

POLICY BRIEF

Too Little for Far too Too Long:

A Gap Analysis of HIV Prevention for Adolescent Girls and Young Women

June 2021

Who are adolescent girls and young women?

Adolescent girls and young women (AGYW) are a vulnerable population. Young women (aged 15-24), and adolescent girls (aged 10-19) in particular, account for a disproportionate number of new HIV infections.¹

Why focus on adolescent girls and young women?

In Sub-Saharan Africa, despite making up just 10 percent of the population, one out of every five new HIV infections occurs in adolescent girls and young women. In the more affected countries, 80 percent of new HIV infections among adolescents are among girls, who are up to eight times more likely to be living with HIV than adolescent boys.^{2 3} It is estimated that around 50 adolescent girls die every day from AIDS-related illnesses.⁴

Zambia has made significant progress in the prevention and treatment of HIV infection among AGYW. Despite this progress, they still remain vulnerable, both socially and economically to HIV infection. **While working to address these structural impediments, there's a need to increase existing HIV prevention options for**

AGYW to further reduce their high HIV incidence.

Increased options include access to daily, oral PrEP, a revolutionizing HIV prevention that reduces HIV risk by almost 100 percent.

Zambia must also prepare for newer forms of HIV-prevention methods on the horizon, such as the recently WHO-prequalified dapivirine vaginal ring, the newly proven long-acting cabotegravir injection, and the monthly PrEP pill still in development amongst other prevention methods and, ideally, an HIV vaccine in the not-too-distant future.

Policy Framework


Zambia has a robust policy framework that supports PrEP access and development, with PrEP inclusion in the Consolidated Guidelines for Treatment & Prevention of HIV Infection and in the National HIV/AIDS Strategic Framework (2017-2021). To date, Zambia has reached about 70 percent of its PEPFAR PrEP target.

¹ UNAIDS 2017: "When Women Lead, Change Happens" p2

²UNAIDS 2019: "Women and HIV - A Spot light on adolescent girls and young women" P8

³ The Global Fund May 2019: "HER - HIV Epidemic Response"

⁴ UNAIDS 2019: "Women and HIV - A Spot light on adolescent girls and young women" P3



But this is not enough when 26,000 women newly seroconverted in 2019. The country must do more to prevent sexual transmission of HIV by increasing quality service delivery along with a rights-based approach to health care services and PrEP access among young women. Zambia must follow the lead of other African countries (Kenya and Uganda) where HIV risk was reduced by three quarters in those who took oral PrEP.⁵ Zambia must also prepare for additional PrEP options such as the vaginal ring, which was studied in Zambia and was recently WHO prequalified, and cabotegravir long-acting injectables, also recently proven to work.

Not only must Zambia prepare for rolling out new prevention tools, but also for integrating them into sexual and reproductive health and rights (SRHR) services.

Methodology

This policy brief focuses on daily oral PrEP for AGYW, summarizing the findings and recommendations from AGYW and health care providers representing a cross-section of Zambia. The data were collected between June and October 2020 through a community scorecard, administered by CBTO Zambia and the Treatment Advocacy Literacy Campaign (TALC), in Kapiri Mposhi, Choma and Lusaka to understand the barriers AGYW face in accessing PrEP. The score card was filled in by 45 adolescent girls and young women (i.e. 15 in each of the 3 stated locations); and 15 Health care providers (i.e. 5 in each of the 3 stated locations).

In order to identify the gaps in PrEP service delivery, a tool known as a Community Score Card was used. A community Score Card is a two-way and on-going participatory tool for assessment, planning, monitoring and evaluation of services. It can be adopted into any sector where there is a service offered. The Community Score Card brings together the demand side (service users) and the supply side (service providers) of a particular service or program to jointly analyse issues underlying service delivery problems and find a common and shared way of addressing those issues. The process also helps in developing or generating action plans.

PrEP Implementation Gaps and Challenges

Through the use of the Community Scorecard tool, the following challenges in the roll out of daily, oral PrEP in Zambia were identified:


Limited PrEP communication and demand-creation materials in health centres: There are no/limited posters or I.E.C. materials on PrEP, very little PrEP sensitization at PrEP-dispensing facilities and there are no trained personnel to conduct PrEP awareness and sensitization.

Limited PrEP communication and demand-creation materials in communities: There is inadequate information on PrEP in the community to advocate for its uptake. Gatekeepers, such as the Neighbourhood Health Committees (NHCs), have not been engaged in PrEP sensitization and therefore have not taken an active role in creating awareness on

5

<https://www.nejm.org/doi/full/10.1056/NEJMoa1809866> or <https://www.aidsmap.com/news/jul->

2020/prep-prevents-estimated-three-quarters-hiv-infections-people-risk-large-african-study



PrEP and its benefits in the community. AGYW are not aware of this intervention.

Paid Community-Based Volunteer (CBV) Outreach activities on PrEP are lacking: It has been observed that there are very few trained, paid volunteers to do outreach activities on PrEP.

Unfriendly healthcare provider attitude: The attitude of some health care providers is unfriendly towards adolescent's girls and young women, which in most cases drives away potential PrEP users.

Limited convenient PrEP service points: PrEP is administered at the ART department where HIV-positive people access treatment. The ART clinics are not convenient and friendly to AGYW as they promote stigma for PrEP users like them who are mistaken for to be HIV positive. There is no differentiated service delivery at the health facility.

Limited access to PrEP: Certain key population groups are criminalized, such as gay men, transgender people, sex workers and drug users, which makes it difficult for them to access PrEP provision. Derogatory cultural beliefs contribute to poor health access including PrEP.

Absence of PrEP community structures: There are no community-driven support groups for people using PrEP. Other community structures to support PrEP clients, such as differentiated service models are lacking.

Stigma and discrimination in the community: Due to lack of sensitization and information on PrEP, there is high level of stigma. Clients on PrEP are stigmatized and mis-identified as HIV positive. AGYW are further stigmatised because of the misconception that those who use PrEP are sex workers, as it is considered to be an intervention for sex workers only.

Recommendations

CBTO Zambia in partnership with CSOs call for immediate action to address PrEP policy and programme gaps:

- Ministry of Health and PEPFAR-implementing partners should support differentiated service delivery and referral systems for PrEP by integrating PrEP into community programs, away from ARV clinics where it is currently provided. PrEP support groups should also be established.
- Ministry of Health should develop a PrEP communication strategy for health facilities and venues frequented by AGYW.
- Ministry of health should prioritize and budget for paid PrEP outreach workers and programmes in the communities.
- Ministry of Health should sensitize and train health care providers against stigma towards clients on or eligible for PrEP.
- Ministry of Justice should decriminalize key populations to make it easier and safer for them to access prevention and care.
- Ministry of Health should support new HIV prevention research and accelerate development of guidelines which should provide a framework for implementers of the next-generation PrEP such as long-acting injectables and the dapivirine vaginal ring.

FOR

<https://www.prepwatch.org/country/zambia/>

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This brief was developed as part of a civil society community-led monitoring exercise in Zambia focusing on Kapiri Mposhi, Choma and Lusaka to understand the barriers AGYW face in accessing PrEP. It was administered by CBTO Zambia and the Treatment Advocacy Literacy Campaign (TALC), in partnership with AVAC.

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