Adolescent girls and young women (AGYW), ages 15-24, continue to be disproportionately burdened by HIV/AIDS in sub-Saharan Africa. Daily HIV pre-exposure prophylaxis (PrEP) offers a unique opportunity for persons at substantial risk of acquiring HIV, including AGYW, to reduce their chances of acquiring HIV. As policymakers plan for the rollout of PrEP across sub-Saharan Africa, policymakers and stakeholders should assess whether PrEP policies and programs are considering the unique needs of AGYW.

In reviewing the literature concerning access to PrEP for AGYW, we identified 13 policy considerations that policymakers and stakeholders should evaluate when developing or reviewing PrEP-related policies to help increase AGYW access. We sorted these considerations into five categories: (1) AGYW-friendly delivery systems; (2) Clinical eligibility and adherence support; (3) Legal barriers and facilitators; (4) Affordability mechanisms; and (5) Community and AGYW outreach (Figure A). We analyzed these considerations in a report titled Policy Considerations for Scaling Up Access to HIV PrEP for Adolescent Girls and Young Women: Examples from Kenya, South Africa and Uganda’s Policy Environments. This brief summarizes our findings from Uganda.

1. How will PrEP services be offered in locations that cater to AGYW?
Uganda is still in the early stages of PrEP implementation, and Uganda’s Consolidated HIV Guideline states that PrEP should only be offered in funded demonstration project sites and “is not to be rolled out in all public health facilities yet” (p. 31). The Ugandan Technical PrEP Guidance discusses PrEP Service Delivery (p. 32) and references a PrEP facility accreditation program and a PrEP register to track key PrEP service delivery data (p. 33). It also states that PrEP “youth friendly clinics” may be one type of site where PrEP could be delivered in the future.

2. What type of training will health care providers undergo on providing PrEP services to AGYW?
Uganda’s PrEP Technical Guidance recognizes that “A PrEP service needs trained, non-stigmatizing, nonjudgmental staff to provide high-quality HIV testing in order to identify people who are HIV-negative, at substantial risk of HIV and ready to have ongoing follow-up and regular HIV testing” (p. 32). It also calls for data monitoring of “Proportion of staff receiving an annual PrEP and sensitivity training” (p. 33).
3. How is clinical eligibility for PrEP defined and does it allow for individualized assessments of substantial risk for AGYW? The Ugandan Consolidated HIV Guidelines defines substantial risk as people who:

- Have multiple sexual partners.
- Engage in transactional sex including sex workers.
- Use or abuse injectable drugs and alcohol.
- Have had more than one episode of an STI within the last twelve months.
- Are discordant couples, especially if the HIV-positive partner is not on ART or has been on ART for less than 6 months.
- Are recurrent users of post-exposure prophylaxis (3 consecutive cycles of PEP).
- Engage in anal sex.
- Are part of key populations who are unable and or unwilling to achieve consistent use of condoms.


5. What types of PrEP adherence education, support mechanisms and monitoring will be used to improve PrEP adherence amongst AGYW? Uganda’s Consolidated HIV Guidelines call for clinic visits every three months while on PrEP, during which the provider is directed to “evaluate and support PrEP adherence.” The Uganda Technical PrEP Guidance states that adherence counselling, including pill counting, should occur at each clinic visit.

6. Do age of consent laws permit all or substantially all AGYW at substantial risk of acquiring HIV to self-consent to PrEP services? The age of consent for medical treatment, including PrEP, in Uganda appears to be 18. However, the Ugandan HIV Prevention and Control Act permits children as young as 12 years of age to self-consent to HIV testing and counseling.

7. Can caregivers and other non-parental guardians consent to PrEP services on behalf of AGYW who are not old enough to self-consent to PrEP? The Ugandan policies and laws we reviewed did not expressly address whether caregivers can consent to PrEP on behalf of minors.

8. Can AGYW be subject to criminal penalties, either directly or indirectly, for engaging in sex work? Uganda criminalizes sex work, directly or indirectly, to varying degrees.

9. Can AGYW be subject to criminal penalties for engaging in consensual sex with other adolescents? The laws and policies we reviewed did not expressly state whether minors engaging in consensual sex with other minors can be subject to criminal penalties.

10. Is PrEP medication registered by the country’s drug regulatory authority for prevention and for use in adolescents? TDF/FTC is not yet officially registered for HIV prevention in Uganda.

11. How will the confidentiality of AGYW seeking PrEP be protected? The laws and policies we reviewed did not expressly discuss confidentiality protections for AGYW using PrEP.

12. Are mechanisms in place to make PrEP services available for free or at an affordable price for AGYW? Affordability of PrEP is not expressly discussed in the Ugandan policies we reviewed.

13. How will education and marketing outreach campaigns be used to educate AGYW and the community about PrEP? The Ugandan policies we reviewed did not expressly discuss community education or marketing outreach campaigns focused on AGYW.

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