

HIV Prevention Indexing: Finding High Risk and Undiagnosed Men through their AGYW Sexual Partners on PrEP

USAID DISCOVER-Health

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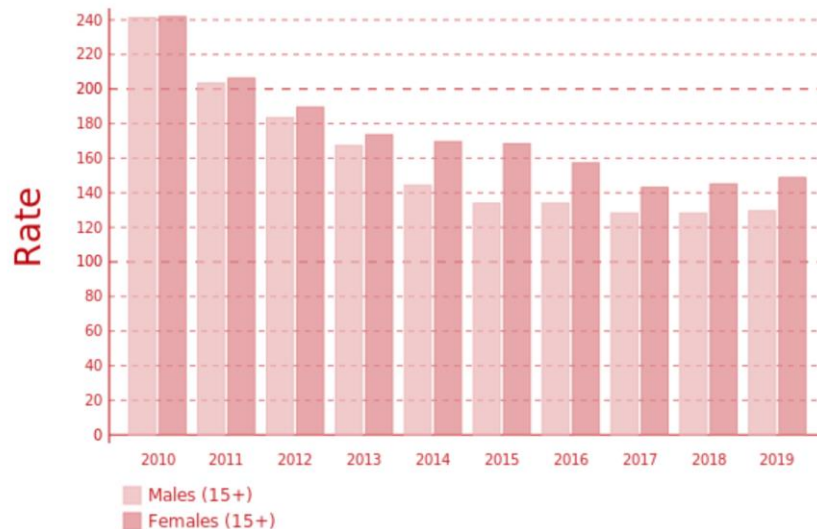
Agenda

- Background
- Overview of HIV Prevention Indexing
- Implementation strategy
- Results to date
- Conclusion

Background: Men as a Population of Interest in Zambia

- Despite multiple efforts, men continue to miss HIV prevention and treatment services
- Knowledge of HIV status is lower among men and boys
- ART coverage is lower among men
- AIDS-related mortality is disproportionately high among men, given prevalence differential (7.5% among men vs. 14.2% among women)
- Zambian men feel “shut out” by the health system and are less likely to seek care

AIDS mortality rate per 100,000 among adults, Zambia (2010-2019)

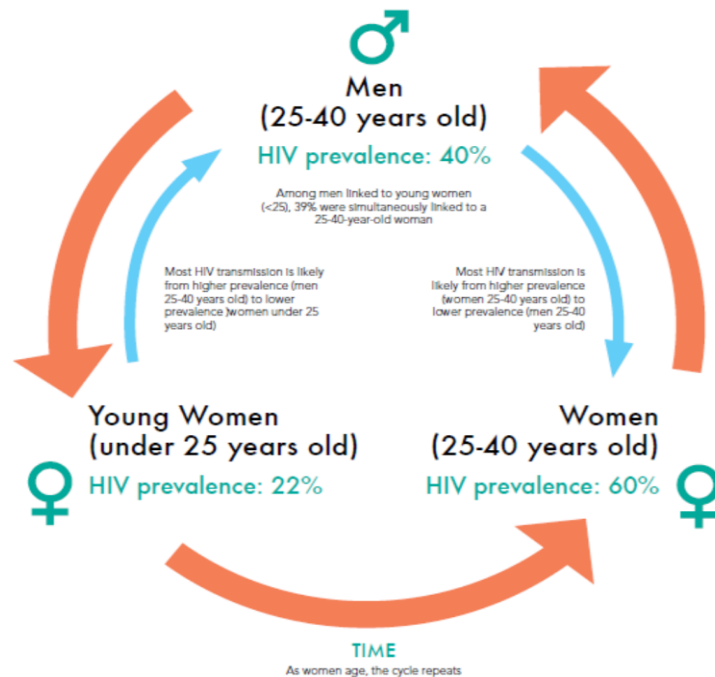


UNAIDS, Zambia 2020 country report

HIV Incidence in Zambia: Highest among Adolescent Girls and Young Women (AGYW)

	Female	Male
15–59 years [95% CI]	1.00% [0.65, 1.36]	0.33% [0.11, 0.56]
15–24 years [95% CI]	1.06% [0.51, 1.60]	0.07% [0.00, 0.23]

ZAMPHIA, 2016

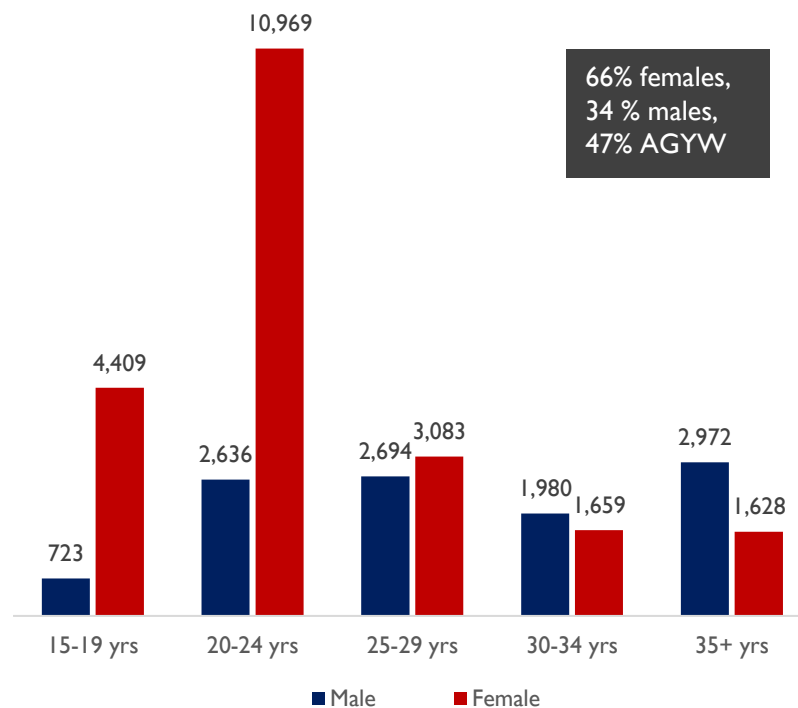


UNAIDS, CAPRISA 2021

Background: A New Opportunity to Reach Men?

- With >90% of PLHIV already diagnosed in Zambia, increasingly creative strategies are needed to reach remaining people, particularly missing men
- Index testing in Zambia has proven acceptable and highly effective.
- With high numbers of adolescent girls and young women (AGYW) accessing PrEP under the project, AGYW on PrEP offered an entry point to reaching men.

PREP_NEW by Age Groups and Sex, FY22



What if we indexed high HIV-risk HIV negative individuals to reach new sexual networks?

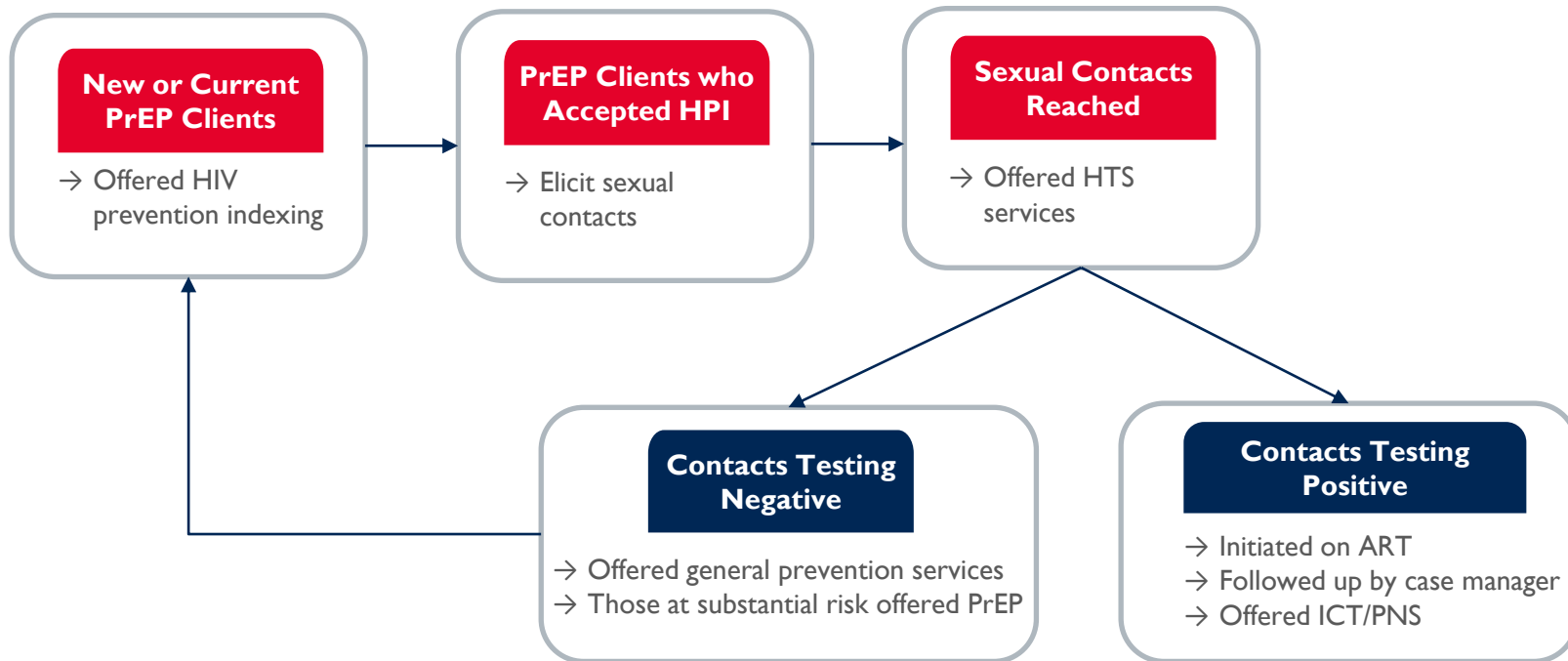
Overview: HIV Prevention Indexing (HPI)

HPI is a voluntary process where an HIV negative index client at substantial risk of HIV acquisition is supported to disclose their sexual contacts.

How does the process work?

1. Providers administer the standard HIV risk assessment tool during PrEP visits.
2. Individuals at substantial risk “index clients” on PrEP are offered HPI.
This is an entirely voluntary process with no implications on PrEP or ongoing care.
3. Observing safe and ethical index testing standards and consent procedures, the provider elicits the index client’s sexual contact(s) for the previous 6 to 12 months.
4. Depending on client preference either program staff and/or index client approach elicited contacts.
5. Program staff:
 - Offer HIV testing, counselling, and risk reduction information
 - Link to HIV prevention services to those who test negative and offer PrEP to those at substantial risk
 - Link to HIV treatment services to those who test positive

HIV Prevention Indexing Pathway



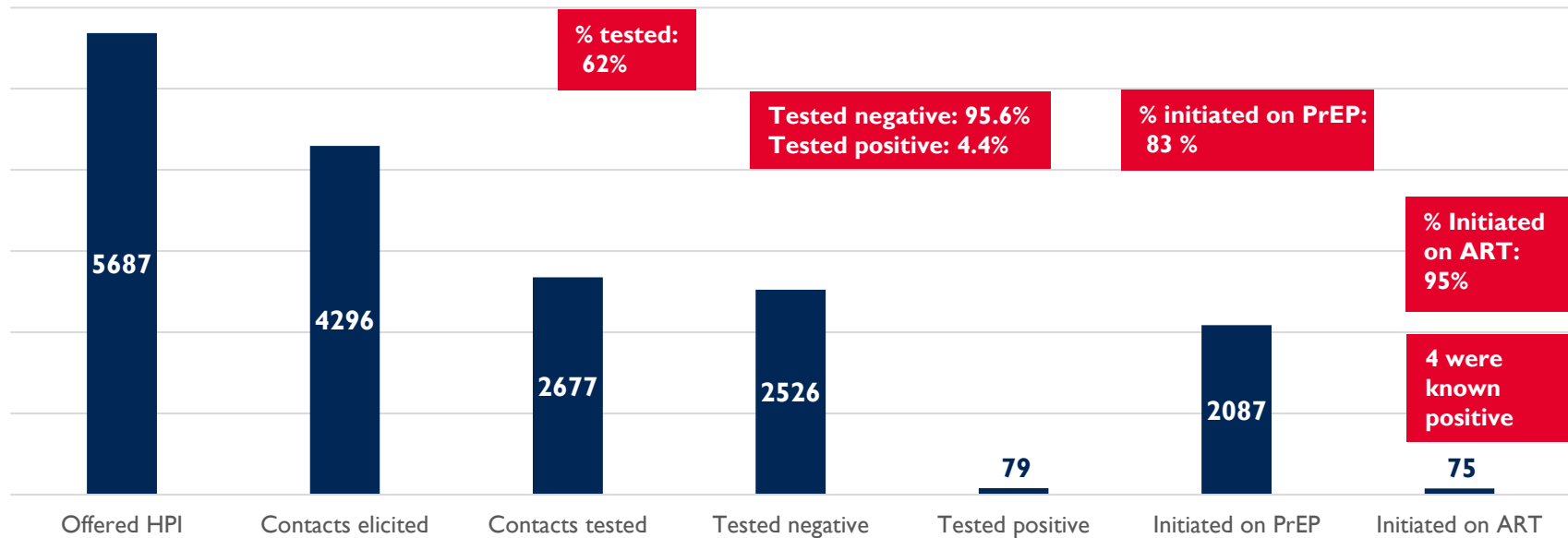
Benefits of HIV Prevention Indexing

HPI Index Client	Partner of HPI Index Client	Community
<ul style="list-style-type: none">• Receives support in helping partner(s) access HIV testing, prevention, and treatment services.• Accesses enhanced risk reduction information, which may support behavior change.	<ul style="list-style-type: none">• Learns HIV status through testing.• If negative, accesses information and HIV prevention services.• If positive, accesses immediate HIV treatment.• Accesses enhanced risk reduction information which, may support behavior change.	<ul style="list-style-type: none">• Reduces HIV transmission and contributes to HIV epidemic control by:<ul style="list-style-type: none">○ Increasing PrEP use○ Decreasing the number of virally unsuppressed individuals active in sexual networks○ Facilitating social and behavior change

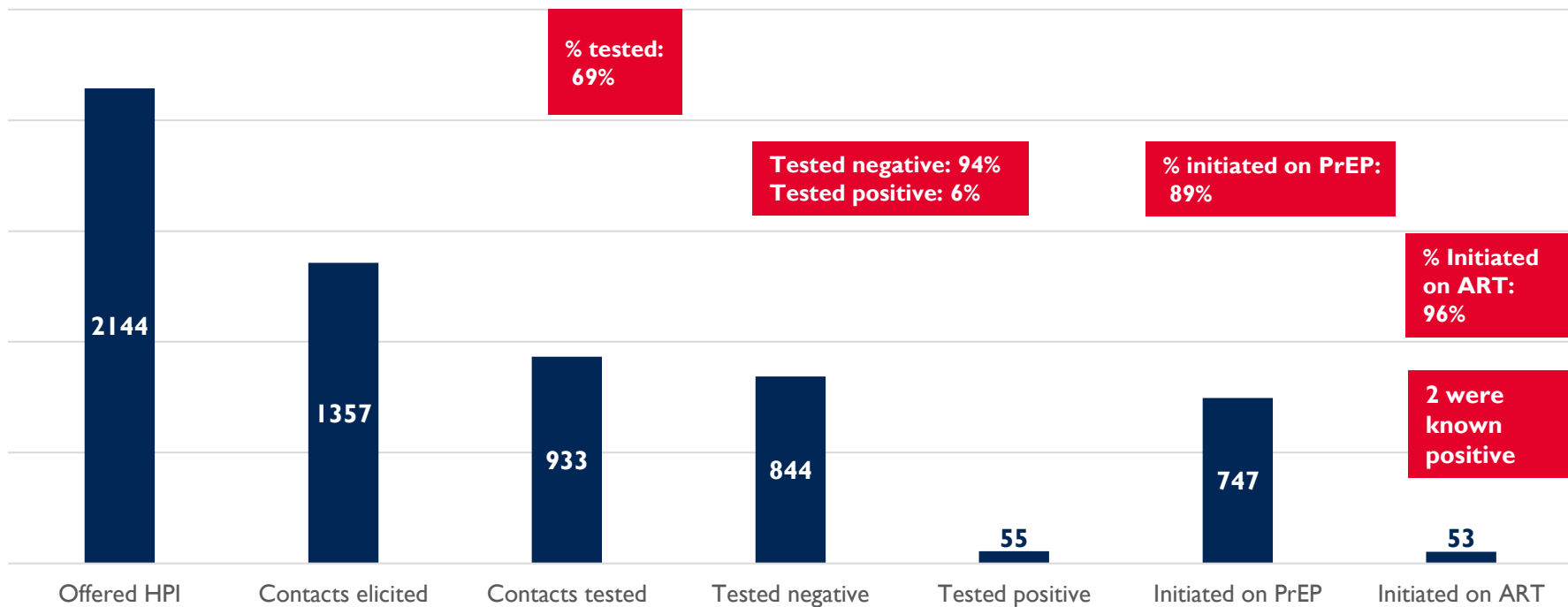
Implementation Approach

- Implementation strategy established in 2021.
- Developed and rolled out training for community health workers, PrEP mentors, and healthcare workers.
- Rolled out in 12 PEPFAR Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) sites.
- Later rolled out to 20 health facilities to offer HPI to men on PrEP in FY22.

Results: Cascade for Male Contacts (20 – 40 years)



Results: Cascade for Female Contacts (18 – 35 years)



Results to Date

HIV Prevention Indexing indeed provided an opportunity to reach the 'missing men':

- Contributed 19% of the men newly initiated on PrEP after implementation in FY22
- 75 men in total, previously unaware of their HIV status were identified in FY22 through HPI

PrEP acceptance was high among contacts testing negative:

- 83% of men and 89% of women at substantial HIV risk initiated PrEP

The HIV Prevention Indexing positivity rate of 4.4% confirms the high HIV risk that still remains within these sexual networks and the need for HPI to find those living with HIV and put them on ART to further reduce risk.

Conclusion

- **HIV Prevention Indexing (HPI) is useful** in a setting like Zambia, where there are pockets of men at high HIV risk who feel “shut out” of the health system and therefore do not access HIV prevention and treatment services frequently.
- **Through the targeted HPI approach**, these men can be reached and provided with appropriate HIV services, breaking an important part of the HIV transmission cycle which will ultimately help the country to attain and sustain epidemic control,
- **The project plans to continue implementing HPI** and plans to undertake a retrospective study comparing performance on PrEP uptake and case finding at HPI and non-HPI sites.

Thank You

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