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BACKGROUND

Oral pre-exposure prophylaxis (PrEP) is a promising new HIV prevention option that is offered to populations at substantial HIV risk in Kenya, South Africa, and Zimbabwe, including adolescent girls (AG) ages 15-17 and young women (YW) ages 18-24. These countries differ in their strategy and scope of PrEP rollout (see Table 1). To inform provider training and PrEP service delivery, we conducted mixed methods implementation research with healthcare providers in 2017-2018 to examine providers’ attitudes and experiences delivering PrEP to AGYW.

METHODS

We surveyed providers in Kenya, South Africa and Zimbabwe who worked at public, private and non-governmental health facilities, including facilities offering oral PrEP during the study period and facilities that were likely to offer PrEP in the future. Follow-up qualitative in-depth interviews (IDIs) with select survey participants were conducted to better understand key PrEP rollout strategy by country.

RESULTS

Table 1. PrEP rollout strategy by country

<table>
<thead>
<tr>
<th>Country</th>
<th>IDI rollout</th>
<th>Survey rollout</th>
<th>HIV prevention services offered</th>
<th>Adherence and retention</th>
<th>Disclosing to parents and partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>2017 national rollout</td>
<td>2017-2018</td>
<td>N/A</td>
<td>79% AG, 87% YW</td>
<td>57% AGYW</td>
</tr>
<tr>
<td>South Africa</td>
<td>2018 phased approach targeting population with NCD risks</td>
<td>2018-2019</td>
<td>N/A</td>
<td>80% AG, 88% YW</td>
<td>60% AGYW</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2018 phased approach starting with NCD risks</td>
<td>2018-2019</td>
<td>N/A</td>
<td>76% AG, 86% YW</td>
<td>54% AGYW</td>
</tr>
</tbody>
</table>

Adherence and retention

More survey participants (76%) believed YW were responsible enough to take PrEP consistently compared to AG (48%) (see Figure 1). IDI participants with PrEP experience confirmed that adherence and retention have been challenging, particularly for AG, because of clients’ lack of PrEP knowledge, daily pill burden, lack of disclosure and support, and association of PrEP with HIV treatment. IDI participants also said that delivering services to YW is generally easier because they are “more mature” while some AG “don’t listen.”

Disclosing to parents and partners

In the survey, 34% thought AG should disclose to parents, and about half thought AG/YW should disclose to parents (52% AG, 57% YW) (see Figure 1). In IDIs, providers said that disclosing PrEP use could make adherence easier. Whether an AGYW disclosed PrEP use to her partner and parents or if they discovered she was using it, many providers were concerned about negative reactions due to lack of awareness about PrEP, negative assumptions about an AGYW’s sexual activity, or disapproval of her being sexually active.

CONCLUSIONS

Although PrEP delivery differs across countries, providers shared similar attitudes. Providers were generally supportive of PrEP for both age groups, but had more reservations about PrEP for AG. Hesitations about providing PrEP to AG seemed mostly related to negative attitudes about AG being sexually active and concern about the ability of AG to adhere, particularly if using PrEP without disclosing to parents and partners.

Recommendations & research utilization:

- Conduct values clarification training to help providers reflect on their personal views about AG being sexually active.
- Deliver tailored technical support to PrEP providers to help them deliver services that are responsive to the needs of AGYW.
- Assess which forms of provider support are most effective at increasing AGYW PrEP adherence and retention.
- Build providers’ capacity to counsel AGYW on whether/how to disclose PrEP use to partners and parents.
- Conduct community sensitization about PrEP as a prevention option for AGYW—particularly targeting parents/guardians and male partners—to make it easier for AGYW to use PrEP.

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