



IAS 2019

10TH IAS CONFERENCE ON HIV SCIENCE
Mexico City, Mexico 21-24 July 2019

PrEP re-initiation after interruption by adolescent girls and young women in Kenya and South Africa

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Background

- African adolescent girls and young women (AGYW) are at high risk of HIV.
- PrEP is highly effective in reducing HIV acquisition
- PrEP is not widely available to young women
- PrEP implementation for African AGYW needs to be integrated with reproductive health services and existing health systems
- Successful PrEP delivery requires understanding users including their partners of use and stopping and restarting PrEP



Prevention Options for Women Evaluation Research

What we are

POWER is a PrEP implementation science project in Kisumu, Kenya, Johannesburg and Cape Town, South Africa.

Who we work with

- HIV negative women
- Ages 16-25 years
- Sexually active
- Up to 3000 AGYW

Where We Work



Consortium Partners



UNIVERSITY OF WASHINGTON
INTERNATIONAL CLINICAL RESEARCH CENTER



DESMOND TUTU
HIV FOUNDATION



KENYA MEDICAL RESEARCH INSTITUTE
KEMRI



WITS RHI



Background

- POWER started in the early days of PrEP launches In Kenya and South Africa
 - Start dates;
 - Cape town 14/6/17
 - Johannesburg-10/7/17
 - Kisumu- 30/10/17
- In 2016 the Ministry of Health in Kenya launched PrEP for people at risk of HIV
- In 2015 consultations around PrEP began in South Africa with first policy approval in March 2016



POWER Objectives

Evaluate PrEP use:

- Assess and understand persistence and patterns of use

Demonstrate effective delivery models:

- Test 3 different PrEP delivery models
- Assess cost and cost effectiveness

Cape Town:
Mobile delivery services



Johannesburg:
Youth-friendly clinics



Kisumu:
Family planning clinics



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Present analysis

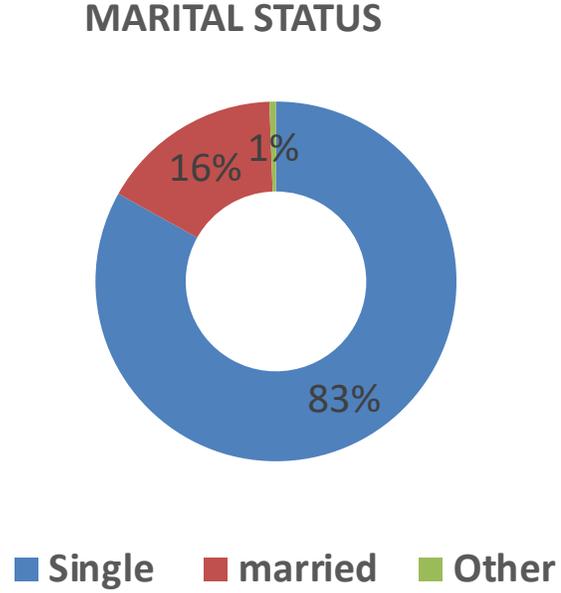
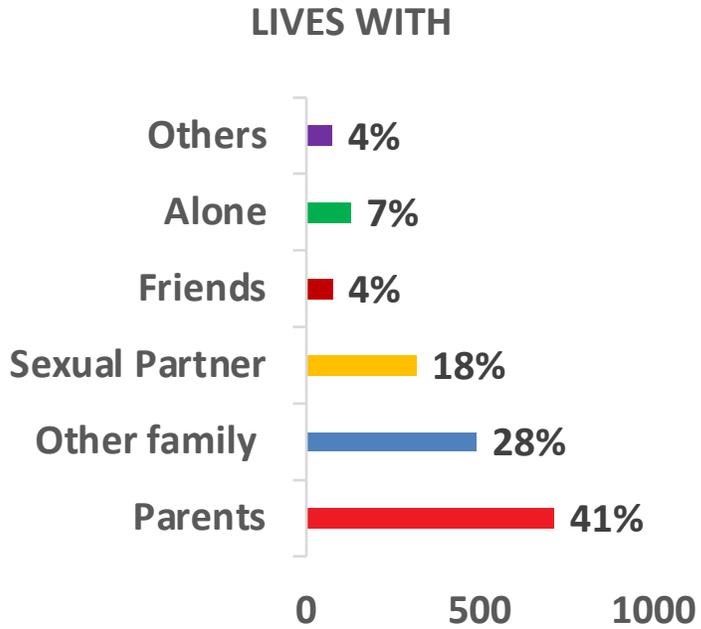
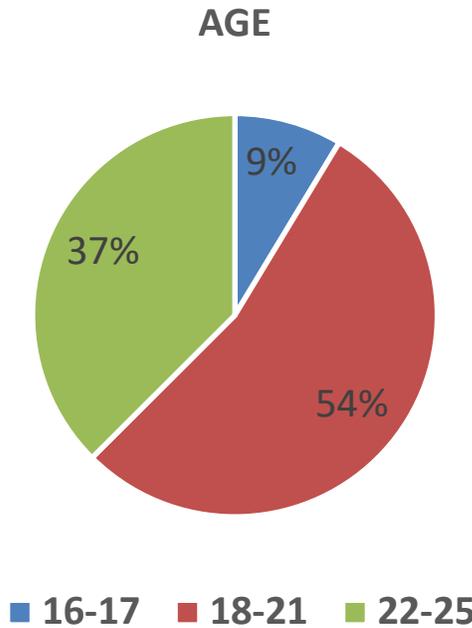
- Objective- To characterize PrEP interruptions and re-initiation among AGYW who initiated PrEP at enrollment.



- Patterns of PrEP use were measured using pharmacy records
- PrEP interruption was defined as PrEP not dispensed at a visit or a gap of >14 days without PrEP due to a missed visit.
- Reasons for interruptions were documented in chart notes.

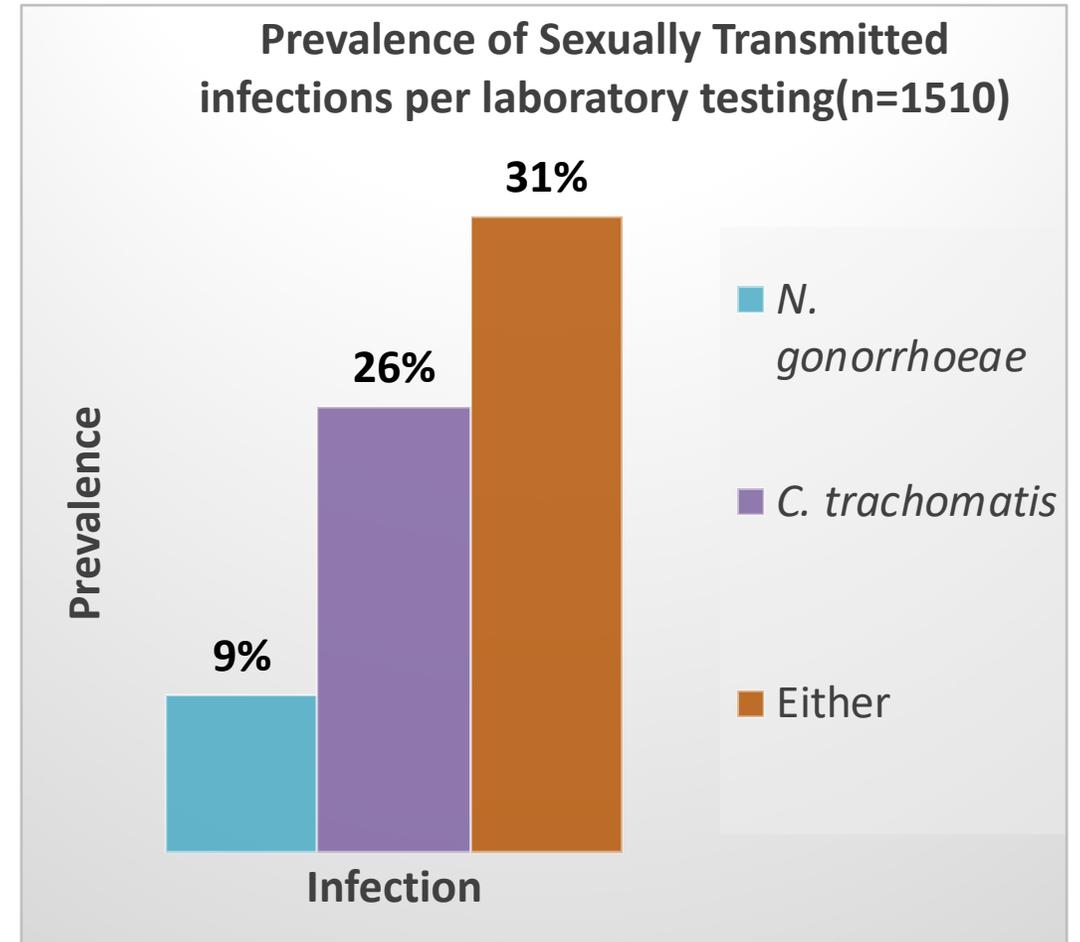
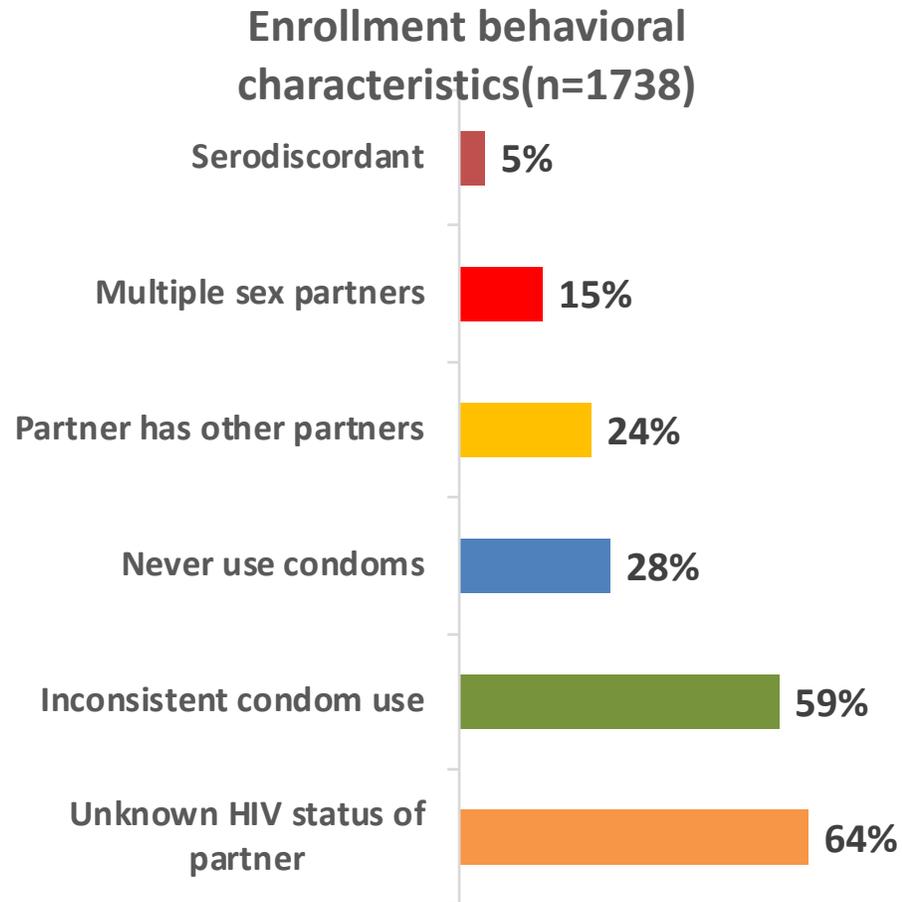


Results- Participants demographics (n=1738)

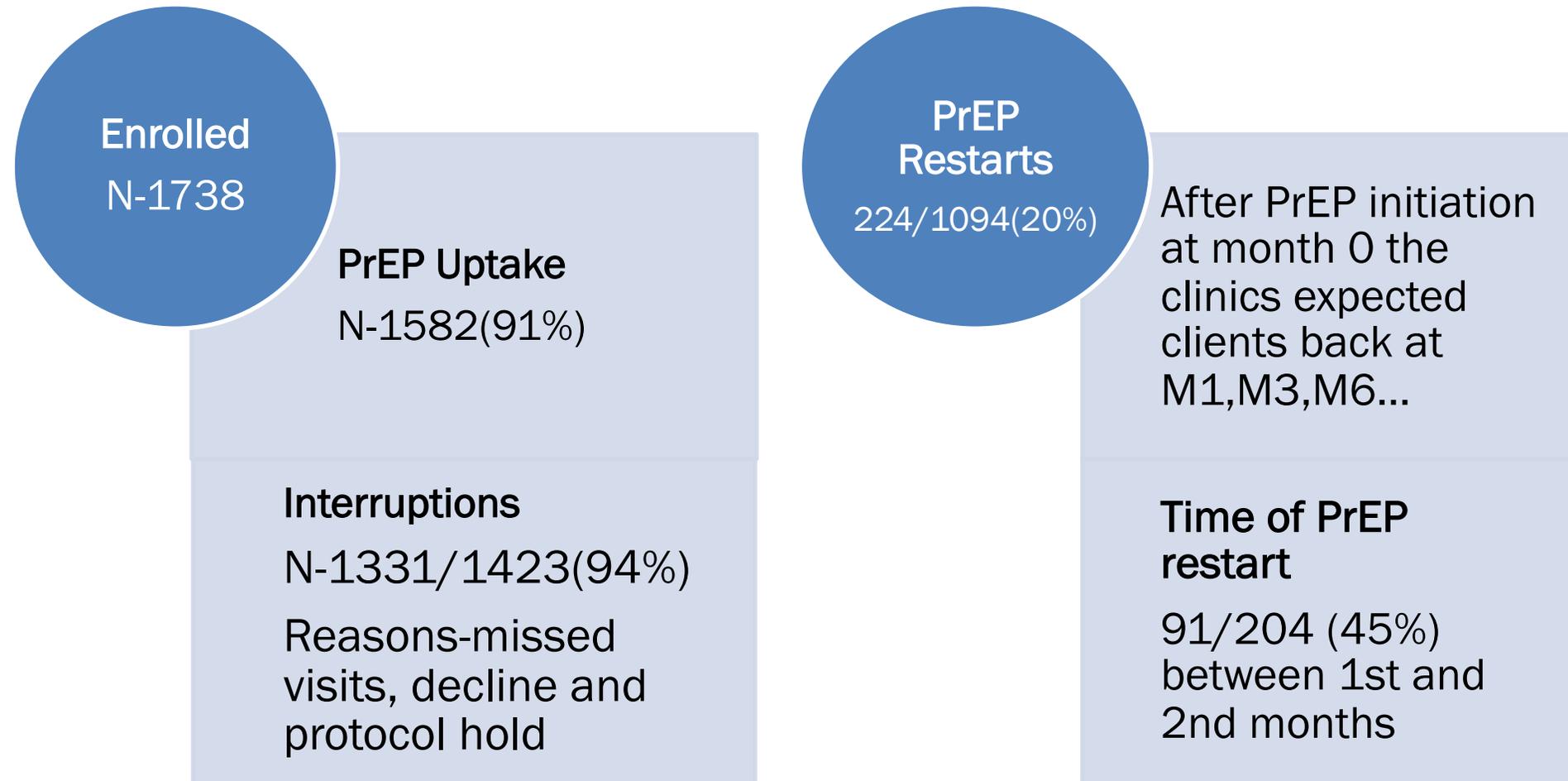


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Behavioral characteristics and STI prevalence



Results- PrEP uptake and interruptions



Illustrative quotes

‘I did not come for my refill coz I had travelled to my rural home to attend to my sick mother. At the time I did not have transport money to come back to the clinic for my refill. I also did not know where else to get it from’
(310320, Kisumu, Age 20)

‘I did not come for my visit and refill because I was not at risk. My sexual partners were not helping me as I had expected and so I quit the relationships. I came back because I have a new partner and I don’t know his HIV status’
(310214, Kisumu, Age 25)



Key findings

- Women enrolling in POWER and initiating PrEP are at high risks for HIV acquisition: Unknown partner HIV status, low condom use
- High proportions of risky behavior leading to high prevalence of STI
- High PrEP uptake (91%)
- Common PrEP interruptions (94%)
- 20% restarted PrEP, most of which were due to missed visits
- 46% re-initiated within a month of interruption.



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Conclusion

- Some of PrEP discontinuations are due to travel and logistic reasons.
- Identify delivery systems that facilitate easy access to PrEP and simplify PrEP refills to avoid unintended PrEP discontinuations.
- Develop counseling strategies for avoiding interruptions
- Minimize barriers to restarting PrEP (only need HIV test when restarting)



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Acknowledgements

- POWER study team
- POWER study participants
- IAS organizing committee



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POWER Study Team

University of Washington

- Project Co-Directors: Connie Celum & Jared Baeten
- Project Manager: Rachel Johnson
- Research Manager: Jennifer Morton
- Monitoring and Evaluation Lead: Gabrielle O'Malley

Implementation Leaders

- **Desmond Tutu HIV Foundation, Cape Town, South Africa:** Linda-Gail Bekker, Elzette Rousseau
- **Kenya Medical Research Institute, Kisumu, Kenya:** Elizabeth Bukusi, Victor Omollo, Josephine Odoyo
- **Wits RHI, Johannesburg, South Africa:** Sinead Delany-Moretlwe and Danielle Travill

Collaborators

- **Carnegie Mellon University:** Baruch Fischhoff, Nichole Argo
- **Massachusetts General Hospital:** Jessica Haberer
- **Research Triangle Institute (RTI):** Ariane van der Straten, Sarah Roberts
- **UCSF:** Nika Seidman, Christine Dehlendorf



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THANK YOU.



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