Oral PrEP service delivery considerations in Zimbabwe: Lessons learned from health care providers

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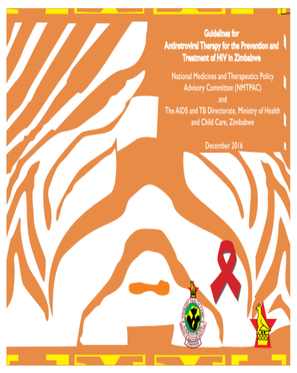
BACKGROUND

Oral pre-exposure prophylaxis (PrEP) is a new HIV prevention option within combination HIV prevention in Zimbabwe.



Oral PrEP is being offered to adolescent girls (AG, ages 15-19) and young women (YW, ages 20-24) in Zimbabwe who are at substantial risk of HIV infection. Health care providers (HCPs) are considered gatekeepers of new health products and interventions; and HCPs' knowledge, attitudes, and practices (KAP) will play a key role in determining the success of oral PrEP delivery in Zimbabwe.

Currently, oral PrEP is being delivered by selected programs in Zimbabwe, and plans are underway to scale up oral PrEP. Zimbabwe has about 10,000 people ever initiated on PrEP. To inform scale up of oral PrEP for AGYW in Zimbabwe, we assessed HCPs' knowledge and attitudes about providing oral PrEP, focusing on provision to AGYW. The primary objectives of the study were:

- Evaluate providers' familiarity with and knowledge of PrEP
- Explore providers' attitudes and beliefs towards PrEP delivery to target populations, with a focus on AGYW
- Explore providers' views on the feasibility and acceptability of adding PrEP delivery to HIV and reproductive health services

Here we present findings from qualitative in-depth interviews conducted with HCPs, specifically on HCP considerations for PrEP delivery.

METHODS

Design and sites

- Cross-sectional, descriptive, mixed-methods study
- 27 in-depth interviews (Jun-July 2018) with providers who previously participated in a survey (n=127; Jan-Feb 2018)
- From those who participated in the quantitative survey, extreme case sampling was employed to identify potential candidates to participate in the IDIs
- The extreme case sampling identified a mix of those who were pro-PrEP and those who were less supportive of PrEP among both the PrEP naïve and PrEP experienced HCPs.
- Cadres included: doctors, nurses, pharmacists, counselors and village health care workers

Study aims

- To provide further insight into quantitative findings
- To explore provider attitudes towards providing PrEP to AGYW
- To explore providers' view on the feasibility and acceptability of adding oral PrEP to current service delivery

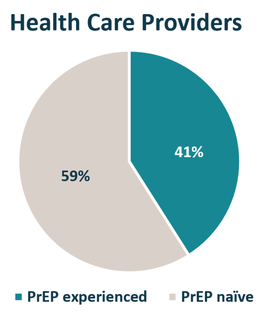
Qualitative analysis

- IDIs were coded in NVivo 12 and applied thematic analysis was conducted.
- Findings from the qualitative IDI interviews on health care provider considerations from both PrEP naive and PrEP experienced are presented here.

RESULTS

Demographics

Among the HCPs who participated in IDIs 11 (49%) had responsibilities related to PrEP, 16 (51%) were not delivering PrEP at the time.



PrEP naïve HCPs identified potential challenges, including:

- Lack of community awareness about differences between PrEP, post-exposure prophylaxis (PEP), and antiretroviral therapy
- Likelihood of experiencing drug stockouts, a common occurrence

> *(Potential challenges) may be availability of PrEP stocks for resupply and will people continue being provided with PrEP?*
> *—PrEP naïve provider*

- PrEP naïve providers were concerned about PrEP provision increasing their workload.

> *Yes, the workload will increase because we are already short staffed. If one is not at work, you actually feel the workload. As it is I am actually on leave, those at work they are enduring the night shift. They are actually waiting for their turn to go on leave.*
> *—PrEP naïve provider*

- By contrast, experienced PrEP providers found the workload reasonable. Experienced PrEP providers thought there were advantages to integrating PrEP into existing services, such as HIV testing, family planning, and cancer and STI screening.

Experienced PrEP HCPs described strategies they used to facilitate PrEP uptake, adherence, and high-quality services:

- They recommended intensive individualized PrEP counseling; transportation cost reimbursement for those who cannot afford; enhanced peer mobilizers to disseminate PrEP information and establishing relationships with organizations who could refer potential PrEP clients.

Meeting by Aneeque Ahmed from the Noun Project

> *We are also offering them PrEP bus fare, which I think is very important. Yes especially in terms of adherence because if they come and they […] feel like 'I cannot go to collect my prescription drugs because I don't have money' then it's a hindrance. So making sure that PrEP bus fares is available has also assisted us providing services.*
> *—PrEP experienced provider*

> *Then we have issue on mobilization we have what we call enhanced peer mobilizers who mobilize clients to take up PrEP. We also promote uptake at every entry point like HIV testing, family planning, cervical cancer screening so that promotes uptake, retention because we talk about PrEP.*
> *—PrEP experienced provider*

> *Challenges may arise with people fearing stigma as some may assume one is HIV positive since this drug is an ARV. There needs to be a very clear guideline on promoting and giving PrEP so it doesn't get abused (by providers selling PrEP to other people).*
> *—PrEP naïve provider*

pills by Rudez Studio from the Noun Project

> *Yes and also that they know that this is a KP clinic and also the staff are KP friendly so makes it easy for them to even refer their friends.*
> *—PrEP experienced provider*

- HCPs reported that strengths of existing PrEP services included comprehensive training on PrEP, provision of appropriate, non-judgmental services to key populations and maintenance of client records with nurses so clients did not have to pass through reception.

- Drug dispensing was tailored to individual needs, such as weekly dispensing if home drug storage is problematic and three-month supply for those unable to frequent the clinic.

> *There is also the issue of confidentially, here we value the clients confidentiality at time a client can request that we keep the book with us because they would not anyone to know that they on oral PrEP so we just do so, at times some will prefer taking a week's supply only and some may request that they don't want those medication bottles so we pack them in pill bags.*
> *—PrEP experienced provider*

CONCLUSIONS

These findings indicate that PrEP-naïve providers could learn from experienced providers, who have developed strategies for addressing key challenges in PrEP delivery to promote uptake and quality services. Future trainings should address the concerns raised. As PrEP delivery expands to the public sector, drug forecasting and supply chain issues should be addressed to avoid drug stockouts and instill confidence in providers.

Intensive individualized counseling is recommended to address individual barriers to continued use of PrEP. Community sensitization on PrEP is recommended to reduce community stigma.

Based on the results, MoHCC have facilitated the procurement of sufficient PrEP drugs to prevent stock outs, and plans are underway to conduct PrEP HCP training through a trainer of trainer strategy.

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