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BACKGROUND

To increase access to daily oral PrEP, policymakers and implementors are seeking evidence on whether and how PrEP can be delivered with high quality in non-clinical settings, including private pharmacies.

OBJECTIVE

Following a 12-month pilot study of pharmacy delivered-PrEP, we conducted a 6-month extension to evaluate a modified version of this model that additionally offered post-exposure prophylaxis (PEP) and STI testing.



METHODS

- **Setting:** 12 pharmacies in Kisumu & Kiambu Counties
- **Eligibility:** age ≥18; PrEP- or PEP-eligible according to national guidelines
- **HIV testing:** Blood-based HIV self-testing with optional pharmacy provider assistance
- **Dispensing:** 1-month PrEP supply (or 28-day PEP supply) at initiation; 3-month PrEP supply at follow-up
- **Cost to clients:** Free
- **Acceptability assessment:** Client & provider perceptions assessed via Likert-type items derived from the Theoretical Framework of Acceptability (TFA).

RESULTS

- From January-July 2022, pharmacy providers screened 961 clients and initiated 837 (87%) on PrEP (n=670), PEP (n=161), and/or STI testing (n=45), **Fig. 1**.
- About half of clients were male & under 25; over 75% were unmarried, **Table 1**.
- PrEP continuation was 72% at one month and 51% at four months, **Fig 2**.
- 20% of PEP clients (32/161) transitioned to PrEP upon PEP completion, **Fig 3**.
- STI positivity was 19% (10/52), with 5 clients testing positive for gonorrhea (10%, 5/52) , 3 for chlamydia (6%, 3/52), and 2 for both (4%, 2/52).
- Model acceptability was high, with 70-100% of clients and providers reporting that they liked getting/delivering PrEP/PEP at the pharmacy (TFA construct: affective attitude) and that getting/delivering PrEP/PEP at the pharmacy was not hard (TFA construct: burden).

Fig. 1. Study flow diagram

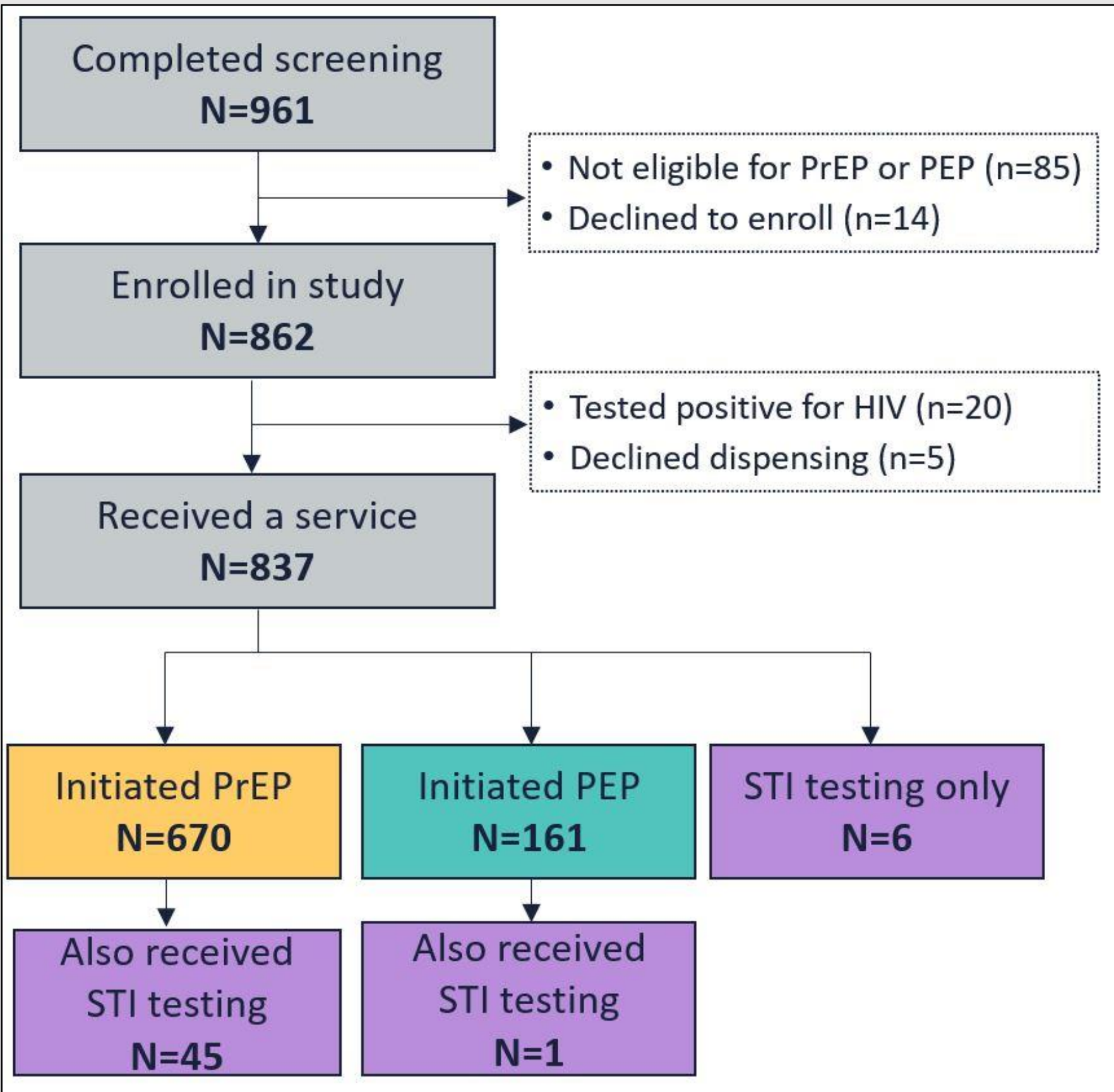


Table 1. Client demographics

Characteristic	PrEP Clients (N=670)	PEP Clients (N=161)
Demographics		
Male	306 (57%)	94 (58%)
<25 years	319 (48%)	76 (47%)
Unmarried	513 (77%)	132 (82%)
HIV risk behaviors		
Inconsistent condom use	584 (87%)	
Partner(s) HIV status unknown	460 (69%)	
Multiple sex partners	423 (63%)	
Sex with drugs/alcohol	264 (39%)	
Transactional sex	233 (35%)	
Partner living with HIV	65 (10%)	

Fig. 2. PrEP continuation

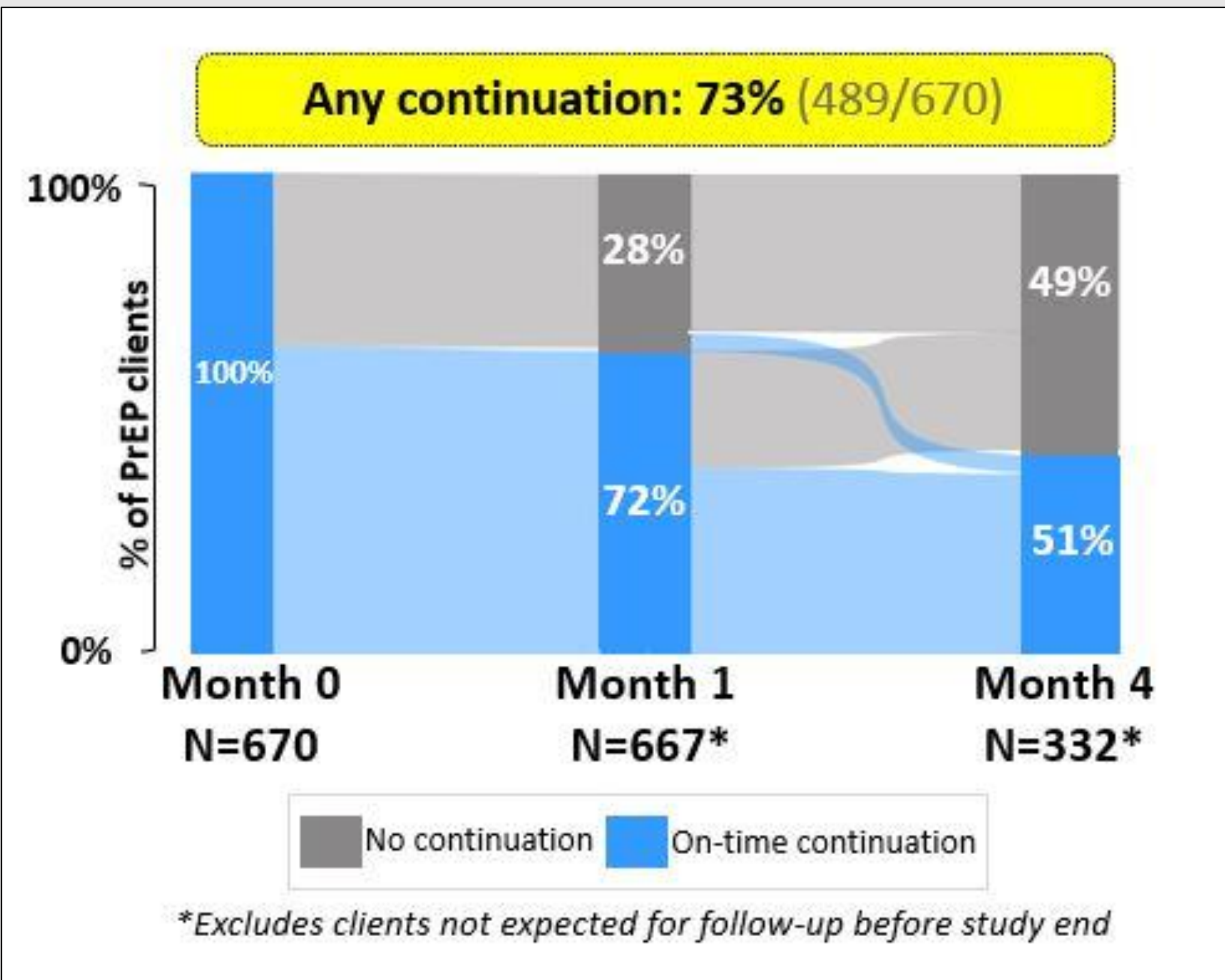
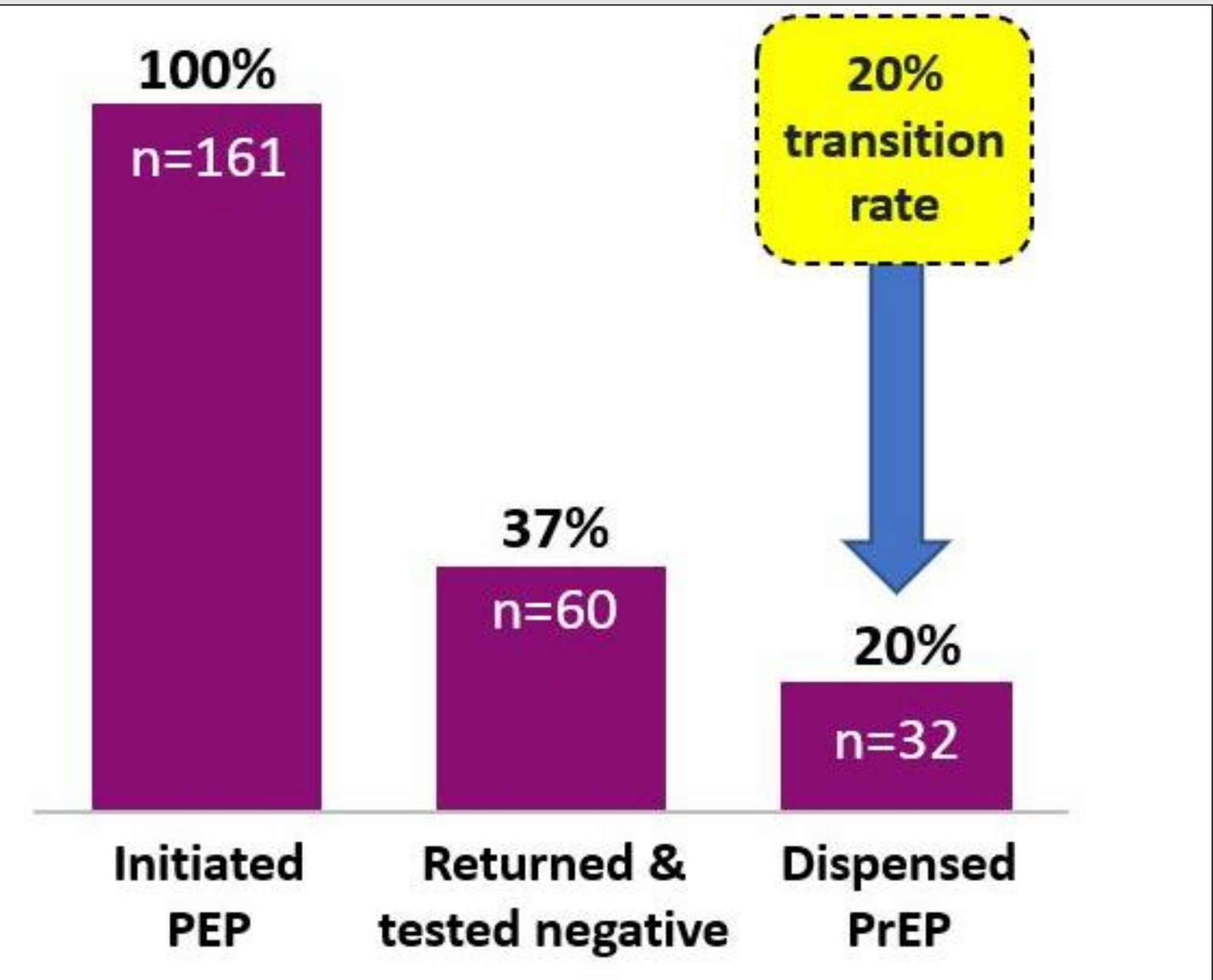


Fig. 3. PEP-to-PrEP transition



Pharmacy-based PrEP delivery resulted in PrEP initiation and continuation rates comparable to public clinics and was acceptable to pharmacy clients and providers.

CONCLUSIONS

- When trained, pharmacy providers are capable of initiating and managing clients on PrEP and PEP in accordance with national guidelines.
- Pharmacies may reach populations with HIV risk that are not well-reached by public health facilities, such as young men and individuals not in known serodifferent relationships.
- Additionally offering PEP & STI testing is a promising strategy for engaging people in PrEP services.
- If this model were scaled up in Kenya, rates of PrEP uptake and continuation might match or exceed those seen in public health facilities.
- More research is needed to identify business models capable of sustaining pharmacy-based PrEP services in the long term.

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