

**AIDS  
2020**

**23RD INTERNATIONAL AIDS CONFERENCE**

**VIRTUAL**

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# Bringing PrEP closer to home: Why diversifying service models matters

AVAC, PATH, International AIDS Society (IAS)



# Peer-led approaches for reaching female sex workers with PrEP in Ethiopia

Fethia Keder

Associate Director, Quality Assurance

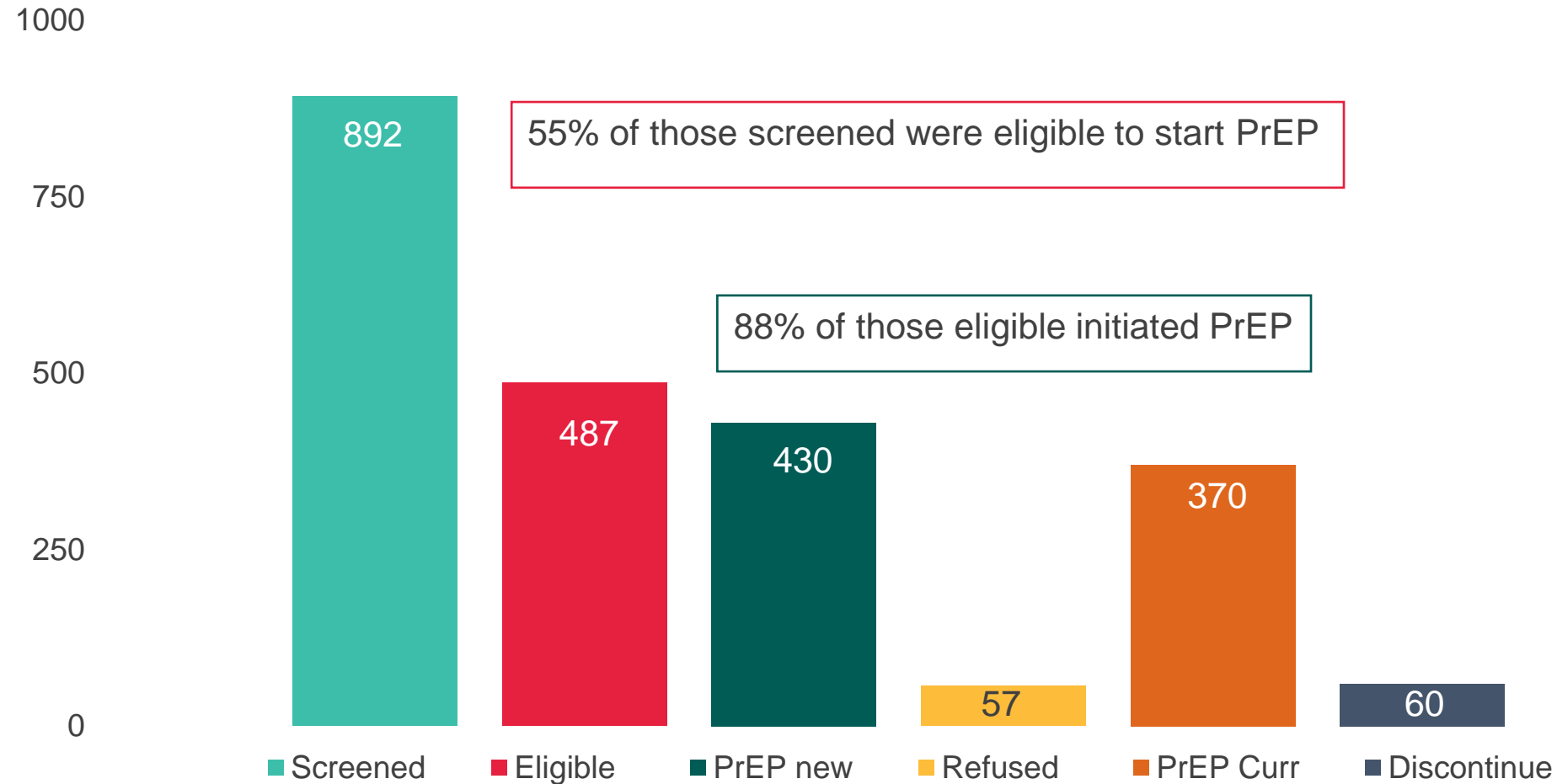
PSI Ethiopia

# Building blocks of PrEP programming

Pre COVID-19

	PrEP Screening, initiation and early follow-up (0-3 months)			PrEP continuation (+3 months)	
	Screening	PrEP initiation visit	Initial follow-up	PrEP refill	Routine clinical follow-up
WHEN <i>Service frequency</i>	At entry point, first visit	First visit	At 01 month	Every 1 month for the first 3 months and every 3 months afterwards	Every 1 month for the first 3 months and every 3 months afterwards. Clients show up if there is any adverse effect is encountered
WHERE <i>Service location</i>	DIC/outreach	DIC	DIC	DIC	DIC
WHO <i>Service provider</i>	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel
WHAT <i>Service package</i>	Counselling on combination HIV prevention, substantial risk screening, adherence, HIV testing, HBsAg test	Counselling on combination HIV prevention, substantial risk screening Adherence, STI, ARV side effects	Counselling on combination HIV prevention, substantial risk screening Adherence, STI, ARV side effects, HIV testing	Counselling on combination HIV prevention, substantial risk screening, adherence, STI, Adherence, STI, ARV side effects	Counselling on combination prevention, substantial risk screening adherence, assess for signs of acute HIV infections, STI, ARV side effects, HIV testing every 3 months

# PrEP uptake (USAID MULU KP) Oct 2019 – May 2020



# Adaptations in light of COVID-19

- **Provide MMD of PrEP for 3 months** with monthly follow-up status, including adherence counselling by calling clients
  - Maintain sufficient stock status to provide MMD for PrEP clients
- **Use cyber-education** to create awareness of PrEP and COVID-19 among the target group as small group discussions halted due to COVID-19
- **Use information and community technology (ICT) as an entry point to screen** all HIV-negative clients for PrEP enrollment
- **Reinforce intimate partner violence (IPV) screening** and increase availability of PrEP among gender-based violence (GBV) survivors

# Building blocks of PSI PrEP programming

## Post COVID-19

	PrEP Screening, initiation and early follow-up (0-3 months)			PrEP continuation (+3 months)	
	Screening	PrEP initiation visit	Initial follow-up	PrEP refill	Routine clinical follow-up
WHEN <i>Service frequency</i>	At entry point, first visit	First visit	At 03 month	Every 3 months	Every 3 months, clients show up if there is any adverse effect is encountered
WHERE <i>Service location</i>	DIC	DIC	DIC	DIC	DIC
WHO <i>Service provider</i>	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel	Service provider, Lab and pharmacy personnel
WHAT <i>Service package</i>	Counselling on combination HIV prevention, substantial risk screening, adherence, HIV testing, HBsAg test, COVID19 prevention	Counselling on combination HIV prevention, substantial risk screening Adherence, STI, ARV side effects, COVID19 prevention	Counselling on combination HIV prevention, substantial risk screening Adherence, STI, ARV Side effects, HIV testing, COVID19 prevention	Counselling on combination HIV prevention, substantial risk screening, adherence, STI, Adherence, STI, ARV side effects, COVID19 prevention	Counselling on combination prevention, substantial risk screening adherence, assess for signs of acute HIV infections, STI, ARV side effects, HIV testing every 3 months, COVID19 prevention

# Feedback on using a peer-approach

- Clients are confident that using PrEP will prevent HIV infection while applying combination HIV prevention approaches
- The peer-approach avoids stigma and discrimination amongst each other
- Peers are the most trusted people for most of the clients, they have a strong circle of influence
- Peers know where to find those who are the “hardest to reach”, those who are not being reached by the system



# Where to from here? Plans for the future

## From COVID-19 to post COVID -19

- Continue home delivery of refills for PrEP clients that cannot access DICs
- Support clients with regular phone follow-up for routine clinical assessment and adherence
- Work with the national PrEP Technical Working Group to catalyze the market for PrEP distribution
- Further develop digital solutions for social and behaviour change communication, demand creation and adherence for PrEP

# Key learnings

- Demand creation by peer educators increased service up-take
- Using PrEP clients created confidence among the target group
- Counselling skills varies among health care providers
- Screen Vs Eligible depend on the providers assessment skill

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**Thank You**