Background:
Oral pre-exposure prophylaxis (PrEP) is effective in preventing HIV in key populations when adhered to. In South Africa, oral PrEP has only been approved for use in populations above 18 years, due to limited evidence on the safety and feasibility in adolescents and young adults, and limited research informing the safe and ethical rollout through the existing health care system. Based on this, the South African Government is collecting additional evidence before planning for oral PrEP rollout to adolescent girls and young women (AGYW).

Methods:
Working with the National Department of Health (NDoH), the AGYW technical working group members, and the PrEP demo programme and study partners, key questions along the oral PrEP rollout value chain were identified. Through the USAID-funded OPTIONS project, information was collected using questionnaires and in-depth telephone discussions with project investigators. Questions explored how oral PrEP demonstration projects and implementation studies focused on adolescent girls and young women (AGYW) are delivering oral PrEP, service delivery models being used, adherence support methods and demand creation strategies, effective key messages, the main barriers to oral PrEP uptake, and mechanisms for addressing the ethical, legal, and social protection needs of all AGYW. A thematic analysis was conducted.

Results:
Currently, 18 AGYW oral PrEP projects are planned or underway: mainly concentrated around the urban centres of Cape Town, Durban, and Johannesburg (Figure 1).

![Figure 1: Planned or ongoing demo projects for AGYW in South Africa](image)

All current projects are providing insights into effective PrEP strategies for AGYW. Information is particularly robust around the characteristics of high-risk AGYW in relation to targeting, barriers to oral PrEP uptake, best delivery channels for AGYW and strategies for demand creation and adherence among AGYW. Using the list of key questions has helped identify where information gaps remain.

Knowledge gaps remain around ethical considerations for AGYW PrEP use, coding implications for PrEP scale up, health care worker attitudes towards oral PrEP, and the definition of periods of risk. To date, no project has reported exploring how AGYW communicate with partners or family members in oral PrEP decisions. While multiple projects are already collecting data that can be used to fill these knowledge gaps, many will only have significant findings available until at least a year into their project.

Discussion:
The ongoing process of mapping AGYW PrEP projects has helped inform the plans for oral PrEP provision for AGYW at the national level. It has also proven beneficial to increasing the communication between oral PrEP projects, sharing experiences and lessons learned, and adapting best practices as they are identified.

With the information, the NDoH has encouraged planned projects to address the identified knowledge gaps and will start regular data collection from all projects to ensure that current and future AGYW oral PrEP projects are evidence informed. This help to create efficiencies in rolling-out oral PrEP to AGYW.

Conclusion:
Moving forward, there are additional questions, important for AGYW rollout, which could be included in further analysis. These additional questions could explore the strategies to reach rural AGYW populations, ways to combat ‘myths’ around PrEP use and investigate the implications of sex worker (SW) rollout stigma around PrEP use amongst AGYW. For future mapping, data collection could be expanded to include studies involving additional key populations (SW and men who have sex with men (MSM)) as well as antiretroviral (ARV)-based prevention methods (dipivirine ring, long-acting injectable cabotegravir).