



IMPLEMENTATION BRIEF

Improving the Quality of Pre-Exposure Prophylaxis Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa

September 2021



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For additional information please contact:

Alice Armstrong

Adolescent and HIV/AIDS Specialist

UNICEF Eastern and Southern Africa Regional Office (ESARO)

aarmstrong@unicef.org

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Acronyms

AGYW	Adolescent girls and young women
ART	Antiretroviral therapy
ESA	Eastern and southern Africa
FTC	Emtricitabine
PrEP	Pre-exposure prophylaxis
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
UNICEF	United Nations Children's Fund
WHO	World Health Organization

BACKGROUND

Adolescent girls and young women (AGYW) aged 15-24 account for 68 per cent of young people in Eastern and Southern Africa (ESA) who are living with HIV.¹ AGYW are twice as likely as their male peers to acquire HIV infection and, in 2020, accounted for 26 per cent of new HIV infections in the region.¹ Their risk and vulnerability to HIV infection is multifaceted, shaped by a range of biological, behavioural, social and structural factors, including sexual and gender-based violence (SGBV), early sexual debut, early marriage and childbearing, limited availability of and accessibility to sexual and reproductive health (SRH) and HIV prevention services, harmful discriminatory gender norms, and exclusion from economic and educational opportunities.²⁻⁵

Oral pre-exposure prophylaxis (PrEP) has proven to be a highly effective strategy in preventing HIV infection in clinical trials and demonstration projects, both of which have expanded rapidly across ESA in recent years.⁶⁻⁸ Evidence suggests a similar protective benefit of PrEP for young people at risk of HIV,⁹ indicating that when PrEP is taken as prescribed, the risk of HIV infection may be reduced by as much as 70 per cent or even higher, making PrEP an important HIV prevention intervention for AGYW.^{10,11}

Adolescent girls and young women are **twice as likely** as their male peers to acquire HIV



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The World Health Organization (WHO) recommends that people at substantial risk of HIV infection are offered PrEP containing tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) – antiretroviral medications – as an HIV prevention choice and, importantly, as part of combination HIV prevention interventions. WHO recommends that PrEP programmes consider the local context and individual risk when considering who might benefit from PrEP.³⁷



The efficacy of PrEP for HIV prevention depends upon successful uptake and adherence,¹³ however, demonstration studies and early implementation have highlighted low demand and sub-optimal adherence among AGYW.¹³⁻¹⁹ AGYW cite accessibility and availability as challenges to uptake, as well as poor interactions with health care providers, particularly judgemental attitudes and lack of confidentiality.²⁰ AGYW are also reluctant to initiate PrEP due to low HIV risk perception, concerns about side effects, fear of being perceived as having multiple sexual partners or being HIV positive, and lack of partner or parental support.^{21,22} Once on PrEP, many AGYW struggle with correct and sustained use, stopping PrEP while still at risk of acquiring HIV.

There is great momentum to address the challenges of bringing PrEP to AGYW in ESA. PrEP studies and demonstration projects have tested differentiated approaches for AGYW to improve access, uptake, adherence and sustained use, such as multiple PrEP delivery models,¹⁹ peer support,^{12,23} and using qualitative and ethnographic data to tailor communication strategies.³⁸ New biomedical modalities also offer greater choice for AGYW who may find daily oral PrEP challenging. As countries across ESA launch

national PrEP programmes, leveraging learning from demonstration projects and studies will generate understanding on how to effectively create awareness, stimulate demand, support correct and sustained use, and monitor PrEP for AGYW. This brief brings together current knowledge and builds on WHO guidance to present implementation considerations for improving the quality and coverage of PrEP programmes for AGYW in ESA.³⁷

Developing the brief

In 2021, the UNICEF ESA regional office, together with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners, convened a virtual Think Tank on ***'Improving the Quality of PrEP Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa'***. Over a three-week period, the Think Tank brought together over 30 stakeholders, including advocates, researchers, implementing partners, government representatives, and donors with experience in PrEP implementation for AGYW. The Think Tank aimed to:

- Share and consolidate learnings from PrEP research and demonstration projects,
- Articulate implementation lessons for countries in moving forward with quality implementation of PrEP for AGYW at scale, and
- Document key findings and considerations for PrEP implementation for AGYW.

This implementation brief outlines the evidence and lessons from implementation and provides key considerations generated during the Think Tank meeting to improve PrEP programming for AGYW in ESA. Recordings and materials from the Think Tank can be found [here](#).

DEMAND CREATION

Successful demand creation for PrEP among AGYW is part of a broader HIV and SRH framework that recognises the individual, interpersonal, sociocultural, and structural factors that contribute to AGYW sexual health decision-making. A starting point is to gain an in-depth understanding of AGYW's HIV and SRH knowledge, perceptions, and behaviours, and to ask AGYW directly what the barriers and facilitators are for PrEP uptake.

Findings from trials and demonstration projects in ESA highlight that demand-related barriers to PrEP uptake and adherence among AGYW range widely, from misunderstanding what PrEP is, fear of partner or community stigma, uncertainty about taking drugs for HIV prevention, and concerns about side effects.^{21,22,24} However, messages that are empowering, positively framed, tailored to resonate with different sub-groups of AGYW, and that emphasize PrEP as a lifestyle choice have been shown to generate higher interest for PrEP.²⁵ Some studies highlight that AGYW view PrEP as a way to control risks in the context of transactional sex and limited agency to negotiate condom use and partner testing.²¹

Creating awareness and motivating AGYW to formulate their own sexual health goals requires information that is accurate, developmentally appropriate, tailored to their needs, and delivered through a broad spectrum of communication channels. Using multiple sources of communication, including mHealth and other digital tools, has demonstrated promising effects on PrEP uptake and adherence.²⁶

Myths and misconceptions dissuade health care providers from recommending PrEP, and AGYW from using it. Developing communications materials, such as 'Frequently Asked Questions,' with dissemination through trusted channels, helps to debunk rumors and de-mystify PrEP as an effective HIV prevention tool.

Health care providers play a key role in demand creation by serving as a critical entry-point for AGYW to access PrEP. Training and tools help health care providers provide accurate information, facilitate counselling on PrEP, and address any biases they might have, such as perceiving PrEP provision as promoting sexual activity among unmarried AGYW.²⁷ In addition, peers and high-profile personalities who are using PrEP serve as powerful influencers, building demand for PrEP by modelling healthy living and helping AGYW overcome their concerns of stigma, a major barrier to PrEP uptake.

Demand related barriers to PrEP uptake for AGYW

- Availability and accessibility
- Low HIV risk perception
- HIV-related stigma
- Lack of partner support
- Fear of SGBV
- Rumours about PrEP effectiveness
- Perceived or experienced side effects
- Pill size
- Packaging or other attributes
- Fear of the burden of daily pill-taking.



Implementation Considerations

- Demand creation which promotes health, well-being, positive choices and healthy decision making rather than risk factors and vulnerabilities is vital for uptake
- Effective messaging on PrEP is targeted and tailored to AGYW sub-populations, different socio-cultural contexts and addresses uptake or sustained use of PrEP
- Demand creation materials that increase awareness of available combination HIV prevention options, including PrEP, promotes healthy decision making among AGYW
- Information materials on SRH, HIV and healthy living require regular updates to ensure the content incorporates the most recent information available on relevant prevention technologies, including PrEP
- Multiple trusted sources (e.g., health care providers, peer groups, digital platforms, community events, radio) are important to reinforce key messages about PrEP and support access to reliable information and services for AGYW
- Engagement of influencers or high-profile personalities to promote SRH and HIV services, including PrEP, supports demand creation among AGYW

COMMUNITY ENGAGEMENT

PrEP programmes that are grounded in a socio-ecological model consider AGYW and their relationships to people, organizations, and their community. Community engagement means working collaboratively with multiple groups of people who may influence the health and well-being of AGYW. Building community readiness for PrEP entails building support with potential gatekeepers and addressing inter-personal and community relationships and societal norms to create an enabling environment for AGYW to use PrEP.²⁸⁻³² Importantly, presenting PrEP as a tool for health and well-being, and addressing misconceptions contribute to reducing stigma across the community.^{33, 34}

AGYW cite stigma and negative support from partners and others as barriers to PrEP uptake and sustained use. AGYW specify support from male sexual partners as significantly influencing their decision to access PrEP. It is therefore vital to understand the perspectives and attitudes of male partners towards PrEP, include them in PrEP demand creation strategies, demonstrate the benefits of PrEP within relationships, and address their own HIV and SRH-related concerns. Similarly, educating parents on the benefits of PrEP for HIV prevention and good health and encouraging them to begin the conversation about PrEP is crucial to creating support for AGYW in the uptake and sustained use of PrEP. Support from community leaders, whether through schools, community or faith-based organizations, or other social networks, is also important for changing negative views on the use of PrEP and building widespread community acceptance.³⁴⁻³⁶

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Community-based organizations – especially those working with priority and key populations – should play a significant role in delivering PrEP by engaging people at substantial risk, providing information about PrEP availability and use and promoting links between PrEP providers and other health, social and community support services. Community-based organizations can also be directly involved in delivering PrEP services, including by integrating peer and lay providers into services.³⁷

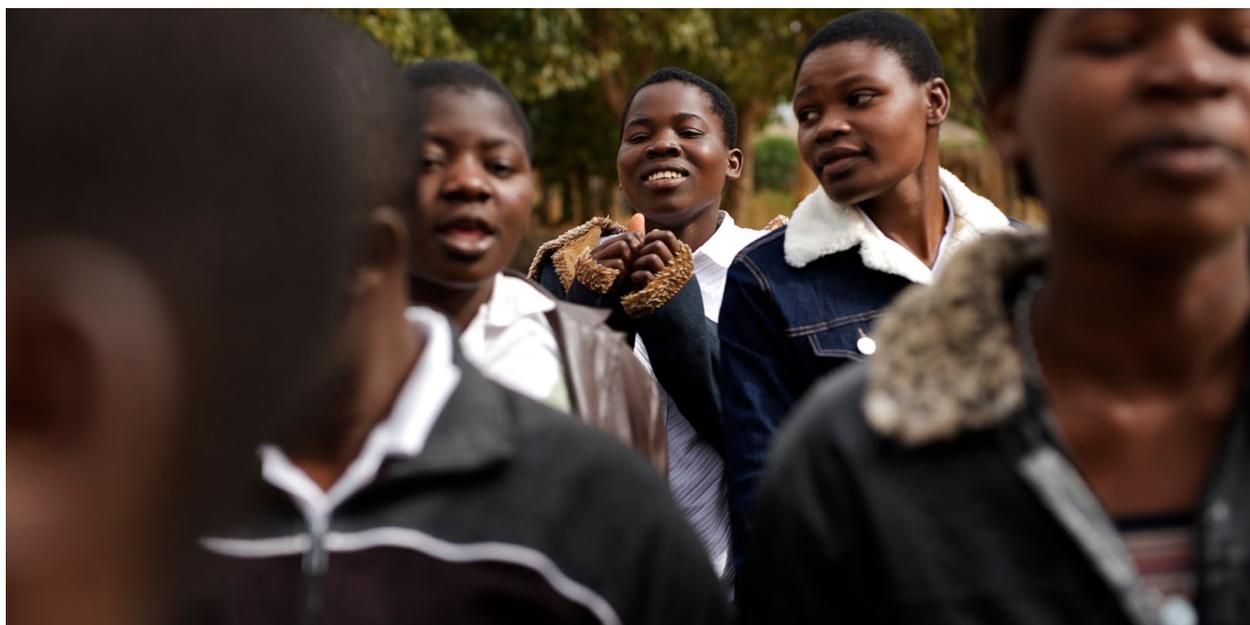


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Implementation Considerations

- Inclusion of male sexual partners of AGYW in information provision, sensitization activities and, where relevant, PrEP access is vital for supportive and sustained use of PrEP.
- Educating parents and caregivers about PrEP enables uptake and sustained use among AGYW.
- Engagement and sensitisation of community leaders (including professional bodies, district health management teams, the education sector, faith-based organisations) enables PrEP uptake and sustained use among AGYW.
- Providing information to the general public through multiple sources and channels normalises PrEP, dispels myths and misinformation, and supports uptake and use among AGYW.

AGYW PARTICIPATION



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Meaningful engagement and participation of AGYW as clients, peer supporters and decision-makers contribute to appropriate, relevant, effective and sustainable PrEP programming. Programmes that directly engage AGYW ensure their voices are heard and perspectives considered in decision making forums, leading to better awareness of PrEP, and improved individual health agency.³⁸

AGYW can be powerful agents of their own health and well-being and have the right to be at the center of their health care decisions. They should be able to express their views, have their concerns addressed, and make informed decisions during pre-PrEP assessments and on-going counselling. HIV prevention programmes that provide AGYW with the information and skills they need to make informed choices about PrEP will help them get the services and support they need.

Peer relationships, increasingly important during adolescence, can be leveraged to promote behaviour

change.³⁸ The incorporation of peer-led interventions is an important component of holistic HIV prevention for adolescents, helping to build AGYW's voices and agency in advocating for PrEP. Some programmes in ESA are encouraging AGYW on PrEP to bring their friends who may have similar sexual behaviours or vulnerabilities to service delivery points.³⁹ Programmes are also using trained peer facilitators, recognized as a credible and trusted source of information, who may have better access to marginalised groups of AGYW who have limited engagement with existing health programmes.⁴⁰⁻⁴²

Deliberate efforts need to be undertaken to ensure AGYW are involved and represented at all levels of decision-making associated with PrEP programming. This might include providing opportunities, skills and funding for AGYW to speak at various forums, participate in programme design, implementation and monitoring, and to give them the authority to influence decisions.

Implementation Considerations

- AGYW who are empowered and given the opportunity to make positive decisions about their own health are likely to take responsibility to sustain their use of PrEP.
- Engaging AGYW in decision-making forums is vital to inform the design, implementation, and monitoring of PrEP programmes.
- Peer providers are central to PrEP programming for AGYW. They are a vital resource when well trained, integrated into existing systems and equipped with supportive supervision and tools.

ADAPTATION OF SERVICE DELIVERY PLATFORMS

Providing quality PrEP does not need to be limited to health care facilities. Multiple service delivery platforms located within the community and non-conventional locations can be used to maximize PrEP service provision for AGYW, making PrEP more equitable, accessible and acceptable to AGYW. Programmes are exploring differentiated service delivery models, such as providing PrEP in communities through mobile services, community-based organizations, community pharmacies, postal/courier services and peer-led distribution; extending multi-month dispensing of ARVs for prevention; distributing HIV self-testing kits; and using mHealth to support and monitor adherence and side effects. These community-based PrEP delivery models help to increase access and adherence to

PrEP;^{43,45} and support the creation of new norms around adolescent sexuality and sexual health.^{45,46} At the same time, community-based approaches need to maintain strong linkages with clinical partners to ensure the delivery of safe, quality services.

Regardless of where they are located, PrEP services need to be patient-centred, available where and when AGYW need them, and occur in AGYW-friendly, efficient, and respectful environments. For example, some clinics in ESA are employing young women who use PrEP themselves to help create a supportive environment by sharing their experiences.⁴⁹ In all settings, AGYW prefer confidential services and discrete packaging that do not identify them as PrEP users.



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Implementation Considerations

- Discrete and well-designed packets containing PrEP commodities are needed to support acceptability and confidentiality for AGYW users.
- Effective service delivery platforms for PrEP are accessible, appropriate, and acceptable to AGYW.
- Offering PrEP services across a range of delivery platforms that consider age, socio-cultural and geographical context encourages user choice leading to uptake and sustained use among AGYW.
- De-medicalisation of PrEP delivery beyond facility platforms is necessary to promote uptake and sustained use among AGYW.
- Community-based approaches for PrEP delivery require strong linkages with clinical partners to ensure the safe provision of PrEP services for AGYW.
- Normalising community distribution of PrEP increases accessibility for AGYW.
- Peers and virtual platforms offering psychosocial support are integral for the supportive delivery of PrEP for AGYW.
- Adolescent friendly facility-based approaches such as a one-stop shop, fast-track lines etc. enhance accessibility and acceptability of PrEP for AGYW users.

INTEGRATION WITH RELATED SERVICES



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AGYW experience multiple SRH issues, making integrated and comprehensive HIV and SRH services critical.⁴⁷ Exposure to high-risk behaviours, including early sexual debut, unprotected sex, multiple sexual partners, and low and inconsistent contraceptive use, puts AGYW at risk of unintended pregnancies, sexually transmitted infections (STIs), and HIV.⁴⁸⁻⁵⁰ Strategies that combine information, referrals and linkages to services for contraception, SRH, and HIV prevention, including PrEP, are required to address the full breadth of SRH needs of AGYW at risk of HIV infection.

Integrated service delivery models serve as a platform to implement comprehensive, complementary HIV and SRH services for AGYW⁸⁶ and to scale-up PrEP.^{24,51-53}

Integration may mean providing multiple services at the same location or having standardized mechanisms for bi-directional referrals between service providers. Standard operating procedures will ensure AGYW are assessed and linked to appropriate services. Although approaches to integration may vary according to the HIV incidence context, SRH and contraceptive clinics are particularly attractive options for screening women for sexual behaviour and HIV risk factors and providing information, counselling and PrEP.⁹⁵ AGYW accessing PrEP should be counselled and either offered or referred to contraceptive, STI and SRH services. AGYW requesting post-exposure prophylaxis should be offered both PrEP and contraceptives. In all cases, health care providers will require training and support for the provision of non-judgmental, integrated services.

Implementation Considerations

- The integration of PrEP into contraceptive, SRH and other relevant services promotes accessibility and acceptability among AGYW.
- Clear and consistent policy frameworks for integration of PrEP for AGYW into other services supports quality implementation at the point of service delivery.
- Co-creating PrEP guidance and implementation tools collaboratively with contraceptive, SRH and other relevant service providers promotes effective service integration for AGYW.
- Strong linkages and referral systems between services are effective options for integrating and providing comprehensive services for AGYW.
- When providing PrEP to AGYW there is the opportunity to inform the client about available contraceptive and SRH services and vice versa.

DETERMINING WHO WILL MOST BENEFIT FROM PrEP

AGYW are not a homogenous group; their individual health and well-being are based on a range of dynamic behavioural, social, and environmental factors, and their risk of HIV infection fluctuates accordingly. AGYW will have different HIV prevention needs and preferences at different times. PrEP should be available for all AGYW who want and request it. AGYW who request PrEP have identified their own risk and are considered a priority. Determining who else will most benefit from PrEP, and when, can be an on-going process that educates and empowers AGYW to assert agency over their own health care and choose whether and when to use PrEP.

Helpful assessment processes focus on wellness, not risk, emphasizing that PrEP is appropriate for anyone in need of HIV prevention. The assessment process is an opportunity to identify AGYW preferences for HIV prevention and provide them with information and skills to initiate and effectively use PrEP. Assessment processes that take place across a range of settings, not just in health care facilities or where PrEP is directly provided, will maximize inclusion of AGYW who will benefit from PrEP. This might include peer support groups, schools, or other community venues. One approach is to hold repeated conversations between providers and clients, resulting in both having a more accurate understanding of the benefits of PrEP, particularly as behaviour and lifestyles change.

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PrEP should be used effectively – during periods of substantial HIV risk – but is unlikely to be for life. PrEP can be discontinued if a person taking PrEP is no longer at risk. It is not unusual for people to start and stop PrEP repeatedly depending on periods of higher and lower HIV risk. Engaging with PrEP users and community support groups is important to facilitate the recognition of circumstances that involve substantial risk of acquiring HIV.³⁷



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Programmes are also using a range of risk assessment tools to identify AGYW at risk of HIV infection, establish individual eligibility for a programme, or identify the need for additional support.^{31,54-56} Tools may be self-administered, providing AGYW with a framework for self-reflection, or administered by peer mentors, programme officers, teachers and others. There is limited evidence on the effectiveness of these tools, particularly at national level, as they may screen out vulnerable and eligible AGYW who do not disclose risk-related behaviour or specific needs.¹⁸ If used, risk assessment tools need to be standardized and used to support AGYW to enter PrEP programmes, rather than exclude some against criteria.

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Individuals requesting PrEP should be given priority to be offered PrEP, since requesting PrEP likely indicates there is a risk of acquiring HIV. Cost-effectiveness should not be the only consideration when implementing PrEP programmes, since remaining HIV negative and having control over HIV risk has intangible value to people and communities.³⁷

Implementation Considerations

- Assessment processes, including screening tools, to identify AGYW who would benefit from PrEP are most effective when framed as facilitators to improve health and well-being rather than focusing on negative risk identification.
- It is vital that PrEP be made available to all AGYW, and that assessment processes do not restrict access.
- Successful assessment processes are engaging, informative and empower AGYW to confidently make the decision to start PrEP.
- A choice of approaches to assessment takes into consideration the diversity of AGYW's preferences and improves the accessibility of PrEP for AGYW.
- Standardised guidance and tools support providers to minimize bias and increase accuracy of PrEP assessment processes for AGYW.
- It is vital that assessment processes are made available across various settings, even where PrEP is not directly provided to AGYW, to support appropriate linkage and referral.



PROVIDER COMPETENCY

Health care provider competency is integral to good adolescent health care and comprises one of WHO's eight quality standards for adolescent health services¹. Service providers play a critical role in the uptake and effective use of SRH services and HIV prevention, including PrEP.⁵⁷⁻⁶⁰ Implementation strategies need to consider provider attitudes toward AGYW sexual activity and sustained use of PrEP.^{28,61-65} A recent study found that PrEP providers generally accepted oral PrEP as an HIV prevention option for AGYW; however, negative attitudes about unmarried adolescent girls being sexually active, concerns about behavioural disinhibition, and assumptions that AGYW would exhibit poor adherence to PrEP were commonplace.^{25,66}

Studies have also noted the lack of health care provider training as a key barrier to PrEP provision.⁶⁷⁻⁷¹ The influential role that providers play in the delivery, uptake and effective use of oral PrEP highlights the need

to embed capacity building within implementation strategies. Incorporating PrEP into pre-service and in-service training, alongside sensitisation on adolescent-friendly services, will contribute to building wide acceptance and support for PrEP for AGYW. A prerequisite is to give health care providers the skills to reflect on how their personal views about AGYW being sexually active influences uptake, adherence and perpetuates notions of stigma.⁷²

It is important to assess and build upon the forms of provider support that have proven to be most effective at increasing AGYW PrEP uptake and adherence within a given context. Programmes need to think beyond health facilities and build the competency of other cadres, such as community health workers, peer providers and pharmacists, to support PrEP use among AGYW.

Implementation Considerations

- Approaches to develop provider competency to deliver PrEP to AGYW extend beyond training and are most effective when ongoing systems for mentorship, supervision, and continued learning are in place.
- Community-based cadres (e.g., community health workers, peers, and community pharmacies) are vital partners for the provision of PrEP to AGYW and require access to competency development support.
- Enhancing awareness of all health care providers on PrEP availability and use builds demand and increases access for AGYW.
- Health care providers providing PrEP to AGYW must demonstrate the technical competence required to deliver effective health services to AGYW, including to respect, protect and fulfil AGYW's rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitudes and respect.



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¹ Quality standards include: adolescent health literacy, community support, appropriate package of services, provider competency, facility characteristics, equity and nondiscrimination, data and quality improvement and adolescents' participation.

COMBINATION HIV PREVENTION PACKAGE



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No single intervention will avert new HIV infections in AGYW.⁷⁴⁻⁷⁵ WHO recommends combination HIV prevention packages which incorporate complementary behavioural, biomedical and structural interventions to address the multiple challenges AGYW face and reduce their risk and vulnerability to HIV infection.^{37,39,76-78} A combination HIV prevention package of services for AGYW, including those on PrEP, might include risk reduction information, comprehensive sexuality education, contraceptive choices, condoms, counselling, HIV testing, keeping girls in school, psychosocial and mental health support, SGBV prevention, SRH services, STI screening, vaccination for

human papilloma virus, and vocational training. It is not expected that one programme will deliver all services; rather, AGYW should be aware of what is available to them and know how to access services as they need them.

Integration of psychosocial and mental health services and support will improve PrEP uptake and adherence, while also contributing to AGYW's overall well-being. Health care providers and peer supporters require skills in providing psychosocial support and referring AGYW to appropriate mental health services.

Implementation Considerations

- It is vital that the core HIV prevention package for AGYW, including PrEP, is part of national policy frameworks and guidance to support consistent implementation and scale up.
- Including PrEP in the core HIV prevention package for AGYW is key to ensure its availability when needed.
- When initiating PrEP for AGYW, clear information on all aspects of PrEP use, such as duration, protection and follow-up needs to be provided.
- Social and mental health services are valuable in supporting uptake and sustained use of PrEP for AGYW.
- Linking AGYW on PrEP to socio-behavioural interventions (e.g., economic empowerment, girls' clubs, mentorship programmes) can support sustained use.

PREGNANT AND BREASTFEEDING AGYW

For AGYW in ESA, the risk of HIV acquisition increases more than two-fold during pregnancy and the postpartum period.⁷⁹ Biological and sexual behavioural changes in women and their partners alter risk exposure and drive high HIV incidence during this period.⁸⁰⁻⁸³ Women who become infected during this time risk transmitting HIV to their infants and may account for up to 30 per cent of all vertical HIV transmissions in high burden settings.⁸⁵⁻⁸⁷ Although early PrEP trials excluded pregnant women from enrolment and those who became pregnant during these studies were discontinued from PrEP,^{7,88} several studies are currently on-going to explore the use of PrEP during pregnancy and the post-partum period and the effect on maternal and newborn health outcomes. In addition, a systematic review of PrEP during pregnancy and breastfeeding concluded that the benefits of PrEP clearly outweigh any potential risks.⁸⁹ To protect women from HIV infection and reduce the burden of vertical transmission, WHO recommends the provision of oral PrEP to pregnant and breastfeeding women who are HIV free and at substantial risk of HIV acquisition, such as AGYW who are in sero-discordant relationships, engaged in transactional/commercial sex, and/or at significant risk of violence.⁹⁰

Evidence indicates that strict adherence to PrEP during pregnancy is needed for effectiveness, due to differences in drug pharmacokinetics and lower drug concentrations during pregnancy compared with non-pregnant periods.^{39,91} Programmes need to pay careful attention to reassuring AGYW and health care providers that PrEP is a safe choice for at-risk pregnant and breastfeeding women and provide effective adherence support. Once PrEP is initiated, health care providers need to provide high quality on-going clinical monitoring, including managing side effects and laboratory monitoring, and offer adherence support and complementary SRH services such as contraceptives and screening and treatment for STIs.

Support for pregnant and breastfeeding women on PrEP can draw from interventions that have been proven to improve the provision and uptake of infant HIV services and the retention of mother–infant pairs. These include using client-focused interventions, such as reminder text messaging and male partner involvement; and health system-focused interventions, including HIV self-testing, provider training and support, counselling and peer support.³⁷

Implementation Considerations

- PrEP for pregnant and breastfeeding AGYW should only be offered in clinical settings and integrated into antenatal care and postnatal care.
- Identifying the appropriate client profile and understanding their specific circumstances is important in targeting PrEP for pregnant and breastfeeding AGYW.
- Information on PrEP and pregnancy, provided by programmes offering and/or supporting AGYW on PrEP, promotes understanding of the related risks.
- Any effective decision to take PrEP should be undertaken collaboratively between the clinical service provider and AGYW, allowing adequate time for decision-making.
- Pregnant and breastfeeding AGYW who are informed of the risks and benefits of PrEP and the adherence and monitoring requirements are more likely to be empowered to make healthy decisions about PrEP.
- Tailored and appropriate adherence and psychosocial support that responds to the circumstances of pregnant and breastfeeding AGYW on PrEP is beneficial for achieving sustained use.
- Postnatal care can be an effective entry point for offering PrEP to AGYW who are at risk of HIV infection but who are not willing or able to take PrEP during pregnancy.
- AGYW on PrEP who become pregnant require rapid linkage to antenatal care services and support to make decisions about continuing their use of PrEP.
- Pharmacovigilance focusing on ART in pregnancy and for breastfeeding mothers should include PrEP to mitigate against provider and client concerns.

NEW BIOMEDICAL MODALITIES

Scientific advancements are expanding the options for PrEP, increasing AGYW's range of choices. While oral PrEP is currently the only option available outside of trial settings, recent advances in biomedical modalities of PrEP will expand the range of options for AGYW to meet their HIV prevention needs. Several long-acting formulations of PrEP, including rings, injections, and implants, are under development or have been proven safe and effective.⁹¹ One option is the Dapivirine Vaginal Ring, a female-initiated option that provides sustained release of Dapivirine over a 30-day period. A sub-analysis of women younger than 21 years did not demonstrate efficacy in this age group, and adherence was also low. Further studies are currently underway (such as MTN-034 (REACH)) to assess adherence and safety in this age group and to better understand barriers to use and ways to support young women's adherence and continuation.³⁷ Similarly, long-acting cabotegravir is a new injectable formulation for PrEP being tested in phase III trials; early results demonstrate its clinical effectiveness at preventing HIV among AGYW.⁹²

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The dapivirine vaginal ring may be offered as an additional prevention choice for women at substantial risk of HIV infection as part of combination prevention approaches (conditional recommendation, moderate-certainty evidence). For the recommendation on the dapivirine vaginal ring, the term women applies to cisgender women, meaning women assigned female at birth. There is no research at this time to support the dapivirine vaginal ring for other populations.³⁷

As new PrEP options are approved for use, it is critical to strengthen the systems required to bring these new products to AGYW. This includes ensuring adequate supply chain systems and training service providers. At the same time, it is important to understand and address the concerns and preferences of AGYW and service providers on the use of these products, and to build upon lessons learned from other SRH technologies, such as long-acting contraceptive methods.

Implementation Considerations

- It is vital to understand the values and preferences of AGYW when developing and introducing new PrEP modalities for AGYW.
- The introduction of new PrEP modalities provides an opportunity for reflection on and incorporation of service level learnings from the previous introduction and rollout of other long-acting reproductive technologies.
- Pilot or demonstration projects are an effective way to test new technologies for AGYW acceptability, inform scale up, incorporate implementation lessons and support resource prioritisation.
- Service providers need to be rapidly brought up to date as soon as new PrEP modalities are available to provide an accurate range of choices for AGYW.



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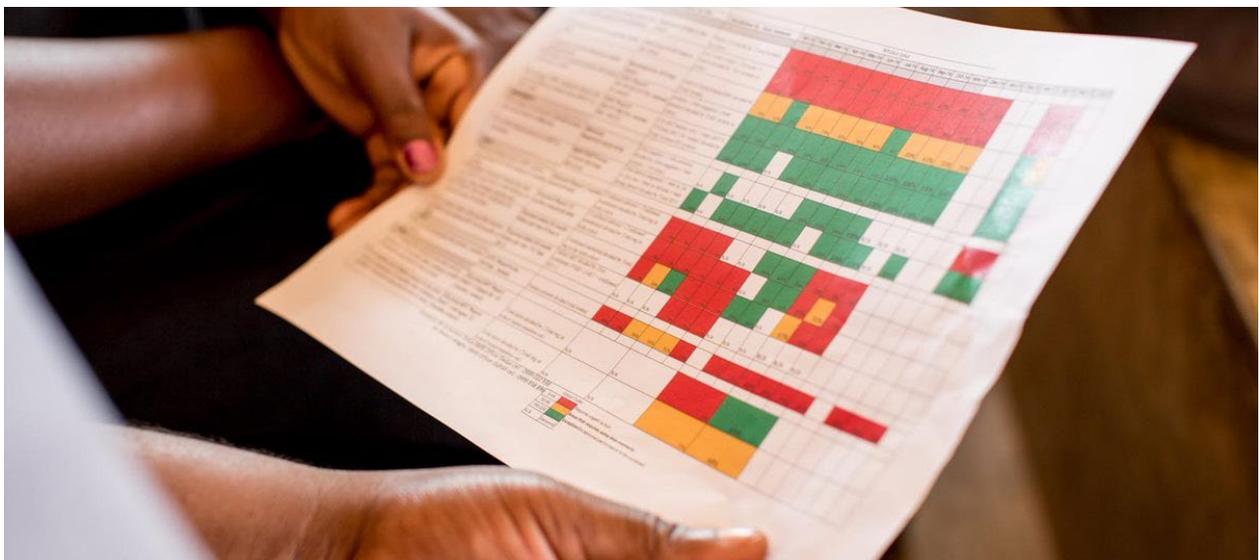
MONITORING AND EVALUATION

Determining the impact of ongoing and forthcoming targeted PrEP initiatives will rely on collecting detailed data in a real-world context and linking the scale-up of prevention efforts to AGYW HIV incidence at a population level. Otherwise, lack of data will lead to non-agile programmes that are unable to respond to changing trends. While creating a new data system may seem easier than integrating PrEP for AGYW into existing systems, this adds to fragmentation and perpetuates data access challenges. It is important to support primary data integration, including community service delivery data, into national systems and improve the interoperability between systems.

Accurately setting PrEP targets for AGYW requires balancing data on HIV incidence, geographical risk, AGYW health, and PrEP as a healthy lifestyle choice with investment prioritization. Importantly, monitoring systems need to measure both initiation and continued or repeat use, including adverse events, discontinuation, and sero-conversion. Ultimately, a robust monitoring and evaluation system is required to track progress of PrEP programmes. Reliable age- and sex-disaggregated data will help policymakers and programme managers better understand whether PrEP is benefitting AGYW and determine how to improve programmes so that AGYW who will most benefit from PrEP have access and support in sustained use.⁹⁴

Implementation Considerations

- It is important to use data to drive PrEP programming for AGYW and to improve programme effectiveness and quality.
- National data systems need to be strengthened to improve interoperability and incorporation of PrEP data for AGYW, including data from community platforms.
- National government leadership and stewardship is critical to enable streamlining PrEP implementation, data and its use.
- Community monitoring is a useful resource, providing access to data on user perspectives that can inform AGYW PrEP programmes.
- Strengthening data systems to incorporate age, sex and sub-national disaggregation as well as harmonisation to support interoperability across sectors is key to improving programming for AGYW, including PrEP provision.
- Exploring the automation of data collection and analysis efforts can minimise burden and improve the quality of PrEP data, including for AGYW.
- Analysis of available qualitative and quantitative data at national and sub-national levels facilitates an understanding of how geospatial targeting supports PrEP programme effectiveness for AGYW.
- Monitoring systems need to include metrics on sustained use of PrEP, rather than just PrEP initiation.



CONCLUSION

The goal of ending AIDS by 2030 will not be achieved without also ending new HIV infections in AGYW in the ESA region. This brief offers key implementation considerations to accelerate and scale up PrEP for AGYW, expanding the available range of high-impact HIV prevention interventions. To summarize:

- **Creating and sustaining demand** for PrEP among AGYW begins with focusing on their ability to make choices that will result in good health. Effective messaging, provided through channels that are aligned with AGYW's media and information use preferences, prioritizes AGYW well-being over risk behaviour.
- **Community engagement** is key to successful PrEP programming, including using a socio-ecological model to conduct a healthy discourse on AGYW, sexual activity, and HIV prevention.
- **AGYW engagement** is fundamental to PrEP programming, both in building AGYW's confidence to make positive decisions about their health and involving peers to support PrEP uptake and adherence.
- **Confidential service delivery and discreet packaging** are crucial to AGYW as a PrEP user group. Community platforms offer an important opportunity to support PrEP access and acceptability, in collaboration with clinical partners to ensure safety.
- **Integration** at policy and planning level is needed to ensure viability of service level integration of PrEP into other services, such as SRH and contraceptives.
- **Client assessment** processes that frame PrEP as a tool supporting a healthy lifestyle are most effective in leading to empowered decision-making about PrEP for AGYW.
- **Provider competency** in implementing adolescent and youth friendly services is central to clinical and non-clinical PrEP delivery. Health care providers should also be equipped to support PrEP access as needed, rather than for specific groups only.
- PrEP is a core component of **combination HIV prevention programmes** for AGYW. Social and mental health services and support have the potential to catalyze the success of PrEP programming.
- Strict clinical monitoring is the highest priority for **pregnant and breastfeeding AGYW** using PrEP. Individual client profiling supporting clear targeting for PrEP use among women who are pregnant and breastfeeding is important given the risks, pharmacology and potential outcomes of PrEP during this period.
- Informed rollout aligned with user expectations will support uptake and sustained use of new **biomedical PrEP modalities**. As PrEP options expand, informed choice is vital.
- Strengthening **monitoring and evaluation** systems to enable integration and interoperability is key to support programme agility. Community data has high value in understanding and shaping all aspects of PrEP programming, including the experiences of AGYW on PrEP.

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