TITLE
Process mapping to support delivery of long-acting injectable cabotegravir for HIV pre-exposure prophylaxis within systems: the ImPrEP CAB Brasil study

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BACKGROUND: Although long-acting injectable cabotegravir (CAB-LA) PrEP has proven efficacious for HIV prevention in additional research is needed to evaluate effective implementation in real world settings. The ImPrEP CAB-Brasil study feasibility, acceptability, and effectiveness of delivering same-day CAB-LA for HIV prevention in six PrEP public health cl are a diagrammatic representation of organizational processes and are widely used in healthcare quality managem improvement; however, literature is sparse in describing their use to incorporate clinical innovations into routine prac process mapping to operationalize plans for integrating injectable PrEP with existing oral PrEP services.

DESCRIPTION: We used a four-step approach to process mapping: preparation, mapping and analyzing, customizatio and validation. We first conducted individual interviews with study sites health professionals. Based on these interview initial process maps, customized for each site. Then, we held online meetings with health professionals and peer educ site who were encouraged to provide honest and constructive opinions during the discussions, especially about possil planned models of service delivery. Finally, we asked the same personnel to validate revised process maps and to ens missing steps. We applied Business Process Management discipline using Bigazi Modeler Software, version 4.0.

LESSONS LEARNED: We created three process maps for each site to describe the initial CAB-LA PrEP user visit, follow-up laboratory flow (18 maps total). Main challenge identified during the process was the duration of visits due to great nu laboratory and HIV counseling steps for the same-day PrEP delivery. Solutions proposed included (1) use of point-of-ca instead of laboratory tests, which sites expressed the need for additional training to perform it; (2) more staff perform Two sites identified the need to expanding clinic hours for the project to better serve the study population, also contri scale-up.

CONCLUSIONS: Process modeling was a powerful tool for planning an injectable PrEP implementation study within Bra System. Continuous monitoring of the implementation of mapped processes will help identify further barriers and sol PrEP delivery.