

# Understanding the Uptake and Retention Patterns of PrEP Users in Zimbabwe by Subpopulation

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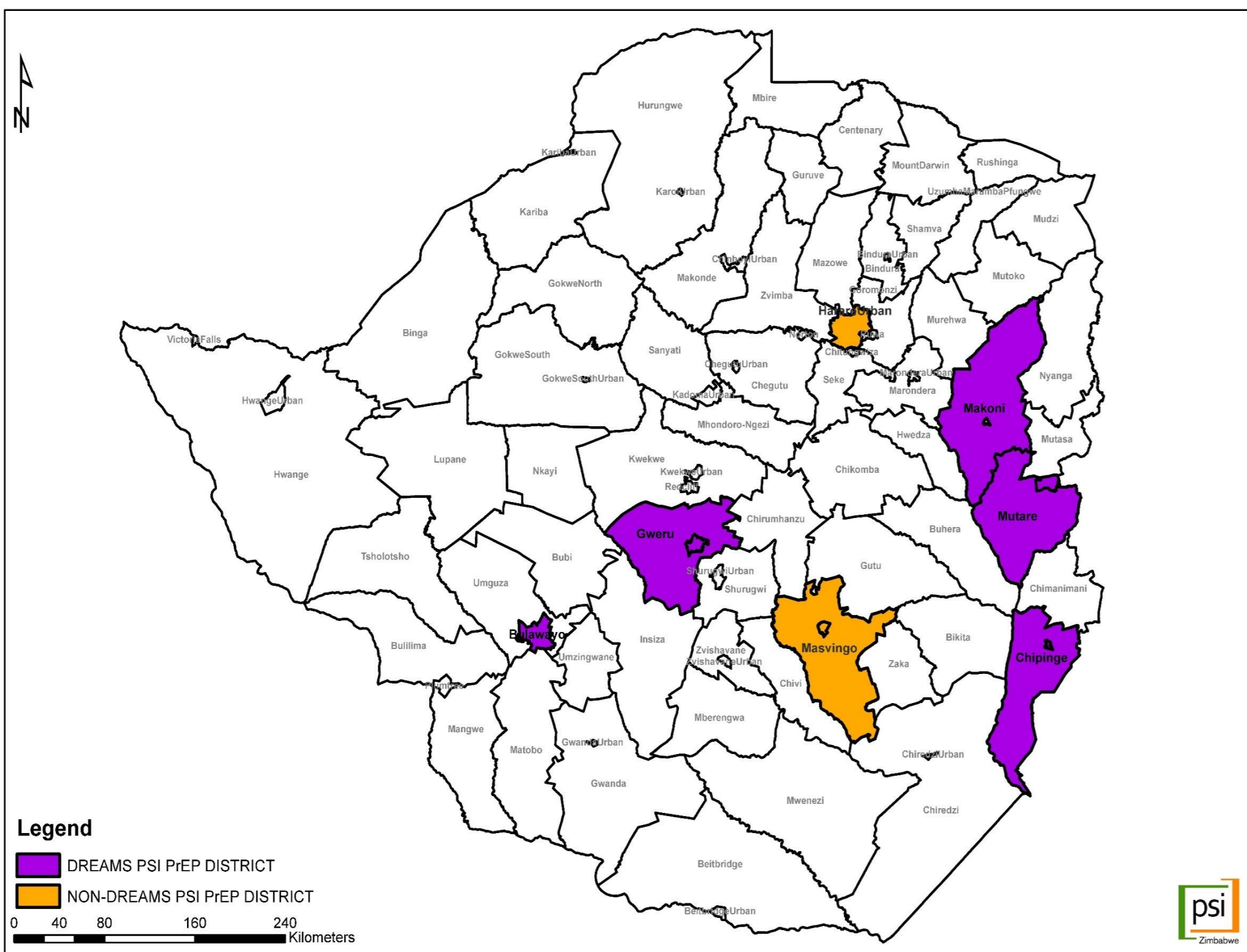
## 1. BACKGROUND

Zimbabwe has one of the worst HIV epidemics in the world.

- HIV prevalence of 14.1% among persons aged 15-64 years (16% among females and 12% among males) corresponding to approximately 1.2 million people living with HIV.
- Annual incidence of HIV is 0.47% in the same age group (0.60% among females and 0.33% among males) corresponding to approximately 33,000 new infections every year.

Population Services International Zimbabwe (PSI/Z) has been offering oral pre-exposure prophylaxis (PrEP) using fixed-dose combination TDF/FTC 300/200mg as an additional HIV prevention method to HIV-negative clients at substantial risk of HIV since August 2016 in 7 districts shown in Figure 1 below.

Figure1:



The primary target populations of the PSI/Z PrEP program include:

- Adolescent girls and young women (AGYW)
- Sex workers - female, male, and transgender
- Men who have sex with men (MSM)
- Serodiscordant couples (SDC)
- Anyone else at substantial risk of HIV infection

All clients accessing PrEP through PSI/Z are screened using a personalized risk assessment tool. The PSI/Z PrEP program is one of the demonstration projects that will help inform the MOHCC PrEP strategy to rollout PrEP nationwide.

PSI/Z is offering PrEP to clients at substantial risk through 3 service delivery models:

- New Start Centre model**  
PSI/Z offers PrEP as part of a comprehensive HIV/SRH integrated service package that includes:
  - HIV Testing Services, including HIV Self-Testing
  - HIV care & treatment services
  - Family planning services, including long-acting reversible contraceptives
  - Cervical cancer screening using Visual Inspection with Acetic Acid and Cervicography (VIAC) and a see-and-treat approach
  - Precancerous lesions treated on-site with cryotherapy and loop electro-excision procedure (LEEP)
  - TB screening, prevention with Isoniazid Preventive Therapy (IPT), and treatment
- Public sector model**  
PSI/Z is supporting the Ministry of Health and Child Care (MOHCC) to rollout PrEP through public sector health facilities in Makoni district by:
  - Training public sector healthcare workers
  - Providing PrEP commodities and laboratory support as needed
  - Ongoing technical support to public sector health facilities providing PrEP
- Civil Society Organisation (CSO) model**  
PSI/Z has begun work with CSOs with a reach into PrEP target populations such as AGYW by:
  - Training the CSO nurses to offer PrEP
  - Providing PrEP commodities and laboratory support as needed

## 2. METHODS

Programme data since programme inception in August 2016 to December 2017 was analysed for uptake and retention trends by the following sub-populations:

- Adolescent girls and young women (AGYW)
- Female sex workers (FSWs)
- Men who have sex with men (MSM)
- Transgender
- HIV-negative partner in a serodiscordant relationship
- Other clients at substantial risk of HIV

## 3. RESULTS

### PrEP Cascade (August 2016 to December 2017)

Data of clients testing HIV-negative was analysed to determine the following:

- Proportion screening high risk (% screening at high risk of HIV after a HIV-negative test result)
- Proportion of clients accepting PrEP was determined to understand the pattern of uptake of PrEP by high risk HIV-negative clients (% taking up PrEP)
- Clients accepting PrEP were followed up to understand retention on PrEP by client sub-population.

Figure 2: PrEP Cascade (August 2016 to December 2017)

Client Subpopulation	Age	% Screening High Risk after HIV-negative test			% Accepting PrEP	
		Total HTS_NEG	Total at High Risk	% at High Risk	Total Accepting PrEP (PrEP_NEW)	% Taking up PrEP
AGYW	15-24	13949	1325	9%	819	62%
FSW	25+	2958	1154	39%	766	66%
MSM	15+	178	175	98%	81	37%
SDC Male	15+	263	261	99%	138	53%
SDC Female	25+	347	341	98%	288	84%
Other Male	15+	2500	59	2%	23	39%
Other Female	25+	2431	166	7%	158	95%
Transgender	25-49	1	1	100%	1	100%

### AGYW

- 13,949 AGYW aged between 15-24 years of age tested HIV-negative
- AGYW are cross-cutting across different subpopulations including FSW and SDC females
- 9% (1,325) screened to be at high risk of HIV and offered PrEP
- 62% (819) accepted and enrolled

### FSW

- 2,958 FSW above the age of 25 years tested HIV-negative
- 39% (1,154) screened to be at high risk of HIV and offered PrEP
- 66% (766) accepted and enrolled

### MSM

- 178 MSM above the age of 15 years tested HIV-negative
- 98% (175) screened to be at high risk of HIV and offered PrEP
- 37% (81) accepted and enrolled

### Serodiscordant Couples (SDC)

#### Males

- 263 males in SDC tested HIV-negative
- 99% (261) screened to be at high risk of HIV and offered PrEP
- 53% (138) accepted and enrolled

#### Females

- 347 females in SDC tested HIV-negative
- 98% (341) screened to be at high risk and offered PrEP
- 84% (288) accepted and enrolled

“Other” Clients include:

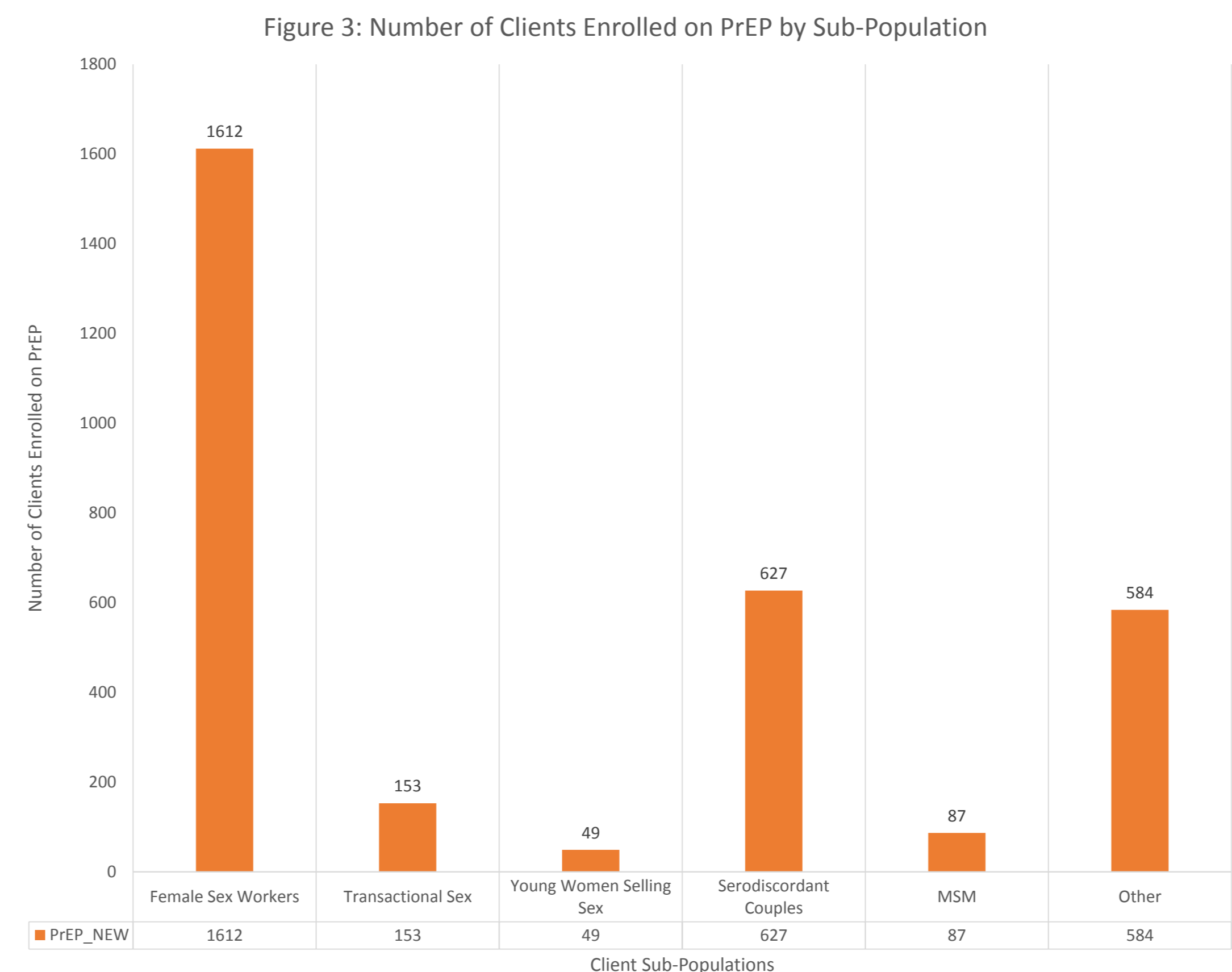
The “Other” category includes the following who do not fit into any KP group:

- clients suspecting that their partners are putting them at risk
- clients with multiple partners with inconsistent condom use
- clients in distance relationships
- clients with partners of unknown HIV status engaging in unprotected sex

## 3. RESULTS (continued)

### PrEP Enrolments

3,115 clients were enrolled on oral PrEP between August 2016 and December 2017. the breakdown by sub-population is shown in Figure 3 below.



### Reasons given by clients at high risk not accepting PrEP:

- Perceived stigma that one is actually HIV-positive and taking ARVs for treatment rather than prevention of HIV
- Fear of side effects
- Some clients did not see the need to take medications when they are not sick
- Some clients did not welcome the idea of taking daily pills
- Some clients preferred injections to pills citing that they would take up PrEP when the formulation has changed to injectable
- Fear of future resistance to ART if they seroconvert.

### PrEP Retention

#### PrEP Cohort Analysis (August 2016 to June 2017)

Clients were tracked by monthly cohorts to measure their retention on PrEP by age and sub-population.

Figure 4 below shows an example of the PrEP cohort analysis of AGYW enrolled at Mutema New Start Centre in January 2017. clients are tracked across the different scheduled clinic visits to determine retention to PrEP

Figure 4: PrEP Cohort Analysis Table

MONTH	Client Category	Age group	Initiation	week 4	Week 8	week12	week 20	week 28	week 36	week 48	week 60
Jan-17	YWSS	15-19		0	0	0	0	0	0	0	0
				4	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
	Discordant risk	20-24		0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
	Transgender	20-24		10	3	3	2	2	1	1	1
				0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
				1	0	0	0	0	0	0	0

## 3. RESULTS (continued)

### PrEP Retention (continued)

The retention was calculated by dividing the total number of weeks of PrEP prescribed by the number of clients in each monthly cohort.

1,614 clients were enrolled on PrEP during the period 1 August 2016 to 30 June 2017. average retention in weeks by subpopulation is outlined in Figure 5 below:

Figure 5: PrEP Retention by Subpopulation

Client Subpopulation	Number Enrolled	Total weeks on PrEP	Average Duration on PrEP (weeks)
AGYW	607	11792	19
FSW 25+	483	12832	27
MSM	29	564	19
SDC Male 15+	81	2608	32
SDC Female 25+	218	9144	42
Other Female 25+	159	5700	36
Other Male 15+	37	1084	29
Total	1614	43724	27

Only cohorts that had been on PrEP for >6 months were analysed for retention.

The average retention of clients enrolling on PrEP is 27 weeks (6.2 months).

### Conclusions

Program data shows that AGYW and MSM clients are least likely to stay on PrEP with an average retention of 19 weeks (4.4 months).

Female sex workers above the age of 25 years stay on PrEP for an average of 27 weeks (6.2 months).

Non-Key Population clients are staying on PrEP for longer than Key Populations.

The HIV-negative partner in a serodiscordant couple is likely to stay on PrEP for longer than the 24 weeks required for viral load suppression of their HIV-positive partner:

- SDC males stayed on PrEP for an average of 32 weeks (7.3 months)
- SDC females stayed on PrEP for an average of 42 weeks (9.6 months).

High risk males (non-KP) stayed on PrEP for an average of 29 weeks (6.6 months).

High risk females (non-KP) stayed on PrEP for an average of 36 weeks (8.2 months).

### What are the motivators for continuing PrEP?

- To maintain an HIV-negative status
- Clients who have a clear understanding that they are at substantial risk of HIV infection
- Have the support of their partner
- PSI is currently offering PrEP drugs at no cost to clients at substantial risk of HIV
- Clients on PrEP are referred to KP CBOs for community adherence support programs between clinic visits.

### What are the reasons for discontinuing PrEP?

- Clients are no longer at risk for HIV infection
- Clients relocate to areas where PrEP is not yet available
- HIV-positive partner on ART is virally suppressed
- Pill burden
- The death of or break up with the HIV-positive partner.

### Data Limitations:

- AGYW aged 15-24 years were accounted as such despite possible overlap with other client categories, e.g. FSW.
- With the introduction of HIVST with an opt-out approach, post-test counselling including a risk assessment for HIV-negative clients is no longer routine. This service is still available on request.
- KPs may not always self-identify as such during the testing process.

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