

Uptake and Continuation of Oral PrEP among Adolescent Girls and Young Women: Lessons learned from the SHAZ! HUB in Zimbabwe

Megan S. Dunbar,^{1,3} Gwen Chapwanya,² Joseph Murungu,² Imelda Mudekunye-Mahaka,² Definite Nhamo,² Kayla Stankevitz³, Theresa Hoke³

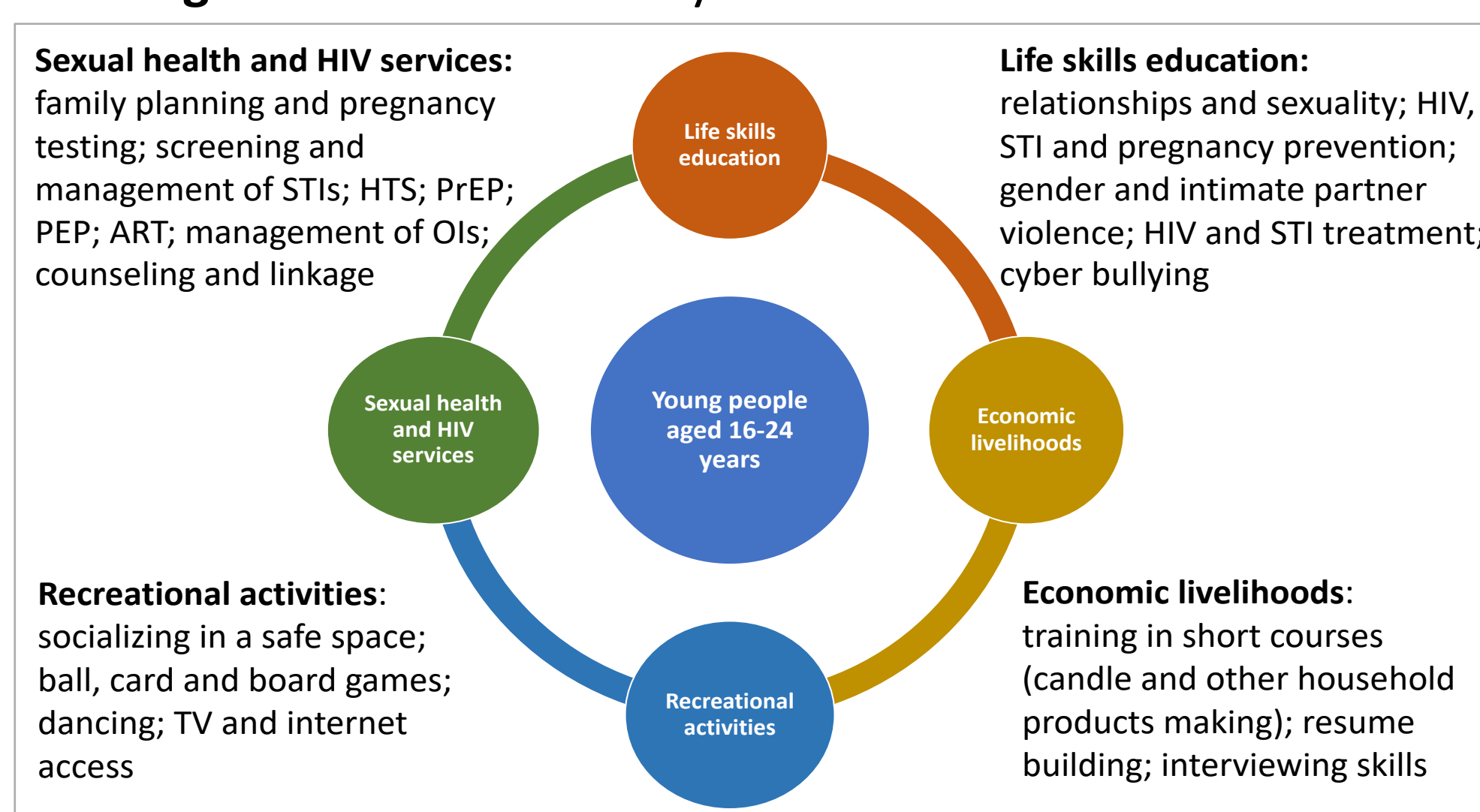
¹Independent consultant, USA ²Pangaea Zimbabwe AIDS Trust, Zimbabwe ³FHI 360, Durham, USA;

BACKGROUND

Programs offering oral pre-exposure prophylaxis (PrEP) to adolescent girls and young women (AGYW) have experienced low uptake and high discontinuation of PrEP.

The SHAZ! HUB is a youth drop-in center providing sexual health services to young people aged 16-24 in Zimbabwe. Among 92 AGYW on PrEP from January 2018 to June 2019, continuation at 1, 3, and 6 months was at 98%, 73% and 55% respectively.

Figure 1. Service delivery at the SHAZ! HUB



METHODS

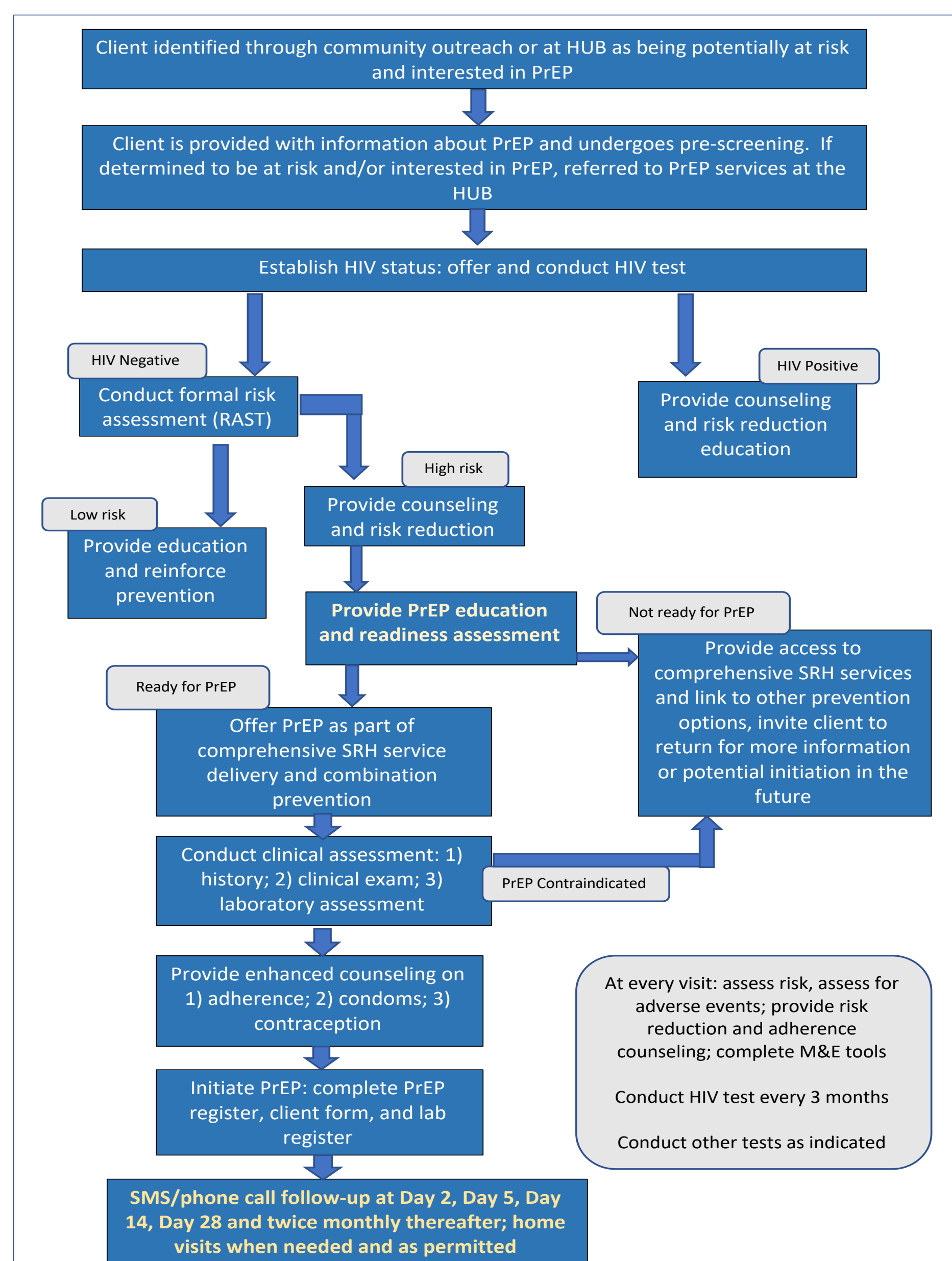
We conducted a programmatic review of the HUB service delivery model to explore factors contributing to the high continuation of PrEP by:

- documenting the PrEP service delivery model,
- analyzing data on PrEP uptake and continuation,
- conducting semi-structured interviews with program staff, and
- convening dialogues with AGYW prep-users to understand more about PrEP continuation.

RESULTS

The SHAZ! HUB PrEP Service Delivery Model

Figure 2. PrEP service delivery flow chart



AGYW Dialogues

AGYW value: 1) the HUB's accepting and private environment; 2) in-depth information about PrEP; 3) frequent (e.g. at 48 hours, and at 5, 14 and 28 days) and consistent follow-up via SMS/phone calls by peer educators, and home visits as needed and when permitted by clients; 4) integrated service delivery; and 5) peer educator support, especially in disclosing PrEP use.

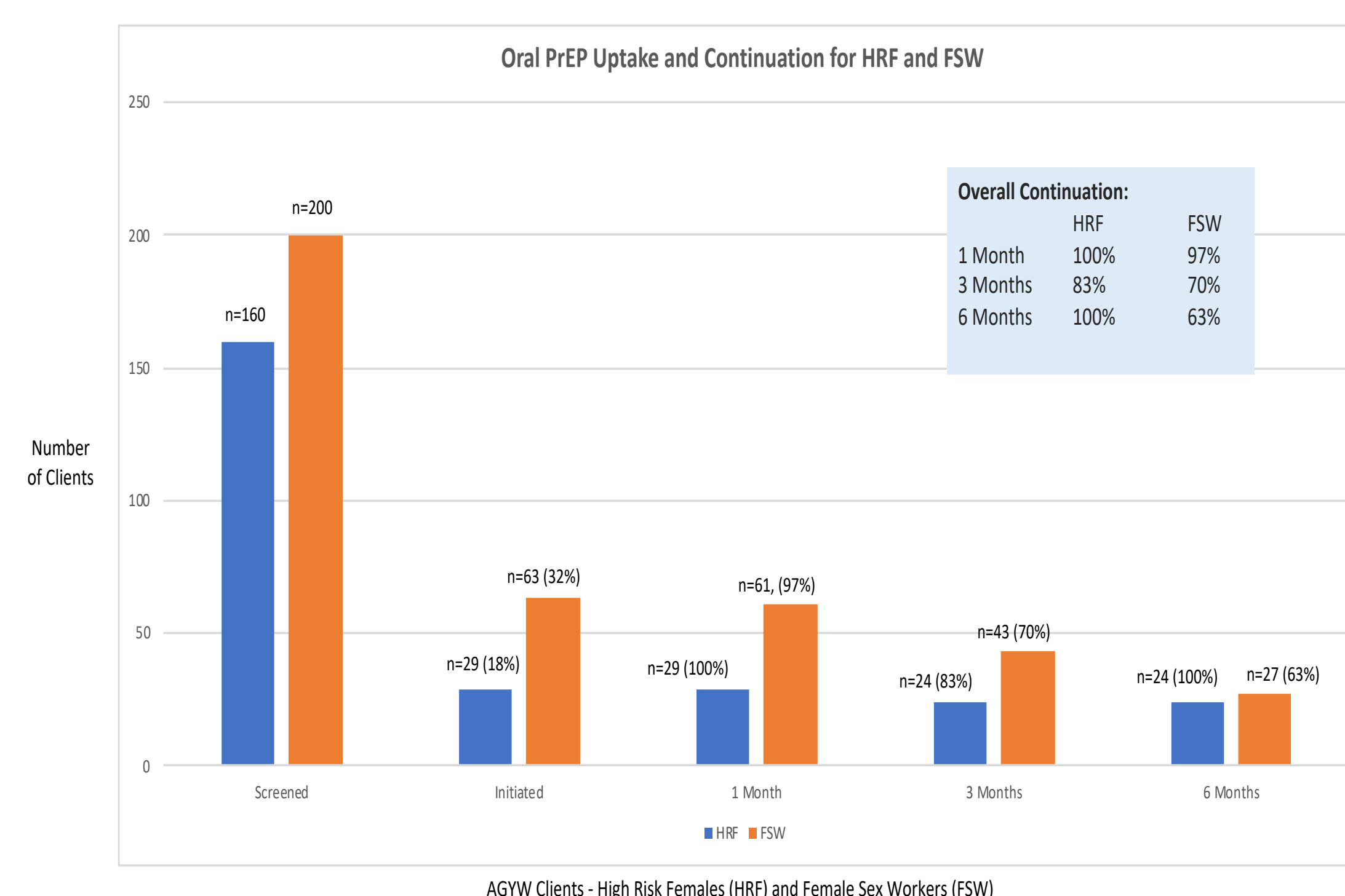


AGYW dialogue at the SHAZ! HUB (Credit: Joseph Murungu, PZAT)

Figure 4. Case Story #1 Nyasha and her mother

Nyasha (not her real name) is a young woman, aged 19 years, involved in sex work but staying with her parents. Nyasha met the HUB outreach team in the community where she was tested for HIV. During post-test counseling, the nurse told Nyasha about PrEP. Nyasha was excited to learn about PrEP, saying: *"When the male nurse told me about about PrEP, I thought to myself that the heavens had remembered me."* Nyasha was initiated on PrEP on that day. At home, she put the pill bottle in her drawer because she was not yet ready for her parents to know about her PrEP use. PrEP use went well, and Nyasha had started accessing other services at the HUB including contraception. However, three months later, while she had gone out, her mother discovered the hidden bottle. When Nyasha returned home, the mother asked Nyasha why she hadn't told her that she was HIV positive. Nyasha tried to explain that she was not HIV positive, but rather using PrEP – but her mother wouldn't listen. Nyasha then sent a "call me back" message to the peer educator, asking the peer educator to contact her mother. When Nyasha came home later in the evening, the mother had spoken to the peer educator and was much calmer saying to Nyasha, *"The girl I spoke to was very respectful. I learned a lot today. I wish this pill had been available long ago before I got infected."* Nyasha's mother has since become her strongest supporter, reminding her to take her pills every day and go for refills when the time has come.

Figure 3. AGYW Oral PrEP Cascade, January 2018 through June 2019



Management and Provider Perspectives

Staff highlighted the HUB's focus on promoting PrEP literacy and on assessing readiness to start PrEP (rather than on reaching high numbers of initiations), along with the frequent follow-up schedule, as the main contributors to high continuation of PrEP at the HUB.

CONCLUSIONS

Two unique aspects of the HUB model emerged from this analysis:

- The HUB's focus on offering PrEP to those who are both "at risk and ready."
- The HUB's comprehensive and strategically timed supportive follow-up of clients who initiate PrEP.

While the SHAZ! HUB model may be difficult to replicate in its entirety, key aspects could be applied in other settings without major additional investments - such as employing one or two peer educators focused on supporting PrEP use among AGYW, and in adopting phone messaging supportive follow-up at the intervals used at the HUB.

CORRESPONDING AUTHOR

Megan Dunbar, Consultant
FHI 360, Durham, NC, USA
megansdunbar@gmail.com

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