



### Key Facts

In 2012, AGYW aged 15 to 24 years accounted for 25% of all new HIV infections in South Africa.

In 2012, AGYW aged 15-24 were up to four times more likely to be infected with HIV than their male peers.

Approximately 2,000 AGYW are infected with HIV every week in South Africa.

### Key South African Policies & Laws

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

Guidelines for Expanding Combination Prevention and Treatment Options: Oral Pre-Exposure Prophylaxis (PrEP) and Test and Treat (T&T)

South African National Sex Worker HIV Plan 2016–2019

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 policies using 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 South Africa.

Figure A. AGYW Access to PrEP Framework



### 1. How will PrEP services be offered in locations that cater to AGYW?

The South Africa PrEP and T&T National Policy addresses the importance of making PrEP services available in clinics that are not focused solely on HIV, stating: “Ideally, PrEP and T&T should be fully integrated into the primary healthcare package at all the entry points of the public health system.” The policy does not explicitly discuss or identify facilities that would cater to AGYW.

### 2. What type of training will health care providers undergo on providing PrEP services to AGYW?

The South Africa PrEP and T&T National Policy states that PrEP providers should be supplied with job aids and tools, such as community education and literacy tools. Job aids for PrEP

providers were included in a PrEP Implementation Pack. The PrEP and T&T National Policy acknowledges the importance of training on reaching priority populations and the importance of “Sensitivity to priority populations to create a non-stigmatising and supportive environment, with particular focus on special considerations for adolescent girls and young women, men who have sex with men, transgender, sex workers, and serodiscordant couples.”



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**3. How is clinical eligibility for PrEP defined and does it allow for individualized assessments of substantial risk for AGYW?** South Africa's PrEP and T&T National Policy initially prioritizes sex workers for access to PrEP, but it also provides flexibility in determining eligibility for PrEP. Page 5 of the policy states: "Clients who do not meet the target population criteria but who 'self-select' and request PrEP and T&T services should not be turned away. If a client feels they are at substantial risk for HIV infection, proceed with service provision and eligibility testing for PrEP."

**4. Are pregnant and breastfeeding women eligible for PrEP?** South Africa's PrEP and T&T Guidelines state "Oral PrEP is contraindicated for use in pregnancy and breastfeeding by the South Africa MCC [Medicine Control Council]. Therefore, the stance of the National Department of Health is that PrEP shall not be offered to pregnant or breastfeeding women without further guidance from the MCC."

**5. What types of PrEP adherence education, support mechanisms and monitoring will be used to improve PrEP adherence amongst AGYW?** Adherence mechanisms are discussed in South Africa's PrEP and T&T Guidelines, but AGYW-focused adherence strategies were not expressly discussed in the policies we reviewed.

**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 South African Children's Act allows a child aged 12 or older who possesses sufficient maturity and mental capacity to understand the "benefits, risks, social and other implications" of the requested medical treatment to self-consent to medical treatment, including HIV treatment and PrEP. If a child is deemed not to be sufficiently mature, the child's "parent, guardian or care-giver" must consent on behalf of the child.

**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 South African Children's Act states that if

a child is deemed not to be sufficiently mature to self-consent to medical treatment, the child's "parent, guardian or care-giver" must consent on behalf of the child. The law broadly defines who may qualify as a caregiver.

**8. Can AGYW be subject to criminal penalties, either directly or indirectly, for engaging in sex work?** South Africa criminalises sex work, directly or indirectly, to varying degrees.

**9. Can AGYW be subject to criminal penalties for engaging in consensual sex with other adolescents?** In 2015 South Africa decriminalised consensual sexual relations for persons 12 to 15 years old (inclusive) if both partners are between 12 and 15 (inclusive). The revisions to the law also decriminalised sexual relations by 16- and 17-year-olds if their partner is under the age of consent, provided they are within 2 years of that age.

**10. Is PrEP medication registered by the country's drug regulatory authority for prevention and for use in adolescents?** South Africa's Medicine Control Council approved TDF/FTC combination pill for use as PrEP.

**11. How will the confidentiality of AGYW seeking PrEP be protected?** The South African Children's Act states that if a child is able to independently consent to an HIV test, the results of the test must be kept confidential, unless an exception applies, but it does not expressly state whether medical treatment of a child who is able to consent to that medical treatment (e.g., PrEP) must also remain confidential from his or her parents.

**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 South African policies we reviewed.

**13. How will education and marketing outreach campaigns be used to educate AGYW and the community about PrEP?** AGYW-focused education and marketing campaigns are not expressly discussed in the policies we reviewed.

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