

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic

PROMISE Preparing for Ring Opportunities through Market Introduction Support and Knowledge Exchange

AUTHORS AND INSTITUTIONS

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BACKGROUND

Zimbabwe is considering adopting new biomedical HIV prevention methods to increase client choice: the dapivirine vaginal ring (PrEP ring or ring) and injectable cabotegravir for pre-exposure prophylaxis (CAB PrEP).

We conducted stakeholder consultations with potential end users (Table 1) and community influencers (Table 2) to:

- Gain a better understanding of their needs and concerns about these methods
- Inform introduction and rollout efforts using lessons from experiences with oral PrEP

METHODS

We conducted 10 group conversations with 71 purposively selected participants. Participants included:

- 51 potential end users (adolescent girls and young women [AGYW]), adult women, and female sex workers [FSWs])
- 20 community influencers (parents of AGYW, village health workers, and religious and political leaders)

Verbal permission was received from all participants prior to the start of the conversations. Conversations were audio-recorded to support fluid, interactive discussion. Detailed notes and audio recordings of the conversations were summarized using a structured table in Microsoft Excel. Commonly occurring themes were identified by participant type.

RESULTS

Two potential end users (both FSWs) and two community influencers had heard about the PrEP ring and the injectable. All potential end users were familiar with oral PrEP and half (10/20) of community influencers were familiar with oral PrEP. Of the 51 potential end-users, 37 were currently using or formerly used oral PrEP.

Both potential end users and community influencers thought women would use the ring and CAB PrEP because they are:

- ✓ Discreet
- ✓ Long acting
- ✓ Do not require daily adherence

Concerns cited about the PrEP ring were:

- Its relatively lower efficacy
- Discomfort with a vaginally inserted product
- The possibility of it being felt or dislodged during sex, resulting in involuntary disclosure

Concerns cited about CAB PrEP were:

- The need to continue taking oral PrEP for up to a year if one stops CAB PrEP while still in need of HIV prevention
- Juggling CAB PrEP and contraceptive (DMPA) injections, which are due every two and three months, respectively
- Potential for transport and time costs for multiple clinic visits
- Possible involuntary disclosure due to multiple clinic trips
- Potential challenges tracking the timing for both injections or scheduling challenges
- Rumors in some communities that because some people refused the COVID-19 vaccine, scientists decided to punish the community by injecting them with HIV disguised as CAB PrEP

Nine potential end users reported stopping oral PrEP due to:

- Drug stock-outs
- Negative attitudes from health care providers
- COVID-19 restrictions and related clinic closures

Potential end users cited helpful strategies for effective oral PrEP (Table 3). Potential end users preferred integrated PrEP and family planning services with synchronized clinic visits for both services.

AGYW mentioned nontraditional delivery channels, such as retail shops and key population-friendly spaces (e.g., youth drop-in centers), as potential options for accessing PrEP services.

Table 1: Participant characteristics: potential end users

Group	Age Range	Use/d Oral PrEP
AGYW (n=24) <i>9 of these participants were FSWs; 3 were pregnant/breastfeeding</i>	18–25	Currently using (n=13) Formerly used (n=2) Never used oral PrEP (n=9)
FSWs (n=6) <i>1 of these participants was also pregnant/breastfeeding</i>	22–24	Currently using (n=4) Formerly used (n=2)
Older Women (n=21) <i>8 adult women participants were FSWs; 1 was pregnant/breastfeeding</i>	26–49	Currently using (n=11) Formerly used (n=5) Never used (n=5)

Table 2: Participant characteristics: community influencers

Group	Age Range	Use/d Oral PrEP
Community 1 (n=9)	30–48	Yes (n=2) No (n=7)
Community 2 (n=5)	30–66	Yes (n=0) No (n=5)
Community 3 (n=6)	23–56	Yes (n=0) No (n=6)

Table 3: Helpful strategies for effective oral PrEP use suggested by potential end users

Programmatic Area	Issue	Strategy
Client follow-up	Suboptimal client follow-up and support for effective PrEP use	<ul style="list-style-type: none">• Routine/periodic follow-up by health care providers and lay cadres• Reminders such as phone calls or texts from providers• Support from peers and family (including PrEP champions)
Commodity supply	Stockouts/shortages of PrEP medicines	<ul style="list-style-type: none">• Uninterrupted commodity supply
Service delivery	COVID-19 restrictions and related clinic closures	<ul style="list-style-type: none">• Community-based service delivery models, including outreach services or home visits for drug delivery
	Negative attitudes by HCPs	<ul style="list-style-type: none">• Non-judgmental and friendly HCPs who take their time to provide clients with adequate information during counselling sessions

“For a married woman, the ring is perfect, and she may not be very much bothered with the 50% level of effectiveness. But for us FSWs, it is tricky because the level of effectiveness is very low.” - FSW, group dialogue

“I had some [oral PrEP charts] hung on the walls of my bedroom such that anyone who enters my room would see and read them. Many of my clients would ask, and I would explain to them the benefits of oral PrEP. Many would appreciate and ask how they can access it” - FSW, group dialogue

“FSWs are highly mobile and may be hired for days or even weeks. As such, they wouldn't want to be found with pills for oral PrEP which may be confused for ART resulting in intimate partner violence.” - Community influencer, group dialogue

CONCLUSIONS

1

Potential end users and community influencers in Zimbabwe expressed a desire for expanded PrEP service delivery channels and communication highlighting the benefits of new HIV prevention products.

2

Provision of clear messages addressing community and potential end-user concerns about the products will help optimize uptake and effective use.

3

Leveraging strategies for effective oral PrEP use will be key to successful implementation of new biomedical prevention methods.