

PrEP services in the context of gender-based violence

PREP LEARNING NETWORK
NAIROBI, KENYA
9-12 SEPTEMBER 2024



Overview

1. PrEP and gender-based violence (GBV)
2. PrEP services in the context of GBV: the evidence base
3. Promising approaches
4. Panel discussion



HIV prevention often occurs within a broader context of **high GBV prevalence**.^{1,2}

Although it is often an excuse for violence, PrEP use is never a cause of gender-based violence. Rather, people who use violence to gain power may prevent people from using PrEP as a means of exerting power and control.

While multiple forms of GBV, such as early and child marriage or female genital mutilation, contribute to HIV prevalence, this presentation focuses on intimate partner violence (IPV), including emotional and economic IPV, and non-partner sexual violence (NPSV) specifically.

The relationship between PrEP and GBV is complex, and we are still learning

GBV & PrEP as reciprocal entry points

Many who seek support for HIV prevention, including PEP, or GBV prevention and response **are likely to benefit from both services**,^{1,2} creating the opportunity to reach a broader population, especially the most marginalized, with integrated, person-centered, and trauma-informed services.

GBV's impact on effective PrEP use

Early data on use patterns and experiences of GBV suggest that **GBV may negatively^{3,4} impact effective use**, depending on multiple factors such as age, recency and type of violence, supportive services, and more.⁵ Negative impacts of GBV, such as the negative psychological burden and fear of disclosure/discovery may be mitigated through effective counseling and referral services.

Importance of GBV screening & support

Effectively integrating GBV screening and support into PrEP services⁶ provides an **opportunity to identify and address GBV much sooner** than relying on spontaneous disclosure, possibly improving PrEP uptake and effective use. Competent screening may also increase client trust in providers and identify people who may not otherwise disclose.

Challenges to service integration

Time and resources are limited for training, referral resources are often insufficient, multiple required screenings burden clients and providers, lack of support for providers leads to increased burnout, barriers to disclosure, and other structural limitations persist.⁷⁻⁹ **Resources and tools to overcome these challenges are crucial** to meet the needs of people impacted by HIV and violence.

Although PEPFAR requires GBV screening and response as part of PrEP services, some health systems and PEPFAR clinics are struggling to meet this requirement.

Knowledge translation and implementation experience offer promising ideas & opportunities

- 1 Choice & the ability to switch**

Evidence from the family planning field shows that **experiences of GBV, especially intimate partner violence, impact product use and choice**.^{1,2} Violence survivors may be better able to safely navigate product use and have greater satisfaction when **they have choice and the ability to switch** methods.
- 2 Disclosure counseling**

Helping PrEP users think through how and whether they disclose⁵ their PrEP use, and to whom, may mitigate the chances that a partner will use PrEP as an excuse for violence.^{3,4} Disclosure counseling is a crucial component of providing patient-centered care.
- 3 Integrated, trauma-informed services**

Although creating integrated and trauma-informed GBV and HIV prevention services requires investment, it has the **potential to increase quality and efficiency^{6,7} for systems and clients.**
- 4 Community investment**

Broad engagement to sensitize communities, especially key influencers and men, has been effective⁸ in reducing rates of GBV in some settings. Including PrEP and PEP sensitization alongside these campaigns can **reduce product stigma⁹ and mitigate the possibility that they are used as an excuse for violence.**¹⁰

Integrating GBV screening & support into HIV and PrEP services: Perspectives from the field



Janeffer Gacheru

Project Coordinator & Clinician, Kenya

Bar Hostess Empowerment & Support Programme



Mary Mugure

Paralegal & PrEP Champion, Kenya

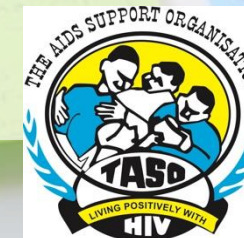
Bar Hostess Empowerment & Support Programme



Dr. Andrew Kazibwe

Principal Technical Advisor, Uganda

The AIDS Support Organisation



ACKNOWLEDGMENTS

We would like to honor Rebecca Cheptegei and everyone in our communities whose lives are impacted or cut short by gender-based violence. We work toward a world where GBV is a thing of the past.

Morgan Garcia, FHI 360

Janeffer Gacheru and Mary Mugure, Bar Hostess Empowerment and Support Programme, Kenya

Dr. Andrew Kazibwe, The AIDS Support Organisation, Uganda



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

Photo Credit: MOSAIC Consortium, Morgan Garcia

