

# PrEP choice implementation in Africa: Early experiences of health facilities delivering informed choice of daily oral PrEP and the PrEP ring through the CATALYST study

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## BACKGROUND

PrEP options are expanding, but there is limited information about PrEP choice implementation. CATALYST is a PEPFAR/USAID-supported study providing an enhanced service delivery package of PrEP choice for women across public health facilities in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. We describe challenges to effective implementation of PrEP service delivery during stage I of the CATALYST study when facilities offered oral PrEP and the PrEP ring.

## METHODS

From October 2023 through January 2024, health facility staff completed a structured site assessment survey in each active CATALYST facility (N=27) to evaluate staff capacity, facility infrastructure, and PrEP commodity availability. Authors from the five countries reflected on these site assessment findings—along with the implementation experiences of their site research staff and insights from in-depth interviews among PrEP providers, key informants, and community stakeholders (N=63)—to identify shared barriers at the client, provider, and facility levels.

## RESULTS

**Client level:** PrEP initiation visits are prolonged by counseling, laboratory, and pharmacy wait times and ineffective service integration, contributing to client dissatisfaction. Study staff noted low community awareness of and negative misconceptions about the PrEP ring and persistent stigma associated with PrEP use. Check-in phone calls are the primary support for PrEP use offered (at 63% [17/27] of facilities, Figure 1), but clients without private phones or reliable service are unreachable.

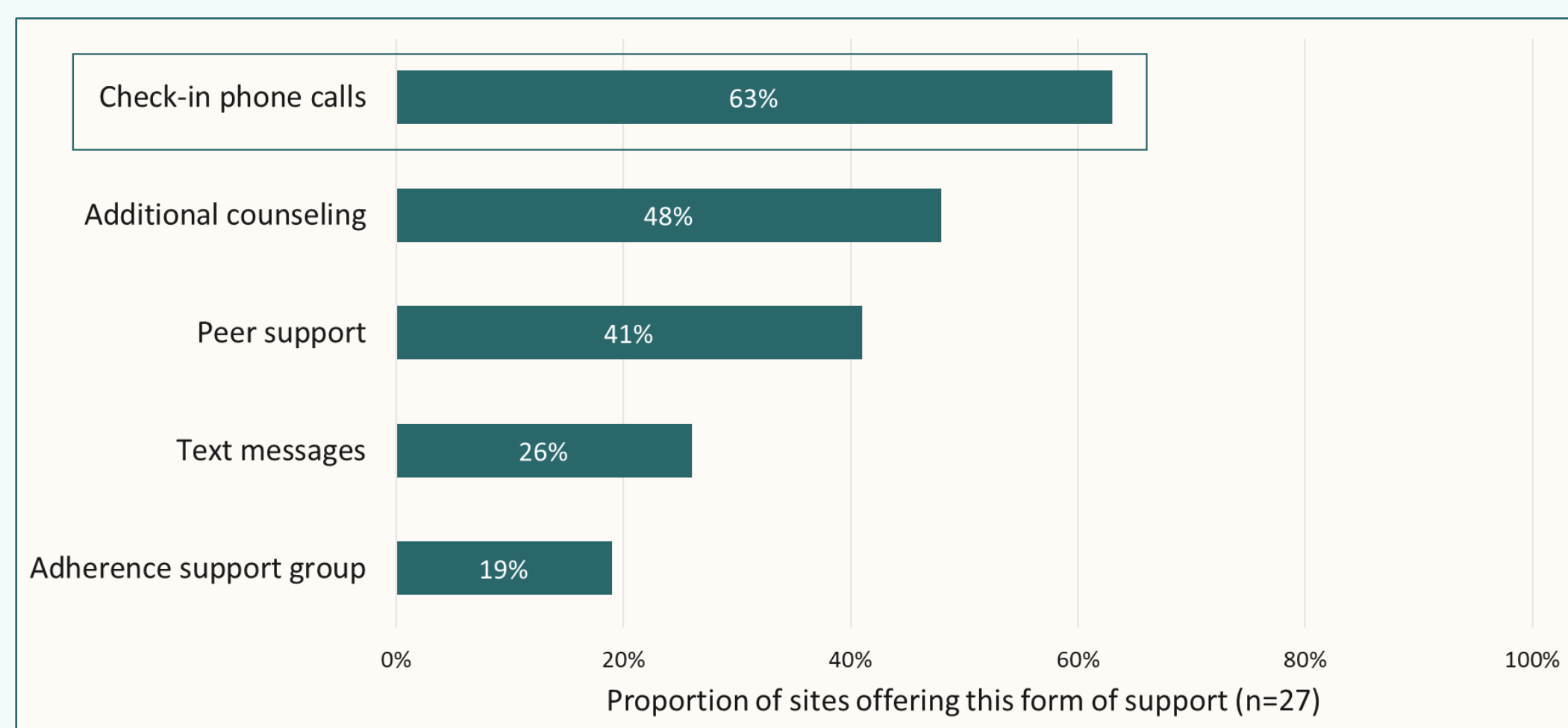


Figure 1. Forms of support offered to PrEP clients at CATALYST facilities

*“We take a lot of time compared to before because when we had oral [PrEP] only, we were talking about 45 minutes to an hour, but now depending on the needs of the client, you find that you have to inform the client about the two methods. For them to make the informed choice, you have to do thorough counseling.” – Health care provider, Kenya*

**Provider level:** Over half (52%, 14/27) of facilities had experienced PrEP provider turnover since study initiation; 43% (6/14) of them reported turnover-related interruptions in PrEP service provision (Figure 2). Provider retention challenges included better opportunities elsewhere, salary dissatisfaction, routine rotations, and high workload (Table 1). Study staff observed that PrEP ring insertion (upon client request) was initially difficult for providers due to inexperience, and delivering quality PrEP choice counseling remains challenging given staffing constraints.

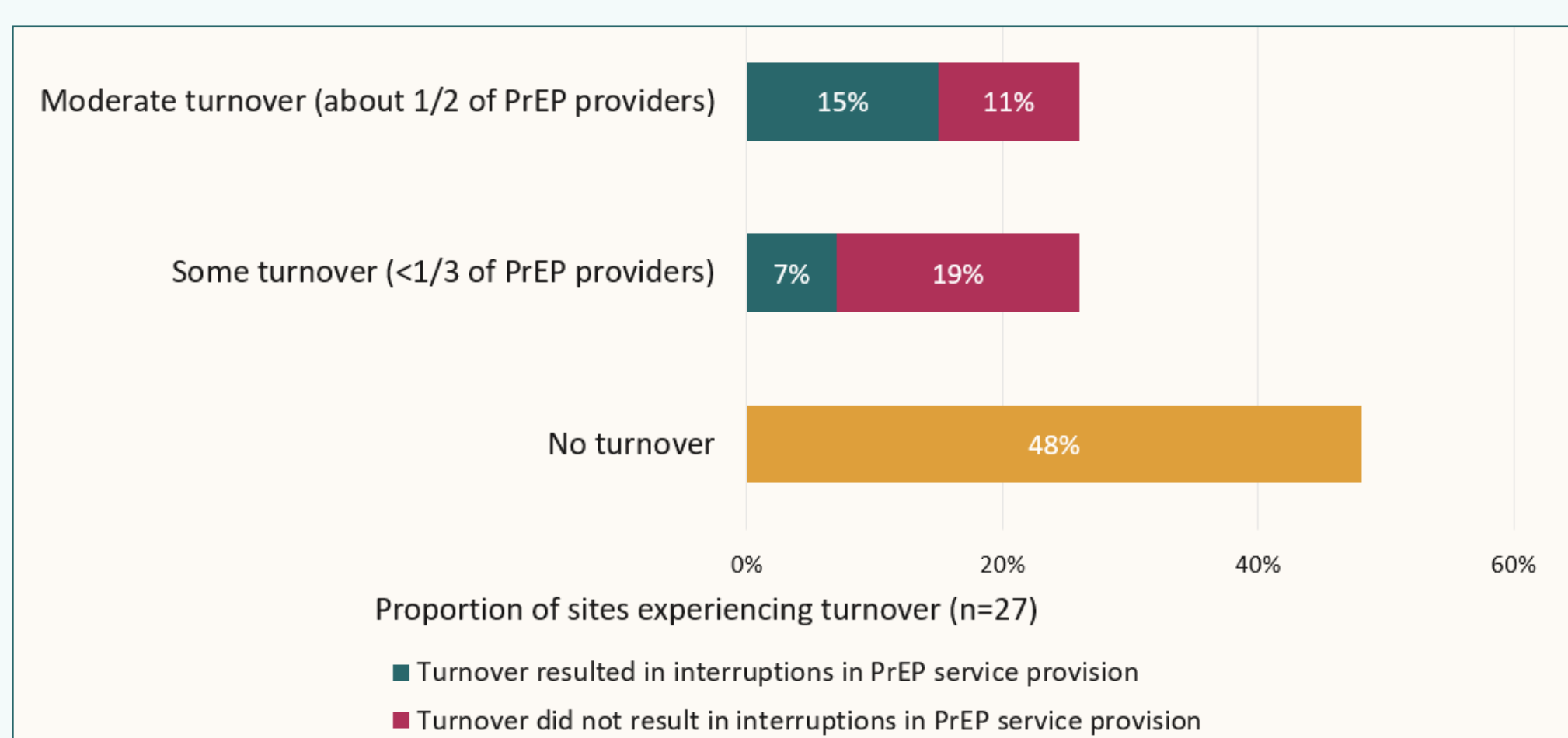


Figure 2. Reported provider turnover and implications for PrEP service provision in CATALYST facilities

Table 1. Provider retention challenges in CATALYST facilities

Provider retention challenges	Proportion of facilities facing challenge (n=27)
Better opportunities elsewhere	30%
Routine staff rotation	19%
Salary dissatisfaction	15%
Workload too high/burnout	15%
Poor facility infrastructure	11%
Personal safety/health concerns	7%
Lack of management support	7%
Lack of career development	7%
Location of facility	4%
Low morale	4%

*“...They did implement PrEP [PrEP choice counseling and the PrEP ring], but the staff is still the same. Meaning they increased work but with the same people. Meaning we are short staffed because the work does not reduce because we still have other work to do.” – Health care provider, South Africa*

**Facility level:** Overall, 44% (12/27) of facilities experienced electricity interruptions, and 39% (10/26) reported inadequate space for storage of client records (Figure 3). Three facilities experienced stock-outs of oral PrEP and one had a stock-out of HIV tests in the month preceding the site assessment. Stock-outs were most commonly due to delays in delivery to the site and to high client demand. We also observed insufficient space to accommodate additional PrEP clients, water shortages, and poor state of facilities (e.g., repairs needed on windows, flooring, furniture, and equipment).

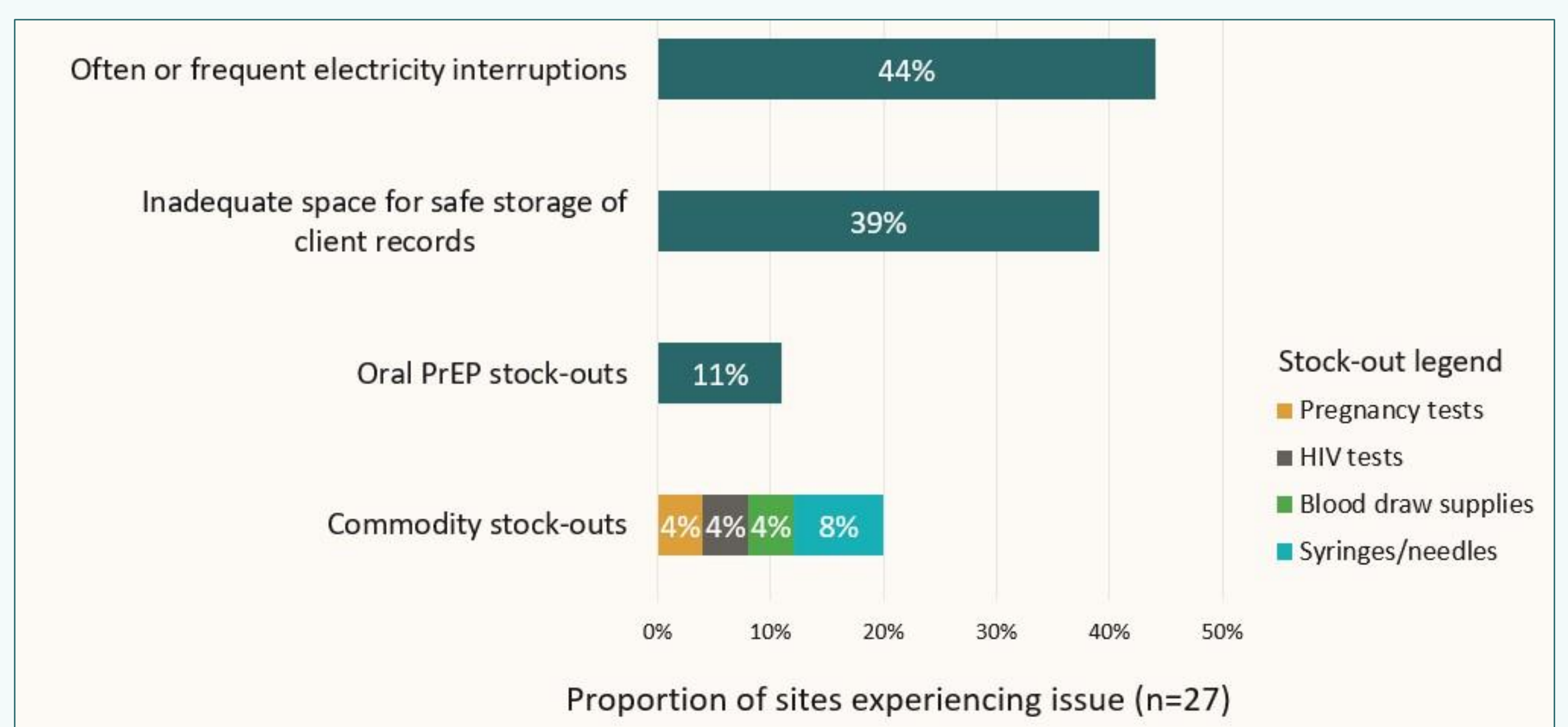


Figure 3. Infrastructure and commodity challenges faced by CATALYST facilities

*“Our health facilities are doing badly in terms of infrastructures, especially the building. You find that maybe the family planning clinic is the same clinic where we are doing cancer screening. Today it is the family planning clinic, but tomorrow it will be the diabetic clinic. So, whoever wants family planning services will not be attended to because there is no space.” – Key informant, Uganda*

Since PrEP clinics are open during daylight hours for a median of nine hours (range 7–10), and only 19% (5/27) are open during weekends, clients may not be able to access the PrEP over evenings and weekends.

## CONCLUSIONS

CATALYST is illuminating operational challenges that could impede PrEP choice implementation. Although offering PrEP choice is feasible in public sector settings, successful introduction and scale-up of new PrEP methods hinges on reducing these barriers. These challenges are not unique to PrEP delivery and addressing them could lead to broader health system improvements. The study team is collaborating with ministries of health to implement sustainable solutions through quality improvement and health service reinforcements.