



Adolescent girls on PrEP: Findings from Kenya's oral PrEP scale-up supported by Jilinde

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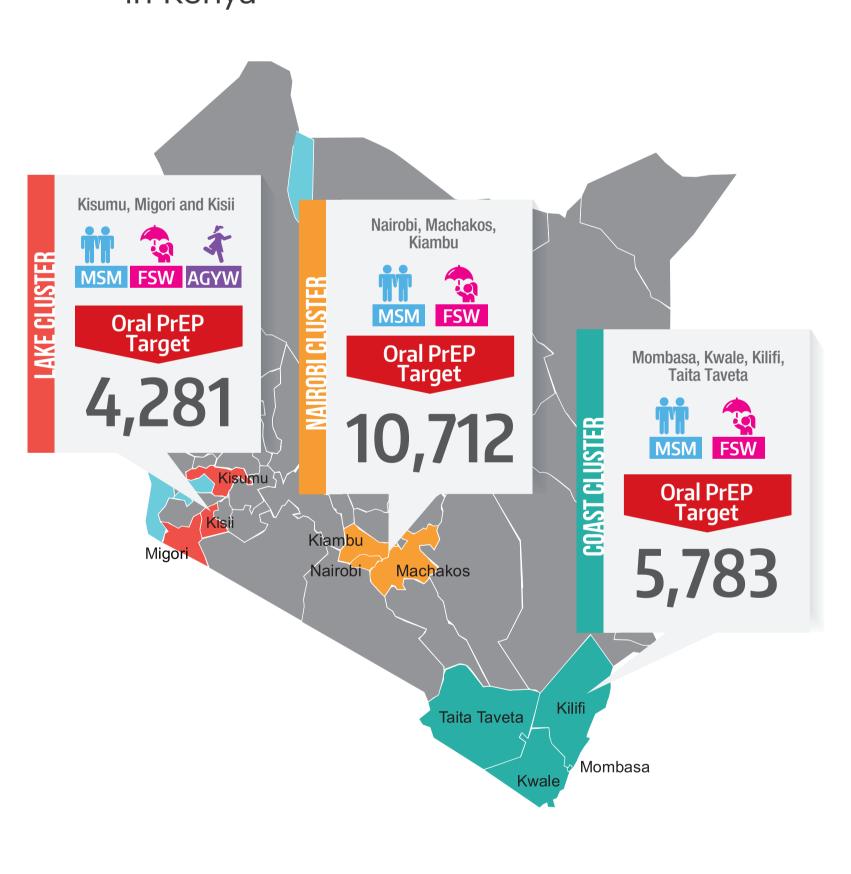
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Background

- AIDS is the leading cause of death among adolescents in sub-Saharan Africa (1)
- In Kenya, approximately 18,000 adolescents acquire HIV annually (2)
- Oral pre-exposure prophylaxis (PrEP) for HIV offers a new approach for prevention of new infections, including among adolescent girls
- Little is known about adolescent girls accessing routine PrEP services in the context of national scale-up programs

Jilinde Project

- Four-year project funded by the Bill & Melinda Gates Foundation
- Goal is to demonstrate and document an effective model for PrEP scale up
- Prioritizes female sex workers (FSW), men who have sex with men (MSM), and adolescent girls & young women (AGYW)
- Supports PrEP integration through drop in centers (DICEs), public and private clinics in Kenya





Methods

- We report demographic and self-reported risk behaviors of adolescent girls, ages 15 -19 years, initiating PrEP from February 2017 to May 2019
- The adolescents received either static or outreach services from 93 Jilindesupported clinics
- Retrospective descriptive analysis was conducted on de-identified client data sourced from the PrEP medical record form approved by the Ministry of Health of Kenya



Results

- Among 28,268 clients initiating PrEP, 1851 (6.5%) were adolescent girls
- DICEs, clinics designed primarily for sex workers, were the preferred PrEP outlet for adolescent girls, with 66% accessing services in DICEs

Characteristics of adolescent girls initiating PrEP (N=1,851)

Measure	Categories	Frequency (%)
In school	Yes	216 (11.7)
	No	16,353 (88.3)
Marital status	Single/ never married	1,637 (88.4)
	Married/ ever married	214 (11.6)
Delivery model initiated on PrEP	DICEs	1,220 (65.9)
	Private facility	164 (8.9)
	Public facility	467 (25.2)
Entry channel to PrEP pathway	Within facility departments	555 (30.0)
	Community outreaches	376 (20.3)
	Peer educators and networks	920 (49.7)

Data source: The Jilinde Data System

Self-reported HIV risky behaviours (N=1,851)

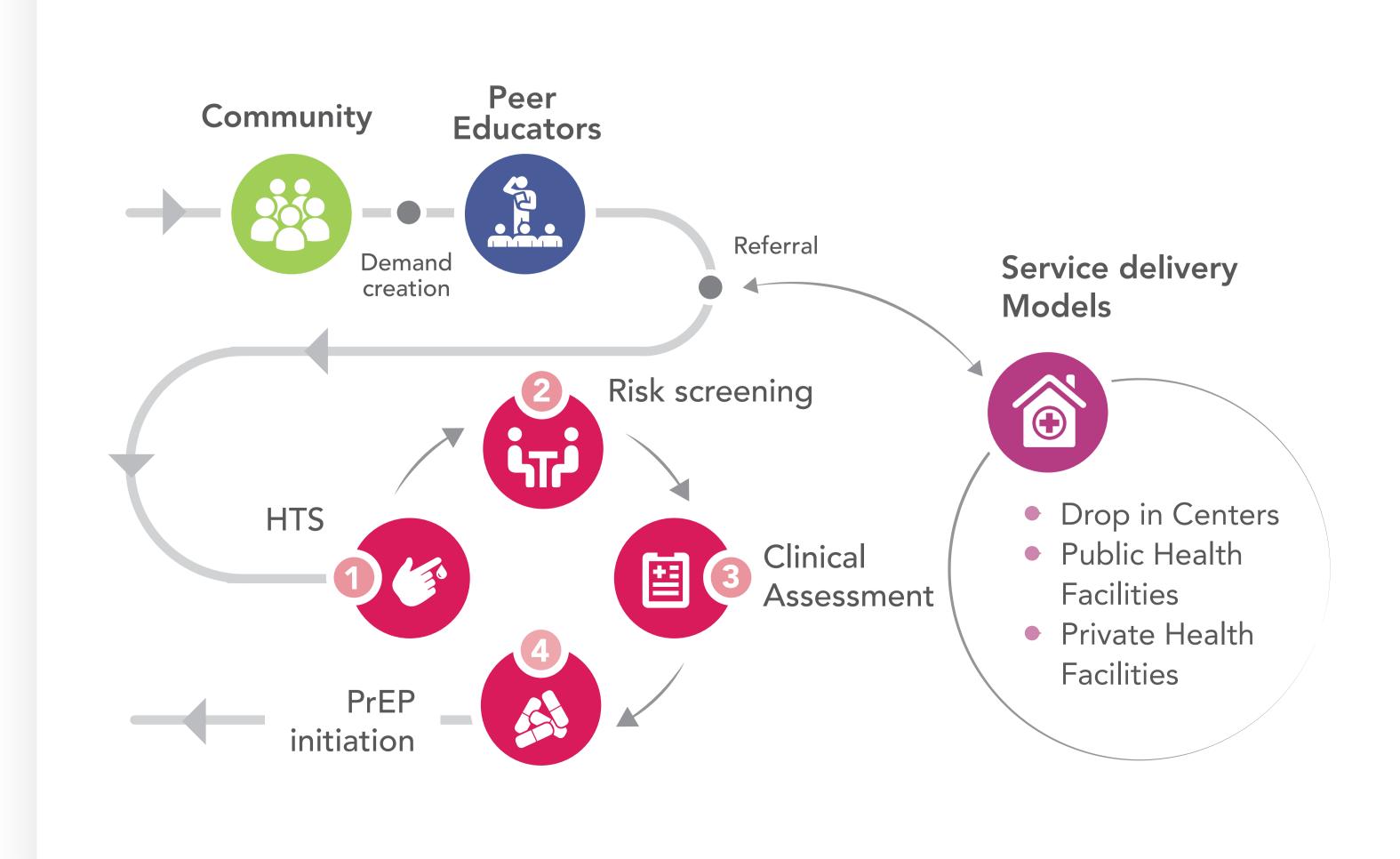
Reported risk behaviors	Frequency (%)
Inconsistent condom use	1,783 (96.5)
Sex with high-risk partner whose HIV status is unknown	1,531 (82.8)
Engaged in transactional sex	831 (45.0)
Sex under influence of alcohol or drugs	580 (31.4)
Recent STI	114 (6.2)
HIV positive partner	69 (3.7)
Recurrent use of PEP	50 (2.7)
Undergoing IPV or GBV	19 (1.0)

Data source: The Jilinde Data System

Conclusion

- Within the context of Jilinde, over half of adolescent girls reached were engaged in high risk behavior (transactional sex, inconsistent condom use, partners of unknown status), and about half were referred for services by peers
- Most adolescents accessed PrEP through DICEs that provided them with services but are not designed to meet the unique needs of adolescent girls
- Efforts to make PrEP accessible to AGYW at risk of HIV acquisition should include restructuring the service delivery model
- It is important to continue intensified counseling at points of PrEP delivery to further mitigate high risk behaviors

Adolescent PrEP Delivery Pathway & models



Acknowledgement

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 Technical Working Groups
- Partners Scale Up Project
- Prevention Market Manager (AVAC & CHAI)
- Gilead Health Sciences
- US President's Emergency Plan for AIDS Relief (PEPFAR)
- LINKAGES, GEMS and OPTIONS projects
- Implementing Civil Society Organizations
- County Governments

References

- 1. UNICEF. Annual report. 2016.
- 2. Ministry of Health. Kenya HIV Prevention Revolution Road Map. 2014.