

Involving young people in rollout of oral PrEP: The case of Kenya

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Background



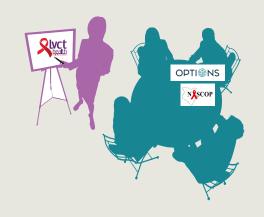
2015 WHO recommends oral PrEP for all persons at substantial risk of HIV infection (defined as HIV incidence of >3 per 100 person years)

15 - 24 years contributed 51% of all adult new HIV infections (Kenya AIDS Response Progress Report 2016)

Results



May 2017 Kenya became the second country in Africa to roll out oral PrEP beyond demonstration projects, as an additional HIV prevention intervention



LVCT Health, a member of the OPTIONS Consortium, supported the Ministry of Health through NASCOP to convene a PrEP engagement forum for young people



The OPTIONS Consortium includes 9 member organisations and provides targeted support to expedite and sustain access to ARV-based HIV prevention products in sub-Saharan Africa, with a particular focus on women.



To understand how best to reach **13 – 24** year olds with oral PrEP messaging for increased access and uptake of PrEP

Methods

Committee formed

Pre-forum preparations **During the Forum**

Young person (15–17 years) offer feedback during the focus group discussions



Majority worried about the increasing rate of new HIV infections among them and how it could affect their current and future relationships

AGYW were worried about being seen as promiscuous while on oral PrEP because this could affect trust in relationships



Adolescents and young people do not want to access oral PrEP at comprehensive care clinics



- Committee formed January 2017
- Members selected from youth-led or youth serving organisations and PrEP demonstration project at LVCT Health
- Members:
 - Adolescent Girls and Young Women (AGYW) PrEP Champion
 - Adolescent Living With HIV (ALHIV)
 - Urban youth (1M, 1F)
 - 1 Peri-urban youth (F)
 - Rural youth (1M, 1F)
 - University students (1M, 1F)

- Joint development of questionnaire for engagement • Developed list of counties to engage: Mombasa, Kiambu, Kakamega, Busia, Uasin Gishu, Siaya, Kisumu, Nairobi
 - and Homabay (3 of the counties with high HIV
 - List of participants 50 in total (70%) AGYW)
 - Selection of DJs
 - Selection of AGYW on PrEP – Key
 - PrEP sensitization for youth facilitators

- Facilitation conducted by 2 AGYW and 2 Adolescent Boys and
 - Young Men (ABYM)
- Information on PrEP passed by youth facilitators in between music and talent show
- Participants grouped based on age (13–14; 15–17; 18–20; and 21–24)
- Team lead selected by group members
- Questionnaire administered by youth facilitators
- Feedback provided in plenary by team leads
- AGYW PrEP Champions
- personal journeys
- NASCOP and implementing partners responded to technical

- Had limited information on HIV and prevention
- Sex was not a major focus and shy to discuss sexual matters
- Facility choice was largely decided by parents



- More informed about HIV but cited a limited number of HIV prevention methods, e.g. condoms and monogamy
- Not comfortable getting tested for HIV and did not feel at risk of HIV infection
- Prefer facilities managed by faith based and non governmental organisations



• Wanted more information about oral PrEP and spoke more openly about risky sexual behavior, though they did not consider themselves at risk of HIV infection • Prefer youth friendly centers



- Had heard about oral PrEP from non-governmental organizations. However, they did not understand how oral PrEP worked
- Were suspicious of its effectiveness
- Prefer pharmacists and private facilities
- Apart from rural-based young people, majority of participants

- - speakers

prevalence)

questions



Young people (18–20 years) participate in focus group discussions

- preferred digital platforms for oral PrEP information
- All participants preferred youth-organized or youth-led fora for oral PrEP communication and immediate feedback

Conclusions

- To successfully roll out HIV prevention products, efforts should be made to engage young people meaningfully in the process of introduction, implementation and improvements. This helps to include their input and increase ownership in HIV response
- Young people have high regard for the opinion of their peers. Strengthening the capacities of influential young people to support in roll-out of HIV prevention interventions can yield more response from young people than when the process is headed by older citizens • Additionally, policymakers should consider diverse implementation strategies that are need-based versus a one-size-fits-all approach



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