

Mapping the Knowledge and Gaps in the Adolescent Girls and Young Women PrEP Implementation Projects and Trials in South Africa

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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).

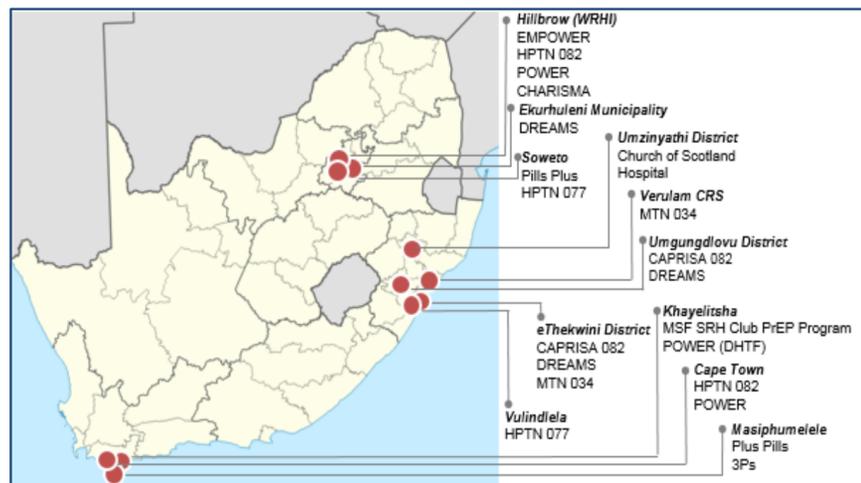


Figure 1: Planned or ongoing demo projects for AGYW in South Africa

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, costing 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.

Question	Status	Notes
Q1: How can PrEP be effectively targeted to higher-risk AGYW?	Significant coverage in studies	Studies use differing "risk factors" to identify study participants; a comparison across them will be informative
Q2: What are the major barriers to PrEP uptake for AGYW and how can they be addressed?	Significant coverage in studies	Several studies (HPTN 082, POWER) collect data on barriers and AGYW who decline PrEP; others will study product acceptability
Q3: What legal or ethical considerations are relevant for PrEP provision to AGYW?	Some studies address topic	Collection of data on parental consent, but no other specific legal/ethical considerations noted
Q4: What service delivery and civil society channels will most effectively reach AGYW?	Significant coverage in studies	Coverage across different types of delivery channels (e.g., mobile, primary care clinics, FP clinics)
Q5: What types of investments are required to effectively deliver PrEP through these channels?	Some studies address topic	Only one study (POWER) explicitly includes costing component
Q6: How can negative health care worker attitudes be effectively mitigated?	Some studies address topic	POWER formative research and OPTIONS Provider KAP Survey
Q7: What are the most effective strategies to build awareness and generate demand for PrEP amongst AGYW?	Significant coverage in studies	Significant focus on demand through various recruitment and communications strategies across demo projects
Q8: How are AGYW communicating about PrEP to partners or family members and/or involving them in decisions?	No studies address topic	No awareness of current plans to study this aspect
Q9: How are " periods of risk " defined? What strategies / tools support AGYW decision-making around on/off decisions?	Some studies address topic	CAPRISA and HPTN 082 studies explicitly discuss and track "PrEP cycling," but little focus on this (and strategies for communications) in other studies
Q10: To what extent are AGYW adhering to PrEP? What messages and strategies effectively support adherence ?	Significant coverage in studies	Significant focus on adherence and strategies for encouraging adherence across studies
Q11: Are AGYW getting regular HIV/STI testing ? What strategies effectively support retention in regular testing?	Some studies address topic	Each study has a different testing protocol; comparisons across them may be useful
Q12: What information do health care facilities need to collect and report to NDoH? What data are demonstration projects collecting?	Some studies address topic	Subcommittee of AGYW TWG meeting to determine how and what data to report to NDOH

Figure 2: Status of research agenda on effective practices to target and deliver PrEP to AGYW

- Significant coverage in studies
- Some studies address topic
- No studies address topic

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 (dapivirine ring, long-acting injectable cabotegravir).