



Delivering High-Quality DSD Services at Scale

A CQUIN Learning Network Workshop

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Improving PrEP uptake among pregnant and lactating women from Hhohho and Shiselweni regions of Eswatini

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Background

- HIV acquisition during pregnancy and postpartum periods remains high despite increased access to and initiation of antiretroviral therapy.
- Maternal seroconversion at these time points remains a source of significant paediatric HIV infection.
- The efficacy and relative safety of oral PrEP in preventing HIV acquisition has been extensively demonstrated.
- Pregnant and breastfeeding women may have improved initiation and adherence to PrEP because of their desire to prevent vertical HIV transmission, although uptake remains low.

Background

Key Problems

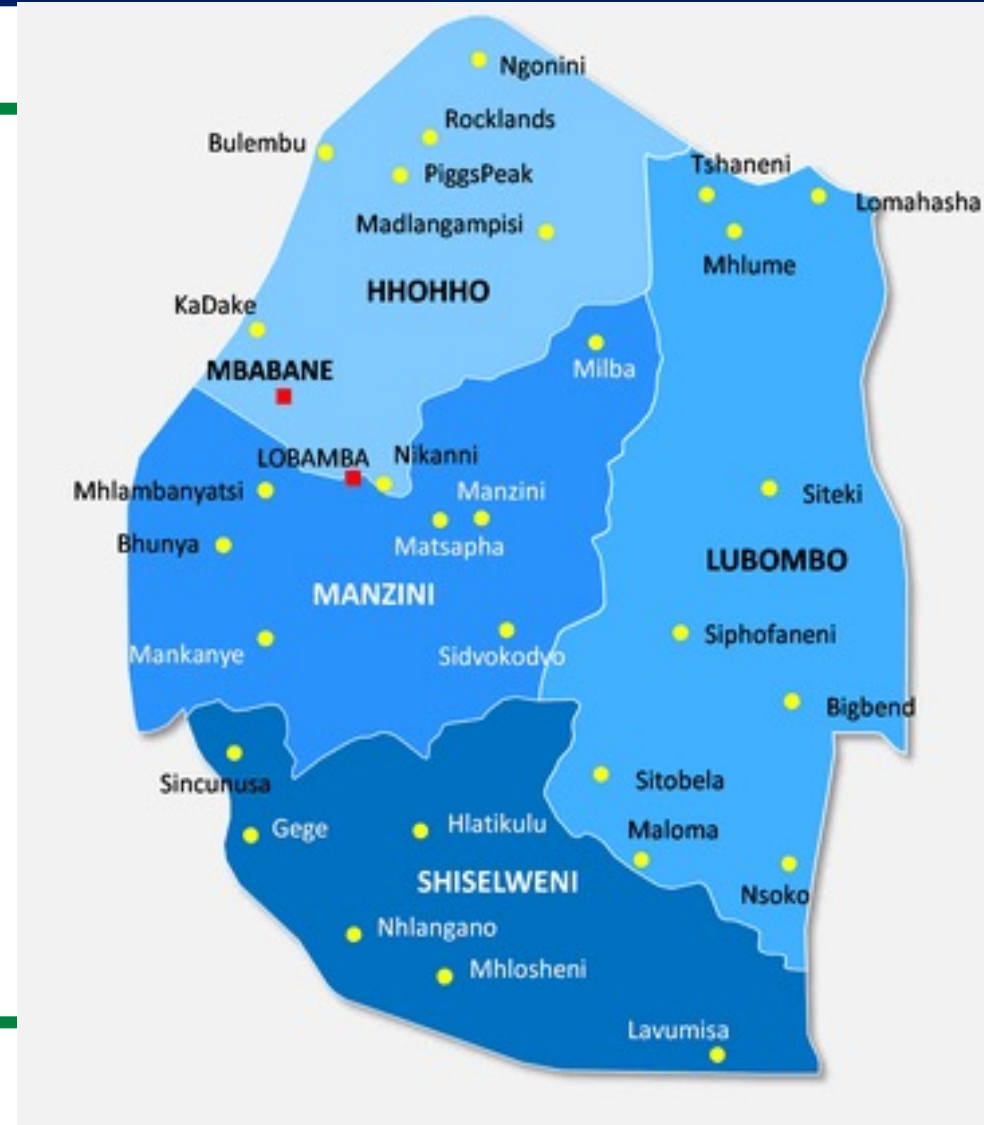
- A total of 82 (35 ANC, 36PNC and 11L&D) pregnant and lactating women seroconverted in Hhohho and Shiselweni regions (Jan to Dec 2020) in Eswatini.
- Only 14% of pregnant and lactating women were offered PrEP and 70% accepted while only 34% were initiated in supported sites in the Hhohho and Shiselweni regions (July to Sept 2020).

Intervention

- A quality improvement collaborative project aimed at improving PrEP uptake among pregnant and lactating women was initiated in 13 high volume health facilities – *Mbabane PHU, Piggs Peak PHU, Dvokolwako H.C, Mkhuzweni H.C, Matsanjeni H.C, Hlatikhulu G.H, Mangweni, Motshane, Horo, Bhalekani Nazarene, Ntfontjeni, Ezulwini Satellite, New Heaven and JCI clinics.*

QI Collaborative Improvement Aims

- To increase proportion of HIV-negative **pregnant and lactating** women **offered** PrEP from 14% to 100% by 30 September 2021 and maintain this till 31 March 2022 in the selected high-volume sites.
- To increase the proportion of HIV-negative **pregnant and lactating** women who **accepted** and **initiated** on PrEP services from 34% to at least 80% by 30 September 2021 and increase this to 90% by 31 March 2022 in the selected high-volume sites.



Root Cause Analysis- Low PrEP Uptake for PBFW

System Issues

- Poor marketing of PrEP in facility waiting areas
- Not enough IEC material about PrEP
- PrEP not included in the facility health education schedule
- Poor tracking of PrEP performance among pregnant and lactating women at facility level
- No PrEP indicators for pregnant and lactating women in the MDT tool
- Unavailability of PrEP registers to document PrEP uptake
- CMIS not reporting on PrEP
- PrEP drugs stock out

Client-related reasons

- Refusal of PrEP by client
- Fear of pill burden
- Fear of side effects
- Stigma associated with the use of ARVs
- Poor perception of risk
- Lack of knowledge about PrEP

Health care factors

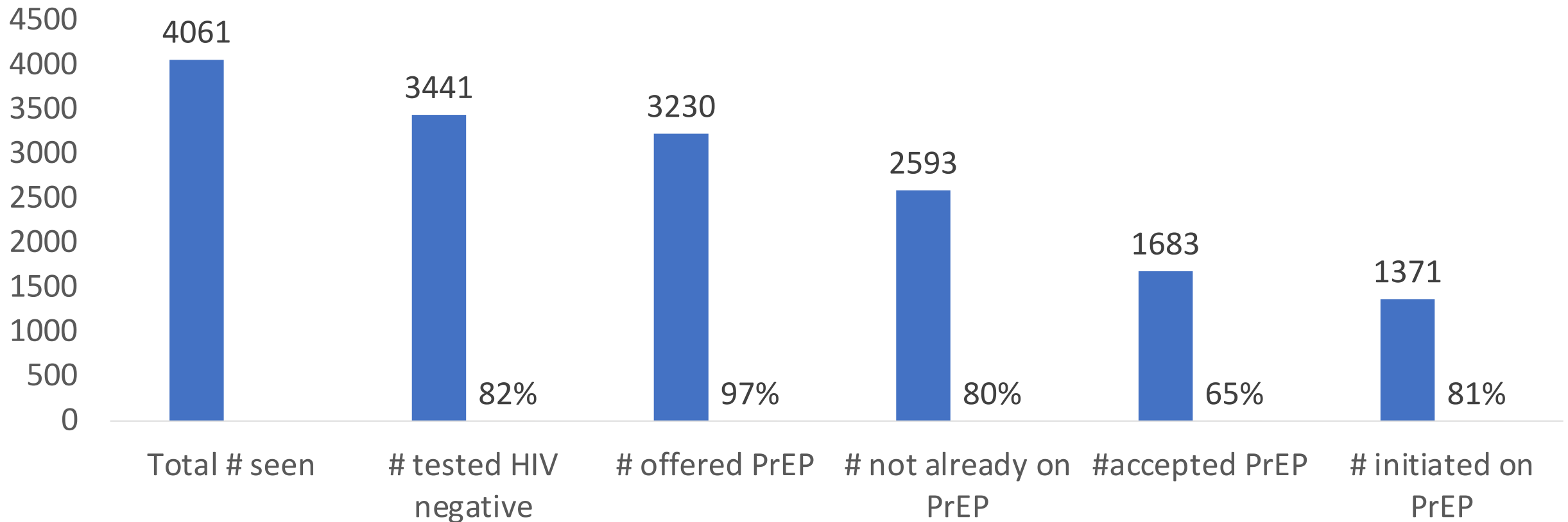
- Poor offering of PrEP services to pregnant and lactating women
- PrEP is not prioritized since it's a new activity
- Lack of motivational skills for PrEP uptake

Change interventions

Theme	What interventions were implemented?
Marketing PrEP	<ul style="list-style-type: none"> PrEP was included in health education schedules. Health education was conducted in the waiting areas and during consultation at different service points.
Optimizing PrEP uptake	<ul style="list-style-type: none"> PrEP was offered in all the different service points – HTS, consultation rooms by both nurses and HTS counsellors. opting out clients were escalated to senior clinicians
PrEP provider training	<ul style="list-style-type: none"> Health care workers were capacitated on appropriate and effective PrEP messaging through onsite training and supportive mentorship by mentors.
Opt-out approach	<ul style="list-style-type: none"> The opt-out approach was implemented, whereby PrEP was included as part of the ANC/PNC package together with the supplement clients receives
Monitoring and tracking	<ul style="list-style-type: none"> A QI tracker and tally sheet with all the process indicators was developed to ensure availability of data source PrEP performance was monitored and tracked across participating sites on a monthly basis.
Stock monitoring	<ul style="list-style-type: none"> Stock of PrEP drugs was monitored routinely, and buffer stock (3months) maintained. In case of a stock ruptures, participating facilities reached out to other well stocked facilities.
Experience sharing	<ul style="list-style-type: none"> Participating sites conducted quarterly experience sharing meetings where progress on performance, challenges and lessons learnt were shared.

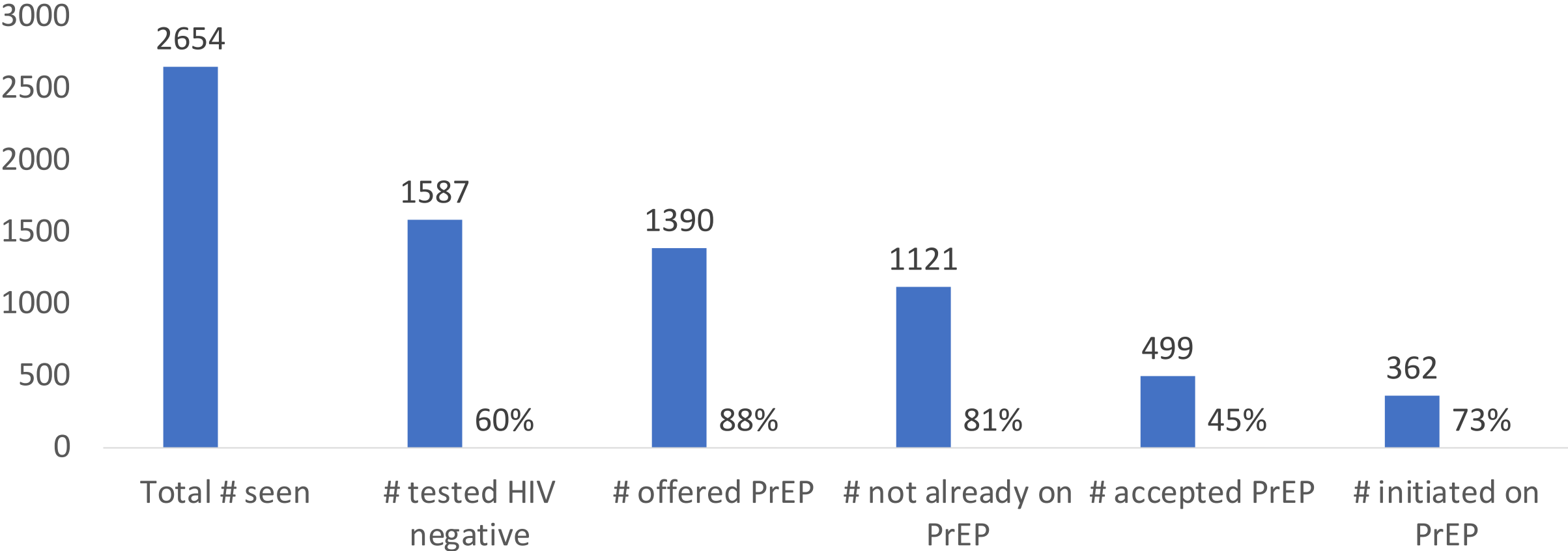
Results: Overall PrEP Cascade for 1st ANC Visit

April 2021 to Feb 2022



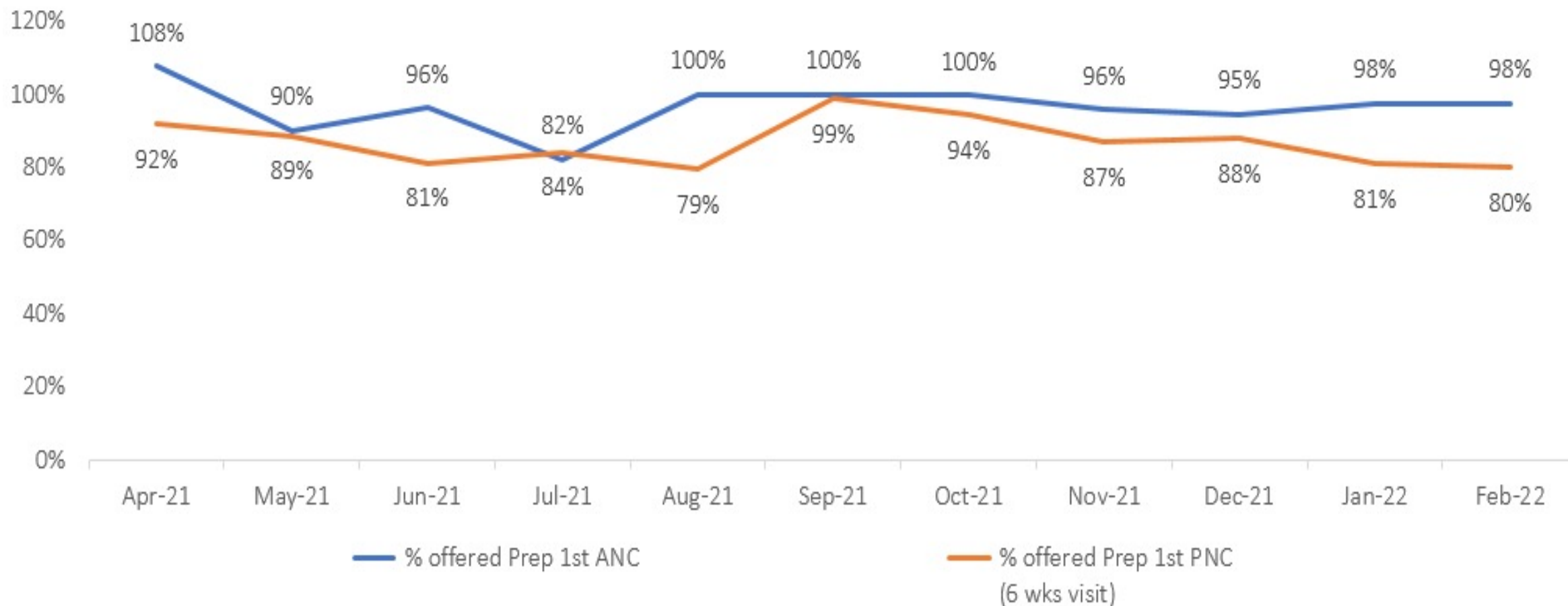
Results: Overall PrEP Cascade 1st PNC Visit

Apr 2021 to Feb 2022



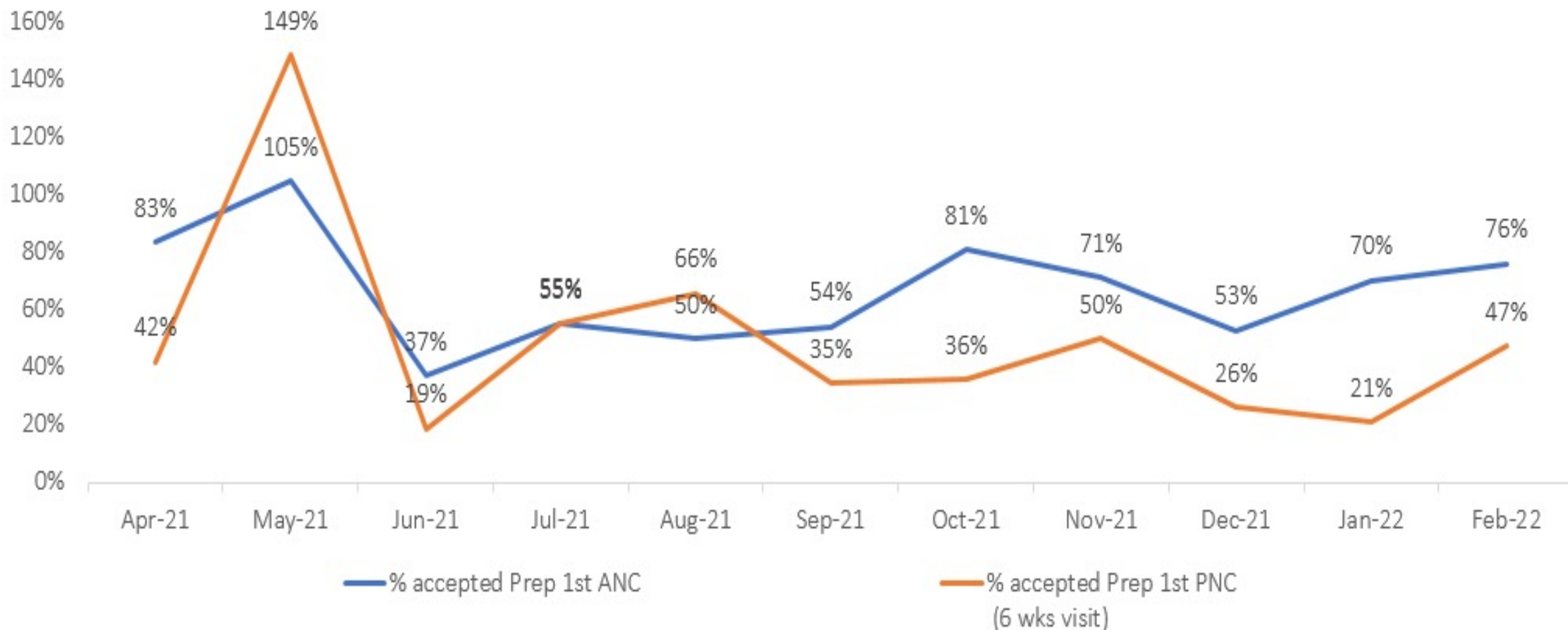
Results

1st ANC and 1st PNC (at 6 weeks) - PrEP Offer Rates - Apr 2021 to Feb 2022



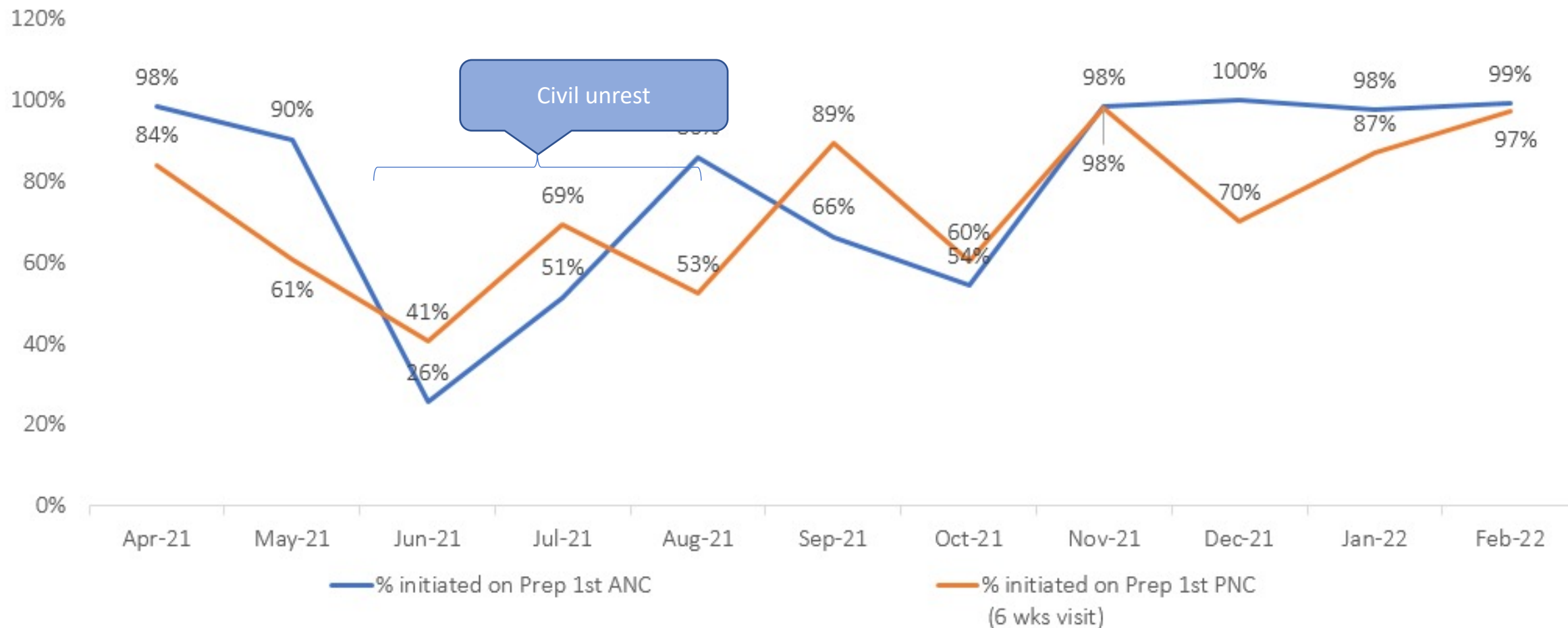
Results

1st ANC and 1st PNC (at 6 weeks) - PrEP Acceptance Rates - Apr 2021 to Feb 2022



Results

1st ANC and 1st PNC (at 6 weeks) - PrEP Initiation Rates - Apr 2021 to Feb 2022



Lessons Learnt

01

Maternal and neonatal child health (MNCH) services can be an effective platform for PrEP delivery since attendance is high and enables access to a large population of young women at risk

02

PrEP uptake (offer and acceptance) remained high suggesting a desire among pregnant women to prevent vertical HIV transmission

03

Stock outs of PrEP drugs and refusals remain a hindrance

04

Based on the high numbers of clients refusing PrEP, health education messages need to be tailored towards reasons given for refusal

Expanding delivery of PrEP is an essential strategy to reduce HIV incidence among women in pregnancy and during breastfeeding.

Achievements

PrEP offering remained optimal at 98% in ANC and 80% in PNC.

Acceptance higher at ANC (76%) compared to PNC (47%).

Linkage maintained at 99% and 97% at ANC and PNC respectively.

- **A significant drop in sero-conversion among pregnant and lactating women from 82 in 2020 to 52(38%) in 2021 in Hhohho and Shiselweni region.**
- **Experiences endured and lessons learnt from the QIC contributed in the development of a PrEP communication strategy.**



Challenges

Data analysis on PrEP retention missing

Cannot link HIV status of infants born to mothers on PrEP



Conclusion

1

PrEP delivery is feasible and acceptable as an effective HIV prevention strategy among pregnant and breastfeeding women.

2

Upscaling PrEP in ANC and PNC settings may help reduce HIV incidence

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The ASPIRE Project