Programs but Not Yet Platforms: The peril and promise of women's biomedical HIV prevention in 2016

The PrEP landscape has shifted dramatically since mid-2015, with recognition by the World Health Organization that PrEP should be available for all individuals at substantial risk of HIV, inclusion in the UNAIDS Fast Track Targets (see page 18) and adoption by a growing list of countries (see *prepwatch.org* for the most current information). At the same time that daily oral PrEP has begun to roll out, the dapivirine vaginal ring is moving into open-label access trials after initial positive efficacy findings from two trials (see page 28 for results). But is all of this change having an impact on adolescent girls and young women (AGYW)—some of the people who need it most? Here, it's still very early days, but the landscape looks like this:

- **Selective scale-up of PrEP, largely focusing on female sex workers.** The World Health Organization recommends oral TDF-based PrEP for all individuals at substantial risk of HIV and further defines that risk as a situation where incidence is three percent or higher per year. A substantial proportion of AGYW fall into this category, but right now, the main focus of PrEP rollout in sub-Saharan Africa are sex workers. South Africa launched its national PrEP program in sex workers in mid-2016. Female sex workers are also the focus of the programs being introduced by five of the ten PEPFAR DREAMS countries. (The other five PEPFAR DREAMS countries included daily oral PrEP in their original plans though some may add PrEP via additional "innovation" grants.)

  Female sex workers must have access to comprehensive prevention including PrEP. However, a singular focus on PrEP for female sex workers—without a multi-year plan for expanding and evaluating PrEP effectiveness for adolescents and young women in all their diversity—could trip up PrEP uptake for women and girls who need it. After all, interventions like the hepatitis B vaccine, which was first introduced as a tool for gay men and other MSM in some places, was subsequently not well accepted in the general population. There is limited information today about how to deliver PrEP to AGYW, for whom even basic youth-friendly health services are virtually non-existent. So in some places it makes sense to start with sex workers, for whom there are dedicated clinics. But a plan for diversifying PrEP offerings is still needed.

- **Dapivirine ring access is in the works via open-label studies.** In early 2016, two trials of the dapivirine ring showed modest efficacy, particularly in women 24 and older. The next step is open-label extension (OLE) trials to better understand how the ring works for women now that efficacy is understood. In an ideal world, the ring would be an additional option, alongside oral PrEP. The two products are on different timelines, but there are chances in some countries to understand both of them together. Right now, these are mainly missed opportunities, as the map on page 22 shows. In an era of limited resources, countries literally cannot afford to sidestep the opportunity to learn which products women prefer and why. The ring, which is still an investigational product, cannot be added to PrEP sites and OLE sponsors have said referrals for oral PrEP will be made in countries where it is available. But this leaves gaps in access and is an inefficient way to gather information. Oral PrEP should be available on-demand in all of the OLE locations.

  IPM, the ring's developer, is aiming to submit a dossier for licensure in early 2017. OLE trial results will be used to inform introduction if the ring is approved—and the world must plan for this. But it's also important to scale up broader platforms that can deliver multiple different strategies, including daily oral PrEP.

Key Points

To-do list for governments, funders and implementers:

- Make sure PrEP gets offered to all who need it, including, but not only, female sex workers.
- Move fast, with ways to assess impact and inefficency of programs that provide multiple services (e.g., cash transfers, social assets plus biomedical tools).
- End tokenistic, late and under-supported engagement of the vibrant adolescent girls and young women who are the targets but not the leaders of many programs today.

Here are some specific elements for stakeholders to track:

- **Ensure that the emphasis is on developing platforms, rather than product- or intervention-specific programs.** No one wants a world in which there is PrEP in one district, the dapivirine ring in another, and a flourishing set of girl-only spaces in yet another. And today's programs are, for the most part, striving to provide comprehensive care and services. But there can be big gaps between a health facility and what a girl-only space needs in terms of staff, the messages delivered and the physical space requirements. Now is the time to ensure that data on "layering" (providing a number of services to the same young person) are collected and analyzed as swiftly as possible. Some of those data could come from the impact studies tied into DREAMS. There also needs to be a government-driven coordination of efforts so that no single product enters trials or the public health realm in a vacuum.
- **Revamp the approach to collecting and analyzing social and behavioral data in randomized controlled trials (RCTs) and open-label extensions.** In this way, insights that might inform program design can be gathered and disseminated as quickly as possible. Why, in 2016, are we still scratching our heads about young women's vaginal practices, sexual behavior, etc.? It's not only because there are unanswered questions; it's also because there are unmined data and sources of expertise, including young women themselves who remain remarkably absent from the planning, implementation and advisory mechanisms set up to bring services to them. This starts during research, including RCTs, in which social and behavioral data are collected but not analyzed or acted upon in anything close to real time. This allows confusion to set in regarding issues such as, for example, the terms used to query anal sex, or the barriers to use that might be related to living situations (e.g., living with parents or not, sharing a room etc.). This information emerges after the efficacy data are already in—at a point at which they might inform implementation, yes, but after they might help redirect trial conduct. This isn't just about RCTs for women-controlled prevention. In the realm of implementation science, there is a real issue with trials of test-and-start treatment strategies and combination prevention that do not report some of the service-delivery findings that might be implemented immediately, even while the trial's primary question is pursued—without jeopardizing the rigor of the study.
- **Develop plans to introduce diverse daily oral PrEP programs.** For the past five years, AVAC has used a "3-D" model to conceptualize the biomedical HIV prevention arena (see page 6). It's a framework that recognizes the importance of *delivering* what is available today, while *demonstrating* the effectiveness of emerging strategies and continuing to *develop* new, innovative tools. In the past, we've categorized different interventions under different "D"s, but when it comes to women in all their diversity, the reality is that oral PrEP fits into both the "deliver" (get it out there) and "demonstrate" (prove it works, then scale up) categories. Programs that deliver PrEP are already being launched, but these won't provide information on how PrEP fits into the lives of the most vulnerable AGYW. That answer will come from programs that demonstrate whether and how the intervention can be used as part of a comprehensive package of services that includes opportunities to build social and financial capital, support for staying in school, norms-changing work aimed at families and communities and absolute insistence on a legal framework that safeguards the rights of the girl-child and woman.

Finally, and perhaps most importantly, it is essential to:

- **Provide adequate, reliable accessible resources for civil society groups truly working at the grassroots.** The best-intentioned donor-developed programs for resourcing civil society are structured in a way that may put resources out of reach for many small organizations. They simply don't meet the funding requirements or can't assemble the type of documentation needed to qualify as applicants. In this era of dwindling civil society funding, women are doing what they have always done: operating out of their living rooms, using *per diems* to pay their health bills and the bills of the people they love and scrounging for airtime to get on the next conference call. These are exactly the lives that PrEP needs to fit into, and they are a long way away from organizations headquartered in the US, UK or elsewhere in the developed world. Agenda-setting is underway; let's also set criteria for who should be engaged, what that engagement looks like and what percentage of leadership and resources should be assigned to truly local, women-powered organizations. This is a cross-cutting recommendation for many disciplines, but we'll leave it here because it is so important in the context of ongoing work to create programs to find the right girls.