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Unravelling the Complexities of Monitoring Different PrEP Methods

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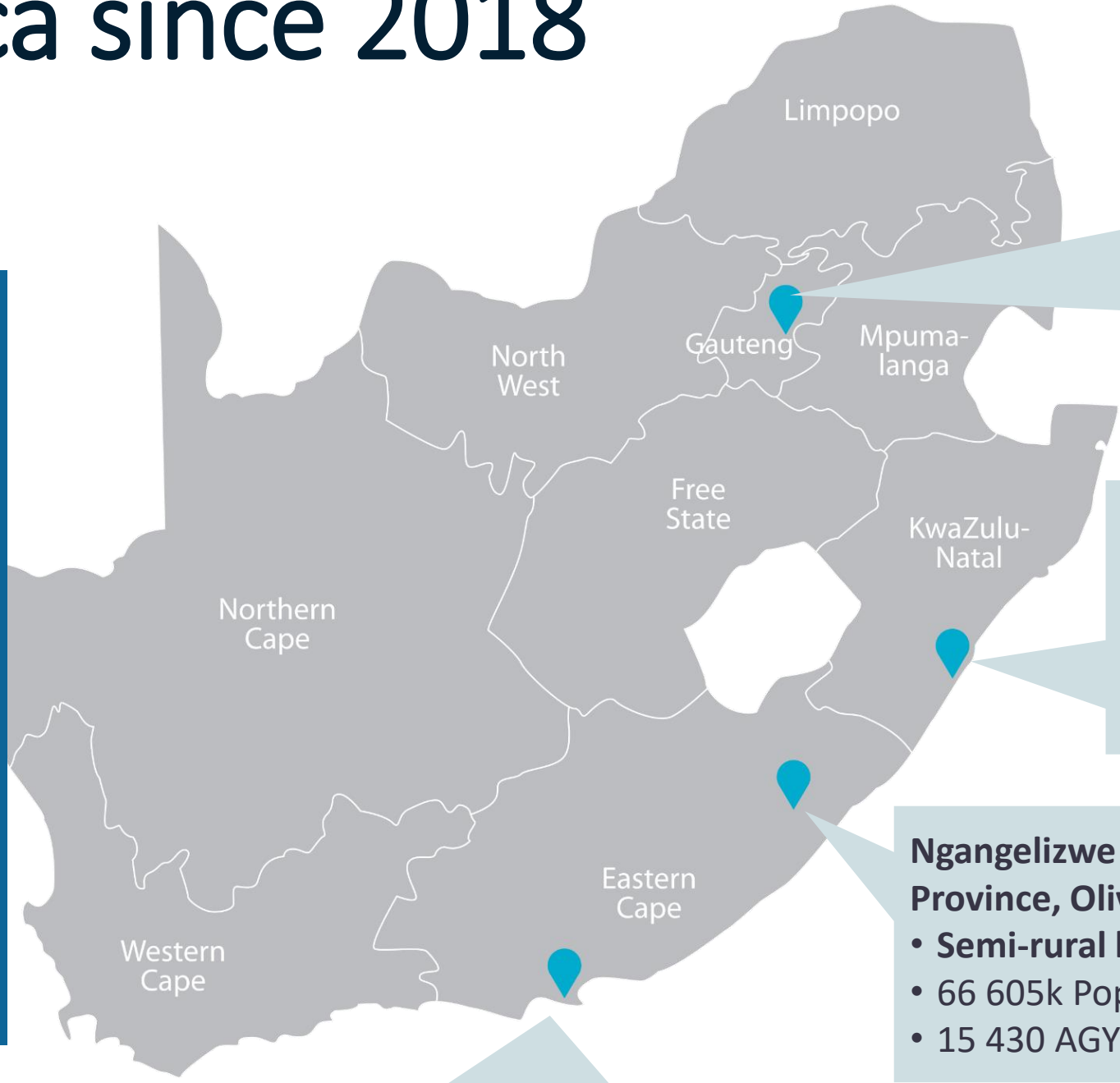
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Project PrEP is a Unitaid funded implementation science study and has been implemented in 4 districts in South Africa since 2018



Aim: To improve understanding of PrEP use among girls and young women in real-world settings, and inform delivery models for integration, by expanding choice through the introduction of new PrEP methods



Maria Rantho and Phedisong 1 Clinics; Gauteng Province, Tshwane District:

- Peri-urban location
- 902 633k Population
- 214 673k AGYW Population (15-24 yrs)

Lancers Road and Pinetown Clinics; KwaZulu Natal Province, eThekweni District :

- Urban/CBD location
- 2 188 896k Population
- 507 138k AGYW Population (15-24 yrs)

Ngangelizwe HC and Stanford Terrace clinic; Eastern Cape Province, Oliver Tambo District:

- Semi-rural location
- 66 605k Population
- 15 430 AGYW Population (15-24 yrs)

Motherwell CHC AND Ikamvelihle clinic; Eastern Cape Province, Nelson Mandela Bay District:

- Peri-urban location
- 74 985k Population
- 17 372 AGYW Population (15-24 yrs)



Various PrEP Indicators



Project PrEP

- ❑ **Eligibility:** Number of clients eligible for PrEP based on clinical criteria.
- ❑ **PrEP Initiations:** Number of new clients starting PrEP.
- ❑ **PrEP Continuation/Retention:** How many clients continue using PrEP over time.
- ❑ **Method-Specific Uptake:** Proportion of clients starting oral PrEP, CAB-LA, or DVR-PrEP.
- ❑ **Switching Between Methods:** Tracking clients who switch from one PrEP method to another.

National Department of Health (NDoH)

- ❑ **PrEP Initiations:** Number of new clients starting PrEP.
- ❑ **PrEP TROP:** Number of clients remaining on PrEP.

World Health Organization (WHO)

- ❑ **Coverage:** Number of people receiving PrEP concerning the population at risk of HIV.
- ❑ **Effectiveness:** HIV incidence among PrEP users.
- ❑ **Impact:** The broader, long-term change.
- ❑ **Safety:** Monitoring adverse events related to PrEP use.



Complexities of PrEP Monitoring



The various indicators often face challenges in definition, data collection, and interpretation, limiting their ability to fully address key program management questions.

Routine monitoring of the PrEP programme is essential to assess uptake, effective use, and safety.

- Introduction of **additional PrEP methods adds complexity** to routine monitoring.
- As such, tracking initiation, continuation, and **switching between methods** adds layers of complexity.
- **Cycling on and off PrEP** is common, adding complexity to monitoring consistent usage and effectiveness.
- Current systems often **lack the flexibility to track** multiple methods and client switches, leading to incomplete data.
- **Monitoring of pregnant women** on PrEP requires additional attention.

PrEP Uptake



- **PrEP Uptake refers to the initial adoption of PrEP.**
- It is measured by the number of individuals prescribed PrEP among those offered and eligible.
 - Critical for understanding the reach, accessibility and coverage of PrEP programs.
- **Key Metrics**
 - Total eligible population offered PrEP.
 - Number of new Initiations.
 - Number of re-initiations.
 - Continuation and retention rate at key intervals.
- **Reporting Variations**
 - *General Uptake*: Overall initiation of PrEP, regardless of method.
 - *Method-Specific Uptake*: Initiation of PrEP by a specific method.
 - *Diverse Populations Uptake*: Detailed disaggregation in reporting.

Implications for PrEP Measurement



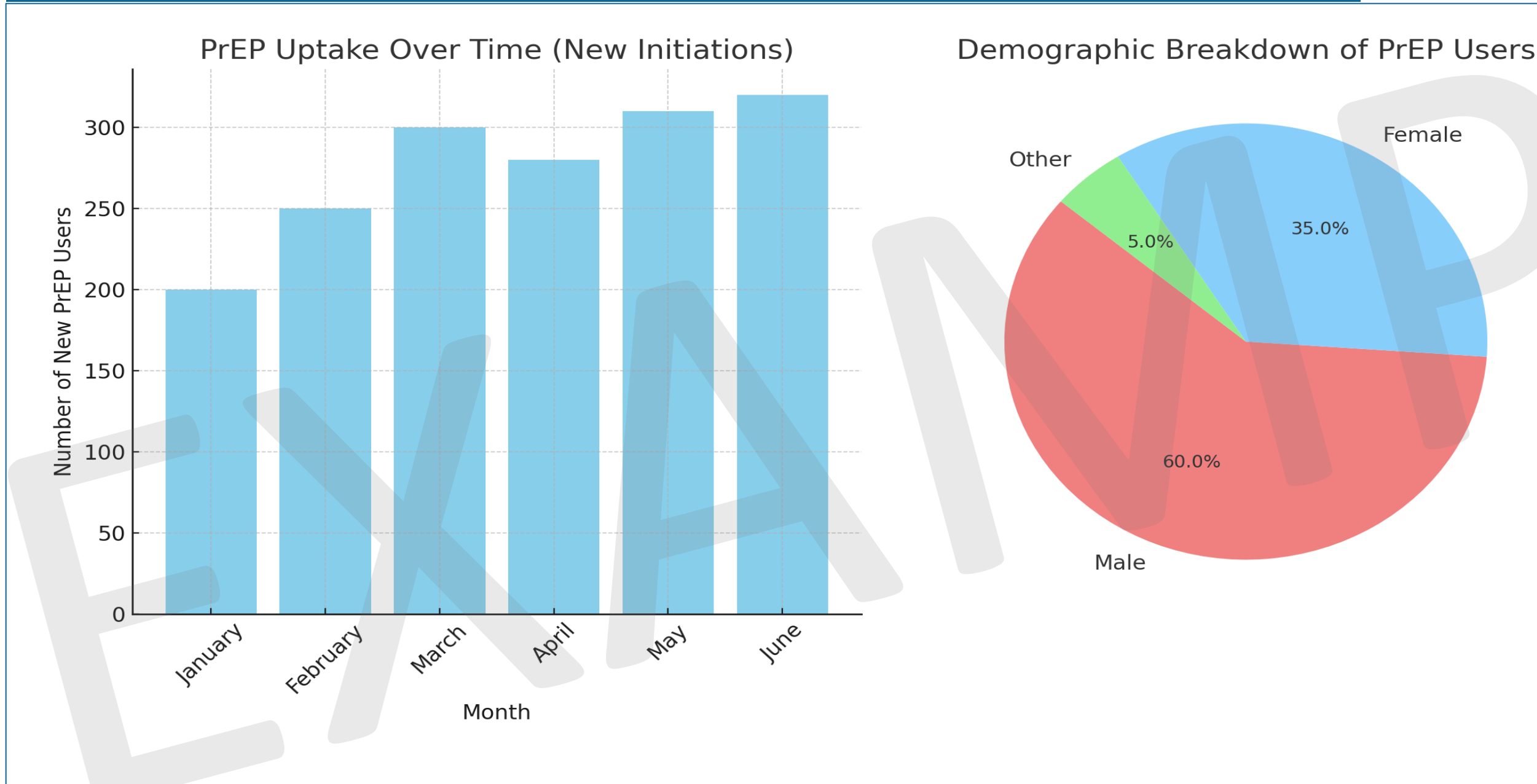
12.4 Is the client eligible for oral PrEP use? <i>(tick all that apply)</i>	HIV negative (rapid test)	Blood sent for HBsAg (and Creat if required)	Weight ≥ 35 kg
	No signs/symptoms of acute HIV		
12.5 Is the client eligible for DVR use? <i>(tick all that apply)</i>	HIV negative (rapid test)	Age ≥ 18 Years	No signs/symptoms of acute HIV
	Pregnancy test negative	Not breastfeeding	Consented for cohort study
12.6 Is the client eligible for CAB-LA use? <i>(tick all that apply)</i>	HIV negative (rapid test)	Blood sent for PCR/VL	Weight ≥ 35 kg
	No signs/symptoms of acute HIV	Not taking rifampicin TB treatment or rifapentine TB preventative treatment	Not taking carbamazepine, oxcarbazepine, phenobarbital, or phenytoin
	Consented for cohort study	No allergy to CAB/No known liver disease	Able to attend CAB follow up visits

- Where PrEP eligibility is determined by a specific PrEP method, the approach to measurement and reporting will need to reflect these more nuanced criteria (for SA):
 - **Oral:** Typically suitable for the broader population, including pregnant and breastfeeding.
 - **CAB-LA:** Suitable for the broader population, however, more likely to have clinical eligibility requirements and some contraindications.
 - **DVR:** Primarily for non-pregnant women 18+, making the eligibility criteria even more specific.

Reporting Variations on PrEP Uptake



Total number of new PrEP users across all methods for each month



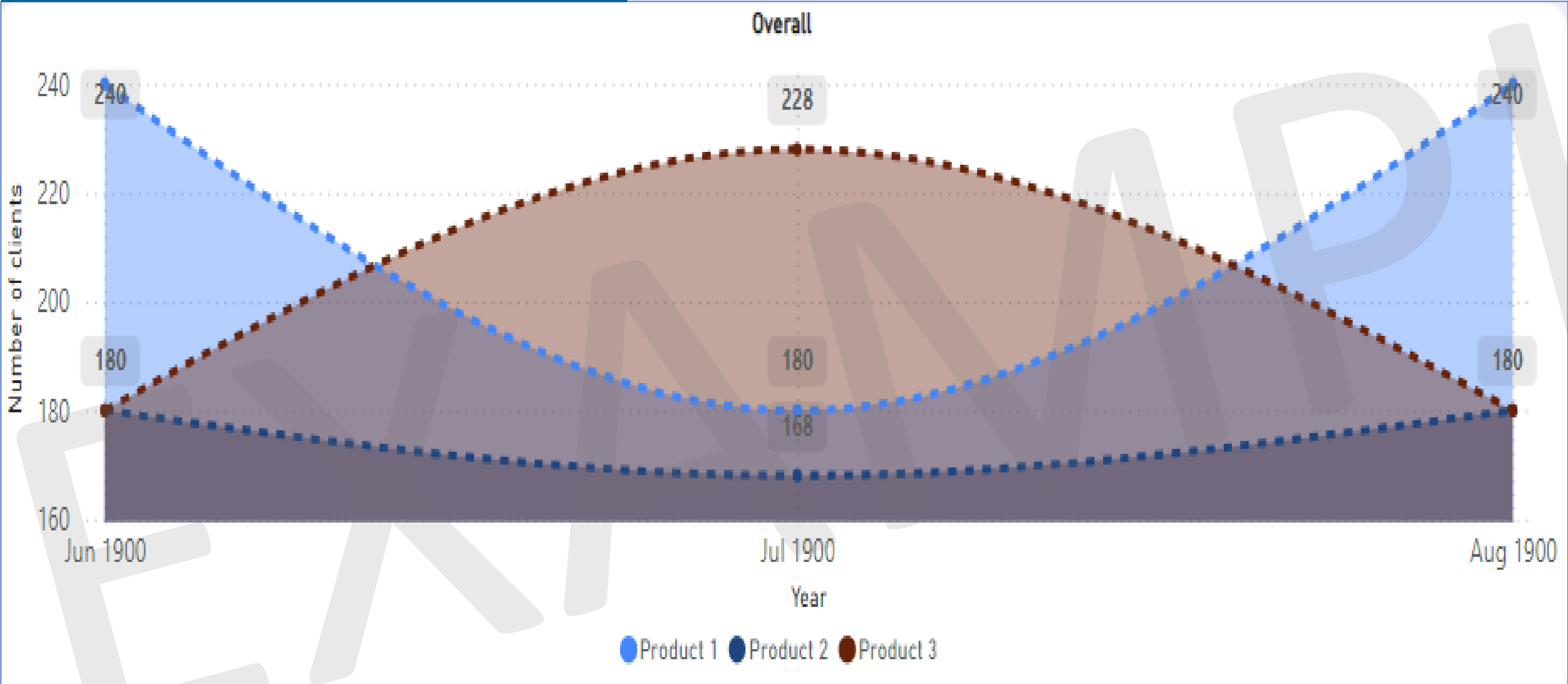
Method-specific uptake is a subset of total uptake, allowing for a detailed analysis of which PrEP methods are most chosen. The denominator changes based on the method.

The data presented is dummy data

Reporting Variations on PrEP Uptake



New PrEP Initiations by Method



By differentiating uptake by method and criteria, Project PrEP provides a more detailed view of how PrEP is used in various contexts.

The data presented is dummy data

Switching Methods in Project PrEP



- Different PrEP methods have varying clinical eligibility criteria and follow-up schedules, further complicating reporting when clients switch between methods.
 - **Switch Continuation**
 - **Switch Re-initiation**
- These switching definitions provide nuanced insights into PrEP use patterns, but with multiple PrEP options now available, tracking switches adds layers of complexity to data collection and program reporting:
 - **Single Initiation Rule**
 - **Reporting Ambiguity**

PrEP Continuation Reporting



- **Number of individuals (excluding newly enrolled and re-initiated) returning for a follow-up within 30 days of their scheduled visit.**
 - Refers to how long individuals remain on PrEP after initiating it.
- **Different PrEP methods have varying clinical eligibility criteria and follow-up schedules,** further complicating reporting when clients switch between methods.
 - Requires integrated reporting systems that can follow clients across different PrEP options.

Table 1: Oral PrEP and DVR (Dapivirine Ring)

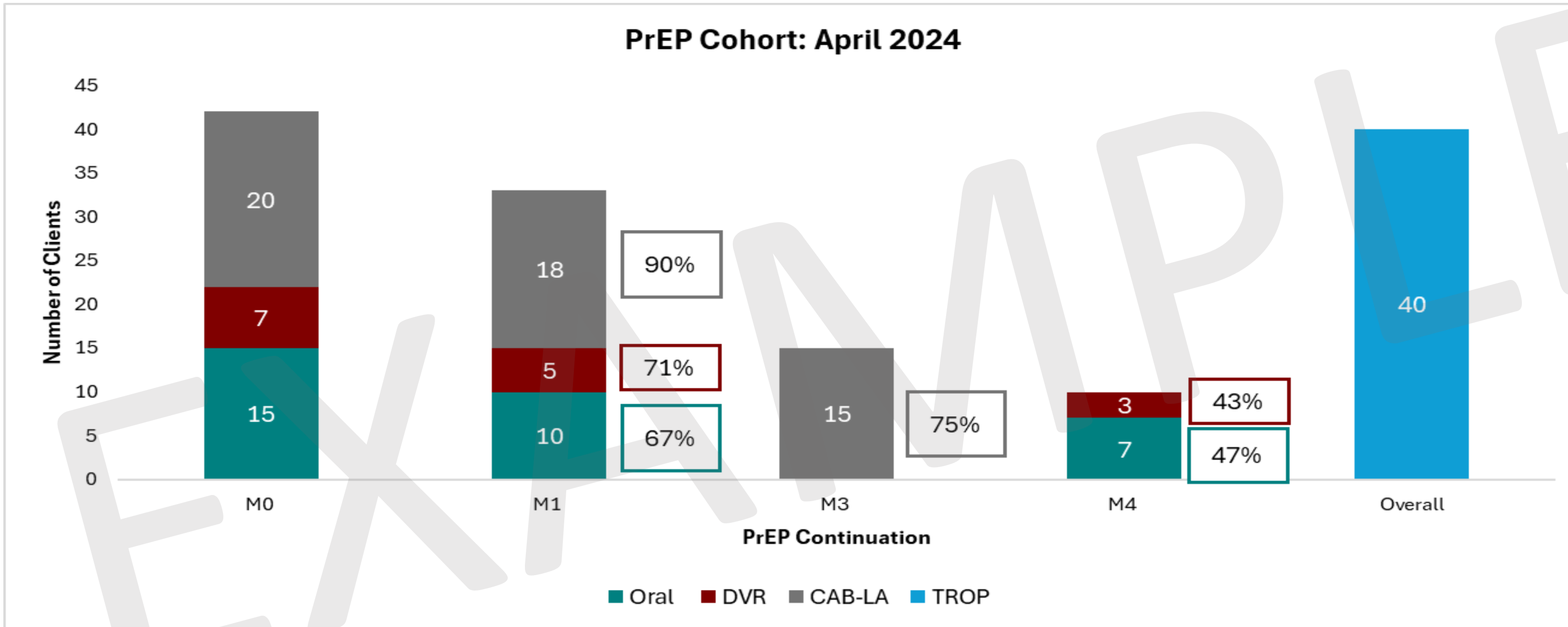
Month	Activity	Oral PrEP	DVR PrEP	Grace Period
M0	Initial Initiation	1month issue	1 DVR	
M1	Follow-up/Clinical Visit	1month issue & 2months script	3 DVRs	within ± 7 days
M4	Follow-up/Clinical Visit	1month issue & 2months script	3 DVRs	within ± 7 days
M7	Follow-up/Clinical Visit	1month issue & 2months script	3 DVRs	within ± 7 days

Table 2: CAB-LA (Cabotegravir Long-Acting Injectable)

Month	Activity	CAB-LA	Grace Period
M0	Initial Initiation	1 st Injection: 1month dose	
M1	Follow-up/Clinical Visit	2 nd Injection: 2months dose	within -7/+30 days
M3	Follow-up/Clinical Visit	3 rd Injection: 2months dose	within -7/+30 days
M5	Follow-up/Clinical Visit	4 th Injection: 2months dose	within -7/+30 days

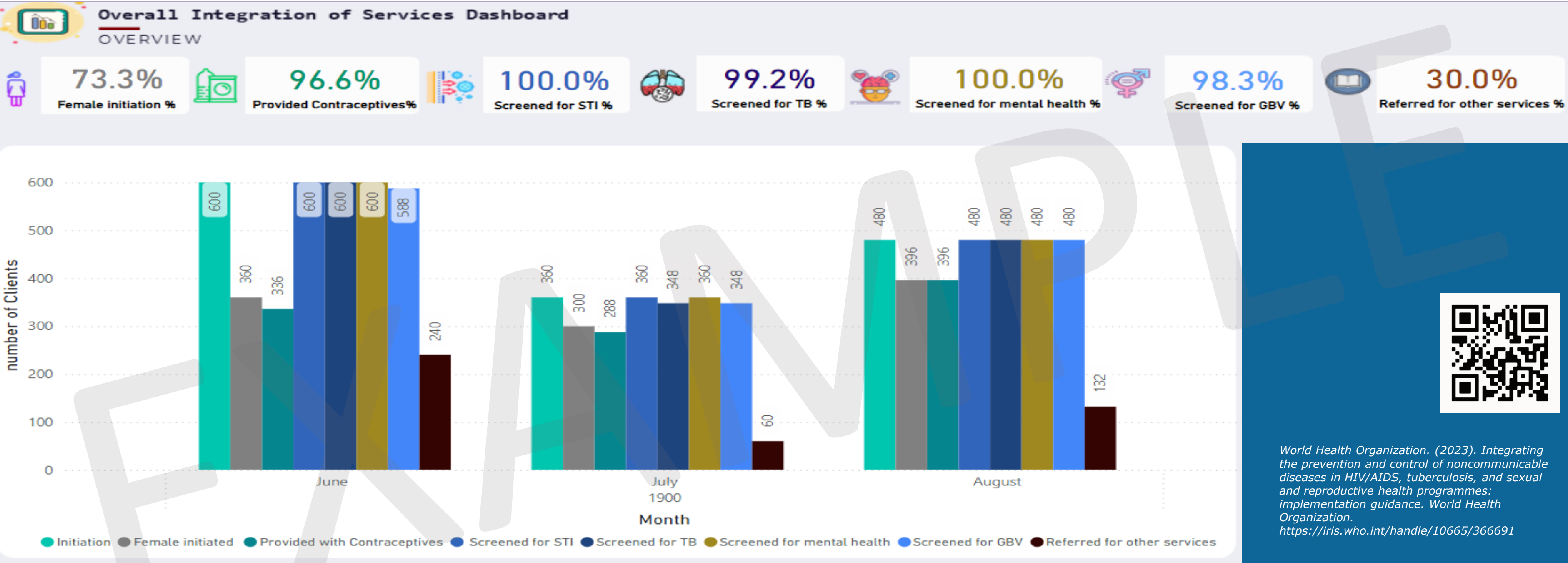
Total Remaining on PrEP vs Method

Specific PrEP Continuation



The data presented is dummy data

Packaging PrEP with other Health Services



World Health Organization. (2023). Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance. World Health Organization. <https://iris.who.int/handle/10665/366691>

The data presented is dummy data



PrEP and Contraception Integration



- **Integrated Service Provision:** PrEP provision is integrated with contraception scripting to enhance convenience and uptake.
 - Holistic health management
 - Resource efficiency
- **Aligned Follow-Up Dates:** PrEP follow-up visits are scheduled to align with contraception appointments, reducing clinic visits and promoting a client-centered approach to healthcare.
 - Improved client experience
 - Enhanced continuation rates





Conclusion

- **Comprehensive Approach:** Project PrEP offers a diverse suite of options—oral PrEP, DVR, and CAB-LA, with potential future methods like Lenacapavir (LEN)—catering to varied needs for flexible HIV prevention.
- **Challenges Addressed:** Addressing the complexity of tracking multiple PrEP methods, initiation, continuation, and client method-switching is vital for accurate data collection and program assessment.
- **Global Standards:** Utilization of PEPFAR, UNAIDS/WHO, and Global Fund indicators has laid the foundation for a robust global monitoring framework, though refinement is necessary to tackle definition clarity, data collection methods, and interpretation challenges.

Way Forward



Future Directions:

To improve PrEP program outcomes, enhancing the monitoring frameworks and in-depth understanding of the purpose of the varying indicators will help capture and analyze comprehensive data on method-specific usage and client dynamics. This will aid in better addressing the program management questions and adapting strategies based on empirical evidence.

Call to Action:

Strengthen collaboration among stakeholders to refine and align indicators and reporting systems, ensuring that they are comprehensive and capture the nuances of diverse PrEP methods, client behaviors, and program outcomes.

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