



Position Statement

Position:

The **30 for 30 Campaign** is an organization dedicated to ensuring the needs of women living with and affected by HIV, including transgender women, are addressed in the national response. The Campaign strives to eliminate health disparities and gaps in the continuum of care by advancing policies that aim to improve health equity. Sex and sexuality education is an integral component of a holistic approach to improving health for women living with and at risk of HIV. Accordingly, the Campaign supports and promotes increased opportunities for HIV testing, incorporating these opportunities with PrEP and PEP education; increasing knowledge and awareness of PrEP and PEP for women.* Greater access, accompanied with knowledge, will ensure that women and their providers can decide if PrEP is an appropriate course for HIV prevention. Though, PrEP may not be the preferred avenue of prevention for many women, the 30 for 30 Campaign upholds the right for all women to be well informed on PrEP and PEP.

Education:

The 30 for 30 Campaign supports policies that promote innovative PrEP education. Thus, the 30 for 30 Campaign applauds California for being the first state to pass legislation to increase awareness about the HIV prevention methods pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). The legislation requires that providers administering HIV testing tell their clients about pre- and post-exposure prophylaxis (PrEP and PEP) during post-test counseling sessions. The 30 for 30 Campaign urges other jurisdictions to adopt similar provisions in addition to considering other innovative and creative legislation and policies to increase and improve HIV testing and knowledge of PrEP.

PrEP and PEP provide women and vulnerable populations opportunity for agency in some health care decisions. HIV disproportionately impacts people of color, Southern, low income, and LGBTQ communities. Persons living at the intersection of these identities face multiple barriers to accessing health care. However, nearly 86 percent of Americans report not having knowledge on PrEP or PEP¹. Additionally, women continue to be underrepresented in studies assessing knowledge and access of PrEP and PEP. The few studies available reported very low awareness of PrEP among women; however, once informed, high-risk HIV-negative women in these studies expressed willingness to use PrEP.^{2 3} This underscores that while our current health care system and public health efforts are missing a key opportunity for prevention, increased outreach and education offer an opportunity to help alleviate stigma, and access issues that have served as barriers to the full HIV prevention potential of PrEP and PEP. With the experience and stories of women missing from the body of knowledge, ensuring education along with access in all communities becomes particularly important. The 30 for 30 Campaign believes PrEP and PEP should be a part of a comprehensive approach to HIV prevention that includes access to female/male condoms and lubricants, risk reduction counseling, the scale-up of social and behavioral interventions, access to regular and voluntary HIV and STI testing, and community education events. PrEP is a form of HIV prevention that can be controlled by women themselves. It is important that women are aware of, and have genuine access to all prevention options, so they feel empowered to achieve their health goals while enjoying pleasurable sex lives.

Access:

Ensuring that PrEP/PEP education occurs when HIV testing takes place is a critical step in HIV prevention efforts. It follows that to actually achieve greater PrEP/PEP knowledge through education accompanying HIV testing, such testing must also be increased at key points of interaction with the healthcare system. Gaining a

* PrEP, a daily medication to prevent and reduce HIV transmission, and PEP, a antiretroviral medicine taken within 72 hours to prevent a person who may have recently been exposed to HIV from acquiring it.

better understanding of how often HIV testing and PrEP is offered to women is much needed information in order to advance better sexual health education and prevention efforts for women in the U.S. Studies have demonstrated that knowledge of PrEP among family planning providers is limited.⁴ Misconceptions about women's experiences and knowledge may hinder the conversations around PrEP and PEP.⁵ This is a particularly problematic barrier to HIV prevention as women vulnerable to HIV identify family planning visits as a potential venue for information and access to PrEP.

Accordingly, increasing HIV testing at usual sources of health care for women is a critical avenue for HIV prevention and a key opportunity to increase PrEP/PEP education and access. For women, increasing integration of reproductive health would help streamline access to care as (60%) of all adolescent and adult women of reproductive age identify family planning clinics as their "usual source of reproductive and general health care services."⁶ Thus, it is crucial that HIV testing is offered at family planning/reproductive health visits and that such testing accompanies PrEP and PEP education. Additionally, consistently integrating HIV testing into general health visits will help reduce stigma around HIV testing. In many immigrant communities, there is hesitancy to seek out HIV testing due to concerns surrounding anonymity of services and stigma specific to HIV testing rooted in gender inequity and negative attitudes toward female sexuality. If HIV testing and PrEP and PEP counseling is part of well visits, this will also help to reduce stigma associated with being tested.⁷

One instance in which women are generally offered HIV testing is after rape. Unfortunately, there is no consistency about what is included in a rape kit and guidance to practitioners. In states like California, Michigan and New York where guidance is available on how to discuss and offer PEP, inconsistencies in access still create disparity.^{8,9} For example, in California, survivors and practitioners from San Francisco or Los Angeles were able to access PEP services and had well developed guidelines that helped support physicians in how to offer PEP.¹⁰ However, people who were assaulted in more rural counties did not have access to this service. This disparity in service created an inequity based on resources available in local jurisdictions.¹¹ In states with no guidance for practitioners, information about PEP is even more varied and often lacking. While PEP is not recommended after every assault or suitable for everyone, access should not be determined by where one lives or is located when trying to access services. Instead, training should be provided on how to determine whether PEP is appropriate and, if appropriate, administered properly. Additionally, a support system should be in place to provide follow-up to enable individuals who receive PEP to obtain a full prescription and complete the entire regimen. Prevention and treatment of STIs MAY be offered depending on the state or jurisdiction. While any doctor or nurse can perform the examination by following the instructions provided in the kit, some hospitals have specially trained personnel on staff called Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to perform the rape kit examination.¹²

Advocacy points/policy recommendations:

- Increase testing, especially at points of reproductive health care: if HIV testing is offered at every well-woman visit, the stigma around testing will be reduced. These visits can also be a good time to offer information on PrEP and PEP, as appropriate.
- Develop greater uniformity on what is included in rape kits and equal access to resources, like medication and counseling available on PrEP and PEP.
- Timely testing of rape kits and prosecution of rapes.
- Protect the Affordable Care Act and Medicaid expansion.

By increasing accurate and comprehensive HIV education, improving access to healthcare services, and addressing the needs of women and their families, we will be closer to ensuring quality care for women living with HIV and achieving an AIDS-free generation. The 30 for 30 Campaign asserts that increasing opportunities for HIV testing and ensuring that testing is accompanied with education on PrEP and PEP, is a critical step in protecting women's health, well-being and autonomy.

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30 for 30 Campaign is a coordinating body of HIV and reproductive health organizations from every region of the country working to ensure that the unique needs of women living with and affected by HIV, including transgender women, are addressed in all relevant HIV funding, programs, and policies.

¹ Firth J, Hamel L, Kates J, Jankiewicz A, Rousseau D, for the Kaiser Family Foundation. HIV Awareness and Testing, 2013 AND 2014. *JAMA*. 2016;316(2):139. doi:10.1001/jama.2016.8516

² Goparaju L, Experton LS, Praschan NC, Warren-Jeanpiere L, Young MA, et al. (2015) Women want Pre-Exposure Prophylaxis but are Advised Against it by Their HIV-positive Counterparts. *J AIDS Clin Res* 6: 521. doi:10.4172/2155-6113.1000522

³ Auerbach JD, Kinsky S, Brown G, Charles V (2015) Knowledge, attitudes, and likelihood of pre-exposure prophylaxis (PrEP) use among US women at risk of acquiring HIV. *AIDS Patient Care STDS* 29: 102-110.

⁴ Seidman Dominika, Carlson Kimberly, Weber Shannon, Witt Jacki, Kelly Patricia J., United States family planning providers' knowledge of and attitudes towards pre-exposure prophylaxis for HIV prevention: A national survey, *Contraception* (2016), doi: 10.1016/j.contraception.2015.12.018

⁵ Finocchiaro-Kessler Sarah, Champassak Sofie, Hoyt Mary Jo, Short William, Chakraborty Rana, Weber Shannon, Levison Judy, Phillips Joanne, Storm Deborah, Anderson Jean, and HIV PCC Study Team. *AIDS Patient Care and STDs*. March 2016, 30(3): 125-133. doi:10.1089/apc.2015.0268

⁶ Fact Sheet: Women and HIV/AIDS in the United States. Kaiser Family Foundation, 2014. Available at <http://kff.org/hiv/aids/fact-sheet/women-and-hiv/aids-in-the-united-states/>

⁷ Please see: The 30 for 30 Campaign policy brief, Immigrant Women and HIV. Found online at http://30for30campaign.org/wp-content/uploads/2016/10/Immigrant_Women_HIV_PolicyBrief_Final_10-12-16.pdf

⁸ New York State Department of Health, HIV Prophylaxis for Victims of Sexual Assault, revised 10/2014. http://www.hivguidelines.org/pep-for-hiv-prevention/after-sexual-assault/#tab_2 and <http://www.hivguidelines.org/pep-for-hiv-prevention/after-sexual-assault/>

⁹ Michigan Department of Health and Human Services, Non-occupational post exposure prophylaxis (nPEP): Guidance from the Michigan Department of Health and Human Services Division of Health, Wellness, and Disease control. https://www.michigan.gov/documents/mdch/MDHHS_nPEP_Guidance_6.12.15_-_Final_491813_7.pdf

¹⁰ Myles, J. Offering HIV Prophylaxis Following Sexual Assault: Recommendations for the State of California. <http://www.cdph.ca.gov/programs/AIDS/Documents/RPT2001HIVPropFollowingSexAssault.pdf>

¹¹ Ibid.

¹² End the Backlog: What is Rape and Rape Kit Exam? <http://www.endthebacklog.org/information-survivors-dna-and-rape-kit-evidence/what-rape-kit-and-rape-kit-exam>