

# Improving PrEP uptake among pregnant and lactating women: Change interventions and results from a quality improvement collaborative project in Hhohho and Shiselweni, Eswatini

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## BACKGROUND / INTRODUCTION

Between July and September 2020 (FY20Q4), only 14% of pregnant and lactating women (PLW) were offered pre-exposure prophylaxis (PrEP) at EGPAF-supported sites in the Hhohho and Shiselweni regions of Eswatini. Among these women, 70% accepted PrEP yet only 34% were initiated, signifying a challenge in the process between a woman accepting a clinician's offer of PrEP and actually receiving the medication. A Quality Improvement Collaborative project was initiated to increase PrEP uptake among PLW in 13-high volume health facilities in the Hhohho and Shiselweni regions.

## AIM

- 1) Increase the proportion of HIV-negative PLW offered PrEP from 14% to 100% by September 30, 2021 and maintain 100% offer rates through March 2022, and
- 2) Increase the proportion of HIV-negative PLW who accepted and initiated PrEP from 34% to  $\geq 80\%$  by September 30, 2021 and increase this to 90% by March 31, 2022.

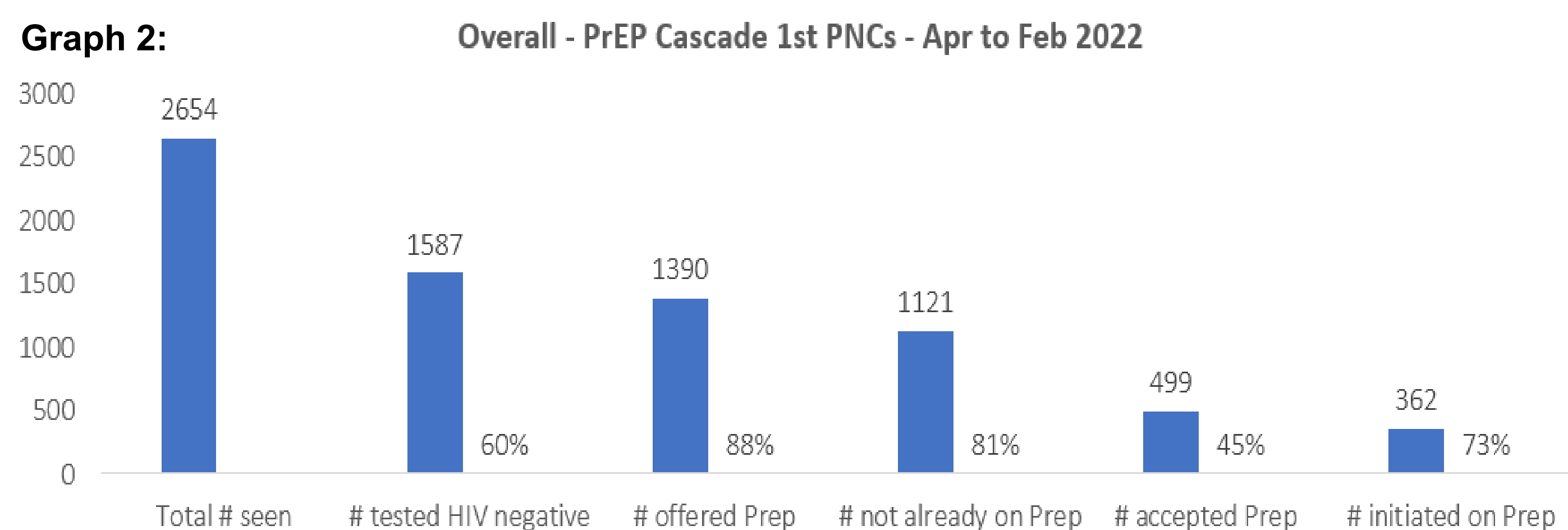
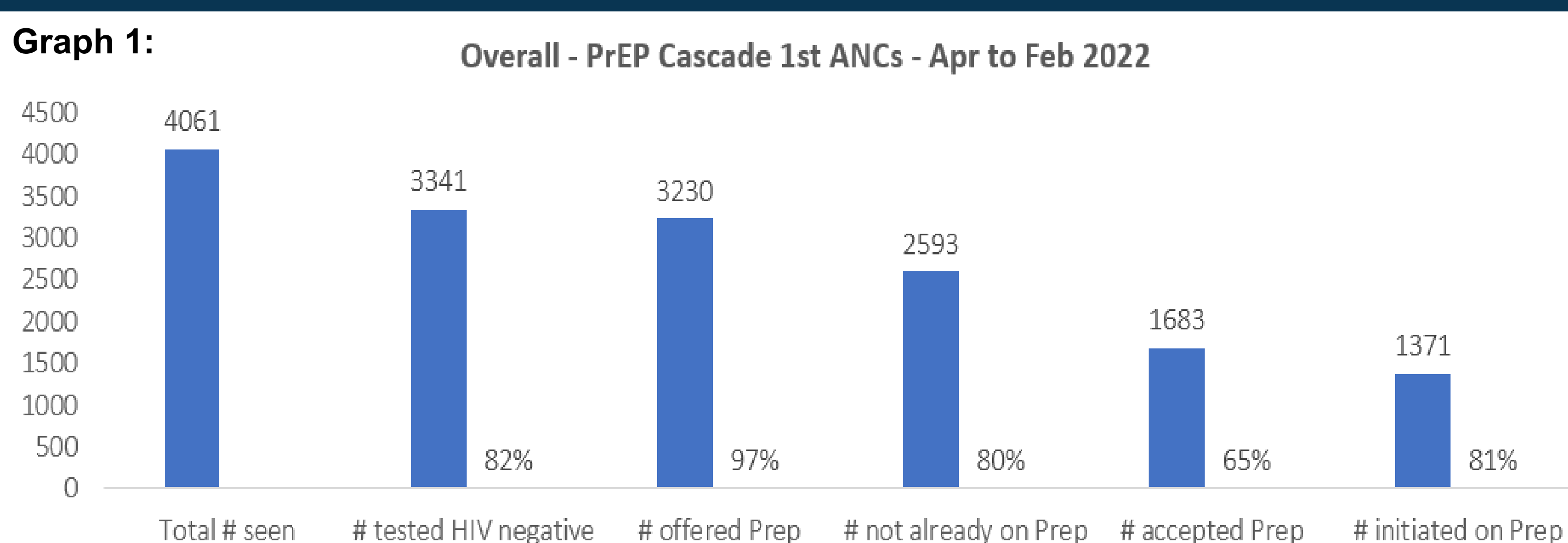
## METHODS

The QIC undertook a root cause analysis to explore challenges to PrEP initiation among PLW, then designed interventions and key activities to address the key challenges identified (Table 1). Interventions and key activities were implemented by the 13 health facilities participating in the QIC from April 2021 to February 2022. PrEP cascade data and initiation rates from each facility were tracked month-to-month.

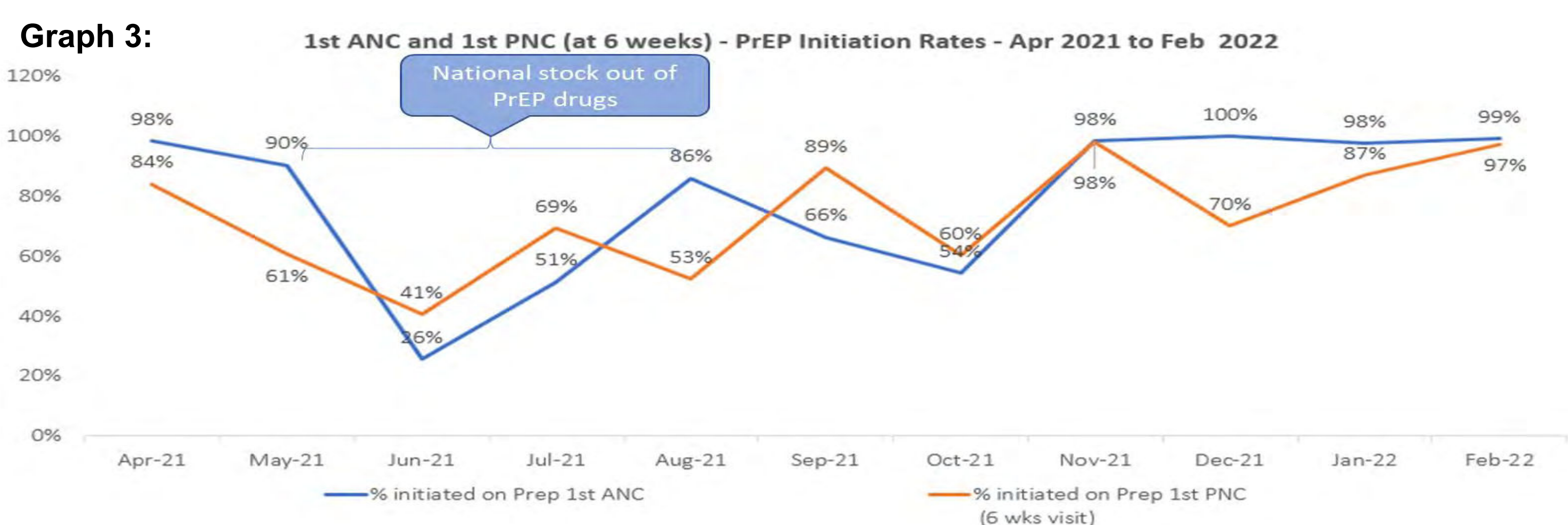
Table 1: Interventions and key activities to address challenges to low PrEP initiation among PLW

Challenge	Intervention & Key Activities
<b>Clients' Concerns</b> <ul style="list-style-type: none"> <li>◆ Poor perception of HIV risk</li> <li>◆ Clients' limited knowledge of PrEP</li> <li>◆ Hesitation to accept services due to concerns about pill burden and fear of PrEP side effects</li> <li>◆ Stigma associated with ARV use</li> </ul>	<b>Health Education</b> <ul style="list-style-type: none"> <li>• Offered health education talks in health facility waiting areas</li> <li>• Educated HIV testing counsellors on discussing PrEP during different service points</li> <li>• Encouraged nurses to have 1-on-1 discussions with clients regarding PrEP initiation</li> <li>• Provided Information, Education, and Communication (IEC) materials to mentors</li> <li>• Developed unique identifiers for persons who initially refused PrEP and labeled their files with a sticker to signal that PrEP should be discussed during a future visit</li> </ul>
<b>Clients' Acceptance</b> <ul style="list-style-type: none"> <li>◆ Clients wanted to seek spouse approval before accepting PrEP</li> </ul>	<b>Counseling and Male Involvement Activities</b> <ul style="list-style-type: none"> <li>• Supported social workers and nurses to discuss PrEP with women and their partners</li> <li>• Developed unique identifiers for women who did not initially accept PrEP because they wanted to discuss with their spouse and labeled their files to signal that PrEP should be discussed during a future visit</li> </ul>
<b>Provider Buy-in</b> <ul style="list-style-type: none"> <li>◆ Providers not offering PrEP services to pregnant and lactating women and not prioritizing PrEP as a new initiative</li> <li>◆ Lack of motivational skills to encourage PrEP uptake.</li> </ul>	<b>Opt-out Approach Instituted</b> <ul style="list-style-type: none"> <li>• Included PrEP in the antenatal care and post-natal care packages of services so all eligible pregnant and lactating women would be offered PrEP and could refuse the service if desired</li> <li>• Strengthened HCWs' capacity to deliver effective PrEP messaging</li> </ul>
<b>HCW Engagement</b> <ul style="list-style-type: none"> <li>◆ HCW workloads and demotivation</li> <li>◆ Long turn-around time for results</li> </ul>	<b>HCW Encouragement</b> <ul style="list-style-type: none"> <li>• Trialed baseline assessments for high-risk groups only instead of all clients</li> <li>• Encouraged staff to continue tracking missed appointments and follow up clients</li> </ul>
<b>Dispensing PrEP</b> <ul style="list-style-type: none"> <li>◆ Long wait times and long distances to the Pharmacy</li> <li>◆ PrEP drug stock outs.</li> </ul>	<b>Strengthening the Inventory System &amp; Onsite ARV Dispensing</b> <ul style="list-style-type: none"> <li>• Routinely monitored PrEP drug stocks to ensure a 3-month buffer stock supply was maintained</li> <li>• Encouraged facilities with stock ruptures to reach out to well-stocked facilities for supplies</li> <li>• Supported inventory systems to place orders on time, order necessary quantities, out-source when needed, and emergency order when necessary</li> <li>• Engaged Pharmacy staff to discuss solutions and implement onsite ARV dispensing</li> </ul>

## RESULTS



From April to February 2022, 97% of PLW attending their 1<sup>st</sup> antenatal care (ANC) visit were offered PrEP (Graph 1) compared to 88% of PLW at their 1<sup>st</sup> post-natal care visit (PNC) (Graph 2), which is an increase from the 14% for both ANC and PNC in July to September 2022. However, a notable difference in results was witnessed with PrEP acceptance rate which was at 65% among pregnant women at ANC and 45% among lactating women at PNC. PrEP initiation dropped in June and July 2022 (Graph 3) due to a national stock out of PrEP drugs; initiation rates rebounded from August 2021 to February 2022.



## DISCUSSION

- PrEP acceptance rate is higher at ANC than at PNC. This difference may be due to different perceptions of risk between the two populations: pregnant women at ANC fear infecting their unborn child whereas lactating women feel the risk of vertical transmission is lesser during breast feeding and some opt not to breast feed.
- The opt-out approach when offering PrEP proved to be very effective, especially when coupled with targeted PrEP messaging in different service points.
- Training HCWs on PrEP also contributed to an increase in offer and initiation rates, perhaps due to HCWs' increased understanding of PrEP and confidence offering PrEP.

