



PrEP Learning Network:

PrEP for Pregnant and Breastfeeding Women

February 26, 2020



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PrEP UPTAKE AND CONTINUATION AMONG PREGNANT AND POSTPARTUM WOMEN IN MCH CLINICS IN KENYA: RESULTS FROM THE PrIYA PROGRAM

DEVELOPMENT OF MATERIALS TO SUPPORT INTRODUCTION OF PREP FOR PREGNANT AND BREASTFEEDING WOMEN

UPCOMING WEBINARS



Today's discussion: PrEP for Pregnant and Breastfeeding Women

John Kinuthia, University of Washington & Kenyatta National Hospital

Lisa Noguchi, Jhpiego

Lee Fairlie, Wits RHI

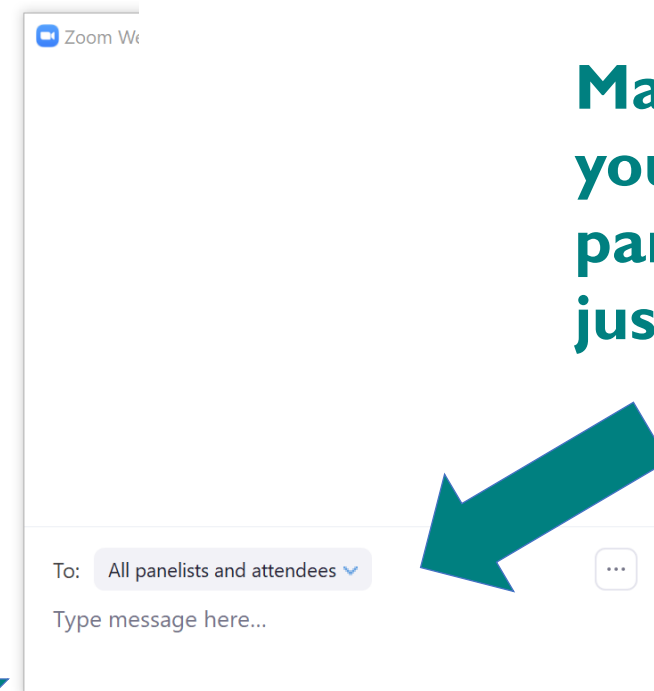
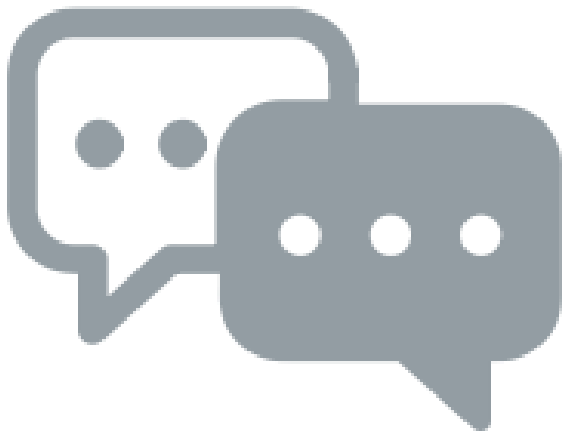
Today we will explore providing PrEP to pregnant and breastfeeding women through:

- A discussion new findings from Kenya on PrEP initiation and continuation among pregnant and breastfeeding women
- Delving into the details of a project in Lesotho that is developing new tools and resources to support PrEP service delivery for pregnant and breastfeeding women

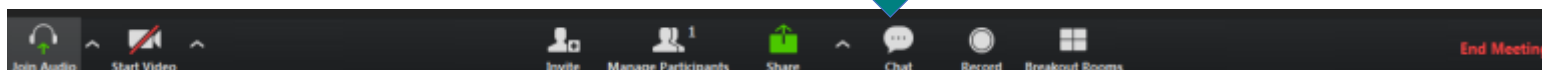


Use the “Chat” feature to ask questions!

There is dedicated Q&A two times during our webinar – please feel free to ask questions during this time or type your questions into the chat box at any point during the presentations



Make sure to share your chat with “All participants” not just panelists.



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UPCOMING WEBINARS

PrEP uptake and early continuation among pregnant & postpartum women in MCH clinics in Kenya: results from an implementation programme

John Kinuthia, Jillian Pintye, Felix Abuna, Kenneth K. Mugwanya, Harison Lagat, Dickens Onyango, Emily Begnel, Julia Dettinger, Jared M. Baeten, Grace John-Stewart
for the PrEP Implementation for Young Women and Adolescents (PriYA) Program



Lancet HIV 2020; 7: e38–48

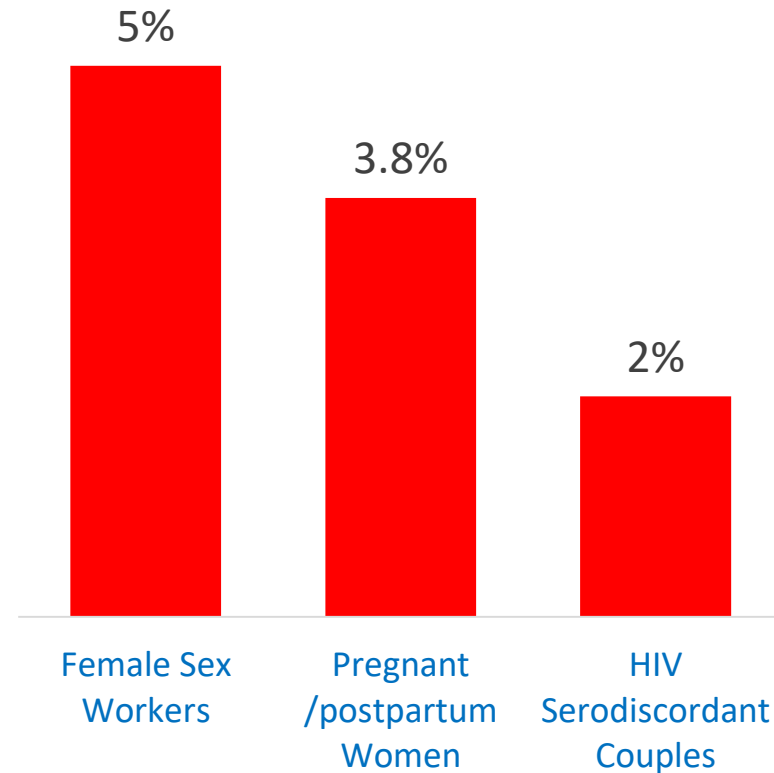


Pre-exposure prophylaxis uptake and early continuation among pregnant and post-partum women within maternal and child health clinics in Kenya: results from an implementation programme

*John Kinuthia, Jillian Pintye, Felix Abuna, Kenneth K Mugwanya, Harison Lagat, Dickens Onyango, Emily Begnel, Julia Dettinger, Jared M Baeten, Grace John-Stewart, for the PrEP Implementation for Young Women and Adolescents (PriYA) programme**

HIV incidence is high among pregnant & postpartum women

- HIV incidence similar to other high risk groups
- Women often unaware of partner HIV status & do not perceive risk
- Increased risk in pregnancy & postpartum
 - Hormonal changes & peripartum mucosal trauma
 - External partnerships

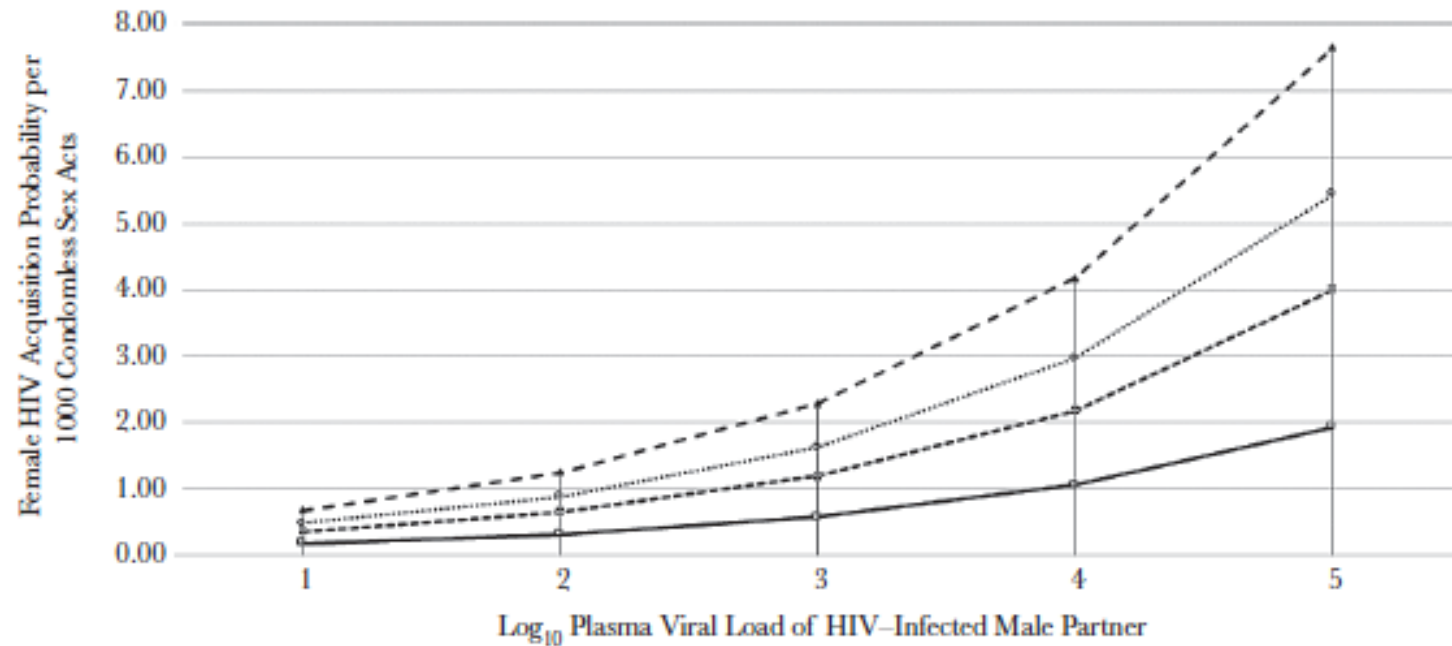


Drake et al (2014); Shannon et al (2015); Kimani et al (2008); Baeten et al (2014)



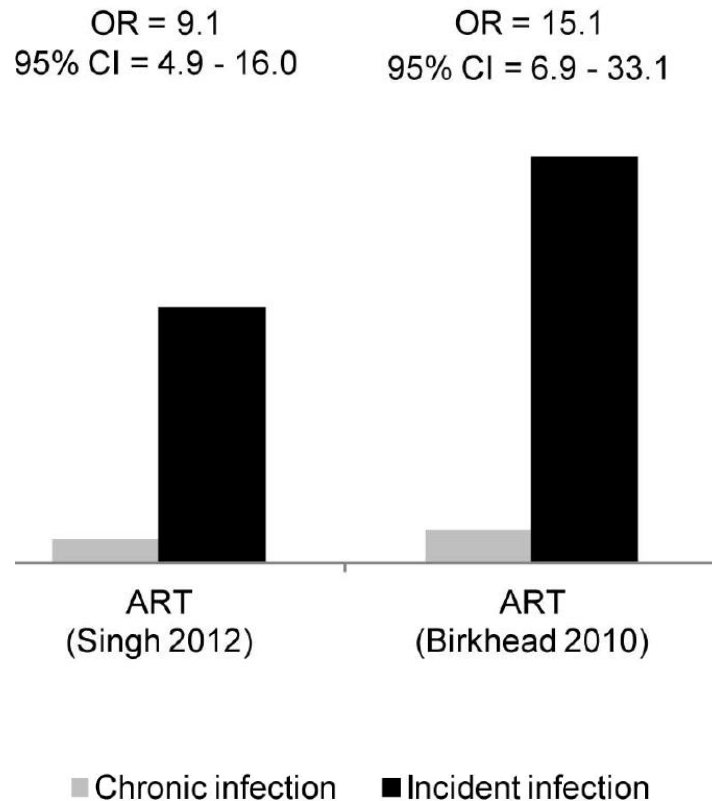
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WOMEN AND ADOLESCENTS

HIV Risk Per Unprotected Coital Act Increased in Pregnancy & Postpartum



	1	2	3	4	5
— Nonpregnant	0.17	0.31	0.58	1.05	1.93
- - Early pregnancy	0.36	0.65	1.19	2.19	4.00
... Late pregnancy	0.48	0.89	1.62	2.97	5.44
- · - Postpartum	0.68	1.25	2.29	4.18	7.65

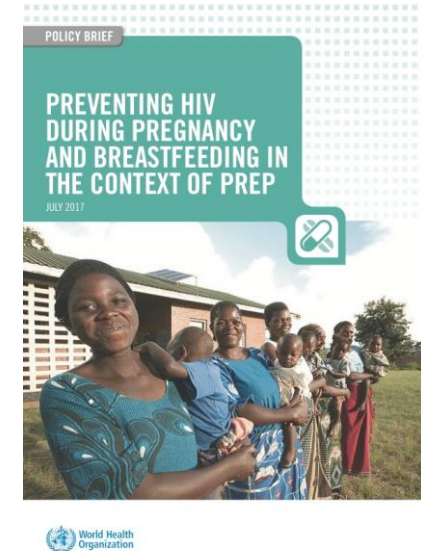
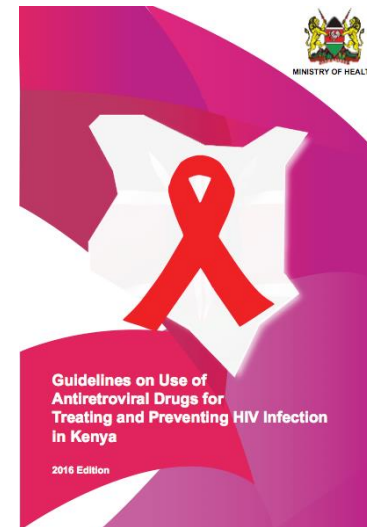
Primary HIV prevention in pregnancy & postpartum critical for EMTCT



- Women with acute HIV have 2-10-fold higher MTCT than women with chronic HIV
- Acute maternal HIV contributes ~30% of infant HIV infections
- Initiatives promoting primary HIV critical to protect HIV negative women & eMTCT

PrEP is a an attractive HIV prevention strategy for women

- Female controlled method
- Does not require negotiation with partner
- Safe during pregnancy



- MCH clinics offer an existing prevention platform that is
 - highly attended
 - less stigmatizing than HIV-specific clinics

Unanswered questions regarding PrEP in pregnancy & postpartum

- Will pregnant/breastfeeding women recognize risk for HIV?
- Which pregnant women should be offered or receive PrEP?
- Will women accept PrEP?
- Will GI side effects be exacerbated in pregnancy?
- Will women adhere to PrEP?



PrEP:
HIV PREVENTION
WITH JUST
1 PILL A DAY



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WOMEN AND ADOLESCENTS

Objective

Evaluate PrEP uptake & correlates of initiation and continuation among pregnant & postpartum women offered PrEP within routine MCH clinics



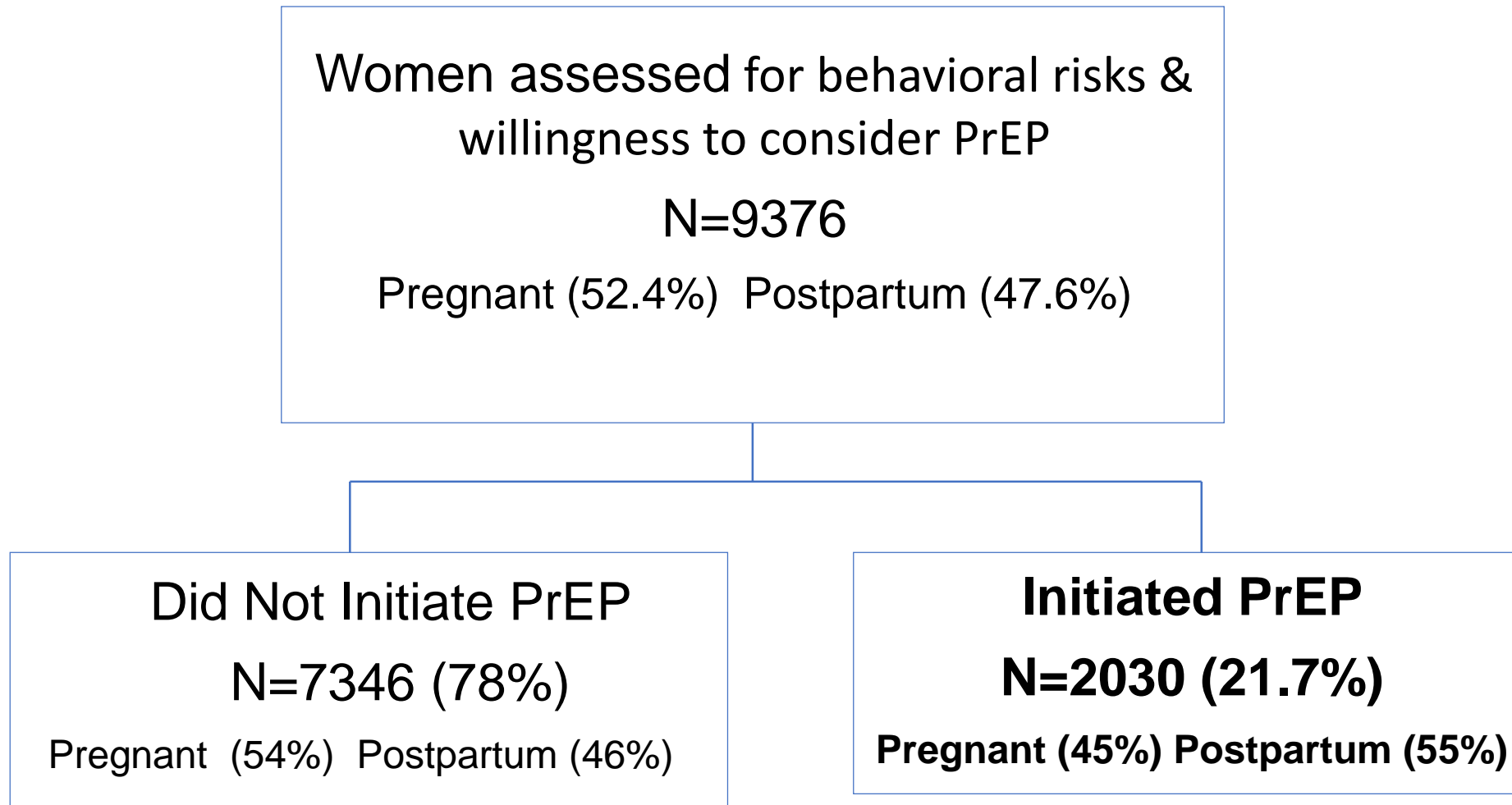
Methodology

- Trained PrIYA program nurses
- Developed systems for PrEP delivery in MCH
- HIV-uninfected women seeking routine ANC & PNC
 - Screened for behavioral risk factors
 - Willingness to consider PrEP
 - Dispensed PrEP at same visit within MCH clinics
 - willing to initiate & eligible

16 MCH Clinics in Western Kenya



Results



Characteristics of women offered PrEP (n=9376)

Characteristic	Median (IQR) or N (%)
Age (years)	24 (21-28)
Age \leq 24 years	53.7%
Married	85.7%
Partner HIV status unknown	34%
Gestational age (weeks)*	26 (20-32)
First antenatal care visit*	45.3%

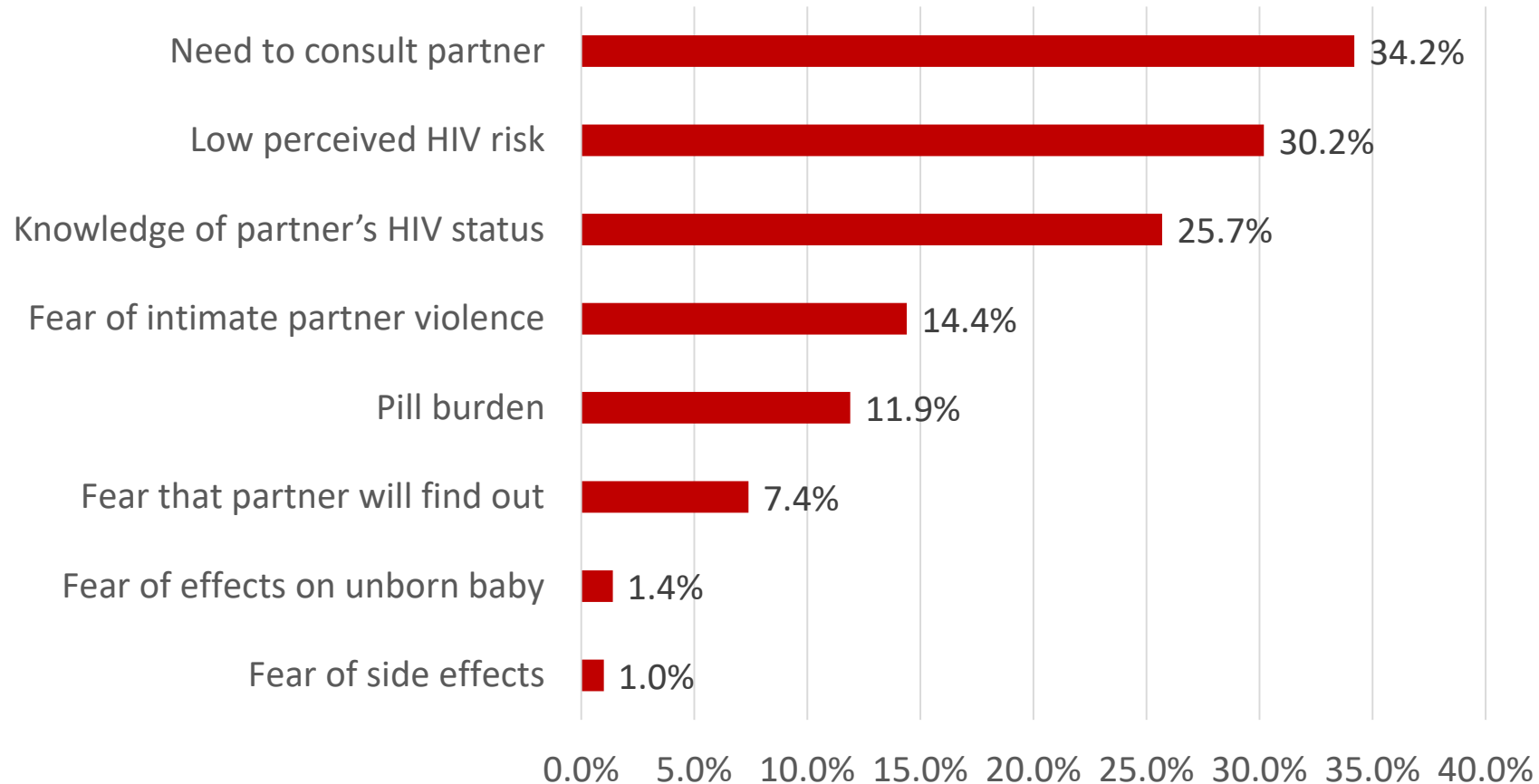
*Among pregnant clients

Correlates of PrEP initiation (n=9376)

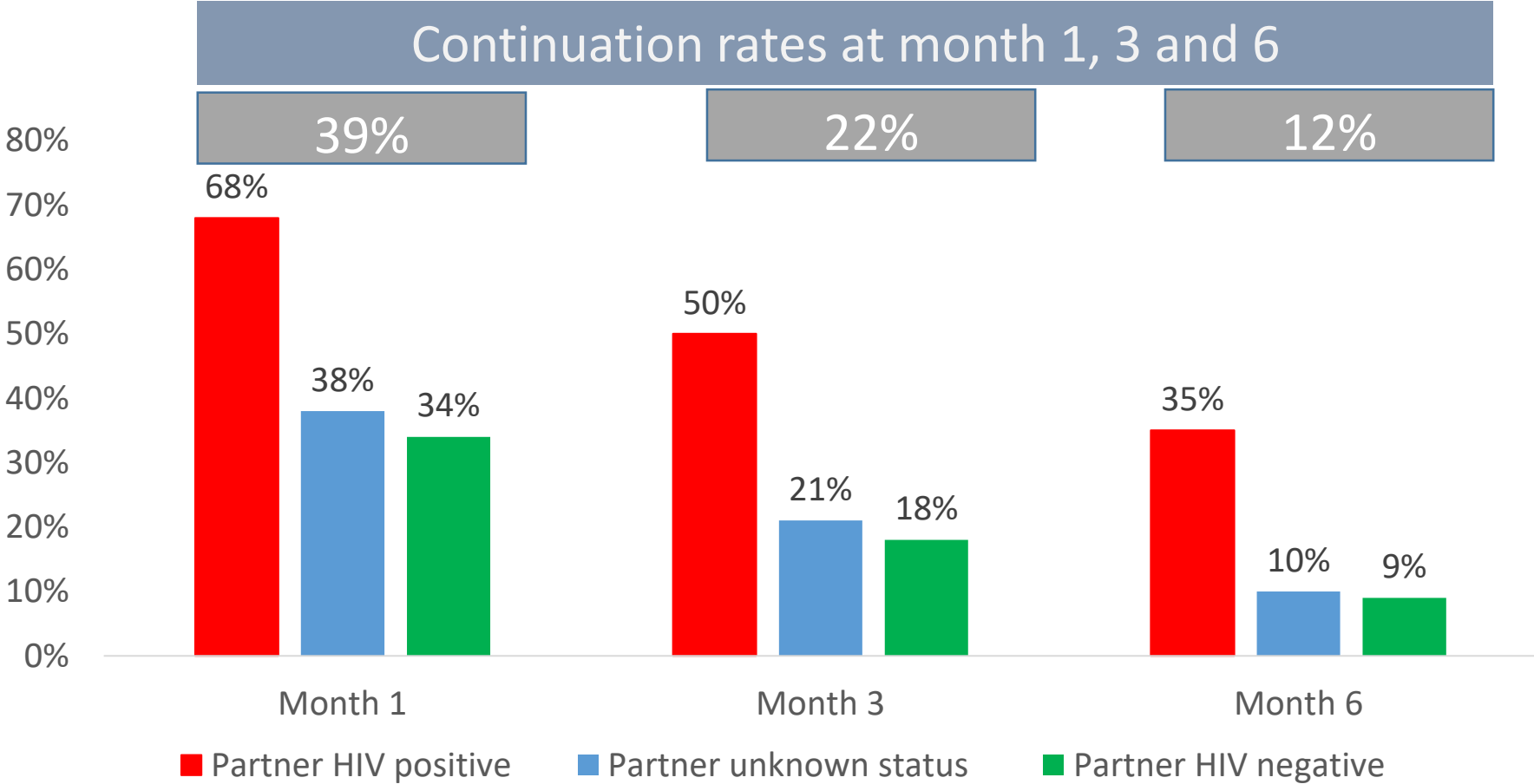
Characteristic	Adjusted prevalence ratio (95% CI)
Age <24 years	1.14 (1.02-1.28)
Partner living with HIV	6.96 (5.46-8.89)
Partner HIV status unknown	3.08 (2.50-3.81)
Gestational age <26 weeks	1.22 (1.02-1.47)
Diagnosed with STI*	1.57 (1.20-2.06)
Forced to have sex*	1.82 (1.38-2.42)
Experienced IPV ¹ *	1.65 (1.10-2.48)

* In the last 6 months

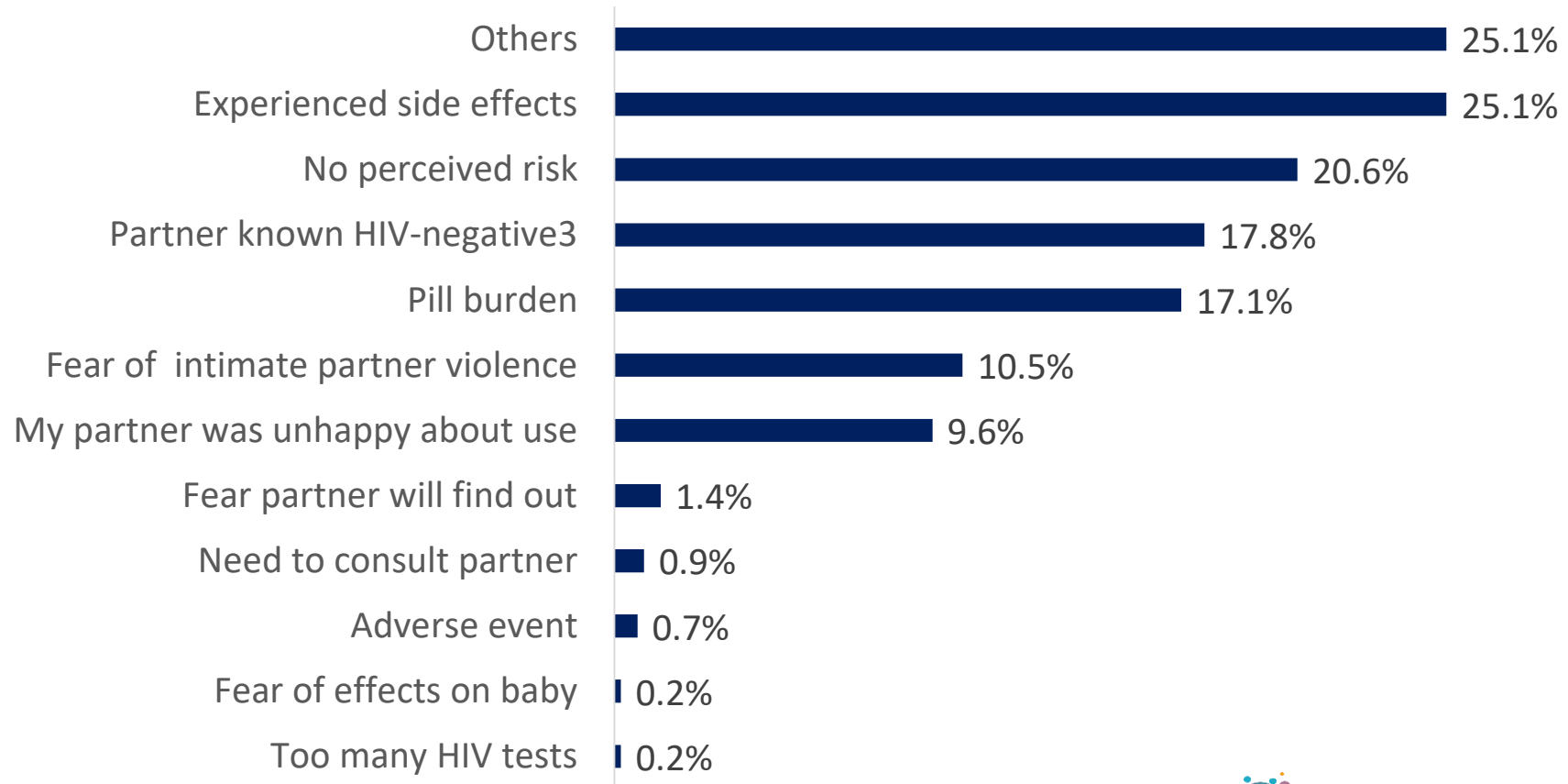
Reasons for not initiating PrEP among women with risk factors for HIV (n=202)



Women with HIV +ve partners more likely to continue PrEP



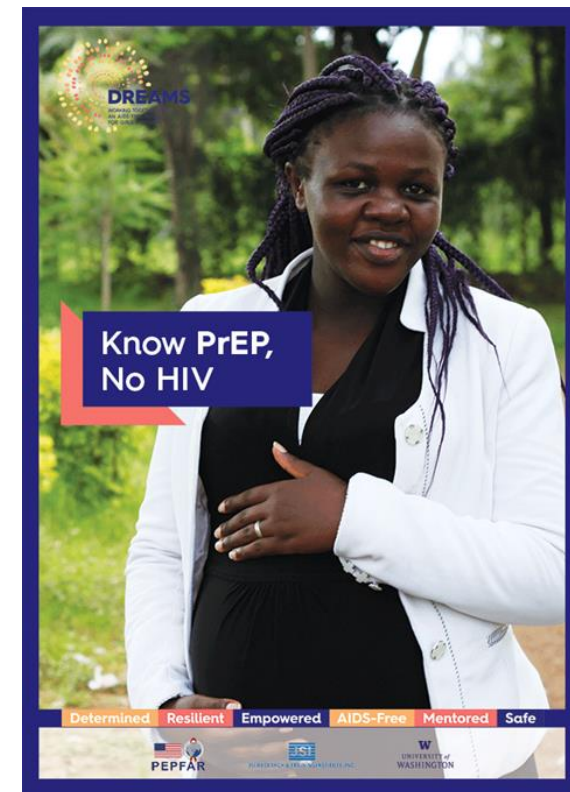
Reasons for discontinuing PrEP within one month of initiation (n=427)



No incident HIV infection
reported among women on PrEP

Conclusions

- High PrEP uptake and modest continuation among pregnant & postpartum women
- PrEP initiators were more likely to have HIV risk factors
- One third had a partner of unknown HIV status
- IPV or fear of effects on babies were infrequently reported as barriers



Implications

- Routine MCH clinics are an important platform for PrEP delivery
- PrEP is an attractive HIV prevention option for women with partners of unknown HIV status who find it difficult to negotiate condom use
- Innovations are needed to increase knowledge of male partner HIV status



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Acknowledgments

We gratefully acknowledge all of the PriYA Program participants.

PriYA Program staff, the Kenyan Ministry of Health, and Kisumu County Government.



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Q&A



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UPCOMING WEBINARS

Development of Materials to Support Introduction of PrEP for Pregnant and Breastfeeding Women

The PrEP Learning Network

Dr. Lisa Noguchi

On behalf of the CHOICE Team

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic

February | 2020



What is CHOICE?

- Collaboration for HIV Prevention Options to Control the Epidemic
- One-year collaboration funded by USAID, in partnership with PEPFAR, via OHA's new 5-year competitively awarded mechanisms
 - Meeting Targets and Maintaining Epidemic Control (EpiC)
 - Reaching Impact, Saturation and Epidemic Control (RISE)
- Objective: increase awareness, expand access, build capacity, support effective use of ARV-based HIV prevention options in sub-Saharan Africa

FY2020 COP Guidance

- Prioritize scaling up PrEP rollout for populations at substantial risk of HIV infection, including pregnant and breastfeeding women (PBFW)
- Currently few tools that are targeted to PrEP service delivery for this population
- Related CHOICE activity
 - Support countries in integration of sexual reproductive health and PrEP services through development of evidence-informed integration strategies and tools



Objectives

- Review contextual factors for PrEP use among pregnant and breastfeeding women in Lesotho
- Review planned activities related to development of a suite of materials to support PrEP service delivery catered to needs of PBFW
 - Lesotho context, but with flexibility for adaptation to other settings in the region



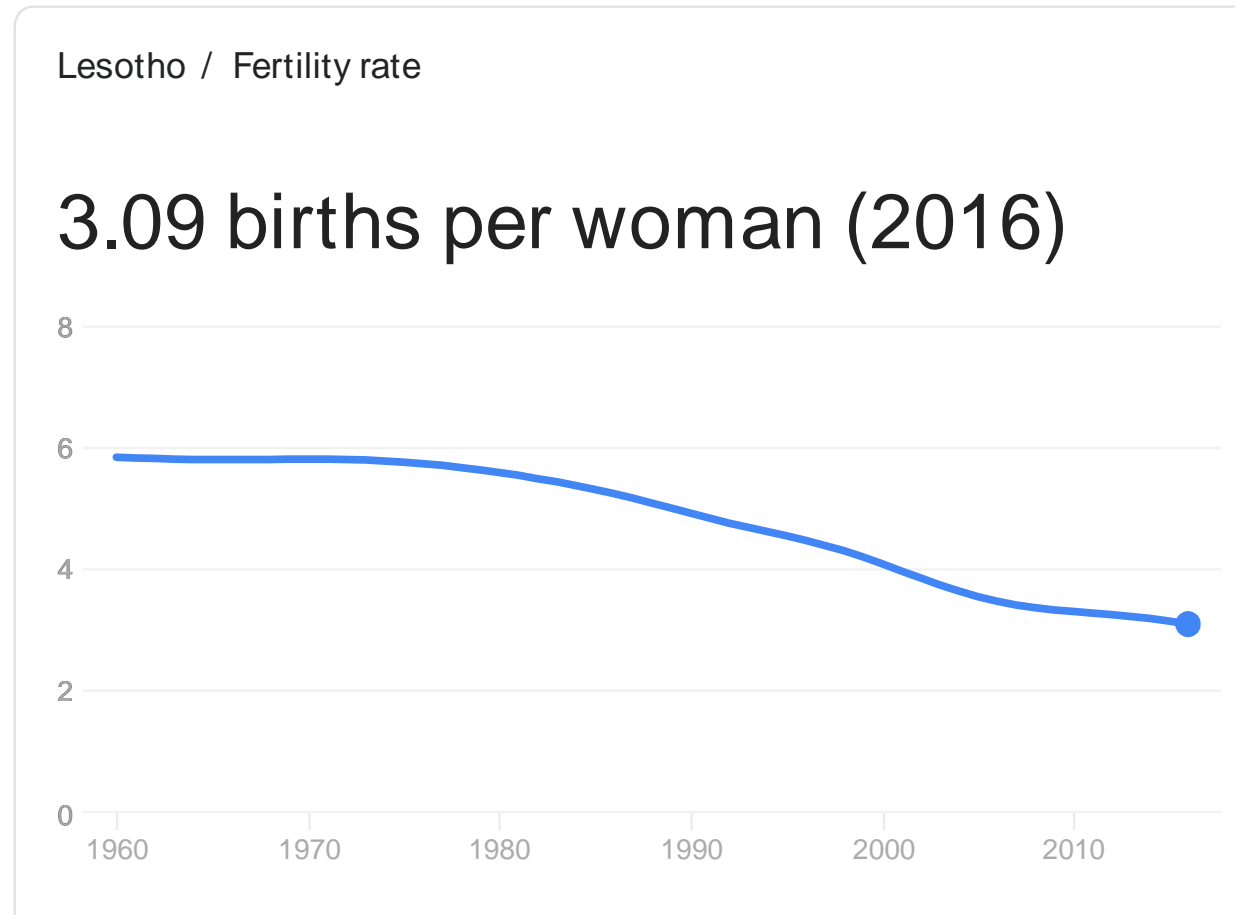
CONTEXTUAL FACTORS FOR PREP USE
AMONG PREGNANT AND
BREASTFEEDING WOMEN IN LESOTHO

Lesotho

- 340,000 people living with HIV in 2018
 - 13,000 newly infected (incidence 7.8/1,000 uninfected, all ages)
 - HIV prevalence among adults (15–49 years) 23.6%
- **Women disproportionately affected by HIV**
 - Comprise more than half of adults living with HIV (~58%)
 - New infections among women aged 15–24 years more than double those among young men (3,200 vs. 1,300)
 - Treatment higher for women vs. men (65% vs. 54%)
- High viral suppression among adult women
 - 95% across all age groups and 93% among PBFW



Fertility rate declining in Lesotho but women may be pregnant for substantial proportion of reproductive years



Source: World Bank



95% of Basotho children are breastfed

- Median duration 21 months, but exclusive <1 month
 - Longer in rural areas vs. urban (22 vs. 17 months)
 - Longest in Mountains and Senqu River Valley (23 months), shortest in Lowlands (19 months)
 - Lowest vs. highest SES quintile BF longer (24 vs. 18 months)
- Thus, breastfeeding women are not a separate special population of women at risk!

Antenatal care (ANC) coverage relatively high

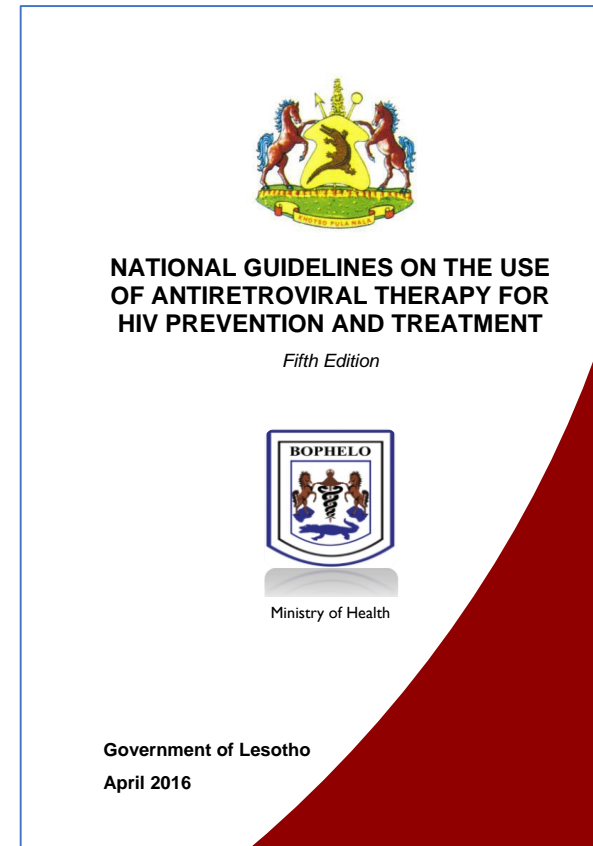
Coverage – care for mothers						
	Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%) ^a	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)
National estimate	76.1	70.4	77.9	76.5	9.7	62.0
Region						
Butha-Buthe	72.7	71.5	77.3	72.8	9.0	63.4
Leribe	78.4	72.6	85.0	83.7	11.7	72.2
Berea	78.7	75.7	79.5	78.0	12.5	62.6
Maseru	78.9	77.5	82.0	81.0	10.6	63.6
Mafeteng	73.3	69.3	75.1	75.3	9.2	66.1
Mohale's Hoek	70.5	62.1	74.7	74.0	6.2	61.4
Quthing	79.4	56.7	72.8	71.9	9.2	54.9
Qacha's Nek	74.9	70.7	79.3	78.9	10.9	66.2
Mokhotlong	64.8	64.7	62.8	60.8	3.8	40.9
Thaba-Tseka	75.0	58.8	71.0	68.0	8.2	53.4
Regional performance						
Highest value	Quthing	Maseru	Leribe	Leribe	Berea	Leribe
	79.4	77.5	85.0	83.7	12.5	72.2
Lowest value	Mokhotlong	Quthing	Mokhotlong	Mokhotlong	Mokhotlong	Mokhotlong
	64.8	56.7	62.8	60.8	3.8	40.9
Ratio (highest to lowest)	1.2	1.4	1.4	1.4	3.3	1.8

Current national guidelines for PBFW

- **Provider initiated testing and counseling** for PBFW with appropriate **linkage and retention to prevention, care and treatment** services needed to promote mother's health and prevent new pediatric infections
- Provide **HIV testing services** for women as routine component of ANC, childbirth, PNC, and pediatric care settings
- **Test pregnant women upon enrollment** into ANC services
 - **Retest at 36 weeks and q 3 months thereafter** during BF period for women who test negative at enrollment
- Test all women who present in labor with unknown HIV status immediately

Existing PrEP policy does not prohibit inclusion of PBFW

- No specific policy or recommendation on PrEP use in peri-conception, pregnancy, or breastfeeding in 2016 national guidelines
- To date, government supportive of evidence-based updates to HIV prevention and treatment
 - PrEP for PBFW falls in this category



MCH/HIV service delivery integration

- HIV testing offered to all women at ANC
 - >95% of pregnant women know HIV status during first ANC visit
 - Same day ART since launch of Option B+
- PMTCT program integrated and delivered in MCH platform
- Pre-conception clinic launched in 2014
 - PrEP offered w/in serodiscordant couples



Policy and guideline development should address known barriers

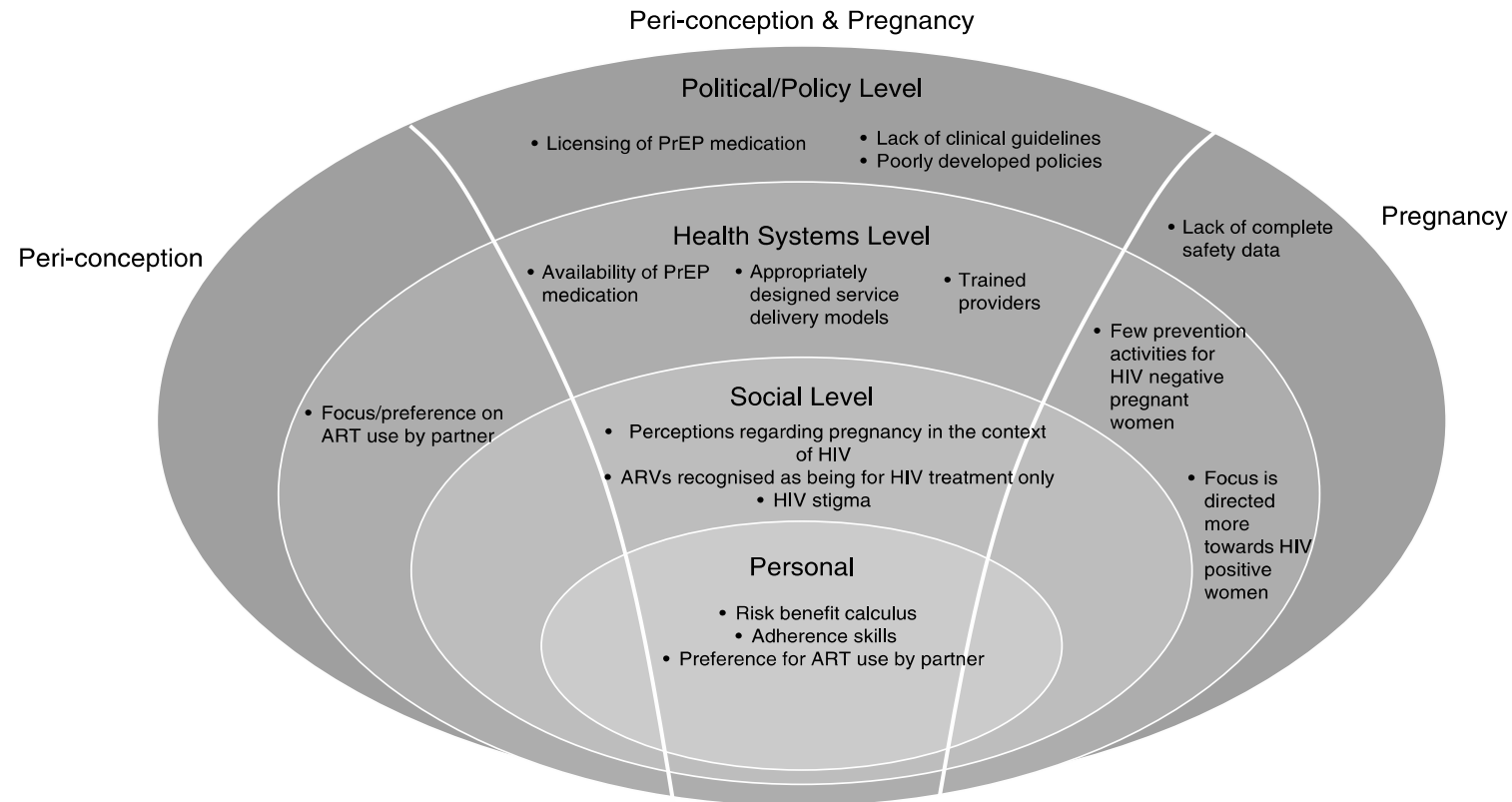


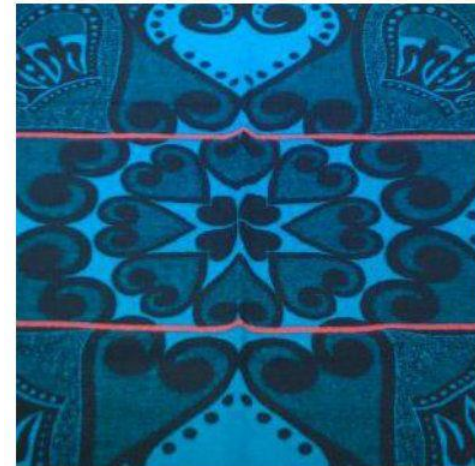
Fig. 1. Barriers to the use of pre-exposure prophylaxis (PrEP) during peri-conception and pregnancy.



MATERIALS TO SUPPORT PREP SERVICE DELIVERY FOR PREGNANT AND BREASTFEEDING WOMEN

Develop clinical guidelines

- Draft materials with inputs from stakeholders
 - Evidence for need, safety, efficacy
 - PrEP provision, counseling
 - Goals, managing side effects, clinical follow-up, clinical monitoring, etc.
 - Integration into ANC and PNC
 - Support for continuation
 - Documentation and data
- Pilots, revisions, finalization, dissemination



Develop training resources

- Brief facilitator's guide
- Sample agenda
- Slide set(s)
 - Clinical content
 - Adult learning
- Poster or other job aid(s)
- Suggested QI measures
- Support for development of rollout plan



Photo credit: Jhpiego

Develop tools to support pregnancy and birth outcome surveillance

- Draft materials with inputs from stakeholders
 - Brief operational guidance
 - Data collection tools for individual clients
 - Data summary sheets
 - Sample register
 - Guidance on reviewing and analyzing aggregated data
- Inputs from WHO
- Pilot testing, refining/revisions

Engage a broad range of stakeholders

- MoH, Ministry of Local Government and Chieftainship
- National AIDS Council
- Professional associations
- HIV and MCH working groups
- WHO



MINISTRY OF HEALTH &
SOCIAL WELFARE, LESOTHO



2020 Timeline



January – March

- Planning and stakeholder consultation(s)
- First drafts



April – June

- Pilot testing (training)
- Revisions



July – September

- Pilot testing (surveillance)
- Revisions

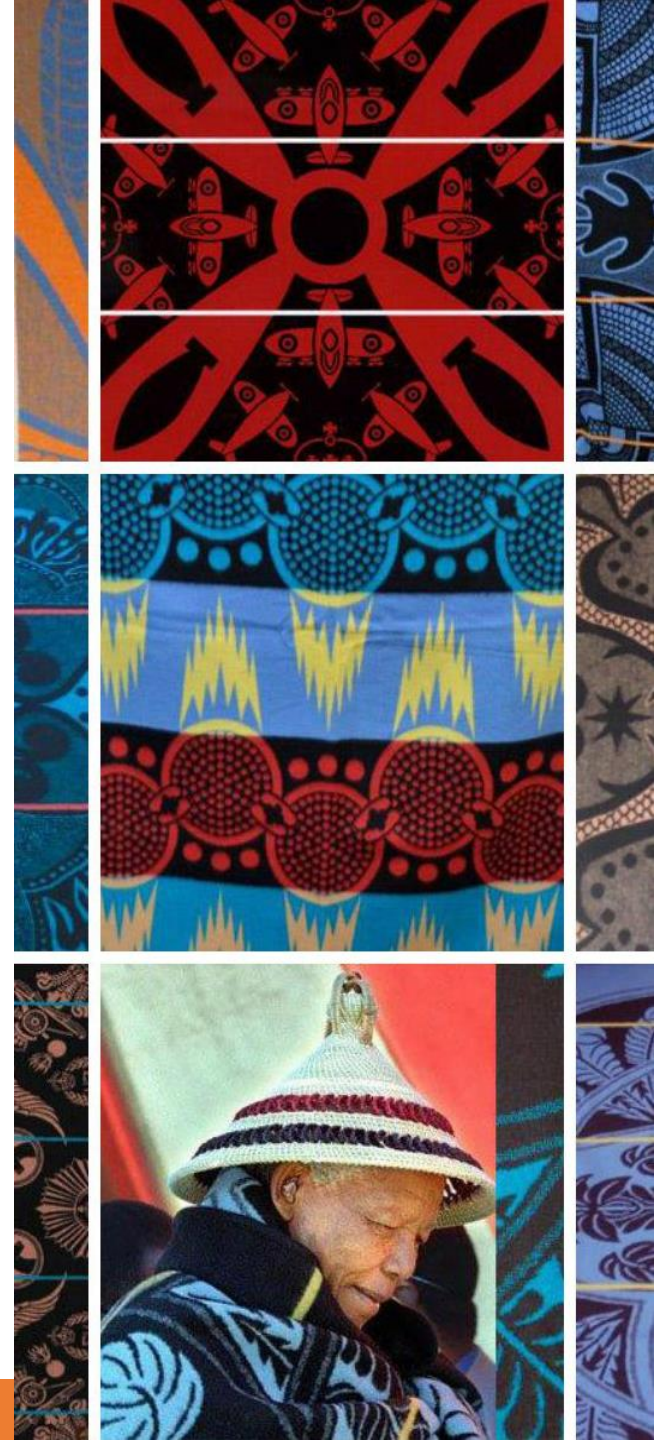


October – December

- Polishing
- Dissemination

How will we measure success?

- Clinically sound and client-centered materials
 - Focus on **provision and experience of care**
 - For example: consider multi-month dispensing, but avoid pitfalls from intro of mothers' treatment drug packs
- Inclusive of stakeholder inputs
- Support integrated service delivery (not siloed)
- Adaptable to other settings
- Evaluation proposed for 2021





Thank you!

This presentation is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreements 7200AA19CA00002 and 7200AA19CA00003. The contents are the responsibility of the EpiC project and the RISE project and do not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.



Q&A



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UPCOMING WEBINARS



Upcoming sessions: Register today!

Feb
27

Mar
26

Up next:
**Addressing
Intimate
Partner
Violence in
PrEP
Services**

Upcoming Sessions

- **March 26th:**
Addressing Intimate Partner Violence in PrEP Services
- **April 23rd:** TBD
- **May 28th:** TBD
- **June 25th:** TBD

Visit <https://www.prepwatch.org/virtual-learning-network> to register!



Go to PrEPWatch for additional resources

- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date
- **Additional resources** that are complementary will also be included on PrEPWatch—including related research articles, tools and more to dive deeper into specific topics
- Registration for **2020 webinars** will be posted on PrEPWatch

Virtual Learning Network

The PrEP Learning Network, hosted by OPTIONS, EpiC and RISE, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up.

Its monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics.

Webinars

■ PrEP Learning Network Launch Session

Thursday, August 22

During this first webinar session, implementing partners from three countries (Lesotho, Zimbabwe, and South Africa) will share their experiences with PrEP scale-up including current status of scale-up, successes, challenges encountered, and key insights learned.

[Recording](#) / [Slides](#) / [OPTIONS Tools and Resources](#) / [Resource Sheet](#)



Poll:

What did you think of today's webinar?





Thank you!



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