Optimized Access: Differentiated Service Delivery for Rapid PrEP

Elzette Rousseau, PhD
Desmond Tutu Health Foundation

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• Gap between PrEP interest, PrEP uptake, and PrEP persistence

• PrEP is "pitched" as user-controlled but with high levels of agency needed (especially in AGYW – HIV burden in SSA) – can they independently access and use PrEP

Rousseau & Bekker (2024)
USER NEEDS (and constraints) ARE DIFFERENT

### The “Convenient PrEP-user”
- **Characteristics**
  - Platforms at easily accessible locations
  - One-stop integrated SRH services
  - Platforms that utilize minimum resources (time and money)

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<tr>
<th>PrEP Delivery Platform Preference</th>
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<tbody>
<tr>
<td>Mobile Clinic</td>
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<tr>
<td>Courier</td>
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<tr>
<td>Government Facility</td>
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### The “Social PrEP-user”
- **Characteristics**
  - Prefers PrEP pick-up in shared peer spaces
  - Needs affirmation and social support for continued PrEP use

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<td>Youth PrEP Club</td>
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<td>Mobile Clinic</td>
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### The “Independent PrEP-user”
- **Characteristics**
  - Seeks PrEP delivery outside of traditional medical environments
  - Requires minimal PrEP adherence support
  - Prefers HIVST to assess HIV status without having to talk to counselor/nurse about lifestyle

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<th>PrEP Delivery Platform Preference</th>
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<td>Courier &amp; scheduled Mobile Clinic visits</td>
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### The “Discreet PrEP-user”
- **Characteristics**
  - Actively avoid PrEP delivery options that include groups of people waiting for a service
  - Fear unintentional PrEP use disclosure
  - Frequently report controlling sex partners

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Rousseau et al (2024)
ONLINE & PHARMACY MODELS

- Ezintsha’s AXIS project
- Online oral and dapiring
- Pharmacy: choice incl Cab-LA
DIFFERENTIATED PREP CHOICE

- Same day start
- Task-shifting: nurse-led initiations
- Task-shifting: peer navigator-led user-informed choice counseling

Mobile clinics provide integrated, comprehensive SRH including contraception, POC STI testing and treatment, and PrEP provision.


Mobile clinics provide comprehensive SRH services including contraception and PrEP on the school grounds. Incl. education of students on PrEP.

Local government clinics provide SRH services including PrEP. FastPrEP places 2 x peer navigators at each facility for recruitment, retention and clinic flow.

PrEP refills are delivered to young person's address of choice (home, school, work, etc.) along with HIVST.

Converted trailers parked next to high foot traffic (hair salons, spaza shops, other NGO's) and provide quick PrEP refills.

AGYW 15 000
PBFW 4 000
MSP 3 500
MSM 2000
Peer navigators and the choice exercise
Include thetha nami
COUNSELING FOR CHOICE

Take this quiz: To find out which PrEP method may work best for you!

Make an X in the white blocks next to each of the statements that is true for you... leave the white block blank, if the statement is not true for you.

- I can take a pill every day
- I am comfortable with inserting anything into my vagina
- I am ok with taking an injection
- I want the least amount of clinic visits
- I don’t want blood taken
- I am pregnant
- I want the best protection
- I inject drugs and share needles
- I want the least amount of side effects
- I have both anal and/or vaginal

Count all the X’s in the white blocks under each method, the method with the most X’s in the total, is the PrEP method that may work best for you!

TOTAL number of X’s

Complete this quiz and take it with you to discuss with the healthcare provider.

PrEPared to CHOOSE

DISCUSS MANAGEMENT STRATEGIES
I’m very interested in this product but worried about my ability to use it as intended.

READY
I’m very interested in this product and confident in my ability to use it.

NOT READY
I’m not interested and I don’t think I could use this product easily.

PROVIDE INFO
I know I can use this product well but it doesn’t interest me very much.
PRELIMINARY FINDINGS (ongoing projects)

• Higher **PrEP initiations and follow-up** at mobile clinics (n=9172) compared to government facilities (n=2489)
  • Majority AGYW; followed by cis hetero men; 3% pregnant women; 5% men who have sex with men.
  • Factors associated with initiating PrEP at mobile clinics included being male; having casual sex-partners; presence of STI symptoms and displaying hazardous alcohol consumption.
  • Pregnant women were less likely initiate PrEP at mobile clinics compared to primary health facilities.
• **PrEP persistence** increase with the stepped wise increase of PrEP delivery/access points/platforms (survival analysis)
• **Demand generation**: >65% through seeing mobile clinics & peer navigators; 26% PrEP champions or friend; followed by social media

Rousseau (2024); Jonas (2024); Lobelo (2024); Fynn (2024)
Projects highlighted here: ARHI LAPIS project; Ezintsha AXIS project: DTHF PrEPared to Choose and FastPrEP projects


Social Scientists: Lauren Fynn, Siyaxolisa Sindelo, Prisca Vundhla


FastPrEP Youth Reference Group, youth CAB, CAB, WCDoH stakeholders, facility managers