

Global PrEP Learning Network:

Re-thinking the Use of Risk Assessment Tools for PrEP

January 21, 2021



CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



Opening & Introductions

Risk assessments for PrEP: Overview of the issues

**Risk conversations and operationalizing risk assessments:
When, why, and how**

Q & A

**Zimbabwe's experience with the risk assessment and
screening tool and findings from the OPTIONS Test and
Prevent Study**

**Panel discussion: National Perspectives on PrEP Risk
Assessment**

Today's Speakers



Rachel Baggaley, Coordinator testing, prevention and populations, Global HIV, Hepatitis and STIs programmes, World Health Organization

Dr. Rachel Baggaley is the team lead for testing, prevention, and populations in the Global HIV, hepatitis and STI programmes at World Health Organisation in Geneva. This work includes supporting global normative guidance on prevention including PrEP.



Andrew Lambert, Senior Technical Advisor, EpiC/LINKAGES, FHI 360

Andy Lambert is a Senior Technical Advisor for KP/PP for FHI 360's EpiC-LINKAGES programs. He has over 20 years of experience in HIV programming from HIV vaccine and microbicide research to leading HIV service delivery programs. He currently resides in Cape Town, South Africa.

Today's Speakers



Joseph Murungu, Senior Technical Consultant, Pangaea Zimbabwe AIDS Trust (PZAT)

Joseph is a Senior Technical Consultant for Pangaea Zimbabwe AIDS Trust collaborating with the Ministry of Health and Child Care to introduce and scale up oral PrEP, including research, development of guidelines, strategic plans, implementation, and training and mentorship of service providers.



Hasina Subedar, Technical Advisor, National Department of Health, South Africa

Hasina has been supporting the National Department of Health in South Africa since 2015 with the implementation of Pre-Exposure Prophylaxis and the She Conquers Campaign. Her past technical support included the roll-out of the human papillomavirus vaccination programme and the revitalization of Primary Health Care services, integrating community health workers into the public health system, and the establishment of ward-based outreach teams.

Today's Speakers



Getrude Ncube, National HIV Prevention Coordinator, Ministry of Health and Child Care, Zimbabwe

Getrude is the National HIV Prevention Coordinator for the Zimbabwe Ministry of Health and Child Care. She has led national combination HIV prevention programming for the general population for over ten years. She has spearheaded the introduction of new evidenced-based initiatives in biomedical prevention that include VMMC and Pre-Exposure Prophylaxis in Zimbabwe. Getrude has also contributed to the WHO Guideline development group for HIV Testing Services and HIV Self Testing.

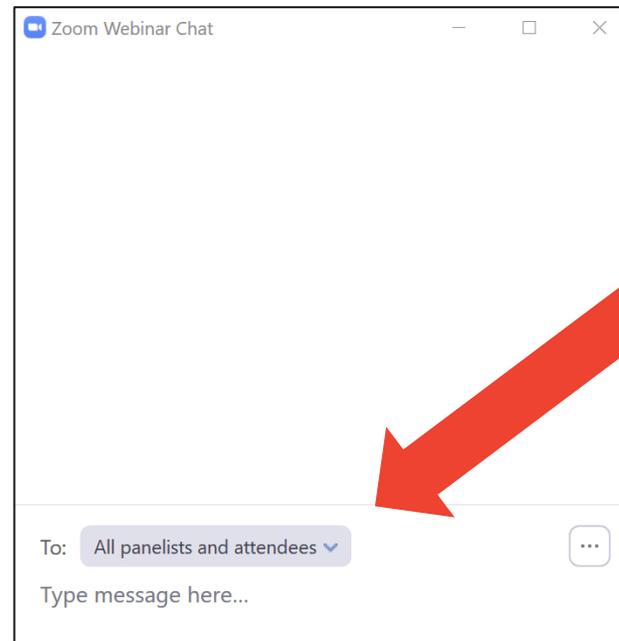


Sindy Matse, National Coordinator for Key Populations and PrEP programs, Eswatini National AIDS Program, Ministry of Health

Sindy is responsible for providing technical leadership and coordination; facilitating the development of policies and plans; and designing programs for key populations and PrEP programs in Eswatini. Sindy is a nurse with extensive experience in public health and HIV. She holds a Bachelor of Nursing and Masters in public health.

Reminder: Use “Chat” Function

Please feel free to ask questions and add comments to the chat box at any point during today’s presentations. At the end of the session, we will dedicate time to Q&A.



Choose “*all panelists and attendees*” from the drop-down menu when adding a question or comment to the chat box.

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PrEP Learning Network: Risk Assessments

Assessments for PrEP: overview of the issues WHO Rachel Baggaley



PrEP Learning Network

About PrEP PrEP tool Free PrEP on the NHS Buy PrEP now

Our PrEP tool is here to answer your PrEP-related questions.

Help us evaluate this quiz by answering a few demographic questions. These are confidential and anonymous.

I am...

I have sex with... men women
(please choose all that apply) non-binary people

My ethnic group is...

My age is...

We can help you with the following questions.

Choose a quiz: Is PrEP right for me?
 I'm already taking PrEP. How do I make sure I'm taking it correctly?
 I want to stop taking PrEP or have already stopped taking it. What do I need to know and how do I do it safely?

Start the quiz

Risk factor	Value per factor	Complete score	Simplified score
No. of lifetime sexual partners			
1 point per sexual partner	Enter at least 1		
Male partner HIV status			
Known or no male partner	0		
Unknown	6		
Syphilis			
RPR nonreactive	0		
RPR reactive	5		
Bacterial vaginosis			
Negative or not screened	0		
Positive	2		
Candidiasis			
Negative or not screened	0		
Positive	3		
Total risk score			

HIV Pre-Exposure Prophylaxis (PrEP) Risk Assessment Tool: Individual Risk Calculator

1. What percent of the time do you use condoms when having anal sex, including both receptive (bottom) and insertive (top)? **50 %**
2. What percent of the time are you the insertive partner (top) when having anal sex? **50 %**
3. On average, how many times per month do you have anal sex? **6**
4. Are you in a monogamous relationship with an HIV positive partner? Yes No
 - 4b. What is the HIV prevalence in your community? (click [here](#) for CDC estimates of HIV prevalence among MSM by metropolitan area, age, and race/ethnicity. If left blank, the national average of 19% will be used) **16 %**

Risk of acquiring HIV this year:

Without PrEP	1 in 44 (2.3%)
PrEP, expected adherence ¹	1 in 77 (1.3%)
PrEP, expected adherence + increase in risky behavior ²	1 in 59 (1.7%)
PrEP, high adherence ³	1 in 538 (0.2%)
PrEP, high adherence and 100% condom use	1 in 1614 (0.1%)

MSM Risk Index from the US Public Health Service Clinical Provider's Supplement to the PrEP Guidelines

MSM Risk Index ²⁴	
1. How old are you today?	If <18 years, score 0 If 18-25 years, score 8 If 26-40 years, score 5 If 41-48 years, score 2 If 49 years or more, score 0
2. In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7 If 6-10 male partners, score 4 If 6-5 male partners, score 0
3. In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	If 1 or more times, score 10 If 0 times, score 0
4. In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partner, score 8 If 1 positive partner, score 4 If <1 positive partner, score 0
5. In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?	If 5 or more times, score 6 If 0 times, score 0
6. In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, score 6 If no, score 0
Add down entries in right column to calculate total score	
TOTAL SCORE*	

* If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP. If score is below 10, provide indicated standard HIV prevention services.

How to prioritize PrEP

What does WHO say about “eligibility” for PrEP

Three criteria that are universally essential before offering an individual PrEP (*see clinical module in WHP PrEP implementation guide*):

1. Confirmed HIV-negative status *and*
2. No signs and symptoms of acute HIV infection *and*
3. **Determined to be at substantial risk for HIV** as defined by national guidelines (countries may define this differently)

? Do screening tools help to “find” people at substantial risk?

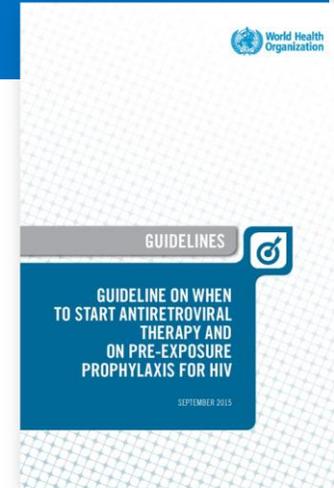
What does WHO say about “substantial risk”

WHO recommendation

Oral PrEP should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches

Rationale – approximation of when PrEP might be cost-effective

Defining “substantial risk”: *Substantial risk of HIV infection is provisionally defined as HIV incidence ≥ 3 per 100 person-years in the absence of PrEP. HIV incidence ≥ 3 per 100 person-years identified among some groups of MSM, transgender women in many settings and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection.*

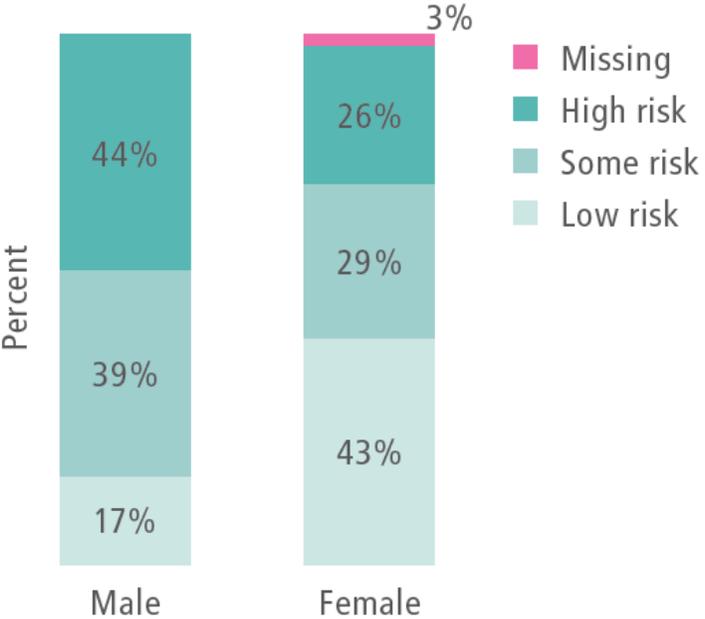


Why risk assessments

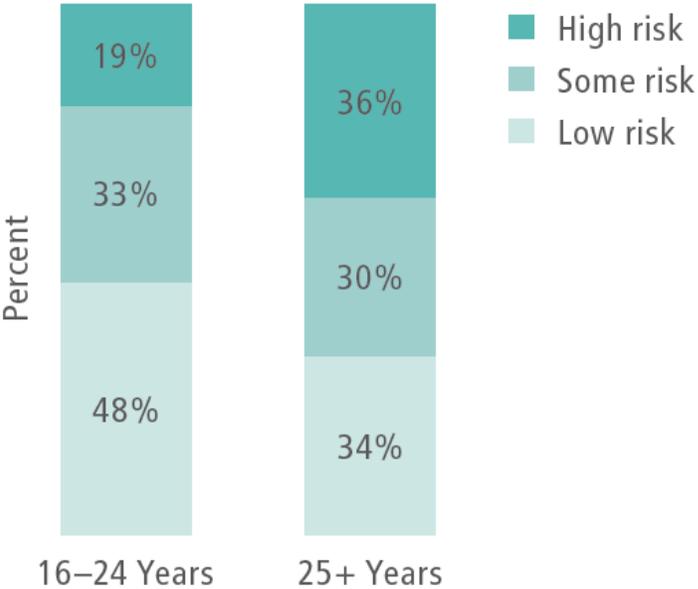
- Worries about costs and cost-effectiveness
- Poor risk perception among people who may benefit from PrEP
- Worries about harms – giving drugs to HIV negative people with ‘lower’ risk
 - Adverse events for client
 - Adverse events for infants
- Number needed to prevent (NNP)

Perceived Risk of HIV Infection Among People Identified to be at Risk in Eswatini (n=652)

a. By sex



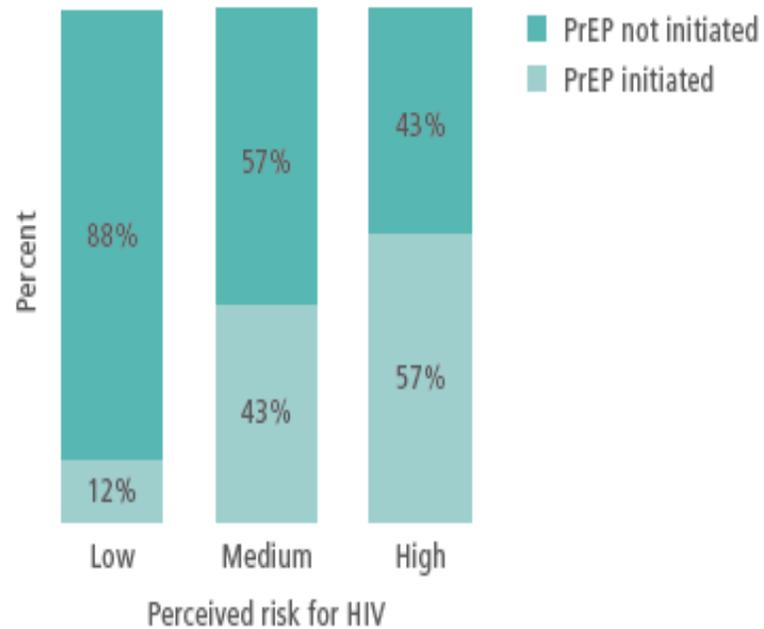
b. By age group



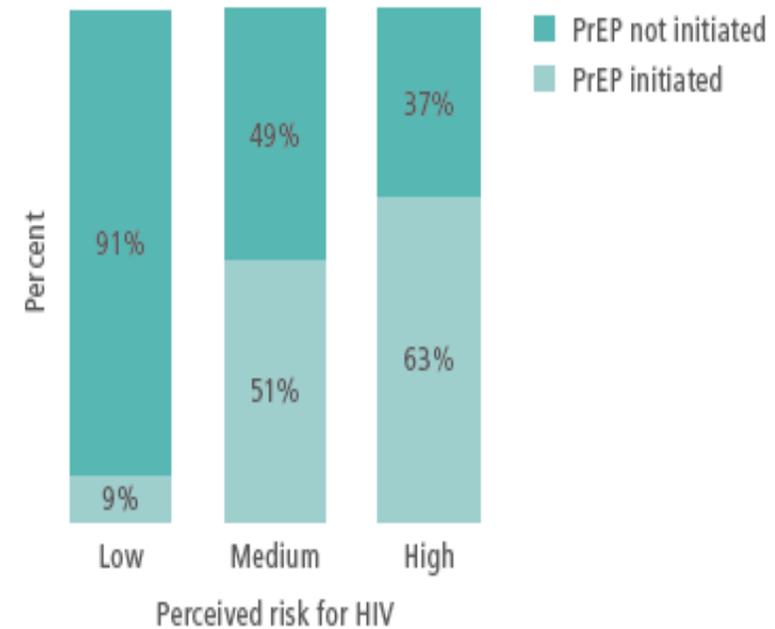
• Source: Hughey et al., Presented at 12th INTEREST Conference; 2018 29 May-1 June; Kigali, Rwanda

PrEP Uptake by Risk Perception

a. Youth 16–24 years



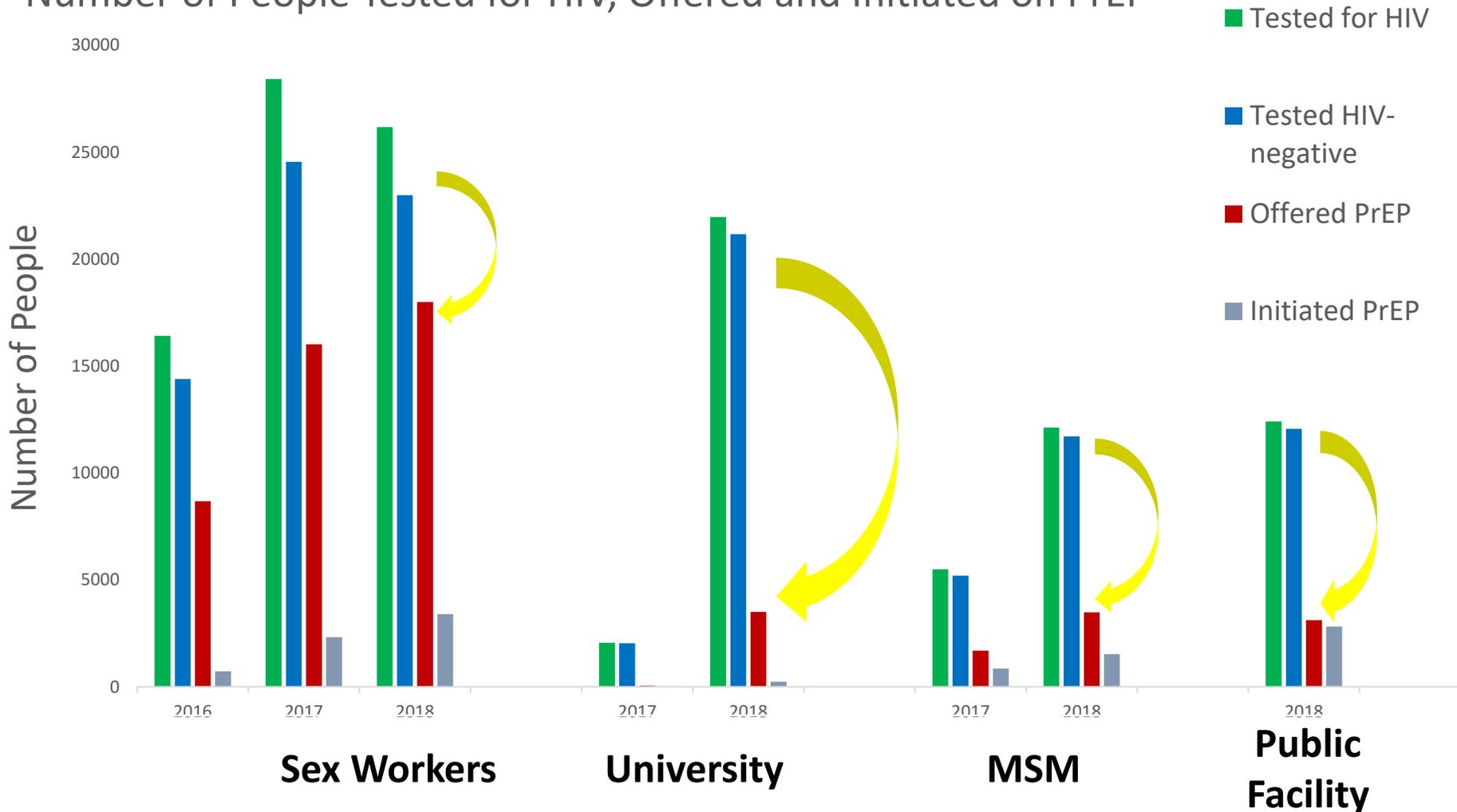
b. Youth 25+ years



Source: Hughey et al., Presented at 12th INTEREST Conference; 2018 29 May–1 June; Kigali, Rwanda

Are we getting it right? HIV testing and offer - PrEP, South Africa

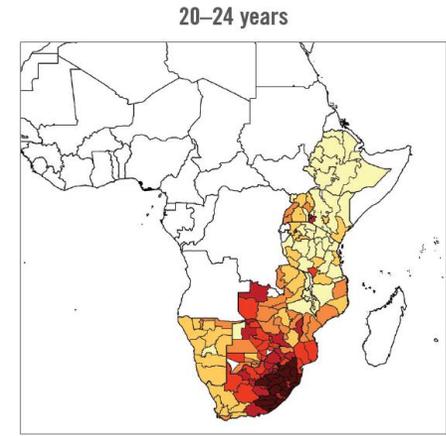
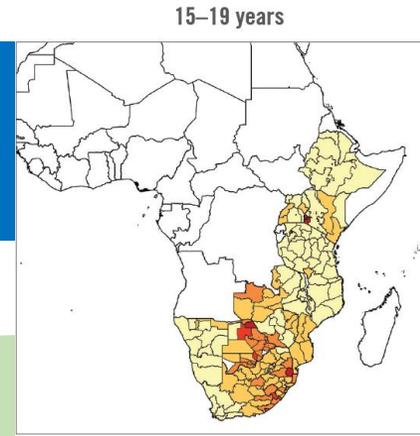
Number of People Tested for HIV, Offered and Initiated on PrEP



Higher offer in groups of “higher risk”

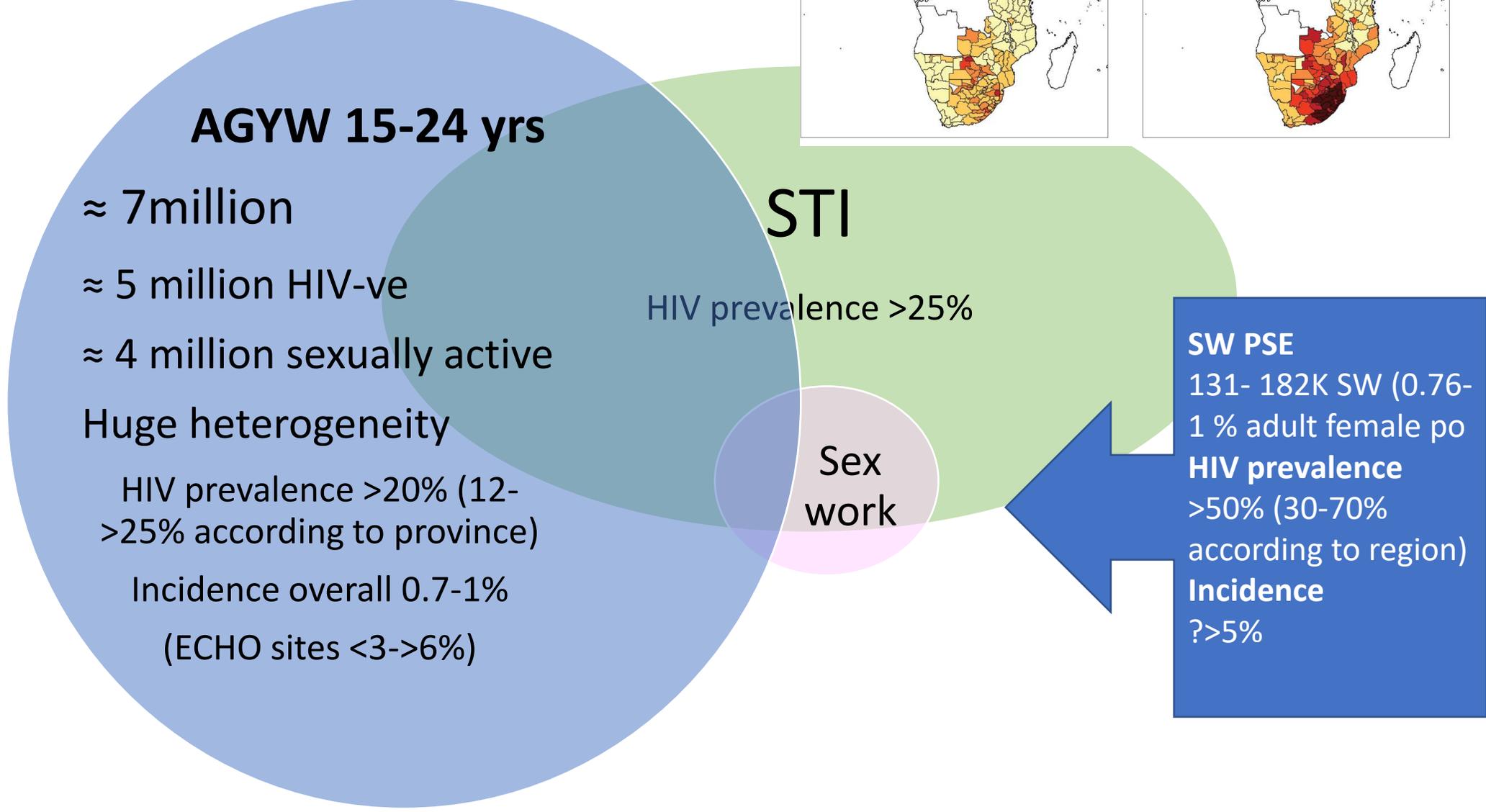
? Appropriate
? Are we missing people who might benefit

Why do we need to focus PrEP offer: PrEP for AGYW in South Africa



Sub-national HIV incidence (%)

- > 2.80%
- 2.00 – 2.80%
- 1.50 – 1.99%
- 1.00 – 1.49%
- 0.50 – 0.99%
- 0.00 – 0.49%



AGYW 15-24 yrs

- ≈ 7million
- ≈ 5 million HIV-ve
- ≈ 4 million sexually active
- Huge heterogeneity
 - HIV prevalence >20% (12- >25% according to province)
 - Incidence overall 0.7-1% (ECHO sites <3->6%)

STI

HIV prevalence >25%

Sex work

SW PSE
 131- 182K SW (0.76- 1 % adult female po
HIV prevalence
 >50% (30-70% according to region)
Incidence
 ?>5%

Why not risk assessments



Provider issues



Adds time and complexity



Barriers when asking sensitive questions



Client issues



Don't want to answer



Exclusion from services

Risk assessments - screening people out or screening people in

Screening out for offer 'risk factors' for 'eligibility'

- Offering choices among higher risk populations



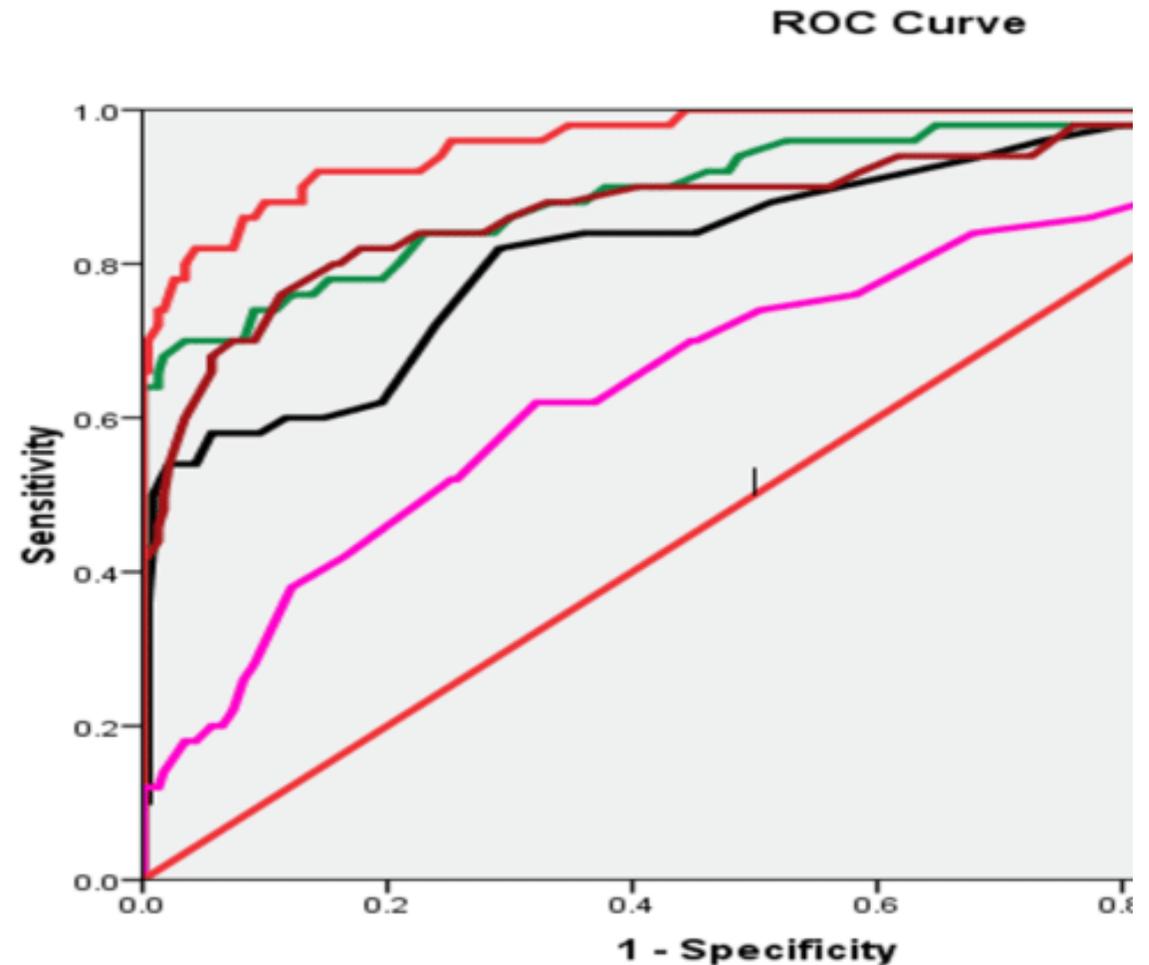
Screening in for offer *Prompts for offer*

- Large heterogenous populations with overall lower risk
- AGYW in some settings?

? the best assessment of risk is personal request
If someone 'asks' for PrEP usually appropriate

Screening tools effectiveness

- **Predictive ability**
 - AUC
- **High sensitivity tools**
 - Don't want to miss people who could benefit from PrEP
- **High specificity tools**
 - Can rule out those who don't or wouldn't benefit from PrEP



Tools must be “accurate”

High AUC

Ideally > 0.8

Tools must be externally validated

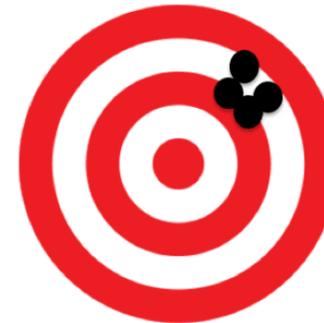
- Often wide variations in AUC
 - Variations in HIV epidemiological profiles (even within the same country)
 - New risk factors to include or adapting to local measurements
 - How risk factors relate to one another (co-variance) and importance will change in different settings and over time
 - Not all risk factors are routinely collected
 - Different HIV epidemics – e.g. concentrated among MSM men or not
 - Risk factors may change over time

Tools must be reliable

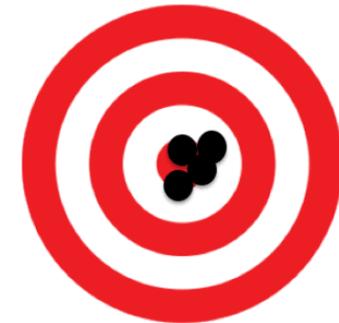
- Self-reported behaviours vs. objective measures
- Language construction and wording



Unreliable and invalid



Reliable but invalid



Reliable and valid

Tools must be feasible

Implementation

- Simple, concise
- Acceptable to providers and users
- Clinic flow
- Ongoing monitoring

Risk screening tools for MSM

Performance of existing national and international PrEP eligibility criteria to predict future HIV seroconversion among MSM in Beijing, China

1663 MSM - 287 (17%) incident HIV seroconversions

- Participants classified as indicated for PrEP (or not) based on criteria from guidelines from **Europe, Korea, South Africa, Taiwan, UK, US and WHO.**
- # men indicated for PrEP from different guidelines ranged from 556 (33.4%) to 1569 (94.2%).
- Compared to random allocation, sensitivity of algorithms to predict seroconversion ranged from slightly worse (-4.7%) to 30.2% better than random.
- None of the sensitivity values increased by more than 11% when compared to random allocation.

The performance of international indication guidelines was only slightly better than random allocation

Conclusion – “it may be best to indicate for PrEP all sexually active persons interested in adopting the prevention mechanism”.

TABLE A.2. CDC HIV RISK INDEX FOR MEN WHO HAVE SEX WITH MEN IN THE UNITED STATES

MSM RISK INDEX		
1. How old are you today?	If <18 years, score 0	
	If 18-28 years, score 8	
	If 29-40 years, score 5	
	If 41-48 years, score 2	
	If 49 or more, score 0	
2. In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7	
	If 6-10 male partners, score 4	
	If 0-5 male partners, score 0	
3. In the last 6 months, how many times did you receptive anal sex (you were the bottom) with a man without a condom?	If 1 or more times, score 10	
	If 0 times, score 0	
4. In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partner, score 8	
	If 1 positive partner, score 4	
	If <1 positive partner, score 0	
5. In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?	If 5 or more times, score 6	
	If 0 times, score 0	
6. In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, score 6	
	If no, score 0	
	Add down entries in right column to calculate total score	
		TOTAL SCORE*

* If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP. If score is below 10, provide indicated standard HIV prevention services.

Source: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Providers' Supplement. United States Centers for Disease Control and Prevention, 2014.

Risk screening tools for AGYW

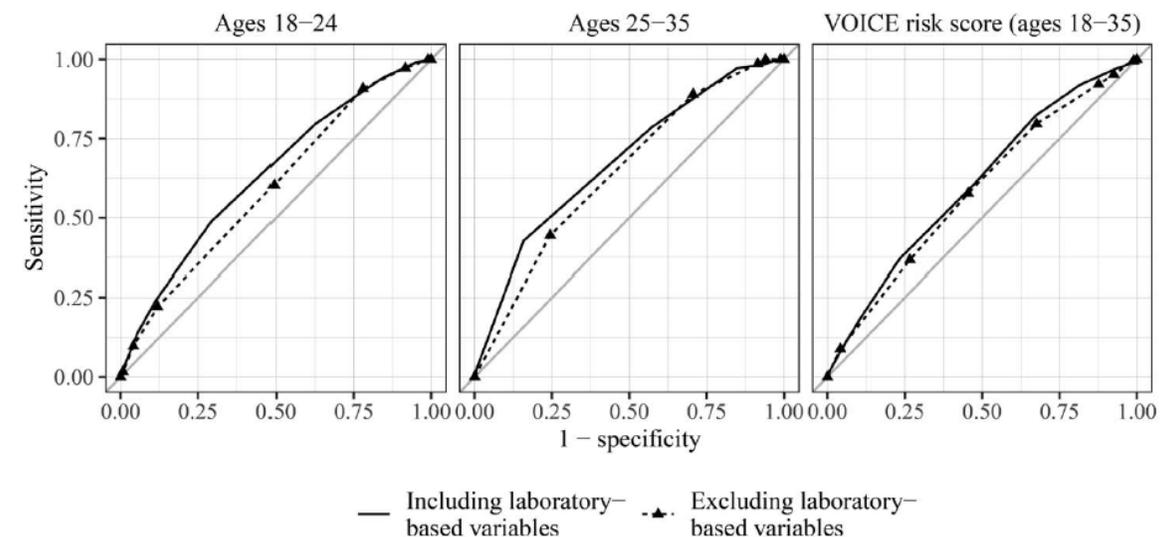
Evaluation of the predictive performance of age-specific risk scores of non-age-specific VOICE risk score for women aged 18–45.

- Predictive performance of all risk scores moderate - AUC 0.64 (95% CI 0.60 to 0.67) among women 18–24, 0.68 (0.62 to 0.73) women 25–35, and 0.61 (0.58 to 0.65) for the VOICE risk score applied to women aged 18–35
- Age-specific risk scores do not improve HIV prediction in women in South Africa
- **Conclusion: “Approaches for targeted PrEP provision to women in South Africa may require more extensive data than are currently available to improve prediction.”**

TABLE A.3. HIV RISK SCORE FOR PREGNANT AND POSTPARTUM WOMEN IN KENYA

RISK FACTOR	VALUE PER FACTOR	COMPLETE SCORE	SIMPLIFIED SCORE
No. of lifetime sexual partners			
1 point per sexual partner	Enter at least 1		
Male partner HIV status			
Known or no male partner	0		
Unknown	6		
Syphilis			
RPR nonreactive	0		
RPR reactive	5		
Bacterial vaginosis			
Negative or not screened	0		
Positive	2		
Candidiasis			
Negative or not screened	0		
Positive	3		
Total risk score			

Source: Fimyo et al, 2016, (28)



In conclusion

- Mixed evidence of the utility of risk screening tools
- Screening should not screen people out of PrEP, but identify those most at risk and open a conversation around risk between provider and client
- People who request PrEP should be offered – counselling and support more important than risk screening for PrEP
- Move from screening tools to community and conversation approach (about HIV risk, PrEP and if and how it could be a suitable or acceptable prevention method)
 - part of a PrEP conversation - discuss apprehension/barriers and overall willingness/readiness to use PrEP
- “Risk screening” may reinforce a barrier, especially for AGYW
- Difference between “risk assessments” and “eligibility”
- Caution about language
 - “risk” – interpreted as a pejorative, morality issues
 - ? better to say “PrEP conversation tool” or “PrEP counseling tool”

? do away with risk assessment entirely or modify them to a less prescriptive approach – as PrEP conversation tool ... or something else

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Panel discussion: National Perspectives on PrEP Risk Assessment

Risk conversations and operationalizing risk assessments: When, why, and how

Andrew Lambert, Senior Technical Advisor
FHI 360 EpiC/LINKAGES



Appreciation and Thank You

To all the implementers, organizations, NGOs, CBOs and service users that we serve for their tireless efforts in the past, now in this intense time of COVID 19, and in the future working together to end this HIV pandemic, and now working to end these dual pandemics at the same time.

FHI 360 EpiC operational leaders on this topic and in this presentation:

- Engage Men's Health (EMH) (Dawie Nel and Dorian Smith)
- PACT Lesotho (Motlatsi Rangoanana)
- The FHI 360 technical/SI backstops (Dorica Boyee)

Context/Challenge –

Operationalizing PREVENTION (PrEP) and TREATMENT (ART) programs at the same time

1. Program demands: Targets

- Finding high number of HIV positive cases with high case finding rate with ART initiation, adherence and viral suppression and maintenance.
- Keeping HIV negative Individuals HIV Negative. Prevent Individual Infection. Oral (daily) PrEP Option

2. HIV positive case finding, over-testing, and not testing the “right” People

- Heavy treatment focus and targets seem to take away from broader Prevention efforts
- Set frequency of testing (i.e. KP 2-3-month) guidelines at country level stifles efficiency and innovation
- Large cohorts of target populations with repeat testing. Saturation reached or just testing the same people?

3. Treatment ART push has led to need for risk assessment/segmentation for HIV testing

- Generalized → Localized → Targeted → “Needle in a Haystack”
- Targeted testing: Risk Network Referrals approaches (EPOA), Targeted at-risk locations, Index Testing, etc
- Seemingly entire focus is on finding HIV positive cases
- Feeling of leaving people out and only providing services to a select subpopulation (KP CBOs and communities)

4. Most countries have only ONE option for PrEP, oral daily PrEP

- Huge targets based only on proportion of HIV negatives without any further understanding around risk or ready, willing and able to use.
- Where are the PrEP Options that are “available” but no guidelines in country

Exposure Risk Assessments – Current risks of HIV acquisition and vulnerabilities leading to potential future exposure

- Associations with HIV infection:
 - **Primary (exposure)** – Condomless sex and sharing needles (illicit drugs)
 - Risk Multipliers: Receptive anal sex, multiple partners, HIV positive partner, STIs
 - Risk “Reducers”: Proper PrEP use, circumcised
 - Reduce social desirability in questions especially regarding condom use
 - **Secondary (vulnerability)** – May lead to condomless sex or sharing needles
 - e.g., alcohol and substance use/abuse/addiction, mental health, GBV, Intergenerational sex
 - ART (Past HIV Exposure) = Find new HIV Positives → ART → VLS and maintenance
 - PrEP (Potential Future Exposure) = Prevention → Risk Behaviors and/or Vulnerabilities

Risk Assessment Screening Tool (RAST) to segment and prioritize HIV Testing for MSM: EpiC Lesotho, Namibia, and Liberia

- 7 questions
- Simple skip pattern
- Easy to mark (priority H/M/L) to question
- Includes section for peer/LC instructions.
- Includes PrEP use question with promotion/demand creation/continued use prompt

D. Screening Questions	Priority score	Instructions
Q1: Have you ever tested for HIV? <input type="checkbox"/> No (if no skip to Q4) <input type="checkbox"/> Yes	<input type="checkbox"/> H	There is higher risk of HIV infection if the client has never tested for HIV. Continue screen
Q2: Do you know your current HIV status? <input type="checkbox"/> Yes, I am negative <input type="checkbox"/> No, I do not know <input type="checkbox"/> Yes, I am positive <input type="checkbox"/> Yes, (only with <u>not</u> confirmation of Pos/Neg) <input type="checkbox"/> Refuse to Answer		There is an assumption that an individual who does not want to disclose their HIV status is highly likely to be known HIV-positive. A simple "yes" or refuse could mean HIV+. Need to probe more to try and identify and properly support.
<input type="checkbox"/> Yes, I am HIV-negative or No, I don't know a) Are you currently on PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> Consistent (skip to Q5) <input type="checkbox"/> Not Consistent <input type="checkbox"/> No	<input type="checkbox"/> M	If Yes, assess risk. <u>Consistent</u> = takes pill every day. May miss a day on occasion but not before/during/after unprotected sex <u>Not Consistent</u> = chance had unprotected sex while not taking PrEP. Then, remind how it should be taken to be protective. If No, inform, educate and promote PrEP.
<input type="checkbox"/> Yes, I am HIV-positive (or suspected) a) Are you currently taking ART? <input type="checkbox"/> Yes (skip to Q5) <input type="checkbox"/> No (skip to Q4)	<input type="checkbox"/> H	If the client is not taking ART, educate the client about HIV treatment, ensure that the client is linked to ART services and index testing.
Q3: When did you last test for HIV? <input type="checkbox"/> Less than 3 months ago <input type="checkbox"/> Between 3 and 6 months ago <input type="checkbox"/> Between 7 and 12 months ago <input type="checkbox"/> More than 12 months (one year)	<input type="checkbox"/> M <input type="checkbox"/> H	(choose only one that applies) For under 6 months since last negative result, assess exposure.
Q4: Since your last HIV neg test result or if you have never tested, did you have any of the following? <input type="checkbox"/> Sex with anyone where_ a condom wasn't used, a condom broke, or a condom was not available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was there semen <input type="checkbox"/> In you? (receptive) <input type="checkbox"/> In someone else? (insertive) <input type="checkbox"/> Both <input type="checkbox"/> Refuse to answer	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> H	Only mark box if one of the three scenarios happened. Client does NOT need to be asked each scenario separately but together. A "yes" response means there was an exposure and mark box If exposure marked ask follow-up questions in a) to determine type of risk exposure: insertive, receptive, or both. Tick one that apply. If refuses to answer type of exposure, consider this H priority for testing.
Q5: Sexual contacts Do you have sex with people who are: (mark all that apply) <input type="checkbox"/> Younger age group than you? <input type="checkbox"/> Same age group as you? <input type="checkbox"/> Older age group than you?		
Q6 STI Do you currently have symptoms of any STIs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> H	There is a heightened risk of HIV transmission with <u>STI's</u> , and is also an indicator of no condom use.
Q7 Circumcision Are you circumcised by a medical provider? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M	There is still a risk of HIV infection if the client is insertive and circumcised, but higher risk if the client is insertive and NOT circumcised

Attempts to more accurately screen for primary HIV exposure RISK (condomless sex)

<p>Q4. Since your last HIV neg test result or if you have never tested, did you have any of the following?</p>	<p><input type="checkbox"/> Sex with anyone where: a condom wasn't used, a condom broke, or a condom was not available?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, was there semen</p> <p><input type="checkbox"/> In you? (receptive) <input type="checkbox"/> In someone else? (<u>insertive</u>) <input type="checkbox"/> Both <input type="checkbox"/> Refuse to answer</p>	<p><input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> H</p>
<p>Q7 Circumcision</p>	<p>Are you circumcised by a medical provider?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> M</p>

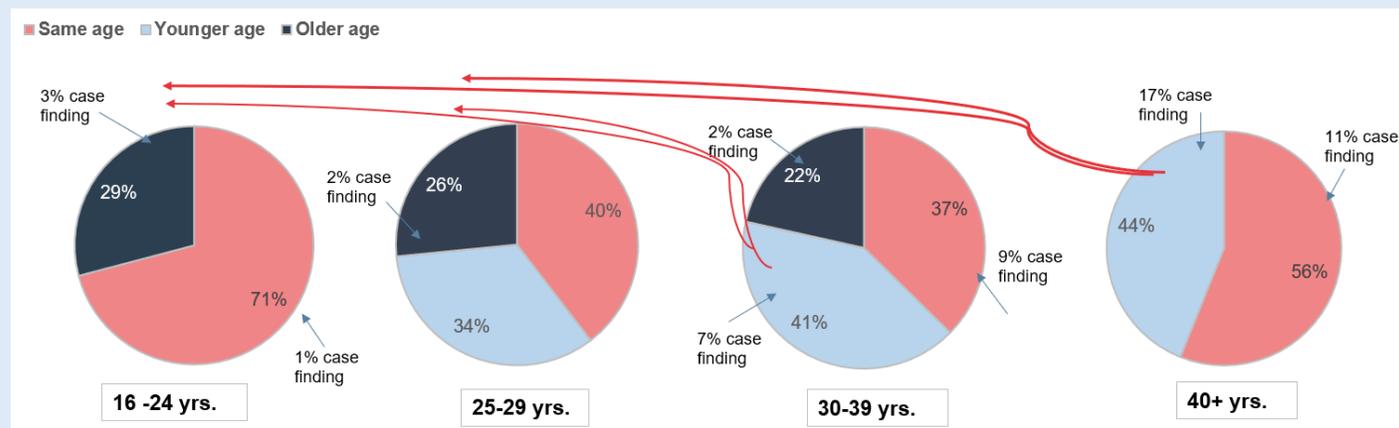
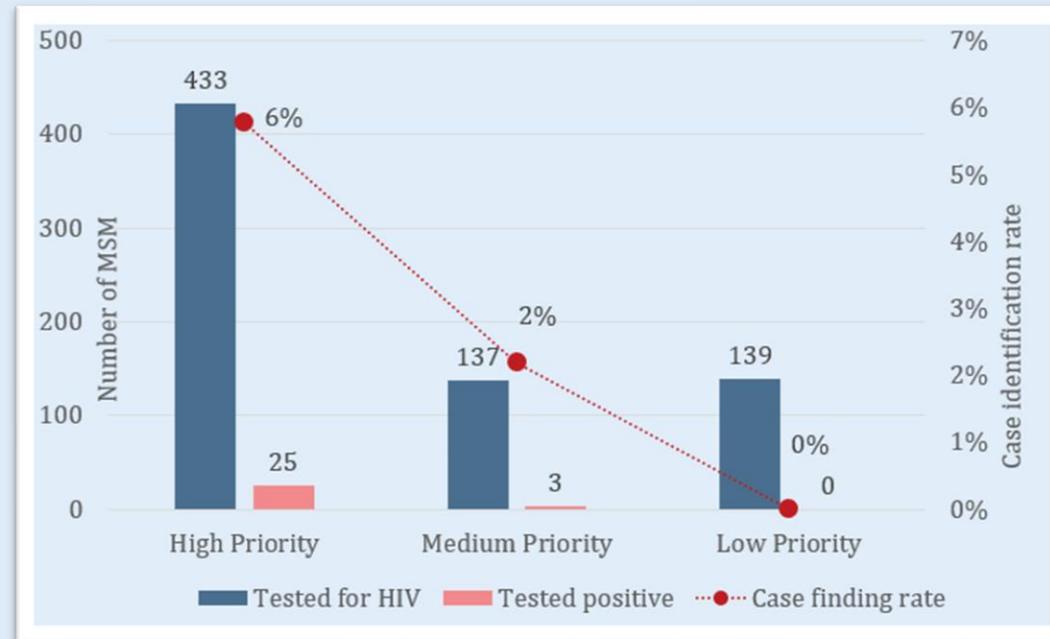
- Social desirability question that improves more truthful condom use responses
- “Refuse to answer” as proxy for receptive exposure
- Risk Multipliers: Insertive is rated M, but “multiplied” to H if report not circumcised (2Ms = H)

EpiC Lesotho RAST findings -

709 MSM eligible for testing screened with RAST and tested using rapid HIV testing kits

All data entered, cleaned, and validated

Risk variable	HIV Pos	HIV Neg	Total	% HIV cases	Fisher's exact test
Priority (risk) Score					
- Zero HIV case in Low priority group					
- 89% (25/28) of HIV cases in High priority group					
Low	0	139	139	0%	P<0.001
Medium	3	134	137	2%	
High	25	408	433	6%	
Age					
- 82% (23/28) of newly diagnosed MSM were 30+					
- Majority of under 30 infections from sex with older MSM.					
Under 30	5	424	429	1%	P<0.001
30+	23	257	280	8%	
Condom Use					
- 66% of all 709 MSM reported condomless sex					
- 27/28 HIV positives reported condomless sex					
Condomless sex (YES)	27	443	470	6%	P= 0.001
Condomless sex (NO)	1	215	216	0.5%	
Refused to answer	0	23	23	0%	



Intergenerational sex analysis – Majority of under 30 infections from sex with older MSM.

Screen-in or Screen-out... Or both?

- **Risk segmenting for reaching higher exposure risk individuals for HTS/PrEP equals**
 - Efficiency in reaching more positives (case finding rate increase)
 - Increased pool of higher risk HIV negatives to focus targeted PrEP education, awareness, decision making.
- **“Screen out – Opt in” approach** for low exposure risk individuals.
 - Test if desired (no one denied testing)
 - Provide PrEP if asked for but not actively offered
- **“Screen in – Opt” out approach** for high exposure risk individuals.
 - Ready, Willing and Able conversation

Negative and at exposure risk, but are they Ready, Willing and Able for PrEP?

- **Not willing** = Client doesn't think PrEP is important or needed for them
- **Not able** = Doesn't fit in with their lifestyle or can't commit to taking 1 pill a day

PrEP Referral					
<i>Has the client been identified as high risk MSM?</i>	Yes	No			
<i>If yes, has PrEP been offered to the client?</i>	Yes	No	<i>If no, why not?</i>	Not willing	Not able
<i>If yes, did client accept offer of PrEP?</i>	Yes	No			
<i>If no, why did client decline offer of PrEP? (select all)</i>	Fear of perceived HIV	Fear of MSM disclosure	Don't think they are high risk	Don't want lifelong meds	Worried of side effects
	Don't want to do follow ups	Need more time	Other:		

*Willing and Able PrEP risk screening, education and segmentation tools and data from Engage Men's Health MSM project in South Africa

PrEP risk segmentation/prioritization program results: a need to balance high case finding and PrEP targets

Engage Men's Health, South Africa

Low Risk	JUL	AUG	SEP	OCT	NOV	DEC
HIV Neg	171	387	287	180	434	270
Offered PrEP	171	387	287	15	4	1
Accepted	33	21	14	15	4	1
% accepted/offer and started	19%	5%	5%	100%		
Initiated	33	21	14	100%	4	1

High Risk	JUL	AUG	SEP	OCT	NOV	DEC
HIV negative as prior defined as MSM and anal sex	852	684	455	401	668	618
Number moved to L risk with no reported condomless sex					297	262
% changed to L					44%	42%
HIV Neg H risk offered PrEP	852	684	455	401	371	356
Number YES, Willing and Able					320	264
% willing and able					86%	74%
Initiated PrEP	349	213	171	162	228	264
% of total H risk negatives that initiated	41%	31%	38%	40%	61%	74%
% of Total H risk and able/willing that initiated					71%	100%

Compares PrEP initiation/uptake between H/L risk MSM based on more segmented exposure disaggregation in Nov/Dec

- July to September
 - H risk segmentation based solely on MSM reporting anal sex with ALL Negative MSM offered PrEP in a “screen-in, opt out approach. PrEP variation in uptake between L/H in pink
- October to December
 - October – December: changed L risk to “screen-out, opt in” approach. Stopped actively referring L priority MSM
 - Nov/December – adjusted H risk priority determination to include primarily those reporting condomless exposure risk
 - 43% (n=559) shifted into L priority category
 - 59% of new H risk categorization initiated
 - Of willing and able, 84% initiated, with December rate at 100%

Secondary Exposure Risk Assessment and PrEP

GBV Referral					
Have you ever experienced verbal or physical abuse because of your sexuality?	Sexual	Physical	Emotional	All	None
Have you ever experienced discrimination because of your sexuality? (select all)	Relationship	Home	Community	Workplace	None
If yes: Is this discrimination ongoing?	Yes	No	Refused to answer		
Has the client been identified as being at risk for GBV/IPV?	Yes	No			
For Sexual violence: when did the sexual violence occur?	Less than 72 hours ago	More than 72 hours ago	If >72 hours, referral partner		
If less than 72 hours: has the client been offered PEP?	Yes	No	If no, why not?		
If yes, did client accept offer of PEP?	Yes	No			
If no, why did client decline offer of PEP?	Fear of violence	Does not want to take pills	Other:		
Does client need to be referred for hate crime support?	Yes	No			

- Of note, more work needs to be done around screening for secondary risks and identifying opportunities for individuals and service providers to have conversations around current secondary risk as it relates to primary risk exposure and unpacking when to offer or suggest PrEP to individuals who may be vulnerable to a primary exposure because of the secondary risk.

PrEP targets are unrealistic with only one Oral PrEP daily option.

- Risk assessments that capture primary and secondary exposure risks to prioritize for PrEP is only one element of increasing uptake and use.
- Estimate numbers of those to “be on PrEP” are not calculated to take into consideration the Ready, Willing and Able
- If we want to increase demand, uptake and continuation we NEED more options beyond daily oral PrEP.
- Options are there (i.e. Event Driven PrEP for MSM, Dapivirine Ring for AGYW, SWs, at-risk Women in general).... Let’s quickly act on them.
- We need more OPTIONS

Risk Assessments and PrEP Take-aways

- “Validating” risk assessments and risk questions to improve prioritizing HIV testing segmentation and PrEP can easily be done within regular HIV programming and operations
- Finding HIV+ individuals and treating to VL suppression is only ½ of the equation to epidemic control
- Efficiency in targeted HIV testing allows for increased capacity to reach new (more hidden) KPs and intensify PrEP prevention efforts
- HIV prevention is the other ½ of the epidemic control equation
- Risk segmenting and prioritizing for PrEP can show improved uptake and allow more time to support higher risk population with continued use.
- Motivational interviewing support needs for staff
- Need staff training, oversight, and continued guidance
- Data use for improved programming a must. Need to invest in this important aspect of programming



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe Group.

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**Risk conversations and operationalizing risk assessments:
When, why, and how**

Q & A

Zimbabwe's experience with the risk assessment and screening tool and findings from the OPTIONS Test and Prevent Study

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Zimbabwe experience with the risk assessment and screening tool (RAST) and findings from the OPTIONS Test and Prevent Study

Joseph Murungu

January, 2021





Introduction

- Daily oral PrEP included in the national guidelines in 2016 as part of combination HIV prevention and revitalization of HIV prevention in Zimbabwe
- Oral PrEP will be made available to all individuals who are HIV uninfected and are at substantial risk of HIV infection **after individual risk assessment**
 - Mandatory to assess whether the client is at substantial risk for HIV infection when PrEP is started
- Guidelines include practical questions to make the screening of potential PrEP users easy and should be not used to ration or exclude people from accessing PrEP





HTS Screening Tool

1	What is the service/purpose of your visit? Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>	
2	Have you experienced poor health in the past three months? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes offer HIV testing
3	When was the last time you were tested for HIV? Never <input type="checkbox"/> Past 3 Mnts <input type="checkbox"/> Past 12 Mnts <input type="checkbox"/> Beyond 12 Mnts <input type="checkbox"/>	Refer to testing/ retesting algorithm
4	What was the result? Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive <input type="checkbox"/>	
5	If negative, how do you consider your HIV risk? Not at all <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Refer/offer for HIV test for those at risk.
6	If inconclusive	Refer to testing/ retesting algorithm
7	If Positive, are you currently on ART? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, refer for OI/ ART services
8	Have you experienced any symptoms and/or signs of an STI, such as vaginal/urethral discharge or genital sores? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes offer HIV testing
9	Any partner, parent HIV positive? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes offer HIV testing

*Follow the colour codes from 4 to 7.

- Administered to all clients seeking services at a facility: to identify clients eligible for HIV testing
- Aims to improve yield, efficiency and cost-effectiveness of HIV testing services
- A client is considered eligible for testing if s/he meets any of the following criteria:
 - reports experiencing poor health in the past 3 months.
 - considers her/his own risk of HIV to be mild, moderate, or severe.
 - has experienced symptoms of a sexually transmitted infection (STI).
 - has an HIV positive partner or parent





Risk assessment and screening tool (RAST)

Screening Form for PrEP
Start Up or Follow-Up Visits

Date of Birth (DD/MM/YYYY)
____/____/____

What is your sex? (Tick what is applicable) Male Female

* Consider offering PrEP

1. In the past 6 months: How many people did you have vaginal or anal sex with?
0 1 2+*

(If response is zero (0) skip to question 6)

2. In the past 6 months: Did you use a condom every time you had sex?
Yes No* Don't Know*

3. In the past 6 months: Did you have a sexually transmitted infection?
Yes* No Don't Know*

4. Do you have a sexual partner who has HIV?
Yes* No Don't Know*

	Yes	No*	Don't Know*
a. If, "Yes, has he or she been on therapy for 6 or more months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes," has the therapy suppressed viral load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Administered to determine whether a client should be offered PrEP, PEP, or be considered for acute HIV infection
- For clients testing HIV negative
- Mandatory before PrEP initiation and resupplies
- Client is a candidate for PrEP if s/he meets any of the following criteria:
 - has had vaginal or anal sex with two or more people in the past 6 months
 - has not used a condom every time s/he had sex in the past 6 months
 - has had an STI in the past six months
 - has an HIV positive partner



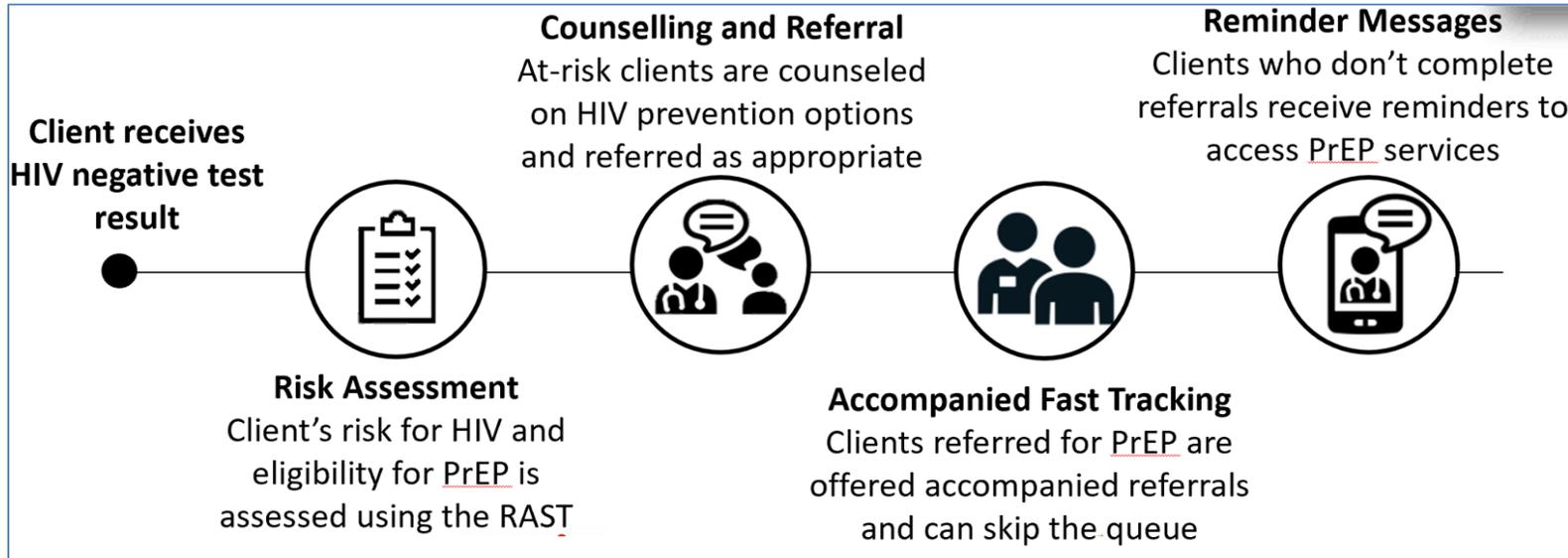


The OPTIONS Test and Prevent Study

GOAL

To produce evidence about a Test and Prevent intervention introduced into existing HIV testing programs in Zimbabwe.

Interventions



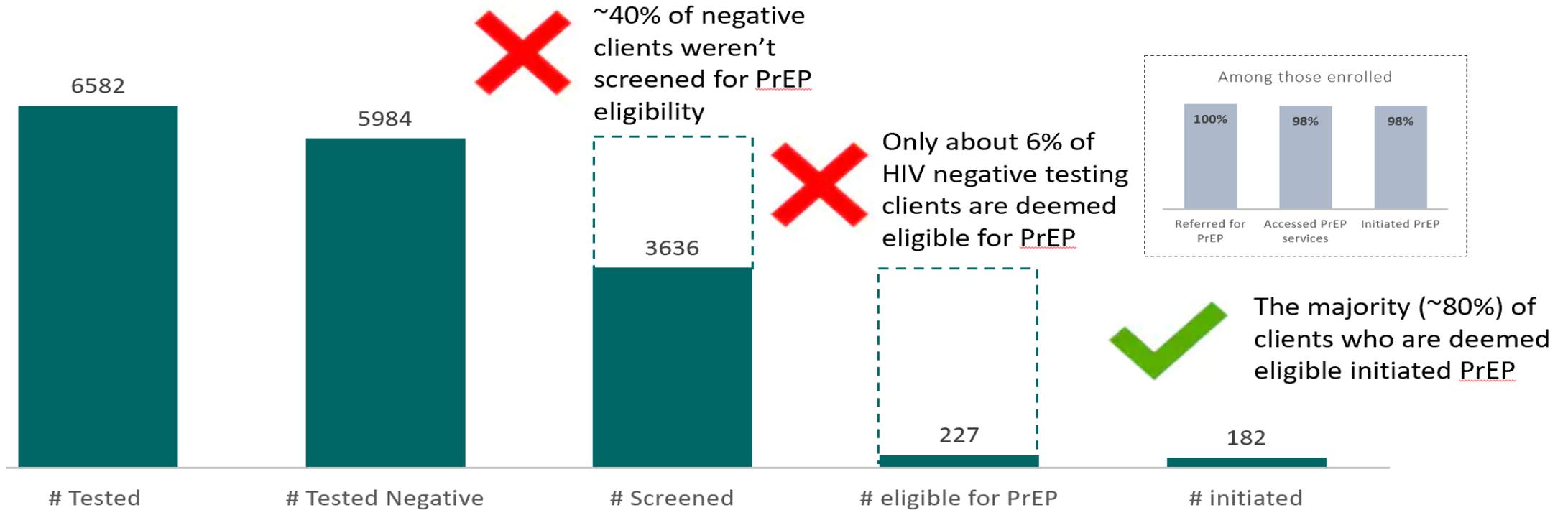
Methodology

- Mixed methods descriptive evaluation
- Clients (16+ years) who accessed HIV testing services and tested negative were enrolled to receive risk assessment, in-person counselling, referral to prevention services as needed, and follow-up
- Tracking data:
 - # PrEP referrals
 - # PrEP referrals completed
 - # clients who initiate PrEP
- Qualitative interviews with providers and clients





PrEP cascade using M&E data from study sites



- Disconnect between results of the Adult Screening Tool and the RAST
- 94% of clients were considered at risk from the Adult Screening Tool, but not at risk based on the RAST
- Adhering too strictly to the questions defined in the RAST could lead to lack of identification of at-risk clients





Why clients were not screened



~40% of negative clients weren't screened for PrEP eligibility



Screened

- Intervention steps such as screening no trained provider was available
- Heavy workload
- Perceived potential client discomfort with the content of the RAST
- Providers uncomfortable and avoid taking sexual histories
- Providers purposefully avoided screening clients because of 1) perceived duplication with HTS screening tool 2) they felt some clients were not at risk



Action points

- Provider training to address discomfort and bias in discussing risk behaviors
- Encouraging providers to administer it in a more conversational manner- including use of local languages
- Further refinement of the RAST to address the sensitivity of some questions
- Review of the HTS screening and risk assessment processes and tools
 - Evaluation of an updated HTS screening tool (*underway*)
 - Modified electronic version of HTS screening tool included as part of the Electronic Health Records
 - Compliance with national guidelines: practical questions make the screening of potential PrEP users easy and **should be not used to ration or exclude people from accessing PrEP**





Thank you

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Panel Discussion: National Perspectives on PrEP Risk Assessment



Getrude Ncube, Ministry of Health and Child Care, Zimbabwe



Sindy Matse, National AIDS Programme, Eswatini



Hasina Subedar, National Department of Health, South Africa



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Job Aid Counselling Guide

Oral Pre-Exposure Prophylaxis (PrEP) Counselling Guide

1. Pre-test information

2. HIV test

3. Post-test counselling

For clients who are HIV-negative

4. Assess your client's risk of getting HIV.

Discuss your client's risk, explore the following:

- Do you ever have unprotected sex (not using a condom)?
- Do you have unprotected sex with a partner/s who are HIV-positive?
- Do you ever have unprotected sex with a person whose HIV status you don't know?
- Do you ever have sex under the influence of alcohol and/or drugs?

Be sensitive and
non-judgmental!

★ Individuals who answer **YES** to any of these questions or ask for PrEP should be considered for PrEP.

5. Inform your client that PrEP, a pill that prevents HIV, is available at this clinic.

6. Find out if your client is interested in knowing more about PrEP.

7. Provide information about PrEP - if your client is interested and wants to know more.

- PrEP is an ARV pill used to **PREVENT** HIV infection.
- PrEP is for HIV-negative people.
- PrEP is taken daily.
- PrEP is safe to take!
- PrEP does not protect you from getting other STIs.
- PrEP does not prevent you from getting pregnant.
- PrEP can be stopped at any time that you do not need it.

Always
try to use
a condom
as well as
PrEP.

Is PrEP for me?
Find out now!
press Enter ↵



health
Department:
Health
REPUBLIC OF SOUTH AFRICA



Are you having sex? Or thinking about starting a sexual relationship?
Yes
No

Do you know your HIV status?
Yes
No

What is your HIV status:
I'm HIV positive
I'm HIV negative

Do you want to know ALL your options to stay HIV negative?
More Information
press Enter ↵

PrEP is possibly a great option for you!
Get to your nearest clinic and have a chat with your health care worker about whether PrEP can be a good choice for you?
Find out more
press Enter ↵

Ask yourself:
Are you having sex with a partner(s) who's HIV status you don't know?
Are you having sex with a partner(s) who is HIV positive?
Have you had sex while under the influence of alcohol or drugs?
Have you had unprotected sex in the last year? (Didn't use a condom)
A: Answered **"YES"** to one or more of the questions...
B: Answered **"NO"** to all of the questions...

Find your nearest PrEP-providing facility at:
My PrEP Locations
press Enter ↵

Upcoming Sessions

**FEB
25**

**PrEP Delivery Strategies and
Universal Access to PrEP:
Findings from the POWER
and SEARCH Studies**

**MAR
25**

PrEP Continuation

**APR
22**

TBD

Visit www.prepwatch.org/virtual-learning-network for up-to-date information.

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- All **webinars are recorded** and will be accessible on PrEPWatch within a week post-presentation date.
- Complementary **resources** will also be shared on PrEPWatch—including relevant research articles and tools.
- Registration for **upcoming webinars** is also located on PrEPWatch.



Virtual Learning Network

The PrEP Learning Network, hosted by CHOICE, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up. Prior to July 2020, the PrEP Learning Network was hosted by OPTIONS, EpiC and RISE.

Its monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics.

Upcoming Webinars

- Expanding Access to PrEP through Community-based Delivery
Thursday, August 27, 2020, 9:00am EDT | 1:00 CAT | 10:00 EAT
[Register here.](#)

Previous Webinars

- Addressing the Elephant in the Room: Stigma and PrEP Rollout
Thursday, July 23, 2020
Research shows that stigma is an important barrier to the uptake of most services along the HIV prevention cascade, including PrEP. In this webinar, we heard about evidence-based approaches to address provider-level stigma, so clients feel comfortable and supported when accessing PrEP services. We'll also hear how Kenya has tried to de-stigmatize PrEP use by positioning it as an HIV prevention option "for all."
[Recording / Slides](#)

Visit www.prepwatch.org/virtual-learning-network for up-to-date information.

**Thank
You!**

