

Global PrEP Learning Network

Supporting Clients' PrEP Decision-Making Across Multiple Products

2 JUNE 2022



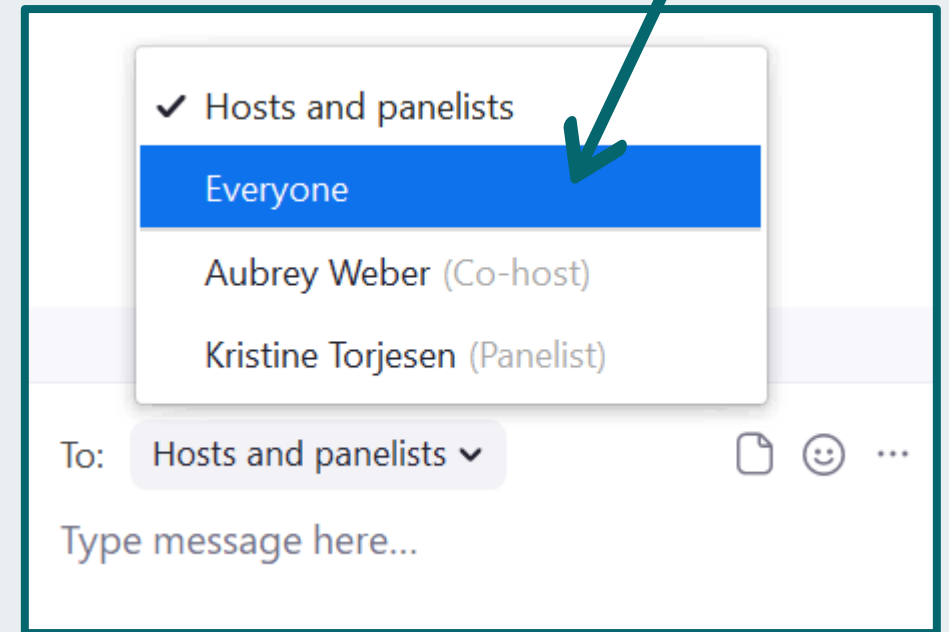
Please introduce yourself in the chat!



- Name
- Organization
- Country


Feel free to ask questions and add comments to the chat box at any point during today's session. At the end of each presentation, we will dedicate time to Q&A.

Don't forget to select "Everyone"





Agenda

- Welcome
 - Introduction
 - An orientation to two client decision-making tools
 - Panel discussion
 - Closing
- 

Today's speakers and panelists



Patriciah Jeckonia (she/hers)

Senior Technical Advisor, Policy & Partnerships, LVCT Health

Patriciah Jeckonia is an expert in HIV/SRHR policy influencing who has been working on introduction and scale-up of new HIV prevention technologies in Kenya. She is the MOSAIC Project Manager at LVCT Health.



[@PJeckonia](https://twitter.com/PJeckonia)



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Elizabeth Irungu (she/her)

Regional Technical Advisor, Jhpiego

Elizabeth Irungu, MBChB, MPH, PhD, is a Regional Technical Advisor at Jhpiego and protocol co-chair for the CATALYST Study under MOSAIC. Previously, Dr. Irungu was country director of the Partners Scale-Up Project, an implementation science project that introduced and scaled up oral PrEP for HIV serodifferent couples, integrated in public health facilities in Kenya. She also sits on the PrEP Technical Working Group for the National AIDS and STD Control Program of Kenya.



Danielle Travill (she/her)

Research Clinician, Wits RHI

Danielle Travill MBChB (UCT) MSc (London school of hygiene and Tropical Medicine) is a research clinician at Wits RHI in Johannesburg, South Africa. Her work focuses mainly on sexual and reproductive health and sexually transmitted infections, with a passion for primary health care. Combining her clinical background with her experience in research, her work focuses on implementing evidence-based research in real world contexts.



[Danielle Travill](#)



[@ResearchConnec1](#)



[@researchconnect](#)



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Elmari Briedenhann (she/her)

Technical Head – Programme Engagement, Implementation Science, Wits RHI

PrEPpassionate ☺ and driven by a desire to meaningfully engage young people and the communities we serve. El is a classically trained graphic designer with degrees in communication science and gender studies and is responsible for ensuring quality and evidence-informed approaches to demand creation, youth engagement, social and behavioral change communication, human centered-design and digital health technologies including AI are applied to the work performed by the Implementation Science team at Wits RHI.



[Elmari Briedenhann](#)



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Definate Nhamo (she/her)

Senior Programs Manager, Pangaea Zimbabwe AIDS Trust (PZAT)

Definate Nhamo has spent over two decades working on increasing access to sexual and reproductive health (SRH) services and facilitating HIV/AIDS care and treatment to female adolescents in Zimbabwe in both research and program delivery settings. She is very passionate about improving SRH access as well as increasing access to new HIV prevention technologies for young women. Definate is a member of the HPTN scientific committee and is passionate about scaling up proven interventions from research to rollout.



Celimpilo Nkambule (she/her/hers)

MOSAIC Community Liaison Officer, Wits RHI

Celimpilo Nkambule is an HIV prevention Ambassador with a passion for adolescent girls and young women's empowerment. She is dedicated to helping her peers make informed choices about biomedical prevention product uptake and effective use.



[Celimpilo Heather Nkambule](#)



[Wits RHI](#)



[@WitsRHI](#)



Havana Mtetwa (she/her/hers)

Youth Representative, Pangaea Zimbabwe AIDS Trust (PZAT)

Havana Mtetwa is an avid reader and a garden lover. She strives to be as involved as possible in the projects she does, and she plans to leave the world better than when she met it.



Niyibeshaho Marie Merci (she/her)

MOSAIC Youth Representative, LVCT Health

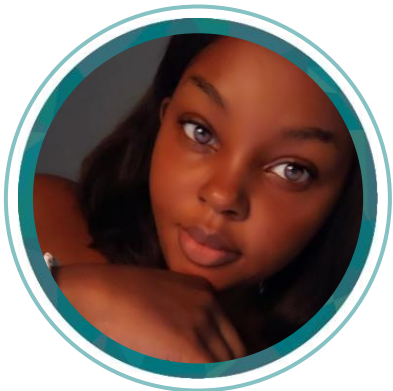
Miss Niyibeshaho Marie Merci is a Kenyan youth advocate. She is the president of the Nairobi Youth Advisory Council, a former member of The Tausi Taskforce under Her Voice Fund and was an Empower for Change Champion under LVCT health. Miss Merci is a sexual and reproductive health advocate for adolescents and young people, with experience in HIV prevention and care and treatment. She has advocated for young people living with HIV at local and global levels, and she was a speaker at the ICASA Conference in 2022. She is currently the youth representative for the MOSAIC Project in Kenya.



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[@LVCTKe](https://twitter.com/LVCTKe)



Luwi Katoka (she/her)

Program Assistant, Prevention / Zambia MOSAIC Youth Representative, FHI 360

Luwi is a program assistant under the MOSAIC project at FHI360 as well as the youth representative for Zambia. Having had the opportunity to work as an intern under the PROMISE project, she is passionate about SRHR and the choices young women make with regards to their health.



[Mercy \(Luwi\) Katoka](https://www.linkedin.com/in/Mercy%20(Luwi)%20Katoka)



1

Introduction

ELIZABETH IRUNGU, JHPIEGO

Does choice matter?

- People's lives and relationships are dynamic – one size does not fit all
- With choices, people can choose a product that fits their needs
- As seen in family planning, more methods leads to wider uptake - people who can't or won't use one product effectively can choose another
- More HIV prevention products help normalize HIV prevention

“

The more options you give them, the more power they have. That way they don't feel pushed to one method. If one method doesn't work for them, they can choose another. They can choose methods based on their lifestyle changes. ”

Health Care Provider (HCP)
South Africa, 2021

1

Brief overview of PrEP Products

Oral PrEP (TDF/FTC or TDF/3TC)



Source: PrEPwatch

- >90% risk reduction
- Easy to cycle on and off
- Many countries have some form of PrEP programming
- Largely delivered in HIV programming sites
- Opportunities to deliver in other venues
- Limitations:
 - Requires daily use, pill burden
 - Side effect profile
 - Not discreet enough, stigma



PrEP ring (dapivirine vaginal ring)



- 35% risk reduction in trials, 50% in OLE
- Replace monthly
- User controlled, can be discreet
- Easy to cycle on and off
- WHO recommended, regulatory approval in several countries
- Opportunities to explore delivery in other venues
- Limitations:
 - Low familiarity with vaginally inserted products
 - Concerns with efficacy
 - Availability in programs



Injectable PrEP (Cabotegravir)



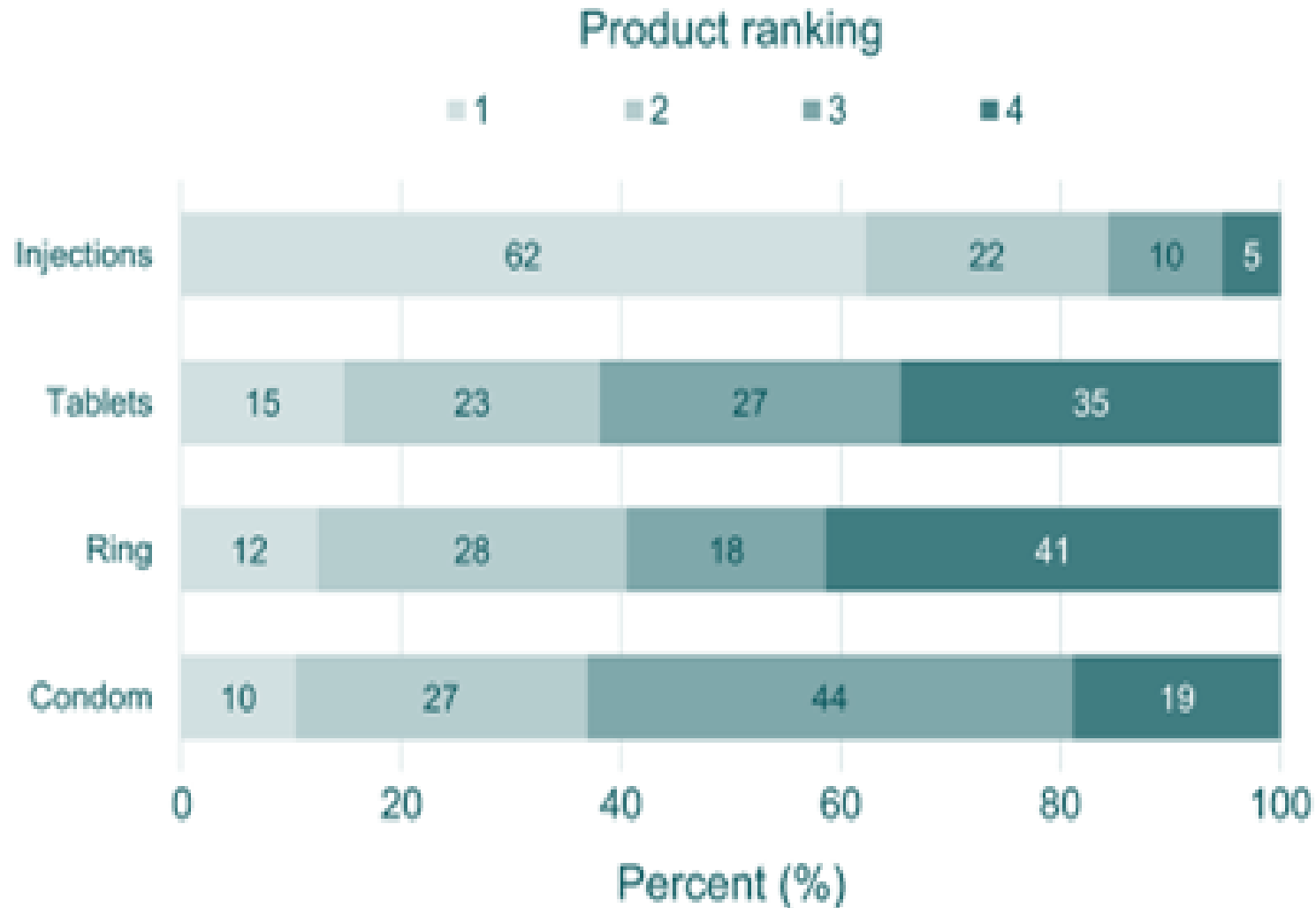
- 89% (cis women), 69% (cis men, trans women) higher effectiveness compared to oral PrEP
- Injection every two months
- Can be discreet
- Regulatory approval in the US, review underway in several countries, WHO mid-year
- Limitations:
 - HIV testing requirements for CAB users (Delayed HIV detection, potential for resistance)
 - Not easy to align with quarterly FP visits



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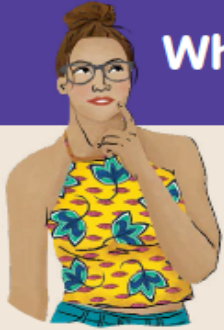
Supporting AGYW to make PrEP choices

Young women want choice



In this study, while injections were most highly ranked, there were young women who preferred tablets, rings and condoms.

Making a Choice — What Matters Most to Me?



People are all different, and they need to be able to choose which HIV prevention method best suits them. Here are some factors that influence a person's choice about which HIV prevention method to use.



Vulnerability and prevention:

What is making me vulnerable to HIV right now? Do I know my partner's HIV status? If my partner is living with HIV, is he taking his ART regularly?



Accessibility:

Does it require use of a product (for example, PrEP method or condom)? If so, what is available and easy to access? What about the cost and affordability? Am I comfortable seeing a health care provider?



Mode of use:

Do I want something that is medication-based? Do I want something on-demand or something that provides continuous prevention? What am I comfortable to put in my body — a pill, vaginal ring or an injection?



Partner issues:

Does my sexual partner have a preference about what I use? Does his opinion matter to me? What will my partner feel about me using this method? Do his feelings matter or does he need to know?



Personal commitment:

Can I stick to the method easily? How much effort does it require to keep using this method? Can I cycle on and off of it easily?



Condom use:

Am I able to use condoms consistently and correctly each and every time I have sex? Do I have access to a water-based lubricant to use with condoms? How do I/my sexual partners feel about condom use?



Privacy:

How important is it to me to keep my method secret? How easy is it for someone to find out I'm using the method?



Frequency of sex/seasons of risk:

How frequently do I have sex? Regularly? Unpredictable and unplanned? Over a specific, limited time, like if my partner only visits sometimes?



Effectiveness:

How effective is this method? How important to me is effectiveness compared to other factors? Based on the evidence, how can I get maximum protection? What if I want to use the method in combination with another one?



Side effects:

How do I deal with side effects? What side effects am I willing to experience? How do I know the side effects are caused by the method and not something else?



Personal preference:

I just prefer it.

Need readily available materials that will inform, educate and guide AGYW on a PrEP choice that fits best.

Make it a Habit!

Pair taking your pill with something you do every day!



If you forget to take a pill for a day or two, take it again when you remember, then keep taking it daily as usual.

PrEP works best when you take it every day.

I will take PrEP every day when...

My Plan

I'm taking PrEP because...

What will get in the way of taking PrEP every day?

Who can I count on for support taking PrEP?

Mark that you took your pill!

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PrEP decision tools to support AGYW to continue to use any PrEP method effectively

Support use at the user level



Support groups, adherence clubs



Mobile health, telehealth



PrEP refill and visit schedules



Providers can support choice

- Train providers on various methods
- Including how to offer and deliver choice
 - Lack of knowledge is a prescribing barrier
 - Client-centered care
 - Be comfortable with discontinuation and switching
- Also train on values, empathy

TOGETHER WE ARE

GEN N
HIV Negative Generation

I Appreciate You

- It is brave to come for help
- It's responsible to take care of your body

I'm Not Judging

- I know you are doing the best you can
- I know things happen we don't intend
- I know you may be struggling
- I remember being where you are

I'm Listening

- I need to know what is going on so that I can help you
- We are going to work together

Your Secrets are Safe

- What we talk about stays here

I'm Here to Help You Decide

- How to protect your future
- How to take care of your body
- How to keep your relationships healthy

I'm With You on the Journey

- I'll guide you through each step
- I'll tell you the truth

I Believe in You

- I'll cheer you on!
- I'll help you overcome challenges

USAID PEPFAR EpiC RISE

Source: Gen-N

Support use at the policy level

- Policies that permit delivery that normalizes PrEP and PrEP choice
- Explore accessible venues
 - integrated in SRH – manage FP needs, screen and treat STIs
 - community delivery, community pharmacies, task shifting and peer engagement
 - telehealth
- Ensure no commodity stock outs
- Make delivery simple – few labs, short waiting time, same day start



Educate the community including partners and peers

Create awareness and generate demand for PrEP choice while addressing stigma



Learning from family planning counseling tools

Counseling Tool: Reproductive Health Choices for Clients with HIV



Source: [Increasing Access to Contraception for Clients with HIV: A Toolkit](#) Published 2008 by Family Health International

Which method is best for you?

Consider these features:

- Can have more children later
- Good while breastfeeding
- Nothing to do before sex
- Very effective
- Protects against STIs or HIV
- Private
- Acceptable side effects
- Easy to use
- Easy to stop
- Used only when needed
- Avoids touching genitals
- Other features



Learning from family planning counseling tools

The Pocket Choice Book
for Providers

- ✓ Color-coded matrix for quick and easy comparison of method benefits
- ✓ Benefit pages for clients who want more details
- ✓ Key messages and instructions for the selected method to increase client compliance and satisfaction
- ✓ Quick references for medical eligibility and common problems

Don't forget to reassure your clients that what they tell you is confidential.

Greet	<ul style="list-style-type: none"> • Hi, I am X, what's your name? • Everything you tell me is confidential 	<table border="1"> <tr> <th colspan="2">Key</th> </tr> <tr> <td>✓</td> <td>Great for</td> </tr> <tr> <td>✓</td> <td>Good for</td> </tr> <tr> <td>✗</td> <td>Not for</td> </tr> </table> <p>Changes to periods with some methods are NORMAL.</p> <p>Normal Opportunities Return Methods Absence of periods Limit</p> <p>See full messages on page 9 →</p>	Key		✓	Great for	✓	Good for	✗	Not for
Key										
✓	Great for									
✓	Good for									
✗	Not for									
Ask	<ul style="list-style-type: none"> • What can I help you with today? • Tell me about your past experience with contraception. • Tell me about your concerns. • What do you like about this method? (if has method in mind) 									
Tell	<ul style="list-style-type: none"> • Period changes are NORMAL • Tell the client which 2-3 methods meet the most of her stated needs, or confirm the method in mind meets her needs 									
Help	<ul style="list-style-type: none"> • Help compare the differences between the top 2-3 methods, if applicable • Check medical eligibility for chosen method • Let her decide which method is right for her 									
Explain	<ul style="list-style-type: none"> • Explain the 3Ws of her chosen method, and have her repeat them • Make a plan together for how to use and what to do if side effects occur 									
Return	<ul style="list-style-type: none"> • Come back anytime if you have questions or concerns. 									

Source: Counseling for choice (C4C): [The Choice Book for Providers](#), PSI 2021

Summary

- Every biomedical HIV prevention product has strengths and weaknesses that individual users should have the opportunity to weigh based on their unique needs and situation
- Choice allows potential users to move between products as their lives change
- The best product remains the product that an individual can use effectively during periods of possible exposure to HIV
- Support for AGYW to understand, choose and effectively use any of the available methods is urgently needed

“

I think people should be given all the information, then they make an informed decision as to which method they should use.

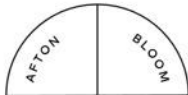
HCP Zimbabwe, 2021

Having multiple options will help us support our patients who want to take care of their health without having to change their lifestyle so much because I think that's where adherence becomes the problem. ”

HCP South Africa, 2021

ACKNOWLEDGMENTS

These slides were created by Elizabeth Irungu, with contributions from Saiqa Mullick, Kristine Torjesen, Emily Donaldson, Morgan Garcia, Chris Obermeyer, Manya Dotson and Jason Reed.



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Photography: FHI 360, OPTIONS Consortium, Canva





Q & A

2

Journey Tool

ELMARI BRIEDENHANN, WITS RHI



PROMISE/MOSAIC

HIV Prevention User Journey Tool

Client/Provider-facing tool to support uptake of methods to achieve combination HIV prevention

Elmari Briedenhann

Technical Head: Programme Engagement (Wits RHI)

June | 2022





Opportunity / Responsibility

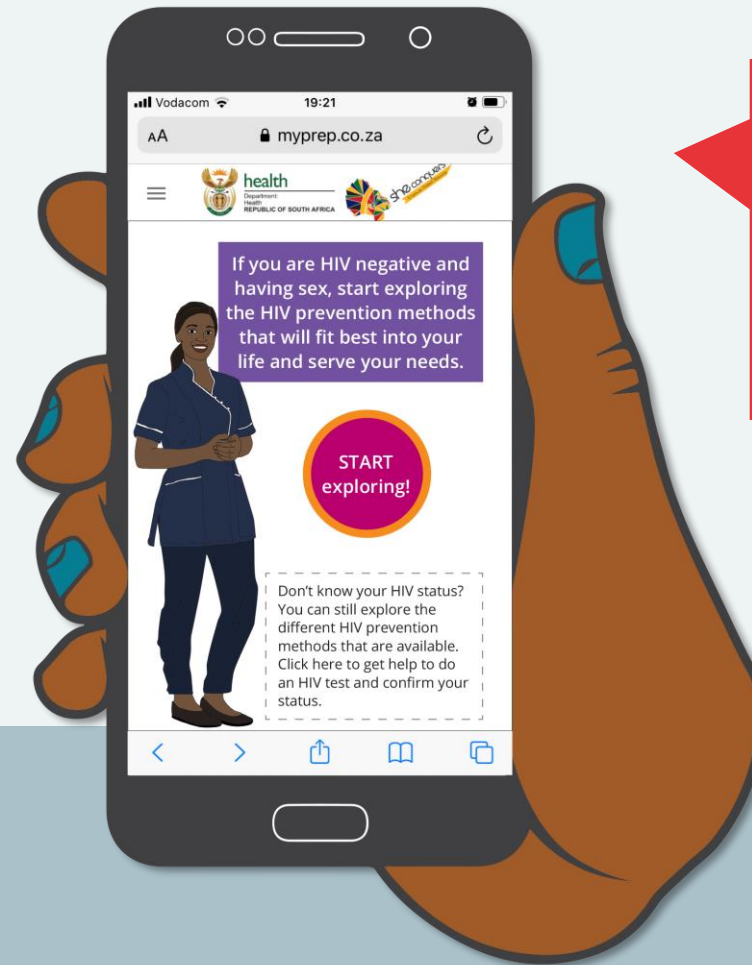
- The method mix to achieve combination HIV prevention has expanded significantly over time.
- And the introduction pipeline of new methods for the future is exciting!
- We need to ensure clients are aware of their choices and informed to make choices that are relevant to their needs and lifestyle.

We have an opportunity and responsibility to **provide clients with information** on the available and future methods and **support clients in their journey to select** their most appropriate combination of HIV prevention methods = informed choice!

PAPER-BASED



DIGITAL



Primary audiences:

- All women
- Healthcare providers

Secondary audiences:

- Men as partners and peers
- Communities

The HIV prevention user journey tool

One tool applied to two formats in order to reach as many as possible: digital web form & printed paper-based.

Ensuring prevention methods align to client needs, preferences and lifestyle

- The journey starts with what is important to the client and NOT with an overload of HIV prevention information.
- **The client is first!** What are their needs and what will be suitable in the context of their lifestyle?
- Methods are presented based on client selection in relation to *Lifestyle Statements*.
- More information available on all methods.

Lifestyle questions to help you support your clients with THEIR combination HIV prevention package

The next section of this brochure will help you support your client explore HIV prevention methods according to their potential exposures to HIV, needs and preferences.

For each statement below, there will be HIV prevention methods categorised as follows:

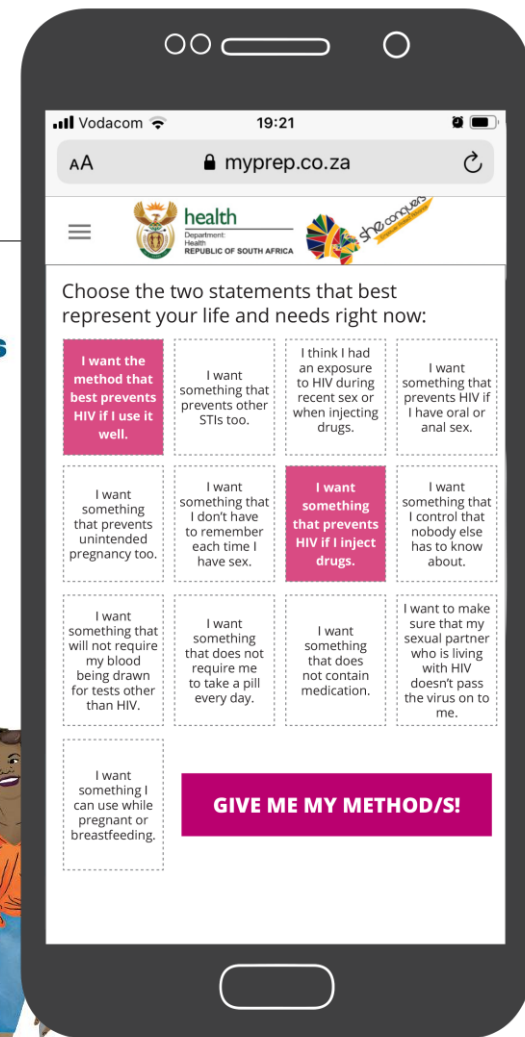
YES!	OR	Maybe / dependent on other factors	OR	No or not applicable
This is a good option!		This can work, depending on the factors.		These methods will not work or are not applicable.

Lifestyle questions/statements:

1. I want the method that best prevents HIV if I use it well.	2. I want something that prevents other STIs too.	3. I think I had an exposure to HIV during recent sex or when injecting drugs.
4. I want something that prevents HIV if I have oral or anal sex.	5. I want something that prevents unintended pregnancy too.	6. I want something that I don't have to remember each time I have sex.
7. I want something that prevents HIV if I share materials (such as needles and injection equipment) when injecting drugs.	8. I want something that I control that nobody else has to know about.	9. I want something that will not require my blood being drawn for tests other than HIV.
10. I want something that does not require me to take a pill every day.	11. I want something that does not contain medication.	12. I want to make sure that my sexual partner who is living with HIV doesn't pass the virus on to me.
		13. I want something I can use while pregnant or breastfeeding.



Lifestyle questions



The journey on paper

PROVIDER FOCUSED

The HIV prevention user journey:

A GUIDE FOR HEALTHCARE PROVIDERS:

Supporting clients in selecting their preferred HIV prevention options

[PROMISE/MOSAIC - Jan2022]

PROVIDER FACING

2. I want something that prevents both HIV and other STIs:

YES!	Maybe / dependent on other factors	No or not applicable
<p>Abstinence from all forms of sex is the only way to prevent all STIs.</p> <p>If a person is having sex, they can use a condom every time they have sex to prevent against HIV, STIs and unintended pregnancy.</p>	<p>Having fewer partners will reduce the likelihood of getting STIs.</p> <p>Managing STIs (screening and treatment) will help limit the effects of STIs and reduce the likelihood of getting HIV for both partners.</p> <p>VMMC has been shown to reduce the likelihood of some STIs for males who are circumcised.</p>	<p>These methods will not prevent STIs other than HIV on their own. It is best to always use a combination approach, like adding condoms to PrEP to prevent both STIs and HIV.</p>
<p>Note: A person can get an STI's on the penis, vagina, anus (from anal sex) and in the mouth (from oral sex).</p>		

Lifestyle questions

CLIENT FACING

Want something that prevents both HIV and other STIs?

If a person is having sex, they can use a condom every time they have sex to prevent against HIV, STIs and unintended pregnancy.

Abstinence from all forms of sex is the only way to prevent all STIs.

Oral Pre-Exposure Prophylaxis (PrEP): Daily

What is it?
Oral PrEP is a pill containing antiretroviral (ARV) medication that you can take if you are HIV negative to prevent HIV. Most oral PrEP pills contain a combination of two ARVs. The type of ARV may vary depending on the country and brand of oral PrEP.

How does it work?
When taken as prescribed, the medication in oral PrEP builds up in the cells in the body and stops HIV from multiplying itself. If the virus cannot multiply, it simply dies. Oral PrEP must be taken before coming in contact with the virus and continued for as long as the user feels the need to prevent against getting HIV. It is not HIV treatment and does not need to be taken for life, but rather for periods of increased likelihood of HIV exposure.

How is it used?
Everyone taking oral PrEP will need routine HIV testing every three months. Some countries may require other tests. Oral PrEP needs to be taken every day. Taking the pill at the same time each day can make remembering to take it easier. Daily oral PrEP prevents users from getting HIV from any type of exposure, including all forms of sex (vaginal or anal) and sharing drug injection materials (such as needles and injection equipment).

How well does it work?
When taken as prescribed, oral PrEP can reduce the likelihood of getting HIV by over 90%.

What are the side effects?
During the first two weeks of taking oral PrEP, one in ten people may experience mild side effects. These may include nausea, headaches, stomach discomfort, or vomiting. The side effects usually go away after a few weeks. Changing the time of day when the pill is taken may assist with reducing side effects. It is encouraged that oral PrEP users visit their health care provider if they experience severe or prolonged side effects.

Different ARVs like Truvada or Tenofovir can be used as oral PrEP. (Image courtesy of Shutterstock)

Oral Pre-Exposure Prophylaxis (PrEP): Daily

Oral PrEP

Oral PrEP is a pill containing antiretroviral (ARV) medication.

For HIV negative people. **← IMPORTANT**

Oral PrEP is taken daily while you need it and can be stopped and started.

Different from the ARVs that people living with HIV take because it prevents HIV.

You need to take Oral PrEP for 7 days before it becomes effective.

7 DAYS TO GO

If you take oral PrEP daily it is more than 90% effective at preventing HIV.

Side effects are mild and go away after a few weeks - very few people are affected by side effects.

If you want to stop taking oral PrEP, talk to your healthcare provider to make sure you still have protection.

The journey on paper

A quick guide on how to use to this tool

There are many HIV prevention methods available to fit different needs and lifestyles. This guide will help with deciding which HIV prevention methods are most suitable for your client.

The brochure aims to:

- Provide information on different HIV prevention methods, including how they work, how to use them, and how effective they are
- Provide information on how to combine HIV prevention methods to improve effectiveness
- Provide options and choices so clients can best decide what HIV prevention method they prefer
- Encourage clients to think about HIV prevention together with other sexual and reproductive health choices -including the prevention of pregnancy and sexually transmitted infections.



Everyone has the right to choose which method(s) are best for them and to try new ones as their needs and preferences change. Clients should be supported to find the right HIV prevention method(s), according to their current needs and circumstances.



Note: HIV prevention is interrelated with sexual and reproductive health and rights, and as such, HIV prevention should always be combined with the prevention of pregnancy, STIs and gender- and sexually-based violence.

page 1

Starting the conversation with your client

Explain to your client that getting HIV is still a reality and that we all have a part to play to stop new cases, starting with ourselves.

Continue the conversation by exploring potential exposures to HIV - if a person is HIV-negative and having sex, they should consider if they EVER have sex:

- With someone whose HIV status they don't know or don't trust?
- Without a condom, or the condom has slipped off or broken?
- With someone who is HIV-positive?
- When they are using drugs or alcohol?
- With someone against their will - sexual assault.

Explore these factors that may elevate or increase the likelihood for HIV acquisition with your client, and if they are interested in HIV prevention, invite them on this journey to think about and select the most appropriate methods for their life and circumstances.

- Ask your client which HIV methods they have heard about. This can assist in assessing your client's knowledge, and what further information is required.
- You can now refer to the lifestyle questions on page xx-xx of this tool. Going through these questions will take you on a journey with your client to explore and weigh up what would best work for them to prevent HIV.
- Once your client is clear on what is important to them in using HIV prevention methods, you can now refer to the relevant sections that provide more information on each method.
- Next, after your client has all the information, support them to CHOOSE their options. Ensure your client has the relevant information to make an informed decision, is eligible for their method(s) of choice, and is successfully initiated.
- Re-assure your client that you are there for them and that they are welcome to come back to you if they have any concerns or would like to switch or stop using a method.

Remember! Encourage your client to use more than one HIV prevention method. For example, if your client would like to start with oral PrEP, encourage them to also use condoms, to go for regular STI screening and HIV testing, and discuss contraception.

page 2

Quick and helpful counselling tips

HIV-negative people interested in HIV prevention options should receive counselling prior to starting a method as well as at follow-up visits. This ensures that clients understand how to use their method, are supported in effective method use, discuss challenges, and to provide support should they wish to change to other prevention options.

Some tips for counselling

- Be non-judgmental client-centred sensitive to the client's needs, resources, and preferences
- Respect the rights of the client to make an informed choice, and that this may change over time. Create a safe space where their choices and opinions are valued
- Encourage a journey to explore the behaviours that may expose clients to HIV
- Recognise that sex is not always predictable nor planned
- Understand that behaviour change needs time and reinforcement
- Explore choices and solutions; identify small wins and achievable next steps in reducing a client's likelihood of getting HIV
- Provide the opportunity to jointly problem-solve and foster motivation, especially in relation to continuation and effective use of a specific method.
- Encourage your client to ask any questions, dispel myths and provide information that your client can understand
- Ensure that clients have sufficient understanding so that they feel confident using their methods
- Open the conversation - about potential exposures to HIV, options, previous and current experience with HIV prevention methods, and sexual health protection plans



page 3

SECTIONS INCLUDE:

- How to use this tool
- Starting the conversation with your client
- Brief counselling tips for providers
- 13 Lifestyle questions each with 9 HIV prevention methods organised into 3 categories:
 - Yes! These methods will work.
 - Maybe/dependent on other factors whether these methods will work.
 - No, these methods will not work or are not applicable in this scenario.
- More detailed information on each of the 9 HIV prevention methods covering:
 - What is it?
 - How does it work?
 - How is it used?
 - How well does it work (efficacy)?
 - Side effects?
 - Considerations when choosing this method\.
 - FAQs

4. I want something that prevents HIV if I have anal sex:

YES!



PrEP methods such as oral PrEP is a good HIV prevention method for anal sex, it is effective no matter how a person is exposed to HIV.

PrEP can be used if a person thinks they have been exposed to HIV but should be used only in emergencies - PrEP must be taken within 72 hours of a possible exposure and must be taken for 28 days.

External/male condoms with water or silicone-based lubricants work well during anal sex if used correctly and each and every time one has sex and prevent both HIV and STIs.

Maybe / dependent on other factors



Having fewer partners and managing STIs or knowing a partner who is living with HIV is adhering to treatment can reduce the likelihood of exposure to HIV.

VMMC has been shown to somewhat prevent HIV if the circumcised partner is the insertive and not the receptive partner.

No or not applicable



The PrEP ring only prevents HIV for people who are exposed during receptive vaginal sex.

And not having anal sex or abstaining from anal sex will also prevent HIV but may not be relevant in this scenario.

Lifestyle questions

Oral Pre-Exposure Prophylaxis (PrEP): Daily

What is it?

Oral PrEP is a pill containing antiretroviral (ARV) medication that you can take if you are HIV negative to prevent HIV. Most oral PrEP pills contain a combination of two ARVs. The type of ARV may vary depending on the country and brand of oral PrEP.

How does it work?

When taken as prescribed, the medication in oral PrEP builds up in the cells in the body and stops HIV from multiplying itself. If the virus cannot multiply, it simply dies. Oral PrEP must be taken before coming in contact with the virus and continued for as long as the user feels the need to prevent against getting HIV. It is not HIV treatment and does not need to be taken for life, but rather for periods of increased likelihood of HIV exposure.

How is it used?

Everyone taking oral PrEP will need routine HIV testing every three months. Some countries may require other tests. Oral PrEP needs to be taken every day. Taking the pill at the same time each day can make remembering to take it easier. Daily oral PrEP prevents users from getting HIV from any type of exposure, including all forms of sex (vaginal or anal) and sharing drug injection materials (such as needles and injection equipment).

Most people will be protected after they have been taking oral PrEP every day, for 7 days Use condoms or abstinence during this time. A person will need to continue taking it daily every day thereafter to prevent against getting HIV.

If a person decides to stop taking daily oral PrEP, they need to continue taking it for 7 days after their last sexual encounter and start to use other HIV prevention methods.



Different ARVs like Truvada or Tenofovir can be used as oral PrEP. Image courtesy of Shutterstock.

How well does it work?

When taken as prescribed, oral PrEP can reduce the likelihood of getting HIV by over 90%.

What are the side effects?

During the first two weeks of taking oral PrEP, one in ten people may experience mild side effects. These may include nausea, headaches, stomach discomfort, or vomiting. The side effects usually go away after a few weeks. Changing the time of day when the pill is taken may assist with reducing side effects. It is encouraged that oral PrEP users visit their health care provider if they experience severe or prolonged side effects.

Oral Pre-Exposure Prophylaxis (PrEP): Daily

Oral Pre-Exposure Prophylaxis (PrEP): Daily

Some considerations when choosing this method:

- Can be kept private. If privacy is important, think of ways to hide the pills.
- Effort is required. Taking the pill daily or as prescribed is important so that oral PrEP can be effective and regular health care visits are essential.
- Can start and stop oral PrEP as and when required, as explained by a health care provider.
- Does not prevent other STIs or pregnancy - this requires condoms and contraception used together with oral PrEP.
- Can be used safely during pregnancy or breastfeeding.

Frequently Asked Questions

Question	Response
Will oral PrEP prevent a person from getting pregnant or make them infertile?	No, oral PrEP will not prevent a person from getting pregnant or make them infertile.
If I take oral PrEP and get HIV, will antiretroviral treatment (ART) work or will oral PrEP lead to ARV resistance?	The chances of developing HIV drug resistance with the use of oral PrEP is very small (<0.1%), especially if you take it every day and get tested for HIV regularly.
Can I share oral PrEP with other people or my partner living with HIV?	No, you can't share oral PrEP. You don't want to risk running out of oral PrEP because you shared your pills. A person wanting to use oral PrEP needs their health checked by a health care provider. Oral PrEP and ARVs have different doses and are often different drugs. If a person knows someone who wants to take oral PrEP, they should consider sending them information about where they got theirs!
Can a person take oral PrEP if they are HIV-positive?	No, oral PrEP is only effective to prevent HIV. People living with HIV need a different combination of three ARVs for treatment.
When is oral PrEP not recommended?	If a person has kidney problems -- a test may be done before oral PrEP initiation to check this.
Any concerns when using contraceptives or other medications?	No. Oral PrEP is safe to take with any form of contraception, other medications, recreational drugs and with alcohol.



Oral Pre-Exposure Prophylaxis (PrEP): Daily

The virtual journey

Users clicks on promotional link OR navigates to the tool on a website.

Screen 1: Start exploring

Screen 2: Agree / Disagree statements

Disagree with all statements

Agree with one or more statements

Screen 2.1: Great job!
END

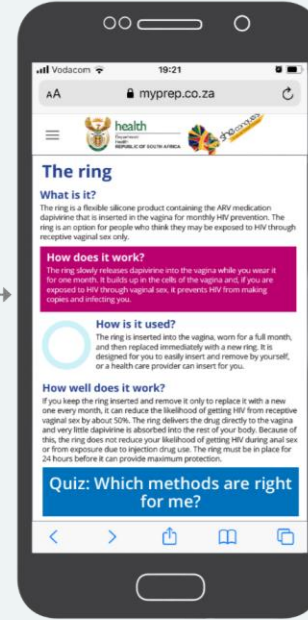
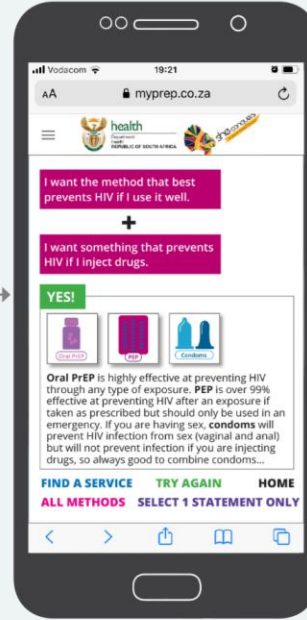
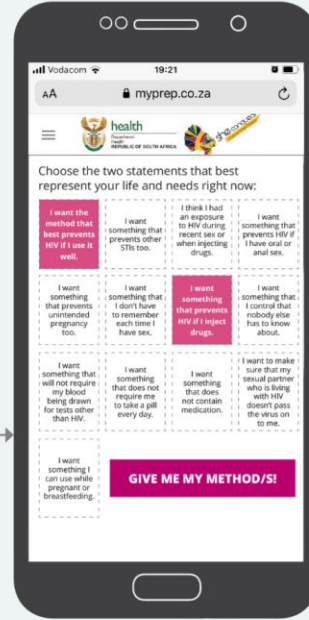
OR...

Screen 2.2: Choose the TWO statements that best represent your life and needs right now.

Screen 2.1.1: Still want to explore which HIV methods could work for them.

Screen 2.2.1: YES screen only with each icon and method in text hyperlinking to full text.

Clicks (as example) hyperlink for Ring...



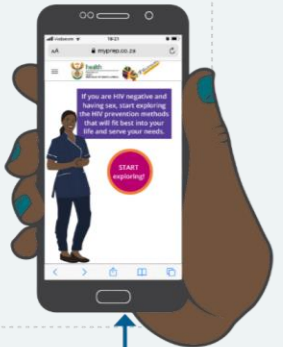
Probably best if we had a look!

MENU

- Take the quiz!
- HIV prevention methods
- Lifestyle statements
- Home



Clicks (as example) on a statement block and is taken to Yes / Maybe / No screen



CLIENT FOCUSED

Notes:

The digital tool has been developed in such a manner that it can easily be adapted across countries.

A CMS is in progress and will be finalised when engagements with other countries have started and concluded.

The paper-based tool is colour coded to ensure ease of navigation.

Within the paper-based tool, methods not available in a specific country can be removed.

Digital metrics will report on user demographics, number of users who start the tool vs how many finish the tool.

Digital tool will link to MyPrEP clinic finder and B-Wise service finder in South Africa. (linkage to care)

An optimisation approach is currently underway to ensure the tools are as user-friendly as possible!



Thank You!

PROMISE was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement AID-OAA-A-15-00045. The contents are the responsibility of Envision FP and do not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.


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3

Decision Support Tool

DANIELLE TRAVILL, WITS RHI

A woman in a yellow lab coat and a man in a red striped shirt stand in front of a barbed wire fence. The woman is on the left, looking directly at the camera. The man is on the right, looking slightly to the left. The background is a blurred outdoor setting with a fence and some foliage.

Decision support
tool to aid
decision-making
of prospective
PrEP users &
counseling by
providers

University of the Witwatersrand

WITS RHI

Danielle Travill
MBChB, MSc

Rationale for a PrEP decision support tool

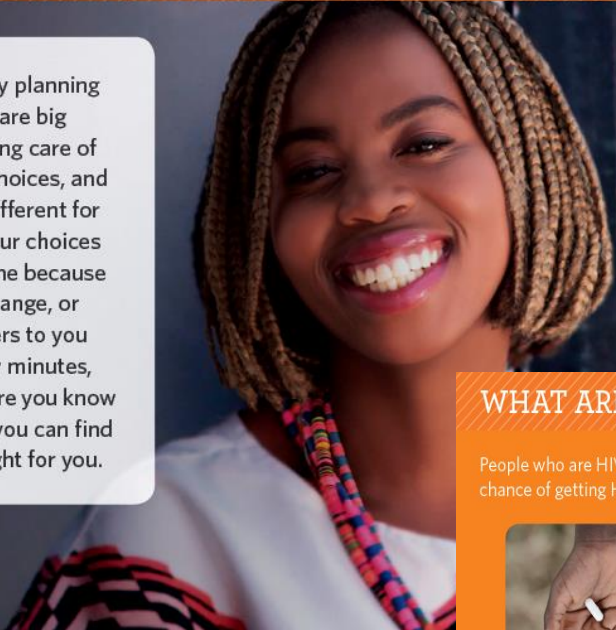
- More and more **options** are becoming available for HIV prevention, **including oral pills, vaginal ring and injectable PrEP.**
- End-users need to be able to make **informed choices** to ensure that use is aligned with values and preferences and improve patient risk perception and that they are choosing a method best suited to their needs.
- Decision support tools (DST) have been used successfully in health care settings to **improve client knowledge, values-congruent choices and risk perception.**
- A PrEP DST could **overcome multiple client and provider barriers to PrEP delivery**, particularly in resource-constrained settings where time constraints, lack of provider training and skills, and provider-client power disparities may be barriers to shared decision-making.
- DSTs may be particularly beneficial in **busy clinical environments**, or when **new services** are integrated – i.e., integration of PrEP into primary health clinics



My PrEP: a decision support tool

BEFORE WE GET STARTED...

Choices about family planning and HIV prevention are big decisions about taking care of yourself. You have choices, and the right choice is different for different women. Your choices may change over time because things in your life change, or because what matters to you change. In just a few minutes, we want to make sure you know all your options, so you can find methods that are right for you.



WHAT PUTS WOMEN AT RISK OF HIV?

Using HIV prevention and family planning helps us stay healthy and have loving, healthy relationships and families. We use these methods for one or many reasons. Here are some reasons why:

- "I am sexually active and don't always use condoms, so I use HIV prevention."*
- "I recently had a sexually transmitted infection, so I use HIV prevention."*
- "I use alcohol or drugs before sex, so I use HIV prevention"*
- "I want to be in charge of my health and feel more confident, so I use HIV prevention."*
- "I think my partner has other partners, so I use HIV prevention"*
- "I don't know my partner's HIV status, so I use HIV prevention."*
- "My partner is violent or controlling, so I use HIV prevention."*
- "Young women get HIV from partners who are much older than them. My partner is older than me, so I use HIV prevention."*
- "My partner has HIV but isn't taking HIV medications, or has been taking medications for less than six months, so I use HIV prevention."*

WHAT ARE MY OPTIONS TO PREVENT HIV?

People who are HIV-negative can use HIV prevention methods to lower their chance of getting HIV. These may be best used in combination!



PrEP: an HIV prevention pill that I can take daily



Condoms (male and female)



Decreasing my sex partners



Knowing if my partner has HIV



If my partner has HIV, he takes HIV medicines



My PrEP: Development process

My Birth Control: a contraceptive decision support tool

- Extensive engagement
- Digital format for tablets
- Educational modules
- Interactive component to elicit preferences
- Health history
- “Method chooser”
- Question screen
- Final printout



<https://clinic.mybirthcontrol.org>
Dehlendorf, AJOG 2019

- Cluster RCT of 758 participants and 28 providers in US
 - Positively impacted contraceptive counseling, informed decision making and knowledge
 - Providers found the tool useful for time allocation and focusing on participant preferences
 - Providers also found users to be more informed
 - Review of counselling found providers more responsive to user preferences
 - No effects on 7-month continuation

WHY TAKE PrEP?

Many women use HIV prevention for many different reasons. Here's one young woman's story about why she decided PrEP was right for her:

"I am 19 and decided to use PrEP because I live in a country where there are many people who have HIV. My boyfriend is much older than me and I don't know his HIV status. I don't know if he has other partners and don't want what he does to determine whether or not I get HIV. By taking PrEP, I am in charge of my health and I feel more confident, safe and protected against HIV."



Iterative development process with user input from South Africa and Kenya



My PrEP: Evaluation

Evaluation of My PrEP decision tool (NIMH R01MH114544)

Purpose:	To test the effect of a patient-facing decision support tool on PrEP uptake and use among young South African women
Design:	Randomized by day women who are coming for reproductive health services to receive standard of care counseling to digital My PrEP decision support tool or other health website, which will be used prior to the provider encounter
Study Population:	350 HIV-uninfected women ages 18-25 in Johannesburg, South Africa.
Primary Objective:	<ul style="list-style-type: none">To determine the effect of a digital, patient-facing PrEP decision support tool on PrEP uptake at M1
Secondary Objectives:	<ul style="list-style-type: none">To evaluate if use of the decision tool increases YW's persistence with PrEP through 1 monthTo qualitatively evaluate whether a digital PrEP decision support tool alters young women's decision-making about PrEPTo assess provider attitudes about the patient-facing decision support toolTo determine the effect of a digital, patient-facing PrEP decision support tool on PrEP adherence and continuation after 3 months.
Study Sites:	PHC clinic, Johannesburg, South Africa

Methods

Women presenting to a primary care clinic in Johannesburg South Africa in 2019-20, were randomized to DST or a general health website

Study clinicians provided standard counseling and offered PrEP

Participants completed surveys and STI testing



Baseline characteristics

Characteristic	Overall (N = 353)	Other health website (N = 181)	DST (N = 172)
Age, years	21 (20, 23)	21 (19, 24)	21 (20,23)
Not married	344 (97%)	177 (98%)	167 (97%)
Any prior pregnancy	242 (69%)	126 (70%)	116 (67%)
Sexually active, past 3 months	353 (100%)	181 (100%)	172 (100%)
2+ sex partners	49 (14%)	21 (12%)	28 (16%)
Condom use			
Always	53 (15%)	22 (12%)	31 (18%)
Sometimes	214 (61%)	107 (59%)	107 (62%)
Never	85 (24%)	51 (28%)	34 (20%)
VOICE risk score (0-8)	6 (5,7)	6 (5,7)	6 (5,7)
Gonorrhea diagnosis at study visit	23 (7.9%)	12 (8.2%)	11 (7.6%)
Chlamydia diagnosis at study visit	99 (34%)	46 (32%)	53 (37%)

High risk population



Primary Objective: PrEP uptake at enrollment

	N	PrEP uptake	OR	95% CI	P value
DST	172	166 (97)	1.79	0.67-5.30	0.262
Other website	181	170 (94)	Ref.		

Secondary analysis: PrEP Continuation at 1 month

	N	Attended 1 month visit	PrEP Continuation	OR	95% CI	P value
DST	172	40 (23%)	33 (20%)	1.97	1.08-3.69	0.029
Other website	181	31 (17%)	19 (11%)	Ref.		



Participant views of the tool - Interviews

Users liked the tool

- Information **broadens their understanding of PrEP** and personal relevance
- They could **relate** to scenarios on the DST
- Provided **information**, answered questions above and beyond what they would have thought of
- Demonstration of how the pill works in the body and possible side effects
- **Simple** language, format easy to follow
- Prompted them to think about their **sexual and reproductive health needs** more broadly
- Memorable content
- DST influence on PrEP decision
- Perception that the DST will be acceptable to peers

Often confirmed information received from elsewhere

- Information read on the internet/pamphlets
- Information from heard from service provider, family and peers



DST 2.0

- Added in modules on dapivirine ring, CAB LA
- Cognitive testing with
 - Adult CAB
 - Youth CAB
 - PrEP users – rings, pills
- This version should be available soon



WHAT ARE THE DIFFERENT TYPES OF PrEP?

We want to make sure you know about all your options, but today, we'll focus on PrEP because it's new, extremely safe and highly effective. Plus,

How do I choose?

We want to help you find the type of PrEP that works best for you, and that you'll take.

PrEP Pill 

PrEP Injection 

FAMILY PLANNING IS KIND OF A BIG DEAL. NEED HELP WITH YOUR DECISION?

You've got to love options, especially when it comes to family planning, but figuring out the best method for you can be a bit overwhelming. That's why we're helping make the decision-making process much easier.

In just 10 minutes or less, this guide will cover important basics about all the methods out there and ask you some questions about what you want from family planning, so you can find the ones that will work for you. Even if you already have a method in mind, it's always good to know your options.

It will also help you decide which questions to ask your health care provider. (They really like it when you ask questions, so walking in with your list is totally the way to go!)

[PREVIOUS](#)

[NEXT](#)



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Q & A

4

Panel discussion

Panelists



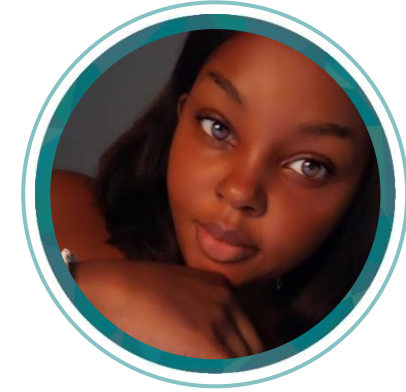
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Havana Mtetwa
PZAT, Zimbabwe



Luwi Katoka
FHI 360, Zambia

Moderator



Definate Nhamo
PZAT, Zimbabwe



1

What kind of support do you need to feel confident and empowered to make decisions regarding PrEP?

2

What have your experiences been accessing PrEP/information about PrEP choice? What have you liked/disliked?

3

How would you prefer to access information about PrEP choice?

4

What do you think would help your peers, particularly those who may be unfamiliar with PrEP products, make informed decisions about PrEP use?

Visit PrEPWatch

All webinars are **recorded** and will be accessible on PrEPWatch within a week.

Complementary resources including relevant articles and tools plus **registration for upcoming webinars** can also be found on PrEPWatch.

Virtual Learning Network

The PrEP Learning Network, hosted by **MOSAIC**, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up. Prior to February 2022, the PrEP Learning Network was hosted by CHOICE, OPTIONS, EpiC and RISE.

Its webinar series features presentations from experts in specific content areas, lessons learned and insights from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics. See the **WHO website** for information on additional PrEP webinars hosted by the World Health Organization.

Upcoming Webinars

- MOSAIC PrEP Learning Network Kick-off: an Exploration of CAB PrEP

Thursday, February 24, 2022 at 8:00 EDT | 15:00 SAST | 16:00 EAT

In this webinar, we will introduce our audience to the newly launched MOSAIC project and orient attendees to the scope of this webinar series. We will then explore ongoing and completed research on CAB PrEP, learn more about the recently released FDA guidance, and hear from a panel of implementers and policymakers on what's needed to advance introduction of this new HIV prevention product. This webinar is part of the global PrEP Learning Network webinar series, now hosted by the USAID/PEPFAR-supported MOSAIC project.

[Register here.](#)

Visit www.prepwatch.org/virtual-learning-network for more.

Upcoming sessions

The MOSAIC PrEP Learning Network takes place **quarterly**.

Upcoming sessions are planned for August and November 2022.



Stay connected



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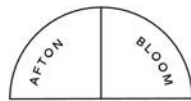
<https://www.mosaicproject.blog/>



<https://mailchi.mp/prepnetwork/prep-learning-network>



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Photography: FHI 360, OPTIONS Consortium, Canva

