NATIONAL GUIDELINES FOR THE PROVISION OF ORAL PRE-EXPOSURE PROPHYLAXIS FOR INDIVIDUALS AT SUBSTANTIAL RISK OF HIV IN MALAWI

MINISTRY OF HEALTH AND POPULATION

Applications, comments and inquiries should be addressed to the Secretary for Health, P.O. Box 30377, Lilongwe 3, Malawi. We will be glad to provide the latest information on any changes made to the text, plans for new editions, and reprints and translations already available.

An electronic copy of this guideline is available on the website (www.hiv.health.gov.mw) of the Dept. for HIV and AIDS of the Ministry of Health.

NOTE: *The mention of certain manufacturers' products does not imply they are endorsed or recommended by the Ministry of Health in preference to others of a similar nature that are not mentioned.*

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Foreword

Although Malawi has made progress in scaling up antiretroviral treatment and bringing down HIV prevalence from 14% in 1989 to 9.6% in 2015/16, there has been a slow decline in new HIV infections. While there has been an estimated 57% reduction of new infections from a baseline of 56,000 in 2010 to 32,248 in 2020, (Spectrum Estimates; 2020), the country has not met the UNAIDS fast track target of achieving 75% reduction in new infections by 2020. The National strategic plan 2020 -2025 aims at reducing new HIV infections from 33,000 in 2019 to 11,000 in 2025.

In order to achieve this ambitious target, there is need to sustain the gains made in achieving the UNAIDS 90.90.90 treatment targets and scale up comprehensive evidence based HIV combination prevention approaches targeting those at substantial risk and most affected geographical areas. In expanding use of oral Pre-exposure Prophylaxis (PrEP), the country has adopted public health, human rights and people centred approaches, prioritizing universal health coverage, gender equality, health related rights including accessibility, availability, acceptability and quality.

Implementation will therefore be undertaken in a phased in approach, prioritizing facilities/sites based on estimated number of clients at substantial risk, capacity of facility/site and referral mechanisms, availability of trained and skilled professional health workers, infrastructure and laboratory capacity/proximity. Public health facilities, CHAM, Drop-in Centres, Private and NGO facilities will deliver PrEP to allow access to marginalized populations. Additional sites will be set as demand increases and capacity is strengthened.

Drawing lessons from studies implemented in the region as well implementation research among Adolescents Girls and Young Women (AGYW) and Female Sex Workers (FSW) in Malawi, community educators and advocates will be used to increase awareness about PrEP in their communities and sub populations. Additionally, PrEP services will be integrated within HIV, Sexual Reproductive Health, maternal & Child Health, Youth friendly Health services, TB and other clinical care and finally services for key populations.

The document is a guideline to support funders, implementing partners, district health team leads and service providers in the implementation of PrEP in Malawi. It will also promote standardization in the delivery of pre exposure prophylaxis services in health care settings. It

is the view of Ministry that all stakeholders in HIV space will subscribe to government commitment in supporting implementation of oral pre-exposure prophylaxis as stipulated in this guideline.

Dr Charles Mwansambo

SECREATRY FOR HEALTH

Acronyms and Abbreviations

ADR	Adverse drug reaction
AGYW	Adolescent girls and young women
AHI	Acute HIV infection
ALT	Alanine aminotransferase
ANC	Antenatal clinic
APRI	Aminotransferase and platelet ration index
ART	Antiretroviral Therapy
ARV	Antiretroviral
AST	Aspartate aminotransferase
BBSS	Biomedical Behavioural Surveillance Survey
BMI	Body mass index
CMS	Central Medical Stores
CO	Clinical Officer
Cr Cl	Creatinine clearance
DIC	Drop-in centre
DTG	Dolutegravir
EC	Expert clients
eGFR	Estimated glomerular filtration rate
FBC	Full blood count
FTC	Emtricitabine
FP	Family planning
FSW	Female sex worker
HDA	HIV diagnostic assistant
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HIV	Human immunodeficiency virus
HIVST	HIV self-test
HTS	HIV Testing Services
DCSA	Disease Control Surveillance Assistant
ID	Identification
IEC	Information, education and communication
MA	Medical Assistant
MCH	Maternal and Child Health
MDHS	Malawi Demographic Health Survey
MO	Medical officer
MOH	Ministry of Health
MSM	Men who have sex with men
MSW	Male Sex Workers
NSAIDS	Non-steroidal anti-inflammatory drugs
PEP	Post-exposure prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of mother to child transmission
POC	Point of Care
PrEP	Pre-exposure prophylaxis
sCR	Serum creatinine

SOPs	Standard Operating Procedures
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
TDF/3TC	Fixed dose combination of Tenofovir Disoproxil Fumarate (TDF) plus Lamivudine (3TC)
VL	Viral Load
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization

1 Background

Oral Pre-exposure prophylaxis of HIV infection refers to the daily use of Antiretroviral drugs by HIV negative persons to prevent acquisition of HIV. In 2015 World Health Organization recommended that oral PrEP (containing TDF in combination with emtricitabine) should be offered as combination prevention for people at substantial risk of HIV infection. WHO further recommends that PrEP be prioritized in populations or geographic areas with HIV incidence of more than 3 per 100 person- years or higher for effectiveness, offered within a comprehensive package of HIV interventions.

Although the annual HIV Incidence among adults 15-64 years was estimated at 0.37% (MPHIA, 2016), Malawi has missed the UNAIDS fast track target of reducing the number of annual infections by 75% between 2010 and 2020. Latest epidemiological model estimates suggest a wide gap between the actual number of new HIV infections in 2020 (32,000) and the target (11,000). The slow decline in new infections has necessitated the need to fast track implementation of combination prevention interventions among the high-risk populations such as Female Sex (FSW) workers, Adolescent Girls and Young women AGYW) and other high-risk groups.

To assess the feasibility, acceptability, and tolerability of PrEP among AGYW and FSW, demonstration projects were implemented in Lilongwe and Blantyre. The findings would also inform efficacy of PrEP in real life setting. Findings from the AGYW study reported 5% (17) pregnancy, 1.4% (5) seroconversion and 12.4% (43) contracting sexually transmitted infections. The findings raise concern about the actual levels of adherence considering that participants were incentivised and unmitigated high-risk behaviour even with intensive adherence to intensive counselling protocols.

Regardless of the findings, high quality evidence strongly recommends use of PrEP by any person with substantial risk of acquiring HIV infection (WHO 2015). In Malawi program follow up of key populations has shown repeated HIV negative testing results which prompts the need for reliable combination prevention interventions such as use of PrEP. With emerging evidence from trials on use of injectable PrEP, Malawi awaits WHO normative guidance to the method.

1.1 Rationale for the PrEP guidelines

- To provide guidance to funders, implementers and service providers
- Standardization of PrEP service delivery Target Population

2 Target Populations

PrEP will be offered to individuals that are at substantial risk for HIV infection. PrEP services will be rolled out nationally, and will prioritise the following HIV negative high-risk groups:

- Individuals who buy or sell sex
- Key Populations (FSW, MSW, MSM and Transgender
- Vulnerable Populations such as Adolescent Girls and Young women (AGYW) [15 – 24 years]
- Sexually Transmitted Infections (STI) Clients
- Sero-discordant couples. Offer PrEP if HIV negative woman is pregnant or breast feeding or the HIV positive sexual partner is;
    a. Not on ART
    b. On ART <6 month
    c. With unsuppressed or high VL
    d. Is non adherent to antiretroviral treatment

2.1 Key Populations

Key populations are at a high risk of acquiring and transmitting HIV infections. In Malawi, gay men, men who have sex with men, sex workers, transgenders, people who inject drugs and prisoners are recognized as populations. They face challenges in accessing comprehensive quality health services due to stigma, discrimination, and threat of criminal prosecution.

Key populations are important to the dynamics of HIV transmission. They are also essential partners in an effective response to the epidemic.

2.2 Vulnerable Population

In Malawi, AGYW, migrants, long-distance drivers, displaced populations and men in uniform are vulnerable populations due to their living conditions which are prone to shifting factors that would place them at risk of contracting HIV. Vulnerability can be defined as a reduced ability or complete lack of control to protect oneself and avoid HIV risk.

2.3 Sero-discordant Couples

Sero-discordancy is where only one partner in an intimate relationship is HIV positive. HIV treatment with antiretroviral drugs to the infected partner is one way of preventing HIV transmission as long as there is good adherence and viral suppression. In addition to Combination HIV Prevention methods, WHO recommends use of PrEP.

3 Implementation considerations

PrEP implementation should take into consideration ***public health, human rights and people centred approaches, prioritizing universal health coverage, gender equality***, integration, health related rights including accessibility, availability, acceptability and quality. PrEP will be integrated within HIV, Sexual Reproductive Health, maternal & Child Health, Youth friendly Health services, TB and other clinical care and finally services for key populations**.**

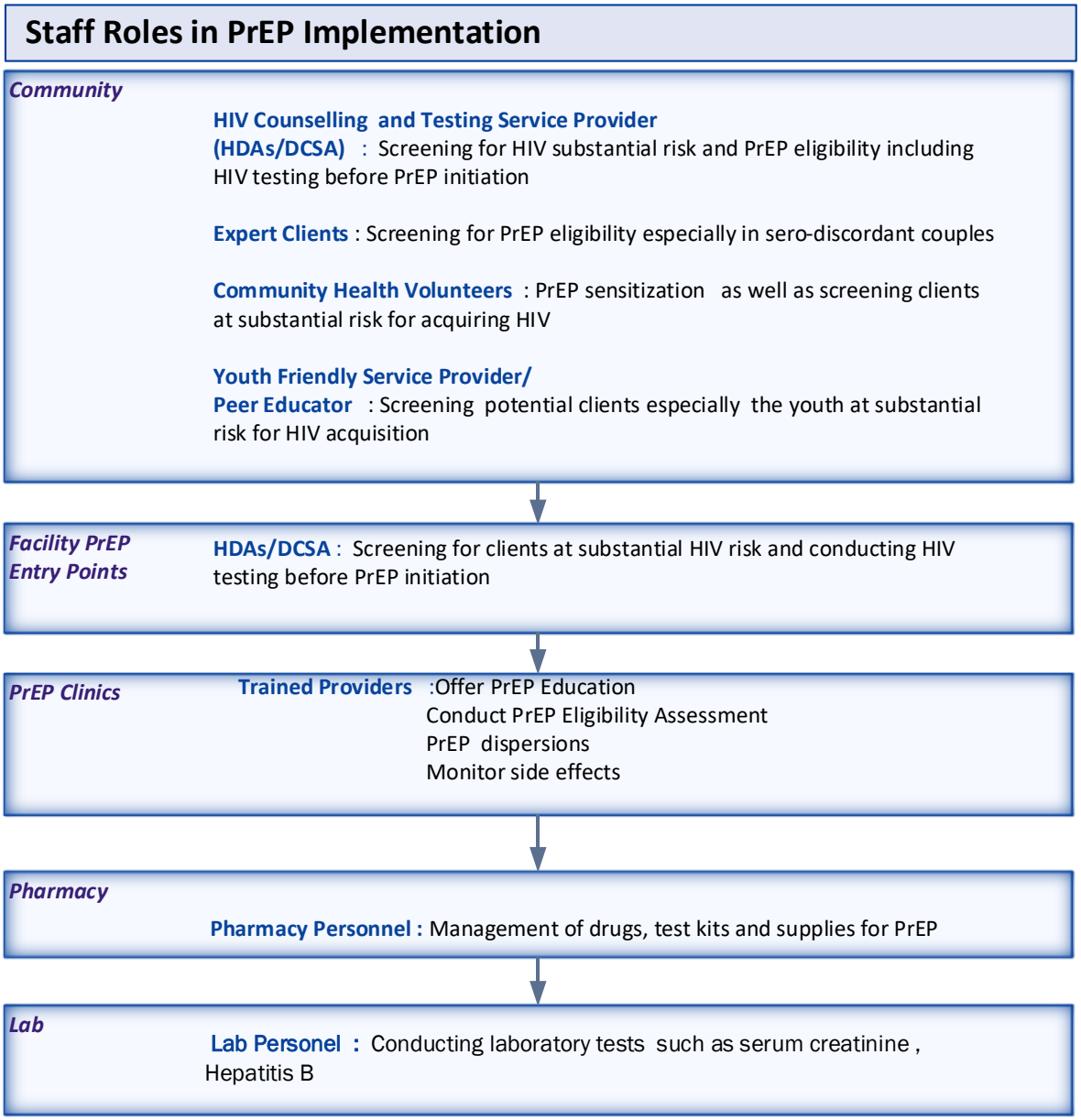
3.1 Facility requirements for PrEP Provision

PrEP will be delivered in health facilities and Drop-in Centres guided by the following**:**

3.2 Minimum requirements:

- Human Resource: Minimum of two licenced health professionals (Medical Officer/ Clinician/Nurse) who are trained in PrEP service provision**.**
- Infrastructure with adequate space for service delivery.
- With already existing HIV, SRH, services. STI, family planning and ANC clinics will be used as key service delivery points in public health facilities. Drop-in Centres will be largely used by key populations.
- Availability of Standard Operating Procedures (SoPs) to aid in service provision.
- Ability to collect laboratory samples and deliver to a functioning laboratory within 8 hours.
- A well secured Pharmacy for storage of pharmaceuticals.
- Availability and utilization of national monitoring and evaluation tools.

Figure 1 : Staff roles in PrEP service delivery



3.2 PrEP minimum Package of services

The following minimum package of services must be provided to all clients accessing PrEP:

- Screening for substantial risk of HIV infection (risk assessment)
- HIV testing services and counselling including active index testing, couples testing
- Screening to Rule out Acute HIV Infection
- Risk reduction
- Laboratory tests: Hepatitis B, Serum creatinine clearance, Syphilis, Pregnancy test

- (Pregnancy screening to guide antenatal care, contraceptive and safer conception counselling, and to assess risk of mother to child transmission, Pregnancy is not a contraindication for PrEP use)
- Screening, diagnostic and treatment of STIs
- Screening for non-communicable diseases such as hypertension
- Provision of PrEP drugs
- Condoms and lubricants
- Provision of Contraceptives
- Referral for voluntary male medical circumcision services
- Referral for Gender based violence and mental health services
- Adherence counselling

3.3 Service delivery clinics/entry Points

PrEP will be integrated into several health service delivery entry points as follows:

- HIV testing & Counselling/VCT STI clinic
- Family Planning
- Antenatal Care clinic
- Drop-in Centers (DIC's) as safe spaces for Key Populations
- Youth Friendly Health Services Clinic
- Gynecology clinic

4. Getting Started with PrEP

4.1 Risk Assessment

Risk assessment should be done in all entry points for all the HIV negative clients who are sexually active. Clients who are eligible for PrEP based on the risk assessment have to undergo PrEP education. Risk assessment guide is outlined in the **Figure 2** below.

Figure 2: Risk Assessment for PrEP Provision

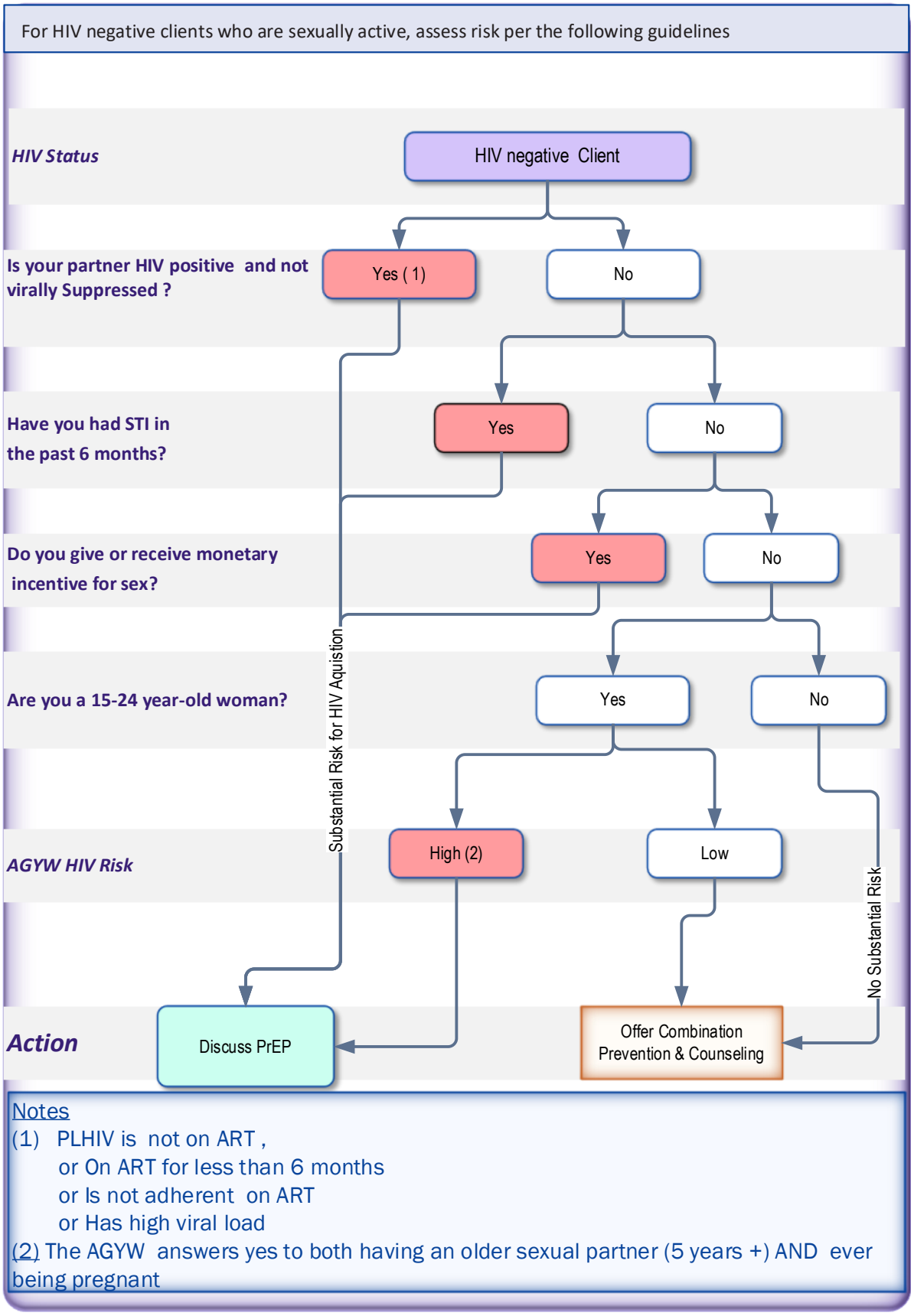


Table 1: Counselling and education for clients about PrEP

TOPIC	KEY MESSAGES
What is PrEP?	• PrEP is one of several HIV preventions options and, should be used in combination with condoms. PrEP does not protect against other STIs or prevent pregnancy.
PrEP works if taken as prescribed	• For PrEP to be effective, it must be taken every day and for 28 days after the last exposure. Condoms must be used always. • If you miss a dose, you must take PrEP as soon as you remember, and continue to take daily as before.
PrEP is not for life	• You should take PrEP for as long as you are at substantial risk for HIV infection. • Some clients may have intermittent need for PrEP while others have an ongoing need.
Starting and Quitting PrEP	• At least 21 days of PrEP are needed before you achieve maximum protection from HIV. • You can stop PrEP 28 days after your last exposure if you are no longer at a substantial risk. Ways to lower risk include: • You are no longer sexually active • Adopting safer sexual practices, including consistent condom use • When an HIV-positive partner in a Sero-discordant couple has been on effective ART for six months, has an undetectable viral load, and remains adherent • Clients are strongly encouraged to visit the clinic to formally stop PrEP to allow for a final HIV test to confirm HIV status.

Ways to support adherence	• PrEP can be taken any time of the day, with or without food. • Taking PrEP each day is easiest if you make taking the tablets a daily habit, linked to something you do every day without fail. For example, you could take PrEP when you brush your teeth (either in the morning or evening). • If you forget to take a tablet, take it as soon as you remember, and continue to take it daily as before.
PrEP and alcohol or recreational drugs	• There are no PrEP interactions with recreational drugs or alcohol. (Emphasize adherence and pill-taking reminders.)
PrEP, pregnancy, and breast-feeding	• Pregnancy is not a contraindication for PrEP. • You can use PrEP throughout pregnancy and breastfeeding. (Assess family planning needs and offer as appropriate.) • PrEP does not prevent pregnancy. • (Offer PrEP to pregnant and breastfeeding women at high risk of HIV as a priority after all the risks and benefits have been explained to the client.)
PrEP and other drugs	• PrEP is safe and effective, even when taken with hormonal contraceptives or nonprescription drugs.
No STI protection other than HIV	• PrEP does not prevent any other STIs. Condom used in every act of sexual intercourse provide protection against many of these infections.
Side effects	• Approximately ten percent of people experience mild side effects, including: • Gastrointestinal symptoms (diarrhoea and nausea, decreased appetite, abdominal cramping, and flatulence) • Dizziness • Headaches

	• Most of those symptoms will disappear within one month. However, your health care provider can help you manage these side effects. (Symptom management will help clients adhere to PrEP.) • Major side effects are rare and include renal toxicity, metabolic complications, and decreased bone mineral density (all of which are reversible upon stopping PrEP). However, recommend against combining PrEP with other chronic nephrotoxic drugs, including NSAIDs

4.2 Rule out Acute HIV infection (AHI)

- For those at substantial risk with a history of recent HIV exposure, rule out acute HIV infection (AHI). Defer PrEP initiation if client has sign/symptoms of Acute HIV Infection (AHI).
- Female Sex Workers should be allowed to make an informed decision to start regardless of AHI.
- If a client has at least one "cold or flu" symptom (See **Figure 3**) in the past 3 days and exposure to HIV within the last 3 weeks, then defer PrEP and have client return in 4 weeks for repeat HIV test and PrEP evaluation. **Remember to rule out other differential diagnoses.**
- If client is eligible for PrEP, the client should be referred to the PrEP Service delivery point at the facility (Linkage).

Figure 3: Acute HIV infection

Acute HIV Infection (AHI)

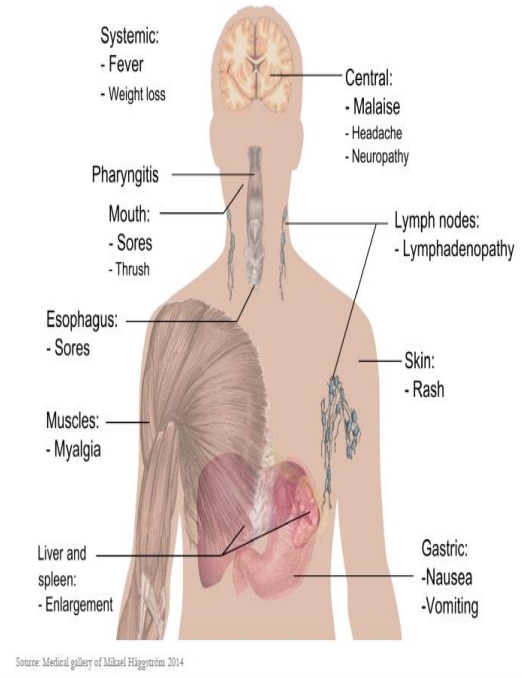
In the past 3 days have you had any of the following "cold" or "flu" symptoms?

Sore throat	☐ Yes	☐ No
Fever	☐ Yes	☐ No
Night sweats	☐ Yes	☐ No
Swollen glands	☐ Yes	☐ No
Mouth ulcers	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Rash	☐ Yes	☐ No
Generalized body pain	☐ Yes	☐ No
Intense fatigue	☐ Yes	☐ No

At least one symptom and **recent exposure** to HIV

☐ Yes → refer and defer PrEP initiation ☐ No

TB screening: ☐ Neg. ☐ Pos.



Source: Medical gallery of Mikael Häggström 2014

4.3 Eligibility criteria for PrEP

- If you have determined that the client is at substantial risk, and ruled out AHI, determine if the client is eligible for PrEP, use the following eligibility checklist.
- In circumstances where a healthcare worker cannot determine the risk for HIV infection for a client who belongs to one of the target groups, but the client demands PrEP and meets other criteria, the client can still be initiated on PrEP.

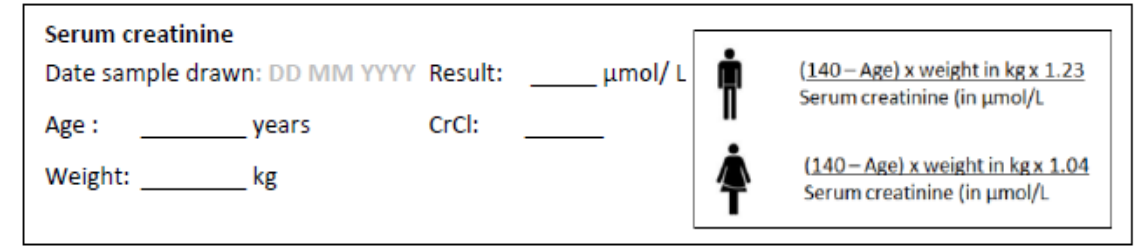
ELIGIBILITY CHECKLIST

- ❖ Age ≥ 15 years
- ❖ HIV-negative test on the day of PrEP initiation using the national HIV testing algorithm
- ❖ Client is at substantial risk of HIV infection
- ❖ Not found to have risk of Acute HIV infection
- ❖ Client willingness to attend scheduled PrEP visits until 28 days after risk period
- ❖ No contraindication to use of TDF and 3TC
- ❖ Bodyweight ≥ 30kg
- ❖ Estimated glomerular filtration rate (eGFR) ≥60ml/min
- ❖ No known renal diseases
- ❖ No Diabetes mellitus

- Once you have determined that a client has met the eligibility criteria listed above, and does not have contraindications for PrEP, the client should undergo further testing and screening, as outlined in **Table 2.**
- For most clients, PrEP can be initiated the same day. However, in some scenarios outlined in table 1 including concern for acute HIV infection or Hepatitis B infection, PrEP initiation should be deferred.
- All clients who defer initiation should still receive other applicable.

Table 2: PrEP Initiation Steps

STEPS	PLAN OF ACTION	PROVIDER
HIV test **(HIV testing services [HTS])**	• HIV test needs to be performed on the day of PrEP initiation. • If HIV positive, refer for ART. Do NOT start PrEP • If HIV test is inconclusive, defer PrEP and follow the National algorithm until a definite HIV test result has been obtained	• HTS counsellor /HDA/ DCSAs • Nurse • Clinician/Lab assistants
Counselling	• Conduct behaviour risk assessment. • Discuss combination prevention package and risk reduction, including counselling and demonstration of correct and consistent condom use. • Educate about the benefits and limitations of PrEP, including what to do when experiencing side-effects. • Evaluate client's eligibility, willingness, and readiness to take PrEP. • Offer family planning and safer conception counselling, if applicable.	• HTS counsellor Nurse • Clinician • Expert Client (EC) / Peer Navigators
Serum creatinine Draw sample for Creatinine for all eligible clients Wait for Creatinine clearance results **prior to PrEP initiation** for clients with any of the following risk factors: • Age >50	• If risk factors of client require a serum creatinine test result at initiation defer client until results are received. • If no risk factors for renal failure are present, start PrEP and evaluate creatinine result at the first follow up visit at 1 month	• Nurse • MA/ CO / MO

• Hypertension • Diabetes mellitus • Body Mass Index (BMI) < 18.5 • Other nephrotoxic medication • Any symptoms or signs suggestive of renal impairment	• Calculate creatinine clearance using the equation below for men and women. **NOTE**: weight, age and sex are requirements for creatinine clearance calculations • If creatinine clearance < 60 ml/min, refer to Clinician • If creatinine clearance ≥ 60 ml/min, initiate or continue PrEP.	
		
Hepatitis B surface antigen All clients need Hepatitis B Surface Ag test before starting PrEP. Use POC test when possible.	• HBsAg is positive – Refer to Viral Hepatitis section before proceeding with PrEP • HepB vaccine is recommended for all clients with HBsAg negative • We expect the majority of the population will be immune as they mature • HBsAg positive: Refer to Hepatitis B program for assessment before initiating PrEP.	• Nurse • CO / MO/ MA • HTS Counsellor/HDA

	• No Hepatitis B test kits: Proceed with PrEP. Ensure clients are tested within 3 months of initiation.	
Syndromic screening for STIs	• If syndromic, manage STIs as per STI standard treatment guidelines.	• Nurse/ CO/MO/ MA
PrEP initiation	• All clients must be tested for HIV on the day of initiation regardless of a previous negative result. • Counsel and provide combination prevention methods including condoms. • Offer Emergency Contraception per need • Assess exclusion criteria for PrEP contraindications. If no contraindications, provide PrEP for 28 days	• Nurses • CO/ MO /MA
Assess Body Mass Index.	• Measure Client's weight and Height. Calculate BMI. Convert height to meters then use the following formulae: BMI=Kgs/M^2. A BMI of less than 18.5 denotes weight loss and PrEP should not be offered.	• Nurses • CO/ MO /MA

5. Key Messages

KEY FACTS

- ❖ Be client-driven, based on their needs, resources, and preferences; it is not prescriptive.
- ❖ Recognize that behaviour change is not easy, and human beings are not perfect.
- ❖ Focus on the identification of small wins and achievable next steps in reducing risk and/or making pill-taking easier

5.1 Initial Education and counselling

Education and counselling for clients considering PrEP, or clients already on PrEP, are important to ensure that drugs are effectively used. PrEP counselling should Include the messages outlined in **Table** . Examples of good counselling messages:

"Remember, for PrEP to work, you have to take it every day."

"Pill-taking isn't easy and takes some practice, especially if you aren't used to taking pills."

"I'm here to help by working with you ***to take your*** *pills easier so that you get the most protection you can."*

5.2 Risk reduction counselling

- PrEP counselling should include messages about risk reduction.
- Risk reduction counselling is a behavioural intervention that attempts to decrease an individual's chances of acquiring HIV and other STIs.
- It includes counselling about HIV prevention, sexual and reproductive health, and family planning and should be provided at all follow-up visits for PrEP users.
- The main objective of risk reduction counselling is for clients to assess individual risk and set realistic goals for behaviour change that could reduce their risk of contracting HIV and other STIs, as well as prevent unintended pregnancies.
- This counselling should be non-prejudicial, and user centred and should be provided by any trained health care provider
- **Health care provider should Explore** context of the client's specific sexual practices and psychosocial status and help the client recognize any of his or her behaviours that are associated with higher risks for HIV infection or unintended pregnancy. Health care providers should also be aware that clients might not always perceive their own risk or may be in denial about it.
- **Identify** the sexual health protection needs of the potential PrEP user and reflect on what his or her main concerns appear to be.
- **Strategize** with the client about how he or she can manage these concerns or needs
- **Agree** on which strategies the client is willing to explore and provide guidance on how to implement them.

5.3 Use of Pre-Exposure Prophylaxis Pills

- PrEP is a pill that should be taken daily before, during, and after periods of substantial risk of HIV acquisition (Error! Reference source not found.).
- PrEP reaches maximum protection for both men and women at about 3 weeks with continuous use. It can be stopped 28 days after the last exposure and again started 3 weeks prior to any new risk.

Fig 4: PreP Use

5.4 Prescribing and Dispensing PrEP

The recommended ARV regimen for use as PrEP in Malawi is Tenofovir Disoproxil Fumarate (TDF) 300 mg and Lamivudine (3TC) 300 mg, orally given as a fixed-dose combination. PrEP must be dispensed together with condoms corresponding to the next appointment.

Table 3: PrEP Regimen

PrEP REGIMEN	STANDARD	ALTERNATIVE
≥30Kg	TDF/3TC (300mg/300mg)	TDF/FTC (300mg/200mg)
DOSE	1 0	1 0

5.5 Clients follow up visit procedures

The standard follow-up visits for PrEP dispersing and client monitoring are one month after initiation, three months after initiation then every three months. In special situations, PrEP can be dispensed for 6 months. below shows some of the suggested interventions for client's follow-up visit

Table 4: Prep scheduled visits and suggested procedures

Schedule following prep initiation	Intervention	What to Do
Every Visit	**Confirmation of HIV-negative status**	❖ Positive Result • Refer to ART ❖ Discordant Result • Stop PrEP for 4 weeks and retest • Stress on condom use during this period ❖ AHI • Stop PrEP for 4 Weeks and retest • Stress on condom Use during this period
Every Visit	**Provide risk reduction counselling and adherence monitoring**	❖ Poor adherence • Identify possible barriers to good adherence • Provide support as appropriate • Emphasize on the limitation of PrEP if not taken daily • Discuss and offer other prevention methods ❖ Good adherence • Encourage the good adherence • Issue appropriate supply of PrEP if the client meets all the criteria
Every Visit	**Address Side Effects**	❖ Assess tolerability ❖ Actively manage side effects and document in the ADR form if available • Stop PrEP if the side effect is adverse
Every Visit	**Assess the Contraceptive needs**	❖ Refer to family planning if client is need of contraceptives

Every Visit	**Assess the VMMC need**	❖ Refer to VMMC if male client is not circumcised
Every Visit	**STI Screening & Treatment**	❖ Refer the client to STI treatment if presented with any STI ❖ Discuss the use of condoms
Standard Scheduled Visit	**Review of previous laboratory results**	❖ Stop PrEP if creatinine test result is < 60ml/min
6 months	**Repeat creatinine clearance test for clients with risk factors for kidney disease, thereafter annually**	❖ Stop PrEP if creatinine test result is < 60ml/min
12 months	**Repeat creatinine clearance test for clients with no risk factors for kidney disease**	❖ Stop PrEP if creatinine test result is < 60ml/min
Standard Scheduled Visit	**Provide appropriate refill and schedule next visit**	❖ If the client is eligible, refill the client with PrEP

5.6 Quitting PrEP

- Advise clients to inform the service provider when they want to discontinue PrEP.
- The duration of PrEP use may vary, and individuals are likely to start and stop PrEP depending on their risk assessment at different periods in their lives, including changes in sexual relationship status, behaviours, and ability to adhere to a PrEP maintenance program.
- Health care workers should discuss the options of when to discontinue PrEP with their clients. PrEP can be stopped for the following reasons:
- Positive HIV test
- Client request
- Safety concerns, such as persistent creatinine clearance <60ml/min
- No longer at substantial risk
- Persistent side effects

- Be sure to adequately document the reason for stopping PrEP, and if PrEP is discontinued at request of the client, do not be judgmental. Remember, PrEP is a personal decision.

- If a client develops Hepatitis B whilst on PrEP, DO NOT STOP PrEP. Refer to Hepatitis B clinic/service provider/specialist for further review and advise (medication is also treatment for Hepatitis B and the client can fall ill if treatment is with stopped)

5.7 Restarting PrEP

- Advise clients that an HIV test is required before restarting PrEP.
- All client that were stopped due to decreased eGFR ≤60ml/min, must not be restarted on PrEP
- When clients re-start PrEP after missing more than seven days, they are treated as a re-start client.
- Providers should follow normal PrEP initiation procedures.
- If the client missed less than 7 days, renal function tests are not required.
- Enter the client on a new line in the register in a new cohort and indicate that the client is a re-start.

6. Management of clients in specific situations

This section outlines management of clients in specific situations outside of regular client follow-up.

KEY FACTS

- ❖ Approximately 80 percent of creatinine elevations are self-limiting (without stopping PrEP) and are caused by dehydration, exercise, diet, or may be a false positive result.
- ❖ Comorbid conditions including diabetes mellitus, hypertension, liver failure, or hepatitis C infection can also cause worsening of kidney function.
- ❖ Rule out and manage other causes of worsened kidney function.

6.1 Management of creatinine elevation

Serum creatinine alone is not a very good marker of kidney function. Calculate estimated creatinine clearance as per Cockcroft-Gault formula as a better measure of kidney function. In normal kidney function, creatinine clearance is above 60 ml/min.

If the calculated creatinine clearance is < 60 ml/min: Stop PrEP and refer to Clinician immediately. Never restart PrEP again.

Serum creatinine

Date sample drawn: DD MM YYYY Result: _____ µmol/ L

Age : _____ years CrCl: _____

Weight: _____ kg

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.23}{\text{Serum creatinine (in µmol/L}}$$

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.04}{\text{Serum creatinine (in µmol/L}}$$

6.2 Management of indeterminate (inconclusive) HIV test result during follow-up visit

- Discontinue PrEP.
- Repeat rapid HIV antibody test in 4 weeks
- Only after the HIV negative result has been proved, can the client continue with PrEP.
- Strongly emphasize the importance of condoms use during the period with inconclusive HIV test results (e.g. new infection is highly infectious).

6.3 Management of a client who seroconvert while on PrEP

- Document seroconversion and possible reason for seroconversion (non-adherence, stopped taking PrEP, or PrEP failure, i.e., breakthrough infection while adherent to PrEP)
- Document clearly that client seroconverted on PrEP and that client should be monitored closely for possible failure.
- ART regimen for seroconversion Clients.

Table 5: Regimens for PrEP Clients after Sero-Conversion

ART REGIMEN FOR SERO-CONVERSION	STANDARD	ALTERNATIVE
	On PrEP for Less than 3 Months	On PrEP for More than 3 Months
≥30Kg	TDF/3TC/DTG (300mg/300mg/50mg)	AZT/3TC+ DTG (300mg/300mg+50mg)
DOSE	1 0	1 1

6.4 Management of side effects and adverse drug reactions (ADRs)

- Minor side effects are relatively common but are mild and self-limiting and often do not require discontinuation of PrEP.
- Minor toxicities include nausea and/or vomiting, diarrhoea and/or flatulence, dizziness, headache, and weight loss.
- Side effects should be managed symptomatically, and counselling should be provided.
- Major toxicities (including renal toxicity and metabolic complications) associated with TDF and 3TC are rare in PrEP exposure to date. Consult clinician if these occur.
- Any side effects should be recorded in client records and ADR form, regardless of severity.
- Complete the national ADR form as per standard operating procedures.
- If PrEP will be discontinued, record the outcome in PrEP register.

6.5 Classification and management of interruption of PrEP

PrEP discontinued: This is a final outcome for the current course of PrEP. If these clients reinitiate PrEP, they are "restarting" PrEP. Use different PrEP ID in registering the client in the register and issue a new PrEP card if the client is still HIV negative, still at risk, clinically eligible, and willing to restart.

6.6 Management of clients requesting a transfer out

If a client wants to move and is motivated to stay on PrEP, inform the client of other facilities that offer PrEP.

- Record outcome as "Transfer Out" in the PrEP register and client card.
- Update the register and hand over the Client Card to submit at the next facility.

6.7 Management of clients transferring in

- Write transfer-in date and original facility in comment section.
- Use the new facilities' continuous PrEP serial number
- Continue with routine PrEP follow up schedule
- See M&E section for details

6.8 Re-initiation of PrEP

If a client wants to go back on PrEP after having been off for more than seven days.

- Repeat all procedures conducted at the PrEP initiation visit.
- Hepatitis B screening should only be redone if the previous result was from more than one year ago.
- See PrEP initiation and follow-up visits

6.9 Clients with a hepatitis B infection wanting PrEP

PrEP is not contraindicated in clients with hepatitis B infection, but the following must be done;

- Refer to Hepatitis section to be evaluated for their Hepatitis B infection before initiating PrEP.

6.10 PrEP and other drug interactions

- ARV drugs used for PrEP (TDF and 3TC) do not have any known interactions with hormonal Contraceptives
- There are no known interactions between PrEP medicines and alcohol or recreational drugs.
- However, warning should be given for the combination of PrEP with other chronic nephrotoxic drugs, including NSAIDs. Advise Clients to reduce the use of NSAIDs.
- If a PrEP user thinks that his or her use of alcohol or other substances is interfering with taking PrEP regularly, the PrEP provider should discuss possible behaviour change with the client.
- See *2018 HIV Treatment Guidelines section* for further guidance on potential drug interactions with TDF and 3TC.

6.11 Provision of community-based Pre-Exposure Prophylaxis services

PrEP services will also be available at community level.

6.11.1 Demand creation

Demand creation will be guided the PrEP Communication Strategy which highlights use of Media, print media, Youth groups, key population led organisations, DCSAs, Peer educators, Health workers, including Expert Clients to disseminate PrEP messages

6.11.2 Drug refills

- Static clinics will initiate clients on PrEP and dispense initial drugs including refills at the clinic's outreach clinic. This will only apply to Key population outreach clinics
- PrEP services can be provided on monthly basis at outreach location to ensure clients can receive their refills. A three-month schedule will be available to support refill appointments.
- Services need to be offered at the time of day that accommodates priority populations
- Monitoring and evaluation tools will be used to document all services offered at the outreach clinic

7. Prep and family planning services

KEY FACTS

- ❖ PrEP needs to be provided with other SRHR/FP services in combination HIV prevention methods.
- ❖ Some clients who are at substantial risk of HIV acquisition are also at substantial risk of unwanted pregnancies.
- ❖ Prep should be provided with other family planning services like i.e. Emergency contraception.
- ❖ Clients already on a regular family planning method need adherence counselling.

- Offer family planning method of emergency contraception in advance to all female clients as are at substantial risk of pregnancy. Provide ECs together with PrEP.
- Clients may opt for regular family planning methods or emergency contraceptives. Provide the services together with Prep or refer to family planning section.
- Clients who report unprotected sexual intercourse will be offered emergency contraceptive pills or intrauterine device. Most clients may benefit from emergency contraceptives.
- Emergency contraceptives should be taken 24 hours in advance prior to sexual intercourse, the dose is effective only for 24 hours, and in case she didn't have unprotected sex she has to repeat the dose. ECs ca be taken together with PrEP

Emergency Contraceptives that are available for use are as follows:

- Levonorgestrel ECPs (1.5 mg or 0.75mg), 1 pill or 2 pills in a single dose
- Microlut (35-pill pack): contains norgestrel 25 pills at once then followed by 25 pills 12 hours later.
- Microgynon (containing progestin and Oestrogen) 4 pills at once then followed by 4 pills 12 hours later.

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8. Monitoring and Evaluation

KEY FACTS

- ❖ The HIV program relies heavily on accurate and timely data for planning, reporting to donors and for drug procurement and distribution.
- ❖ Data analysis and reporting is done from Client cards and clinic registers at most facilities, but electronic systems for monitoring are used at sites with many clients.
- ❖ Reporting is done quarterly for ART
- ❖ Cohort analyses are needed to report outcomes of clients in PrEP follow-up. Cohort reports look at the current / latest status of all clients enrolled in follow-up and require a review of all client records to classify primary and secondary outcomes before data can be aggregated for reporting.
- ❖ Reports from facilities are to be completed within 5 working days after the end of the reporting period.
- ❖ PrEP reporting will be further integrated into the regular Health Management Information System. Quarterly PrEP facility reports will be entered directly into the District Health Information System at the District Health Offices for national reporting.

8.1 Definitions

❖ **PrEP site**

A facility is counted as PrEP site if they had retained at least one client still taking PrEP at the end of the reporting period.

❖ **PrEP Eligibility Assessment Outcomes**

In addition to the HIV risk assessment that is repeated by the PrEP provider at the PrEP clinic, all clients that presents at the PrEP clinic are assessed of their eligibility to start PrEP using the. Not all clients who present for PrEP assessment will proceed to start. Document all clients who presented for the initial PrEP assessment in this register.

- PrEP eligibility assessment outcomes refers to the outcomes of the PrEP initiation assessment at the baseline for all clients who present at the PrEP clinic
- **Start PrEP**: Eligible, ready and received the first tin of ARVs for PrEP.
- **Refused:** Eligible, no contraindications, but client decided not to start PrEP.

- **Low HIV Risk**: Client was advised not to start PrEP based on the low HIV risk assessment done at the PrEP clinic by the provider.
- **Acute HIV Infection**: PrEP initiation was suspended because of suspected acute HIV infection.
- **Initial HIV +Result**: Positive HIV test result at baseline PrEP assessment.
- **Suspected Kidney Failure**: PrEP initiation was suspended because of impaired kidney function (suspected or confirmed).

❖ **PrEP Registration Type**

Refers to the client's status at the time of registration at this PrEP clinic

- **First time**: Never taken PrEP before – disaggregated by age and sex. Circle the appropriate sex and age group for clients who initiate PrEP for the first time.
- **Transfer in**: Received PrEP from another site before and is currently on PrEP or has interrupted for less than 7 days. Count as Transfer In regardless if the Client brings his old client card or not ('official' or 'unofficial' transfer).
- **Re-initiation**: Received PrEP from another site in the past but has NOT been taking it for 7 days or more as of the day of registering at this clinic.

8.2 PrEP Primary Outcomes

The following outcomes are applicable for clients in PrEP follow-up See Figure 1 below summarizing the outcomes.

❖ **Defaulted/Lost to follow-up**

Clients are counted as 'defaulted' in the cohort report if they have not returned to the clinic and are not known to have transferred out, stopped (Quit/side-effects) or died. Assign this outcome 2 months after the client is expected to have run out of PrEP.

- Clients may revert to "retained on PrEP" when the next cohort analysis is done if they return to the clinic and continue ART.

❖ **Died**

Clients are counted as 'died' if there is a reliable report about the client's death. 'Died' is used regardless of any cause for clients who were taking PrEP.

❖ **HIV Positive**

Client Stops PrEP after testing HIV positive during their scheduled follow-up visit HIV testing. Link the client to start ART.

❖ Side Effects

Client Stops PrEP after developing significant side effects which are associated with PrEP . The client might also decide to stop PrEP due to their own reported side effects which might not be determined by the clinician.

❖ **Low HIV Risk**

Client stops PrEP because the HIV risk is no longer considered significant. The client may re-start PrEP once the HIV risk is considered high.

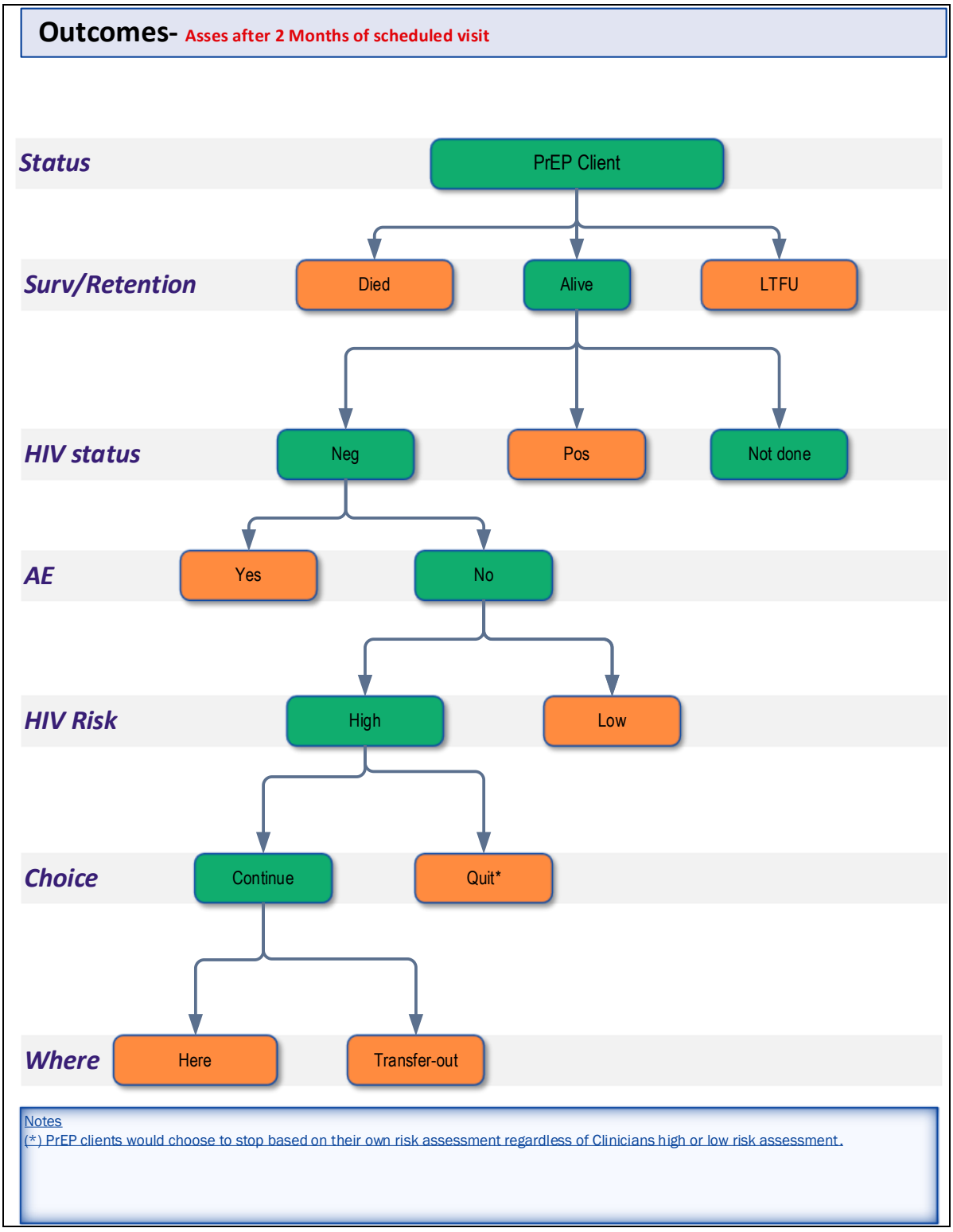
❖ **Quit**

Client decides to stop PrEP although s/he is eligible, has no contraindications and is at significant HIV risk acquisition.

❖ **Transfer-Out**

The client wants to continue to another site. Issue the client card to the client which will be used by the receiving facility when registering the client as a transfer-in.

Figure 4: PrEP Follow-up Outcomes



8.3 PrEP Adherence Level

- Reporting of adherence levels is based on a classification of the number of doses missed at the last visit before the end of the quarter evaluated.
- Clients who are taking 1 tablet per day and who have missed more than 7 tablets in a month are classified as not adherence.
- Clients who are not adherent should be counselled on the benefits of adhering since the effectiveness of PrEP depends on the adherence.

8.4 Overview of PrEP M&E Tools/Job Aid

The table 4 below summarizes the various M&E tools and job aids for PrEP

Table 6 : PrEP Job/AIDs /Data collection Forms

JOB AID	PURPOSE	COMMENTS
PrEP risk assessment	To identify clients at substantial risk for acquiring HIV infection	• Tool can be used by HTS counsellors or other health care workers performing HIV testing or post-test counselling to HIV-negative clients. • The tool can be used to initiate a discussion about individual risk. • Tool can be used by HTS counsellor or other health care workers performing counselling on the priority population status
PrEP eligibility assessment	To ensure that clients are eligible for PrEP and have no contraindications	• Tool to be used by clinicians for clients identified as being at substantial risk for HIV. • Checklist to ensure that there are no contraindications for PrEP or reasons to delay PrEP initiation.
PrEP register	To monitor PrEP continuation and outcomes of all PrEP clients	• The register captures the registration details of clients who have been assessed for PrEP and those that are continuing to receive PrEP

		• Captures the outcome of clients on follow-up
PrEP Client Card	To capture baseline details for clients who have started PrEP and document follow-up visits	• Only clients who have been assessed to start PrEP will have a client card
PrEP Quarterly cohort report	To summarize the data elements for reporting PrEP key indicators for monitoring uptake, continuation and adverse events of PrEP at the facility level	• Complete within five working days of new quarter and submit to DHO

8.5 Reporting of registration data

- For all new clients registered, baseline data (such as age at registration, sex, pregnancy status, clinical stage, etc.) are recorded on Client treatment cards and copied into the PrEP register.
- These details do not change over time and tallying of these data needs to be done only once when reporting on new clients registered during the reporting month or quarter.
- *Page summaries* in the PrEP registers are filled as soon as each page is full. Count the number of circled values for each column on the page.
- **Quarterly registration reports** are obtained by adding the page summaries from each page in the respective reporting month or quarter.
- **Cumulative registration reports** are obtained by adding the data from the new monthly or quarterly registration report to the data from the previous cumulative registration report.
- Data elements in most sections should add up to the respective total number of PrEP clients registered.
- Males, non-pregnant females and pregnant females must add up to the total number registered.
- Age groups must add up to the total number registered.
- PrEP status (first time initiations, re-initiations, and transfer ins) must add up to the total number registered.

8.6 Reporting of cohort outcomes

- *Cohort analyses* are needed to measure outcomes of PrEP clients in follow-up.
- In principle, the outcome status of any Client ever registered can change at any time, unless they have died. Therefore, the records of all clients ever started have to be reviewed each time a cumulative cohort outcome analysis is done. Current outcome data cannot be obtained by addition from the previous quarterly outcome data.

- Client outcomes are considered as of the last day of the reporting period. Any events (e.g. death) that happened after that day are ignored in the respective cohort analysis but will be counted in the next report.

8.6.1 Primary follow-up outcome

- The primary outcome shows if a client has been retained alive in care or if he has dropped out and why.
- The primary outcome categories must add up to the total clients registered in the cohort.

8.6.2 Secondary outcome

- Secondary outcomes are the latest treatment details among the PrEP clients retained PrEP.
- Secondary outcomes are counted directly from the cards of the clients retained in PrEP, usually by looking at the last visit before the end of the month or quarter evaluated.
- The secondary outcome categories must add up to the total number of clients retained on PrEP.

8.6.3 Cumulative cohorts

Cumulative cohort (PrEP): Follow-up status of all PrEP clients ever Started at the respective clinic. The number of clients with adverse follow-up outcomes (death, default, etc.) inevitably increases over time. The number of clients retained on PrEP is calculated by subtracting all clients with adverse follow-up outcomes from the total Client ever registered.

8.7 Record keeping and filing

8.7.1 Confidentiality of Client records

- All PrEP cards and registers are property of the MOH and may only be kept at the respective facility or at the National Archives.

- PrEP cards and PrEP registers must be kept in a locked room and are only to be accessed by clinic staff responsible of providing the respective service and by the national supervision team. Clients have access to their own Client card.

8.7.2 Use of the PrEP registers

- Keep only one register for the facility
- Each client has only one row in each register: Do not Continue using the same row for returning transfers and re-starts after default or stop.
- Turn to a new page when starting to register clients in a new quarter. Leave any unused rows at the bottom of the previous page empty. This is to separate the quarters when adding page totals.
- Assign continuous registration numbers (by sequence of registration). Take care not to duplicate registration numbers.
- Continue assigning cumulative registration numbers in PrEP-Register. These number series are never re-started.

8.7.3 Use of Client cards

- Each client has only one PrEP card at any one time. Attach another Client card once the old card is full.
- Start another card if the client has come back after default and stops
- Client cards are filed in polythene sleeves in lever arch files, up to 100 cards per arch file.
- File the cards in ascending order by registration number.
- Prepare separate filing systems for **ACTIVE** (retained on PrEP) and **INACTIVE** clients (Quit, HIV+ Side effects, transferred out, defaulted, or died).
- One arch file can hold approximately 100 cards.
    - Label the **ACTIVE** files with PrEP numbers 1-100, 101-200, 201-200, etc.
    - Label the **INACTIVE** files with PrEP numbers 1-200, 201-400, 401-600, etc.

- Each time the quarterly cohort analysis is done, update in the PrEP register the outcome for the client who have dropped out of PrEP (Quit, HIV+ Side effects,

transferred out, defaulted or died). Straight after this, move these cards of from the ACTIVE to the INACTIVE filing system.

8.8 Ensuring adequate data quality

- Use only the standard national reporting forms.
- The clinic's own reports are checked by the supervision team each quarter from primary records.
- Copies of the checked reports are kept at the clinic.

8.9 PrEP Standard Indicators

1. Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period
2. Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period
3. Number of clients retained alive on PrEP by the end of the quarter

9. Appendices

Figure 5: Entry Point, HIV testing

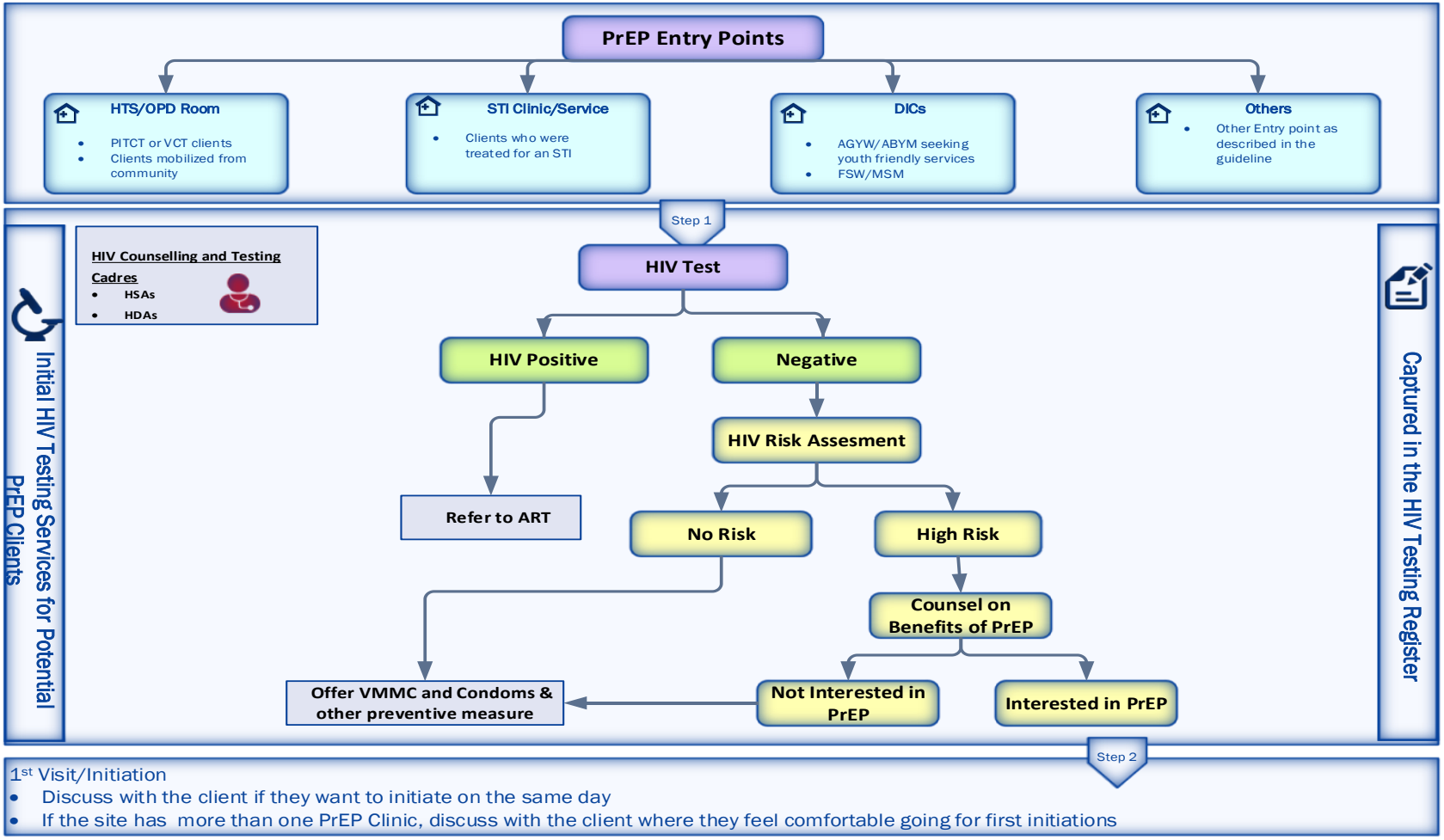
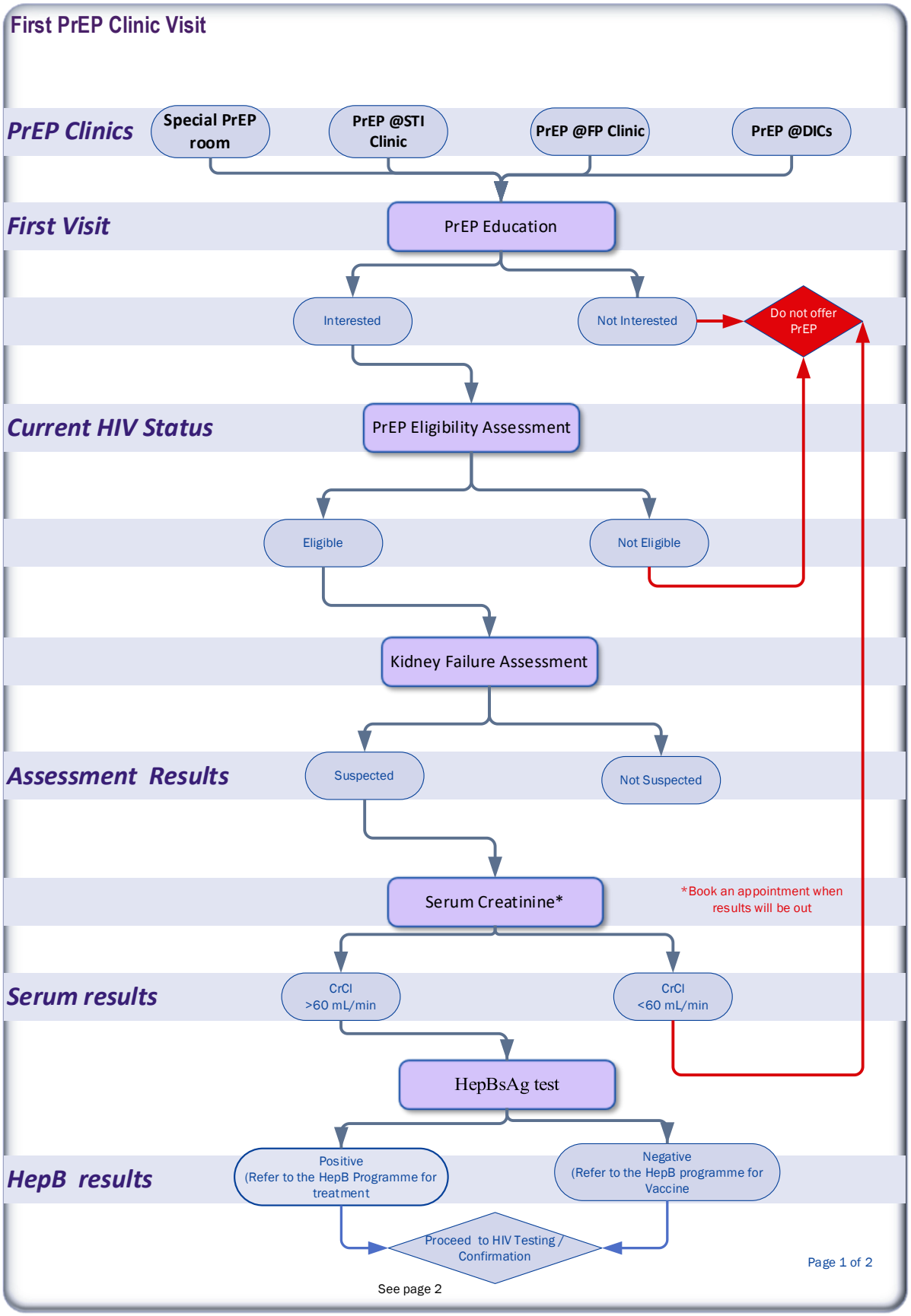
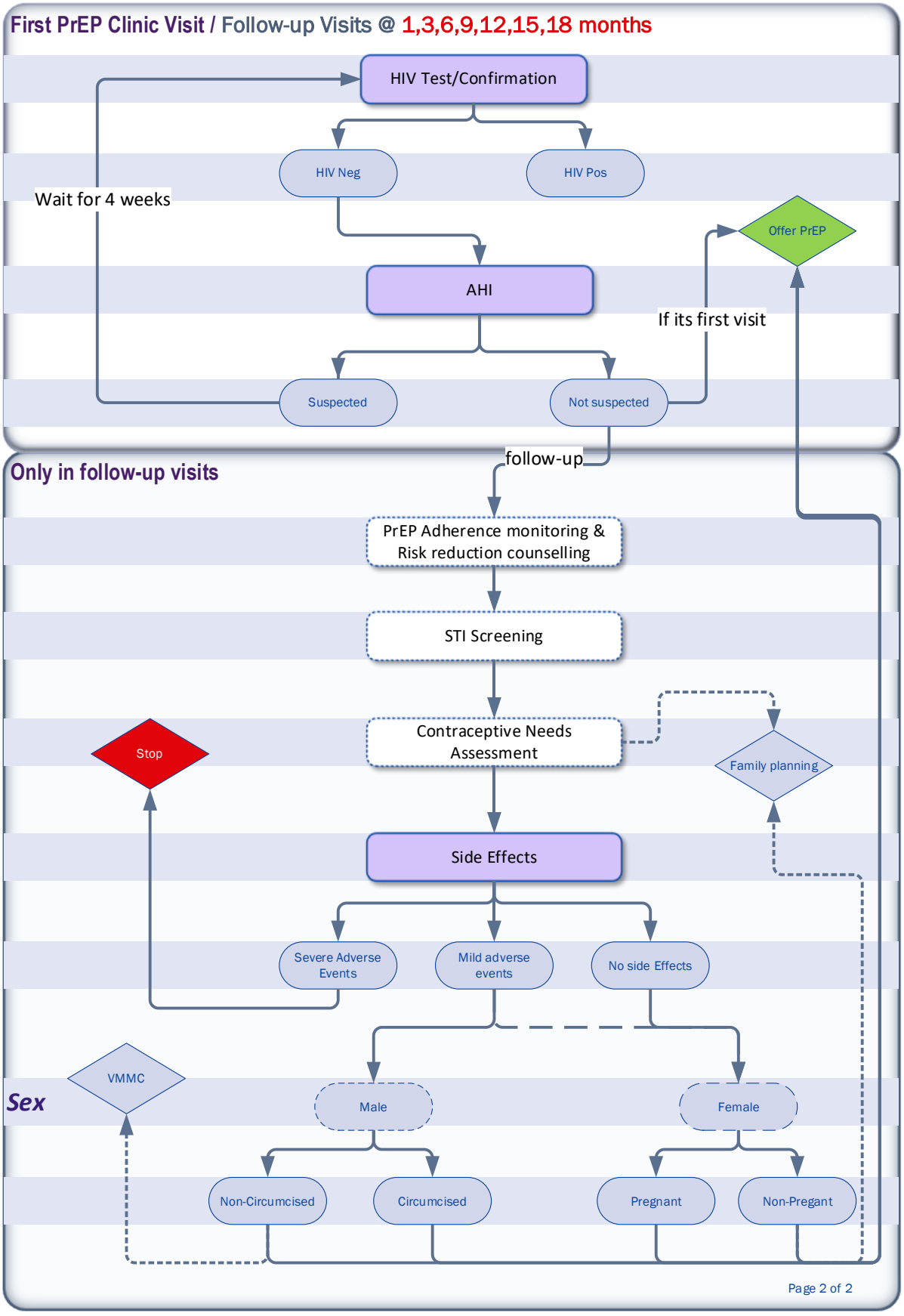


Figure 6: First visit at PrEP clinic and Follow-up Visits




First PrEP Clinic Visit / Follow-up Visits @ 1,3,6,9,12,15,18 months
HIV Test/Confirmation
HIV Neg
HIV Pos
Wait for 4 weeks
Offer PrEP
AHI
If its first visit
Suspected
Not suspected
follow-up
Only in follow-up visits
PrEP Adherence monitoring & Risk reduction counselling
STI Screening
Contraceptive Needs Assessment
Stop
Family planning
Side Effects
Severe Adverse Events
Mild adverse events
No side Effects
VMMC
Sex
Male
Female
Non-Circumcised
Circumcised
Pregnant
Non-Pregant
Page 2 of 2

PrEP Client Card *Version 1*

Green Card

Transfer-In Date		PrEP Reg no		Year	

Personal Details				HIV Risk		PrEP Readiness Assessment				Clinic Location	
Name				Buy or sell sex	Y N	Education done	Y N	BP	Sys Dias	STI	PrEP room
Birthdate Age Sex	DoB	Age	M F	STI in last 6 months	Y N	Eligible	Y N	Height	cm	FP	DIC
Physical Address				HIV positive partner VL not suppressed	Y N	Kidney risk screening	Lo Hi Nd	Weight	Kg	YFHS	Other
Phone Number				Older partner (5 years+)	Y N	HepB test	– + Nd	Comments			

Visit Date	Weight (Kg)	MC Pregnancy BF Status (Male: Non-circ., Circumcised; Female: Non-pregn., Pregnant, Breastfeed.)	HIV Test (Negative, Positive, Indeterminate, Not done)	Creatinine Clearance: Specimen ID	Creatinine Clearance: Result (ml / min)	Creatinine Clearance: Not Done	STI screening (Current STI, No STI, Not done)	Doses Missed: Days without PrEP since last v.	Quantities Given: PrEP Tabs	Quantities Given: Condoms Male	Quantities Given: Condoms Fem	Outcome (Retained: HIV negative: No side effects: High risk: Continue Here, TO; Quit; Low risk; Side Effects; HIV positive; Lost to Follow-up; Died)	Appointment / Outcome Date
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	
		MNC MC FNP FP FBF	– + IND ND			ND	STI N ND					CON TO QU LO SE + DEF D	