Expanding HIV Prevention Options for Young Women: The time is now for PrEP and HIV self-testing Policy Brief: September 2019

Pre-exposure prophylaxis (PrEP) along with HIV self-testing (HIVST) is a highly effective HIV prevention intervention and presents unique opportunities for Adolescent Girls and Young Women (AGYW) in Tanzania. There are, however, many barriers that need to be addressed to effectively leverage the benefit of PrEP and HIVST for AGYW.

Over the past year, advocates have engaged a diverse number of stakeholders in different regions in Tanzania including AGYW themselves, service providers, community-based groups, faith-based groups, parents, schools and other key stakeholders to identify issues and opportunities for PrEP and HIVST rollout among AGYW. The key issues uncovered include the need for information and literacy about PrEP, youth-friendly services, and an accommodating policy and legal environment. This policy brief documents the collective input and makes relevant recommendations to pave the way for PrEP and HIVST for AGYW in Tanzania.



Background

Tanzania has a total population of about 57 million people where one-third of the country is populated by young people aged 15-24. According to UNAIDS, approximately 1.5 million adults in Tanzania live with HIV (PLHIV). There are approximately 65,000 new cases of HIV infection each year. Women above 15 years of age make up almost half of these new infections with an HIV prevalence rate of 5.5 percent. Younger women have an HIV prevalence of 2.1 percent, and estimated 32 percent of all annual new cases.

This shows the extent to which young women remain at risk and the urgency to expand and innovate the current prevention services to ensure that young women have adequate friendly prevention options that meet their needs as part of comprehensive HIV prevention. Oral PrEP is no doubt one of these options.

PrEP is the use of an antiretroviral medication (a once daily pill) by an HIV negative person to prevent the acquisition of HIV. PrEP is an additional prevention choice, as part of comprehensive HIV prevention. HIV testing is the turning point to whether one requires preventive care or HIV care and treatment. An HIV self-test would be a convenient option for more young women to know their HIV status at any given time.

Summary of Key Recommendations for PrEP and HIVST for AGYW in Tanzania

Since the Government of Tanzania through The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) recognizes AGYW as one of the priority groups towards reaching an HIV epidemic control by 2030, this collective voice of young women urges The Government of Tanzania to do the following:

- Develop guidelines for the implementation of PrEP for all who are at substantial risk, including Adolescent Girls and Young Women.
- Provide oral PrEP for young women as an additional prevention choice in a comprehensive package of sexual and reproductive services.
- Prepare for the eventual initiation of long-acting injectable PrEP, the dapivirine ring, implants, both curative and preventive HIV vaccines and additional multipurpose prevention options.
- Support community-based organizations to lead PrEP implementation in their communities.
- Ensure health providers are trained to provide culturally appropriate PrEP and HIVST services to young women and other key and vulnerable populations. Young women also recommend that the structure should be friendly enough to enable easy access to these services.
- Enact laws, policies and guidelines that allow young women easy access to Sexual and Reproductive Health and HIV services, including lowering the age of consent for PrEP and HIV testing services to 15 years of age from the current age of 18 years.
- Develop a communication strategy and materials specific to AGYW to create demand and increase uptake for PrEP and HIVST.
- Invest in adequate HIV self-test education prior to testing and the right information on proper use of the HIV self-testing kit. HIV testing is required before starting PrEP and regularly while taking PrEP.
- Integration of HIV and Sexual and Reproductive Health services for young women (One stop shops)

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Country's progress on PrEP and HIVST

PEPFAR DREAMS and STRIVE's EMPOWER both provide PrEP through demonstration studies for AGYW in Tanzania to guide its potential scale-up. This intervention is based on the World Health Organization's recommendation of PrEP provision for those at substantial risk, defined as populations with HIV incidence of about 3 per 100-person years or higher. This recommendation is based on evidence from 12 trials of PrEP safety and effectiveness among all populations, including women across the globe. It has been shown that risk of drug resistance is nominal and there is no evidence of increased risk behavior among PrEP users. Furthermore, PrEP does not interfere with hormonal contraception; it can be used during pregnancy and is shown to be acceptable by young PrEP users in Tanzania¹. When used correctly, PrEP is almost 100 percent protective and is cost effective and potentially cost saving. Drug costs of PrEP are lower than treatment drug costs, both per-dose and for the duration of use, which is as needed for PrEP but lifelong for treatment. However, Tanzania still does not have any country specific guidelines for PrEP, or for HIV self-testing. To scale-up HIV self-testing and lower the age of consent for testing and PrEP to 15 years of age from 18 years would require an amendment to the HIV and AIDS Prevention and Control Act, 2008.

Methodology

There are ongoing implementation studies on both PrEP and HIVST in Tanzania, including among young women aged 15-24, as one of the most affected groups. It is therefore necessary that they get priority in accessing these services and that they are meaningfully involved in all phases to help ensure their needs are met. This is why their informed voices really matter. To facilitate this process, through AVAC Advocacy Fellowship Program, opinions and perspectives of young women from different backgrounds from Dar es Salam, Mbeya and Shinyanga were collected through a number of community dialogues focusing on PrEP and HIVST. The project also interrogated understanding young women's acceptability to PrEP from feasibility studies in Tanzania.



Young women's opinions on PrEP and HIVST

As demonstrated by other studies¹, young women have spoken in favor of PrEP in Tanzania beyond the PrEP demonstration studies. They have said: "PrEP will lower HIV infections in young women; " "PrEP will make young women more confident and ready to protect themselves especially those who understand their risks;" "PrEP adds value to a girl's confidence to protect themselves, hence influencing health seeking behaviors;" "You don't need consent from your partner to use PrEP so it would be suitable for women who cannot negotiate condom use with their partners and those who are at risk of gender-based violence because PrEP can be taken secretly if necessary."

Along with PrEP for AGYW, there is support and encouragement from this population for the scale-up of HIV self-testing. In Tanzania, HIVST has primarily been rolled out to female sex workers in the context of research in 2018, but targeting others at risk for HIV would be beneficial. AGYW have said: "HIVST will enable us to be self-aware of our status, hence reduce chances of infecting others and increase early initiation of ART; " "HIV self-test seems easy to use especially how one can test at any place and time, hence reducing chances of new HIV infections amongst young women;" and "HIVST will give less burden to health caregivers as one only needs to go to the clinic for a confirmation test if HIV positive."

Some young women also emphasized self-test services should involve thorough counseling of the client to create an environment to accept results - as some people equate an HIV diagnosis with death. Sensitization around this misconception should be done effectively to facilitate acceptance of positive results. Young women must also be empowered to take charge thus being the ones influencing and giving out these services as peers.

Conclusion

PrEP and HIVST are potential additions to the options that AGYW have now, which are clearly not enough. PrEP and HIVST will work for some and may not be the best options for others, but they must be made available so that AGYW can choose what works best for them. These interventions should be integrated into Sexual and Reproductive Health Services as a comprehensive package for the wellbeing of young women and the entire community. The sooner Tanzania, including government, health providers and civil society, move to scale up PrEP with HIVST, the better it will be for young women and other key and vulnerable groups. Sixty-three young women in Tanzania seroconverting daily, according to Tanzania HIV Impact Survey (THIS 2016/2017), is not acceptable. The tools exist to prevent these daily infections. **ACTION is needed NOW!**



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