BROADREACH™

Scaling-Up PrEP Delivery in South Africa: Lessons from 2nd Year of Implementation

Authors:
Veni Naidu[1], Claire Serrao[1], Ziyanda Makaba[1], Zamazamela Shelembe[1], Abre Nel[1], Vimbainashe Sigauke[1], Keketso Malekela[1], Grace Mata[1], Zanele Dlamini[1]; Ntombizine Mdletshe[1]; Kutazwa Dom[1], Marlien Prins[1], Ayisolwainkosi Ncube[1], Nanana Hlatshwayo[2], Khanyo Hlophe[2], Linda Dlamini[2], Joshua Motlhamme[2], Dhirisha Naidoo[1], Todd Malone[1]
[1] BroadReach Health Development
[2] Department of Health, Mpumalanga and KwaZulu-Natal Provinces
For more information contact: vnaidu@brhc.com

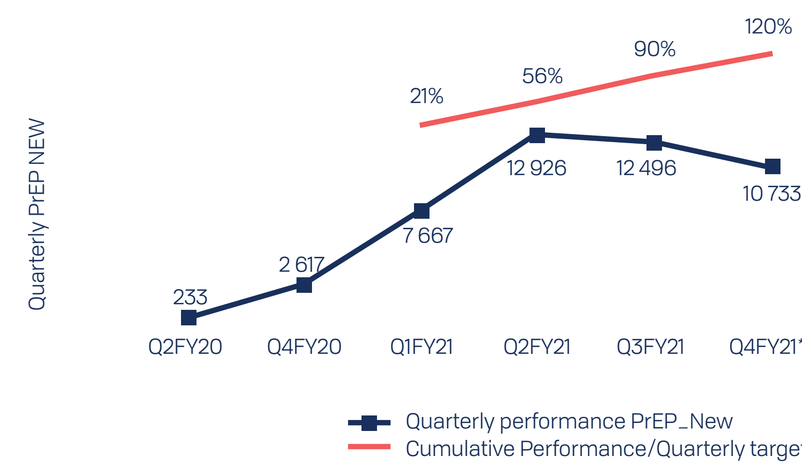
Background

- Oral pre-exposure prophylaxis (PrEP) is an HIV prevention strategy that can reduce the risk of HIV acquisition by up to 90% if taken consistently[i]. South Africa started rolling out PrEP in 2016, initially at selected sites and thereafter, expanding access.
- BroadReach in partnership with the Department of Health (DoH) launched PrEP in 18 sub-districts in South Africa in October 2019; aimed towards expanding implementation at primary healthcare level.
- This intervention included adolescent girls and young women (AGYW) aged 15–24 year-old who are at significant risk of acquiring HIV infection but PrEP was made available to all who required it. In South Africa, AGYW account for a quarter of all new HIV infections[ii].
- We describe PrEP initiations and lessons learned from PrEP implementation.

Program Performance

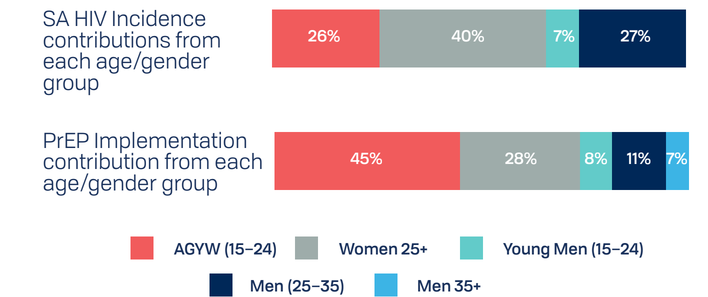
- All clients who are eligible and those who request PrEP are initiated on PrEP and offered a choice of family planning methods.
- PrEP initiations grew steadily from Quarter 1 FY20 in all districts and started accelerating from Quarter 2 FY20 due to targeted capacity-building and mentoring support. Performance in PrEP initiations across the 4 districts improved and increased from 2 850 initiations in FY20 to 43 822 initiations in FY21, a 15-fold increase (Fig. 1).

Figure 1: Performance PrEP_New



- Males contribute 34% to South African HIV incidence and 26% to PrEP implementation performance (Fig. 2). Amongst all males, the 25–35 age category contributed the highest in new PrEP initiations.

Figure 2: Comparison proportions PrEP Performance vs HIV Incidence



Source: Thembisa Model for incidence and TIER.Net for performance data.
Note: No incidence data available for men 25-35 year olds. The 27% incidence is for all men 25+.

- Females contribute 66% to SA HIV incidence and 73% (32 328/43 822) to PrEP implementation performance (Fig. 2). Of all females initiated on PrEP, 62% (19 871/32 328) were between the ages of 15–24. Disproportionately high HIV infection rates among the AGYW age group have been attributed to their involvement in relationships with older-aged partners[iii].

Methods

PrEP initiation data from the DoH's information system known as TIER.Net for the period October 2020 to September 2021 was analysed for the 4 USAID supported districts; Ugu and King Cetshwayo districts in KwaZulu-Natal; Gert Sibande and Nkangala districts in Mpumalanga Provinces. All clients who are eligible and those who request PrEP are initiated on PrEP and offered a choice of family planning methods.

Lessons Learned

1 Granular site management approach

A granular management approach was used to identify sites with highest gap to target to focus on direct service delivery and mentoring support in subsequent months to help improve the uptake of PrEP. Staff performance was monitored more frequently from monthly to weekly and capacity-building and mentoring support amended as necessary. PrEP stationery were frequently incorrectly or partially completed, resulting in difficulties contacting PrEP clients for follow-up visits. This was addressed from Quarter 2 through capacity-building initiatives and a closer working relationship with the Data Capturer to capture PrEP data onto TIER.Net.

2 PrEP Integration

During the initial phase of the program implementation, PrEP was offered only during HIV Testing Services (HTS) or at STI clinics. To increase the identification of high-risk HIV negative individuals including serodiscordant index contacts, we integrated PrEP with HTS, sexual and reproductive health, family planning, maternal and child health and across all clinic service delivery points that provide services to women.

3 Capacity Building

HIV risk screening, testing, counselling, and discussion of sexual partners are not familiar topics to all healthcare workers across the different service delivery points. Capacity-building required multiple training sessions at district, sub-district and at site levels. On-site mentoring support is an ongoing event provided to the identified sites at site level. Equally important was the expansion of PrEP literacy to beneficiaries to accept and continue PrEP treatment. Job Aids were developed for use by healthcare workers in providing health promotion support to beneficiaries. IEC materials were developed by the Department of Health for distribution to prospective beneficiaries. Additionally, the Department's media campaign on PrEP included TV and print media, to all social media platforms with the aim to improve literacy on PrEP.

4 Formal Partnerships

It is commonly accepted that healthy, young persons do not access health facilities for preventative health. USAID through PEPFAR provided funding to community-based partners to create demand and provide PrEP services in the community or to refer beneficiaries to the health facility. Initially, referrals from the community were slow as capacity building was required for the teams on the ground to make seamless referrals between organisations. Consistent and regular meetings held between partners to collaborate, co-plan, and co-locate services contributed to the increase in PrEP initiations in the districts.

Conclusion

- There is a demand for PrEP, including among those at increased risk such as AGYW, who made up almost half of all PrEP initiations.
- PrEP implementation performance across age and gender correlate to the incidence patterns.
- PrEP initiations increased substantially over time and this can be attributed to integrating PrEP across all service points, weekly monitoring of performance, capacitating healthcare workers on demand creation, seamless service provision from community to facility is required.
- Intergenerational relationships and HIV prevalence across different age groups, necessitates the provision of PrEP to clients across the age and gender spectrum.
- The data shows that adolescents; young women and young men have an important role to play in reducing the risk of HIV transmission.

Recommendations

- It is recommended that daily targets are set for healthcare workers in the community and in the facility and be monitored weekly at sub-district and district levels.
- On-going mentoring support is required to ensure that healthcare workers give equal priority to prevention activities as is with HIV treatment, care and support. Integration of PrEP into all clinical service points is key to HIV prevention.
- To improve the uptake of PrEP, client centred approaches are required towards creating awareness about HIV combination prevention services and engaging clients to understand and address challenges and benefits of PrEP.

[i] Reed, J.B., Patel, R.R., Baggaley, R. 2018. Lessons from a decade of voluntary medical male circulciion implementation and their application to HIV PrEP scale up. International Journal of STD & AIDS. https://journals.sagepub.com/doi/10.1177/0956462418787896
[ii] George, G. Cawood, C., et.al. 2020. Evaluating DREAMS HIV prevention interventions targeting adolescent girls and young women in high HIV prevalence districts in SA: protocol for a cross-sectional study. BMC Women's Health. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0875-2
[iii] Leclerc-Madlala, S. 2008. Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability. Pretoria: HSRC. http://www.hsrc.ac.za/en/research-data/view/4170

The creation of this material was made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement AID-674-A-12-00016. The contents are the responsibility of BroadReach and do not necessarily reflect the views of USAID or the United States Government.

www.broadreachcorporation.com

PEPFAR
USAID FROM THE AMERICAN PEOPLE
health Department: Health REPUBLIC OF SOUTH AFRICA