Let’s Not Forget Prevention in Clinic and Community Collaboration

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High rates of HIV infection in adolescents
More HIV prevention tools on the horizon
What can we learn from oral PrEP experience:
  - Listening to adolescents
  - Improving service delivery
  - Strengthening clinic-community collaboration
Every week 6000 adolescent girls and young women become infected with HIV (UNAIDS 2019)

By 2050, the population aged 15–24 in sub-Saharan Africa, is projected to more than double;

72% of new HIV infections in the region among adolescents and young people.  
(Khalifa et al 2019)
Oral PrEP Initiations – 7 Years On

PrEP Initiations by Country, October 2019

But will miss target of 3 million by 2020
Need to address multiple needs of adolescents girls and young women

- ECHO trial - multi-country RCT measured HIV incidence among African women assigned to one of three highly-effective contraceptive methods.
- No substantial difference in HIV risk among the methods evaluated; all methods safe and highly effective for pregnancy prevention
- HIV incidence high for all three groups (overall 3.8% per year)
Upcoming efficacy trial results: The future of HIV prevention

Vaginal ring
- Initial regulatory opinion in 2020; possible in market 2021
- Multipurpose ring in Ph 2/3 in 2022

Oral PrEP
- Reg review of F/TAF in Africa in 2020; data in women?
- Monthly pill in Ph 3 in 2021
- Possible dual pill to market by 2021

Long-acting ARVs
- CAB/LA results 2022; possible to market 2023/4
- Implants into Ph2/3 in 2021

Antibody
- Implications of AMP results in 2020 – prompting “what next” discussions
- Combo bNAb in Ph2/3 in 2021

Preventive HIV vaccine
- ALVAC and Ad26 results in 2021-23; possible licensure
- PrEPVacc begins enrollment in 2020
- Other strategies

Visit www.avac.org/pxrd for trial status updates.
More products and options are not enough

While product design and clinical profile may improve uptake and continued use, no single product will address all of the underlying health systems challenges and structural drivers of the epidemic.

How can we achieve a balanced ecosystem that supports current and future access to HIV Prevention?
Listening to Adolescents

**High-risk inclusion criteria**

**AGYW (N=1987 + 240)**
Adolescent Girls
Ages 15-19 years

**AG (Adolescent Girls)**
Ages 15-19 years

**YW (Young Women)**
Ages 20-24 years

**End User Research Design**

- **MPUMALANGA**
  - 1. Ehlanzeni
  - 2. Gert Sibande

- **KWAZULU - NATAL**
  - 1. eThikwini
  - 2. King Cetshwayo
  - 3. UMgungundlovu
  - 4. Ugu
  - 5. Zululand

- **15%**
  - Or higher HIV Prevalence amongst AGYW in District

- **1 Partner**
  - AND AGYW aware he has other sex partners

- **2 or More Partners**
  - Sex without a Condom in past 6 months
**Top Insights and Implications**

**AGYW currently do not have an HIV prevention journey – or likely any other journey outside of relationship management**

They want to *prevent* pregnancy, but seek to *avoid* or *treat* HIV

Risk and rewards are feelings, not cognitive assessments

AGYW have a distorted perception of those at-risk

AGYW prevention/avoidance strategies are reactive

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Improved treatments may reduce perceived urgency for Px

Current prevention methods require a high level of self-control

Preferences toward prevention methods are not static

Support networks for positive sexual health decisions are lacking

Matriarchs and nurses/CHWs have different, potentially complementary strengths as influencers
There are 3 types of AGYW based on their different relationship goals.

HIV prevention must be considered in the context of relationship management.

- **Lifestyle Seeker**: Seeking alignment with her lifestyle needs. 28%
- **Affirmation Seeker**: Seeking affection, desirability and safety. 30%
- **Respect Seeker**: Seeking respect and equality. 42%

Weighted population estimates from 2019 stratified random cluster sample of AGYW n+ 1,002 (+/- 3.4%)
## Improving Service Delivery: what can providers do and what do they need?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Potential Solutions</th>
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<tr>
<td>• Many adolescents cite side effects, pill size and need for discretion as barriers to uptake</td>
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<tr>
<td>• Low PrEP awareness and stigma</td>
<td>• Proactive management of side effects, counseling with a focus on relationships, more discrete packaging.</td>
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<tr>
<td>• AGYW seeking contraceptives are at high risk of acquiring HIV but services are separate</td>
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<tr>
<td>• AGYW seeking contraceptives are at high risk of acquiring HIV but services are separate</td>
<td>• Effective HIV and SRH integration – all services with the same provider, at the same place at the same time</td>
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<td>• Providers not authorized to prescribe PrEP</td>
<td>• Community-based provision</td>
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<td>• Some providers reluctant to prescribe PrEP fearing it will encourage clients to forego condoms, take on more sexual partners, and increase risk of STIs</td>
<td>• Task shifting for oral PrEP while not overburdening staff</td>
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<td>• Training that moves beyond clinical management and includes values clarification, understanding how own biases, beliefs and attitudes affects client interaction</td>
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Health care workers are frontline advocates too!

Prevention literacy for providers, for influencers and for communities

Lift up youth advocates and voices leading the charge
Prevention cannot be left out of the equation.

- Adolescents (especially girls and young women) and young key populations are at risk and least empowered to seek services.
- Prevention is part of HIV/SRHR integration.
- Prevention and UTT can end the epidemic.
Thank you!

- www.avac.org
- www.PrEPWatch.org