

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

Despite available prevention methods, including oral pre-exposure prophylaxis (PrEP), women in Zimbabwe continue to be disproportionately affected by HIV (0.54% incidence among women compared to 0.20% incidence among men, ZIMPHIA 2020) Expanded method choice has the potential to increase the overall uptake of PrEP, especially among adolescent girls and young women. As Zimbabwe considers adopting emerging PrEP methods such as the dapivirine vaginal ring (PrEP ring or ring) and injectable cabotegravir for PrEP (CAB PrEP), effective service delivery strategies need to be considered.

We gathered perspectives from health care providers (HCPs) on implementation considerations that should be addressed to effectively deliver multiple biomedical HIV prevention methods in Zimbabwe.

METHODS & MATERIALS

We conducted 20 in-person conversations with HCPs (12 oral PrEP and 8 family planning (FP) providers) using thematic discussion guides aligning with national priorities. The 20 HCPs were drawn from public, private, and church-based facilities and pharmacies.

Verbal permission was received from participants prior to the start of the conversations, which were audio-recorded to support fluid, interactive discussions. Detailed notes were also taken during the conversations; personally identifiable information was omitted.

A rapid qualitative analysis method was used to analyze data from the conversations via a two-step process:

1. Project staff listened to recordings and referred to notes from each conversation to summarize data for each theme, including relevant illustrative quotes in a structured table in Microsoft Excel.
2. Summaries were consolidated from the table by participant type (i.e., oral PrEP providers, FP providers) to identify commonly occurring themes and to allow comparison across groups.

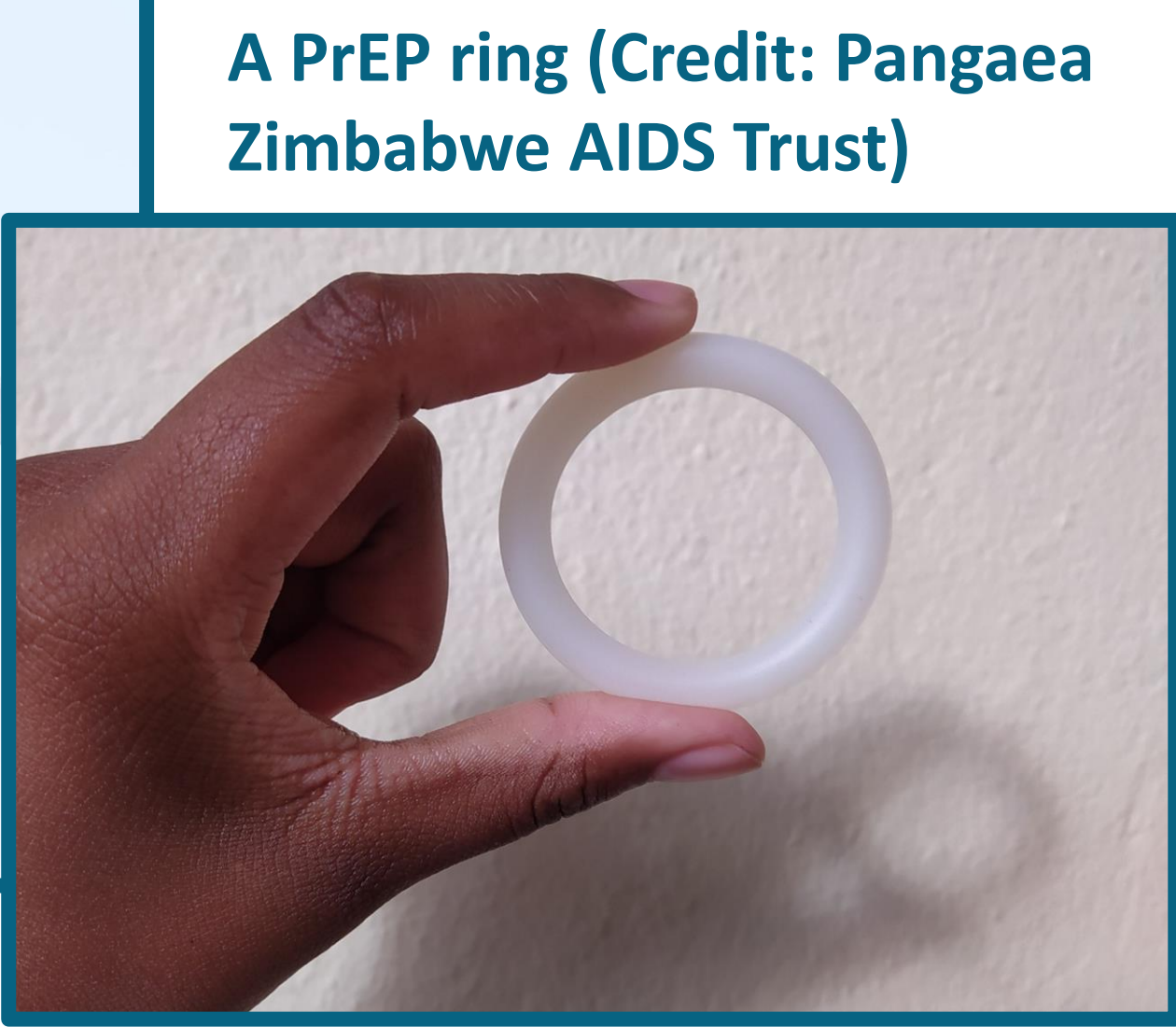
RESULTS

Five out of twelve PrEP providers were familiar with both the ring and injectable, and three out of twelve PrEP providers had heard of the injectable only. Two out of eight FP providers had heard about both methods (the ring and the injectable) whilst one out of eight FP providers had heard about the ring only, and two had heard about the injectable only. Providers felt that the long-acting nature of the ring would increase uptake and effective use among clients and noted that the ring expands choice for women. All providers thought that the injectable would also improve uptake and effective use because it is long-acting and can reduce the burden of daily pill taking for clients who might forget or are unable to take a daily pill. Providers mentioned that the ring and injectable provide a level of privacy for users because they are discreet, and no one has to know that they are using these methods. Public-sector providers were worried about the potential for increased workloads given current staffing shortages. Public-sector providers suggested removing user fees and establishing user support groups for improved service uptake and continuity. Providers also discussed implementation considerations around counseling, service integration, and tools and support materials to aid implementation.

“The injectable is good. Also has some privacy because no one will know that you are using that. There is no forgetting as well unless maybe you miss the due date of getting another injection. The injectable is 99% effective, it’s okay [acceptable].” - Female public-sector PrEP provider



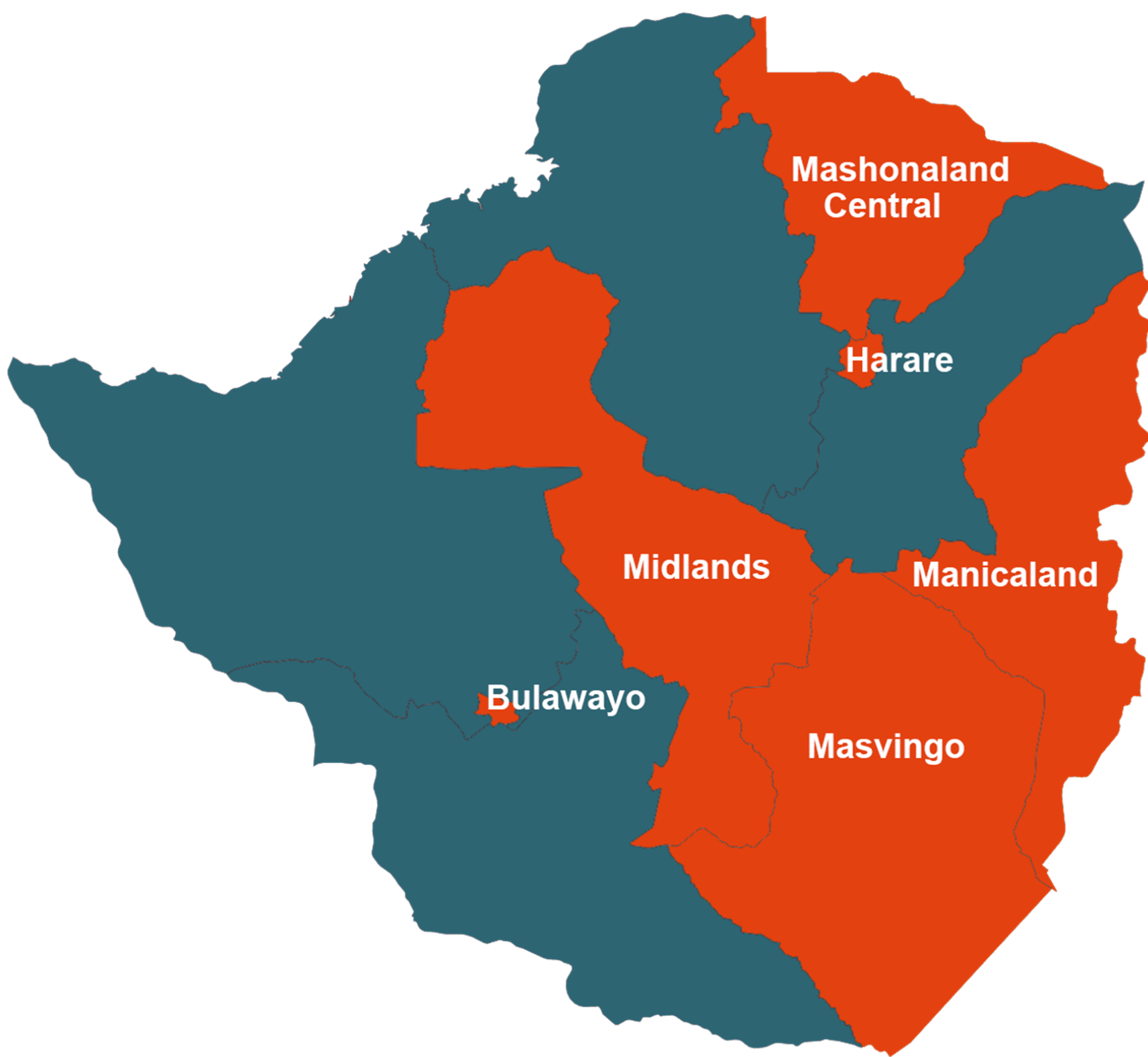
Injectable cabotegravir for pre-exposure prophylaxis - CAB PrEP (Credit: MasterTux, pixabay.com)



A PrEP ring (Credit: Pangaea Zimbabwe AIDS Trust)

GEOGRAPHY

Participants were drawn from six provinces: Bulawayo, Masvingo, Midlands, Harare, Manicaland, and Mashonaland Central, with support from the Ministry of Health and Child Care (MOHCC) as part of an evaluation of progress on the country’s PrEP Implementation Plan. The goal was to purposively sample health care providers of the following participant types: oral PrEP providers and FP providers.



Implementation considerations	Main issues	Suggestions for improvement
Counseling	<ul style="list-style-type: none">PrEP providers mentioned that counseling about various user requirements for multiple methods would be time-consuming.FP providers reported being familiar with counseling on multiple FP methods as well as FP products with varied efficacy.	<ul style="list-style-type: none">PrEP providers suggested that counseling be comprehensive to include side-effects, levels of effectiveness and product use requirements.Both FP and PrEP providers recommended use of demonstrations particularly on ring insertion during counseling sessions.
Service Integration	<ul style="list-style-type: none">FP providers anticipated challenges with clients who opt to receive CAB PrEP and two-month contraceptive injections and suggested the synchronization of visits to reduce client burden.	<ul style="list-style-type: none">All providers, particularly those from pharmacies and church-based facilities, welcomed integration of FP and HIV prevention services.Oral PrEP providers in larger public and private facilities suggested PrEP be offered across multiple departments to improve client flow and efficiency of service delivery
Tools and Support Materials	<ul style="list-style-type: none">-	<ul style="list-style-type: none">Both PrEP and FP providers desired additional training on new products and follow-up systems, samples of products for demonstrations during counseling, and educational materials such as posters and pamphlets to support client decision-making.

CONCLUSION

Health care providers who participated in our conversations expressed a need for training, tools, and support materials to enable them to provide comprehensive counseling on multiple PrEP methods. Ensuring that public health facilities are adequately staffed will ensure effective delivery of multiple PrEP methods. PrEP and FP services need to be integrated and delivered across multiple access points while ensuring the synchronization of visits for FP and PrEP products.

This work was 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) through the terms of cooperative agreements 7200AA19CA00002, 7200AA19CA00003, and AID-OAA-A-15-00045. The contents are the responsibility of the EpiC project, the RISE project, and Envision FP and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.