

DIFFERENTIATED PREP IN PRACTICE

Peer-supported PrEP: *Sisters with a Voice* in Zimbabwe

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Background and overview of Sisters' PrEP programme

Sisters with a Voice

- Sex worker led comprehensive sexual and reproductive health services for sex workers
- Established in 2009 and has national coverage with 61 sites across all 10 provinces in Zimbabwe
- >26 000 sex workers seen at Sisters' clinics in 2020

PrEP Programme

- **2016: MoHCC adopts WHO guidelines to include oral PrEP**
- **2018: Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe 2018-2020**
- **2019: Sisters with a Voice commences PrEP initiations for sex workers**
- **2020: COVID-19 adaptations to PrEP provision**

Building blocks of Sisters' PrEP programme

Pre Covid-19	PrEP Screening, initiation and early follow-up (0-3 months)			PrEP continuation (+3 months)	
	Screening	PrEP initiation visit	Initial follow-up	PrEP refill	Routine clinical follow-up
WHEN <i>Service frequency</i>	At entry point, first clinic/DIC visit	First visit	One month visit, SW come to clinic if there is any adverse effect is encountered	Every 1 month for the first 3 months and every 3 months afterwards	Every 1 month for the first 3 months and every 3 months afterwards.
WHERE <i>Service location</i>	<ul style="list-style-type: none"> • Clinic • Drop in centre 	<ul style="list-style-type: none"> • Clinic • Drop in centre 	<ul style="list-style-type: none"> • Clinic • Drop in centre 	<ul style="list-style-type: none"> • Clinic • Drop in centre 	<ul style="list-style-type: none"> • Clinic • Drop in centre
WHO <i>Service provider</i>	Nurses	Nurses	Nurses	Nurses	Nurses
WHAT <i>Service package</i>	Counselling on combination HIV prevention, HIV testing, eligibility screening, adherence counselling	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, eligibility screening	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, HIV Testing	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, HIV testing every 3 months	Counselling on combination prevention, substantial risk screening adherence, assess for signs of acute HIV infections, STI, ARV side effects

Adaptations made and sustained in light of COVID-19

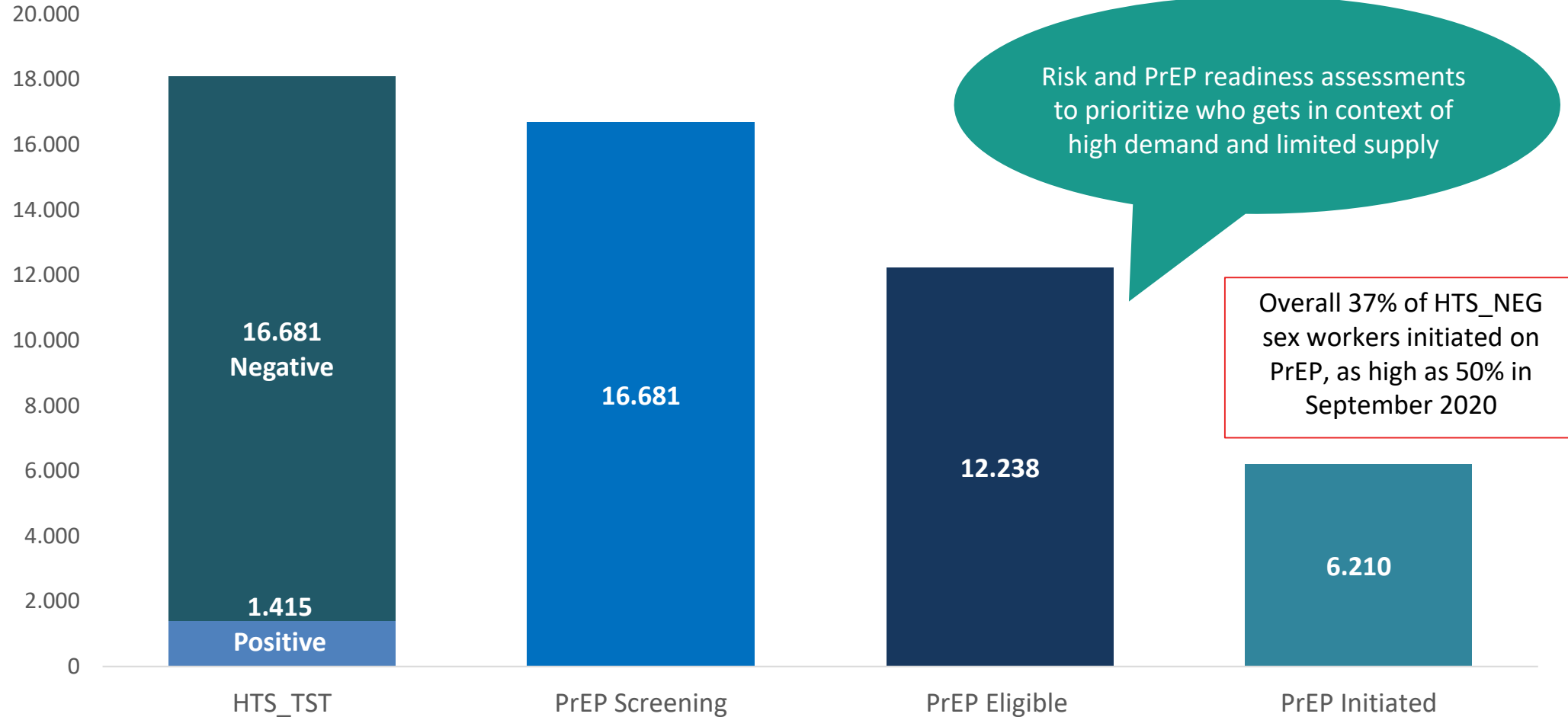
DSD models were **scaled up** during the Covid-19 epidemic increasing interest in and uptake of PrEP among SW

- **Community cadres** empowered to educate peers and create demand for PrEP, assess risk
- **Increase in PrEP access points** with teams of clinician, outreach worker, community cadre
- **Scale up of telehealth**– appointment booking, phone calls and WhatsApp
- **Virtual peer support** - WhatsApp broadcast lists and groups
- **MMD of PrEP delivery**

Adaptations made (and sustained) in response to COVID-19

Post Covid-19	PrEP Screening, initiation and early follow-up (0-3 months)			PrEP continuation (+3 months)	
	Screening	PrEP initiation visit	Initial follow-up	PrEP refill	Routine clinical follow-up
WHEN <i>Service frequency</i>	At entry point, first clinic/DIC visit	First visit	One month visit, virtual follow up at 1 week for side effects/adverse events	Every 3 months if tolerating well	Every 3 months. SW receive virtual support for with monthly check ins
WHERE <i>Service location</i>	<ul style="list-style-type: none"> • Clinic • Drop in centre • Community 	<ul style="list-style-type: none"> • Clinic • Drop in centre • Community 	<ul style="list-style-type: none"> • Clinic • Drop in centre • Community/home 	<ul style="list-style-type: none"> • Clinic • Drop in centre • Community/home 	<ul style="list-style-type: none"> • Clinic • Drop in centre • Community/home
WHO <i>Service provider</i>	Nurses, outreach teams	Nurses, outreach teams	Nurses, outreach teams	Nurses, outreach teams	Nurses, outreach teams
WHAT <i>Service package</i>	Counselling on combination HIV prevention, HIV testing, eligibility screening, adherence counselling	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, eligibility screening	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, HIV Testing	Counselling on combination HIV prevention, Adherence, STI, ARV side effects, HIV testing every 3 months	Counselling on combination prevention, substantial risk screening adherence, assess for signs of acute HIV infections, STI, ARV side effects

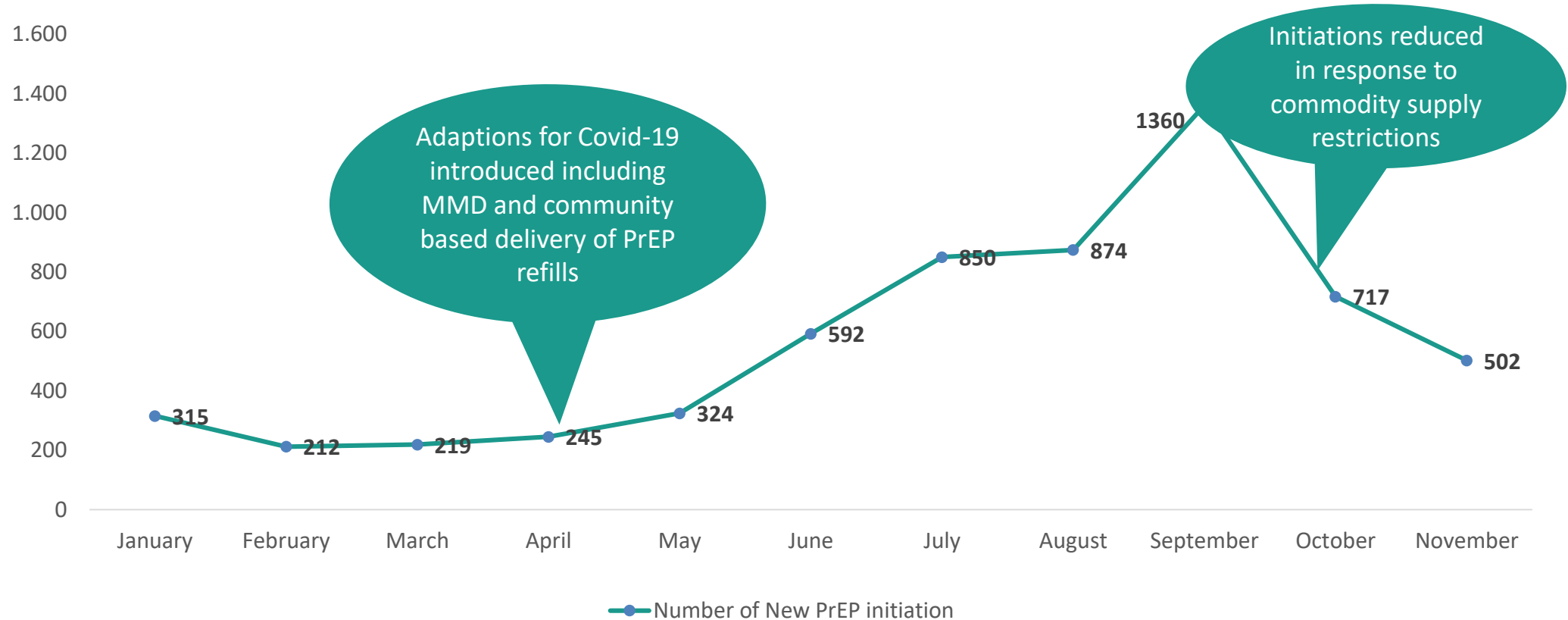
Programme data, Jan – Nov 2020



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Programme data, PrEP initiations Jan – Nov 2020



- 991 (16%) PrEP initiations in first 4 months of year before Covid-19 adaptations
- 5,219 in 7 months May – November 2020

Feedback on Sisters' PrEP model post-COVID 19 adaptations

- **Providing community cadres with mobile data and talk time** enabled them to provide virtual support to their peers
- **Peer-led demand creation** and education **increased interest in PrEP**
- **Peer support increased sex workers confidence in PrEP** and adherence support addressed concerns on drug resistance
- **Bringing PrEP to sex workers where they live** increased uptake and retention on PrEP
- Those who mobile services could not reach due to **changed contact numbers/relocated defaulted** more frequently



“Having PrEP delivered to my door step made a big difference. Even the movement restrictions did not affect me. I don’t worry about going to the clinic”

“At the start of the Covid-19 lockdown I was afraid closure of clinics would result in my not being able to get PrEP. Not having an opportunity to get a refill because of the lockdown I constantly felt like I was doing something wrong. My fears were addressed once I got a refill through the community-based delivery of PrEP.”

“I appreciated PrEP coming to me where I live. That is why I started PrEP. But I had to stop when I relocated to the rural areas because I could no longer afford my rent.”

Where to from here? Plans for differentiating PrEP moving forward

Challenges

- **Relocation** of SW to remote rural areas **resulted in defaulting on PrEP**.
- **Demand far exceeding forecasted targets** placed pressure on commodity pipeline

Key learnings

- **Demand creation by community cadres increases service up-take**
- **Risk assessment by community cadres** identifies highest risk, links to hardest to reach
- **Community based and home delivery expands access**
- **Tele-health is effective for addressing side effects and adverse events**

Thank you!



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