PrEP1519

What have we learned to promote PrEP recruitment, linkage, and retention for adolescents key population

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• Key issues in terms of adolescents key population and HIV in Latin American context;
• What are the opportunities to conduct implementation research and priorities for adolescents key population and HIV prevention;
• Recruitment and demand creation strategies;
• Linkage and retention strategies in PrEP;
• Lessons learned.
Project PrEP 1519
Main Goals

• To evaluate the effectiveness of PrEP use amongst adolescent MSM and TGW aged 15 to 19 for a three-year period, from 2019 to 2021, in three major Brazilian cities: Salvador, Belo Horizonte, and São Paulo.

• To help reduce the incidence of HIV amongst adolescent MSM and TGW in the three cities in Brazil.
Outcomes to be achieved

1. Increased accessibility of PrEP among adolescents key pops;

2. Demonstrated effective use of PrEP among adolescents key pops;

Six components:

1) Formative research;

2) strategies for recruitment, enrolment and linkage to the combination prevention strategies developed in the project;

3) combination prevention strategy for adolescents at substantial risk of acquiring HIV who do not opt for PrEP;

4) evaluation of HIVST;

5) Demonstration of PrEP effectiveness;

6) Estimation of HIV incidence from prevalence data.

Cost effectiveness study
PrEP1519: Implementation Partners

Northeast Region - Health Collective Institute. Federal University of Bahia
Representative PI: Ines Dourado

Southeast Region - Federal University of Minas Gerais. Infectious Diseases Department
PI: Dirceu Greco

Southeast Region - State University of São Paulo
PI: Alexandre Grangeiro
General inclusion criteria

Adolescent males reporting unprotected sexual practice with another male in the past 12 months

Adolescent who self-identify as TGW

Age ≥ 15 years and ≤ 19 years;

Reside, study or work in site cities of Belo Horizonte, Salvador and São Paulo;

Do not present any physical/mental impairment that prevents participation in the proposed activities;
PLUS - adolescents MSM and TGW

Unprotected sexual intercourse (receptive or insertive) in the past 12 months and/or recurrent episodes of STIs and / or repeated use of PEP;

Absence of HIV; absence of signs and symptoms of acute viral infection in the last 30 days preceding the entrance visit;

Absence of renal impairment (Active nephropathy);

Absence of osteopenia detected by clinical history (Pathological Fracture).
Hard to reach or hard to engage?

- Adolescents are not easy to reach and to engage in health care, as most of them do not have a health need.
- Knowledge about PrEP was relatively low among this population in Brazil.
- Political context in Brazil: growing wave of conservatism.
- Stigma and discrimination related to sexual orientation:
  - Distress in the family support;
  - Discrimination and violence in schools;
  - Barriers to health services;
- Stigma related to PrEP:
  - Barrier of access to PrEP (stigma “by association”).
Implementation Model: recruiting, linking and enrolling adolescents MSM and TGW to PrEP

Reaching and engaging young people

**Off-line**
- Peer educators and participants
- Community Mobilization: NGO, Schools, venues etc
- Clinics, national health system

**On-line**
- Amanda Selfie- chatbot
- Social Networks and Hook up apps
- Boosting social media
- Digital influencers

**Demand Creation**
- Communication material (cards, posters, PrEP emoji’s, PrEPO mascot, Comics, Road Map
- Online platforms
- Prevention Kits

**Service delivery**
- Youth, LGBT friendly HIV services;
- HIV (RT 4th generation) and STI testing;
- Linkage to care and treatment if screen positive for STI
- Counselling and screen for mental health
- Psychological support;
- Clinical, laboratory and behavioral questionnaires;
- Medical, nursing care and social work support;
- PrEP + condom dispensation;
- Referrals of STI treatment, PEP, vaccination to NHS

**PrEP Clinics**

Youth LGBT friendly space for HIV services; HIV and STI testing;
PrEPara Salvador - A PrEP clinic beyond the clinical care

Service Flow

- Reception
- Multi-professional Office
- Multi-purpose Lounge
- Laboratory
- PrEP Dispensation
- Doctor’s Office
Recruitment and demand creation strategies
Demand creation materials
Summer: beach, parties, prevention popsicle, distribution of prevention items, HIV self-test, information and mobilization of young LGBTQIA+
Online recruitment – role of PE
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Sim

Trabalho no comércio perto do 2 comando da marinha

Que diabo mesmo! Você tem algum dia que possamos deixar agendado?

Pode ser essa sexta?

Me confirma os seus dados por favor?

Informações da publicação

Online Mobilization
Boosted Instagram Posts

The most popular social network among adolescents
Amanda
Online chatbot assistent

Amanda Selfie
Geralmente responde na hora

Olá bom dia!

Eu posso conversar sobre qualquer coisa, bonite, só me perguntar, vamo falar de q??

Adoro!!

Qual cidade vc mora?

Salvador e RMS

Barril dobrado! Vc mora na terra do axé!

Me diz tua idade? Não mente eim trukera! rs

Simm

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PrEP

A PrEP é um medicamento combinado em pílula e diminui a chance de infecção pelo HIV mesmo fii usando camisinha. Não funciona pra outras ISTs. Alguns efeitos colaterais: dor de cabeça, náusea, fadiga e pesado, mas fii são frequentes e normalmente rola só no começo.

No brasil, PrEP é oferecida

Formato inválido, digite só um número, exemplo 24

Adorei te conhecer! Tá afin de fazer um QUIZ pra saber Q DIVA VC É NA SARRAÇÃO? Ou qr conversar?

Toque duas vezes para reagir

Quiz

Conversar
Linkage and retention strategies in PrEP
Linkage and retention strategies in PrEP

❖ Constant monitoring of the care of participants in the PrEP and non-PrEP arms, with periodic meetings and case discussions;

❖ Peer navigation in caring for the use of PrEP: monitoring, assistance in care and "bridge" with health professionals;

❖ Importance of a friendly LGBT space and team;

❖ Take into account the social determinants of health (poverty, inequality, education, etc.);

❖ Work in partnership with the judicial system: periodic reports and discussion with this sector on the <18 years old adolescentes included in the Project;

❖ Facilitated access to prevention inputs such as self-testing, condoms, lubricants etc;

❖ Reimbursement for transportation and food for participation.

Barriers and challenges to linkage and retention in PrEP

- Changes in sexual practices
  - "And I didn't come back [to the service] because, at the time, at the time I went, I didn't have penetrative sex. So, there was no need for protection for some other things like, for example, HIV. I did not have this concern with HIV (not binary young);"
  - It is gradually the discontinuity [of using PrEP]. When you think, "The chances of me being sick are low. I didn't have any symptoms. And I'm not relating to people who apparently have an infection or a sexually transmitted disease. So, I'm not even going to take it (MSM with low adherence)."
  - My current partner was upset that I was taking PrEP and said: "Why are you taking it?" (MSM, gave up PrEP)
  - PrEP services need to be distributed in such a way that they do not require to travel longer than usual or leave at unusual times (meeting young TGW team 1519)

- Changes in the context of life (school, work, housing and city)
  - 'I left it in the wardrobe and said, "I'm going to take it." Then I was lazy. (TGW, low adherence to PrEP)"

- Organization of the routine to take the pill

- Family conflicts and with sexual and affective partners

- Mental suffering

- Greater social vulnerability of transgender women
Adherence is high and increases over time

**Adherence to PrEP by medication possession ratio (MPR)**

MPR = sum of the no of days' with pill possession in a time period, divided by the number of days in the time period.

MPR=> 1.10 – participants came to the appointment and had PrEP dispensation before finishing last bottle

MPR= 0.91-1.00 participants came to the appointment and had PrEP dispensation when the pills finished
The expansion of PrEP to the MSM and TGW population aged 15-19 years requires community mobilization, innovative strategies for creating demand, attracting and recruiting.

Speaking the language of adolescents and returning them to work teams is a fundamental element;

Virtual strategies are able to recruit mostly MSM, young people with higher economic status and education (perhaps due to the availability of equipment), with a high perception of risk and who previously accept PrEP;

Reference of health services is the most responsible for recruiting people with low economic status and with less education;

Interprofessional and interdisciplinary work (qualitative and quantitative views), with periodic monitoring of activities is essential for the work process with combined prevention;

LGBT friendly staff and space bring teenagers closer to combined care and prevention;

Adolescents are dynamic and fluid and, therefore, we must continually adapt to this reality of life.
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