PrEParing Women to Prevent HIV Acquisition: An Integrated Theoretical Framework for PrEP Provision

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## Early conversations 2016 Cisgender and Trans women

- Initial HIV pre-exposure prophylaxis (PrEP) conversations revealed assumptions that women do not take risks
- HIV risk perception women not always aware of their own risk
- Intimate partner violence increases acquisition of HIV, yet the focus in early conversations was limited to solely that, which portrayed women as disempowered victims
- No information tailored to meet the needs of cis and trans women



# Healthcare workers' perception of women's HIV risk

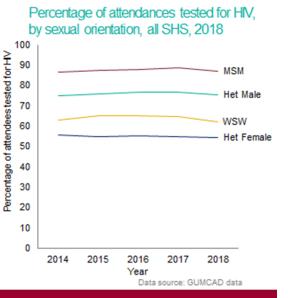


# How many attendees with STI related needs are offered and tested for HIV in sexual health services in England

#### Background

In 2018, over 1.3 million HIV tests were carried out in sexual health services in England. Despite this, there were many missed opportunities for HIV testing.

The BASHH standards recommend that 97% of attendances with <u>STI-need</u> should be offered an HIV test and 85% of attendances should have an HIV test recorded.

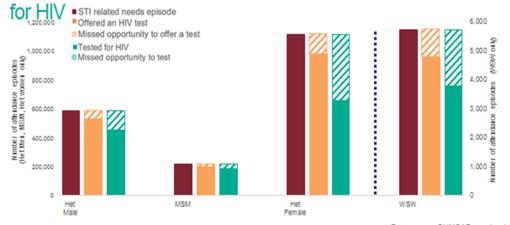


How many attendees with STI related needs are offered and tested for HIV in sexual health services in England?



#### Results

## CLEAN slide Results: The percentage of STI-need attendance episodes with offer of an HIV test and tested



Data source: GUMCAD service data

How many attendees with STI related needs are offered and tested for HIV in sexual health services in England?



#### HIV testing and promotion of PrEP

PHE data show that in 2018, there were 213,003 missed opportunities to offer an HIV test, of which 64% were in heterosexual women

These data suggest that HCPs perceive women as being at lower risk of acquiring HIV than men

This has implications for PrEP provision for women, since if HCPs do not perceive them to be at risk, they are unlikely to discuss or offer it



#### "Invisible No Longer" Findings (2018)

PrEP has largely been seen as an intervention for gay men - in media, HIV advocacy and policy making

There is evidence to suggest that many women at the highest risk of acquiring HIV (e.g. Black Africans) do not attend sexual health services

PrEP access for women is relatively recent in the UK, and uptake has been limited. While awareness of PrEP among women who responded to our Prevention Survey was high, (74% of women had heard of PrEP), no women had actually used it.

There have been some community initiatives to promote PrEP information to women, but more resourced action is urgently needed https://sophiaforum.net/index.php/hiv-and-women-invisible-no-longer-2/



#### **Barriers to accessing PrEP**

- Lack of knowledge of the effectiveness of PrEP as a prevention method for HIV and its availability for women
- For many African communities the word "trial" equates to being a guinea pig – 'we're being tested on'
- Stigma associated with PrEP
- Challenges in getting information about PrEP beyond the HIV sector

- Criminalization of sex workers is a barrier to accessing PrEP through clinic settings
- Women's understanding of their own risk
- Lack of understanding of women's risk and conversations that need to happen
- Trans individuals describe experiences of transphobic abuse and violence when travelling on public transport, a significant barrier to accessing PrEP in clinical settings



## **Partnership Work**

- Women and PrEP IMPACT trial group
- Sophia Forum <u>www.sophiaforum.net</u> i-Base Women & PrEP resource <u>www.ibase.info</u>
- Developed website <u>www.womenandprep.org.uk</u> in partnership with CliniQ, ATHENA and Forum Link
- Africa Advocacy Foundation <u>www.prepandprejudice.org.uk</u>
- NAZ Soul Sisters Project training Violence Against Women organisations in sexual health <u>www.naz.org.uk</u>
- GMI partnership and PrEPster PrEP champion report <u>www.prepster.co.uk</u>
- MobPrESH PrEPster Community PrEP champion initiative
- Positive East 'Mama Says' PrEP film <u>www.positiveeast.org.uk</u>





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## Conclusions

- **Risk assessment for women is much more complex** than for MSM for whom clear indicators of HIV acquisition exist (rectal STI, syphilis, presentations for PEP and condomless anal sex)
- When discussing HIV risk with women, it is likely that framing this in the context of overall sexual and reproductive well-being will be a more effective strategy than in terms of HIV risk alone
- Crucial to create an atmosphere of trust to ensure that conversations yield information that will lead to effective outcomes
- Language should be tailored specifically to particular women/communities to ensure that messages are correctly understood. This can only be achieved by directly engaging with individuals and communities
- There is no one model or approach that will work for PrEP education, take up and commissioning of PrEP
- Co working amongst HCP and community orgs and activists is essential if we are to ensure ALL can learn about and access PrEP who need it















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### Thank you

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