



6 – 10 October · Lima, Peru and virtual

[hivr4p.org](http://hivr4p.org)

Millicent Kiruki, LVCT Health

*Co-authors: H. Tzindoli, M. Niyibeshaho, M. Chabela, M. Nkongoane, O. Maboja, M. Pleaner, R. Adams, I. Segawa, A. Mijumbi, J. Kabongo, C. McGuire, K. Louis-Charles, H. Sisel, V. Fonner on behalf of the CATALYST study team*

# Provider and client perspectives on PrEP choice: Quality of PrEP choice and factors influencing its provision in the CATALYST implementation study



# Summary

## What is your main question?

- How do clients perceive the quality of PrEP choice counseling in the CATALYST study?
- What factors influence the provision of PrEP choice counseling in the CATALYST study?

## What did you find?

- While most (87%) participants received core choice counseling elements, gaps exist, particularly in discussions about side effects.
- There is a need for enhanced provider support for pregnant and breastfeeding clients and those with prior PrEP use.
- Despite initial challenges, providers generally were positive about offering PrEP choice counseling.

## Why is it important?

Effective PrEP choice counseling empowers clients to make informed decisions, leading to increased PrEP uptake and reduced HIV transmission.

# Background

- Women in sub-Saharan Africa bear a disproportionate HIV burden, highlighting the need for new PrEP technologies.
- As more PrEP options become available, evidence on real world delivery of PrEP choice is needed.
- The CATALYST study is an implementation study that provides informed choice of PrEP products to women at public sector PEPFAR delivery sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. The study is split into two distinct stages based on product availability:
  - Stage I – PrEP ring and oral PrEP
  - Stage II – CAB PrEP, the PrEP ring, and oral PrEP
- This mixed methods study describes early experience with PrEP choice implementation in Stage I.



**HIVR4P** 2024

# Mixed methods: Quantitative Client Data



We analyzed enrollment cohort survey data (May–December 2023; N = 2,548) across 27 public health sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe.



We adapted a PrEP method information index (PrEP MII) from family planning studies to assess the quality of PrEP choice counseling using three indicators.



We used logistic regression to assess variations in receipt of quality PrEP choice counseling (PrEP MII Scores) across population subsets.



## **PrEP MII questions in the cohort survey:**

- Which PrEP options did the provider tell you about today?
- Did the provider tell you about any side effects you might have with the PrEP method you heard about today?
- Did a provider tell you today that it is possible to switch PrEP methods?



**HIVR4P** 2024

# Mixed methods study: Qualitative Provider Data



Analyzed 27 in-depth interviews (Oct 2023 – Jan 2024) with health providers from 10 sites across five countries.



Topic guides developed using the Consolidated Framework for Implementation Research (CFIR). Two levels of coding: structural and thematic.



Providers reflected on barriers, facilitators, and strategies to improve PrEP choice.



**HIVR4P 2024**

# Results

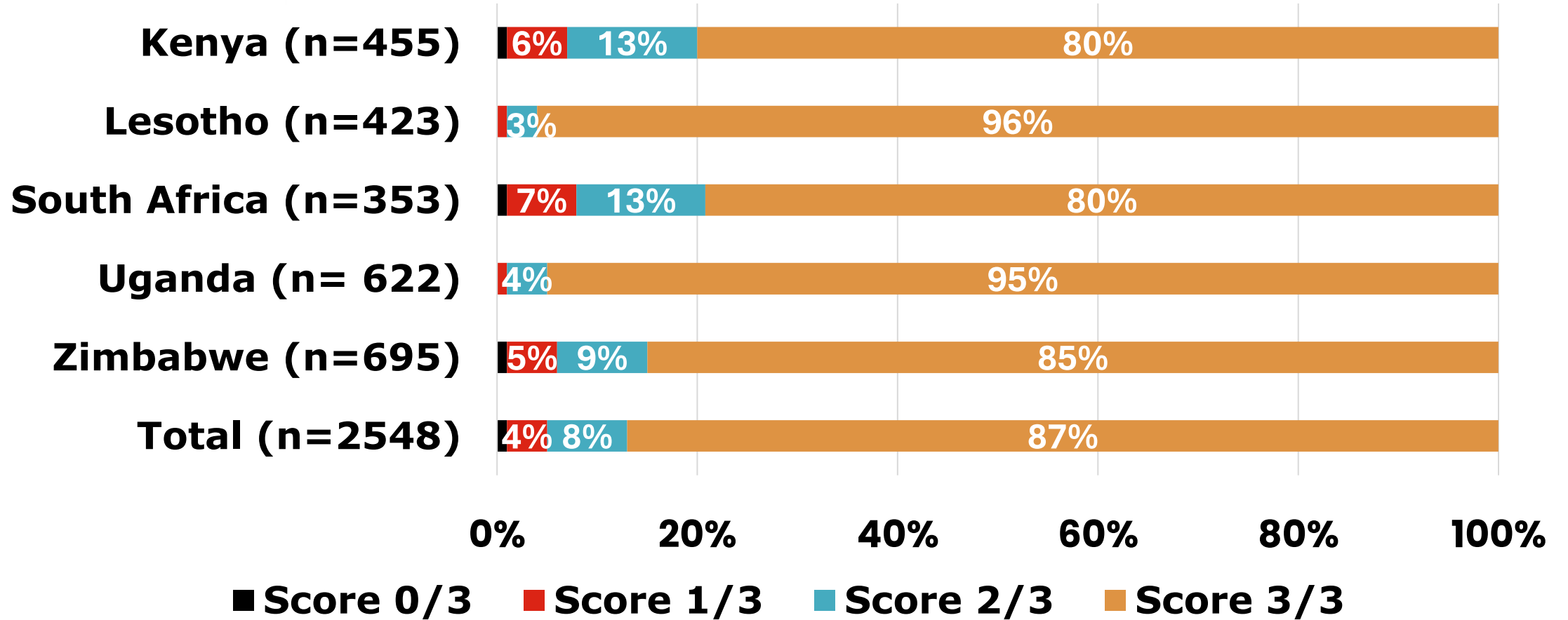
6 – 10 October · Lima, Peru and virtual

[hivr4p.org](https://hivr4p.org)



HIVR4P 2024

# PrEP MII scores by country



**Overall, most clients (87%) were offered quality PrEP Choice Counseling (PrEP MII Score 3/3)**



**HIVR4P 2024**

# PrEP MII index questions by country

|  | Kenya<br>(n=455) | Lesotho<br>(n=423) | South Africa<br>(n=353) | Uganda<br>(n=622) | Zimbabwe<br>(n=695) | Total<br>(n=2548) |
|--|------------------|--------------------|-------------------------|-------------------|---------------------|-------------------|
| <b>Told about both oral PrEP and PrEP ring</b> | 96%              | 99%                | 96%                     | 98%               | 95%                 | 97%               |
| <b>Told about PrEP side effects</b>            | 84%              | 97%                | 85%                     | 97%               | 89%                 | 91%               |
| <b>Told they could switch PrEP methods</b>     | 91%              | 99%                | 90%                     | 99%               | 94%                 | 95%               |

**Comparing the index questions, fewer clients (91%) reported counseling on PrEP side effects, especially in Kenya and South Africa.**





# Logistic regression results: Variations in receipt of quality PrEP choice counseling

| Group  | Crude OR [95% CI] | p value <sup>a</sup> | Adjusted OR [95% CI] | p value <sup>b</sup> |
|--|-------------------|----------------------|----------------------|----------------------|
| <b>Pregnant vs Non pregnant</b>                                    | 0.73 [0.50, 1.06] | <b>0.097</b>         | 0.63 [0.43, 0.93]    | <b>0.019</b>         |
| <b>Breastfeeding vs Non breastfeeding</b>                          | 0.51 [0.37, 0.69] | <b>&lt;0.001</b>     | 0.48 [0.36, 0.66]    | <b>&lt;0.001</b>     |
| <b>PrEP experience at enrollment</b>                               |                   |                      |                      |                      |
| PrEP naïve   | REF               | REF                  | REF                  | REF                  |
| Previous PrEP user (>30 days)                                      | 0.97 [0.69, 1.38] | 0.879                | 0.95 [0.67, 1.35]    | 0.781                |
| Current PrEP user (≤30 days)                                       | 0.73 [0.55, 0.96] | <b>0.027</b>         | 0.72 [0.54, 0.95]    | <b>0.020</b>         |
| <b>AGYW (15- 24 yrs) vs Women ≥ 25 yrs</b>                         | 0.95 [0.75, 1.20] | 0.641                |                      |                      |
| <b>Female sex workers vs Non sex workers</b>                       | 0.97 [0.75, 1.26] | 0.826                |                      |                      |
| <b>Countries that prohibit vs allow PBFP to use the PrEP ring*</b> | 1.02 [0.80, 1.30] | 0.882                |                      |                      |

\*Prohibiting pregnant and breastfeeding people (PBFP) from using the ring: South Africa, Uganda, and Zimbabwe (allows in breastfeeding but not pregnancy). Allowing: Kenya, Lesotho.

<sup>a</sup> Only factors with p <0.1 in univariate models were included in the final multivariate model. "REF" stands for the reference group/category for the logistic regression.

**Pregnant and breastfeeding people as well as current PrEP users had lower odds of receiving quality PrEP choice counseling (PrEP MII Score 3/3) at enrollment**

# Overall, providers were positive about offering PrEP choice, overcoming initial implementation reluctance and challenges



**"Since change is not an easy thing, we felt like it was going to be difficult.** We didn't understand how and when we were going to talk about choice counseling. So, it really brought some confusion. **It took us some time to get used to it."**

— Health provider, Lesotho



"It's not hard because first we were taken through the PrEP choice counseling as service providers, and then these are things that at first when you start it is a challenge, but you get used to over time. I'm very sure that maybe going forward, it will be easier for the service providers to do the choice counseling because they have gotten used to it. **This is something that you practice daily;** I do not think it can be difficult."

—Health provider, Kenya

PrEP choice is new, and it took practice, training, and sensitization for providers to learn.

## Providers emphasized the comparative benefits of choice counseling to address clients' HIV prevention needs despite it being more time-consuming than counseling for oral PrEP alone

"And also by virtue of the fact that there are different choices, **a person won't fail to find something that suits them** because the goal is to prevent HIV. Suppose oral PrEP is not for them, or maybe the environment is not conducive for them, ... at least they actually have a choice available."

**-Health provider, Zimbabwe**

"It's a lot of work because now we have **two methods whereby you need to differentiate with the patients between oral PrEP and vaginal ring**. So it is even time-consuming also because vaginal PrEP is the new method, you will find that you are taking a lot of time trying to explain to the client about vaginal ring..."

**-Health provider, South Africa**

# Health system challenges affected PrEP choice counseling; facilities developed strategies to address some of them



“Yes, especially **now that one nurse is going, it will be worse**. Another counselor has their own targets. We have counseling sessions for high viral load, missed reviews, and calling clients. ... The documentation (of services) takes a lot of time. ... So, **if there are other people who want PrEP, they end up delaying because of the many processes.**”

— Health provider, Zimbabwe

Shortage of health providers, high workload, and client delays



“We had to do a few modifications to our processes because we realized that yes at ANC we offer PrEP, but it could not be ideal to offer PrEP ring at the ANC bearing in mind the location where it is. **So we modified our process a little bit to come up with a room that is more spacious and also that could provide confidentiality and yes, we see it is working.**”

— Health provider, Kenya

Facility modifications to accommodate choice counseling



**HIVR4P 2024**

**Facilitators  
for  
providers to  
offer PrEP  
choice**

**01**

**Sufficient staffing at health facilities**

**02**

**Frequent provider training and sensitization**

**03**

**Ensuring availability of commodities**

**04**

**Monetary and non-monetary incentives**



**HIVR4P 2024**

## Other ways to improve PrEP choice

### ***Expand community outreach.***

“...There needs to be a lot of **PrEP messaging in the communities**, on the radios. We should know that PrEP is present, methods of preventing HIV should be accessible.”

-Health provider, Zimbabwe

### ***Foster opportunities for provider cross learning.***

“...now if we went for training, we might have understood, but when you come to implementation it’s an entirely different story. So, I think for us here it would work for us to keep meeting and to **keep talking about our experiences** and telling each other how we tackle different patients as they come ...”

— Health provider, Lesotho

## Conclusions

Despite challenges, providers offered most participants key elements of PrEP choice counseling.

- However, counseling on method side effects was the least reported among CATALYST participants, especially in Kenya and South Africa.

Providers may require enhanced support to tailor their PrEP choice counseling for:

- Pregnant and breastfeeding persons
- Clients with prior oral PrEP experience

PrEP programs should address identified health system barriers and facilitators to enhance PrEP choice access.

# The CATALYST Study Team

**Kenya:** Annabell Dollah, Annette Otin, Beatrice Anyango, Caleb Owino, Claire Viola Otieno, Corolyne Omom, Cynthia Atieno, Dora Bloch, Douglas Omosa, Duke Sangara, Elvis Oyugi, Harriet Tzindoli, Japheth Otieno, Jonah Onentiah Magara, Judy Onsomu, Kevin K'Orimba, Leonard Soo, Margaret Atieno, Margaret Njiraini, Merci Niyibeshaho, Millicent Kiruki, Millicent Oundo, Moses Otieno, Naomy Mumo, Nelius Ruiru, Njambi Njuguna, Patricia Oluoch, Patricia Jeckonia, Robinson Karuga, Rose Kahariri, Rose Wafula, Serah Mwizila, Susan Arodi, Sophie Atieno

**Lesotho:** John Byabagambi, Lefulesele Mohaesa, Makatleho Lethola, Mahlamene Monyaesa, Makatleho Makeke, Makeneiloe Ramapepe, Makhafa Maope, Maleaooa Chaole, Mamaphau Kubutu, Mamatli Chabela, Mamohloai Kobeli, Mathabo Senamolele, Matsau Nkongoane, Montsi Sello, Moreboli Lekhema, Nthuseng Marake, Ntoetse Sekhonyana, Ntsebo Lerotholi, Ntsoaki Mabohla, Oluwakemi Moriam Adeleke, Poloko Sojane, Ramatsoai Soothoane, Rosina Phate-Lesihla, Taurayi Qwande, Thabo Taleng

**South Africa:** Alina Mamokone, Amogelang Sasha Kekana, Catherine Martin, Cecilia Ramabalane, Celimpilo Nkambule, Chikondi Divala, Constance Masobe, Cynthia Leeu, Dudu Ntuli, Elmari Briedenhann, Gava Joseph, Glory Chidumwa, Hasina Subedar, Lauren Parmley, Joy Lephalala, Kagiso Tlabo, Kodisang Mathapelo, Lebogang Rangata, Lebone Thedi, Lisa Mills, Mahlaku Sebiloane, Mahlatse Motloatsi, Malehlohonolo Mothekhe, Maletsatsi Mokoena, Maletsatsi Monametsi, Melanie Pleaner, Modiehi Mopeli, Mojalefa Makae, Mpelege Nemakhavhani, Nakita Sheobalak, Nedine Van Den Berg, Nesengani Sharon, Nhlamulo Chantel Manganye, Nicolette Naidoo, Nqobile Mthimkhulu, Ntebohelong Mohale, Nthabeleng Moeti, Nthabiseng Makalela, Ntombosindiso Mokoena, Ontlakarabela Freda, Palesa Bell, Palesa Moletsane, Paul Motswi, Rebone Nketle, Regina Mondli, Rochelle Adams, Roisin Elizabeth Drysdale, Saiqa Mullick, Tlalane Rasemetse, Tumelo Lekoro, Vuyane Mithane, Wiseman Moloi, Zandile Mthembu

**Uganda:** Anna Rose Kulume, Andrew Kazibwe, Andrew Mijumbi Ojok, Carolyne Agwau Akello, Caxton Maboni, Charles Abura, Christine Harriet Namugerwa, Daniel Kilama, Elly Mweshezi, Fiona Magololo Mutesi, Herbert Kadama, Immaculate Alwedo, Ivan Segawa, Jovia Muhindo, Joyce Akanyo, Lazarus Oucul, Leah Wamala Najjemba, Lilian Tutegyereize, Madelena Angiro, Nathan Tumwesigye, Peter Mudiope, Prima Maria Niwampeire, Privah Twijukye, Ronald Asiimwe, Rubuna Nagai, Susan Awino, Teddy Atianga, Twaha Nangoli Mafabi, Vianney John Kigongo

**Zimbabwe:** Adatia Chivafa, Arot Muleya, Bekithemba Ndlovu, Charity Ncube, Definate Nhamo, Emily Gwavava, Getrude Ncube, Givemore Machimbidzofa, Hlozokuhle Ndiweni, Imelda Mahaka, Jacqueline Kabongo, Joseph Murungu, Kimberly Tangi, Lindiwe Khumalo, Mancer Marime, Munyaradzi Dobbie, Natalie Kruse-Levy, Nobukhosi Moyo, Nothando Ndlovu, Owen Mugurungi, Patience Matambo, Rufaro Manyanga, Ruramai Mudzingwa, Sanele Ngulube, Sharleen Tatenda Jonga, Sibusisiwe Sibanda, Takudzwa Mamvuto, Wanzirai Makoni, Wilbert Ishemunyoro, Yvonne Ndonga

**Global Team:** Alisa Alano, Amy Lynn Heaps, Ashley Mayo, Ashley Vij, Ayne Worku, Cindy Jacobson, Courtney McGuire, Diantha Pillay, Doris Marwanga, Douglas Taylor, Elizabeth Irungu, Emily Donaldson, Emily Dorward, Emily Namey, Emily Wendel, Ginny Fonner, Haley Sisel, Jason Reed, Jill Peterson, Kate Brickson, Katherine Kripke, Katie Bunge, Katie Schwartz, Katie Williams, Kristine Torjesen, Kyria Louis-Charles, Lara Lorenzetti, Lauren Kudrick, Lauren Rutherford, Leonard Solai, Lisa Noguchi, Maggie Czarnogorski, Marga Eichleay, Marie Shoen, Mark Conlon, Martha Larson, Mary Latka, Morgan Garcia, Mu-Tien Lee, Nanlesta Pilgrim, Nilufar Rakhmanova, Piotr Budnik, Rose Wilcher, Sarah Salinger, Steven Forsythe, Tara McClure, Tatenda Yemeke, Ted Livant, Urvi Parikh





# Acknowledgements

## HIVR4P 2024

We would like to thank the following people and institutions for their contributions to this research: Study participants, health providers and study staff at participating sites, ministries of health in participating countries, USAID HQ and country missions.



*MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government. MOSAIC is a global cooperative agreement (#7200AA21CA00011) led by FHI 360, with core partners Wits RHI, Pangaea Zimbabwe, LVCT Health, Jhpiego, and AVAC.*

Photo Credit: MOSAIC Consortium

6 – 10 October · Lima, Peru and virtual

[hivr4p.org](http://hivr4p.org)