Moving from biomedical HIV prevention to "V ineka that, that, that!": Early insights from implementing "V" in Zimbabwe

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BACKGROUND

Adolescent girls and young women (AGYW) in Eastern and Southern Africa face a disproportionate and persistent risk of HIV infection risk. In Zimbabwe, new infections are more than double those among young men. HIV prevention options, including oral pre-exposure prophylaxis (PrEP), are available but AGYW face significant barriers to PrEP uptake and continuation. To inform implementation and scale up, our objective was to characterize early learnings from an innovative intervention aimed at increasing PrEP among AGYW by reframing it as an empowering self-care product that young women desire.

Program Description

"V" was designed to increase oral PrEP uptake and continuation among AGYW by shifting the messaging from "don't get HIV" to "empower yourself." Through user design, young women and healthcare providers in South Africa informed the development of "V", resulting in four programmatic pillars—Create Demand, Prep for PrEP, Initiation, and Continuation—and associated materials to support demand creation, implementation, outreach, and peer support.

In 2019, the EngageDesign consortium—including McKinsey & Company, Matchboxology, and PATH—partnered with Population Services International Zimbabwe (PSI), Pangaea Zimbabwe AIDS Trust (PZAT), and the Zimbabwe Ministry of Health and Child Care (MoHCC) to adapt the "V" brand and approach to local contexts in Zimbabwe. This included (1) human centered design to adapt materials from South Africa to Zimbabwe and (2) designing implementation strategies to integrate "V" within existing healthcare delivery platforms. Clinics in four district settings—Bulawayo, Gweru, Chipinge, Chitungwiza—were selected for adapting and implementing "V", all which offer services in static health facilities and through outreach approaches.

The "V" materials (Figure 1) include posters, an educational pamphlet, flipchart, healthcare worker training manual, "V" Starter Kit (makeup bag, pill case, FAQ booklet, reminder sticker and box for pill bottle), Brand Ambassador PrEP toolkit, and T-shirts—all of which help to enable a PrEP service provider to reframe a young women's PrEP user experience, moving from "demand" for a product to "desire" for a product.

Following adaptation of the materials, 30 healthcare workers and 28 Brand Ambassadors (who bridge connections between communities and health facilities through serving as PrEP champions and peer educators) participated in "V" training from 7-9 April 2021. The training focused on the objectives of the pilot, what the four "V" pillars and associated materials consisted of and how to integrate them into facility- and outreach-based implementation contexts, as well as peer-to-peer in-person and virtual engagements.

METHODS

The "V" pilot officially launched in April 2021. To inform ongoing implementation and scale up, data was collected early in implementation (within the first 3 months) to answer key learning questions :

- Is "V" acceptable to healthcare workers, Brand Ambassadors, and AGYW? Why or why not?
- Is "V" feasible for healthcare workers and Brand Ambassadors to introduce and implement? Why or why not?
- What needs to be adapted about "V" implementation going forward?
- What are the key cost considerations for implementing "V" in clinics already offering PrEP services to AGYW?

Qualitative Data Collection, Management, and Analysis

Site observations and interviews explored the acceptability of "V" and its relevance to target users, as well as the feasibility of integrating "V" into existing service delivery, and any unintended consequences of the "V" intervention. Due to COVID-19 precautions, two rounds of virtual site monitoring video calls, at 2- and 10- weeks post-launch, were conducted with each of the four facility-based Site Managers utilizing a site monitoring checklist tool to obtain information regarding PrEP service provision at the facility and via outreach services, to understand implementation fidelity and context. Video calls included walkthroughs of the clinic space to review placement of "V" materials", explain how "V" was integrated into existing clinic flows, and troubleshoot challenges.

In-depth interviews were conducted with three types of respondents purposively sampled from the four project sites: healthcare workers involved in implementing "V" at facilities and outreach sites, Brand Ambassadors involved in engaging AGYW and creating demand for "V", and young women ages 18-24 who were offered PrEP. All participants provided verbal informed consent to participate in the interviews and to be audio-recorded for transcription purposes. Interviews were conducted in English, Shona, or Ndebele depending on the preferences of the respondent. Brand Ambassadors and young women who participated in the interviews received US$10.00 each for data and airtime reimbursement.

In line with the framework method for qualitative data management and analysis, the interviewer transcribed and summarized notes and illustrative quotes and organized the data in an Excel-based matrix to enable data comparisons by thematic area.

Cost Data and Analysis

Project budgets and invoices were reviewed to compile unit cost data and procurement quantities for all "V" materials. Cost data is presented for the full package of V materials as well as for a subset of materials for AGYW deemed "most essential" by the interview respondents.

RESULTS

In total, 46 in-depth interviews were conducted: Healthcare workers (n=10); Brand Ambassadors (n=10); and young women (n=26 interviews). Healthcare workers included integrated HIV care nurses, a nurse counselor, a registered nurse clinician, and a midwife. Brand Ambassadors, all female, ranged in age from 23 to 27 and included a mix of current or previous PrEP users (n=4) and non-users (n=2). Young women respondents had a mean age of 21.1 years and most reported current PrEP use at the time of interview (n=21), including two who previously discontinued PrEP and reinitiated after "V" launched. Among current PrEP users interviewed, most were newly initiated after "V" launched and most (n=15) had already returned after 30 days to pick up their first refill.

Acceptability & Feasibility

Interviews indicated "V" resonated strongly with respondents for several reasons, including:

- **Content of the "V" materials—**factual, concise, and thought-provoking, which prompts the readers to want to enquire about what the message is all about (Figure 2) . Statements on the posters such as "What! No More HIV?", "Some People will Never Get HIV", and "Stay HIV Negative with PrEP", served a double purpose of sharing information and raising curiosity. "V" also addressed an existing gap in communication materials.
- **"V" brand resonates with AGYW—**AGYW find the brand attractive and aligned to modern trends, including bright bold colors, trendy font and contextual images. One young woman described "V" as "V ineka that, that, that!" which translates to "in a class of its own!"
- **"V" means PrEP and becomes the *Girl Code*—**"V" replaces the word PrEP and reduces stigma concerns with PrEP as a pill associated with sex work, men who have sex with men, and connotations of promiscuity. "V" makes referring to PrEP easy and an open secret code for girls who are smart to slay and take care of themselves at the same time.

> *"…V is a gamechanger. We know the barriers to uptake of PrEP among the AGYW. The pill case addresses a real challenge of the rattling noise of the PrEP bottle. The pamphlets and posters address the lack of PrEP related information, education, and communication materials which we need so urgently…" – Healthcare worker*

Implementing "V" in a variety of settings including static facilities, outreach settings, and online fora, was considered feasible and efficient by healthcare workers and Brand Ambassadors, including integrating with adolescent health services and through outreach events.

Interest in "V" beyond AGYW was substantial. Minor adaptations to "V" materials (color, size) were identified to better suit the context. While "V" was feasible, early implementation experiences revealed several challenges and/or unintended consequences, including unwanted disclosure associated with the materials (e.g., make up bag) and substantial interest in "V" from beyond the AGYW target group.

Cost of "V" Materials

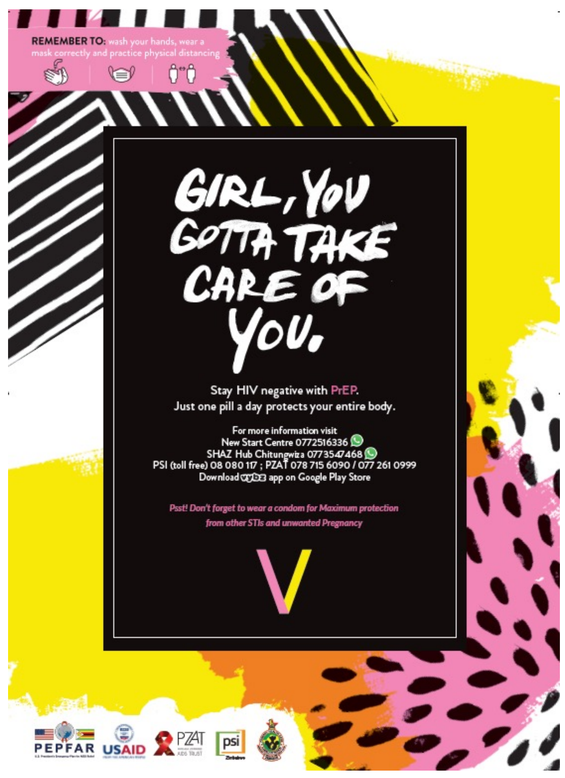
Costs are highly variable depending on context, level of adaptations required, and package of "V" materials selected. Young women interviewed ranked the FAQ insert, the pill case, the makeup bag, and the reminder sticker as most essential and useful, which sum to an approximate cost of $7.61 per AGYW initiated on PrEP. Additional materials highly rated include data/airtime for Brand Ambassadors, T-shirts, the educational flipchart, and the Brand Ambassador toolkit.

DISCUSSION

Reducing new infections among AGYW requires addressing their unmet HIV prevention needs through adapting strategies that address their unique vulnerabilities. Early implementation learnings indicate "V" is an acceptable and feasible innovation to help support AGYW in engaging with PrEP as an HIV prevention strategy in Zimbabwe.

National scale up discussions are ongoing pending impact analyses and sustainability considerations. Given cost considerations, plans for scale up could explore savings through higher volume procurement and/or by adopting a customized lighter package of the most essential materials. The applicability of components of "V" to other target groups can also be explored, for example given the widespread interest in the pill case.

Figure 2. A "V" poster that generated high interest and curiosity among young women.



Learnings from this evaluation indicate "V" is acceptable in static and outreach sites implemented by private sector NGOs (PSI and PZAT), and that there could be broader applicability to integrate "V" within government facilities in Zimbabwe. Data on the effectiveness of "V" on PrEP uptake and continuation among AGYW will be available in 2022 following one year of implementation and will be analyzed and synthesized alongside these early learnings.

CONCLUSION

Through reframing PrEP, "V" demonstrates promise as a multi-level intervention to facilitate ease of access, uptake and continued use of PrEP among AGYW. This study adds to growing evidence on the feasibility and acceptability of multi-level interventions to improve PrEP access, uptake, and continuation among AGYW, and can be further adapted to suit a variety of contexts. Policy makers and programmers in Zimbabwe are encouraged to consider higher volume procurement and a customized lighter package of "V" materials, which can retain "V"'s core approach while promoting broader scaling.

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Figure 1. "V" supports AGYW along their PrEP journey by creating an empowering first experience with PrEP through a "V Starter Kit" delivered at PrEP initiation by supportive health care workers.