

## Chapter 4

### Models for PrEP Service Delivery

There are several approaches to preventing HIV infection through biomedical intervention. Taking the pre-exposure prophylaxis for HIV (PrEP) is one method of biomedical HIV prevention. There are also the standard prevention tools of condoms and lubricants, routine HIV testing, exchanging of contaminated needles and syringes for clean ones, etc. Having a national PrEP policy and set of guidelines enables clients to receive services in hospitals and clinics around the country that are standardized and readily available. Such a system of service means personnel PrEPparation, drug provision, laboratory testing, and PrEP services are included in the structure of the health system.



PrEP recipients are assessed for risk behaviors. They are screened for HIV infection using a fourth generation reagent that can detect both antigens and antibodies. Antigen testing can detect people who are infected with HIV within two to three weeks of being exposed. Using a reagent that can only detect antibodies will detect infection within three weeks after exposure. If the HIV result is anti-HIV negative, the client will go through a counseling process to receive PrEP services and scheduled follow-up check-ups.

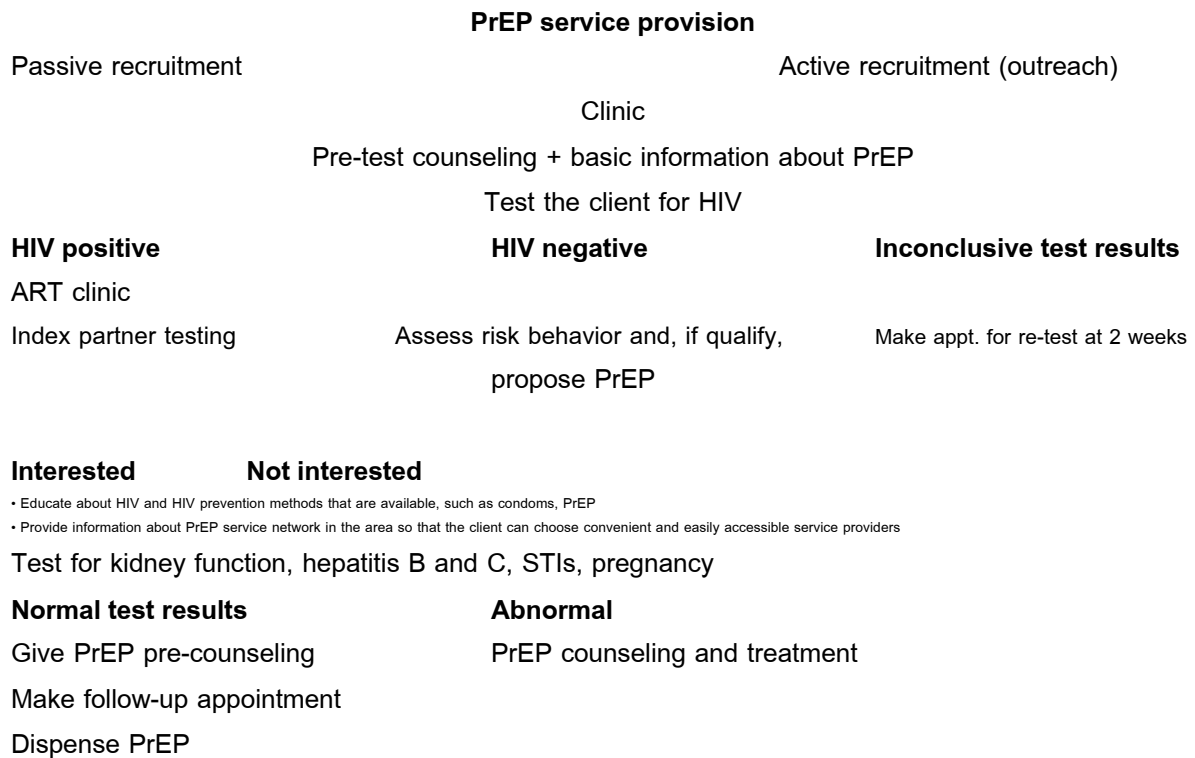
In organizing PrEP services, clients should receive services that meet technical standards. In addition, the services should be suitable for the needs of the target groups who receive services. The content of the service provision in this chapter consists of the following components:

- (1) PrEP service management flowchart
- (2) Elements of the provision of services
- (3) Service process
- (4) One-day PrEP service model
- (5) Various forms of services that meet the needs of the target group

#### 4.1 PrEP service management flowchart

The PrEP service provision process is shown in Figure 4.1.

**Figure 4.1 PrEP service provision process**



## **PrEP through the National Health Security System (Universal Health Coverage scheme)**

As of FY 2021, the benefits package for members of the Universal Health Coverage scheme (UCS) of the NHSO included treatment for PLHIV, and the provision of oral TDF/FTC formulations for PrEP clients. Thai nationals with risk for HIV infection are eligible to receive the following services:

- HIV testing (anti-HIV)
- Kidney function tests (creatinine, CrCl)
- Screening for hepatitis B virus (HBsAg) infection
- Screening for STIs (syphilis, gonorrhea, chlamydia)
- Screening for pregnancy
- Screening for hepatitis C virus (anti-HCV) for PWID

### **4.2 Components of the PrEP service**

The PrEP service process involves the client, service providers, PrEP drug dispensing, formats, and agencies providing PrEP.

#### **PrEP clients:**

People at risk for HIV infection due to inconsistent or unprotected sex, not using condoms or having a history of frequent breaking/leaking/slipping of condoms during sex, having a PLHIV partner who is unable to adequately suppress their viral load, unable to use a condom every time having risky sex, being a pregnant woman whose partner is HIV+, being a PWID who shares contaminated needles/syringes, etc.

- For those under the age of eighteen, HIV testing is available without the need for parental permission – provided that the client understands HIV infection and the meaning of the blood test (according to the Thai Medical Council Guidelines on HIV 2014).
- Provision of PrEP for anyone under the age of eighteen is at the discretion of the physician, and only persons with body weight of thirty-five kg or more are eligible.

#### **Service provider and client:**

Providers of PrEP: physicians, medical technologists, pharmacists, counselors, nurses and civil society organization (CSO) personnel.

#### **Physician**

The M.D. conducts a health check-up of the client, assesses the risks and benefits of PrEP for the client, reports the results of relevant laboratory tests, and prescribes PrEP.

#### **Medical technologist**

This person performs laboratory diagnostics such as tests for HIV infection, glomerular filtration rate, syphilis, hepatitis B and C, pregnancy, etc.

#### **Pharmacist**

The pharmacist conducts a drug inventory, advises the service recipient on how to take PrEP medicines, informs the client of potential side effects, advises on self-care while taking PrEP, and advises the client to be sure to take PrEP as scheduled.

### **Counselor/nurse/CSO personnel**

These personnel provide information on taking PrEP, provide counseling to reduce risky behaviors, and continually follow up to help clients in the early stages of taking PrEP. They help the client cope with minor side effects and provide regular motivation to keep to the PrEP regimen.

## **4.3 Process of providing the PrEP service**

### **PrEP service**

The PrEP service consists of four main parts:

- (1) Laboratory examination for screening people for eligibility to receive PrEP
- (2) Risk assessment consultation before starting PrEP
- (3) Follow-up while taking PrEP
- (4) HIV VCT before stopping PrEP

Each hospital/clinic provides services at different times depending on the context of the facility and provider. Waiting times for laboratory results and opening times for PrEP may differ among providers.

Same-day PrEP service is provided as part of pre-screening service, and clients can start PrEP within the same day of coming in for HIV testing. This approach is recommended as a way to retain clients in the service system (i.e., prevent loss of follow-up), and facilitate HIV prevention which is faster than waiting for the next appointment to hear test results before starting medication.

### **Step 1:**

Laboratory examination

- HIV
- glomerular value (CrCl) and glomerular filtration rate
- Hepatitis B
- Immunity to hepatitis B virus
- Hepatitis C virus
- STIs (syphilis, gonorrhea, chlamydia)
- Pregnancy

### **Step 2**

Assess risks and provide service information before starting medication.

- PrEP counseling information
- PrEP pills, how to take PrEP pills, side effects
- Concomitant treatment of other diseases while taking medication according to laboratory results

- How to act in case of discontinuing PrEP

### **Step 3**

Keeping track of PrEP medication intake

- Make an appointment for one month to follow up on medication intake, side effects and HIV test
- Schedule another HIV test every three months after the first month of taking the drug, screen for STIs every three to six months, and screen for kidney function every six months
- Conduct check-ups after one month and every three months; these may be made via telehealth by allowing the service recipient to show the results of the prescribed examination from a hospital near their home

### **Step 4**

Examination and consulting before discontinuing PrEP

- Check for HIV infection
- Take one pill a day for seven days after last sex (two days for MSM)

### **(1) Laboratory screening**

For those who have started taking PrEP and for those who have resumed taking PrEP:

Laboratory testing for screening clients before taking PrEP is very important. Clients who start taking PrEP must be HIV-negative. If PrEP is administered to a person who is already HIV+, that could lead to the emergence of drug-resistant strains of HIV.

Tests for HIV infection should be done with a reagent that can detect both antigens and antibodies. In addition, the provider should take a client's history to detect symptoms of acute HIV infection in order to reduce the likelihood of providing PrEP to an HIV+ client.

If the HIV test result is inconclusive, PrEP should not be prescribed. The client should be scheduled for another HIV test in the next two weeks. If, after two weeks, the results are still inconclusive, the laboratory staff will attach evidence of the first and second test results for the attending clinician to consider whether to order another HIV test or prescribe PrEP.

In cases where an STI is detected, it is possible to proceed with PrEP, but a more detailed history of risk behavior must be taken in order to know when the client was last sexually active, and probe whether the client has symptoms of acute HIV infection.

### **Other laboratory tests**

**Figure 4.2 Flowchart of laboratory diagnostics for screening before PrEP**

Pre-test HIV counseling

4<sup>th</sup> generation assay to test for HIV

**HIV+**

**Inconclusive**

**HIV-negative**

Post-test counseling;

Repeat HIV test in 2 weeks

Post-test counseling;

Enroll in ART

Pre-screening for PrEP

Inconclusive: Report that HIV still not detected    Test for renal function in the renal dysfunction risk group; if CrCl < 60 mL/min, repeat 7 days later

Attach evidence for the 1st and 2nd time for the doctor to consider.    Screen HBsAg, Anti-HBs, Anti-HCV

- Evaluate the window period; may order additional HIV tests Screen for STIs

- May order qualitative NAT or for viral load    Screen for pregnancy

### **Check the glomerular filtration rate**

Kidney testing is specific to those at risk for renal dysfunction, i.e. those aged > 30 years or who have underlying kidney disease (e.g., diabetes, high blood pressure). Those with CrCl < 60 mL/min are recommended to repeat the test seven days later; if the second test is CrCl >60 mL/min, then PrEP with TDF/FTC can be initiated.

### **Hepatitis B virus test**

A positive test result for HBsAg indicates hepatitis B infection. PrEP can be taken because TDF/FTC and TAF/FTC (i.e., the PrEP regimen) are effective in treating hepatitis B.

- Hepatitis B-infected people must use the daily PrEP regimen only. PrEP should not be taken intermittently or on-demand, as it may exacerbate hepatitis B when stopping the drug.
- Consult a doctor for treatment of hepatitis B as well.
- People with a history of anti-HBs positive means that they have immunity, and hepatitis B screening is not required.

A detailed interpretation of the hepatitis B test results can be found in Table 3.9 (in Chapter 3).

### **Hepatitis C virus test**

A person who has a positive anti-HCV test indicates that they have been infected with hepatitis C. That person can receive PrEP medication; there is no restriction in receiving PrEP. But, the client should consult their doctor about treating hepatitis C as well. MSM, TGW, and PWID are at high risk of hepatitis C infection. The hepatitis C test is conducted with other laboratory tests in order to detect cases in need of hepatitis C treatment.

### **Check for STIs**

PrEP participants are at high risk for STIs, and they should be screened for the prevalent STIs such as syphilis, gonorrhea, and chlamydia on a regular basis. This is necessary in this population of clients since PrEP does not protect against STIs, other than HIV infection.

- All cases should be screened for syphilis, even if there are no symptoms. Use a rapid test kit to screen for syphilis as an alternative so that clients can know the results of the screening immediately. In case of a positive test result, a confirmation test must be performed prior to treatment.
- Gonorrhea and chlamydia should be screened for, even without symptoms, and especially for MSM, TGW, and sex workers. Use a test kit for gonorrhea and chlamydia (NAT CT/NG), and examine for three channels of infection, namely 1) oral; 2) urethral/vaginal; and 3) rectum, in accordance with the client's voluntary consent.
- In case NAT CT/NG testing cannot be performed, a Gram stain test is performed only when symptoms are present.

If an STI is found, PrEP can be initiated. However, the client should be treated concurrently to prevent adverse effects of disease and transmission of infection to others. In addition, hepatitis A and HPV vaccinations should also be recommended.

### **Pregnancy test**

Pregnant women can take PrEP, but they are advised to go for ANC as well. Pregnant women with a gestational age of  $\geq 36$  weeks who wish to receive PrEP should receive anti-HIV drugs (just as any HIV+ woman) instead of PrEP to prevent MTCT of HIV during the period just before delivery.

### **(2) Assess risks and provide service information before starting PrEP**

HIV pre-test and post-test counseling service is the first step in the process in order to screen for clients who are HIV-negative and, thus, eligible for PrEP. The client receives information about PrEP at the HIV post-test counseling session. Before starting PrEP, there needs to be another counseling process to assess suitability for PrEP and risks. The provider should probe for acute HIV infection, which is suggested by recent (past four weeks) flu-like symptoms, fever, sore throat, body aches, headaches, or rashes. If these symptoms are present, then the client should be re-tested for HIV in two weeks to allow the client to pass the window period. During those two weeks, the client must not engage in HIV risk behavior.

Those who test positive for HIV should be referred to the ART clinic immediately. If possible, ART should be given on the same day as diagnosis. In the treatment process, there will be counseling and inviting the partner/contacts of the index case to come for a checkup. If a partner of a PLHIV tests negative for HIV infection, then PrEP services should be offered.

Counseling information before taking PrEP

- Medicinal properties

Oral PrEP contains 300 mg tenofovir disoproxil fumarate (TDF) and 200 mg emtricitabine (FTC) in one tablet (TDF/FTC). The drug is stored at room temperature. In addition, PrEP may be administered as a formulation of TDF/3TC or TAF/FTC, as indicated. The decision depends on the indications and contraindications for use. This version of the national PrEP guidelines addresses TDF/FTC, including TDF/3TC.

- Methods of taking PrEP

#### **Daily PrEP** (suitable for all population groups)

##### Before having sex:

- Take one PrEP (TDF/FTC or TAF/FTC) pill daily for seven days before sex.
- MSM can start with two TDF/FTC tablets at the same time (double dose) to reduce the time it takes for the drug to become effective (two hours)

##### While taking the drug continuously

- Take one PrEP tablet daily.

##### Stopping the drug



- Take one pill a day for seven days after last sex (For MSM: two days after last sex)
- Hepatitis B-infected persons must take PrEP continuously every day; doses should not be taken intermittently; and PrEP should only be discontinued when the period of stoppage is expected to be long.

**On-demand PrEP** (only MSM not infected with hepatitis B virus)

- Start taking two TDF/FTC tablets at the same time two to twenty-four hours before sex.
- After that, take one tablet a day at the same time as the first dose. Take it for two days after having sex, ending the 2-1-1 regimen.
- If the client has had sex for several days in a row, take one tablet daily for up to two days after last sex.
- If the client wants to start On-demand PrEP within seven days after the last dose, PrEP can be started with one tablet instead of the double dose (optional).

See Figure 3.1 in Chapter 3 for a diagram for On-demand PrEP.

• **Side effects**

Minor side effects that may initially occur include headache, stomach pain, nausea, flatulence. These symptoms usually improve within a month.

• **Forgot to take a dose**

If the client forgets to take a dose, that dose should be taken as soon as the client remembers. Then resume the next dose at the regularly scheduled time.

- If the client realizes they missed a dose when it is almost time for the next one (< 6 hours), skip the missed dose and resume with the next scheduled dose – there is no need to take two tablets to offset the omission.
- If taking PrEP regularly, the drug level in the body is still maintained; there is no need to panic if a dose is missed.
- Adequate PrEP intake is at least six tablets per week (at least four tablets per week for MSM).
- A client may wish to discontinue PrEP because they are no longer engaging in risk behavior.
- Clients who want to stop taking PrEP during periods of no risk behavior should continue taking the drug for at least seven days after the last risk (MSM should take PrEP for at least two days after the last risk) and be tested for HIV before stopping the medication entirely.
- People with hepatitis B virus should continue to take PrEP daily; PrEP should not be taken intermittently; PrEP should only be stopped when the period of stoppage is expected to be prolonged.

Taking PrEP regularly every day can prevent HIV infection. That said, a client may stop taking PrEP for any reason, such as lack of risky behaviors, or when medically indicated. Clients should consult a doctor when considering stopping PrEP. Then, the client must have an HIV test and a physical exam before stopping the drug. If, in the future, the client wants to resume PrEP, they may resume as normal. Any PrEP client who tests HIV+ must also be tested for drug resistant strain of HIV before starting ART.

### **(3) Keep track of PrEP intake**

Schedule HIV testing one month after PrEP has started, and continue with the following:

- Get tested for HIV every three months
- Have kidney function screening every six to twelve months, only for those at risk of abnormal kidney values, that is, those aged >30 years or who have congenital disease affecting the kidneys (e.g., diabetes, high blood pressure).
- Screen for STIs every three to six months.
- Screen for hepatitis B every year, only if not vaccinated for hepatitis B
- Screen for hepatitis C every six to twelve months
- Screen for pregnancy test in women of childbearing age whenever pregnancy is suspected

See Table 3.8 in Chapter 3 for a summary of screening guidelines

### **(4) Examination and counseling before stopping PrEP**

Each circumstance when a PrEP user discontinues is different. The decision to stop may come from the service recipient themselves, for example, when they no longer feel at risk of HIV. In other cases, the counseling session assesses that there is no risk of HIV, or the client wants to discontinue because of side effects.

#### **Steps to discontinue PrEP**

- Counseling to assess the last episode of risk of HIV
- Continue taking PrEP for seven days after the last risk (MSM: two days).
- Check for HIV infection

#### **4.4 Same-day PrEP service model**

##### Meaning

Provide counseling and initial laboratory screening to receive PrEP medication within one day.

##### Objective

To enable the client to start the drug faster in order to retain them in the service system

##### Service guidelines

- 1) Hospitals/community health centers report laboratory results to the client within the same day.
  - Most of the recipients will come in the morning and wait for the results of the examination in the afternoon, along with attending PrEP orientation counseling.
- 2) Referral from another VCT unit within the hospital to verify a negative HIV test or other laboratory test
  - If the HIV test result is negative, a comprehensive history of risk behaviors and health problems should be taken. Counseling can be provided and medication is started on the

same day. If the test results for hepatitis B virus are not available on the same day, the attending clinician may determine that it is appropriate to start PrEP that day and the hospital/clinic will contact the client when the test results come in

3) The client is referred from outreach, by a community volunteer, by CSO personnel, or from another hospital/clinic. The destination clinic/hospital should offer PrEP on the day of referral in order for the client to be on the PrEP regimen as soon as possible. Some of these referral sources include the following:

- Mobile VCT unit
- Drop-in center in the community or at a CSO facility
- Tambon (sub-district) Health Promoting Hospital other hospital
- Community Health Center

#### **Figure 4.3: Same-day PrEP Service**

- Referral from a VCT unit in the hospital/community health center/other place/from outreach ->
- Confirmed HIV-negative ->
- PrEP counseling to probe for symptoms of acute HIV infection and provide basic PrEP information ->
- Client decides to take PrEP ->
- Screen for kidney function, hepatitis B and C, STIs, pregnancy ->
- See the doctor/nurse (or send the results via telehealth); if the test results pass the preliminary doctor/nurse screening criteria, provide consultation on the results of the tests, review risk behaviors, discuss PrEP regimen adherence, advise on monitoring use, and advise on stopping PrEP ->
- See the pharmacist (or relevant personnel) to receive supply of PrEP

#### **4.5 Models of PrEP that are tailored to the needs of the target population**

##### **Figure 4.5: Models of PrEP that are tailored to the needs of the target population**

###### **PrEP Service Delivery Model**

###### **Target Group**

MSM, TGW, discordant heterosexual couples, pregnant/postpartum women with an HIV+ partner, service providers with risk of accidental HIV infection

###### **PrEP Service Locations**

Public and private hospitals, BMA health centers in Bangkok, private clinics, CSO health centers (Key Population-led Health Service)

###### **Service provider**

Hospitals: Physicians, medical technicians, pharmacists, and nurses provide advice and follow-up on PrEP  
Smaller Clinics/Hospitals: Doctors, medical technologists, or nurse provide counseling on following up on medication  
PrEP Civil Society Health Center: Full-time staff includes a medical technician and counselor for pre-prescribing and follow-up of PrEP clients, with a supervising doctor as a consultant and a person who informs about laboratory results before prescribing the drug.

## Service model

- 1) Provide one-on-one service – first time and at monitoring visits
- 2) Provide telehealth service – monitoring only

### PrEP dispensing channels (details are below)

- 1) Dispensing medicines in PrEP service units
- 2) Delivery of PrEP to recipients via postal service or intra-provincial transportation system

### PrEP drug distribution channel

#### (1) Dispensing medicines in PrEP service units

- Hospitals or large service units: The pharmacist dispenses PrEP and provides instructions on how to take the medication, possible side effects, adherence, and storage.
- Some small hospitals or private clinics do not have pharmacists: In those cases, the doctors/nurses provide counseling and dispense PrEP along with advice on taking PrEP.
- CSO health center without a pharmacist: A counselor is the one who advises and dispenses PrEP.

#### (2) PrEP drug delivery to recipients via postal service or intra-provincial transportation system

During the Covid-19 situation, travel in Thailand has been restricted, and some clients cannot come to receive the service at the PrEP service center. Therefore, this version of the national guidelines includes suggestions for channels to accommodate clients who are unable to come for monitoring and resupply visits. Service providers can provide telemedicine services and deliver PrEP drugs via mail or intra-provincial transportation, with the following conditions.

The recipient

1. must be a client who is in the process of monitoring (i.e., not the first visit);
2. must be a service recipient who has never missed an appointment or lost contact with the staff;
3. can receive other necessary laboratory results sent to the prescribing provider from a trusted service unit; and
4. must have a clear postal address



#### 4.5.1 Key Population-led Health Service (KPLHS)

KPLHS is a form of community health center to provide client-friendly health services for Key Populations at risk for HIV: MSM, sex workers, TGW, and PLHIV, among others. KPLHS is designed to encourage marginalized populations to enter the formal counseling, testing, and treatment system. Service providers are trained members of the Key Populations themselves. KPLHS has been designed and overseen by a panel of experts in Thailand, and services were first launched in January 2016 in the Community Health Center of the Rainbow Sky Association of Thailand, SWING Foundation, SISTER Foundation, Caremat Organization, and MPlus Foundation. PrEP is organized by CSOs with qualified medical technicians and supervising physicians who work part-time with the KPLHS (e.g., 1-2 days a week). See Figure 4.5 for details.

#### Figure 4.5: Process of KPLHS

- Service recipients register via online channels or walk in
- Consultation before blood test and risk assessment

**Client does not meet criteria for PrEP due to suspected acute HIV syndrome**

- Collect blood for and send for laboratory tests (HIV, kidney function, hepatitis B and C, syphilis)

#### Client is HIV-negative

- Post-test counseling
- Administer thirty tablets of PrEP, informing the recipient not to take the medication until approved by the doctor.
- Make appointment for next visit

#### Criteria for not prescribing PrEP

- HIV positive or inconclusive results

- The doctor examines the results of laboratory tests to approve PrEP intake within one day, or inform the KPLHS of abnormal results

#### Criteria for not prescribing PrEP at the KPLHS

- Confirmed CrCl < 60 ml/min.

- KPLHS informs the client that they can start taking PrEP, or if there is an abnormal test result they can return to the KPLHS.

#### Follow-up Visit

- Call to confirm the appointment date one day before the actual appointment date
- Assess ability to use PrEP Xpress or telehealth services
- Evaluate the side effects of PrEP
- Assess adherence and effective use of PrEP
- Laboratory tests (HIV, kidney function, syphilis) or use external clinical results

- Suspected acute HIV or inconclusive outcomes

**Consult a doctor, submit a NAT HIV test, or schedule a two-week repeat HIV test**

- HIV positive: Refer to ART as soon as possible

**The meaning of effective use is:**

**At least 6 PrEP tablets per week during the risk period (MSM: 4 pills per week or on-demand)**

**Criteria for not prescribing PrEP:**

- HIV positive or inconclusive results

**\* Medicines can be sent by mail to on-going service recipients who are effective users**

**Criteria for disapproval of PrEP at the KPLHS:**

- Confirmed CrCl < 60 ml/min.

#### Negative HIV test

- Notify the results of lab test
- Continue PrEP
- Make next appointment.

- Send laboratory results to the doctor
- Doctor considers the lab results and notifies the KPLHS if results are abnormal
- KPLHS notifies the client that the test result is abnormal (if any)

**Inconclusive results: submit for NAT, HIV or viral load,  
or schedule a repeat test in two weeks.**

- **Positive result: Refer to ART immediately**

### **Remarks about Figure 4.5 PrEP Service by Community Service Organizations**

- Providing services to people with a negative HIV test without acute HIV infection syndrome: thirty PrEP pills (one-a-day) will be given on the same day as the blood is drawn (Same-day PrEP). However, clients are advised not to start taking PrEP until a community health worker calls to inform them that the lab results have been reviewed (e.g., kidney function, or creatinine and creatinine clearance) and the recipient can take PrEP.
- Follow-up starts with the first month after PrEP initiation, and then every three months after that at a community health center, including an HIV test, and assessment of risk of HIV/STI.
- Initiating effective use of PrEP to assess whether PrEP recipients can actually prevent HIV infection: If it is an MSM recipient, it is considered that, during the risk period, PrEP can be taken in the amount of at least four tablets per week. The correct way to take PrEP on-demand is to take two PrEP tablets at least two to twenty-four hours before sex, one tablet twenty-four hours after sex, and one tablet forty-eight hours after sex. In other populations, at least six PrEP tablets per week should be taken during the at-risk period.

#### 4.5.2 PrEP service delivery model during the Covid--19 epidemic in Thailand

Due to the situation of the Covid-19 epidemic in Thailand, (since January 2020 in Bangkok and other tourist cities), there have been cluster outbreaks associated with entertainment venues, factories, and markets. The immediate and harsh Thai government response to contain the spread of Covid has had an enormous impact on all aspects of society and the workplace, including health services. This has affected the ability to prescribe and follow-up with PrEP clients. Health services have had to take creative measures to prevent the spread of Covid-19 while still meeting the needs of their clients.

The important measures in the service facility include reducing congestion, maintaining social distancing, and minimizing non-essential travel. However, some of the containment measures have meant that some of the Key Populations and other people at risk of HIV have not been able to properly adhere to the PrEP regimen they have been prescribed – even though they still have risk. To provide the target population with continued access to PrEP, service units which provide PrEP in Bangkok and the provinces (government and CSO) have adjusted services to be in line with the Covid epidemic control measures, or when there is an emergency situation related to diseases and health hazards such as the following:

- (1) Services will be provided only to service recipients who have made a reservation through the online booking system.
- (2) Same-day PrEP for all new PrEP recipients: PrEP will be given on the same day that blood samples are drawn.
- (3) PrEP Xpress is a service that reduces the time that the client must spend in the clinic (i.e., no more than 30 minutes).
- (4) PrEP Telehealth with online consultation and mailing of medications is used whenever possible.
- (5) Mobile PrEP is an outreach arrangement of PrEP services that is integrated with mobile HIV VCT outreach units.

The above information is based on the experience of organizing PrEP services during the Covid-19 epidemic by sixteen public community health centers of the Department of Health of the BMA, and the provision of PrEP services by KPLHS, managed by CSOs. Further details can be found in Appendix D and E.