

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

A Regional Think Tank

25th February 2021

unicef  for every child

 The Global Fund

 *2gether
4SRHR*

 Sweden
Sverige

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



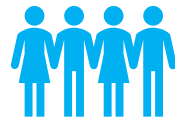
Share best practice, evidence, and lessons learned from implementation

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>

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 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**



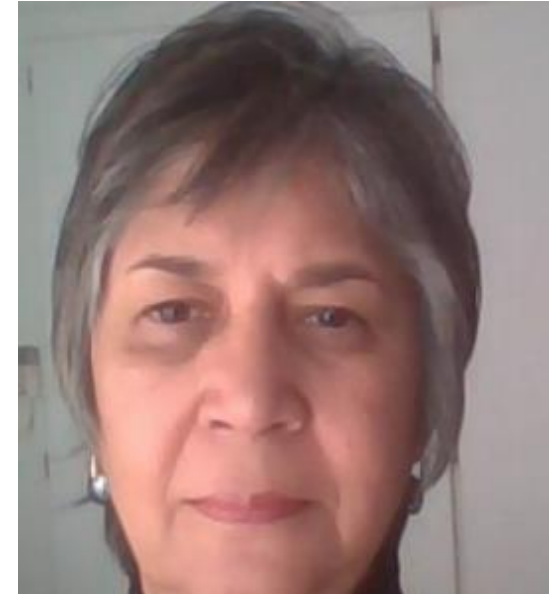
Briefing Presentations: Service Delivery Platforms for PrEP for AGYW



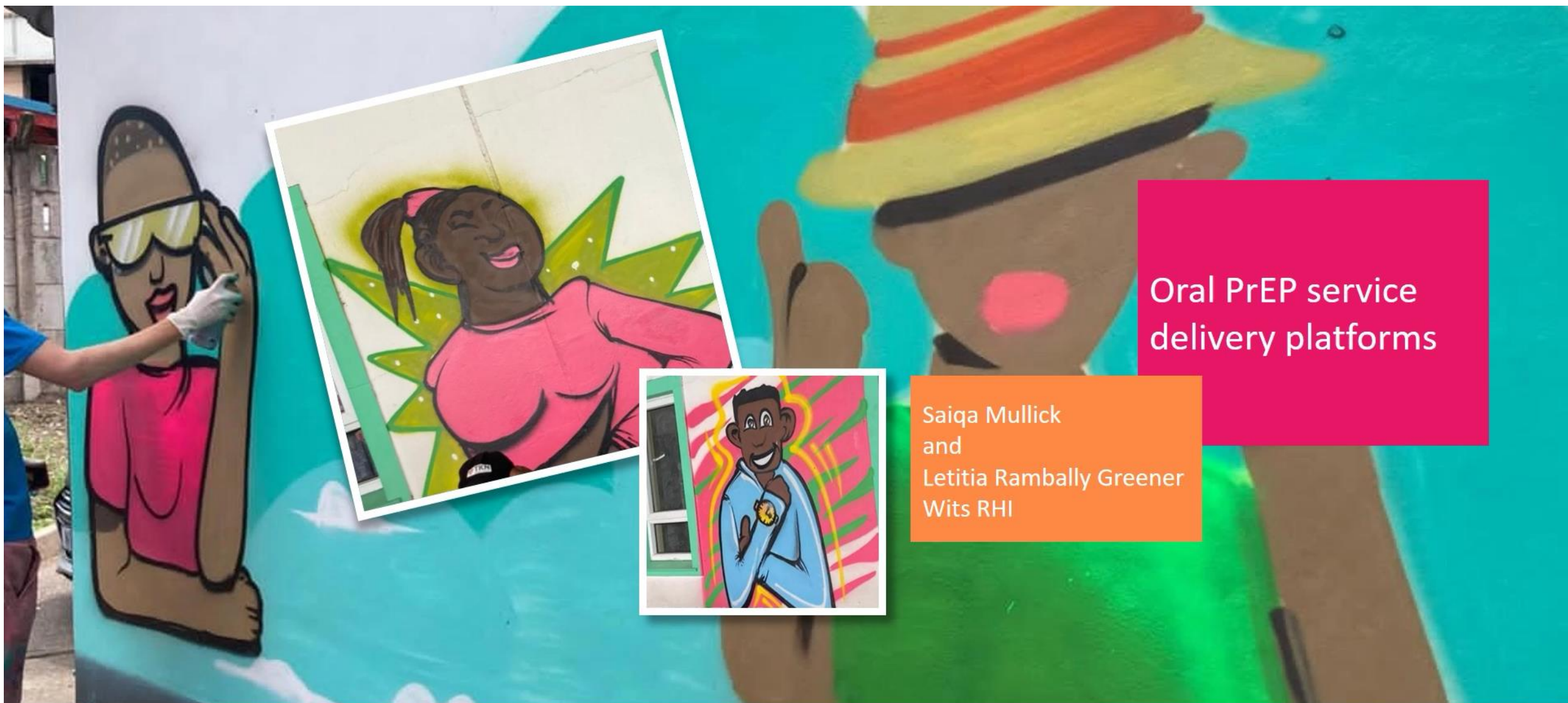
Letitia Rambally Greener,
Senior Researcher Wits RHI



Dr Tafadzwa Chakare,
Jhpiego's Technical Director
in Lesotho



Hasina Subedar, National
Department of Health,
South Africa



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



USAID
FROM THE AMERICAN PEOPLE



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



PrEP Resource Centers are OPEN

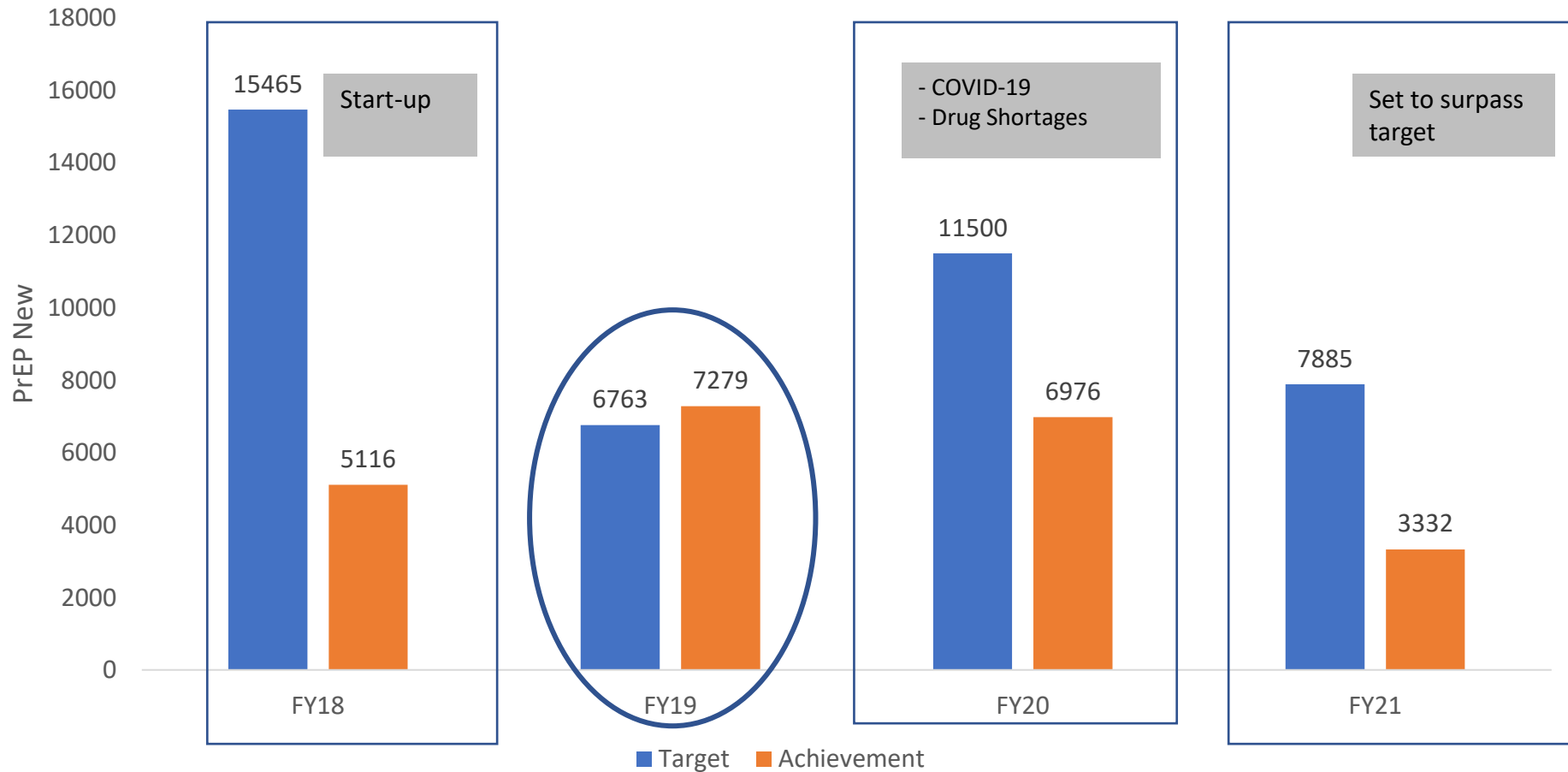
You can find us at the following locations:

- 1 Fokothi:** In the 'Makamo building next to Life high School and Lerotholi Polytechnic
- 2 Roma:** In the new complex next to Vodacom
- 3 TV:** On 1 way street at Nthane estate opposite Jet
- 4 Maputsoe:** On Sir Seretse Khama road on the way to the border next to Naleli funeral parlour

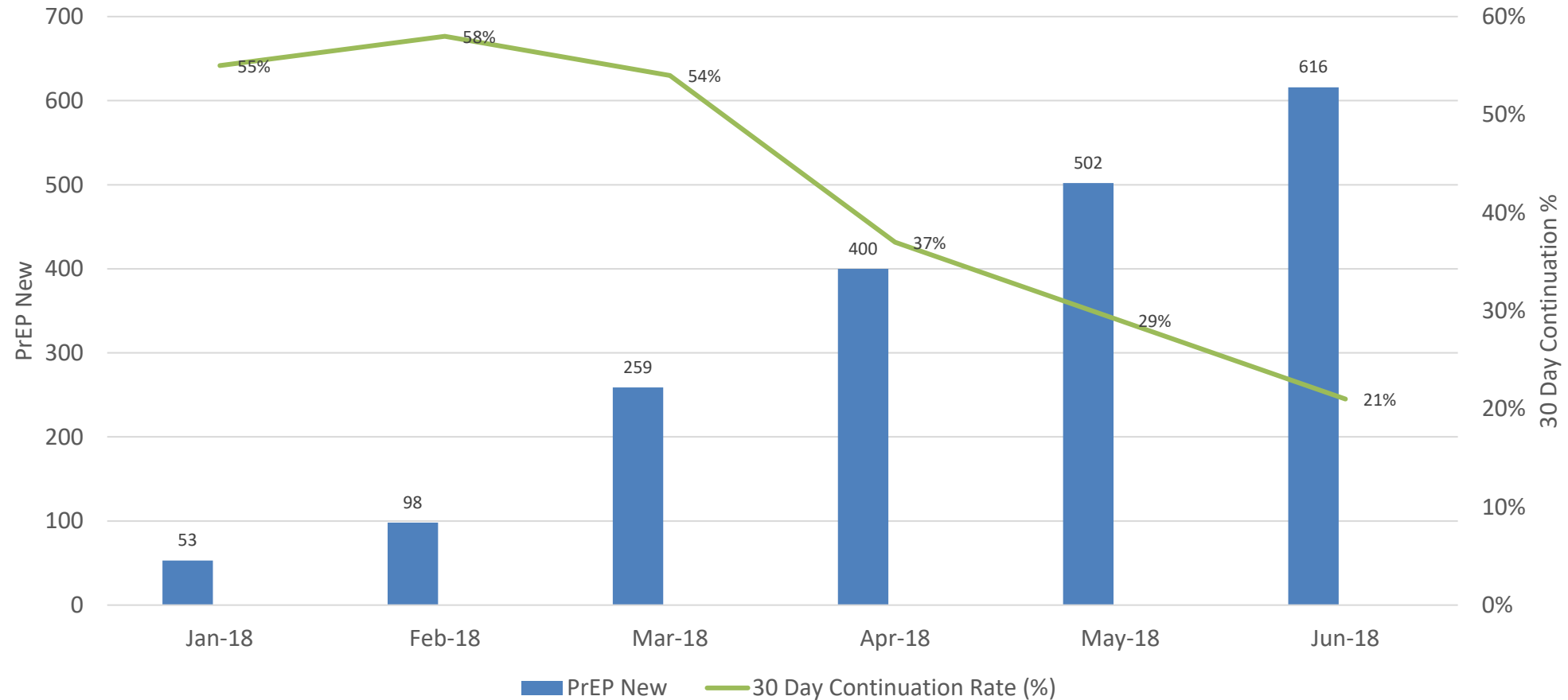
WhatsApp: +266 5934 6315

A photograph of a resource center entrance. A sign above the entrance reads "-RE- MOIKO OATA FELISA HIV" and "Be part of the generation that will END HIV". Below that, it says "Take PrEP. Prevent HIV" and "5934 6315". A sign below that says "PrEP is available in the above resource center". A cartoon doctor character is standing in front of the entrance.

Over 22 000 New PrEP Clients Enrolled, Mostly AGYW



Rapid Scale-up Accompanied by Declining Early Continuation Rates



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



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**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.

**-RE-
MOIKO-OTIA
FEISA HIV**



59346315





Delivery of Pre-Exposure Prophylaxis across a range of service delivery platforms

S Africa

Hasina Subedar

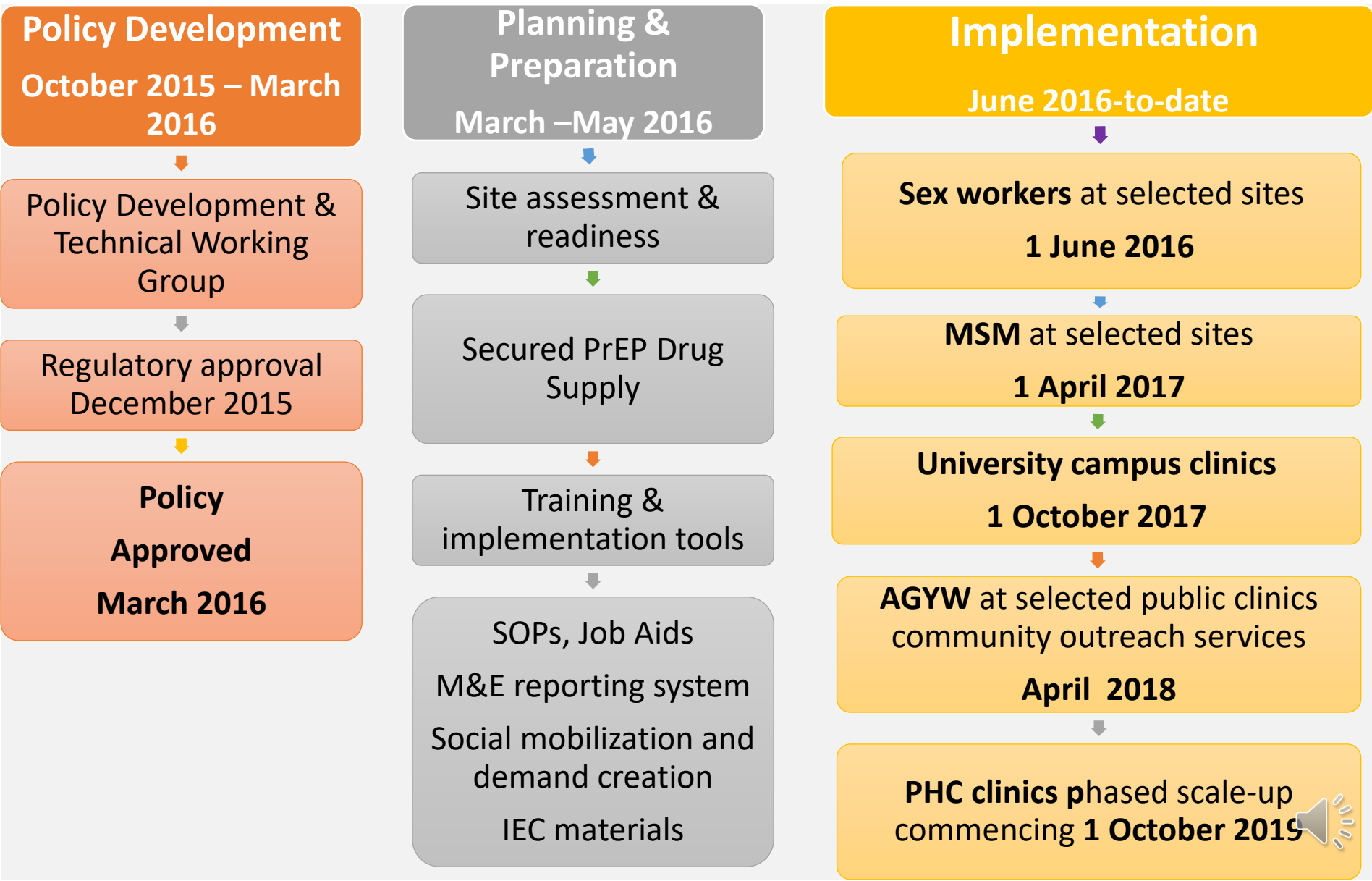
24 February 2021



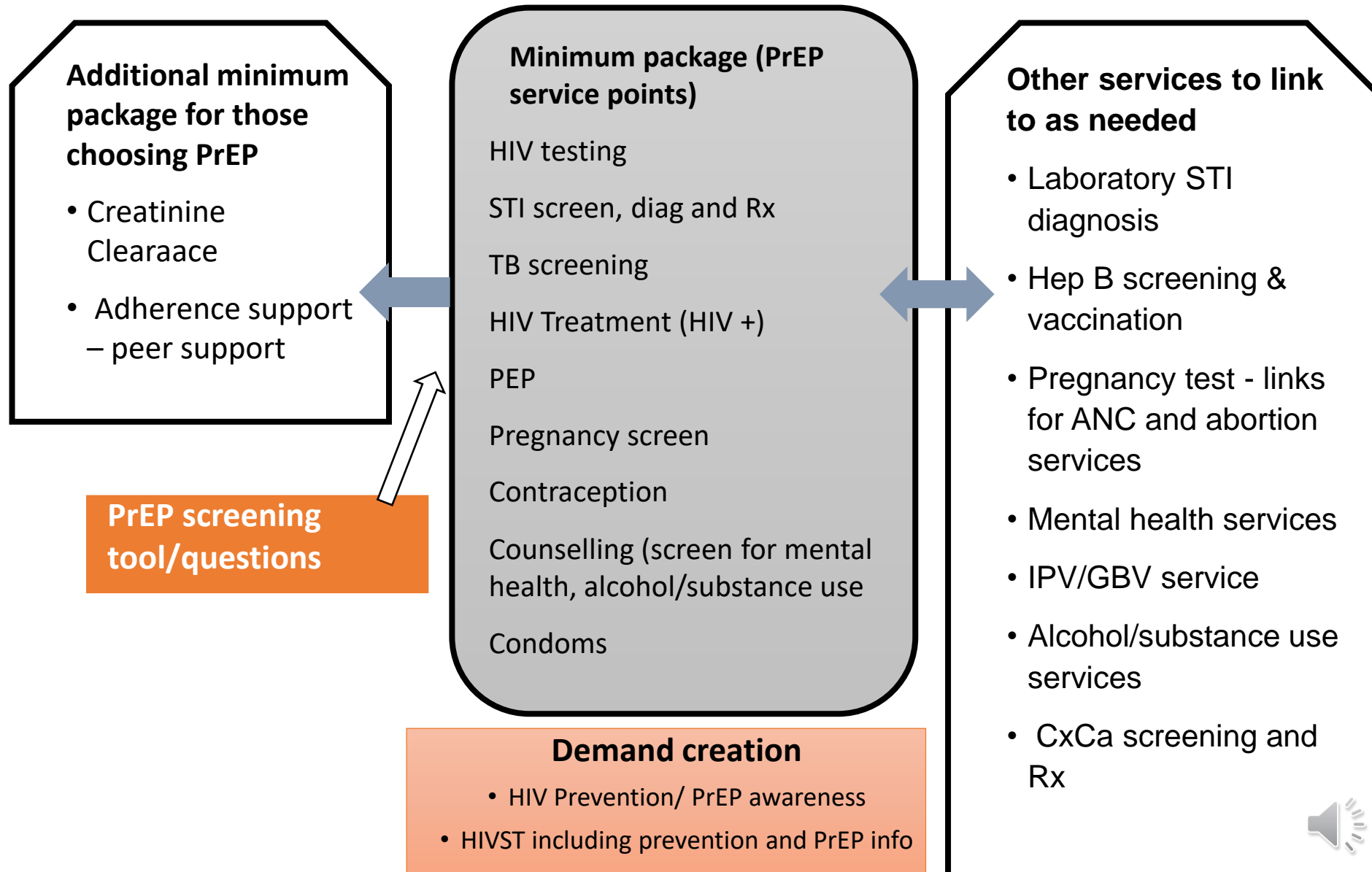
health

Department:
Health
REPUBLIC OF SOUTH AFRICA





Minimum package of services offered with PrEP

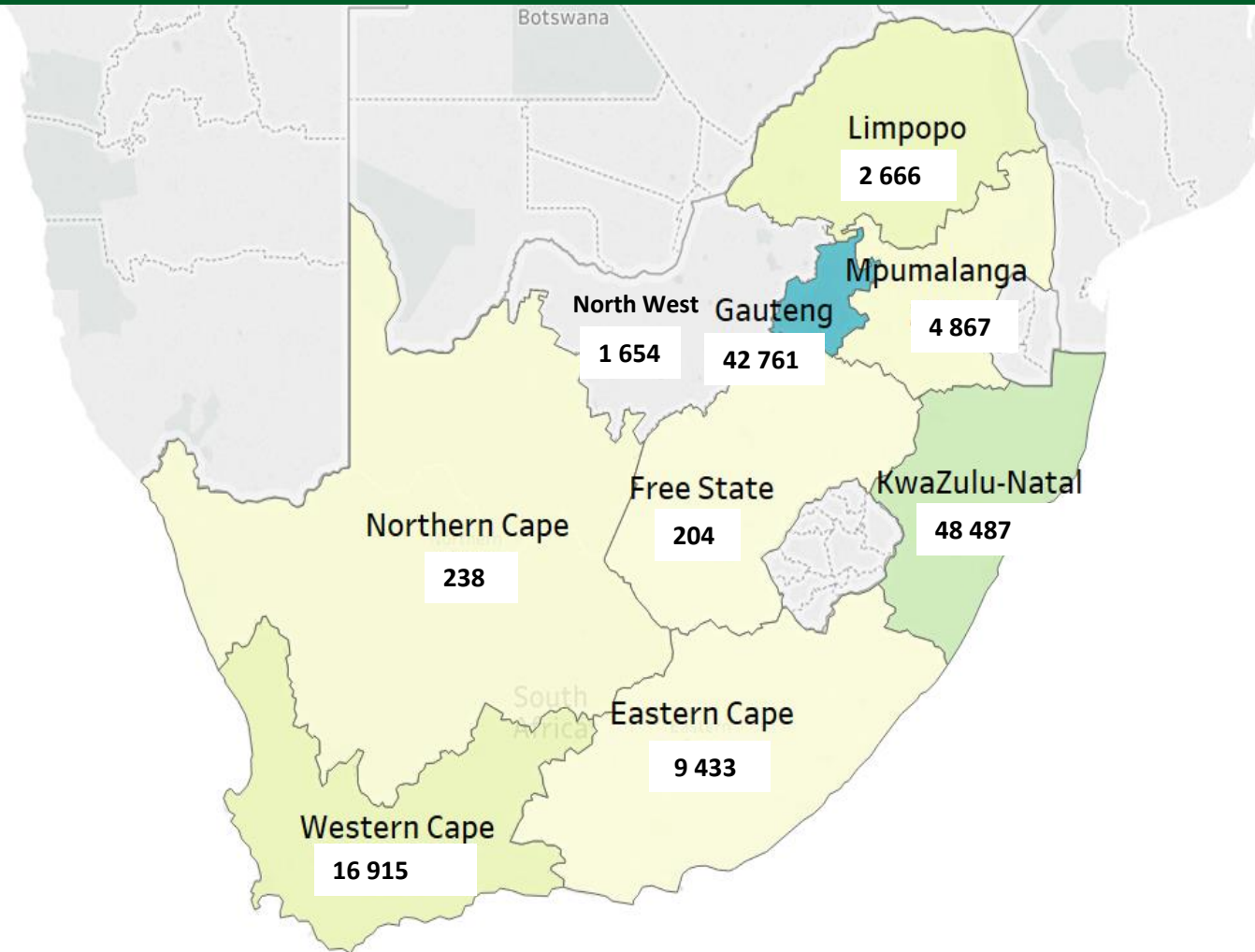


Centralised Monitoring and Tracking of PrEP Initiations

Oral PrEP Geographic Distribution

June 2016 – Dec 2020

From
June 2016 –
Dec 2020
127 225



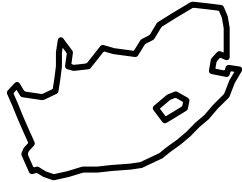
Oral PrEP initiations by province
June 2016 – Dec 2020



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%)

Nat'l PrEP M&E data: Wt. avg. continuation at public sites
Themibsa: 65% effectiveness
ICL/UCT: District-level incidence

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%)

OUTPUTS



Projected PrEP Initiations (FY 2020/21)

Province	Target population	Demand generation reach	HIV neg. tests	PrEP initiations
Eastern Cape	2 920 687	1 070 600	842 190	102 751
Free State	1 372 467	557 812	363 967	58 366
Gauteng	6 399 455	1 643 242	1 499 463	112 487
KwaZulu-Natal	4 031 275	1 646 603	1 212 390	182 290
Limpopo	2 743 887	743 161	619 509	51 820
Mpumalanga	1 511 578	635 922	777 640	88 285
Northern Cape	578 851	139 226	117 316	7 895
North West	1 492 677	522 434	551 655	54 237
Western Cape	1 455 004	310 780	640 468	23 948
Total	22 505 881	7 269 780	6 624 598	682 199

PrEP Cascade Disaggregated by Age and Gender - 15-24 Year old Females

HIV Prevention Cascade	Female 15-19	Dem Gen Female 15-19	Neg Test Female 15-19	PrEP Init Female 15-19	Female 20-24	Dem Gen Female 20-24	Neg Test Female 20-24	PrEP Init Female 20-24
Eastern Cape	257 701	176 742	111 532	24 214	268 313	154 524	95 017	20 438
Free State	108 188	79 064	51 053	11 178	113 160	81 743	60 563	14 741
Gauteng	380 212	180 723	90 442	17 822	415 783	186 131	93 145	18 370
KwaZulu-Natal	396 006	307 814	229 672	56 149	402 877	253 219	164 620	36 106
Limpopo	223 649	106 759	53 482	10 532	239 750	107 381	53 810	10 629
Mpumalanga	132 801	112 512	94 071	24 738	137 342	92 787	66 899	15 965
Northern Cape	40 848	18 689	9 374	1 805	40 510	7 574	8 816	1 697
North West	108 469	69 103	41 896	8 966	109 602	71 707	45 734	9 960
Western Cape	85 933	22 794	11 445	1 392	92 384	30 869	15 483	2 512
Total	1 733 807	1 074 200	692 967	156 796	1 819 721	995 935	604 087	130 418

she conquers

A campaign to empower adolescent girls and young women across South Africa



Empower Protect Advance



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



she conquers

A campaign to empower adolescent girls and young women across South Africa



Empower Protect Advance



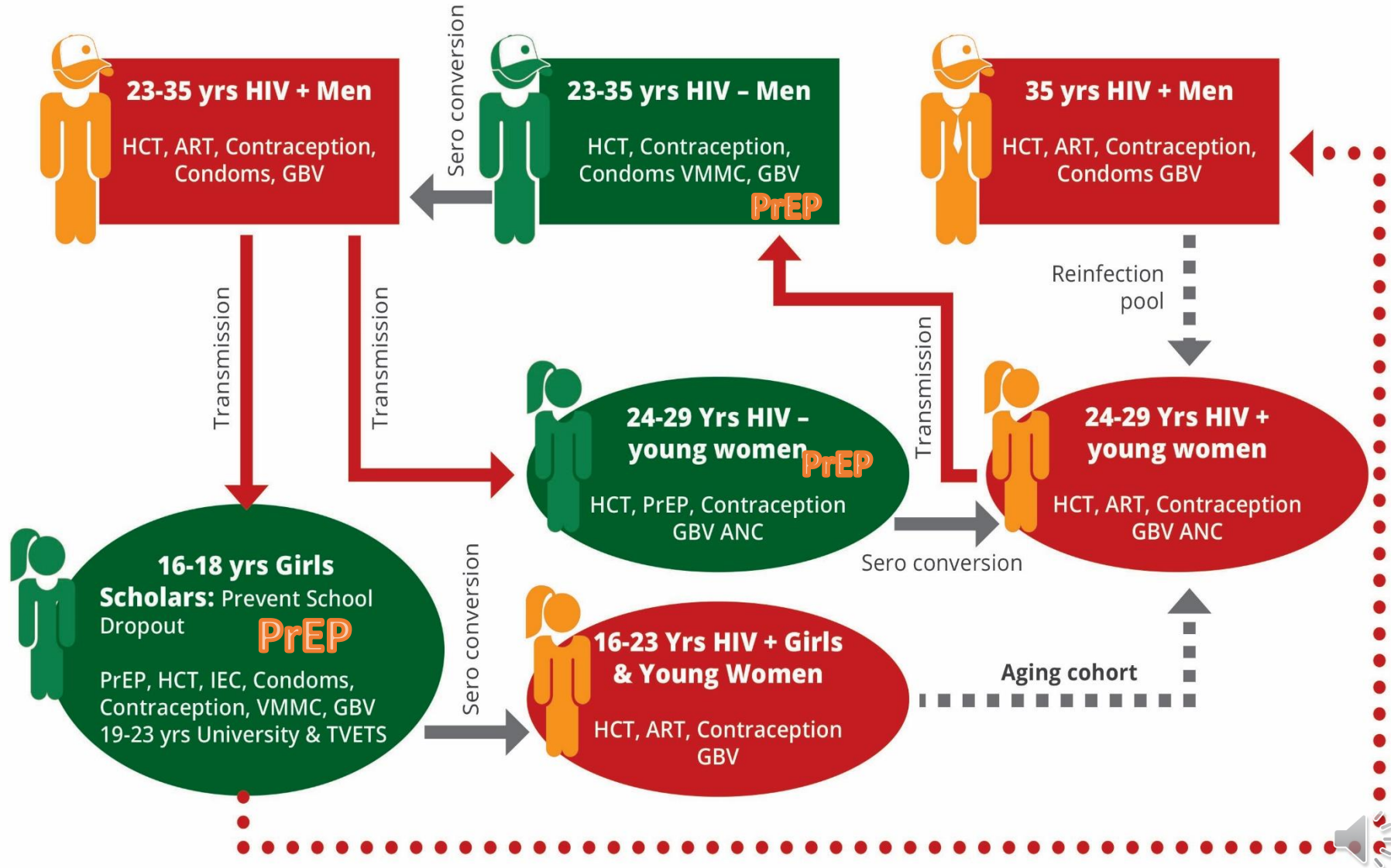
Adopts a targeted approach to break the transmission cycle of HIV

Used findings of the HIV infection pathway for Adolescent Girls and Young Women (AGYW)



TRANSMISSION MODEL DIAGRAM

FOR THE NATIONAL CAMPAIGN FOCUSING ON GIRLS AND YOUNG WOMEN AGED 15-24



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

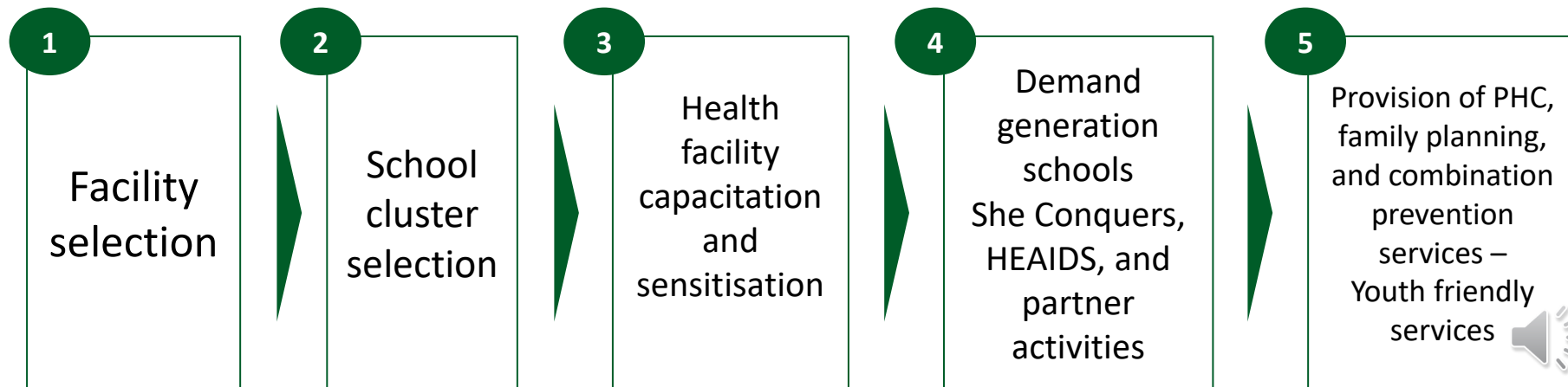
Clinics closest to clusters of Q1-Q3 secondary schools, TVETs, and universities were prioritised.

Catchment

Selected facilities with the highest 15-24 year old catchment population student population at the surrounding educational institutions .

Distance

Closest distance between educational institutions and the focal health facility



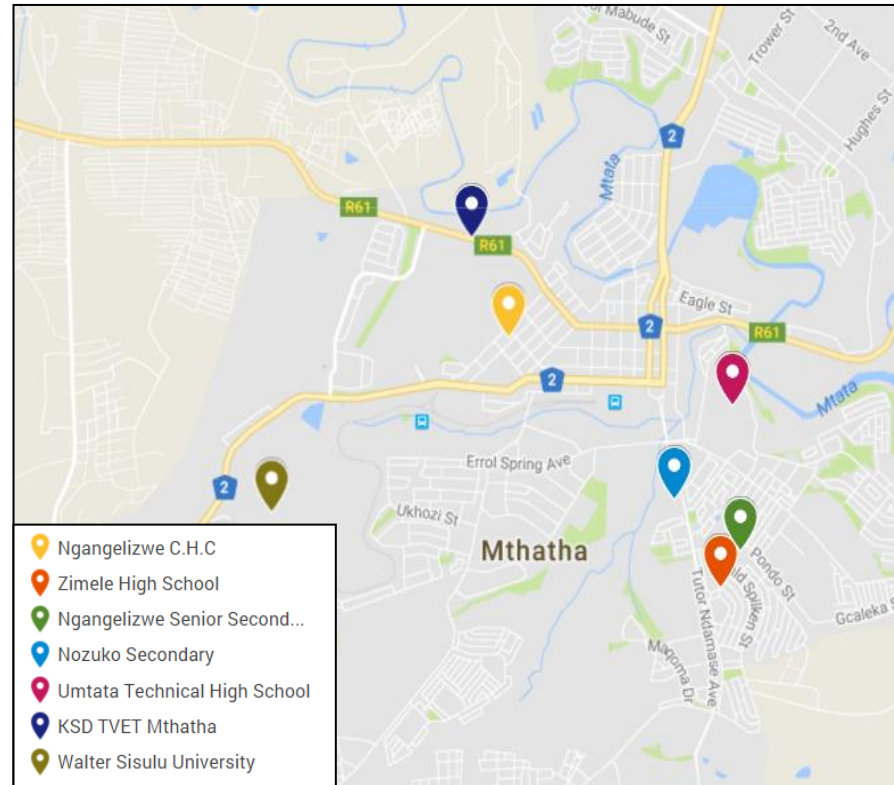
King Sabata Dalindyebo

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



Creating youth friendly spaces at health facilities

Youth Zones

Dedicated Time Slots for Youth to Access Services

Awareness	Create awareness on health-related issues
Link	Use the She Conquers self-assessment roadmaps to link to relevant services
Services	Provide a standardised package of services to young people
Refer	Refer to other services required by young person requires
Promote Access	Promote access and utilisation of health and other services
Youth friendly	Establish a service that is free from stigmatisation

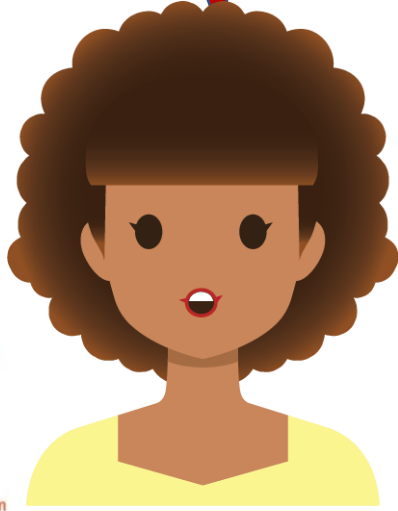


Sex happens... What about it?!



Roadmap 1: Sex happens

Sex happens...
What about it?!
Follow Roadmap 1: Sex happens to find out more.



YOU NEED:

- HIV TESTING
- CONDOMS
- STI SCREENING

CONNECT TO www.bwisehealth.com TO FIND A SERVICE NEAR YOU

YOU NEED:

- CONDOMS
- HIV TESTING
- PREGNANCY TESTING
- STI SCREENING
- CONTRACEPTION OPTIONS
- EMERGENCY CONTRACEPTION

GET MORE INFORMATION ON www.bwisehealth.com



Adapting PrEP IEC materials - Youth-focused

Take the test...



I HAVE THE RIGHT TO LIVE HIV FREE
I HAVE THE DUTY TO HELP STOP THE SPREAD OF HIV

POSITIVE or NEGATIVE PLAY YOUR PART
Get tested for HIV



LIVE without FEAR

WE ARE THE GENERATION THAT WILL END HIV

**Get the test...
Get treatment
Get prevention**

The one test... you can't fail

PLAY YOUR PART POSITIVE or NEGATIVE
Get tested for HIV

WE ARE THE GENERATION THAT WILL END HIV



STAY WOKE
know your status
know your power
Get tested for HIV

WE ARE THE GENERATION THAT WILL END HIV

YOU WILL BE WELCOMED AT YOUR CAMPUS CLINIC FOR MORE INFORMATION OR TO GET TESTED FOR HIV



Promoting easy to use and administer self risk screening

How do I know if PrEP is for me? TOOL on B-Wise

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

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