

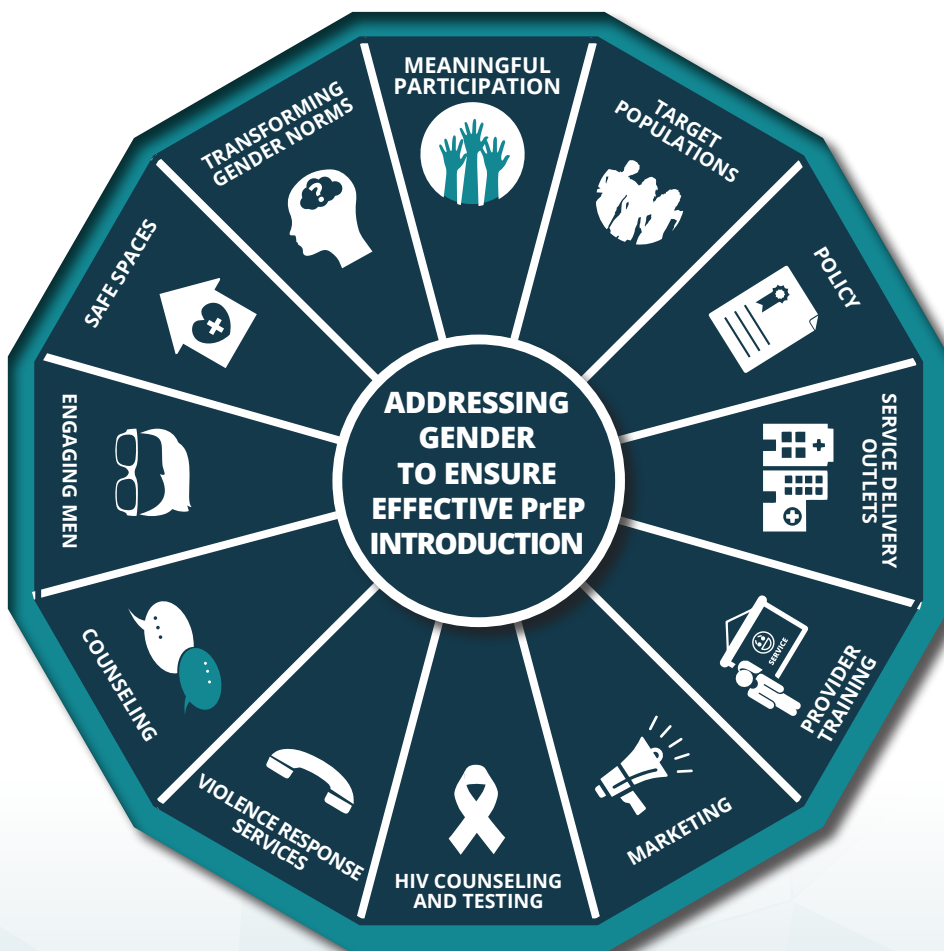
Addressing Gender to Ensure Effective PrEP Introduction



Background

Pre-exposure prophylaxis (PrEP)¹ was conceived to fill the urgent need for a woman-controlled HIV prevention method. However, biomedical technology alone will not alter the underlying gender inequalities that make women and girls vulnerable to HIV. As new HIV prevention methods are rolled out, women, girls, men who have sex with men (MSM), and transgender people will face barriers to product access and use that stem from cultural norms, lack of power in relationships and society, and limited access to resources. Gender analyses conducted in Kenya, South Africa, and Zimbabwe identified ways to address these potential barriers during PrEP introduction. Most critically, PrEP introduction plans must prioritize a rights-based, positive approach that normalizes use of the new products and makes them available to those who need them most.

¹ Refers to all antiretroviral-based HIV prevention options including oral PrEP and vaginal ring.



Recommendations



MEANINGFUL PARTICIPATION

Ensure that target populations and communities are meaningfully involved in developing PrEP policies, guidelines, implementation plans, and evaluation. Involving women’s advocates, women leaders, youth, adolescents, sex workers, MSM, transgender people, and the broader communities where PrEP is rolled out empowers these groups and increases the likelihood that PrEP programs are effective.



TARGET POPULATIONS

Make PrEP available to as many women as possible, not just “most-at-risk” populations. As oral PrEP is rolled out, take care to reduce the potential for stigma against the product and the people who use it. Consider including young women and adolescent girls as target populations, given their high rates of HIV infection and their lack of power to negotiate condom use. Because oral PrEP will likely be promoted primarily to populations considered most-at-risk, it is crucial in areas of high HIV prevalence to offer other PrEP formulations, such as vaginal microbicides, to a wider audience of women as those formulations are proven effective and become available.

“Gender norms and inequalities increase women’s and girls’ vulnerability to HIV due to multiple factors, including limited ability to negotiate safer sex, engaging in transactional sex, and curtailed ability to test, disclose and access HIV treatment because of fear of violence and abandonment. Norms around gender and sexual identity [also] put transgender populations and others who are perceived to have transgressed those norms at greater risk for both gender-based violence and HIV.”

PEPFAR Gender Strategy



POLICY

Create a supportive policy environment and clear guidelines for PrEP delivery that respect, protect, and fulfill the human rights of all people to HIV prevention services regardless of age, sex, gender identity, gender expression, sexual practices, or marital status.



SERVICE DELIVERY OUTLETS

Offer PrEP for free or at low cost and integrate it into services women, adolescents, and other target populations currently use to reduce obstacles to uptake and sustained use. PrEP should be offered at clinics and drop-in centers providing services for specific target populations, including adolescents, sex workers, MSM, and transgender individuals, because these facilities are often viewed as safe spaces that provide high-quality, non-stigmatizing care.



PROVIDER TRAINING

Train healthcare providers and staff to deliver non-judgmental, gender-sensitive PrEP services and provide them with ongoing support and accountability. Programs should institute systems for reporting discrimination in health care settings, including breaches in confidentiality, and should ensure that providers know they will be held accountable.



MARKETING

Tailor PrEP marketing for specific contexts and groups. Marketing should minimize stigma associated with the products and the people using them. Involve members of target populations in developing messages and identifying communication channels.



HIV COUNSELING AND TESTING

Strengthen HCT, including couples’ counseling, and evaluate different testing models to increase uptake, both for first-time testers and for women doing repeat testing while using PrEP. Countries need to determine what frequency of HIV testing is feasible for users and evaluate different models of HCT (such as self-, home-based, and mobile testing) and scale up those models that facilitate uptake.



VIOLENCE RESPONSE SERVICES

Integrate violence-response services within PrEP delivery. Where violence response services are available, PrEP providers should be trained to screen for violence and provide first-line response; referral networks should be developed to meet the holistic needs of clients who have experienced violence.



COUNSELING

Support women in their decisions about whether and how to discuss PrEP use with their partners. All women have the right to decide when or whether to discuss product use with their partners; counseling should always reflect and emphasize this.



ENGAGING MEN

Engage male partners to promote couples’ communication and support women’s PrEP use. Educating men about PrEP can alleviate their concerns and help normalize product use.



SAFE SPACES

Create safe spaces in which target populations can discuss sex and sexual health. In these spaces, women and other target populations can learn from each other about PrEP and strategies for effective use.

TRANSFORMING GENDER NORMS



Remember that PrEP can contribute to, but not replace, efforts to transform gender norms. If product rollout includes strategies to address gender barriers, it has the potential to increase couples’ communication, improve relationships, increase women’s knowledge about sexuality, and enhance women’s power to prevent HIV. However, to truly transform gender norms and improve the status of women, a more comprehensive approach is required. ●

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