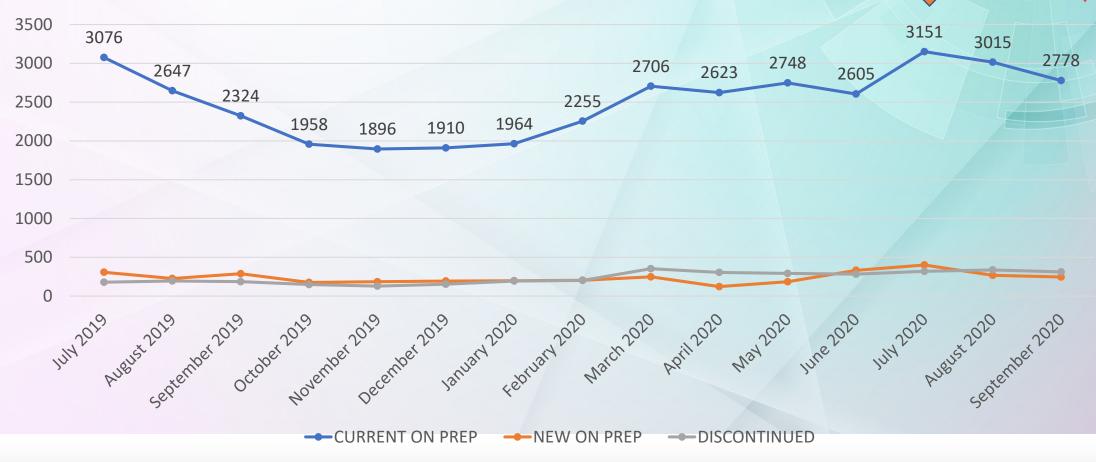
Step by Step Systematic PrEP Scale-up Process 2016 - 2017



NAIROBI CLIENTS ON PREP



CLIENTS ON PREP IN NAIROBI JULY 2019-SEPT 2020



Demand for PrEP- Strategies Adopted

Key Populations (MSM/MSW/FSW/PWID)

Community mobilization and use of peers as PrEP champions for advocacy, general awareness creation through media including social media, health education for KPs and referrals from Hot spots

AGYW

Youth friendly service provision at facilities, community mobilization and Peer mentor support and advocacy (Youth Advisory Council support), general awareness creation through media including social media, health education, client risk assessment and referrals during integrated outreaches

Discordant Couples

Supporting disclosure and sensitizing discordant partners on PrEP, offering PNS at CCCs and especially for new clients, health education and creation of community awareness

General Population

General awareness creation through social media, mass media and print Media, health education, risk assessment by service providers and referrals during integrated community outreaches

Current PrEP Delivery Model

- Delivery Points(Where ?)
 - CCC, Consultation room in Integrated Clinics, few private facilities, DIC
- Health Care Team(Who?)
 - Risk Assessment- Counselor, CHV, Peer Mentor Use RAST
 - Referrals- CHV, Peer Mentor, HCWs at outreaches
 - Prescriber-Clinical Officer/Medical Officer
 - Follow up –Clinical Officer/Medical Officer, in some instances adherence counselor or nurse
- Timelines (When ?)
 - Month 0,1,3 then every 3 months
 - Monthly dispensing

Challenges With This Delivery Model

- Currently PrEP delivery is mainly facility-based and mainly providerinitiated
- Prevention intervention delivered at treatment site- CCC, stigma levels are high
- Due to COVID 19 movement restrictions, poorer access
- Demand creation at community level interrupted due to Covid 19 pandemic
- Unreached populations especially KPs and Women of reproductive age (ANC,MCH,FP)
- Multiple service delivery areas and time needed to access PrEP

Strategies towards Optimizing PrEP Delivery



WHERE-Increase service
delivery points- Multiple
facility SDPs including
MCH,ANC,FP, Private Clinics,
Community centres, Safe
spaces ,DICs ,Local Pharmacy,
Courier/Mobile Outreach
Clinics, Telemedicine and
online follow ups

WHO- Increase prescribers at all levels – Medical Officer, Clinical Officer, Nurse, Pharmacist, CHV, Peer mentors, Counsellors (Train, Mentor, JSS, Tools)

Provide MMD of PrEP for 3 months with monthly follow-up status, including adherence counselling by calling clients and use of virtual platforms

Increased Prep Access and Utilisation

Recommendations for Differentiated Prep

- Delivery of PrEP at community level(outreach, testing, adherence support)
- Strengthened Linkages and Referrals from community to facilities
- Public Private Partnerships for PrEP delivery, including local pharmacies(longer opening hours including weekends)
- Embrace digital technology,
 - Online follow-up and monitoring,
 - Virtual safe spaces, support groups
 - Cyber education for PrEP awareness and also on Covid 19
 - Calls, texts, wats app messages for demand creation and enhancing adherence
- Continue to use peer mentor/support models for all populations
- One stop shop model for PrEP
- Empower clients on self care



THANK YOU