

AVAC

Global Advocacy for HIV Prevention

# Let's Not Forget Prevention in *Clinic and Community Collaboration*

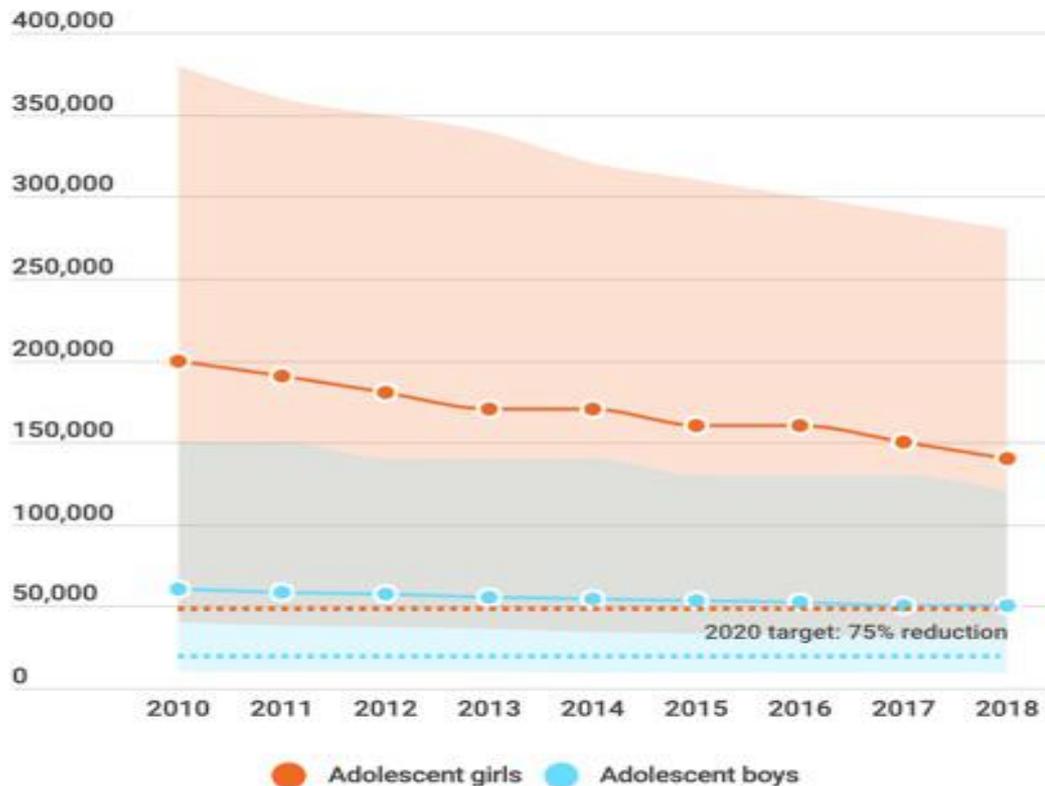
Jessica Rodrigues,  
Director of Product Introduction and Access  
*October 2019*

# Outline

- 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

# Missing the Target for Adolescents

Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2018 and 2020 target



Source: UNAIDS 2019 estimates

Notes: The 75 per cent reduction by 2020 refers to Super-Fast-Track targets for children.

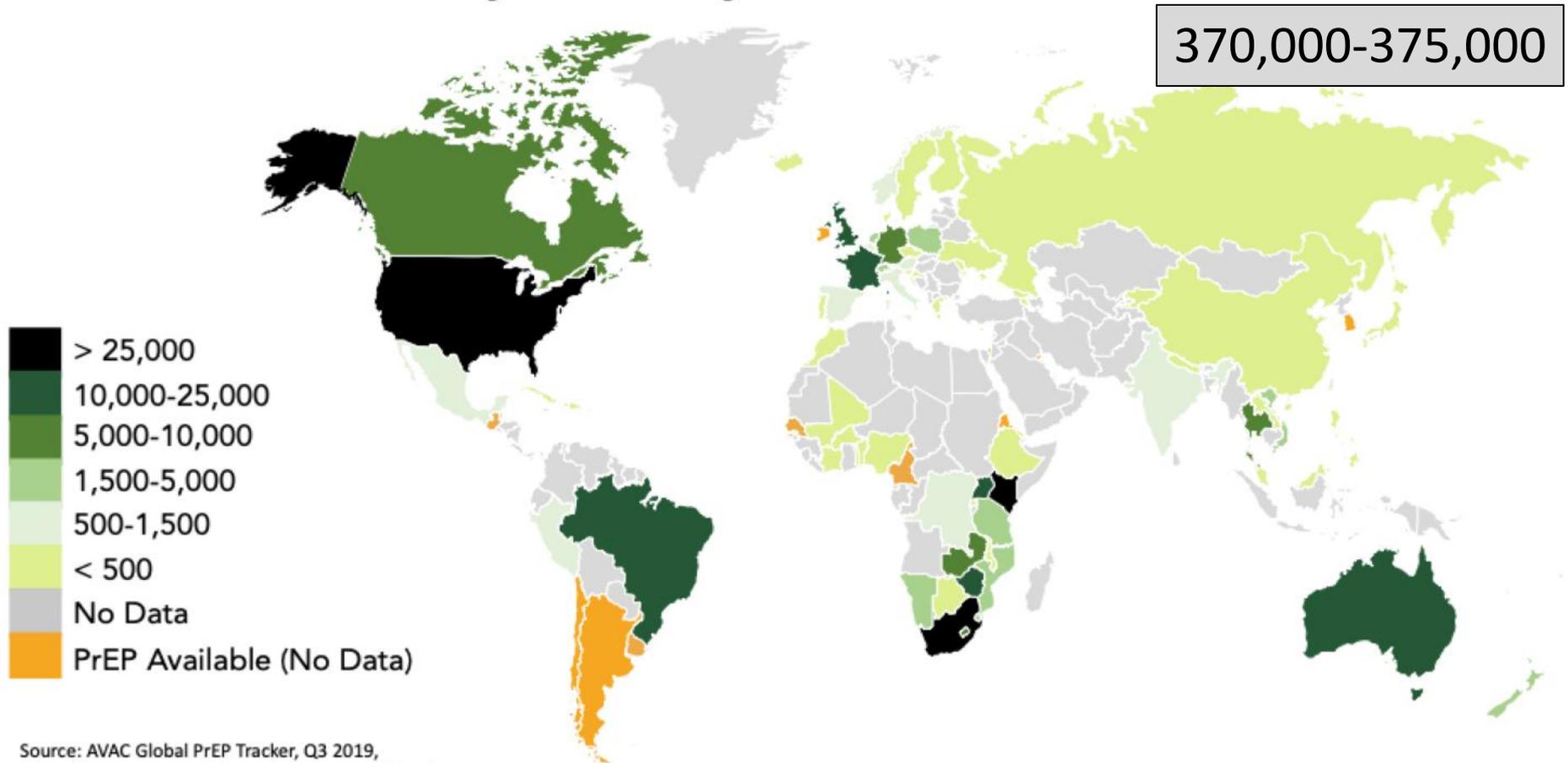
Every week 6000 adolescent girls and young women become infected with HIV (UNAIDS 2019)

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



Source: AVAC Global PrEP Tracker, Q3 2019,  
<https://www.prepwatch.org/country-updates/>

But will miss target of 3 million by 2020

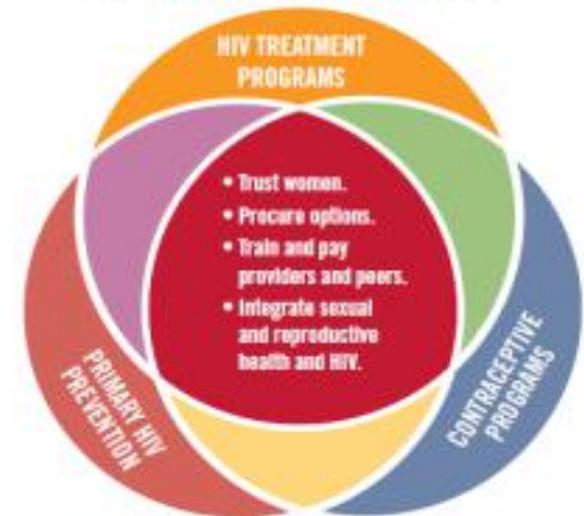
# Need to address multiple needs of adolescents girls and young women

- 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)

## HIV and SRH integration

### PUTTING WOMEN AT THE CENTER: INFORMED CHOICE IN 2018 AND BEYOND

Give women the choice to use DTG or not and to use contraception if indicated and desired.



Need to support choices across options, with risk reduction—not the use of a specific product—as the primary outcome.

Need to give women the choice to use DMPA-IM or –SC or not, and to use HIV prevention as desired.

# R&D Pipeline – Future

## Upcoming efficacy trial results: The future of HIV prevention



Vaginal ring



Oral PrEP



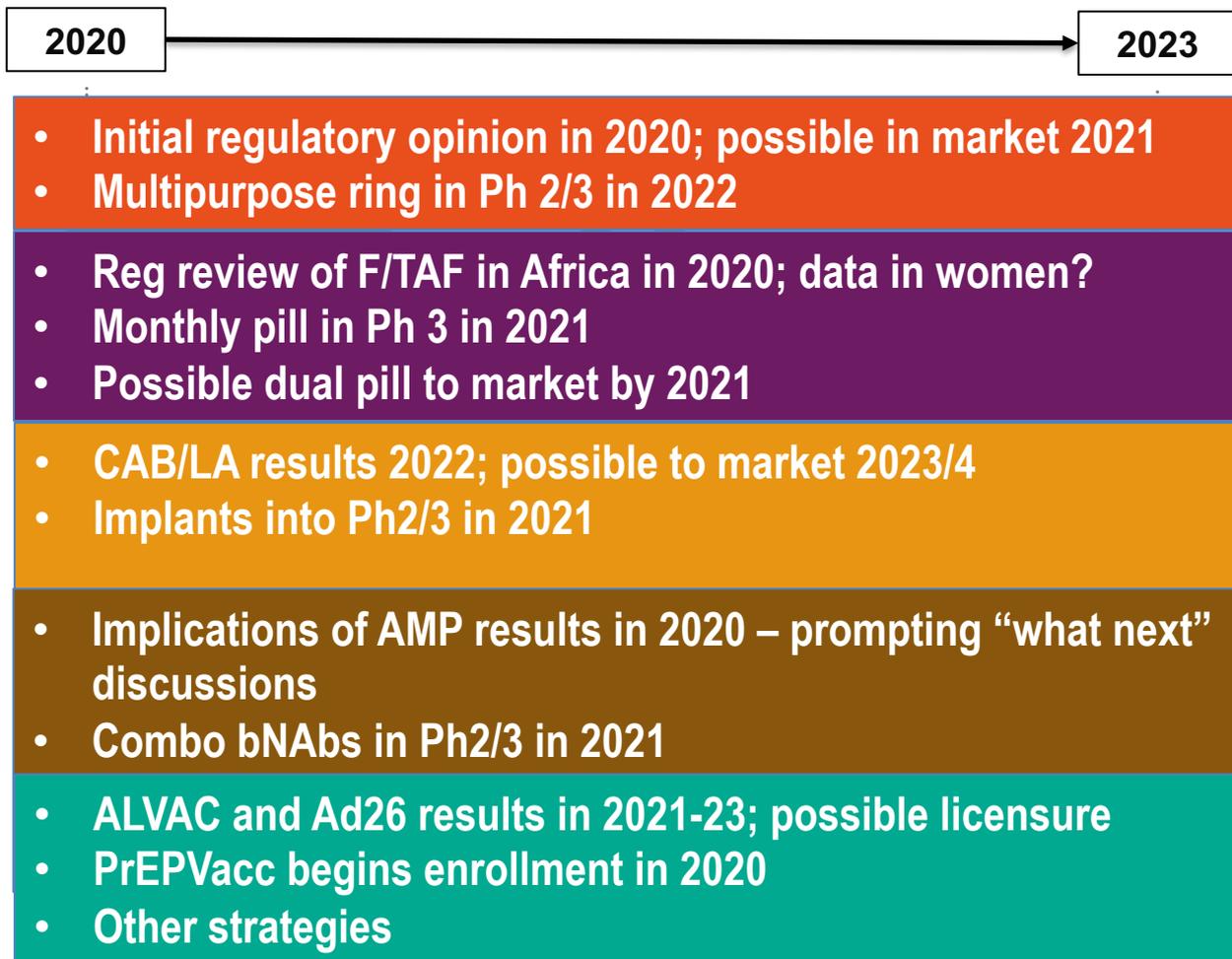
Long-acting ARVs



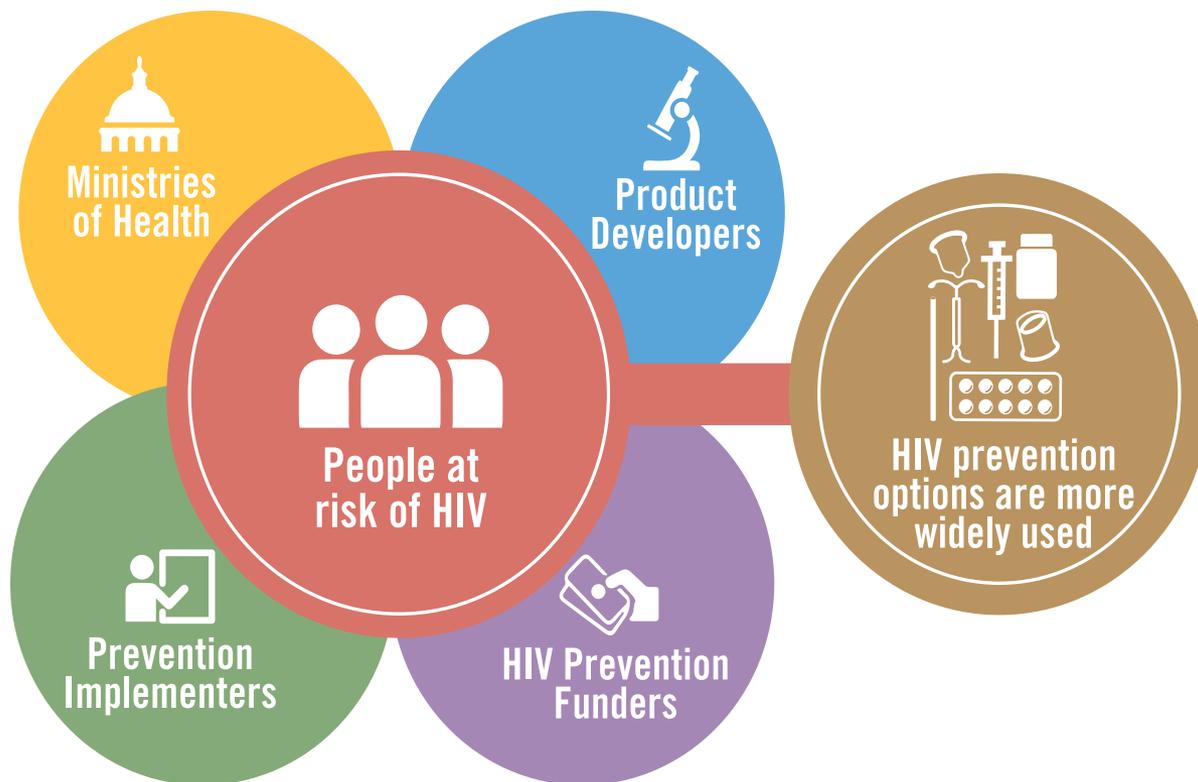
Antibody



Preventive HIV vaccine



# 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

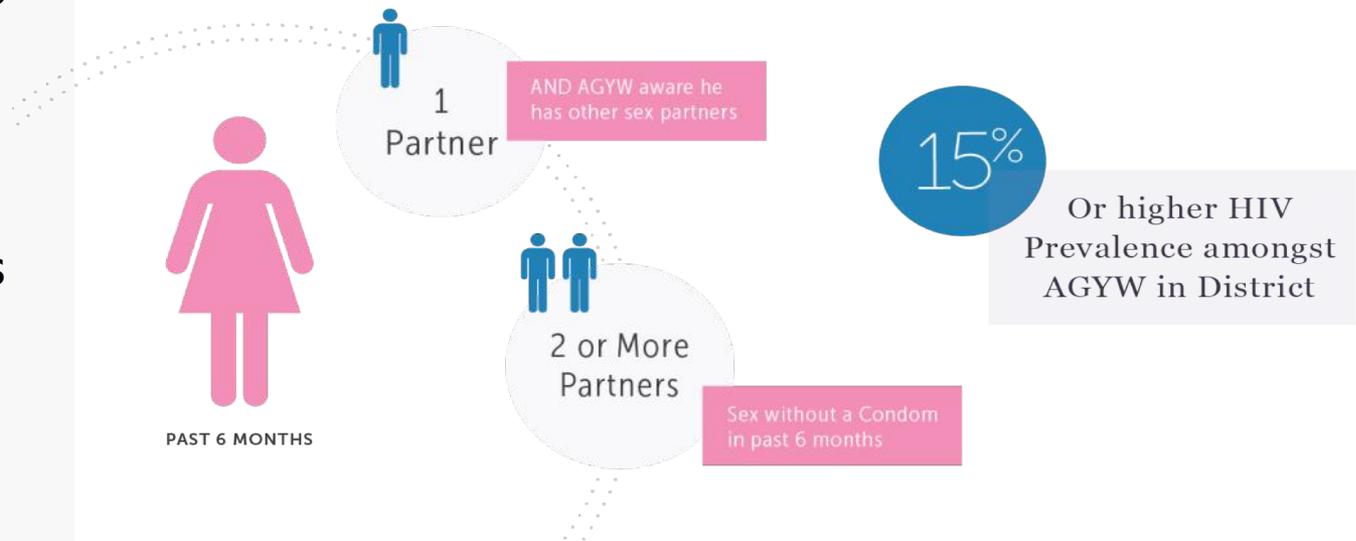
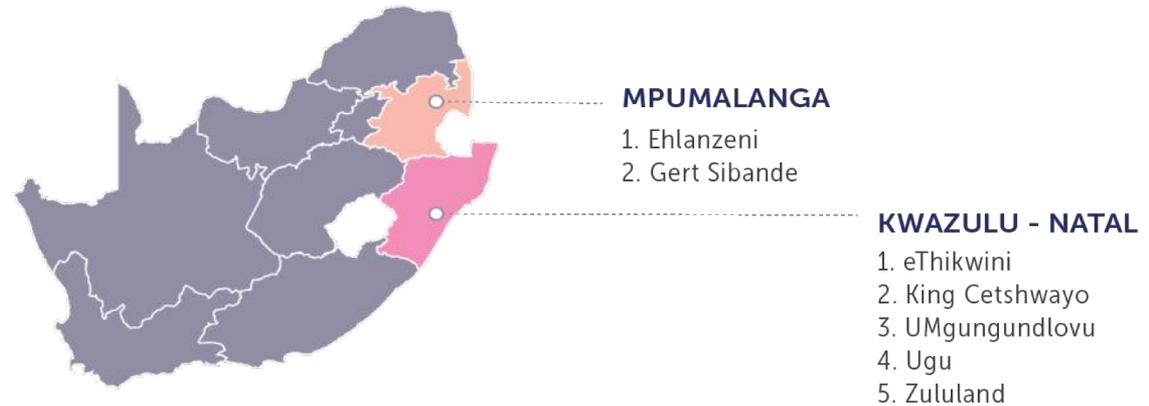
## High-risk inclusion criteria

**AGYW**  
(N=1987 + 240)

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

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

## End User Research Design



# 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

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

# Different Adolescents, Different Relationship Goals & Values

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?

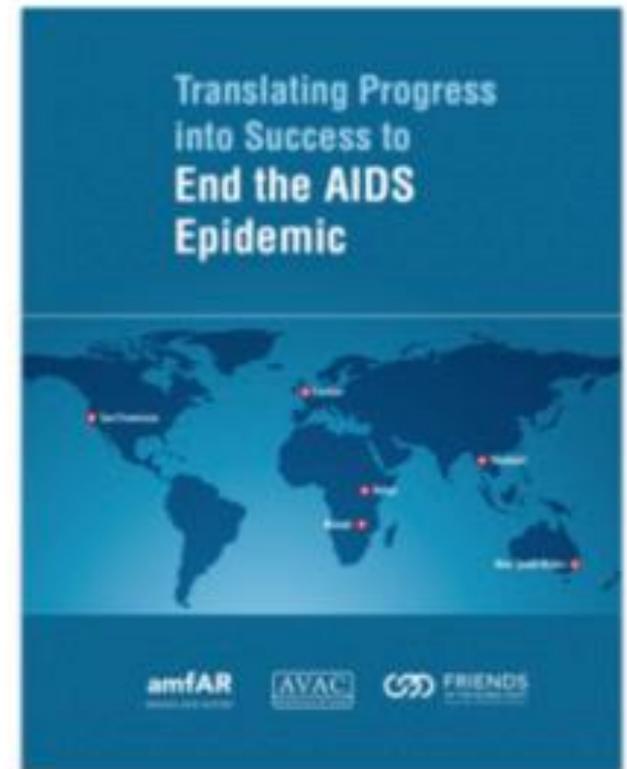
Challenges	Potential Solutions
<ul style="list-style-type: none"><li>• Many adolescents cite side effects, pill size and need for discretion as barriers to uptake</li><li>• Low PrEP awareness and stigma</li></ul>	<ul style="list-style-type: none"><li>• Proactive management of side effects, counseling with a focus on relationships, more discrete packaging.</li><li>• Peer navigators and support, youth clubs</li><li>• Community dialogues and sensitization</li></ul>
<ul style="list-style-type: none"><li>• AGYW seeking contraceptives are at high risk of acquiring HIV but services are separate</li></ul>	<ul style="list-style-type: none"><li>• Effective HIV and SRH integration – all services with the same provider, at the same place at the same time</li><li>• Community-based provision</li></ul>
<ul style="list-style-type: none"><li>• Providers not authorized to prescribe PrEP</li><li>• Some providers reluctant to prescribe PrEP fearing it will encourage clients to forego condoms, take on more sexual partners, and increase risk of STIs</li></ul>	<ul style="list-style-type: none"><li>• Task shifting for oral PrEP while not overburdening staff</li><li>• Training that moves beyond clinical management and includes values clarification, understanding how own biases, beliefs and attitudes affects client interaction</li></ul>

# Strengthening clinic and community collaboration

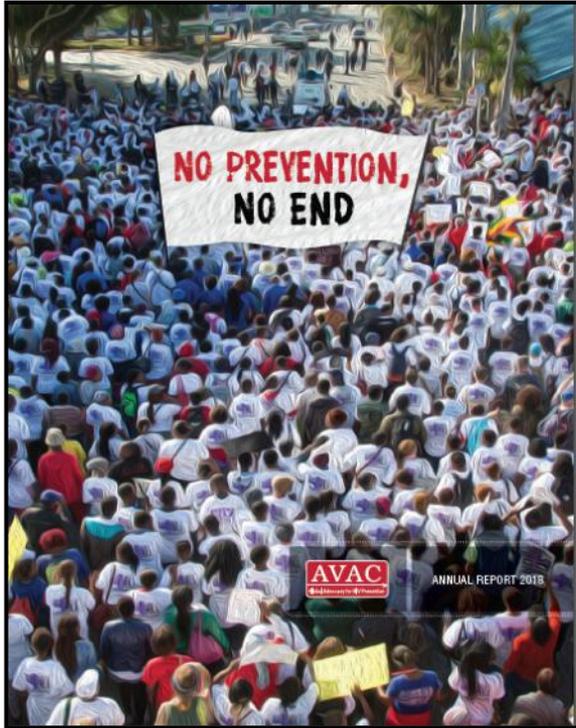
- Health care workers are frontline advocates too!
- Prevention literacy for providers, for influencers and for communities
- Lift up youth advocates and voices leading the charge

# 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



# Acknowledgements



Thank you!

- [www.avac.org](http://www.avac.org)
- [www.PrEPWatch.org](http://www.PrEPWatch.org)

**HIV Prevention Market Manager** | Accelerating Product Introduction  
Informing Product Development  
Reducing Time to Impact

**AVAC** | CLINTON HEALTH ACCESS INITIATIVE

Global Advocacy for HIV Prevention | U.S. President's Emergency Plan for AIDS Relief

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**OPTIONS**  
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

**fhi360** | **WITS RHI** | **AVAC** | **PZAT** | **lvct health**

THE SCIENCE OF IMPROVING LIVES | UNIVERSITY OF THE WITWATERSRAND | Global Advocacy for HIV Prevention | PREVENTION EMERGENCY AIDS TRUST | **lvct health** *Healthy women*

**FSG** | **McCANN** | **Avenir Health** | **LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE**

REIMAGINING SOCIAL CHANGE | GLOBAL HEALTH | **Avenir Health** | **LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE**

**USAID** | **PEPFAR**

FROM THE AMERICAN PEOPLE | **PEPFAR**

**Coalition to Accelerate & Support Prevention Research (CASPR)**

**USAID** | **PEPFAR** | **AVAC**

FROM THE AMERICAN PEOPLE | U.S. President's Emergency Plan for AIDS Relief | Global Advocacy for HIV Prevention

**APH** | **Avenir Health** | **fhi360** | **iavi** | **International AIDS Vaccine Initiative**

**Internews** | **UNIVERSITY OF KWAZULU-NATALI** | **Waci Health** | **WITS RHI**

Local voices. Global change. | **UNIVERSITY OF KWAZULU-NATALI** | **Waci Health** | **WITS RHI**

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