Florida PrEP Institute

January 10-12, 2018
Orlando

Evaluation Report: 6 months post-Institute

Florida HEALTH

CAI

nchp National Community Health Partners

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

CPN
BUILDING THE CAPACITY OF THE NATION'S HIV PREVENTION WORKFORCE
Funded by Centers for Disease Control and Prevention

EXECUTIVE SUMMARY

As part of a pilot effort to develop state-specific HIV PrEP Institutes through the CDC-supported Capacity-Building Assistance Providers Network (CPN), a planning team at the Florida Department of Health in Tallahassee worked with CPN partners to conduct a 3-day institute of interactive sessions to help Florida health departments, health care organizations, and community-based organizations plan for PrEP implementation. The PrEP Institute took place from January 10-12, 2018 and engaged 52 participants, with thirty-four (66%) from county health departments (CHDs), nine (17%) from healthcare organizations (HCOs), and nine (17%) from community-based organizations (CBOs).

At the end of the Institute on day 3, participants completed an evaluation about their experience. Nearly half of participants cited improvements in knowledge and confidence related to PrEP implementation, and a third reported an increased intention to use the skills developed at the Institute. The detailed findings from the post-Institute evaluation have been provided in a separate Meeting Summary.

To evaluate the longer-term effects of the Institute, a questionnaire was distributed to participants 6 months after the Institute concluded. In total, 19 people responded from 7 CHDs (Duval, Orange, Polk, Leon, Hillsborough, Manatee, and Palm Beach), 2 CBOs (Big Bend Cares, JASMYN), and 3 HCOs (Metro Health, Wellness & Community Centers; Genesis Community Health, Inc.; and Planned Parenthood of Southwest and Central Florida, Inc.). Seminole and Broward CHDs and Tampa Hillsborough Action Plan did not respond to the survey despite multiple requests.

Major findings from the 6-month evaluation of the PrEP Institute include:

(1) Overall, PrEP implementation has improved among Institute participants—including the number of protocols implemented, the number of Institute participants provisioning PrEP, and the number of PrEP prescriptions. Notably:
   a. 100% of responding organizations had a PrEP protocol in place 6 months post-Institute (n=13/13), compared to only 46% prior to the Institute (n=6/13)
   b. The number of organizations providing PrEP doubled, from only 38% providing PrEP before the Institute (n=5/13) to 77% providing PrEP post-Institute (n=10/13), and
   c. Prior to the Institute, 8/13 organizations had prescribed PrEP to 841 individuals; that nearly doubled 6 months post institute to 1600 prescriptions now offered by 10 of the organizations.

(2) Major remaining barriers and capacity-building needs among Institute participants include logistical challenges (especially with regards to staffing), difficulty in recruiting patients and clients, insufficient funding, and a need for further provider-specific training.

(3) Networking, creation of PrEP implementation protocols, and PrEP navigation/financing were chosen as the most valuable Institute aspects, with participants expressing enthusiasm for follow-up PrEP Institutes. Nearly two thirds (64%) reported forming new collaborative relationships since the Institute.

SURVEY PARTICIPANT OVERVIEW

All 52 Institute participants were asked to complete an online questionnaire 6 months after the Institute ended. The questionnaire, which utilized a Qualtrics platform, was e-mailed to participants on August 13, 2018 with a follow-up reminder on August 24 to increase the response rate. The questionnaire contained approximately 20 questions and aimed to understand (a) how PrEP is being implemented post-Institute; (b) remaining challenges related to PrEP, and (c) how participants perceive the value of the Institute 6 months later.

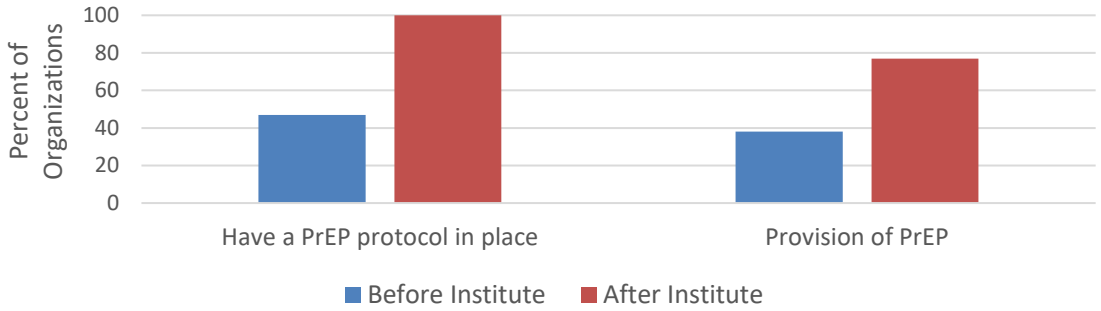
In total, 19 responses were collected representing 13 of the 16 organizations participating in the Institute. Specifically, respondents included 8 CHDs (Duval, Orange, Polk, Leon, Hillsborough, Manatee, Palm Beach, and one unidentified), 2 CBOs (Big Bend Cares, JASMYN), and 3 HCOs (Metro Health, Wellness & Community Centers; Genesis Community Health, Inc.; and Planned Parenthood of Southwest and Central Florida, Inc.). Seminole and Broward CHDs and Tampa Hillsborough Action Plan did not respond to the survey despite multiple requests. Hillsborough CHD, Palm Beach CHD, and Orange CHD all had two people who responded to the survey; the same was true for JASMYN (2 people) and Planned Parenthood of Southwest and Central Florida (3 people).

6-MONTH EVALUATION FINDINGS

1. PrEP efforts before and after the Institute

Participants were asked four questions about how their organizational PrEP-related activities compared before and after the Institute. Notably, **all organizations (100%) had a PrEP protocol in place after the Institute**, compared to fewer than half (n=6/13, 46%) with a protocol prior to the Institute (see Fig. 1). In addition, **the number of organizations providing PrEP doubled**, from only 38% providing PrEP pre-Institute (n=5/13) to 77% providing PrEP post-Institute (n=10/13). Three of the organizations reported that they hadn't yet prescribed PrEP (Fig. 1).

***Figure 1**. Comparison of PrEP efforts before and after the Institute among the 19 survey participants.*



All but one organization that provided PrEP reported an increase in the number of PrEP prescriptions, with the size of the increase ranging widely from 3 to 405 prescriptions (mean

increase: 42 prescriptions; median increase: 15 prescriptions). Overall, **the number of total PrEP prescriptions nearly doubled**, from 841 in the total time prior to the Institute (n=8/13) to almost 1600 in the 6 months post-Institute (n=10/13, see Fig. 2). When asked about whether outreach to specific target populations had increased after the Institute, **all but one of the survey participants who answered the question (89%) reported that PrEP-related outreach had increased**, with participants describing that they offered (a) PrEP trainings for staff members and providers in community, business, and faith-based organizations; (b) outreach to high-risk groups like MSM, transgender people, youth, the uninsured, and people of color; and (c) the integration of PrEP information into health educator talks in the community.

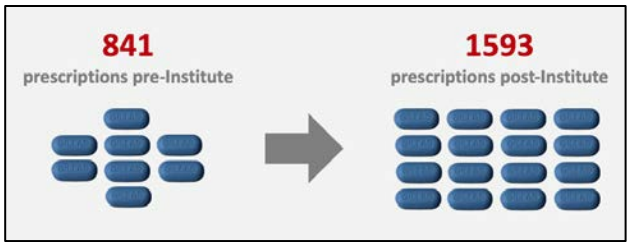


***Figure 2**. Comparison of total PrEP prescriptions among all organizations (n=13) before and after the Institute.*

Improved PrEP implementation was paralleled by the formation of new connections between Institute attendants and other organizations. Of the 11 participants who responded to a question about partnerships, **nearly two thirds (64%) had formed new collaborative relationships since the Institute**. The importance of developing jurisdictional/regional collaborative relationships was a major focus of the PrEP Institute. Connections with a new CBO or HCO made up more than half of these new partnerships (57%), with partnering CBOs and HCOs providing services such as nPEP and free primary care. Relationships with new clinical providers made up more than a quarter (29%) of new partnerships, and included working with the local CHDs to establish a PrEP referral network. One CHD reported starting a local PrEP working group, and another CHD plans to start one in the near future. Other types of new partnerships included getting referrals from coalitions of community agencies and local health departments, and working with community pharmacies to help clients receive PrEP through the Gilead patient assistance program.

2. Current Patterns of PrEP Implementation

A. Methods of PrEP Promotion

A wide range of methods are now being used to promote PrEP, with 9 respondents (23%) relying on posters and/or client word-of-mouth, 7 respondents (18%) utilizing Florida DOH materials and/or provider direct offers, and 6 respondents (15%) conducting in-person outreach. In addition, one CHD is using innovative social media approaches—such as Facebook, Instagram, Jack'd, and Grindr—to communicate directly with at-risk populations, including young men who have sex with men (YMSM) and transgender people.

B. Sites of PrEP Provision

Participants were asked about where and when PrEP is provided to clients and patients. The most common locations where PrEP is initiated are STI clinics (used 16 respondents, 84%), HIV clinics (used by 7 respondents, 37%), and Family Planning clinics (used by 6 respondents, 32%). This was expected, given the Florida Surgeon General's mandate that all CHDs must have the capacity to provide PrEP in their STI or Family Planning clinics by December 31, 2018. Other medical settings—such as primary care clinics—and non-medical community settings are less common sites of PrEP provision (used by 2 respondents – one CHD and one HCO).

C. Same-day PrEP Starts

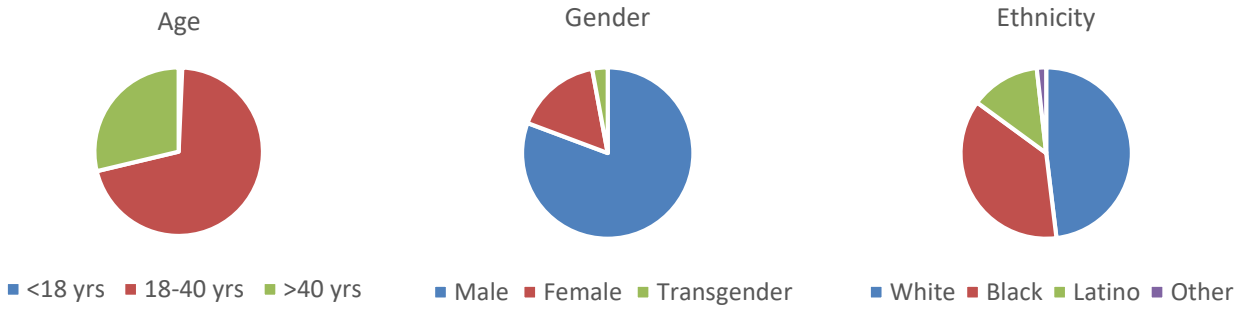
To assess whether organizations were able to administer same-day PrEP to clients interested in and eligible for PrEP, respondents were asked for their organization's frequency of same-day PrEP starts. Among the respondents, the proportion of PrEP starts that were initiated same-day varied widely, ranging from 0 to 100% in CHDs (5 people in CHDs reported no same-day starts, 2 people reported 10% of their starts are same-day, 1 person reported 50% of their starts are same-day, 2 people reported 90% are same-day, and 1 person reported all starts are same-day). In CBOs, one person reported no same-day starts, one reported 60% same-day starts, and the two respondents from JASMYN estimated 80% and 95% of their starts were same-day, respectively. Among the HCOs, two of the Planned Parenthood respondents reported no same-day starts, but one reported that 80% of their starts were same-day; at Metro Wellness they reported that 95% of their PrEP starts are now same-day.

D. PrEP patient demographics

To understand the client population served in the 6-month period following the Institute, respondents were asked to report the age, gender, and ethnicity of clients who had started or had been referred for PrEP (see Fig. 3, next page). Eleven respondents provided data on client PrEP starts and four organizations provided information on client referrals.

- With respect to **age**, respondents reported only a small number of clients under the age of 18 starting PrEP (<1%) and being referred for PrEP (<1%); this was expected given that PrEP was not FDA-approved for minors until May 2018. In contrast, respondents reported high numbers of PrEP starts among the 18-40 year age group, which made up the majority of all new starts (61%) and nearly all of the referrals (98%). The 40+ year age group made up 38% of all new starts, but only 1% of referrals; this discrepancy is explained by the fact that the organization with the most starts in the 40+ age group did not refer clients of any age.
- In terms of **gender**, 79% of clients starting PrEP since the institute were male, 19% were female, and less than 2% were transgender**.** Referral patterns by gender were similar, with 86% of referred clients being male, 8% female, and 6% transgender.
- With regard to **ethnicity**, more than half of PrEP starts were among patients who were White (55%), nearly a third were Black (29%), and about 15% were Latino. Interestingly, the trends for white and black clients were reversed for referral data, with black clients making up the majority of referrals (60%), and white clients making up about a third of referrals (29%). This difference can be explained by the fact that one organization serving a large proportion of black clients tended to refer its clients (of all ethnicities) rather than start them on PrEP in-house.

Figure 3*. Demographic characteristics of patients starting and referred for PrEP since the Institute.*



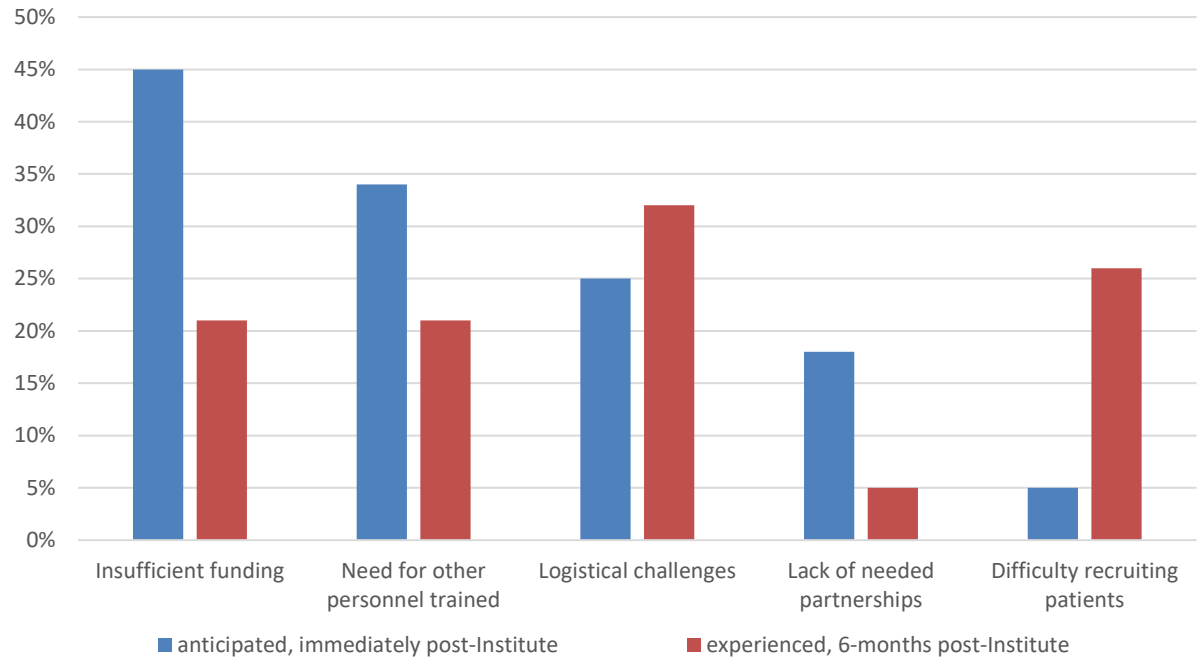
3. Barriers to PrEP Provision

A. Anticipated vs. experienced barriers

Respondents were asked if they were currently experiencing barriers to PrEP implementation; those answering "yes" answered additional questions about the types of barriers faced. These *experienced* barriers from the 6-month follow-up survey were then compared with the *anticipated* barriers from the original survey conducted on the final day of the Institute, to evaluate any notable differences between the expected and actual barriers (Figure 5).

In the original survey, barriers were anticipated by 74% of respondents. In the follow-up survey, barriers were experienced by 47% of respondents. The most commonly cited anticipated barriers in the original survey included insufficient funding (13 respondents, 45%), the need for other personnel to be trained at the organization (10 respondents, 34%), various logistical challenges related to time and staffing constraints (7 respondents, 24%), and a lack of needed partnerships (7 respondents, 18%). In the follow-up survey, experienced barriers were similar in nature, with **logistical challenges** (e.g. staffing, integration; 6 respondents, 32%), **insufficient funding** (4 respondents, 21%), and **PrEP being too challenging for providers/requiring more training** (4 respondents, 21%) as the most common choices. Ultimately, there was a slight increase in the perception of logistical challenges and a barrier, and a reduction in the perception of funding, personnel training, and needed partnerships as substantial barriers to provision of PrEP among the participating organizations, as can be seen in Figure 4. However, an experienced barrier that had not been highly anticipated emerged in the follow-up survey: **difficulty recruiting patients was the second most common challenge, shared by more than a quarter of respondents, despite only being anticipated by 5% of people**.

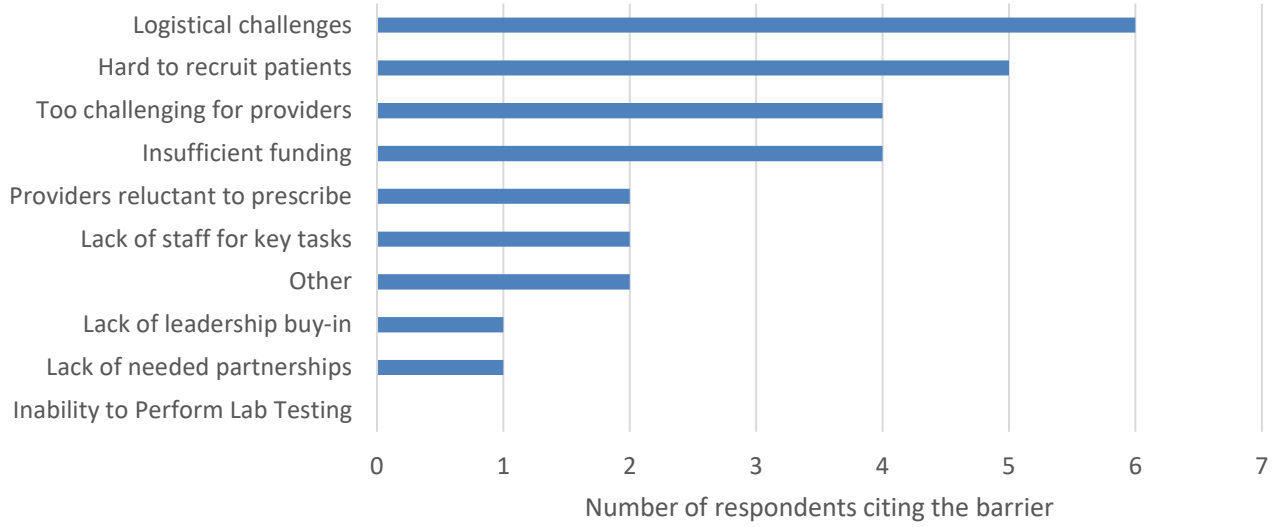
Figure 4. *Anticipated barriers immediately post-Institute compared to actual barriers reported 6 months post-Institute.*



B. Summary of experienced barriers

The barriers experienced by respondents 6-months post-Institute are summarized in Figure 5.

Figure 5. *Barriers to PrEP Implementation, as reported by 9 of the 19 survey respondents.*



When respondents were asked to further explain each of their experienced barriers, three major categories of PrEP-related challenges emerged: **(1)** Insufficient logistical support **(2)** Difficulty enrolling patients, and **(3)** Provider-related challenges. More detail about each of these is below.

i. Insufficient Logistical Support

Logistical challenges were cited as the number one barrier to PrEP implementation by respondents (see Fig. 5) and were characterized by **staffing shortages** and **infrastructural gaps**. These challenges were often attributed to **a lack of funding**; as one respondent described, "We make do with what we have and make it work."

With regards to staffing, some organizations face an overall shortage of personnel. For instance, one respondent explained that their staff is so stretched that they do not even have someone available to pull demographic information on PrEP clients. Respondents also expressed the need for more staff with PrEP-specific skills, such as handling program applications and navigating adherence issues. As one respondent explained:

> "It would be nice to have someone we could put in charge of performing prior authorizations, completing applications for Gilead's Patient Assistance program, and tracking which pharmacies carry the medication and cost of Truvada."

Among PrEP-specific staff roles, **the need for PrEP Navigators was a repeating theme**. One respondent noted that they wanted, but did not have funds for a Navigator. Another was frustrated that they had only part-time Navigators, which was insufficient to meet PrEP demand. In addition to Navigators, some organizations need more providers and other key roles, such as clinic coordinators.

Exacerbating staffing challenges were gaps in the infrastructure needed to support PrEP. For instance, one organization was limited by its DOH contract to 4 service hours per week and only 20 PrEP clients at a time; due to a much higher demand for services, it has referred over 150 patients since the beginning of 2018.

ii. Difficulty Enrolling Patients

Several respondents cited difficulty in recruiting and signing up PrEP clients. A major challenge with patient recruitment is a continuing **lack of community awareness** and **perceived risk**. One respondent provided an example, saying "the Black heterosexual community thinks PrEP is for gay people, even though their community is a high-risk group for HIV infection." While multiple respondents emphasized the need for more PrEP-related education and marketing in the community, **insufficient funding** may limit organizations' ability to effectively promote PrEP. For example, one respondent explained that they did not have funds to coordinate advertisements to people interested in using PrEP or health providers who might refer patients to them. Another respondent noted that they need, but do not have money for, informational handouts geared towards women, African Americans, and youth.

Organizations also face barriers in signing on potential clients who are already interested in PrEP. For instance, some respondents noted that lack of health insurance coverage prevents client enrollment in PrEP. However, even clients with health insurance coverage may have trouble accessing PrEP because they do not meet eligibility criteria at a specific site; as one respondent from an organization that only serves uninsured patients (and refers insured patients) described:

> "Some patients have used 'alternative truth' in order to get PrEP, but are denied medication refills after they are evaluated by our partnership pharmacy (as they are found to have insurance)."

Iii. Provider-Related Challenges

Multiple respondents cited ongoing provider-related barriers, related to **(a) PrEP being too challenging for providers to implement**, and **(b) providers being hesitant to prescribe PrEP**.

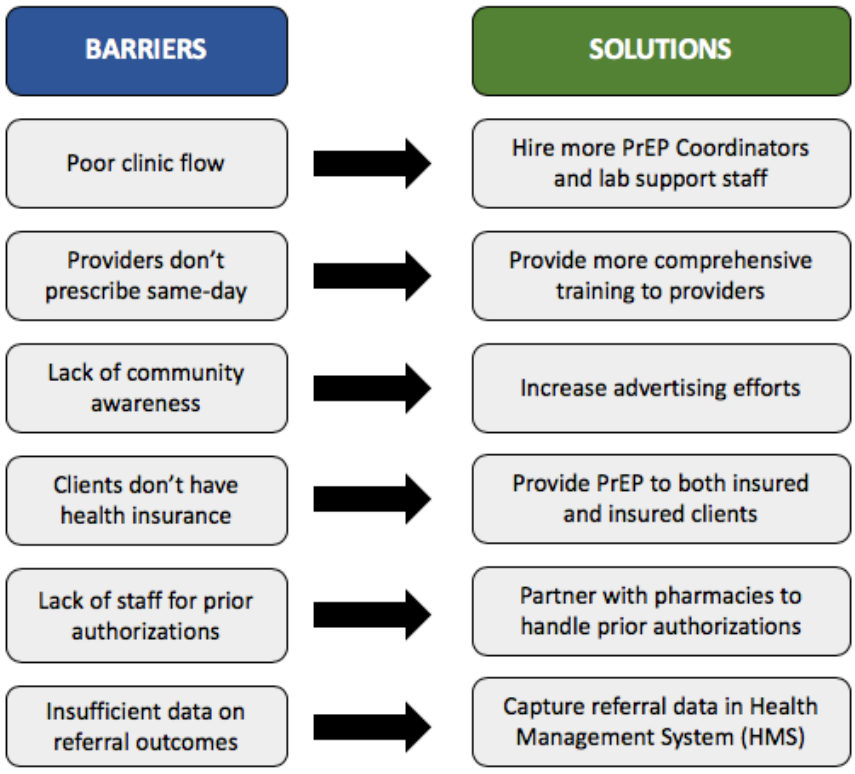
Respondents noted that not all providers have been trained on how to order labs, manage clinic flow, and support same-day PrEP starts. Additional areas that prove difficult for providers include the provision of PrEP to minors (given recent FDA approval for minors and continuing Florida requirements for parental consent of PrEP for minors, some organizations are not yet ready to systematically prescribe PrEP to their minor patients), and incorporating PrEP education into community- and clinic-based activities.

In terms of hesitancy to prescribe PrEP, one respondent explained that providers occasionally want patients to wait two weeks before PrEP is prescribed. Another respondent worked with a provider who will only provide PrEP to patients with an STD only after the STD is fully treated. Respondents shared that some clinical care providers do not want to discuss HIV prevention with patients or are reluctant to incorporate sexual health history taking and other best practices into their work; other providers influenced by negative PrEP stereotypes make them hesitant to discuss or prescribe PrEP.

C. Overcoming barriers

Respondents who cited barriers were asked for ideas about how they might be able to overcome them (see Figure 6 for a summary).

Figure 6. *Barriers and solutions to PrEP Implementation, as described by Institute participants.*



4. Most valuable parts of the Institute

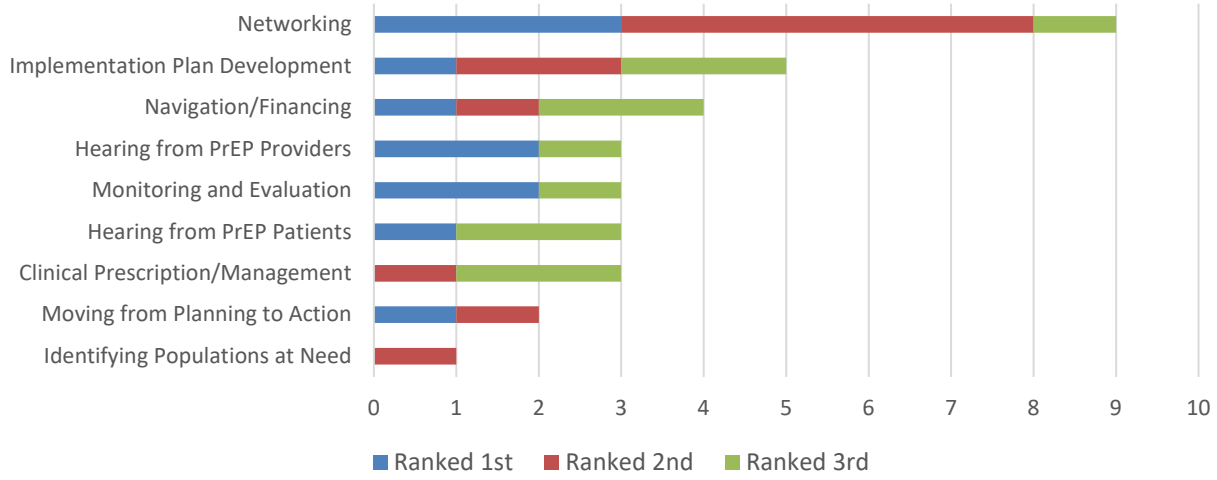
Participants were asked to rank from a list of options what they now thought were the top three most valuable parts of the Institute. **Networking emerged as the most valuable aspect**, receiving a top three ranking from 9 of the 11 participants who answered the question. One respondent elaborated on the networking experience, explaining:

> "I was very grateful for the opportunity to attend the PrEP Institute. It was an honor to present on our PrEP Access Project and to meet many across the state who are working on rolling out PrEP and those who are already very successful in implementing it. It was amazing to be in the room with the folks from SFDPH, [Cicatelli Associates], and [National Community Health Partners]. **Having the chance to hear directly from the experts in our field, work with them so closely on how to increase PrEP access in my county was an opportunity of a lifetime**. THANK YOU :)))."

Another respondent said that they were able to get sample materials, such as forms, by networking with other individuals at the Institute. This prevented them from having to "reinvent the wheel."

Following networking, **support in developing PrEP implementation plans** and **help with PrEP navigation and financing** were the next most popular choices. The full list of choices and rankings is shown in Figure 7 on the next page.

Figure 7. *Ranking of the most valuable aspects of the Institute.*
(Note that "Monitoring and Evaluation" was a question relevant only to CHDs.)



When given space to provide additional comments on the impact of the Institute, many respondents shared positive feedback. For example, one respondent said that the PrEP institute helped them stay focused and another said that it served as a great "kick-off" event to help them launch their own program post-Institute. Multiple respondents requested that the Institutes be sustained, with one respondent suggesting that repeat Institutes could help support their newly launched PrEP efforts:

> "Now that we are up-and-running 5 months in, it would be beneficial to attend another Institute. We would probably hear things differently and understand things in a deeper and clearer way."

CAPACITY-BUILDING NEEDS STILL REMAINING

Finally, participants were asked to describe any remaining capacity-building needs to support them in PrEP implementation. Unsurprisingly, responses reflected many of the identified barriers to PrEP implementation (described in Section 3) and included:

- **Support for increasing visibility and access to PrEP for high-need populations**
- **Funding for Prep Navigators**
- **Strategies for navigating payment for PrEP for Medicare part D patients, and others with similar insurance restrictions**
- **Funding to grow staff able to prescribe PrEP and support PrEP programs**
- **Trainings and protocols for same-day PrEP, nPEP prescriptions, and medication access and PrEP for minors**

APPENDIX

SFDPH CLI FL PrEP Institutes - 6 month evaluation survey (Orlando)

Hello! Thank you for taking this survey, to help us better understand the impact the PrEP Institute had on your implementation of PrEP in your county. Your answers will help us improve the capacity-building assistance we provide.

You can return to this survey at any time for up to one week, if you are interrupted or need time to gather information. Please submit your survey no later than 5pm on Friday, August 24.

Thank you in advance for your time and valuable input!

Q1 Before we begin, please tell us what county you are from:

- O Duval (1)
- O Orange (2)
- O Seminole (3)
- O Polk (4)
- O Leon (5)
- O Broward (6)
- O Hillsborough (7)
- O Manatee (8)
- O Palm Beach (9)
- O Lee (10)
- O Other (12)

Display This Question:

If Q1 = Other

Q2 What is your county?

_____

Q3 Are you from a:

- O County Health Department (1)
- O Health Care Organization (2)
- O Community-Based Organization (3)

Display This Question:

If Q3 = Health Care Organization

Or Q3 = Community-Based Organization

Q4 What is the name of your organization?

_____

Q5 Please tell us about your organization. Before and after the PrEP Institute, did/do you...

	Yes (1)	No (4)	Yes (5)	No (6)
Have a PrEP delivery protocol in place (1)	☐	☐	☐	☐
Provide PrEP in our clinic/organization (2)	☐	☐	☐	☐

Q6 Before and after the PrEP Institute, to how many clients/patients did you prescribe PrEP?
(put a number in each box - best guess is OK if you don't know for sure)

	Before the Institute (1)	**After the Institute** (2)
# of clients on PrEP (1)		

Display This Question If number in "Before the Institute" in Q6 is Not Equal to 0

Q7 Has your organization increased outreach to specific group(s) since the Institute, to improve PrEP uptake of any particular target populations?

O No (1)

O Yes (please describe): (2) _____

Display Questions 8 – 10 If number in "After the Institute" in Q6 is Not Equal to 0

Q8 Do you currently start clients/patients on PrEP in: (check all that apply)

☐ STD clinic (1)

☐ Family planning clinic (2)

☐ HIV clinic (3)

☐ Other medical setting (4)

☐ Community (non-medical) setting (5)

☐ Other (please specify: (6) _____

Q9 What proportion of your PrEP starts are **same-day** PrEP (the client/patient is started on PrEP as soon as they indicate they are at ongoing risk for HIV and would like to start PrEP?

(Put a number from 0 - 100 in the box to reflect the % of PrEP starts that are same-day starts.)

_____

Q10 Approximately how many PrEP starts have you had with people from the following groups since you attended the PrEP Institute? Put a number in each box. If it is zero, you can leave it blank. *(Note that these are not mutually exclusive categories. The first three columns are for age/gender breakdown, and the last four columns are for age/ethnicity breakdown. Overlap is expected.)*

	Male (1)	Female (2)	Transgender (3)	White (4)	Black (5)	Latino (6)	Other ethnicity (7)
Age <18 (1)							
Age 18-40 (2)							
Age >40 (3)							

Q11 Approximately how many PrEP **referrals** have you made for people in the following categories since you attended the PrEP Institute? Put a number in each box. If it is zero, you can leave it blank. *(Note that these are not mutually exclusive categories. The first three columns are for age/gender breakdown, and the last four columns are for age/ethnicity breakdown. Overlap is expected.)*

	Male (1)	Female (2)	Transgender (3)	White (4)	Black (5)	Latino (6)	Other ethnicity (7)
Age <18 (1)							
Age 18-40 (2)							
Age >40 (3)							

Q12 Since the Institute, are there barriers you are facing for starting or scaling up PrEP to people in your community?

O Yes (5)

O No (6)

Q13 What are the additional barriers to PrEP implementation you are facing? (Check all that apply)

☐ Too complicated or too challenging for providers / providers need more training (1)

Q14 Can you please say more about what is too complicated or too challenging for providers, and/or what additional training providers need right now?

_____

_____

☐ Providers are reluctant to prescribe PrEP (9)

Q15 Can you please say more about why you think providers are reluctant to prescribe PrEP?

_____

_____

☐ Too hard to recruit patients / lack of community awareness (2)

Q16 Can you please say more about why you think it is too hard to recruit patients?

_____

_____

☐ Insufficient funding to support PrEP services (3)

Q17 Can you please say more about what you need extra funding for, specifically, to successfully implement PrEP?

_____

_____

☐ Lack of leadership buy-in (8)

☐ Lack of needed partnerships (4)

Q18 Can you please say more about what partnerships you need, to successfully implement PrEP?

_____

_____

☐ Inability to perform required laboratory testing (10)

Q19 Can you please say more about what specific laboratory-related challenges you're experiencing?

_____

_____

☐ Logistical challenges (e.g. staffing, clinic flow, etc.) (5)

Q20 Can you please say more about what logistical challenges you are facing?

_____

_____

☐ Lack of staff for key tasks (e.g. Gilead applications, prior authorizations, appointment reminders, verification of filling prescriptions, etc.) (6)

Q21 Can you please say more about what additional staffing you require, specifically, to successfully implement PrEP - and why?

_____

_____

☐ Other (please provide more details in the box below): (7)

_____

_____

Display This Question if any Barriers were Positively Identified in Q13

Q22 What are some ideas you have about how you might be able to overcome the barriers you have identified?

_____

Q23 What kind of promotion/outreach does your county/organization currently do for PrEP? (Check all that apply)

- ☐ Use of FLDOH PrEP campaign social marketing materials (1)
- ☐ Posters up in clinic/organization (2)
- ☐ In-person street outreach/education (3)
- ☐ Provider direct offer (4)
- ☐ Client/patient word of mouth (5)
- ☐ Other (please specify): (6) _____

Q24 A major focus of the Institute was to look at partnerships with other organizations and/or providers to support PrEP uptake in your jurisdiction. What types of partnerships have you fostered (check all that apply)

- ☐ No new partnerships (1)
- ☐ We are working with a new CBO or Health Care Organization (if yes, please provide more details: (2) _____
- ☐ We've reached out to new clinical providers in the community (if yes, please provide more details: (3) _____
- ☐ We've started a community advisory board (4)
- ☐ We've started a local PrEP working group involving clinics, CBOs, and other groups (5)
- ☐ Other (please specify): (6) _____

Q25 What were the top three aspects of the Institute you found most helpful in your efforts to scale up PrEP delivery in your organization?

(Put a #1 in front of the item that was most helpful, a #2 in front of the item that was second most helpful, and a #3 in front of the item that was third most helpful.)

_____ Networking with other counties/organizations (1)

_____ Learning about clinical details of PrEP and how to prescribe/manage (2)

_____ Learning about details related to PrEP navigation/financing (3)

_____ Identifying populations at greatest need for PrEP (10)

_____ Hearing from people who had taken PrEP (4)

_____ Hearing from providers who already were offering PrEP (5)

_____ Support in actually developing PrEP implementation plans (6)

_____ Moving from planning to action (developing action steps and writing postcard to myself) (7)

_____ Details about monitoring and evaluation (HMS) – health departments only (8)

_____ Other (please specify): (9)

Q26 Are there any other capacity building needs that have emerged since you returned from the PrEP Institute? If yes, what are they?

_____

_____

_____

_____

_____

Q27 Is there anything else about the impact of the PrEP Institute that you would like to add?

_____

_____

_____

_____

_____