

Moving from Demonstration to Scale-up:

Lessons from integrating
PrEP into broader health
services in South Africa

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Insights from Oral PrEP
implementation and
implications for Next
Generation PrEP*



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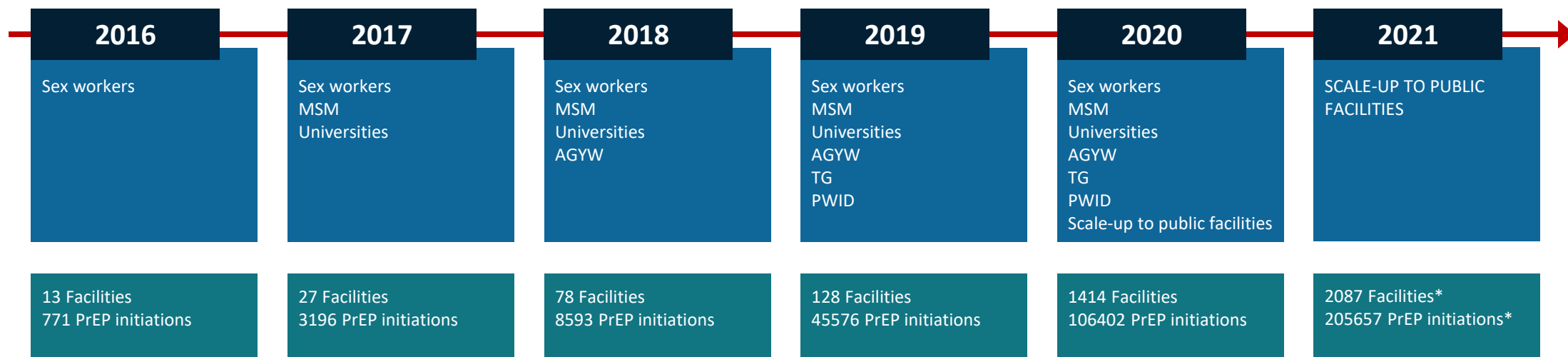


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Government-led coordination is critical to bring partners together and establish collaborative framework

Oral PrEP Phased Implementation 2016-2021 (June 2016 – September 2021)



* Data up to Sept 2021

Since programme inception, over 370 195 individuals initiated on PrEP.

Source: Consolidated from DHS and implementing partner data courtesy of NDOH

**Nationally, 60% PHC site implementation coverage
9 provinces achieved between June 2016 - Sept 2021.
Lowest coverage in the WC and NC
Highest coverage in FS, KZN, GP and MP**

Value chain analysis and research mapping essential to identify gaps and needs

- South Africa had 13 oral PrEP studies taking place at different time points from 2015 – 2020.
- The country had to learn as much as it could to best prepare for potential rollout at scale.
- Most initial studies were in and around major urban centres and many in research clinics still operating at a smaller scale.
- The lack of a central and standard reporting system made cross learning difficult.



OPPORTUNITY!

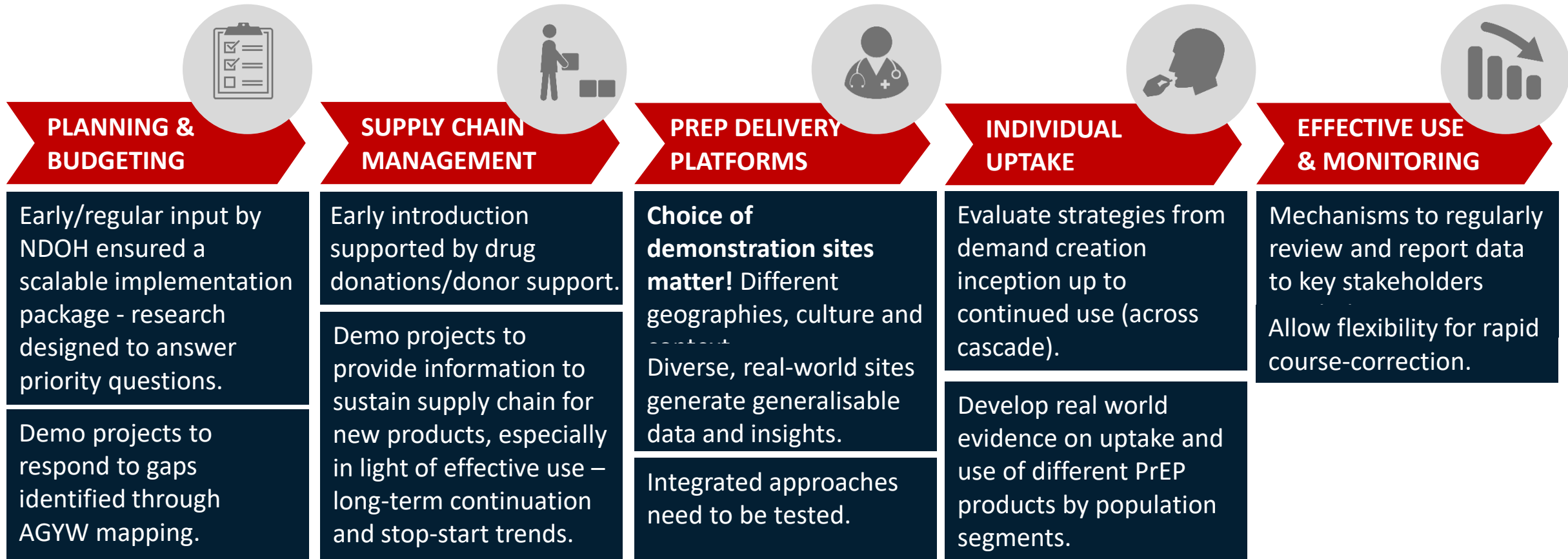
Identify and explore real-world settings

Formulate additional necessary research questions to inform scale

Standardised reporting on key indicators to answer vital research questions

VCA identified partners involved in various aspects of PrEP delivery at scale and ensured understanding of roles, avoided duplication and improved coordination.

Design of demo projects needs to reflect real-world and flexible enough to address questions across the value chain



Invest in tools and resources that can be scaled and adapted to enable a standardized approach

Including
**PROVIDERS &
CLIENTS!**

From the onset, NDOH advocated for a standardized approach to implementation in a manner that integrates PrEP into comprehensive SRH services by all partners.



DEVELOPMENT OF TOOLS/RESOURCES TO SUPPORT IMPLEMENTATION:

- Digital platforms: social media, websites, chatbot, mobile apps
- IEC materials: positive narrative
- Implementation guides
- Counselling guides: job aids for initiation and effective use
- Digital training modules: online courses for clinical management and demand creation

Digital tools and platforms - NDOH endorsed and approved became a trusted resource for providers and clients.

Sister Unathi chatbot receives on average **750+** questions per month.

MyPrEP South Africa social media averages **3 million reach** and up to **100 000 engagements** per month.

MyPrEP website for information, clinic finder, IEC materials, job aids and PrEP gamification receives up to **7000** users per month (average)

To date, more than **8000** users have completed the Clinical Management of Oral PrEP course on myprep.co.za

Top questions received from AGYW on social media and through Sister Unathi chatbot: ***What is PrEP, How does it work & Where can I get it?***

Create a culture of continuous learning through various mechanisms

Generate high quality evidence through rigorous research methods to answer priority NDOH questions for effective service delivery.

Develop and implement a research utilization plan that ensures implementation learnings.

Ensure mechanisms to share research & M&E findings with appropriate stakeholders at all levels.

Start discussions and estimations early on the cost and impact of scaling.

Develop and test indicators for programme monitoring - reflection and course correct where needed – flexibility is key



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OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

Thank you!