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

Anita Dam & Maggie Chase
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Speakers

Anita Dam, MSPH
Technical Advisor for HIV Prevention Technologies
USAID, Office of HIV/AIDS
andam@usaid.gov

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Maggie Chase, MA
Senior Multilateral Advisor
USAID, Office of HIV/AIDS
mchase@usaid.gov

No Conflict of Interest
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
A multi-product PrEP platform is key to expanding choice in HIV prevention programming, like in family planning.

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CAB PrEP has started being introduced into national health systems.

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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.
Lessons from Demand Side

- Create a product that increases options and flexibility for youth
- Utilize human-centered design/community engagement strategies
- Utilize social marketing
- Get buy-in from national stakeholders and community leaders
- Increase integration of FP and HIV services
- Localization
Strengthen supply chain to provide consistent access of product, mitigating stock-outs

Task-sharing and self-care strategies provide even greater access

Offer services not only in facilities, but in communities

Localization

LESSONS FROM SUPPLY SIDE
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
Thank You!

Contact Information:
Anita Dam: andam@usaid.gov
Maggie Chase: mchase@usaid.gov

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Adaobi Olisa, Kristen Pollick, Tema Mkhonta, Baker Maggwa