“Is That for Me?”: Challenging the Assumptions of PrEP for Women

Dázon Dixon Diallo, DHL MPH
SisterLove Inc
Atlanta GA/Johannesburg SA
SISTERLOVE’S MISSION

To eradicate the impact of HIV/AIDS and other sexual and reproductive oppressions upon women and their communities in the United States and around the world.

“We are a small organization doing really big things!”
SisterLove, Inc.

- Founded July 1989
- Metropolitan Atlanta, GA – 20+ county area
- Johannesburg, RSA + 4 Districts
- 18 Full time, 3 Part time, 3 Interns, 1 Law/Policy Fellow
- Serve over 5,000 women, men and youth per year
- 2+2 Office locations (USA & RSA)

“We are a big organization doing bigger things!”
Principles of Practice

- Women-centered, feminist-based
- Human Rights & Reproductive Justice
- Lived Experiences/Power of Own Story
- Respect & Acknowledge Women’s Sexuality and Sexual Rights
- Non-judgmental, Inclusive and Trusted
- The “I” Principles
The “I” Principles of Practice

- Imagination
- Inclusion
- Innovation
- Intersectional
- Integration
- Interrelated & Interdependent
SisterLove Programs

- Health, Education And Prevention (HEAP)
- Advocacy & Policy Mobilization
- Positive Women’s Leadership
- Community-Based Prevention Research
- SisterLove International/South Africa (SLISA)
CAN YOU SEE IT?

EQUALITY

EQUITY
CAN YOU SEE IT?

EQUALITY  EQUITY
CAN YOU FEEL IT?

EQUALITY  EQUITY  REALITY
CAN YOU CHANGE IT?
CAN YOU CHANGE IT?

EQUALITY

EQUITY

LIBERATION

YOUR IDEA HERE
CAN YOU CHANGE IT?

SEXUAL & REPRODUCTIVE JUSTICE
What is Sexual/Reproductive Oppression?

Reproductive oppression is the control and exploitation of women, girls, and individuals through our bodies, sexuality, labor, and reproduction. -- ACRJ
Sexual & Reproductive Justice (SRJ)

- Sexual & Reproductive Justice exists when all people have the social, political and economic power and resources to make healthy decisions about our gender, bodies, sexuality, and families for our selves and our communities
SRJ FRAMEWORK

Health Services Delivery

Sexual & Reproductive Oppression

Policy/Legal Advocacy

Organizing & Movement Building
Locating HIV in Human Rights & SRJ

Diagram:
- HIV/AIDS Movement
- Sexual & Reproductive Justice
- Human Rights

#ADHERENCE2017
HIV & RJ - Challenges

• Lack of HIV information, testing, and linkage to care

• Discrimination, bias, and stigma in health care settings

• Sex-negativity – negative bias toward WLwH’s sexuality and sexual expression

• Informed consent is not upheld

• Family planning options are limited

• Insufficient provider expertise and inadequate women-centered research
CDC: Numbers of Persons at Risk for HIV Remain High, but Percentages Vary by Population

Estimated percentages and numbers of adults with indications for PrEP, by transmission risk group, United States, 2015

<table>
<thead>
<tr>
<th>Transmission risk group</th>
<th>% with PrEP indication*</th>
<th>Estimated number</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men, aged 18-59 yrs†</td>
<td>24.7</td>
<td>492,000</td>
<td>212,000-772,000</td>
</tr>
<tr>
<td>Adults who inject drugs, aged &gt;18yrs§</td>
<td>18.5</td>
<td>115,000</td>
<td>45,000-185,000</td>
</tr>
<tr>
<td>Heterosexually active adults, aged 18-59 yrs¶</td>
<td>0.4</td>
<td>624,000</td>
<td>404000-846,000</td>
</tr>
<tr>
<td>Men**</td>
<td>0.2</td>
<td>157,000</td>
<td>62,000-252,000</td>
</tr>
<tr>
<td>Women</td>
<td>0.6</td>
<td>468,000</td>
<td>274,000-662,000</td>
</tr>
<tr>
<td>Total</td>
<td>24.7</td>
<td>1,232,000</td>
<td>661,000-1,803,000</td>
</tr>
</tbody>
</table>

CI = confidence interval.

*Percentage of all estimated persons in each transmission risk group and demographic subset with PrEP indications.
†Based on 2007–2012 National Health and Nutrition Examination Survey (NHANES) data, weighted as recommended using current population estimates. Risk factors used to define PrEP indications included two or more male sex partners and at least one of the following: any condomless sex or sexually transmitted infection diagnosis in past 12 months.
§Based on 2013 National Survey on Drug Use and Health. Risk factors used to define PrEP indications included injection of heroin, methamphetamine, stimulants, or cocaine, and injecting with a needle used by someone else before them.
¶Based on 2011–2013 National Survey of Family Growth and 2007–2012 NHANES data, weighted as recommended using current population estimates. Risk factors used to define PrEP indications included two or more opposite sex partners and at least one of the following: sex with an HIV positive partner; or any condomless sex in the last 4 weeks and sex with a male who injects drugs or bisexual male (females only) in last 12 months.
**The relative standard error for males was 30.09%.

African Americans Have the Highest Lifetime Risk of HIV Diagnosis

African Americans are the most affected ethnic group with a lifetime HIV risk of 1 in 20 for men (compared to 1 in 132 for whites) and 1 in 48 for women (compared to 1 in 880 for whites). African American MSM and Hispanic MSM have a 1 in 2 and 1 in 4 lifetime risk of HIV infection, respectively.

| Ethnicity          | Lifetime Risk of HIV Diagnosis
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American Men</td>
<td>1 in 20</td>
</tr>
<tr>
<td>African American Women</td>
<td>1 in 48</td>
</tr>
<tr>
<td>Hispanic Men</td>
<td>1 in 48</td>
</tr>
<tr>
<td>Hispanic Women</td>
<td>1 in 227</td>
</tr>
<tr>
<td>White Men</td>
<td>1 in 132</td>
</tr>
<tr>
<td>White Women</td>
<td>1 in 880</td>
</tr>
</tbody>
</table>

FTC/TDF for PrEP Utilization Compared With Population and New HIV Infections

- Total FTC/TDF for PrEP Utilization by Race/Ethnicity, Sept 2015, US

FTC/TDF for PrEP use among AA and Hispanics is low relative to the rate of new HIV infections.

a. [https://www.census.gov/quickfacts/table/PST045215/00](https://www.census.gov/quickfacts/table/PST045215/00)
b. These data represent 43.7% (n=21,463) of unique individuals who have started TVD for PrEP from 2012-3Q2015.
c. Other indicates American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander. CDC. HIV Surveillance Report, 2014

Bush S, et al. ASM/ICAAC 2016; Boston, MA. #2651
Women and PrEP

- An estimated 468,000 women 15-49 years of age have indications for PrEP use.
- An unknown number of uninfected women in HIV discordant couples become pregnant each year.
- Only 18,812 women have initiated PrEP, with 7,313 of those new starts being in 2015.

Only 4% of women at risk have started Truvada for PrEP.
There is a discrepancy between the HIV epidemic in women and number of women using PrEP.

Towards an integrated primary and secondary HIV prevention continuum for the United States: a cyclical process model

Tim Horn¹, Jennifer Sherwood*², Robert H Remien³, Denis Nash⁴ and Judith D. Auerbach*⁵, for the Treatment Action Group and Foundation for Aids Research HIV Prevention Continuum Working Group
What is iSTARSHIPP?

• iSTARSHIPP Initiative is an innovative suite of strategies that are intended to accelerate the reduction of new HIV infections among Adolescent Girls & Young Women (AGYW) and their male counterparts.
STARSHIPP

- STARSHIPP – Strategies for Those at Risk Seeking High Impact Prevention & PrEP
  - Screen, Identify & Link to Care
  - Healthy Love Party Plus
  - #PrEPflix & Chill
  - I Desire: Campaign to Hear Women’s Voices
  - POWaR Workshops (Prevention Options for Women at Risk)
  - US Women & PrEP Working Group

- iSTARSHIPP – 5 Highly Impacted Districts in South Africa
ISTARSHIP Focus Areas (DREAMS)

• Capacity Building with Community-Based Organizations
• Supporting the Implementation of PrEP (Pre-exposure Prophylaxis)
• Linking Men to Health Services
iSTARSHIP Suite of Interventions

- Healthy Love Party Plus!
- Screen, Identify and Link to Care (SILC)
- I Desire: Campaign to Hear Women’s Voices...
- We Are Here Workshop
- #PrEPflix & Chill (new/pilot)
- Girls/Women & PrEP Working Group (GWPWG)
- Prevention Options for Women at Risk (POWaR) Workshops
Combination HIV Prevention & Advocacy

- Biomedical Interventions
- Behavioral/Social Interventions
- Structural Interventions
- Interpersonal Interventions
GAME CHANGE: Women Fight for Inclusion
In Context – PrEP Implementation
The How...

• Intersectionality - Our programs cannot be siloed because people’s lives are not siloed
• Rights-based, Justice-based, Assets-based Approaches
• Voices, Engagement & Leadership of the Groups Most Affected (Key Populations)
• “Bryanisms” – Bryan Stevenson’s Formula for Justice
The How: Rights, Justice & Assets
The How: Voices, Engagement & Leadership of Most Affected (Key Populations)

- PLWH Leadership & Mentoring for Advocacy
- Community Education on HIV & Human Rights
- Engaging with public health programs & policies
- Advocacy for women in scientific advances in HIV treatment & prevention
- Sharing stories that inspire change and mobilization
The How: “Bryanisms” – Formula for Justice
The How: “Bryanisms” – Formula for Justice

• BE PROXIMATE
The How: “Bryanisms” – Formula for Justice

• CHANGE THE NARRATIVE
The How: “Bryanisms” – Formula for Justice

• PROTECT THE HOPE
The How: “Bryanisms” – Formula for Justice

- GET/MAKE UNCOMFORTABLE
Save the Date
July 19 – 21, 2018
Amsterdam

A Summit at the Intersections of HIV, Sexual & Reproductive Health & Justice Among Pan-African and Diasporan Women of African Descent
Thank you!
Contact Me and Follow Us!

Dázon Dixon Diallo, DHL MPH
Founder/President
SisterLove Inc
3709 Bakers Ferry Rd, SW
Atlanta, Georgia 30331

Office: 404-505-7777
Email: ddiallo@sisterlove.org
Handle: @dazondiallo OR @SisterLove_Inc

Website: www.sisterlove.org
www.womennow2016.org