Eswatini Pre-Exposure Prophylaxis (PrEP) Implementation Guidelines

MINISTRY OF HEALTH

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MOH HIV /AIDS SNAP

World Health Organization

FOREWORD

The recent third Swaziland HIV Incidence Measurement Survey (SHIMS3) showed remarkable progress made by Eswatini in addressing the HIV epidemic.[1] At 94-97-96, Eswatini has surpassed the UNAIDS targets for treatment and viral suppression in advance of the 2025 date, providing clear evidence of the effectiveness of the country's HIV treatment programs. The country has also demonstrated a major reduction in new HIV infections over the last decade. Despite major progress in reducing new HIV infections, the SHIMS3 survey also found that more women compared to men continue to acquire new HIV infections. Vulnerability, social risk factors, and high-risk sexual practices influence HIV incidence among the populations at high risk. Adolescent girls and young women (AGYW) remain most at risk as well as key population groups.

The Eswatini Government has remained committed to increasing access to appropriate HIV prevention interventions such as the introduction of new biomedical HIV prevention products to meet different needs of the groups most affected.

Since pre-exposure prophylaxis (PrEP) introduction in Eswatini, the number of people knowing their HIV status and understanding their potential exposure to HIV have increased. While the introduction of oral PrEP has had challenges with acceptance and uptake, the country is hopeful that as more PrEP products become available to meet individual needs, uptake, PrEP continuity and effective use will improve.

In the advent of new HIV prevention methods, this document has been written to provide health care workers with guidance for PrEP implementation and service delivery, and to support staff with clinical decision-making related to existing and new HIV prevention methods.

The Ministry of Health expects the implementation of these guidelines to help accelerate PrEP scale-up in the country to reach epidemic control and, I, therefore, call upon all actors in the fight against HIV in Eswatini to support the successful implementation of these guidelines.

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ACKNOWLEDGMENTS

With this document, the Ministry of Health (MoH) issues the 2nd edition of the national clinical implementation guidance for pre-exposure prophylaxis (PrEP) in Eswatini. This significant milestone has been achieved through the collaborative efforts of numerous individuals and organizations, whose contributions have been invaluable.

The development process involved a thorough review of new guidance from the World Health Organization (WHO) and other countries, as well as insights gained from the PrEP ring implementation study supported through the MOSAIC (Maximizing Options to Advance Informed Choice for HIV Prevention) project. We also utilized a template developed by MOSAIC in close collaboration with the U.S. Agency for International Development (USAID) and The Global Fund to Fight AIDS, Tuberculosis, and Malaria to further guide our efforts.

The MoH extends its sincere appreciation to the following organizations for their financial support during the revision process of the PrEP guidelines: The Global Fund through the National Emergency Response Council on HIV and AIDS (NERCHA), Cooperative Agreement (CoAg), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), ASPIRE project, and FHI 360, MOSAIC program.

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We express our gratitude to the healthcare providers and implementing partners who shared their experiences and best practices offering new PrEP products, contributing significantly to the refinement of this document. Special thanks are also extended to civil society members, including young people, key populations, pregnant, and breastfeeding women, whose insights were instrumental in developing a comprehensive guideline.

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ABBREVIATIONS AND ACRONYMS

3TC	Lamivudine
AFAB	Assigned female at birth
AHI	Acute HIV infection
AMAB	Assigned male at birth
ARV	Antiretroviral
CAB-LA	Long-acting injectable cabotegravir
CDC	Centers for Disease Control and Prevention
CMIS	Client Management Information System
ED-PrEP	Event-driven PrEP
ENAP	Eswatini National AIDS Program
GBV	Gender-based violence
HTS	HIV testing service
HIVST	HIV self-testing
IMAI	Integrated Management of Adults and Adolescents Illnesses
IPV	Intimate partner violence
ISR	Injection site reactions
MOH	Ministry of Health
NNRTI	Non-nucleoside reverse transcriptase inhibitors
PEP	Post-exposure prophylaxis
NARTIS	Nurse-led ART Initiation in Swaziland
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
SDC	Sero-different couple
SOC	Standard of care
STI	Sexually transmitted infection
PWID	People who inject drugs
TDF	Tenofovir disoproxil fumarate
TLC	The Luke Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
UTI	Urinary tract infection
VOOV	Voice of Our Voices
WHO	World Health Organization

TERMINOLOGY

Adverse Drug Reaction (ADR):	A response to a drug which is noxious and unintended, and which occurs at doses normally used in humans for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function. An adverse drug reaction, in contrast to an adverse event, is characterized by the fact that a causal relationship between a medical product and an occurrence is suspected.
Adverse Event (AE)/Adverse Experience:	Any untoward medical occurrence that may present during treatment with a pharmaceutical product, but which does not necessarily have a causal relationship with this treatment.
Assigned female at birth:	People assigned female at birth may include cisgender women, transgender men, and some non-binary people.
Assigned male at birth:	People assigned male at birth may include cisgender men, transgender women, and some non-binary people.
Cisgender:	Describes a person whose gender identity corresponds to their sex assigned at birth.
Integration:	Refers to the service delivery level and can be understood as joining operational programs to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop-shop services under one roof, etc.)
Non-binary:	A spectrum of gender identities that do not exclusively or neatly fit into the category male or female, man or woman, and are outside the gender binary.
Transgender:	A person who has a gender identity or gender expression that differs from the sex assigned at birth.
Transgender woman:	An individual assigned male sex at birth who identifies as a female.
Transgender man:	An individual assigned female sex at birth who identifies as a male.

PrEP STATUS DEFINITIONS

PrEP initiation	A client who initiates PrEP for the first time.
PrEP restart	A client who restarts/re-initiates PrEP after discontinuing PrEP for at least seven days. This includes clients using event-driven PrEP (ED-PrEP) who restart during a new HIV exposure episode/period. If a client has an unprotected exposure during the period not using PrEP, an HIV self-test (HIVST) should be done to confirm an HIV-negative result.
PrEP continuation	A client who continues PrEP without any interruption for seven days or more.
PrEP product switch	A client who switches from one PrEP method to another PrEP method without any interruption between the two products.
PrEP stop	A client who stops or discontinues PrEP.
Missed appointment	A client who misses a scheduled follow-up appointment by more than or equal to three days but less than seven days.
Lost-to-follow-up (LTFU)	A client with no documented STOP code who did not come for a scheduled appointment seven days or more after the date of the appointment.

1. INTRODUCTION TO PREP

Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention intervention involving the use of antiretroviral (ARV) drugs by people who are not infected with HIV to prevent acquisition of HIV. The level of effectiveness provided by PrEP is strongly correlated with effective use, meaning it is important for clients to use PrEP methods as prescribed during periods when they may be at increased likelihood of acquiring HIV. Eswatini has adopted the World Health Organization (WHO) recommendation to offer PrEP to people at substantial risk of HIV infection as part of a combined HIV prevention approach. PrEP should not displace or undermine the use of other effective and well-established HIV combination prevention interventions.

This guideline is intended for health care workers involved in PrEP service delivery and includes guidance for the use of tenofovir disoproxil fumarate (TDF)-based daily/event-driven (ED) oral PrEP, the monthly dapivirine vaginal ring, hereafter referred to as the "PrEP ring" or "the ring," and cabotegravir long-acting injectable PrEP, hereafter referred to as CAB-LA.

1.1 PrEP Products and Regimens in Eswatini

Oral PrEP

Oral PrEP is available in two dosing options depending on the population type, personal circumstances, and preferences, and includes daily oral PrEP and event-driven (ED-PrEP). The recommended regimen for oral PrEP in Eswatini is: a combined tablet of **tenofovir disoproxil fumarate (TDF) 300 mg** and **lamivudine (3TC) 300 mg.**

This fixed-dose combination can be used for oral daily PrEP and for ED-PrEP. Other ARV regimens approved for PrEP by WHO are:

- Combined tablet of emtricitabine (FTC) 200 mg and TDF 300 mg
- Single agent TDF 300 mg (limited evidence on the use of TDF alone for ED-PrEP)

Dapivirine vaginal ring (PrEP ring or "the ring")

The PrEP ring is a flexible silicone vaginal ring that contains **25 mg dapivirine** slowly released over the course of one month. This long-acting HIV prevention method was developed specifically for clients who are unable or do not want to take oral PrEP or when oral PrEP is not available. The ring has been studied for prevention of HIV only among those assigned female sex at birth (AFAB) during receptive vaginal sex and does not prevent HIV acquisition through any other mode of transmission, e.g., transmission through anal sex.

Cabotegravir injectable PrEP (CAB-LA)

CAB-LA is a long-acting PrEP method containing **600 mg of cabotegravir extended-release injectable suspension**. The first two injections are given one

month apart, thereafter every two months. CAB-LA will be introduced in Eswatini in 2024.

1.2 PrEP Priority Populations

PrEP is offered to HIV-negative, eligible individuals who are at substantial risk of acquiring HIV infection. The following populations will be prioritized:

- Adolescent girls and young women (AGYW) aged 16–24
- Women aged 25–34
- Mature minors (age 12–15)
- Pregnant and breastfeeding women (PBFW)
- Sero-different couples (SDCs)
- Sex workers (SWs)
- People with multiple sexual partners
- Individuals with sexually transmitted infections (STIs)
- Gay men and other men who have sex with men (MSM)
- High-risk males, aged 16–34
- Transgender people
- People who inject drugs (PWID)

Box 1: PrEP is not limited to the above-mentioned priority populations. Any individual meeting the eligibility criteria who perceives themselves at risk and requests PrEP should be supported to make an informed choice on prevention services including PrEP.

1.3 PrEP as an Opt-out Approach

A provider-initiated approach is the opposite of a standard risk-based strategy and involves:

- PrEP education and PrEP offer provided regardless of whether the client has requested or not.
- PrEP is provided routinely together with all other services.
- PrEP is only withheld in case of clinical contraindications or if a client is not willing to take PrEP.

Based on the high number of new infections seen in specific population groups, PrEP should be offered as an opt-out approach to the following populations:

- Sexually active AGYW and women aged 25–34
- Women accessing family planning services
- PBFW
- Clients with STIs
- Key populations including MSM, FSWs, trans people, and PWID

2. OVERVIEW OF PREP PRODUCTS

2.1 Oral PrEP

A systematic review and meta-analysis of TDF-based oral daily PrEP trials demonstrated that oral PrEP is effective in reducing the likelihood of HIV acquisition. The level of effectiveness did not differ by age, sex, regimen (TDF alone or TDF + emtricitabine [FTC]), or mode of potential sexual exposure (rectal, penile, or vaginal exposure, or injectable drug use) when used as directed.

ED-PrEP, also called on-demand PrEP or 2+1+1, is also effective in reducing the likelihood of HIV acquisition during sex for people assigned male at birth (AMAB) who are not using estradiol-based exogenous hormones.

While daily PrEP involves taking medication throughout a period of potential exposure to HIV, ED-PrEP is taken for a period that is as short as three days and timed to correspond with anticipated sex.

More details on how ED-PrEP is used are described below in *Additional Guidance for ED-PrEP Use.*

Box 2: People assigned male at birth may include cisgender men, transgender women, and some non-binary people.

Cisgender denotes a person whose sense of personal identity and gender corresponds with their sex assigned at birth.

Approved regimen for oral PrEP

In Eswatini, tenofovir (TDF) 300 mg/lamivudine (3TC) 300 mg is used for oral PrEP. However, if available, TDF 300 mg/emtricitabine (FTC) 200 mg can be used as an alternative.

Oral PrEP effectiveness

When used as directed, daily oral PrEP can reduce the likelihood of HIV acquisition through sexual transmission by more than 90%.[2,3,4] Among people AMAB who are not using estradiol-based exogenous hormones, ED-PrEP can also reduce the likelihood of HIV acquisition through sexual transmission by more than 90% when taken as prescribed. No data is available on the likelihood of efficacy of ED-PrEP associated with neovaginal sex (sex involving people AMAB who have received a vaginoplasty).

Contraindications for oral PrEP use

In addition to the general contraindications for PrEP, oral PrEP should NOT be provided to people with:

- Contraindication to TDF or 3TC
- Allergy or hypersensitivity to an active substance or other substances listed in the product information sheet

- Kidney function impairment, indicated by a creatinine clearance of less than 60 mL/min, if known

Oral PrEP use

Oral PrEP may be offered as a daily regimen to prevent HIV acquisition during all potential exposures or (for people AMAB who are not using estradiol-based exogenous hormones) as an ED regimen to prevent HIV acquisition during sex.

ED-PrEP may be appropriate for people AMAB who are not using estradiol-based exogenous hormones who find it more convenient, have infrequent sex (for example, fewer than two times per week on average), and are able to plan for sex at least two hours in advance, or who can delay sex for at least two hours. People AMAB who are not using estradiol-based exogenous hormones should have an option to decide which regimen works for them and be supported to switch between daily and ED-PrEP to effectively prevent HIV.

ED-PrEP is not recommended for people AMAB who are using estradiol-based exogenous hormones, people AFAB, people AFAB taking gender-affirming hormone therapy (GAHT), or people with nonsexual exposures, e.g., PWID. Due to how the drug concentrates in the vagina, for people AFAB or people AFAB taking GAHT, it would take at least seven days for the drug to reach effective levels for prevention and only a daily regimen may be offered.

Oral PrEP and Other Drug Interactions

Drug	Interaction
Contraceptive hormones	No known interactions
Gender-affirming hormones	No known interaction; levels of gender-affirming hormones used by transgender individuals are not affected
Estradiol-based exogenous hormones	There is some indication that the use of estradiol-based exogenous hormones may reduce oral PrEP drug levels in people AMAB, which is why daily oral PrEP is recommended for these individuals, but ED-PrEP is not.
Alcohol or recreational drugs	▪ There are no known interactions between oral PrEP medications and alcohol or recreational drugs. ▪ However, if a (potential) client thinks their use of alcohol or other substances is interfering or may interfere with taking oral PrEP as directed, the PrEP provider should discuss and support behavior change and offer additional prevention options, including the use of condoms and condom-compatible lubricant and, when available, linkage to harm reduction services.

Possible Side Effects of Oral PrEP

Approximately 10 percent of people may experience side effects, mostly mild, including:

- Gastrointestinal symptoms (diarrhea and nausea, decreased appetite, abdominal cramping, and flatulence)
- Dizziness
- Headaches

Most of those side effects disappear within two weeks. Individuals who are counselled on potential side effects are more likely to continue oral PrEP and use it effectively.

- Major side effects are rare (<1%) and include renal toxicity, metabolic complications, and decreased bone mineral density (all of which are reversible upon stopping PrEP).

Starting and Stopping Oral PrEP

Oral PrEP

Details on starting and stopping oral PrEP for different populations are provided in Table 1. Note that the procedures for stopping oral PrEP are the same whether a client is stopping oral PrEP for a specific amount of time or intends to discontinue oral PrEP use indefinitely. Ideally, clients who are discontinuing PrEP use will alert their providers and receive support to use other HIV prevention practices if still needed.

It is recommended to conduct an HIV test when oral PrEP is discontinued. This can be done using an HIV self-test (HIVST).

Table 1. Starting and Stopping Oral PrEP Use

Population (s)	Often Includes [a]	Starting Oral PrEP	Using Oral PrEP	Stopping Oral PrEP
People assigned male at birth who are **not** using estradiol-based exogenous hormones and are using oral PrEP to prevent HIV acquisition during sex	Cisgender men and transgender women who are not using estradiol-based exogenous hormones, nonbinary people assigned male at birth who are not using estradiol-based exogenous hormones	Daily or ED: Take a double dose 2 to 24 hours before potential sexual exposure. Ideally, this loading dose should be taken closer to 24 hours before potential exposure.	Take one dose per day.	Daily or ED: After a single dose is taken daily for two days after the last potential exposure, PrEP can be stopped.
People assigned female at birth who are using oral PrEP to prevent HIV acquisition during sex	Cisgender women, transgender men, non-binary people assigned female at birth	Daily: Take a single dose daily for seven days before potential exposure. ED-PrEP is not recommended for these populations.	Take one dose per day.	After a single dose is taken daily for seven days after the last potential exposure, PrEP can be stopped.
People assigned male at birth who are using estradiol-based exogenous hormones who are using oral PrEP to prevent HIV acquisition during sex	Transgender women who are using estradiol-based exogenous hormones, non-binary people assigned male at birth who are using estradiol-based exogenous hormones			
People using oral PrEP to prevent HIV acquisition from nonsexual exposures	Anyone who shares injection-related materials [b]			

[a] This list is provided to support interpretation of this guidance and is not inclusive of all gender identities or terms that may be used by people with diverse gender identities to describe themselves and/or their communities. Starting and stopping oral PrEP should be based on the factors in the first column.

[b] Injection drug use is mentioned in this guidance; however, first-line prevention strategies for people who inject drugs are needle exchange and/or drug use harm reduction and treatment. Daily oral PrEP has some preventative effects for this population and should be offered as part of a larger prevention package.

The following scenarios provide additional guidance to support effective ED-PrEP use for clients AMAB who are not using estradiol-based exogenous hormones. See Figures 1–6 below.

Figure 1. Example of ED-PrEP use for sex one time or in one day

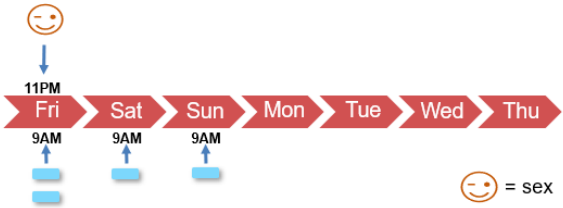


Figure 2. Example of ED-PrEP use for sex on multiple consecutive days

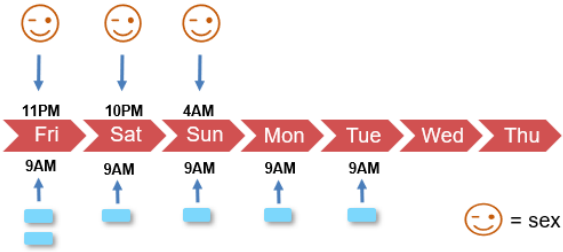


Figure 3. Example of ED-PrEP use for sex on multiple non-consecutive days

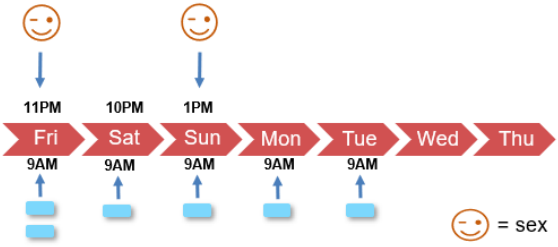
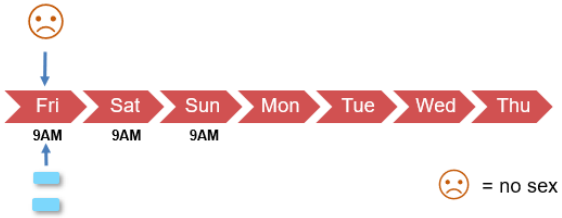
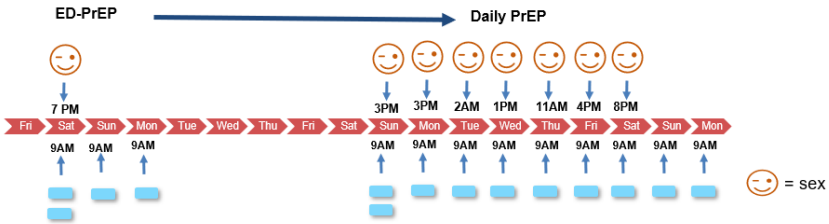


Figure 4. Example of ED-PrEP use when sex does not occur



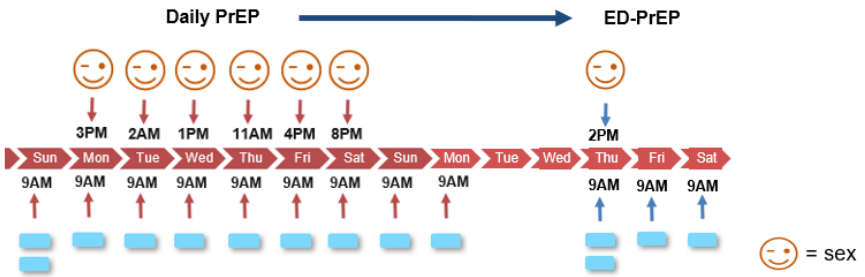
- Clients AMAB who are not using estradiol-based exogenous hormones may switch between ED-PrEP and daily oral PrEP as their needs for HIV prevention evolve.
- Clients may decide to switch back and forth between ED-PrEP and daily oral PrEP due to changes in relationship status or sex partner(s), behavioral changes, moving to a new location, or any situation affecting the frequency and predictability of sex; or when a client's preferred regimen changes.
- For clients who are taking ED-PrEP, transitioning to daily oral PrEP may be appropriate if sex becomes more frequent and/or less predictable.
- There is not a limit on the number of times a client can switch from ED-PrEP to daily oral PrEP.
- To transition from ED-PrEP to daily oral PrEP, a client should continue daily dosing indefinitely after the last exposure. Daily dosing would continue until sex becomes less frequent and more predictable again, or for as long as the client prefers the daily dosing option. See Figure 5 below.
- PrEP should be continued for two days after the last potential exposure before stopping.

Figure 5. Example of transitioning from ED-PrEP to daily PrEP



- For clients AMAB who are not using estradiol-based exogenous hormones and who are taking daily oral PrEP, transitioning to ED-PrEP may be appropriate if sex becomes less frequent and more predictable.
- There is not a limit to the number of times a client can transition from daily oral PrEP to ED-PrEP (and back again).
- To transition from daily oral PrEP to ED-PrEP, a client should stop daily dosing two days after last potential exposure, and then start following the ED-PrEP regimen until sex becomes more frequent and/or less predictable. See Figure 6 below.

Figure 6. Example of transitioning from daily PrEP to ED-PrEP



2.2 Dapivirine Vaginal Ring (PrEP Ring)

The PrEP ring is a long-acting HIV prevention method developed specifically for clients who are unable or do not want to take oral PrEP or when oral PrEP is not available. The ring has been studied for prevention of HIV only among those assigned female sex at birth (AFAB) during receptive vaginal sex and does not prevent HIV acquisition through any other mode of transmission, including anal sex or sex through injection practices.

The ring is made of a flexible silicone material containing **25 mg** of an ARV drug called **dapivirine**. It is inserted into the vagina and should remain in place for one month.

Dapivirine belongs to a class of ARVs called non-nucleoside reverse transcriptase inhibitors (NNRTI) that reduce the ability of HIV to replicate itself inside a healthy cell. The ring delivers the drug directly to the site of potential infection over the course of one month, with low absorption elsewhere in the body, lowering the likelihood of systemic side effects.

Although safety data on ring use in PBFW is encouraging, in Eswatini the PrEP ring will not be recommended for PBFW until more data becomes available.

Formulation of the PrEP Ring

The PrEP ring is a flexible white silicone ring for vaginal insertion. The ring is available in one size only and contains approximately 25 mg of the NNRTI dapivirine.

PrEP Ring Effectiveness

The PrEP ring can reduce the chances of getting HIV during vaginal sex by about 50 percent. Studies suggest it can be even more than 50 percent effective if used throughout the month without being removed. Clinical trials reported no notable differences in reproductive health outcomes, including STIs and adverse events related to pregnancy, fetal outcomes, and/or infant outcomes, between the treatment and placebo arms.

Exploratory analyses estimated 75% to 91% HIV-1 risk reduction with >4 mg dapivirine released when compared to placebo.[5]

Contraindications for PrEP Ring Use

In addition to the general contraindications for PrEP, the ring should not be provided to:

- Individuals assigned male at birth
- Individuals exposed to HIV through anal sex
- Allergy or hypersensitivity to active substances or other substances listed in the product information sheet
- Individuals less than 18 years of age
- PBFW

PrEP Ring Use

- The ring may be offered as an option for people AFAB who wish to prevent HIV acquisition through receptive vaginal sex and are unable or do not want to take oral PrEP, or when oral PrEP is not available.
- The ring is only effective for one month, hence it must be inserted correctly into the vagina and worn for **one month** ideally without removal. (Although removal is not recommended, it can be removed and re-inserted 24 hours before next sex.)
- Ring insertion can be done by the provider or by the client. Self-insertion by the client is encouraged during the initiation visit.
- The ring must be in place (inside the vagina) for at least 24 hours before it reaches full effectiveness.
- If a client wishes to discontinue use of the ring, they can remove it.
- The ring can be reinserted after removal until the 28-day period has expired, though levels of dapivirine drop quickly after ring removal and therefore removal is not recommended during the window of use.
- Because levels of dapivirine drop quickly after ring removal, the need for other HIV prevention measures should be reinforced until the ring is reinserted.
- If there was a discontinuation of the ring, once reinserted, the ring must be in place for at least 24 hours for maximum protection. If a new ring was inserted immediately upon removing the previous ring, there is no need to wait for 24 hours until maximum protection is achieved.
- It is not known how long the ring must remain in place after a potential exposure to be maximally effective. Ideally, clients who are discontinuing PrEP ring use will alert their providers and receive support to use other HIV prevention practices if they are still needed.
- Ring users are still encouraged to practice combination HIV prevention with emphasis on condom use.

PrEP Ring and Other Drug Interactions

Drug	Interaction
Vaginally administered antimicrobial products	▪ No data available on concurrent use with the ring ▪ Concomitant use is not recommended
Miconazole	▪ Evaluations of co-administered use of miconazole and the ring are not fully resolved and clients should be advised to use additional preventative measures for HIV when co-treated with vaginal miconazole.
Clotrimazole vaginal cream	▪ Co-administered clotrimazole as a water-based vaginal cream with the ring showed to be well-tolerated but given methodological issues that limited reliability of the pharmacokinetic results of both clotrimazole and dapivirine, concurrent use should be undertaken with caution.
Metronidazole	▪ There is no data on concomitant use of the ring and metronidazole or clindamycin, and no current data on concomitant use of the ring and other vaginal ring (contraceptive rings or diaphragms), so concomitant use is not recommended.
Clindamycin	
Other vaginal rings, e.g., contraceptive rings or diaphragms	▪ No current data on concomitant use of the ring and other vaginal rings so concomitant use is not recommended.
Contraceptive hormones	▪ No known interactions
Gender-affirming hormone therapy	
Alcohol or recreational drugs	▪ No known interactions ▪ However, if a client or potential client thinks their use of alcohol or other substances is interfering or may interfere with effective use of the ring, the provider should discuss and support behavior change and offer additional prevention options, including use of condoms and condom-compatible lubricant.

Possible Side Effects of the PrEP Ring

Possible side effects of the ring are typically mild and include:

- Urinary tract infections (UTIs – experienced by about 15% of users)
- Vaginal discharge (experienced by about 7% of users)
- Vulvar itching (experienced by about 6% of users)
- Pelvic and lower abdominal pain (experienced by about 6% of users)

Ring users should be counseled on possible side effects and to contact their health care provider if they experience any urinary or reproductive tract changes, because these could also be a sign of an STI or UTI needing treatment.

Starting and Stopping the PrEP Ring

Inserting the PrEP Ring

- Clients may need initial guidance and support to learn how to use the ring and, once confident, can continue to use the ring on their own.
- Some clients are comfortable using the ring on their own with minimal support from their first use.
- In Eswatini, self-insertion is encouraged. For the first ring insertion, it is recommended that self-insertion take place at the PrEP delivery point. For clients who prefer support, a health care provider can help insert the ring or confirm correct placement.
- The ring is inserted by hand; there is no need to use a speculum or other tools to insert the ring.

Clear visual instructions should be offered with the ring. Ring insertion steps for clients are described in Box 3.

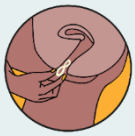
Box 3. Ring insertion steps for clients

1. Get into a position that is comfortable for inserting the ring, such as squatting, one leg lifted, or lying down. If a health care provider is assisting you, you should be in a reclining position.

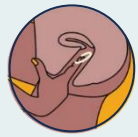
2. With clean hands, squeeze the ring between the thumb and forefinger, pressing both sides of the ring together so that the ring forms a “figure 8” shape.

3. Use the other hand to open the folds of skin around the vagina.

4. Place the tip of the ring into the vaginal opening and use your fingers to push the folded ring gently up into the vagina.



5. Push the ring as far toward the lower back as possible. If the ring feels uncomfortable, it is probably not inserted far enough into the vagina. Use a finger to push it as far up into the vagina as is comfortable.



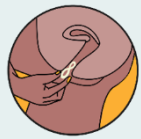
**Ring insertion should be painless. If you have any bleeding or discomfort upon insertion, contact your health care provider.*

Removing the PrEP Ring

- Clients can remove the ring without the help of a health care provider.
- However, for clients who prefer support, a health care provider can help remove the ring.
- The ring is removed by hand; there is no need to use a speculum or other tools to remove the ring.
- A client being assisted by a health care provider should be in a reclining position during removal.
- Ring removal steps for clients are listed in Box 4.

Box 4. Ring removal steps for clients.

1. Get into a position that is comfortable for removing the ring, such as squatting, one leg lifted, or lying down.
2. With clean hands, insert one finger into the vagina and hook it around the edge of the ring.
3. Gently pull the ring out of the vagina.



**Ring removal should be painless. If you have any bleeding or discomfort upon removal, contact your health care provider.*

Table 2. Starting and Stopping PrEP Ring

Starting PrEP ring	Using PrEP ring	Stopping PrEP ring
The ring must be in place for at least **24 hours** before it is maximally effective.	The ring must be left in place for **28 days**. After 28 days, the ring can be removed and replaced immediately with a new ring.	When the ring is removed, dapivirine levels drop quickly and there will be no protection from acquiring HIV.

Switching from PrEP Ring to Another PrEP Method

It is possible for a client to switch from using the PrEP ring to another product as long as the duration until a product is effective is taken into consideration. For more information, see page 47, section 3.7. Switching between PrEP products.

2.3 Overview of Injectable PrEP

CAB-LA is a long-acting PrEP method containing 600 mg of cabotegravir extended-release injectable suspension. It is an intramuscular injection injected into the gluteal muscle. CAB-LA should be injected only into the gluteal muscle; the pharmacokinetics and efficacy of CAB-LA when injected in other sites has not been studied. The first two injections are one month apart, followed by injections once every two months. Cabotegravir belongs to a class of ARVs called integrase strand transfer inhibitors that reduce the ability of HIV to replicate itself inside a healthy cell. CAB-LA delivers cabotegravir systemically, so the drug is absorbed throughout the body.

Evidence from two randomized controlled trials show CAB-LA is highly effective at preventing sexual HIV acquisition and may be offered as an additional prevention choice as part of combination prevention approaches.[6] It has not yet been studied for HIV prevention for parenteral exposure or for those who may be exposed during vertical transmission during pregnancy, childbirth, or breastfeeding. CAB-LA may be suitable for clients seeking less frequent dosing or increased privacy around PrEP use.

Formulation of CAB-LA

CAB-LA is an injection of cabotegravir extended-release injectable suspension (3 mL) at a dose of 600 mg.

CAB-LA Effectiveness

In clinical trials, CAB-LA has been shown to be highly effective in cisgender and transgender women and cisgender men. Recent meta-analysis from two efficacy studies found a 79% reduction in risk of HIV acquisition among study participants receiving CAB-LA compared to those using oral PrEP, though it is likely due largely to better adherence to CAB-LA.[7] If a client is using CAB-LA for HIV prevention, it is important they keep up with regular appointments for injections to ensure there is enough cabotegravir in their body to continue to prevent HIV. When a client misses a scheduled injection or discontinues CAB-LA, concentrations of the medication in the body slowly decline. During this pharmacokinetic “tail,” CAB-LA becomes gradually less protective against HIV acquisition, and seroconversion may occur if the client continues to be exposed to HIV and is not using alternative HIV prevention methods.

Contraindications for CAB-LA Use

In addition to the general contraindications for PrEP, CAB-LA should not be provided to people:

- Using some co-administered anticonvulsants or antimycobacterials (see the *CAB-LA and Other Drug Interactions* section below)
- Challenges with committing to or receiving regular injections and attending scheduled injection visits
- Allergic or hypersensitivity reaction(s) with previous use of CAB or other integrase inhibitor medications
- Individuals with weight less than 35 kg

CAB-LA Use

CAB-LA is a PrEP method given as a 600 mg, 3 ml injection into the gluteal muscle in the buttocks. The first two injections are one month apart, followed by injections every two months. Current evidence shows it takes about one week (7 days) for drug concentrations to reach levels at which CAB-LA is expected to be maximally effective after initiation injection 1, so clients should be counseled on using another HIV prevention strategy during the first week after injection. The medication will stay in the body for about a year after a client stops using CAB-LA, but at levels that may not prevent HIV.

Potential Side Effects of CAB-LA

The most common side effects of CAB-LA include:

- Headache
- Nausea
- Diarrhea
- Tiredness
- Injection site reactions (ISRs)

These side effects are usually mild or moderate and occur in less than 5% of users. Mild or moderate ISRs are more common than other potential side effects, becoming less frequent over time as clients get used to the injection. ISRs can include redness, pain, and swelling at the injection site.

For information on less common side effects, review the product label.

Starting CAB-LA

CAB-LA injections can be given by nurses or doctors trained in providing CAB-LA. An appropriate injection needle length should be used considering clients build when administering CAB-LA. For most clients, a 23-gauge, 1.5-inch (3.8-cm) injection needle is recommended. The provider should position the client on their side or in a prone position and clean the injection site on the gluteal muscle on the side or back of the buttocks. It is best to inject the medication as soon as possible once the injection site has been cleaned, though the medication can remain in the syringe for up to two hours. If that time limit is exceeded, discard the medicine, syringe, and needle; do not attempt to keep the medicine fresh by refrigerating it. After the injection, the provider can use dry gauze to apply gentle pressure to the puncture site and, if needed or requested by the client, apply an adhesive bandage. This deep intramuscular injection is not appropriate for self-injection and the only site currently recommended is the gluteal muscle.

After clients receive initiation injection 1 at initiation visit 1, providers should schedule initiation visit 2 for initiation injection 2 one month from the date of the first injection. After initiation injections 1 and 2, visits for follow-up injections should be scheduled every two months.

Box 5. For consideration: When scheduling initiation injections 1 and 2, providers can consider the date of initiation injection 1 as Day 0. Initiation injection 2 should be scheduled one month, on approximately Day 30. There is a +/- 7-day window for receiving initiation injection 2. Once initiation injections 1 and 2 have been completed, follow-up visits should be scheduled beginning two months after initiation injection 2 and every two months after each follow-up injection. There is a +/- 7-day window for receiving follow-up injections.

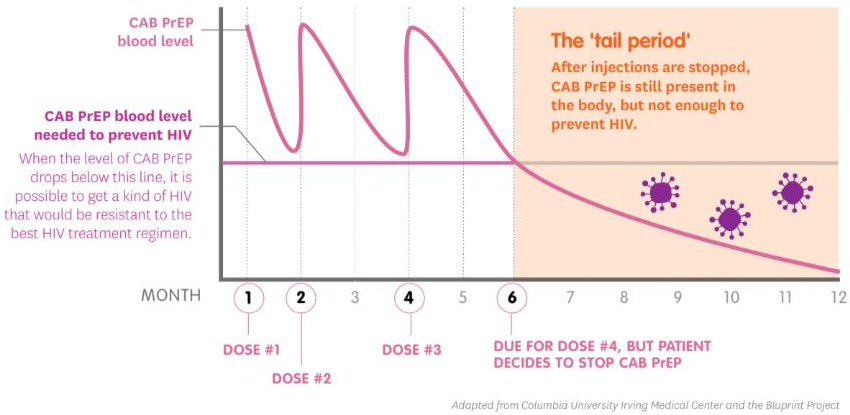
Ideally, a client with ongoing exposures to HIV who is interested in CAB-LA would have the following injection schedule (free of delays or discontinuations):

- Initiation injection 1
- Initiation injection 2: one month after initiation injection 1 +/- 7 days
- Follow-up injections: two months after initiation injection 2 +/- 7 days, with continuing follow-up injections every two months, continuing for as long as the client wants to remain on CAB-LA and has potential exposures to HIV

Stopping CAB-LA

If a client decides to stop using CAB-LA, they may stop receiving injections. The amount of cabotegravir in the blood remains at effective levels for at least eight weeks after the final injection.[8] The time after the last CAB-LA injection when cabotegravir remains in the body but at levels that may not prevent HIV is known as the "tail period" (Figure 7).

Figure 7. CAB-LA "tail period"



The tail period can last for up to a year, but this time frame varies among people based on sex assigned at birth.[9] Data on HIV acquisition during the tail period are limited. For those who do acquire HIV during this time, delayed diagnosis of HIV may be possible and could result in HIV drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all.

As with all PrEP methods, if a client discontinues CAB-LA, they should strongly be recommended to use another PrEP method or HIV prevention strategy during the tail period if exposure to HIV is possible.

If a client has a potential exposure to HIV during the tail period while not using an HIV prevention strategy, they should speak to a health care provider as soon as possible because PEP may be appropriate and ideally should be started as soon as possible within 72 hours of potential exposure.

Missing an Injection

Adherence to the injection schedule is important for effective use of CAB-LA. A client who misses an injection should contact their health care provider immediately to get advice about how to continue using CAB-LA or to talk about switching to a different HIV prevention strategy, which may include using another PrEP method.

When a client misses an injection, it may be a postponed injection visit that is planned or an unplanned missed injection visit (without a postponement planned). If the client does not want to continue CAB-LA, providers should support clients in following appropriate procedures for stopping CAB-LA at that time, either by counseling them on and prescribing bridging doses or counseling them on alternative PrEP methods or another HIV prevention strategy if the client is still potentially exposed to HIV while choosing to stop CAB-LA use. Annex 2 describes potential scenarios for those clients based on the length of time between injections and whether the injection visit is unplanned, missed, or planned but postponed.

Restarting CAB-LA

Clients who may have been on CAB-LA at some point before stopping and wish to receive it again should contact their provider to discuss potential strategies for restarting CAB-LA.

Box 6. For consideration: For clients who have stopped CAB-LA, the clinical management of restarting them may vary based on how much time has passed since the client's last injection. Providers can refer to the unplanned missed injection component outlined in Annex 2.

CAB-LA and Other Drug Interactions

Drug	Interaction
CAB-LA should not be co-administered	
Anticonvulsants: ▪ carbamazepine ▪ oxcarbazepine ▪ phenobarbital ▪ phenytoin	▪ Significant reduction of cabotegravir concentrations in blood plasma and therefore decreasing its efficacy. ▪ These drugs should not be co-administered with CAB-LA, and clients using them may need to select a different PrEP method or HIV prevention strategy. ▪ After a client completes rifampin or rifapentine, they can be considered for CAB-LA after two weeks.
Antimycobacterial medications: ▪ rifampicin ▪ rifapentine	
Safe to co-administer	
Contraceptive hormones	No known interactions
Gender-affirming hormones	▪ Available evidence suggests that gender-affirming hormones do not affect drug levels of cabotegravir.
Alcohol or recreational drugs	▪ There are no known interactions between CAB-LA and recreational drugs or alcohol, but alcohol and drug use could affect the ability to attend necessary health appointments, potentially resulting in missed injections. ▪ If a client or potential client thinks their use of alcohol or other substances is interfering or may interfere with effective use of CAB-LA, the provider should engage the client to understand what support or referrals might be valuable to support effective use while also discussing additional prevention options, including other PrEP methods and the use of condoms and condom-compatible lubricant.
Clients may still be eligible for CAB-LA, but additional cautions may be warranted.	
Methadone	Clients could require medication dose adjustments to maintain the effectiveness of these medications while they are using CAB-LA.
Rifabutin	
High-dose aspirin (>325 mg)	Clients using high-dose aspirin in the past week, such as nonsteroidal anti-inflammatory drugs for pain or anticoagulants or other antiplatelets, may have a higher likelihood of bruising or bleeding at the injection site and should be made aware and counseled on mitigation strategies, if relevant.

3 PrEP DELIVERY

3.1 PrEP Delivery Overview

PrEP implementation can be integrated in any setting with appropriately trained individuals who have been approved to provide the components of PrEP initiation and follow-up visits according to national guidelines. It is important that places where PrEP is provided also have systems and tools in place for completing all necessary steps of PrEP initiation and follow-up and the monitoring, documentation, and reporting of PrEP use. Integration of PrEP into all service delivery points, including antenatal, postnatal, and family planning services offers opportunities to improve uptake and persistence of PrEP in populations with high likelihood of exposure to HIV.

Box 7. Entry points in which PrEP should be offered include:

- VCT
- SRH (ANC, PNC, maternity, FP, CHW)
- OPD
- TB
- Psychiatry
- VMMC
- Wellness Centers
- Community distribution points

PrEP Providers

PrEP initiation can be done by a registered nurse trained on PrEP and integrated management of adolescent and adult and illness (IMAI) or a medical officer (MO). Refills can be done by trained nurse assistants, nurses, or MO's. As part of differentiated service delivery (DSD) models, PrEP can be dispensed by other cadres if there is a valid prescription and upon confirmation of an HIV-negative test result.

Facility-based PrEP services

- PrEP should be provided at all facility types, including:
  - Hospitals
  - Health centers
  - Public Health Units
  - Primary Health Care Clinics
- At the different facilities, PrEP should be offered at all service delivery entry points.
- For PrEP initiation refer to *PrEP Initiation Visit* (Section 3.2)

Community-based PrEP services

Community-based PrEP provision will be done through approved MOH community outreach providers. Ideally services need to be offered at the time of day that accommodates priority populations (including weekends and after regular business hours). Two approaches to community-based PrEP services are shown in Table 4.

Table 4. Community-based PrEP services

Community PrEP initiation and referral	PrEP can be initiated at community level by trained providers. Clients should be referred and linked to a PrEP service delivery point of their choice for refills.
Community PrEP initiation and refill	If a community provider returns to the same community for clinical services, clients can continue to receive PrEP refills in the community.

Integration of PrEP in DSD Models

- Where feasible, PrEP should be integrated in existing facility-based or community-based DSD models including:
    - Fast track PrEP refills
    - Flexi hours
    - Multi-month prescriptions
    - Community outreaches
- For more information on DSD models, see 2022 National DSD Guidelines.
- New models should be explored to encourage PrEP uptake and effective use.

3.2 PrEP Initiation Visit

There are four essential components for getting started on PrEP:

- HIV testing and counseling services
- PrEP eligibility assessment
- PrEP choice counseling
- PrEP prescription

Component 1: HIV Testing and Counseling

Clients who test HIV negative and are at risk of acquiring HIV must be provided with an HIV prevention package according to the client's selected and preferred method of HIV prevention. If the client's preference is PrEP, then it must be established if the client is eligible.

Table 5. HIV Testing Services

PrEP INITIATION STEPS	PLAN OF ACTION
Counseling and information	Refer to HIV testing services (HTS) guidelines
HIV test	▪ An HIV test needs to be performed on the day of PrEP initiation.

(HIV testing services [HTS] guidelines)	▪ An HIVST is the preferred test for initial screening or prior to oral PrEP or PrEP ring initiation. ▪ If the HIV test is negative, client should be linked to HIV prevention services. ▪ For clients choosing CAB-LA, a rapid diagnostic test (RDT) is needed prior to PrEP initiation. ▪ If positive, confirm HIV positive result as per national testing algorithm. Do not initiate the client on PrEP. Initiate client on antiretroviral therapy (ART) as per National Guidelines. ▪ If the test result is inconclusive, defer PrEP and follow the national HIV testing algorithm until a definitive HIV test result has been obtained for the client.
Risk assessment	Assess and discuss risk of acquiring HIV with HIV-negative clients.
Referral and linkages	Provide information on HIV prevention services and link to appropriate prevention services. See *HIV Prevention Referral and Linkages Job Aid* for detailed guidance.

Component 2: PrEP Eligibility Assessment

If a client is interested in PrEP, prior to initiation, eligibility for PrEP needs to be assessed/ confirmed.

PEP indication assessment

- If a client reports an exposure to HIV in the past 72 hours, screen for PEP indication instead of PrEP.
- If a client is eligible for PEP, initiate the client on the PEP regimen [refer to integrated HIV management guidelines].
- Educate clients on the difference between PEP, PrEP, and ART, and offer HIV exposure reduction counseling.
- After 28 days of PEP, a client may be transitioned from PEP to PrEP without a gap if they test HIV negative and meet other criteria for PrEP use.

Acute HIV infection (AHI) assessment

- If a client presents with signs and symptoms of acute HIV infection **AND** possible exposure to HIV in the previous 14 days, the client is suspected to have AHI.
- Defer PrEP for four weeks and provide HIV exposure reduction counseling, as well as STI screening, diagnosis, and management, if available.
- Repeat HIV testing after four weeks; if the client is HIV negative and meets other criteria for PrEP use, the client can start PrEP.

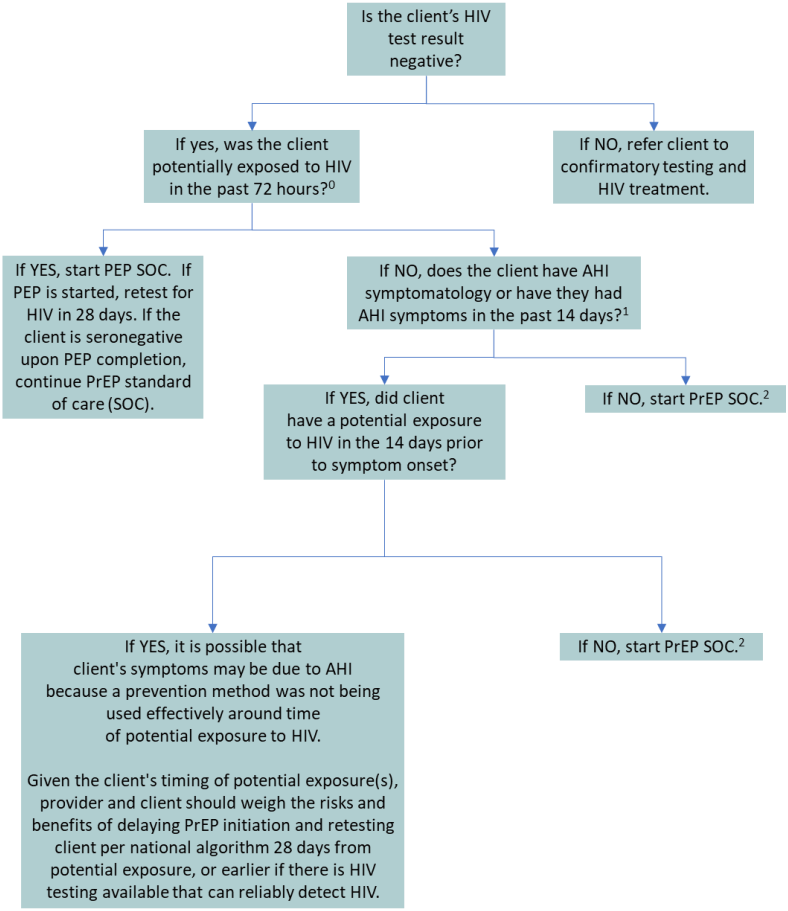
Box 8. Common signs and symptoms of AHI

- Fever
- Swollen lymph glands
- Skin rash
- Headache
- Sore throat
- Aches and pains
- Mouth sores

Box 9. Suspicion of AHI

- If the client has symptoms of AHI (currently/past three days) AND has been exposed to HIV in the 14 days prior to the HIV test, defer oral PrEP and repeat the HIV test after four weeks to reassess HIV status.
- **PEP** should be provided if exposure is reported within 72 hours.

Figure 8. PrEP initiation – HIV exposure and AHI assessment



0 An answer of "NO" to this question means no potential past exposure to HIV at all or potential HIV exposure was 72 or more hours ago.

1 Two-thirds of people will have symptoms of AHI within two to four weeks of HIV acquisition. Signs/symptoms mimicking acute HIV infection (sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, and muscle aches) are commonly due to illnesses other than HIV; providers need to use discretion in determining whether the symptomatology is consistent with HIV or may be explained by an alternative cause.

2 In order to make informed choice prior to starting PrEP, the client should be aware that available HIV testing may not have been able to detect HIV if the client acquired HIV fewer than 28 days ago, and that there is a possibility the HIV test may not have detected HIV if acquired beyond 28 days ago. The client should also be aware that while they do not have symptoms of AHI, they could be pre-symptomatic or be part of the one-third of individuals who do not develop symptoms of AHI within two to four weeks of acquiring HIV.

Product-specific eligibility assessment

	Oral PrEP	PrEP ring	CAB-LA
Able/willing to attend PrEP visits	For all products, clients should be committed to attend scheduled follow-up appointments		
Age	≥ 16 or a mature minor age 12–16	≥ 18 years	≥ 18 years
Body weight	≥ 30 kg		≥ 35 kg
Pregnancy	No contraindication	Not recommended to be used in PBFW	
Breastfeeding			
No contraindications for PrEP method	Not using nephrotoxic medication or having known creatinine clearance <60 ml/min	Not using vaginally administered antimicrobial products and no allergies to dapivirine	Not using rifampin, rifapentine, carbamazepine, oxcarbazepine, phenobarbital, phenytoin, and does not have allergy to CAB-LA

Component 3: PrEP Choice Counseling

Education and counseling for clients considering or already on PrEP is important to ensure they can make informed choices and effectively use PrEP. PrEP counseling should be based on the following right to health-based principles:

- Be client-driven and person-centered, based on their needs, resources, and preferences.
- Be based on a foundation of respect and include an open, honest relationship between provider and client.
- Recognize that behavior change can take time.
- Validate and normalize client concerns and seek to affirm and encourage client efforts and not be prescriptive or judgmental.
- Focus on the identification of small wins and achievable next steps in reducing potential exposures and/or making effective use easier.
- Include contingency planning when common barriers are encountered.
- Risk-reduction counseling is a behavioral intervention that attempts to decrease an individual's likelihood of acquiring HIV and other STIs and should be implemented as part of HIV prevention counseling with sexual reproductive health and contraceptive counseling at all follow-up visits for PrEP users.

Counseling messages should include information on:

- Protection provided by different PrEP methods
- Use during pregnancy and breastfeeding
- Dose frequency and ease of use
- Potential side effects
- Duration until the method will provide maximum protection
- Duration the drug stays in the body

For more specific PrEP educational and counseling messages, see Annex 3.

Component 4: PrEP Prescription

PrEP initiation at facility level

- Ideally PrEP should be prescribed and dispensed by a provider in the same room, integrated with any other services required.
- Prescribe PrEP according to the product as chosen by the client.

Oral PrEP (daily, ED, or alternating)	PrEP ring	CAB-LA
▪ 1 month prescription (1 bottle) of TDF/3TC ▪ Schedule next visit date after 28 days	▪ 1 month prescription (1 DPV ring) ▪ Schedule next visit date after 28 days	▪ Initiation injection 1 is given. ▪ Schedule next visit date for initiation injection 2 after one month (+/- 7 days)

The one-month visit is critical to conduct HIV testing and identify any previously missed acute HIV infection. It is an opportunity for assistance with adherence barriers, side effects, renal function testing, and further combination prevention and risk reduction counseling as highlighted above.

Community-based PrEP initiation in the community and referrals for refills

Prescription for PrEP is the same in the community as in the facility, however, a few points need to be taken into consideration.

Community initiation with referrals for refill
▪ Client should be willing to be linked to a PrEP-offering facility of their choice. ▪ Enter each initiated client in the PrEP register and document them as an initiated and transferred-out client, with the referral serial number and referred facility noted in the notes section. ▪ Complete the national referral tool with the following information: · PrEP initiation date · Results of baseline laboratory tests (if applicable) · Contact information of a health care worker who can support any follow-up questions ▪ Provide the client with the national referral tool and an appointment card for the next scheduled visit. ▪ When the client comes for the one-month visit in the receiving facility, record as a “transfer in”; put the referral serial number and referring organization/clinic in the notes section. ▪ Follow up with the clinic three days after a scheduled one-month visit to see if the client came to the appointment.

- If a client has attended the scheduled appointment, the client has successfully been linked to the clinic.
- If a client has not attended the scheduled appointment, the client will need continued follow-up and documentation of status in the Community Outreach Provider PrEP register (STOP, LTFU, etc.)
- Utilize a provider-specific PrEP register.
- Report monthly on PrEP use through existing regional reporting structures.
- For ordering, storage, and reconciliation of PrEP commodities, follow routine Central Medical Store (CMS) ordering and standard operating procedures.

Community initiation and refill

- Provide PrEP services monthly at the same outreach location to ensure clients can receive their refills.
- Align PrEP refills with other services, e.g., contraceptives refills, refills for non-communicable diseases (NCD), etc.
- After the first follow-up visit, up to three months' worth of refills can be given at one time.
- Record initiated client in the PrEP register/Client Management Information System (CMIS).
- Provide each client with an appointment card and indicate the next scheduled visit.
- Ensure the appointment card includes all relevant information (such as PrEP method, refill date, etc.) for the client, who may need to access a health care worker between visits.
- Utilize a PrEP register specific to that provider.
- Report monthly on PrEP use through existing regional reporting structures.
- For ordering, storage, and reconciliation of PrEP commodities, follow routine CMS ordering and standard operating procedures.

Additional Components of PrEP Initiation Visit

The following components could be offered alongside PrEP services as part of comprehensive, person-centered care, depending on the client's needs and preferences. This list is not exhaustive, and services needed will vary by individual and population. Health care workers (HCWs) should explain to clients' which tests will be done, why the test will be done, and when to expect results.

Table 6. Additional components of PrEP initiation visit

Component	Action
Hepatitis B testing	▪ Unavailability of or access to hepatitis B testing should not be a barrier to PrEP initiation or use regardless of the method choice. ▪ PrEP can be initiated before hepatitis B test results are available. ▪ Testing (oral) PrEP users for hepatitis B at or within three months of PrEP initiation is strongly suggested where feasible. ▪ Daily or ED-PrEP, the PrEP ring, and CAB-LA can be safely offered to persons with hepatitis B, so awaiting hepatitis B test results should not delay initiation. ▪ If tested for hepatitis B, clients who are negative can be offered hepatitis B vaccination (as per national treatment guidelines). ▪ Clients with hepatitis B who are not interested in oral PrEP should be referred to relevant management/treatment services. ▪ Clients who stop using oral PrEP should also be referred to relevant management/treatment services as stopping oral PrEP has implications for the management of hepatitis B acquisition.
Hepatitis C testing	▪ Unavailability of or access to hepatitis C testing should not be a barrier to PrEP initiation or use. ▪ PrEP can be initiated before hepatitis C test results are available. ▪ Testing for hepatitis C is strongly encouraged at or within the first three months of PrEP initiation and every 12 months thereafter where PrEP services are provided to populations with increased exposure to hepatitis C acquisition. ▪ Daily or ED-PrEP, the PrEP ring, and CAB-LA can be safely offered to persons with hepatitis C, so awaiting hepatitis C test results should not delay initiation. ▪ If tested for hepatitis C, clients with hepatitis C should be referred for assessment and treatment (as per national treatment guidelines).
Kidney function assessment	**PrEP ring and CAB-LA** ▪ Kidney function measurement is not necessary for use of the PrEP ring or injectable PrEP.

Component	Action
	Oral PrEP ▪ For oral PrEP users, creatinine testing is recommended for some users at the one-month follow-up visit. ▪ Measuring the kidney function of potential oral PrEP users at initiation and/or during follow-up visits is suggested for some populations. ▪ *Section 4.1, box 11* provides the formula to calculate the creatinine clearance. ▪ *Table 7* below outlines those for whom kidney function measurement is suggested and frequency of ongoing monitoring. ▪ When conducted, initiation or continuation of oral PrEP should not be delayed while waiting for a kidney function measurement result in clinically stable clients. - The results can be reviewed as soon as they arrive so that clients with abnormal results can be called back immediately for review. - Normal results can be communicated to clients during follow-up visit. Box 11, section 4.1 outlines how to calculate estimated glomerular filtration rate (eGFR). ▪ When measurement of kidney function is conducted for oral PrEP users, any individual with an estimated creatinine clearance of ≥60 mL/min or an eGFR of ≥60 mL/min per 1.73m^2 can safely be prescribed oral PrEP. ▪ If estimated creatinine clearance is <60 mL/min or the eGFR is <60 mL/min per 1.73m^2, see Section 4 for *Management of Creatinine Elevation*.
Screening, testing, and treatment of other STIs	▪ Any PrEP method can be used if the client has STIs other than HIV and during treatment of STIs other than HIV. ▪ Manage STIs per STI standard treatment guidelines. ▪ If testing is not possible, symptomatically manage STIs as per STI standard treatment guidelines. ▪ PrEP should still be provided even if STI services are not available or if the client is unable to or does not wish to access these services. Lack of access or uptake of STI services should not be barriers to accessing PrEP.
Pregnancy testing and	▪ Assess fertility intentions and offer pregnancy testing and contraception or safer conception counseling.

Component	Action
provision of contraceptives	▪ Pregnancy testing is not a requirement for clients choosing oral PrEP. ▪ For clients choosing the PrEP ring or CAB-LA, pregnancy should be excluded through screening questions (see Annex 4) or a urine pregnancy test.
Provision of gender-based violence (GBV) services, including intimate partner violence (IPV) services	▪ Clients who are identified as experiencing GBV, including IPV, should be provided with appropriate services as needed and available. ▪ PrEP should still be provided even if GBV services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP. ▪ Provide appropriate GBV and IPV response, including support and referral where necessary. ▪ Nurses should provide the appropriate minimum package of care for GBV/IPV, depending on the type of GBV. This includes: - PEP/PrEP/ART if appropriate and other related medical care (See appropriate Eswatini GBV Guidelines). - Referral to social worker. - Informing the police for all children younger than age 12, if there is no reachable social worker nearby. - Any other service that brought the client to the facility, including PrEP. - Afterwards, nurses not trained/equipped in forensic examination should refer to a doctor. - Clients experiencing GBV should not be prohibited from receiving PrEP if they can effectively use it.
Assessment for mental health and substance abuse disorders and provision of supportive services or	▪ Clients with mental health or substance use concerns should not be prohibited from receiving PrEP if they can effectively use PrEP. ▪ Screen for mental health concerns, including depression and substance abuse disorders, which might increase potential HIV exposure or affect effective use of PrEP and provide or link to follow-up services as needed. See Appendix 4 for depression and substance abuse screening tools. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access

Component	Action
referrals as needed	these services. These services should not be barriers to accessing PrEP.
Provision of or referral to voluntary medical male circumcision (VMMC) services	▪ Clients who may benefit from VMMC can be provided with or referred to VMMC services in alignment with national guidelines. ▪ VMMC education (group/one-on-one) at facility or community level should incorporate combination prevention, including PrEP. ▪ VMMC service providers should provide all other available combination prevention services. ▪ PrEP can also be initiated on the day of VMMC or the VMMC follow-up visit. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP.
Screening for and treatment of non-communicable diseases	▪ Clients may have additional health needs that may come up during a visit with a health care provider or which may be discovered through further assessment. ▪ Provide clients with relevant health care services or refer them to appropriate services as needed and available. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP.

3.3 PrEP Follow-up Visit

It is recommended that once on PrEP, clients should return after one month for assessment and confirmation of HIV-negative status. Assess the client for side effects and discuss any difficulties with effective use and any other client concerns. After the one-month follow-up visit, clients may return for follow-up visits according to their needs and preferences, for instance every three months, during PrEP use for both daily oral PrEP and ED-PrEP.

HIV testing is required prior to restarting PrEP. Some ring users may prefer to return used rings to the health care provider/service provision point. If clients choose to return used

rings, those rings should be disposed of along with other medical waste, such as used gloves, or in accordance with local requirements.

Component 1: HIV Testing Services

HIV testing and counseling should be conducted one month after starting PrEP and at every follow-up visit to inform decisions on whether to continue or discontinue PrEP. The type of HIV testing depends on the PrEP method.

	Oral PrEP	PrEP ring	CAB-LA
HIV testing frequency	At one month, then every three months		At one month, then every two months
HIV testing type	HIVST		Rapid diagnostic test

Component 2: Assessments

Assessing prevention effective use

At every PrEP follow-up visit, it is important to assess PrEP use and adherence. This should be done in an open-ended and nonjudgmental manner. A neutral assessment of adherence allows for a constructive discussion that can support the client in finding solutions to adherence challenges. Take a neutral approach to adherence behavior to support the client in finding solutions to adherence challenges. If adherence is poor, the client should be assessed for PEP indication and symptoms of AHI.

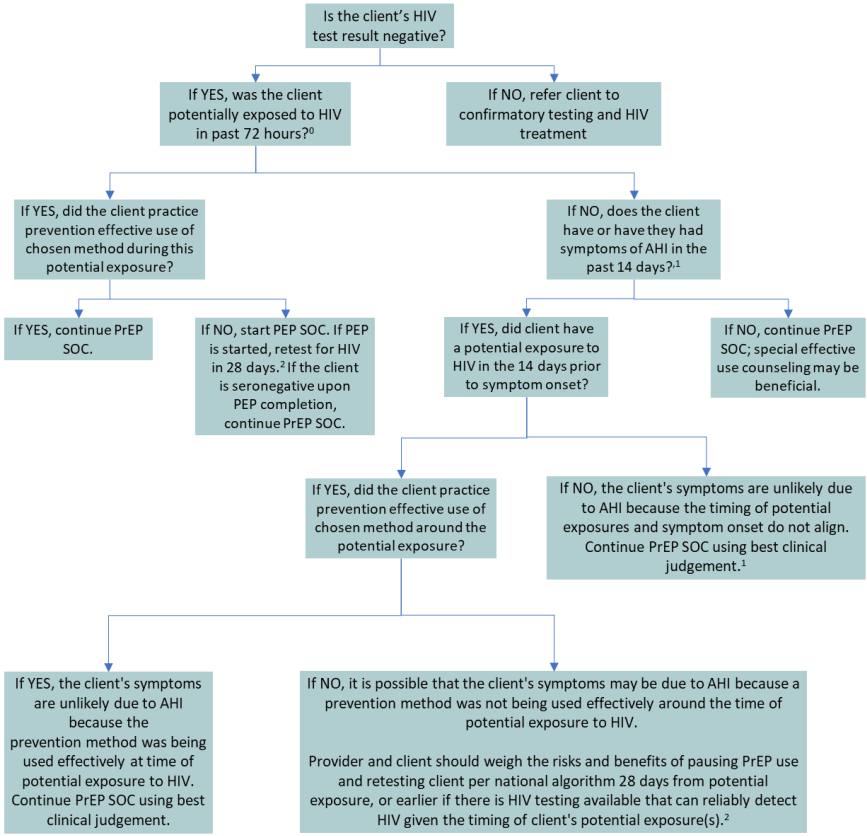
HIV exposure and AHI assessment

<table>
<tr><th>If</th><th>Consider</th><th>Counseling</th><th>Follow-up after 28 days</th></tr>
<tr><td>▪ Adherence to PrEP product was poor[1]
▪ HIV test is negative
▪ Client was exposed to HIV in last 72 hours</td><td>PEP</td><td rowspan="2">Discuss barriers to effective PrEP use.

Encourage condom use.</td><td>Retest for HIV. If negative, restart PrEP</td></tr>
<tr><td>▪ If poor adherence[1]
▪ HIV test is negative
▪ No exposure in last 72 hours but high-risk sex in the last 14 days and signs/symptoms of AHI</td><td>Discontinuing PrEP for 28 days</td><td>Retest for HIV. If negative, restart PrEP</td></tr>
</table>

[1] *Poor adherence can be defined as inconsistent or inappropriate use of PrEP as prescribed during periods of exposure in a way that does not achieve high level of protection against acquisition of HIV. See Annex 4, page 75.*

Figure 9. PrEP Follow-up – HIV exposure, AHI, and prevention effective use assessment



[0] An answer of "NO" to the question "Potentially exposed to HIV in past 72 hours?" means no potential past exposure to HIV at all or potential HIV exposure that was 73+ hours ago.

[1] Two-thirds of people will have symptoms of AHI within two to four weeks of HIV acquisition. Signs/symptoms mimicking acute HIV infection (sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, and muscle aches) are commonly due to illnesses other than HIV; providers need to use discretion in determining whether the symptomatology is consistent with HIV or may be explained by an alternative cause.

[2]If HIV testing that can reliably detect HIV given these clients' potential exposures and time frames is available, PrEP may be started earlier than 28 days if results are nonreactive.

Monitoring kidney function for client using oral PrEP

Renal function test is not a prerequisite at baseline prior to PrEP initiation. However, for certain age and population groups, it should be monitored after one month of PrEP use and every six months thereafter.

Table 7. Creatinine monitoring

POPULATION	FREQUENCY CREATININE MONITORING
Age <30 years	▪ Optional (until age 30 or if kidney-related comorbidities develop) ▪ If done and CrCl <90ml/min, conduct follow up every six months ▪ If <60 ml/min stop PrEP and manage as per guidance below
Age 30-49 years	Conduct creatinine test at one month if: ▪ **If CrCl ≥90ml/min, optional (until age 50 or kidney- related comorbidities develop)** ▪ If CrCL <90ml/min, (60-89ml/min) screening every six months ▪ If <60 ml/min stop PrEP and manage as per guidance below
Age 50+ **Individuals of any age with comorbidities** **Individuals with CrCl <90ml/min (60-89)** **Individuals with concurrent nephrotoxic medication**	▪ Conduct creatinine test at one month ▪ Screening every six months ▪ If <60 ml/min stop PrEP and manage as per guidance below

For the management of clients with abnormal creatinine levels, see Section 4.

Component 3: Counseling

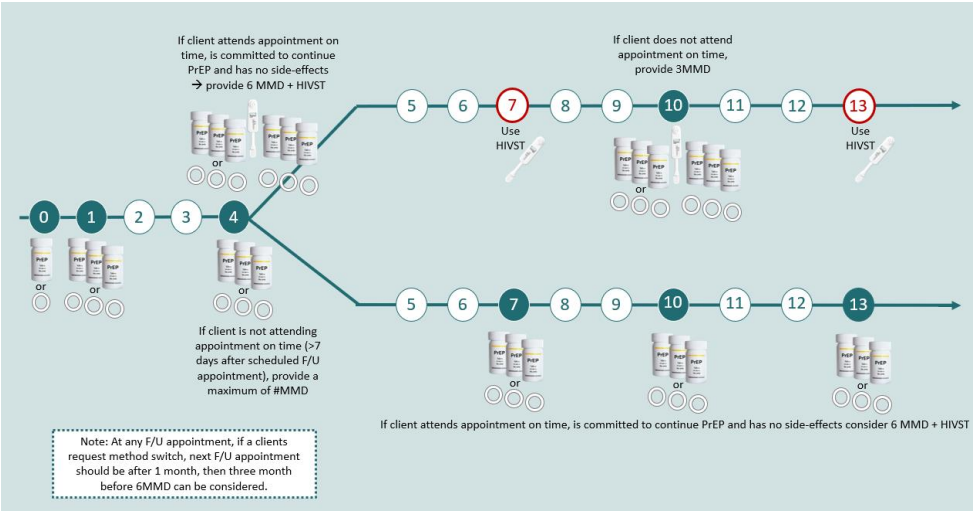
In addition to the key messages and counseling topics discussed at initiation (see Annex 3), providers should discuss:

- Any side effects or adverse drug reactions (ADRs) the client has experienced and manage them as needed (*see Management of Side Effects and Adverse Drug Reactions* below)
- If there is ongoing exposure to HIV and whether the client feels continued PrEP use is necessary
- Barriers to effective use of PrEP method

Component 4: PrEP Prescription Refill

Oral PrEP or PrEP ring

- At the first follow-up visit, oral PrEP or the PrEP ring can be prescribed and dispensed for a maximum of three months.
- For clients coming for the second refill (having been on PrEP for four months), oral PrEP or the PrEP ring can be prescribed and dispensed for a maximum of six months if sufficient stock is available and the client meets the following criteria:
  - Client is attending the FU appointment on time (not later than three days after scheduled visit date)
  - Clients does not report any side-effects.
  - Client wants to continue with the same PrEP method,
  - Client is not pregnant or breastfeeding or has any co-morbidities.
  - Client is willing to take an HIVST to conduct after three month and:
    - If HIV negative → continue with remaining three month of PrEP
    - If positive → discontinue PrEP method and report to the facility for confirmation of test result and linkage to ART.
- For clients not meeting the above criteria, a maximum refill of three months can be done.
- Other models to collect PrEP refills with a valid prescription should be explored to reduce clients' visits to the facility and can include the use of e-lockers or private pharmacies.



- For ED-PrEP users, three months of PrEP minus the number of full bottles the client has at home can be dispensed. Clients should have enough pills between visits should they use PrEP daily.
- Clients on 6MMD should receive an HIVST to take home and be instructed to use the HIVST after three months before continuing with the last three months of product.

- Less PrEP product can be dispensed if a client lacks a place to discretely or safely store them the PrEP product or if the follow-up visit is earlier to align with other services.
- Schedule the client's next visit a week before their PrEP supply will run out based on daily use.

Distribution and use of HIVST for PrEP clients

- Clients on daily oral PrEP or the PrEP ring should be provided with an HIVST to take home and encouraged to use it as an exit test in case of a decision to discontinue PrEP.
- Clients using ED-PrEP can be provided with an additional HIVST kit and encouraged to use the test prior to a new period of exposure.

CAB-LA

- Upon completion of initiation injection 1 and 2, reinjections will be scheduled every two months (see Annex 2).

3.4 PrEP Missed Appointments

- Health care workers are strongly encouraged to follow up PrEP clients with missed appointments by more than three days to discuss ongoing PrEP needs, explore challenges with using PrEP, and empower them on other PrEP options available to prevent HIV acquisition.
- If a client expresses no desire to continue with PrEP, a discussion on alternative ways to prevent HIV acquisition should take place.
- Document outcome in CMIS or in the PrEP register.

3.5 PrEP Discontinuation

- The duration of PrEP use may vary, and individuals are likely to start and stop PrEP depending on their individual assessments of potential HIV exposures at different periods in their lives, including changes in relationships and behaviors.
- Ideally, a client will inform their service provider when they want to discontinue PrEP.
- During counseling, providers should discuss with clients when it may be appropriate to discontinue PrEP.
- PrEP use may be discontinued for any of the following reasons:
  - Client request
  - Positive HIV test (clients who seroconvert while on PrEP should be linked to care and initiated on ART in line with national guidelines)
  - Safety concerns, such as estimated creatinine clearance of <60 mL/min (if known) for oral PrEP users (appropriate clients should also be counseled on using the PrEP ring, if applicable)
  - No longer likely to be exposed to HIV
  - Persistent side effects to all available PrEP options that are not manageable
  - Decision to switch to another HIV prevention strategy.

Instructions on how to discontinue PrEP are included in information about each method's use above and in the counseling messages.

Clients with hepatitis B who are stopping oral PrEP should be referred to relevant management/treatment services because stopping oral PrEP may have implications for the management of hepatitis B infection.

3.6 Re-Starting PrEP Use

Clients restarting PrEP should follow the same guidance as when starting PrEP for the first time.

Table 8. Restarting PrEP

Oral PrEP	For individuals AFAB restarting oral PrEP, it will take seven days of daily use before oral PrEP reaches maximum effectiveness.
	For individuals AMAB restarting oral PrEP, a double dose (two tablets) should be taken two to 24 hours before sexual encounter whether the intention is to use daily oral PrEP or ED-PrEP.
Dapivirine ring	To restart the PrEP ring within 24 hours to reach maximum protection before sexual encounter
CAB-LA	For clients wanting to restart CAB-LA the same guidance should be followed as for missed injection as described in Annex 2.

3.7 Switching between PrEP Products

- Clients may switch between PrEP methods.
- Safety data on simultaneous use of different PrEP products are limited and is NOT recommended unless simultaneous use is to allow for coverage as the new product is building up to effective levels.
- For instructions on switching between daily oral PrEP and ED-PrEP, see *Oral PrEP Use* above.

Box 10. For consideration: The process for switching between PrEP methods will depend on the methods being used. When advising clients on switching between PrEP methods, providers should use their best clinical judgement, considering the time to effectiveness/waning effectiveness of each PrEP method after discontinuation, coverage of previous and future potential exposures to HIV, and client preferences. Table 9 below provides general guidance to consider when switching between products

Table 9. Guidance for product switch

Product switch	Guidance
Oral PrEP to PrEP ring	Continue oral PrEP for **24 hours** after ring insertion for the ring to reach maximum effectiveness.
Ring to oral PrEP	Start taking oral PrEP while continuing with the ring for **seven days** to allow oral PrEP to reach maximum effectiveness.
Oral PrEP to CAB-LA	Use an alternative HIV prevention method for seven days after switching from oral PrEP to CAB-LA or continue oral PrEP for **seven days** after the first CAB-LA initiation injection to cover the duration CAB-LA will become effective.
CAB-LA to oral PrEP	Start oral PrEP **two months** after the last CAB-LA injection.
CAB-LA to PrEP ring	Start PrEP ring **two months** after the last CAB-LA injection
Ring to CAB-LA	Continue with the ring for **seven days** after the first CAB-LA initiation injection or use an alternative HIV prevention strategy for seven days until CAB-LA provides maximum effectiveness.

4 MANAGEMENT OF CLIENTS IN SPECIFIC SITUATIONS

4.1 Management of Clients with Elevated Creatinine Levels

Very few clients on PrEP experience creatinine elevation; most creatinine elevations are self-limiting, can be addressed without stopping oral PrEP, and are caused by dehydration, exercise, diet, diabetes mellitus, hypertension, liver failure, or hepatitis C virus or may be a false-positive test result. Rule out and manage other causes of elevated creatinine.

Box 11. Calculating creatinine clearance

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.23}{\text{Serum creatinine (in µmol/L)}}$$

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.04}{\text{Serum creatinine (in µmol/L)}}$$

In case of creatinine elevation:

- Stop oral PrEP if creatinine elevation is confirmed and if estimated creatinine clearance decreases to <60 ml/min.
- Evaluate for additional causes of creatinine elevations (see Box 1) and manage in consultation with medical officer (MO).
- After oral PrEP is stopped, creatinine should be checked for another one to three months, and oral PrEP can be restarted if CrCl returns to > 60 ml/min.

Box 12. Common causes of chronic or severe renal insufficiency

- Diabetes mellitus
- Uncontrolled systemic hypertension
- Pre-eclampsia during pregnancy
- Hepatitis C infection
- Liver failure

4.2 Hepatitis B Infection

If a client tested HBsAg positive:

- Take liver function test (LFT) and platelets to rule out active hepatitis.
- If possible, calculate the APRI score (See box below).
- HBsAg positive result is NOT a contraindication for PrEP.
- You can still initiate PrEP.
- Monitor LFTs every six months and at drop-out/stop of oral PrEP.
- Refer to MO when a client wants to STOP due to the risk of viral rebound.

Box 13. Calculating the APRI score

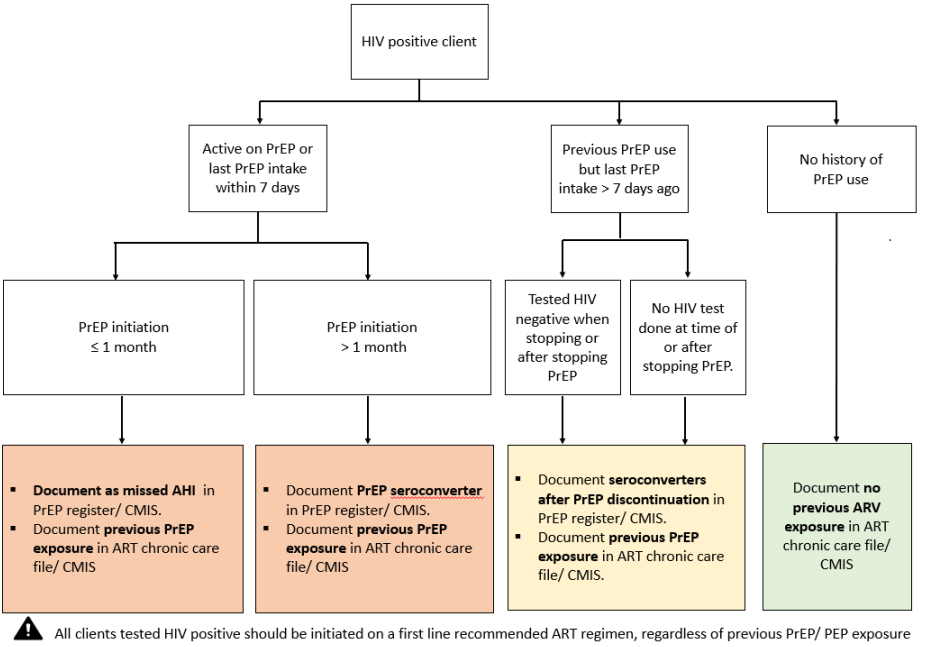
$$\text{APRI} = \frac{\dfrac{\text{AST Level}}{\text{AST (Upper Limit of Normal)}}}{\text{Platelet Count } (10^9/\text{L})} \times 100$$

4.3 HIV Seroconversion

- HIV acquisition can be prevented with consistent use of PrEP.
- HIV seroconversion after prescribing PrEP can occur if:
  - PrEP method is not used correctly or consistently
  - HIV acquisition was undiagnosed at the time of PrEP initiation
  - Transmission of a drug-resistant strain occurred (ask if HIV-positive partner is on 2nd line/ 3rd line treatment)
- Counseling should include information to help PrEP users recognize AHI signs and symptoms, which should prompt a clinic visit without delay.
- If a person using PrEP tests positive for HIV, PrEP should be stopped immediately, and the person referred for prompt initiation of HIV treatment as per National HIV Guidelines.
- HIV genotyping should be conducted for PrEP seroconverters and individuals being exposed to:
  - Oral PrEP or the PrEP ring in the last three months
  - CAB-LA in the last 12 months
- Genotype testing should not delay (rapid) ART initiation.
- Transition from a PrEP method to HIV treatment without a gap to avoid the possibility of resurgence in viral load, immunological injury, and secondary transmissions.
- The stopping of PrEP must be documented in CMIS or the PrEP register, with the appropriate reason for stopping, i.e., HIV seroconversion.
- To improve documentation of seroconversion and prevent future seroconversion, it is important to:
  - Verify HIV status prior to HTS for PrEP initiation/restart.
  - Probe for prior PrEP use; for seroconverters, notify the PrEP providing entry point/site for documentation in the PrEP register and CMIS.
  - Documentation should cover possible reasons for seroconversion.
  - Inform the HIV Drug Resistance (HIVDR) Surveillance team if available, in line with their current protocols.
- PrEP clients that report seroconversion as a reason for non-retention must have the HTS result verified by calling back the client to physically share the result and link to ART or by checking in CMIS.
  - The verified result can then be recorded along with possible reason(s) for seroconversion, while also ensuring that the client has linked to ART.

Box 14. Tracking possible reasons for seroconversion will help facilities and programs to develop strategies to prevent future seroconversions.

Figure 10. Identifying and reporting PrEP seroconverters



4.4 Inconclusive HIV Test Result

If the test result is inconclusive, **DEFER** or **STOP** PrEP initiation and follow the national algorithm until a definitive HIV test result is obtained for all clients not pregnant or breastfeeding. **For PBFW, refer to PMTCT Guidelines.**

4.5 Management of Side Effects and Adverse Drug Reactions

- Side effects should be managed symptomatically, and counseling should be provided.
- Any side effects should be recorded in client records and CMIS regardless of severity.
- For common minor side effects, see PrEP method section:
  - Oral PrEP, page 14
  - PrEP ring, page 21
  - CAB-LA, page 25
- Major toxicities (including renal toxicity and metabolic complications) associated with TDF and 3TC are rare in oral PrEP exposure to date.
- No major toxicities or severe adverse reactions have been shown to be related to ring use.
- For any major toxicity, consult medical doctor from mother facility.
- Complete the national adverse drug reaction form and report as per standard operating procedures.
- If PrEP is discontinued, record the outcome in the PrEP register.

4.6 Pregnancy and Breastfeeding

Given the increased likelihood of HIV acquisition during pregnancy and the postnatal period, as well as reassuring safety data, **oral PrEP** use is recommended for women who are pregnant or breastfeeding and should be offered as an opt-out approach.

In Eswatini it is currently not recommended to use **the ring or CAB-LA** in PBFW. If a client becomes pregnant using these products, the provider should recommend discontinuing and discuss alternative HIV prevention strategies. When new WHO recommendations are released, this guidance might be updated.

Box 15. PrEP should be provided routinely as an opt-out approach at ANC, maternity, and PNC Services.

- HIV prevention, including PrEP, is a key intervention in elimination of mother-to-child HIV transmission (eMTCT).
- Daily oral PrEP has been shown to be very effective in reducing HIV acquisition and is also safe among PBFW.
- Universal PrEP provision, using an opt-out approach is thus part of the national eMTCT strategy.

5 DOCUMENTATION AND DATA MANAGEMENT

5.1 PrEP Data Collection Tools

Most PrEP offering service delivery points have access to an electronic CMIS. Paper-based PrEP tools are only used for PrEP service delivery points that do not have access to CMIS. Concurrent use of the PrEP module in CMIS and the paper-based data collection tools is not recommended.

Table 10. PrEP data collection tools

	Tool	Purpose
Service delivery point using CMIS	PrEP module within CMIS	To document all PrEP-related activities, including PrEP initiations, follow-up visits, side effects, etc.
Service delivery points **without access** to CMIS	PrEP register	To be used for service delivery points not having access to CMIS. Should be used to document all PrEP initiations and follow-up visits.
	PrEP monthly summary form	To summarize monthly PrEP initiations and follow-up visits for service delivery points not having access to CMIS
All service delivery points	PrEP client appointment card	Can be used for all clients whether the service delivery point has access to CMIS or not. The client-held card can be used to document the next follow-up appointment.

5.2 Adverse Event Reporting

- All health care workers and clients/customers are encouraged to report any adverse event.
- Suspected AE/ADR should be reported immediately to National Pharmacovigilance Centre (NPC)
- For more information on AE/ADR reporting, see the Eswatini National PV Guideline 2022.

Contact Pharmacovigilance Centre.

Ph: +268 7655 7303
WhatsApp: +268 7655 7303
EswatiniPVcentre@gmail.com

5.3 PrEP Indicators

The indicators listed in Table 11 below are key in answering high-level questions on whether the PrEP guidelines are being implemented adequately and the impact of the implementation is noticeable to the populace. The indicators respond to the following key objectives: increased PrEP offer by HCWs, increased PrEP uptake among different target groups, increased PrEP continuation among different target groups, and harmonized PrEP messaging from different PrEP service providers.

Table 11. Key monitoring indicators

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of HIV-negative at-risk clients eligible for PrEP	No. of HIV-negative at-risk clients (not on PrEP) eligible for PrEP	No. of HIV-negative at-risk clients (not on PrEP)	Region, Facility, Age, Gender Priority Population	Monthly	HTS Register, CMIS
% of HIV-negative at-risk clients offered PrEP	No. of HIV-negative at-risk clients (not on PrEP) offered PrEP	No. of HIV-negative at-risk clients (not on PrEP) eligible for PrEP			
% of eligible HIV-negative at-risk clients accepted PrEP	No. of HIV-negative at-risk clients (not on PrEP) accepted PrEP offer	No. of HIV-negative at-risk clients (not on PrEP) and offered PrEP			
% of eligible clients accepting PrEP offer who are newly initiated on PrEP	No. of clients newly initiated on PrEP	No. of clients that accepted PrEP offer	Region, Facility, Age, Gender		

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of clients due for 1 month follow-up that received a PrEP refill at 1 month*	No. of clients that came for 1-month visit and received a PrEP refill	No. of clients due for 1-month visit	Priority Population, PrEP product	Monthly	PrEP register, CMIS
% of eligible clients that came for 4-months visit and continued oral PrEP/PrEP ring	No. of clients that came for 4-months visit and received a PrEP refill	No. of clients due for 4-months visit			
% of eligible clients that came for 7-months visit and continued a PrEP product	No. of clients that came for 7-months visit and received a PrEP refill	No. of clients due for 7-months visit			
% of PrEP facilities having MOH-approved information, education, communication (IEC) material and communication strategy	No. of facilities having the National Communication Strategy using MOH-approved IEC for demand creation	No. of PrEP facilities	Facility, Region, Implementer	Semi-annually	Assessments Reports
% of SRH clients that receive PrEP during their FP, ANC, or PNC visit	No. of HIV-negative clients coming for a FP, ANC, or PNC visit that received or are using a PrEP product	No. of HIV-negative clients coming for a FP, ANC, or PNC visit	Facility Region Age SRH service PrEP product		

*Plus or minus 7 days

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
Volume of PrEP prescribed/dispensed	Number of units of each PrEP product dispensed	Not applicable	Age, Gender Priority Population, PrEP product Visit type	Quarterly	CMIS
No. of client visits in which a PrEP product was provided	Number of client visits during which a PrEP product was provided				

Table 12. Key evaluation indicators

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of clients newly identified HIV positive while using PrEP in the last 3 months (oral PrEP or ring) or 12 months for CAB-LA	No. of clients newly identified HIV positive while using PrEP in the previous 3 months	No. of clients having used PrEP in the last 3 months receiving an HIV test	Facility, Region, Age, Gender, Last product used	Quarterly	HTS register PrEP register CMIS
% of PrEP seroconverters with HIVDR mutations	No. of PrEP seroconverters with HIVDR mutations detected in genotype sample	No. of clients with genotype testing conducted			

6 ANNEXES

Annex 1: Job Aid to Rule Out Acute HIV Infection

In the past three days, have you had any of the following "cold" or "flu" symptoms?

YES	Sore throat	**NO**
YES	Fever	**NO**
YES	Night sweats	**NO**
YES	Swollen glands	**NO**
YES	Mouth ulcers	**NO**
YES	Headache	**NO**
YES	Rash	**NO**
YES	Generalized body rash	**NO**
YES	Fatigue	**NO**
YES	Headache	**NO**
Is there at least one symptoms and recent exposure to HIV?		
YES	In the past three (3) days, has the client experienced any signs and/or symptoms of AHI?	**NO**
YES	If the client experienced signs and symptoms of AHI, has there been an exposure to HIV in the previous 14 days?	**NO**
↓		↓
If YES to both: Defer PrEP and make an appointment for repeat HIV testing in four weeks. Document appointment date on PrEP client appointment cards.		If NO to either one: Determine if the client is eligible for PrEP.

Annex 2: Scenarios for Clients Missing CAB-LA Injection

For consideration: When a client misses an injection, it may be a postponed injection visit that is planned or an unplanned missed injection visit (without a postponement planned). If the client does not want to continue CAB-LA, providers should support clients in following appropriate procedures for stopping CAB-LA at that time, either by counseling them on and prescribing bridging doses or counseling them on alternative PrEP methods or another HIV prevention strategy if the client is still potentially exposed to HIV while choosing to stop CAB-LA use. The following are potential scenarios for those clients based on the length of time between injections and whether the injection visit is unplanned, missed, or planned but postponed:

Unplanned Missed Injection Visits

Missed injection	***Time since prior injection***	***Recommended action for provider***
Initiation injection 2	≤ 2 months since initiation injection 1	Proceed with initiation injection 2 and schedule the follow-up injection for 2 months later as a follow-up visit.
	> 2 months since initiation injection 1	Assess the client's clinical eligibility for restarting CAB-LA using the initiation procedure and, if clinically eligible, administer initiation injection 1 that day and schedule initiation visit 2 in one month. Follow-up visits should be scheduled every 2 months thereafter.

Follow-up injection	≤ 3 months since last injection	Proceed with administering follow-up injection that day and schedule the subsequent follow-up injection for 2 months later as a follow-up visit.
	> 3 months since last injection	Rescreen for potential restart and, if clinically eligible, administer initiation injection 1 that day and schedule initiation injection 2 in 2 months. Follow-up visits should be scheduled every 2 months thereafter.
Planned Postponed Injection Visits		
Postponed injection	*Time since prior injection*	*Recommended action for provider*
Initiation injection 2	< 1 month (+/- 7 days) days from initiation injection 1	Schedule initiation injection 2 on the first date the client is available to return (within 1 month [+/- 7 days] since initiation injection 1).
	1 month (+/- 7 days) ≥ from initiation injection 1	Defer start of CAB-LA and consider another PrEP method or HIV prevention strategy as an interim alternative. When the client is available for two appointments in a row separated by 1 month (+/- 7 days), it may be possible to reconsider initiating CAB-LA.
Follow-up injection	Postponement duration is ≤ 3 months from the ideal follow-up injection date	Prescribe up to 90 days of daily oral tenofovir-based PrEP or a maximum of 60 days of daily oral cabotegravir to bridge the gap in the follow-up schedule.

	Resume or restart CAB-PrEP at the conclusion of this oral PrEP "bridge": ▪ If the most recent CAB-PrEP injection (preceding the oral bridge) was ≤ 3 months ago, resume CAB-LA follow-up injections. ▪ If the most recent CAB-LA injection (preceding the oral bridge) was > 3 months ago, restart CAB-LA with initiation injection 1 and schedule initiation injection 2 for 1 month later. Administer follow-up injection as soon as the client is available and continue with follow-up injections every 2 months thereafter.
Postponement duration is > 3 months from the ideal follow-up injection date	Do not re-initiate CAB-LA until the client is available to return on time. The client can consider oral daily PrEP as an alternative or another HIV prevention strategy.

*Clients who wish to remain on CAB-LA and anticipate in advance needing to postpone their follow-up visit by 8 days or more may be given a supply of tenofovir-based oral PrEP or CAB-based oral PrEP to use as a "bridge" to cover the gap in follow-up injections. Oral PrEP may be used only to bridge schedules between follow-up injections. Bridging is not an option to address anticipated scheduling gaps between initiation injections 1 and 2. Depending on what is available, oral PrEP used for bridging can be daily oral cabotegravir or daily oral TDF-based PrEP. The maximum duration of an oral cabotegravir bridge is 60 days; daily oral TDF-based PrEP bridging may be longer. Although there is not a specific maximum duration for bridging with oral TDF-based PrEP, 90 days may be a reasonable limit, given that retesting for HIV should occur quarterly for those using oral PrEP, regardless of whether oral PrEP is being used as the primary PrEP method of choice or as a bridge between postponed CAB-LA injections. It is important for providers to understand in advance how a postponed client's follow-up injection will be managed in order to prescribe the correct type of oral PrEP (cabotegravir vs. tenofovir-based) and a sufficient volume.

Annex 3: PrEP Counseling and Educational Messages

Topic	Key Messages
What is PrEP?	▪ PrEP is the use of antiretroviral drugs by HIV-negative clients to prevent HIV. ▪ It is one of several HIV prevention options and, where possible, should be used in combination with condoms and condom-compatible lubricants and other HIV prevention strategies. ▪ There are two PrEP methods available in Eswatini for PrEP: Pills taken orally and a ring that is inserted into the vagina. ▪ A third method, injectable PrEP or CAB-LA, is expected to become available in limited quantities in 2024.
Effectiveness of PrEP	▪ When used as prescribed, oral PrEP is more than 90% effective at preventing HIV acquisition and the PrEP ring is about 50% effective (likely more with effective use). CAB-LA is most effective in preventing HIV, more than 90% compared to oral PrEP. This is likely due to improved adherence with injections. ▪ When choosing a PrEP method, it is important to consider which method(s) will work best for you to prevent HIV during the types of exposures you anticipate, among other factors. **For people assigned female at birth (AFAB) interested in PrEP:** ▪ Daily oral PrEP and CAB-LA reduces your chance of getting HIV during all types of exposures to HIV. ▪ The PrEP ring works only for sexual exposures during receptive vaginal sex. **For people assigned male at birth (AMAB) interested in PrEP:** ▪ Daily oral PrEP and CAB-LA reduces your chances of getting HIV during all types of exposures to HIV ▪ Event-drive PrEP, known as ED-PrEP, works only for sexual exposures and can only be used if you are not using any estradiol-based hormones.
PrEP is not for life	▪ You should take PrEP for as long as you feel you may be exposed to HIV. ▪ Some people need to take PrEP only during certain times in their lives, while others have an ongoing need to use PrEP. ▪ If you decide to start oral PrEP or the PrEP ring, it is recommended that you come back in a month for a follow-up

Topic	Key Messages
	visit, and then return every three months after that. ▪ If you decide to start injectable PrEP, you should come back in a month for a follow-up visit, and then return every two months after that.
PrEP and alcohol or other recreational drugs	▪ Taking PrEP while you are using alcohol or other recreational drugs will not harm you. ▪ However, alcohol or other recreational drugs may make it challenging to use PrEP correctly, such as by causing you to miss a dose of oral PrEP, so plan to continue using PrEP effectively if you use alcohol or other substances. ▪ We can talk about planning together if that would be helpful.
PrEP and other medications	**Oral PrEP** ▪ Oral PrEP can be taken with hormonal contraceptives and other medications. ▪ For people AMAB using estradiol-based exogenous hormones, there is some indication that the use of estradiol-based hormones may reduce oral PrEP drug levels; therefore, ED-PrEP is not recommended for this population. ▪ Oral PrEP use does not seem to affect levels of estradiol-based exogenous hormones when they are used together. **The PrEP ring** ▪ The ring can be used with most hormonal contraceptives and barrier methods, including condoms and condom-compatible lubricant. ▪ Using the ring with a diaphragm or another vaginal ring, such as a contraceptive vaginal ring, is not recommended. ▪ There are no known interactions between dapivirine and the hormones used for gender-affirming hormone therapy. *Are you taking any medications, including contraceptives or hormones?* **Injectable PrEP** ▪ Injectable PrEP can be taken with hormonal contraceptives, gender-affirming hormones, and most other medication. ▪ Injectable PrEP cannot be taken with some medication used to treat TB and some medications to treat convulsions. ▪ If you are taking medication to prevent TB, methadone, or high

Topic	Key Messages
	doses of aspirin, there might be a need to adjust the dose of your mediation.
PrEP, pregnancy, and breastfeeding	▪ PrEP does not prevent pregnancy. To avoid unintended pregnancy, use a contraceptive method. ▪ Taking oral PrEP while you are pregnant or breastfeeding will not harm you or your baby. ▪ Because HIV can be transmitted during pregnancy and breastfeeding, taking oral PrEP during this time prevents both you and your baby from acquiring HIV. You can use oral PrEP throughout pregnancy and breastfeeding. ▪ For now, due to limited data available, the Ministry of Health does not recommend you continue with the PrEP ring or injectable PrEP if you are pregnant or breastfeeding. ▪ If you are pregnant or breastfeeding, or intend to be, we should discuss this and see which PrEP or other HIV prevention option could work for you.
	PROVIDER NOTE: If a client is pregnant, link to antenatal care or pregnancy options counseling.
PrEP and STIs	▪ PrEP does not prevent any STIs other than HIV. ▪ To prevent other STIs, use a condom and condom-compatible lubricant correctly whenever you have sex.
Starting and stopping PrEP	▪ For PrEP to be most effective, you must use PrEP as prescribed. ▪ When choosing a PrEP method, it is important to consider which method(s) you can use effectively. ▪ Now, I will tell you about how long you should use PrEP before and after potential HIV exposures, which is different for different methods. ▪ If you choose to start PrEP, it is particularly important to try to avoid potential exposures to HIV until adequate drug levels are achieved; use condoms with condom-compatible lubricant and use sterile and non-shared injection-related materials. **For people assigned female at birth interested in daily oral PrEP or the PrEP ring:** ▪ Your choice between daily oral PrEP or the PrEP ring depends

Topic	Key Messages
	on your potential exposures to HIV, including the types of sex you have, as well as your preferences. ▪ **Oral PrEP** must be taken daily and should be used for at least seven consecutive days before it is considered effective. It must be continued for seven days after the last potential exposure. Taken this way, oral PrEP is effective at preventing HIV during all types of exposures to HIV. Oral PrEP can be taken with or without food. ▪ **The PrEP ring** is also an option for you. You can insert the PrEP ring into the vagina yourself or with help from a provider if you would like. The ring should remain in place for one month without removal and should be replaced with a new ring at the end of the month. The ring must be in place for at least 24 hours before it is considered maximally effective. The ring prevents HIV acquisition only during receptive vaginal sex. The ring can be removed by hand, so you can remove it without help. However, if you would prefer support, you can receive help removing it and there is no need for a speculum or other tools. ▪ When **stopping any PrEP method**, it is important to use another PrEP method or HIV prevention strategy if your need for HIV prevention continues. **For people assigned male at birth interested in oral PrEP (daily or ED-PrEP):** ▪ Your choice between daily oral PrEP or ED-PrEP depends upon your potential exposures to HIV, including the frequency and predictability with which you have sex, as well as your preferences. ▪ ED-PrEP may be more appropriate if you find it more effective and convenient, have infrequent sex (for example, less than two times per week on average), and are able to plan for sex at least two hours in advance or delay sex for at least two hours. ▪ You may wish to transition between daily and ED-PrEP use according to your circumstances. ▪ Oral PrEP can be taken with or without food. ▪ **To start daily oral PrEP**, take a loading dose of two pills at PrEP initiation and delay sex for at least two hours, ideally

Topic	Key Messages
	closer to 24 hours, at which time drug levels will be maximally effective to prevent HIV acquisition from sexual exposures. Continue taking one pill of oral PrEP at the same time daily. For injection-related exposures, you will need to take one pill daily for seven days prior to exposure for drug levels to be maximally effective. To discontinue, continue one pill of oral PrEP daily until two days after the last potential sexual exposure or seven days after the last potential injection-related exposure, whichever is longer. ▪ **To start ED-PrEP**, take a loading dose of two pills two to 24 hours before having sex, ideally closer to 24 hours, at which time drug levels will be maximally effective to prevent HIV acquisition from sexual exposures. Continue taking one pill daily at the same time you took the loading dose until two days after the last potential sexual exposure. This process should be repeated for each period of potential sexual exposure to HIV. ▪ When **stopping any PrEP method**, it is important to use another PrEP method or HIV prevention strategy if your need for HIV prevention continues. **For people interested in injectable PrEP:** ▪ **CAB-LA** is injected into the buttocks. The first two injections are one month apart, followed by injections every two months thereafter. CAB-LA starts protecting you about a week after the first injection. ▪ **When stopping CAB-LA,** the medication will stay in the body at levels effective for preventing HIV acquisition for at least two months after your last injection, but then levels decline and may not prevent HIV acquisition. At these reduced levels, if you get HIV, you may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. This period where drug resistance is possible is called the "tail period." To prevent HIV drug resistance during the tail period, it is important for you to use an effective HIV prevention strategy if you might be exposed to HIV.
Side effects	**Oral PrEP** ▪ Approximately 10 percent of people using **oral PrEP** may experience side effects. Those who do will typically experience

Topic	Key Messages
	only mild side effects, including: - Gastrointestinal symptoms (diarrhea and nausea, decreased appetite, abdominal cramping, and flatulence) - Dizziness - Headaches ▪ Most of those side effects disappear within one month. However, I can help you manage them. **PrEP ring** ▪ Those who have side effects while using the ring typically experience only mild side effects, including: - Urinary tract infections (UTIs) – experienced by about 15% of users) - Vaginal discharge (experienced by about 7% of users) - Vulvar itching - Pelvic and lower abdominal pain (experienced by about 6% of users) ▪ Contact me if you experience any urinary or reproductive tract changes, as these could be a sign of an STI or UTI needing treatment. **Injectable PrEP** ▪ Side effects with CAB-LA are not common but some people who initiate CAB-LA may experience: - Headache - Dizziness - Nausea/diarrhea - Feeling fatigue or feverish - Localized pain or swelling, redness/bruising at the injection site ▪ Some people may also experience depressive disorders while using CAB-LA, although these are uncommon. If you experience changes in how you are feeling emotionally, let me know so we can discuss how to get you the support you need. ▪ Side effects are more common during the earlier injections and decrease over time.
Switching between HIV prevention options	▪ It is okay to start one PrEP method now and decide later that you want to use another PrEP method or another HIV prevention strategy. Many people switch between methods as their needs change. I am here to help you make the best

Topic	Key Messages
	decision for you. ▪ Some additional strategies to prevent HIV include: - Using condoms and condom-compatible lubricant consistently - Accessing PEP as early as possible, ideally within 72 hours of a potential exposure to HIV - Having other types of sex that come with little or no likelihood of HIV acquisition (such as oral sex or mutual masturbation) - Receiving screening, diagnosis, and treatment for other STIs - Receiving voluntary medical male circumcision - Reducing your number of sexual partners - Accessing drug harm reduction and treatment services - If you have a partner living with HIV, ensuring they have been on effective ART for at least six months, have an undetectable viral load, and remain adherent to ART if not consistently using condoms and condom-compatible lubricant
PROVIDER: It is likely that the client will have enough information now to make an informed choice about whether they want to use a PrEP method or not and, if so, which one. You can ask the client which method they prefer, if any, and what outstanding questions they may have, and then continue with the key messages.	
Follow-up visits	▪ It is important that you attend follow-up visits for the following reasons: - To get support on effective use and managing side effects and to address other concerns you may have. - To verify your HIV status and, if positive, be referred for ART. Between now and your next visit, if you experience sore throat, fever, sweats, swollen glands, mouth ulcers, rash, or muscle aches, please contact me or come back here for a follow-up visit. - To reduce your likelihood of drug resistance if you have acquired HIV ▪ Do you have any upcoming travel, or do you anticipate any other challenges with returning for regular visits that we can discuss and maybe I can help you plan for?
Discontinuing PrEP use	▪ As we already discussed, PrEP use is typically not for life. ▪ How long you use PrEP may vary, and you may start and stop

Topic	Key Messages
	PrEP depending on potential HIV exposures during different periods of your life, including changes in your relationships or behaviors. ▪ If you want to stop PrEP use indefinitely, it would be helpful to us both if you let me know. ▪ If you decide to restart PrEP later, you can always come back, and we can discuss the next steps.
	PROVIDER NOTE: Be sure to inform clients about any post-exposure use of PrEP that is needed for their chosen method to effectively stop PrEP use. Encourage ongoing links to appropriate HIV prevention and contraceptive services, as well as the use of other HIV prevention strategies, as needed. Clients with hepatitis B who are using oral PrEP should be referred to relevant management/treatment services because stopping oral PrEP may have implications for the management of hepatitis B.
Partner disclosure	People have different reasons for sharing or not sharing their PrEP use with their partner(s). Generally, individuals who can disclose their PrEP use with their partners can use it more effectively. If you would like, we can discuss your thoughts on sharing or not sharing your PrEP use together. If you choose not to tell your partner, we can also discuss your plan if your partner happens to learn about your PrEP use.
	PROVIDER NOTE: Assess client's experience of gender-based violence (GBV), including intimate partner violence (IPV). If the client discloses that they have experienced or are at risk of GBV, including IPV, provide first-line support and make referrals as appropriate. Discuss how violence and fear of violence affects their potential HIV exposures and prevention behaviors and discuss ways they can stay safe and protect themselves in the context of their relationship(s). Although the ring may be an option for clients concerned about IPV due to its discreet nature, clients who wish to keep their ring use private from their sexual partner(s) should be counseled on the possibility that a partner may feel the ring during sex and be assisted with a plan to implement should this occur. *Clients experiencing GBV or IPV should not be prohibited from receiving the ring if they can effectively use it.*
FOR CLIENTS WHO CHOOSE ORAL PrEP	
Supporting	▪ During instances or periods of potential exposure to HIV, some

Topic	Key Messages
effective use	people find it easy to remember to take their oral PrEP when they integrate it into a daily routine and take it the same time each day. For example, you could take oral PrEP (or consider taking oral PrEP if using ED-PrEP) when you brush your teeth (either in the morning or evening), or when watching a favorite TV show or listening to a favorite radio program. It is helpful to pair taking oral PrEP with a routine that makes you feel good. *What challenges do you anticipate with taking oral PrEP as prescribed that I can work with you to find solutions for? (Providers should explore and emphasize effective use and pill-taking reminders specific to everyone. This may be an appropriate time to explore gender and intimate partner violence.)*
FOR CLIENTS WHO CHOOSE DAILY ORAL PrEP	
Missed daily oral PrEP dose	▪ If you forget to take a pill or miss a dose, take it as soon as you remember. For example, if you usually take oral PrEP in the morning but realize at 10 p.m. or the next day that you forgot, it is okay to take your pill then and resume your usual schedule the following morning. ▪ If you forget more than once a week, come back here or contact someone here and we can discuss what to do.
FOR CLIENTS WHO MAY USE ED-PrEP	
Delayed ED-PrEP loading dose	▪ If it is less than two hours before you plan to have sex, take the loading dose, and try to delay sex until two hours after the loading dose. ▪ However, if you do NOT take the loading dose at least two hours before sex and cannot delay sex you could: ▪ Use a condom and condom-compatible lubricant. ▪ Have other types of sex that come with little or no likelihood of HIV acquisition (such as oral sex or mutual masturbation). ▪ If you have sex before two hours and do not use a condom, you may be a candidate for a 28-day course of PEP, depending upon other factors (per the national guidelines).
Missed ED-PrEP dose(s)	If you miss an ED-PrEP dose (loading or post-sex), you may be a candidate for a 28-day course of PEP per the national guidelines.
	PROVIDER NOTE: Because the timing and type of the sexual event will vary for each client in relation to the timing of the missed dose(s), such cases will require individual adjudication and best

Topic	Key Messages
	clinical judgment.
Switching between ED-PrEP and daily PrEP	▪ Because the frequency and predictability of sex may vary over time, the best PrEP dosing option for you may also vary over time. ▪ **To transition from ED-PrEP to daily oral PrEP:** You should continue taking PrEP every day after your last exposure. You should continue this daily dosing until sex becomes less frequent or more predictable again, or for as long as you prefer the daily dosing option. ▪ **To transition from daily oral PrEP to ED-PrEP:** You should stop daily dosing two days after the last potential exposure, and then start following the ED-PrEP regimen until sex becomes more frequent or less predictable.
Dosing scenarios	▪ It is very important for you to try to take the follow-up doses around the same time of day you took the loading dose. ▪ For ED-PrEP to be effective, take PrEP according to the dosing schedule prescribed. Let's walk through some common scenarios together.
	PROVIDER NOTE: Walk through basic regimen with client (2+1+1). Provide client with information, education, and counseling (IEC) materials showing different scenarios for ED-PrEP use (see *Oral PrEP Use* above)
FOR CLIENTS WHO CHOOSE THE RING	
Supporting effective use	▪ The ring is designed to be in place for a full month without being removed. However, if you decide to remove the ring, it is important to clean it and insert it again as soon as possible. ▪ The ring can be reinserted after removal until the 28-day period has expired, though levels of dapivirine drop quickly after ring removal and therefore removal is not recommended during the window of use. ▪ Because levels of dapivirine drop quickly after ring removal, the need for other HIV prevention measures should be reinforced until the ring is reinserted. If the ring is removed for a longer period, it should be cleaned prior to reinsertion. ▪ Once reinserted, the ring must be in place for at least 24 hours for maximum protection. ▪ Since it needs to be changed monthly, it could be helpful to set

Topic	Key Messages
	a reminder in your phone if you have one or to record it somewhere else where you look frequently to help you remember when it is time to replace your ring with a new one.
	PROVIDER NOTE: Walk through insertion and removal instructions with the client (see *PrEP Ring Use* above) *What challenges do you anticipate with using the ring as prescribed that I can work with you to find solutions for? (Providers should explore and emphasize effective use and ring replacement reminders specific to everyone. This may be an appropriate time to explore gender and intimate partner violence.)*
Cleaning the ring	▪ The ring does not need to be removed and cleaned for any reason. ▪ However, if desired, it is acceptable to remove the ring, rinse it in clean water only, and then reinsert it immediately.
Ring reinsertion	▪ Although it is unlikely, it is possible that the ring may fall out. If this happens in a clean location, the ring should be rinsed in clean water and reinserted. ▪ If the ring falls out in a dirty location, the ring should be replaced with a new ring.
Ring use during sex	▪ The ring does not interfere with sexual intercourse and should be worn during sex. ▪ It can be used with condoms (internal and external) and condom-compatible lubricant. ▪ Although it is unlikely, it is possible that your partner may feel the ring during sex. If this happens, you may need to confirm ring placement, as it may mean that the ring should be pushed further into the vagina. ▪ The ring does not cause harm to your partner, but it does not prevent your partner from acquiring HIV.
The ring and menses	▪ The ring should be worn for one month, including during menses, to be most effective. ▪ The ring does not cover the cervix and does not interrupt the flow of menstrual fluids. ▪ There are no safety concerns related to the use of tampons, menstrual pads, menstrual cups, or other menstrual hygiene products while using the ring.

Topic	Key Messages
	▪ If using a tampon, be careful not to accidentally remove the ring when removing the tampon. ▪ Although it is unlikely, it is possible that the ring may fall out. ▪ If this happens in a clean location, the ring should be rinsed in clean water and reinserted. ▪ If the ring falls out in a dirty location, the ring should be replaced with a new ring.
Sharing the ring	▪ The ring should not be shared with others. ▪ If other people you know are interested in using the ring, they can come to the nearest health care facility.
The ring and douching	▪ It is possible that flushing the vagina with water to clean it (or any form of douching) may dilute the concentration of dapivirine in the vagina. ▪ Douching is not recommended at any time, including while using the ring, because it may have a negative impact on the health of the vagina.
Ring storage	▪ Store rings in their original packaging in a cool, dry place, away from children and direct sunlight, and secured from any pets or animals. ▪ The ring does not need to be refrigerated and can be safely stored at or around 25°C or 77°F for up to five years.
Ring disposal	Used rings can be placed inside the original wrapper provided with the ring or wrapped in tissue or toilet paper and disposed of in a trash bin out of reach of children. If you prefer, you can return your used ring to your health care provider/service provision point.
FOR CLIENTS WHO CHOOSE INJECTABLE PrEP	
Missed CAB PrEP injection(s)	If you miss an injection visit, it is important to contact your health care provider immediately and schedule an appointment for the missed injection as soon as possible. If keeping to the injection schedule is not working for you, we can discuss changing to a different PrEP method or HIV prevention strategy.
Switching from CAB PrEP to other PrEP methods	It is okay to stop CAB PrEP and switch to another PrEP method. Depending on the method you would like to switch to, we can discuss the best way to switch safely and effectively. If you think you might want to become pregnant and are still potentially exposed to HIV, we can talk about switching from CAB

Topic	Key Messages
	PrEP to a method that has been shown to be safe during pregnancy.
Stopping CAB PrEP and the "tail period"	When you stop getting CAB PrEP injections, the drug cabotegravir can remain in your body for about a year, but not at high enough levels to prevent HIV. At these levels, if you acquire HIV, you may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. This period when HIV drug resistance is possible is called the "tail period." If you decide to stop your CAB PrEP injections, we should talk about transitioning you to another PrEP method or another HIV prevention strategy during the tail period for as long as exposure to HIV is possible. We do not yet have enough information about pregnancy and breastfeeding during the tail period; therefore, if you are thinking of becoming pregnant or do not want to use contraception during the tail period, we should discuss what options will be best for you.

Annex 4: Defining adherence for PrEP use.

The following table can be used to determine if a client was adherent to their PrEP product.

PrEP method	Adherent	Non-adherent
Oral PrEP	Assigned **female** at birth: ≤ 2 doses missed each week in the week before and week after each day of sex	Assigned **female** at birth: 2+ doses missed each week in the week before and week after each day of sex.
	Assigned **male** at birth: A double dose was taken 2-24 hours before sexual exposure and at least 2 days of daily PrEP were continued after each day of sex	Assigned **male** at birth: Double dose (loading dose) was not taken within 2-24 hours before sexual exposure and/or daily PrEP was not continued for 2 days after each day of sex.
PrEP ring	Ring in place continuously the day before and day of sex for each day of vaginal sex	Ring was not continuously in place the day before and the day of vaginal sex. Any reported anal sex without a condom should be considered PrEP ring non-adherent.
CAB-LA	Prior injection was initiation injection 1 and ≤ 2 month ago	Prior injection was initiation injection 1 and > 2 month ago
	Prior injection was initiation injection 2 or follow-up and ≤ 3 month ago	Prior injection was initiation injection 2 or follow-up and > 3 month ago

Annex 5: Checklist to Rule Out Pregnancy

Instruction:

- Ask the client questions 1–6.
- As soon as the client answers "yes" to any question, stop and follow the instruction below.

No	1. Did your **last monthly bleeding** start within the past **seven** days?	**Yes**
No	2. Have you **abstained** from sexual intercourse since your last monthly bleeding, delivery, abortion, or miscarriage?	**Yes**
No	3. Have you been using a **reliable contraceptive method** consistently and correctly since your last monthly bleeding, delivery, or miscarriage?	**Yes**
No	4. Have you had a **baby** in the last **four weeks**?	**Yes**
No	5. Did you have a **baby less than six month** ago, are you **fully or nearly fully breastfeeding**, and have you had **no monthly bleeding** since then?	**Yes**
No	6. Have you had a **miscarriage or abortion** in the **past seven days**?	**Yes**

If the client answered **No** to all of the above answers, pregnancy cannot be ruled out. Use a pregnancy test to rule out pregnancy.

If the client answered **Yes** to at least one of the above questions, you can be reasonably sure she is not pregnant.

Annex 6: Mental Health and Alcohol Abuse Screening Tools

Patient Health Questionnaire (PHQ 9)

Patient name: _____ Date: _____
Date of birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed or hopeless.	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the score for each of the columns.				

Total score (add your column scores): _____

If you checked of any problems, how difficult have these been made it for you to do your work, take care of things at home, or get along with other people? (Circle one).

Not difficult at all Somewhat difficult Very difficult Extremely difficult

PHQ-9 Score	Depression Severity	Proposed treatment Actions
0 – 4	None- minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow- up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy.
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy.
20 - 27	Severe	Immediate initiation of pharmacotherapy and, If severe impairment of poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.

Cage Substance Abuse Screening tool

Ask your patients these four questions and use the scoring method below to determine if substance abuse exists and needs to be addressed.

CAGE Questions

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

CAGE Questions Adapted to include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you criticizing your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

Scoring:

- Item responses on the CAGE questions are scored 0 for "No" and 1 for "Yes" answers with a higher score being an indication of alcohol or drugs problems.
- A total score of two or greater is considered clinically significant.

The normal cut off for the CAGE is two positive answers, however, the consensus panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders.

CAGE is derived from the four questions of the tool: **Cut down, Annoyed, Guilty, and Eye-opener.**

CAGE source: Ewing 1984

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