

HIV PREVENTION AND TREATMENT FOR WOMEN

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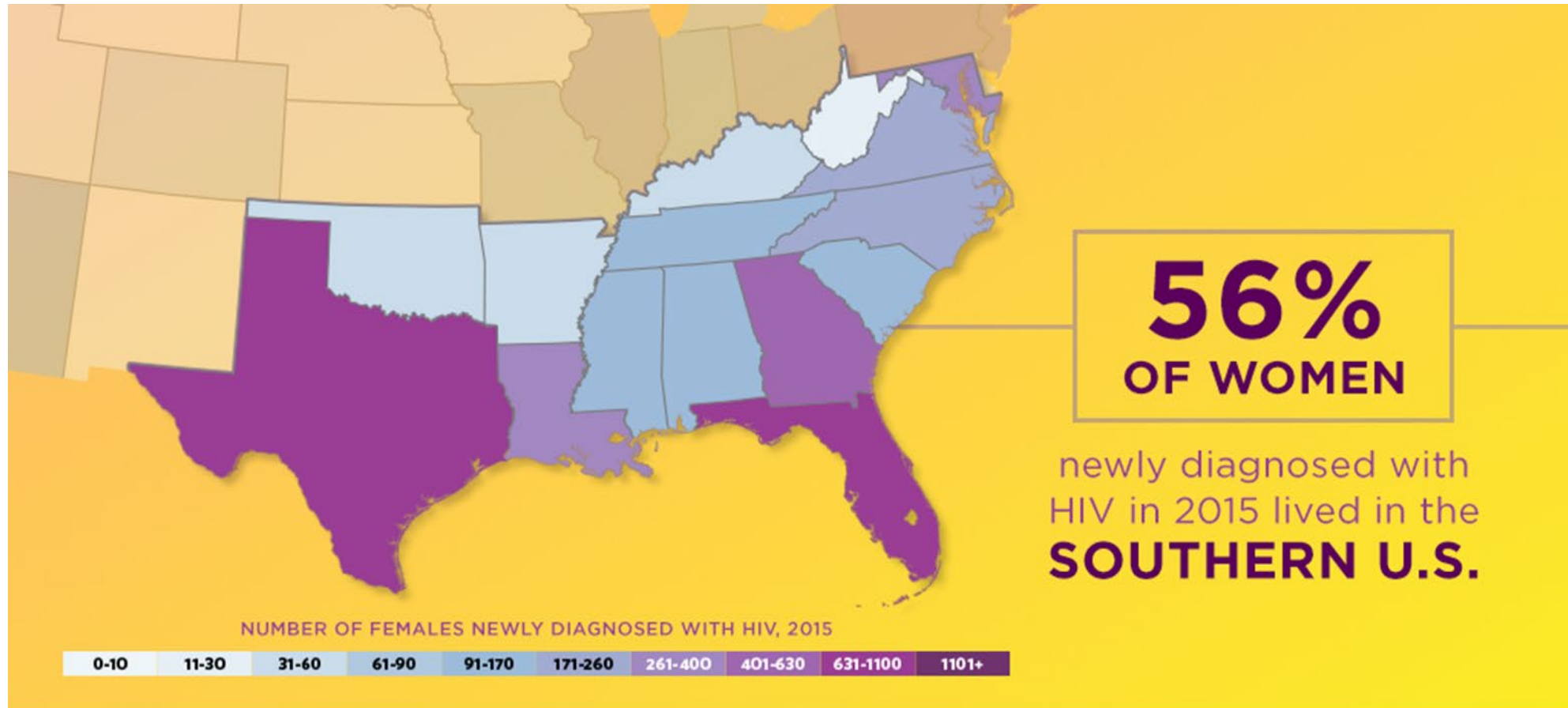
Women's HIV Prevention & Treatment Needs Must Be Addressed

- **Majority of adults living with HIV globally are women**
 - Especially young women in sub-Saharan Africa most affected
 - Compounded with high STI, IPV, and depression rates
 - High HIV burden and magnified disparities among transgender women
- **Complex contributing structural, psychosocial, and biological factors**
 - Race and gender discrimination, violence, stigma, poverty, healthcare access/trust, etc.

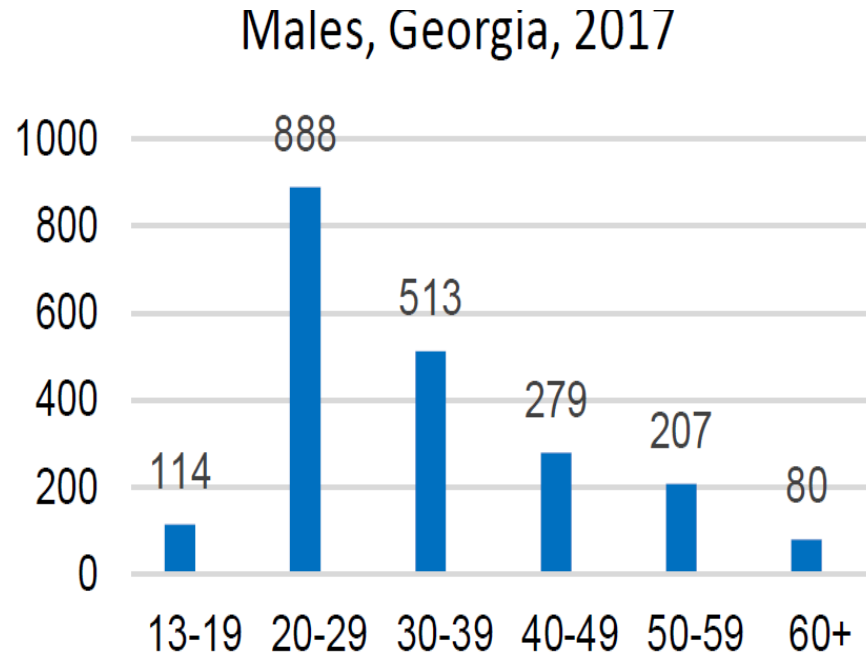
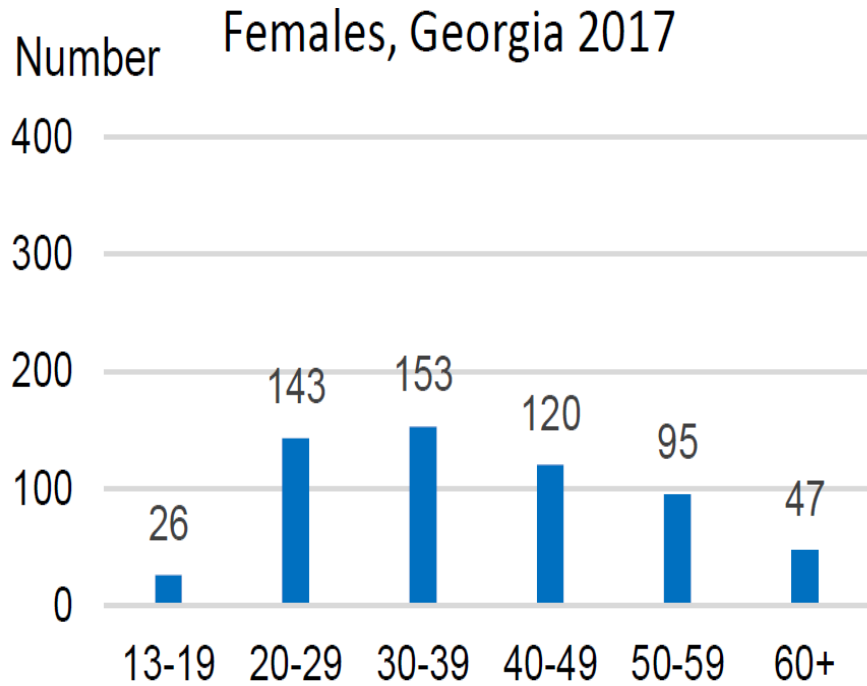
Women and HIV in the South

One-fifth of new HIV diagnosis in the US occur in women

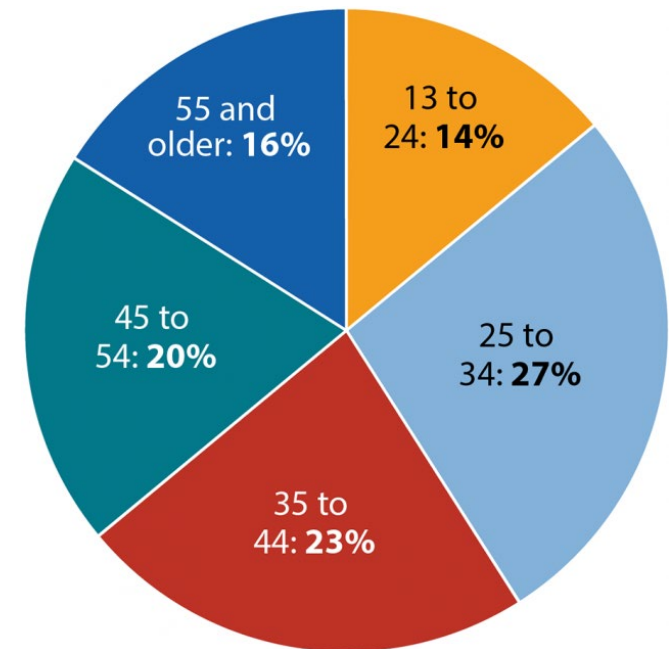
- Disproportionate impact on minority women in the South



Age Distribution of Individuals with New HIV Diagnoses by Sex



New HIV Diagnoses among US Women by Age, 2017



HIV Prevention for Women

- Daily oral PrEP is an effective HIV prevention strategy, including for women
 - Recommended by CDC (2014), WHO (2015), and USPSTF (Grade A, 2019)
 - “Real world” studies in sub-Saharan Africa support feasibility and effectiveness in women
 - Guidelines support use during pregnancy and lactation
- Women may a higher benchmark for adherence (rectal>>vaginal levels)

Women are underrepresented (or not included) in research of new PrEP strategies

Need purposeful consideration of cis- and transgender women in PrEP research

The New York Times

F.D.A. Approves New H.I.V.-Prevention Drug, but Not for Everyone

Otherwise, we are left with gender-specific PrEP

- **May worsen existing inequities**
- **Undermine broader HIV/STI prevention efforts**



The NEW ENGLAND JOURNAL of MEDICINE

“... the responsibility for...the gender-specific approval of F/TAF for HIV prevention rests on all of us...”

Perspective

Where Were the Women? Gender Parity in Clinical Trials

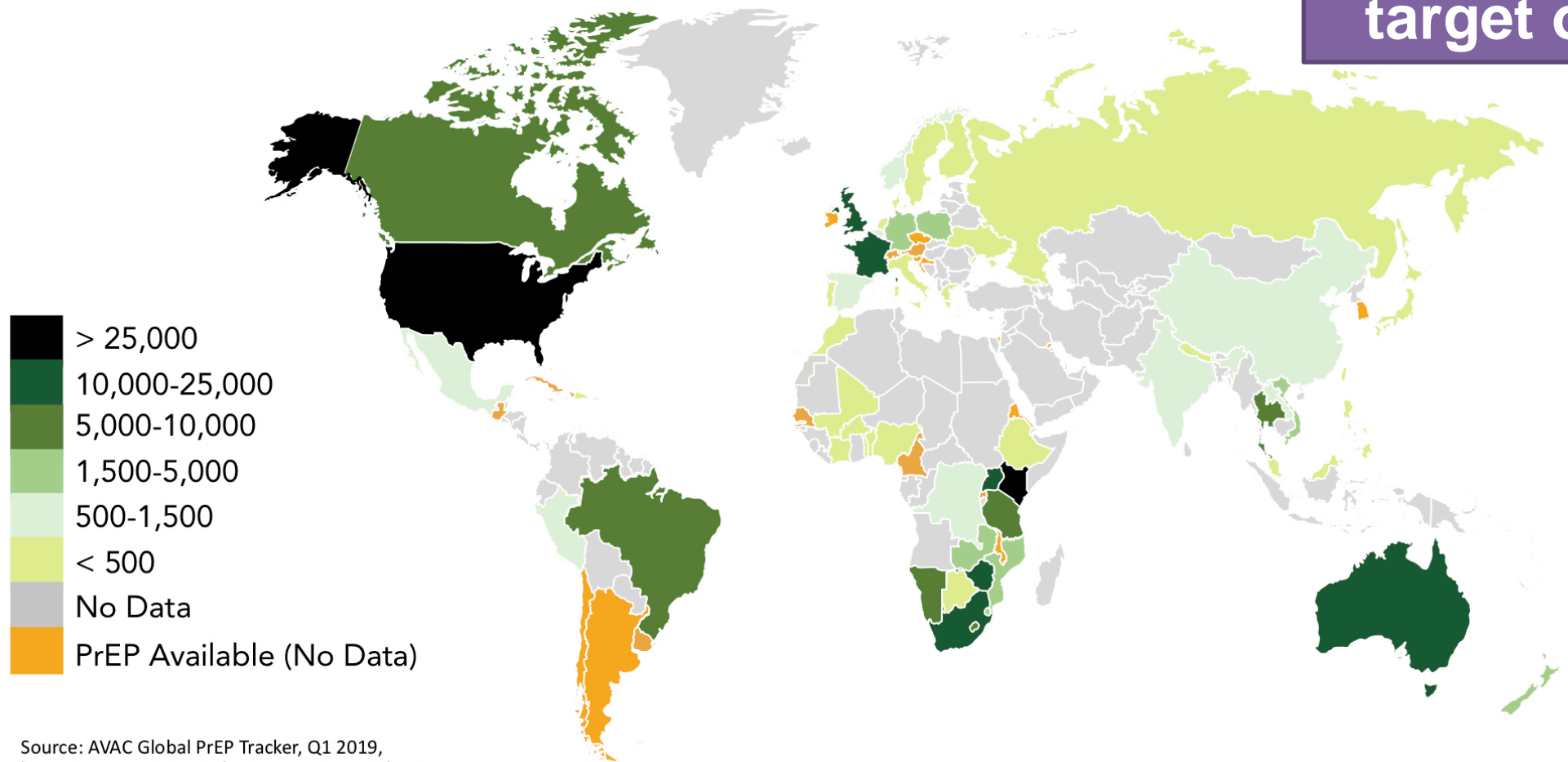
Robert H. Goldstein, M.D., Ph.D., and Rochelle P. Walensky, M.D., M.P.H.

In 2017, a total of 19% of all new HIV infections in the United States and nearly half of infections more than 5000 men who have sex with men and 74 transgender women who have sex with men to

Global Scale-up of PrEP is Needed

PrEP Initiations by Country, April 2019

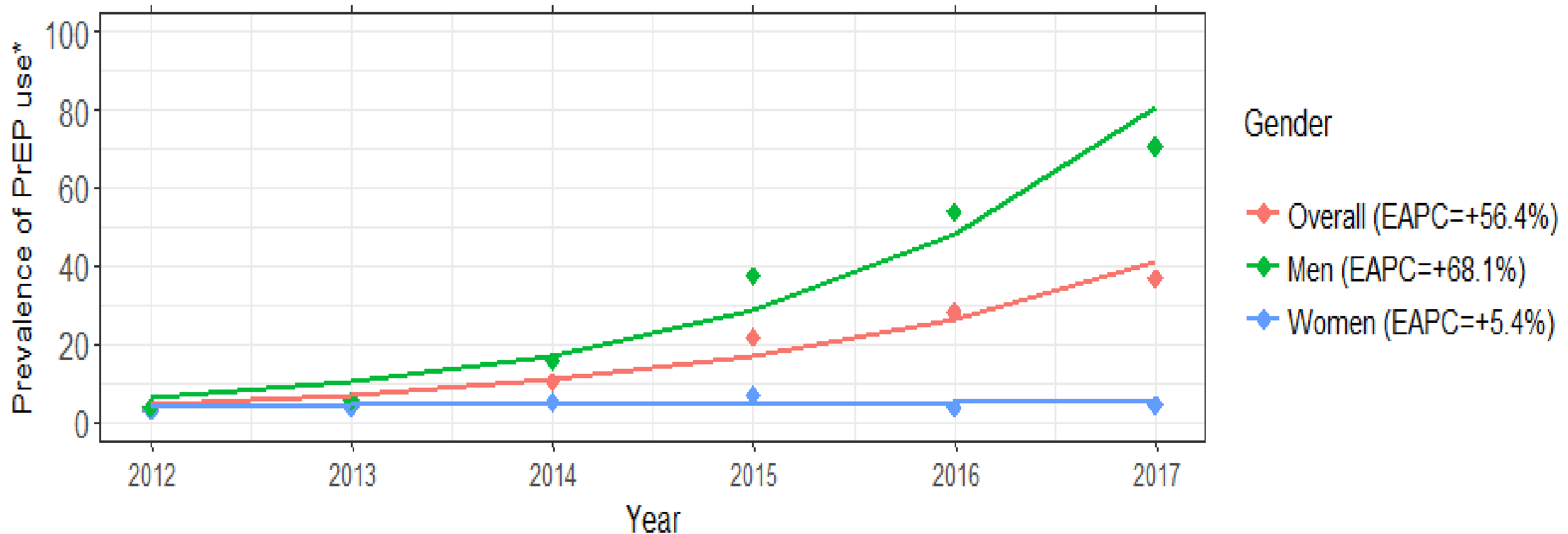
Only 6% of UN 2020 target of 3 million



Source: AVAC Global PrEP Tracker, Q1 2019, <https://www.prepwatch.org/country-updates/>

Looking Up in the US ?

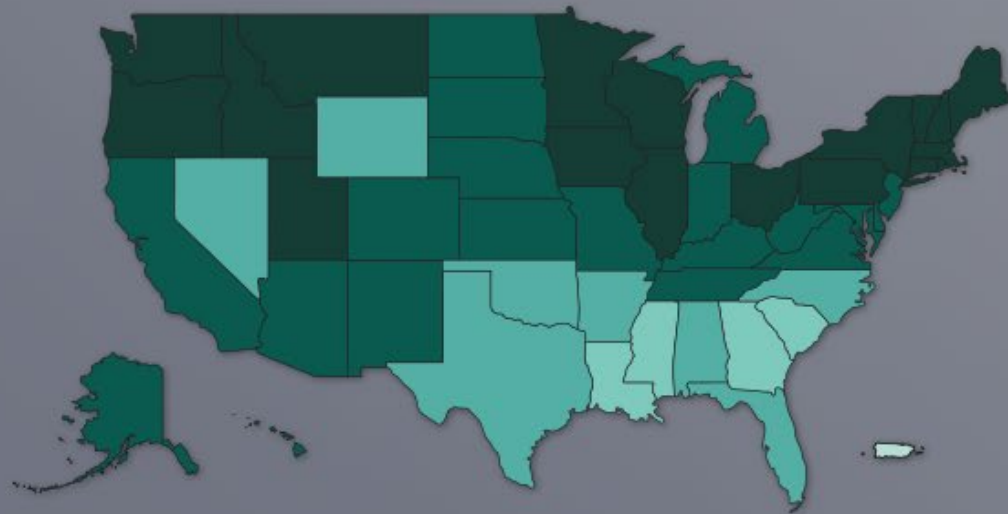
Annual Prevalence of PrEP Use by Gender, US, 2012-2017



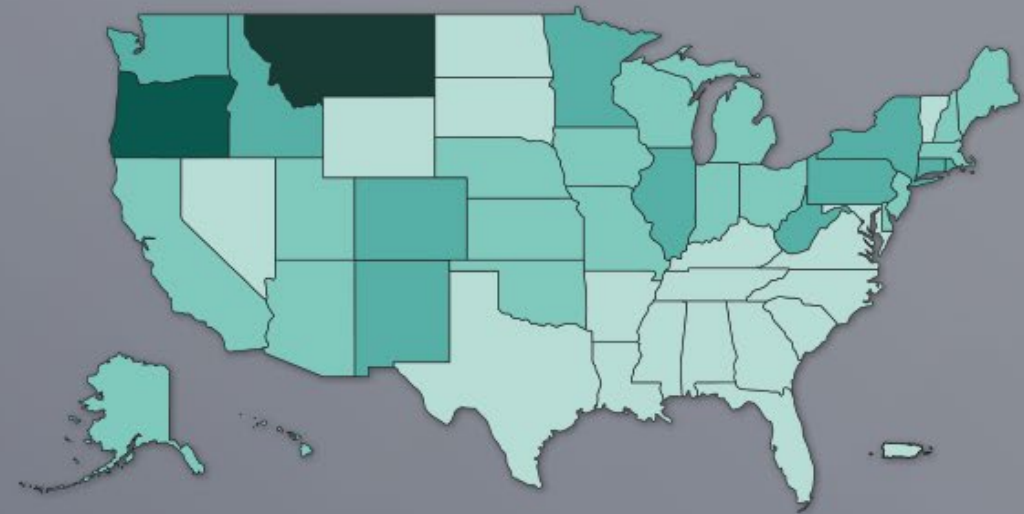
*Number of PrEP users per 100,000 population in corresponding subgroup, year

PrEP Use Among Women is Low Relative to Prevention Need

In 2017, the **PrEP-to-Need ratio** among **women** was **three times lower** than among men, indicating that **women are not using PrEP** relative to their prevention need.



State-Level Male PrEP-To-Need Ratio, 2017



State-Level Female PrEP-To-Need Ratio, 2017

0 - 0.70

0.71 - 1.16

1.17 - 2.05

2.06 - 3.92

3.93+

****Lower for women in all regions and age groups****

Supply and Demand Constraints Affect HIV Prevention Services for US Women



Creating Demand: Increasing PrEP Awareness

- PrEP awareness increasing among MSM but remains low among women
 - Once informed, women have found PrEP an attractive option
 - Need women-tailored, empowering, de-stigmatizing messaging surrounding PrEP
 - Community-led efforts are paving the way



Creating Demand: Identifying Women who May Benefit from PrEP

- PrEP guidelines rely on patient disclosure of risk behaviors, patient knowledge of partner's behaviors, and providers judgement of risk
- Guideline criteria provide a platform to start PrEP conversations, but may miss women who may benefit from and want PrEP
 - *Rings true for me as a women's HIV clinician in a high HIV burden area*
 - Need better tools to capture PrEP indicators, routine PrEP education irrespective of risk, and offer PrEP to anyone who wants it

A Routine Tool to Facilitate PrEP Conversations

- Used standardized tool to capture expanded PrEP indicators, tailored for women in 3 women's health clinics in high HIV burden Atlanta zip codes



Patient Feedback

Conversations about HIV
and PrEP

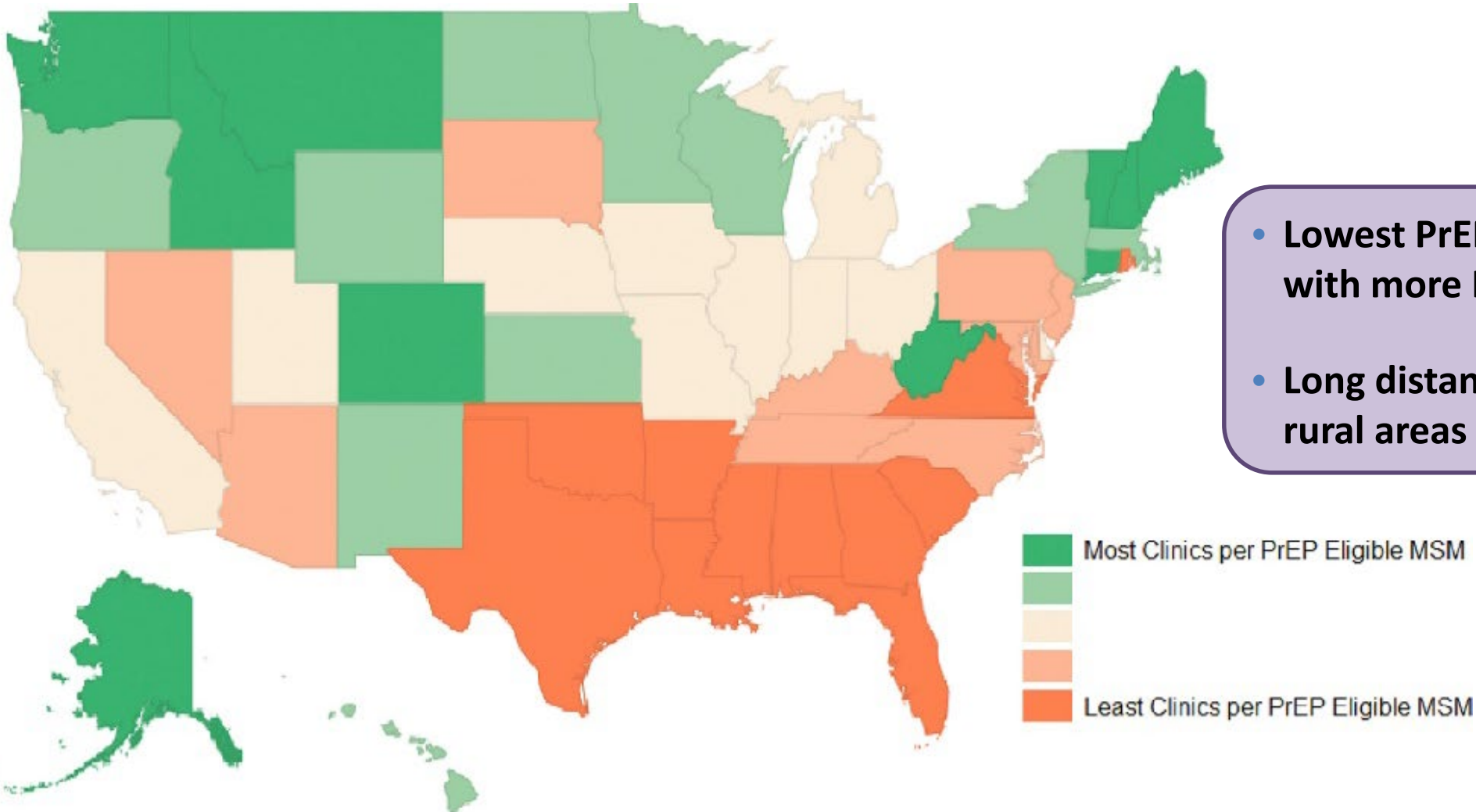
“Screener” was Acceptable

Everyone Should Know
about PrEP

Community Outreach &
Education about PrEP

Addressing Supply: Access to PrEP Clinics is Low in the South

N=~2,000 publically listed PrEP clinics



- Lowest PrEP clinic density in areas with more HIV diagnoses
- Long distances to PrEP clinics in rural areas and the South

Clinic-based Approach to Expand PrEP Services for Women

- Women more likely to have a healthcare visit before HIV diagnosis (missed opportunity for PrEP)
- Women want to hear about PrEP from their healthcare providers
- Most women use family planning clinics for sexual health services, often their only source of care
- Non-clinic PrEP (pharmacy, mobile, telemedicine) not studied in women

Family planning clinicians lack PrEP knowledge / experience, especially in the South

We don't know how to best support integration of PrEP into women's health services

Family Planning Clinics as Potential PrEP Delivery Sites in Atlanta (2017)

Sexually Active Women seen in 4 Atlanta family planning clinics

- Covered **91%** of Atlanta metro zip codes
- Majority in zip codes with HIV prevalence >1%

- **19%** heard of PrEP before the visit

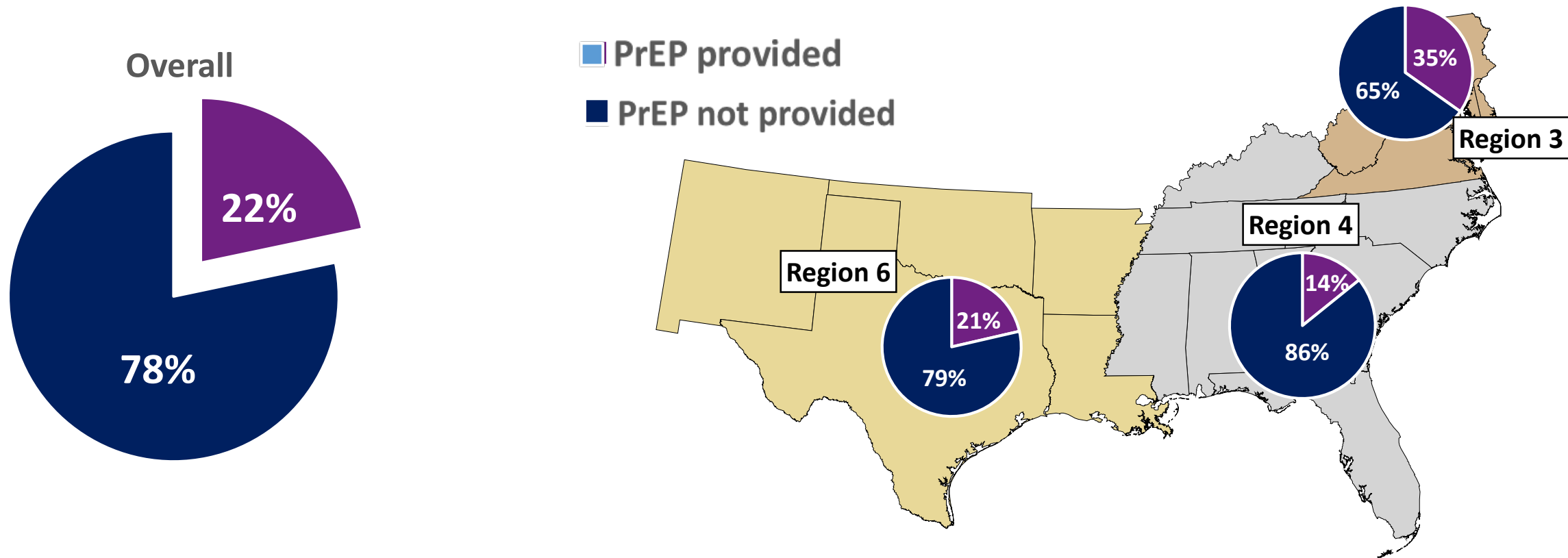
Among PrEP candidates:

- **66%** reported the provider discussed PrEP
- **29%** interested in taking PrEP
- **18%** accepted referral for off-site PrEP

76% willing to take PrEP if provided by their clinic



Low PrEP Provision in Publicly-Funded Family Planning Clinics in the South (Feb-June 2018, N=286)



In clinics not currently providing PrEP

- Resources and leadership engagement (rather than PrEP knowledge) associated with readiness to implement PrEP

Ongoing EHE Project: Address Supply and Demand Barriers for Reducing HIV among Women in Atlanta

- Assess HIV testing & prevention practices + training needs across publicly-funded family planning clinics in Metro Atlanta
- Compile training and capacity building resources
- Increase PrEP awareness, interest, and connection to services through community partnerships



Women with HIV Face Unique Challenges (List not exhaustive!)

The New York Times

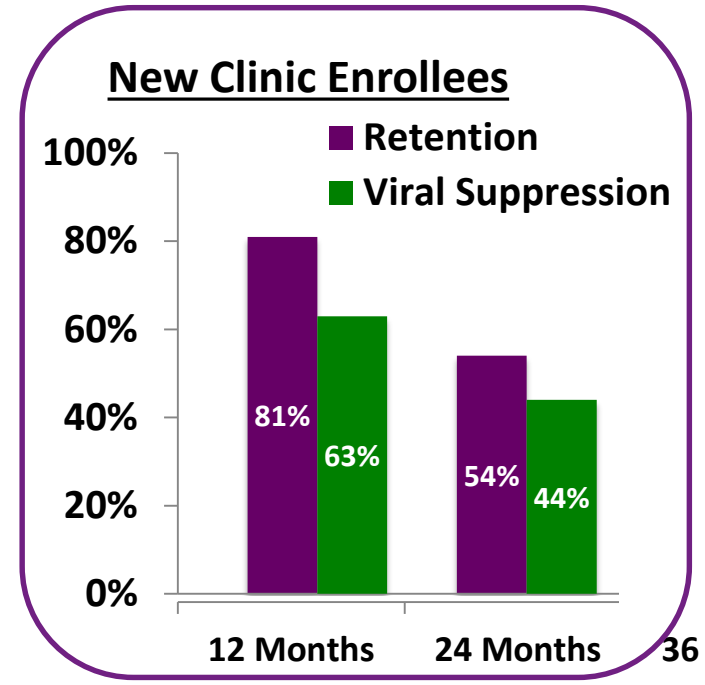
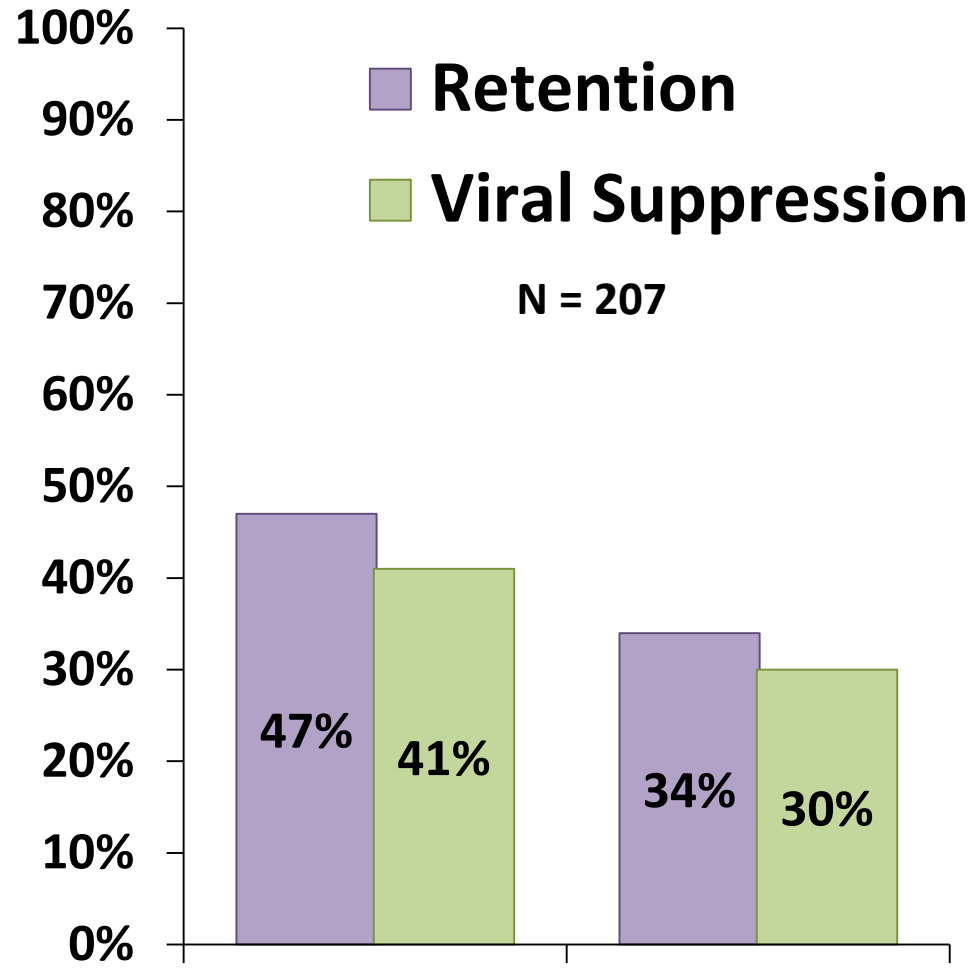
*Half of H.I.V. Patients Are Women.
Most Research Subjects Are Men.*

Trials of vaccines and treatments have not included enough female participants. Now that scientists are exploring possible cures, the need to enroll women is greater than ever.

- **Women of childbearing age with HIV face limitations in ART choice**
 - ART safety data during pregnancy generally lags behind those in non-pregnant patients
- **Drop-offs in the HIV care continuum occur, especially in younger women & after pregnancy**
- **Poor access to reproductive health services and worse pregnancy outcomes**
- **Despite poor representation in research, differences have been noted in:**
 - ART side effects (*more common in women*)
 - Non-AIDS co-morbidities (*more common, at younger ages, increased severity in women*)
 - Experiences of *trauma, stigma, race + gender-related inequities*

Example Research to Address Gaps in Women:

HIV Care Continuum After Pregnancy

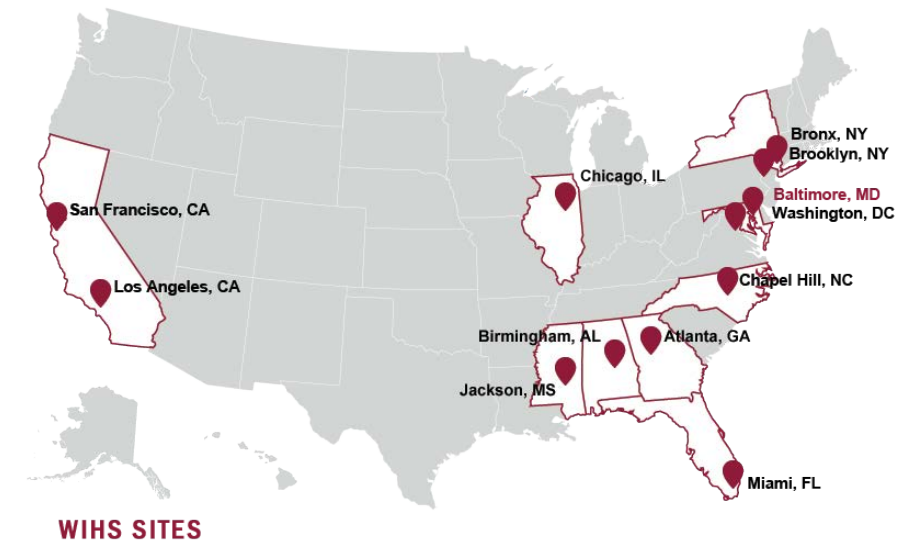
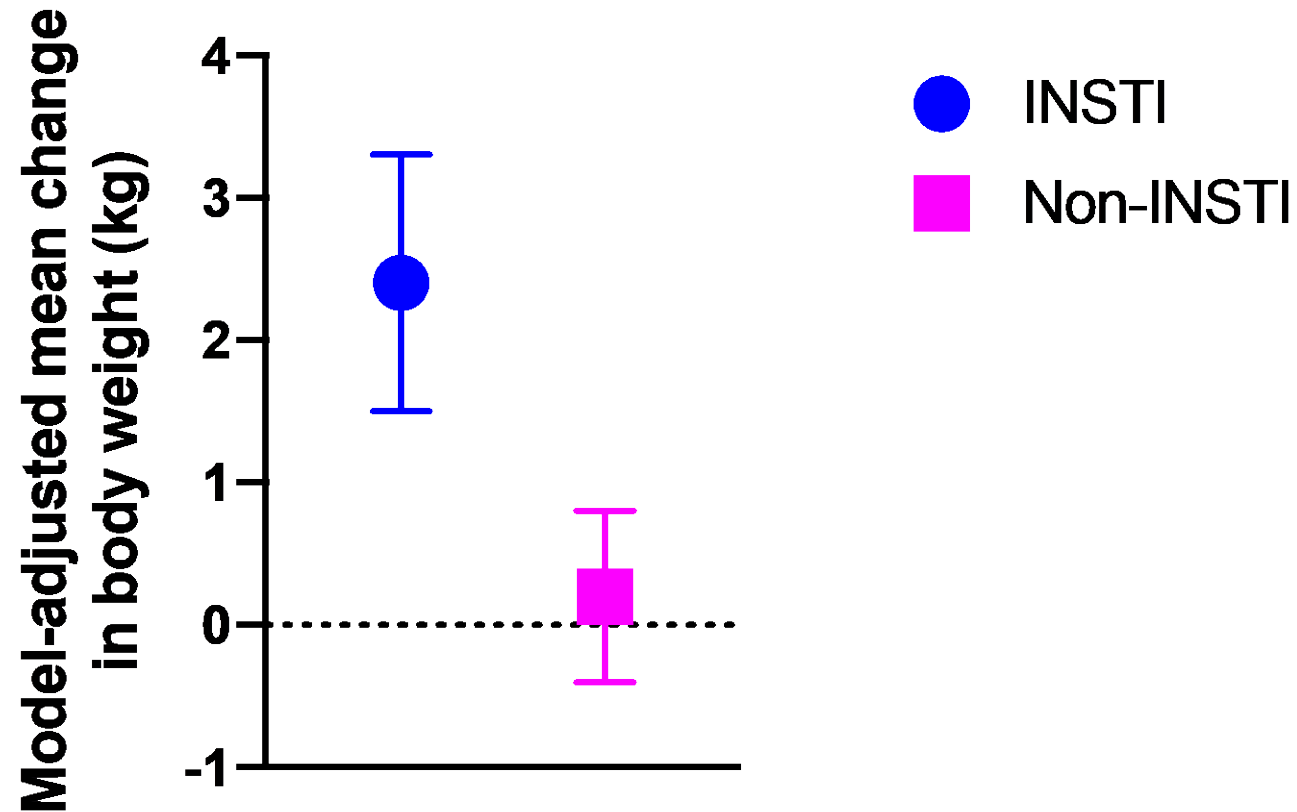


Meade et al, Infect Dis Obstet Gynecol 2019
Colasanti et al, Clin Infect Dis 2016
Momplaisir et al, AIDS 2018

12 months **24 months**
Months After Delivery

Example Research to Address Gaps in Women:

Women More Likely to Experience Weight Gain With Integrase Inhibitors



Closing Thoughts

- **Women are uniquely affected by HIV**
 - **Must not be left behind in the EHE initiative**
- **PrEP is underutilized by women; women want and deserve to know about PrEP**
 - **Must consider women in PrEP programs & research**
 - **Need inclusive PrEP messaging and tools, routine PrEP education to increase awareness**
- **Women's health clinics are likely to see women who may benefit from PrEP**
 - **PrEP requires resources and implementation models (otherwise innovative linkage methods)**
 - **Requires partnerships between HIV prevention and women's health disciplines**



Thank you!

- PACHA members and co-panelists
- Patients and clinic staff
- Research participants and staff
- Colleagues and community partners who have informed my thoughts on this topic

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