AIDS2020

ONE YEAR AFTER ECHO: INTEGRATION IN THE TIME OF COVID

July 8, 2020
INTRODUCTION
Beth Schlachter, FP2020
ONE YEAR AFTER ECHO: INTEGRATION IN THE TIME OF COVID-19

Moderators:
• Beth Schlachter, Executive Director, FP2020, USA
• Mitchell Warren, Executive Director, AVAC, USA

Panelists:
• Dr. Rachel Baggaley, Coordinator of HIV Testing & Prevention, World Health Organization, Geneva

• Dr. Nyaradzo Mgodi, Histopathologist, The University of Zimbabwe-University of California San Francisco Collaborative Research Program, Zimbabwe

• Wame Jallow, Director of Global Programs & Advocacy, International Treatment Preparedness Coalition, Botswana

• Dr. Natasha Salifyanji Kaoma, Executive Director, CopperRose, Zambia
ONE EXPERT, ONE QUESTION, ONE MINUTE: SRHINTEGRATION.ORG

ONE YEAR AFTER ECHO: INTEGRATION IN THE TIME OF COVID-19
Results for **Evidence for Contraceptive Options and HIV Outcomes** clinical trial:

- **No substantial difference** in HIV risk among women using the three methods studied (DMPA-IM, Jadelle implant, copper IUD).
- All contraceptive methods tested were **safe, effective, and acceptable** in preventing pregnancy.
- HIV infection rates among the study population were alarmingly high: approximately 4%.

Suggests urgent need for investment in woman-centered programs that offer a full range of contraceptive choices and HIV prevention strategies **at the same site, time and with the same provider**, and through an approach that is centered on women’s informed choice.

- Expanding contraceptive access with integrated HIV prevention will help reach women—especially young women and adolescent girls—who are at high risk.
- Learn more – and join the call to action – at SHRintegration.org
REACHING MORE WOMEN AND GIRLS

AS OF JULY 2019

314 MILLION women and girls are using modern contraception in 69 FP2020 focus countries

+53 MILLION additional women and girls are using modern contraception compared to 2012

AS A RESULT OF MODERN CONTRACEPTIVE USE from July 2018 to July 2019

119 MILLION unintended pregnancies were prevented

21 MILLION unsafe abortions were averted

134 THOUSAND maternal deaths were averted

IN 2018, DONOR GOVERNMENTS PROVIDED

$1.5 BILLION USD in bilateral funding for family planning
Women of reproductive age are disproportionately affected by the HIV/AIDS epidemic. Many women are simultaneously at risk for both unintended pregnancy and HIV infection. Comprehensive reproductive health care that includes family planning and HIV services is essential to provide women and their families with the protection they need.
AVAC/FP2020 webinar
One Year After ECHO: Integration in the Time of COVID

Taking ECHO Forward

New guidance from WHO and UNAIDS

Dr. Rachel Baggaley, unit head, Testing, prevention and populations team, Global HIV, Hepatitis and STI programmes, WHO, Geneva

July 30, 2020
25+ years of HIV and SRHR linkages and integration

The IAWG on SRHR/HIV Linkages

For more information see www.srhhivlinkages.org

25 years of HIV-SRHR linkages discussions - A long history

Cairo Declaration on Population & Development
3-4th September 1994 highlighted the need to address HIV in the context of SRHR

- Some successes – PMTCT – routine provision globally
- Some areas left behind – integration of HIV & STI in contraception services in high HIV burden setting
We must to better Targets and action on SRH-HIV linkages urgently needed
Evidence for Contraceptive Options and HIV Outcomes (ECHO) study

Three long acting contraceptive methods studied acceptable, safe and effective

✓ High HIV incidence across all sites 3.8% requires an urgent, but differentiated response

✓ But incidence varied significantly – South Africa and Eswatini site 3-6%, Zambia <1%, Kenya 1.5%

✓ HIV risk was heterogenous – younger women, women with >1 partner and women with and STI had higher HIV risk

✓ STIs also common: 18% women had C. trachomatis, 5% N. gonorrhoeae, and 38% HSV-2

Critical to work together with SRH and HIV providers together

• Overcome barriers in FP clinics to discuss HIV and offer risk assessment and counselling

• Find feasible and acceptable ways to integrate services – for women and for providers
Post-ECHO re-focus needed
Better HIV & STI testing, prevention and treatment in contraceptive services

All women
- voluntary partner testing service
- condoms
- STI services
- IPV
- Women with HIV
  - linkage to immediate ART
- HIV negative women
  - PrEP
Preventing HIV and other sexually transmitted infections among women using contraceptive services in contexts with high HIV incidence

Actions for better clinical and prevention services and choices

• Changes are needed to better serve adolescent girls and women at high risk of acquiring HIV and STIs who are accessing contraceptive services
• Approaches should be evidence based and women centered
• Prioritize actions in settings with high HIV burden
• Improve access for women from key populations, other vulnerable women and adolescents where HIV prevalence is low or medium
A focus approach recommended

Suggested approaches to integrating HIV into contraceptive services, by HIV prevalence

<table>
<thead>
<tr>
<th>General approach to integrating HIV services into contraceptive services</th>
<th>HIV prevalence among adult women*</th>
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<tbody>
<tr>
<td></td>
<td>Low (&lt;1%)</td>
</tr>
<tr>
<td></td>
<td>Medium (1–5%)</td>
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<tr>
<td></td>
<td>High (5–20%)</td>
</tr>
<tr>
<td></td>
<td>Extremely high (&gt;20%)</td>
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<tr>
<td>Male and female condoms and lubricant</td>
<td>YES</td>
</tr>
<tr>
<td>HIV risk assessment</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Routine offer</td>
</tr>
<tr>
<td>STI risk assessment</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Routine offer</td>
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<tr>
<td>Condom promotion &amp; skills building</td>
<td>YES</td>
</tr>
<tr>
<td>HIV prevention &amp; risk reduction counselling</td>
<td>YES</td>
</tr>
<tr>
<td>HIV testing services (including self-test) + ART</td>
<td>YES</td>
</tr>
<tr>
<td>STI diagnosis &amp; treatment of asymptomatic women (including partner STI services)</td>
<td>Focus on key populations</td>
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<td>STI diagnosis &amp; treatment of symptomatic women (including partner STI services)</td>
<td>Focus on key populations</td>
</tr>
<tr>
<td>Offer as part of contraceptive service delivery</td>
<td>YES</td>
</tr>
<tr>
<td>Partner HIV testing (for example, invitation letter + self-test) + ART</td>
<td>YES</td>
</tr>
<tr>
<td>Community outreach for HIV prevention for women using contraception and their partners</td>
<td>Focus on key populations</td>
</tr>
<tr>
<td>Pre-exposure prophylaxis</td>
<td>NO (but referrals for women at higher risk)</td>
</tr>
</tbody>
</table>

*Immediate action (emergency orders, change operating procedures)

**Routine offer**

World Health Organization
Offer prevention choices

Oral PrEP now

But it is not only about PrEP

- Male and female condoms still have an important place
- Better male involvement
- VMMC needs to be continued to be promoted in parallel

Looking to the future

- Co-formulated of TDF/FTC and COC
- f/TAF
- DPV ring
- CAB-LA
- MK-8591
- Vaccines
- BNAbs
Don’t ignore STIs

- HIV and STI syndemic in contraceptive services
- STI rates rising globally
- STI prevalence at baseline in women seeking contraception and during use high in ECHO
- STI management in contraception services in LMIC if available is limited or largely syndromic
- Most STIs in women are asymptomatic & not detected with syndromic approaches
- Untreated STIs increase HIV acquisition and transmission
- Untreated STIs can lead to pelvic inflammatory disease and infertility in women and serious consequences for babies inc stillbirth, low birth-weight and prematurity, sepsis etc
- History of STIs (inc HSV2 at baseline) predictive of HIV risk in ECHO (and elsewhere)

- We need to do more
  - Increase attention on STIs
  - Include better STIs management in contraceptive services, inc using better diagnostics
  - Make near PoC STI diagnostics more available and reduce prices
Time for post ECHO action

- Women, want, need and deserve more HIV prevention access and choice
- Women who seek contraception in high HIV burden countries should be able to
  - learn their HIV status
  - access treatment easily
  - have a range of choices to protect themselves from HIV
- STIs in women are often asymptomatic and current syndromic approaches may not be adequate. A push for better diagnosis and treatment of STIs is needed, inc Cervical Cancer
- We need to act now.
  - Listen to women, involve women
  - Fast track national policies and overcome regulatory barriers (HIVST, aPN, PrEP)
  - Make national commitments, set testing and prevention targets, commit to training providers
- Watch the space for innovations
Postscript

Urgent action in the COVID-19 pandemic ....we are in for the long haul

Maintaining Essential HIV Prevention and Contraception Services

- Learning from Ebola in West Africa: increased unplanned and teenage pregnancies during emergency response → unsafe abortions and AGYW morbidly
  - **Prioritize continuation of contraception services**
- Some HIV prevention activities likely to be paused or scaled down eg VMMC, community outreach activities.
- But **condoms**, (& other prevention eg harm reduction and methadone programmes) need to continue with modifications
  - Delivery of supplies with social distancing through pharmacies
  - Larger supplies for longer time periods
- **Continue to support HIV testing** including through expanding access to self-testing
Thanks to

• AVAC and FP2020
• Michelle Rodolph and Shona Dalal, Global HIV, hepatis and STI programmes, WHO
• James Kiarie, Petrus Steyn, Mary Lynn Gaffield, Sexual reproductive health dept., WHO
• Paula Munderi, Clemens Benedict, Hege Wagan, UNAIDS
AVAC
INTRODUCTION
Mitchell Warren, AVAC
How AVAC Promotes Integration

Multilayered Prevention

**Products**
- MPT pipeline, research literacy
- Dual Prevention Pill

**Policies**
- Advocacy via CASPR, COMPASS, AVAC Advocacy Fellows program

**Programs**
- Country-level SRH integration WGs
- Integration assessments with MOHs and implementation
• Integration of HIV prevention and SRH services in Kenya (2020): Assessment Findings
• HIV & SRH Integration: Key Learnings from Research and Projects (2019)
• Exploring Integration of Family Planning and HIV Services (2019): A Literature Review
• Applying Lessons from Family Planning to HIV Prevention Product Introduction (2018)

Reports available on www.avac.org/srh
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