Optimizing the PrEP Continuum: Solutions for Low PrEP Uptake
**UNAIDS Fast-Track Targets**

<table>
<thead>
<tr>
<th>What Model Assumed</th>
<th>What Was Implemented</th>
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<tbody>
<tr>
<td>90% key population covered</td>
<td>47% for sex workers • 33% for gay men &amp; other MSM • 32% for PWID*</td>
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<td>90% of AGYW (key locations)</td>
<td>34% of AGYW in key locations covered**</td>
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<tr>
<td>&gt;6bn condoms (SSA) per year</td>
<td>&lt;3bn condoms (SSA)** per year</td>
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<tr>
<td>3m PrEP</td>
<td>Approx 385,000 PrEP****</td>
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<td>5m VMMC per year</td>
<td>4.1m VMMC per year in 2018</td>
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- *Funding (additional $6.5bn per year)
- Testing, treatment, virologic suppression in PLHIV worldwide: 90-90-90

AVAC Report 2019
Low PrEP Uptake

- Lack of awareness about PrEP
- HIV risk misperception
- Non adapted delivery models
- Accessibility (geographical, financial, …)
- Myths, misconceptions and fears about potential side effects and risk of resistance
- Stigma and discrimination
Lack of awareness about PrEP

- From eligible individuals (key populations) and healthcare providers
- Lack or limited knowledge about PrEP
- PLHIV not aware of PrEP (partners)
- Prescribing rate of PrEP linked to awareness of PrEP for healthcare providers
HIV risk misperception

• Individuals:
  ✓ Underestimation of HIV acquisition risk documented in several studies
  ✓ MSM, transgenders, women experiencing GBV, adolescents, mental health disorders

• Health Care Providers:
  ✓ Insufficient ascertainment of HIV risk
  ✓ Inconsistent knowledge about sexual orientation and sexual practices
  ✓ Personal biases and discomfort to openly discuss sexuality with clients
• Confusion between PrEP for prevention and ARVs for treatment
• Fear of risk compensation and STIs surge by Health Care Workers
• Criminalization (MSM, sex work, drug use…)
• And ”The usual suspects “: stigma related to HIV, AIDS, homosexuality, sex work…
Non adapted delivery models

• Limitations of the conventional healthcare system model
  ✓ Distrust
  ✓ High burden of work
  ✓ Non flexible operating hours
  ✓ Lack of adequate training for HCP
  ✓ Stigma

• Logistical barriers

• Financial accessibility
Client and Provider Education

• Wide diffusion of PrEP information
• PrEP promotion among potential users and Health Care providers (internet, dating apps, client advocates, peer navigators…)
• Providing adequate training for HCP
• Addressing Health Care Providers fears and misconceptions about PrEP
• Introduction of PrEP and combined prevention in medical/paramedical studies
• Stigma-reduction activities
Improving accessibility

- Adopting the community model
- Extending access to PrEP
- Using old and innovative technology
- Improving integration of PrEP services with STI screening
- Addressing socio-economical vulnerabilities
Community mobilization

• Community initiation, dispensation and follow up of PrEP
• Community involvement in whole process (planning, design, service provision, evaluation…)
• Role models and leadership
• Involvement in research and research gaps filling
Impact of COVID-19

• Dramatic reduction of PrEP uptake*:
  - Behavioural change (reduction of sexual activity and partner numbers)
  - Mobility restrictions (lockdowns, travel restrictions…)
  - Concern about COVID-19

• Risk of an upswing in HIV transmission
Impact of COVID-19

• Switching services to telemedicine or phone/WhatsApp services “TelePrEP”
• Alternative modes of PrEP drugs delivery (outreach, courier, by hand delivery…)
• Forgoing/delaying routine lab testing
• Re-organizing services (PPE, physical distancing, limitation of the number of clients…)

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CONCLUSION