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Applying Lessons from Injectable Contraceptive Service Delivery for the New Generation of HIV Prevention Injectables

Anita Dam & Maggie Chase
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Speakers



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No Conflict of Interest



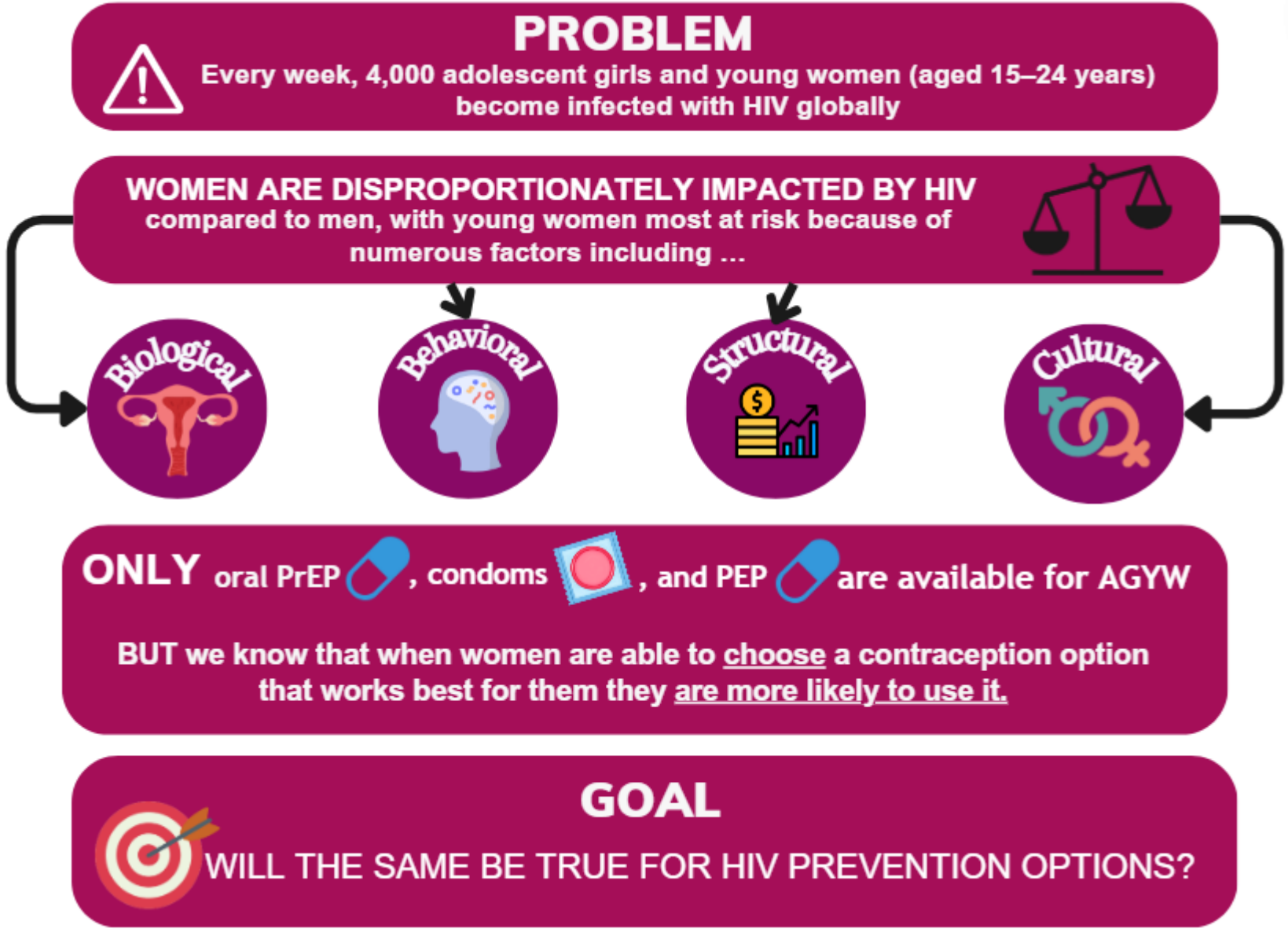
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Presentation Outline

- The Overlapping Burden for Adolescent Girls & Young Women (AGYW)
- The Current and Next Generation of HIV Prevention Injectables
- Applying Lessons from Contraceptive Injectables
 - Supply
 - Demand
 - Case Example: DMPA-SC
- Recommendations



AGYW have faced significant challenges to sexual and reproductive health historically, including early pregnancy, accessing contraception, and high rates of HIV/STIs.

Biological



- AGYW are at the peak of reproductive years, thus increased chances of unwanted pregnancy
- AGYW are at a disproportionately greater risk of HIV acquisition experiencing HIV infection four times higher than their male counterparts

Behavioral



- Earlier sexual debut
- Occurrence of age-disparate sex
- Multiple partners and partner concurrency
- Difficulties navigating condom use with their partners

Structural



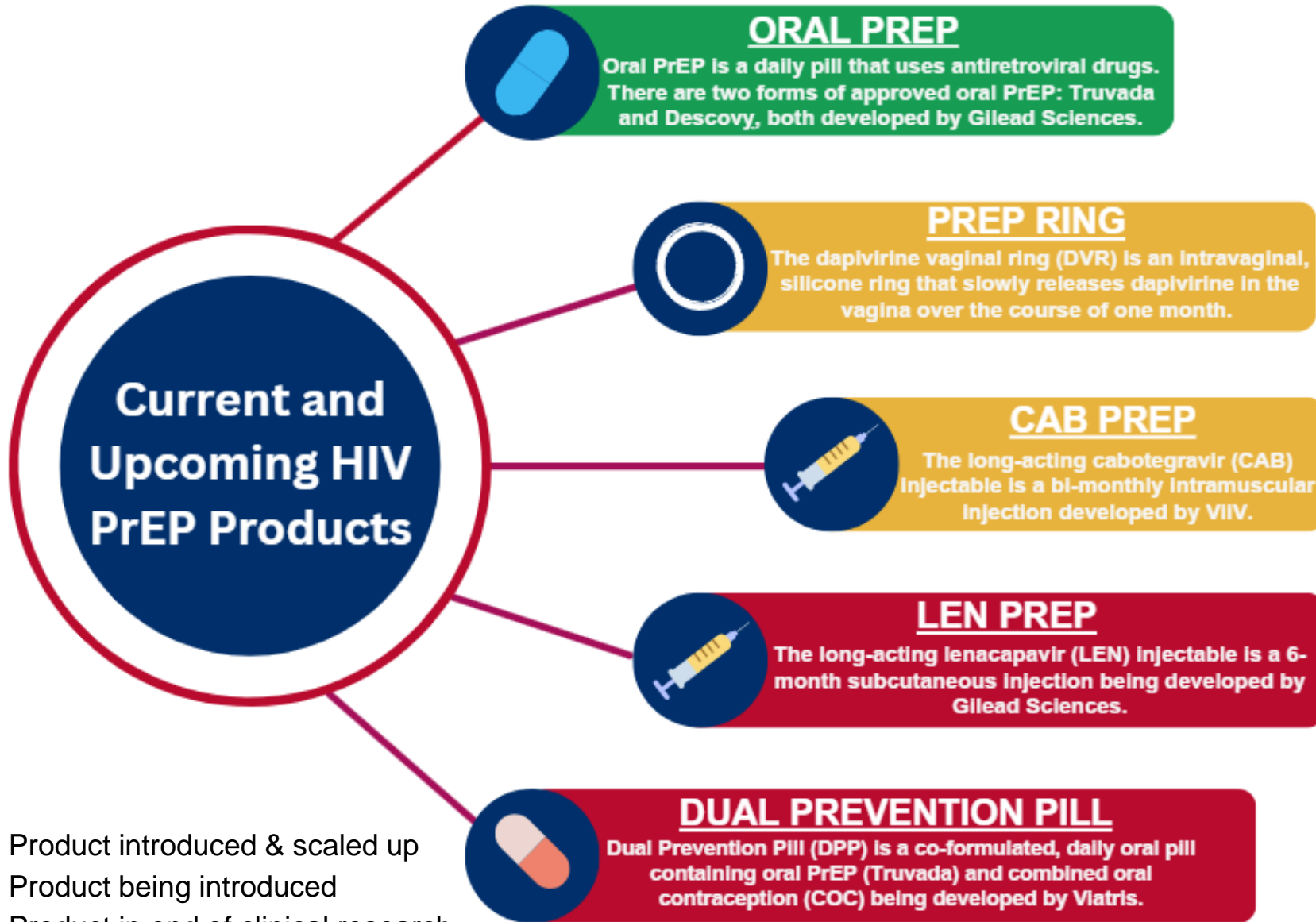
- High poverty rates have been implicated in transactional sex
- Accessibility of health services (i.e. travel costs, long wait time)
- Stigma accessing SRH/HIV services
- Misunderstanding of SRH/HIV prevention products & perceived side effects

Cultural



- Gender inequalities
- Statutory age of consent in some African countries is 18 years
- Negative attitudes of healthcare providers and low access to youth friendly services
- Fear of partner and/or community support





- Product introduced & scaled up
- Product being introduced
- Product in end of clinical research

A multi-product PrEP platform is key to expanding choice in HIV prevention programming, like in family planning

CAB PrEP has started being introduced into national health systems

LEN PrEP is not far behind, with potential market access starting 2025-26

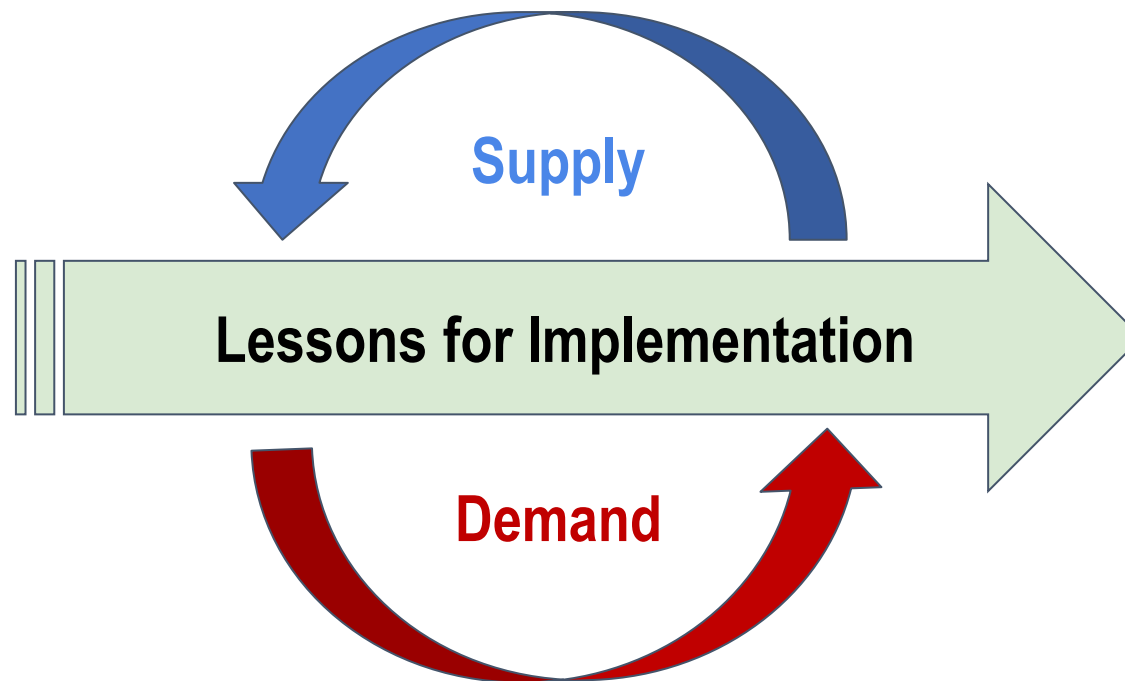
Lessons from the introduction and scale-up of injectable contraceptives can inform the introduction of new HIV prevention injectables, especially for AGYW

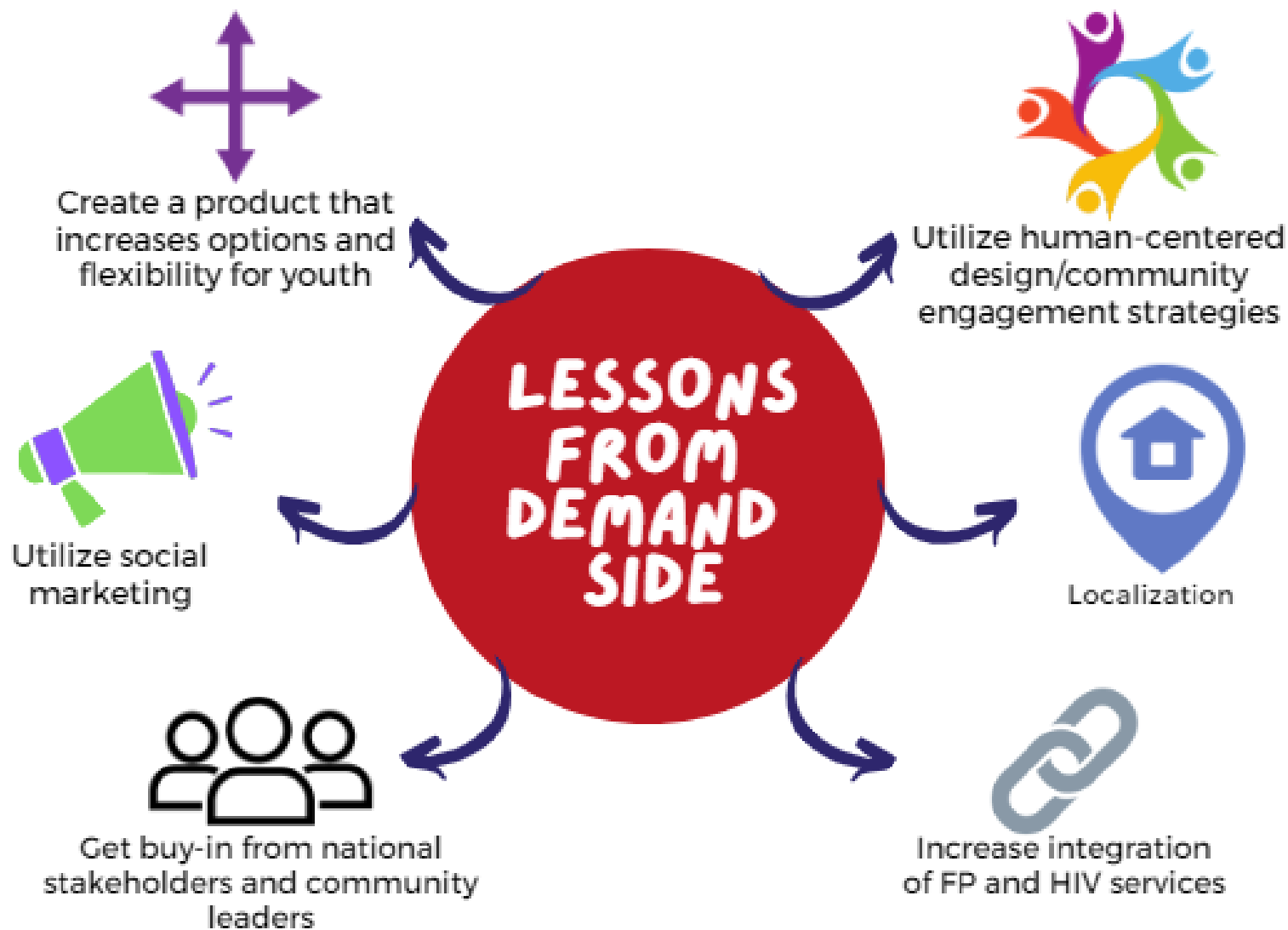


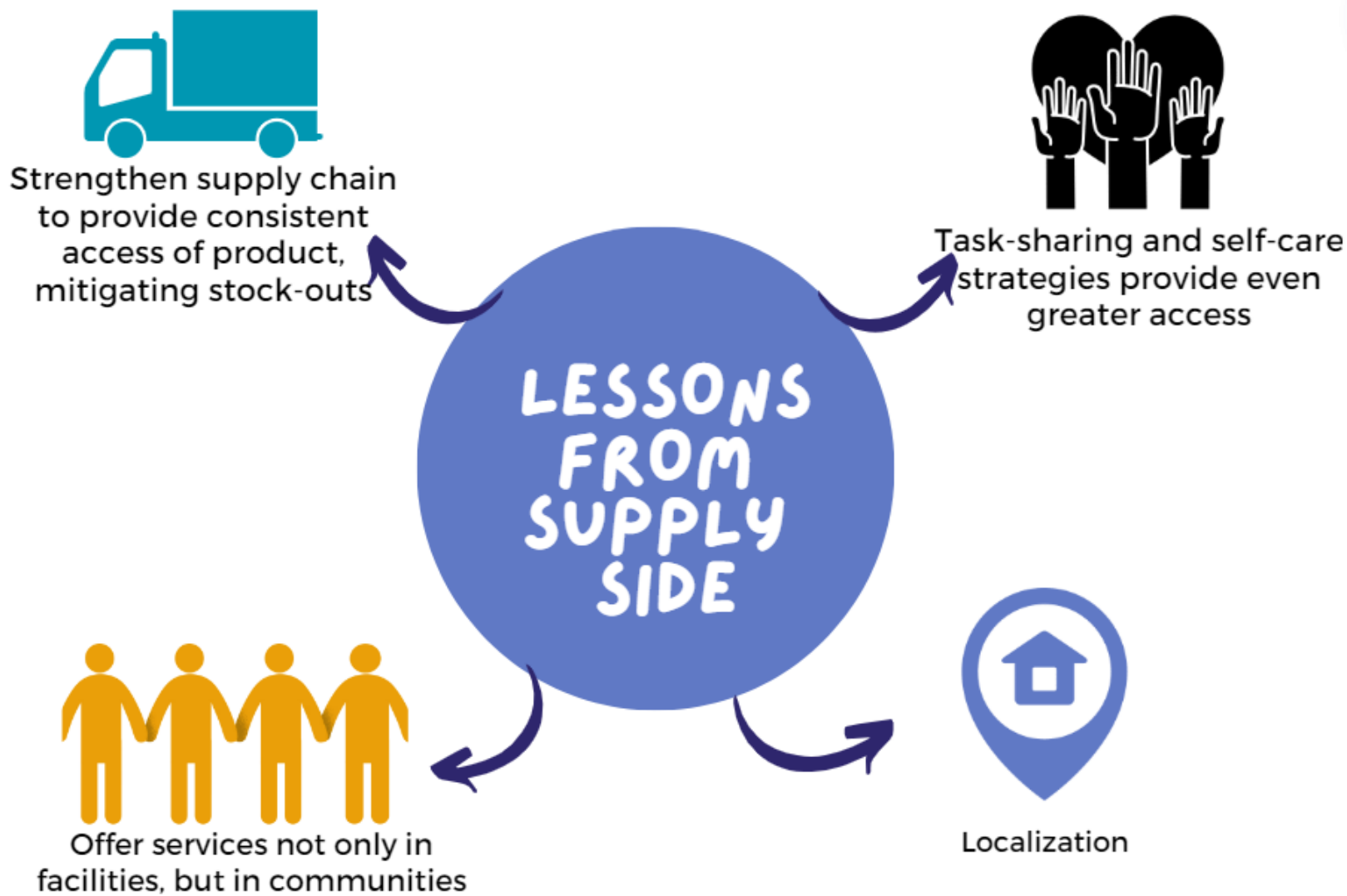
DMPA-IM



DMPA-SC

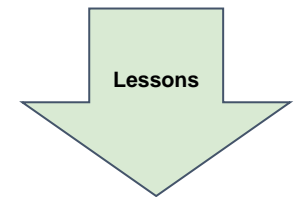






Case Example: DMPA-SC

- Supply and demand lessons from DMPA-IM influenced the creation of DMPA-SC, making it more user-friendly and user-controlled
- WHO recommended DMPA-SC as a self-care product
- DMPA-SC was designed to reduce access-related barriers:
 - Task-sharing = can be administered by community health workers, pharmacists, and users
 - Provided in community-based service delivery models and easier to provide in remote areas
- AGYW find this product very appealing



Recommendations

- Introduction and scale up efforts by both donors and implementers for injectable PrEP should consider lessons from injectable contraceptive programming with a focus on increasing demand and access for AGYW.
- To lessen the burden among AGYW, it is important to pursue holistic, user-centered integration between contraception and HIV prevention.
 - Preliminary data has been promising to explore co-delivery options for contraceptives and injectable PrEP
 - Further implementation science research is needed to operationalize integration of services

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