

# CONFLICT OF INTEREST

None to declare

# Integrating STI screening into PrEP services for adolescent girls and young women in two primary health care facilities in inner-city Johannesburg: Lessons from prevention options for women evaluation research (POWER)

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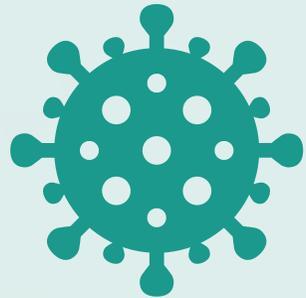
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FROM THE AMERICAN PEOPLE



# BACKGROUND

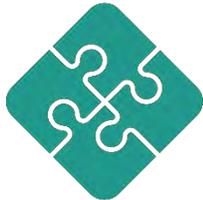


**1 000 000 NEW STI  
INFECTIONS DAILY<sup>(1)</sup>**



PrEP

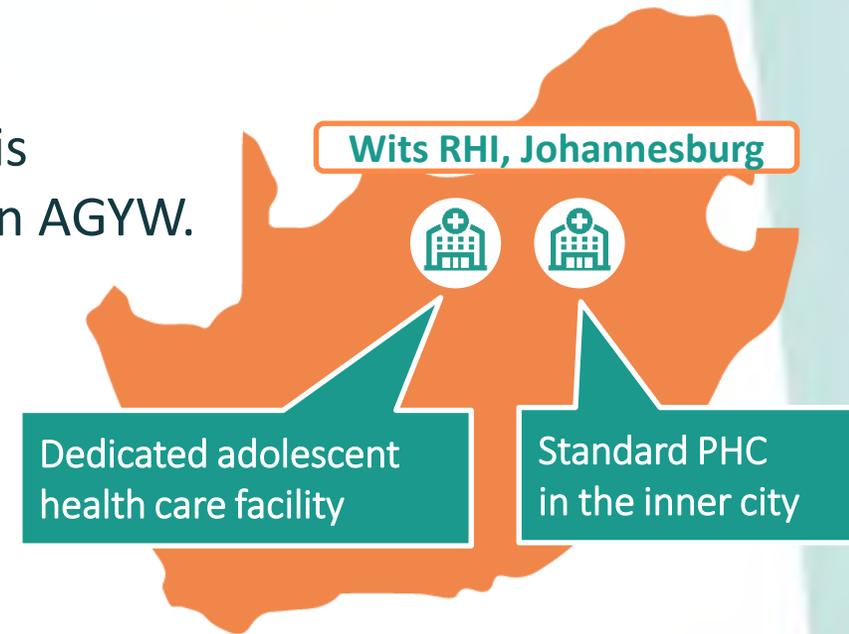
Individuals initiating **PrEP** have as much as **10-fold higher** rates of **STIs** than the general population<sup>(2)</sup>



**Integrated adolescent responsive health services** are an essential component of Adolescent girl and young women **STI/HIV prevention.**

# STUDY DESIGN AND POPULATION

- ❑ POWER (Prevention Options for Women Evaluation Research) is evaluating models of PrEP delivery to South African and Kenyan AGYW.
- ❑ Enrolled HIV negative AGYW aged 18-25.
- ❑ Wits RHI Johannesburg, South Africa – integrated adolescent and youth friendly services
- ❑ Adolescent youth friendly services (AYFS) at 2 primary health care clinics.
- ❑ Provided services according to standard of care guidelines.



# POWER PLUS

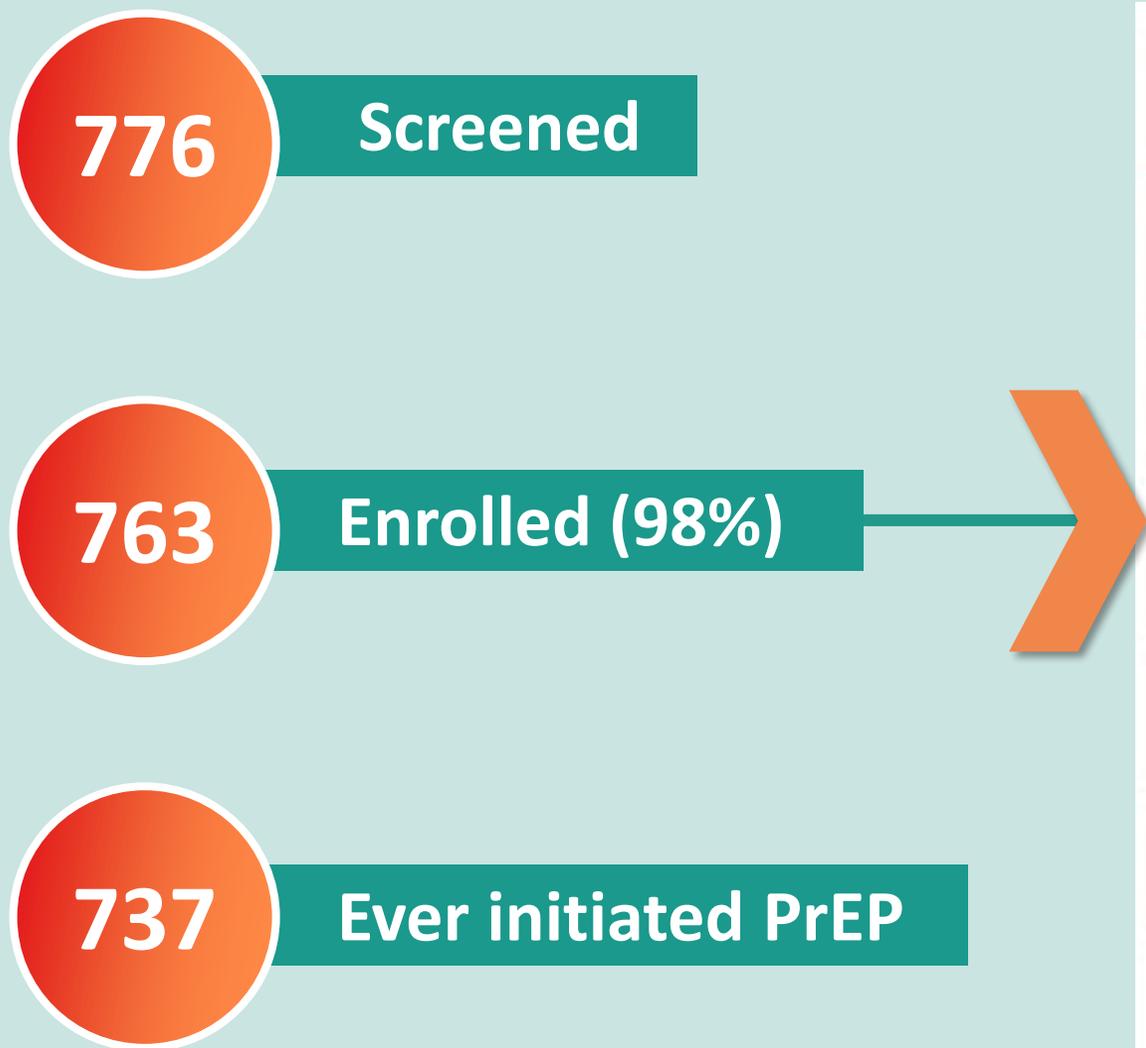


+ Urine tested for chlamydia (CT) and gonorrhoea (GC) by GeneXpert



+ Positive results contacted by phone or WhatsApp

# RESULTS– ENROLLED AT RISK POPULATION



	Median age of 21.
	18% reported consistent condom use.
	11% reported more than 1 partner in the last 3 months.
	55% don't know their partner's HIV status.
	65% don't know if their sex partner has other partners.
	52% were on family planning.
	4% participants reporting STI symptoms.

# STI PREVALANCE

622

screened STI at  
baseline

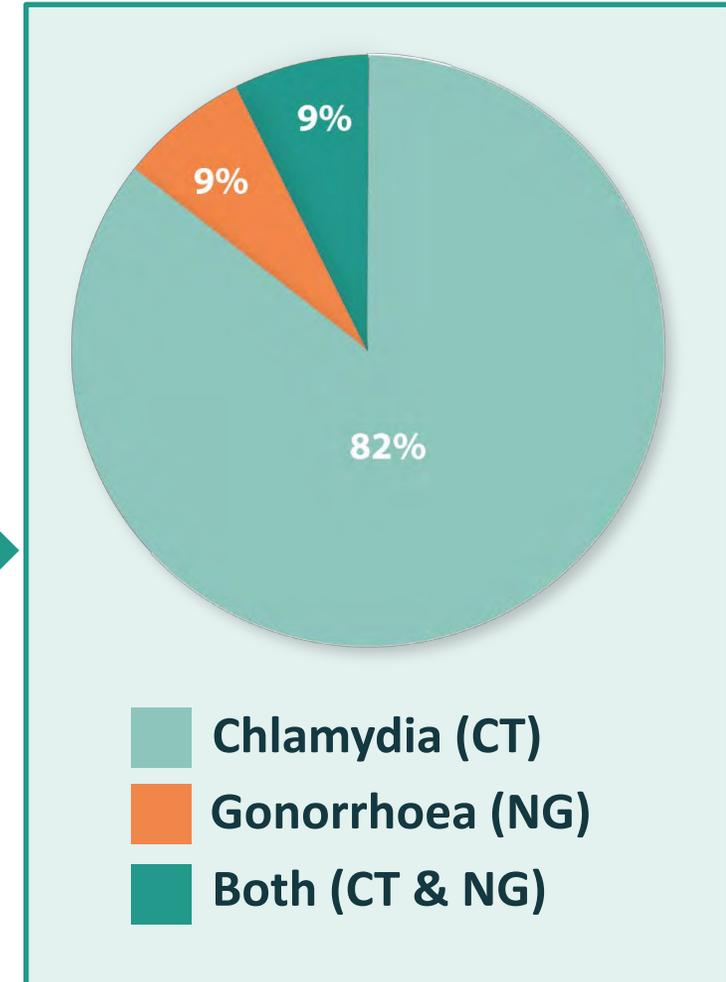
Majority of  
infections  
asymptomatic

211

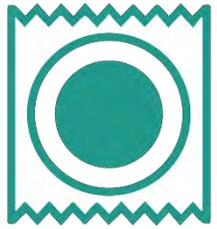
34% diagnosed with STI

136

65% were treated



# MORE LIKELY TO RETURN FOR TREATMENT?



Consistent condom usage (OR 4.9, 95% CI 1.5-16.1)



Using contraception at enrolment (OR 2.04; 95% 1.33-3.66)



Attending dedicated adolescent clinic  
(OR 3.08, 95% 1.66-5.73)

# CONCLUSION

- High rates of STIs that are mostly asymptomatic
- Move away from syndromic management towards aetiological testing
- Managed to get 65% in for treatment
- How do we get the remaining 35% in?**
  - AYFS may be more responsive to AGYW health needs and therefore ensure greater returns.  
This can be simplified and scaled.
  - Better messaging around STIs
  - Point of care testing

What about  
the other  
35% ?

# CONCLUSION



**Integrated adolescent responsive health services** are an essential component of Adolescent girl and young women **STI/HIV prevention.**

Integration of aetiological STI testing is mutually beneficial and synergizes SRH services for AGYW.

# ACKNOWLEDGMENTS

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