Uptake of online HIV PrEP and PEP in Kenya after removal of subsidies: A pilot extension study

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BACKGROUND

- Rapid growth of e-pharmacies and telemedicine in Kenya, which could be leveraged for delivery of HIV pre- and post-exposure prophylaxis (PrEP and PEP).
- Online delivery may overcome barriers to clinic-delivered PrEP/PEP services (stigma, limited hours of operation, long wait times and travel distance) and reach new populations.
- We modified an online PrEP/PEP delivery model and assessed PrEP/PEP utilization outcomes (initiation, continuation, and PEP to PrEP transition).

Modifications: Minimal demand creation activities through MYDAWA's website (www.mydawa.com); removal of subsidies on HIV test kits; introduction of a service fee (KES 675; ~$5.2).

METHODS

- **Design:** A prospective pilot extension study in partnership with MYDAWA, a private online pharmacy in Kenya.
- **Geography:** Nairobi and Mombasa Counties.
- **Eligibility:** ≥18 years; at risk of HIV acquisition based on risk screening or HIV exposure in the past 72 hours; willing to take PrEP/PEP; willing to pay for the HIV test, service fee and courier fee for the delivery of PrEP/PEP.
- **Care pathway:** MYDAWA clients completed a teleconsultation to assess for eligibility based on Kenya national guidelines for PrEP/PEP; those eligible ordered an HIV self-test (HIVST) at $9.2/ $11 or a provider-administered rapid diagnostic test (RDT) for $6 (inclusive of service fee). Those testing HIV-negative received a 30-day supply of free-of-charge government donated PrEP/PEP. HIVST/RDT and PrEP/PEP were delivered to the client's preferred location for $1.1. Clients who refilled PrEP at Month-1 received a 90-day supply.
- **Data collection:** We documented characteristics of online PrEP/PEP clients at the enrolment teleconsultation and used pharmacy records to assess PrEP continuation and their transition from PEP to PrEP.
- **Analysis:** Cox proportional hazards model adjusted for demographics, behavioral risk characteristics and PrEP/PEP outcomes.

> Clients are willing to pay for online PrEP/PEP; high demand for online PEP and low transition from PEP to PrEP.



Table 1: Factors associated with PrEP continuation

Variable	Category	Haz. ratio	Std. err.	z	P>z	[95% conf.	interval]
Sex	Female	Ref.					
	Male	0.0130	0.0265	-2.13	0.033	0.0002	0.7011
Age	<25 Years	Ref.					
	>=25 Years	0.1753	0.1915	-1.59	0.111	0.0206	1.4912
Marital status	Married	Ref.					
	Unmarried	0.4659	0.4180	-0.85	0.395	0.0803	2.7034
Previous PrEP use history	No	Ref.					
	Yes	0.1583	0.1627	-1.79	0.073	0.0211	1.1870
Inconsistent or no condom use	No	Ref.					
	Yes	0.0779	0.0958	-2.07	0.038	0.0070	0.8683
Client has sex with >1 partner	No	Ref.					
	Yes	19.0405	24.6080	2.28	0.023	1.5121	239.7595

RESULTS

- From January to September 2024, we screened **1,621** clients of whom **75** (5%) and **1,140** (70%) were eligible for PrEP and PEP, respectively. Among those eligible, **55** (73%) initiated PrEP and **835** (73%) initiated PEP.
- Most PrEP and PEP clients (n=890) were male (65.7%), ≥25 years (77.7%), unmarried (88.2%), PrEP (98.9%) and PEP (97%) naïve.
- Most clients (79%) opted for provider-administered RDT, while 21% purchased an HIVST.
- PrEP continuation was 31/48 (**64.6%**) at one month, 5/38 (**13.2%**) at 3 months, and 7/17 (**41.2%**) at 6 months. A total of 14.6% of clients who initiated PrEP discontinued and restarted, while **2.28%** transitioned from PEP to PrEP.
- Male users were less likely to continue using PrEP (HR 0.01, 95% CI: 0.0002-0.70) while those with >1 partner were more likely to continue (HR 19.04, 95% CI: 1.51-239.76).
- Being female (p=0.033), and having >1 partner (p=0.023) was associated with PEP to PrEP transition.

CONCLUSIONS

- Clients are willing to pay for HIV testing and PrEP/PEP delivery, suggesting that this model can be commercially viable.
- High demand for online PEP and low transitions from PEP to PrEP suggest opportunities to expand access to PEP, which has been underutilized in HIV prevention efforts.
- Persistent PrEP use among men remains a challenge.
- Online delivery can expand access to PrEP & PEP for clients not previously engaged with biomedical prevention.

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