

Strategies to enhance integrated prevention and care for people who use drugs: Lessons learned from HIV



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University of Cape Town

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THE LANCET

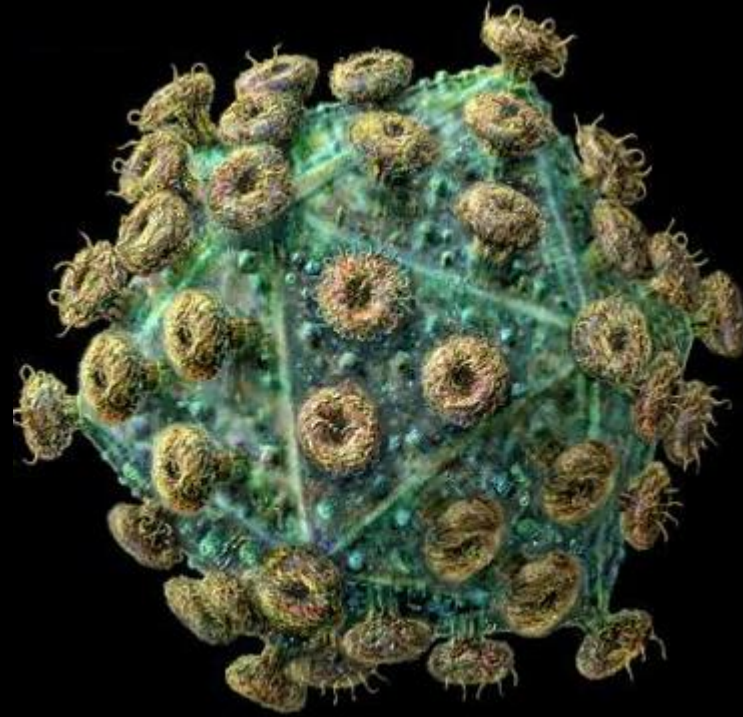
Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society-Lancet Commission



"At the very moment when HIV could serve as a pathfinder for global health, there are signs that global commitment to build on the gains achieved against HIV thus far is waning."

A Commission by The Lancet

In the last 30 years.....



78 million infected, 39 million dead.....

We've despaired

We've hoped

?



ONE ARV PILL A DAY

Fixed Dose Combination ARV



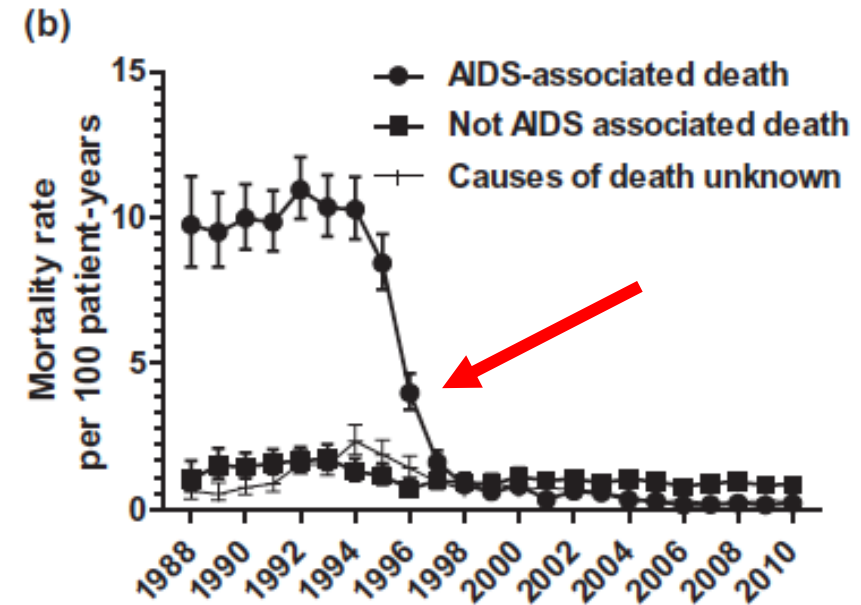
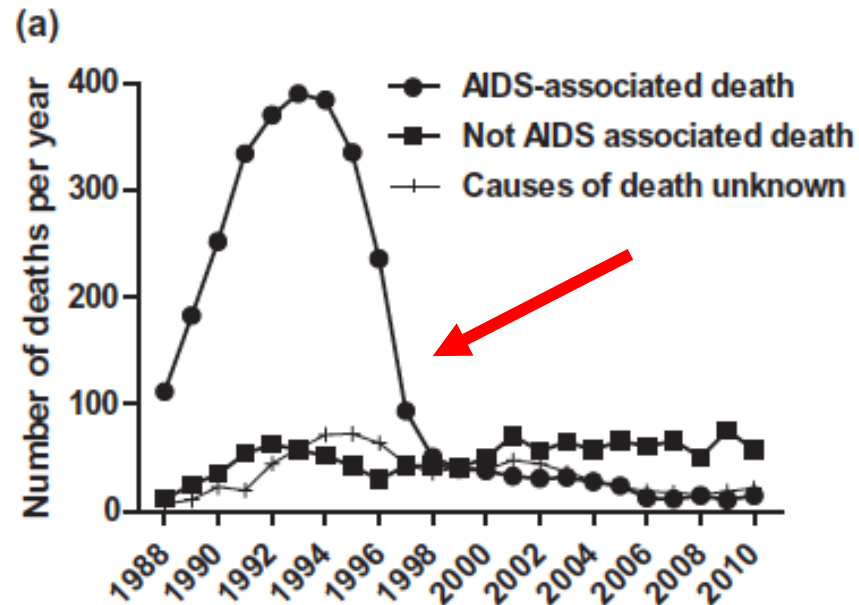
3 ARV pills in 1.
Taken once a day.



The Triumph of Treatment ...

"The story of HIV is a modern medical miracle. From despair and tragedy, we have moved into an era of chronic treatable illness, in just 30 years."

David Cooper 2015

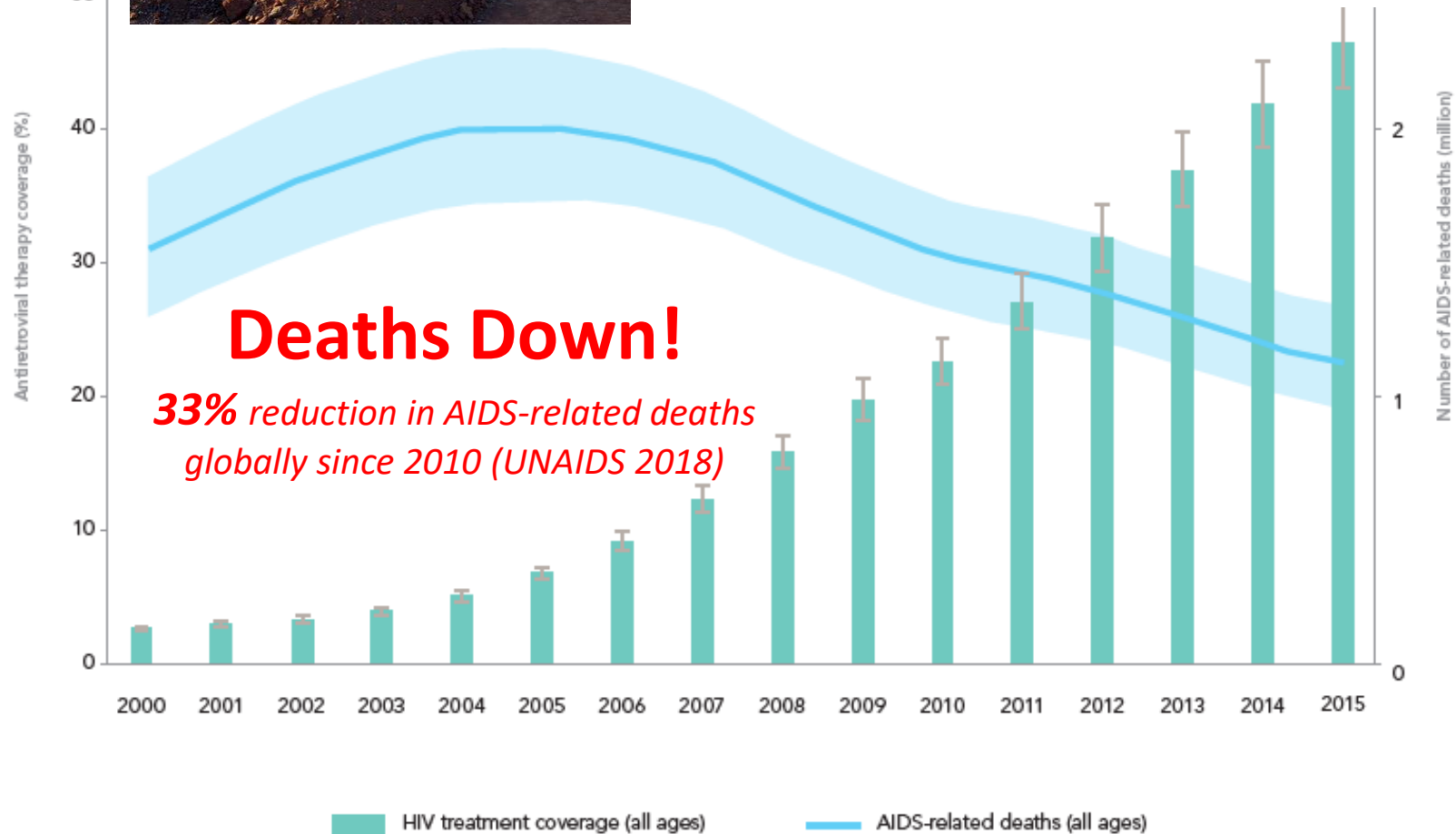


Weber R, *et al* HIV Medicine 2013



Treatment Up!

37% increase globally since 2010, with the largest gains made in Eastern and Southern Africa (UNAIDS 2018)



HIV: We HAVE come a long way....



Treatment with HIV medicines can **prevent HIV from developing into AIDS**

WHO announces first country eliminating mother to child transmission of HIV and syphilis

PEP
= a treatment to stop a person becoming infected with HIV after it's got into their body

Swaziland: new infections halved in five years as HIV treatment scales up



U=U
UNDETECTABLE
UNTRANSMITTABLE

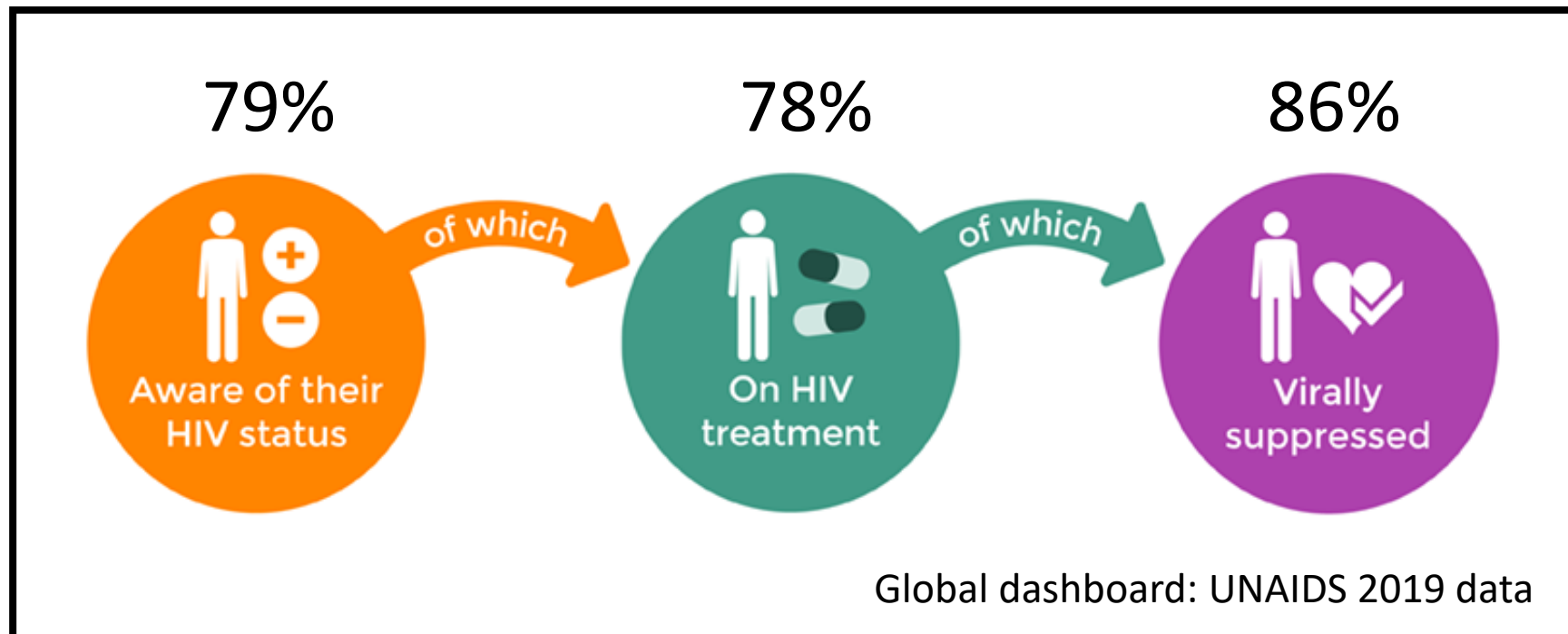
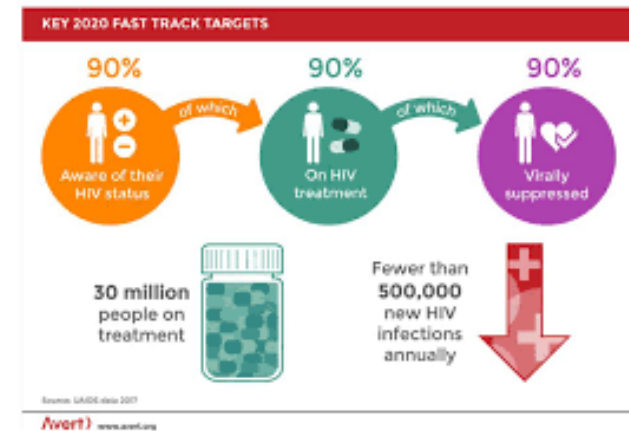
A PERSON LIVING WITH HIV WHO HAS AN UNDETECTABLE VIRAL LOAD DOES NOT TRANSMIT THE VIRUS TO THEIR PARTNERS.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.

Rapidly declining HIV infection in MSM in central London

UNAIDS 2020 Targets:

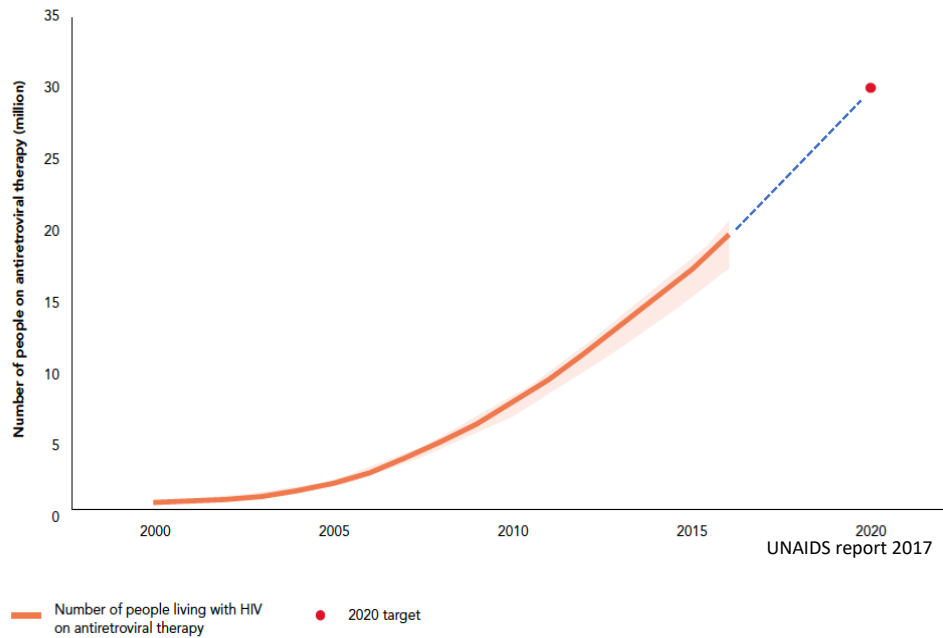
90-90-90: 90% of HIV-positive people aware of their status, of which 90% are on HIV treatment, of which 90% are virally suppressed.





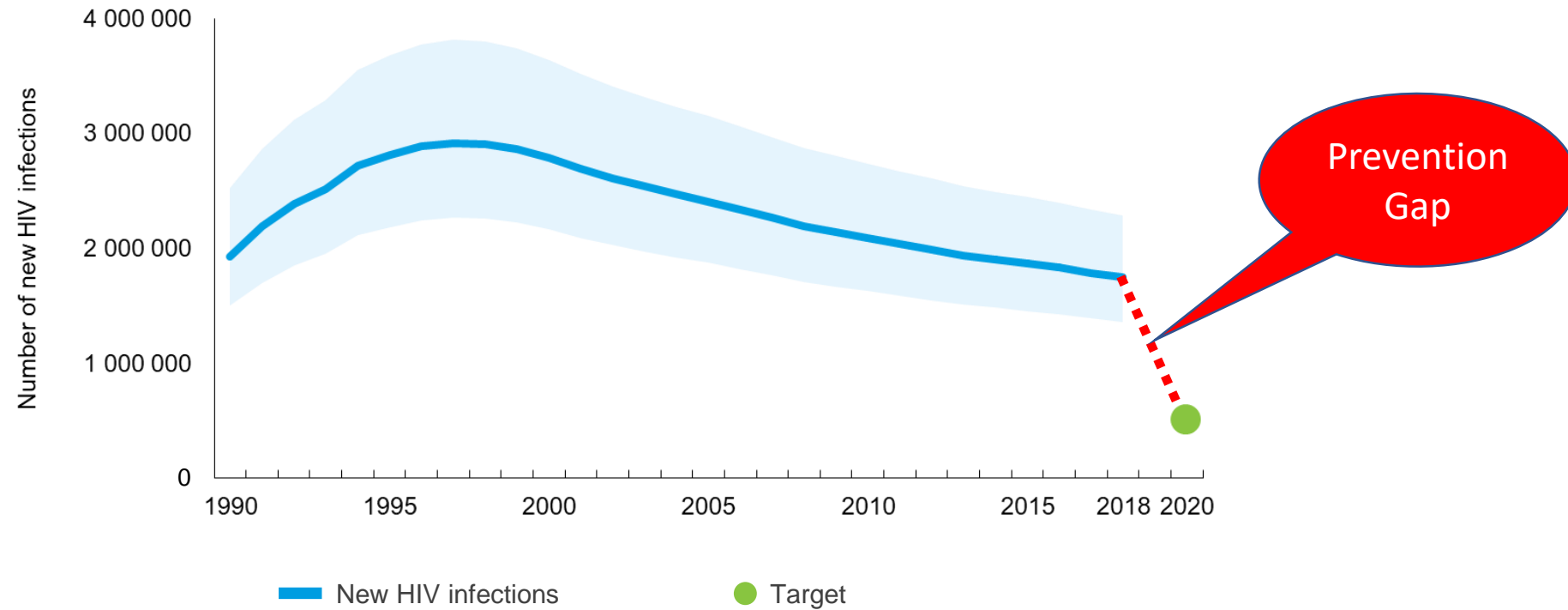
23.3 MILLION PEOPLE ON HIV TREATMENT BY MID- 2019

UNIVERSAL HEALTH COVERAGE IN HIV
#EVERYBODYCOUNTS #MYRIGHTTOHEALTH



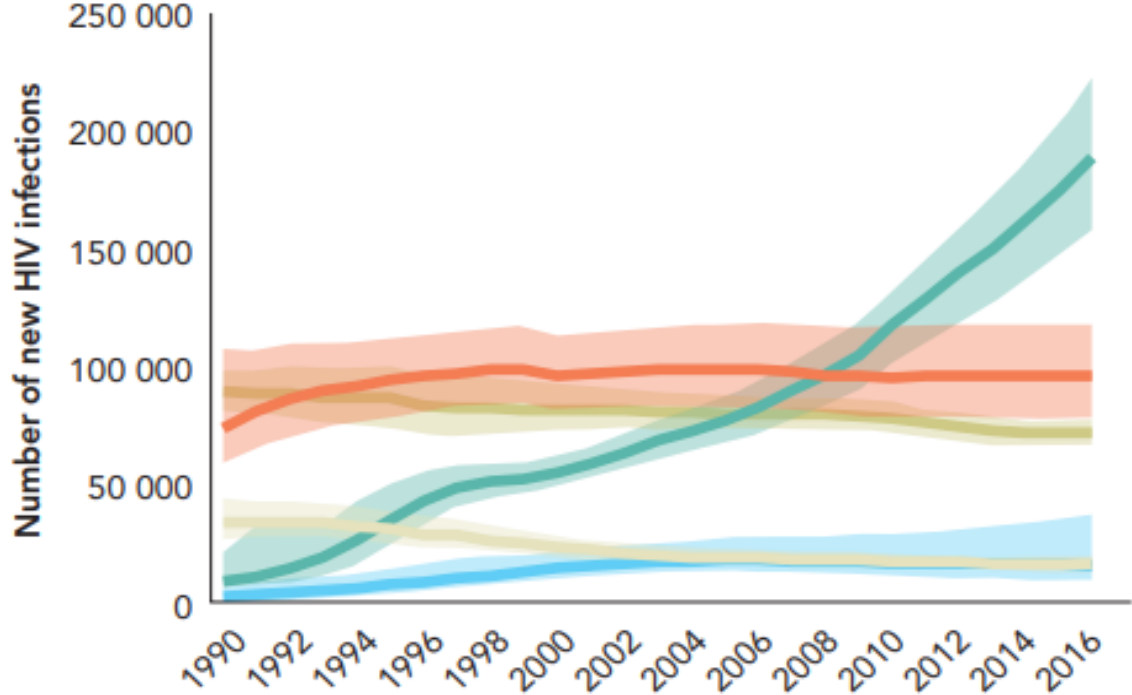
Global Number of new HIV infections, 1990–2018

We will miss the 2020 target



Source: UNAIDS 2019 estimates.

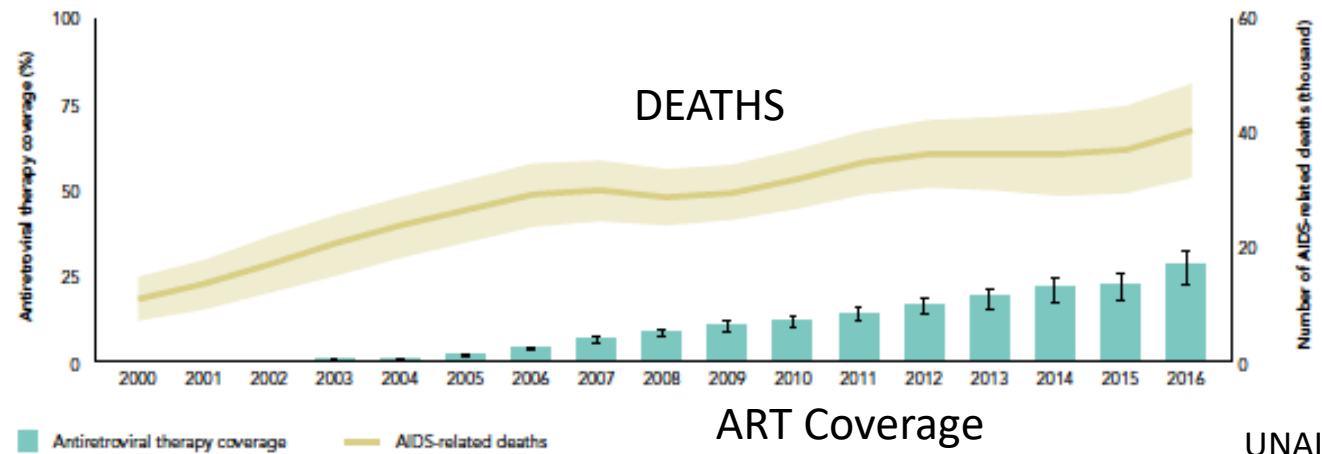
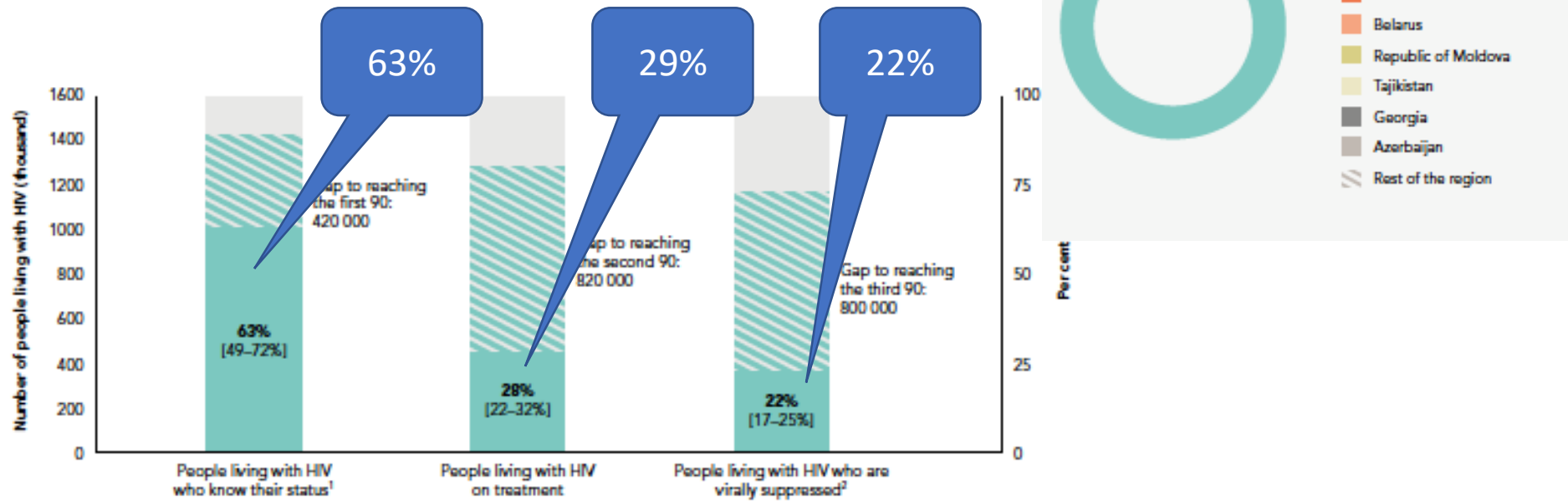
The Prevention Gap: Certain regions.....



} 60% increase in new infections in **Eastern Europe and Central Asia** since 2010 (UNAIDS 2017)

- Eastern Europe and central Asia
- Latin America
- Western and central Europe and North America
- Middle East and North Africa
- Caribbean

EECA Region



ART Coverage

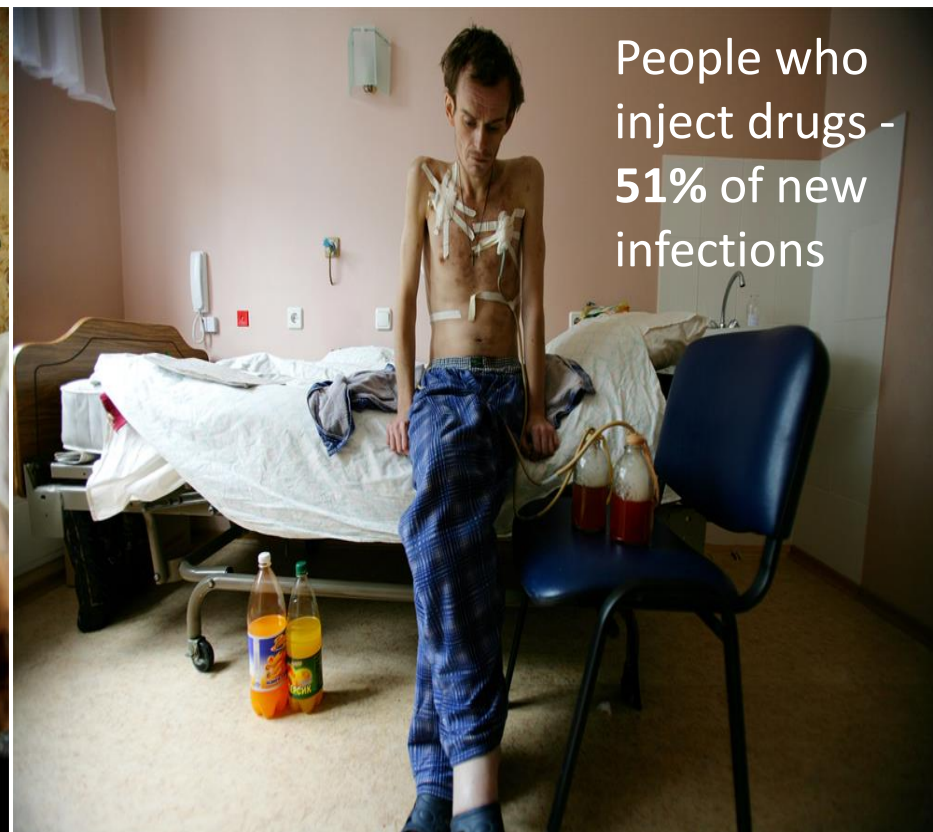
UNAIDS 2017

Eastern Europe and Central Asia: key populations are sex workers & people who inject drugs



Sex workers & sexual partners of key populations - 39% of new infections

2 HIV-positive sex workers who are also drug users (Ukraine, 2005, Photographer: Brent Stirton)



People who inject drugs - 51% of new infections

An HIV-positive drug user in the Kiev AIDS centre (Ukraine, 2005, Photographer: Brent Stirton)

Key barriers to prevention incl. legal and structural barriers & social barriers, stigma and discrimination

YPWU and ID



Risk: 24 X

YSW



Risk: 10 X

YMSM



Risk: 24 X

TRANSGENDER PEOPLE: 49X

INCARCERATED PEOPLE: 5X

Young refugees, migrants, detainees

Figure 5: Prevalence of HIV infection among people who Inject drugs and in the general population

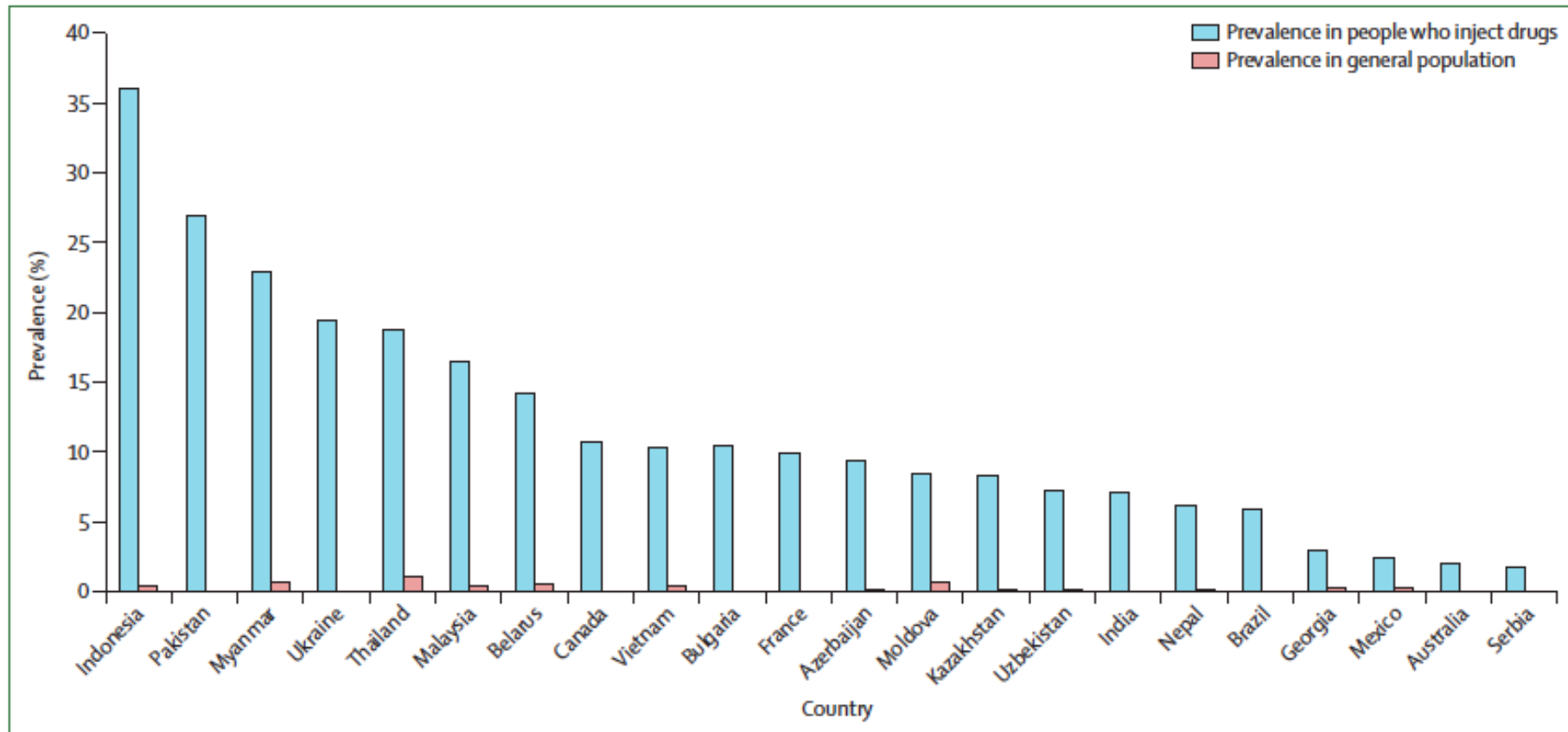
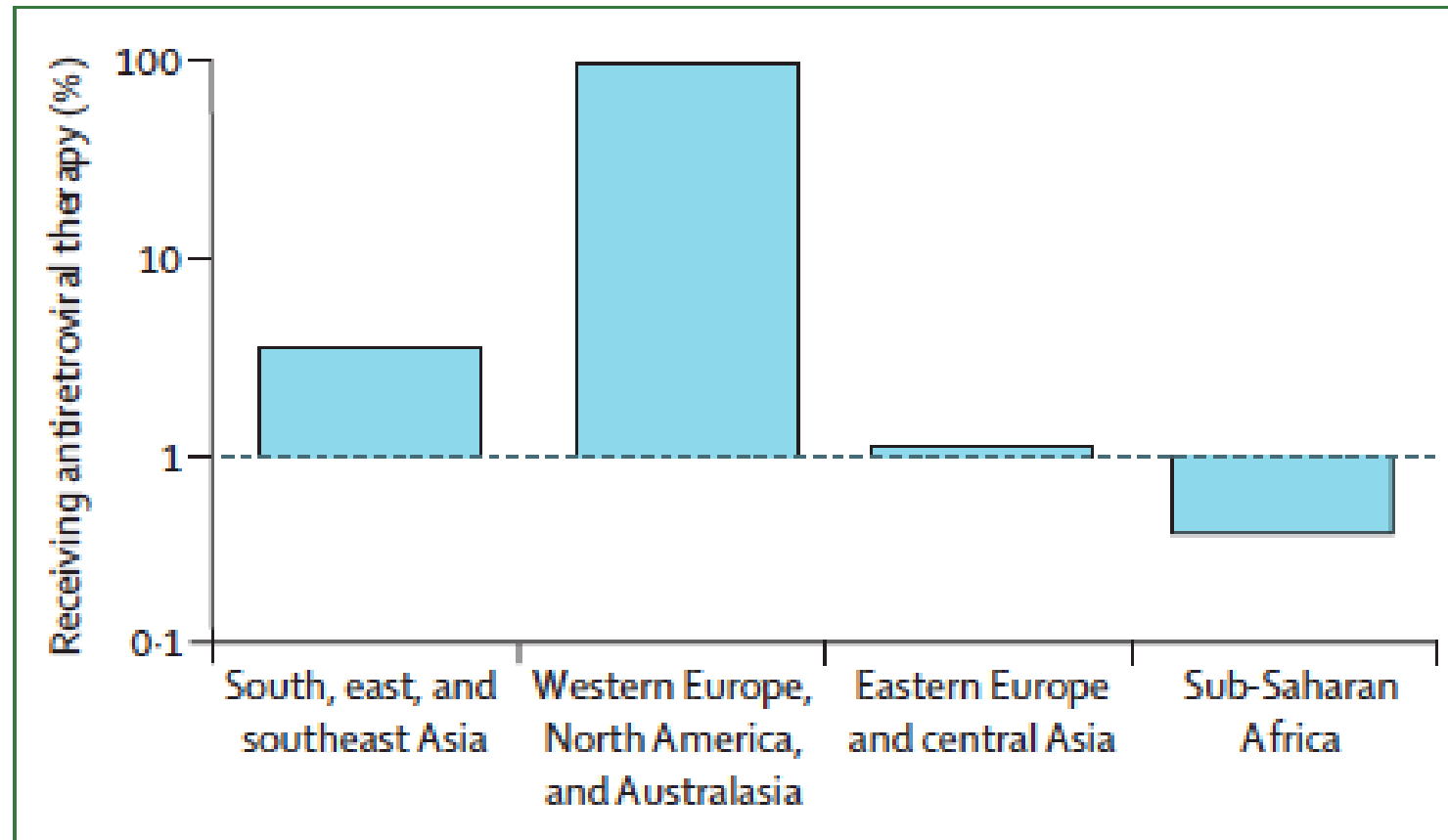


Figure 8: Proportion of injecting drug users living with HIV who receive antiretroviral therapy, by region



Science

\$15
15 JUNE 2018
sciencemag.org

AAAS

FAR FROM OVER

Three places where
“ending AIDS” is a
distant hope *p. 1162*



The tools exist. HIV/AIDS can be **treated** and **contained**. But in many communities, social, political and economic obstacles **get in the way**.

There, the epidemic is far from over.

“the other 10%”

Science

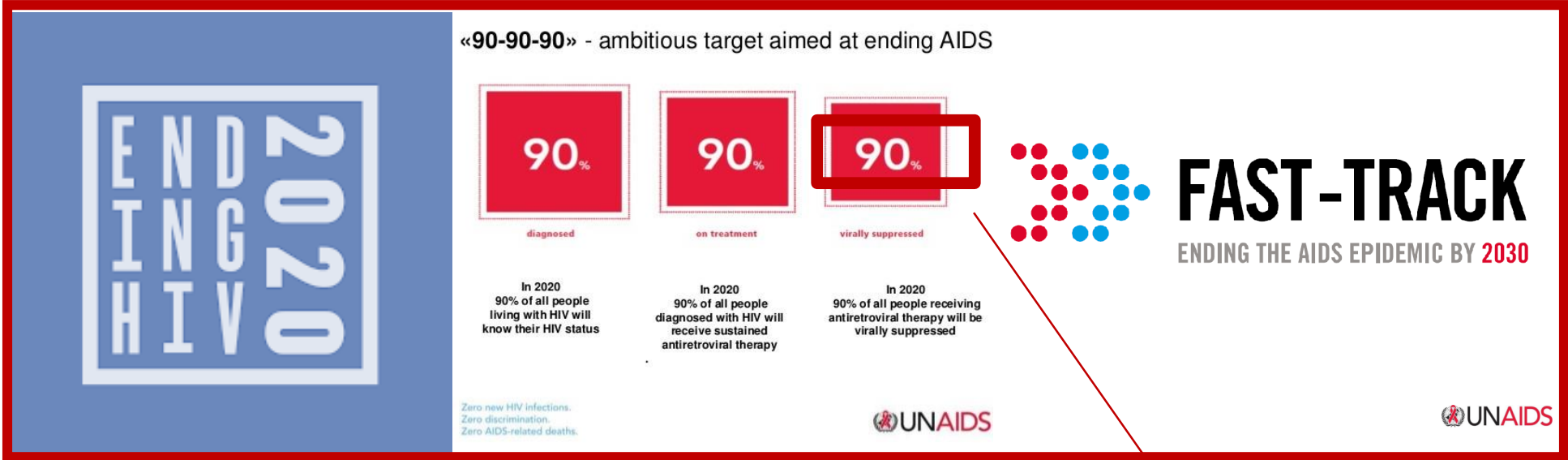
<http://www.sciencemag.org/news/2018/06/nigeria-has-more-hiv-infected-babies-anywhere-world-it-s-distinction-no-country-wants>

<http://www.sciencemag.org/news/2018/06/russia-s-hiv-aids-epidemic-getting-worse-not-better>

<http://www.sciencemag.org/news/2018/06/face-misguided-response-hiv-aids-russia-these-bright-stars-are-taking-charge>

PBS NewsHour

<https://www.pbs.org/newshour/features/end-of-aids-far-from-over/>

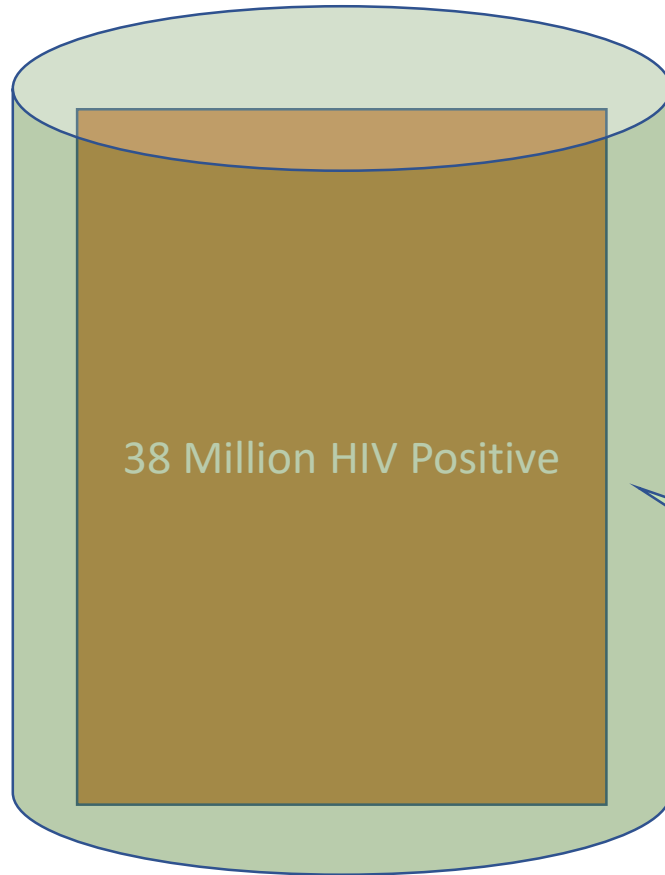


**NOT ONLY “HOW FAST” BUT ALSO
HOW WELL.....**

Quality care

Treatment as Prevention....

HPTN 052 and Partners 1 and 2



Undetectable = **U**ntransmissable

The **NEW ENGLAND**
JOURNAL of **MEDICINE**

ESTABLISHED IN 1812 AUGUST 11, 2011 VOL. 365 NO. 6

Prevention of HIV-1 Infection with Early Antiretroviral Therapy

Myron S. Cohen, M.D., Ying Q. Chen, Ph.D., Marybeth McCauley, M.P.H., Theresa Gamble, Ph.D.,
Mina C. Hoeslinipour, M.D., Nagalingeswaran Kumarasamy, M.B., B.S., James G. Hickm, M.D.,
Johnstone Kumbwanda, F.R.C.P., Beatriz Grinsztejn, M.D., Jose H. S. Pinto, M.D., Sheela V. Grobale, M.D.,
Sanjay Mehendale, M.D., Suwat Chariyalertskul, M.D., Breno R. Santos, M.D., Kenneth H. Mayer, M.D.,
Irvig F. Hoffman, P.A., Susan H. Eshleman, M.D., Estelle Piwozwar-Manning, M.T., Lei Wang, Ph.D.,
Joseph Makhema, F.R.C.P., Lisa A. Mills, M.D., Guy de Bruyn, M.B., B.Ch., Ian Sanne, M.B., B.Ch.,
Joseph Eron, M.D., Joel Gallant, M.D., Diane Havlir, M.D., Susan Swindells, M.B., B.S., Heather Ribaudo, Ph.D.,
Vanessa Elharrar, M.D., David Burns, M.D., Taha E. Taha, M.B., B.S., Karin Nielsen-Saines, M.D.,
David Celentano, Sc.D., Max Essex, D.V.M., and Thomas R. Fleming, Ph.D., for the HPTN 052 Study Team*

Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study

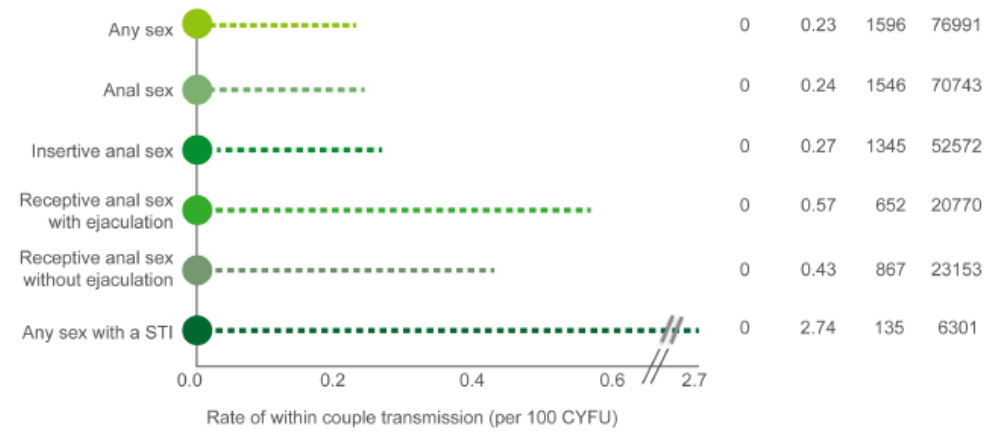
Allison Rodger, Valentino Cambiano, Tina Brown, Pietro Vernazza, Simon Collins, Clive Doges, Giulio Maria Corbelli, Vincent Etard, Anna Maria Geretti, Apostolos Bakakos, Dorothea Baben, Pop Col, Andrea Antinori, Nwaka Nwanaka, Armin Rieger, Jim M Price, Anders Blaxhult, Rainer Weber, Anne Van Elsland, Naabeth H Boudnegre, Amanda Clarke, Jorge del Romero Guzman, Francisco Rujiff, Johannes R Bagnen, Gilles Wandeler, Jan Gerstoft, Fabia Gutierrez, Kees Brinkman, Maria Kitchen, Lars Ostergaard, Agathe Lavee, Matti Risola, Heiko Jansen, Hans-Jürgen Stellbrink, Andrew N Phillips, Jens Lundgren, for the PARTNER Study Group*

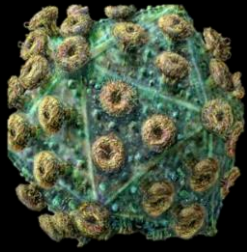


3 Million @ risk

Condomless sex ~77,000 times (VL <200 copies), ZERO phylogenetically-linked transmissions during ~1600 couple-years of F-U.

38 million Virally suppressed



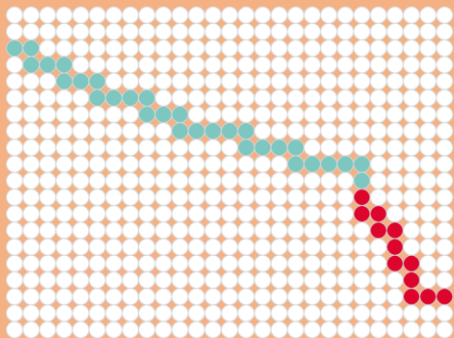


In 2018
1 700 000 new infections

>4,600 INFECTIONS EVERY DAY

HIV Prevention 2020
Road Map

Accelerating HIV prevention to reduce new infections by 75%



Science \$15 15 JUNE 2018 science.org AAAS

FAR FROM OVER

Three places where "ending AIDS" is a distant hope p. 1162

PBS NewsHour
<https://www.pbs.org/newshour/features/end-of-aids-far-from-over/>

Differentiated care

is a **client-centred** approach that simplifies and adapts HIV services **across the cascade**, in ways that both serve the needs of people living with HIV PLHIV better and **reduce unnecessary burdens on the health system**

Grimsrud A et al. *Journal of the International AIDS Society* 2016, 19:21484
<http://www.jiasociety.org/index.php/jias/article/view/21484> | <http://dx.doi.org/10.7448/IAS.19.1.21484>



Viewpoint

Reimagining HIV service delivery: the role of differentiated care from prevention to suppression

Anna Grimsrud^{§,1}, Helen Bygrave², Meg Doherty³, Peter Ehrenkranz⁴, Tom Ellman², Robert Ferris⁵, Nathan Ford^{3,6}, Bactrin Killingo⁷, Lynette Mabote⁸, Tara Mansell¹, Annette Reinisch⁹, Isaac Zulu¹⁰ and Linda-Gail Bekker^{1,6,11}



Advancing global health and strengthening
the HIV
response in the era of the Sustainable
Development Goals:
the International AIDS Society–Lancet
Commission

July 2018

PROVIDE INTEGRATED, CO-LOCATED SERVICES FOR HIV AND RELATED HEALTH CONDITIONS



**TB accounts
for about 40%**

An opportunity.....



living with HIV

Many diseases and disease areas are closely related to HIV in that they share routes of transmission, have overlapping groups at high risk and/or commonly occur as co-morbidities in people living with HIV.

INTEGRATE SERVICES FOR CHRONICALLY UNDERSERVED POPULATIONS

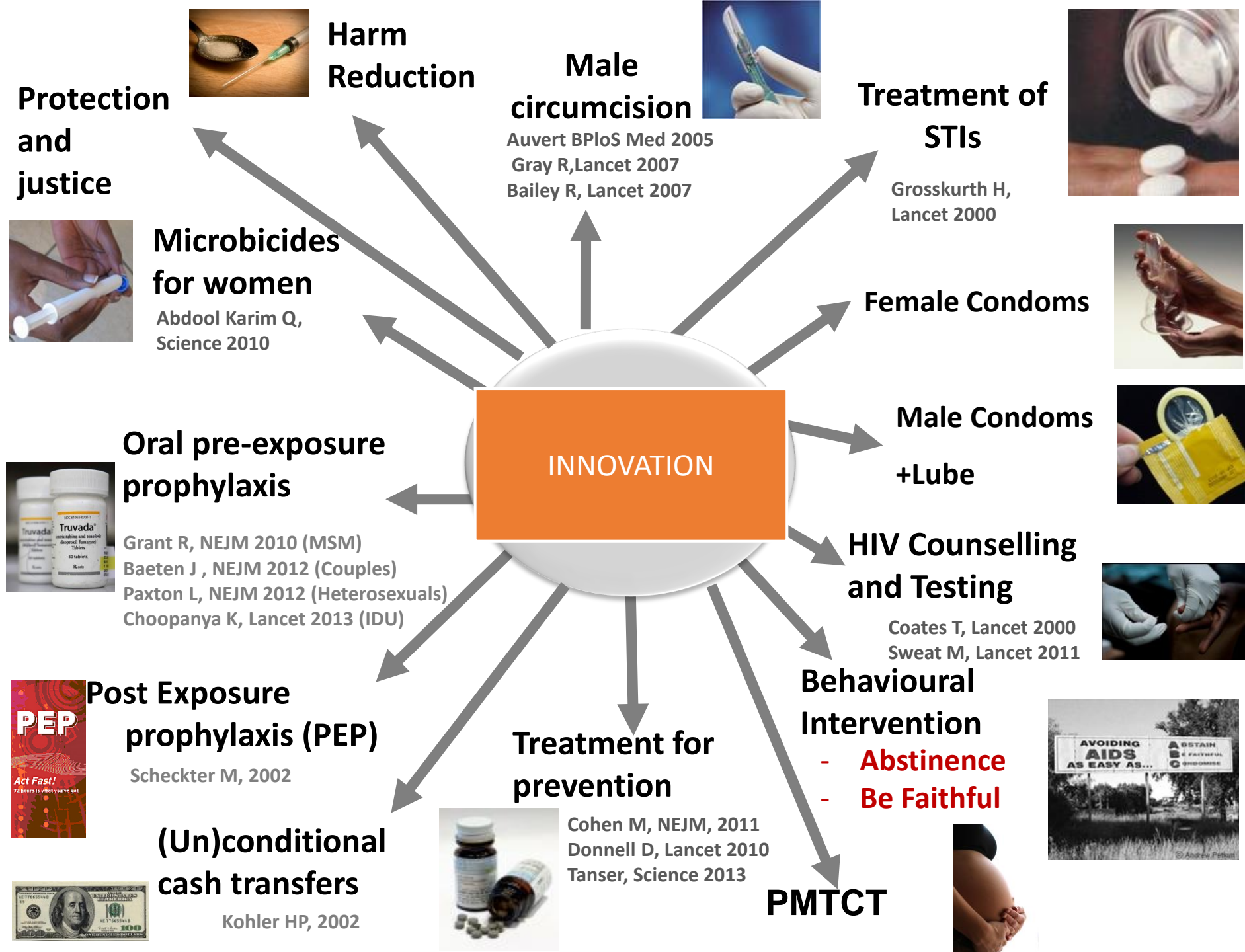


Find efficiencies to
Improve quality and
Increase bang for the buck....



account for 44% of new HIV
infections worldwide

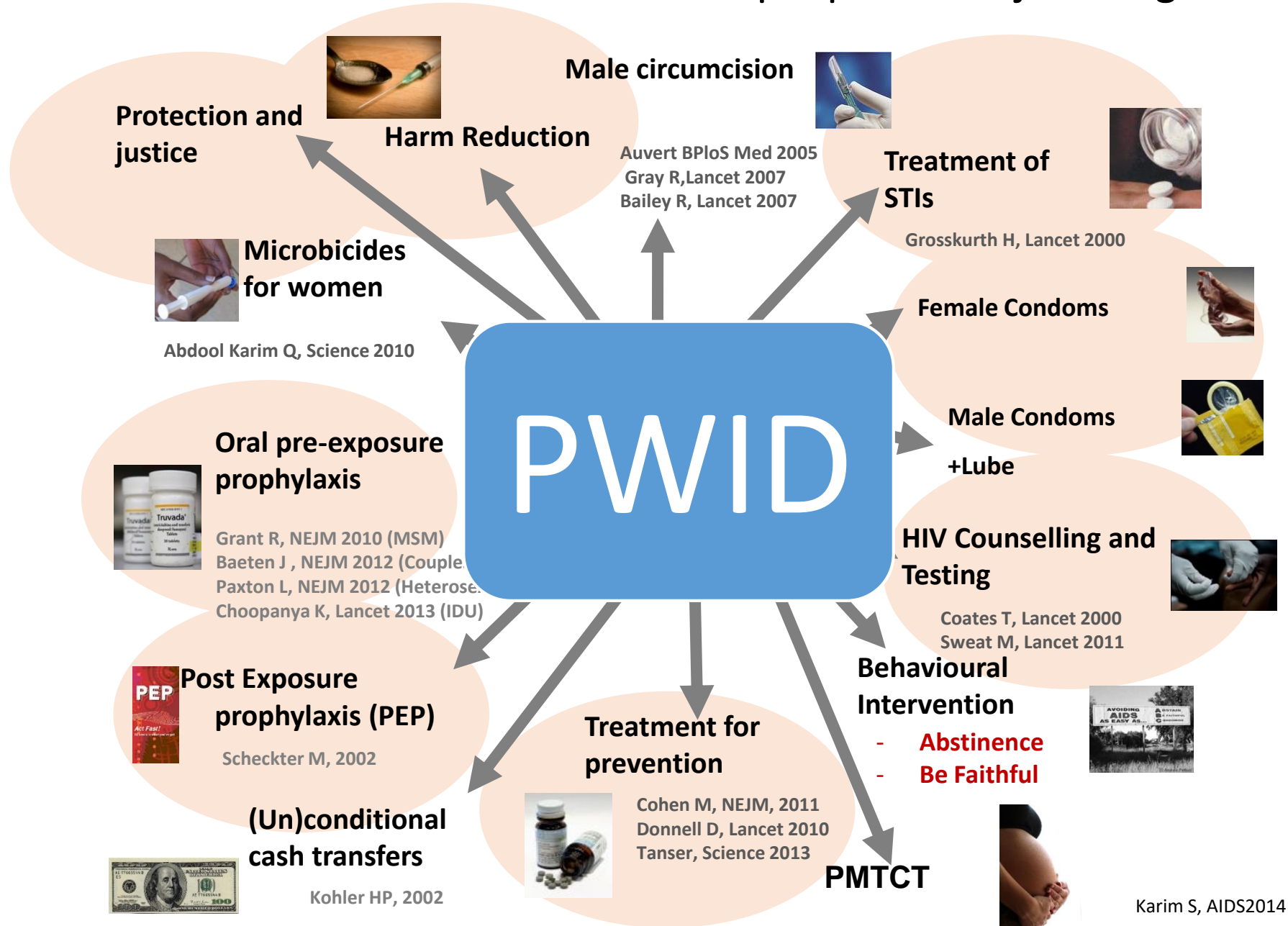
For marginalized and/or underserved populations, a promising approach to integration is to cluster a range of services tailored to each population's needs in the same service site



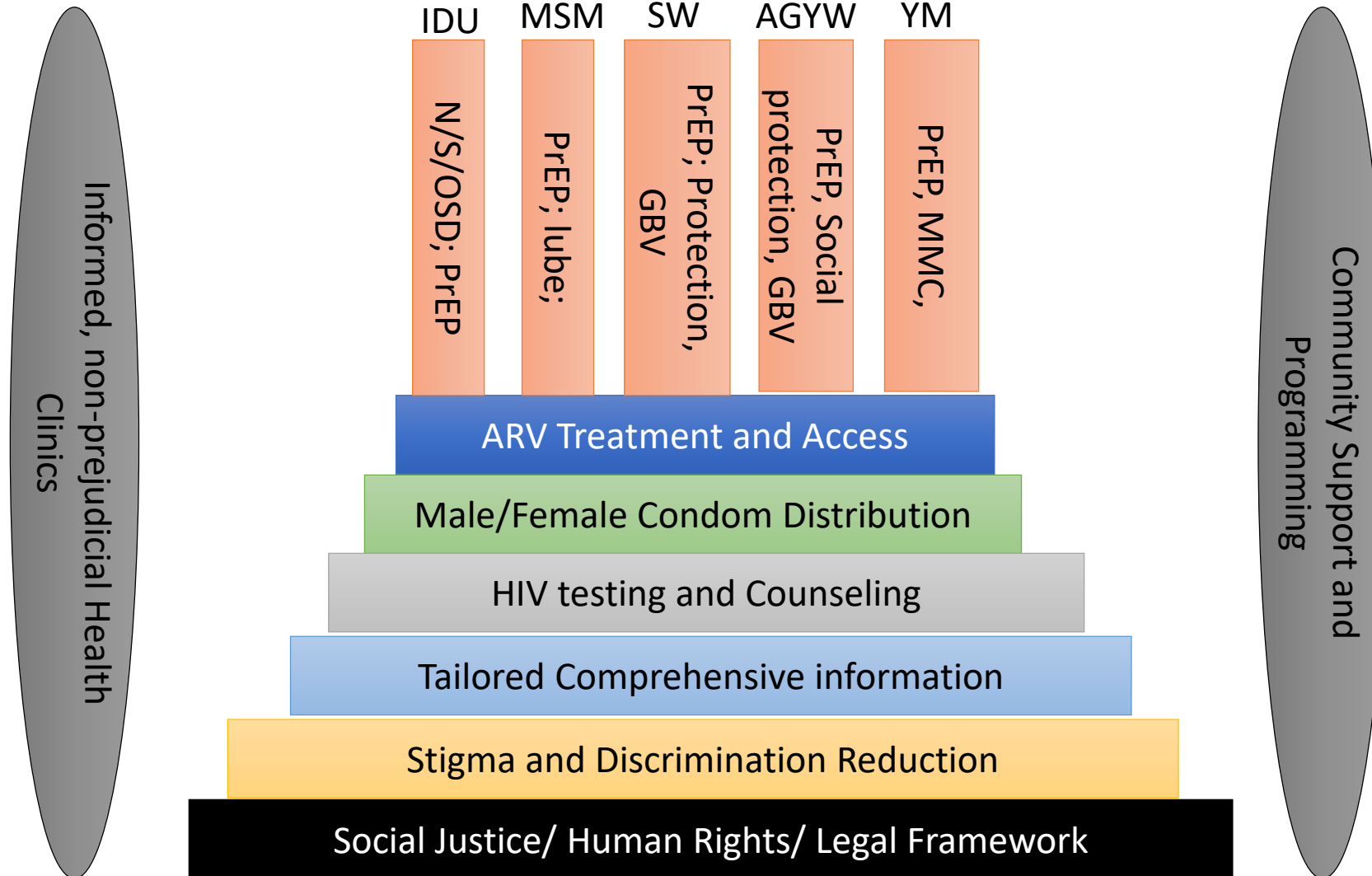
TAILORED, Client-Centred Prevention Packages



Prevention: Interventions to select for people who inject drugs



Accessible, layered, integrated.





- ① Needle and syringe programmes (NSPs)

- ② Opioid substitution therapy (OST) and other evidence-based drug dependence treatment

- ③ HIV testing and counselling (HTC)

- ④ Antiretroviral therapy (ART)

- ⑤ Prevention and treatment of sexually transmitted infections (STIs)

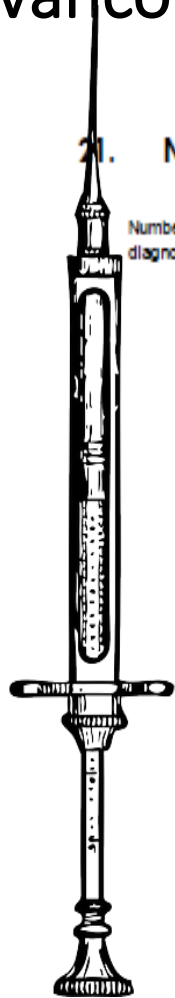
- ⑥ Condom programmes for people who inject drugs and their sexual partners

- ⑦ Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners

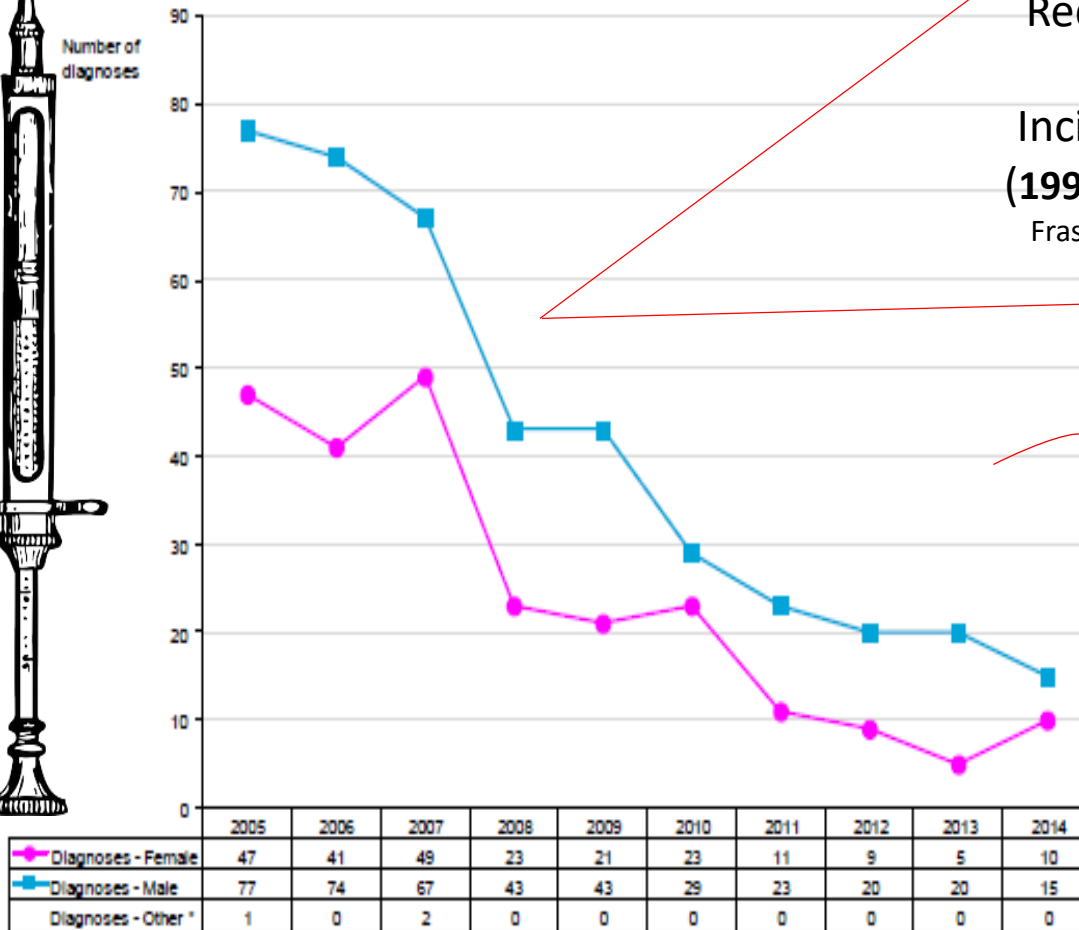
- ⑧ Prevention, vaccination, diagnosis and treatment for viral hepatitis

- ⑨ Prevention, diagnosis and treatment of tuberculosis (TB).

Proof of concept: prevention implementation amongst people who inject drugs in Vancouver, Canada.



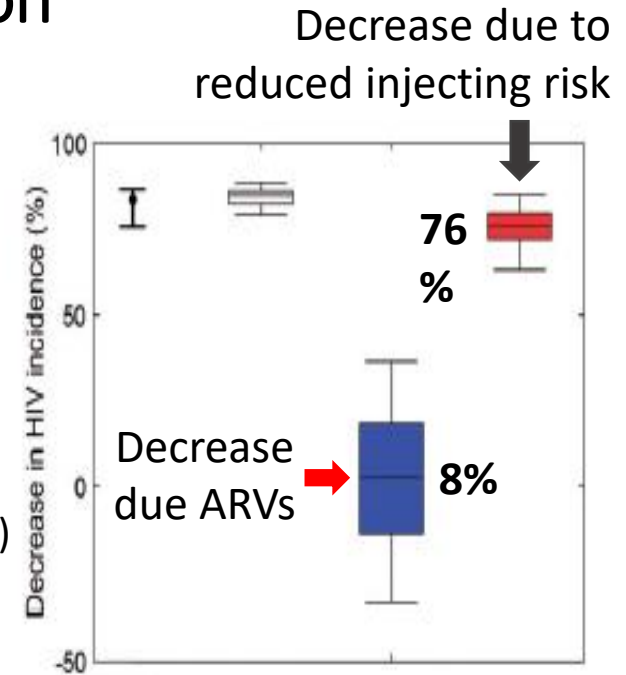
21. New HIV diagnoses among PWID in BC by gender, 2005 to 2014



* Other - transgender and gender unknown

Source: HIV Annual Report 2014, BC Centre for Disease Control

Reduced HIV Incidence (1996-2007) Fraser et al., 2016



2010-2015: Introduction of treatment as prevention initiative - significantly reduced incidence (Hayashi et al., 2015)

- 2 types of HIV prevention initiatives successful due to:
- Political will
 - Access to Resources

Comprehensive SSPs Reduce HIV Risk And are Nexus for Addressing Substance Use Disorder

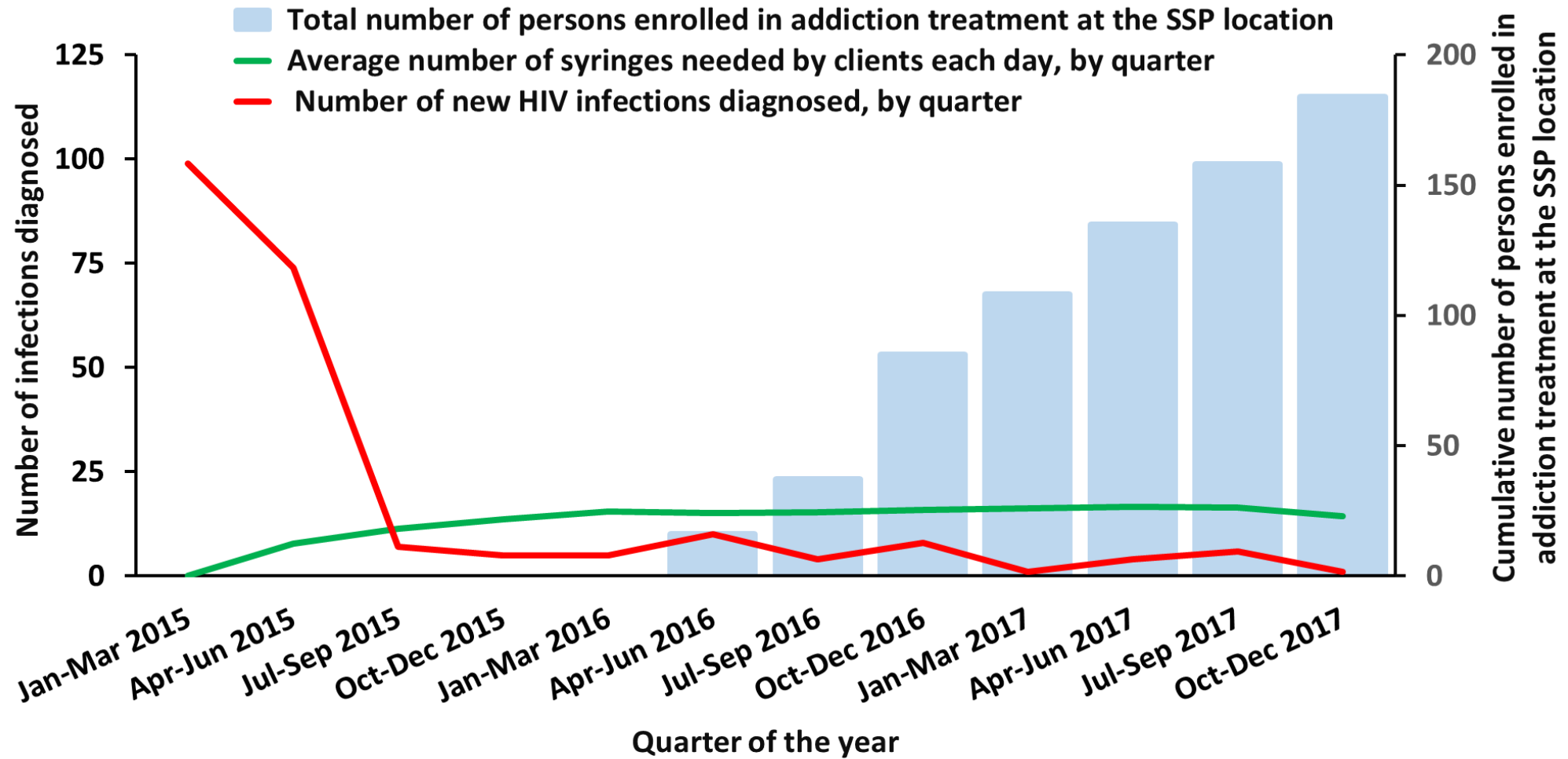


SSPs are associated with a
50% reduction in the risk of HIV



New SSP users
5 times more likely to enter treatment
3 times more likely to reduce drug use

SSP and MAT* Have Worked Together to Control HIV Spread Scott County, Indiana

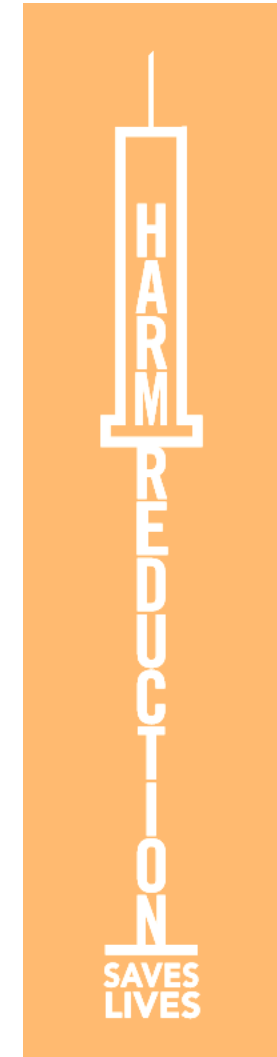


Engagement in methadone maintenance therapy associated with less time spend with a detectable viral load (IDU, Vancouver Canada)

- ❖ Longitudinal cohort – 867 PLHIV followed from Dec 2005 to Nov 2017
- ❖ 60.2% were engaged in MMT at least once during follow up
- ❖ Periods of MMT were **independently associated** with fewer days with viral load above 1500 c/ml (adjusted rate ratio = 0.70, 95%CI: 0.60-0.81)
- ❖ Controlled for demographics, drug use patters and CD4 count

Low threshold MMT is an **effective intervention** in **lowering risk of onward viral transmission** amongst IDU. Reducing barriers to MMT use is highly likely to improve HIV outcomes and reduce new infections.

This should be prioritized.



Comprehensive SSPs Have Broader Benefit to Communities

Support public safety

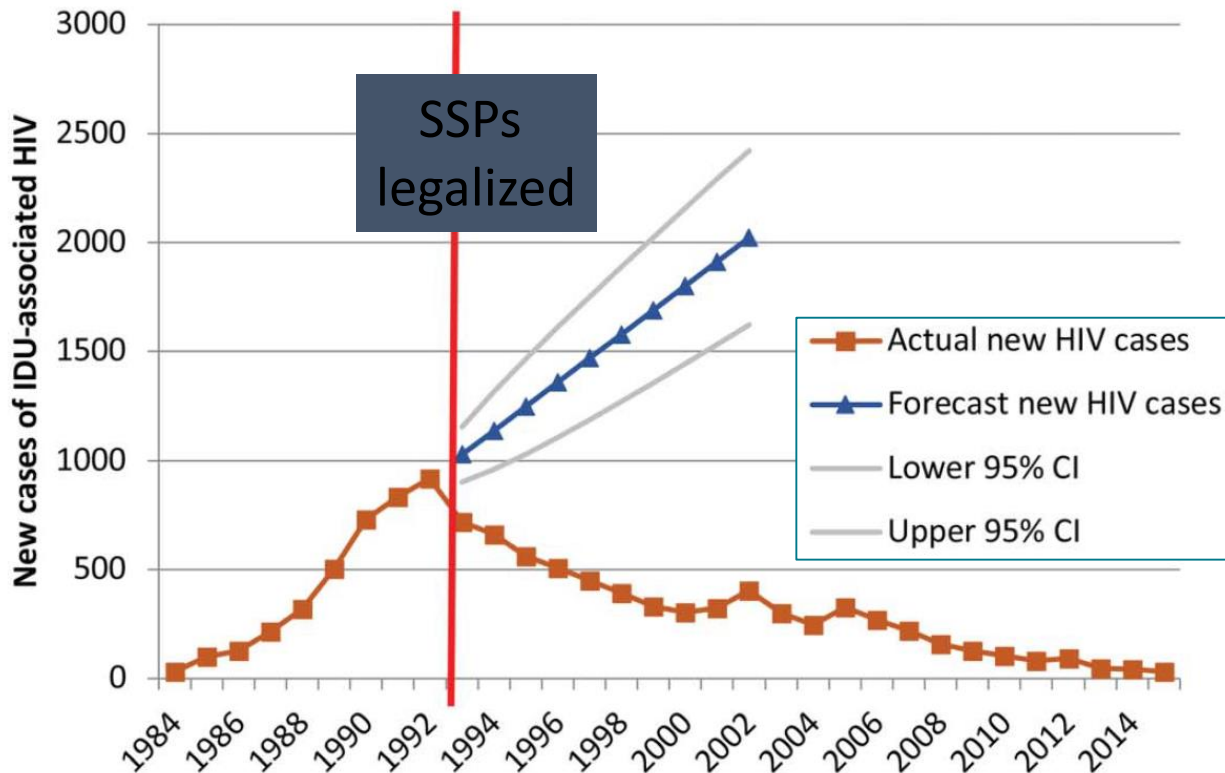
- SSPs associated with *fewer* sharps in public areas



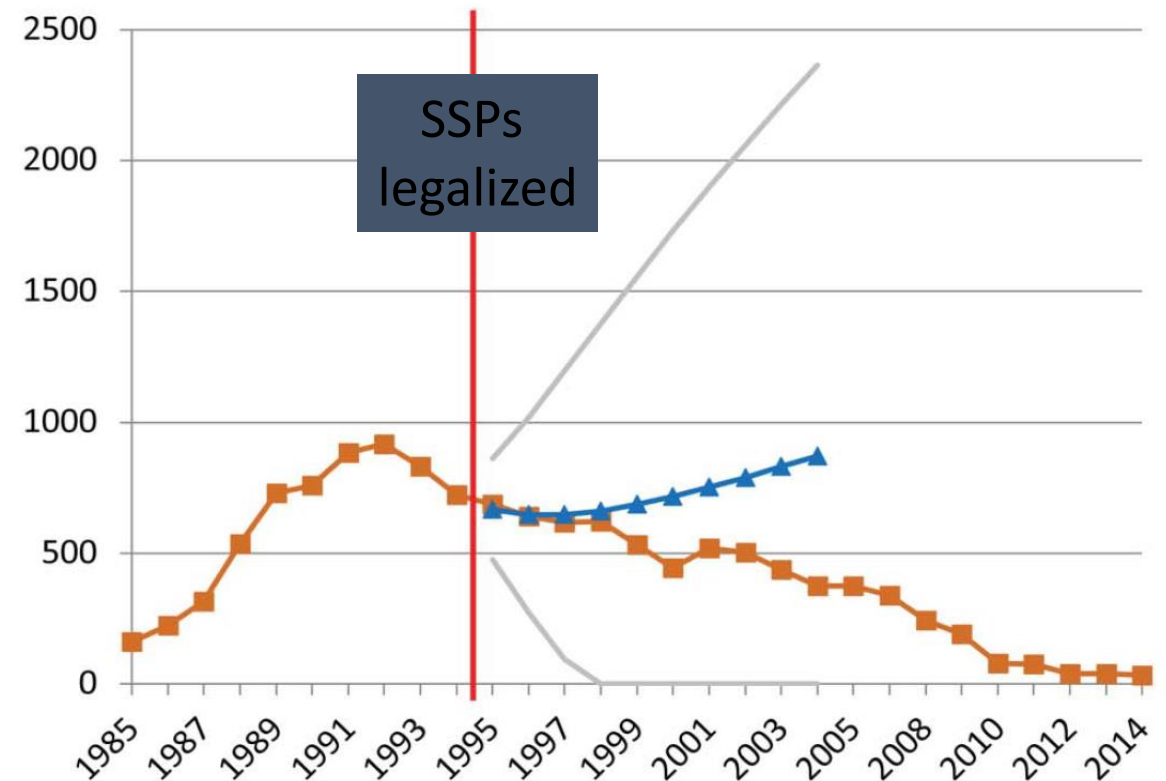
- In the city without an SSP, after an SPP was implemented, presence of **syringes in public places decreased 49%**

Modeled Cost Savings from Averted HIV Infections

Annual return on investment: **Philadelphia**
1993-2002: **\$234 M***



Annual return on investment: **Baltimore**
1995-2004: **\$62 M***

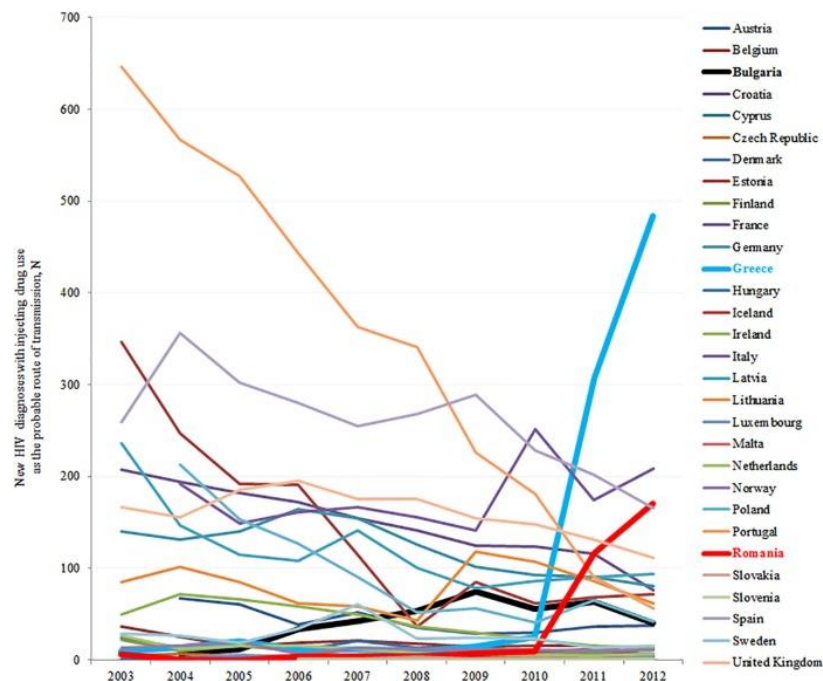


Ruis et al., 2019, *J Acquir Immun Defic Syndt*, 82:S148-S154

* Lifetime cost for HIV infection: \$229,880

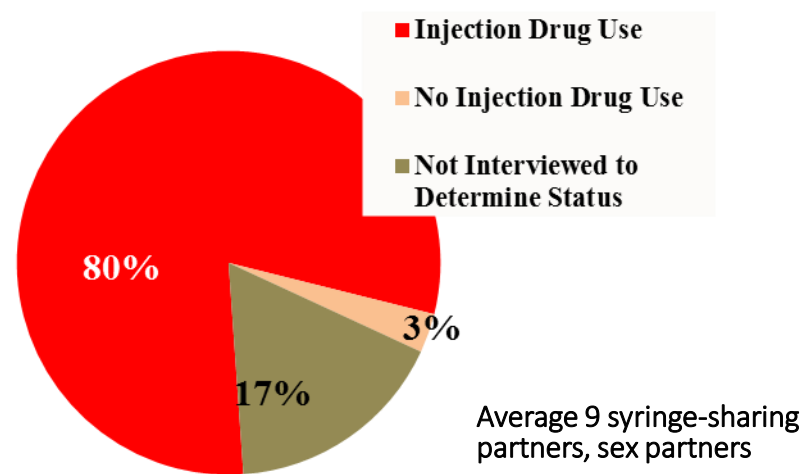
HIV can Disseminate very rapidly among PWID

Outbreak of HIV in Greece and Romania



In Greece there were: 2000-2010, 9-19 new HIV cases in IDU (2%–3% of all cases); in 2011, 266 cases in IDU (28% of HIV cases) and in 2012, 547 cases in IDU (46% of HIV cases)

Outbreak of HIV Linked to Oxycodone in Indiana, USA, 2015



In Scott County, which is a community of 4200 people there have been 173 new HIV Infections since January of 2015

Epidemiology into Policy: Scott County, Indiana

Physicians/Providers

- Screen for substance use
- Test for HIV, HCV, STI
- For HIV, HCV + offer immediate tx
- Provide HBV vaccine
- Naloxone to community
- Drug treatment on demand
- Get licensed to provide OST
- Provide NSEP or refer
- Lobby for law/policy reform

State Actions

- NSEP and legal access to over-the-counter needles
- Screening and referral to free or affordable drug treatment
- Reimbursement for medication assisted therapies
- Provide free HIV testing and initiation of HAART for HIV+ substance users
- Monitor state HIV and HCV epi data to respond to outbreaks early

The case of Romania



- Transitional country- low to MIC
- Not considered high enough burden (0.1%)
- Global Fund withdrew in 2010
- Prevalence in PWID community

3% in 2010

29% in 2013

40% of global infections: KPs
2 % of all HIV funding
9% of all Prevention funding



The expanding epidemic of HIV-1 in the Russian Federation. PLoS Med; Dec. 1, 2017

HIV

- 2017 Russia had the largest number of HIV infected citizens in Europe
- Cumulative HIV diagnoses over 1.16 million by mid-year 2017
- Over 103,000 new HIV diagnoses in 2016: a 5% increase over 2015
- Among Russian men aged 30-39 years of age, 2.8% living with HIV

AIDS

- From Jan-June 2017, 14,631 deaths due to AIDS recorded: 13.5% increase over previous 6 months
- AIDS now in top 10 leading causes of premature death

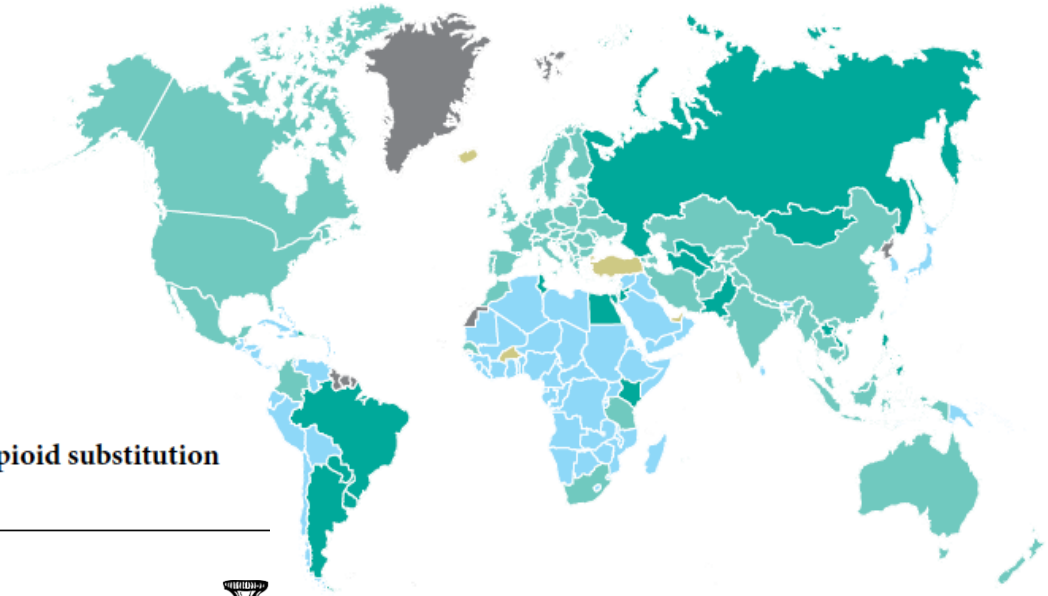
RESPONSES



43% of countries with injecting populations do not have needles and syringe exchange programs.



AVAILABILITY OF NEEDLE-SYRINGE EXCHANGE PROGRAMMES AND OPIOID SUBSTITUTION THERAPY, 2014




Median percent of people with opioid dependence use receiving opioid substitution therapy, 2015



International; 2014 (<http://www.ihra.net/files/2015/02/16/GSHR2014.pdf>).



Only 12 countries provide the requisite 200 clean needles/person injecting/year.



"Because of **bad policies** that reflect ideology and bias rather than science, those most vulnerable to HIV are deterred from accessing the services they need."

Integration of HIV and other health services: modelled scenarios

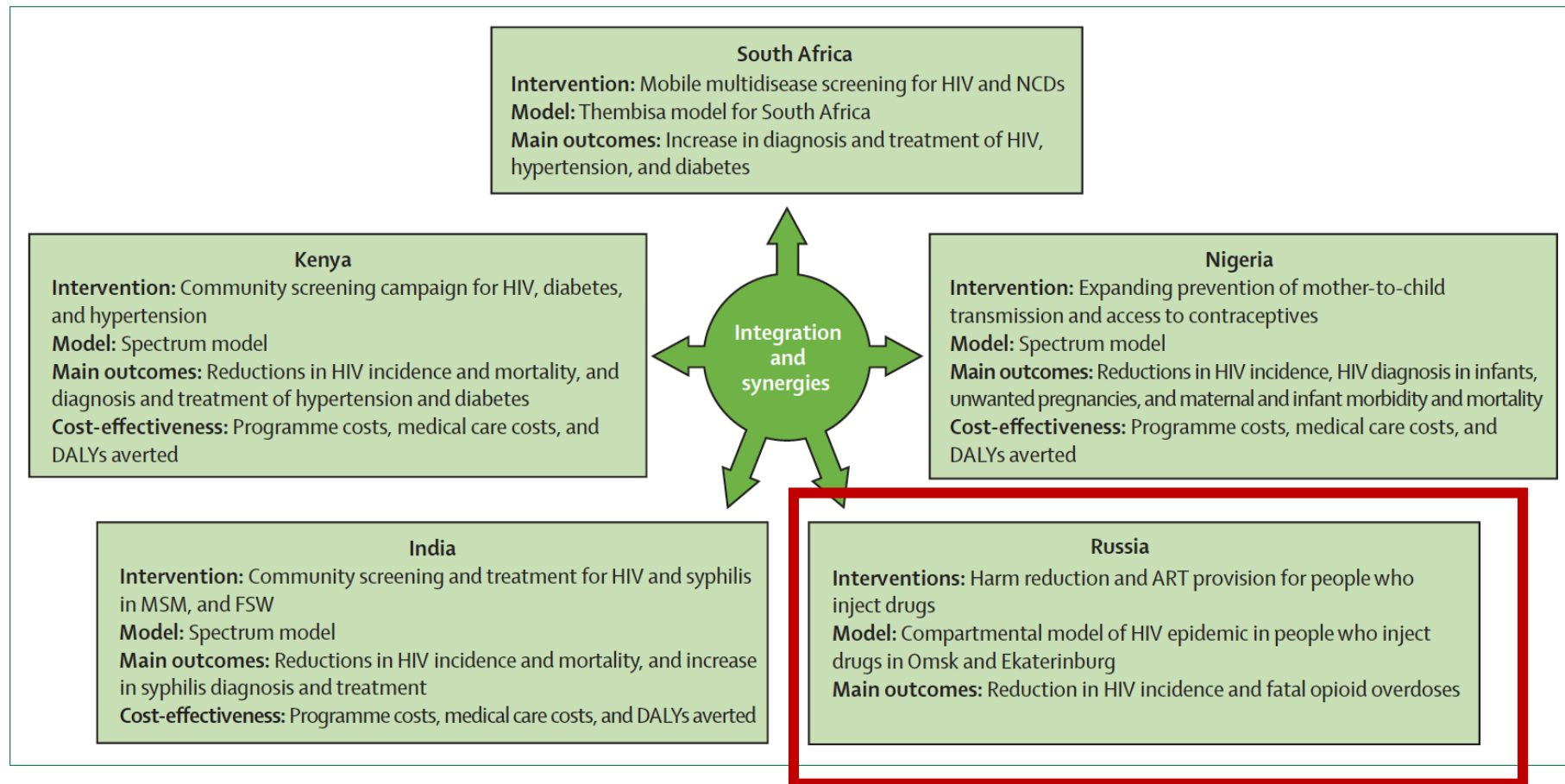


Figure 13: A multicountry modelling exercise to study the effect of HIV integration in various settings

NCDs=non-communicable diseases. MSM=men who have sex with men. FSW=female sex workers. ART=antiretroviral therapy.



Russia

Background

- HIV in Eastern Europe/Central Asia
 - Only world region where epidemic expanding
 - Most new infections occurring in Russia
 - Driven primarily by injection drug use
- Particular concern in Siberia and Urals
 - HIV outbreaks occurring in Siberian region with new diagnoses ranging from 130-230 per 100,000 in 2016¹

Patients undergo drug detoxification while handcuffed to their beds at a programme for heroin addiction in Ekaterinburg, Russia



Photo credit: Brendan Hoffman

Russia: HIV prevention among people who inject drugs

- Policies fueling HIV transmission among PWID in Russia
 - Non-naltrexone medication assisted therapy (MAT) illegal
 - Needle syringe programs (NSP) legal but coverage minimal
 - 1-3 syringes exchanged/PWID/year
 - Substantial decline after Global Fund withdrawal in 2010
 - Low ART coverage among PWID
- Limited epidemic modeling of HIV among PWID in Russia
 - One study indicates scale-up of harm reduction could have large impact on HIV epidemic among PWID in St. Petersburg²



Russia: Aim of the modelling

- To model the potential impact of scaling up of HIV prevention interventions (MAT, NSP, ART) on incidence of HIV and fatal opioid overdose among PWID in two epidemiologically distinct settings in the Siberian and Ural regions of Russia

Russia: Modelled Settings

- Omsk, Russia (Siberia)
 - Increasing HIV prevalence among PWID
 - 9% in 2009, 17% in 2011, 19% in 2015
- Ekaterinburg, Russia (Ural)
 - Stable, high HIV prevalence among PWID
 - 34% in 2001, 63% in 2007, 59% in 201¹, 65% in 2014





Russia: Modelled scenarios

1. **Base case:** no harm reduction, 26% ART coverage in 2014
2. **NSP only:** scaled-up in 2018 to reach 50% coverage
3. **MAT only:** scaled-up in 2018 to reach 25% coverage
4. **MAT only:** scaled-up in 2018 to reach 50% coverage
5. **NSP+MAT (integrated HR):** NSP+MAT intervention scaled-up in 2018 to reach 50% coverage
6. **Integrated HR plus ART expansion:** NSP+MAT scaled-up in 2018 to reach 50% coverage, triple ART recruitment rate among all HIV-infected PWID

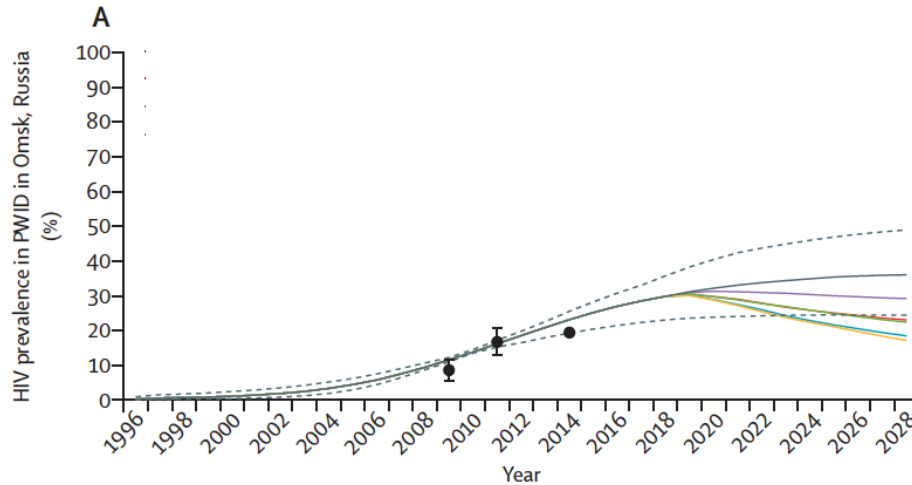
Russia: Intervention effects and assumptions

- NSP
 - Reduces injecting HIV transmission risk by 34% and by 58% in high-income settings
- MAT
 - Reduces injecting HIV transmission risk by 44%
 - Reduces ART loss to follow-up rate by 23%
 - Reduces overdose mortality by about 80%
- ART
 - Increased life expectancy
 - Decreases sexual transmission risk by 90%
 - Decreases injecting transmission risk by 50%

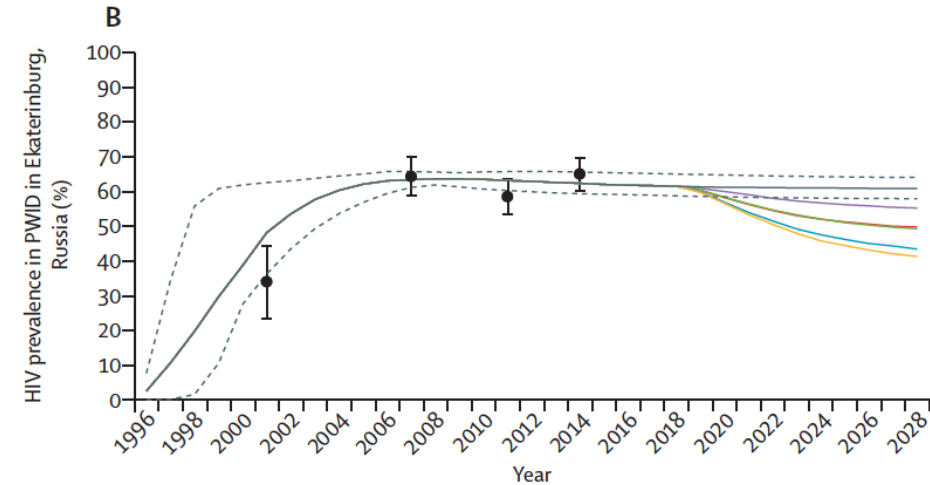


Russia: Model projections of impact of integrated harm reduction and HIV services on HIV prevalence among PWID

Omsk, Russia



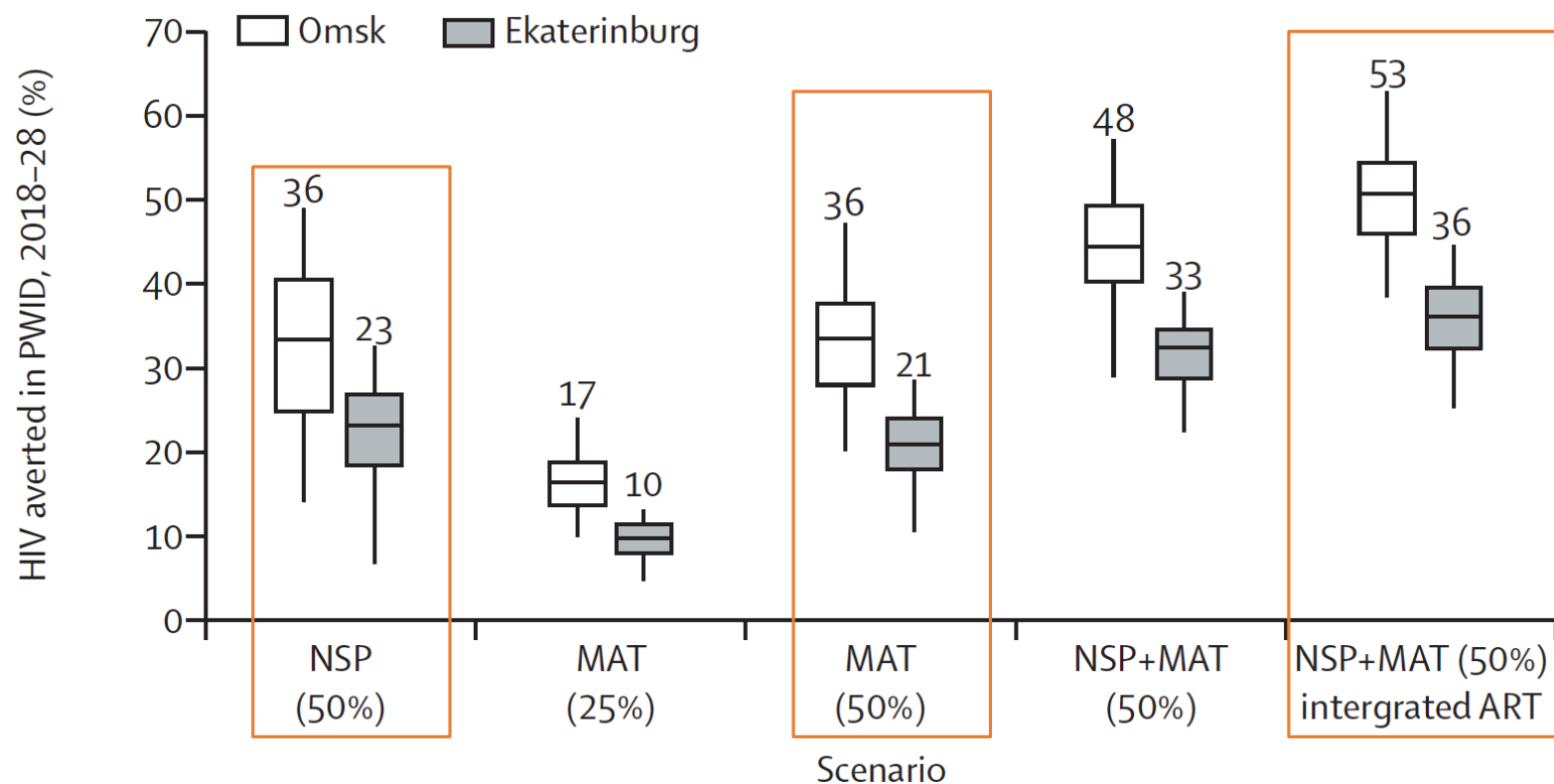
Ekaterinburg, Russia



- Base case
- NSP (50%)
- MAT (25%)
- MAT (50%)
- NSP + MAT (50%)
- NSP + MAT (50%) + integrated ART (recruitment at three times base case per year)

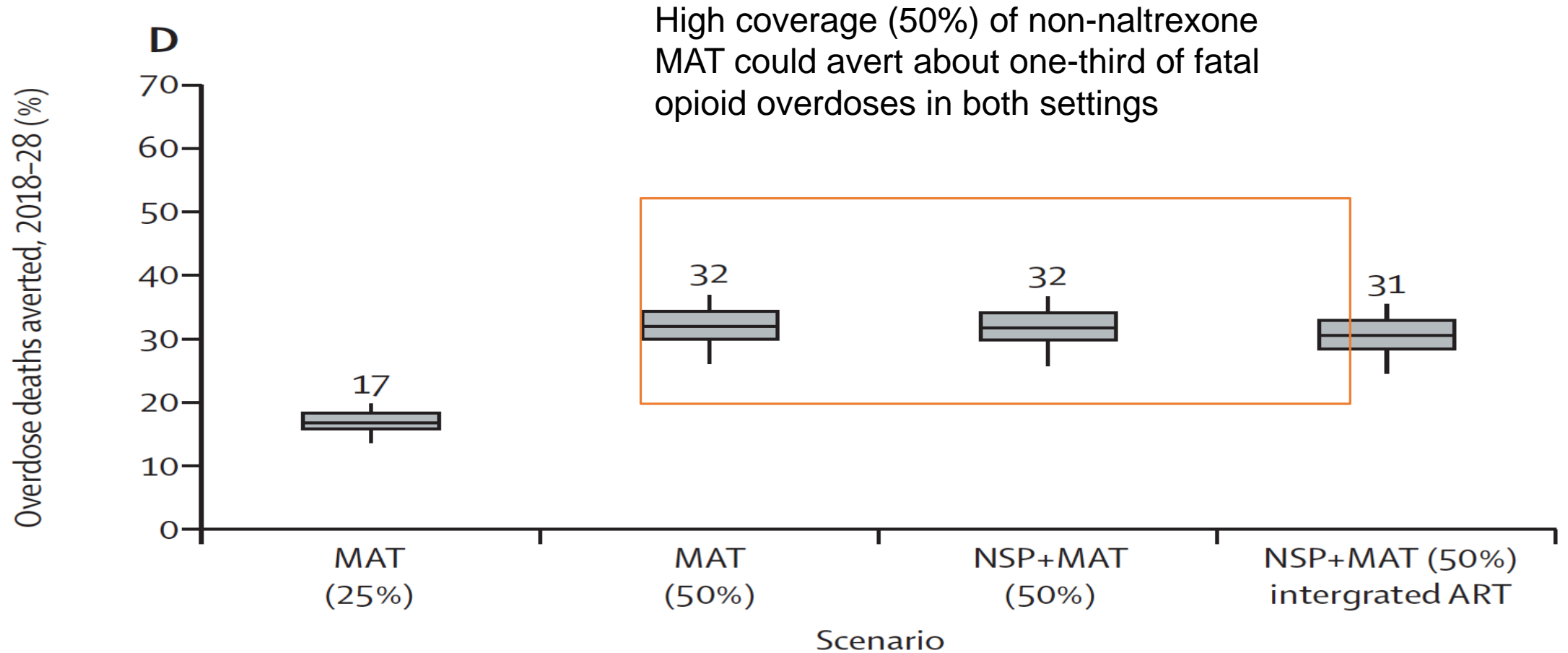


Russia: Proportion of HIV cases averted in two Russian cities in 10 years



- Scale-up of either NSP or MAT to 50% coverage could avert a median of ~35% new HIV infections in Omsk and ~20% in Ekaterinburg by 2028.
- Scale-up of NSP+MAT to 50% combined with ART scale-up (to 65% coverage by 2028) could avert 53% HIV infections in Omsk and 36% in Ekaterinburg over a decade.

Russia: Proportion of opioid overdose deaths averted in 10 years



Modelling conclusion for Russia



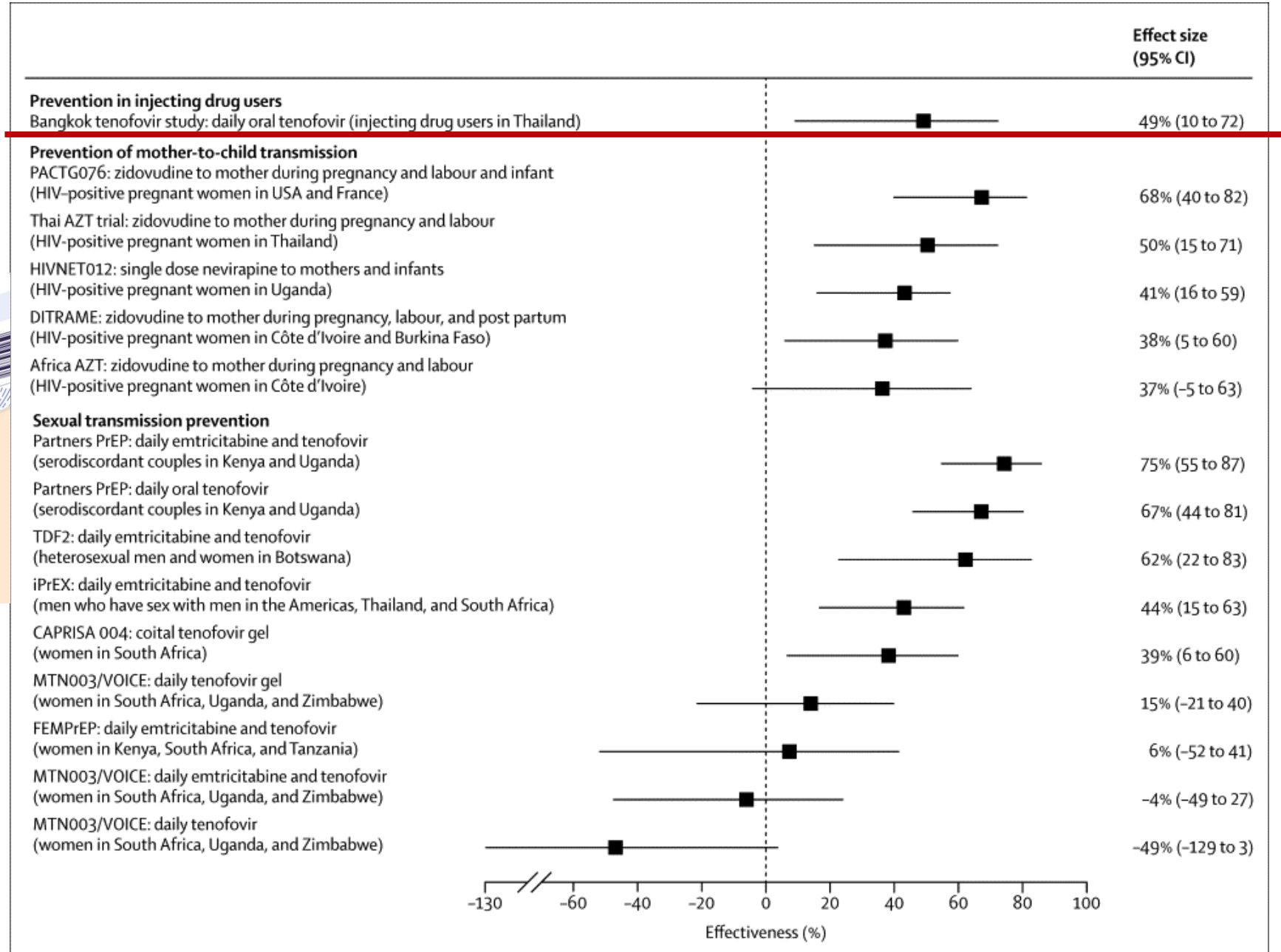
36% AND 53%
reduction in new HIV infections
in two focus cities

by extending non-naltrexone
MAT and NSP, in conjunction
with ART, to reach 50% of
people who inject drugs.

Whilst enhancing general health...

Substance use outcomes, death from opioid overdose.

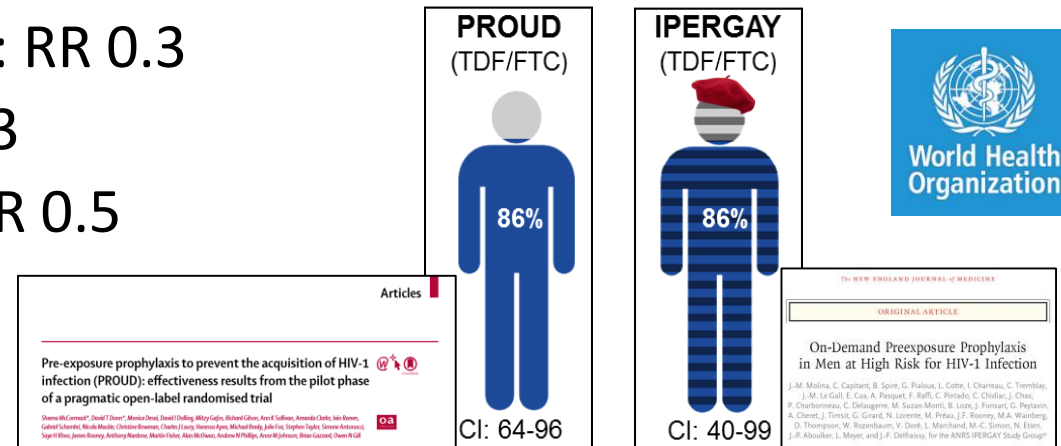
PrEP for People who Use Drugs...



PrEP Effectiveness



- Based on 12 randomized trials (placebo/no PrEP)
 - Overall RR 0.5
 - Better adherence : RR 0.3
 - male/rectal: RR 0.3
 - Female/Vaginal: RR 0.5
 - >25 yrs: RR 0.4
 - <25yrs: RR 0.7



Recommendation

NEW

Oral PrEP containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (*strong recommendation, high-quality evidence*).

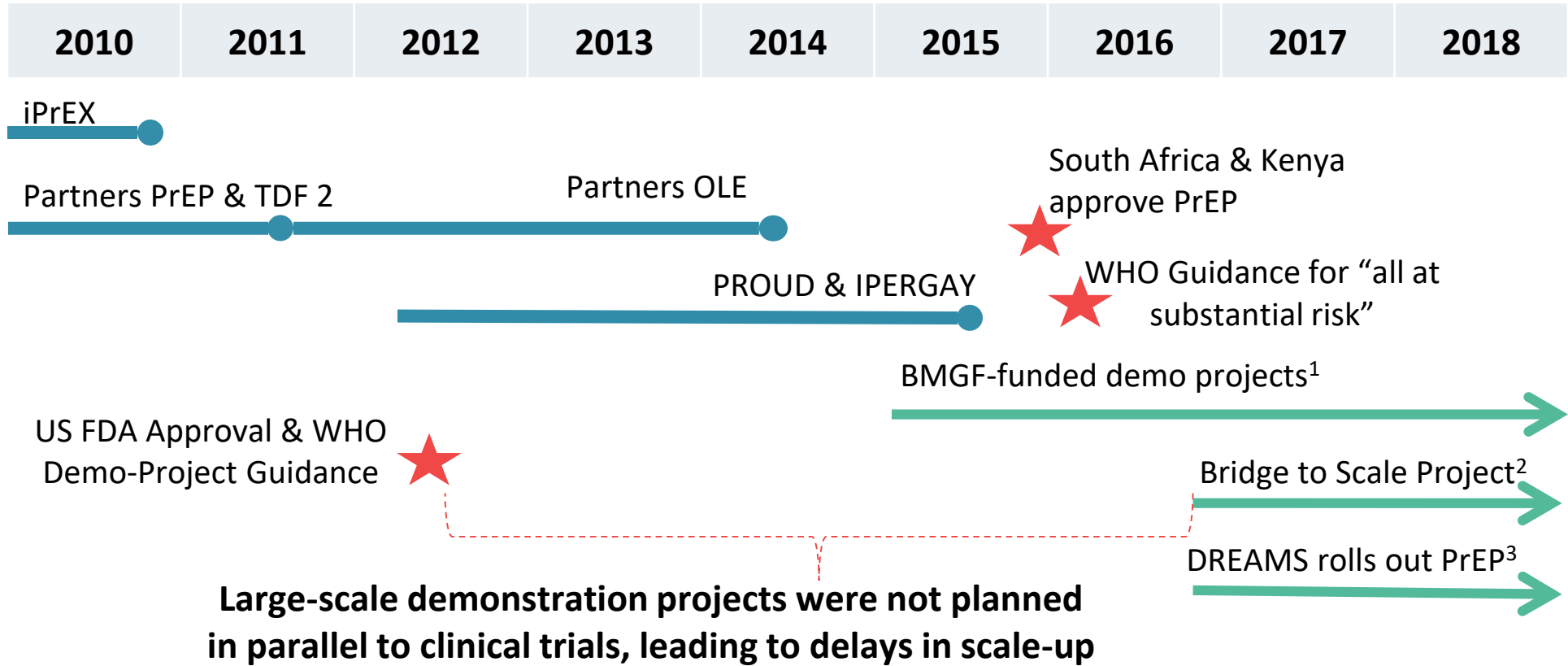
Oral PrEP Initiations – 7 Years On

PrEP Initiations by Country, October 2019



Source: AVAC Global PrEP Tracker, Q3 2019,
<https://www.prepwatch.org/country-updates/>

First generation PrEP

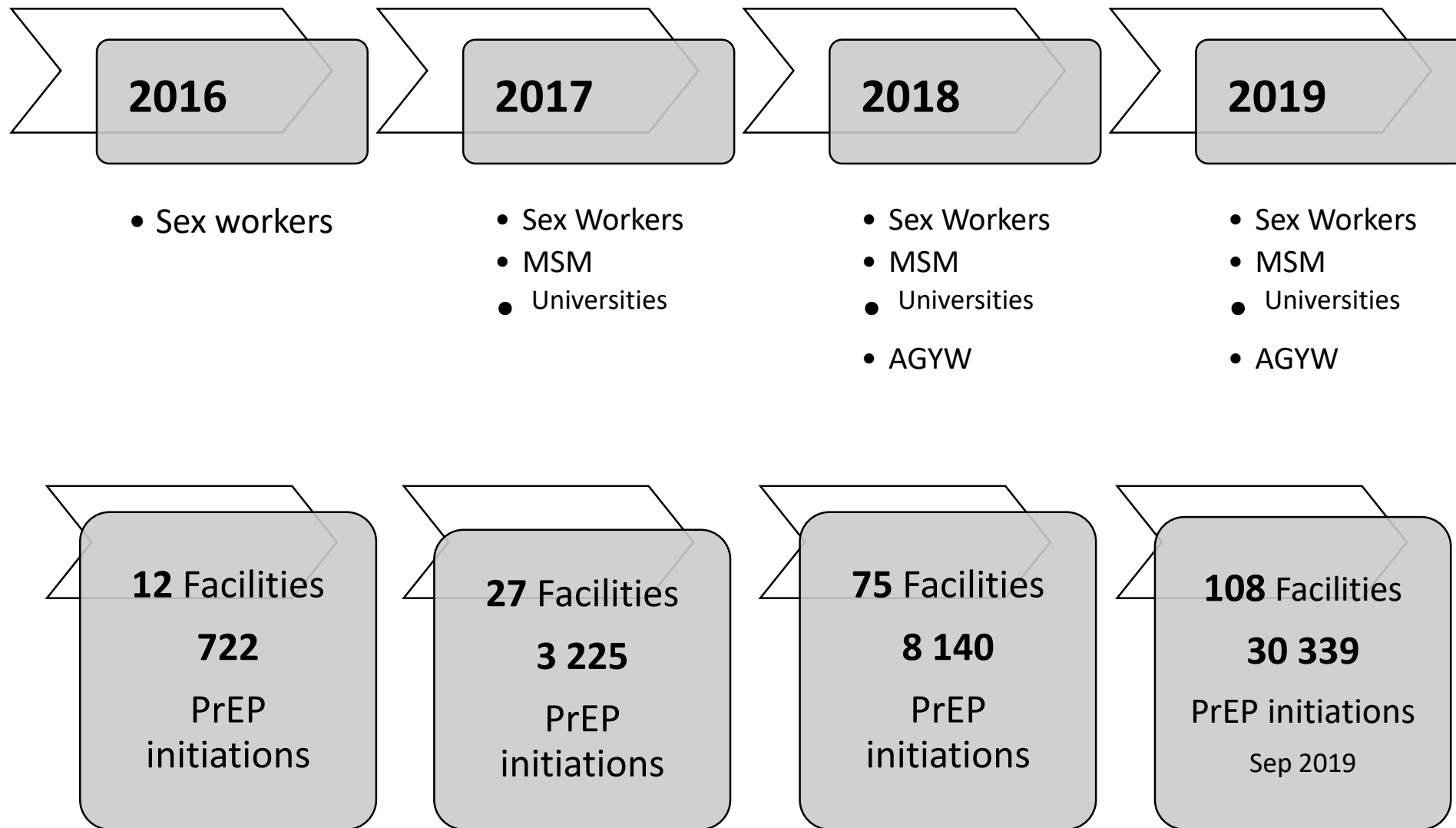


Note: NON-EXHAUSTIVE; (1) projects in Kenya, Uganda, South Africa, Senegal, Benin, India, Nigeria – enrolling an average of 1,000; (2) Bridge to Scale Implementation Project (Jilinde Project in Kenya, aiming to enroll 20,000; (3) DREAMS introduces PrEP in 5 countries

Thanks AVAC

Demo projects not well timed to inform decision making after regulatory approval

Since programme inception to date, over 33k individuals have been initiated on PrEP

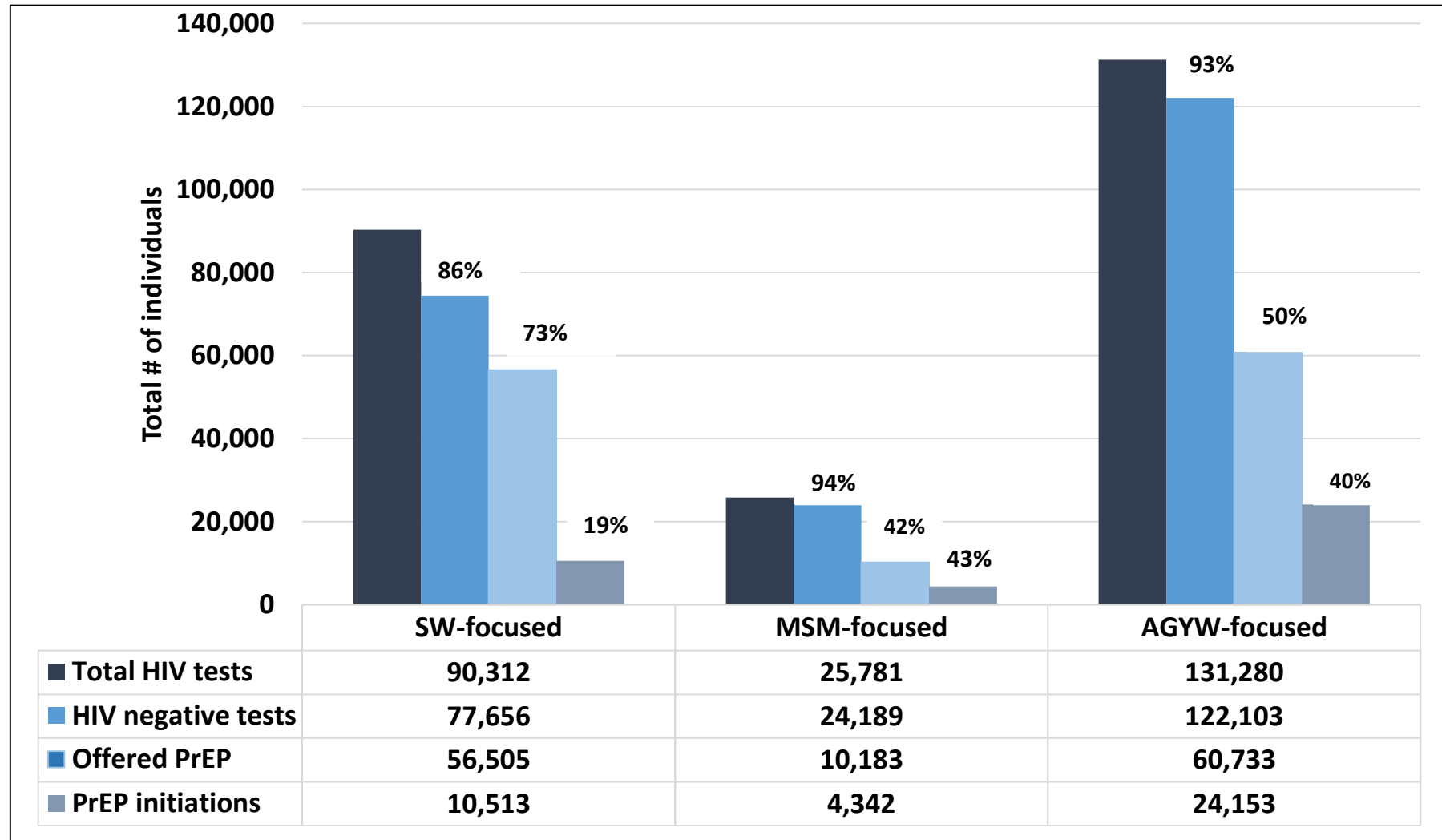


Oral PrEP Implementation

Prevention cascade | all site, by site type 2016-2019

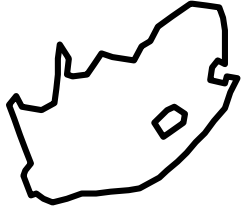


Oral PrEP uptake continues to vary since the onset of the programme, between **sex worker-focused sites (19%)**, **MSM-focused sites (43%)** and **AGYW-focused clinics (38%)**.



Note: Data as of Sep 2019; percentages based on prior total in cascade, not total HIV tests

Expansion Oral PrEP to increase impact



Provide PrEP in 52 districts in 9 provinces in all ~**3,456**

In 2020:
+660 000



PrEP will integrate into all public primary health clinics where a comprehensive package of primary health care services is already provided.

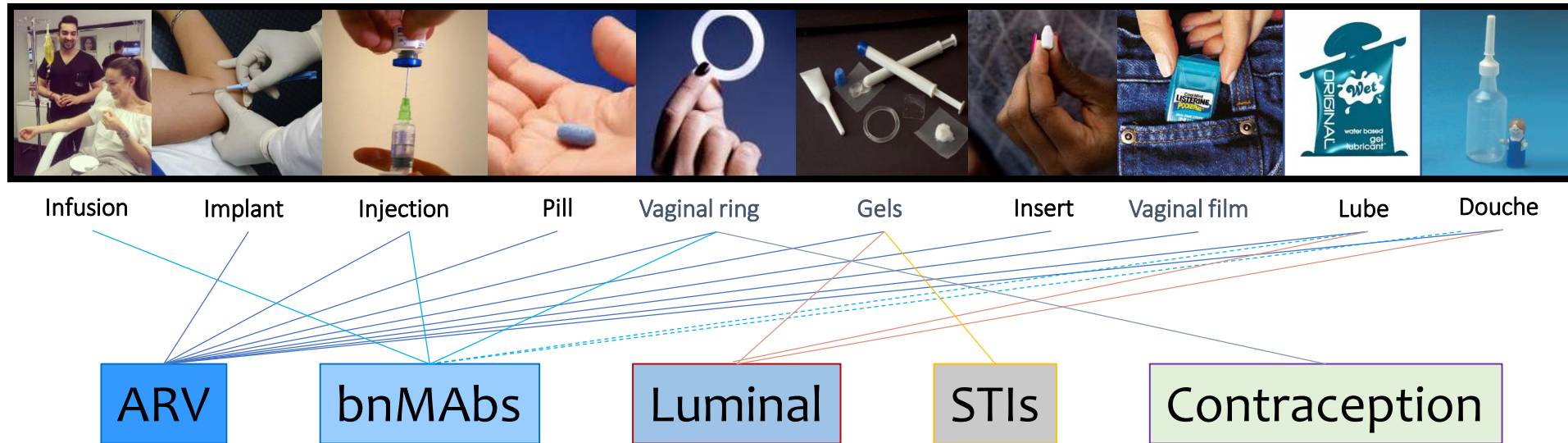
Key inputs for estimating PrEP Targets:



- **DHIS:** Catchment pop. sizes from 3,139 public clinics, disaggregated by age & gender
- **ICL/UCT model:** District-level prevalence & incidence, disaggregated by age and gender
- **Thembisa:** Oral PrEP effectiveness in heterosexual men & women
- **RSA PrEP Program M&E:** Weighted average of uptake & continuation trends from public sites implementing PrEP
- **RSA tender:** TDF/FTC cost per pack (28 pills per pack)

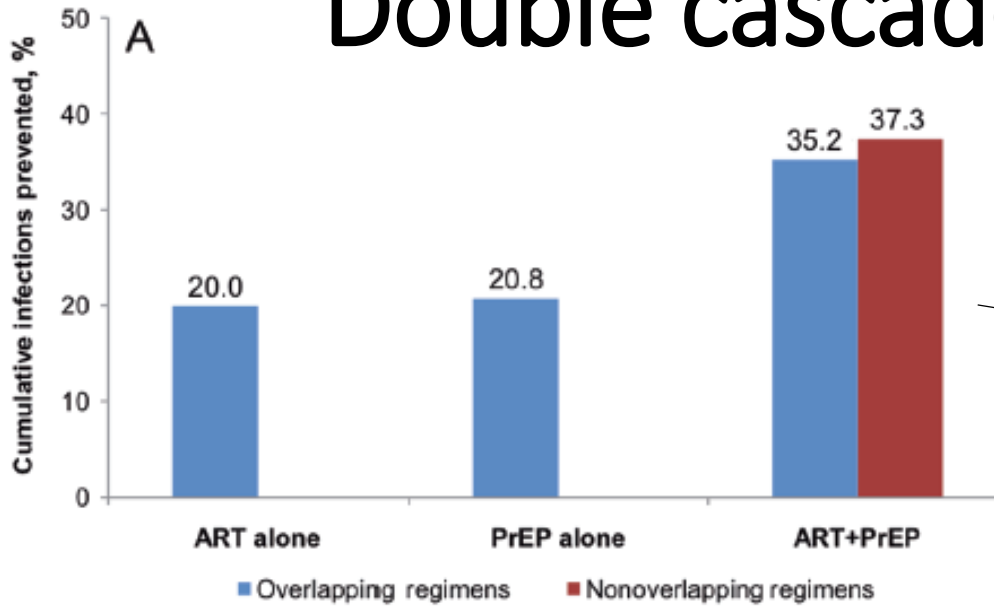
PrEP and ART of the future...

Formulations – fit to purpose & suited to varying personal choice

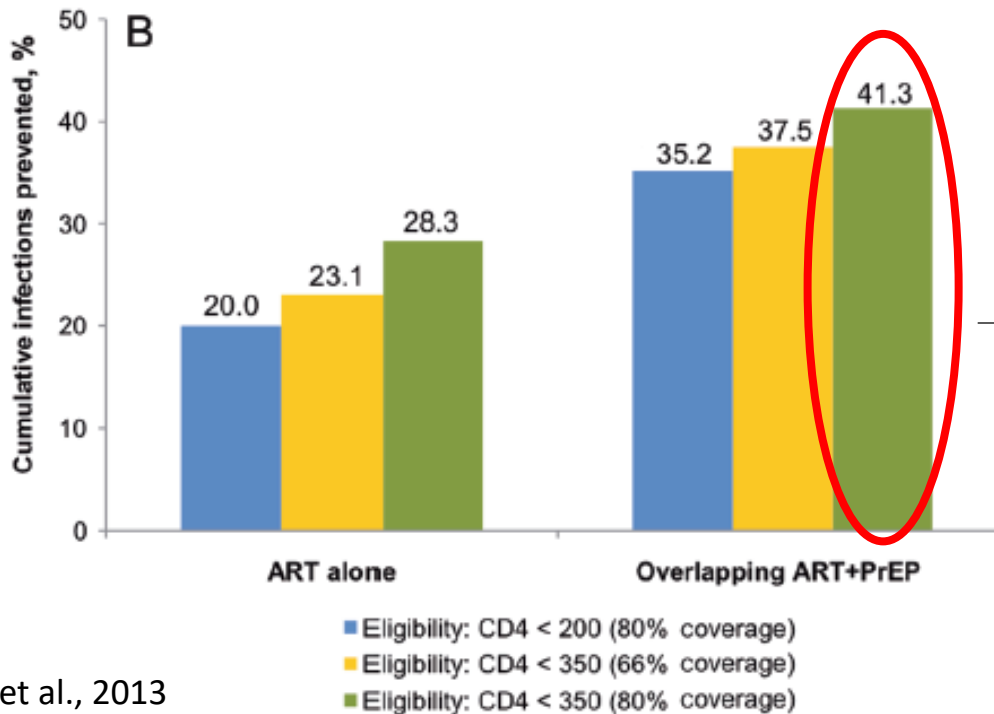


Active Ingredients – alone & in combination to provide depth

Double cascade approach



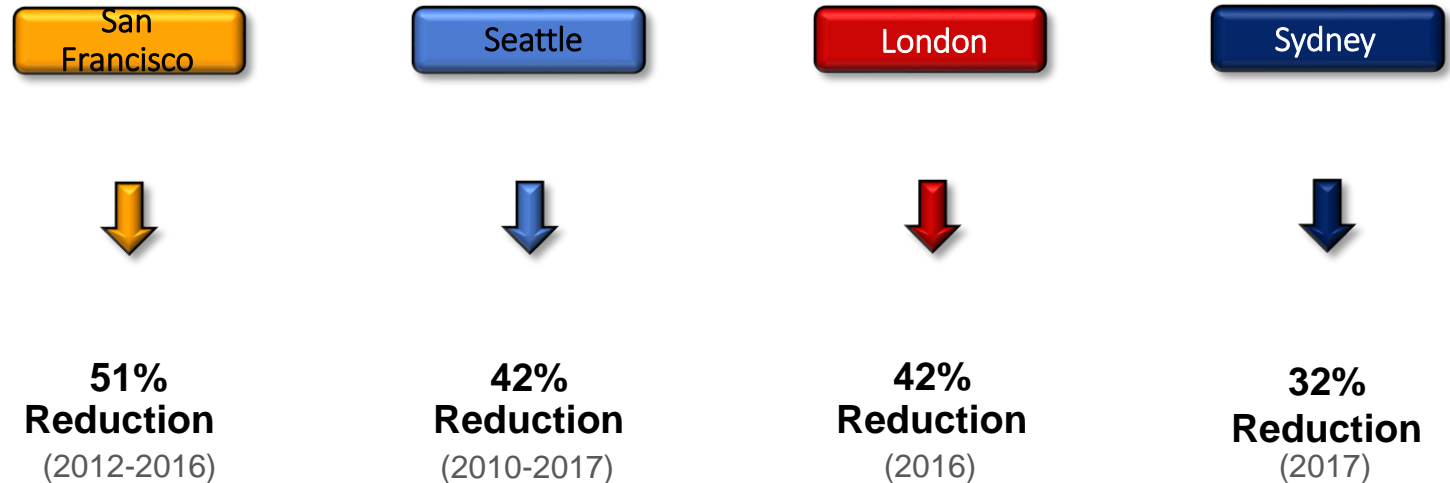
Combination prevention with treatment is more **effective**, esp. when PrEP and ART are co-administered.



Test & Treat strategies strengthen this even more so.

Scaling up PrEP.....

Scaling Up PrEP Access in Major Cities Has Resulted in Population-Level Reductions in HIV Risk, among PrEP Users and Non-Users Combined



Buchbinder SP, et al. 25th CROI. Boston, 2018. Abstract 87.

Seattle & King County and the Infectious Disease Assessment Unit. HIV/AIDS Epidemiology Report 2017, Volume 86.

Nwokolo N, et al. *Lancet HIV*. 2017;4:e482-e483.

Grulich A, et al. *Lancet HIV*. 2018;5:e629-e637.

U=U: A opportunity to de-stigmatize HIV

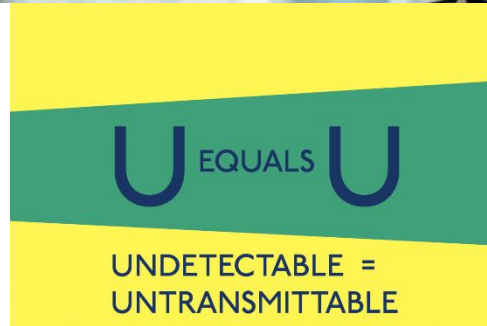
UNINFECTIOUS



UNDETECTABLE Equals UNTRANSMITTABLE



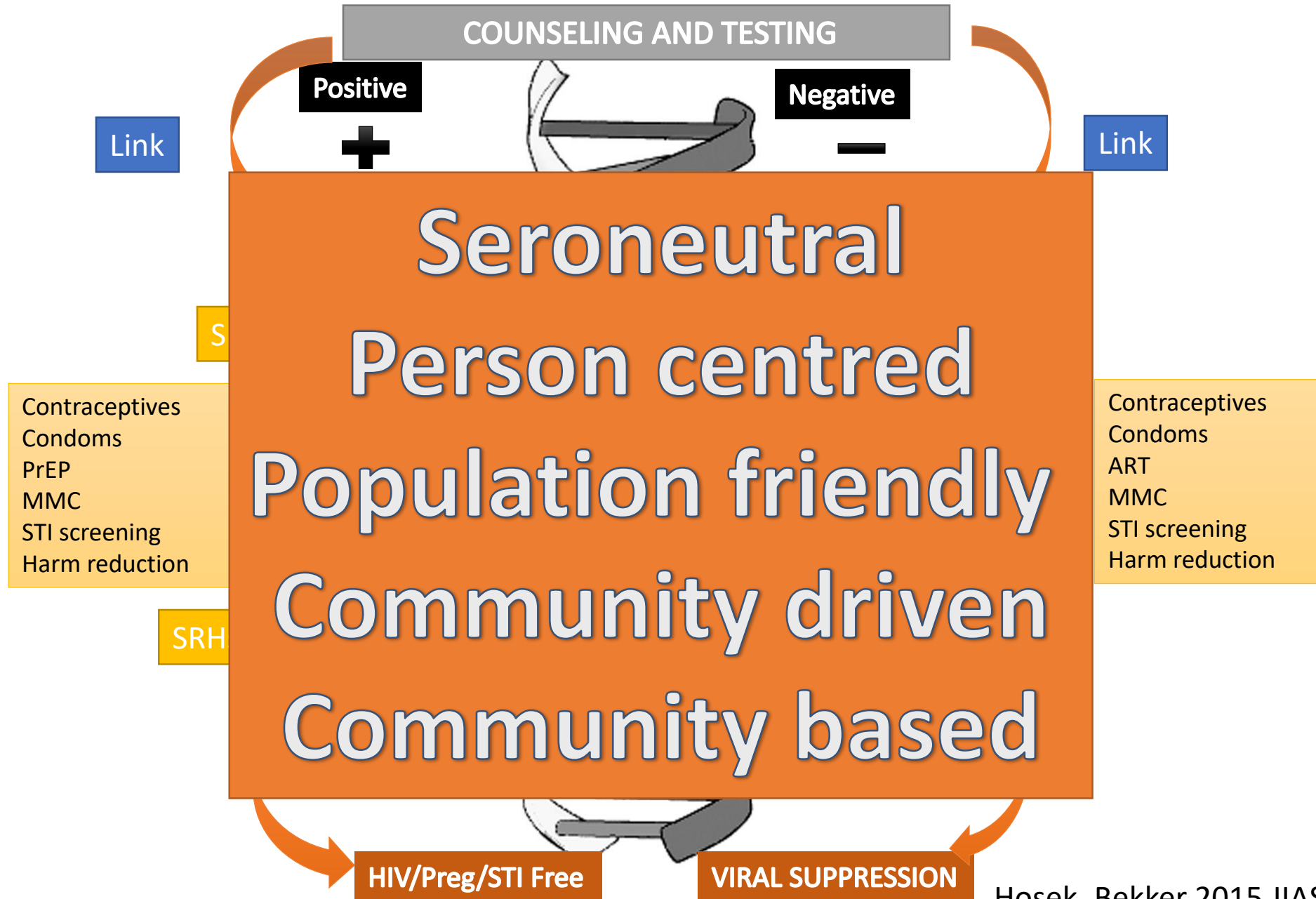
VIRAL LOAD <40-400cpm

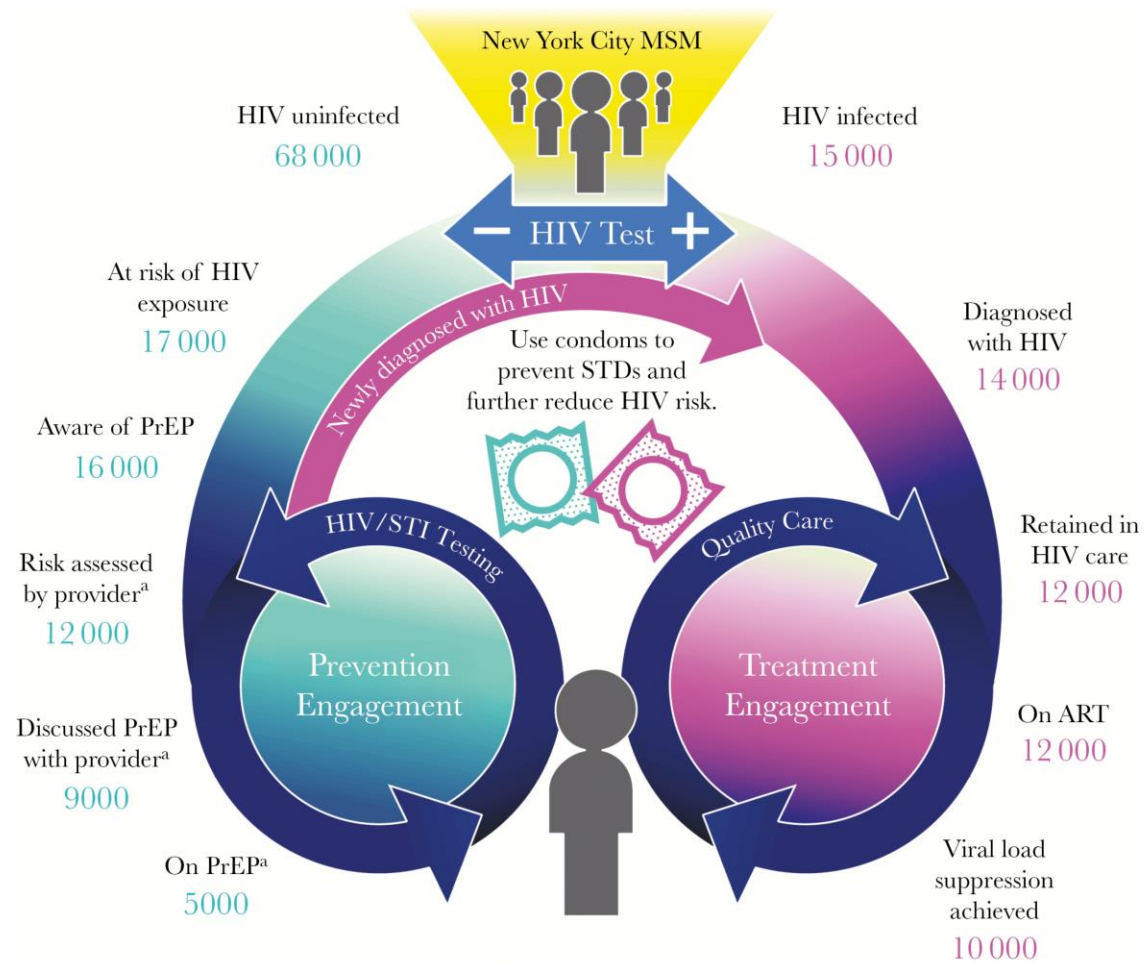


Supported by:



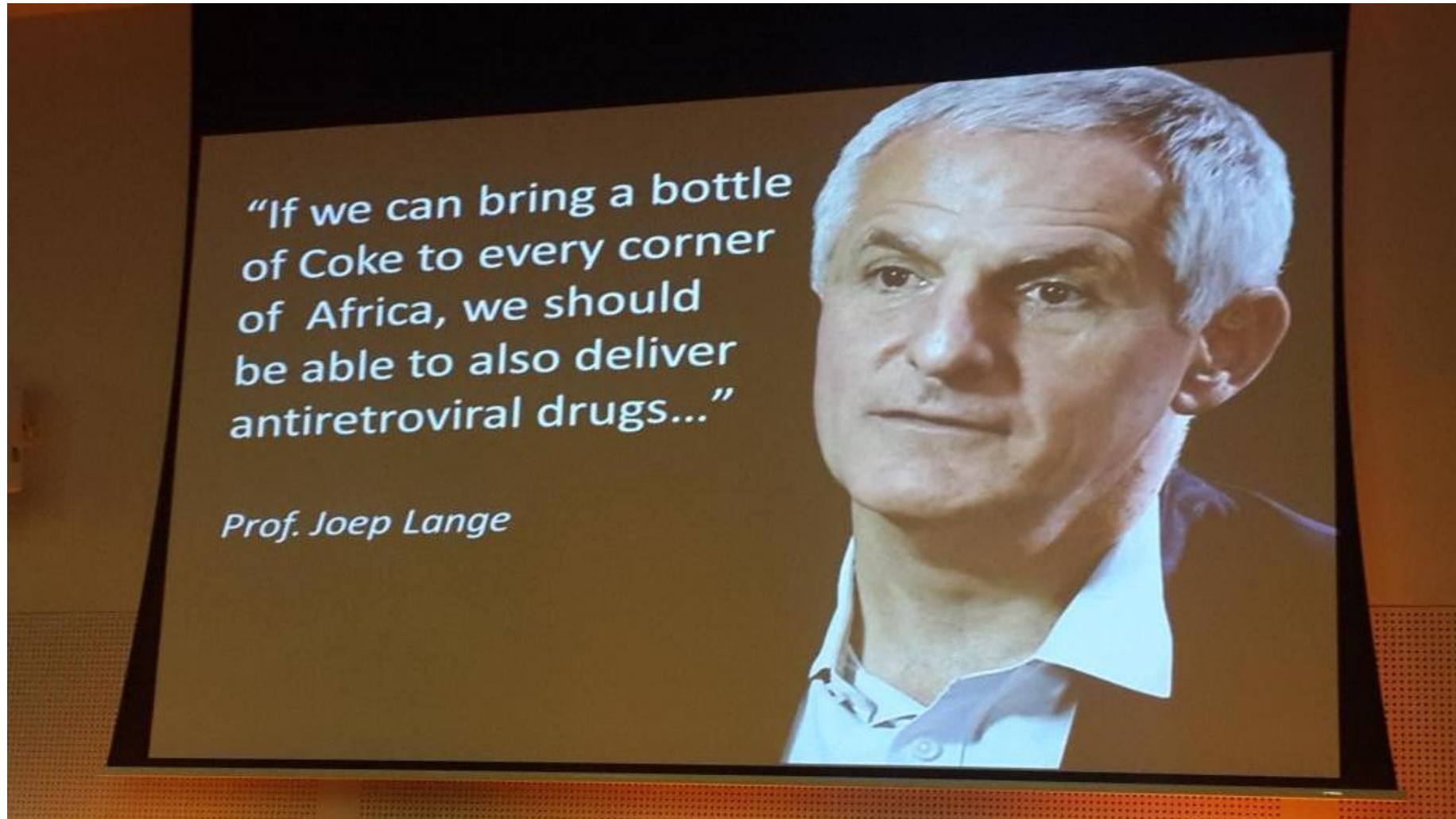
Double Helix Cascade





People at risk of HIV exposure **taking daily PrEP** and people with HIV **with sustained viral load suppression** have negligible risk of acquiring or transmitting HIV.

Scale up of antiviral drugs worldwide.....



“If we can bring a bottle of Coke to every corner of Africa, we should be able to also deliver antiretroviral drugs...”

Prof. Joep Lange



Fast Food – something that can be *organised and served faster* than when using traditional methods.



Developing countries are driving fast food production, where people are increasingly urbanised, entering busy city lifestyles and need quick, easy access to low cost food.

This is possible because of *improved supply chain management* and improved *technology*.



Top Reasons People Eat Fast Food:

In order

1. Quick service
2. Outlets are easy to get to
3. Food is likeable!
4. and cheap
5. Easy when too busy to cook or don't like cooking
6. It's a way of socialising with friends and family
7. There is a lot of choice
8. Can be consumed in car, home, office



This is the modern lifestyle – why not apply to prevention services too!

1. **Quick** service at clinics and mobiles: no long queues!
2. Services are convenient & **easy** to get to
3. Likeable.....adds to quality of life, doesn't detract.
4. It's **cheap (or free)**
5. Accommodates busy lifestyles including those who can't make it to the clinic
6. Fits in with **socialising**- doesn't create **division** and **abnormality**.
7. There is a lot of **choice**: different prevention options for different people. No one size fits all!
8. Prevention services are often best served **outside** of conventional facility based models.

Mobile Services can do tailored, integrated, layered, accessible, hassle-free HIV and SRH care



Patient-centered care



Comprehensive, integrated services

Service Accessibility.....



USAID
FROM THE AMERICAN PEOPLE



PrEP – the pill that protects you from HIV



The fastest 4 Steps to PrEP treatment:



about the pill that protects you from HIV.
for more information visit www.prepclub.co.za





Dean Street Express Clinic, London.

“we want people without symptoms to order home tests now”



Novel Delivery Systems – NSS Vending Machines



Syringe vending machine in Puerto Rico
Photo credit: Missy Thomas Proctor

“Pluses”

- Stand-alone units
- Usually free or nominal charge
- Usually less costly to run than a staffed SSP
- Anonymous, less stigmatizing
- Useful for rural or off-hours

“Minuses”

- Less contact with other services
- Community concerns (e.g., children, vandalism)
- **Community and political resistance as well as legal barriers**
- **Siloed service delivery**
 - Limited models for integrative professional cross-training

Community-led services

Services led by peers and KP CBOs increase access to HIV prevention and treatment

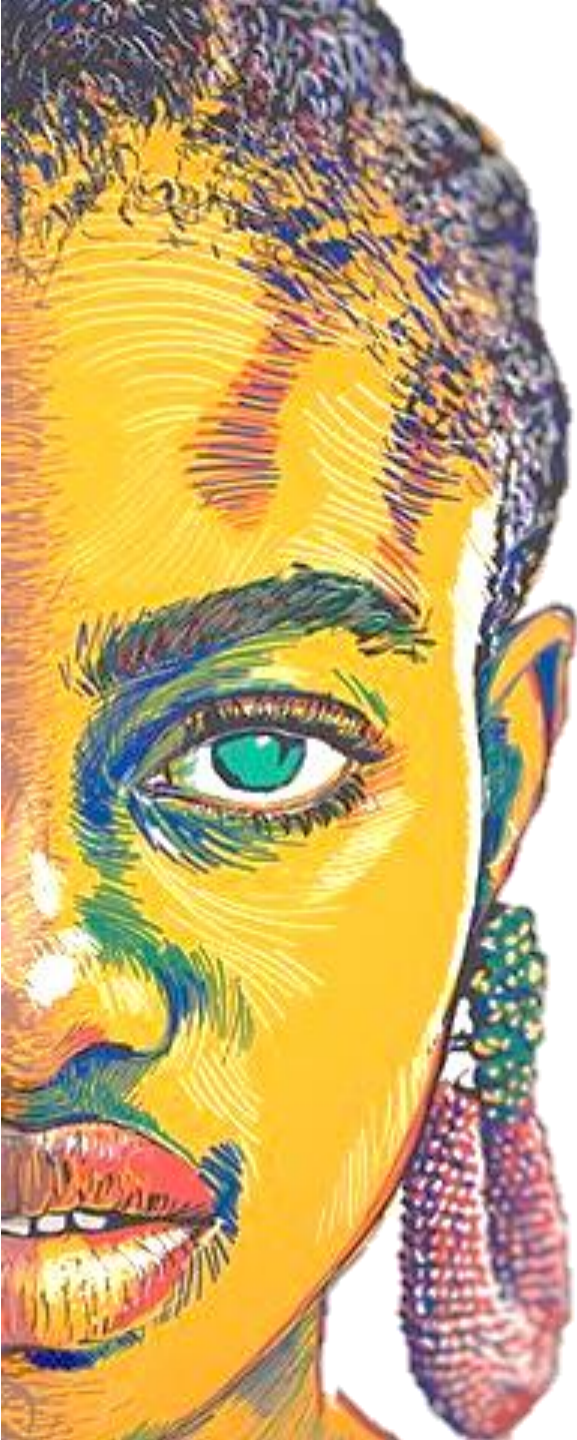
- More than half of people tested by KP CBOs in Vietnam were first-time testers, and 90% of those diagnosed enrolled in treatment (Ngo, THAC0202)
- In Malawi, HCP training and differentiated service delivery increased case finding and linkage among FSW and MSM (Kamanga, THAC0201)
- At a Bangkok sexual health clinic employing KP staff, 79% of diagnosed patients received same-day ART and 90% were successfully referred to long-term ART care (Seekaew, THAC0203).

Differentiated services to address unique needs of KPs

- At Bangkok's Tangerine Clinic, TGW accessing hormone therapy were more likely to repeatedly test for HIV and to access PrEP (Janamnuaysook, THAC0204)

Community-led prevention : providing combination prevention including pre-exposure prophylaxis to their peers in Thailand





Peer-led :
Person centred
care means
meaningful
engagement:
inclusion, co-
design, co-
creation,
ongoing input
and critical
review!

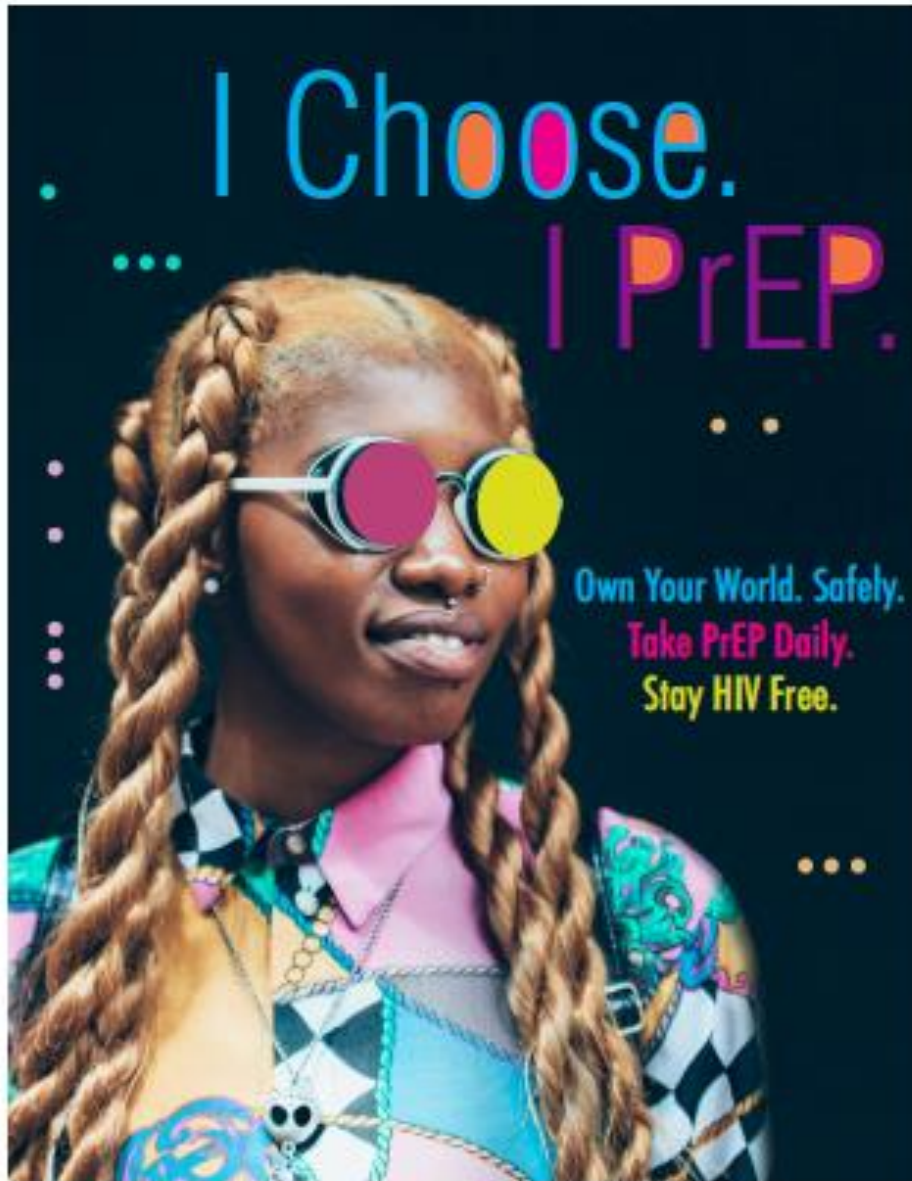




A one size model does not fit all when it comes to HIV or other services.

Differentiated Models of Care

- Takes different populations into account
- Reflects the preferences and expectations of a specific population group
- Adapts services for this group
- Innovates and involves the group



Acknowledgements

- Carey Pike
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- PrEPWatch