

Improving the Quality of PrEP Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa

A Regional Think Tank

9th March 2021



Aims and Objectives

The aim of the regional think tank and webinar series is to inform quality implementation and scale-up of PrEP Programming for AGYW in the ESA region as part of combination HIV prevention interventions.



Engage and convene
diverse stakeholders



Generate
implementation
considerations



Document and
disseminate key
considerations



Share best practice,
evidence, and lessons
learned from
implementation

Delphi Survey for Consensus

questions responses

Session 4: Emerging Areas of Interest

Dear Colleagues,

Thank you for your contributions during session 2 breakout groups. Please review the implementation considerations below, and submit a response to each, you can either 'endorse' or 'reject' each implementation consideration.

Where relevant please place any additions, suggested changes or comments in the 'other' box.

Please reach out with any questions.

Many Thanks,
Organising Committee

<https://forms.gle/7fpjY1YEg25X8XheA>

Google Drive

My Drive > AGYW PrEP Implementation for AGYW Think Tank ▾ 👤

Name ↑	Owner	Last modified	File size
 Session 1	me	Feb 18, 2021 me	—
 Session 2	me	Feb 18, 2021 me	—
 Session 3	me	Feb 18, 2021 me	—
 Session 4	me	Feb 18, 2021 me	—
 Session 5	me	Feb 18, 2021 me	—
 Supplementary Material	me	12:54 PM me	—

Agenda

Research Car Park

Literature Compendium

<https://docs.google.com/document/d/1fTKicCVmzbQK9JHspO8NzHz8fCpCtnRQ3m0bH2I9-wA/edit?usp=sharing>

Today's Agenda

Session 5: Measuring and Monitoring Effective Use & Think Tank Finalization

10:00 – 10:10

**Welcome and
Introductions**

10:10 – 10:45

Panel Discussion

10:45 – 11:20

**Consensus
Building via Jam
Board**

11:20 – 11:35

**Think Tank
Recap**

11:35 – 11:45

**Next Steps and
Close**



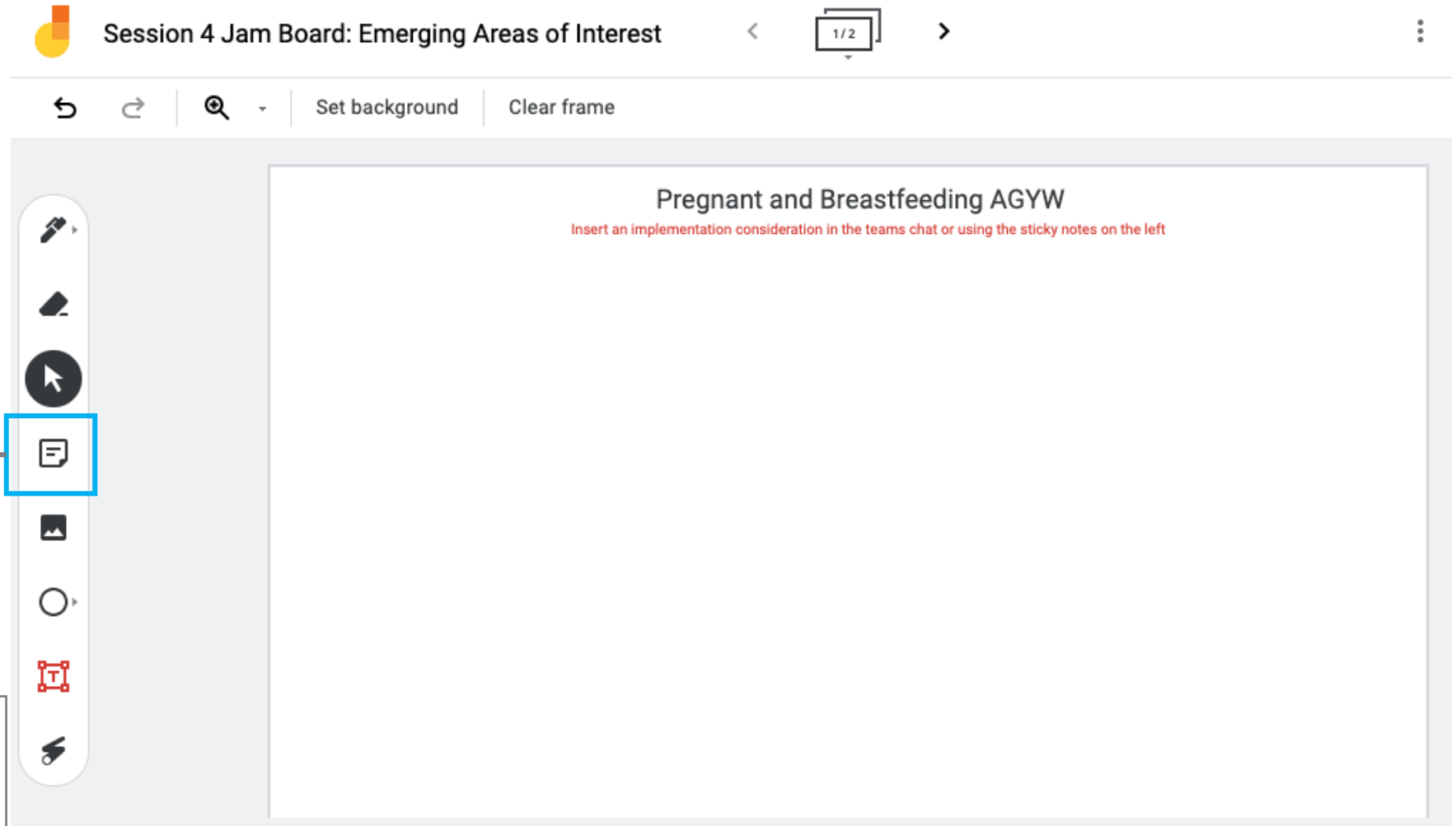
Jam Board Introduction

Note: If you cannot access the Jam Board use the Teams meeting chat

Access the Jam Board using the **link in the chat or below**

Add implementation considerations using the **Sticky Notes**

<https://cutt.ly/vl4PUrs>



Panel Discussion

Moderator



Mopo Radebe
World Health Organization,
AFRO



Getrude Ncube
MOHCC, Zimbabwe



Andreas Jahn
I-TECH, Malawi



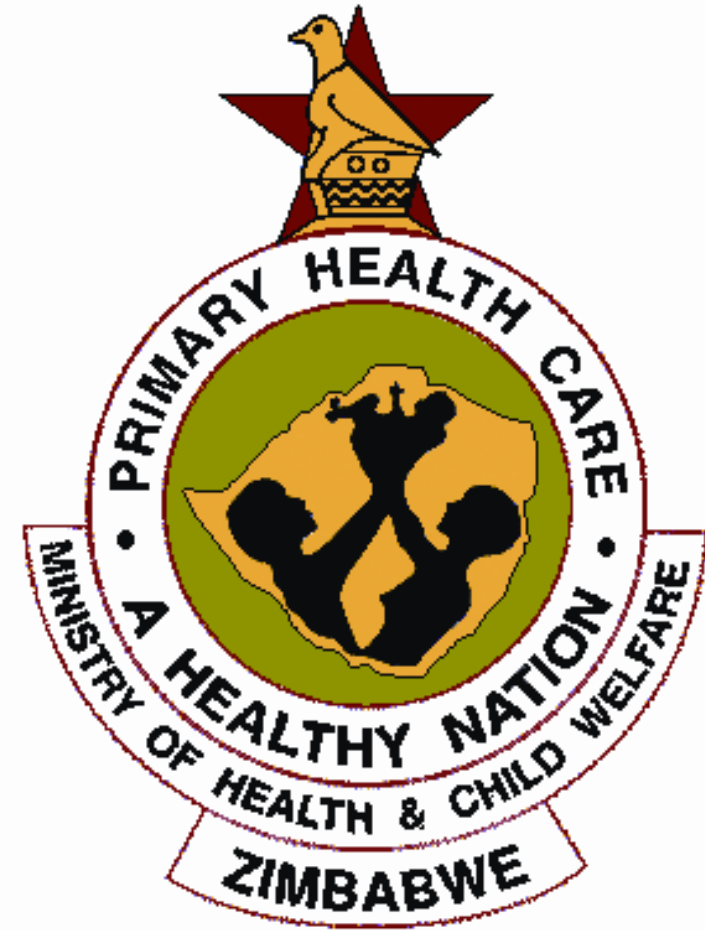
Daliso Mumba
MoH, Zambia

Monitoring and measuring effective use of PrEP in Zimbabwe

Getrude Ncube

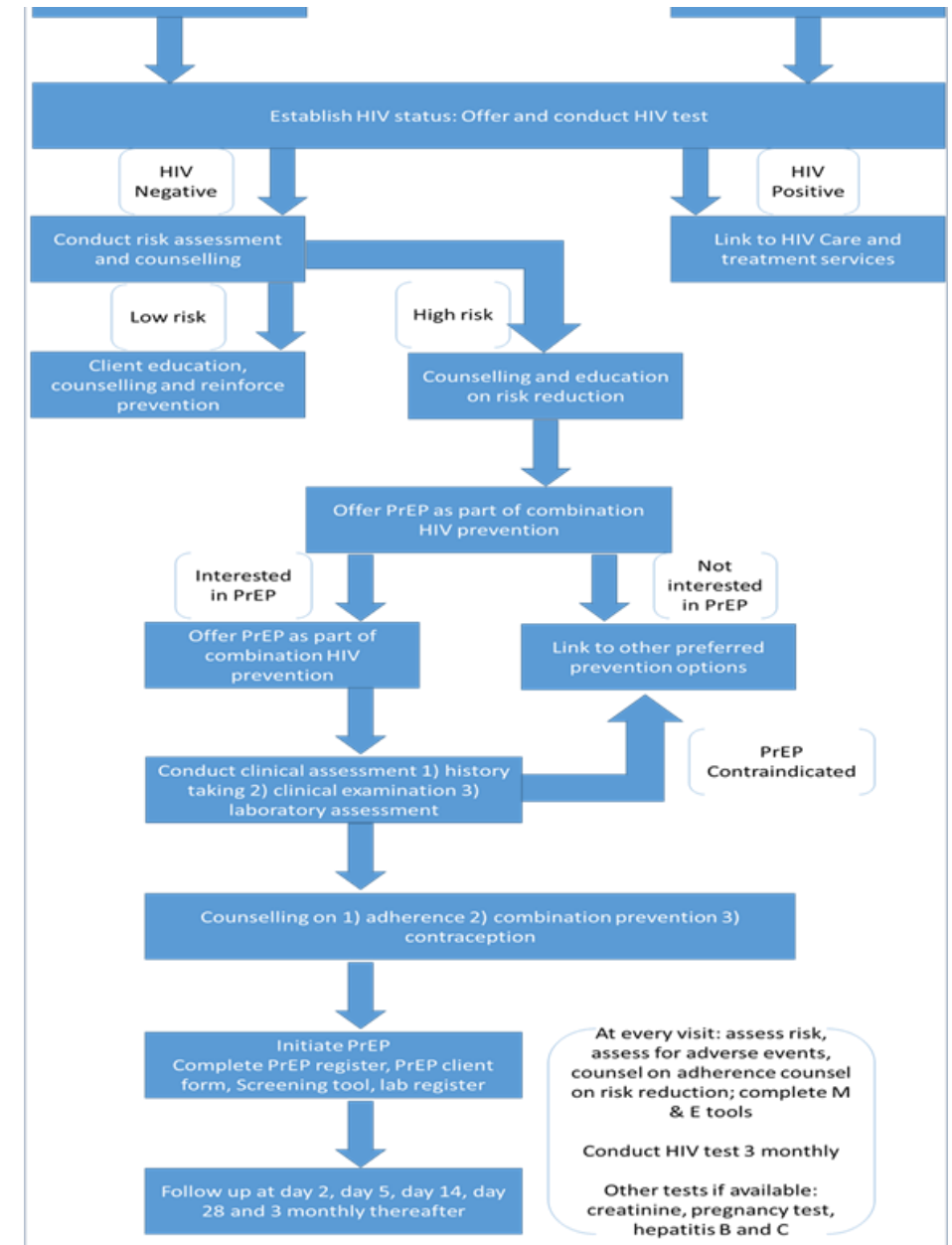
National HIV Prevention Coordinator

Ministry of Health and Child Care

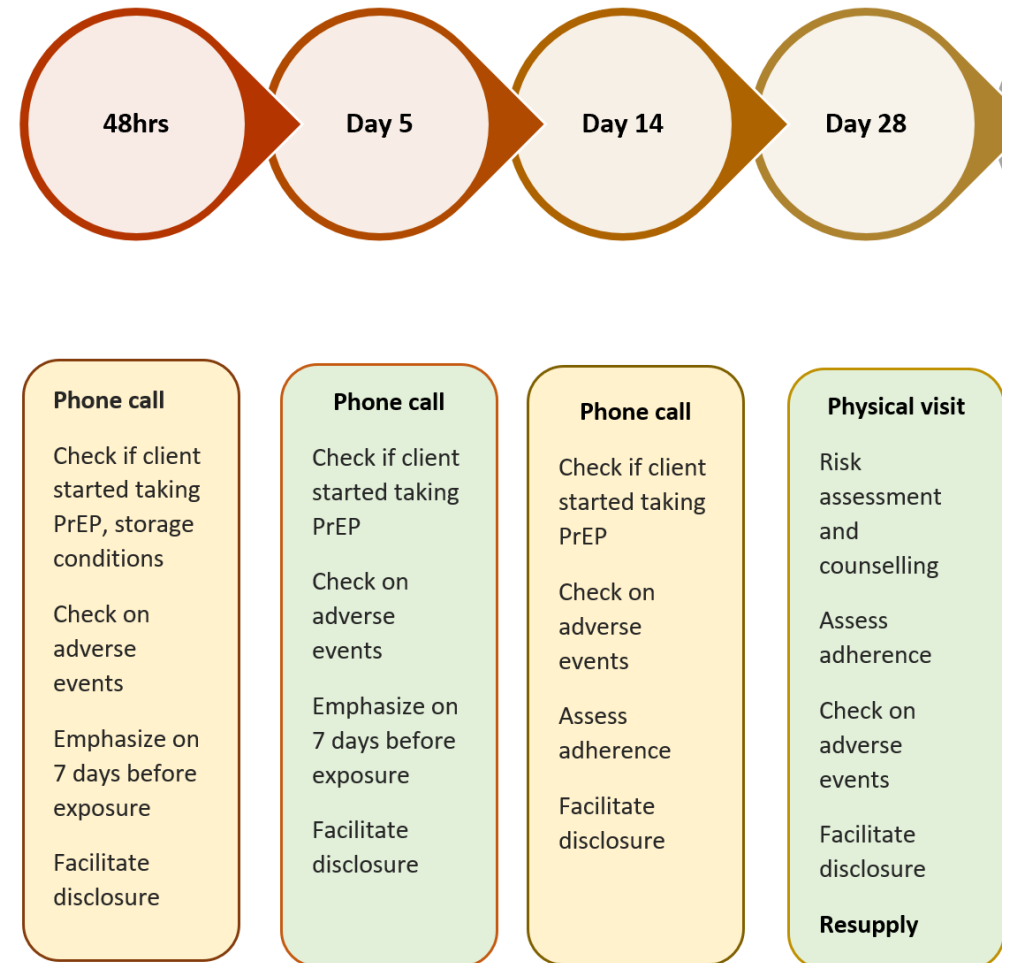


Effective
use

- PrEP is recommended for individuals at substantial risk
 - More than **27,000 initiations** to date
- Designed to ensure those who are at risk of HIV infection and need PrEP are initiated and stay on PrEP for as long as they are at risk
- Mandatory to counsel on and assess risk and adherence at initiation and all follow up visits
- Unwilling/unable to adhere to daily PrEP included as a contraindication in the guidelines
- Monitoring and support for effective use starts before initiation:
 - readiness assessment
 - peer to peer support

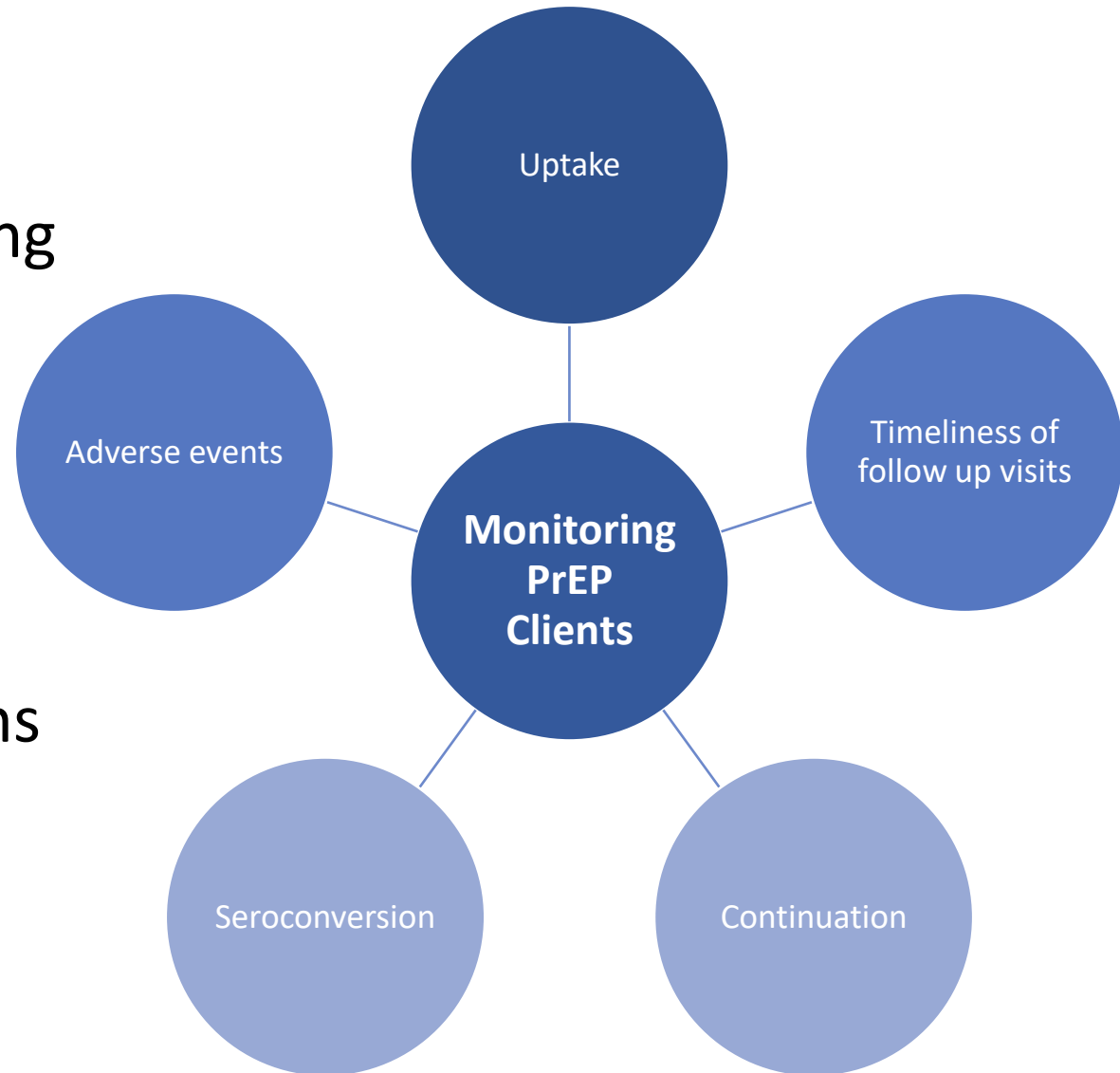


- Use of mixed methods to monitor and support effective use: physical follow up at facility and community level plus mobile platforms
- Peer to peer support through PrEP Champions/ Ambassadors
- Maintaining dialogues and literacy sessions
- Exit interviews for clients opting out



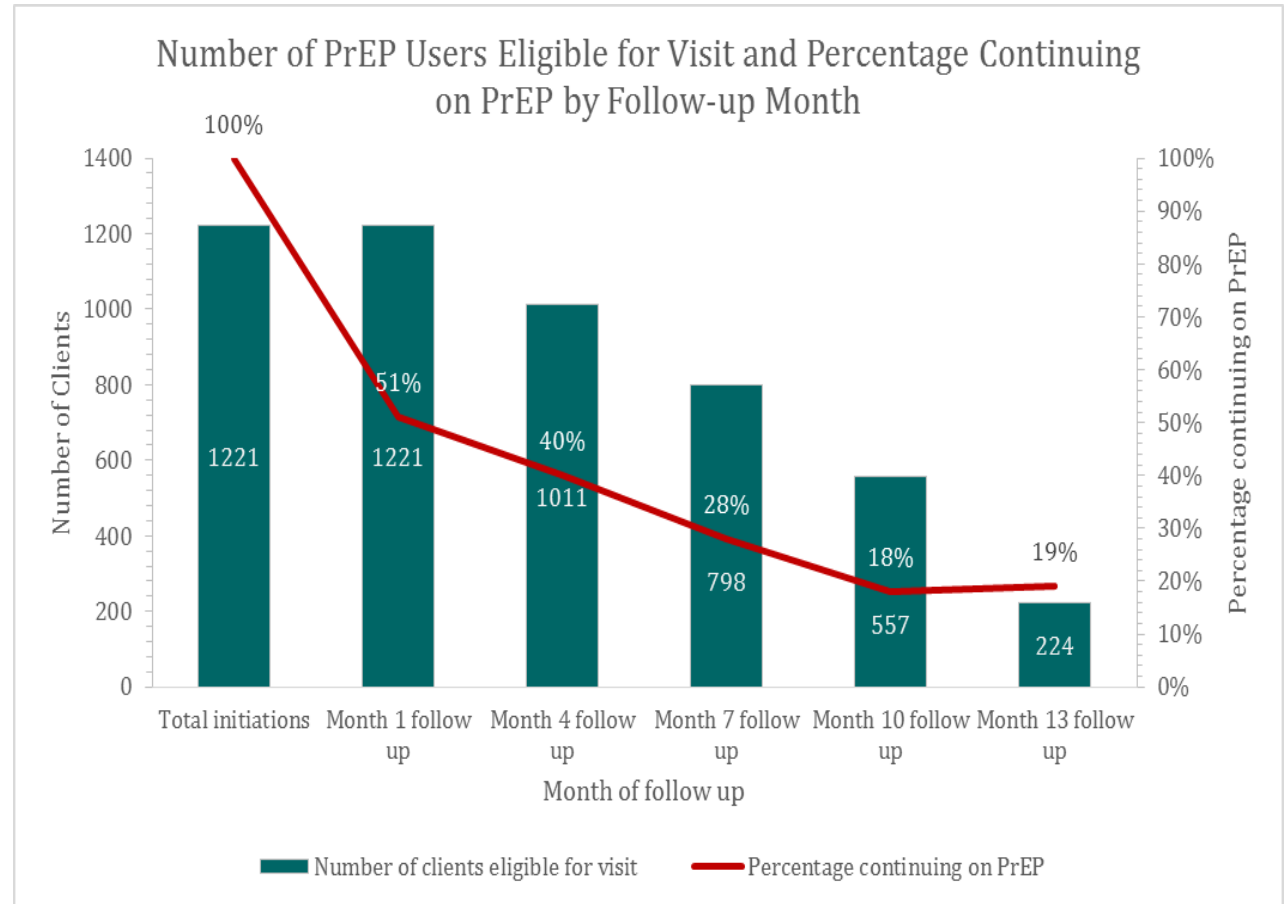
What we monitor

- Data collection and reporting tools include PrEP client form, register and monthly return form
- Regular feedback from community dialogues and client-champion interactions



PrEP Cohort analysis: Mazowe District

- Continuation declines from 51% at month 1 to 19% at 12 months
- The most common reason for opting out of PrEP was an improved risk profile (79%).
- Other reasons for opting out include:
 - concerns by partner, parent or other significant other (9%),
 - drug adverse events (2%)
 - clients opting for other HIV prevention methods such as condoms (9%).



Monitoring seroconversions, drug levels and HIV drug resistance among PrEP users

- **OBJECTIVE:** To assess the frequency of HIV-1 drug resistance mutations among PrEP clients who test HIV-positive after initiating PrEP
- **Procedure:** Collect DBS from seroconverters on PrEP – send to centralized lab for resistance testing and drug levels
- **Target population:** Clients who acquire HIV-1 infection while using TDF, TDF/FTC or TDF/3TC for PrEP

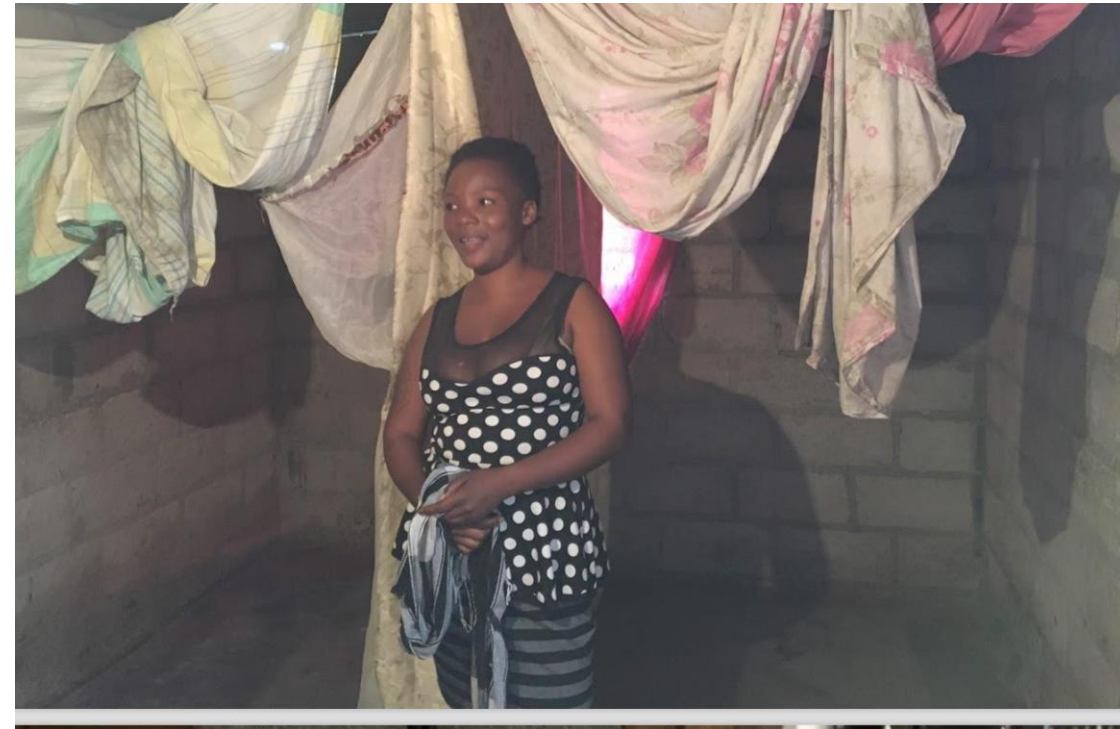
Update:

- In the first two years of Zimbabwe's PrEP program, the proportion of seroconversions was low (**<0.12%**) relative to the number of PrEP clients.
- The majority of seroconversions occurred within the first 6 months of PrEP use, suggesting the assessment of acute infection at time of PrEP initiation and ongoing adherence support during initial months of PrEP use is critical.
- Overall self-reported adherence is high; incorporating behavioral assessments into future projects may help to further understand PrEP use and challenges.
- Ongoing analyses within this study will assess HIV drug resistance and drug levels at the time of seroconversion on these clients

Variable	Participants (N=21)
Age, median	27
Sex	
Male	10 (48%)
Female	10 (48%)
Transgender	1 (5%)
Location	
Urban	14 (67%)
Rural	7 (33%)
Population	
MSM	9 (43%)
SDC	5 (24%)
FSW	4 (19%)
AGYW	2 (9%)
TGW	1 (5%)
Self-reported adherence	
Adherent	10 (48%)
Somewhat adherent	6 (28%)
Not adherent	5 (24%)
Time to HIV detection	
<3 months	9 (43%)
4-6 months	7 (33%)
>6 months	5 (24%)

Human Centered Design (HCD) as a way of Monitoring/assessing clients' communication needs for PrEP

- As part of the Comprehensive National HIV Communications Strategy development process, an Empathy, Insights and Prototype (EIP) process was undertaken
- The target was Young Women Selling Sex and AGYW in Transactional Sex
- The process involved the team **immersing** themselves in the lives of the target audiences to help them get deeper insights
- A workshop was then held to help identify the barriers and motivators to the target audience accessing PrEP
- Archetypes were then developed that helped in profiling each segment of the audience
- Journey maps were developed for each population group
- HCD, as a form of monitoring has helped us track our audiences better and provide communication messages that meet their needs along their health journey.

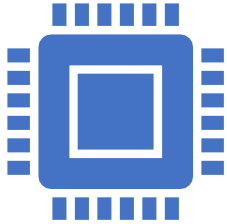


Challenges

- People falling off the PrEP cascade
- Highly mobile populations
- No electronic monitoring of PrEP clients
- Difficult to track if all initiations are new or re-initiations



Conclusion



The need for an electronic monitoring system for PrEP clients.



Need for more support for those on PrEP.

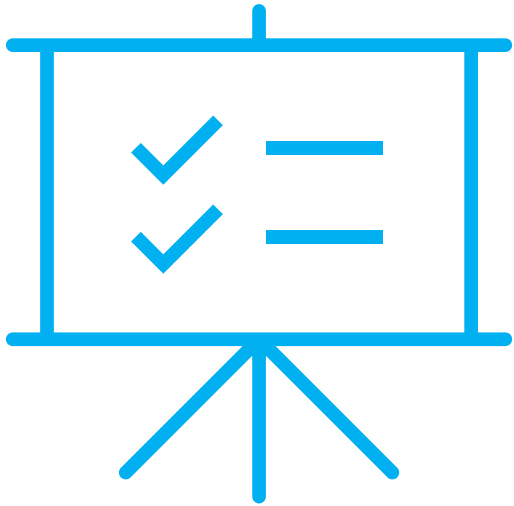


Need to include behavioral assessments in future implementation studies to better understand PrEP use and challenges



Questions

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Think Tank Recap

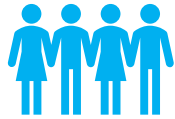


Session 1: Demand Creation, Engagement, and Participation



Demand Creation

- Approaches to demand creation for HIV prevention are dynamic and evolving
- Dissemination of reliable information using both digital and physical communication tools is critical, and messages must be tailored to ensuring information resonates with key AGYW populations.
- Peers are a trusted existing network, to be leveraged, with the right training and support and access to tools



Community Sensitization

- The success of PrEP as an HIV prevention intervention among AGYW is dependent on its successful uptake and adherence by AGYW.
- Parents and community leaders play a critical role in healthcare decision making. It is important to educate and engage them to reduce stigma and support uptake



AGYW Participation

- With access to information, AGYW are able navigators of their health needs. They should be engaged in decision making forums, input on program design/implementation and empowered to educate others.



Session 2: Service Delivery Platforms for PrEP for AGYW



There is a high level of acceptability to PrEP among AGYW, but barriers at an individual, community level and facility level negatively affect PrEP uptake and adherence.



A multi-pronged model which incorporates different service delivery platforms, located not only in healthcare facilities, but also within the community and other non-conventional locations are required



Broader social mobilisation, of families/communities to provide the enabling environment for PrEP use by AGYW is critical and can be supported by framing PrEP as a tool for positive health and wellbeing rather than by risk which can promote stigma/discrimination



There is an opportunity to empower community cadres (including CHWs, peers and others) to support community distribution and demand creation for PrEP

Session 3: Healthcare System Considerations

Integration with family planning and SRH services

An integrated package which incorporates the spectrum of SRH and FP services required by AGYW and supports diverse delivery platforms, including community based, online, postal/courier and tele-health is important to cater to the needs of AGYW.

What is the minimum package?

PrEP provision should be part of a broader package of services, addressing the range of HIV prevention, SRH and FP needs. Links to other services including social care are required to provide a comprehensive service delivery offering. Clear information, guidance and materials on key aspects of PrEP including duration, protection and follow up, as well as socio-behavioural interventions to support adherence

Risk Assessment

Risk assessment/screening tools should be implemented as part of a prevention package to support a holistic approach to HIV prevention. It is important that risk assessment is used as a means to reach and identify those that are at risk and not as an exclusionary tool. Data systems should be strengthened to ensure improved targeting.

Capacity building for providers

It is important to recognize that capacity building of providers extends beyond training of providers. There should be systems for mentorship, supervision, coaching and continued learning. It is also important to anticipate workforce changes and plan accordingly to maintain service continuity.



Session 4: Emerging Areas of Interest

Pregnant and Breastfeeding AGYW

- PrEP should be included as a key service within an integrated SRH service delivery setting, including antenatal, perinatal and postnatal under RMNCAH services
- There is the potential for clinical ANC services to work together with the community to provide the differentiated PSS possibly using an acceptable and peer led approach.
- There is also a need for differentiated stigma reduction messaging and IEC material about risks and benefits of PrEP use in pregnancy or lactation to reduce stigma and ensure supported, continued use by AGYW who are pregnant or breastfeeding
- Owing to low efficacy of PrEP for pregnant women when dosage is missed, appropriate, age differentiated PSS is required to support AGYW to continue its use and not “miss a single dose”

Innovative Delivery Modalities

- Service provider capacity should be improved to support the provision of accurate information about PrEP including new technologies to AGYW.
- With novel biomedical methods it is important to understand the value and preference of AGYW to understand acceptability and inform their implementation.
- Pilot or demonstration projects may be an effective way to test new technologies for effectiveness and community acceptability for AGYW before scaling up implementation incorporating lessons learned
- At policy level, guidance could support countries to rapidly develop and adopt new policies strategies to support swift and agile rollout of new technologies as they become available, and start to change the reproductive health landscape



Final Open Floor



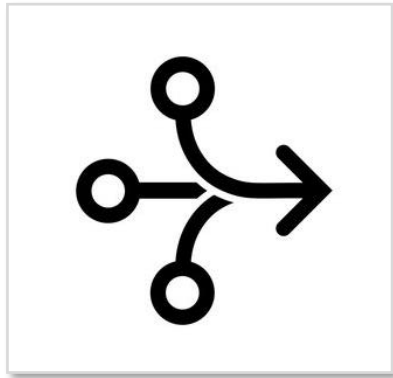
Based on what we have discussed during the sessions and the Delphi surveys you have participated in, are there any additional considerations for PrEP implementation in AGYW that should be explored?



Do you have any final comments, remarks or questions?



Next Steps



Implementation considerations generated during the sessions will be refined and consolidated using your additional input via the Delphi Surveys.

We kindly request your final review of the implementation considerations. Instructions on how to input will be shared via e-mail.



Implementation Brief



Regional Webinar

The implementation brief and regional webinar will share summary of evidence, specific best-practice examples of implementation and the final devised implementation consideration

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