

PEP Delivery in Pharmacy Based Settings – What have we learnt so far?

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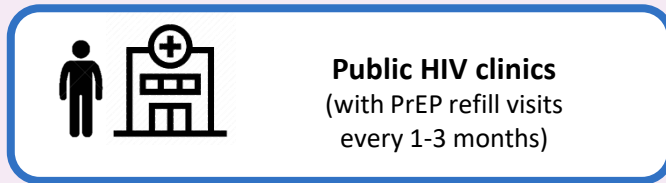


Disclosures

- Current investigator studies sponsored by MSD (Merck) and Serum Institute of India, Gates foundation, US National Institutes of Health
- Speaker in MSD (Merck) Symposium and recently faculty at Clinical Care Options (DECERA CLINICAL Education)

In Sub-Saharan Africa, HIV incidence is high & barriers to PrEP/PEP access remain

The dominant model of PrEP/PEP delivery:



Client access barriers:



Stigma

Associated with visiting HIV clinics when HIV uninfected



Limited hours of operation

Closed on weekends when prevention service (especially for PEP) needed

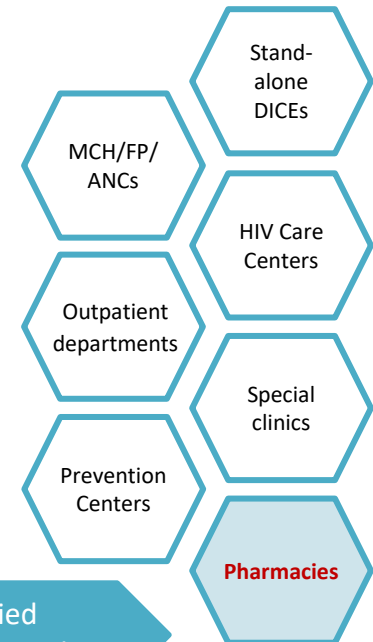
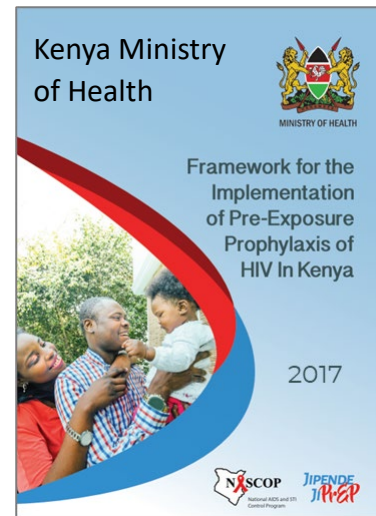


Long wait times & travel distance

Associated with overcrowding, multiple PrEP stops, limited PrEP clinics

(Ortblad KF et al., JIAS 2020)

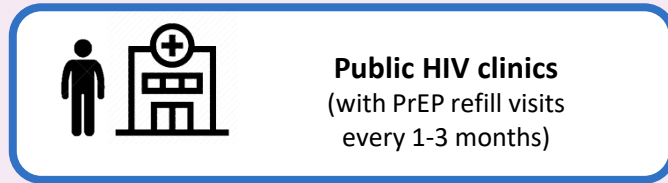
Differentiated models of PrEP/PEP delivery needed:



5-year scale-up plan identified pharmacies as target delivery points

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Associated with... limiting HIV clinics

In practice, PEP offered sparingly

Often only offered for cases of occupational exposures and sexual assaults.

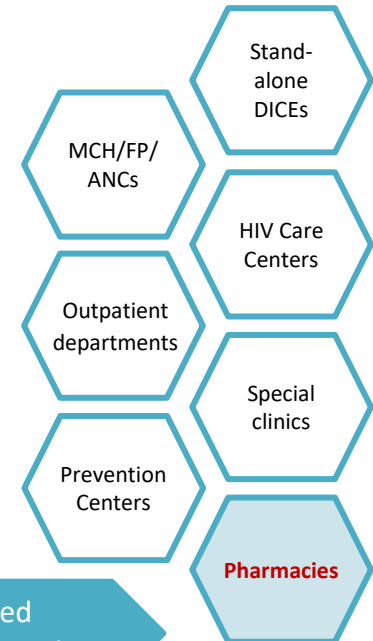
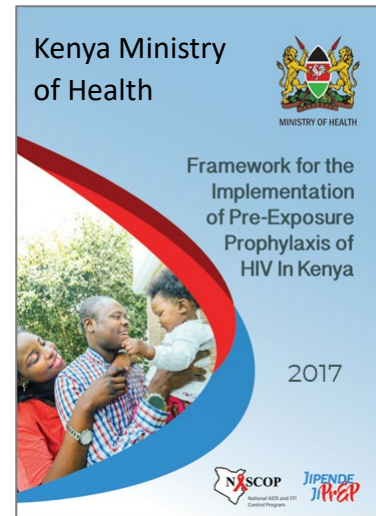


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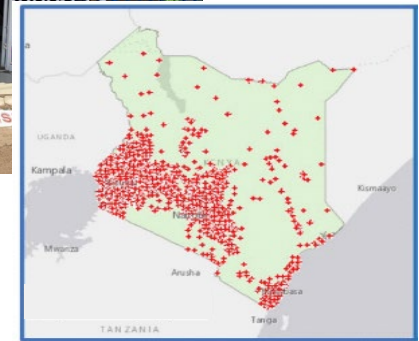
Differentiated models of PrEP/PEP delivery needed:



5-year scale-up plan identified pharmacies as target delivery points







Private pharmacies are a promising setting for PrEP/PEP service delivery

- **Health services commonly sought** here in LMICs: ~50% individuals
- **Long operating hours** & operate on weekends
- **Quick, discrete services** (no HIV stigma concerns)
- **Large purveyor of SRH products** (e.g., condoms, emergency contraception); clients purchase despite free access at public clinics
- **In Kenya, >7000 licensed pharmacies**, overseen by a regulatory board, with annual renewal & continuing professional development requirements



Licensed pharmacies in Kenya

We tested this model of pharmacy PrEP delivery in two pilot studies

	Pilot: Original (NIMH R34; PI: Ortblad)	Pilot: Extension (BMGF; PI: Ortblad)
 Sites	4 pharmacies <i>(2 in Kisumu; 2 in Kiambu)</i>	12 pharmacies <i>(6 in Kisumu; 6 in Kiambu)</i>
 Services	Oral PrEP	Oral PrEP, <u>PEP</u> , STI testing
 Eligibility	≥18 years, meets checklist eligibility criteria, <u>not pregnant/breastfeeding</u>	≥18 years, meets checklist eligibility
 HIV testing	Provider-assisted <u>oral-fluid</u> HIVST	Provider-assisted <u>blood-based</u> HIVST
 Client fee	300 KES	<u>Free</u>
 Duration	12 months (Nov '20 – Dec '21)	6 months (Feb – July '22)

RESEARCH ARTICLE



Stand-alone model for delivery of oral HIV pre-exposure prophylaxis in Kenya: a single-arm, prospective pilot evaluation

Katrina F. Ortblad^{1,8}, Peter Mogere², Victor Omollo³, Alexandra P. Kuo⁴, Magdaline Asewe³, Stephen Gakuo², Stephanie Roche¹, Mary Mugambi⁵, Melissa Latigo Mugambi⁶, Andy Stergachis^{4,6}, Josephine Odoyo³, Elizabeth A. Bukusi^{6,7}, Kenneth Ngure^{6,8} and Jared M. Baeten^{6,9,10}

RESEARCH ARTICLE

A modified pharmacy provider-led delivery model of oral HIV pre- and post-exposure prophylaxis in Kenya: a pilot study extension

Stephanie D. Roche^{1,8}, Victor Omollo², Peter Mogere³, Magdaline Asewe², Stephen Gakuo³, Preetika Banerjee¹, Kendall Harkey¹, Monisha Sharma⁴, Jillian Pintye⁴, Melissa Latigo Mugambi⁴, Parth Shah¹, Josephine Odoyo², Patricia Ong'wen⁵, Daniel Were⁵, Elizabeth A. Bukusi^{2,4,6}, Kenneth Ngure^{4,7} and Katrina F. Ortblad¹

Pharmacy PrEP/PEP services reached individuals not often reached at public facilities

- Reached men, young people, and unmarried people; few in known HIV serodifferent relationships
- Common risk behaviors among PrEP clients:
 - Inconsistent condom use (88%)
 - Partners of unknown HIV status (70%)
 - Multiple sex partners (64%)
- Types of HIV exposures among PEP clients:
 - Recent unprotected sex* (48%)
 - Condom break (46%)
 - Sexual assault (4%)
 - Other (2%)

Characteristic	PrEP clients (N=661)	PEP clients (N=162)
Male	300 (45%)	94 (58%)
<25 years	314 (48%)	79 (49%)
Unmarried	506 (77%)	134 (83%)
In known SDC	65 (10%)	--
Prior PrEP use	89 (13%)	3 (2%)
Secondary education or higher	465 (71%)	148 (91%)
Specifically seeking PrEP/PEP	391 (59%)	136 (84%)

*With individual of unknown HIV status

High acceptability of pharmacy PrEP/PEP delivery among clients and providers

- **Most clients and providers found model acceptable**
 - $\geq 99\%$ and $\geq 92\%$, respectively, expressed positive affective attitudes & perceptions of model coherence & self-efficacy.
- **No providers thought it was hard to deliver PrEP/PEP services.**
- **Some clients said it was hard to get these services at a pharmacy.**

“I came for PrEP, [but] after screening, I realized I needed PEP.”

Male client, 20 years

“[I liked getting PEP here] because one goes through a long process to get PEP at the [health] facility and everyone else assumes you are there for ART.”

Female client, 29 years

“What I like about getting PEP in this pharmacy is that it is free and it is available in that those people who are exposed to HIV within 72 hours can easily reach it out so that they can be helped.”

Female client, 19 years

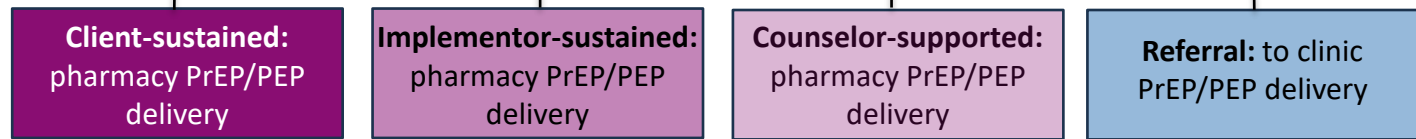
To inform scale-up, we tested different pharmacy PrEP and PEP models in an ongoing cRCT



First enrollment: 26 June 2023 (Anticipated completion: 30 June 2025)

(Kareithi T et al, *under review*)

4-arm cRCT; (k=60 pharmacies)



Provider screening (& HIV testing*)

Pharmacy provider*

Pharmacy provider*

HTS counselor*

Pharmacy provider

Client fee/visit (paid to pharmacy)

250 KES/visit

0 KES/visit

0 KES/visit

0 KES/visit

Implementor fee/visit (paid to pharmacy)

0 KES/visit

250 KES/visit

100 KES/visit

100 KES/visit

Outcomes: PrEP initiation & continuation (at 60 days - *primary*); PEP initiation & continuation; PrEP/PEP outcomes

Formative research

Feasibility assessment

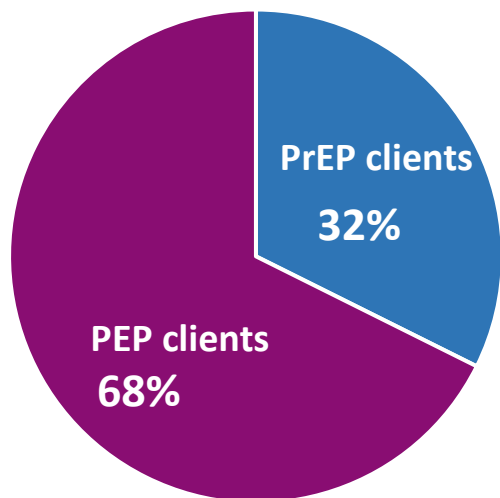
Evaluation

Implementation

Aggregated cRCT data highlight an unmet PEP need

➤ From June 2023 to February 2025, we enrolled **4772 pharmacy clients** interested in PrEP/PEP

Most clients in need of PEP vs. PrEP



More men and unmarried individuals seeking PEP

Client characteristics	PrEP clients (n=1544)	PEP clients (n=3228)
Demographics		
Men	718 (46%)	1854 (57%)
Age <25 years	575 (37%)	1129 (35%)
Unmarried	826 (54%)	2011 (62%)
HIV risk behaviors		
Partner(s) of unknown HIV status	856 (55%)	1778 (55%)
Multiple sex partners	793 (51%)	1385 (43%)
Partner living with HIV	123 (8%)	118 (4%)
Transactional sex	157 (10%)	168 (5%)
Sexual assault, past 72 hours		65 (2%)
Condomless sex, past 72 hours		2931 (91%)
Prior PrEP use	140 (9%)	71 (2%)

Summary

- **Private pharmacies** are a promising delivery platform for both **PrEP and PEP** services in Kenya.
- **Additional research needed** to identify implementation strategies that reduce delivery burden and business models capable of **sustaining pharmacy-delivered PrEP and PEP services in the long-term** (e.g., cost-sharing options).
- **More evidence is forthcoming:** recently completed 75-pharmacy cRCT which ran through ~July 2025 will be presented at AIDS 2026.



A pharmacy in Kisumu County. Photo used with permission.

Be on the lookout

Effect of different pharmacy PEP delivery models on initiation, repeat use, and PEP-to-PrEP transition: findings from a 75-pharmacy cluster-randomized controlled trial in Kenya”, has been accepted for an **oral abstract presentation** at **AIDS 2026, [the 26th International AIDS Conference](#)**, which will take place in Rio de Janeiro, Brazil, and virtually on 26-31 July 2026.

The details of the session are:

Session title: **PrEP in motion**

Session date: **Wednesday, 29 July 2026**

Session time: **16:30 - 17:30**

Session room: **201**

Thank you!

We are grateful to all clients and providers who participated in this study and to our research collaborators, especially the research assistants.

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Principal Investigators: Dr. Katrina Ortblad (Fred Hutchinson Cancer Center), Assoc. Prof. Kenneth Ngure (JKUAT), Prof. Elizabeth Bukusi (KEMRI), Daniel Were (Jhpiego)



Part of the PharmPrEP team



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Special appreciation to Dr. Katrina Ortblad for developing most of the slides

Discussion

- New evidence: PharmPrEP models also reached populations with acute risk (PEP candidates)
 - Pharmacies operate evening & weekend hours; qualitative findings suggest clinic-based PEP services undesirable to this population
 - Shortcoming of Kenya's HIV risk screening tool (RAST): doesn't assess risk in prior 72 hours
- Opportunities for improvements & future research:
 - Low HIV testing following PEP completion – *opportunity for HIVST?*
 - Recurrent PEP use versus PrEP transition – *drivers of clients' decision making?*
 - Interventions to assist pharmacy providers with counseling – *to address time burden*
- Policy barriers towards pharmacy delivered PEP: e.g. Scope of practice for pharmacists beyond dispensing, absence of policy framework to guide public-private practice