Example of a national DSD for PrEP policy

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1. Introduction: Why differentiated PrEP service delivery?

Differentiated PrEP service delivery is critical for increasing person- and community-centredness. It improves access, uptake and persistence among people with an ongoing likelihood of HIV exposure, supports effective use of PrEP (sufficient drug concentration to achieve protection during periods of risk) and reduces unnecessary burdens on the health system (frequent unnecessary consultations by scarce professional cadres). Differentiated PrEP service delivery aims to:

- a. **Simplify and decentralize** providing easier to collect, longer PrEP refills at more convenient locations
- b. **De-medicalize and task share** reducing the clinical package at certain types of visits, enabling lay cadres to manage such visits and increasing utilization of virtual platforms
- c. **Integrate services** screening for and managing common conditions within PrEP services and integrating PrEP services into other clinical and non-clinical services with adjustments based on the chosen PrEP method (oral, vaginal ring or injectable).

2. Country suitability criteria for PrEP access

PrEP should be offered and made available to all people weighing over 35kg without clinical contra-indications, who self-identify as being at ongoing risk of HIV acquisition and who are willing to take PrEP as prescribed. Pregnant and breastfeeding people are explicitly included.

3. Approved PrEP methods for differentiated PrEP service delivery

The following PrEP methods have been approved, and this guidance provides the differentiated PrEP service delivery model options across these methods.

(insert country approved PrEP methods)

Service delivery constraints and limitations are indicated below by approved method.

a. Oral PrEP (daily and/or event-driven)

- Initiation prescribing and rescripting by (insert authorised service providers)
- No refrigeration requirements. Stored safely at room temperature.

b. Dapivirine vaginal ring

- Initiation prescribing and rescripting by (insert authorised service providers)
- No refrigeration requirements. Stored safely at room temperature.
- Dapivirine vaginal rings are inserted by the person using PrEP and do not require an in-person consultation for monthly ring insertion.

c. Long-acting injectable cabotegravir

• Initiation prescribing and rescripting by (insert authorised service providers)

Example of a national DSD for PrEP policy from <u>www.differentiatedservicedelivery.org</u>

- No refrigeration requirements. Stored safely at room temperature.
- First two injections four weeks apart. Thereafter, repeat dosing is required
- every second month.
- Injection administration by (insert service providers authorised to give intramuscular,
- gluteal injections)
- (insert any oral PrEP required for lead-in or discontinuation as per countryPrEP guidelines)

4. Definitions of duration of intended PrEP use

To support suitability assessment for specific reduced-intensity differentiated PrEP service delivery models, the intended durations of PrEP use are defined.

- a. Short-term PrEP use is defined as use for one to three months, including a once-off event.
- b. Moderate-term PrEP use is defined as use for three to 12 months.
- c. Prolonged PrEP use is defined as use for 12 months or longer.

5. Suitability assessments for differentiated PrEP service delivery models for the continuation phase

People intending to use PrEP for more than a short duration should be considered for less intensive differentiated PrEP service delivery models during the continuation phase (beyond the initial phase). Differentiated PrEP service delivery models can support persistent effective PrEP use for the longer term (beyond the first few months). Such models consider separate building blocks for PrEP refill-only collection (or injection administration), clinical consultations and, where appropriate, psychosocial support.

People using PrEP should be assessed for suitability for less intensive differentiated PrEP service delivery as soon as it is feasible. For example, referral to a differentiated PrEP service delivery model should happen at the first in-person follow-up visit following PrEP initiation using the assessments below.

When a person is established as suitable for less intensive differentiated PrEP, it should be offered and, if accepted, the person should be referred to a differentiated PrEP service delivery model.

a. Assessment for people with moderate PrEP duration intention

To be completed at the first in-person follow-up visit after PrEP initiation

- i. Intend to continue PrEP use for at least a further six months (no expected discontinuation)
- ii. Intend to continue with the same PrEP method for a further six months
- iii. No clinical concerns expected that require clinical follow-up more frequently than six monthly. Pregnant and breastfeeding people are eligible.

If a person is not suitable at this visit, repeat the assessment at each subsequent clinical follow-up consultation.

Where a person is not suitable at the time of assessment, people using PrEP should be considered for and offered extended oral PrEP refills (three months), three dapivirine vaginal rings or two-monthly injectable cabotegravir, aligned with clinical consultations (PrEP refill and clinical consultation offered together).

b. Assessment for people with prolonged PrEP duration intention

To be completed at 12-month PrEP continuation clinical consultation

- i. Previously qualified for and utilized three-monthly PrEP refill collection with six-monthly clinical consultations (any model)
- ii. Intend to continue PrEP use for at least a further 12 months (no expected discontinuation)
- iii. On oral PrEP and not intending to change PrEP method in the next 12 months
- iv. No clinical concerns expected that require clinical follow-up more frequently than annually
- v. No psychosocial concerns requiring follow-up more frequently than bi-annually

If the person is not suitable at this visit, repeat at each subsequent six-monthly clinical follow-up consultation.

6. Building blocks for differentiated PrEP service delivery components

The building blocks for the components of differentiated PrEP service delivery are outlined in Table 1. These building blocks (WHEN - service frequency, WHERE – service location, WHO - service provider, and WHAT - package of services) may be utilized to adapt an existing model or build a new model appropriate to a target population or geographical context.

The right-hand "continuation" section of the table defines building blocks for people using PrEP beyond a short duration and who are assessed as suitable (see Section 5 above).

When someone is not suitable for less intensive differentiated PrEP service delivery during the continuation phase at the time of assessment, they should be offered extended PrEP refills combined with clinical consultations. Unless clinically indicated, they should not be required to make frequent clinical visits. Oral PrEP or dapivirine vaginal ring refills with a clinical consultation should be three-monthly and, for those receiving long-acting injectable cabotegravir, two-monthly combined visits. Additionally, clients should be reassessed for suitability for less intensive differentiated PrEP service delivery models at every visit.

Table 1: Building blocks for differentiated service delivery for assessment, initiation and early follow-up (0-3 months)

and PrEP continuation (>3 months)

ANC – antenatal care; ART – antiretroviral therapy; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health; NCD – non-communicable disease; OPD – outpatients department; PEP – post-exposure prophylaxis; PNC – perinatal care; STI – sexually transmitted infection

	PrEP assessment, initiation and early follow-up (0-3 months)			PrEP continuation (for people suitable for less intensive PrEP service delivery). Where unsuitable, people should as a minimum be offered combined clinical consultations and PrEP refills 3-monthly (oral/ring) or 2-monthly (injectable).	
	PrEP assessment (after negative HIV test result)	PrEP initiation/re- initiation ^c	Initial clinical follow-up	PrEP refill/injection only	Clinical consultation
	Immediately after HIV testing (or can be offered at time of demand creation for HIV testing to PrEP-eligible population)	Same-day initiation following PrEP offer acceptance if available on site If not possible for person to attend PrEP initiation site on the same day, within 7 days of HTS	<u>Oral/ring: 1</u> -month post-initiation IN PERSON OR 1 month post- initiation VIRTUAL and 3-month post-initiation IN PERSON <u>Injectable:</u> 1-month post- initiation IN PERSON (can be monthly until month 3 to allow for monthly lead-in injections)	3 monthly (2 monthly for injectable) (<u>Oral only:</u> 6 monthly for prolonged duration assessed as suitable)	6 monthly (<u>Oral only:</u> 12 monthly for prolonged duration assessed as suitable)
R WHERE	All HIV testing locations – community or facility	Community outreach location Specified facility HTS services (FP service or OPD-HTS service or STI service, if standalone from OPD, or ANC-MCH service or ART service ^a) Community pharmacy or drug shop	Virtual or community points supported by outreach services Facility service where initiation took place	Community-based: Community point (e.g., pharmacy, drop-in centre, mobile outreach or home delivery) Facility-based: Service designated for fast-track refill collection and/or injection administration (e.g., family planning or pharmacy, if HIVST)	Community point supported by outreach services Facility service where initiation took place
• who	All healthcare workers providing HTS, including lay healthcare workers (or peers distributing HIVST kits)	Outreach nurse ^b Facility-based nurse ^b (FP nurse, OPD designated nurse supporting HTS service, STI nurse, ANC nurse, PNC nurse or ART nurse) Private sector pharmacist	In person: Outreach nurse ^b or facility-based nurse ^b Virtual only: Trained and supervised lay healthcare worker	Trained lay healthcare worker, pharmacy worker or peer (for injectable – stipulate authorized provider to administer injection)	Outreach nurse ^b or facility- based nurse ^b

PFEP demand creation Confirm PFEP eligibility assessment based on country criteria Confirm PFEP eligibility assessment based on country criteria Virtual and in person HV testing (can be HIVST ²) IV testing (can be HIVST ²)	dress side- ective use elling eatment rance s, co- ous result ontinuation res to e on I other co- sessment script h refills refills
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a Service location/s should be considered from the PrEP user's perspective. Only providing PrEP services at the ART services is frequently reported to be undesirable among PrEP users.

b All nurse cadres can prescribe and manage PrEP after PrEP orientation training and do not require comprehensive ART management training.

c Re-initiation package components that need 1) not be repeated or 2) can be abbreviated.

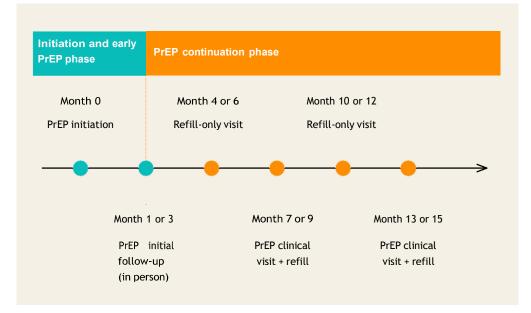
d HIVST endorsed for use in PrEP includes XXX (insert country approved HIVST for PrEP use).

7. A. Differentiated PrEP service delivery models

The tables in Section 7A define differentiated PrEP service delivery models for the PrEP continuation phase for people eligible for reduced-intensity differentiated PrEP service delivery.

In less intensive PrEP models, PrEP refill-only and clinical consultation visits alternate (Figure 1).

Figure 1: Timeline of differentiated PrEP service delivery by visit type



Where additional psychosocial support is indicated or requested by the person using PrEP, psychosocial support can be provided separately (for example, virtual support) or during PrEP refill-only visits (for example, when integrated within a support group environment).

It is important to note that reduced-intensity differentiated PrEP service delivery is not limited to the models outlined in the following tables. These models can be adapted or new models built using the building blocks in Section 6.

Individual models based at facilities

Table 3: Fast-track 3MMD PrEP

Short model	• Fast-track 3-monthly PrEP refill-only collections and 6-	monthly clinical consultations
description		to report for registration or folder collection and should be required to
	attend only oneservice point for a fast-tracked service with	
	 The service should have the capacity to provide a brief adhe HIV testing. 	erence and discontinuation check-in. It may also be required to provide rapid
Suitable PrEP methods	Daily oral PrEP, event-driven PrEP and vaginal rings	
	PrEP continuation	
	PrEP refill-only	Clinical consultation
	3 monthly	6 monthly
	One or more of the following:	Facility service where PrEP initiation took place or service designated for
	Pharmacy (only if HIVST)	PrEPcontinuation management ^a
	Family planning service	
🞗 WHERE	 HTS within OPD department Fast-track STI services (in OPD or elsewhere at facility)ANC, 	
	MCH services	
	ART service ^a	
🛉 wно	Lay provider or pharmacy worker	OPD, STI, FP, ANC, MCH or ART service-based nurse
	Effective use and discontinuation check-in	Follow clinical guidelines
	HIV testing: HIVST (at facility self-testing booth or home) or	HIV rapid testing and screen for acute HIV infection (refer to ART service if
	HIV rapidtesting at facility	positive)Screen for and address side-effects
	Oral/ring: 3-month refill (plus HIVST kit)Referral to nurse if	Brief review of effective use and sexual risk counselling
9	necessary	Discuss PrEP discontinuation and if client chooses to discontinue, guide onappropriate approach to discontinuation
WHAT		STI screen and treatment
		<u>Oral only:</u> Cr clearance (eGFR): >50 years, co-morbidity or previous result of <90mL/min
		For women: FP assessment and aligned scripting6-month PrEP script
		<u>Oral/ring:</u> 2x3-month refills

Table 4: Fast-track 6MMD PrEP

Short model description Suitable PrEP methods	 Fast-track 6-monthly PrEP refill-only collection and annual clinical consultations At the PrEP refill-only collection, the client should not need to report for registration or folder collection and should attend only one service point for a fast-tracked service with no need to see a clinician. The service should have capacity to provide a brief adherence and discontinuation check-in. It may also be required to provide rapid HIV testing. Daily oral PrEP and event-driven PrEP 		
	PrEP continuation		
	PrEP refill-only	Clinical consultations	
	6 monthly	Annual	
🗴 WHERE	Same as PrEP fast-track 3MMD	Same as PrEP fast-track 3MMD	
🛱 wно	Same as PrEP fast-track 3MMD	Same as PrEP fast-track 3MMD	
WHAT	Same as PrEP fast-track 3MMD except: <u>Oral only</u> : 6-month refill (plus HIVST kit) Additional HIVST kit to be provided for use in 3 months at home	Same as PrEP fast-track 3MMD except:6-month PrEP script Oral only: 2x6-month refills HIVST kit to be provided for use in 3 months at home	

Table 5: Fast-track PrEP injectable

Short model description	 Fast-track two injection administration-only visits and 6-monthly clinical consultations At the PrEP injection administration-only visit, the client should not need to report for registration or folder collection and should attend only oneservice point for a fast-tracked service (this can be a different facility service point to where the clinical consultation is provided). The service should have capacity to provide a brief adherence and discontinuation check-in and provide rapid HIV testing. Injectable PrEP only 		
Suitable PrEP methods	Injectable PrEP only		
	PrEP continuation		
	PrEP injection administration-only	Clinical consultations	
	2 monthly	6 monthly	
🞗 WHERE	Family planning service or dedicated injection administration room	Facility service where PrEP initiation took place or service designated for PrEPcontinuation management ^a	
🛔 wно	FP nurse or dedicated injection administration nurse	OPD, STI, FP, ANC, MCH or ART service-based nurse	
🗑 what	Effective use and discontinuation check-in HIV rapid testing Injectable only: 1 x PrEP injection Condoms and lube Referral for clinical consultation if necessary	Same as PrEP fast-track 3MMD except:6-month PrEP script Injectable only: 3x2-monthly injections	

a Service location/s should be considered from the PrEP user's perspective. Only providing PrEP services at the ART service has been reported to be undesirable among PrEP users. Consideration should be given to an alternative or additional facility service point.

Individual models not based at facilities (community-based models)

Table 6: Community points (fixed community points, including private or community pharmacies, and mobile outreach)

Short model description	 PrEP refill-only collection at community points (private or community pharmacies or drug shops, vending machines, fixed community points, including CBO offices and key population drop-in centres, and mobile outreach, including to key population hotspots or youth centres) The community point will be required to provide a brief adherence and discontinuation check-in (can be virtual). Does not need to have capacity to provide HIV rapid testing. 			
	Designated community points for HIV treatment ART refills should also provide PrEP refill collection.			
Suitable PrEP Daily oral PrEP, event-driven PrEP and vaginal rings methods Daily oral PrEP, event-driven PrEP and vaginal rings				
PrEP continuation				
	PrEP refill-only	Clinical consultations		
	3 monthly	6 monthly		
	Community points	Health facility or mobile outreach to community point		
X WHERE	(Private or community pharmacies or drug shops, vending machines, fixed community points, including CBO offices and key population drop-in centres, and mobile outreach to key population hotspots or youth centres)			
🔒 wно	Lay healthcare worker, CBO provider or pharmacy worker	Facility service-based nurse or outreach nurse		

Short model description	 PrEP injection administration-only visits can take place at community points (private pharmacies or drug shops, CBO offices and key population drop-in centres and mobile outreach to key population hotspots or youth centres). The community point will be required to have an on-site service provider authorized to give intramuscular injections. Injection administration-only visit dates can be aligned with health facility outreach dates. 			
Suitable PrEP methods	Injectable PrEP			
	PrEP continuation			
	PrEP injection-only	Clinical consultations		
	2 monthly	6 monthly		
		6 monthly Health facility or mobile outreach to community point		
WHEN WHERE WHO	2 monthly	,		

Table 7: Community points, including injection administration

Table 8: Home delivery

Short model description	PrEP refill collected by intermediary at health facility or community point and delivered to the person using PrEP at home. The collection can becarried out by a CBO, community health worker or authorized private service provider.		
Suitable PrEP methods	Daily oral PrEP, event-driven PrEP and vaginal rings ^C PrEP continuation		
	PrEP refill-only	Clinical consultation	
	3 monthly	6 monthly	
ጰ WHERE	Home	Facility or mobile outreach to community point	
🔒 wно	CBO or community health worker or an authorized private service provider	Nurse or outreach nurse	
WHAT	Same as facility fast-track PrEP 3MMD, either with HIVST kit delivery with	Same as facility PrEP fast-track 3MMD	

Group models

Table 9: Support groups integrating PrEP refills

Short model description	 PrEP refills are provided in a group environment by either a lay healthcare worker or trained peer, commonly in a consetting. PrEP refills can be integrated into existing support groups established for psychosocial support needs other than PrEP specification groups can be specifically formed to deliver and support PrEP effective use. 					
Targeted populations		 All populations already benefitting or who would benefit from psychosocial support through a group environment with a particular focus on keypopulation groups, adolescents and young people and post-natal women 				
	PrEP continuation					
	PrEP refill (Can also be separated from psychosocialsupport)	Clinical consultations	Psychosocial support			
	3 monthly	6 monthly	3 monthly (can be more frequent using virtual platforms)			
🗴 WHERE	Community venue Group member's homeHealth facility	Health facility or mobile outreach to community point	Community venue Group member's home Population-specific health facility service (e.g., adolescent corners) Virtual platform			
🛃 wно	Lay healthcare worker or trained peer	Facility-based nurse or outreach nurse	Lay healthcare worker or trained peer			
WHAT	Same as facility fast-track PrEP 3MMD except: HIVST kit provided for home use	Same as PrEP fast-track 3MMD	Peer support Population specific psychosocial support Education on effective use, sexual risk, PrEPmethods and discontinuation Demonstration and education on home HIVST and what to do if test HIV positive			

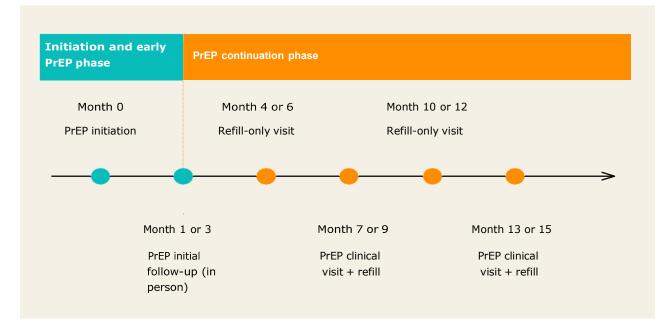
ANC – antenatal care; ART – antiretroviral therapy; CBO – community-based organization; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health; MMD – multi-month dispensing; OPD – outpatients department; STI – sexually transmitted infection

7 B. Differentiated PrEP service delivery models, by PrEP method

The summary tables in Section 7B define differentiated PrEP service delivery models for the PrEP continuation phase for people suitable for reduced-intensity differentiated PrEP service delivery **by PrEP method**.

In less intensive PrEP models, PrEP refill-only and clinical consultation visits alternate (Figure 2).

Figure 2: Timeline of differentiated PrEP service delivery by visit type



Where additional psychosocial support is indicated or requested by the person using PrEP, psychosocial support can be provided separately (for example, virtual support) or during PrEP refillonly visits (for example, when integrated within a support group environment).

It is important to note that reduced-intensity differentiated PrEP service delivery is not limited to the models outlined in the following tables. These models can be adapted or new models built using the building blocks in Section 6.

For oral PrEP (daily or event-driven)

	Individual model facilities	s NOT based at	Individual models	based at facility	Group models
Model name	Community point ^a	Home delivery	Fast-track ^b 3MMD	Fast-track ^b 6MMD	Support group integrating PrEP ^C
Time on PrEP	1-3 months (after 1st initial in-pe	erson follow-up)		12 months	1-3 months (after 1st initial in-person follow-up)
Building blocks	PrEP refills				
WHEN	3 monthly		6 monthly	3 monthly	
R WHERE	Community point At home		Health facility one-sto service(pharmacy [HI or FP or OPD-HTS or Al		Community venue or homeor health facility
🔓 wно	Lay provider				
WHAT					
HIV testing	HIVST (community point self-test booth or home)or rapid test		HIVST (health facility self-test booth or home) or rapid test	1 rapid test + 1 HIVST (home 3 months later) or 2 HIVST (0m [self-test booth at facility or home] + 3m later (home)	HIVST (home or health facility self-test booth)
Service package	Effective use and discontinuation check-in 3-month oral PrEP refill Referral to health facility or nurse if necessary				
Building blocks:	Clinical consultat	ions			
III WHEN	6 monthly			12 monthly	6 monthly
R WHERE	Health facility or community point supported by health facility mobile outreach			nere PrEP initiation ice designated for management ^d	Health facility or community point supported by health facility mobile outreach
🛔 wно	Facility service-based nurse or outreach nurse		OPD or STI or FP or service-based nurs	or ANC or MCH or ART e	Facility service-based nurse or outreach nurse
WHAT					
HIV testing	Rapid test			Rapid test + 1 HIVST (3mlater home)	Rapid test

Service	Follow PrEP clinical guidelines			
package	Screen for acute HIV infection (refer to ART service if positive)			
	Screen for and address side-effects			
	Brief review of effective use and sexual risk counselling			
	Discuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach			
	to discontinuationSTI screen and treatment Cr clearance (eGFR): >50 years/co-morbidity/previous result of <90 mL/min			
	For women: FP assessment and aligned scripting			
	6-month PrEP script: 2x3-month PrEP	12-month PrEP	6-month PrEP script: 2x3-month PrEP	
	refillsDispense 3-month refill	script: 2x6-month	refillsDispense 3-month refill	
		PrEP refills		
		Dispense 6-month		
		refill		
Building blocks:	Psychosocial support			
	Optional link to virtual platform		3 monthly	
N WHERE			Community venue or group member's homeor population- specific health facility service (adolescent corners) or virtual platform	
🔒 wно			Lay healthcare worker or trained peer	
WHAT	Peer and/or psychosocial support Education on effective use, sexual risk, PrEP methods and disco Demonstration and education on home HIVST and what to do			

For vaginal rings

	Individual models facilities	NOT based at	Individual models based at facility	Group models
Model name	Community point ^a	Home delivery	Fast-track ^b 3MMD	Support group integrating PrEP ^C
Time on PrEP	1-3 months (after 1st initial in-p	erson follow-up)		
Building blocks	PrEP refills			
III WHEN	3 monthly			
X WHERE	Community point	At home	Health facility one-stop fast- track service (pharmacy [HIVST only] or FP or OPD-HTS or ANC or MCH and/or ART ^d)	Community venue or home or health facility
🖡 wно	Lay provider			
WHAT				
HIV testing	HIVST (community point self-test booth or home)or rapid test		HIVST (health facility self-test booth or home) or rapid test	HIVST (home or health facility self-test booth)
Service package	Effective use and discontinuation check-in3x vaginal ring Referral to health facility or nurse if necessary			
Building blocks	Clinical consultation	ns		
WHEN	6 monthly			
🞗 WHERE	Health facility or community point supported by health facility mobile outreach		Facility service where PrEP initiation took placeor service designated for PrEP continuation management ^d	Health facility or community point supported by health facility mobile outreach
• who	Facility service-based nurse or outreach nurse		OPD or STI or FP or ANC or MCHor ART service-based nurse	Facility service-based nurse or outreach nurse
WHAT			·	·
HIV testing	Rapid test			

Service package	Follow PrEP clinical guidelines Screen for acute HIV infection (refer to ART service if positive)Screen for and address side-effects Brief review of effective use and sexual risk counselling Discuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach to discontinuationSTI screen and treatment For women: FP assessment and aligned scripting6-month PrEP script: 2x3 vaginal rings Dispense 3 vaginal rings				
Building blocks	Psychosocial support				
	Optional link to virtual platform	3 monthly			
		Community venue or group			
		member's homeor population-			
		specific health facility service			
		(adolescent corners) or virtual platform			
🔒 wнo		Lay healthcare worker or trained peer			
WHAT	Peer and/or psychosocial support				
	Education on effective use, sexual risk, PrEP methods and discontinuation				
	Demonstration and education on home HIVST and what to do if test positive for HIV				

For PrEP injectable

	Individual models NOT based at facilities ^f	Individual models based at facility
Model name	Community point ^a with injection administration	Fast-track ^b PrEP injectable
Time on PrEP	3 months (after any lead-in completion)	
Building blocks	PrEP refills	
	2 monthly	
	Community points with injection administration capacity	Family planning service or dedicated injection administration room
🛱 wно	Private pharmacy nurse or outreach nurse or authorized trained provider ^e	FP nurse or dedicated injection administration nurse
WHAT		
HIV testing	Rapid test	
Service package	Effective use and discontinuation check-in 1x administer injection Referral to health facility/nurse if necessary	
Building blocks	Clinical consultations	
WHEN	6 monthly	
🞗 WHERE	Health facility or community point with health facility mobile outreach	Facility service where PrEP initiation took place or service designated for PrEP continuation management ^d
🛔 who	Facility service-based nurse or outreach nurse	OPD or STI or FP or ANC or MCH or ART service-based nurse
WHAT		
HIV testing	Rapid test	

Service package	Follow PrEP clinical guidelines Screen for acute HIV infection (refer to ART service if positive)Screen for and address side effects Brief review of effective use and sexual risk counselling Discuss PrEP discontinuation and, if choose to discontinue, guide on appropriate approach to discontinuationSTI screen and treatment For women: FP assessment and aligned scripting6-month PrEP script: 3x injectable Administer 1x injection
Building blocks	Psychosocial support
WHEN	Optional link to virtual platform
🔒 wно	
WHAT	Peer and/or psychosocial support Education on effective use, sexual risk, PrEP methods and discontinuation Demonstration and education on home HIVST and what to do if test positive for HIV

Notes:

- a Community points are private or community pharmacies/drug shops, vending machines, fixed community points (including CBO offices and key population drop-incentres) and mobile outreach (for example, to key population hotspots or youth centres).
- b Fast track: For the refill-only visit, the client should not need to report for registration or folder collection and should attend only one service point for a fast-tracked service with no need to see a clinician other than for injection administration.
- c PrEP refills can be integrated into existing support groups established for psychosocial support needs other than PrEP specifically or groups can be specifically formed to deliver and support effective PrEP use.
- d Service location/s should be considered from the PrEP user's perspective. Only providing PrEP services at the ART service has been reported to be undesirable among PrEP users. Consideration should be given to an alternative or additional facility service point.
- e Where a country allows contraceptive injectable to be given by a trained provider (other than professional nurse or doctor).
- f Injectable PrEP could also be provided at home by a mobile outreach nurse for specific target populations in settings with sufficient resource capacity.

Abbreviations:

ANC – antenatal care; ART – antiretroviral therapy; CBO – community-based organization; FP – family planning; HIVST – HIV self-test; HTS – HIV testing services; MCH – maternal and child health; MMD – multi-month dispensing; OPD – outpatients department; STI – sexually transmitted infection

8. Linkage to differentiated HIV treatment services

People using PrEP are eligible for PrEP due to a substantial risk of HIV acquisition. Regular and frequent HIV testing helps ensure timely identification and/or diagnosis of HIV and supports the transition to HIV treatment services. Linkage support is critical for ensuring effective transition and rapid initiation of antiretroviral therapy (ART).

Recommended linkage support:

	From PrEP model	To ART model		
	Any differentiated PrEP servicedelivery model	Facility-based clinician-managed ART care		
Linkage (transitioning) b	uilding blocks			
	Offer linkage package (see WHAT) immediately after HIV testingor when person reports HIV-positive result from HIV self-test, which is confirmed by country HIV testing algorithm			
(timing of linkage package delivery)	Provide a follow-up telephone call within 7 days after missedscheduled ART initiation appointment			
	Provide a follow-up home visit within 14 days if no response totelephone call			
(location of linkage package delivery)	Same location where confirmatory testing provided either atfacility or in community			
•	Linkage package offer: same provider that provided HIV testing			
	Telephone follow-up: same provider that provided HIV testing			
(linkage packageservice providers)	Home visit follow-up: designed provider for home tracking and tracing			
	Concise post-test counselling focused on linka support	ge to treatmentincluding disclosure		
WHAT	If testing at facility			
(linkage servicepackage)	a) offer same-day ART initiation at same facility			
	b) if same day offer declined, schedule appointment within 7days			
	If testing in community, schedule appointment to community ART initiation service	within 7 days at preferred ART facility or link		
	Peer navigation to ART initiation service			
	Offer HIV partner services (index testing and/o	r social network testing)		

These policy examples are linked to the publication, "IAS - the International AIDS Society. Key considerations in developing policy guidance for differentiated PrEP service delivery: Country policy development brief. July 2022." available at https://www.differentiatedservicedelivery.org/Resources/Resource-Library/DSD-PrEP-policy-2022