

Adolescent **Girls** and Young **Women** at Risk of HIV Need Access to **PrEP**

By Bridget N Jjuuko

A Strategy for targeted delivery

Adolescent girls and young women in Uganda stand to benefit more from PrEP as a highly effective HIV prevention option; however, there are barriers that need to be addressed and a specific strategy needs to be put in place to effectively reach this at-risk population.

Accordingly, advocates engaged SRHR and PrEP roll out programs in Uganda to identify gaps and chart a way forward. Key areas considered were PrEP access, information and literacy about PrEP, youth-friendly PrEP services, and policy and the legal environment. As a result, issues that need urgent address were identified and documented in this policy brief along with relevant recommendations.

Summary: Key Recommendations for AGYW PrEP Access

Develop a specific strategic policy guidance for implementation and delivery of adolescent and youth-health services inclusive of PrEP and other evidence-based HIV prevention. This guidance should include:

- PrEP delivery at existing youth services as part of a combination prevention package approach embedded in SRHR services for young people.
- The provision of updated adolescent health tools, inclusive of PrEP information, for health workers, parents and teachers for those at high risk of acquiring HIV.
- The development of a communication strategy and materials specific to AGYW to create demand and uptake for PrEP.
- A pathway with clear roles and responsibilities for implementing partners and donor partners for sustainability of PrEP programs for AGYW.

Background

Girls and young women account for 74% of new infections among adolescents in sub-Saharan Africa and nearly 1000 AGYW are infected with HIV every day. In a country where 1.4 million people are living with HIV, adolescent girls and young women in particular are disproportionately affected.

Ministry of Health 2015 estimates HIV incidence among adolescents high at 11.6%. There are many political and cultural barriers which have hindered effective HIV prevention programming in Uganda. As a result, new HIV infections are expected to rise in coming years.

While there have been increased efforts to scale up treatment initiatives in Uganda, there are still many people living with HIV who do not have access to the medicines they need. Despite the existence of a wide array of effective and proven HIV prevention tools, Uganda still preaches the traditional ABC strategies to adolescent girls and young women denying them a chance to utilize evidence-based prevention interventions like PrEP that can further reduction in incidence.

This in turn continuously and unnecessarily leaves this group vulnerable and with high HIV incidence.

Unending Tales: AGYW and HIV in Uganda

AGYW: Adolescent Girls and Young Women
PrEP: Pre-exposure Prophylaxis

High levels of HIV acquisition among AGYW and the unequal distribution have prompted a focus on adolescents as a target for HIV prevention, including the target to reduce new HIV acquisition globally to fewer than 100,000 among AGYW by 2020 as set forth by the 2016 UN Political Declaration on the Fast-Track to Ending AIDS (UNAIDS, 2016).

Prevention of HIV infection in adolescent girls and young women (AGYW) remains an important challenge. While new HIV infections have fallen globally by 35% since 2000, including in sub-Saharan Africa with an estimated 1.4 million new HIV infections in 2014, representing a drop of 41% since 2000, the situation of HIV infections in AGYW still remains bleak.

The issues faced by this demographic include gender-based violence (including sexual abuse) and a lack of access to education, health services, social protection and information about how they cope with these inequities and injustices. Young Ugandan women who have experi-

enced intimate partner violence are 50% more likely to have acquired HIV than women who had not experienced violence.

Uganda's lack of sexuality education is strikingly high and cause for alarm. In 2014, only 38.5% of young women and men aged 15-24 could correctly identify ways of preventing the sexual transmission of HIV and harbored multiple misconceptions about HIV transmission.

Despite considerable progress in HIV prevention research and implementation, including the availability of counseling on HIV risk reduction, promotion of consistent condom use, and, more recently, oral pre-exposure prophylaxis (PrEP) to reduce the risk of HIV infection, AGYW have not benefited as they should. Political will, and a targeted implementation plan as well as innovative approaches and strategies for reaching AGYW are needed urgently.

Since 2016: PrEP in Uganda

In late 2016, the Ministry of Health released the Technical Guidance on Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of HIV in Uganda which is backed up by the Consolidated Guidelines for Prevention and Treatment of HIV in Uganda, which recommend PrEP for HIV-negative people at substantial risk of acquiring HIV.

The country has adopted a road map for the roll out of PrEP Implementation and it is being rolled out in a phased approach.

PrEP is the use of ARV drugs by HIV-uninfected (HIV negative) persons to prevent the acquisition of HIV upon exposure to HIV.

The antiretroviral drug combination recommended for PrEP in Uganda is Tenofovir (TDF, 300 mg) and emtricitabine (FTC, 200 mg) or TDF + 3TC as an alternative.

Oral PrEP as a once daily combination pill has been proved to be effective and safe for preventing HIV acquisition by HIV negative individuals in high risk sexual relationships.

Studies show that when taken daily, PrEP can reduce HIV risk by almost 100 percent. Following results from the clinical trials and the demonstration projects, the World Health Organization (WHO) recommended expedited implementation of PrEP beyond demonstration projects for persons at substantial risk of HIV infection.

Within Uganda, results from the Partners Demonstration Projects have confirmed real-world effectiveness and safety of oral PrEP with excellent adherence and retention for both men and women.

PrEP is an important element of the biomedical combination HIV prevention strategy. It provides an additional prevention option for HIV-negative people at substantial risk of HIV (anyone sexually active in a community with greater than 3 percent HIV incidence). In Uganda, such key populations and priority population include sex workers, fisher folk, long distance truck drivers, MSM, uniformed forces and adolescents and young women.

Study results on the efficacy of PrEP for women aged 18 and older confirm that it is as effective for women as it is for men when used consistently and correctly. Subsequently, PrEP could have a significant impact on HIV acquisition among AGYW given their increased vulnerability to HIV infection, if they are able to effectively access and use PrEP.

A study looking at the safety and acceptability of PrEP in adolescent girls and young women (REACH) started enrollment of study participants in Uganda, South Africa, Kenya

Key achievements of PrEP implementation in Uganda

- ◆ The Ugandan Ministry of Health provided national and regional trainings for up to 110 health workers in the provision of PrEP services.
- ◆ The Uganda Ministry of Health, through the national PrEP roll out program, has sensitized stakeholders including implementing partners, MoH, AIDS Development Partners, and users of PrEP.
- ◆ According to PEPFAR COP 2019 and the MoH, there are up to 90 sites funded by PEPFAR.

Barriers to PrEP roll out for AGYW

Ethical and equitable introduction of PrEP has to take into consideration the particular challenges and barriers that adolescent girls and young women may have. These include, but are not limited to, legal and policy constraints affecting access to SRH and HIV services, stigma and social acceptability, gendered power dynamics, risk perception and risk compensation, and service delivery strategies and models (Mathur, et al., 2016).

Available PrEP evidence shows that if taken consistently, it is an effective HIV prevention tool; however behavioral factors exist that could undermine the effectiveness of PrEP. Studies show the level of adherence (pill taking) correlates well with the level of protection (CAPRISA, Partners PrEP, VOICE, FACTS 001) and this points to the importance of strategies to maximize adherence (AVAC, 2016). Several studies included in a systematic review of 18 studies indicated that younger participants had poorer adherence to PrEP when compared with older participants (Fonner, et al., 2016), highlighting the need to focus on how best to implement PrEP services for this priority group.

PrEP for adolescent girls and young women must be considered in the wider context of the under-representation of this group in HIV prevention interventions, and the challenging experiences of this population. Access to PrEP is further strained as provision is limited to a few public facilities, none of which is a youth friendly corner. However there are spaces identified and equipped with health providers trained in providing targeted youth friendly services away from the stigma often experienced by young people in an adult facility. If scale up of PrEP is under way, it is key to consider a targeted delivery of PrEP within the already established systems of access like KP facilities and youth facilities and equip providers with skills in PrEP provision for the specific target group.

The PrEP program in Uganda is a young intervention. This comes with a lot of gaps in information and communication about PrEP, leaving the program widely prone to misconceptions, rejection and low levels of uptake. Without an implemented PrEP national communication strategy targeting at risk groups, including AGYW, or a strong demand creation plan in place to guide information sharing about PrEP, the program stands a chance to fail.

...In order to inform and enhance the implementation of PrEP for AGYW, the programs must be responsive to the needs, preference, priorities, and rights of the young women who are accessing the drugs as a prevention tool....

Key Recommendations

Roll out of PrEP should be a clearly thought through process unique to all key and priority populations in delivery. As it has already been done in some of the PrEP key population sites, reaching AGYW should target existing youth service centres that already have the experience and expertise working with young people. The unique compliments PrEP gives to HIV combination prevention in addition to SRH services like family planning, STI screening and treatment can be attained not in isolating PrEP services but rather integrating services into a one-stop market place for SRH and HIV services. There are lessons to be learned from the experience of supporting adherence among AGYW in other contexts. For example, adherence to ARVs amongst AGYW living with HIV, or to other preventative drugs like the contraceptive pill.

Evidence from cohort studies suggests that adolescents find it more difficult to adhere to ART compared to adults. AGYW may require increased adherence support, tailored to their age and lifestyle (Nachega, et al., 2009). The HPTN 067/ADAPT Cape Town trial demonstrated that AGYW in this population were able to adhere to daily dosing of PrEP when supported to do so. The uniqueness of this population should therefore be appreciated through tailored services targeting them in their safe spaces.

Targeted delivery for Adolescents at risk

After PrEP's approval in 2012 for adults, the FDA approved the use of PrEP among adolescents at risk of HIV in 2018. The addition of oral PrEP to the HIV prevention tool box for adolescents was made possible through vital research and this allows adolescent minors who may be at risk of HIV to access an effective biomedical prevention medication.

This is progress that requires the WHO to offer guidance as a strategic action area based on recent approvals to inform current national programs and standards. Once delivered, these guidelines will form the benchmark against which the quality of adolescent SRH and HIV responsive health services including modes of delivery at communities and schools, places of recreation, work, and family will be assessed. However, Uganda should not and cannot wait for WHO guidance. Rather, plans for targeted AGYW PrEP access should be immediately initiated.

In order to achieve effective service delivery, there is also a need to build the capacity of health workers to support integrated adolescent health services through training and

mentorships. The existing tools on Adolescent Health would be updated to include PrEP integration for health workers, and teachers at schools.

Advantageously, the national PrEP guidelines do not indicate cut-off age for PrEP, leaving its uptake open to those youth at substantial HIV risk. However, current challenges related to provision of contraception for AGYW underscore a need for well planned and implemented PrEP guidance for this age group.

Similarly, any medication prescribed or offered to minors should be addressed and pointed out especially to service providers, policy makers and advocates. This requires engagements with adolescent health workers on what PrEP is and why it is important for AGYW to have more HIV prevention tools they can access with ease.

As we applaud the national guidance on PrEP shared in 2016, this needs to be backed up by policy documents that clearly give a strategic roadmap to implementation and delivery of adolescent health services inclusive of PrEP and other HIV prevention. Documents like the suspended National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights for over 2 years places adolescent health services under continuous scrutiny.

Meaningful Collaboration and Partnerships

AGYW programs should be user driven and implemented in a collaborative manner engaging relevant stakeholders as appropriate at all the various stages to ensure a multi-sectoral approach. A framework for collaboration should be developed with clear roles

and responsibilities for implementation of a comprehensive package of health services and development programs inclusive of PrEP. Funding for PrEP in the long-term is an important consideration while making partnerships and collaborations. A more profound commitment from the government is needed on the direction and future of PrEP in terms of sustainability.

Strategic Information for Adolescent Girls and Young Women Integration

The level of awareness of PrEP among adolescent girls and young women is unknown. Given the limited data on AGYW's awareness and perceived barriers regarding PrEP in the country, there is a clear need to increase knowledge and awareness of HIV prevention tools including PrEP.

There is also an urgent need to have comprehensive information targeting AGYW beyond just HIV/AIDS to cover broader sexual and reproductive health options. This brief has therefore prioritized the need for development of an AGYW targeted PrEP implementation strategy and PrEP communication materials specific to AGYW recognising their challenges in access and adherence to PrEP services.

PrEP must fit within the broader HIV response and therefore PrEP implementation should enhance HIV programs, including testing and scaling up treatment, and its delivery must be a part of a combination prevention package approach embedded in SRHR services for young people.

Health service centers that target young people should be equipped with capacity to offer PrEP to young people at risk. Rather than tagging PrEP services to identified populations, PrEP should be accessed to all those at substantial risk of HIV regardless of gender, age, profession, social status, geographical location, and sexual orientation.

ACKNOWLEDGMENT

The writing and overall coordination of this document was supported by HIV and sexual reproductive health advocates under the leadership of Naguru Teenage Information and Health Centre through the AVAC Advocacy Fellows program. Feedback was sought from different stakeholders within the broader field of sexual reproductive health and rights and comprehensive HIV prevention to support integration of PrEP services. To all who contributed to the document especially the different stakeholders and actors that attended the engagement meetings organized by the Fellow and one on one consultations with government ministries, UN agencies, national and international NGOs, civil society organizations, academic institutions as well as representatives of adolescent girls and young women themselves, thank you.

Contact person: Bridget Ndagaano Jjuuko
Mobile Phone: +256-78-912-485
Email address: bjjuuko@gmail.com

NAGURU TEENAGE INFORMATION AND HEALTH CENTRE
Spring Road, Bugolobi P.O. Box 27572, Kampala, Uganda.
Telephone: +256 393 216467;

Email: info@ntihc.or.ug
Twitter: @NaguruC
Toll free: 0800 311 222
Website: www.ntihc.or.ug

