

Example policy 5

Suitability assessments for differentiated PrEP service delivery models for the continuation phase

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People intending to use PrEP for more than a short duration should be considered for less intensive differentiated PrEP service delivery models during the continuation phase (beyond the initial phase). Differentiated PrEP service delivery models can support persistent effective PrEP use for the longer term (beyond the first few months). Such models consider separate building blocks for PrEP refill-only collection (or injection administration), clinical consultations and, where appropriate, psychosocial support.

People using PrEP should be assessed for suitability for less intensive differentiated PrEP service delivery as soon as it is feasible. For example, referral to a differentiated PrEP service delivery model should happen at the first in-person follow-up visit following PrEP initiation using the assessments below.

When a person is established as suitable for less intensive differentiated PrEP, it should be offered and, if accepted, the person should be referred to a differentiated PrEP service delivery model.

a. Assessment for people with moderate PrEP duration intention

To be completed at the first in-person follow-up visit after PrEP initiation

- i. Intend to continue PrEP use for at least a further six months (no expected discontinuation)
- ii. Intend to continue with the same PrEP method for a further six months
- iii. No clinical concerns expected that require clinical follow-up more frequently than six monthly. Pregnant and breastfeeding people are eligible.

If a person is not suitable at this visit, repeat the assessment at each subsequent clinical follow-up consultation.

Where a person is not suitable at the time of assessment, people using PrEP should be considered for and offered extended oral PrEP refills (three months), three dapivirine vaginal rings or two-monthly injectable cabotegravir, aligned with clinical consultations (PrEP refill and clinical consultation offered together).

b. Assessment for people with prolonged PrEP duration intention

To be completed at 12-month PrEP continuation clinical consultation

- i. Previously qualified for and utilized three-monthly PrEP refill collection with six-monthly clinical consultations (any model)
- ii. Intend to continue PrEP use for at least a further 12 months (no expected discontinuation)
- iii. On oral PrEP and not intending to change PrEP method in the next 12 months
- iv. No clinical concerns expected that require clinical follow-up more frequently than annually
- v. No psychosocial concerns requiring follow-up more frequently than bi-annually

If the person is not suitable at this visit, repeat at each subsequent six-monthly clinical follow-up consultation.

This policy example is linked to the publication, "IAS - the International AIDS Society. *Key considerations in developing policy guidance for differentiated PrEP service delivery: Country policy development brief. July 2022.*" available at <https://www.differentiatedservicedelivery.org/Resources/Resource-Library/DSD-PrEP-policy-2022>

Download a word version of an example differentiated PrEP service delivery policy at <https://www.differentiatedservicedelivery.org/Resources/Resource-Library/PrEP-example-policy-word>