

# Key Populations Investment Fund: Introducing and Enhancing Access to Pre-Exposure Prophylaxis

SUCCESS STORY | JULY 2022

***Under EpiC, KPIF enabled an expansion of PrEP programming for key populations in Cote d'Ivoire, Ghana, Haiti, Lesotho, Namibia, Nigeria, South Africa, and Thailand, resulting in more than 25,000 new PrEP clients. In addition, KPIF supported EpiC's Thailand-based partners to provide peer-to-peer technical assistance to local partners in Laos, Burma, and the Philippines to strengthen capacity for PrEP delivery.***

## Key Populations Investment Fund

The Key Populations Investment Fund (KPIF) was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs)—men who have sex with men, sex workers, transgender individuals, and people who inject drugs—in sub-Saharan Africa, Southeast Asia, Latin America and the Caribbean, and Ukraine. The goal was to provide funding to KP-led, -trusted, and -competent civil society organizations (CSOs) and build their capacity to use their expertise to the benefit of the KP communities they serve.<sup>1</sup> The Meeting Targets and Maintaining Epidemic Control (EpiC) project led by FHI 360, one of several projects that received KPIF funding, worked with 99 local CSOs across 20 countries to implement KPIF-supported activities. Here we describe how some of those CSOs leveraged KPIF support to advance their work to introduce or enhance pre-exposure prophylaxis (PrEP) services for KPs.

## Role of Pre-Exposure Prophylaxis in the HIV Response for Key Populations

Pre-exposure prophylaxis (PrEP) was introduced in 2012 as an antiretroviral medicine for people to take to reduce their risk of getting HIV. The World Health Organization recognized the potential for population-wide benefits and released guidelines in 2015 recommending that PrEP be offered as a choice to people who are at substantial risk of HIV infection as part of a combination prevention strategy.<sup>2</sup> And, as a result, global uptake has increased over the past 10 years. Country data show that approximately 845,000 people in at least 54 countries received PrEP in 2020: a 43% increase since 2019; 182% since 2018.<sup>3</sup>

Yet, gaps in the availability and implementation of PrEP remain. The total number of people using this option in 2020 was just 28% of the target of 3 million in low- and middle-income countries, which represents only 8% of the Joint United Nations Programme on HIV/AIDS (UNAIDS) new global 2025 target.<sup>3</sup> Scale-up is highly concentrated in a small number of countries and uptake among KP individuals, in particular, has been slow. Increasing demand for, access to, and effective use of PrEP among KP individuals is critical to achieving epidemic control.

EpiC worked to improve uptake of PrEP through KPIF in the following countries: Cote d'Ivoire, Ghana, Haiti, Lesotho, Namibia, Nigeria, South Africa, and Thailand. Many of the community-based organizations (CBOs) that received KPIF support through EpiC used the funds to generate demand for PrEP, build capacity of providers to offer PrEP, introduce or scale up PrEP through KP-led and KP-friendly health services, and mitigate barriers to PrEP uptake among KPs. These local partners made important gains in PrEP delivery despite challenges posed by the COVID-19 pandemic during the period of performance.



**Box 3. Key KPIF-supported PrEP implementation achievements in South Africa**

- Demand creation efforts helped increase PrEP uptake through four selected KPIF-funded and KP-led community organizations working with main implementing partners, Anova Health institute and OUT Engage Men’s Health, expanding PrEP coverage to MSM in semi-urban and semi-rural communities within targeted districts
- Increased expansion of PrEP services to more high-risk MSM hot spots within larger MSM communities through specific campaigns, workshops, and events conducted by four KP-led CBOs and implementing partners
- Increased referrals for PrEP initiation to drop-in centers and mobile clinics by KP-led CBOs within MSM communities working with implementing partners

**Country Cases**

**South Africa**

EpiC project in South Africa began implementing KPIF activities in July 2019, working with two KP-led partners—OUT Engage Men’s Health (EMH) and Anova Health Institute (Anova)—and four community-based (CBO) organizations: SOHACA, I Am Who I Am Ministries (IAWIA), Sibanye LGBT, and Zonwabele LGBTI. The project’s target population was MSM, and the PrEP work was focused on expanding community reach, creating demand, and raising awareness of PrEP services among high-risk MSM networks in communities.

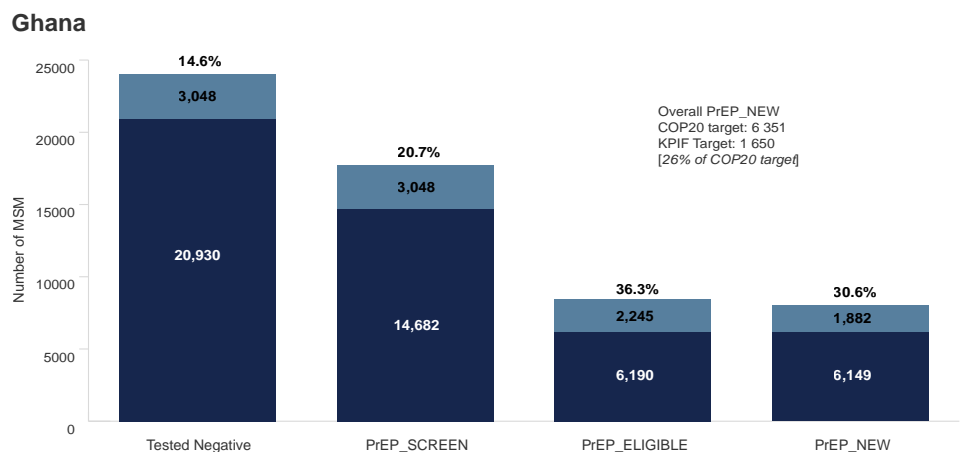
The gaps in PrEP implementation prior to KPIF included low uptake in semi-urban and semi-rural communities within targeted districts in the coverage area, poor expansion to more high-risk MSM hot spots, few referrals for PrEP initiation sites such as drop-in centers and mobile clinics, poor retention on PrEP, and need for improvement in tracing clients and linking them to PrEP pickup points.

KPIF was used to expand geographical coverage and uptake of PrEP among MSM. Demand for PrEP was increased through communication campaigns, billboards, and online messaging, and community outreach activities promoting uptake and safe use. Movie night sessions, attended by MSM and the general community, helped raise awareness about PrEP. The enhanced peer outreach approach (EPOA) and HIV self-testing was used to reach high-risk MSM and link those testing HIV negative to PrEP clinical services at partner drop-in centers (DICs) and mobile clinics. The project strengthened the capacity of peer educators and peer navigators to provide support to MSM for ongoing PrEP adherence.

The KPIF-supported CBOs were allocated 26% of the overall 2020 PEPFAR country operational plan (COP) PrEP\_NEW target. They managed to surpass the target by 114% (1882/1650); this achievement contributed 30% (6149/6351) toward overall COP 2020 performance (Figure 1).



**Figure 1. MSM who began PrEP in FY21 through EpiC South Africa**



### Box 2. Key KPIF-supported PrEP implementation achievements in Ghana

- Achieved buy-in at national level as demonstrated by the creation of the National PrEP and HIVST implementation committee
- National PrEP implementation guide drafted, validated, approved, and immediately implemented in six facilities (one private, five public)
- Rapid revision of implementation strategies based on bottlenecks seen in the field, such as task shifting of PrEP initiation and refills at the community level and at mobile clinics through trained lay workers

PrEP was introduced in the Greater Accra and Ashanti regions of Ghana through KPIF. The Ghana Health Service through the National AIDS/STI Control Program (NACP) included PrEP in the Consolidated Guidelines for HIV Care in Ghana issued in August 2019. EpiC then organized the PrEP and HIV Self-Testing Implementation Committee, chaired by NACP and the Ghana AIDS Commission (GAC) and comprised of local, national, and international stakeholders. EpiC provided facilitators and financing for a master training of trainers on PrEP implementation at the national level and a series of step-down trainings with its three partners: West Africa AIDS Foundation (WAAF), Ghana-West Africa Program to Combat AIDS and STI (WAPCAS), and EQUIP Health Ghana. In turn, WAAF and WAPCAS trained volunteer peer educators, peer navigators, and case managers of subpartners on their roles in PrEP implementation.

WAAF began initiating clients on PrEP in August 2020. WAPCAS started initiating clients in three facilities in the Greater Accra region and two facilities in the Ashanti region in October 2020. EQUIP Health Ghana helped prepare facilities to roll out PrEP services by conducting capacity building with facility staff. To create demand for PrEP, WAPCAS partnered with two Global Fund subrecipients: Pro-Link, a KP-led organization that works with FSWs in three facilities in Greater Accra, and Centre for Popular and Education and Human Rights–Ghana (CEPEHRG), which focuses on MSM in Greater Accra and Ashanti. Peer educators, case managers, and other volunteers educated KP individuals about PrEP, where it is available, and how to access services. Demand-creation approaches included one-on-one and group meetings, as well as social media. Volunteers referred and accompanied people interested in PrEP to the appropriate facility for screening and initiation, if eligible. Later, peer educators and case managers followed up with PrEP users.

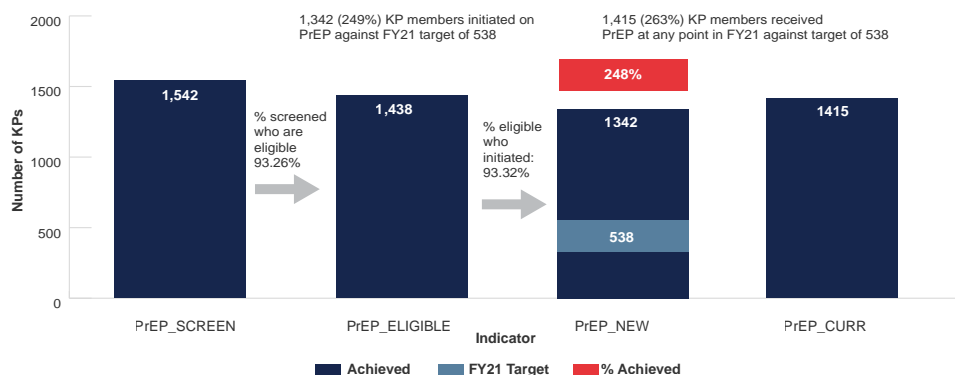
One barrier to uptake the project encountered was fees the clients had to pay for laboratory tests associated with PrEP initiation and monitoring. EpiC began covering these costs in September 2020 for individuals who qualified for subsidies based on income. In addition, advocacy is being conducted at the national level for the government to provide tests at no cost to clients, just as it does for same-day initiation of antiretroviral therapy (ART) for clients who test positive.

To ensure effective use of PrEP, staff found that monitoring clients with frequent reminder calls and text messages to take the daily pill and retrieve refills was effective, as was assistance with follow-up from the mobile clinic. Peer lay workers also provided PrEP refills in the community as part of differentiated service delivery.

In April 2021, the program began using PrEP champions to share experiences and information about PrEP through online and in-person one-on-one and group sessions. Eleven have been selected so far—five MSM, four FSWs, and two transgender individuals. A requirement is being on PrEP continuously for at least three months and being trained using an adapted version of *HIV Prevention Ambassador Training*. They raised awareness and created demand, encouraged effective use of PrEP, and followed up with users to mobilize and support them for community-based refills. Local-language videos and audio spots of PrEP champions sharing their positive experiences with PrEP were featured on WhatsApp and Facebook.

Figure 2. PrEP results for all KP clients, October 2020–September 2021

From October through September 2021 (Figure 2), FSWs comprised the largest number of enrollees



(n=867), followed by MSM (n=462) and transgender people (n=13).

### Box 1. Key KPIF-supported PrEP implementation achievements in Nigeria

- Peer-led approach using trained KP community members for PrEP service delivery helped increase access to PrEP services
- Through KPIF, over 18,000 KP members (95% of those eligible) were initiated on PrEP
- Implemented home delivery of PrEP as part of program adaptation during the COVID-19 pandemic

## Nigeria

PrEP was first rolled out in Nigeria in 2015 through Gates-funded demonstration projects that targeted discordant couples. It was implemented by PEPFAR partners without a national implementation plan or training manuals. Neither harmonized data-capturing tools nor a well-planned supply chain management system existed. Commodity stock-outs occurred incessantly across the country.

KPIF made it possible to expand PrEP services to a wider audience including FSWs, MSM, transgender people, people who inject drugs (PWID), and people in prison. EpiC engaged six KP-led and KP-competent local CSOs through KPIF funding—Centre for Communication and Reproductive Health Services (CCRHS), Community Health Initiative for Youth in Nigeria (CHIYN), and Elohim Foundation in Niger; Passion and Concern for Women Welfare and Empowerment Initiative (PACOWWEI), Initiative for Advancement of Humanity (IAH), and Kindling Hope Across All Nations (KHAN) in Bayelsa. The CSOs implemented a comprehensive peer-led, community-based prevention (including PrEP delivery), care, and treatment program for KP individuals. KPIF-supported activities took place in Niger state from October 2019 to September 2021 and in Bayelsa state from October 2019 to December 2021.

The partners surpassed PrEP targets overall for screening, acceptance by eligible clients, and continuation in part due to improved, expanded, and intensified quality counseling of KP clients (Figure 3). Targets were surpassed for each KP group except people in prisons where government policies do not support screening for eligibility or use of PrEP. The number of new clients on PrEP (“PrEP\_NEW”) was also assured by attention to availability of PrEP commodities. Of 104,445 tested for HIV, 92,457 (88.5%) tested negative. Among those, 57,331 (62%) were screened for PrEP and just over a third (34.6%) were determined eligible. The vast majority of those eligible started PrEP.

**Figure 3. Number of clients initiated on PrEP October 2019–December 2021, Bayelsa and Niger states**

Population	Tested Negative	Newly Initiated on PrEP	Target	% Target Achieved
<b>FSW</b>	39,350	8,022	6,003	134%
<b>MSM</b>	25,157	6,424	3,010	213%
<b>Other KP</b>	2,337	400	105	381%
<b>People in prisons</b>	4,806	--	874	--
<b>PWID</b>	14,487	2,841	1,487	191%
<b>Transgender people</b>	6,320	1,115	971	115%
<b>TOTAL</b>	<b>92,457</b>	<b>18,824</b>	<b>12,450</b>	<b>151%</b>

The existing engagement with KP communities facilitated PrEP expansion in Bayelsa and Niger states. In addition, EpiC’s KPIF partners implemented differentiated and integrated PrEP service delivery models to reduce barriers and increase access, making HIV testing and PrEP available through community outreach, one-stop shops, and DICs to ensure all clients testing negative had immediate access to PrEP. Frontline workers (KP members themselves) and the community ART (CART) teams conducted outreach at hot spots and provided KP members with basic HIV prevention knowledge, PrEP screening and counseling, and linkage and referrals to one-stop-shops and DICs for additional services. They led demand-creation and trust-building activities including health talks on HIV and available services. KP members received incentives, including mosquito nets, condoms, rechargeable lamps, gloves, and face masks, to attend the sessions. Frontline workers also provided home delivery of PrEP.

**Box 4. Key KPIF-supported PrEP implementation achievements in Thailand**

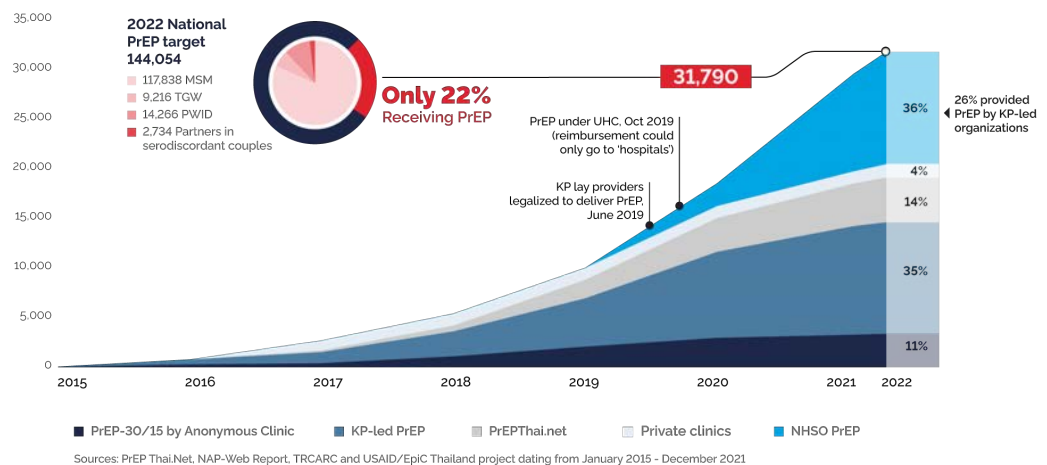
- Initiated 2,144 first-time PrEP clients since the beginning of KPIF
- Local partner IHRI supported reimbursement of PrEP medication from NHSO for two other local partners, supporting program sustainability and local government buy-in
- Thailand-based partners built the capacity of other KP-led organizations across Asia on effective PrEP service delivery

**Thailand and Asia Regional Technical Assistance**

*Supporting PrEP Scale-up in Thailand*

EpiC, previously the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, has advanced PrEP scale-up in Thailand since 2016 through capacity building and operational support to several KP-led organizations. This support for KP-led delivery of PrEP has been responsible for 35% of PrEP delivery in the country and another 26% of the more than one-third (36%) supported by the National Health Security Office (NHSO) (Figure 4). Still, scale-up has not been adequate in all provinces highly impacted by HIV. With KPIF support, EpiC was able to increase the delivery options for PrEP in the provinces of Bangkok, Chiang Rai, and Phitsanulok. Most KP-led sites are now obtaining PrEP drugs from NHSO through collaboration with hospitals in their service catchment area, a sign that the hospitals have a high level of trust in these community partners. During the KPIF period of performance, local partners in Thailand newly initiated 2,144 KP members on PrEP (Figure 5).

**Figure 4. Progress toward the Thailand national PrEP target, 2022**



In Bangkok, EpiC supported the Institute for HIV Research and Innovations (IHRI) to establish the Pribta Clinic that focuses on HIV cascade services for MSM and offers access to critical research in new HIV products and services. IHRI's Pribta Clinic has assisted other KP-led clinics in Bangkok. Because of its status as a registered PrEP node by the government, it has been able to support the reimbursement of PrEP medication from NHSO to both Service Workers in Group (SWING) and the Rainbow Sky Association of Thailand (RSAT)—two other KP-led organizations that operate clinics predominantly for MSM and transgender populations in Bangkok. (Note: RSAT did not receive funding via KPIF but is supported by PEPFAR Regional Operational Plan funds).

**Figure 5. PrEP performance supported by KPIF in Thailand**

KPIF sites	Number of first-time-PrEP initiated clients from the start of KPIF	Number of current PrEP clients as of Q2 FY22
Mplus Chiang Rai	383	288
Mplus Phitsanulok	177	109
IHRI Pribta	254	173
Safe Clinic	168	184
SWING Saphan Kwai	1,162	1,397
<b>TOTAL</b>	<b>2,144</b>	<b>2,151</b>

### Box 5. Gain-Framing Counseling Approach

The gain-framing counseling approach focuses on attaining a desirable outcome or avoiding an unwanted outcome, instead of emphasizing attaining an undesirable outcome. For PrEP, counselors were encouraged to promote PrEP messages that emphasize both the positive impacts of adopting PrEP and the negative consequences of not adopting PrEP, rather than the challenges with PrEP uptake and the risk if PrEP is not adopted. Gain-framed messages protect the client's self-efficacy in making decisions, commitment to those decisions and, ultimately, better adherence.

SWING has more than 15 years of experience managing programs for MSM, transgender, and FSW clients. With KPIF support, they expanded their presence in Bangkok and opened a clinic in a strategic area of the city where many MSM and sex workers are located. Their team worked aggressively on social media, including Facebook, Twitter, and dating sites, to advertise HIV testing and the availability of PrEP at the clinic.

This communication strategy combined with offering services during weekend hours made the clinic very popular with KP members located in the areas. PrEP uptake has been among the highest of all KP-led clinics in the country.

Mplus, another KP-led organization that received KPIF support, runs a clinic in Chiang Mai focused on MSM with key linkages to hospitals in the city. Through KPIF, they expanded to two other northern cities, Chiang Rai and Phitsanulok. Both clinics received support from Thailand's NHSO for PrEP drugs that they provide to clients under the country's universal health coverage scheme.

Lastly, EpiC supported the Safe Clinic in Bangkok, a private clinic providing KP clients with fee-for-service HIV testing as well as ART and PrEP services for those who are willing to pay. KPIF support focused on technical quality assurance as well as demand creation.

#### *Building Regional Capacity in Differentiated PrEP Service Delivery in Asia*

With KPIF support, EpiC engaged Thailand-based partners IHRI, APCOM, and SWING to share best practices on long-term implementation or advocacy on PrEP differentiated service delivery throughout the Asia region. Through peer-to-peer KP-led organizational mentoring, these partners transferred this capacity to other KP-led organizations.

**Laos.** IHRI worked closely with EpiC and the Lao Ministry of Health Center for HIV/AIDS and Sexually Transmitted Infections (CHAS) to develop the first PrEP service delivery guidelines that have now been launched nationally. They also provided a series of trainings, coaching sessions, and mentoring on PrEP capacity development to three hospitals in Vientiane: Setthathirat, Mahosot, and Mittrapab. Because this assistance took place during COVID-19 lockdowns and travel between Thailand and Laos was not possible, all capacity-building activities occurred through group and one-on-one online sessions.

While IHRI focused on government partners for PrEP delivery in Laos, SWING provided guidance and training to the Community Health Inclusion Association (CHiAS), the country's largest organization that provides HIV outreach and HIV self-testing to KP group. Also using online mentoring and coaching sessions during the COVID-19 lockdown, SWING outreach workers were paired with those from CHiAS to teach microplanning to introduce PrEP and communicate its benefits to clients and opinion leaders.

KPIF-supported technical assistance to strengthen capacity for PrEP delivery in Laos has resulted in improvements in PrEP uptake among KP individuals. In the first two quarters of FY22, local partners screened 232 (212 MSM and 20 transgender) individuals for PrEP, 98% of whom were determined to be eligible. All 229 (209 MSM and 20 transgender) individuals who were eligible initiated PrEP, achieving 84% of the annual target.

**Burma.** EpiC also worked with IHRI in Burma to provide PrEP capacity building in three transgender clinics—two Ma Baydar clinics and the newly opened Daisy Clinic—to address the HIV needs of transgender populations in the country's largest cities, Yangon and Mandalay. The clinics were started with support from EpiC through KPIF Burma funds but needed additional capacity building to ensure that PrEP counseling for transgender women was appropriate, accurate, and appealing. Through regional KPIF support, IHRI conducted online training and



RAINBOW SKY ASSOCIATION OF THAILAND IN BANGKOK

mentoring sessions on the gain-framing counseling approach (see Box 5), as well as essential information on drug interactions between PrEP and feminizing hormones typically taken by transgender women. The technical assistance to strengthen capacity for PrEP delivery has resulted in improvements in PrEP uptake among KP groups. Between April 2021 and March 2022, local partners screened 392 (156 MSM and 236 transgender) individuals for PrEP. Among them, 58% of MSM and 89% of transgender clients were determined to be eligible. Of those eligible, 43 MSM and 110 trans individuals initiated PrEP, an acceptance rate of 47% and 52%, respectively.

**Philippines.** IHRI provided technical assistance on the gain-framing counseling approach and drug interaction for transgender clients taking hormones and PrEP. The main recipient was the Regional TB-HIV Support Network (RTHSN), an umbrella group of community-based organizations in Central Luzon, Philippines. Between March 2021 and March 2022, the RTHSN-operated Lakan Community Center, a clinic serving MSM and transgender clients, was able to expand its services to reach nine transgender clients for PrEP, while RTHSN's government partners initiated an additional nine transgender clients across Pampanga on PrEP. In total, 257 MSM and 18 transgender clients received PrEP services and newly initiated PrEP.

**Asia regional webinar on new PrEP products hosted by APCOM.** APCOM's PrEP-focused support to the region included a 90-minute webinar that informed more than 200 participants from 23 countries about the evidence supporting long-acting injectable cabotegravir (CAB-LA) and implications for combination prevention and other future PrEP products in Asia. The webinar included IHRI's Dr. Nittaya Phanuphak presenting the clinical evidence from the HIV Prevention Trials Network

(HPTN 083) study on CAB-LA and presentations by community members on differentiated PrEP delivery systems throughout the region and how they could adapt to offer CAB-LA.

Many providers and potential clients believe that CAB-LA may attract a wider range of people to

use PrEP because of convenient dosing—one shot every two months—especially for those not able or willing to adhere to daily oral pill uptake.

As part of a cross-country learning and sharing platform to enhance KP HIV programming, this webinar was one of several hosted by APCOM with support from the regional KPIF to address important issues for KP programming in Asia.

**New PrEP Products for Asia Pacific** What Do We Need to Know? **apcom**

Join us for this Asia Pacific regional PrEP webinar featuring experts and representatives from key population communities to discuss the new PrEP products, including long-acting injectable PrEP (CAB-LA).

**Thursday 7 October 2021**  
12:30 IST / 14:00 ICT / 15:00 PST

The webinar is also prelude to an upcoming regional survey to assess values and preferences for PrEP products. Further information coming soon.

REGISTER

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## Lessons Learned and Recommendations

The KPIF, a dedicated investment in HIV programming tailored to the needs of KPs, led to substantial improvements in oral PrEP access and uptake among these populations. Increasing demand for, access to, and effective use of PrEP among people who are at substantial risk of HIV infection and stand to benefit the most is critical to achieving epidemic control. Lessons learned from the experience made possible by KPIF can be applied to accelerate progress in PrEP scale-up for KP groups globally.

Specific recommendations based on KPIF-supported programming include:

*Capacity strengthening for KP-led PrEP delivery*

- Ensure KP-led organizations are prioritized and engaged in design, planning, and implementation of PrEP interventions to reach high-risk communities
- Continue to target KPs and increase outreach including training CBOs in enhanced peer outreach approach and risk assessment strategies to find more high-risk KP members who test negative and can benefit from PrEP
- Engage CBOs in case management and peer navigation for their critical role in promoting uptake and retention on PrEP

*Demand creation*

- Train PrEP champions to offer HIV self-testing and refer HIV-negative clients for PrEP, and to encourage peers and build confidence to accept PrEP since eligibility often depends on a willingness to use PrEP
- Leverage social media and other online platforms for demand creation campaigns, including developing videos and audio recordings to support peer-led advocacy efforts

*Technical support for effective use of PrEP*

- Scale up activities to support effective use of PrEP, including safely cycling on and off PrEP due to changes in risk, promoting event-driven PrEP as an option for men who have sex with men to reduce pill burden, and helping clients manage (or address their fear of) side effects.
- Use differentiated service delivery models to provide PrEP refills in the community
- Monitor clients and use reminder calls and text messages for taking daily pill and picking up refills

*Advocacy*

- Increase funding for PrEP delivery, including through domestic financing, and remove barriers such as fees
- Advocate with governments to adopt global recommendations (including for event-driven PrEP), publish guidelines on PrEP delivery, and support training of providers

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