

PROVIDING PrEP IN THE PUBLIC SECTOR: A QUALITATIVE STUDY EXPLORING THE PERSPECTIVES ON CLIENT UPTAKE, ADHERENCE, AND CONTINUATION OF PrEP

INTRODUCTION

The Ministry of Health and Child Care in collaboration with the Zimbabwe National Family Planning Council (ZNFPC) and the Clinton Health Access Initiative Inc. (CHAI), has offered oral pre-exposure prophylaxis (PrEP), as per national HIV treatment guidelines at two public sector facilities beginning in January 2018. In the past, PrEP has primarily been offered in the context of research studies, but this pilot was designed to assess the feasibility of offering PrEP as part of comprehensive HIV prevention services at public sector facilities. The two pilot facilities, one in a rural area and the other in an urban area, had initiated 151 clients on PrEP by the end of June 2018. As part of the assessment of this pilot PrEP program, the ministry and CHAI undertook a study to understand the perspectives of clients on key barriers, enablers, and motivators associated with starting PrEP, adhering to PrEP, and continuing PrEP.

STUDY APPROACH

A qualitative study was carried out using in-depth, semi-structured interviews with clients who were offered PrEP. During client appointments, health workers screened and enrolled eligible clients on PrEP (see box at right). Health workers asked if clients were willing to be contacted for an interview. Based on periodic review of PrEP client files, potential participants were identified and categorized into five subpopulations: those who declined PrEP, those who had accepted PrEP and either missed or attended their first appointment, and those who either missed or attended their second appointment. These groups were not intended to be comparison groups, rather classifications of clients in order to understand their motivations and barriers. Clients from all groups were interviewed, resulting in a total of 60 in-depth interviews with 51 clients who had accepted or declined PrEP. Nine clients were interviewed at two points. Interviews were audio recorded, de-identified, transcribed, and then coded thematically by multiple coders. Dedoose software was used to facilitate coding and data organization and retrieval.

KEY RESULTS

Key results and related recommendations are presented in four key thematic areas:

PrEP uptake

- **PrEP uptake** was largely driven by the level of perceived risk among participants. Common risk factors that drove interest in PrEP included being in a sero-discordant couple (SDC), involved in transactional sex, or having a partner of unknown status. Among SDCs, the desire to conceive a child was a key motivator.
- **Barriers to PrEP uptake** or reasons for declining PrEP included being satisfied with a client's current HIV prevention method, lack of partner support, plans to travel to areas where one would not be able to access PrEP, fear of side effects, and fear of pill burden.
- Most participants had not heard about PrEP before their encounter with the health worker, which implies that health worker knowledge about and attitude towards PrEP is critical for PrEP uptake.
- **Recommendations:** Word of mouth and referrals from PrEP clients can improve uptake if the clients have the correct information. Understanding client motivations and concerns will enable health workers to be effective in creating demand for PrEP as an HIV prevention method, and to correctly profile and therefore target particular clients for PrEP based on risk exposures that were revealed during the pilot. Some behaviors known to increase the risk of contracting HIV are stigmatized in Zimbabwe, such as sex work and men having sex with men. Health workers need to be aware of and work to prevent their own potential discriminatory or stigmatizing approach when counseling clients, and avoid personal biases in order to create a conducive environment for clients to feel comfortable.

Zimbabwe government HIV risk assessment for PrEP screening

In the past 6 months:

- How many people did you have vaginal or anal sex with?
- Did you use a condom every time you had sex?
- Did you have a sexually transmitted infection?

Do you have a sexual partner who has HIV? (Yes, No, or don't know)

- If yes, has your partner been on ART for more than 6 months?
- If yes, is your partner virally suppressed?

KEY RESULTS (...Continued)

PrEP adherence and retention

- Several key themes emerged with regard to **barriers to PrEP adherence and continuation**, including: large size of pills; forgetting to take pills when drinking alcohol; forgetting pills or running out of pills while travelling away from home; not having funds for transport to return for appointments; and not being able to return for appointments during clinic hours due to work schedules. Also, a few participants misunderstood guidance about when and how to take PrEP, thinking that they only needed to take PrEP for seven days before a risky sexual encounter and then could stop. In fact, according to guidelines in Zimbabwe, PrEP must be continued for 28 days after any risky sexual encounter to ensure full protection, and health workers should emphasize this point.
- The **side effects** reported in these interviews included headache, dizziness, drowsiness, fatigue, nausea, vomiting, diarrhea, loss of appetite, and increased appetite. For the most part, side effects were reported to last only a few days and then subside.
- **Key facilitators to continuing PrEP** include: maintaining focus of original motivation to start PrEP; establishing a routine of taking PrEP at the same time or during the same activities; setting a reminder alarm; deciding on the best storage spot for the pills; integrating PrEP with one's schedule for taking family planning or other pills; and planning ahead to have enough pills during travel. Family and partner support are critical factors for many in continuing PrEP.
- **Recommendations:** Health workers should be aware of barriers to PrEP and review issues during appointments to mitigate those barriers. Several factors should be emphasized during counseling sessions with clients, including guidance on the need to adhere to PrEP for 28 days before risky behavior, potential side effects, and coping strategies to deal with side effects. Finally, health workers should be prepared to counsel clients on talking about PrEP with their family members.

PrEP and other HIV prevention methods

- **Prior to starting PrEP**, a majority of participants had previously used other forms of HIV prevention, such as condoms, abstaining from sex, or participated in other HIV prevention studies. , Others, although aware of their risk, had never used any form of prevention.
- Some participants were encouraged to continue **using condoms** in addition to PrEP while others were told they could stop using condoms. Most participants did not engage in behavior that increased their risk of HIV exposure after starting PrEP.
- **Recommendations:** Health workers should provide clear guidance on the use of other HIV prevention methods, such as condoms, while taking PrEP. Clinicians should establish set guidelines on the use of other HIV prevention methods.

Client recommendations for PrEP program

- **Suggestions to increase PrEP uptake** included more informational meetings, dedicated PrEP champions, and targeted educational materials. A few participants referenced the success of Zimbabwe's male circumcision campaign and suggested that PrEP programs use similar approaches.
- Interviews revealed several **client questions**, particularly around how long they can or should take PrEP and whether they needed to continue using condoms or other HIV prevention methods. These questions and others documented in this report should be addressed in health worker training so that they can counsel clients on these topics.

CONCLUSIONS

This study offers rich descriptions of client experiences and attitudes towards various aspects of taking PrEP. Based on these interviews we offer practical recommendations about how to enhance health worker training and service delivery models in order to meet the needs of clients. In particular, this study revealed the importance of partner support and PrEP disclosure to partners, common misconceptions that exist about PrEP, and client suggestions for how to encourage PrEP uptake in their communities. In addition, the study participants were mostly SDCs and those with partners of unknown status who took up PrEP because they perceive themselves to be at high risk of contracting the disease. These results have already been incorporated into such policy documents as the Zimbabwe National PrEP Implementation Plan and Health Worker Training Manual, and will be considered for the HIV Prevention, Treatment, and Care Communication Strategy. These findings may also be relevant in other countries interested in expanding PrEP access in the public sector.

ABOUT THE 3DE PROGRAM

The Demand-Driven Evaluations for Decisions (3DE) program is a pioneering approach to support ministries active in the health sector with evidence-based decision-making by using rigorous evaluations in a demand-driven, rapid and efficient way. It seeks to generate reliable impact evidence that meets the ministries' needs and is used to catalyze implementation of cost-effective action.



For more information, refer to: Gombe MM, et al. (2020) Key barriers and enablers associated with uptake and continuation of oral pre-exposure prophylaxis (PrEP) in the public sector in Zimbabwe: Qualitative perspectives of general population clients at high risk for HIV. PLoS ONE 15(1): e0227632.