

Updated WHO guidance on integrated and differentiated PrEP services

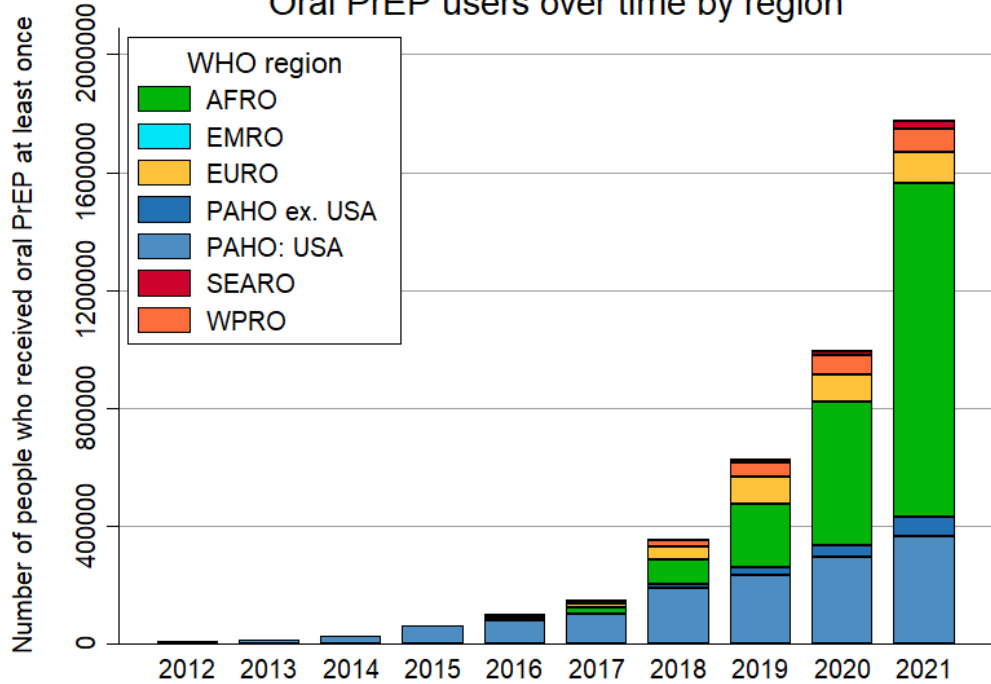
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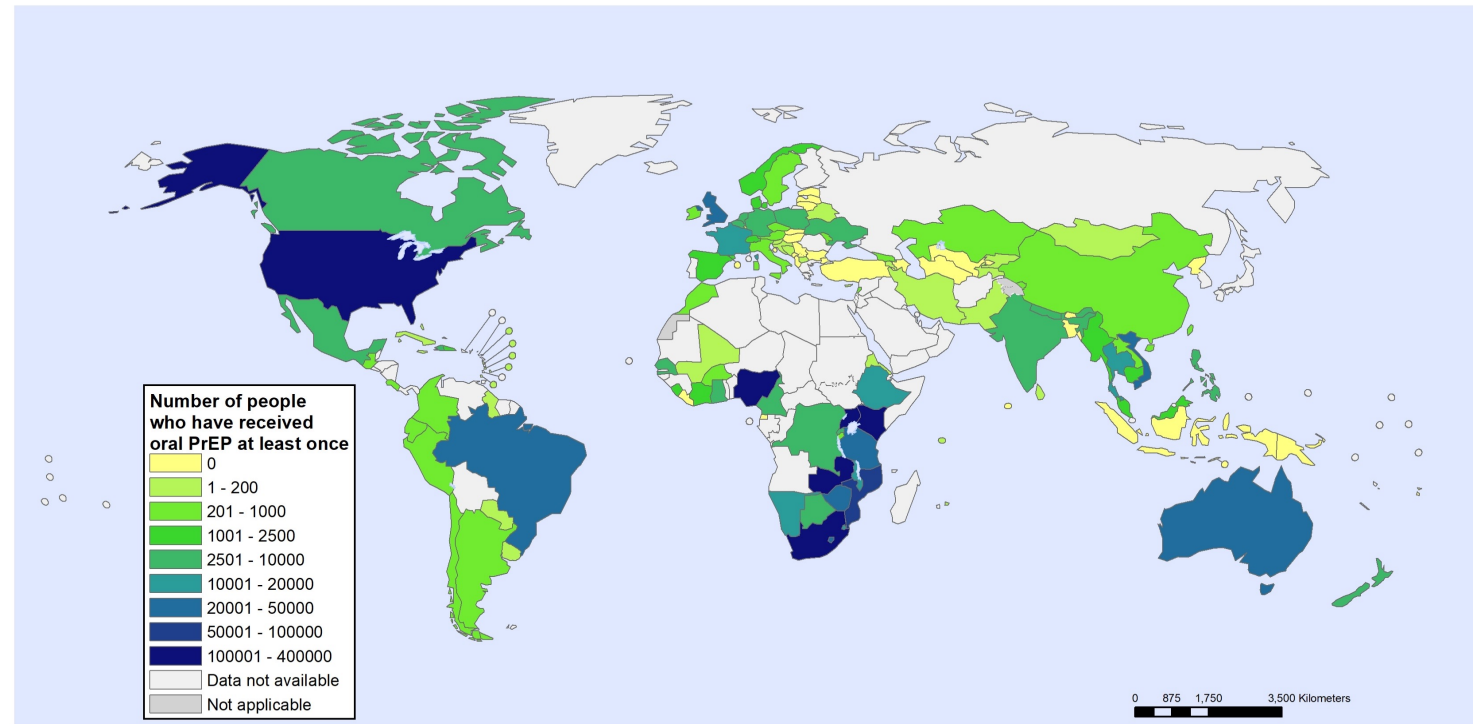


Coverage of PrEP: Growing but still off target

Oral PrEP users over time by region



Number of oral PrEP users in each WHO member state in 2021



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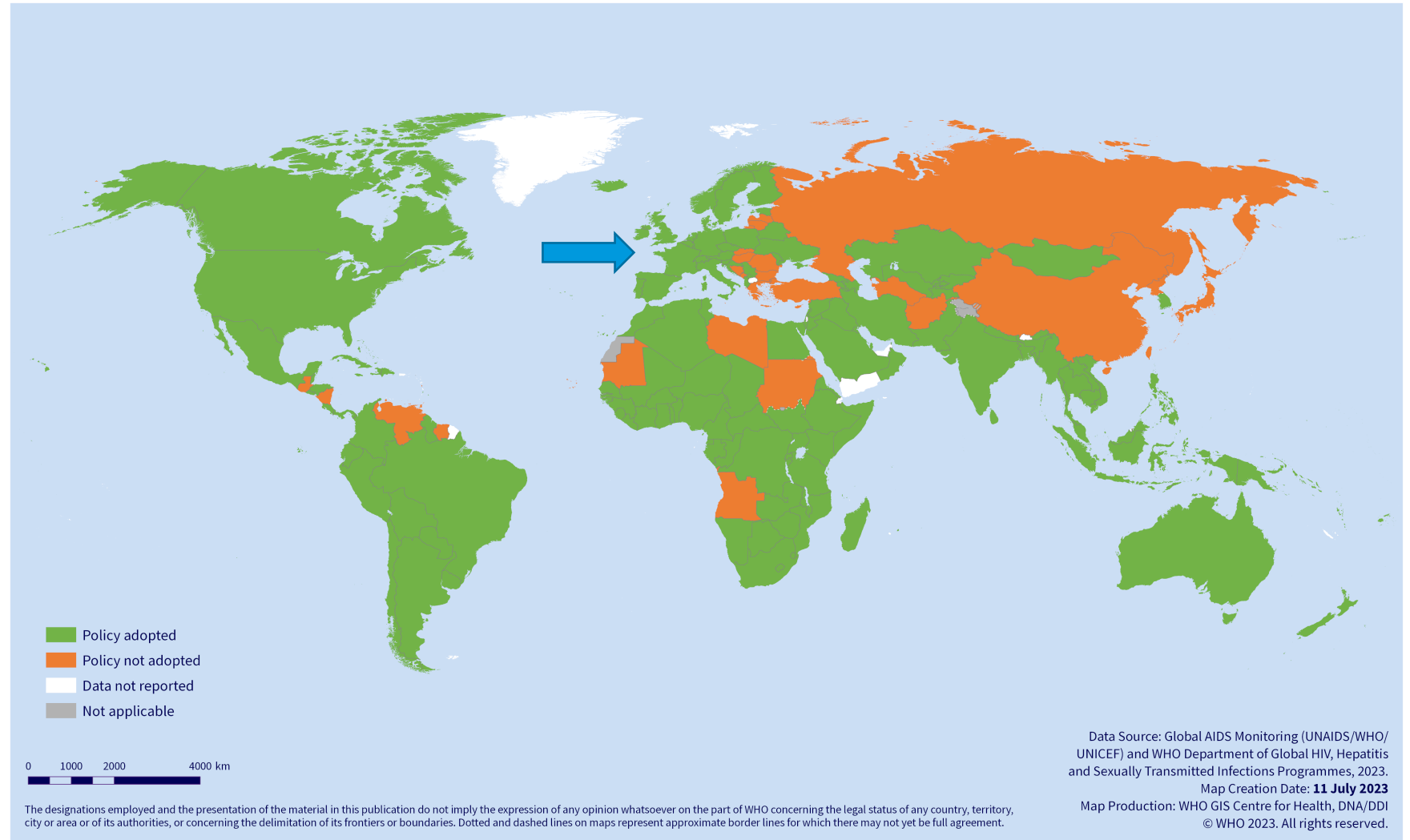
Data Source: WHO; GAM
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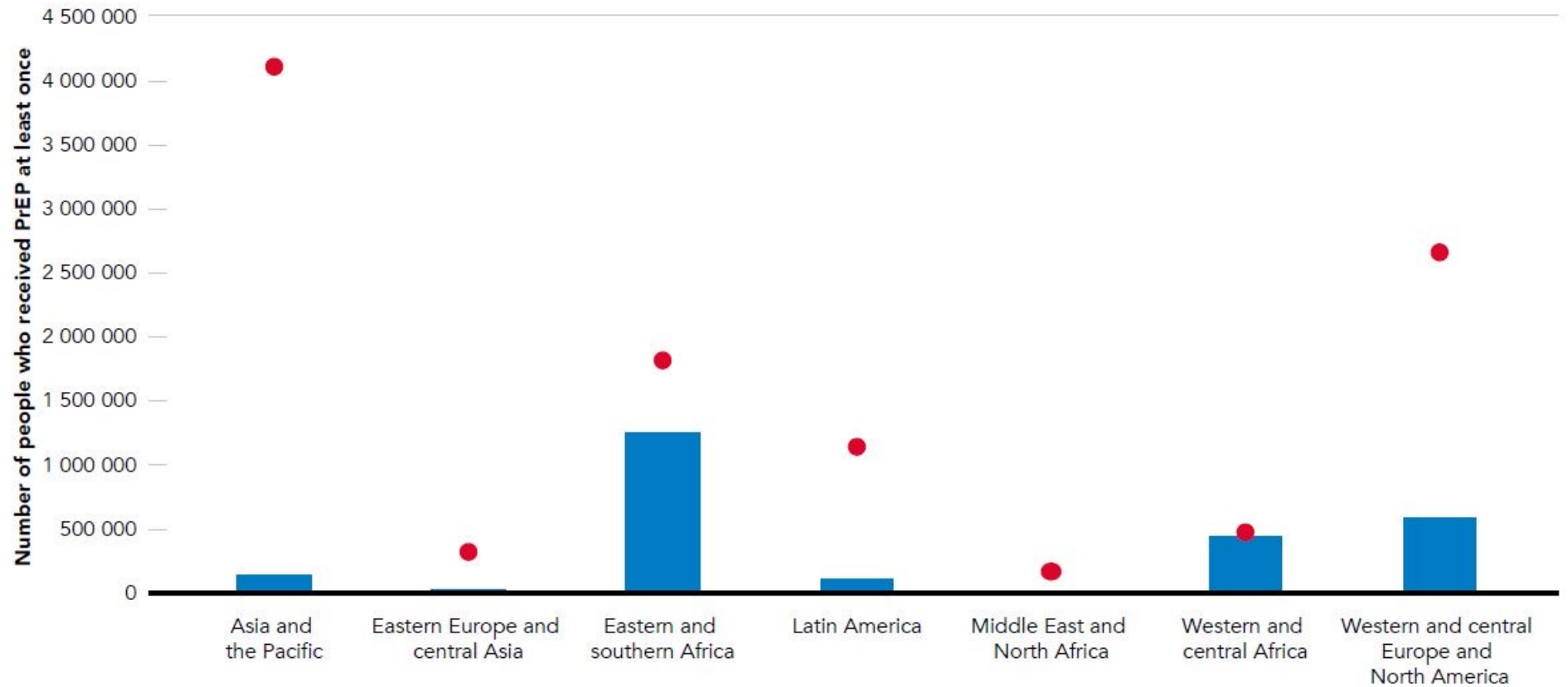
Adoption of WHO recommendations on oral pre-exposure prophylaxis (PrEP) in national guidelines, as of July 2023

Globally, 150 of 165 reporting countries (91%) have already adopted WHO recommendations on pre-exposure prophylaxis (PrEP) in their national guidelines.



Except for one region, PrEP use trails very far behind the estimated need

Figure 2.6 Number of people who received PrEP at least once during the reporting period, by region, 2022, and 2025 target

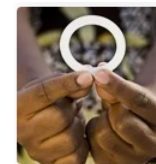
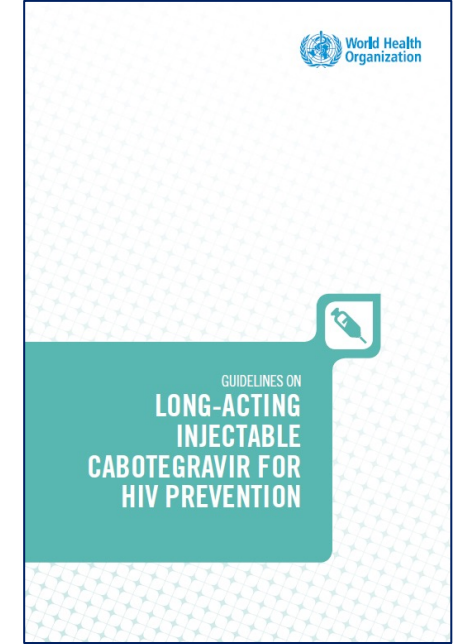
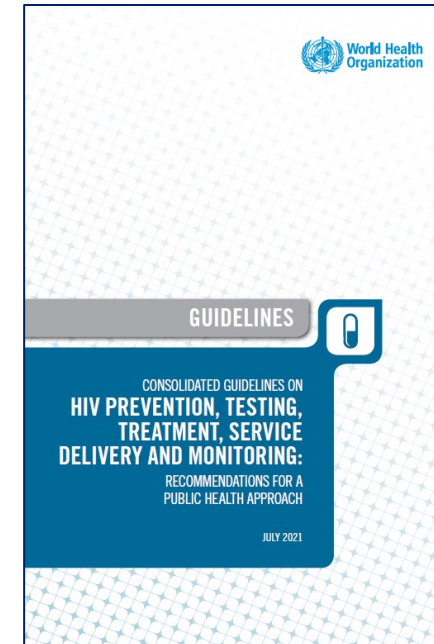


WHO recommendations for HIV pre-exposure prophylaxis (PrEP)

Oral PrEP (containing tenofovir disoproxil fumarate) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (*strong recommendation, high certainty of evidence*)

The **dapivirine vaginal ring** may be offered as an additional prevention choice for cisgender women at substantial risk of HIV infection as part of combination prevention approaches (*conditional recommendation; moderate-certainty evidence*)

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches (*conditional recommendation; moderate certainty of evidence*)



9 December 2021 | Statement

WHO continues to support its conditional recommendation for the dapivirine vaginal ring as an additional prevention option for women at substantial risk of HIV



1 November 2022 | Departmental news

Zimbabwe is the first country in Africa to announce regulatory approval for long-acting injectable cabotegravir for HIV prevention

Person- and community-centeredness of the updated guidance

- *A **differentiated PrEP service delivery approach is person- and community-centered and adapts services to the needs and preferences of the people who are interested in and could benefit from PrEP.***
- *Differentiated PrEP service delivery may also support more **efficient and cost-effective** use of health care resources.*

- **Where?** PHC facility, community setting, virtual setting
- **Who?** Physician, nurse, pharmacist, peer
- **When?** Monthly, every 3 months, every 6 months
- **What?** Service package: STIs, VH, vaccination, etc.

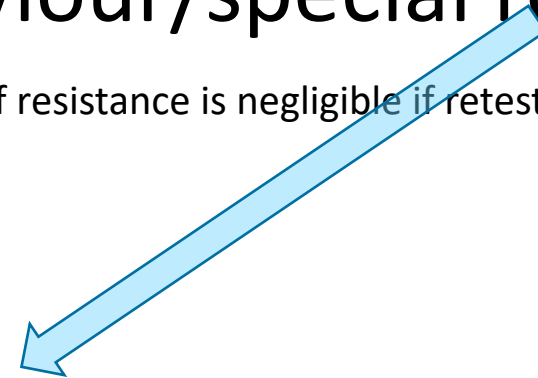


Criteria for initiation of PrEP

- confirmed HIV-negative status*
- absence of signs and symptoms of acute HIV infection
- significant HIV risk (incidence/behaviour/special request)

* Negative 3rd or 4th generation rapid HIV test, regardless of window period (risk of resistance is negligible if retested 1-3 months later)

Individuals requesting PrEP should be given priority to be offered PrEP, since requesting PrEP likely indicates there is a risk of acquiring HIV.



Updated on PrEP implementation guidance



- **Safely starting, using, and stopping PrEP**
 - ED-PrEP (2+1+1) suggested suitable for all people assigned male at birth not taking hormones (as opposed to just MSM before)
 - Start: 2 doses 2-24h before sex: stop: 1 dose for 2 days
 - 7 days of 1 dose to start and stop for all other populations
- **Kidney function monitoring**
 - Suggested optional in certain populations
- **PrEP and viral hepatitis**
 - Strongly suggested to conduct HBV/HCV testing and provide linkages as appropriate
- **HIV self-testing and PrEP**
 - HIVST an additional testing option to complement HIV testing strategies for oral PrEP and DVR
- **Differentiated PrEP delivery**
 - Where, what, and who to deliver
 - Make services accessible and acceptable to increase uptake and use

Offering choice in PrEP products may increase demand, uptake and effective use of HIV prevention

New recommendation

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches (*conditional recommendation; moderate certainty of evidence*).

- Highly efficacious (HPTN083 and HON084)
- Has a good safety profile
- Delivered as an intramuscular gluteal injection every 2 months (first 2 injections delivered 1 month apart)
- Often acceptable to communities and may be preferred to oral PrEP by some people: choice is critical
- Priority to support CAB-LA as an additional option for PrEP **alongside** oral PrEP (and DVR) and other prevention
- Implementation science urgently needed to fill evidence gaps




Critical gaps and outstanding issues with CAB-LA



Operational research is needed to inform decisions on the implementation and scale-up of CAB-LA. It is important to partner with communities of populations affected by HIV to identify priorities and to inform the design and implementation of research and the monitoring of outcomes.

VIEWPOINT

Long-acting injectable cabotegravir: implementation science needed to advance this additional HIV prevention choice 

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“Real world” data lacking

Data lacking for certain populations

Safety during pregnancy and breastfeeding

Product switching and stopping CAB-LA

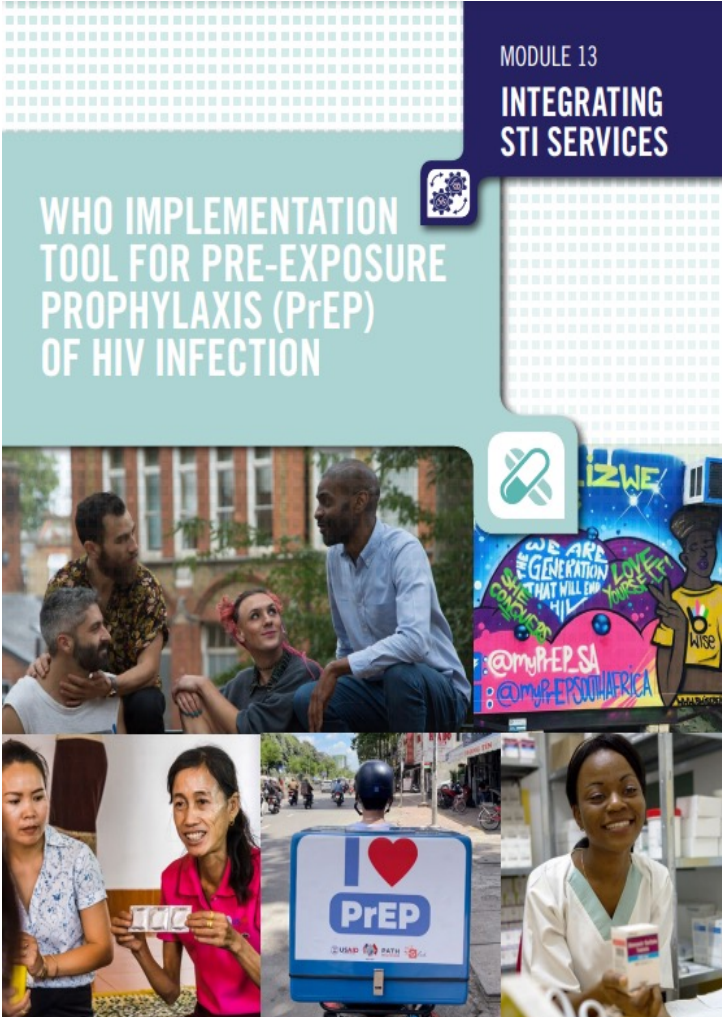
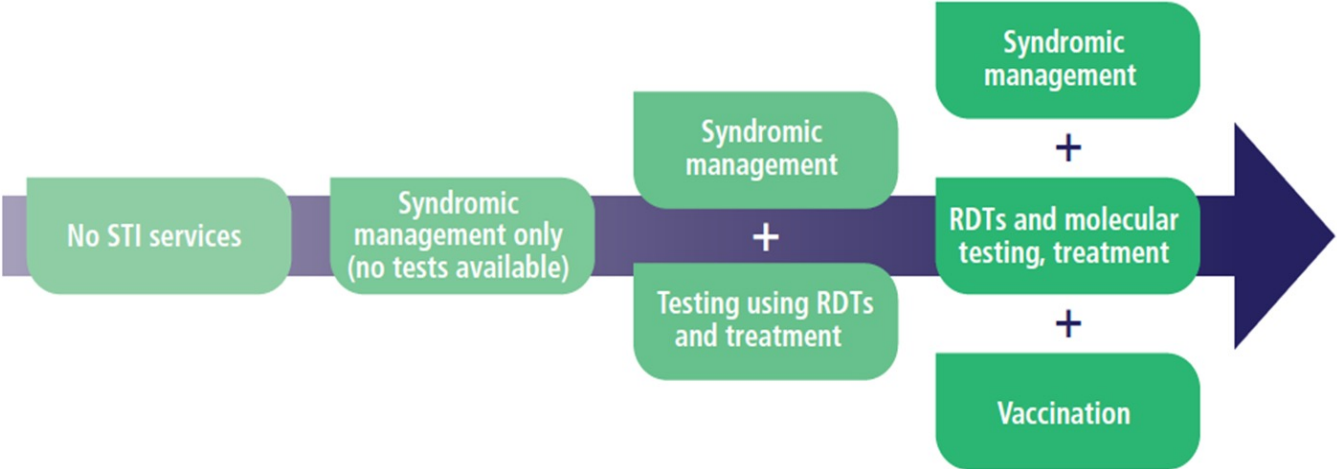
Impact, costs, and cost-effectiveness

HIV testing and drug resistance

Service delivery models

PrEP services are an opportunity for STI prevention and control

New module of WHO PrEP Implementation Tool on integration of STIs services into PrEP



Thank you

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**World Health
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