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

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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

A Holistic, Integrated & Client-Centered Wellness Approach Required

- Antenatal & Postnatal Care
- Substance Abuse Interventions
- Mental Health Interventions
- Contraceptives
- Sexual & Reproductive Health Education

Biomedical interventions
Behavioral interventions
Address social & cultural factors
Structural interventions e.g., political, legal & economic factors
Address physical environment factors

Combination HIV Prevention Interventions

#ADHERENCE2022
<table>
<thead>
<tr>
<th>Variable</th>
<th>Overall</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>14,258 (100%)</td>
<td>10,860 (76.1%)</td>
<td>3,398 (23.8%)</td>
</tr>
<tr>
<td>Age &lt;25</td>
<td>6,361 (44.6%)</td>
<td>4,680 (73.6%)</td>
<td>1,681 (26.4%)</td>
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<tr>
<td>Age 25&gt;</td>
<td>7,897 (55.4%)</td>
<td>6,180 (78.3%)</td>
<td>1,717 (21.7%)</td>
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<tr>
<td>Never Married</td>
<td>9,927 (69.6%)</td>
<td>7,531 (75.9%)</td>
<td>2,396 (24.1%)</td>
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<tr>
<td><strong>Trying to conceive</strong></td>
<td>163 (1.1%)</td>
<td>85 (52.1%)</td>
<td>78 (47.9%)</td>
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<tr>
<td><strong>Pregnant</strong></td>
<td>97 (0.9%)</td>
<td>97 (100.0%)</td>
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<tr>
<td><strong>Breast feeding</strong></td>
<td>113 (1.5%)</td>
<td>113 (100.0%)</td>
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<tr>
<td><strong>On Family planning</strong></td>
<td>4,864 (66.5%)</td>
<td>4,864 (100.0%)</td>
<td></td>
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<tr>
<td><strong>HIV positive partner</strong></td>
<td>1,274 (8.9%)</td>
<td>675 (53.0%)</td>
<td>599 (47.0%)</td>
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<tr>
<td>Sex with high-risk partner of unknown status</td>
<td>10,162 (71.7%)</td>
<td>8,021 (78.9%)</td>
<td>2,141 (21.1%)</td>
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<tr>
<td>Multiple sex partners</td>
<td>6,186 (92.9%)</td>
<td>4,850 (78.4%)</td>
<td>1,336 (21.6%)</td>
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<tr>
<td>Ongoing GBV/ IPV</td>
<td>238 (1.7%)</td>
<td>206 (86.6%)</td>
<td>32 (13.4%)</td>
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<tr>
<td>Transactional sex</td>
<td>7,021 (49.5%)</td>
<td>6,422 (91.5%)</td>
<td>599 (8.5%)</td>
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<tr>
<td>Recent STI</td>
<td>990 (7.0%)</td>
<td>850 (85.9%)</td>
<td>140 (14.1%)</td>
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<tr>
<td>Recurrent use of PEP</td>
<td>598 (4.2%)</td>
<td>542 (90.6%)</td>
<td>56 (9.4%)</td>
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<tr>
<td>Sex under influence of alcohol</td>
<td>3,368 (23.6%)</td>
<td>2,895 (86.0%)</td>
<td>473 (14.0%)</td>
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<tr>
<td>Inconsistent Condom use</td>
<td>34 (0.2%)</td>
<td>31 (91.2%)</td>
<td>3 (8.8%)</td>
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<tr>
<td>Variable</td>
<td>Category</td>
<td>A.O.R</td>
<td>95% C.I.</td>
</tr>
<tr>
<td>-----------------------</td>
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<tr>
<td>Alcohol Use</td>
<td>No Alcohol Use</td>
<td>Ref.</td>
<td></td>
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<tr>
<td></td>
<td>Moderate Alcohol Use</td>
<td>1.74</td>
<td>1.09</td>
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<td></td>
<td>Heavy Alcohol Use</td>
<td>2.83</td>
<td>1.93</td>
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<td>Marital Status</td>
<td>Single</td>
<td>0.58</td>
<td>0.36</td>
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<tr>
<td></td>
<td>Married</td>
<td>Ref.</td>
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<tr>
<td>Population Type</td>
<td>MSM</td>
<td>1.45</td>
<td>0.75</td>
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<tr>
<td></td>
<td>FSW</td>
<td>4.71</td>
<td>2.98</td>
</tr>
<tr>
<td></td>
<td>General Population</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>Minimal/ No Depression</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild Depression</td>
<td>0.89</td>
<td>0.62</td>
</tr>
<tr>
<td></td>
<td>Severe Depression</td>
<td>1.66</td>
<td>1.09</td>
</tr>
</tbody>
</table>

*Were et al., IAS 2021*  
*Baseline findings from clients newly initiated PrEP in a prospective cohort study by the Jilinde project (n=1,135).*
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

Source: Jilinde 2021
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

Community models

- 53 Public health facilities (Comprehensive care center, MCH/FP, Youth friendly centers, outpatient department)
- 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).

Legend:
- DICE
- Private, NGO & FBO
- Public
Integration Works: PrEP & Family Planning
Integration Improves Continuation

Month 1 Revisit
- PrEP & FP: 49%
- PrEP Only: 45%

Month 3 Revisit
- PrEP & FP: 16%
- PrEP Only: 13%

P = <0.026

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

Were et al., IAS 2020
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

• 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
THANK YOU :)