

## Engaging HIV-prevention ambassadors to promote oral PrEP among adolescent girls and young women: results of a Zimbabwe field test

Morgan Garcia, Definate Nhamo, Nicole Macagna, Takudzwa Mamvuto, Naledi Katsande, Giuliana Morales, Michele Lanham, Joseph Murungu, Imelda Mahaka, Natalie Kruse-Levy & Kristine Torjesen

To cite this article: Morgan Garcia, Definate Nhamo, Nicole Macagna, Takudzwa Mamvuto, Naledi Katsande, Giuliana Morales, Michele Lanham, Joseph Murungu, Imelda Mahaka, Natalie Kruse-Levy & Kristine Torjesen (2022): Engaging HIV-prevention ambassadors to promote oral PrEP among adolescent girls and young women: results of a Zimbabwe field test, African Journal of AIDS Research, DOI: [10.2989/16085906.2022.2093232](https://doi.org/10.2989/16085906.2022.2093232)

To link to this article: <https://doi.org/10.2989/16085906.2022.2093232>



© 2022 The Author(s). Co-published by NISC Pty (Ltd) and Informa UK Limited, trading as Taylor & Francis Group



Published online: 14 Sep 2022.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

## Research Article

# Engaging HIV-prevention ambassadors to promote oral PrEP among adolescent girls and young women: results of a Zimbabwe field test

Morgan Garcia<sup>1\*</sup>, Definate Nhamo<sup>2</sup>, Nicole Macagna<sup>1</sup>, Takudzwa Mamvuto<sup>2</sup>, Naledi Katsande<sup>2</sup>, Giuliana Morales<sup>1</sup>, Michele Lanham<sup>1</sup>, Joseph Murungu<sup>2</sup>, Imelda Mahaka<sup>2</sup>, Natalie Kruse-Levy<sup>3</sup> & Kristine Torjesen<sup>1</sup>

<sup>1</sup>FHI 360, Durham, USA

<sup>2</sup>Pangea Zimbabwe AIDS Trust (PZAT), Harare, Zimbabwe

<sup>3</sup>US Agency for International Development (USAID), Harare, Zimbabwe

\*Correspondence: [mgarcia@fhi360.org](mailto:mgarcia@fhi360.org)

The HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women was created in collaboration with adolescent girls and young women (AGYW) to improve skills, knowledge, and attitudes about oral pre-exposure prophylaxis (PrEP) among peer “ambassadors”. It was field tested with 17 ambassadors in Mazowe District, Zimbabwe and changes in ambassadors’ knowledge and attitudes about oral PrEP, as well as changes in oral PrEP uptake among AGYW in the district, were assessed. The training package improved oral PrEP knowledge among trained ambassadors and built AGYW’s skills to advocate for oral PrEP awareness and rollout. Use of the training package correlated with a 59% increase in oral PrEP uptake among AGYW in Mazowe District in the seven months following the training. The ambassador training package could help support oral PrEP introduction and scale up in countries with high HIV incidence by engaging AGYW in oral PrEP rollout in their communities.

**Keywords:** community-based healthcare, Mazowe, peers, sexual and reproductive health, young people

## Introduction

In 2015, the World Health Organization (WHO) strongly recommended that oral pre-exposure prophylaxis (PrEP) be offered to any person at substantial risk of HIV (WHO, 2015). Since that time, efforts have been underway to scale up access to and use of oral PrEP across the globe, including in sub-Saharan Africa, where adolescent girls and young women (AGYW) are twice as likely as their male peers to be living with HIV and accounted for more than half of new HIV infections in 2019 (UNAIDS, 2020). However, a lack of accurate, complete information about oral PrEP, the challenges accessing oral PrEP and other HIV prevention services, and low social support for PrEP use from peers and community members make it difficult for AGYW to utilise effective HIV prevention methods (Celum et al., 2019).

Peer support can contribute to improvements in sexual and reproductive health (SRH) knowledge and behaviour, including HIV prevention, among key populations in countries with high HIV burdens (Bhattacharjee et al., 2013; Pawa et al., 2013). In addition, recent evidence shows that the engagement of trained peer providers correlates with an increased demand for and uptake of oral PrEP among AGYW (Agunda et al., 2019). Experts in the field of adolescent and youth SRH also emphasise the importance of young people’s participation in programme planning and intervention design to both increase the likelihood

of programmatic success and to respect the rights of adolescents and young people (Chandra-Mouli et al., 2015; Villa-Torres & Svanemyr, 2015).

To build AGYW’s capacity to participate in oral PrEP programming, address the challenges mentioned above and in turn improve oral PrEP uptake and continuation among their peers, we utilised a participatory approach to engage youth in the design of a comprehensive HIV prevention ambassador training package, including education modules addressing oral PrEP (OPTIONS, 2019). This article provides an overview of the process used to develop the training package, as well as the outcomes of a field test of the training conducted by the non-profit organisation Pangea Zimbabwe AIDS Trust (PZAT) in Zimbabwe, to broaden the knowledge base regarding youth engagement in PrEP roll-out.

## Field test context

Oral PrEP was introduced in Zimbabwe in 2016, using a phased approach that focused on delivery through non-governmental organisation (NGO) clinics serving the country’s priority populations of AGYW and female sex workers, and gradually expanding to more facilities, including those serving men who have sex with men and serodifferent couples, who are also priority populations according to the national PrEP policy. Efforts to roll out oral PrEP across the country began at provincial facilities and then cascaded to district and community-level distribution points.

As a national NGO with extensive experience in HIV prevention and treatment, PZAT plays a major role in supporting oral PrEP roll-out and delivery in the country, with a focus on AGYW. Since 2006, PZAT has engaged AGYW peer educators, known as “ambassadors”, to promote HIV prevention and, since 2017, to encourage oral PrEP awareness, uptake and continuation in multiple districts across the country, including Mazowe, the focus site of this article. Each facility providing oral PrEP in Mazowe works closely with at least one ambassador who identifies and refers AGYW for oral PrEP uptake at the facility. Ambassadors in the district are supported by various local and international organisations.

Mazowe is a rural district north of Harare characterised by small-scale mining and subsistence farming. In 2018, its population of approximately 263 700 included 25 000 AGYW between ages 15 and 24 years. Zimbabwe does not collect HIV prevalence data specific to the AGYW population, but the mean prevalence of HIV among all 15- to 49-year-olds in Mazowe is 15% (US Census Bureau, n.d.).

According to oral PrEP implementation reports from 2017–2019, uptake was low among AGYW in the district, with a monthly average of about 30 PrEP initiations (approximately 0.1% of the AGYW population) in 2018 (amfAR, 2018), along with persistent continuation challenges among AGYW using oral PrEP. During ongoing community dialogues and health literacy sessions beginning in 2018, AGYW in Mazowe identified the following challenges to oral PrEP uptake and continuation: prevailing community beliefs that discourage the provision of SRH services to adolescents and young people; myths and misconceptions about HIV prevention and transmission; incomplete information about how to access HIV prevention services and products, including oral PrEP; lack of knowledge about how to manage oral PrEP side effects; and an inability to meet the costs associated with accessing health services.

### ***HIV prevention ambassador programming in Mazowe***

Ambassadors are typically young adults — predominantly AGYW aged 16 to 24 years — who have prior experience conducting community engagement and have demonstrated skills in communicating with their peers. Adults and young men also serve as ambassadors, depending on the local context and community dynamics. After receiving training from PZAT, ambassadors conduct health education activities in their communities using peer-initiated platforms such as WhatsApp groups, health literacy sessions and in-person conversations, and provide individual support and referrals to AGYW seeking HIV prevention services. Ambassadors receive refreshments, transport money and cell phone airtime and data bundles to help them carry out their work. In addition to providing education about and referrals for oral PrEP, ambassadors are involved in the distribution of HIV self-testing kits and support the conducting of follow-up referrals.

## **Methods**

### ***Package development***

During the initial phase of development from 2018–2019, local NGOs involved in HIV prevention among young people carried out guided discussions with AGYW in Kenya

(three groups with a total of 41 young women aged 18 to 21 years) and Zimbabwe (two groups with a total of 20 young women aged 15 to 24 years) to gain their input on the content, length and format of the package. The discussions took place in outreach centres where young people sought HIV prevention information and services and were led by experienced facilitators with expertise in youth engagement. Convenience sampling was used to select participants.

During those discussions, AGYW expressed a need for comprehensive, detailed information about HIV transmission, skills to respond to reports of gender-based violence from their peers and practice answering in-depth questions about PrEP from parents and other community members. Feedback from the AGYW also included a request to address stigma surrounding oral PrEP, mainly related to the common confusion that oral PrEP is actually a treatment for HIV rather than a prevention method. In addition, they requested that the training itself be highly participatory and that the package include a toolkit of hand-held resources for ambassadors to use.

Once a prototype of the training package had been completed, an in-person workshop was held in Harare with young women and implementing partners from East and southern Africa to refine the package. Three young women were invited to participate in the workshop based on their previous experience with HIV prevention advocacy and peer support, as well as their availability and interest in the training package. Two of these young women were representatives from HIV prevention advocacy organisations in Uganda and South Africa; one was a peer ambassador with PZAT and an oral PrEP client. Given these young women’s experience with oral PrEP service delivery and advocacy models, their input into the training package was distinct from the content and format suggestions the AGYW had made in the previous discussions. The combined input from AGYW at the two stages of development improved the relevance and youth-friendliness of training activities and increased the likelihood that participants would engage in interpreting the information and applying it to their work in communities.

### ***Application of best practices and international evidence***

To align the training package with the latest evidence on youth engagement, the development team reviewed existing evidence-based youth curricula and best practices (FHI 360/LINKAGES, 2017a; 2017b; International Treatment Preparedness Coalition and the AIDS Rights Alliance of Southern Africa [ITPC & ARASA], 2017; Plourde et al., 2018). The team also met regularly with regional and international youth and gender experts, as well as international advocacy groups, to solicit their input on the package’s content and approach. The feedback received through ongoing discussions, including regular monthly calls and ad hoc meetings, was incorporated into the final training package.

### ***The HIV prevention ambassador training package***

The final training package, originally developed in English, is tailored to reach individuals in any country who are interested in becoming HIV prevention ambassadors (OPTIONS Consortium, 2019). Although it is primarily intended to equip ambassadors to help AGYW remain HIV

negative, information introduced and reinforced through the training package is situated within a framework of sexual and reproductive health and rights, enabling ambassadors to support healthy behaviours and decision-making by all AGYW, including those who are living with HIV.

The training package was designed to increase the ambassadors' capacity to participate competently and actively in the planning and implementation of oral PrEP peer support programming, advocacy, strategy development, demand creation activities and community awareness raising. It leads ambassadors through a process of examining their communities and identifying sociocultural and behavioural barriers that AGYW face in preventing HIV. Once they have identified key issues, the ambassadors set goals related to HIV prevention in their communities and create action plans to accomplish them. Ambassador action plans are informed by the resources and support networks available to them and build on their individual strengths and interests. Participants in the training engage in role playing and other activities so they are prepared to carry out their action plans.

Using an interactive, youth-friendly approach, the package presents in-depth information on oral PrEP and gives participants the opportunity to learn and practise advocacy and peer support skills. The package contains oral PrEP-specific information, foundational knowledge about SRH and HIV transmission and prevention, an exploration of the complex relationships among gender dynamics, violence, sexually transmitted infections (STIs) and HIV vulnerability, and a toolkit for ambassadors to use in supporting peers, fostering discussion and conducting related activities in the community. Available in English, Shona and Kiswahili, the ambassador toolkit includes illustrations, scenarios and content that directly address requests made by AGYW during the development process, such as a tool outlining the differences between PrEP, post-exposure prophylaxis (PEP) and antiretroviral therapy (ART) and the basics of HIV transmission. It also contains worksheets that guide participants to identify their circles of influence, role play with peers and key stakeholders and outline plans for responding to peers who are experiencing difficulties.

### **Field testing**

In 2019, the English and Shona versions of the training package and toolkit were field tested with ambassadors in the Mazowe district. The field test — consisting of an initial three-day training session followed by seven months of community efforts by ambassadors and a refresher training session — was intended to rapidly identify any necessary changes to the training package prior to its publication, and to evaluate the success of the training itself. During the seven months of observation in Mazowe, additional ambassadors were trained in the Chitungwiza district in Zimbabwe, three provinces in South Africa and one county in Kenya to capture any further revisions needed to improve the training's relevance in those settings, although a formal evaluation of these field tests was not conducted (OPTIONS Consortium, 2020).

In Zimbabwe, both the initial and two-day refresher training sessions were facilitated by trained PZAT staff, including a field officer responsible for coordinating community activities with the ambassadors. Ambassadors

who were already serving in peer support and mentor roles through various youth projects in the district — each assigned to a specific health facility — were mobilised by local NGOs to participate in the field test.

Although the Mazowe ambassadors had already received some training about HIV prevention, they had not received standardised, detailed training on oral PrEP. HIV prevention ambassador training provided more in-depth information on oral PrEP as part of comprehensive HIV prevention and focused on improving peer navigation, action planning and advocacy skills. For example, during the training sessions, ambassadors identified the main barriers to oral PrEP uptake in the Mazowe district and worked out a plan to address them as a team.

To evaluate the immediate effect of the training package, all newly trained ambassadors completed a 29-item pre- and post-test questionnaire to assess changes in their knowledge about HIV prevention and oral PrEP. The questionnaire included prompts to correctly identify myths and facts about oral PrEP, as well as self-assessments of confidence in communicating about HIV prevention and perceptions about the right to access PrEP. Questions were presented in different formats, including matching, open text and true or false identification. PZAT staff also held audio-recorded, qualitative discussions in Shona with the ambassadors about the training and their experience applying what they had learned at six weeks and four months post-training. Facility-level data on oral PrEP uptake among AGYW was collected to estimate changes in uptake in the district during the field test. The Mazowe field test and related activities were reviewed by international and local ethical bodies, as required.

After completing the training, ambassadors returned to their communities and implemented the action plans they had developed. These plans included conducting oral PrEP literacy sessions with community members, both virtually and in-person, providing one-on-one support to AGYW and discussing barriers to oral PrEP uptake and continuation with programme staff who were scaling up oral PrEP. Over the seven-month period between receiving the training and the final review of oral PrEP uptake data in Mazowe, ambassadors used what they had learned in training, along with their toolkits, to educate others about oral PrEP and HIV prevention and to identify and refer eligible AGYW to their assigned facilities.

### **Analysis**

Ambassador training assessment data and PrEP uptake and continuation metrics were interpreted for this article using simple statistics. Recordings of group discussions were translated and transcribed in English using a one-step process. Qualitative data gathered through group discussions with ambassadors were analysed for quotes illustrating key themes based on the discussion guide, including toolkit utility, ambassador knowledge and confidence and provision of peer support.

### **Results**

The 17 ambassadors who participated in the field test ranged from ages 21 to 41 years, with the exception of one

55-year-old woman. Three ambassadors identified as male and the rest identified as female. The 55-year-old woman was included in the training due to her influence among AGYW in the community, who come to her for advice on health and other issues. Information about the ambassadors' sexual orientation and sex assigned at birth were not collected. Table 1 summarises the training participants' characteristics by age and sex. The pre- and post-test assessment showed an approximate 24% improvement in oral PrEP knowledge, from an average of 17 of 29 knowledge questions answered correctly (59%) to 24 of 29 answered correctly (83%).

During the qualitative discussions carried out at six weeks and four months post-training, ambassadors reported multiple benefits resulting from the standardised, up-to-date knowledge they had gained in training, including increased confidence, improved understanding of detailed information about HIV and oral PrEP, greater confidence in speaking about oral PrEP and the ability to successfully use the ambassador toolkit to increase their credibility and standing in their communities. Overall, ambassadors reported that the training helped them increase the number of AGYW that they referred for oral PrEP initiation at their assigned facilities. Within the first six weeks, the ambassadors reported referring 123 AGYW for oral PrEP, representing more than 20 new referrals per week.

Ambassadors also reported making regular phone calls and home visits to support AGYW with oral PrEP continuation. Two ambassadors recounted using their new, in-depth oral PrEP knowledge to support four AGYW to reinstate oral PrEP after they had stopped taking it due to side effects. One ambassador described the interactions as follows:

*The knowledge I gained in the training helped me to convince a girl to re-initiate oral PrEP when I told her that the side effects would subside with time. The girl also realised that the benefits of oral PrEP outweigh the challenges of side effects* (Female ambassador, 24 years old).

Another ambassador reported using her increased knowledge to help a peer seek STI screening and treatment as well as reinstate oral PrEP:

*I was able to help one of my clients get tested and treated for an STI, then I encouraged her to get back on oral PrEP* (Female ambassador, 23 years old).

In their comments, the Mazowe ambassadors emphasised the importance of their toolkits. Many reviewed the information in their toolkits prior to going out into the community and reported feeling confident about answering questions that they had previously referred to nurses. In addition, several ambassadors said they had shared their toolkits with peers to support their learning: "*When I give*

*them the book [toolkit] and fliers to read, they actually come back to me and [we go to the clinic together to] get PrEP"* (Male ambassador, 21 years old).

And, as one ambassador noted:

*Sometimes during literacy sessions, clients would think I am sharing my own opinion or what I think about PrEP, but I would then refer them to the facts in the book, and that would help them understand and believe what I had taught them* (Female ambassador, 55 years old).

Among the most commonly used tools at the four-month point were those that differentiate PrEP, PEP and ART, provide tips for consistent oral PrEP use and dispel myths about HIV. Using these and other tools from the training over the long term, ambassadors have been able to explain complicated concepts, which they believe has elevated their standing in the community. They report that they are now seen by community members as the "go-to professionals" for information on HIV prevention. This enhanced status has helped them gain access to new community groups, including religious sects and sex worker groups who had not engaged with the ambassadors previously.

One ambassador described supporting access to oral PrEP for a young woman who preferred to keep her oral PrEP use private from her polygamous husband: "*For example, I helped this girl who is from the apostolic sect, and now she is on PrEP and the husband and other wives will never know*" (Female ambassador, 29 years old).

After the training, ambassadors were able to take advantage of their increased knowledge and confidence to make other contributions to their communities and to advocate for systemic change. For example, ambassadors informed oral PrEP programmers of ongoing challenges identified by AGYW, including a localised shortage of HIV test kits, a district-wide shortage of condoms and lubricants and, for some, the prohibitive cost of the patient record books required prior to initiating oral PrEP. Ambassadors also initiated PrEP educational sessions in their communities after identifying community PrEP literacy as a gap during the training. In addition, the 17 ambassadors currently working in the district began supporting access to oral PrEP, helping ease congestion at health facilities during the coronavirus (COVID-19) pandemic by initiating and sustaining community-level distribution of oral PrEP.

Although formal evaluations were not conducted of the field tests carried out in locations outside of the Mazowe district, pre- and post-test results from participants in additional training sessions also reflect positive changes in knowledge of HIV prevention and oral PrEP after training (OPTIONS Consortium, 2020). These field tests did not identify any needed modifications to the overall training package.

### Oral PrEP uptake

The oral PrEP uptake data support ambassadors' assertions that, after receiving training, they had more success in referring their peers and other community members for oral PrEP. In the 10 months prior to the field test, the seven Mazowe facilities providing oral PrEP averaged 30 initiations by AGYW per month. In the seven months after the training (August 2019 — February 2020), an average of

**Table 1.** Mazowe ambassador training participant demographics: age and sex

Sex	Age (years)				
	20–24	25–29	30–34	35–39	40+
Female	6	4	1	2	1
Male	2	0	0	0	1

48 oral PrEP initiations per month occurred among AGYW at these facilities, reflecting an increase of 59% (Figure 1). Average uptake during each period (pre- and post-training) is illustrated by a horizontal line.

In September 2019, 10 additional facilities in the Mazowe district began providing oral PrEP as part of Zimbabwe’s national PrEP roll-out strategy and the US President’s Emergency Plan for AIDS Relief (PEPFAR) plan to expand support for oral PrEP delivery. The Mazowe ambassadors played a key role in this oral PrEP roll-out, spreading awareness about available services and spearheading the first referrals to the facilities. In January 2020, five new ambassadors (three young women of 21 to 22 years old, one 22-year-old man and one 35-year-old woman) were trained to support the additional 10 oral PrEP facilities. From August 2019 to February 2020, an average of 80 AGYW initiated oral PrEP each month across all 17 Mazowe clinics. District-wide, AGYW oral PrEP initiations increased by 166% after ambassador training was implemented and the 10 additional facilities began providing PrEP.

Figure 2 shows oral PrEP initiations among AGYW from October 2018 to July 2019 and the increase in monthly uptake from August 2019 to February 2020 at all 17 facilities providing oral PrEP in the district, including the average pre- and post-training uptake across all facilities.

Because oral PrEP use can be stopped and reinitiated safely, allowing AGYW to use the product depending on their

needs, defining and measuring continuation among users is challenging and requires individual follow-up and tracking (Stankevitz et al., 2020). Individuals initiating oral PrEP were not tracked as part of the field test or ongoing data collection in Mazowe. However, ambassador statements about supporting continued oral PrEP use were explored by aggregating the number of individuals receiving oral PrEP (newly initiated and ongoing users) at any time during a three-month reporting period (PEPFAR, 2019).

The number of new and ongoing AGYW oral PrEP users in the Mazowe district increased following the ambassador training and subsequent outreach to this population. Eight months after the training, the number of AGYW using oral PrEP had more than doubled, increasing from 248 in October–December 2019 to 541 in January–March 2020. Although much of this improvement can be attributed to an increase in oral PrEP initiations, the proportion of AGYW in the current use category also increased from 43% to 51%.

Taken together, the doubling of AGYW using oral PrEP and the disproportionate increase in current use among AGYW compared to other oral PrEP users suggest a positive trend in uptake and continued use among AGYW, above and beyond trends across the broader population, and support ambassadors’ statements about their work to improve oral PrEP continuation. Figure 3 illustrates the breakdown between AGYW and other PrEP users during the two quarters according to this metric.

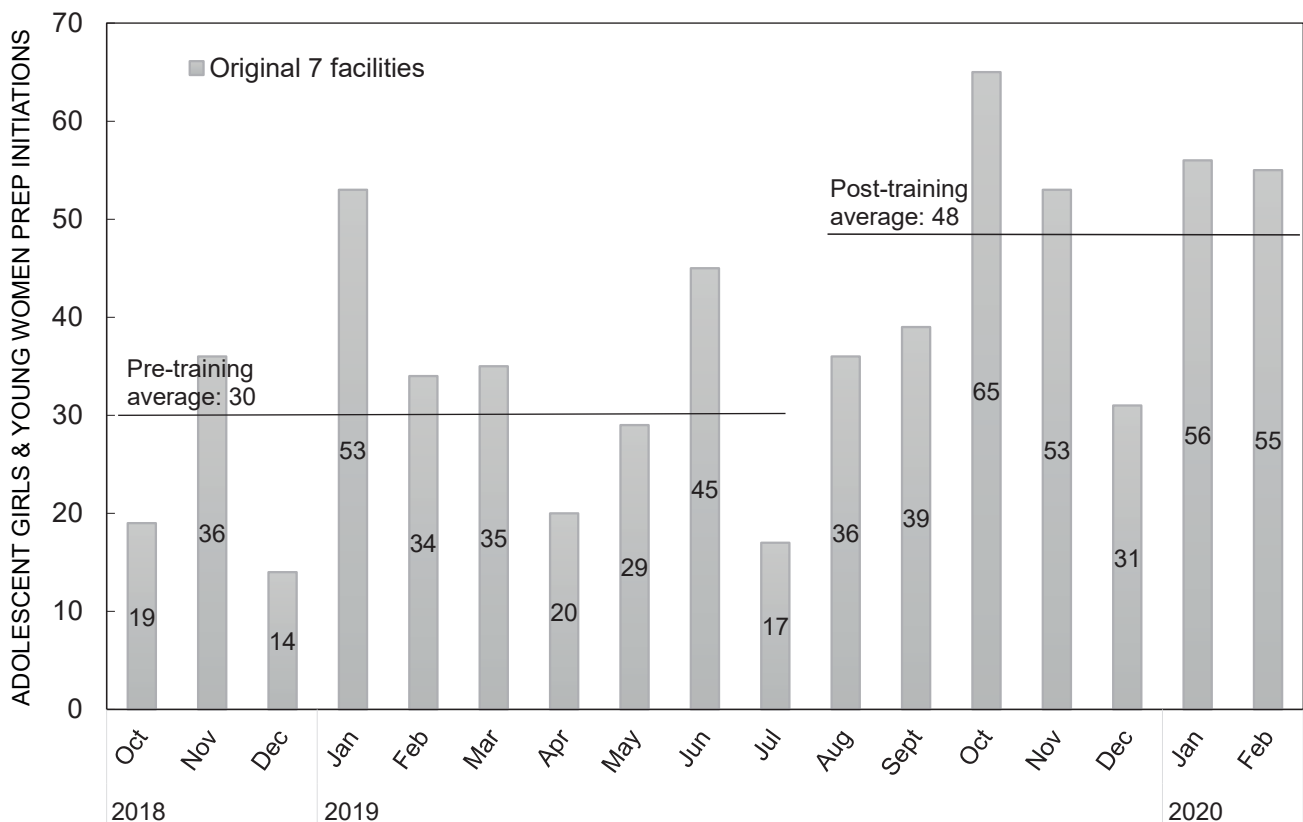
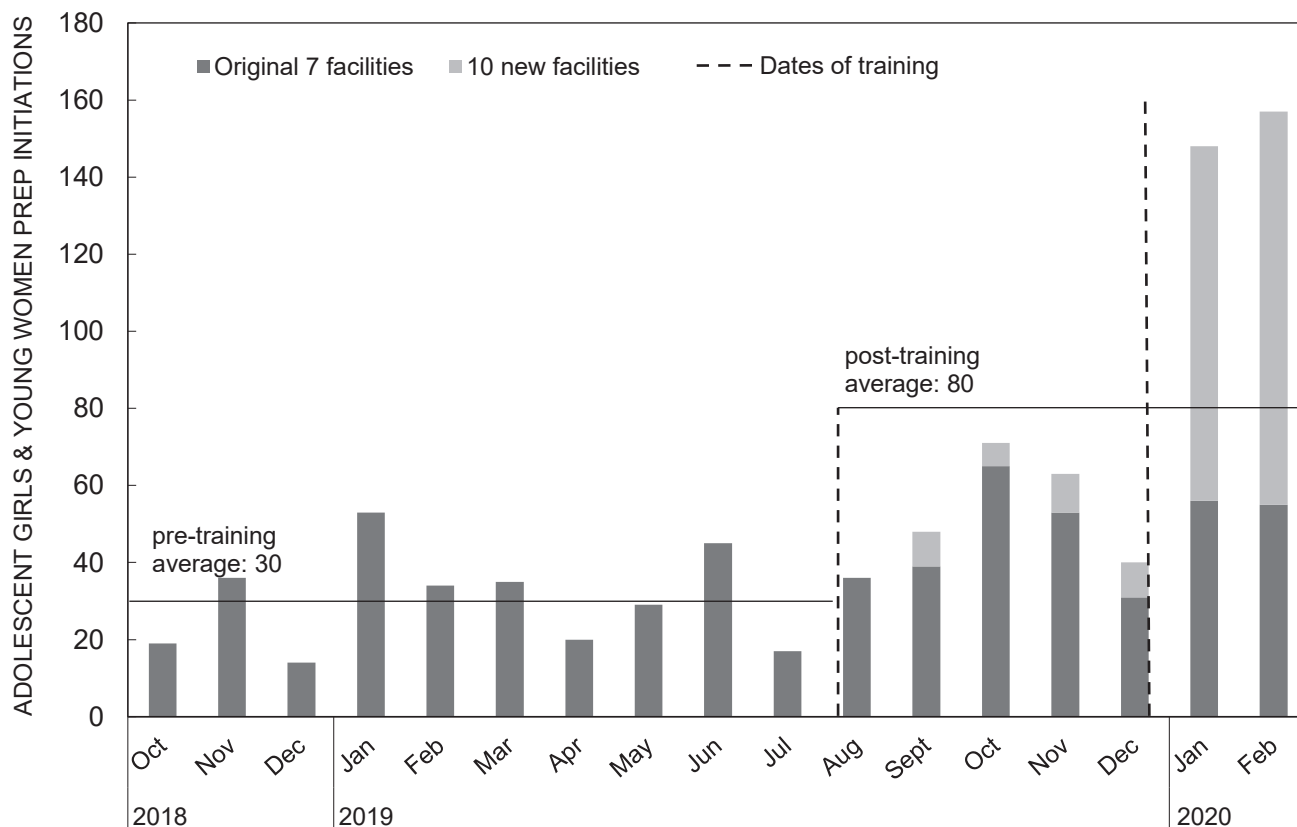


Figure 1. Adolescent girls and young women PrEP initiations by month, original seven facilities

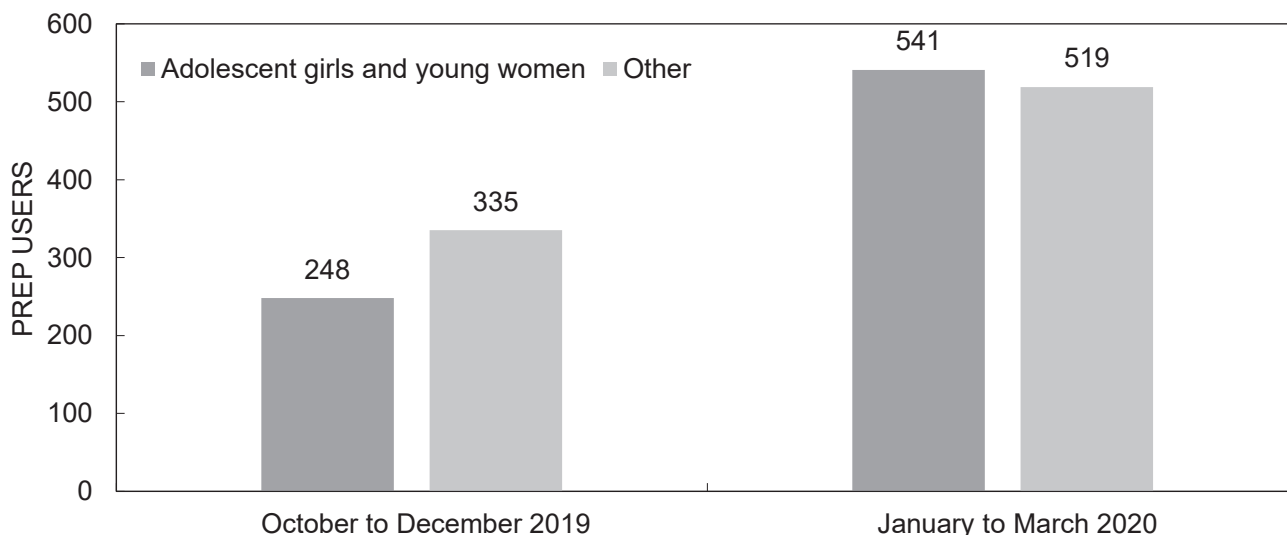
**Discussion**

We sought to use participatory practices to develop an oral PrEP-focused training module for peer ambassadors and to test the utility of that training via a field test of the training package with AGYW in the Mazowe district in Zimbabwe. Although no major issues were identified during the field test

of the training package or in subsequent training sessions, the Mazowe district experience suggests additional resources for ambassadors should be considered when planning future training sessions. As mentioned, ambassadors in the Mazowe district were supported with the basic resources needed to carry out face-to-face and virtual meetings, which foster community and group cohesion. Branded T-shirts,



**Figure 2.** Adolescent girls and young women PrEP initiations by month, all facilities



**Figure 3.** New and ongoing PrEP users in Mazowe by quarter

hats, bags and badges, provided at the ambassadors' request, helped identify them, provide a sense of belonging and bolster the standing of ambassadors in the communities where they worked. The Mazowe ambassadors also valued certificates of training completion because this positively differentiated them from their peers. Ongoing support offered by PZAT in the form of transport and communications costs, as well as continued mentorship and education, provides ambassadors with sounding boards and ensures that they can continue disseminating accurate, up-to-date information about a body of knowledge that continues to grow.

The Mazowe experience also shows that well-supported ambassadors can be instrumental in times of crisis. For example, since the COVID-19 pandemic began, the ambassadors have collaborated with health providers and facilities, serving as community-level distributors of oral PrEP to help reduce crowding in clinics. They have been sought after by service providers and community members to deliver this essential service with sensitivity during a time of major upheaval in the district.

Meaningful engagement of young people to increase demand for HIV prevention methods is a key aspect of prevention product roll-out. However, it is important to note that oral PrEP uptake and use do not occur in a vacuum: the attitudes of service providers, community support and ease of access influence AGYW's decisions, among other factors (Pilgrim et al., 2018; Rivet Amico & Bekker, 2019). National strategies should include efforts to make improvements in these areas and should elevate the voices of young people in policy and programme planning (Wigle et al., 2020; Plourde et al., 2021).

Oral PrEP continuation was not directly measured during this field test and is an important area for exploration in the future. As mentioned, although the Mazowe ambassadors highlighted examples of supporting their peers to continue or reinstate the use of oral PrEP, users were not tracked on an individual basis to determine whether the training had an overall impact on continuation in the district. Another limitation of this field test was that it did not explore how possible factors outside of the ambassadors' work could have affected AGYW's PrEP uptake in Mazowe. For example, although demand creation and community mobilisation efforts other than the ambassador training remained unchanged during the pilot period, the expansion of clinics offering oral PrEP services certainly improved PrEP accessibility in the district and could also have contributed to the increase in uptake among AGYW. In addition, this field test did not measure impacts among other populations who may be initiating oral PrEP.

The ambassador training package was adapted in 2020 for use by other populations, including pregnant and breastfeeding individuals, men who have sex with men, sex workers and transgender people, and a 2021 revision of the AGYW-focused training package includes the dapivirine vaginal ring as an additional biomedical HIV prevention option. The ambassador training will continue to be updated as HIV prevention science evolves and as new PrEP methods are introduced.

In addition, the oral PrEP modules of the AGYW training were adapted to an online platform in 2020 to facilitate training in the context of COVID-19. A formal evaluation

of the updated AGYW training package is planned for 2022–2023, and ongoing field tests will continue to explore the utility of the virtual approach with different population groups in the context of multiple biomedical HIV prevention products and as a remote educational option.

## Conclusion

The field test of the HIV prevention ambassador training built the capacity of Mazowe ambassadors to share accurate, complete information about oral PrEP with their peers and increased their confidence to work with oral PrEP providers as community-based distributors of PrEP, supporting the use of participatory youth engagement to develop the training itself. Standardised training materials and tools developed in collaboration with AGYW allowed supported ambassadors to share information on HIV prevention and expand community knowledge. The improvements that they attributed to the training enabled them to better assist their peers, their communities and key stakeholders to reduce the barriers that AGYW face when attempting to access oral PrEP and other SRH and HIV prevention services. Overall, oral PrEP uptake increased among this population in the months after implementation of the ambassador training package and the successful ambassador-supported roll-out of oral PrEP in 10 additional facilities.

Application of this training package requires minimal resources and can be carried out by any interested group that is able to organise the printing of manuals and coordination of a multi-day informal training session. Ambassador toolkits are publicly available in Shona and Kiswahili and can be translated into other languages if there is interest.

Equipping AGYW with knowledge and skills about oral PrEP as part of combination HIV prevention will help them quickly disseminate accurate information and support AGYW's access to HIV prevention services. Previous work (Iwasaki, 2016; Marcus & Cunningham, 2016) has shown that young people in ambassador roles can amplify the voices of their peers in efforts to reduce systemic challenges. Our experience suggests this is also true in the context of AGYW's use of oral PrEP.

Lessons learned during the Mazowe field test contribute to the growing body of evidence highlighting the importance of meaningfully engaging adolescents and young people to improve the health and lives of their peers — both as key partners in intervention design and as implementers (Chandra-Mouli et al., 2015; Melles & Ricker, 2018). We recommend that other implementers consider use of the training package in other contexts given the positive reception among AGYW in Mazowe and the potential public health benefits of rolling out PrEP to individuals who may not ordinarily visit a health facility. Increasing PrEP uptake and continuation among AGYW will contribute to reducing the HIV burden in this important population.

## Ethical considerations

The Mazowe HIV prevention ambassador field test and related activities were determined not to be research by the FHI 360 Office of International Research Ethics (IRBNet ID: 1465240).



**Acknowledgements** — This work was led by the OPTIONS Consortium, a programme made possible by the generous assistance from the American people through the US Agency for International Development (USAID) and the US President's Emergency Plan for AIDS Relief (PEPFAR). Financial assistance was provided by USAID to FHI 360 under the terms of Cooperative Agreement No. AID-OAA-A-15-00035. The contents do not necessarily reflect the views of USAID or the United States Government.

We acknowledge the Mazowe ambassadors and everyone who participated in the development and review of this report, including AVAC, FHI 360, LVCT Health, PZAT and the Wits Reproductive Health and HIV Institute (Wits RHI). We thank Collective Action for their work to create the original training package. The Mazowe field test would not have been possible without the collaboration and support of Zim-TTECH, the Zimbabwe Ministry of Health and Child Care and the Mazowe District leadership and clinic teams.

## References

- Agunda, P., Mutisya, E., Musau, A., Odera, C., Maikweki, L., Wango, B., Hongo, J., & Gwaro, H. (2019, October 2–4). *Increasing uptake of oral pre-exposure prophylaxis among adolescent girls and young women through youth peer providers in Migori County, Kenya* [Conference presentation]. International Workshop on HIV and Adolescence, Nairobi, Kenya.
- amfAR. (2018). Zimbabwe data. *PEPFAR monitoring, evaluation, and reporting (MER) database*. <https://mer.amfar.org/location/Zimbabwe/prevention>
- Bhattacharjee, P., Prakash, R., Pillai, P., Isac, S., Haranahalli, M., Blanchard, A., Shahmanesh, M., Blanchard, J., & Moses, S. (2013). Understanding the role of peer group membership in reducing HIV-related risk and vulnerability among female sex workers in Karnataka, India. *AIDS Care*, *25*(Suppl. 1), S46–S54. <https://doi.org/10.1080/09540121.2012.736607>
- Celum, C. L., Delany-Moretlwe, S., Baeten, J. M., van der Straten, A., Hosek, S., Bukusi, E. A., McConnell, M., Barnabas, R. V., & Bekker, L. G. (2019). HIV pre-exposure prophylaxis for adolescent girls and young women in Africa: From efficacy trials to delivery. *Journal of the International AIDS Society*, *22*(Suppl. 4), 3–5. <https://doi.org/10.1002/jia2.25298>
- Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., & Temmerman, M. (2015). Twenty years after the International Conference on Population and Development: Where are we with adolescent sexual and reproductive health and rights? *Journal of Adolescent Health*, *56*(Suppl. 1), S1–S6. <https://doi.org/10.1016/j.jadohealth.2014.09.015>
- FHI 360/LINKAGES. (2017a). *Enhanced peer outreach approach (epoa) training curriculum for peer outreach workers*. <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-enhanced-peer-outreach-training.pdf>
- FHI 360/LINKAGES. (2017b). *Peer navigation training: core modules*. <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-peer-navigation-facilitators-guide.pdf>
- International Treatment Preparedness Coalition & the AIDS Rights Alliance of Southern Africa (ITPC & ARASA). (2017). *What works for me: differentiated service delivery activist toolkit*. <https://itpcglobal.org/wp-content/uploads/2018/11/ITPC-DSD-Toolkit-Nov-2018.pdf>
- Iwasaki, Y. (2016). The role of youth engagement in positive youth development and social justice youth development for high-risk, marginalised youth. *International Journal of Adolescence and Youth*, *21*(3), 267–271. <https://doi.org/10.1080/02673843.2015.1067893>
- Marcus, R., & Cunningham, A. (2016). *Young people as agents and advocates of development: Evidence gap map report*. Overseas Development Institute. <https://cdn.odi.org/media/documents/11187.pdf>
- Melles, M. O., & Ricker, C. L. (2018). Youth participation in HIV and sexual and reproductive health decision-making, policies, programmes: Perspectives from the field. *International Journal of Adolescence and Youth*, *23*(2), 159–167. <https://doi.org/10.1080/02673843.2017.1317642>
- OPTIONS Consortium. (2019). *HIV prevention ambassador training package for adolescent girls and young women*. FHI 360. [https://www.prepwatch.org/wp-content/uploads/2020/11/HIV\\_PreventionAmbassadorTraining\\_AGYW\\_Nov2020.pdf](https://www.prepwatch.org/wp-content/uploads/2020/11/HIV_PreventionAmbassadorTraining_AGYW_Nov2020.pdf)
- OPTIONS Consortium. (2020). *HIV prevention ambassador training workstream brief*. FHI 360. <https://www.fhi360.org/sites/default/files/media/documents/resource-OPTIONS-8-AmbassadorTraining-Final.pdf>
- Pawa, D., Firestone, R., Ratchasi, S., Dowling, O., Jittakoat, Y., Duke, A., & Mundy, G. (2013). Reducing HIV risk among transgender women in Thailand: A quasi-experimental evaluation of the sisters program. *PLoS One*, *8*(10), e77113. <https://doi.org/10.1371/journal.pone.0077113>
- Pilgrim, N., Jani, N., Mathur, S., Kahabuka, C., Saria, V., Makyao, N., Apicella, L., & Pulerwitz, J. (2018). Provider perspectives on PrEP for adolescent girls and young women in Tanzania: The role of provider biases and quality of care. *PLoS One*, *13*(4), e0196280. <https://doi.org/10.1371/journal.pone.0196280>
- Plourde, K., Healy, E., & Ippoliti, I. (2018). *YouthPower Action AGYW mentoring program toolkit*. USAID's YouthPower Implementation, YouthPower Action. [https://www.youthpower.org/sites/default/files/YouthPower/files/resources/YouthPower%20Action%20AGYW%20Mentoring%20Program%20Toolkit-Final\\_0.pdf](https://www.youthpower.org/sites/default/files/YouthPower/files/resources/YouthPower%20Action%20AGYW%20Mentoring%20Program%20Toolkit-Final_0.pdf)
- Plourde, K., Nanda, G., Healy, E., Kibwola, D., Mutonyi, P., Ochwo, M., Okello, F., & Cunningham, J. (2021). Implementation of Anyaka Makwiri: A multicomponent mentoring program for adolescent girls and young Women in Uganda. *Journal of Youth Development*, *16*(2–3), 278–286. <https://doi.org/10.5195/jyd.2021.1003>
- Rivet Amico, K., & Bekker, L. G. (2019). Global PrEP roll-out: Recommendations for programmatic success. *The Lancet HIV*, *6*(2), e137–e139. [https://doi.org/10.1016/S2352-3018\(19\)30002-5](https://doi.org/10.1016/S2352-3018(19)30002-5)
- Stankevitz, K., Grant, H., Lloyd, J., Gomez, G. B., Kripke, K., Torjesen, K., Ong, J. J., & Terris-Prestholt, F. (2020). Oral preexposure prophylaxis continuation, measurement and reporting. *AIDS (London, England)*, *34*(12), 1801–1803. <https://doi.org/10.1097/QAD.0000000000002598>
- UNAIDS. (2020). *Global HIV & AIDS statistics factsheet*. <https://www.unaids.org/en/resources/fact-sheet>
- US Census Bureau. (n.d.). *Zimbabwe population estimates and projections 2000–2025*. <https://www.census.gov/geographies/mapping-files/time-series/demo/international-programs/subnationalpopulation.html>
- US President's Emergency Plan for AIDS Relief (PEPFAR). (2019). *PEPFAR monitoring, evaluation, and reporting indicator reference guide*. <https://www.state.gov/wp-content/uploads/2019/10/PEPFAR-MER-Indicator-Reference-Guide-Version-2.4-FY20.pdf>
- Villa-Torres, L., & Svanemyr, J. (2015). Ensuring youth's right to participation and promotion of youth leadership in the development of sexual and reproductive health policies and programs. *The Journal of Adolescent Health*, *56*(Suppl. 1), S51–S57. <https://doi.org/10.1016/j.jadohealth.2014.07.022>
- Wigle, J., Paul, S., Birn, A., Gladstone, B., & Braitstein, P. (2020). Youth participation in sexual and reproductive health: Policy, practice, and progress in Malawi. *International Journal of Public Health*, *65*(4), 379–389. <https://doi.org/10.1007/s00038-020-01357-8>
- World Health Organization. (2015). *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. [http://apps.who.int/iris/bitstream/handle/10665/198064/9789241509893\\_eng.pdf;jsessionid=578EA74145E624F4B364C1D198BD729A?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/198064/9789241509893_eng.pdf;jsessionid=578EA74145E624F4B364C1D198BD729A?sequence=1)