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BACKGROUND

In 2016 WHO recommended that oral pre-exposure prophylaxis (PrEP) be made available to anyone at substantial risk of becoming infected with HIV. The OPTIONS Consortium, through Pangaea Zimbabwe AIDS Trust, has been working in close collaboration with the Zimbabwe Ministry of Health and Child Care (MOHCC) to develop an implementation plan for the national rollout of oral PrEP in Zimbabwe, including how to rollout oral PrEP for young women at risk of HIV.

As Zimbabwe prepares its implementation plan for PrEP rollout, the MOHCC recognized the critical need to better understand communities' awareness of oral PrEP across districts and populations. Hearing community perspectives on the benefits of oral PrEP, concerns and misconceptions, and barriers to uptake could accelerate PrEP implementation and impact.



Community dialogue with female sex workers (FSWs) in Marondera

METHODS

In partnership with the MOHCC, we conducted community dialogues with potential oral PrEP users and community leaders to inform the national oral PrEP implementation plan.

Between August and September 2017, 21 community dialogues were held in 8 out of the 10 provinces of Zimbabwe. The dialogues were conducted among 10 population groups, namely adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), female sex workers (FSW), adult women and men, internally displaced populations, men who have sex with men (MSM), transgender populations, students in tertiary institutions, and community leaders. The community dialogues were led by trained moderators using a standardized discussion guide. A reporting tool was used to synthesize information gathered during the dialogues. The syntheses were reviewed to identify emerging themes regarding PrEP awareness, misconceptions, barriers and benefits.

The findings presented here are from the 14 consultations that included women, to highlight their specific experiences, concerns and issues.

Figure 1. Community dialogues by target population and demographics

Target population	Age range	No. of groups	Province	District	Mean age	No. of participants
AGYW	13 – 24	2	Harare Manicaland	Harare Buhera	20	59
FSWs	16 – 50	2	Mash East Mash East	Marondera Murehwa	28	74
Adult Women	17 – 50	3	Mat South Midlands Midlands	Beitbridge Lower Gweru Gweru	36	51
PLHIV	17 – 57	1	Manicaland	Mutare	34	23
Internally Displaced Populations	18 – 64	1	Harare	Hopley	37	19
Pregnant and Lactating Women	18 – 51	2	Mash East Bulawayo	Seke Bulawayo	26	63
Influential Leaders	27 – 75	1	Mash East	Seke	52	18
Students in Tertiary Institutions	18 – 26	2	Midlands Mash West	Gweru Chinhoyi	21	38
TOTAL		14 (67%)				345 (55%)

RESULTS

Knowledge

- Understanding of PrEP was limited, though some AGYW and FSW had heard of oral PrEP from past and ongoing research trials and demonstration studies within their localities.

Myths and Misconceptions:

- Various misconceptions around oral PrEP were evident. For example, many AGYW and FSW, confused oral PrEP with post-exposure prophylaxis or thought that PrEP works when taken just before a sexual encounter.
- Young women raised concerns about fertility after use of oral PrEP and whether PrEP could reduce contraceptive effectiveness.

"HIV testing requires one to go the clinic where we hardly go, so that does not work!"
(Young woman, Gutu)

"Will PrEP not affect my fertility or conception after using it for a while?" (Student from tertiary institution, Gweru)

Fears and Challenges:

- Communities and in particular FSW reported fears of HIV testing and stigma as a potential barrier to oral PrEP uptake, given that an HIV negative test would be required to access PrEP.
- Communities also expressed concerns about the government's capacity to provide oral PrEP, given existing challenges in providing consistent access to treatment for all people living with HIV.

Perceived Benefits:

- Young women viewed oral PrEP as an opportunity for empowerment and taking control over HIV risk in inequitable relationships.
- PrEP was viewed as especially empowering for those who were unable to successfully negotiate consistent condom use since oral PrEP can be used without a partner's knowledge or consent.

"Does PrEP work instantly to prevent HIV?"
(PLHIV, Mutare)

"My husband is based in South Africa and I only get to visit him once a year. Taking PrEP when I visit him will be a good thing for me since I don't trust him to abstain in between my visits" (Pregnant and lactating woman, Bulawayo)

"If I tell my boyfriend that I'm taking PrEP, he may start saying that we should have unprotected sex since PrEP will protect us"
(AGYW, Buhera)

"Is PrEP for girls only?"
(AGYW, Chitungwiza)

Planning for Success:

- There was a general consensus among the women involved in the dialogues on the need for communication that triggers action through the use of PrEP champions and persons living with HIV (PLHIV) to support adherence.

CONCLUSIONS

Communities are eager for oral PrEP rollout given the perceived benefits. However, there is a need to develop and implement effective communication strategies to ensure widespread, correct, and comprehensive knowledge of oral PrEP in communities, along with investments to ensure consistent availability and delivery of oral PrEP. Communications materials, messages, and client counseling should address misconceptions and concerns, as well as emphasize benefits of oral PrEP for women, including AGYW.

Findings from community dialogues are being used to refine and strengthen the Zimbabwe MOHCC training package for service providers, especially in the areas of health care workers' attitudes and addressing the needs of AGYW and FSW. Community dialogues will inform the orientation package for community-based health workers and community champions. The dialogues were instrumental in helping communities identify roles and responsibilities and build public consensus and commitment necessary for the implementation of oral PrEP in Zimbabwe.