Despite remarkable expansion of access to HIV care and treatment around the world, stemming the tide of new HIV infections has progressed slowly. In 2017 alone, there were 1.8 million new infections among adults—a decline of only 11 percent since 2010. Rates of new infections remain high among key population groups, such as sex workers, men who have sex with men, and people who inject drugs, as well as larger population groups, such as adolescent girls and young women in Southern Africa. These realities compel the need for intensified efforts to expand combination HIV prevention in order to interrupt transmission in high-prevalence groups and to achieve stable declines in HIV incidence.

Data from diverse population groups and locations demonstrate that PrEP is a powerful addition to the continuum of HIV prevention services that includes regular HIV testing, access to condoms, and behavior-change counseling for risk reduction. In 2015, the World Health Organization (WHO) released new guidance recommending that PrEP be offered to people at substantial risk of HIV infection as part of a combination HIV prevention approach.

While the evidence of PrEP’s efficaciousness is strong, its rollout has lagged behind in many settings. As of October 2018, an estimated 380,000 people across 68 countries have started taking PrEP, with 59 percent of those users in North America. In sub-Saharan Africa, there are an estimated 100,000 PrEP users, the majority residing in just a few countries: Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. Considerable implementation challenges need to be addressed in order for national health systems to take PrEP to scale and to reach the WHO target of three million people having PrEP access by 2020.
ICAP’s decades of HIV prevention, care, and treatment work and innovations in scale-up, including differentiated service delivery models, lay the groundwork for integrating PrEP into a robust continuum of prevention services that is responsive to the needs of individuals and populations (see Figure 1).

ICAP’s approach comprises:

Conducting PrEP research and linking research to practice, including studies on alternative PrEP dosing, PrEP adherence support interventions, and long-acting, injectable PrEP.

Supporting development of global and country-level PrEP policies and guidelines, including through publications that describe the feasibility and acceptability of innovative approaches to PrEP delivery and participation in national technical working groups focused on PrEP implementation.

Technical Approach

Improving PrEP service delivery by supporting ministries of health with PrEP implementation and evaluation, developing differentiated service delivery models to take PrEP out of health facilities and into communities, and rolling out systems for real-time use of data to improve program quality.

Building health worker skills to deliver PrEP. ICAP’s comprehensive PrEP Package features a training curriculum for clinical health workers and a suite of adaptable, clinical and monitoring and evaluation tools, all available in English, French, Portuguese, and Spanish. The package has been refined based on lessons learned in the Democratic Republic of Congo, Guatemala, Brazil, Uganda, and Nigeria.

Available at: http://icap.columbia.edu/ptb-prep-package
Supporting PrEP Service Implementation and Evaluation
ICAP provided hands-on mentoring and guidance as the seven clinics began to offer PrEP services, including regular review of PrEP client charts to ensure correct and complete service provision and documentation; supportive supervision to build clinical competencies related to PrEP, and troubleshooting as needed with clinical teams. This represented the first time PrEP was implemented in public clinics and outside of research settings in DRC. After six months of implementation, ICAP led an evaluation that included surveys with 70 PrEP clients and 35 health care workers.

Outcome
Since the start of the project in February 2018, 356 people have initiated PrEP at the seven project clinics. Evaluation results show high demand for and acceptability of PrEP and high levels of early continuation, with 78 percent retention at one month and 93 percent retention at three-month follow-up visits. These results speak to the advantages of introducing PrEP in clinics that are already serving key populations and with health care workers and peer educators who are already integrated and accepted in the communities they serve. Evaluation results will inform updates to include PrEP in the national HIV prevention strategy and in national clinical guidelines for the use of antiretrovirals.
Approaches to PrEP services must be dynamic and flexible, with a focus on designing innovations that make PrEP more responsive to people’s daily realities. Robust monitoring and evaluation systems are also essential to guide PrEP scale-up and inform understanding of the PrEP continuum. Based on ICAP’s research, program, and policy work, several considerations for implementing responsive and effective PrEP programs are offered below:

**PrEP Does Not Exist in a Prevention Silo**
PrEP is not a “magic bullet.” It should be part of a larger combination prevention package that includes biomedical (e.g., condoms, HIV testing, male circumcision), behavioral (e.g., tailored behavior-change communication), and structural (e.g., addressing criminalization and discrimination of key populations) interventions that are rights-based, evidence-informed, and community-owned.

**PrEP Training Must Include Sensitization**
Health workers require support so that they are prepared to engage with key populations in non-stigmatizing ways. Beyond PrEP basics, health workers and peer providers should have a clear understanding of the PrEP clinical pathway, including when to screen for eligibility, timing of lab tests, loss to follow-up definitions and outreach, discontinuation, and how to manage seroconversions. Regular follow-up and hands-on mentorship are also important as PrEP is new to most health workers.

**Models of PrEP Implementation are Evolving**
Differentiated service delivery models are important for PrEP, including community-based initiation and refills to help expand access—especially to individuals who may not regularly use other health services. Key population-led services and nurse-led models have shown promise in some settings and integration of PrEP with other prevention, sexual health, family planning, and primary health care services can increase uptake.

**Community Engagement is Critical to PrEP Programs**
It is critical to engage intended beneficiaries in all phases of programming to ensure that services are acceptable and successful. Peers, PrEP champions, and outreach workers play a key role in PrEP education, initiation, and follow-up, especially with key populations and members of groups less likely to interface with the health system.

**Successful Continuation on PrEP is a Challenge Everywhere**
Programs should use multiple strategies to support clients’ regular adherence to PrEP. This may include client-centered approaches to counseling on PrEP initiation and adherence, information and counseling on side effects, peer education, SMS reminders, and community-based follow-up and refills. As PrEP is meant for use during periods of HIV risk, unlike the need for lifelong treatment among people living with HIV, it is important that health workers understand and use PrEP-specific concepts when counseling clients on the continued use of PrEP, and that they are confident supporting both daily PrEP use and its safe discontinuation when risk behaviors change.

**Think Beyond “Key Populations”**
Data and formative research should be used to focus PrEP programs for any group at ongoing, substantial risk (defined by WHO as HIV incidence higher than three per 100 person-years). Depending on the geographic context, this may mean miners, fisherfolk, sero-discordant couples, young women, and/or members of key population groups.

**Long-acting PrEP Methods**
Long-acting PrEP methods that are in the pipeline will undoubtedly extend the reach and effectiveness of PrEP, but there is urgency to provide combination prevention with what tools are available today. Building strong PrEP programs now will lay the groundwork to fast-track new PrEP methods on the horizon.
ICAP Pre-Exposure Prophylaxis Package.
Available in English, French, Portuguese, and Spanish at:
http://icap.columbia.edu/ptb-prep-package

Recordings available at:
http://icap.columbia.edu/ptb-prep-hivr4p

Available at:
http://icap.columbia.edu/ptb-prep-mz-miners

Abstract available at:
http://icap.columbia.edu/ptb-hptn-067-grant

Available at:
http://icap.columbia.edu/ptb-hptn-067-franks

Abstract available at:
http://icap.columbia.edu/ptb-hptn-067-garnett