

Position Paper: PrEP should be made available as part of combination HIV prevention

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TOPIC: PrEP for sex workers and adolescent girls and young women

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BACKGROUND

Oral pre-exposure prophylaxis or PrEP is the use of ARV drugs by HIV-uninfected people to block the acquisition of HIV before exposure to HIV¹. Daily tenofovir/emtricitabine or TDF/FTC (a combination ARV marketed as Truvada) has been approved as a prevention intervention for use in populations at high risk of HIV by a number of national regulatory agencies, including Zimbabwe. In late-2015, the World Health Organization recommended PrEP as an additional prevention option for HIV-negative people at substantial risk of HIV. In the Guidelines for Antiretroviral therapy for the Prevention and Treatment of HIV in Zimbabwe, MoHCC will implement PrEP using a phased approach. An implementation plan and Standard Operating procedures (SOPs) on PrEP will be developed and shared by MoHCC to guide the introduction and scale up of PrEP. Individual risk assessment will be made based on various behavioural factors and other factors to assess vulnerability.

As HIV prevention advocates, community educators and Zimbabwe's 2017 AVAC Fellows, we acknowledge that great strides have been taken by Zimbabwe to 'close the tap of new infections' as evidenced by the prevention and treatment support (ZNASP III). Zimbabwe has a comprehensive HIV prevention plan that includes male and female condoms, early ARV treatment, voluntary medical male circumcision (VMMC), Post Exposure Prophylaxis (PEP) for eligible clients, Behaviour Change programs, STI treatment and Treatment as Prevention as evidenced by the Treat All Campaign.

However we note that incidence of HIV among Zimbabwean women aged 15-24 years is twice as high as that observed in men of the same age group, and that a recent paper in *AIDS (June 2017)*² noted that young Zimbabwean women have an especially high risk of infection with HIV if they have a sexual partner who is ten or more years older, The report notes that such inter-generational relationships could increase the risk of contracting HIV by approximately 75%, even with the wide rollout of ARV

¹ WHO Guidelines 2016

² Schaeffer R et al. *Age-disparate relationships and HIV incidence in adolescent girls and young women: evidence from a general-population cohort in Zimbabwe*. AIDS, online edition, 2017. DOI: 10.1097/QAD.0000000000001506

Zimbabwe was among the first countries to introduce the female condom in 1997 as a woman-controlled method to prevent sexually transmitted infections, including HIV, and unintended pregnancy. Given that over many years in Zimbabwe, there has been a consistently high rate of condom promotion and use without any significant increase in the uptake of the female condom. We are alarmed at the condom stigma that has been a key barrier to accessing this prevention method by those most in need of it e.g AGYW. We therefore concur that it is apparent that repeated promotion of condom use in itself is not likely to be sufficient to meet the targets outlined in the ZNASP III 2015-2020.

We therefore note that current prevention interventions are not meeting all the prevention needs of young women and other people at substantial risk for HIV, and that PrEP could be a valuable addition to the prevention toolkit. The addition of PrEP is necessary to further decrease new infections given its high effectiveness in reducing risk of HIV. Hence, it is a great opportunity for awareness campaigns such as the current Condomize Campaign and HIV Self Testing Campaigns to include PrEP in their messaging to raise awareness and create demand for PrEP use together with other prevention methods.

In this paper, we share experiences, perspectives and insights from young women and sex-workers on the importance of adding oral PrEP as an additional prevention tool.

CHALLENGES AND LESSONS LEARNT IN ZIMBABWE

The SAPPH-IRE demonstration trial in Zimbabwe showed that the enhanced, targeted ARV treatment and PrEP for sex workers improved their health, averted new HIV transmissions and is ultimately cost-effective. However, anecdotal evidence shows that when the trial ended, several of the young women went on to become HIV positive because they had to discontinue PrEP as it was no longer available. This underscores the urgent need to immediately rollout PrEP to all those at imminent risk of acquiring HIV.

Risk compensation

Some people have fears that Zimbabwean sex workers may engage in more risky behaviours once initiated on PrEP, or increase their sexual partners whilst 'marketing' themselves as HIV negative thereby undermining all the gains from behaviour change interventions of the past. The iPrEx clinical trial 2010 suggests that there is no evidence of risk compensation amongst the study participants while taking daily oral PrEP³. These findings are consistent with studies looking at other preventative options including voluntary male circumcision,

³ Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine*. 2010

vaccines and PEP⁴. The iPrEx OLE study found that for most people the use of condoms actually increased, and was associated with an individual's sense of greater control over their own sexual health. AVAC Fellows dialogues with sex workers at their hot spots and at the clinic on the 7-8 July 2017, in Kadoma, a SAPHH-IRe Trial intervention site affirm that although most had permanent boyfriends that they did not use condoms with, they went to great lengths to ensure that protection was used each time with all other clients and permanent boyfriends were tested for HIV. In other real-world settings, the people who cannot consistently use condoms are those who are seeking out PrEP; it is not those who are already confident that they are protected who seek it out.

Low Risk perception

AVAC Fellows spoke to sex workers who opted not to take PrEP at the Kadoma SAPHH-Ire trial site. Some of the main reasons for this were (i) that they were in a "season of marriage" meaning they were living with a client for a prolonged period of time (2-3 months at a time), evidence of a migration into sex work and out for short periods of time (SAPHH-Ire 2014), (ii) that they are too mobile and do not stay in one place for long and (iii) that the pill burden was too much and that they would just be likened to their colleagues using ARVs for HIV treatment. These perceptions can be corroborated by the implementation experiences of PSI as presented by Dr Emily Gwavava at the Consultative meeting on PrEP (July 2017).

However, sex workers in Kadoma reported of a colleague that sero-converted after stopping PrEP whilst going into 'marriage'. This showed that most recognised the risks that are always there despite being 'married' or not. Most sex workers were outraged by the discontinuation of PrEP likening it to a blanket being ripped away pointing to recognition of risks associated with sex work lifestyle.

Stigma and Discrimination

In a community dialogue, former SAPHH-Ire Trial participants in Kadoma identified the social stigma associated with taking PrEP and negative attitudes from the communities in which they live. A group of sex workers reported that they wanted to be initiated on PrEP but the people around them had no knowledge of such a prevention tool so they concluded that it was an experiment on sex workers that could be harmful.

The stigma and discrimination associated with PrEP use that has been observed in Kadoma has also been observed in Harare and will have to be addressed if the benefits of PrEP in the community are to be realised. In Harare, several PrEP champions have received community feedback-especially from other women- that they see PrEP as a tool for sex workers only so

⁴ Gregorio A, Millett M, Flores S, et al. 2008) Circumcision Status and Risk of HIV and Sexually Transmitted Infections among Men Who Have Sex With Men: A Meta-Analysis. American Medical Association.

they are not interested in hearing about it. Smith et al⁵ found that the anticipated negative reaction of peers, friends, and family members was viewed as a factor that could mitigate against PrEP uptake, in a study of the attitudes of young African American adults (18–24 years). These participants reported that they expected disclosure of PrEP use (deliberate or otherwise) would lead others to believe they were either engaging in (stigmatized) high-risk sex or that they were in fact HIV-positive, considerations also noted by participants in PrEP clinical and implementation studies such as iPrEX.

AVAC fellows recognise that a denigration of sex workers and young women who sell sex is strongly linked with African cultural and social norms of unacceptable behaviour internalised shame and degradation. We support and promote a positive view of sex workers' and AGYW's sexual activity in all its diversity and entirety, including the right to access a full range of proven safe and effective prevention technologies.

Adherence issues

Zimbabwe's demonstration project, SAPHH-Ire retained 90% of those initiated on PrEP in care. Also evidenced by the iPrEx OLE study, although only a third of the participants achieved adherence levels of 4 or more tablets per week, those most at risk of HIV were the ones most likely to adhere to treatment guidelines. AVAC fellows acknowledge that adherence issues will need to be addressed to ensure the success of PrEP as a prevention strategy in Zimbabwe. Lack of adherence means people run the risk of HIV infection. Drug resistance on PrEP has been mostly shown to be caused by starting PrEP when already infected with HIV. Globally, there are only about three documented cases of people acquiring drug resistance while sero-converting on PrEP. Neither sero-conversion nor drug resistance occurs if PrEP is taken daily in seasons of risk.

We, as Fellows appreciate the efforts of the PrEP implementing partners in HIV reduction and working towards ending HIV by 2030. We applaud the SAPHH-Ire intervention for the Adherence Sisters Training program (ASTP) which has been absorbed in all the Sisters with A Voice clinics. We also tip our hats to PSI for a great partnership with Ceshhar Zimbabwe and demonstrating a linkage to care that is effective. We strongly recommend an adoption of such practise into our own local clinics.

CONCLUSION & RECOMMENDATIONS

We are convinced that ensuring access to PrEP is an important component of an effective combination prevention response. With the looming implementation of PrEP, we believe

⁵ Attitudes and program preferences of African-American urban young adults about pre-exposure prophylaxis (PrEP). Smith DK, Toledo L, Smith DJ, Adams MA, Rothenberg R AIDS Educ Prev. 2012 Oct; 24(5):408-21.

that it is essential that every stakeholder is fully informed and every health setting platform is used wisely to do so ahead of the PrEP rollout in Zimbabwe to ensure that the implementation is successful.

The general community should be targeted when disseminating PrEP information if the key populations are to take up PrEP without any stigma attached to it, for example, that PrEP is for sex workers (as reported by PrEP champions). This type of labelling will hinder even the AGYW and other key populations and people at risk from accessing PrEP and thus defeating the whole purpose of ending HIV. The Government of Zimbabwe, through the Ministry of Health should engage mass sensitization of the people of Zimbabwe through road-shows, billboards, Youth galas and informational text messages on phones.

Existing HIV prevention campaigns such as the Condomize Campaign, should integrate PrEP in their messaging. The MoHCC should also consider making use of individuals and organisations with speciality and experience in engaging with targeted key population groups to partner in sensitization trainings of our local healthcare providers.

As the Ministry of Health selects sites for PrEP provision, we call on them to prioritize existing sex worker and transgender clinics such as CeSHHAR and GALZ and established youth friendly centres. We need meaningful engagement of targeted group so that Zimbabwe's PrEP rollout is a success.
