Considerations for the delivery of new biomedical HIV prevention methods: Zimbabwe healthcare provider perspectives

EPC314

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 aligned 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 rings 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 suggested the synchronization of visits to reduce client burden.

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.