



Beyond Prevention: Integrating PrEP as a Whole-Person Healthcare Approach

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Introduction

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Whole-person Healthcare Approach - It's a Care

- Client-centred
- Provides optimal physical, behavioural, emotional and social wellness for individualized outcomes
- Respects clients' treatment choices
- A number of various service providers are involved

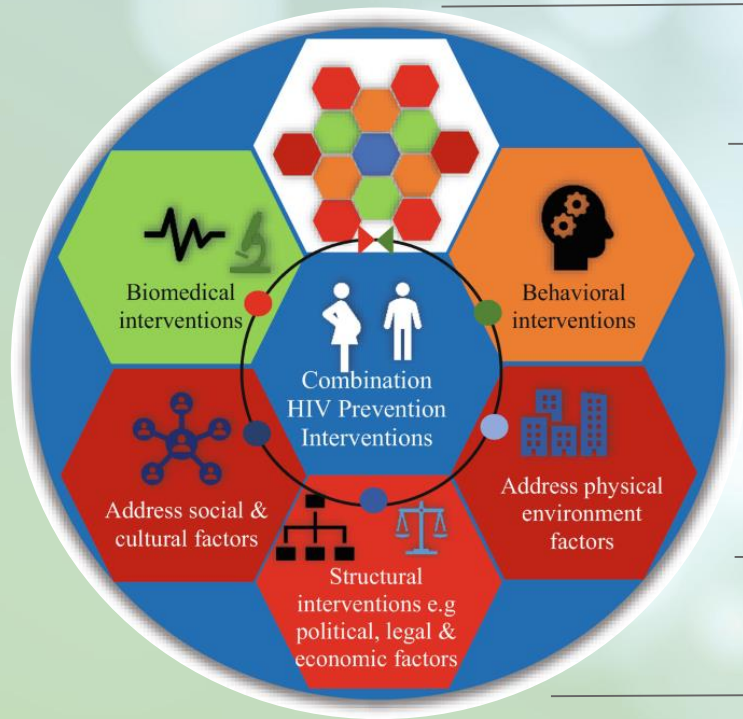
Integration: (Merge, unify)

- logical approach for addressing fragmented service provision and meeting the diverse yet interrelated health

(<https://www.fhi360.org/sites/default/files/media/documents/resource-service-integration-health-systems-strengthening.pdf>)

A Holistic, Integrated & Client-Centered Wellness Approach Required

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ANTENATAL & POSTNATAL CARE

SUBSTANCE ABUSE INTERVENTIONS

MENTAL HEALTH INTERVENTIONS

SEXUAL & GENDER BASED VIOLENCE
INTERVENTIONS

CONTRACEPTIVES

SEXUAL & REPRODUCTIVE
HEALTH EDUCATION

Overlapping Health Needs for PrEP Clients

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Variable	Overall	Female	Male
Sex	14,258(100%)	10,860(76.1%)	3,398(23.8%)
Age <25	6,361(44.6%)	4,680(73.6%)	1,681(26.4%)
Age 25>	7,897(55.4%)	6,180(78.3%)	1,717(21.7%)
Never Married	9,927(69.6%)	7,531(75.9%)	2,396(24.1%)
Trying to conceive	163(1.1%)	85(52.1%)	78(47.9%)
Pregnant	97(0.9%)	97(100.0%)	
Breast feeding	113(1.5%)	113(100.0%)	
On Family planning	4,864(66.5%)	4,864(100.0%)	
HIV positive partner	1,274(8.9%)	675(53.0%)	599(47.0%)
Sex with high-risk partner of unknown status	10,162(71.7%)	8,021(78.9%)	2,141(21.1%)
Multiple sex partners	6,186(92.9%)	4,850(78.4%)	1,336(21.6%)
Ongoing GBV/ IPV	238(1.7%)	206(86.6%)	32(13.4%)
Transactional sex	7,021(49.5%)	6,422(91.5%)	599(8.5%)
Recent STI	990(7.0%)	850(85.9%)	140(14.1%)
Recurrent use of PEP	598(4.2%)	542(90.6%)	56(9.4%)
Sex under influence of alcohol	3,368(23.6%)	2,895(86.0%)	473(14.0%)
Inconsistent Condom use	34(0.2%)	31(91.2%)	3(8.8%)

Socio-demographic and risk characteristics for a subset of PrEP clients in Nairobi County (2017-2020)

Alcohol Use & Depression Associated with HIV Risk among PrEP Users

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Variable	Category	A.O.R	95% C.I.		Sig.
			Lower	Upper	
Alcohol Use	No Alcohol Use	Ref.			
	Moderate Alcohol Use	1.74	1.09	2.77	0.020
	Heavy Alcohol Use	2.83	1.93	4.14	<0.001
Marital Status	Single	0.58	0.36	0.93	0.025
	Married	Ref.			
Population Type	MSM	1.45	0.75	2.79	0.270
	FSW	4.71	2.98	7.47	<0.001
	General Population	Ref.			
Depressive symptoms	Minimal/ No Depression	Ref.			
	Mild Depression	0.89	0.62	1.28	0.524
	Severe Depression	1.66	1.09	2.53	0.018

Priority Populations



Adolescent girls and young women (AGYW)



Female sex workers (FSWs)



Men who have sex with men (MSM), including male sex workers



Sero-discordant partners



General population



Transgender & Persons who inject drugs (PWID)

Overlapping needs

- Financial
- SRH
- Mental health
- Pre-conceptual care

There is no such thing as an “individual” decision to use PrEP

- Desire to remain HIV negative
- Dislike for condoms or low condom negotiation power
- Frequent inebriation
- More money from condomless sex
- Low HIV knowledge
- Low risk perception
- Low agency and self-efficacy
- Fear of HIV testing
- High mobility
- Perceived pill burden
- Perceived and real side effects



- HIV positive MSM are highly stigmatized
- Peer influence
- Apathy to HIV interventions
- Stigma towards ARVs
- Myths & Misconceptions
- Risky behaviors normalized

- Positive clinic experience
- Method failure – condom bursts
- Long distance to health facilities
- Inefficient pathways
- Privacy and confidentiality
- Long waiting time
- Product packaging and labeling
- Weak referral mechanism

- Sexual violence and non consensual sex
- Clients dislike condoms
- Buried many friends due to HIV
- Family responsibilities
- Parental/ guardian influence
- Sexual partner influence
- Negative provider attitudes & biases against PrEP and HIV



PrEP Integration in Nairobi

- PrEP has been integrated in HIV treatment clinics, family planning clinics, maternal and child health clinics/PMTCT clinics and outpatient departments
- Implementation research on PrEP integration in community pharmacies is underway
- PrEP has successfully been integrated in Key population Drop in Centers using the one stop shop model – They provide holistic combination prevention services
- Kenya plans to pilot combination prevention centers – Will provide holistic prevention services (beyond HIV prevention)
- There are opportunities for providing a package of wellness interventions that address holistic client needs

PrEP Service Delivery Models

PrEP is integrated and delivered through **123** sites

Static sites



10 Drop in centers



60 Private, NGO & Faith based health facilities



53 Public health facilities

(Comprehensive care center, MCH/FP, Youth friendly centers, outpatient department)

Community models



Safe spaces for AGYW

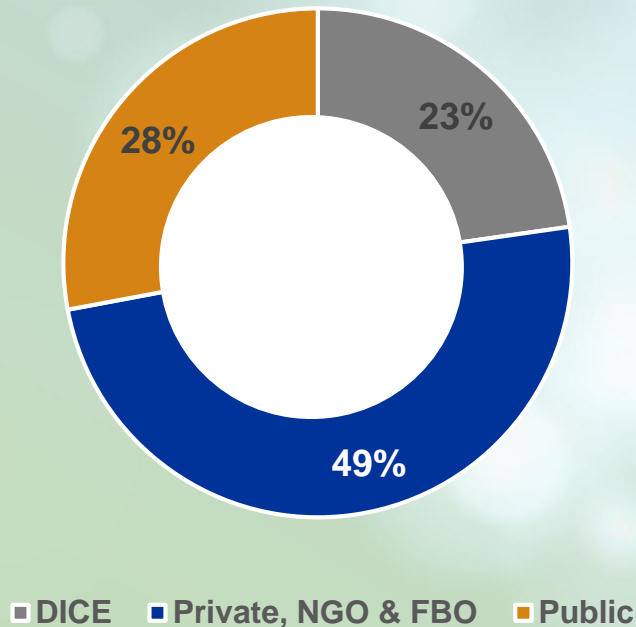


Hotspot outreaches for KP





PrEP Initiations by Service Delivery Sites

**28%**

of clients come from
43% of sites (Public facilities)

**23%**

of clients come from
8% of sites (DICEs)

**49%**

of clients come from
49% of sites (Private, NGO & Faith based facilities)

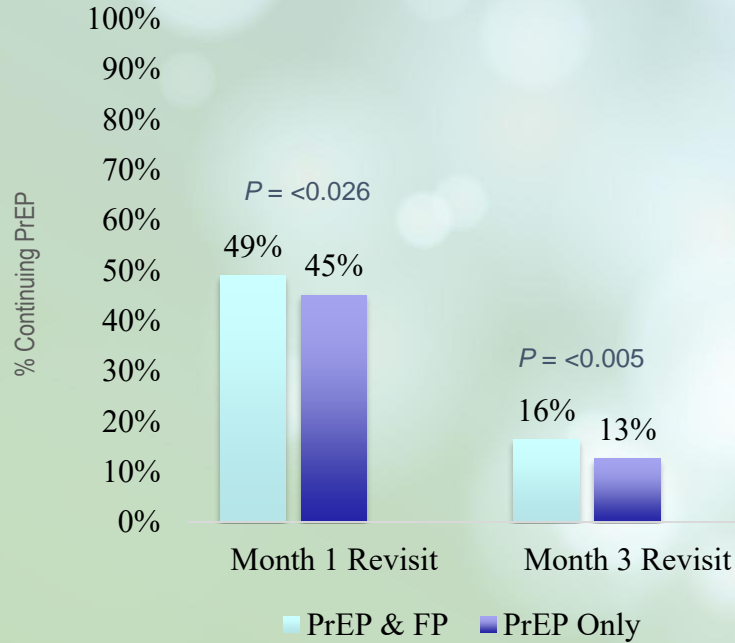
Trends in PrEP initiation (Nairobi County)

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Integration Works: PrEP & Family Planning Integration Improves Continuation

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Month 1, n=3235; Month 3, n=2897





Observations

Healthcare workers capacity building –

- Inform attitude change
- Nurture skills
- More HCWs trained to avoid disruption of services if one is absent

Reinforcements of health system (sustainability)

- Ensure adequate supply of commodities
- Accurate M&E reporting
- Ownership by the leadership
- Availability of policies documents(guidelines, SOPs) for both facility and community based services

Strengthen referral mechanisms (supermarket model) to avoid leakage –

- Client escort by peers especially KP, AYPs
- Reduced Client wait time
- Follow up mechanism for potential eligible clients but not ready for same day PrEP



Observations

Greater investments in awareness raising and demand creation (especially among AGYW and their partners) - increase Client “readiness” and reduce burden on facility-based providers to provide basic education

- Community: use of Peers/Ambassadors
- Facility: through health talks in waiting rooms

Mechanisms to address diverse client needs (referral or actual service delivery)

- Gender Based Violence (GBV)/Intimate Partner Violence (IPV)
- Sexual and Reproductive Health (SRH) needs
- Mental health Concerns
- Others HIV prevention Services i.e. condoms distribution, VMMC

Lessons on PrEP Delivery

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- High unmet need for contraception among clients using PrEP; **53%** for FSW and **62%** for AGYW (*Kamau et al., 2021; Service delivery data*)
- PrEP users have overlapping sexual and reproductive health needs, mental health and substance abuse challenges
- PrEP clients want more than just PrEP; one-stop shop!
- Convenience: apart from traditional way of service provision, explore innovative ways e.g. online, community model



