OPTIONS, EpiC and RISE PrEP Learning Network

Regional Workshop
Blantyre, Malawi

November 13, 2019
ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)
Dramatic Transitions
Social, Emotional, Cognitive, Sexual

Dependence on Parents

Interdependence with Peers

Independence Self-reliant
What all of us already know...

AGYW need friendly providers
Services must be convenient, private, confidential
AGYW want their parents and partners to support their choices
AGYW learn through experience

Health is not their biggest worry
AGYW fear judgement
AGYW have MANY needs and are different
AGYW take risks
Why are they like this?

Sensation-seeking
- Brain is “excitable”
- Increased sensitivity to reward

Social Salience
- Testosterone = social status
- Sensitivity to social evaluation

Emerging ability to think abstractly
- Here and now is very real
- Future feels unreal

Emerging impulse control
- Arousal blocks logic
- Makes risk taking easy
Different framing? Or emerging insights…

“Losing my sugar daddy means saying goodbye to my dreams.”

“I’m not at risk. When I test negative I know my HIV avoidance strategy is working.”

“It felt so nice! I was Curious! So I did it!”

“There’s no immediate benefit to taking a pill I can see or feel.”

“What is a good life now? I’m doing what I can to get ahead.”

“It’s hard to think about the future. I don’t know what’s happening this weekend!”

“If I become HIV positive I just take a pill every day and life goes on.”

“You are telling me that to avoid HIV I have to take a pill every day, but that pill threatens things that are important to me.”

“What’s the point? I’ll take it later if I have to.”
Emerging insights…

Relationships are everything

HIV: emotional and relational

Motivation: emotional • temporary • short-lived

Agency * Agency * Agency

IT’S STILL COMPLICATED!
AGYW are different and alike...

South Africa: 3 types of AGYW are identified based on RELATIONSHIP GOALS.

**Affirmation Seeker**
Looks for emotional support, validation and understanding

**Lifestyle Seeker**
Prioritizes functional or material needs

**Respect Seeker**
Looks for equity and being heard

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Kenya: 4 types of AGYW identified

**The Naive Girl**
I am starting to have boys and men approach me about sex and I am not sure whether it’s right or wrong. I don’t have anyone who I can talk to about it.

**The Transactional Girl/Woman**
I’m having sex anyway I would rather derive value from it.

**The Libertine Girl/Woman**
I choose the men I have sex with and I try and find ones that can support me to have a good lifestyle.

**The Desperate Transactional Woman**
It is normal for men to have sex with women whenever they want and there is nothing I can do about it.
DISCUSSION

How might your PrEP services help me feel in control of my life and choices?

How might your PrEP services make my relationships stronger?

How might you help me deal with naysayers?

How might the benefits of PrEP feel more real?

How might PrEP services make me feel important and respected?
Tip 1: Connect to Relationships

• Help AGYW see how HIV interventions can make their relationships better and stronger
  – Targeted testimonials from real users talking about how they navigated relationships and difficult conversations around HIV interventions
  – Add testimonials and Q&A about relationships to any IEC materials

• Support AGYW to think through the relationship issues. How will she navigate: Parents/Mom, Boyfriends/partners, husband, friends? Help her to figure this out. Hold sessions with moms and community leaders.

• AGYW value RELATIONSHIPS with providers
Tip 2: Make it fun and relevant to their immediate concerns (probably not health)

• Give them an excuse to come to the clinic that isn’t stigmatized. Find out what they want:
  – Saturday session hosted at the clinic to learn relationship skills?
  – After school session hosted at the clinic to do a Q&A box about Life, Love and Health?
  – Session on goal setting?
  – Learn a fun skill like makeup application, brow shaping, bracelet-making, something to sell, or self-defense?
  – Local bank gives a talk about savings strategies and budgets…?

• Meanwhile…everybody gets a private moment with a provider (opt-out)
• Make it fun and immediately rewarding to be an ART/PrEP user
Tip 3: Make it experiential

- Have concrete things for people to touch and feel: HIV tests, PrEP pills, ART, contraceptive methods
- Help them visualize an experience to make it less scary
- Use role-plays and simulations to practice hard conversations as part of counselling
- Ask clients to describe what it will look like and feel like in a week, month, year when they have made this a part of their life
DISCUSSION
FEMALE SEX WORKERS (FSW)

Njambi Njunguna, FHI 360
Why FSW?

• FSW contribute a small proportion of population but have significantly higher risk of HIV
  – Global contribution of 6% of all new infections (UNAIDS estimates 2019)
  – 21 times more likely to be infected with HIV compared to general population (UNAIDS estimates, 2019)
Source: UNAIDS Key population atlas (http://www.aidsinfoonline.org/kpatlas/#/home)
Why FSW (continued)

• Highly criminalized and stigmatized population
• Several risk factors for HIV
  – Sexual risk – multiple partners, low/inconsistent condom use
  – Low access to HIV preventive health services due to stigma and discrimination
  – Vulnerable to violence/pressure to not use condoms
• Key candidates for PrEP – a method that is under the control of the woman, discrete, well tolerated
• Several risk factors for poor access to/use of PrEP
  – Lack of knowledge/awareness of PrEP
  – Lack of access to PrEP due to stigma and discrimination
  – Migratory nature
LINKAGES Kenya example

LINKAGES Kenya FSW PrEP cascade 2019

- Tested: 56,475
- Negative: 55,478
- Screened for PrEP: 25,451 (46% of Tested)
- Eligible for PrEP: 20,330
- Initiated PrEP: 2,262 (11% of Eligible)

No of FSW and %
Considerations for sensitization

- Different approaches on sensitization: need to carefully consider which method is most appropriate for your setting
  - Mass media (radio, TV) – these tend to be generalized
  - Printed material eg fliers
  - Peer-led one-on-one sensitization:

- What about healthcare workers?
Considerations for delivery

- Most countries have opted to conduct targeted outreaches to FSW on PrEP as a priority population
- Different approaches to PrEP delivery
  - DIC
  - Mobile clinics/outreaches
  - Public and private health facilities
- Which is the most appropriate for your setting?
Other key considerations

• PrEP is for seasons of risk
  – What about sex work? Is a sex worker always at risk? Does this mean that PrEP may be ‘for life’?

• PrEP refills – initial refills need to be monthly
  – Migratory nature of sex workers, irregular work hours

• PrEP is dispensed in big bottles as for ART
  – What about sex workers who need may need to take PrEP in the workplace? Will the pill bottle fit in the bag/pocket? Can they take it out and carry some?

• PrEP needs to be taken once a day, preferably at the same time
  – Uncertain nature of sex work – what if gets client that takes them away from home? What if arrested and cannot access drugs?
Challenges to PrEP use: individual level

- Clients?
- Parents?
- Other sex workers?
- Side effects?
- Pill
- Refill schedule?
- What if I forget?
- Alcohol!
Challenges to PrEP use: systemic

• Provider level
  – Attitudes: PrEP vs ART
  – Sensitivity training for FSW-friendly services
  – Training on PrEP provision

• Distribution point
  – DIC?
  – Outreaches? What about refills?
  – What about clinic hours?
Lessons learnt

• Need to think of continuation and supporting continuation from the beginning
  – Support groups invaluable, and buddy system
  – Use of digital/social media: reminders, follow ups for missed visits
• Need to engage the community and all stakeholders early and throughout the process
  – Police, healthworkers, community feedback
MEN WHO HAVE SEX WITH MEN (MSM)

Chris Akolo, FHI 360
Distribution of new HIV infections and the contributions of MSM

Distribution of new HIV infections (aged 15–49 years), by population group, global, 2018 (UNAIDS 2019)

Distribution of new HIV infections (aged 15–49 years), by population group, eastern and southern Africa, 2018 (UNAIDS 2019)
Why is PrEP Important for MSM?

Because MSM are generally considered to be at HIGH RISK of acquiring HIV

- Available data suggest that the risk of HIV acquisition among gay men and other men who have sex with men was 22 times higher in 2018 than it was among all adult men.
- New infections among MSM are rising globally
Why do MSM face Higher Risk of HIV Infection?

- Easier transmission of HIV through anal intercourse
- High number of sexual partners
- High reporting of inconsistent condom use
- Between 25 and 54% of MSM globally know their status
- **Depression** as a result of stigma and social isolation as well as disconnectedness from health systems, makes access to services more difficult
- MSM often experience **stigma, discrimination and violence** at the hands of health care workers
- **Criminalization** and hostile environments make MSM and gay men less likely to access HIV-related health care or when they do, find it hard to reveal adequate information about their sexual health that would help them to access appropriate services
- MSM in Africa are generally a more “hidden” and heterogenous group, i.e. many may not disclose and many may also be in heterosexual relationships with women due to societal expectation
Is Daily Oral PrEP currently available for MSM?

• More countries are beginning to scale up PrEP for all eligible groups
  – Australia
  – Brazil
  – Thailand
  – UK
  – USA

• Including a number of African countries (also offer PrEP to MSM)
  – Botswana
  – Eswatini
  – Kenya
  – Malawi
  – Tanzania
  – South Africa

• In addition to daily oral PrEP, WHO has updated its recommendations to include event-driven PrEP taken before and after sex – also called on-demand PrEP or the 2+1+1 schedule – as an HIV prevention option for MSM
LINKAGES South Africa – Scale up of PrEP for MSM in Q3 and Q4 FY19

Monthly trend in PrEP initiation, Jan - Sept 2019

- PrEP services were only in 1 site in Q1 data at Anova
- Anova expanded PrEP services to 2 more sites (clinic and mobile) in Q2 2019
- Community PrEP services expansion in COJ, NMB and BFC, EMH sites in Q4, attaining 75% cumulative progress to Annual target (3815)
LINKAGES Lesotho - FSW and MSM are linked to PrEP services

FSW: PrEP Cascade, FY19
- 572 (45.8%) declined to be linked to PrEP services
- 54.2% of those tested HIV-negative were referred for PrEP
- 71% of those linked to PrEP were newly initiated on PrEP

MSM: PrEP Cascade, FY19
- 1,245 (50.7%) declined to be linked to PrEP services
- 49.3% of those tested HIV-negative were referred for PrEP
- 15% of those linked to PrEP were newly initiated on PrEP
**Event-Driven PrEP for MSM**

- WHO has updated its recommendation for PrEP to include event-driven PrEP taken before and after sex – also called on-demand PrEP or the 2+1+1 schedule – as an HIV prevention option MSM

For who is ED-PrEP appropriate?
- a man who has sex with another man:
  - who would find ED-PrEP more effective and convenient
  - who has infrequent sex (for example, sex less than 2 times per week on average)
  - who is able to plan for sex at least 2 hours in advance, or who can delay sex for at least 2 hours

For whom is ED-PrEP NOT appropriate?
- cisgender women or transgender women
- transgender men having vaginal/frontal sex
- men having vaginal or anal sex with women
- people with chronic hepatitis B infection.
Considerations for effective PrEP delivery to MSM

• PrEP must not divert much needed resources from existing HIV prevention and treatment services (STI services are key)
• As much as possible, PrEP and STI services should be integrated
• De-medicalize PrEP delivery and move service closer to those that need it using differentiated service delivery models
• Demand creation activities must be tailored to the various sub-populations (especially young MSM)
• Ensure that most vulnerable and least-resourced MSM have access to PrEP
• Encourage future studies to continue monitoring adverse PrEP-related side effects and drug resistance in various populations
Considerations for effective PrEP delivery to MSM (continued)

- Ensure the MSM community is part of the design, implementation, monitoring, communications, awareness creation and identification of needs as they relate to PrEP delivery.
- PrEP should be delivered to MSM in a safe and culturally competent manner.
- PrEP providers must be well informed about the diversity of risks that people experience, and not target people simply because they are a member of a key population group.
- PrEP users, including MSM, should be screened for violence and provided appropriate support and referrals if violence is disclosed.
“In order to get PrEP, I am going to have to tell the nurse that I am gay/MSM. I am afraid to do that because they will stigmatize me and might even refuse to give me PrEP.”

“If the nurse finds out that I am gay, she might tell the authorities and I will be arrested and might face prosecution.”
Closing Thought

MSM who understand PrEP believe the science. But the science must translate into well-designed programs that respond to their needs as well as respect, protect and fulfil their rights.
DISCUSSION
Few questions to initiate the discussion

- What are some of the **specific challenges** for reaching and delivering PrEP to MSM?
- What are some of the **notable successes** or **lessons learned** from delivering PrEP to MSM?
- How can programs more **effectively deliver** PrEP to MSM?
PREGNANT AND BREASTFEEDING WOMEN

Jason Reed, Jhpiego
Why Emphasize PrEP for PBFW?

- Increased HIV acquisition risk due to biological changes during pregnancy and breastfeeding
  - Compared to non-pregnant/non-breastfeeding women
    - Pregnant women have 3X greater HIV acquisition risk
    - Breastfeeding women 4X greater HIV acquisition risk
- “Substantial” HIV risk (3/100 py) a consequence of becoming pregnant/breastfeeding in areas with >1% HIV incidence in women
  - Implication: health systems in such countries/regions should be moving toward screening PBFW for PrEP risk/benefit as part of comprehensive improvements to quality of ANC service delivery
  - Current passive view that PrEP may be safely continued in women that become pregnant/breastfeeding leaves coverage gaps/prevention opportunities
Unique Considerations: PBFW

- **Messaging/Engagement/Recruitment**
  - Routine counseling part of comprehensive ANC; initiated based upon biological increase in risk (emphasizing importance of partner’s behaviors)
  - Extending recommendation to PBFW may further destigmatize use by other populations; less about behavioral risk
  - Secondary prevention of MTCT

- **Clinically, PBFW are more complex clients**
  - Women with s/sx pre-eclampsia, renal compromise are not appropriate clients for PrEP

- **Period of ‘substantial’ risk relatively time-limited**
  - Different objectives for adherence/continuation
Unique Considerations: PBFW

WHO recommends surveillance of outcomes

• Adverse birth outcomes
  – Stillbirths, preterm births, low birth weight, major congenital anomalies, or very early infant deaths
  – Integrate indicator into routine health information systems

• Adverse infant and child outcomes
  – Health, growth/development outcomes in infants and young children exposed to ARVs in utero or via BF

• Adverse maternal outcomes
  – Treatment-limiting toxicities, particularly mortality
Video: PrEP in Pregnancy Pays Off
MTN-041: Sexual behavior, HIV risk, and prevention for PBFW

- 16 focus group discussions (FGDs) at 4 sites in 4 countries, with two community-recruited groups
  - HIV- women, P/BF (currently or past 2 years)
  - Men whose spouse was currently or recently P/BF
- P/BF seen as times of high HIV transmission risk, primarily due to men having multiple concurrent partners (MCP)
- Women encouraged to have sex throughout pregnancy and post-partum to prevent spouses from finding other partners
- Ring and PrEP seen as valuable during P/BF, particularly given men’s reluctance to use condoms with spouse, test for HIV
- Engage men in shared decision making around HIV prevention
Multi-level approaches needed

- IDI with 90 participants in Malawi and Zambia
  - 39 HIV-PBFW, 14 male partners, 19 HCW, 18 policymakers
- PrEP not well-known among patients and HCW
- Concerns about safety, adherence, feasibility of introducing PrEP strained ANC/PNC platforms
- Support for PrEP varied among policy makers
- Implementing PrEP for PBFW will require addressing barriers at individual, facility, and policy levels

Conclusion

- PBFW a critically important population for PrEP
- Clinical complexity calls for specialized approaches to programming, optimally integrated with ANC
- MNH safety monitoring needs to grow as PrEP programs grow to serve PBFW
  - Alignment with WHO, responsive to emerging data
- Community, male engagement important
- PEPFAR targets could jumpstart greater commitment and investment
DISCUSSION