# STRUCTURAL INFLUENCES ON PrEP CASCADE AMONG YOUNG WOMEN IN POST-ABORTAL CARE IN KENYA

Y09

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## BACKGROUND

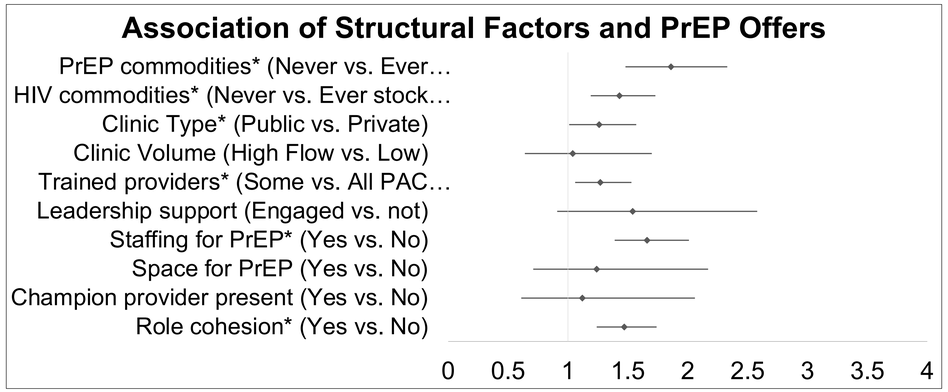
- Adolescent girls and young women (AGYW) in East and southern Africa are a priority population for HIV prevention, as they experience a disproportionate incidence. Integrating HIV pre-exposure prophylaxis (PrEP) within existing sexual and reproductive health programs is key to addressing this disparity.
- PrEP Delivery in Reproductive Health for AGYW, phase 2 (PrEDIRA 2) is an implementation-science project that launched delivery of PrEP in post-abortion clinics in Kenya to evaluate uptake and feasibility.
- **Objective:** To describe PrEP metrics among young women in post-abortion clinics and to evaluate the association between structural factors and PrEP offers and uptake.

## METHODS

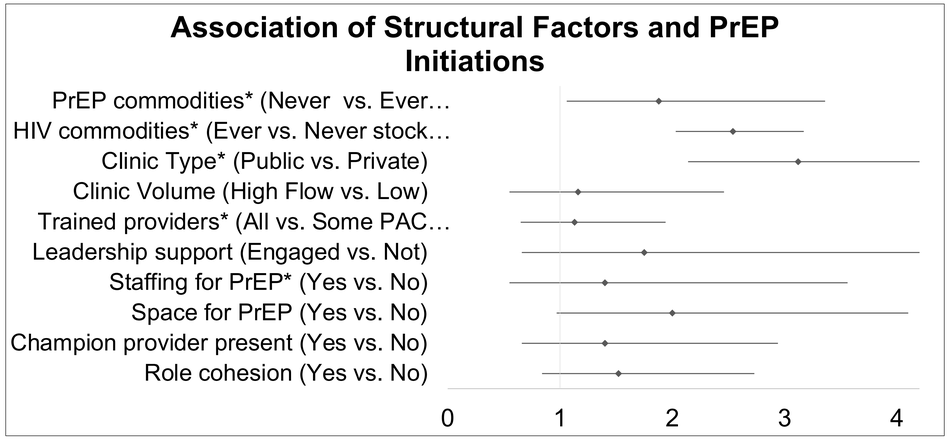
- PrEDIRA 2 worked with 14 post-abortion clinics in Kisumu, Nairobi, and Thika, Kenya providing services for AGYW (ages of 15-30)
- Consolidated Framework for Implementation Research used to identify structural factors
- Research staff with established relationships with each clinic were interviewed to characterize structural factors
- Modified Poisson regression used to estimate the effect of structural-level factors on the count of PrEP offers and uptake

## RESULTS

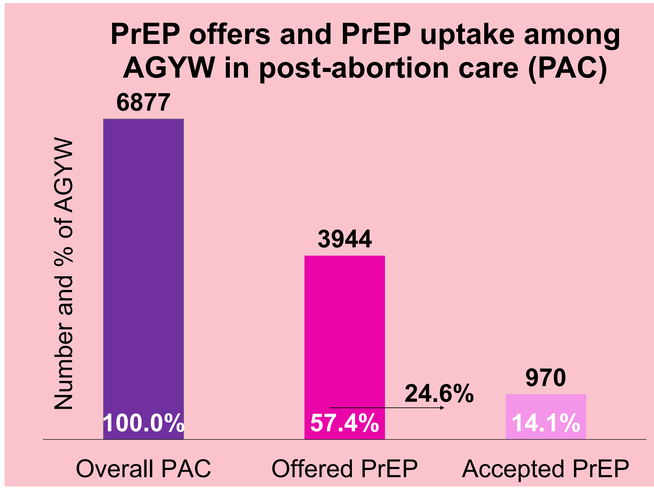
- We abstracted data on 6877 AGYW in post-abortion clinics during 20 months of program delivery
- Most post-abortion clinics were private (n=8, 57.1%), had low client flow (n=8, 57.1%), had some but not all post-abortion care providers trained (n=8, 57.1%), had engaged leadership (n=9, 64.3%) and had challenges with staff numbers (n=12, 85.7%) and space (n=8, 57.1%) for PrEP delivery
- Most AGYW were seen in post-abortion clinics that had experienced PrEP commodities stock outs (n =5174, 75.2%), had high clinic volume (n=4341, 63.1%), had highly engaged administrative leadership (n=3842, 55.9%)




**Integration of PrEP into post-abortion care in Kenya is feasible and requires investments in commodity supply chains and human resources to facilitate stable availability of PrEP and support for key populations to access PrEP.**




*Adjusted for all other variables significant at <0.2 p-value in univariate models and client age




## CONCLUSIONS

- Structural drivers have significant bearing on communities' access to treatment as well as individual choices about uptake of PrEP.
- Future programs need to navigate these hurdles by investing in human resources and PrEP/HIV commodities where possible to facilitate greater PrEP coverage for young women.

## ACKNOWLEDGMENTS

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## TEAM

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