

An implementation science project to evaluate uptake, coverage and effectiveness of a youth-focussed, decentralized district-wide PrEP program

DESMOND TUTU HEALTH FOUNDATION

FastPrEP:

Analysing Uptake and Persistence Beyond Month 1 among AGYW

Funding: Bill & Melinda Gates

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FastPrEP

FastPrEP Aim: implement and evaluate a District wide PrEP intervention that will lead to Increased coverage of at risk, sexually active population (AGYW, incl. pregnant women), male partners and MSM through provision of sexual reproductive health service and PrEP engagement (uptake and effective use) in a peri-urban setting in Cape Town, South Africa

HUB-and-SPOKES MODEL



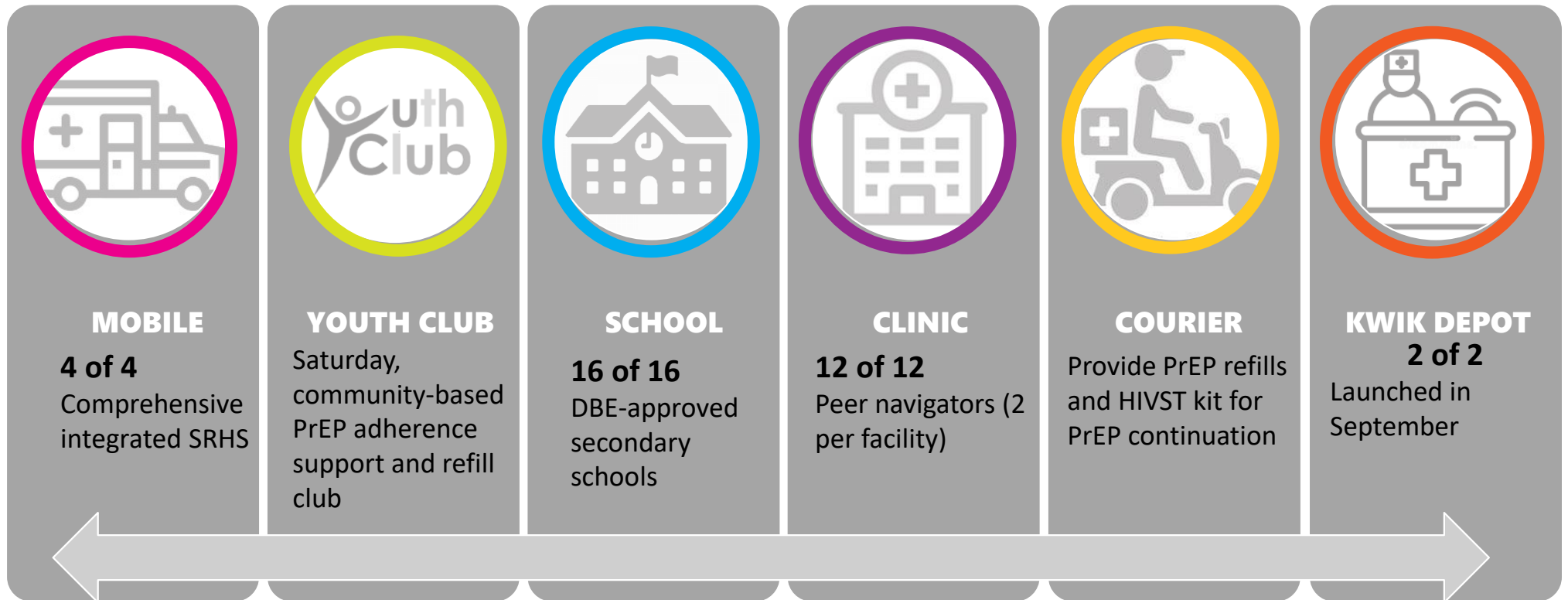
The primary objectives are to distinguish PrEP persistence patterns across different PrEP modalities (vaginal, oral, and injectable) and from multiple PrEP delivery platforms that will aid the provision of PrEP choice to adolescents and young people in South Africa





Geographic coverage: South Africa,, Western Cape –
Klipfontein/Mitchells Plain health sub-district



FASTPrEP
Don't delay - get protected today!

FastPrEP Current Roll-out



-  AGYW 15 000
-  PBFW 4 000
-  MSP 3 500
-  MSM 2000

FastPrEP Baseline



AGYW 7 925

Of the 13 216 individuals who initiated PrEP 60% were AGYW. A baseline HIV positivity of 2.36% was recorded among 11 660 AGYW tested.

Table 1: Baseline characteristics and PrEP uptake (AGYW)



PBFW 318

	Local Clinic (12)	Mobile Clinic (4)	Total
N	1,903 (24.0%)	6,022 (76.0%)	7,925 (100.0%)
Age	21(18-25)	21(19-25)	21(18-25)
PrEP product			
DVR	6 (0.3%)	168 (2.8%)	174 (2.2%)
Oral PrEP	1,897 (99.7%)	5,854 (97.2%)	7,751 (97.8%)
Positive STI			
No	1,211 (99.3%)	4,076 (69.4%)	5,287 (74.5%)
Yes	9 (0.7%)	1,797 (30.6%)	1,806 (25.5%)



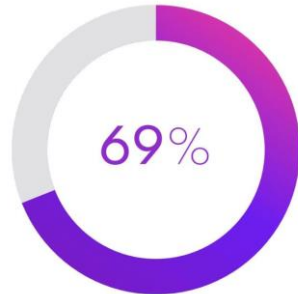
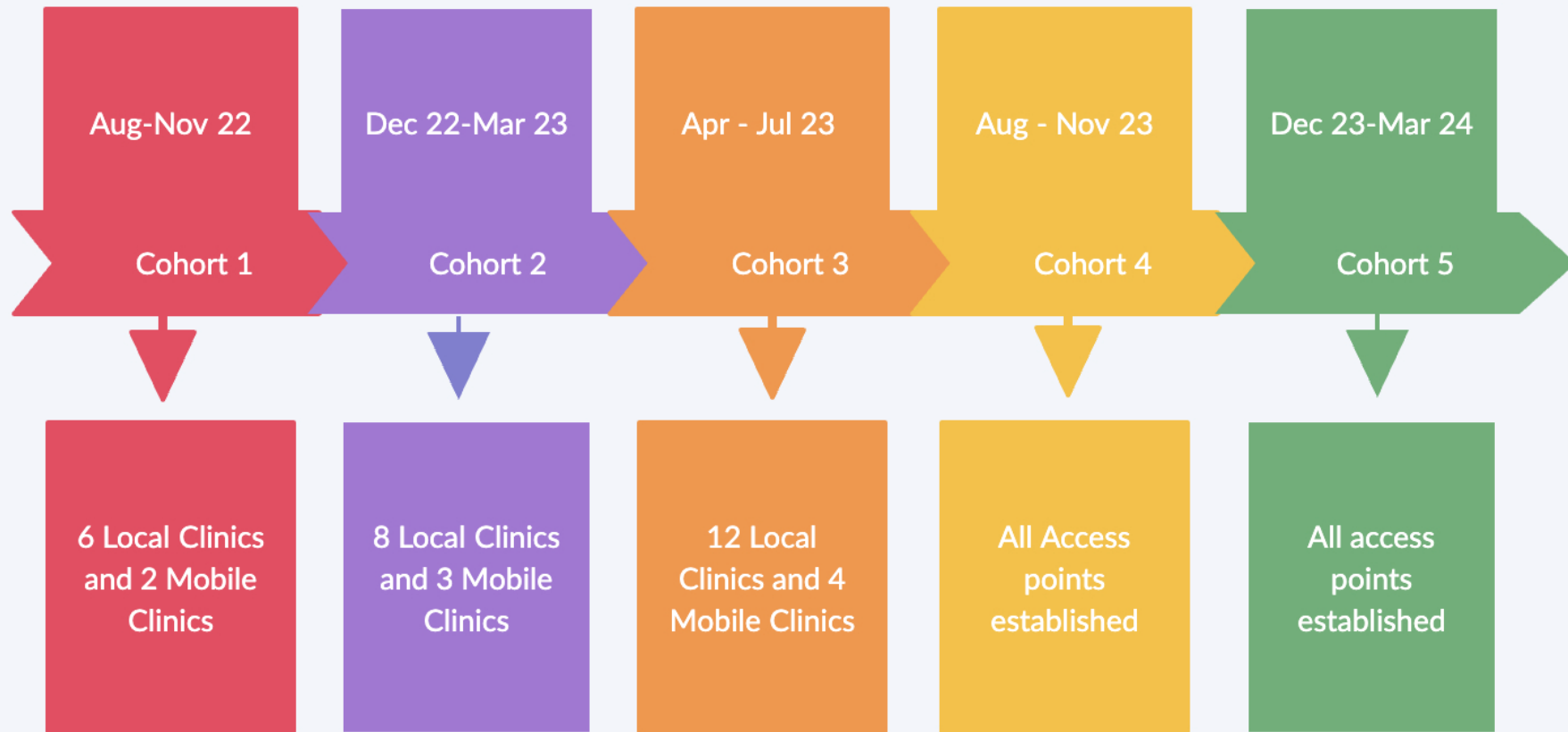
MSM 294

In total, 261 young women started using the dapiring since its introduction in Sept 2023:

- 174 individuals who initiated on DVR at their baseline visit
- 87 individuals who were on Oral PrEP previously but switched to DVR once it was introduced
 - most individuals who switched to DVR experienced difficulty with adherence to oral PrEP (daily regimen)

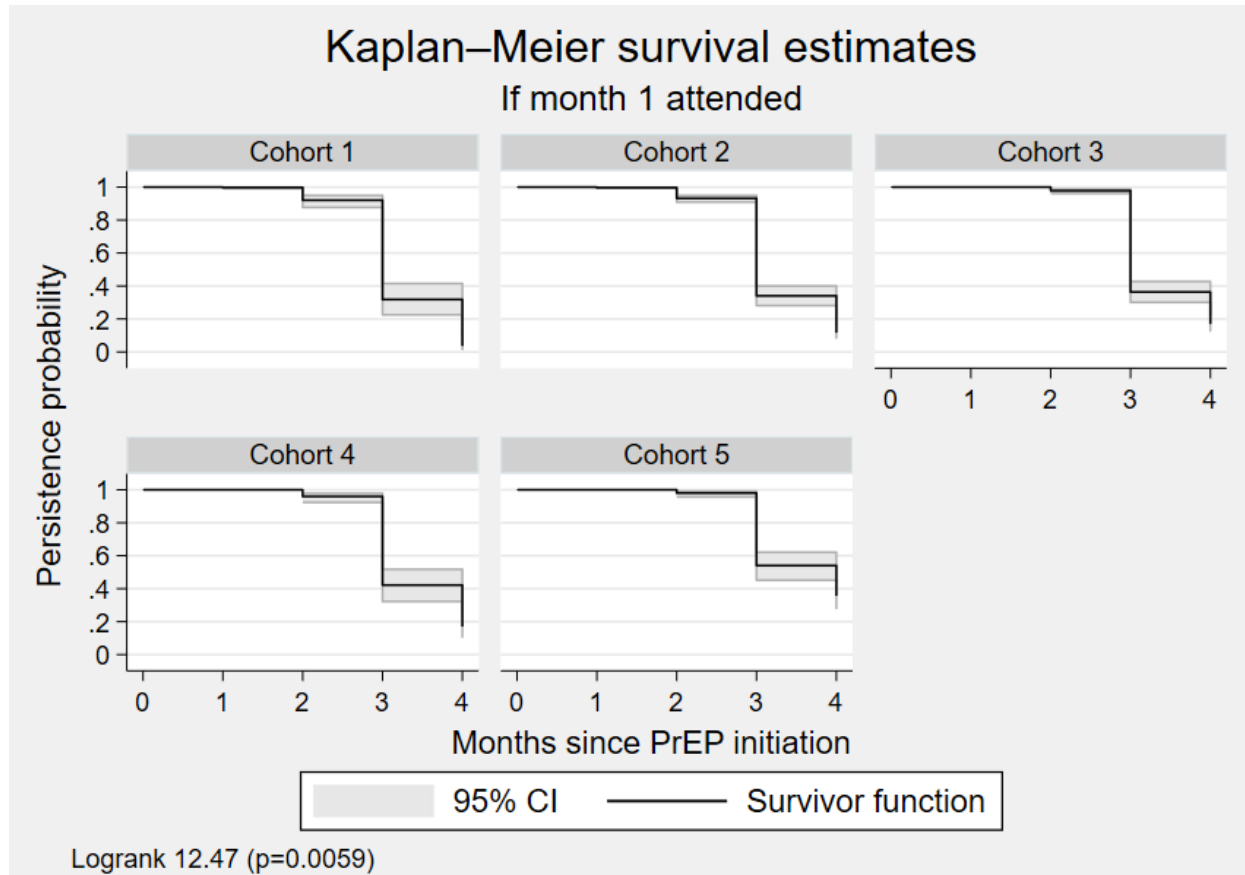


Phased introduction of multiple access points for PrEP service delivery





PrEP persistence of AGYW who attended month 1



Benefits of using this method

- Filtering Out Trial Users
- Clearer Retention Insights
- Presents an opportunity to refine Intervention Strategies
- Enhanced Understanding of Long-term Benefits

TAKE HOME: PrEP persistence among AGYW increasing with better accessibility



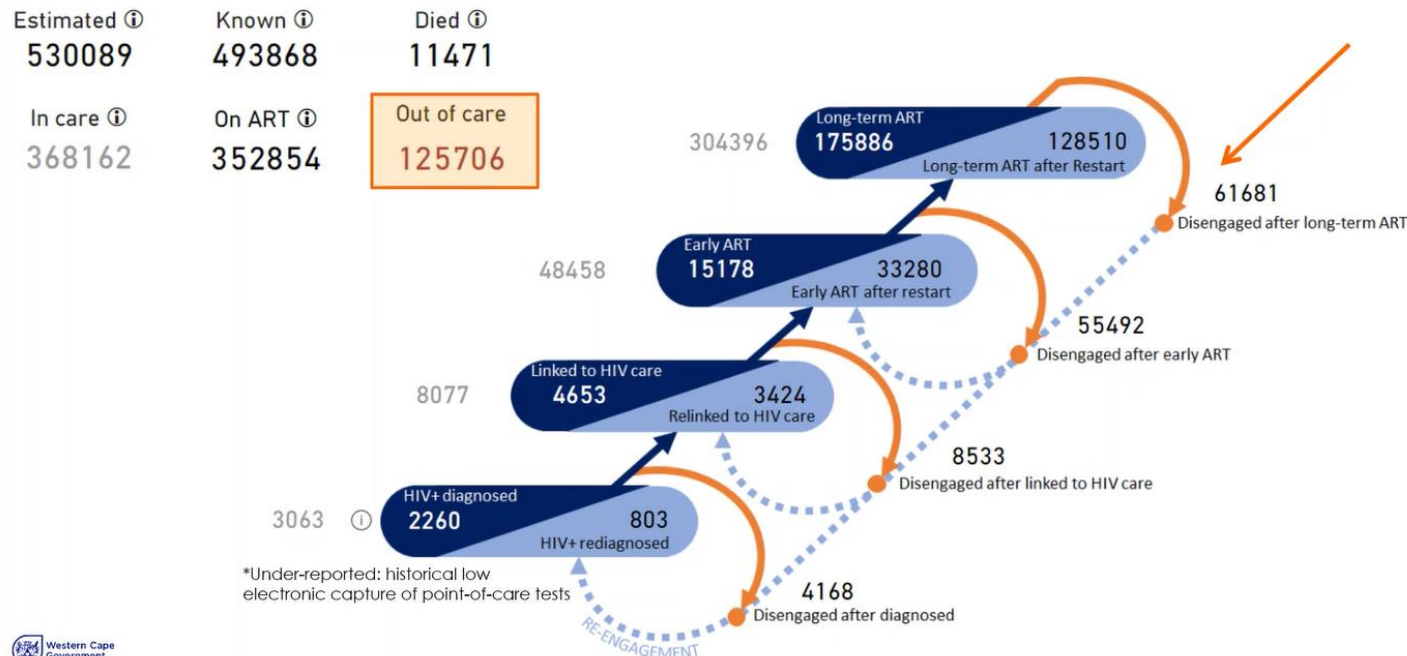
We need to Harmonise definitions

Total Clients started on PrEP	Clients are only counted the FIRST time ever that they receive/initiate PrEP	Does not account for eligibility
Total Clients remaining on PrEP	Clients are counted during each reporting month in which they have drug in hand. Drug in hand date is calculated by adding number of months dispensed X 28 to the date of dispensing. If the end of any report month falls between the date dispensed and the drug in hand date, the patient is counted against that month	This method only captures snapshots based on reporting months and does not provide insights into long-term trends, making it harder to analyse ongoing PrEP use over multiple months. <ul style="list-style-type: none">• Persistence• Gaps

Not all individuals adhere to a linear model of persistent PrEP use

- PrEP Use Can Be Episodic
- Risk Profiles Change
- Retention and Re-Engagement
- Tracking Different Stages
- Accommodates Ongoing Counselling Needs
- Reflects Real-World Scenarios
- Normalise Cycling in PrEP Use

HIV cyclical cascade, WC 2023



A cyclical PrEP cascade acknowledges that PrEP is not always needed consistently and that varying life circumstances require flexibility in both the provision and monitoring of PrEP services.



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