PATA 2024 Summit

Do it Right, Do it Together, Do it Now!

Strategies for Improving Pre-Exposure Prophylaxis (PrEP) Uptake in HIV-negative Pregnant and Breastfeeding Women and Adolescents

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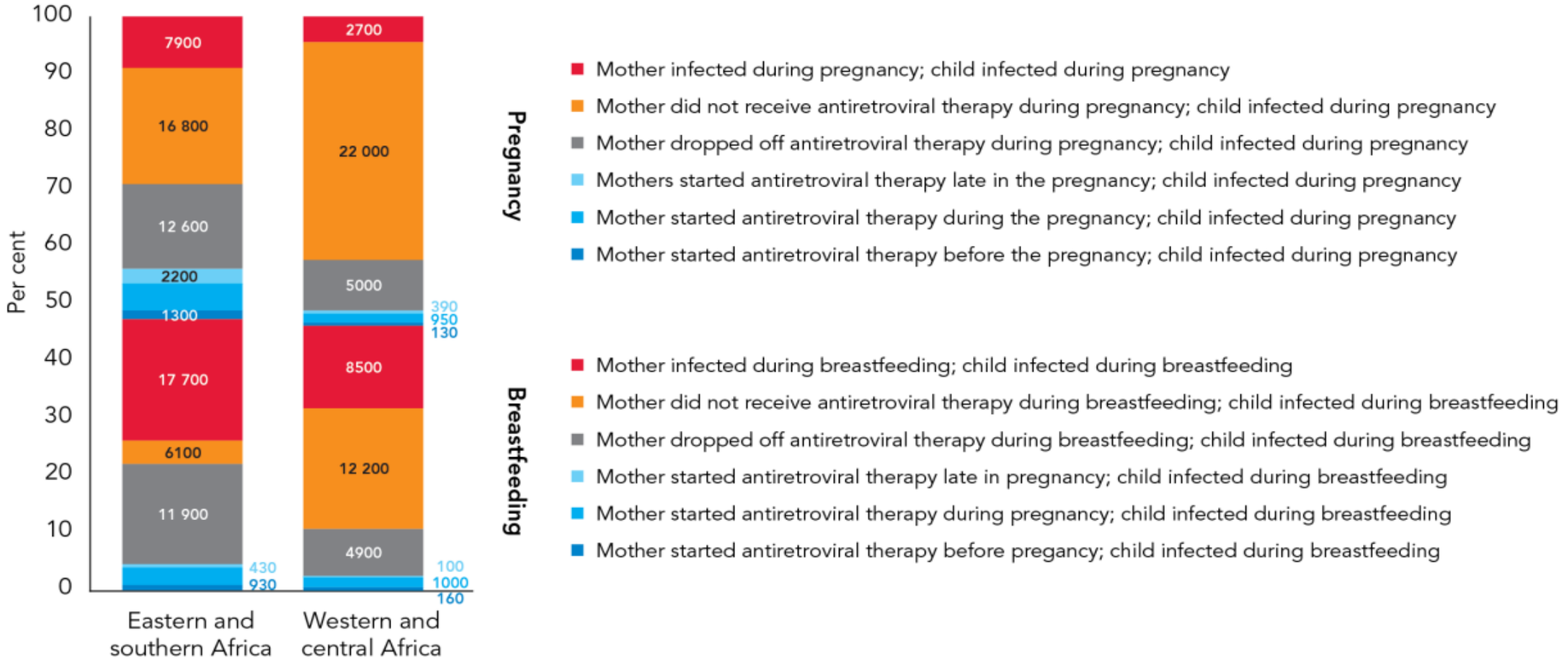
Dr Joseph Murungu, Pangaea, Zimbabwe

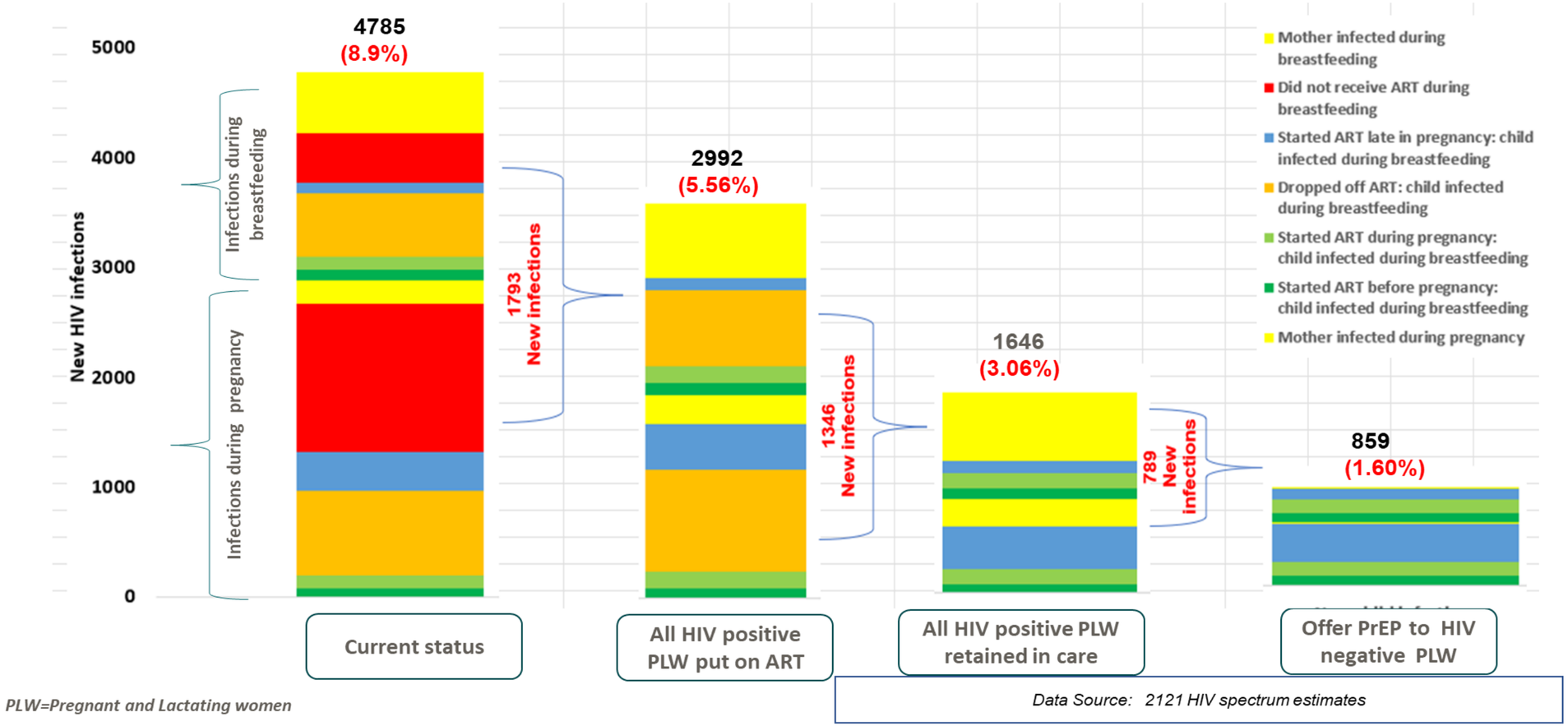
Incident HIV infections during pregnancy and breastfeeding contribute to a substantial proportion of vertical transmissions

Distribution of new child infections by cause, eastern and southern Africa and western and central Africa, 2018



Source: UNAIDS 2019 estimates.

Unpacking the stacked bar –Zimbabwe 2021 HIV Estimates

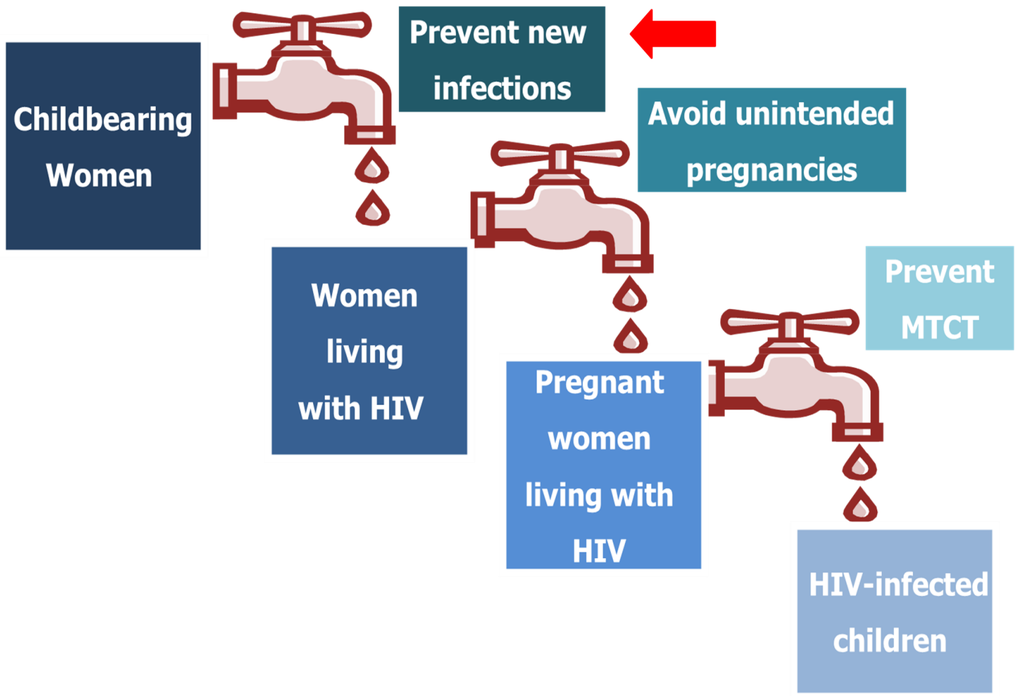


PLW=Pregnant and Lactating women

- >9,800 new HIV infections during ANC
- 87.21% PMTCT ART coverage
- 95% Viral suppression among PW
- 93% viral suppression among BF

- MTCT rate at 4 weeks: 5.49%
- MTCT rate: 8.9%

A comprehensive approach to eMTCT including PrEP



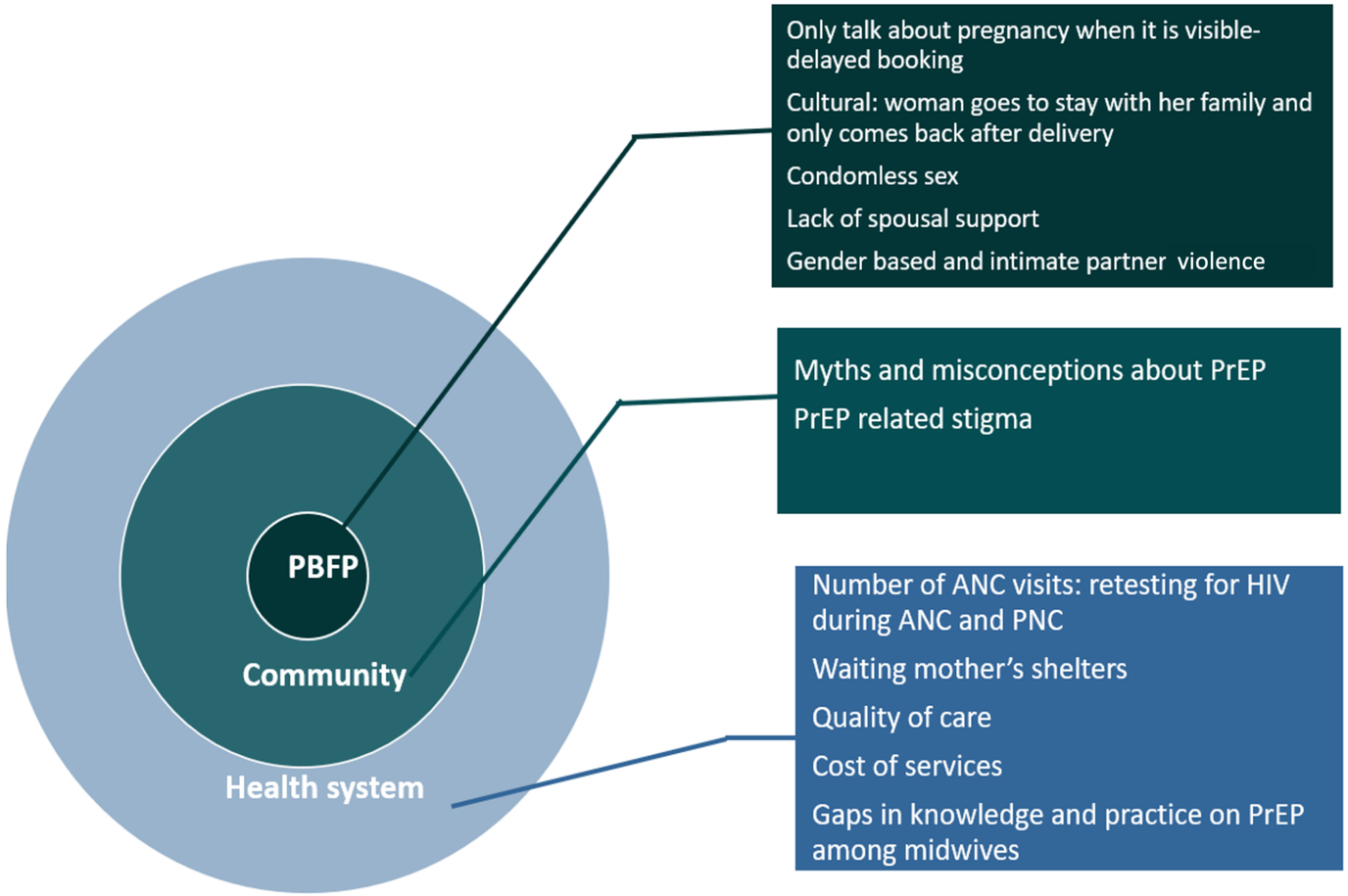
National Guidelines

- PrEP will be made available to all individuals who are HIV NEGATIVE and are at substantial risk of HIV acquisition as determined by an individual risk assessment
- PrEP should be offered to pregnant and breastfeeding women assessed as being at substantial risk of HIV infection
- Women should access PrEP at their ANC and PNC visits
- Pregnancy testing is recommended at initiation and follow-up visits: results captured in PrEP register
- PrEP ring currently **NOT** approved in pregnancy and first six weeks of PNC
- CAB LA **NOT** initiated during pregnancy **BUT** can continue if one falls pregnant already on it

What	Where	Who	When
• Choice of PrEP product (Oral or dapivirine ring) • Condoms and lubricant	• Same room as ANC and PNC services delivered • Postnatally consider transferring PrEP delivery to FP clinic	• Aligned with ANC and PNC appointments	• Same midwife as ANC and PNC • Same HCW as FP

Factors related to PBFP that impact PrEP uptake and effective use in Mazowe district

- Pangaea Zimbabwe has been supporting the introduction and scale-up of PrEP as part of combination HIV prevention in Zimbabwe
- In 2022, in collaboration with the Ministry of Health and Child Care, PZ implemented initiatives to enhance PrEP uptake and effective use among pregnant and breastfeeding women (PBW) as part of the national eMTCT strategy in Zimbabwe
- PrEP uptake was low due to several factors
- Lessons learned from Mazowe district pilot in 2022 have since been scaled up to 20 districts across five provinces
- Interventions implemented targeted PBW, communities and the health system



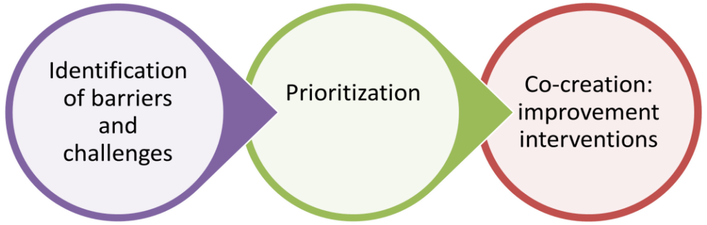
Key strategy 1: improve PrEP literacy among PBFP and influencers

Sensitization of influencers

PrEP literacy session for community stakeholders.(Pupu ward, Lupane District)

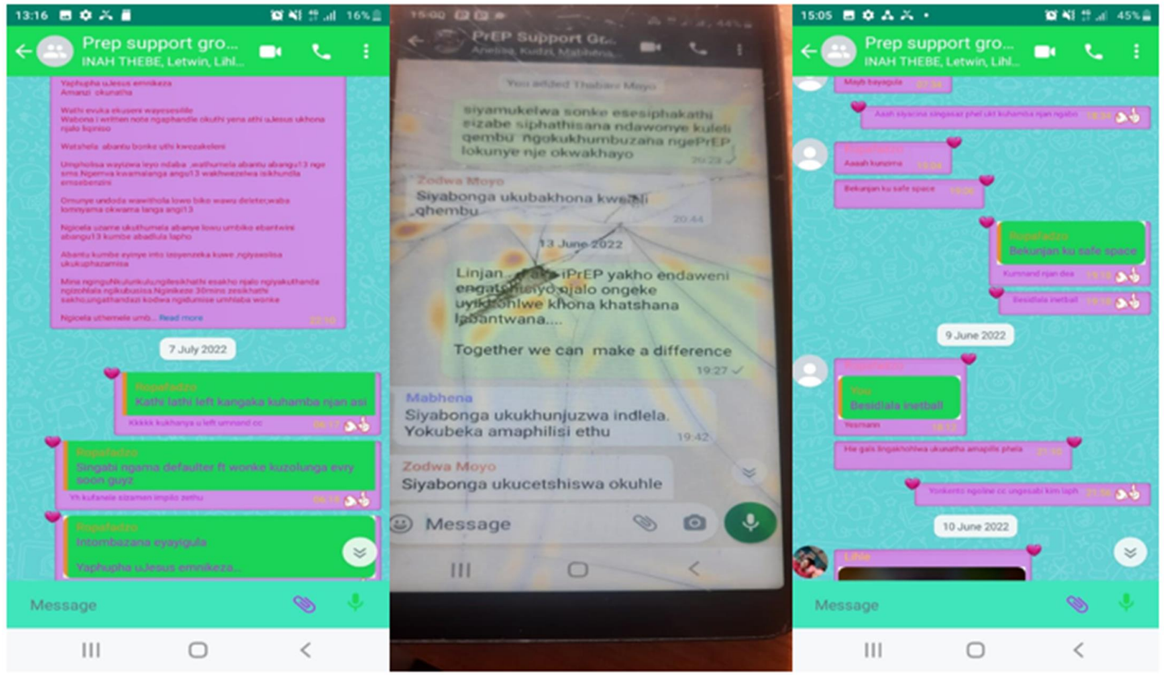
Community dialogues

PrEP community dialogue with AGYW continuing. (Gomoza, Lupane District)



Key strategy 2: mobilization through multiple platforms

Use of social media



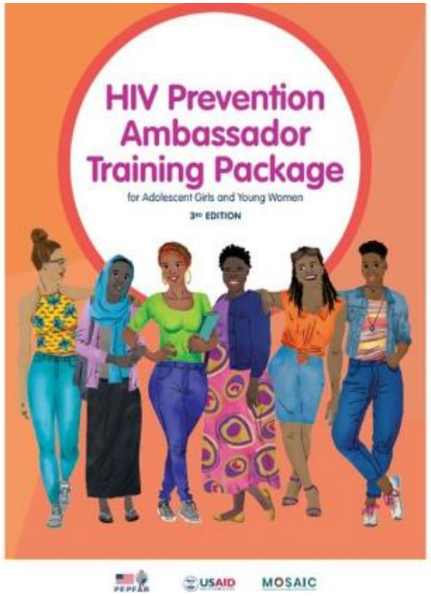
WhatsApp PrEP adherence support groups. (Nkayi District)

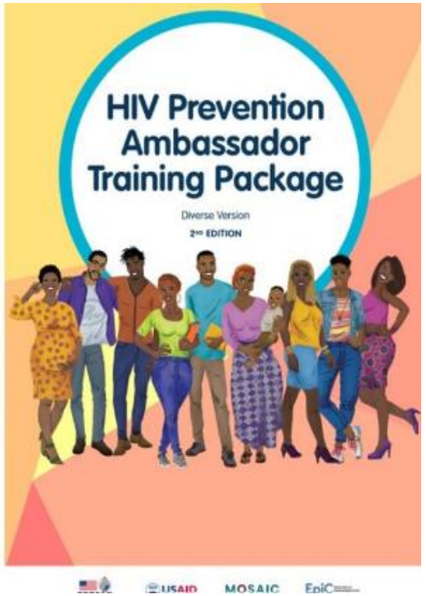
Use of IEC material

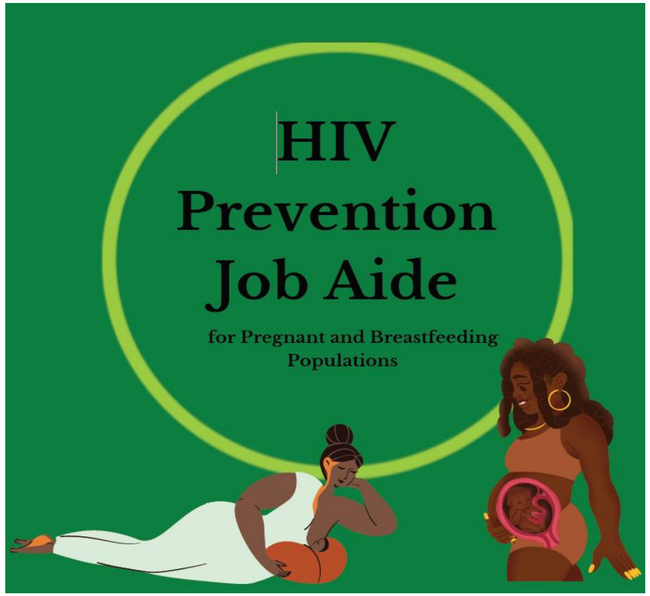
IEC material (pamphlets and posters)distribution (all 4 Districts)

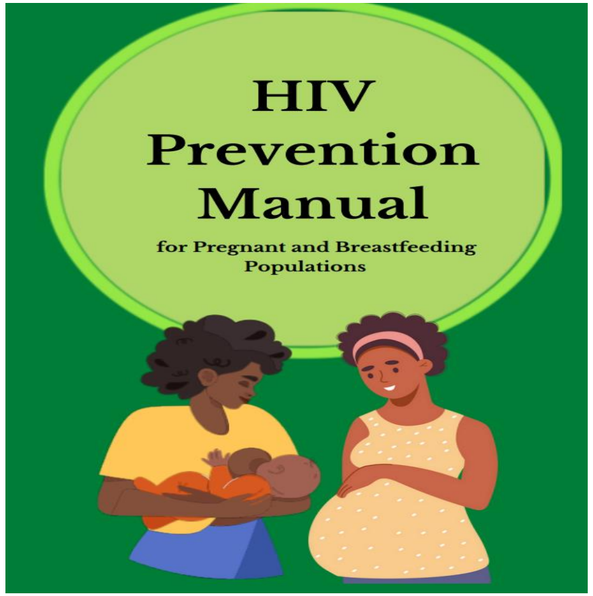
- Targeted demand creation activities through multiple platforms at facility and community levels

Key strategy 3: peer-peer model









Key strategy 4: integrated and differentiated service delivery with proactive providers

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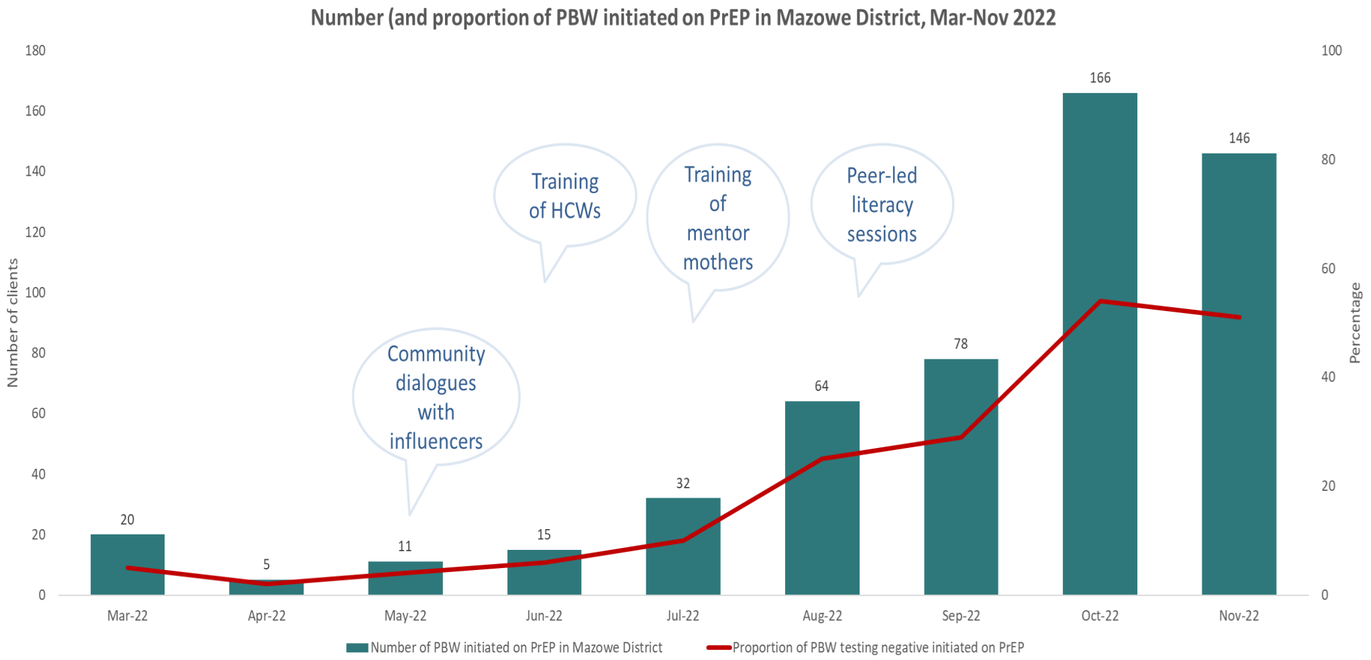
JOB AIDE
AIDS AND TB UNIT ZIMBABWE

Results and lessons learned from Mazowe district



https://programme.ias2023.org/Abstract/Abstract/?abstractid=2047

- Employing multiple, targeted demand-creation strategies at facility and community levels increases PrEP uptake as part of combination prevention during the pregnancy and breastfeeding period
- Literacy sessions resulted in a 73% uptake of oral PrEP among PBW (220 sessions reached 578 PBW of which 434 were initiated on PrEP)
- Sessions should target all women, not just at the booking visit
- Integration with couple testing strategies and other MNCH strategies is key for sustainability and institutionalization
- Provides an opportunity to improve performance on other aspects of care such as STIs and family planning

Conclusion

- Multi-pronged approaches targeting individuals, communities and the health system should be adopted to enhance PrEP uptake and effective use among PBW
- Targeted demand creation strategies at the facility level, complemented by community-based strategies targeting PBFW, their partners and other influencers increase PrEP uptake
- Interventions should consider the new products on the market and those in the pipeline with emphasis on choice

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Your Organisation Name
www.teampata.org
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