

# SisterLove STARSHIPP Project:

Lifting Off for Women's High Impact HIV Prevention 2013-2014

#### A Little SisterLove...

- Health, Education,Advocacy, and Prevention(HEAP)
- ■Positive Women's Leadership
- ■Community-Based Prevention Research
- ■SisterLove International/South Africa (SLISA)

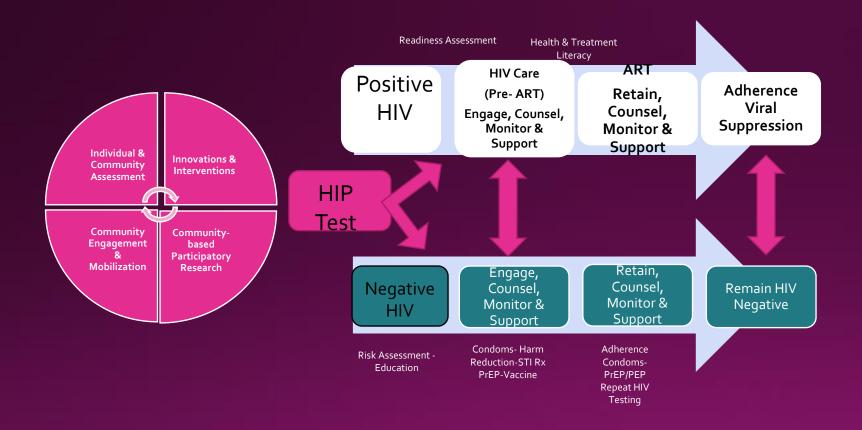


# The Advocacy

- ➤ Sexual & Reproductive Health & Rights Service Delivery & Advocacy
- ➤ Women's Power to Prevent HIV in Women's Hands
- ➤ Global Advocacy for Appropriate Research & Development
- Cooperation and Collaboration among domestic and international partners



### The Cascade(s)



# Strategies for Those At Risk Seeking High Impact Prevention & PrEP



# STARSHIPP Project - PURPOSE

- Create, develop and implement comprehensive approach to improving understanding and engagement High Impact HIV prevention including Pre-Exposure Prophylaxis
- Educate, prepare and support communities for the implementation of HIHP, especially biomedical prevention

# STARSHIPP Project - GOAL

 Educate, prepare and support communities, especially women and girls, for the implementation of High Impact **HIV** Prevention programs including biomedical interventions such as PrEP, microbicides and vaccines.

# STARSHIPP Project - objectives

- •Screen, Identify & Link to Care (SILC) at 100 high risk negative individuals, assess need and demand for PrEP, and link to services
- Host 5 PrEP Community Conversations with at least 250 individuals
- Convene and promote the US Women & PrEP Working Group

# STARSHIPP PROJECT – SILC 2013 - 2014

- More than 1500 "high risk" individuals received TC&L2C
  - 1076 cisWomen 420 cisMen 7 Transwomen
  - 80% Black 1121 Adults 382 Adolescents
- 800 informed and screened for PrEP (o Links to PrEP)

#### Reasons for not taking next PrEP Steps:

- Wanted more information
- Too much information at time of testing appointment
- Decided to use condoms more as result of new information
- Did not want to take daily meds for prevention

# STARSHIPP Project – Community Convos 2013-2014

- 7 Community Convos at the MotherHouse and HIHP Partner sites - 46% Increase in Knowledge of PrEP
  - 265 Individuals

• 240 Adults

• 25 Adolescents

191 cisWomen

4 TransWomen

61 cisMen

	PRETEST			POSTTEST			VARIANCE	
	Т	F	DK	T	F	DK	# of ↑	% of ↑
Q1	93	91	71	6	249	0	158	61.96
Q2	96	66	93	250	0	5	154	60.39
Q <sub>3</sub>	78	98	79	0	254	1	156	61.18
Q4	91	74	90	240	5	10	149	58.43
Q5	95	81	79	103	101	51	20	7.84
Q6	118	66	71	253	1	1	135	52.94
Q <sub>7</sub>	76	100	79	10	235	10	135	52.94
Q8	66	118	71	4	250	1	132	51.76
Q9	87	67	101	87	84	84	0	0
Q10	95	70	90	237	9	9	142	55.69
TOTAL								46.31%

STARSHIPP Project – US Women

& PrEP 2013-2014

 Release of National Statement

 High level meeting at White House

 Workshops, Roundtables, Oral & Poster Sessions

• 3 Webinars

- Ready, Set, PrEP!!!
- PrEP-Ception
- Risky Women



### The Women's Statement

Women's PrEP statement 3.4.2013.pdf - Adobe Reader

File Edit View Document Tools Window Help

→ → 1 / 10 ● ● 52.9% → ■





#### WORKING GROUP ON U.S. WOMEN AND PREP STATEMENT

4 March 2013

#### INTRODUCTION

We are a group of U.S.-based women's health advocates and other interested parties who have been meeting since March 2012 to build a common understanding of what pre-exposure prophylaxis (PrEP) as a new HIV prevention tool could mean for women in the United States.

In July 2012, the US Food and Drug Administration (FDA) approved the use of daily oral Truvada® (Emtricitabine/Tenofovir Disoproxil Furnarate, a combination anti-retroviral drug already used to treat HIV infection) for HIV prevention as PrEP in HIV-negative adult men and women at risk for HIV infection. The FDA approval was based on data from clinical trials that had demonstrated the efficacy of Truvada in preventing HIV acquisition in populations of gay and other men who have sex with men (MSM), transwomen, and heterosexual women and men in a number of sites around the world."

However, none of these trials included U.S. women, leaving critical questions unanswered:

- How will PrEP be used for HIV prevention by women in the United States?
- What data are needed regarding PrEP's acceptability and effectiveness among those women?
- . How will PrEP be promoted, made accessible and financed for use by U.S. women?

This Statement summarizes the recommendations of our Working Group for ways to respond to these critical questions; fill the corresponding gaps in research, public and provider education, social marketing and public policy, and define the next steps required for "real-world use" of PrEP among women in the United States. Our recommendations address three "Key Points" made in order to advance discussion of:

- . The rollout of PrEP for use by U.S. women;
- · How to pinpoint and address the gaps in research regarding PrEP implementation among U.S. women; and
- How and by when federal agencies and other stakeholders need to collaborate on joint collection of the data needed to answer those questions.

#### THREE KEY POINTS

- 1. Daily oral Truvada has the potential to be a prevention tool that women, including transwomen, can use to reduce their risk of HTV infection.
- 2. A coherent and comprehensive vision of how implementation of PrEP use among U.S. women will occur has yet to be well articulated. Neither has there been a consistent voice for women on the subject of PrEP implementation that is proportionate to women's presence in the U.S. epidemic. Establishing better communication and coordination among thought leaders and public health agencies/implementers to correct this is imperative.
- 3. Available clinical trial data justify exploring daily oral Truvada as PrEP, but many unanswered questions remain about how best to offer this intervention to women. These include questions about the female target populations for PrEP, strategies for training their health care providers, the role of social marketing directed to women in this rollout, and the safety, efficacy, uptake, and adherence to PrEP use over the long term - in both women and men.



# Asking the Women...

- Informal, Structured Focus Groups & Surveys conducted in 6 US Cities (National)
- 133 Participants in groups self-identified as "high risk" specifically Sex Workers, Transgender Women & Drug Users
- 85 Survey respondents
- 80% If I want to take PrEP, who is going to pay for it?
- 72% I think doctors should talk about PrEP with their patients
- 70% How much protection would PrEP give a person like me?
- 61% Are there long-term effects to using PrEP and illegal drugs?
- 61%I need to know a lot more about it before I would try PrEP.
- 57% I am always hearing about how I could infect somebody else with HIV. I would like to hear doctors talk about how PrEP can protect me, as if they care about my health too.

## Working with Partners & Tools

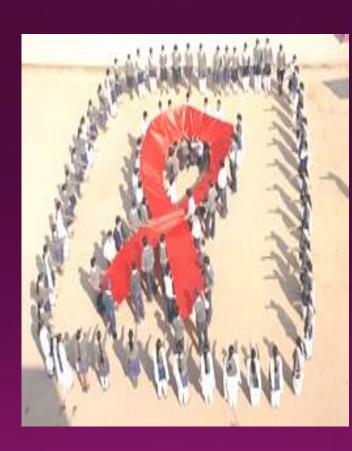


# STARSHIPP in the Community



# Much AppreciaLove

- Gilead Sciences
- AVAC
- SFAF
- Project Inform
- PrEP REP Rivet Amico & Team!
- SisterLove Staff & Volunteers
- Fulton County Dept of Health
   Wellness
- Metro-Atlanta Community Partners
- The Participants and PrEP Seekers!!!







### Contact Me! Follow Us!

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