



Accelerated Antiretroviral- based HIV Prevention Product Introduction and Access

POWER - Prevention Options for Women Evaluation Research

Background and Approach

Women in sub-Saharan Africa have one of the highest HIV incidence rates globally, in spite of progress with scale-up of antiretroviral treatment and other effective HIV prevention interventions. Given ongoing high HIV incidence among African women, particularly young women, there is a need for primary prevention strategies that do not require women to have male cooperation. As such, microbicides and oral pre-exposure prophylaxis (PrEP) hold great promise as prevention interventions for this key population that can help close the gender gap. More data, however, are needed to demonstrate how to effectively scale-up oral PrEP program delivery, a gap that POWER seeks to address.

POWER conducts field evaluations in Cape Town and Johannesburg, South Africa and Kisumu, Kenya. The team uses complementary, multidisciplinary methods to understand women's preferences for using oral PrEP, including a digital decision support tool. POWER will conduct demonstration projects with pilots of PrEP delivery, integrated into family planning, youth clinics and mobile teen service vans. We will characterize PrEP uptake, adherence and identify cost-effective delivery models, including assessment of repeat HIV testing, decision making and integrated delivery with reproductive health services.

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Goals and Objectives

With the overall goal to conduct implementation science related to introduction of oral PrEP, and an overarching objective to develop and evaluate effective, scalable strategies for microbicide and PrEP delivery for African women, the POWER team will:

Conduct formative research among African women, men and healthcare providers, focusing on motivators and obstacles for initiation of and adherence to oral PrEP, in order to develop effective communication and decision tools and delivery strategies that meet women’s needs integrated with established programs, including regular HIV testing.

Establish open cohorts of HIV-uninfected women to pilot scalable microbicide and PrEP adherence support and delivery strategies in Cape Town and Johannesburg, South Africa and Kisumu, Kenya.

From the formative work, design coordinated pilot activities to test within the demonstration cohorts in order to evaluate optimized adherence support and effective delivery models for oral PrEP.

Conduct costing analyses, cost-effectiveness analyses and mathematical modeling of the successful piloted delivery approaches and identify optimized packages for multiple contexts.

Disseminate findings and provide technical assistance. We will translate successful approaches to deliver microbicides and PrEP for African women at risk to programmatic settings. treatment.

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Year 1: Multilayered formative research to define models of delivery, understand health providers’ needs, and characterize delivery approaches

Years 2-4: Recruitment of women ages 16-25; delivery of oral PrEP and other formulations, when available, including the ring; 24-month follow-up (quarterly HIV testing and adherence counseling); pilot and test interventions; evaluate delivery strategies that integrate with existing health systems and reduce user burden

Year 1

Year 2

Year 3

Year 4

Year 5

Years 2-4: Micro-costing analyses and mathematically modeled impact assessments will consider costs incurred (service delivery and adherence support activities) and costs averted (HIV infections prevented)

Years 1-5: Frequently disseminate results relating to the delivery of oral PrEP and microbicides, and will provide technical assistance to Kenyan and South African Ministries/Departments of Health, other countries, agencies and stakeholders

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