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

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.

**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

**CONCLUSIONS**

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.

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

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