

AVAC

Global Advocacy for HIV Prevention

Advocacy Agenda for PrEP in Trials and SRHR Services?

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AIDS2018, July 2018

Prevention Research & Oral PrEP Rollout: The evolving context for HIV prevention research

As the table below shows, many of the current or planned prevention trials are taking place in countries where daily oral PrEP is, or will soon be, available. This has implications for many aspects of trial design.

	PrEP STATUS					TRIALS						
	Regulatory Approval (**filed)	Guidelines issued	Demonstration projects (**planned)	Large-scale implementation initiatives	National health system delivery	Antibody		Preventive vaccine		Long-acting injectable		HC-HIV
						HVTN 703/ HPTN 081	HVTN 704/ HPTN 085	HVTN 702	HPX2008/ HVTN 705	HPTN 083	HPTN 084	ECHO
Argentina										●		
Botswana	**	●				●					●	
Brazil	**		●	●	●		●			●		
Kenya	●	●	●	●	●	●					●	●
Malawi	●		**			●		●			●	
Mozambique	**		●			●		●				
Peru	●		●				●			●		
South Africa	●	●	●	●		●		●	●	●	●	●
Swaziland	●		●								●	●
Switzerland							●					
Tanzania	●		●			●						
Thailand	●		●	●						●		
Uganda	**	●	●								●	
United States	●	●	●	●	●		●			●		
Vietnam			●							●		
Zambia	●	●	●						●			●
Zimbabwe	●	●	●			●			●		●	

Advocates engaged in this discussion...

- Trial participants have the right to the highest standard of HIV prevention and care as part of participation
 - WHO/UNAIDS [ethics guidance](#)
 - UNAIDS/AVAC [Good Participatory Practice Guidelines](#) for biomedical HIV prevention
- But ethics, trial design issues, resources complex - opinions differ and politics abound
- Advocates been engaged in this discussion as long as they have been engaged in rx discussions
 - Standard of treatment, ..of prevention, post-trial access
- Variety of ways oral PrEP provided, e.g. ECHO, MTN trials



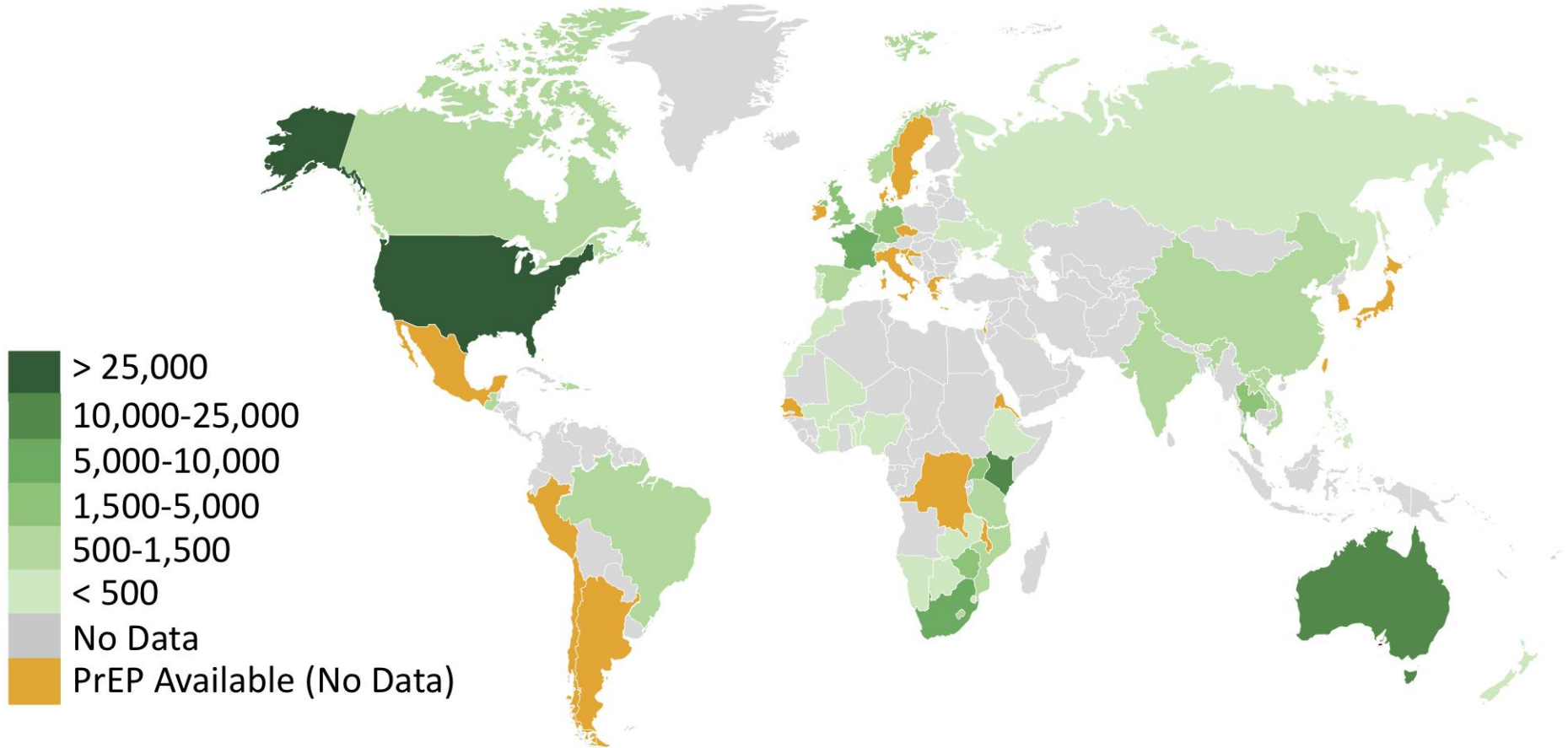
Cape Town , 2 November 2017

To be clear, we have two demands :

1. PrEP works. We know this. PrEP should be provided by trial sites to participants who want it. This does not exclude our government from its obligations to give us the choice and range of tools that we know work to prevent HIV – female and male condoms and yes, PrEP.
2. Networks need to meaningfully support a broader national conversation to advance PrEP for all. It is an ethical and a political imperative. PrEP works to prevent HIV – it works for women who take it.

https://www.avac.org/sites/default/files/u3/Advocates_Imbizo_Statement.pdf

PrEP Initiations by Country (April 2018)



Source: AVAC Global PrEP Initiation Tracker 2018

Never be less PrEP...

While one research organization, product developer or funder cannot reverse global inequities in HIV prevention or care, researchers have an obligation—and an opportunity—to try to narrow the equity gap.

- Never be fewer countries offering oral PrEP
- If not now, then by the time the study ends
- Trial participants come from the same communities that most need prevention options
- Research design needs to prepare for future context, not current one

Moving forward...

- Civil society is key to the HIV response and must be engaged/involved
- Context matters: trial sites & govts engage with the changing environment
- Innovative access to PrEP in trials
- Inclusive engagement of community-based advocates and CABs
- Regulators, ethics review bodies and funders need to be coordinated across geographies and networks.

PrEP as part of SRH services?

Yes of course! But...

Key Questions about Users (& Influencers)

- Who needs what?
- Who wants what?
- Who gets what?
- How to deliver it?
- How to support adherence?
- Who pays?
- Who decides?



- **Personal**

Those who use

- **Programmatic**

Those who choose

- **Policy**

Those who pay the dues

“Women’s needs are much more complex than just HIV, access to PrEP only will not solve all other needs like avoiding pregnancies and STIs, hence access to the other services remains key.”

“Integrating PrEP with SRH services would help complement other already existing efforts with similar intentions. In addition to condoms some SRH sites are already offering additional HIV prevention services like VMMC. Bringing in PrEP would help make the services more comprehensive”

“Often times when we talk about SRH what comes to mind is a woman, yet men are also supposed to be given access to SRH. With Integrating PrEP in SRH clinics two things could happen; it would either result in low uptake of PrEP among men, or it could attract more men to come to the SRH clinic thereby increasing their uptake of the other SRH services”

“Right now, PrEP is still in its pilot phase in Western Cape, so it is hard for me to foresee this type of implementation and distribution”

Yes....

“Everyone I know who takes PrEP also uses family planning...”

“...accessing various services from different service points can be boring”

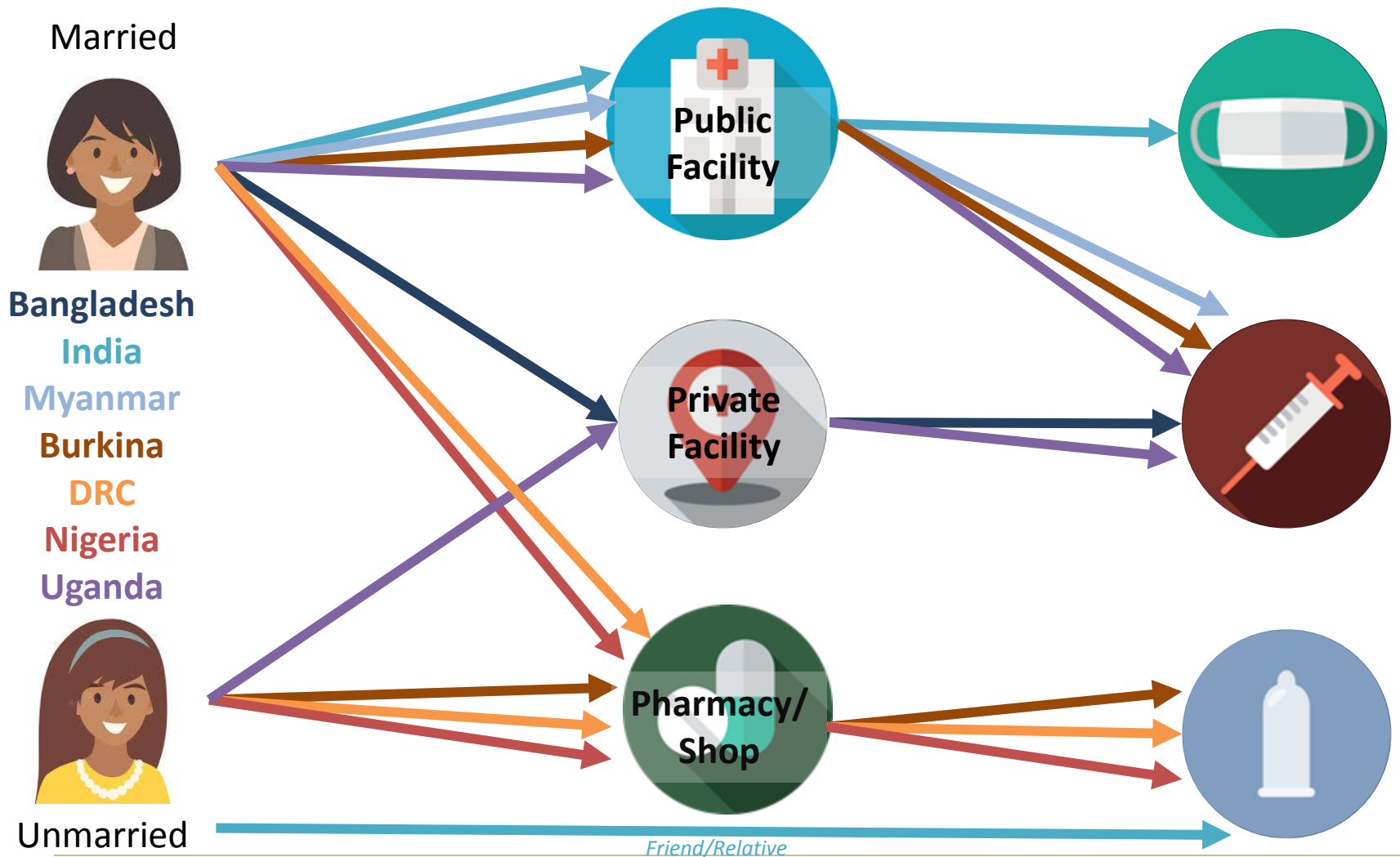
- Women accessing SRH have health seeking behavior; already talking to HCW about unprotected sex; understand cycling on/off
- PrEP and contraception timing/tests could be aligned
- Clinic/mobile/center doing something right
- Start building out delivery platform for future MPTs
- PrEP works, provides choice, “Can be used covertly (sort of)”
- Could help in destigmatizing PrEP as part of a broader package
- **This is may be the best entry point even if uptake is initially low**

But...

“Some girls felt that once their partner finds out they’re on PrEP they’ll stop using condoms”

- Is contraception-seeking same as HIV px seeking? Or pill seeking?
- FP funding bring women to clinics for FP services, not for oral PrEP
- PrEP is new: more myths, stigma – could it hurt FP services?
- Do those who most need PrEP access SRH or other services?
- SRH basically (overburdened) primary health care services
- Integration not widespread (few offer HIV testing, mostly referrals)
- Poor choice and info of existing contraceptive options
- Confusion of PEP and PrEP
- Self-testing in PHC makes risk assessment counseling challenging

ACCESS POINT AND MAIN METHOD FOR YOUTH



But...

“We haven’t figured out how to do it well enough yet – so this is not the model we want to integrate. We have to tweak it more”

- Do we want to focus limited resources on one model of delivery?
- SRH access points - implementation studies or very small rollout
- PrEP uptake as part of SRH (FP) still not optimal: low uptake & return
- Community based SRH services severely compromised by resource cuts (such as Global Gag rule) –existing SRH stretched very thin
- *“It’s just the two of us providing support to GBV victims and now we have to talk to them about PrEP as well”*
- Provider stigma could be a big barrier



Provider stigma could be a barrier for AGYW's access to PrEP

Factors associated with providers' willingness to prescribe PrEP (n=316)

	Adj. IRR ¹ (95% CI)
Negative attitudes toward AGYW sexuality	0.81 (0.66–0.99)*
Behavioral Disinhibition scale	0.89 (0.79–0.99)*

¹Adjusted for provider demographics, prior PrEP knowledge, other facility factors (e.g., stockouts)
*p<0.05

"Some of us are very critical and judgmental. We just judge someone, "Ooh you came again? Last time you had gonorrhea, did you do it again?"

—Service provider, age 32

Pilgrim, N. et al. (2018) Provider perspectives on PrEP for adolescent girls and young women in Tanzania: The role of provider biases and quality of care. PLOS ONE 13(4): e0196280.

@Pop_Council



Sanyukta Mathur, Population Council,
AIDS2018 – PEPFAR DREAMS

Lessons learned

- A professional nurse trained to initiate ART and deliver sexual reproductive health services, a counsellor and a peer educator are the basic staff required
- Expansion of PrEP to public facilities will require special attention to staff attitudes and responsiveness to key and vulnerable populations
- Support for retention on PrEP and ART especially side-effect management is critical
- Tracking and tracing clients who fail to return requires special attention

Challenges

- PrEP can only be delivered from a health facility that meets the regulatory criteria to keep and dispense scheduled medication.
- Making PrEP available to key and vulnerable populations who already have limited access to health services
- Limited number of health facilities that are sensitive to the needs of key populations and adolescents and youth
- Promoting and marketing a new HIV prevention intervention amongst sex workers and transgender who already feel marginalised and discriminated against
- The experience of side effects from PrEP drugs
- Low uptake and retention of PrEP amongst sex workers

Integrating oral HIV pre-exposure prophylaxis (PrEP) in a public family planning facility and youth center to inform national roll out in Zimbabwe

22nd International AIDS Conference
24 July 2018

Presented by Makaita Gombe, Clinton Health Access Initiative (CHAI)

Co-authors: Y. Manawendeza, G. Ncube, N. Zwangobani,

B. Cakouros, A. Svisva, A. Manawiro, M. Murwira, A. Mkwamba, A. Erlwanger, M.L. Prust

The authors have no conflicts of interest to declare



Key takeaways

- Support for PrEP for AGYW
- De-stigmatized introduction of PrEP for AGYW is important & requires:
 - Targeted engagement of key actors in AGYW lives
 - Rigorous training for providers beyond clinical aspects
 - Developing mechanisms to support PrEP use
- Refined tools can help identify AGYW in most need of PrEP & HIV prevention counseling
- Ongoing rapid evidence generation to inform rollout and course correction

Population Council
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Where Evidence Inspires



Sanyukta Mathur, Population Council,
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And what about?

- New formulations of PreP?
- If there is a backlash to PreP?
- If HCW training not updated adequately?
- Few resources added?
- Managing sero-conversion, testing, lab tests, side-effects?
- HIV-services have more funding (at the moment)
- What about the men? What about other KPs?
- Those who don't access SRH - or any services?

Advocacy: aspirational to realistic...

- It's early days: don't let early teething problems dissuade us
- Contextual: many points of delivery and focused on where the populations that need them access
- Integrating advocacy: integrating HIV and SRH services (even without PrEP) critical - but even our advocacy is not fully integrated yet
- Looking to the future and preparing for MPTs
- *“Every service as an entry point for every other service”*

Advocacy: aspirational to realistic...

Need new models, many platforms & commitment to integration

- Multiple delivery platforms (e.g. SRH services & PrEP access for men too)
- Staff training: ARV provision, testing, side effects
- Community adherence support
- HTC services as part of the broader services
- Linkage to care & treatment
- Consider optimal and minimum requirements

Integration is critical!

- Donors need to invest in innovating this model, research for better integrated delivery model
 - Integration index
 - Generation Now
- Integration of PrEP (HIV services) is an opportunity to revitalize health systems
- Investing in community support systems (not just community delivery mechanisms)



World Health Organization | IPPF | SRHR & HIV LINKAGES TOOLKIT

toolkit.srhhivlinkages.org/#home

For SRHR and HIV linkages, I would like to...

1. understand and advocate for linkages
2. know how to integrate services
3. monitor and evaluate
4. conduct research
5. provide integrated SRHR and HIV services for various populations
6. protect and promote human rights
7. apply learnings to other areas of integration
8. mobilise resources and work in partnerships
9. know more about the thematic connections and key entry points

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SRH & HIV LINKAGES RESOURCE PACK

SRH & HIV Linkages | Rapid Assessment Tool | Key Technical Topics | Research | Documents by Category | Search

SRH & HIV LINKAGES

Within this section

- An overview
- HIV and SRHR Linkages Infographic Snapshots
- How to Integrate
- SRH & HIV International commitments
- The evidence

AN OVERVIEW

 **SRHR and HIV Linkages: Navigating the work in progress 2017**
Working Group on SRH and HIV Linkages.

Additional information
Year 2017 | Authors IAWG on SRH and HIV Linkages, IPPF, WHO
Keywords Linking sexual and reproductive health and HIV, SRH and HIV integration

[Download](#)

 **SRH & HIV Linkages Compendium: Indicators and Related Assessment Tools**

While there are many separate indicators related to sexual and reproductive health (SRH) and HIV, a key challenge has been the lack of internationally-agreed indicators to measure progress in linking SRH and HIV. Based on a theory of change, this *SRH and HIV Linkages Compendium* contains a focused set of indicators and related assessment tools that have relevance to tracking the links between SRH and HIV programmes at national and sub-national levels. Each indicator includes an overview, a brief description of its relevance to SRH and HIV linkages, and a hyperlink to a detailed definition. All the indicators in this compendium have passed through a rigorous evaluation based on the indicator standards of the UNAIDS Monitoring and Evaluation Reference Group.

Additional information
Year 2014 | Authors IAWG for SRH & HIV Linkages, IPPF, UNFPA, WHO
Keywords Linking sexual and reproductive health and HIV, monitoring and evaluation, Resources, tools

[Download](#)

Great resources & initiatives to use and support!

*“Not everyone is comfortable with the existing preventive options let alone being readily accessible to them. So it's necessary to ensure that we have **multiple options** along with the effort to make sure they are **available and accessible to everyone.**”*

*“Young girls need the resource of PrEP as part of Family Planning, and so if they can get it as part of that service, I think **this is what our end goal should be.**”*

Many thanks to...

- Georgina Caswell, Sinead Delaney, Emily Gwavava, Chilufya Hampongo, Letty, Maureen Luba, Imelda Mahaka, Deloune Matongo, Wanjiru Mukoma, Lillian Mwaykosi, Definate Nhamo, Neliswa Nkwali, VARG
- Colleagues at AVAC
- And to the integration advocates who tirelessly beat that drum...

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