Theory of Change Model for Clinic-Based PrEP Programme Evaluation

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Key Components and Measures of PrEP Cascade

Background:

- NHS England has agreed to provide £2 million to fund HIV Pre-Exposure Prophylaxis (PrEP) in England over the next two years as part of a test site implementation project
- The process by which this will be implemented and the designated body who has responsibility for on-going PrEP commissioning is still to be decided
- In Scotland, Wales and Northern Ireland, the decision on how PrEP will be funded and implemented is still awaited
- Some MSM already access PrEP either by private prescription in the UK or through obtaining generic tenofovir/ emtricitabine from outside the EU
- Some sexual health clinics already offer PrEP monitoring

Aims:

- We created a Theory of Change (ToC) PrEP cascade to identify the key components of a clinic-based PrEP programme to reduce HIV incidence
- We identified process, details and outcomes to aid programme evaluation for a large London sexual health clinic

Results:

The aim of our PrEP programme is to prevent HIV seroconversion and onward transmissions in those at greatest risk.

We identified three broad areas of clinic activity:

- Identifying those eligible;
- Engaging eligibles to initiate PrEP and other HIV prevention activities;
- Maintaining effective adherence in those at continuing risk, while advising therapy cessation for those no longer at risk, plus following up any HIV seroconversions

Conclusion:

- Using a ToC approach we have defined what a clinic-based PrEP programme might look like against our current service specification
- ToC will enable effective planning of PrEP as an intervention in our clinic
- ToC provides us with the indicators we need to evaluate and improve our programme
- This ToC can be used by other clinics to evaluate PrEP programmes, and through existing surveillance systems build our understanding of a national PrEP cascade of prevention