

## Policy Considerations for Scaling Up Access to HIV Pre-exposure Prophylaxis for Adolescent Girls and Young Women in Kenya, South Africa and Uganda

### Key Kenyan Policies & Laws

Kenya AIDS Strategic Framework (KASF) 2014/15–2018/19

HIV Prevention Revolution Road Map—Countdown to 2030

2016 Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infections

Framework for the Implementation of Pre-Exposure Prophylaxis of HIV in Kenya

Task Sharing Policy Guidelines

### Key South African Policies & Laws

National Policy on HIV Pre-exposure Prophylaxis (PrEP) and Test and Treat

Guidelines for Expanding Combination Prevention and Treatment Options: Oral PrEP and Test and Treat

South African National Sex Worker HIV Plan 2016–2019

South African Children’s Act

### Key Ugandan Policies & Laws

National HIV and AIDS Strategic Plan 2015/2016–2019/2020

Consolidated Guidelines for Prevention and Treatment of HIV in Uganda 2016

Technical Guidance on Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of HIV in Uganda (December 2016)

HIV and AIDS Prevention and Control Act

Adolescent girls and young women (AGYW), ages 15 through 24 years, 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 (Table A). We sorted these areas 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. We analyzed country policies based on 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*. Our findings are summarized in this brief and three case study country-specific briefs.

Table A. Policy Considerations for Access to PrEP by AGYW

AGYW Friendly Delivery Systems	
1	How will PrEP services be offered in locations that cater to AGYW?
2	What type of training/education will health care providers undergo on providing PrEP services to AGYW?
Clinical Eligibility and Adherence Support	
3	How is clinical eligibility for PrEP defined and does it allow for individualized assessments of substantial risk for AGYW?
4	Are pregnant and breastfeeding women eligible for PrEP?
5	What types of PrEP adherence education, support mechanisms and monitoring will be used to improve PrEP adherence amongst AGYW?
Legal Barriers and Facilitators	
6	Do age of consent laws permit all or substantially all AGYW at substantial risk of acquiring HIV to self-consent to PrEP services?
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?
8	Can AGYW be subject to criminal penalties, either directly or indirectly, for engaging in sex work?
9	Can AGYW be subject to criminal penalties for engaging in consensual sex with other adolescents?
10	Is PrEP medication registered by the country’s drug regulatory authority for prevention and for use in adolescents?
11	How will the confidentiality of AGYW seeking PrEP be protected?
Affordability Mechanisms	
12	Are mechanisms in place to make PrEP services available for free or at an affordable price for AGYW?
Community and AGYW Outreach	
13	How will education and marketing outreach campaigns be used to educate AGYW and the community about PrEP?



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## Findings from Kenya

Kenya has adopted Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infections and a Framework for the Implementation of Pre-Exposure Prophylaxis of HIV in Kenya that provide specific direction on how PrEP should be offered. The guidelines contain a detailed list of criteria that can be used by health care providers to assess whether a person is at substantial risk of acquiring HIV. The guidelines contain little guidance regarding strategies for ensuring AGYW access PrEP. The guidelines state that adolescents aged 15 years and older and emancipated minors can provide self-consent to HIV testing and counselling (HTC), but are silent regarding the age of consent for antiretroviral therapy (ART) and PrEP. The age of consent for medical treatment in Kenya is generally 18 years of age. In 2017, Kenya adopted a Framework for the Implementation of Pre-Exposure Prophylaxis of HIV in Kenya that analyzed the implementation context for PrEP in Kenya, including implementing PrEP for AGYW. This framework addressed a number of the considerations listed above, but did not contain a detailed plan for making PrEP available for AGYW and identified a lack of funding as a major barrier to expanding access to PrEP.

## Findings from South Africa

South Africa has adopted a National Policy on HIV PrEP and Test and Treat (T&T) and Guidelines for Expanding Combination Prevention and Treatment Options: Oral PrEP and T&T. These policies initially prioritized sex workers for access to PrEP but have been expanded to allow use of PrEP among other targeted populations. The National Policy on HIV PrEP and T&T states that clients who “self-select” and believe they are at substantial risk for HIV infection should be screened for eligibility for PrEP. These policies contain little guidance regarding strategies for ensuring AGYW access to PrEP. According to the South African Children’s Act, the age of consent for HTC is 12 years of age. The age of consent for medical treatment, including ART and PrEP, is

also 12 years of age, but only if the patient is sufficiently mature to understand the benefits, risks, social and other implications of the requested medical treatment.

## Findings from Uganda

Uganda has adopted Consolidated Guidelines on Prevention and Treatment of HIV and Technical Guidance on Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of HIV in Uganda. The consolidated guidelines state that PrEP should only be made available in funded demonstration sites and does not include specific guidance regarding how PrEP should be made accessible for AGYW. The technical guidance includes a section on PrEP service delivery and states that PrEP should only be provided in accredited facilities with certain resources necessary for PrEP service delivery. Uganda’s HIV and AIDS Prevention and Control Act establishes the age of consent for HTC at 12 years of age but does not establish the age of consent for ART initiation or PrEP.

## Conclusion

Some policies from Kenya, South Africa and Uganda address some of the considerations listed above, but none of the policies contained in-depth discussions of the unique needs of AGYW for accessing PrEP. To improve the policy environment for access to PrEP for AGYW, countries, including Kenya, South Africa and Uganda, should consider including in PrEP-related policies specific plans and strategies that address all 13 considerations identified in this brief and the associated report, alongside emerging PrEP research and other relevant data, as opportunities for guideline review and policy updates emerge. As part of this process, countries could consider conducting an AGYW-specific situation analysis to identify existing programmatic barriers to AGYW accessing HIV services and including in PrEP-related policies specific plans to address these barriers to increase AGYW access to PrEP. The policy considerations identified in this report could be a foundation for such an analysis.

Authors: Jeff Lane, Audrey Brezak, Pragna Patel, Andre Verani and Aaron Katz. This publication was prepared by University of Washington's International Training and Education Center for Health (I-TECH) and the Elizabeth Glaser Pediatric AIDS Foundation and was supported by the Cooperative Agreement Number GH000985, funded by the U.S. Centers for Disease Control and Prevention (CDC) and implemented by the Elizabeth Glaser Pediatric AIDS Foundation. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.