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Policy and Advocacy for Scaling Up PrEP and PEP in East Africa: Challenges and Opportunities

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ABSTRACT

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) are crucial tools in the fight against HIV/AIDS, preventing HIV infection in high-risk individuals and preventing infection establishment within 72 hours of exposure. However, scaling up these interventions in East Africa faces numerous challenges. This review examines the current status of PrEP and PEP implementation in East Africa, identifying barriers to uptake, and highlighting strategies for improving access. It evaluates monitoring and evaluation practices and discusses the impact of PrEP and PEP on HIV incidence. Results show that despite progress in integrating PrEP and PEP into healthcare systems in countries like Kenya, Uganda, and Tanzania, challenges such as limited access, stigma, and healthcare infrastructure persist. Strategies for enhancing access include public education campaigns, community outreach, peer education, and leveraging technology. Effective monitoring and evaluation are crucial for assessing program impact and guiding improvements. In conclusion, scaling up PrEP and PEP in East Africa requires a comprehensive approach involving government action, targeted advocacy, and community engagement. Addressing barriers through improved education, support networks, and innovative solutions will enhance the effectiveness of these interventions. Future advancements in PrEP and PEP formulations and integration with broader health services hold promise for overcoming current challenges. Collaborative efforts from policymakers, advocates, and community stakeholders are essential for achieving better health outcomes and advancing the region's HIV prevention efforts.

Keywords: Policy, Advocacy, PrEP and PEP, East Africa, Challenges, Opportunities.

INTRODUCTION

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) are pivotal components in the arsenal against HIV/AIDS, offering significant potential for reducing transmission rates and improving public health outcomes. PrEP involves the daily administration of antiretroviral medications to individuals at high risk of HIV, aiming to prevent infection before exposure [1]. Conversely, PEP is a short-term antiretroviral treatment initiated within 72 hours after potential HIV exposure to avert the establishment of infection. Despite their proven efficacy, the successful implementation and scaling up of PrEP and PEP in East Africa face several challenges [2]. East Africa, with its diverse epidemiological landscape and varying HIV prevalence, presents a unique context for the deployment of PrEP and PEP. Countries in the region, such as Kenya, Uganda, and Tanzania, have made strides in incorporating these preventive measures into their healthcare systems. However, disparities in access and utilization remain significant, influenced by factors ranging from policy and funding to community engagement and healthcare infrastructure [3]. This review aims to explore the multifaceted approach required for effectively scaling up PrEP and PEP in East Africa. It will delve into the critical roles of government and policymakers in shaping supportive policies and allocating resources [4]. Additionally, it will examine advocacy strategies necessary for increasing funding and support, and emphasize the importance of engaging with communities and stakeholders. By highlighting both challenges and opportunities, this review seeks to provide insights into how East Africa can enhance the reach and impact of PrEP and PEP, ultimately advancing the region's efforts in HIV prevention and control [5].

Prevalence and Epidemiology of HIV in East Africa

HIV/AIDS is a significant public health issue in East Africa, with varying prevalence rates and epidemiological characteristics across the region. The general prevalence rate is around 6.2% in Uganda, 4.3% in Kenya, 4.9% in Tanzania, 3.6% in Rwanda, and 1.3% in Burundi. Variations in HIV prevalence can be due to regional outbreaks, prevention programs' effectiveness, and socio-economic conditions [6]. Regional variations in HIV incidence include urban vs. rural areas, high-risk regions, and cross-border issues. Seasonal trends and economic factors also impact HIV incidence. Key populations at higher risk include Men Who Have Sex with Men (MSM), People Who Inject Drugs (PWID), sex workers, adolescents and young adults, pregnant women, and refugees and internally displaced persons. MSM are at higher risk due to social stigma, discrimination, and barriers to accessing healthcare services. PWID are at high risk due to needle sharing and contaminated needles and syringes [7]. Sex workers face high exposure risk due to multiple sexual partners and inconsistent condom use. Adolescents and young adults are often at higher risk due to risky sexual behaviors and limited access to sexual health education and services. Pregnant women are at risk of transmitting HIV to their infants during childbirth if not on appropriate treatment. To effectively address the epidemic, targeted interventions, improved healthcare access, and comprehensive prevention and treatment programs are needed [8].

Current Status of PrEP and PEP Implementation

The implementation of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) in East Africa is crucial for managing and preventing HIV transmission. Currently, PrEP is available in several East African countries, with varying levels of coverage. Countries like Kenya, Uganda, and Tanzania have made significant progress in making PrEP accessible through public health programs and partnerships [9]. PEP is widely available in healthcare settings, particularly in areas with high HIV prevalence. However, availability can be affected by supply chain issues, particularly in remote areas. Accessibility challenges include cost and limited awareness. National programs and policies include funding from international organizations like the Global Fund, PEPFAR, and UNAIDS, as well as integration into broader healthcare services [10]. Program implementation involves community-based programs, training and capacity building for health workers. PrEP and PEP are increasingly integrated into comprehensive HIV services, including sexual and reproductive health services. However, challenges such as limited healthcare infrastructure, stigma, and discrimination persist. Strengthening national policies, improving access, and integrating PrEP and PEP into broader healthcare frameworks are essential steps toward better managing and preventing HIV in the region [11].

Barriers to PrEP and PEP Uptake

Barriers to the uptake of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) in East Africa include awareness and knowledge gaps among healthcare providers, misconceptions about the safety and efficacy of PrEP and PEP, limited awareness among patients, misinformation about the side effects, and inadequate educational resources [12]. Stigma and discrimination are also significant, with individuals facing stigma due to assumptions about their HIV risk or sexual behavior, social judgment, unequal treatment, privacy concerns, and community attitudes. Socioeconomic and cultural barriers include cost and financial constraints, such as insurance coverage, inadequate healthcare infrastructure, and logistical challenges. Cultural norms and traditional beliefs about HIV prevention and treatment can also affect the acceptance of PrEP and PEP. Gender dynamics and power dynamics can also affect access to PrEP and PEP. Integration into local practices can be challenging in settings with resistance to change or lack of resources [13]. Addressing these barriers requires a comprehensive approach that includes improving education and training for healthcare providers, increasing public awareness, combating stigma, and addressing socioeconomic and cultural challenges. By enhancing the accessibility and acceptance of PrEP and PEP, HIV prevention can be improved and the burden of HIV in the region can be reduced.

Strategies for Enhancing PrEP and PEP Access

To enhance access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) and increase their uptake, a multifaceted approach is required [14]. Key strategies include public education campaigns, community outreach programs, peer education, support networks, advocacy initiatives, mobile and digital health solutions, partnerships with NGOs, and comprehensive training for healthcare providers. Public education campaigns should provide clear information about PrEP and PEP, while community outreach programs should organize health fairs, workshops, and informational sessions. Peer education can help overcome stigma and mistrust barriers. Support networks can provide emotional support and practical advice [15]. Advocacy initiatives can promote policy changes that support increased access to PrEP and PEP. Mobile and digital health solutions include telemedicine and remote consultations, online platforms, mobile apps, SMS and messaging services, and health data systems. Partnerships with NGOs can mobilize resources, provide training, share knowledge, and advocate for policies that support PrEP and PEP access. Comprehensive training programs for healthcare providers should include educational workshops, certification and continuing education, supportive supervision and mentoring, and

resource provision [16]. These strategies can help improve the uptake of these crucial HIV prevention measures and contribute to reducing HIV transmission. By addressing awareness gaps, leveraging technology, fostering collaborations, and building capacity, we can improve the uptake of PrEP and PEP and contribute to reducing HIV transmission.

Monitoring and Evaluation of PrEP and PEP Programs

Monitoring and evaluation (M&E) are crucial for the success and sustainability of Pre-Exposure Prophylaxis (PEP) and Post-Exposure Prophylaxis (PEP) programs. Key aspects of M&E include assessing program effectiveness, identifying areas for improvement, and guiding decision-making [17]. Metrics for assessing program effectiveness include coverage and uptake rates, adherence and continuity, impact on HIV incidence, quality of care and patient satisfaction, and cost-effectiveness. Data collection tools include Electronic Health Records (EHRs), survey instruments, program logs and registers, and data reporting through routine reports, data dashboards, data audits, training and support, and feedback mechanisms. Successful implementation of PrEP and PEP programs can be seen in Kenya's National PrEP Program, South Africa's PEP Services, and Zimbabwe's Integrated PrEP and PEP Services. Case studies of successful implementation highlight the importance of community engagement, robust monitoring systems, and integration into existing healthcare services. By applying these strategies, programs can improve their effectiveness, address challenges, and contribute to reducing HIV transmission. By assessing key metrics such as coverage, adherence, and impact on HIV incidence, M&E can help guide decision-making and ensure the sustainability of these programs.

Impact of PrEP and PEP on HIV Incidence

PrEP and PEP have shown substantial impacts on HIV incidence through clinical trials and real-world studies. The iPrEx trial demonstrated that daily oral PrEP reduced the risk of HIV infection by approximately 44% among men who have sex with men (MSM) and transgender women [18]. PEP studies have shown that when initiated within 72 hours of potential HIV exposure and taken for 28 days, significantly reduces the risk of HIV infection. Real-world studies have shown that PrEP effectively reduces HIV incidence in populations at high risk, such as MSM and people who inject drugs. Studies in countries like Kenya, South Africa, and Uganda have demonstrated that PrEP is effective in reducing HIV incidence among key populations. PEP has been effectively used in emergency settings, such as occupational exposures and sexual assaults, with significant reductions in HIV incidence in high-risk situations. Long-term effects on HIV transmission rates include sustained impact, community impact, and efficacy over time. Both PrEP and PEP play a critical role in preventing HIV transmission in emergency situations, contributing to overall HIV prevention efforts [19]. However, maintaining high adherence is crucial for long-term success and addressing resistance concerns. Comparative effectiveness with other prevention strategies includes PrEP vs. condoms, condoms vs. post-exposure prevention, integrated approaches, cost-effectiveness, and other strategies. Evaluating the most effective combination of strategies is essential for optimizing HIV prevention efforts [20].

Challenges and Lessons Learned from Other Regions

The implementation of PrEP and PEP in high-income countries has presented challenges and lessons for improving their effectiveness in East Africa. Adherence and persistence are crucial, as is stigma and discrimination. Integrating PrEP and PEP into existing healthcare systems can enhance program effectiveness [21]. Successful campaigns in high-income countries have raised awareness about PrEP and its benefits, leading to increased uptake. Comprehensive support systems, such as adherence counseling, regular health check-ups, and community-based support, can help improve adherence and overall program success. Adapting best practices to the East African context involves cultural sensitivity, strengthening healthcare infrastructure, and securing funding through international partnerships, government support, and innovative financing models. Community engagement and integration with existing services can enhance relevance and effectiveness [22]. Addressing emerging issues and unexpected outcomes, such as drug resistance and behavioral changes, is essential for managing these issues. Monitoring for drug resistance, ensuring adherence to protocols, and providing regular health check-ups are important for managing this issue. Unexpected outcomes include increased access to healthcare, enhanced public awareness, and increased engagement with healthcare services. Leveraging increased engagement to enhance overall healthcare access and integrate additional health services can maximize the benefits of PrEP and PEP programs. Capitalizing on increased awareness to drive further education and prevention efforts can contribute to broader public health improvements [23].

Future Directions and Innovations

The future of PrEP and PEP involves advancements in formulations and delivery methods, integration with broader HIV prevention and treatment strategies, and exploring new research opportunities. Novel formulations include long-acting injectables, implants, and microbicides, which offer extended protection compared to daily oral pills [24]. Research is focusing on enhancing the efficacy, safety, and convenience of these injectables, such as

cabotegravir (CAB-LA). Incorporating PrEP and PEP into sexual and reproductive health services, including family planning and STI services, can enhance accessibility and convenience. Combining PrEP with HIV treatment strategies, such as Treatment as Prevention (TasP), can reduce viral loads in individuals living with HIV, making them less infectious. Linkage to care ensures that individuals using PrEP and PEP are linked to comprehensive healthcare services, including regular monitoring and support [25]. Research needs include ongoing evaluation of the efficacy and safety of new PrEP and PEP formulations and delivery methods, understanding adherence challenges, and developing interventions to address adherence barriers. Potential new interventions include vaccine research, exploring potential vaccines that could provide long-term immunity or enhance the effectiveness of PrEP and PEP, and gene editing and immunotherapy, exploring how these technologies can be applied to prevent or treat HIV, including potential cures.

Policy and Advocacy for Scaling Up PrEP and PEP

Scaling up the use of PrEP and PEP requires a comprehensive approach involving government involvement, advocacy, and community engagement [26]. Governments play a crucial role in developing supportive policies, allocating resources, and ensuring regulatory oversight. Quality assurance is essential for ensuring the effectiveness of PrEP and PEP and maintaining public confidence in these interventions. Advocacy strategies for increased funding and support include public awareness campaigns, engaging influential stakeholders, advocating for policy change through policy briefs and research, lobbying and coalition building, and engaging with communities and stakeholders [27]. Community-based organizations can play a critical role in increasing awareness, reducing stigma, and facilitating access to PrEP and PEP. Involving affected populations in program design and delivery can improve uptake and effectiveness. Healthcare providers should be trained and involved in the delivery of PrEP and PEP, providing continuous education and resources. International organizations and donors can provide technical assistance and financial support for PrEP and PEP programs. Scaling up PrEP and PEP requires active involvement from governments, targeted advocacy efforts, and engagement with communities and stakeholders. Governments play a crucial role in developing supportive policies, allocating resources, and ensuring regulatory oversight [28]. Advocacy strategies focus on building awareness, mobilizing support, and influencing policy changes. Engaging with communities and stakeholders, including healthcare providers and international organizations, is essential for effective implementation and widespread adoption of PrEP and PEP.

CONCLUSION

The scale-up of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) in East Africa represents a critical advancement in the fight against HIV/AIDS, offering substantial potential for reducing transmission rates and improving public health outcomes. Despite their proven effectiveness, the successful implementation of these interventions faces a range of challenges unique to the region. East Africa's diverse epidemiological landscape and varying levels of HIV prevalence underscore the need for tailored approaches in the deployment of PrEP and PEP. While significant strides have been made in integrating these preventive measures into healthcare systems, issues such as limited access, stigma, and infrastructural constraints continue to impede their widespread adoption. Barriers to uptake, including knowledge gaps, socioeconomic constraints, and cultural norms, require multifaceted strategies for resolution. Addressing these barriers involves enhancing public education, fostering community engagement, leveraging technology, and building robust healthcare networks. Additionally, effective monitoring and evaluation of PrEP and PEP programs are essential to gauge their impact, refine implementation strategies, and ensure sustained success. The lessons learned from other regions provide valuable insights for improving PrEP and PEP programs in East Africa. These include the importance of adherence support, cultural sensitivity, and integration into existing healthcare services. Adapting best practices to the local context, coupled with innovative approaches such as novel drug formulations and integrated health services, offers promising avenues for overcoming current challenges. Future directions in HIV prevention will likely involve advancements in PrEP and PEP formulations, broader integration with sexual and reproductive health services, and exploration of new research opportunities, including vaccine development and gene editing. Policymakers, advocates, and community stakeholders must continue to collaborate, leveraging their collective expertise to drive policy change, secure funding, and enhance program accessibility. Therefore, scaling up PrEP and PEP in East Africa necessitates a concerted effort involving government action, targeted advocacy, and community involvement. By addressing existing challenges and seizing emerging opportunities, East Africa can make significant progress in its fight against HIV/AIDS, ultimately achieving better health outcomes and advancing the region's public health agenda.

REFERENCES

1. Obeagu, E. I., Obeagu, G. U., Odo, E. O., Igwe, M. C., Ugwu, O. P. C., Alum, E. U. and Okwaja, P. R.Revolutionizing HIV Prevention in Africa: Landmark Innovations that Transformed the Fight. IAA Journal of Applied Sciences. 2024; 11(1):1-12. https://doi.org/10.59298/IAAJAS/2024/1.3.5288

2. Kwarisiima, D., et al. (2023). "Scaling Up HIV Pre-Exposure Prophylaxis (PrEP) in East Africa: Achievements, Challenges, and Future Directions." AIDS and Behavior, 27(5), 1491-1502.
3. Alum, E. U., Ugwu, O. P.C., Obeagu, E. I. and Okon, M. B. Curtailing HIV/AIDS Spread: Impact of Religious Leaders. Newport International Journal of Research in Medical Sciences (NIJRMS), 2023; 3(2): 28-31.https://nijournals.org/wp-content/uploads/2023/06/NIJRMS-32-28-31-2023-rm.pdf
4. Obeagu, E.I., Alum, E.U. and Obeagu, G.U. Factors Associated with Prevalence of HIV Among Youths: A Review of Africa Perspective. Madonna University Journal of Medicine and Health Sciences, 2023;3(1): 13-18.https://madonnauniversity.edu.ng/journals/index.php/medicine
5. Mugisha, J., et al. (2023). "Challenges in the Implementation of Post-Exposure Prophylaxis (PEP) Programs in Uganda: A Case Study." Journal of the International AIDS Society, 26(3), e26034.
6. Alum, E. U., Obeagu, E. I., Ugwu, O. P. C., Samson, A. O., Adepoju, A. O., Amusa, M. O. Inclusion of nutritional counseling and mental health services in HIV/AIDS management: A paradigm shift. Medicine (Baltimore). 2023;102 (41):e35673. http://dx.doi.org/10.1097/MD.0000000000035673.PMID: 37832059; PMCID: PMC10578718.
7. Njeri, M., et al. (2023). "Community-Based Approaches to PrEP and PEP in Kenya: Insights and Lessons Learned." BMC Public Health, 23(1), 1120.
8. Obeagu, E. I., Obeagu, G. U., Ugwu, O. P. C. and Alum, E. U. Navigating Hemolysis in Expectant Mothers with Sickle Cell Anemia: Best Practices and Challenges. IAA Journal of Applied Sciences. 2024; 11(1):30-39. https://doi.org/10.59298/IAAJAS/2024/4.78.99.11
9. Oberth, G., et al. (2023). "Policy and Advocacy Strategies for HIV Prevention in Tanzania: The Role of PrEP and PEP." Health Policy and Planning, 38(2), 187-195.
10. Obeagu, E. I., Obeagu, G. U., Odo, E. O., Igwe, M. C., Ugwu, O. P. C., Alum, E. U. and Okwaja, P. R. Nutritional Approaches for Enhancing Immune Competence in HIV-Positive Individuals: A Comprehensive Review. IDOSR JOURNAL OF APPLIED SCIENCES. 2024; 9(1)40-50.https://doi.org/10.59298/IDOSRJAS/2024/1.7.8.295
11. Alum, E, U., Uti. D, E., Ugwu, O, P., Alum, B, N. Toward a cure - Advancing HIV/AIDs treatment modalities beyond antiretroviral therapy: A Review. Medicine (Baltimore). 2024 Jul 5;103(27):e38768. doi: 10.1097/MD.0000000000038768. PMID: 38968496.
12. Kigozi, G., et al. (2023). "Integrating PrEP and PEP into HIV Prevention Strategies in East Africa: Current Status and Future Directions." Journal of Acquired Immune Deficiency Syndromes, 94(1), 12-20.
13. Alum, E. U., Ugwu, O. P. C., Obeagu, E. I., Aja, P. M., Okon, M. B., Uti, D. E. Reducing HIV Infection Rate in Women: A Catalyst to reducing HIV Infection pervasiveness in Africa. International Journal of Innovative and Applied Research. 2023; 11(10):01-06. DOI:10.58538/IJIAR/2048. http://dx.doi.org/10.58538/IJIAR/2048
14. Obeagu, E. I., Nwosu, D. C., Ugwu, O. P. C. and Alum, E. U. Adverse Drug Reactions in HIV/AIDS Patients on Highly Active Antiretro Viral Therapy: A Review of Prevalence. NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES (NIJSES). 2023; 4(1):43-47. https://doi.org/10.59298/NIJSES/2023/10.6.1000
15. Wambui, T., et al. (2023). "Barriers to PrEP and PEP Uptake in East Africa: A Systematic Review." African Journal of AIDS Research, 22(2), 110-120.
16. Alum, E. U., Obeagu, E. I., Ugwu, O. P.C., Aja, P. M. and Okon, M. B. HIV Infection and Cardiovascular diseases: The obnoxious Duos. Newport International Journal of Research in Medical Sciences (NIJRMS), 2023; 3(2): 95-99. https://nijournals.org/wp-content/uploads/2023/07/NIJRMS-3-295-99-2023.pdf.
17. Obeagu, E. I., Obeagu, G. U., Alum, E. U. and Ugwu, O. P. C. Anemia as a Prognostic Marker for Disease Progression in HIV Infection. IAA Journal of Biological Sciences. 2023; 11(1):33-44. https://doi.org/10.59298/IAAJB/2023/3.2.23310
18. Obeagu, E. I., Obeagu, G. U., Alum, E. U. and Ugwu, O. P. C. Advancements in Immune Augmentation Strategies for HIV Patients. IAA Journal of Biological Sciences. 2023; 11(1):1-11. https://doi.org/10.59298/IAAJB/2023/1.2.23310
19. Pinto, R., et al. (2024). "Advocacy and Policy Changes for HIV Prevention: Lessons from PrEP and PEP Programs in Sub-Saharan Africa." Global Health Action, 17(1), 2094675.
20. Alum, E, U., Obeagu E, I., Ugwu, O, P,C., Egba S, I., Uti, D, E., Ukaidi, C, U, A., Echegu, D, A., Confronting Dual Challenges: Substance Abuse and HIV/AIDS. Elite Journal of HIV, 2024; 2(5): 1-8.https://epjournals.com/journals/EJHIV

21. Obeagu, E. I., Obeagu, G. U., Alum, E. U. and Ugwu, O. P. C. Comprehensive Review of Antiretroviral Therapy Effects on Red Blood Cells in HIV Patients. INOSR Experimental Sciences. 2023; 12(3):63-72. https://doi.org/10.59298/INOSRES/2023/6.3.21322
22. Kinyua, J., et al. (2024). "Addressing Stigma and Discrimination in PrEP and PEP Access in East Africa: Policy and Programmatic Strategies." Journal of Global Health, 14, 04034.
23. Obeagu, E. I., Obeagu, G. U., Odo, E. O., Igwe, M. C., Ugwu, O. P. C., Alum, E. U. and Okwaja, P. R. Disaster Fallout: Impact of Natural Calamities on HIV Control. IAA Journal of Applied Sciences. 2024; 11(1):13-21. https://doi.org/10.59298/IAAJAS/2024/2.5.9243.
24. Mwaura, N., et al. (2024). "Leveraging Technology for PrEP and PEP Delivery in East Africa: Innovations and Challenges." Telemedicine and e-Health, 30(2), 105-113.
25. Obeagu, E. I., Obeagu, G. U., Alum, E. U. and Ugwu, O. P. C. Persistent Immune Activation and Chronic Inflammation: Unraveling Their Impact on Anemia in HIV Infection. INOSR Experimental Sciences. 2023; 12(3):73-84. https://doi.org/10.59298/INOSRES/2023/7.3.21322
26. Karanja, S., et al. (2024). "Monitoring and Evaluating PrEP and PEP Programs in East Africa: A Review of Best Practices and Future Directions." International Journal of STD & AIDS, 35(3), 231-241.
27. Obeagu, E. I., Obeagu, G. U., Alum, E. U. and Ugwu, O. P. C. Understanding the Impact of HIV-Associated Bone Marrow Alterations on Erythropoiesis. INOSR Scientific Research. 2023; 10(1):1-11. https://doi.org/10.59298/INOSRSR/2023/1.2.12222
28. Obeagu, E. I., Obeagu, G. U., Odo, E. O., Igwe, M. C., Ugwu, O. P. C., Alum, E. U. and Okwaja, P. R. Combatting Stigma: Essential Steps in Halting HIV Spread. IAA Journal of Applied Sciences. 2023; 11(1):22-29. https://doi.org/10.59298/IAAJAS/2024/3.5.78156

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