



Zimbabwe Adapted 2015 WHO Prevention and ART Guidelines

HIV Pre Exposure Prophylaxis



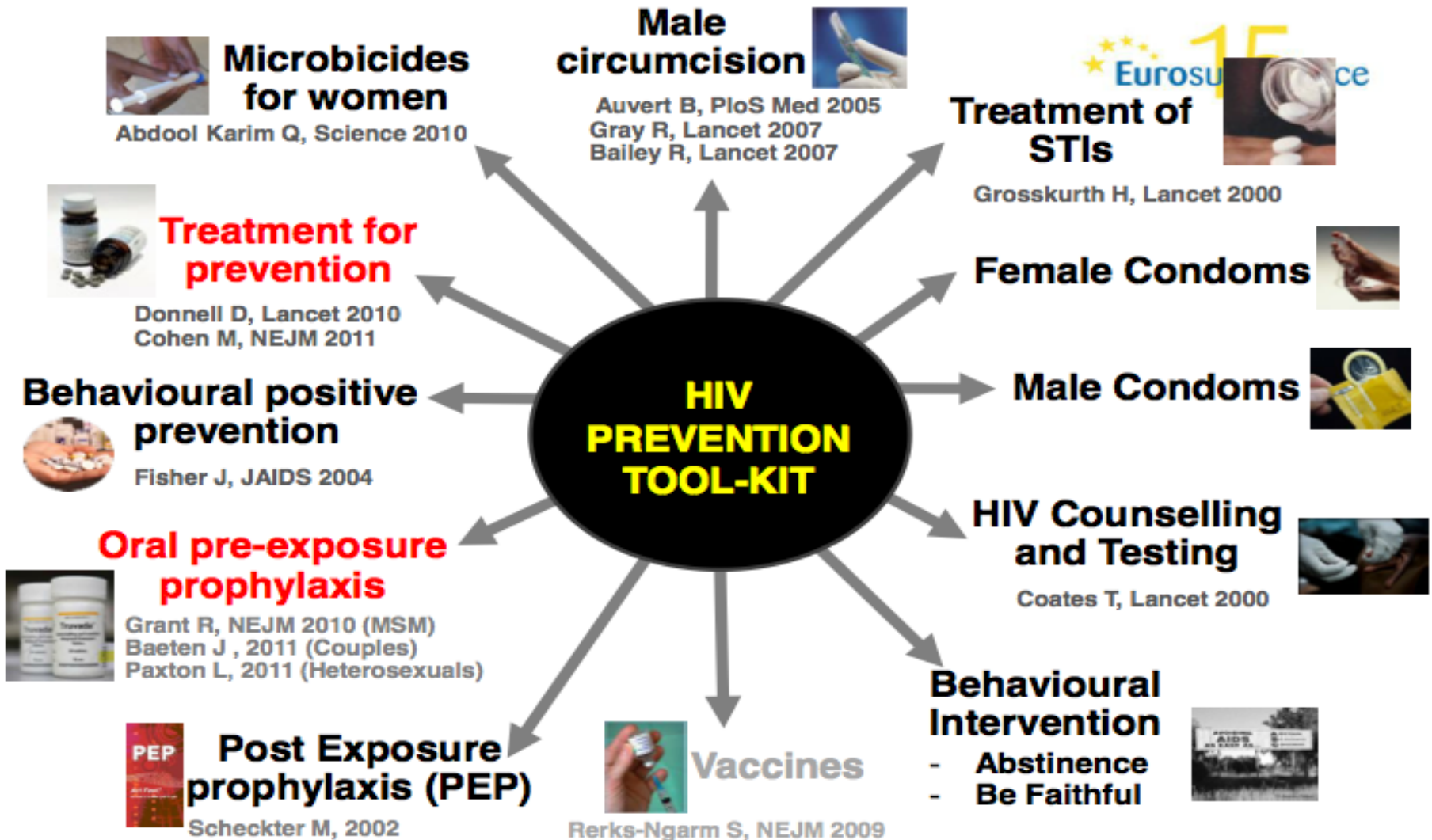
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What is Pre Exposure Prophylaxis? (PrEP)

- PrEP, is a new HIV prevention method in which people who do not have HIV infection take ARVs daily to reduce their risk of becoming infected
- These medications prevent HIV from making copies of itself and turning into an infection that's spread throughout your body
- PrEP is a way for people who are at very high risk of getting HIV to lower their risk by taking daily ART
- PrEP is positioned as part of combination HIV prevention



PrEP is one of many HIV prevention options that reduces sexual transmission of HIV



Note: PMTCT, Screening transfusions, Harm reduction, Universal precautions, etc. have not been included – this is focused on reducing sexual transmission

Zimbabwe has adapted the WHO recommendation for PrEP

Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe

National Medicines and Therapeutics Policy Advisory Committee (NMTPAC) and The AIDS and TB Directorate, Ministry of Health and Child Care, Zimbabwe

Chapter 7: PrEP

December 2016



Oral PrEP (containing TDF) should be offered as an **additional prevention choice for people at substantial risk of HIV infection** as part of combination prevention approaches

Not population specific

For people **at substantial HIV risk** (provisionally defined as HIV incidence > 3 per 100 person–years in the absence of PrEP)

Offer as an **additional prevention choice**
Provide PrEP as part of **combination prevention approaches**

Condoms and lubricants

Harm reduction

HIV testing and links to ART

Provide PrEP with **comprehensive support**

Adherence counselling

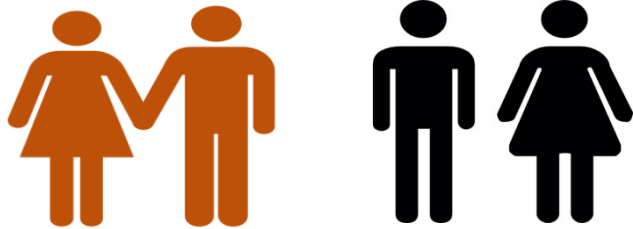
Legal and social support

Mental health and emotional support

Contraception and reproductive health services

PrEP will be offered in a phased approach across the country to those at substantial risk of HIV infection

PrEP will be offered to all individuals at substantial risk of HIV infection (3 per 100 person years or higher, as per the WHO guidelines)



The **policy on who should be offered PrEP is broad** to ensure **equitable access** and to **avoid stigmatizing individuals, groups or the product** – even if initial implementation prioritizes high-risk groups

In Zimbabwe, groups that are likely to be at substantial risk of HIV infection include:

- Adolescent girls and young women
- Male and female sex workers
- At risk men (MSM, prisoners, truck drivers)
- Sero-discordant couples
- Women in relationships with men of unknown status
- Transgender people

Oral PrEP should be offered after an individual risk assessment, including an HIV test

The screening tool includes **an individual review based on history over the past 6 months** to identify those who may benefit from PrEP:

- **HIV negative** and sexual partner with HIV who has not been on effective therapy for the preceding 6 months **OR**
- **HIV negative** and sexually active in high HIV prevalence settings **AND** any of the following:
 - Vaginal or anal intercourse without condoms with more than one partner, **OR**
 - A sexual partner with one or more HIV risk factors, **OR**
 - A history of an STI by laboratory testing or self-report or syndromic STI treatment, **OR**
 - Any recurrent use of post-exposure prophylaxis (PEP), **OR**
 - Requesting PrEP

Required

- **HIV test negative**
- Clinical screening for acute HIV infection
- HIV risk assessment (using a screening tool)
- Adherence counselling

Recommended (should not hinder access to PrEP):

- Hepatitis B test
- Blood Creatinine level check
- Pregnancy test*
- STI Screening and Treatment

Contraindications for PrEP must be ruled out before starting a client on PrEP

Contraindications for PrEP

- HIV positive status
- Unknown HIV status
- Allergy to any medicine in the PrEP regimen
- Unwilling/unable to adhere to daily PrEP
- Known renal impairment
- Estimated creatinine clearance <60 cc/min (if known)

Before starting PrEP

1. Conduct a **rapid HIV test** to rule out existing HIV infection preferably **on the same day that PrEP is being started**.
2. Take a complete medical history and **full physical examination to rule out any signs or symptoms of an acute viral syndrome**, including a flu-like illness, then consider the possibility that acute HIV infection could be the cause. **retest using rapid HIV test 4 weeks later**
3. Blood creatinine be measured before starting PrEP and at every 6 months after PrEP **where available. Blood creatinine is mandatory in people with comorbid conditions** that can affect renal function, such as diabetes mellitus and uncontrolled hypertension

Clients on PrEP require regular monitoring as well as adherence counselling

Dosing

Daily dosing in the period of substantial risk

- PrEP reaches maximum effectiveness after 7 doses. Full protection may require 4 daily doses for anal sex and preliminary information suggests that full protection may occur after 7 daily doses for vaginal sex. However, messaging will be 7 doses for all.
- Unlike a patient on lifelong ART, a PrEP client may be discontinued from PrEP when they are no longer at substantial risk of HIV infection

Required monitoring tests

- HIV test every three months
- Adherence and risk reduction counselling at every visit
- Side-effects counselling every visit

Recommended (should not hinder ongoing access to PrEP):

- Blood Creatinine – every six months
- STI Screening and Treatment
- Access to contraception/ pregnancy screening

Pharmacovigilance

- **Active surveillance** and monitoring adverse events (for initial roll-out)
- Creatinine test before initiation
- **Random PK testing** (to measure adherence)
- Learn from current demonstration and funded projects

PrEP will be implemented in a phased approach

- **Start** with currently funded demonstration studies and DREAMS, selected family planning clinics, and expand to other service delivery models
- Consider “**low-hanging fruit**” and **learning sites** to ensure equitable roll-out in early expansion
- **Full scale roll-out will be optimized** based on lessons-learned, impact on averting HIV infections, and resource mobilization

Roadmap to PrEP roll-out through public sector

Phase 1

Develop and finalize PrEP guidelines (Nov 2016)

Phase 2

Gather and track learnings from ongoing demo projects, studies and learning sites

Phase 3

Develop a costed PrEP implementation plan (a 2 year plan in alignment with ZNASP III) incorporating lessons learned

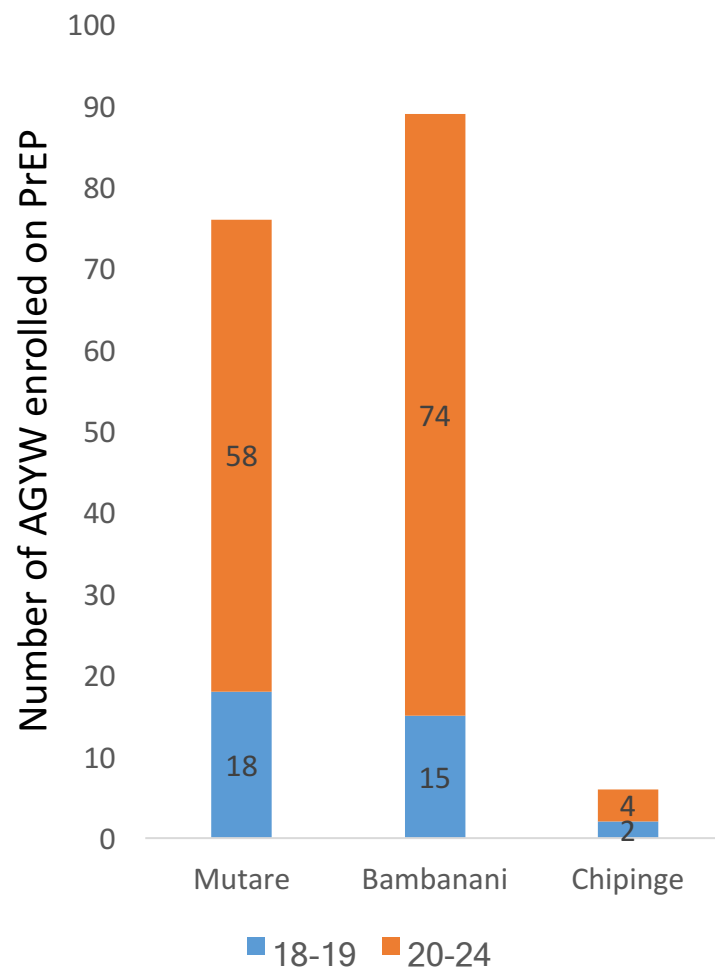
Several milestones have already been achieved towards rolling out PrEP

- MoHCC adapted WHO guidelines on PrEP
- PrEP is currently being administered in demonstration sites in DREAMS districts targeting sex workers and AGYW (6% to date)
- TWG on PrEP is ongoing with regular and committed attendance by stakeholders to discuss several issues including
 - Messaging for PrEP, developing fliers with messages
 - How to incorporate lessons from studies in the implementation plan
 - Opportunities for delivering oral PrEP at a public sector learning site

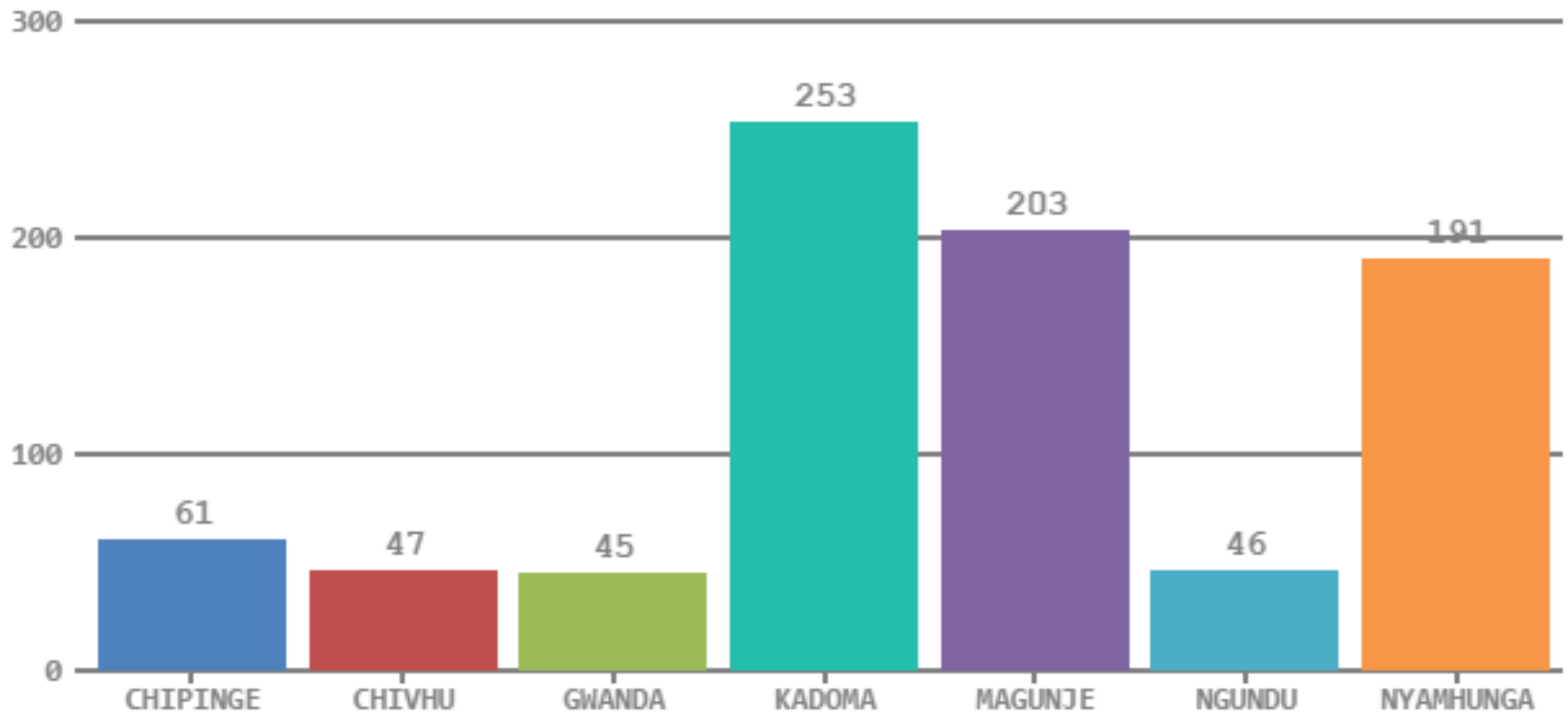
Through DREAMS, PrEP is offered to AGYW in four districts with a goal of reaching 1451 clients in 2 years

The four districts are: Mutare, Chipinge, Bulawayo, Gweru

- **Mobilisation activities** include:
 - *New Start* centres – all services entry points mobilize for PrEP
 - DREAMS partners
 - CeSHHAR
 - PSI KP mobilisation team
 - IEC materials
 - Pharmacies prescribing EC



Implementation at CESHAR supported sites focused on sex workers with fairly high uptake



Some challenges have been identified in current PrEP service delivery which provide lessons for PrEP roll out

- **Some clients stop PrEP because of side effects**
 - Common side effects reported are GI symptoms, e.g. nausea
 - ✓ Need to strengthen counselling around management of side effects
- **FSW and young women selling sex regularly change mobile phone numbers**
 - Challenges in tracking clients after missed appointments
 - ✓ Need to link the sites and provide unique client identifiers in one electronic system that makes it possible for clients to pick up meds at any facility offering PrEP
- **Falsification of contact details making tracking difficult**
- **Low risk perception among AGYW**
 - Uptake among AGYW has been low compared to other populations
 - ✓ Need to focus on targeted demand creation to increase uptake among AGYW specifically

Next steps for roll out of PrEP

- Gather lessons from current studies and demo projects
- Begin sensitization of national and provincial level stakeholders ahead of PrEP roll out
- Begin the implementation planning process; cost implementation plan
- Explore opportunities for roll out of PrEP at a learning site for public sector
- PrEP is included in the current application for GF

- Thank You for your attention