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, GAVI
Map Production: HQ UCN/H/P/T/PP
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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 disproxyl 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)*
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 HOTN084)
- 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

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PrEP services are an opportunity for STI prevention and control

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

https://www.who.int/publications/i/item/9789240057425

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Thank you

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