

Linkage to HIV Prevention Services

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

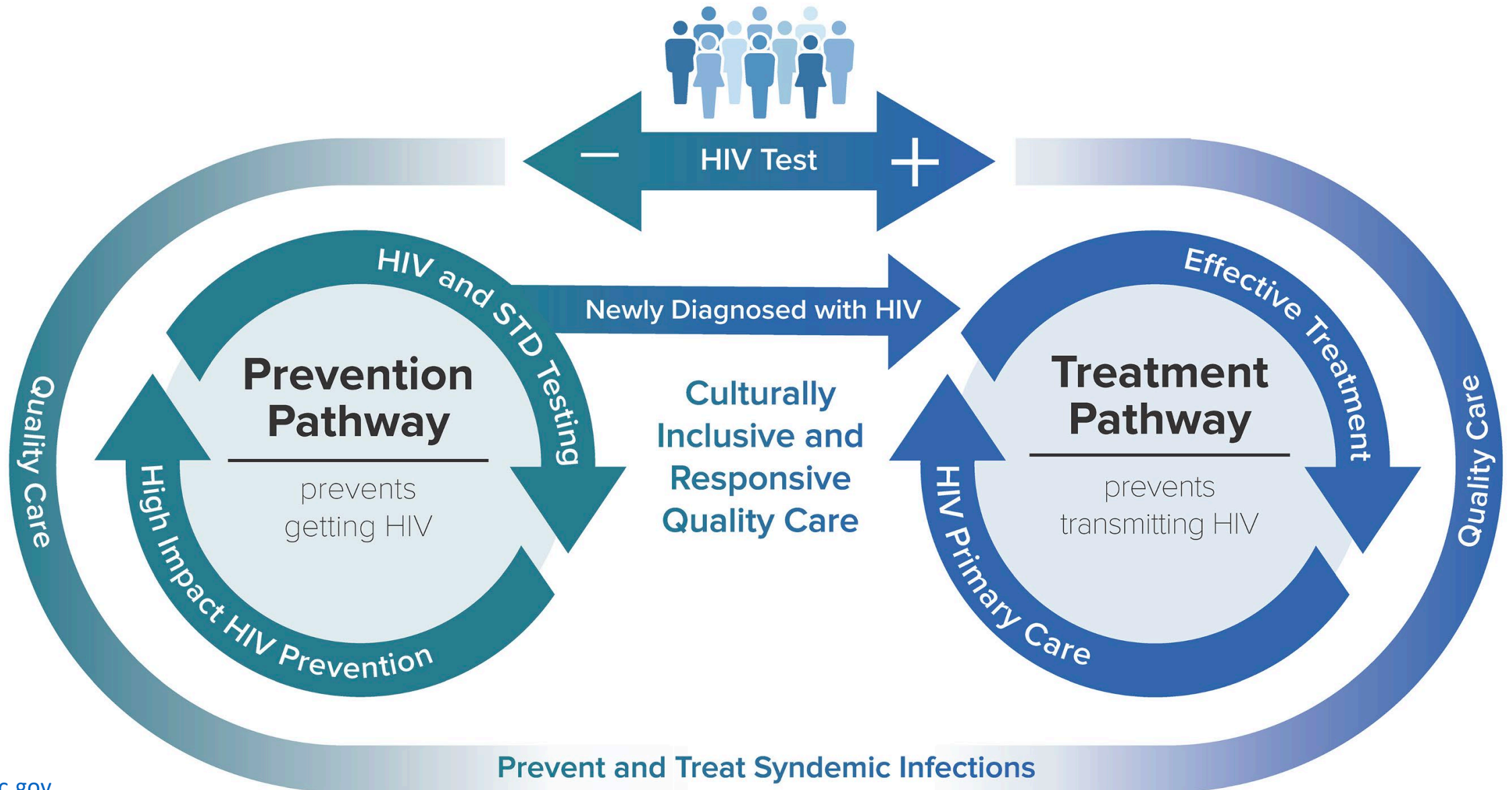
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Global Context: Linkage to Prevention

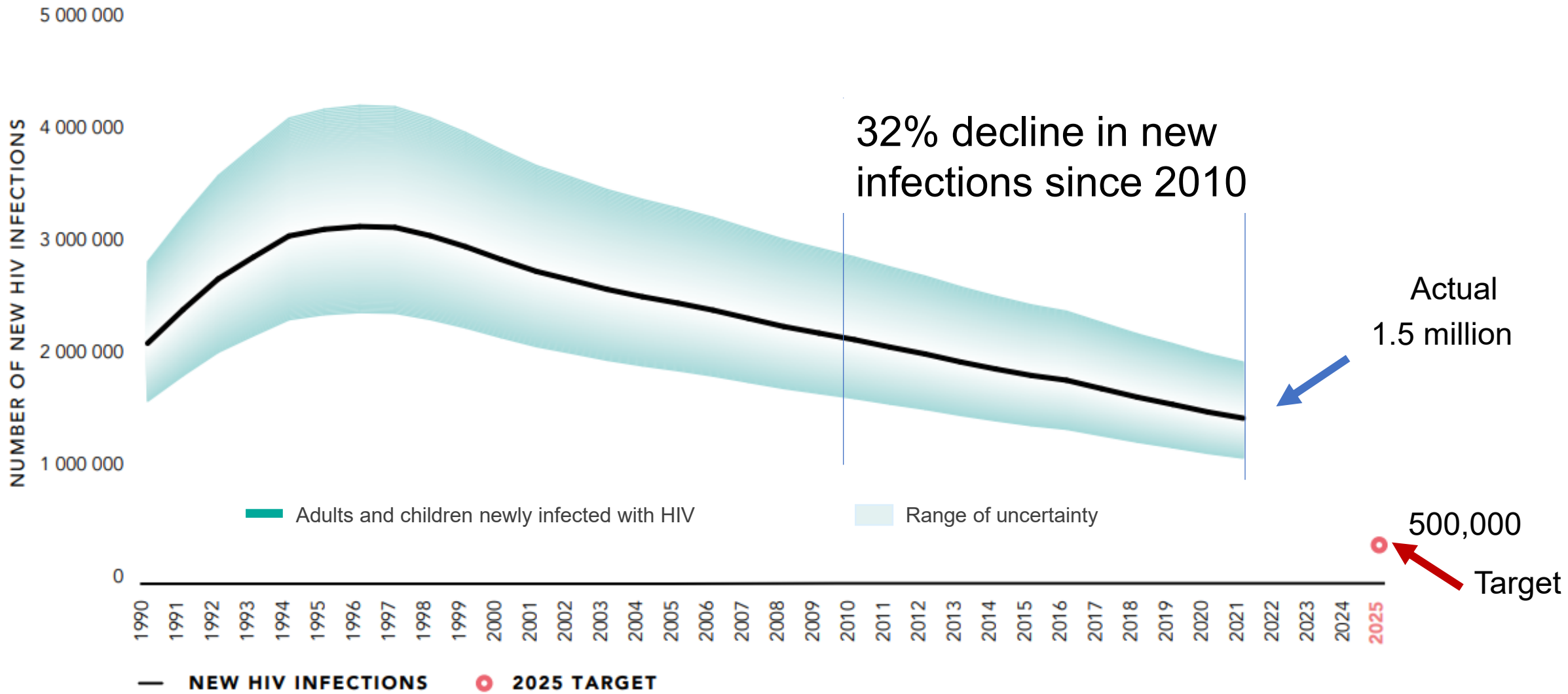
- **HIV prevention remains a key global priority**
- Prevention strategies are evolving
- Linkage to prevention
 - Differences with linkage to ART
 - Key issues and lessons learned
 - Shared challenges and way forward

Status neutral testing = a gateway to **prevention services**



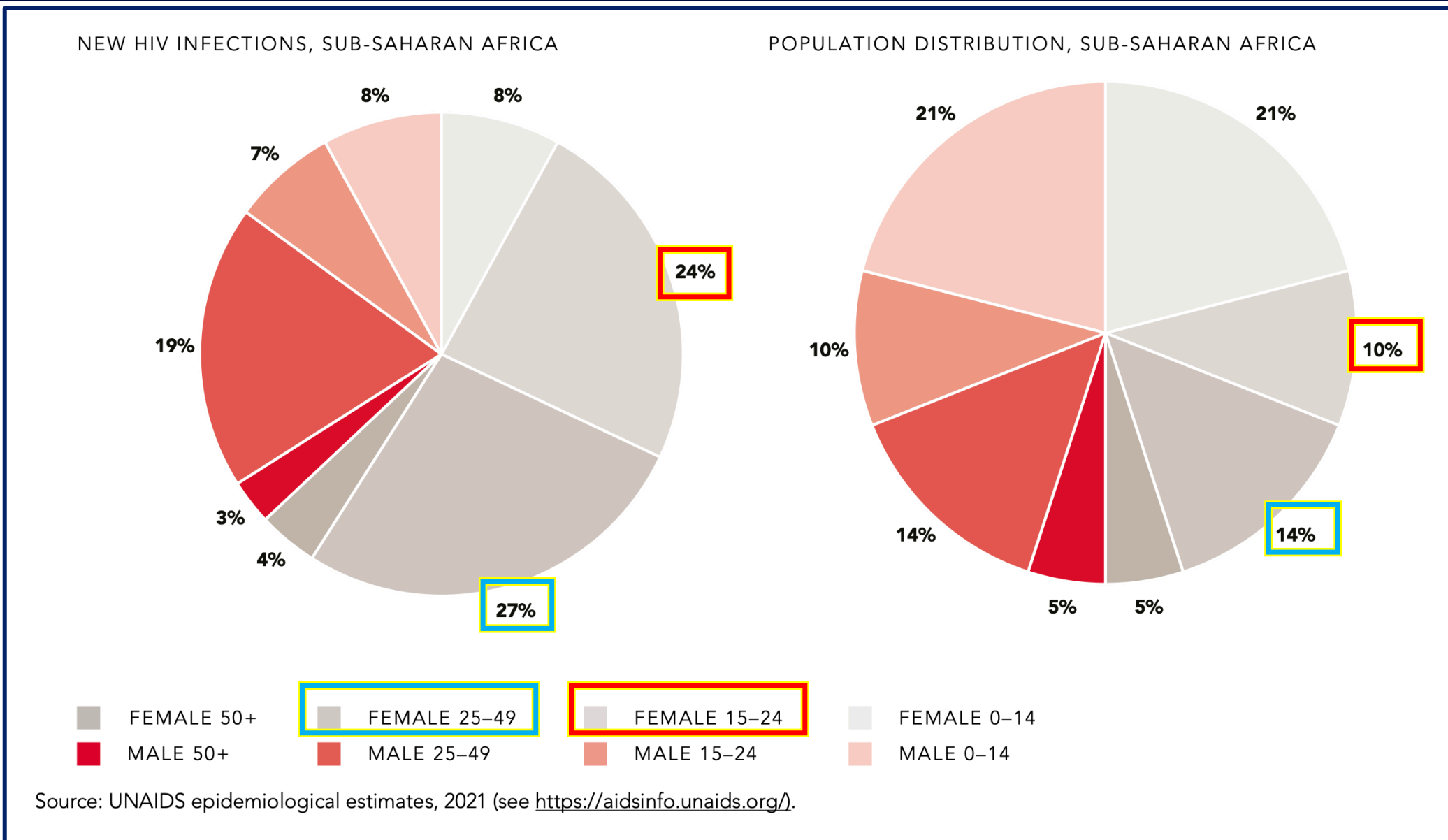
Adults and children newly infected with HIV | 1990 – 2021

Globally, new HIV infections have declined since 2010 but below the target



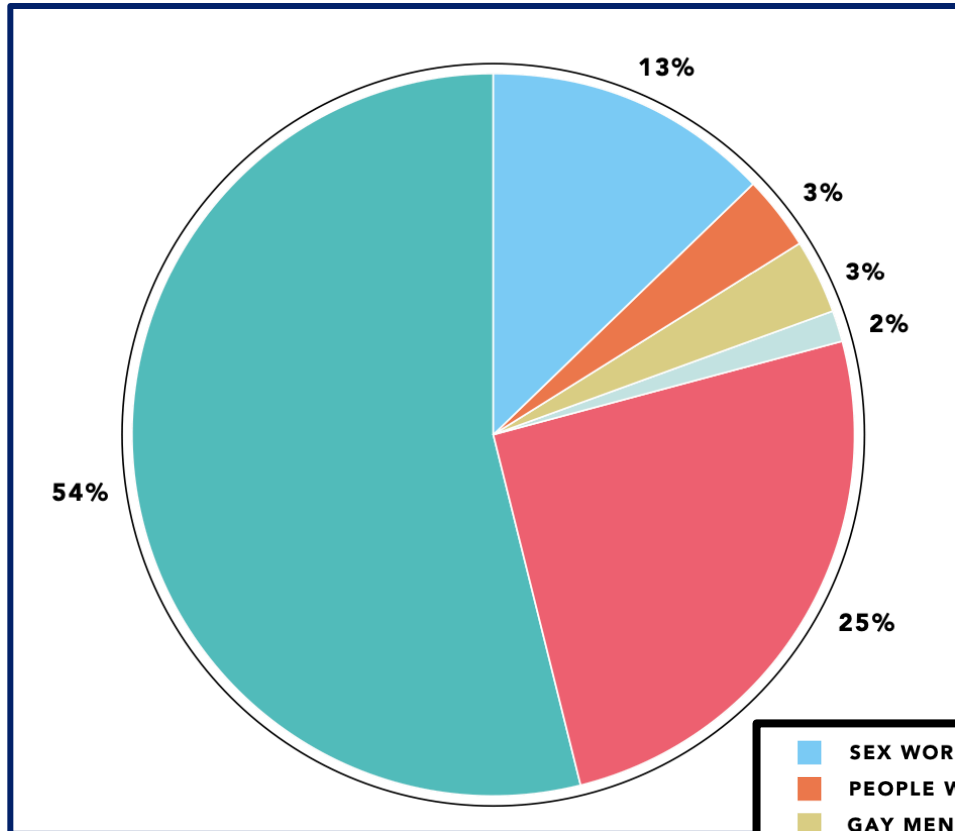
Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Women are at disproportionately high risk of HIV acquisition

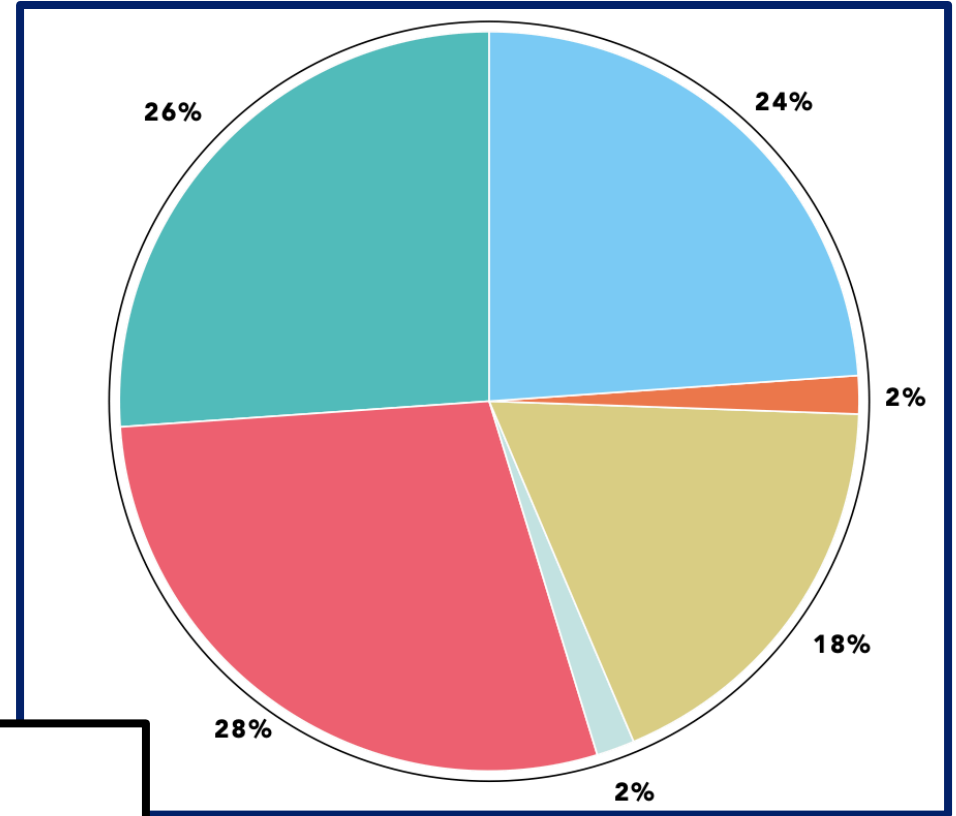


Key and Priority Populations are also at disproportionate risk

East and Southern Africa



West and Central Africa



- SEX WORKERS
- PEOPLE WHO INJECT DRUGS
- GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN
- TRANSGENDER WOMEN
- CLIENTS OF SEX WORKERS AND SEX PARTNERS OF ALL KEY POPULATIONS
- REMAINING POPULATION

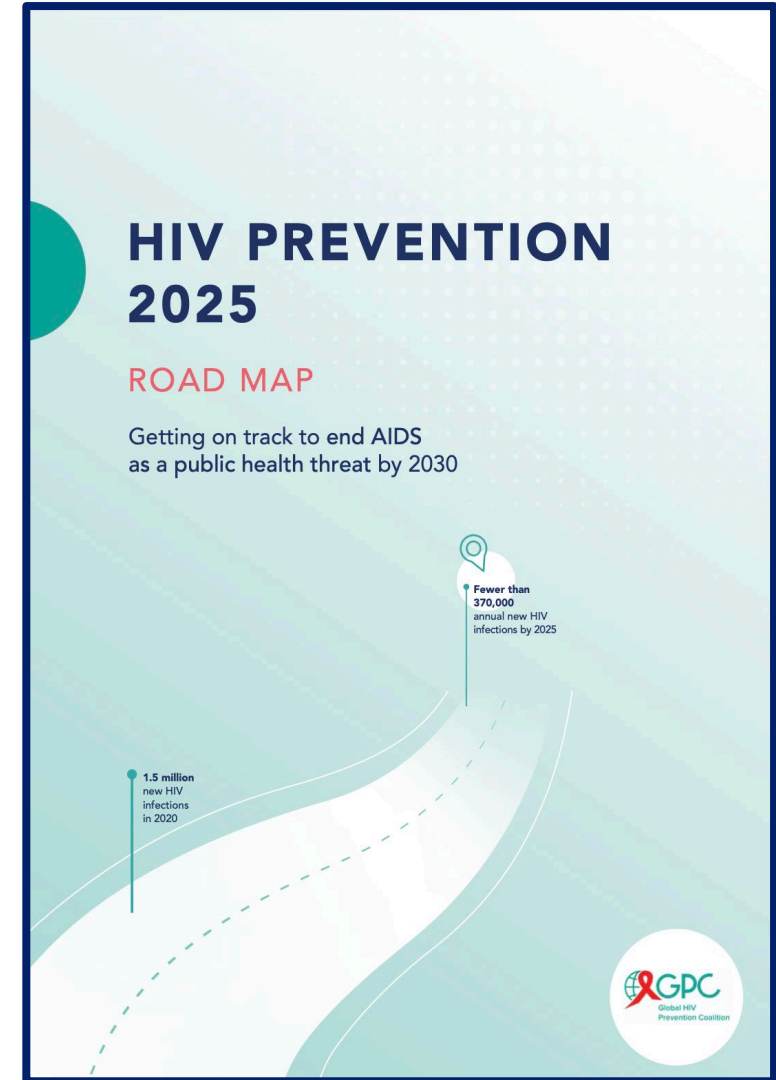
Source: UNAIDS special analysis, 2022 (see Annex on Methods).

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UNAIDS Prevention Road Map for 2025

- **95% of people at risk of HIV** use appropriate, prioritized, effective combination prevention
- **“Precision prevention”** approaches focus on key and priority populations
 - *The right intervention to the right population at the right time*
- **Real-time prevention programme monitoring** systems are implemented and include regular reporting



UNAIDS: Five Prevention Pillars for 2025

1

KEY POPULATIONS

Combination prevention and harm reduction packages for and with

- Sex workers
- Gay men and other men who have sex with men
- People who inject drugs
- Transgender people
- Prisoners

2

ADOLESCENT GIRLS AND YOUNG WOMEN

Combination prevention packages in settings with high HIV incidence

(based on differentiated, layered packages)

3

ADOLESCENT BOYS AND MEN

Combination prevention packages in settings with high HIV incidence

(including voluntary medical male circumcision and promoting access to testing and treatment)

4

CONDOM PROGRAMMING

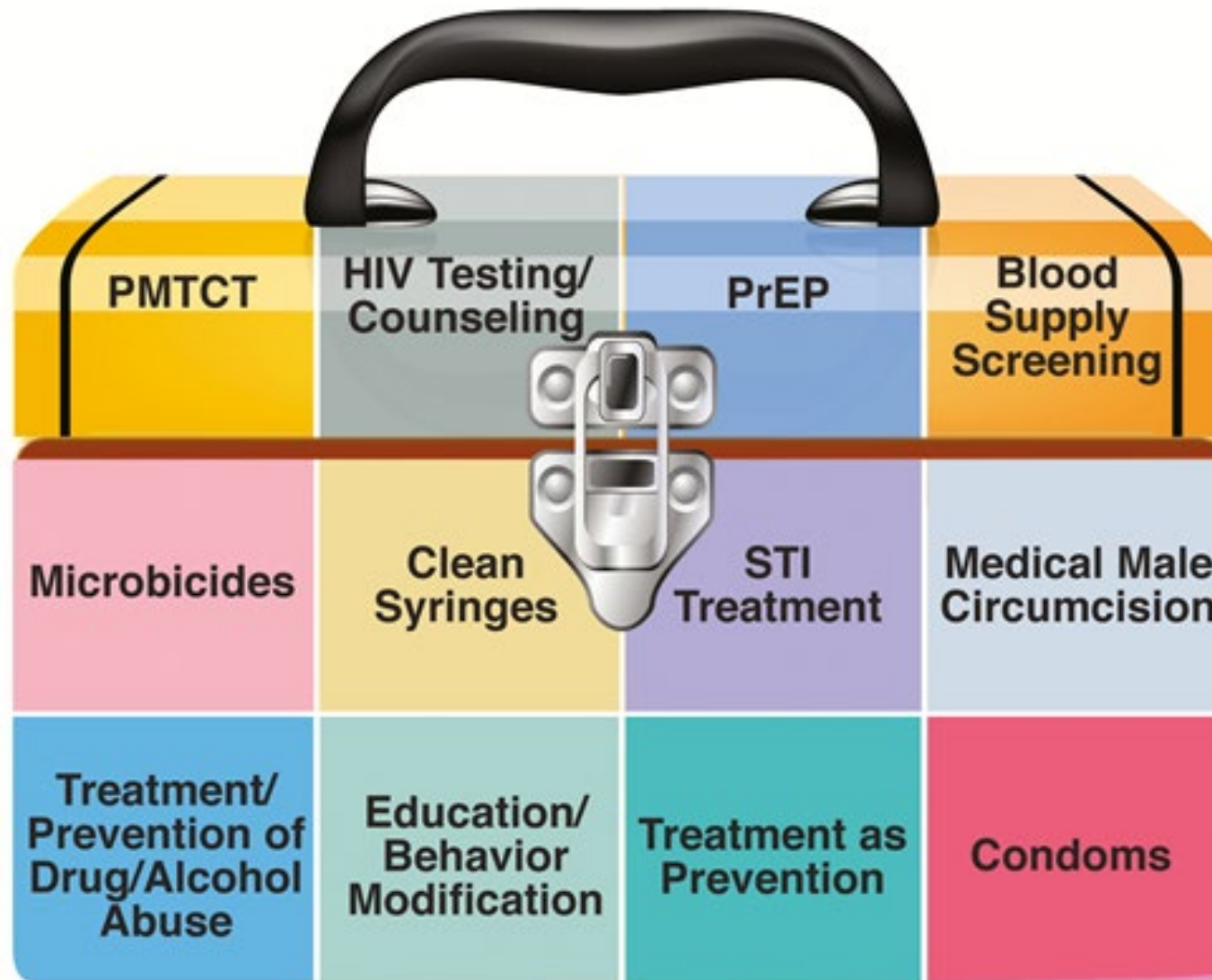
Promotion and distribution of male and female condoms as well as lubricants

5

ARV -BASED PREVENTION

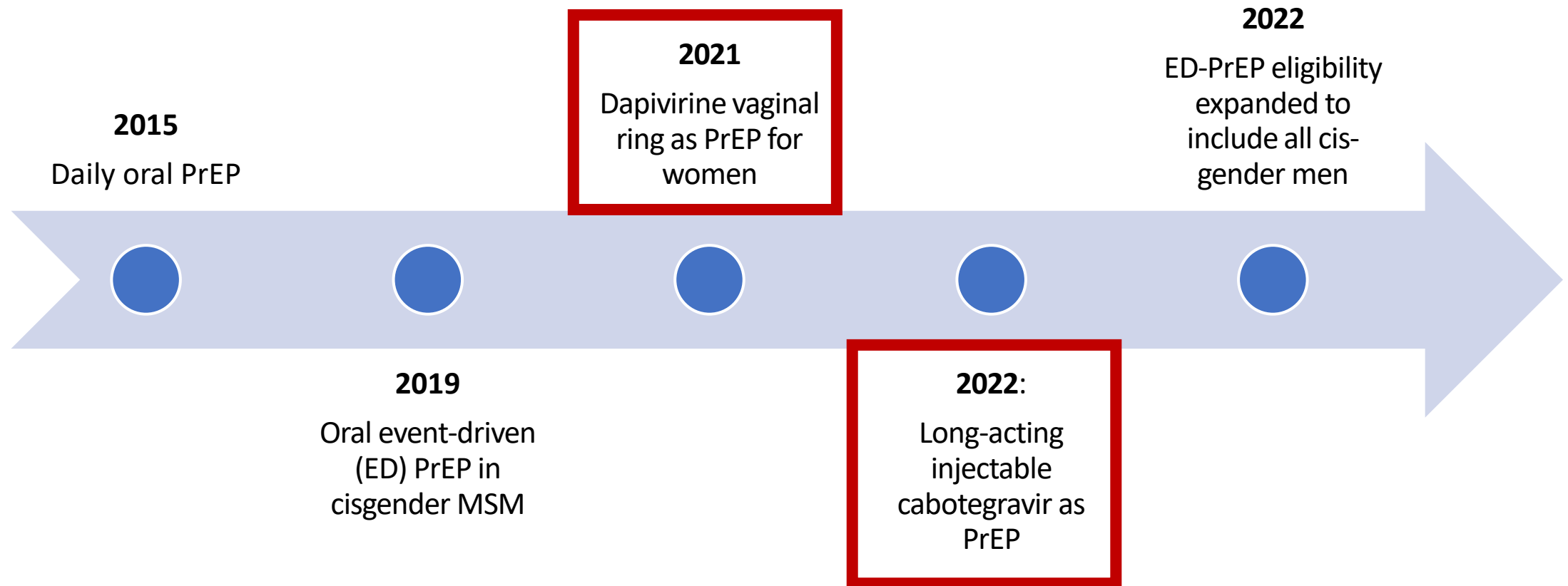
Pre-exposure prophylaxis, post-exposure prophylaxis, treatment as prevention including for elimination of vertical transmission

The Prevention Toolkit is Expanding



PrEP Options are Rapidly Expanding

Timeline of WHO PrEP Recommendations



New Prevention Technologies Exist or are in Development



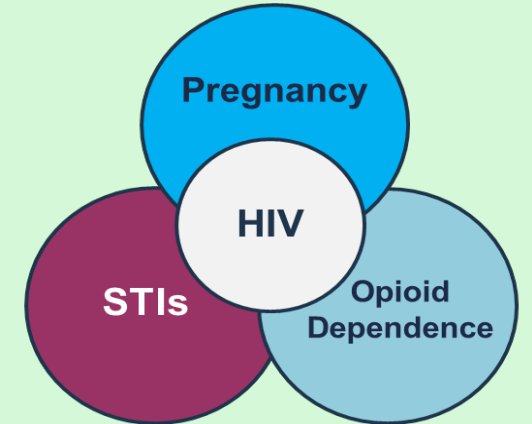
Virtual Innovations



Novel PrEP Methods and Delivery Systems

In phase III clinical trials:

- New drug for oral PrEP
- Long-acting injections given every 6 months (lenacapavir)



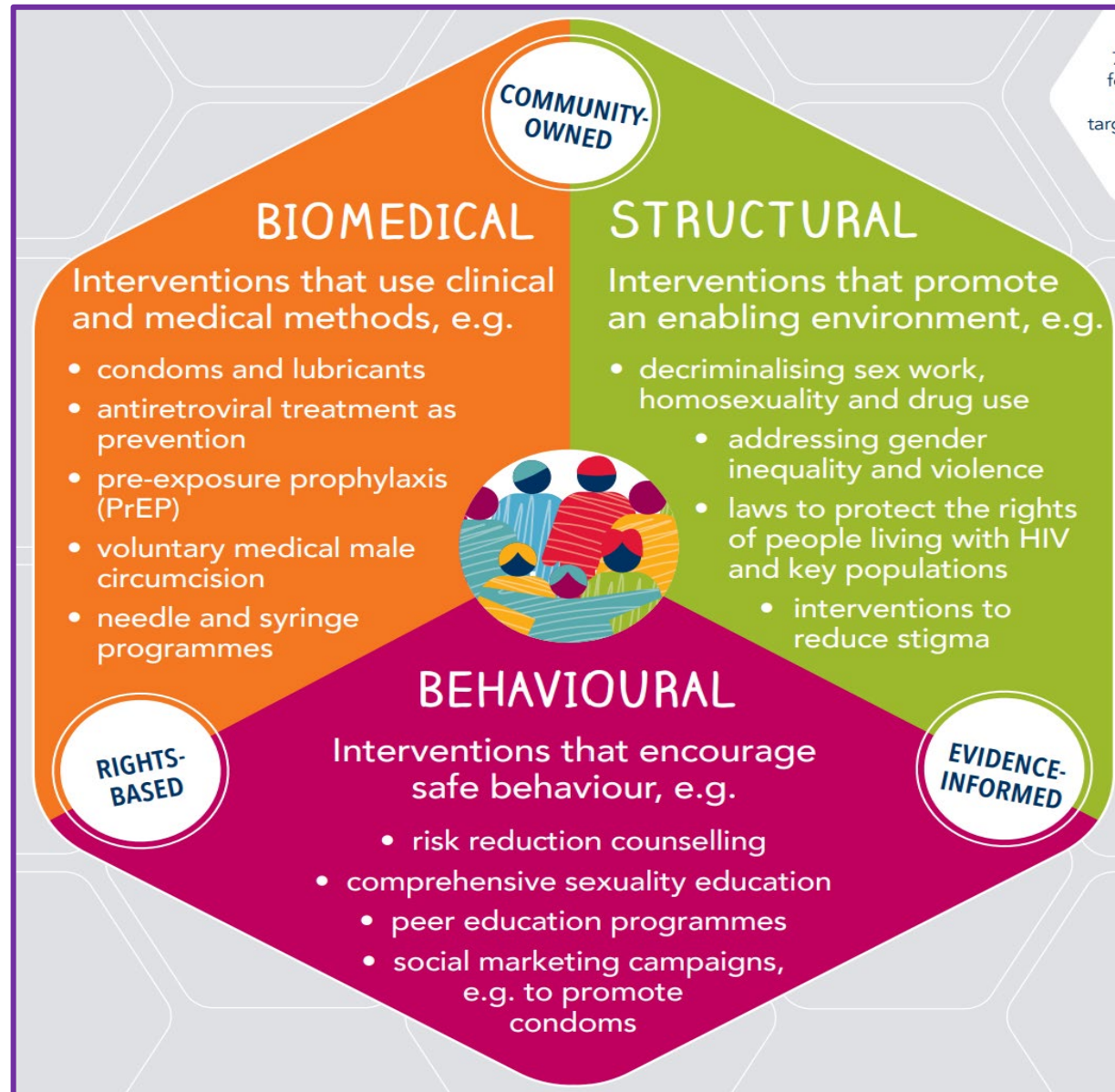
Multi-Purpose Prevention Technologies (MPTs)

Combo PrEP and oral contraceptive pill may be available as early as 2024

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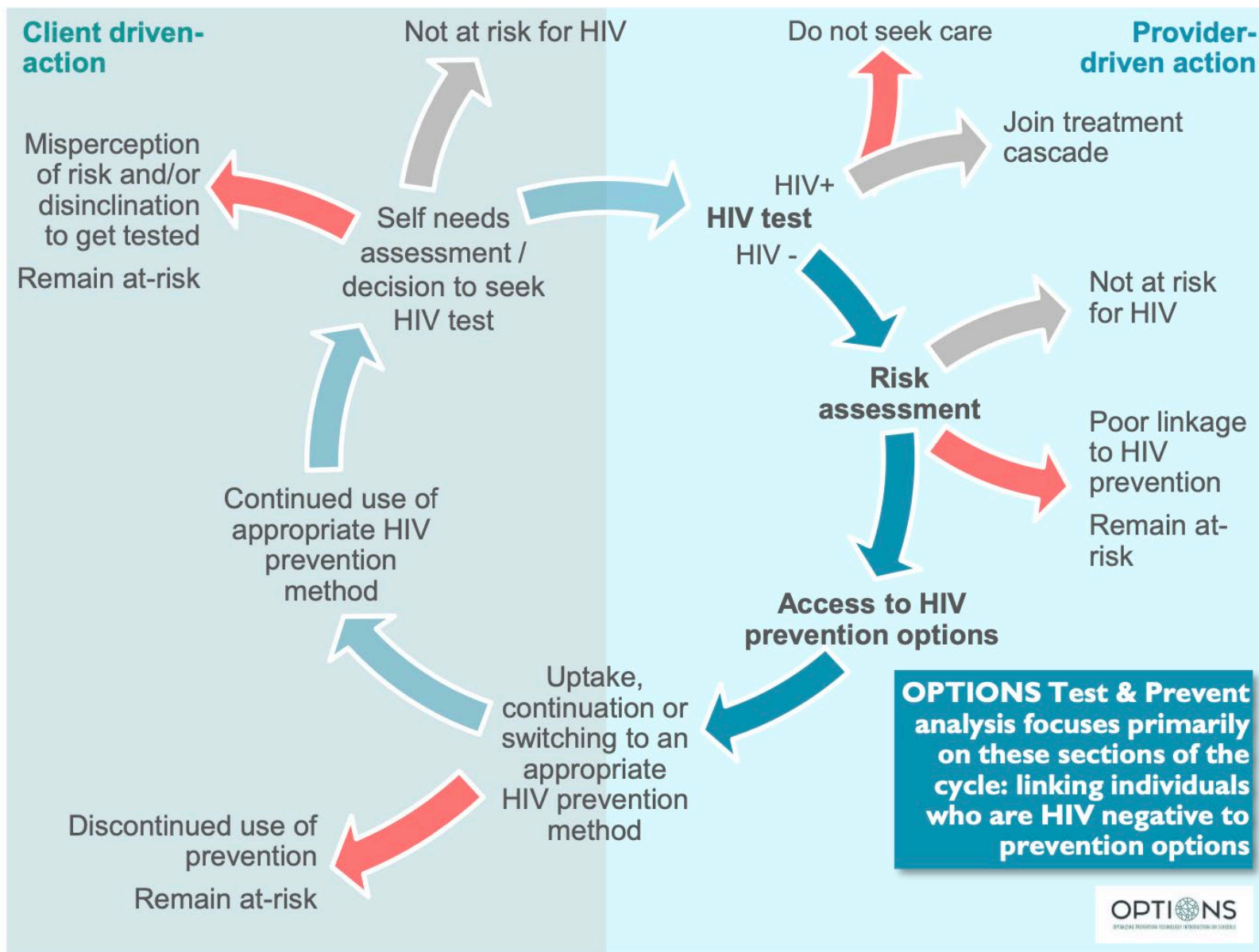
Difference with linkage to ART: Multiple Prevention Options and Combinations



Prevention Needs Change Over Time

Client-driven action

Provider-driven action



Difference with linkage to ART : Challenges with Measurement

- Effective use of prevention is required to reduce HIV incidence
 - Prevention interventions with proven efficacy to reduce HIV transmission
 - Prevention interventions that will be ***used consistently and correctly*** by people at risk
- How is effective prevention defined?
- How is effective prevention measured?
- How is prevention coverage tracked on a population level?
- How is prevention coverage tracked on a program level?

Linkage to Prevention: Key Steps

- ✓ Identification of people at substantial risk of HIV
- ✓ Determining which prevention package is best for them
 - What HIV risk factors do they have?
 - What are their preferences for HIV prevention services?
 - One size does not fit all – and an individual's needs and preferences may change over time
 - ***Hence prevention services need to be differentiated***
- ✓ Ensuring access to person-centered, evidence-based combination prevention

HIV Risk Assessment is vital in tailoring prevention services to individual needs



- The purpose of risk screening is to determine individual risk factors, and determine which prevention services the client should receive
- Screening commonly occurs during pre-test counseling but can happen at any stage of the HTS cascade
- Risk screening tools should be used for inclusion, not exclusion – the objective is to screen **IN**, not to screen **OUT**
- What does the HCW need?
 - Locally-adapted evidence-based screening tools
 - The training and skills to conduct risk screening in a respectful and supportive way
- What does the client need?
 - Kind, respectful, and accurate information

Defining prevention “minimum package” - Eswatini example



THE GOVERNMENT OF THE KINGDOM OF SWAZILAND

Core Package for HIV Prevention GUIDELINES FOR IMPLEMENTERS



Core Package for Adult Men (25-39 Years)

Minimum/Key Information Needs

- Targeted HIV risk assessment, education and/or counselling
 - Information and education on HIV transmission dynamics and risks of different sexual practices
 - Information and skills building on delayed sexual debut
 - Information and education on unprotected sex, and consistent and correct condom use
- Male-centered demand creation to increase awareness, uptake and acceptability of relevant clinical services, i.e.,
 - Informational sessions on HTS, including self testing, and active referrals to HTS
 - Lifelong ART
 - VMMC
 - STI screening and treatment
 - Creation of male-centered health services
- Information and education on condom use, effectiveness and where and how to access condoms
- Information and education on gender equity, preventing GBV, and reducing stigmatization of health service use
- Information and education on economic empowerment skills and opportunities
- Information and education on responsible alcohol intake

Key Services

- All men 25-39 years old
 - Counselling and risk assessment
 - HIV Testing Services (HTS)
 - Condom promotion and distribution
 - STI screening and treatment
- HIV-positive men
 - Linkage to care
 - Referral and enrollment in lifelong ART
 - Adherence counseling and support
 - Support services, support groups
- HIV-negative men
 - VMMC

Tailoring Prevention Delivery Strategies

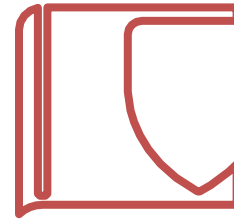
Event-driven PrEP for men;
Discreet packaging/new labels



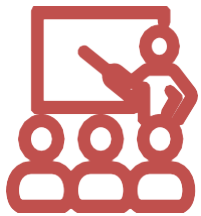
All entry points
Flexible hours



PrEP
Communication
Strategy



2022: Tailoring PrEP Delivery in Eswatini



PrEP training



PrEP Ambassadors for
AGYW, KP, pregnant &
breastfeeding women

- Linkage to prevention needs to be differentiated-clearly defining the When, Where, who AND how in addition to the What
- Engaging recipients of prevention services in the design, delivery and evaluation of combination prevention programs is essential

CQUIN country dHTS self-staging: Linkage to Prevention

In a mature national program:

- ✓ National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services
- ✓ And the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored
- ✓ And > 75% of high-risk people testing negative are linked to prevention services
- ✓ And > 75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services



Clearly an area of shared challenge amongst CQUIN network countries

Linkage to Prevention: Shared Challenges

- Standardizing risk assessments to inform prevention needs
- Defining minimum prevention package for different populations/groups
- Defining linkage to prevention metrics
- M&E of linkage to prevention after HTS
- People move in and out of prevention services – with or without notice.
- How meaningful is community engagement in the development of prevention packages for recipients?
- Accelerating prevention quality
- Bringing the private sector along and tapping its potential

Continue the Discussion at Parallel Session 13a

Co-Moderators:

- Onesimo Maguwu, USAID Zimbabwe
- Cassia Wells, ICAP NY

Panelists:

- ***Peter Cherutich, WHO:*** WHO guidance on linkage to prevention: M&E and lessons learned
- ***Lenhle Dube, MOH Eswatini:*** Improving linkage to prevention in Eswatini
- ***Melb Simiyu, AWAC Uganda:*** Linkage to prevention services for key populations
- ***Jonah Omentiah, MOH Kenya:*** Linkage to combination prevention in Kenya

Thank you!

