

Demand Creation Strategies to Increase Acceptance of HIV Pre-Exposure Prophylaxis Among Pregnant and Breastfeeding Women (PBFW) as Part of the eMTCT Strategy in Mazowe District, Zimbabwe

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Background

- Pre-exposure prophylaxis (PrEP) is effective in reducing risk of HIV acquisition among all populations, including pregnant and breastfeeding women (PBFW).
- Since 2018, PrEP has been recommended as part of the national elimination of mother-to-child transmission (eMTCT) strategy in Zimbabwe. However, PrEP uptake has been low among PBFW and one of the identified reasons was limited awareness.
- Pangaea Zimbabwe AIDS Trust (PZAT), in collaboration with Ministry of Health and Child Care (MOHCC) and partners, initiated targeted demand creation activities to ensure PBFW are reached with PrEP services across public health facilities in Mazowe district.

Description



Image 1: Pregnant woman receiving PrEP counseling at Tsungubvi clinic

- From July to October 2022, 50 Health workers (HCWs) from 29 supported facilities including **nurses, primary counselors, and health promotion officers were trained on PrEP service provision** using the standard MOHCC training package. During the same period, **35 existing PrEP Champions (PCs)** were oriented on demand creation and PrEP for PBFW. PCs are trained to raise awareness, mobilize, and advocate for PrEP uptake.
- **HCWs and PCs delivered targeted demand creation activities** including eMTCT and PrEP Information Sessions (PISs) at Family and Health Care departments. Facilities held 1-2 sessions per day for an average of one and a half hours. The number of sessions held per day depended on patient volume.
- The safety and benefits of using PrEP during pregnancy and breastfeeding were emphasized. PBFW interested in PrEP were assessed for risk, if found eligible, they were initiated on PrEP the same day.

Lessons Learned

- Targeted, facility-level demand creation activities increased PrEP uptake among PBFW. From July-October 2022, 220 PISs were conducted reaching 578 individual PBFW. During the same period, **210 pregnant and 224 breastfeeding women were initiated on PrEP translating to 75% uptake.**
- PBFW taking PrEP reported that **hearing about PrEP effectiveness from lay cadres/peers with whom they are familiar and can trust motivated them to take PrEP.** They reported that PIS increased their HIV risk perceptions hence their decision to start on PrEP.
- **Facility-based PISs are limited** to PBFW who are coming to the facilities. More PBFW could be reached if PISs were conducted at community level.
- **Uptake of PrEP by PBFW sharply increased** after the training of service providers and introduction of targeted demand-creation activities across facilities.

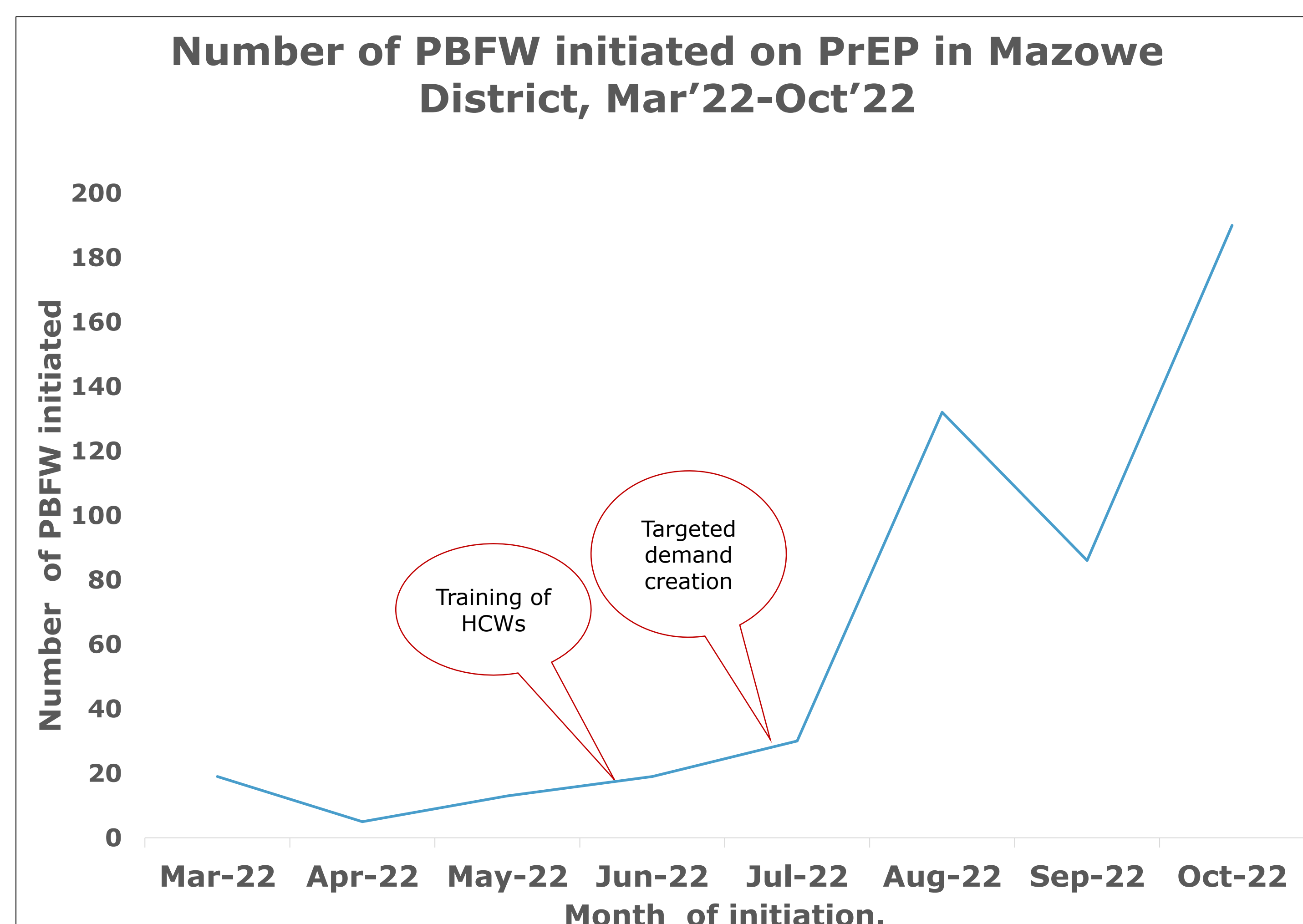


Figure 1: Uptake of PrEP by PBFW by month

Conclusions

- Employing targeted, facility-level demand creation strategies at facilities substantially increased oral PrEP uptake by PBFW.
- However, these strategies will need to be complemented by community-based strategies targeting PBFW, their partners, and other influencers to expand PrEP knowledge and create demand for service uptake.
- Now that Zimbabwe has included PrEP in the eMTCT strategy, facilities need to take the additional step of designing and implementing demand creation tailored to PBFW to increase uptake among this group.

