EMPOWER

A combination HIV prevention intervention that includes oral PrEP for adolescent girls and young women in South Africa and Tanzania

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The issue

- Adolescent girls and young women are at high risk for HIV infection in sub-Saharan Africa

- Gender-based violence increases the risk of HIV acquisition

- One-third of women globally experience physical and/or sexual violence by partner

- Gender-based violence and harmful gender norms undermine HIV testing, treatment initiation and continuation in care

Oral PrEP for HIV prevention

**Recommendation**
Oral PrEP containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (*strong recommendation, high-quality evidence*).

- TDF/FTC licensed for PrEP in >40 countries
- Included in WHO Essential Medicines List
- Roll-out to priority populations
- Questions about models of PrEP delivery
- Focus on strategies to maximise adherence

WHO, 2015; www.prepwatch.org
Violence: potential barrier to PrEP use

• Male partners’ understanding/support of the trial and study products had a significant influence on women’s use of PrEP
  • Fear of disclosure to partner
  • Disclosure however associated with better adherence

• ART use perceived to be associated with HIV illness by male partners;
  • Concerns about potential stigma led to concealed use of study products and lower adherence;
  • unintentional disclosure occasionally led to relationship conflicts

Source: Marrazzo, 2015; Montgomery, 2014; van der Straten, 2014a; van der Straten, 2014b Stadler, 2014; Succop, 2014; Mngadi, 2014
Prevention of violence against women and girls – the evidence

Effective

- Awareness raising campaigns
- Personnel training
- Justice and law enforcement responses

Promising

- Men and boys gender norms programming
- Economic empowerment

Insufficient evidence

- One-stop crisis centres
- Women’s police stations
- Perpetrator programmes
- Social marketing
- Alternative rights of passage
- Home visitation
- Infrastructure/transport
- ICT services

Conflicting

- Community mobilisation
- Empowerment training for women and girls
- Group training for women and men
- Microfinance/ cash transfers + gender training

Source: Ellsberg, 2014
Designing a combination HIV prevention programme

Can we integrate a response to violence into an HIV prevention programme for AGWY?

HIV testing

Demand creation for HIV prevention

Offer PrEP

PrEP as part of a comprehensive sexual and reproductive health service delivered in a youth friendly clinic

PrEP decision Counselling

Counselling and SMS

PrEP continuation
Designing a combination HIV prevention programme

- **HIV testing**
  - GBV screening integrated into HIV testing

- **Offer PrEP**
  - Community dialogues

- **PrEP continuation**
  - Clubs with an empowerment curriculum

**PrEP as part of a comprehensive sexual and reproductive health service delivered in a youth friendly clinic**
1. GBV screening process

Introduction statement

Ask 6 questions

If YES GBV

Assess immediate danger

If yes to danger

Consider options and agree safety plan and referral

If no danger

Safety tips, and offer info on referral services

If NO GBV

Offer info on referral to support services (slip) and then continue HCT
2. Empowerment clubs

- Session 1: Gender Roles & Social Norms
- Session 2: Power and Control
- Session 3: Sexual Reproductive Health
- Session 4: Empowerment

Pose the following questions to the group and discuss:

- What if you want something during sex, but your partner does not?
- Can you negotiate?

Ask the participants to break into 3 groups and give each group one of the 3 role-play scenario note cards. Explain that each group is going to pick 2 actors and practice their negotiation skills by creating a skit based on the negotiation scenario they were given.

Role Play 1: Negotiating safe sex with your partner.

Actor 1 = woman
Actor 2 = partner

You are a woman, who has just attended a workshop on HIV. Your casual partner has just returned to your hometown from where he works. You suspect that he has other partners. You want to tell him about the workshop, and to begin talking about using condoms and using PrEP. He threatens to expose your relationship to your family if you bring up condoms and PrEP again. He also threatens to tell your family if you won’t continue having sex with him.
Club format

• Sessions were sequentially structured
• Non-clinic venue
• Led by a trained facilitator
• One session per month; duration 2 hours
• Weekday afternoon and Saturday mornings
• Planned 20 members per club
3. Community dialogues

- Based on SASA! Model
- Promote community discussion about healthy sexual relationships
- Used materials from clubs
- Highlighted importance of adult stakeholders
- Need for informational materials
Evaluation framework

Clinical data collection: HIV, GBV outcomes, safety, pill returns, adherence

Screening → Enrolment → M1 → M3 → M6, 9, 12

Baseline survey

Exit survey

Qualitative interviews with participants n=30 X 2

Qualitative interviews with providers

Qualitative interviews with community members

Observations: clinic, clubs, community dialogues
Key learnings

• Young women in SA and Tz are at high risk for HIV
• Young women recognise their risk and are interested in PrEP
• Youth engagement in the design of services and interventions is critical
• Provision of services that are confidential, respectful, and non-judgemental are highly acceptable to youth
• Partnerships across sectors are particularly important for developing referral pathways for young people
Results

• Results will be presented at IAS, 2018

• Session Title: **Confronting violence against women**
  Session Date: **Thursday, 26 July 2018**
  Session Time: **14:30-16:00**

• Session title: **Differentiated service delivery models**
  Session date: **Friday, 27 July 2018**
  Session time: **11:00-12:30**

• Poster: Lees, et al. Understanding motives for initiating PrEP amongst adolescent girls and young women in South Africa and Tanzania
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