

PrEP in Namibia

Dr Idel Billah, MBChB, MPhil

Deputy Director for Clinical Prevention,
ITECH Namibia

Presentation Outline

Our PrEP journey

Namibian PrEP policy framework

Who can get PrEP in Namibia?

Namibian PrEP guidelines

Coordination of PrEP implementation

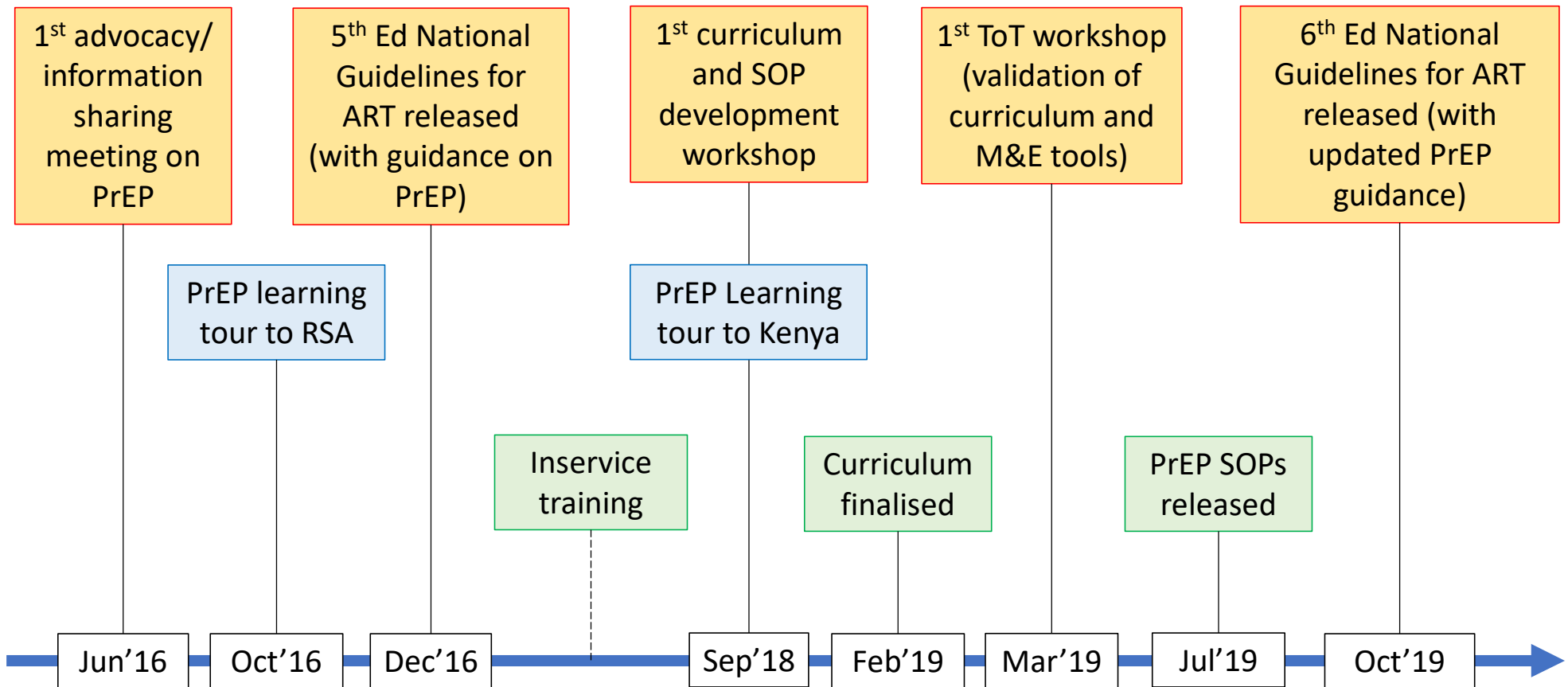
Successes

Challenges

What's next?



The PrEP Journey in Namibia



* ART Clinical GLs (shorter version of National GLs for ART) were recently updated and will be released later this year

The Namibian HIV Clinicians' Society (NAMHIVSOC) - 8th TB/HIV/COVID-19 International Conference, 14-16 Oct 2021

Namibian PrEP Policy Framework

“PrEP is now widely accepted as an effective HIV prevention strategy... The government will develop and routinely revise policies, procedures and quality standards and M&E systems to ensure appropriate procedures and regulations in the use of PrEP” (**Namibia NSF 2017/18 to 2021/22**)

- Key strategies:
 - Conduct feasibility studies among target populations
 - Intensify awareness and education on PrEP
 - Orient service providers on the ART guidelines
 - Scale up PrEP services to populations at substantial risk through state health facilities and collaboration with NGOs and CBOs working with hard to reach key populations
 - Encourage and strengthen technical partnerships with other domestic or international organisations/institutions that have experience with PrEP services
 - Develop SOP, M&E and Quality Improvement systems for tracking PrEP uptake



Who can get PrEP in Namibia?

Anyone at substantial risk of HIV infection, including but not limited to individuals...

- in sero-discordant relationships (partner virally unsuppressed, couple wants to conceive, or the HIV-neg partner is a PBFW)
- with recent/recurrent STIs
- with multiple and/or concurrent sexual partners
- who use PEP on a frequent, recurrent basis
- with history of sex whilst under the influence of alcohol or recreational drugs
- who use injectable drugs
- in abusive relationships
- who consider themselves to be at substantial risk of HIV infection

Priority populations:

- Facility-based PrEP;
 - serodiscordant couples
 - PBFW
 - family planning clients
 - Patients with STIs
- Community-based PrEP; special projects focussing on...
 - sex workers
 - trans-gender women, and men who have sex with men
 - adolescent girls and young women
 - truck drivers, miners and seafarers

Namibian PrEP Guidelines



Procedures for:

- PrEP initiation, including when there is history of recent HIV exposure
- Stopping PrEP
- Restarting PrEP
- ART initiation in clients who seroconvert while taking PrEP

Guidance on:

- Management of creatinine elevation while taking PrEP
- PrEP use in clients with hepatitis B infection
- PrEP M&E, including reporting of unanticipated events such as PrEP-related intimate partner violence

PrEP Implementation | Coordination

- PrEP is offered as a component of the combination prevention package
- The programme is spearheaded by the **National HIV Prevention Coordinator** (MoHSS DSP)
- The **PrEP Technical Working Group** comprising of members from MoHSS directorates (DSP, PHC, RM&E) and representatives of the various PrEP implementing partners holds monthly planning and review meetings
 - PrEP TWG provides quarterly updates to the **Combination Prevention and Treatment, Care and Support TACs**
- **Regional Health Training Centres** plan and coordinate trainings in liaison with the National HPC and regional **DSP Chief Health Programme Officers**
 - **HIV Mentors** provide ongoing in-service training, mentorship and site-level support



PrEP Implementation | Successes

- The Namibian PrEP Programme is now well established
- More than 30,000 individuals initiated on PrEP by September 2021
- Good collaboration between health facilities and community-based PrEP implementing partners
- Consistent supply of PrEP formulations
- Timely revision and updating of guidelines



PrEP Implementation | Challenges

- Moving PrEP out of the ART clinic, to points where HIV-neg clients are seen
 - PrEP drugs are ARVs, so PrEP is seen as HIV-related work and pushed to the ART clinic
 - Healthcare providers working in other departments are hesitant to provide PrEP because they are not familiar with ARVs and they do not think they have adequate training
- Low HIV risk perception and non-acceptance of PrEP
 - Individuals at risk do not appreciate their level of vulnerability/susceptibility
 - Most assume if they are HIV-negative then their partner is also negative
 - Vulnerable/susceptible individuals are not well informed on PrEP as an HIV prevention method
 - Some think it's only meant for people in sero-discordant relationships
 - Some people are hesitant to take a daily pill
- Monitoring and evaluating PrEP use
 - How to measure persistence on PrEP, given its cyclical nature?
 - Does low persistence mean we are giving PrEP to individuals not at risk?



PrEP Implementation | Next Steps

- Further strengthening of PrEP integration in SRH services
- Finalisation of the PrEP M&E framework
 - Revise the way PrEP persistence/continuation is measured
- Review and update of PrEP SOPs
 - Revise frequency of renal monitoring, HIV testing, etc
- Introduction of the **dapivirine vaginal ring**
 - Phased implementation to start by early 2022
- We are watching developments on **injectable cabotegravir** and **islatravir** (oral and implant) with keen interest!



PrEP in Namibia | Take Aways

- PrEP is available for free in Namibia
- Anyone who is at substantial risk of HIV can access PrEP, provided there are no clinical contraindications
- There are several ongoing projects to make PrEP more accessible to key and vulnerable populations
- Comprehensive guidelines on PrEP service provision are in place
- Newer PrEP formulations are being added as they get approved and become available for procurement

