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

A Regional Think Tank

25th February 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
What We Heard Last Session

**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.
Delphi Survey for Consensus

Session 1: Demand Creation, Engagement and Participation

Dear Colleagues,

Thank you for your contributions to the session 1 Jam Board. 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

Demand Creation
Description (optional)

https://forms.gle/PG5B4zk3LWoFQngA9
## Agenda

**Research Car Park**

**Literature Compendium**

[https://docs.google.com/document/d/1fTKicCVmzbQK9JHspO8NzHz8fCpCtnRQ3m0bH2l9-wA/edit?usp=sharing](https://docs.google.com/document/d/1fTKicCVmzbQK9JHspO8NzHz8fCpCtnRQ3m0bH2l9-wA/edit?usp=sharing)
Today's Agenda

Session 2: Service Delivery Platforms for PrEP for AGYW

10:00 – 10:15
Welcome and Introductions

10:15 – 10:45
Briefing Presentations

10:45 – 11:30
Breakout groups

11:30 – 11:40
Next Steps and Close
Briefing Presentations: Service Delivery Platforms for PrEP for AGYW

Letitia Rambally Greener, Senior Researcher Wits RHI

Dr Tafadzwa Chakare, Jhpiego’s Technical Director in Lesotho

Hasina Subedar, National Department of Health, South Africa

unicef | for every child
Oral PrEP service delivery platforms

Saiqa Mullick
and
Letitia Rambally Greener
Wits RHI
Community PrEP Services In Lesotho

Improving the Quality of PrEP Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa Think Tank- Session 2

Tafadzwa Chakare
MBChB, M.Phil

Johns Hopkins University Affiliate
Background

• Lesotho has a 2.2 million population
• Preliminary LePHIA 2020 results show 23% adult (15-59 years) HIV prevalence
  • 27% among females and 18% among males
• Making significant progress towards 95-95-95 at 90-97-92
• Males continue to lag behind on case finding, treatment and viral load suppression leaving female partners at ongoing risk
• HIV Incidence was highest in men aged 35-49 years (2.65%) and in older adolescent girls and young women aged 15-24 years (1.49%) (Lephia 2017).
Rationale for Community PrEP Model

• Many young, healthy individuals at substantial risk of HIV infection are not attracted to conventional health facilities
  • Services often viewed as unfriendly to adolescents, young people and key populations

• Challenges accessing transport to health facilities

• Inability to go to health facilities early in the morning as is often required to be served

• “Facility staff only provide PrEP to discordant couples”
Community Based PrEP Beneficiaries

- Designed to provide equitable access to PrEP by priority populations:
  - AGYW
  - MSM
  - FSW
  - Other individuals at substantial risk
Community Based PrEP Model

- Model involves providing services from:
  - Community ‘resource centers’
  - Tents placed at strategic locations
  - Tertiary institutions
  - Workplaces
Over 22,000 New PrEP Clients Enrolled, Mostly AGYW

- COVID-19
- Drug Shortages

Start-up

Set to surpass target
Rapid Scale-up Accompanied by Declining Early Continuation Rates

![Graph showing PrEP New and 30 Day Continuation Rate (%) from Jan-18 to Jun-18.]

- Jan-18: 53 PrEP New, 55% 30 Day Continuation Rate
- Feb-18: 98 PrEP New, 58% 30 Day Continuation Rate
- Mar-18: 259 PrEP New, 54% 30 Day Continuation Rate
- Apr-18: 400 PrEP New, 37% 30 Day Continuation Rate
- May-18: 502 PrEP New, 29% 30 Day Continuation Rate
- Jun-18: 616 PrEP New, 21% 30 Day Continuation Rate

The graph shows a decline in 30 Day Continuation Rate from Jan-18 to Jun-18, despite an increase in PrEP New from Jan-18 to Mar-18.
PrEP Users and Service Providers engaged to Improve Continuation Rates

Multiple Parallel Interventions

- Generation Aspire
- Observed start
- Premobilization
- Week 1 phone call
- Community PrEP Groups
- Destigmatized packaging
- Engagement of village health workers
Challenges

Health System
- Shifting mindsets from ART to PrEP
  - LTFU
  - Adherence measurement
  - Drug resistance
- Commodity shortages
- Laboratory sample handling
- Failure to fully integrate SRH services
- Sustainable convenience
- Lack of a dedicated PrEP stakeholder platform

Community
- Early user attrition
  - Parental and partner influence
  - ARV stigma
  - What else?
- Behavior change concerns
- Risk stigma
Thank you

I am in charge of my life, that's why I take PrEP daily.

PrEP reduces chances of HIV infection by over 90%

Let's get PrEPed Bo-mogirl.
Delivery of Pre-Exposure Prophylaxis across a range of service delivery platforms

S Africa

Hasina Subedar

24 February 2021
<table>
<thead>
<tr>
<th><strong>Policy Development</strong></th>
<th><strong>Planning &amp; Preparation</strong></th>
<th><strong>Implementation</strong></th>
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<td>October 2015 – March 2016</td>
<td>March – May 2016</td>
<td>June 2016-to-date</td>
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<td>Policy Development &amp; Technical Working Group</td>
<td>Secured PrEP Drug Supply</td>
<td>Sex workers at selected sites</td>
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<td>Regulatory approval December 2015</td>
<td>Site assessment &amp; readiness</td>
<td>1 June 2016</td>
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<td>Policy Approved March 2016</td>
<td>Training &amp; implementation tools</td>
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<td>SOPs, Job Aids</td>
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<td>M&amp;E reporting system</td>
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<td>Social mobilization and demand creation</td>
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<td>IEC materials</td>
<td>AGYW at selected public clinics</td>
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<td>community outreach services</td>
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<td></td>
<td></td>
<td>April 2018</td>
</tr>
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<td></td>
<td></td>
<td>PHC clinics phased scale-up</td>
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<td>commencing 1 October 2019</td>
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</table>
Minimum package of services offered with PrEP

Minimum package (PrEP service points)
- HIV testing
- STI screen, diag and Rx
- TB screening
- HIV Treatment (HIV +)
- PEP
- Pregnancy screen
- Contraception
- Counselling (screen for mental health, alcohol/substance use
- Condoms

Additional minimum package for those choosing PrEP
- Creatinine Clearance
- Adherence support – peer support

Demand creation
- HIV Prevention/PrEP awareness
- HIVST including prevention and PrEP info

Other services to link to as needed
- Laboratory STI diagnosis
- Hep B screening & vaccination
- Pregnancy test - links for ANC and abortion services
- Mental health services
- IPV/GBV service
- Alcohol/substance use services
- CxCa screening and Rx

PrEP screening tool/questions
Centralised Monitoring and Tracking of PrEP Initiations
Oral PrEP
Geographic Distribution
June 2016 – Dec 2020

From June 2016 – Dec 2020
127 225

Note: Data as of Dec 2020
South Africa
Oral PrEP Scale-up
Expansion Oral PrEP to increase reach and impact

Provide PrEP in 52 districts in 9 provinces in all ~3,456 PHC facilities over 12 months. Facilities are prioritized for initial scale-up according to impact and population reach to ensure equitable access.

PrEP will integrate into all public primary health clinics where a comprehensive package of primary health care services is already provided.

**Key inputs:**

- **DHIS:** Catchment pop. sizes from 3,139 public PHC clinics, disaggregated by age & gender
- **ICL/UCT model:** District-level prevalence & incidence, disaggregated by age and gender
- **Thembisa:** Oral PrEP effectiveness in heterosexual men & women
- **RSA PrEP Program M&E:** Weighted average of uptake & continuation trends from public sites implementing PrEP
- **RSA tender:** TDF/FTC cost per pack (28 pills per pack)
Year 1 target for new PrEP initiations and anticipated impact on new primary HIV infections

**INPUTS**

- DHIS catchment data: 3,139 scale-up PHC public clinics
- ICL/UCT: District-level prevalence applied to each catch. pop.
- Demand generation reach targets (adjustable inputs)
- Testing targets (adjustable inputs)
- Nat’l PrEP M&E data: Wt. avg. uptake from public sites, Q1&2 2019 (10.5%)

**OUTPUTS**

- Males & females age ≥15 years within catch. areas: 27.7m
- HIV negative males and females age ≥15 years: 22.5m
- HIV negative males and females age ≥15 years reached with demand generation activities: 7.2m
- HIV negative males and females age ≥15 years tested: 6.6m
- Est. Y1 max. uptake of oral PrEP: 682,079
- Est. relative impact factor (reduction in annual inc.): 3,078 (-1.59%)
## Projected PrEP Initiations (FY 2020/21)

<table>
<thead>
<tr>
<th>Province</th>
<th>Target population</th>
<th>Demand generation reach</th>
<th>HIV neg. tests</th>
<th>PrEP initiations</th>
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<td>Eastern Cape</td>
<td>2 920 687</td>
<td>1 070 600</td>
<td>842 190</td>
<td>102 751</td>
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<td>Free State</td>
<td>1 372 467</td>
<td>557 812</td>
<td>363 967</td>
<td>58 366</td>
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<td>Gauteng</td>
<td>6 399 455</td>
<td>1 643 242</td>
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<td>139 226</td>
<td>117 316</td>
<td>7 895</td>
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<td>North West</td>
<td>1 492 677</td>
<td>522 434</td>
<td>551 655</td>
<td>54 237</td>
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<tr>
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<td>1 455 004</td>
<td>310 780</td>
<td>640 468</td>
<td>23 948</td>
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<td><strong>Total</strong></td>
<td><strong>22 505 881</strong></td>
<td><strong>7 269 780</strong></td>
<td><strong>6 624 598</strong></td>
<td><strong>682 079</strong></td>
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### PrEP Cascade Disaggregated by Age and Gender - 15-24 Year old Females

<table>
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<tr>
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<td>176 742</td>
<td>111 532</td>
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<td>108 469</td>
<td>69 103</td>
<td>41 896</td>
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<td>109 602</td>
<td>71 707</td>
<td>45 734</td>
<td>9 960</td>
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<tr>
<td>Western Cape</td>
<td>85 933</td>
<td>22 794</td>
<td>11 445</td>
<td>1 392</td>
<td>92 384</td>
<td>30 869</td>
<td>15 483</td>
<td>2 512</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1 733 807</strong></td>
<td><strong>1 074 200</strong></td>
<td><strong>692 967</strong></td>
<td><strong>156 796</strong></td>
<td><strong>1 819 721</strong></td>
<td><strong>995 935</strong></td>
<td><strong>604 087</strong></td>
<td><strong>130 418</strong></td>
</tr>
</tbody>
</table>
Decrease new HIV infections in girls and young women
Decrease teen pregnancies
Keep girls in school till matric
Decrease sexual and gender based violence
Increase economic opportunities for young people
Adopts a targeted approach to break the transmission cycle of HIV

Used findings of the HIV infection pathway for Adolescent Girls and Young Women (AGYW)
Core tenets of oral PrEP provision for young people

- **Oral PrEP part of a comprehensive package of interventions**: A full package of HIV prevention, treatment, and sexual and reproductive health services must be offered, of which oral PrEP is an additional prevention option.

- **Oral PrEP for AGYW delivered through a selected health facility**: Services provided through a mobile clinics or outreach must be part of outreach strategy from a fixed facility.

- **Clinics reporting through TIER.NET**: Standardised reporting through PrEP module on TIER.net reporting becomes available since March 2019.

- **Demand generation amongst AGYW**: Demand generation, social mobilisation, and community education essential for reaching young people.
Where do we find youth and how do we reach them?

Initially focal facilities were selected for implementing PrEP in priority sub-districts, using the following criteria:

- **Education institutions**: Clinics closest to clusters of Q1-Q3 secondary schools, TVETs, and universities were prioritised.
- **Catchment**: Selected facilities with the highest 15-24 year old catchment population student population at the surrounding educational institutions.
- **Distance**: Closet distance between educational institutions and the focal health facility.

1. Facility selection
2. School cluster selection
3. Health facility capacitation and sensitisation
4. Demand generation schools
   - She Conquers,
   - HEAIDS, and
   - partner activities
5. Provision of PHC, family planning, and combination prevention services – Youth friendly services
King Sabata Dalindyebo
Eastern Cape

Priority Clinic
Ngangelizwe CHC

Cluster Institutions
• Zimele High School
• Ngangelize Senior Secondary
• Nozuko Secondary
• Umtata Technical High School
• KSD TVET College – Mthatha campus
• Walter Sisulu University – Mthatha campus

Sub-district snapshot
Population: 922k
AGYW Population: 57.8k
6.2% of total population
HIV prev. (F, 15-24): 10%

Cluster student catchment: TBD
Health facilities: 36
DREAMS or demo site: No

School catchment: 3 418
TVET catchment: 8 560
University catchment: TBD
Tools for Reaching out to Young People
Creating Demand for Services

- A “Roadmap to services” to guide for young people to assess their risk and access relevant services (www.sheconquerssa.co.za/roadmaps)

- B-Wise mobi-site (information, chat, expert advice, service finder)

- MyPrEP.co.za provides information and linkage to services service directories and maps

- Establishment of “Youth Zones” – dedicated youth friendly timeslots for youth at health facilities
<table>
<thead>
<tr>
<th>Youth Zones</th>
<th>Creating youth friendly spaces at health facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Create awareness on health-related issues</td>
</tr>
<tr>
<td>Link</td>
<td>Use the She Conquers self-assessment roadmaps to link to relevant services</td>
</tr>
<tr>
<td>Services</td>
<td>Provide a standardised package of services to young people</td>
</tr>
<tr>
<td>Refer</td>
<td>Refer to other services required by young person requires</td>
</tr>
<tr>
<td>Promote Access</td>
<td>Promote access and utilisation of health and other services</td>
</tr>
<tr>
<td>Youth friendly</td>
<td>Establish a service that is free from stigmatisation</td>
</tr>
</tbody>
</table>
Sex happens... What about it?!

Follow Roadmap 1: Sex happens to find out more.
Yes I have recently had sex?

If “yes” ask the person the below questions

☑ Do I use a condom? No/Yes

☑ Do I know my partners HIV status before I have sex with him/her you did not know? No/Yes

☑ I also have sex under the influence of alcohol and/or drugs? No/Yes

PrEP may be for you if your answers are: ‘No’ to one or both the first two questions
And or “Yes” to the third question
THANK YOU
Group Exercise

You will automatically be moved to your designated breakout room.

Please save your notes in the google drive or e-mail to Alice Armstrong (Aarmstrong@UNICEF.org)

10:45 – 11:30
Breakout groups
Next Steps

1. Complete the Delphi Survey
   Consensus Building Exercise
   You will receive a Delphi Survey via e-mail.
   Please complete the survey by Tuesday 2nd March 2021

2. Join us for Session 3
   Session 3: Healthcare System Considerations
   Tuesday 2nd March 2021
   10:00 am – 12:00 am SAT