Novel Approaches to HIV Prevention Among the High-Risk Youth Population

Dr. David Sando, MDH Tanzania.

Thursday, January 19, 2023, Serena Hotel, Dar es Salaam.

Outline

- Background
- Five Prevention Pillars
- Delivery platform
- Approaches
- Core packages
- Study findings
- Challenges
- Wayforward

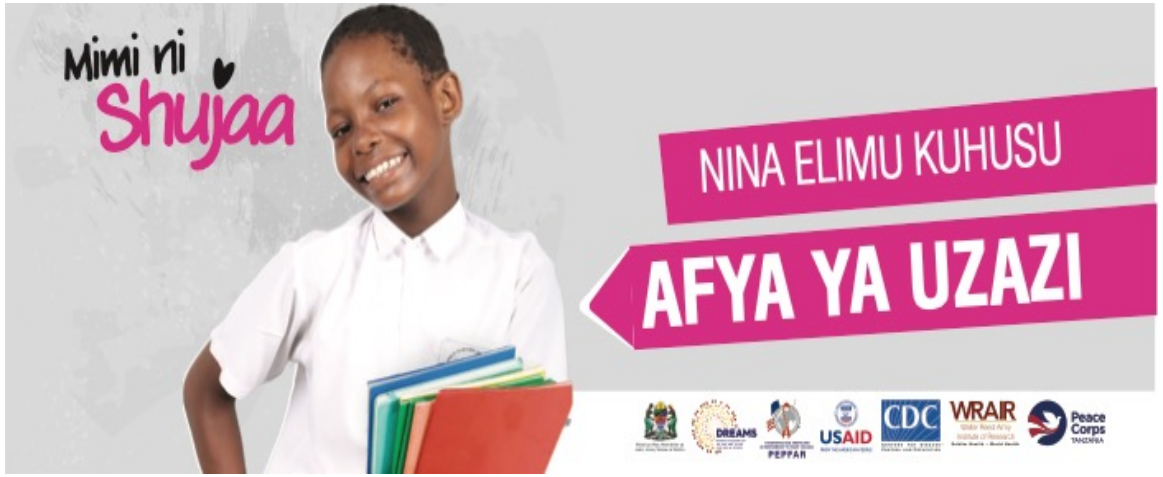
Background

HIV remains a public health concern:

- Two third of PLHIV globally are residing in WHO African region
- 63% of global new HIV infections contributed by girls and women
- 6 out 8 new HIV cases arise from adolescents aged 15-19 years
- AGYW aged 15–24 years are twice more likely to acquire HIV than ABYM of the same age group

Based on Tanzania HIV Impact Survey (THIS) 2016 – 2017 for adults aged 15 years and older:

- Annual incidence of HIV is 0.24% and the prevalence of HIV is approximately 4.9%.



AGYW are vulnerable biologically due to:

- immature cervix,
- forced sex,
- age-disparate
- genital mucosal disintegration due to STI

SDG 3 call for elimination of new HIV infections by targeting where new infections are concentrated by 2030

Five Key Prevention Pillars

Key Population Combination prevention and harm reduction packages

- Sex workers
- MSM
- PWIDS
- Prisoners

Adolescent Girls and Young women

- Based on differentiated layered packages

Adolescent boys and young men Combination prevention

In setting with high HIV incidence

- VMMC
- Promoting access to HIV testing and treatment

Condom programming

- Promotion and distribution of male and female condoms as well as lubricants

ARV – Based prevention

- Pre-exposure prophylaxis
- post exposure prophylaxis
- Treatment as prevention
- PMTCT

95% of adolescents at risk of HIV have equitable access to and use appropriate, prioritized, person-centered and effective combination prevention options

Delivery platforms

Access

- Community-based & community-led outreach
- Health facilities including SRH
- School settings
- Private sector
- Virtual platforms
- Other innovations

Enablers

- Sexual and reproductive health and rights
- Gender equality
- Ending stigma and discrimination
- Conducive policies and environment
- Multisectoral, integrated and differentiated approach
- Sustainable investment in HIV prevention

Approaches to HIV prevention among vulnerable AGYW

- DREAMS **(Determined Resilient Empowered AIDS-free Mentored and Safe**) evidence based interventions that have proved to reduce new HIV infections among vulnerable adolescent girls and young women (vAGYW)
  - VAGYW are susceptible to HIV acquisition due to:
    - **biomedical, behavioural and structural** barriers that hinders them to access and utilize prevention and curative services
  - The interventions target vAGYW aged **15 – 24 years** who are In and out of school.
- Due to their high reported rates of HIV, teenage pregnancies and violence among other factors.
- MDH is currently implementing DREAMS interventions at **Kagera region**

Focus of the interventions

1. Safer sexual behaviour for AGYW

- Delayed sexual debut
- Fewer sexual partners
- Partners with low risk of HIV
- Less transactional sex
- Use of condoms
- Delayed first pregnancy

2. Male Partners

- Fewer sexual partners
- Use of condoms
- Less age-disparity between partners

3. Social Protection

- Stay in school
- Support them financially
- Delay marriage
- Reduced violance

4. Biological protection from HIV

- Aware of HIV status
- Post-exposure prophylaxis
- Use of PrEP

Core Package

Adolescent girls & young women

- HIV education and violence prevention
- Gender norms
- Safe space programming
- Social asset Building
- Combination Socio-economic approaches
- Condom promotion
- Contraceptive
- HTC & linkages into care or prevention
- PrEP Provision
- Post-violence care

Their families

- Education subsidies
- Financial literacy
- Socioeconomic support
- Parenting & caregiver programs

Their partners

- HIV-testing services
- Antiretroviral therapy
- Condoms
- VMMC
- Violence prevention
- Gender norms education

Their communities (contextual intervention)

- School and community-based
- HIV prevention
- Violence prevention & Gender education

Access to HIV Testing and Male circumcision for HIV prevention among Adolescents (15-19 years) in four countries of Sub-Saharan Africa (Tanzania, Eswatini, Malawi and Zambia)

Sample Size

HIV Testing

Tanzania (n=2,838)

Eswatini (n=572)

Malawi (n=1,823)

Zambia (n=2,015)

Male Circumcision

Tanzania (n=3.166)

Eswatini (n=1,249)

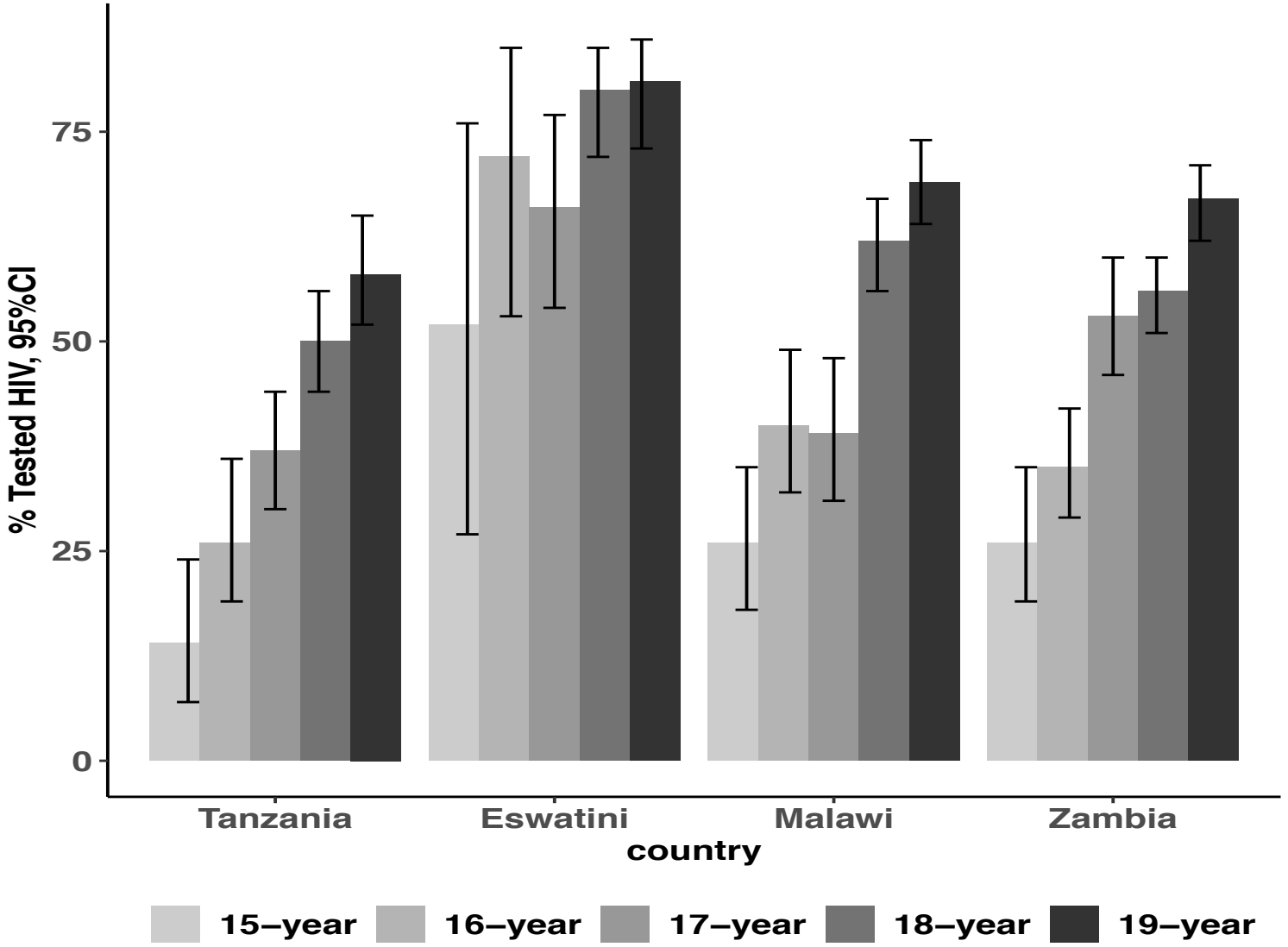
Malawi (n=2,381)

Zambia (n=2,778)

Data Sources

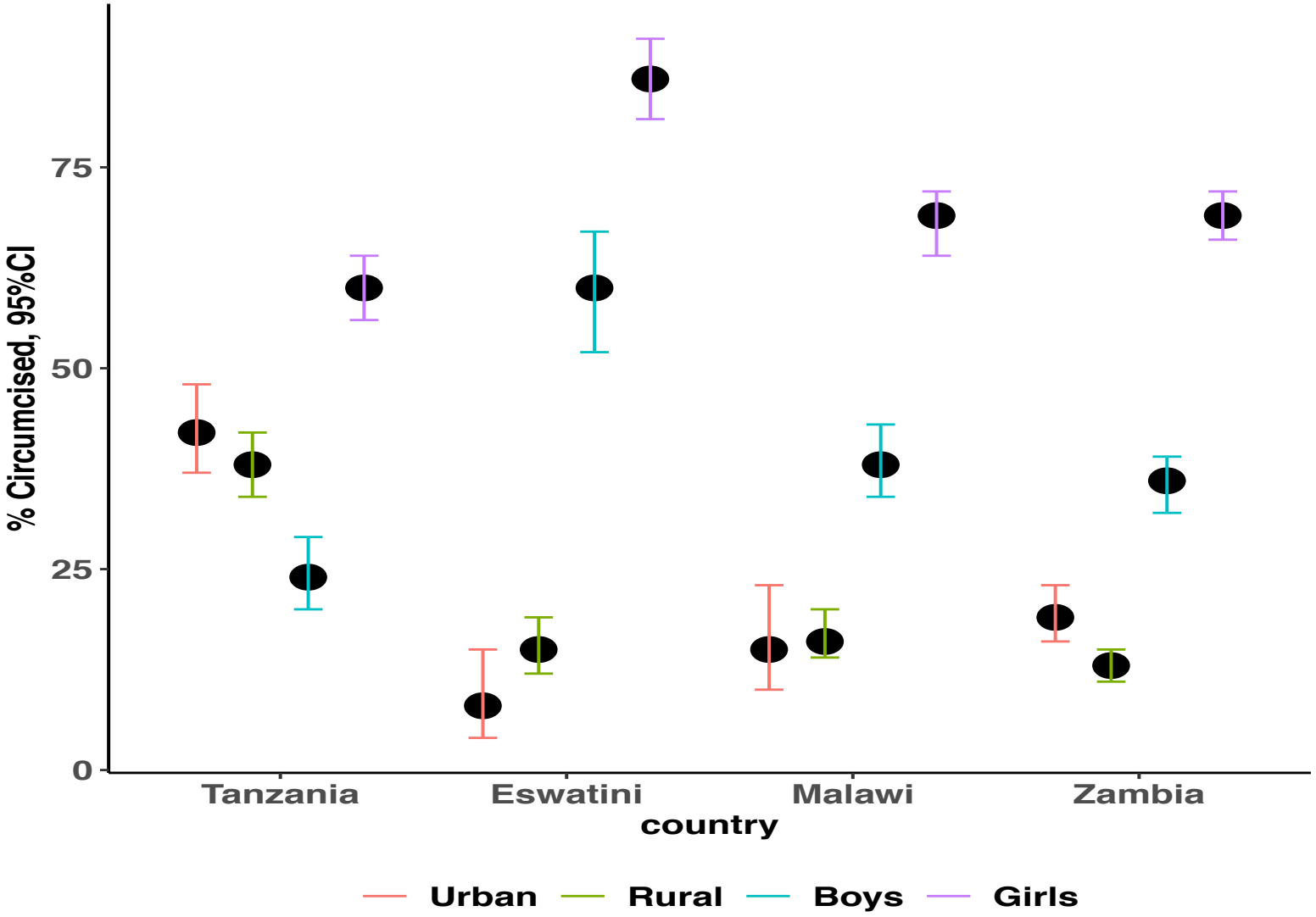
1. *Swaziland HIV Incidence measurement Survey 2016-2017 (SHIMS2: 2016-17)*
2. *Malawi Population-Based HIV Impact Assessment 2015-2016 (MPHIA: 2015-16)*
3. *Tanzania HIV Impact Survey 2016-2017 (THIS 2016-2017)*
4. *Zambia Population-Based HIV Impact Assessment 2016 (ZAMPHIA 2016)*

% Adolescents (95% CI), 15-19 years tested for HIV by age and country



- *Eswatini had the highest % of adolescents who had ever tested for HIV (76%)*
- *Malawi and Zambia who both had 53%*
- *Tanzania (43%)*

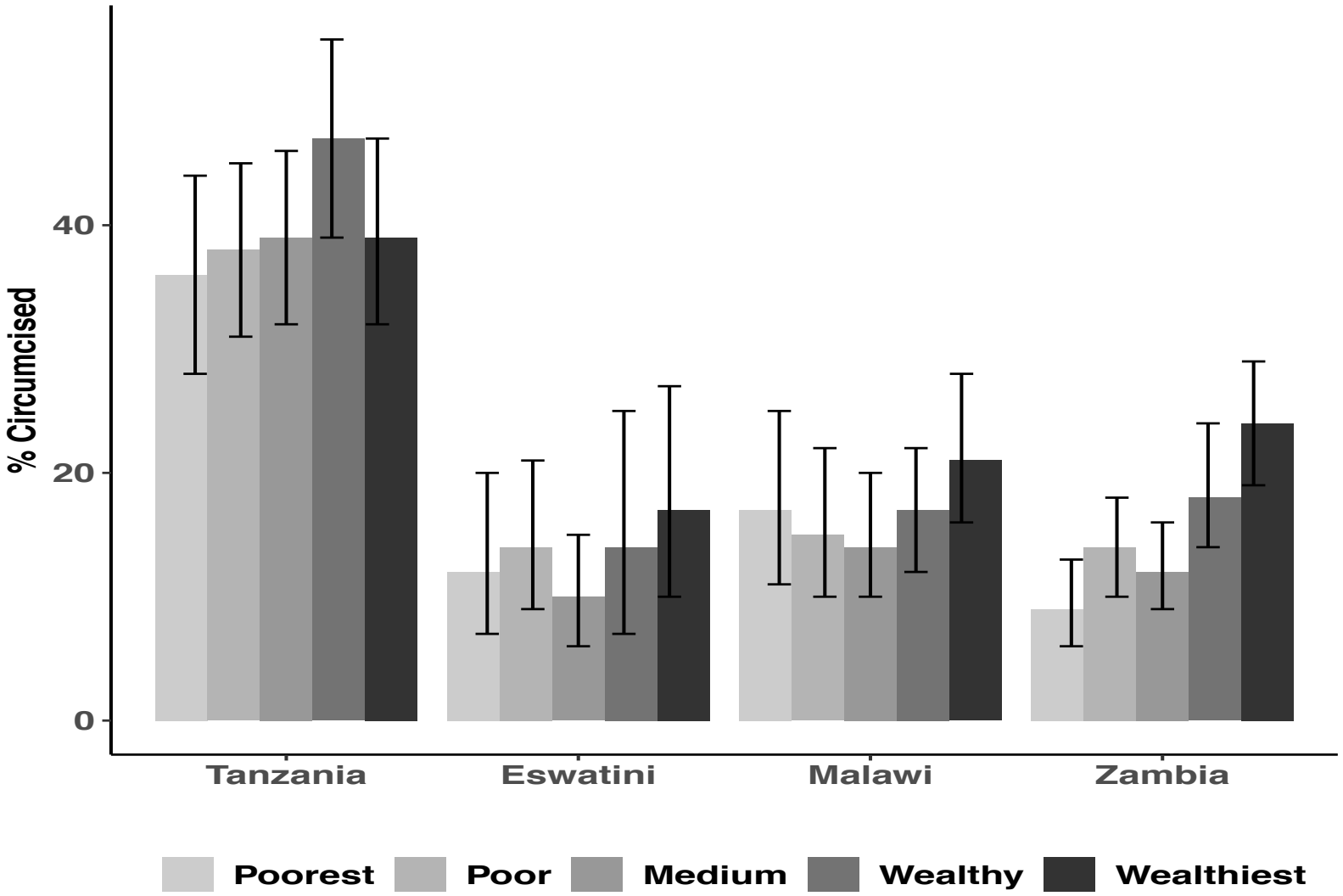
% Adolescents (15-19 years) Tested for HIV, disaggregated by place (Urban vs. Rural) and country of residence.



HIV testing varied notably by gender, with boys having the lowest rates of HIV testing across all countries.

Residing in rural areas was associated with lower rates of HIV testing

% Adolescents Boys (15-19 years) Circumcised, disaggregated by Wealth and country of residence



MC was highest in Tanzania (84%) & lowest in Malawi and Zambia (30%)

Wealth, age at first sexual intercourse, education level, residence were associated with MC

Challenges:

- Increased HIV vulnerability especially among **AGYW**
  - Age disparity in sexual relationship, inability to negotiate safe sex, multiple sexual partners, gender violence, education, poverty
- Inadequate access and adolescent **SRH** service utilization
  - Inadequate awareness, Stigma, Some provider attitude on ASRH, Distance and low uptake of HTS among eligible due consent issues
- On structural barriers
  - Only 22% have started individual IGAs
  - Only a fraction of them have received life skillful training at **SIDO** and **VETA**

- Lack of evidence on the effectiveness of individual strategies on HIV prevention in our setting
- Limited funding

Way forward

- Strengthen collaborative efforts
  - GoT, PEPFAR/ Development Partners, Researchers and others Implementing Partners
- Expand access to HIV Combination Prevention services for adolescents
- Minimizing barriers to access and utilization of adolescent services
  - Expanding adolescent friendly services and integrate adolescent prevention services with school health programs
- Scale up SBCC and enhance economic strengthening activities to more vAGYW
- Engage researchers from local academic institutions to conduct implementation science on HIV prevention strategies for AGYW

Until Everyone is Healthy

MDH
MANAGEMENT AND DEVELOPMENT FOR HEALTH

THANKS FOR LISTERNING