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 15-44 years (16%) among females and 12.5% among males) corresponding to approximately 1.2 million people living with HIV.
- Annual incidence of HIV is 0.47% in the male age group (0.4% among females and 0.53% among males) corresponding to approximately 12,000 new infections every year.

Population Services International Zimbabwe (PSI/Z) has been offering oral pre-exposure prophylaxis (PrEP) using fixed-dose combination TDF/FTC/3TC/tenofovir disoproxil fumarate in 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.

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)
- MSM
- Other Male 15+
- Other Female 25+
- SDC Male
- SDC Female
- Serodiscordant couples (SDC)
- Women who have sex as an HIV status
- Men who have sex with men (MSM)

Additional data (Figure 1) was analysed to understand the pattern of uptake of PrEP by high risk HIV-negative clients (i.e. taking on PrEP).

Clients accepting PrEP were followed up to understand retention on PrEP by client sub-population.

3. RESULTS

3.1 PrEP Users and Retention Patterns

3.1.1 Male Users

The primary target populations of the PrEP programme 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 PSIs are screened using a personal risk assessment tool. The PSI/Z PrEP programme is one of the demonstration programs that will inform the MOHCC PrEP strategy in rollout PrEP nationwide.

3.1.2 Female Users

PSI/Z is offering PrEP to clients at substantial risk through 3 service delivery models:
- New Start camps in Harare: Further PrEP as part of a comprehensive HIV/SR integrated service package that includes:
  - HIV testing services, including HIV Self-Testing
  - Health care & treatment services
  - Family planning services, including long-acting reversible contraceptives
  - Cervical cancer screening using Visual Inspection with Acetic Acid and Colposcopy (VIA/Coll) and a wet mount approach
  - Pre-cancerous lesions treated on site with cryotherapy and loop electro-cautery excision procedure (LEEP).
- Cervical cancer screening with hormonal Therapy Preventive (HTP), and treatment

3.2 Public sectors model

PSI/Z is supporting the Ministry of Health and Child (MOHCC) to rollout PrEP through public sector health facilities in Harare district by:
- Training public sector healthcare workers
- Providing HIV self-testing and laboratory support as needed
- Providing technical support to public sector health facilities providing PrEP

3.3 Civil society/organisation (CSOs) model

PrEP was introduced to reach PrEP target populations such as AGYW by:
- Training the CSO’s test the offer of PrEP.
- Providing CSO partnerships and laboratory support as needed

3.2.1 Female sex workers (FSWs)

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  - SDC Male
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Additional data (Figure 1) was analysed to understand the pattern of uptake of PrEP by high risk HIV-negative clients (i.e. taking on PrEP).

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3.3.1 Male Users

Transmission-based HIV prevention has been advocated for populations with high risk of STIs.

3.3.2 Female Users

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3.3.2.1 Other Male 15+

3.3.2.2 Other Female 25+

3.3.2.3 SDC Male

3.3.2.4 SDC Female

3.3.2.5 Serodiscordant Couples

3.3.2.6 Women who have sex as an HIV status

3.3.2.7 Men who have sex with men (MSM)

3.3.3.1 Condom use knowledge and practice

The main reasons for stopping PrEP were:
- Fears of side effects
- Fear of future resistance to ART if they seroconvert
- Other clients not willing to take medication when they are not at risk
- Some clients did not welcome the idea of taking daily pills
- Clients suspected that their partners were putting them at risk
- Clients with multiple partners with inconsistent condom use
- Clients who have not accepted new treatment for HIV

3.3.4 Other Male 15+

3.3.5 Other Female 25+

3.3.6 SDC Male

3.3.7 SDC Female

3.3.8 Serodiscordant couples

3.3.9 Women who have sex as an HIV status

3.3.10 Men who have sex with men (MSM)

PrEP Enrolments

3.1.1 Male Users

3.1.2 Female Users

1,115 clients were enrolled on PrEP between August 2016 and December 2017. The breakdown by sub-population is shown in Figure 3 below.

Figure 2: Number of clients enrolled on PrEP by subpopulation

3.3.11 Results

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

1,146 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: Retention by Subpopulation

Only cohorts that had been on PrEP for >4 months were analysed for retention. The average retention of clients existing on PrEP was 7.2 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 18 weeks (6.6 months).

Female sex workers show the age of 25 years stay on PrEP on 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 52 weeks (2.2 months)
- SDC females stayed on PrEP for an average of 42 weeks (1.6 months)

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

High-risk females (non-mon) stayed on PrEP for an average of 36 weeks (6.6 months).

What are the motivators for continuing PrEP?

- To remain HIV-negative
- To remain as a key Pop client

Clients who have a clear understanding that they are an at substantial risk of HIV infection
- Have the support of their partner
- PS is currently offering PrEP drugs at no cost to clients at substantial risk of HIV

What are the reasons for discontinuing PrEP?

- Clients are no longer at risk for HIV infection
- Clients not fit to continue ARVs are not available
- HIV-positive partner on ART is virtually suppressed
- PrEP no longer needed
- The death of a break up with the HIV-positive partner

Data limitations

1. AGYW and MSM were accounted as such despite possible overlap with other client categories, e.g. FSW.
2. With the introduction of HSTW 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 as such the testing process.

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