



Sophie Strachan Co chair – Sophia Forum



Women and PrEP

Declarations of interest None

Sophia Forum

Sophia Forum promotes and advocates for the rights, health, welfare and dignity of women living with HIV through research, raising awareness and influencing policy.

We do this through:

- Developing and delivering our advocacy programme
- •Bringing together information and research on the issues affecting women living with HIV
- Creating partnerships with organisations and individuals delivering services
- •Building relationships with policy makers
 We make sure that women living with HIV are meaningfully involved in all our work.



How are women affected by HIV in the UK?

- Often, people don't think of women when they think about HIV in the UK, yet lots of women are affected.
- In 2016, there were 31,600 women living with HIV in the UK, 31% of the total number of people living with HIV.
- 1,226 women were newly diagnosed with HIV in 2016, 24% of all new diagnoses. 47% of women were diagnosed late.
- 2017 saw a significant decrease, the first since the start of the epidemic, in diagnoses in gay men in the UK. This is linked to increased testing, access to PrEP, and early diagnosis and treatment. There was no equivalent drop for women.
- Source: HIV in the UK: 2016 and 2017 reports, Public Health England



Prevention for women in the UK

- We have never invested in targeted HIV prevention for women in the UK and our HIV response is not gendered.
- There are prevention programmes targeted to reach African people, but funding and focus has dissipated in recent years.
- Decreases in new diagnoses for heterosexuals have been attributed to changes in migration patterns, rather then success in prevention.
- For white heterosexual women new HIV diagnoses have remained relatively stable (although a low number) at around 750 per year over the past decade.



Women and PrEP

- We should be part of this debate because we too are risk takers, we too are drug takers, we too enjoy casual sex', somehow these words are not heard.
- It weakens the PrEP case not to include the widest possible range of groups that will benefit from PrEP. It weakens the debate to not hear or see women
- No one group's risk should be placed above another. It makes no equitable sense nor is it safe to do so. Like anal sex or drugs, risks are enjoyed across the board. But according to the current dialogue apparently women do none of these things; we have safe sex and take few if any drugs. With this attitude you could be forgiven for thinking that we were in 1918 not 2018.



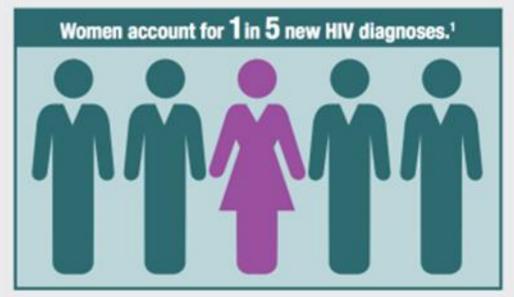
Our PrEP advocacy work

- https://www.huffingtonpost.co.uk/jacquistevenson/nhs-england-decision-on-p b 9617272.html
- Representation from Jacqui Stevenson / Sophie Strachan / Michelle Ross on United4PrEP community group
- Representation from Jacqui Stevenson /Sophie Strachan on The IMPACT Trial community advisory board
- PrEP for women leaflet in partnership with iBASE
- Women and prep website in partnership with CliniQ created by volunteers, written by women for women.
- www.womenandprep.org.uk
- Recent attendance and presenting at European PrEP summit
- Sophie Strachan Co chair of new commissioning prep for women group sub group of IMPACT trial community advisory board



Women and HIV Preexposure Prophylaxis (PrEP)

NCHHSTP - National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention



African American/black women have a disproportionately higher lifetime risk of infection (1 in 54 black women compared to 1 in 256 Hispanic/Latina women and 1 in 941 white women). Although PrEP is a highly effective, woman-controlled prevention option for HIV-negative women, PrEP use among women has been very low (especially among black women).

CDC invited subject matter experts involved in HIV prevention efforts for women to participate in a web-based series to discuss barriers to PrEP implementation.



Barriers

- Women's lack of knowledge about PrEP, HIV-related health literacy, and HIV risk perception
- Challenges identifying women who might benefit from HIV prevention with PrEP and assessing women's risk of acquiring HIV
- Healthcare provider bias based on a woman's race, social class, or sexual behavior that might hinder effective communication about HIV risk and PrEP
- High costs associated with PrEP
- Lack of resources and infrastructure to provide PrEP for women in settings and venues they frequently use for healthcare



Suggested Activities

- Develop and disseminate gender and culturally appropriate materials for women and clinicians to:
 - » Increase women's knowledge/awareness of PrEP and HIV risk
 - » Increase clinicians' PrEP knowledge and clinical skills, including providing PrEP care and effectively assessing HIV risk
 - » Equip clinicians with the skills to cultivate respectful patient-provider interactions that enable shared decision making
- · Conduct research to identify:
 - » Best practices for identifying women who might benefit from PrEP
 - » Effective PrEP implementation models



Conclusions

Increasing PrEP uptake will require careful attention to personal, social, and structural barriers to PrEP awareness, access, and utilization. Potential actions to consider include:

- Creating/revising PrEP materials to be overtly inclusive of women (e.g., language, images).
- Conducting or supporting health services research to address barriers.
- Developing or strengthening existing partnerships to promote PrEP implementation for women.

References

CDC 2017. HW surveillance report, 2016. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html;
 Hess et al. 2017. https://doi.org/10.1016/j.annepidem.2017.02.003;
 Bush et al. 2016. https://www.aidshealth.org/wp-content/uploads/2016/07/GILD_Bush-PrEP-

Race-Utilization.ext-June-2016.pdf

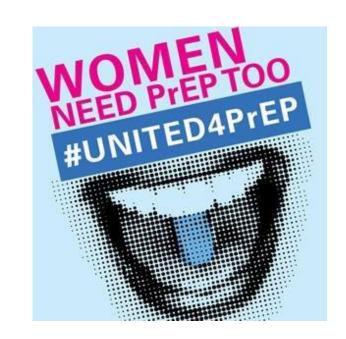


U.S. Department of Health and Human Services Centers for Disease Control and Prevention





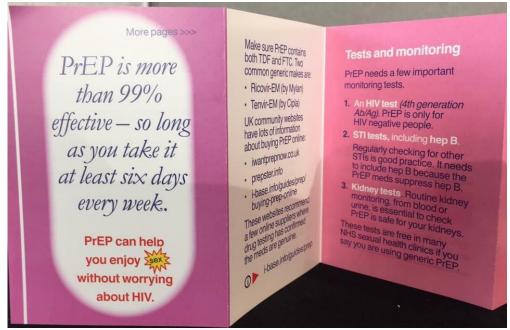
Community Activism















PrEP doesn't affect your hormone treatment

But please speak to your sexual health team about any drugs (including oestrogen or testosterone) that you take







Pathfinder Project PrEP for Women Project

Aims:

In which settings can women who are likely to benefit from PrEP be identified and approached?

When, where and how should this issue be addressed with these populations?

How acceptable is PrEP to those who could benefit?

Settings

TOP clinics, Sex worker clinics, and Health advisors



Joint working

- Homerton hospital and Bart's health
- Pathfinder project in TOP, sex worker, FGM, EPU clinics, Health advisors at Bart's health
- An intense period of assertive identification of women, would be likely benefit from PrEP, with potential recruitment
- Interviews with a subset of women from identified risk groups to identify self perceived risk, barriers and facilitators to the use of PrEP
- Evaluation of initiatives as project progresses



Consultations

- Consultations about PrEP have taken the same time as a contraceptive discussion,
- It is easier to take PrEP than the pill –
 Less rules



 Sophia Forum wholeheartedly supports the introduction of PrEP but we feel we cannot stand by and watch as women are denied the right to own their own risk. PrEP should be made available as quickly as possible to everyone at risk from getting HIV.



Thank you

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