



Bridging Gaps: Community-Based Strategies for PrEP Scale-Up

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Outline

- Gaps and challenges in PrEP scale-up in low-resource settings
- Applying lessons to inform PrEP scale up
 - Lessons from SRH programs
 - Lessons from Oral PrEP
- Recommendations



The Problem

- HIV incidence still high 1.3 million new acquisitions in 2022
- The goal of reducing new acquisitions by 75% has not been reached (38% by 2022)
- The number of PrEP users globally increased to 1.6 M in 2021, short of the global target of 10 M by 2025.
- Sub-optimal uptake of PrEP persists
- To achieve the 2025 Global AIDS target of 95% of people at risk have HIV prevention options, we must focus on HIV prevention

Individual Factors

- Low risk perception
- Adverse events
- Pill burden
- Forgetting doses
- Changes in daily routines
- Depression or other illness
- Limited understanding of treatment benefits
- Lack of interest or desire to take the medicines
- Substance or alcohol use

Social Factors

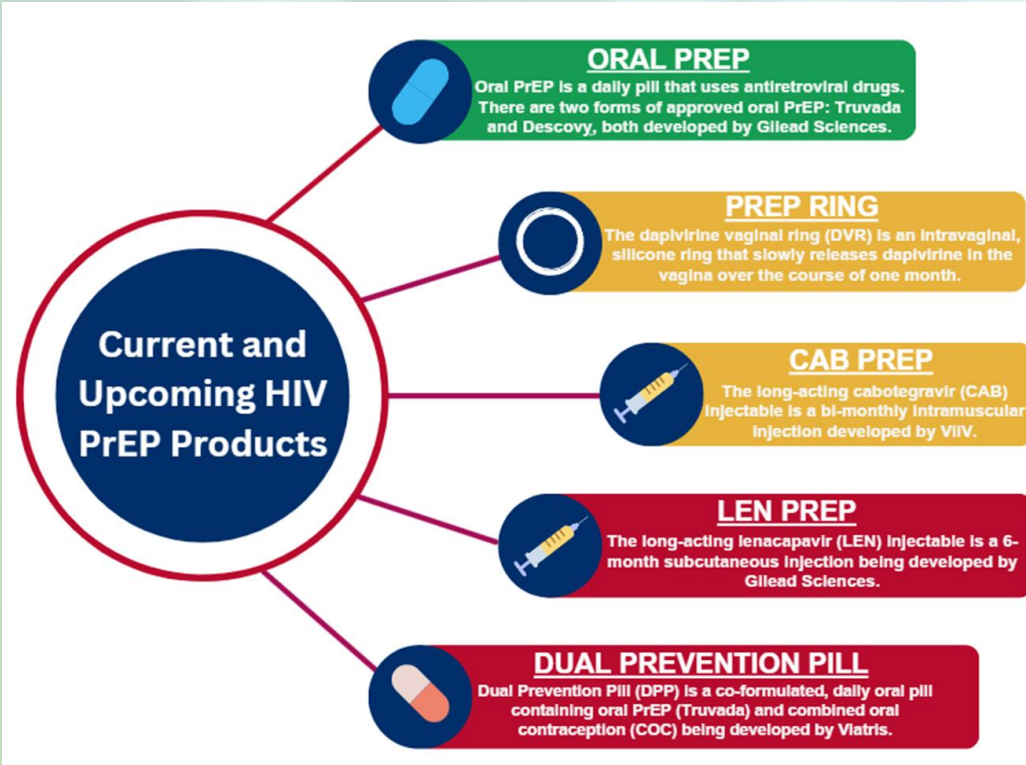
- Absence of a supportive environment
- Fear of stigma and discrimination
- Lack of social support
- Anticipated negative social consequences

Structural Factors

- Distances to health services
- Poor access to pharmacies
- Supply chain issues and PrEP availability
- Long waiting times to receive care and obtain refills
- Financial burden, both direct and indirect costs of care



A multi-product platform



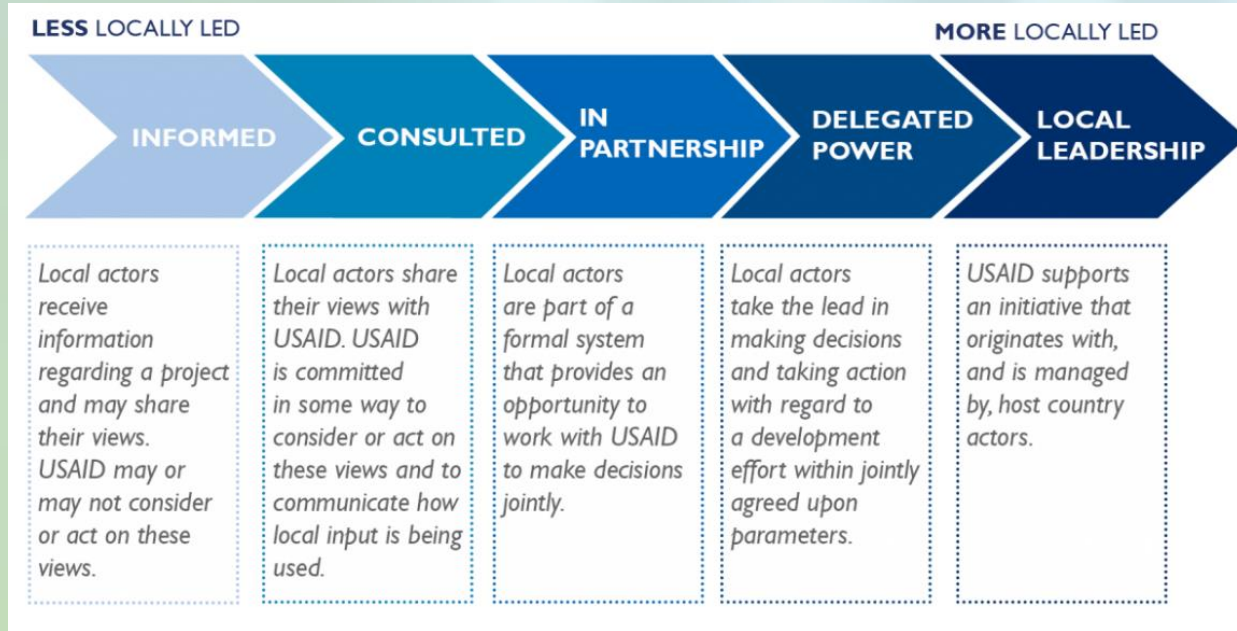
A multi-product PrEP platform is key to expanding choice in HIV prevention programming

CAB PrEP has started being introduced into national health systems

LEN PrEP is not far behind, with potential market access starting 2025-26



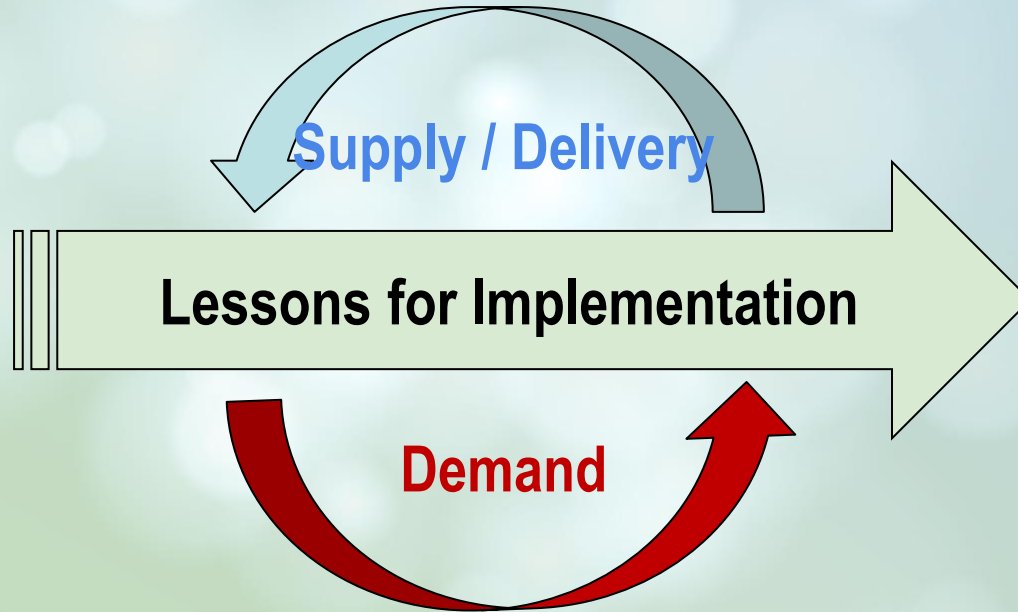
Donor focus on localization



The goal of PEPFAR is to fund 70% of its program through local organizations (at 65% in 2023)



Implementation lessons to inform PrEP scale-up



Lessons for community-based PrEP scale up

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1. Meaningful community engagement

- Understand context
- Engage community leaders, youth, and key populations
- Focus on combating stigma
- PrEP advocacy and education
- Address healthcare setting barriers





Lessons for community-based PrEP scale up

2. Offer discreet and flexible PrEP options

- Offer PrEP choice to improve uptake and retention
- Provide training to providers on existing PrEP methods, screening, and counseling
- Use tools such as the HIV Prevention Journey tool



Lessons for community-based PrEP scale up

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3: Meet communities where they are – Differentiated Service Delivery

- Use innovative delivery platforms with opportunities to integrate and decentralize delivery
- Approaches must acknowledge overburdened, under-resourced health sectors
- Confidentiality is essential in PrEP services.

Differentiated PrEP Service Delivery

- ✓ Health facilities
- ✓ Private clinics
- ✓ Drop in center
- ✓ Community center
- ✓ Home delivery
- ✓ Online consultation
- ✓ Courier service
- ✓ Pharmacy
- ✓ Mobile clinic



Lessons for community-based PrEP scale up

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4: Build the local partner capacity for PrEP scale-up

- Strengthen the capacity of communities and local implementers.
- Engage key population networks and build their capacity





In conclusion

- We must apply valuable lessons from Oral PrEP and SRH programs to inform the rollout and scale-up of new PrEP technologies
- Communities must be at the center of program design, implementation, and monitoring.
- Communities must take the lead in the reduction of PrEP-related stigma and must be supported to do so
- Integrating PrEP into community-based health service platforms has the potential to lead to improved uptake and retention

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Thank You!

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