Let’s Not Forget Prevention in Clinic and Community Collaboration

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Director of Product Introduction and Access 

October 2019
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

370,000-375,000

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).
R&D Pipeline – Future

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 Ph 2/3 in 2021

**Antibody**
- Implications of AMP results in 2020 – prompting “what next” discussions
- Combo bNAbs in Ph 2/3 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/pvrd](http://www.avac.org/pvrd) for trial status updates.

2020

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- Multipurpose ring in Ph 2/3 in 2022

2023

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Visit [www.avac.org/pvrd](http://www.avac.org/pvrd) 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?
High-risk inclusion criteria
AGYW
(N=1987 + 240)

AG
(Adolescent Girls)
Ages 15-19 years

YW (Young Women)
Ages 20-24 years

Listening to Adolescents

End User Research Design
## Top Insights and Implications

<table>
<thead>
<tr>
<th>AGYW currently do not have an HIV prevention journey – or likely any other journey outside of relationship management</th>
<th>Improved treatments may reduce perceived urgency for Px</th>
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<tbody>
<tr>
<td>They want to <em>prevent</em> pregnancy, but seek to <em>avoid</em> or <em>treat</em> HIV</td>
<td>Current prevention methods require a high level of self-control</td>
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<td>Risk and rewards are feelings, not cognitive assessments</td>
<td>Preferences toward prevention methods are not static</td>
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<td>AGYW have a distorted perception of those at-risk</td>
<td>Support networks for positive sexual health decisions are lacking</td>
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<td>AGYW prevention/avoidance strategies are reactive</td>
<td>Matriarchs and nurses/CHWs have different, potentially complementary strengths as influencers</td>
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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>
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<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>
<td>Proactive management of side effects, counseling with a focus on relationships, more discrete packaging.</td>
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<td>Low PrEP awareness and stigma</td>
<td>Peer navigators and support, youth clubs</td>
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<td>AGYW seeking contraceptives are at high risk of acquiring HIV but services are separate</td>
<td>Community dialogues and sensitization</td>
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<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>Task shifting for oral PrEP while not overburdening staff</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>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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</table>
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
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
- www.PrEPWatch.org
SELF HEALTH MANAGEMENT AND DSD

My Treatment- My life- My choice

Dr Immaculate Mutisya
Pediatrician, adolescent health Specialist
CDC, Kenya

PATA 2019 SUMMIT, 16th-19th Oct 2019
Sunnyside Park Hotel, Johannesburg, SA
Outline

• Background
• Self health management
• DSD: Operation triple zero
• Conclusion
Background

• Adolescents and young people living with HIV (AYPLHIV) are LAGGING BEHIND

• HIGH MORTALITY among adolescents and young people living with HIV (AYPLHIV)

• UNACCEPTABLY HIGH number of new infections among AYP
It is time to shift

• Adolescents are not a **PROBLEM to be FIXED**, They are a **POTENTIAL to be NURTURED**

• **DEFICIT BASED** programming to **ASSET BASED** Programming
Deficit vs Asset based Programming

**DEFICIT BASED APPROACH**
- Respond to problem
- See adolescents as passive recipients
- Fix problem
- Implement a program as the answer

**ASSET BASED APPROACH**
- Identify strength
- See adolescents as active co-producers
- Develop potential
- See adolescent as the answer
Self health management is an asset!
Differentiated Service delivery model: Operation triple zero (OTZ)

**Operation triple zero**
- Zero missed appointments
- Zero missed drugs
- Zero viral load

**Other zeros**
- Zero MTCT
- Zero Stigma
- Zero Deaths
- Zero new infections
- Zero missed school
- Zero non-linkage to care
- Zero or unprotected sex

**Motto**
Heroes for zeros and zeros for heroes, it takes a hero to be a zero and a zero to be a hero
The OTZ package

OTZ PROGRAM COMPONENTS

KEY MOTIVATORS for OTZ Participants
- Being a hero!
- Identification with OTZ club
- Regular motivational messages
- Recognition awards
- Ownership of one's health
- Tailored model of care

OTZ is based on THREE CORE SERVICE PACKAGES targeting AYP:

Adolescent and Young Person Package
- Comprehensive HIV treatment literacy
- AYP Connectedness through OTZ clubs and social media
- Leadership and empowerment
- Mentorship and motivation
- Adolescent participation

Healthcare Worker Package
- Training on the adolescent package of care
- Training on the pediatric and adolescent health care worker toolkit
- Implementing asset-based model in AYP HIV clinics

Caregiver Package
- Caregiver treatment literacy training
- Supporting AYP's to be their own health managers
The adolescent: OTZ nurtures the potential

The assets
- Desire for identity
- Desire to be cool
- High learning capacity
- Upholds opinions of peer
- Keeps company of peers
- Propensity to take risks
- Energetic
- Independence/autonomy

Operation triple zero
- A defined group with goals
- Heroes of health
- Treatment literacy
- Positive peer pressure
- Connectedness
- Daring to be different
- Song, dance and acting
- Leadership

Adult leadership and guidance (caregivers, teachers, health care workers)
AYP package: My Treatment, My life, My choice

1. Adolescent participation
   - I AM part of the solution

2. Comprehensive HIV treatment literacy
   - I Know about my health
   - I know about my treatment and I am in charge of it
   - I am a HERO of my health

3. Positive outlook into the future
   - My future is bright
   - I can champion my life

4. Connectedness through OTZ clubs and social media
   - I am NOT alone
   - I chose peers who influence me positively

5. Leadership and empowerment
   - I can set my life’s goals
   - I can lead myself and others

6. Mentorship and motivation
   - I am a force to reckon with
   - I can motivate and influence myself and others
Role in OTZ in 90:90:90

1st 90
- HTS
- Assisted partner notification
- Linkage

2nd 90
- Adherence
- Treatment optimization
- PhDP
- TB

3rd 90
- Retention in care & ART
- Viral suppression
- Community linkage

PMTCT “OTZ Plus”
- Treatment and infant prophylaxis
- SRH/PhDP
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Health systems

- Clinic days
  - school holidays
  - Weekends
  - Flexible time

- Age band based clinics
  - 10-14 years
  - 15-19 years
  - 20-24 years

- Strategic information
  - OTZ register
  - OTZ monthly reports
  - OTZ cohort reporting
Cost Implications

HRH-Adolescent OTZ champions

HRH-Adherence counselor and clinician

OTZ club meeting and open days
OTZ Scale up in Kenya and beyond

Kenya

2017
• 1 County
• 1 facility
• 71 AYP’s in OTZ

2018
• 200 facilities
• 5060 AYP’s in OTZ

2019
• 27 counties
• 809 facilities
• 40,000 AYP’s in OTZ

Multi-country OTZ Learning visit November 2018

Visiting countries
- Nigeria
- Ethiopia
- Mozambique
- Malawi

CDC/DOD/USAID HQ
OTZ viral suppression results by Partner
n=29,795

Baseline viral load 63% (2017)
Current viral load 86% (2019)
OTZ Site level results

Adolescent 15-19 yrs n=1,402

Adolescents are leading the way
Adolescents are catching up
Successes

- Increased viral suppression among AYPLHIV (ange 10-39% increase)
- Increased participation of AYPLHIV
- Enhanced positive outlook, confidence and self esteem
- HCW, caregivers are motivated and engaged in improving adolescent outcomes

Challenges

- Standardizing quality of the OTZ program across partners
- Increased data collection reporting requirements
- Sustaining regular engagement and motivators of AYPLHIV’s in OTZ clubs
- Transitioning AYPLHIV > 25 years out of OTZ clubs
Conclusion

• Asset based approach has a role in adolescent HIV programming
• Best practices that work should be taken to scale
• Adolescents and young people CAN and will LEAD the way!
• HEROS are ZEROS
THANK YOU
Young People leading the way: 
*Service linkage, delivery and advocacy on the frontline* 

Cedric Nininahazwe, Y+  
PATA 2019 Summit, Johannesburg
Service linkage and delivery

Young people are leading the way as peer supporters – working with both clinics and in communities.
Engagement with health providers for service improvement...

- To understand the level of satisfaction of YPLHIV in service provision
- To support health facilities to provide service that meet YPLHIV needs
- To initiate a constant communication between YPLHIV and health providers
- To transform the health facilities in best places for YPLHIV
The scorecard implementation overview...

Just over half of the clients (51%) said that providers listen to them without judgement, treat them with respect and don’t talk about them to others (55%). In addition, 56% of clients said providers always/mostly keep appointments brief and on time, and 62% said providers always/mostly make time to talk even when they’re busy.
HOW we use these information for advocacy : READY model

Policy makers

Leadership - Accountability

Safe Spaces - Evidence communicated

Country Lead Agencies

IPs

Community

CATS

Focal point

Health Facilities

YP/LHIV Network

Evidence communicated

Leadership - Accountability
Can service providers and young people work together?

• A constant communication between health providers and young people is the best way to improve access to service.

• Some challenges are beyond the control of both health providers and young people, working hand in hand is a unique to address them.
These are the kinds of intrusive questions young people have been asked. Think about your answers, prepare your story, think about whether you are happy to share.

Decisions about sharing your HIV status are a personal matter. You have the right to choose if, when, to whom and how, to disclose your HIV status. You should never be pressured to disclose your status in order to be involved, nor should an organisation share your status without your permission.

Take time to figure out whether you want your HIV-status or identity to be commonly known in your community, what are the negative and positive consequences, and what support will be available to you?

“If you ever think you’re too small to be effective, you’ve never been in bed with a mosquito!”

WENDY LESKO

READY to Advocate: A guide for young people living with HIV | 11
THANK YOU

TEAM WORK
Thank you for joining a webinar hosted by the Children and AIDS Community of Practice.

The Children and AIDS Community of Practice connects professionals around the world on HIV and AIDS topics on children, adolescents and women. Led by UNICEF, the Community has over 4000 members.

To learn about upcoming webinars, events and learning activities as well as stay up to date on research and publications on these topics, join the Community: www.knowledge-gateway.org/childrenandaids/join

The webinar presentations and recording will soon be available on www.childrenandaids.org/webinar

Questions or feedback? Contact Rikke Le Kirkegaard (rlkirkegaard@unicef.org)