SisterLove STARSHIPP Project:

Lifting Off for Women’s High Impact HIV Prevention 2013-2014
A Little SisterLove…

- Health, Education, Advocacy, and Prevention (HEAP)
- Positive Women’s Leadership
- Community-Based Prevention Research
- SisterLove International/South Africa (SLISA)
The Advocacy

- Sexual & Reproductive Health & Rights Service Delivery & Advocacy

- Women’s Power to Prevent HIV in Women’s Hands

- Global Advocacy for Appropriate Research & Development

- Cooperation and Collaboration among domestic and international partners
The Cascade(s)

- **HIV Care** (Pre-ART)
  - Engage, Counsel, Monitor & Support

- **ART Retain, Counsel, Monitor & Support**

- **Viral Suppression**

- **Remain HIV Negative**

- **Positive HIV**
  - HIV Care (Pre-ART)
    - Engage, Counsel, Monitor & Support

- **Negative HIV**
  - Engage, Counsel, Monitor & Support

- **HIP Test**
  - Health & Treatment Literacy
  - Readiness Assessment

- **Risk Assessment - Education**
  - Condoms - Harm Reduction-STI Rx
  - PrEP-Vaccine

- **Adherence**
  - Condoms - PrEP/PEP
  - Repeat HIV Testing

- **Individual & Community Assessment**
  - Innovations & Interventions

- **Community Engagement & Mobilization**
  - Community-based Participatory Research

- **Community Engagement & Mobilization**
  - Innovations & Interventions
Strategies for Those At Risk Seeking High Impact Prevention & PrEP
STARSHIPP Project - PURPOSE

• Create, develop and implement comprehensive approach to improving understanding and engagement High Impact HIV prevention including Pre-Exposure Prophylaxis

• Educate, prepare and support communities for the implementation of HIHP, especially biomedical prevention
STARSHIPP Project - GOAL

• Educate, prepare and support communities, especially women and girls, for the implementation of High Impact HIV Prevention programs including biomedical interventions such as PrEP, microbicides and vaccines.
STARSHP Project - objectives

• **Screen, Identify & Link to Care (SILC)** at 100 high risk negative individuals, assess need and demand for PrEP, and link to services

• **Host 5 PrEP Community Conversations** with at least 250 individuals

• Convene and promote the **US Women & PrEP Working Group**
STARSHIPP PROJECT – SILC
2013 - 2014

• More than 1500 “high risk” individuals received TC&L2C
  • 1076 cisWomen  420 cisMen  7 Transwomen
  • 80% Black  1121 Adults  382 Adolescents
• 800 informed and screened for PrEP (0 Links to PrEP)

Reasons for not taking next PrEP Steps:
- Wanted more information
- Too much information at time of testing appointment
- Decided to use condoms more as result of new information
- Did not want to take daily meds for prevention
STARSHIPP Project – Community Convos 2013-2014

- 7 Community Convos at the MotherHouse and HIHP Partner sites - 46% Increase in Knowledge of PrEP
- 265 Individuals
  - 240 Adults
  - 25 Adolescents

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191 cisWomen
4 TransWomen
61 cisMen

• Release of National Statement
• High level meeting at White House
• Workshops, Roundtables, Oral & Poster Sessions
• 3 Webinars
  • Ready, Set, PrEP!!!
  • PrEP-Ception
  • Risky Women
WORKING GROUP ON U.S. WOMEN AND PREP STATEMENT

4 March 2013

INTRODUCTION

We are a group of U.S.-based women’s health advocates and other interested parties who have been meeting since March 2012 to build a common understanding of what pre-exposure prophylaxis (PrEP) as a new HIV prevention tool could mean for women in the United States.

In July 2012, the US Food and Drug Administration (FDA) approved the use of daily oral tenofovir disoproxil fumarate (TDF) in combination with emtricitabine (Emtriva®) for post-exposure prophylaxis (PEP) for HIV prevention in HIV-negative adult men and women at risk for HIV infection. The FDA approval was based on data from clinical trials that had demonstrated the efficacy of TDF in preventing HIV acquisition in populations of gay and other men who have sex with men (MSM), transwomen, and heterosexual women and men in a number of sites around the world.

However, none of these trials included U.S. women, leaving critical questions unanswered:

- How will PrEP be used for HIV prevention by women in the United States?
- What data are needed regarding PrEP’s acceptability and effectiveness among those women?
- How will PrEP be promoted, made accessible and financed for use by U.S. women?

This statement summarizes the recommendations of our Working Group for ways to respond to these critical questions. We have identified key gaps in research, public and provider education, social marketing and policy, and define the next steps required for “real-world use” of PrEP among women in the United States. Our recommendations address three “key points” made in order to advance discussion of:

- The rollout of PrEP for use by U.S. women;
- How to preprint and address the gaps in research regarding PrEP implementation among U.S. women; and
- How and by whom Federal agencies and other stakeholders need to collaborate on joint collection of the data needed to answer these questions.

THREE KEY POINTS

1. Daily oral TDF has the potential to be a prevention tool that women, including transwomen, can use to reduce their risk of HIV infection.

2. A coherent and comprehensive vision of how implementation of PrEP use among U.S. women will occur has yet to be well articulated. Neither there has been a consistent voice for women on the subject of PrEP implementation that is proportionate to women’s presence in the U.S. epidemic. Establishing better communication and coordination among thought leaders and public health agencies/implementers to convert this is imperative.

3. Available clinical trial data justify exploring daily oral TDF as PrEP, but many unanswered questions remain about how best to offer this intervention to women. These include questions about the female target populations for PrEP, strategies for training their health care providers, the role of social marketing directed to women in this effort, and the safety, efficacy, uptake and adherence to PrEP use over the long term—in both women and men.
Asking the Women...

- Informal, Structured Focus Groups & Surveys conducted in 6 US Cities (National)
- 133 Participants in groups self-identified as “high risk” – specifically Sex Workers, Transgender Women & Drug Users
- 85 Survey respondents

- 80% If I want to take PrEP, who is going to pay for it?
- 72% I think doctors should talk about PrEP with their patients
- 70% How much protection would PrEP give a person like me?
- 61% Are there long-term effects to using PrEP and illegal drugs?
- 61% I need to know a lot more about it before I would try PrEP.
- 57% I am always hearing about how I could infect somebody else with HIV. I would like to hear doctors talk about how PrEP can protect me, as if they care about my health too.
Working with Partners & Tools

PrEP: A new option for women for safer loving

AN EQUAL RIGHT TO PROTECTION
What PrEP could mean for women in the U.S.

PrEPWatch
US Women & PrEP Working Group

Quick Links
- My PrEP Experience
- PrEPfacts.org
- start.stmnado.com
- NYBC's PrEP page
- CDC PrEP page
- WHO PrEP Guidance
STARSHIPP in the Community
Much Appreciation

• Gilead Sciences
• AVAC
• SFAF
• Project Inform
• PrEP REP – Rivet Amico & Team!
• SisterLove Staff & Volunteers
• Fulton County Dept of Health & Wellness
• Metro-Atlanta Community Partners
• The Participants and PrEP Seekers!!!
Thank You!
Contact Me! Follow Us!

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