Progress on biomedical HIV prevention interventions for young women in Southern Africa

Giving women choice and options

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HIV infections among AGYW in Sub-Saharan Africa

- 6 out of 7 new infections are among girls
- 36.7 million adults (15+ yrs)
- 38.4 million people living with HIV
- 1.7 million children (0-14 yrs)
- 4,900 young women infected every week
- 54% women & girls living with HIV
- 63% of all new infections in 2021 were among women and girls

Young women and girls (15-24 yrs) are twice as likely to be living with HIV.
AGYW intersections with high-risk populations

AGYW who inject drugs
- People who inject drugs (PWID)
- Transgender Persons
- Sex Workers
- AGYW in sub-Saharan African countries

Transgender AGYW

AGYW sex workers

AGYW as part of sero-discordant couples

HIGH RISK POPULATIONS

AGYW may also be...

- Transgender Persons
- Multiple sexual partners
- People who have an STI
- Have partners who are HIV positive or have unknown HIV status
- Engaged in sex work

“AGYW are found throughout the high-risk groups – adding additional layers of vulnerability”
Factors to Consider

**Risk Factors**
- Poverty
- Peer pressure
- Sexual coercion
- Transactional sex
- Age-disparate relationships
- Barriers to using health services

**Factors contributing to vulnerability**

**Protective factors**
- Youth-friendly services
- Access to HIV prevention options
Challenges and barriers to HIV prevention access for Young Women

- Poor knowledge of available HIV prevention options
- Low health-seeking behaviors and lack of HIV prevention-related information by male partners
- Infrequent and less condom use
- Fear of intimate partner violence
- Societal beliefs that the use of HIV prevention among married young women reflects promiscuity and lack of partner trust
Issues relating to access

- Inconvenient clinic opening times
- Clinic location, distance from home and availability, and the need for money for transport
- Sitting in waiting rooms with adults, some of whom may know them
- The attitude of the staff – receptionists, clerks, and nurses – who may be rude and judgmental
- Nurses who may not give enough information or clarity; lack of confidentiality, privacy, and sufficient time
- The physical environment which looks intimidating, clinical, and unattractive
- Lack of accessible information developed to address the concerns, language, and level of young people, which is easy to read and relevant to their lives
Issues related to the quality of care

- Barriers relating to the quality of care may discourage youth from using the clinic or completing treatment, e.g., drug stock-outs, walking through a waiting room with a urine sample; etc.

- Anxiety about confidentiality and privacy

- Quality healthcare includes characteristics such as accessibility, affordability, acceptability, competency, timeliness, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, and equity.
The Role Of Prep As Part Of Combination HIV Prevention

Combination HIV Prevention recognizes that:
- Different people have different HIV prevention needs
- For a given individual, prevention needs can change over time.
- **No single prevention** intervention can **fully address** all prevention needs.

To achieve a sustained reduction in new infection, a combination of structural, behavioral, and biomedical interventions are used.

- Combining approaches result in synergies with greater impact than single interventions alone.
- Antiretroviral drugs (ARVs) are now used as additional tools in combination prevention.

“PrEP should be offered in combination with condoms, STI screening/treatment, HIV testing, VMMC (for male clients) and contraceptives.”
# Combination prevention

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PrEP As Part Of The Combination Prevention Package

- Microbicides for women
  Abdool Karim Q, Science 2010

- Male circumcision
  Auvert B, PloS Mod 2005
  Gray R, Lancet 2007
  Bailey R, Lancet 2007

- Treatment for prevention
  Donnell D, Lancet 2010
  Cohen M, NEJM 2011

- Behavioural positive prevention
  Elzer J, JAIDS 2004

- Oral pre-exposure prophylaxis
  Grant R, NEJM 2010 (MSM)
  Baeten J, 2011 (Couples)
  Paxton L, 2011 (Heterosexuals)

- Post Exposure prophylaxis (PEP)
  Scheckter M, 2002

- Vaccines
  Rorke-Ngarm S, NEJM 2009

- Treatment of STIs
  Grosskurth H, Lancet 2000

- Female Condoms

- Male Condoms

- HIV Counselling and Testing
  Coates T, Lancet 2000

- Behavioural Intervention
  - Abstinence
  - Be Faithful

Note: PMTCT, Screening transfusions, Harm reduction, Universal precautions, etc. have not been included – this is focused on reducing sexual transmission
What is currently available in Southern Africa?

- Condoms
- Oral PrEP
- Counselling
- Post-exposure prophylaxis
- Healthy lifestyles
- Treatment for STIs
- Male Medical circumcision
- ART for partners living with HIV
What is in the pipeline?
What is in the pipeline?

Microbiome modulating products

- Injectable cabotegravir lenacapavir

- Injectable F/TAF Islatravir

- Other oral: F/TAF Islatravir

- Dapivirine Vaginal Ring

- BNAbs

Potential future prevention technologies

- Multi-purpose technologies
  - HIV
  - MPTs
  - Other STIs
  - pregnancy

- Microbiome modulating products

- TAF, Islatravir implant
Let us talk about our lived realities

What has been your experiences in accessing HIV prevention services as a young woman?
What should be done to bring the HIV prevention products to young women?
Trial participants explaining why the ring works for them and their need for future access to this HIV prevention method.

- [https://youtu.be/WBThQVN6OWw](https://youtu.be/WBThQVN6OWw) Zimbabwe
Trial participants explaining why the ring works for them and their need for future access to this HIV prevention method.

• [https://youtu.be/tCIQm5_EljY-](https://youtu.be/tCIQm5_EljY-) South Africa
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