

# The HIV Prevention Choice Manifesto For Women and Girls In Africa



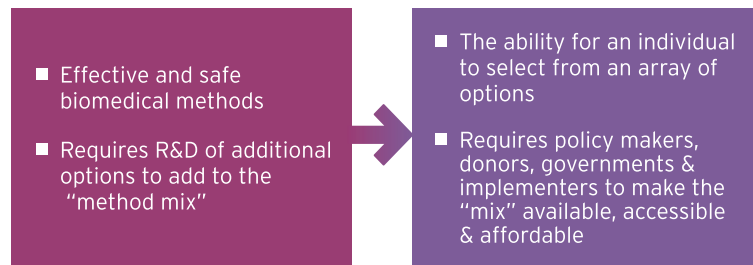
## Introduction:

The HIV Prevention Choice Manifesto is a collection of voices of African women and girls in all their diversity, feminists and HIV prevention advocates across Southern and Eastern Africa who are united in calling for continued political and financial support for HIV prevention choice.

Biomedical HIV prevention is at a historic turning point, but only if countries and funders heed evidence-based demands that programs must emphasize choice - not individual products - and that research and development of new prevention options continues.

For the first time in the history of the HIV epidemic, it is possible to build a prevention program centered around choice - offering an array of options, including oral PrEP, the Dapivirine vaginal ring, injectable Cabotegravir and condoms, with straightforward language about risks and benefits, as well as supportive counseling in selecting options that meet an individual's needs.

## Options vs. Choice



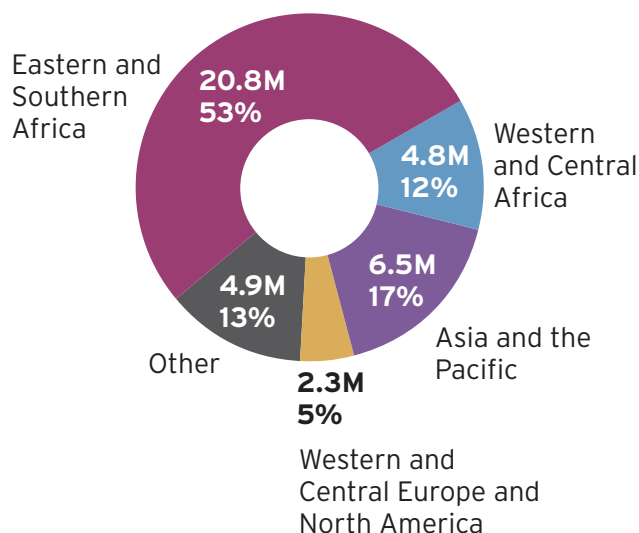
## Goal:

### A future free of HIV for our daughters and women in Africa

Our mission is guided by an HIV prevention agenda that:

- Centers girls, women and communities and enshrines the right to choose what works for her and them.
- Prioritizes the principle of CHOICE, offering a spectrum of prevention options and adaptable programs for women and girls as they navigate through the different stages and circumstances of their lives.
- Focuses on, invests in and prioritizes adolescent girls and young women in Africa and of African descent across the world.
- Positions African women and girls at the center and forefront - not only for research, but also for access to products that are shown to be safe and effective.
- Is conceptualized by the community and is responsive to community needs and priorities.
- Follows the science and uses epidemiological evidence to provide viable options to women and girls who are vulnerable to HIV infections.
- Prioritizes meaningful and ethical engagement of women and girls in clinical research aligned with the Good Participatory Practice (GPP) Guidelines.

## People Living with HIV in 2022



## Guiding Principles:

(aligned with the Good Participatory Practice (GPP) Guidelines)

- Respect
- Mutual Understanding
- Integrity
- Transparency
- Accountability
- Stakeholder Autonomy

## Call to Action:

### Choice Is Key

1. Ensure available HIV prevention options are in the hands of women and girls.
2. Ensure massive scale-up and increased access to all safe and effective HIV prevention methods. A choice-centered approach for programming and procurement of new biomedical strategies must be adopted. No strategy should be presented as “preferred” or “better”.
3. Ensure women and girls have control over their health and their bodies and access to the full range of safe and effective options so that they can choose what works best for them at different times of their lives.

### Center People and Communities

4. Prioritize key and marginalized women, namely adolescents, girls, young women and pregnant and breastfeeding women. Scale interventions focusing on them while addressing stigma, discrimination and criminalization.
5. Ensure that research, development and delivery are informed by communities in alignment with the [Good Participatory Practice Guidelines](#) - it is imperative that communities lead the ongoing and future pipeline from the conceptualization, design and formulation, as well as the introduction of proven interventions.

### Sustainable Financing for Choice

6. Finance HIV prevention R&D for additional options and programs that deliver choice.
7. Finance community engagement as an integral foundation to drive choice-based programming.

### Programs That Deliver

8. Integrate HIV prevention into existing information and service packages, such as contraceptives, cervical cancer, sexually transmitted infections, antenatal & postnatal care and mental health, to ensure easy access and availability.
9. Address structural barriers that hinder access to prevention services to adolescent girls and young women who are especially vulnerable due to anatomical makeup, and cultural and traditional constraints that hinder negotiation for safer sex and adequate protection.

### The Future

10. The current options are good but insufficient - prioritize R&D of additional systemic and non-systemic options, including Multi-Purpose Prevention Technologies (MPTs) that will protect against unintended pregnancy, STIs and HIV.
11. **Ability to adhere should not be used as the sole criterion in deciding who is offered or told about a product.** The EMA opinion states that “DVR is intended for use by cisgender women as a complementary prevention approach in addition to safer sex practices when women cannot use or do not have access to oral PrEP.” It’s essential to interpret ‘cannot use’ in terms of personal choice, and not as a provider assessment of ability to adhere. While efficacy of an intervention is important, it is not the only product attribute that is important to women and girls when making decisions about HIV prevention.

## 12. Strategize, staff, plan, budget and procure for choice-based HIV prevention.

- Strategize:** National Governments, PEPFAR, UNAIDS and GFATM are all three entities moving towards a “people-centered” approach, an emphasis on primary HIV prevention, integration of HIV with sexual and reproductive health and attention to human rights. Right now the words are there—the strategies and budgets need to match.
- Staff:** The GFATM should ensure that its Technical Review Panels for primary prevention are staffed with experts from civil society and relevant multi-disciplinary fields (e.g., contraceptive programming) to make this a reality. Countries that convened ECHO task forces in 2019 to look at contraception and HIV programming should use these or other interdisciplinary bodies to plan for client-centered HIV prevention embedded in comprehensive and integrated sexual and reproductive health offerings. PEPFAR and national governments should fund health cadres that can support client- and choice-

centered primary prevention and use its robust data collection system to inform health worker training and deployment strategies.

- Plan, budget and procure:** Oral PrEP should be available in all settings where DVR and injectable CAB is introduced. All three methods, in addition to male and female condoms and VMMC, should be offered in all SRHR and HIV programs. The costs of providing multiple methods will almost certainly be offset by reductions in new infections if—and only if—these are client-centered, choice-based programs. A program that pits options against one another or emphasizes a single option will not gain trust and may undermine prevention gains.

The signers of the Manifesto are committed to working with global stakeholders in identifying the key actors responsible for ensuring that the language of choice translates into reality for women in all their diversities. Later in 2023, we look forward to launching an accompanying roadmap and accountability framework for this Manifesto.

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