

A SISTER PrEPared; GRASSROOTS DEMAND CREATION AND UPTAKE OF PrEP

By Sinikiwe Mtetwa and Bathabile Nyathi

BACKGROUND OR PROBLEM STATEMENT

At the start of the fellowship in March 2016 Zimbabwe had just started the adaptation process of PrEP guidelines. The Sapphire trial which had provided PrEP for Female sex workers had ended – disrupting supplies to female sex workers who had been accessing it through the trial. PSI had started to provide PrEP in a few selected districts and PrEP was specifically targeting Sex workers and adolescent girls and young women who were at highest risk of HIV acquisition.

Communities of sex workers and adolescent girls and young women who were the target population did not have any information on PrEP. It was not clear why PrEP was only being given to them. There were fears and misconceptions around a drug that was not available in public hospitals but only at PSI. A technical working group was formed but the target population was not represented. Some health care workers had never seen a PrEP drug and were not sure what it meant.

GOALS AND OBJECTIVES

1. Influence Implementation Guidelines development to ensure that sex workers and adolescent girls and young women's issues and recommendations are included.
2. Advocate for enabling and friendly environment in the health setting for PrEP access for sex workers and young women.
3. Create platforms for community dialogues to enhance HIV prevention and demand creation for HIV prevention.

STRATEGIES AND ACTIVITIES

For PrEP to be acceptable ahead of the national PrEP rollout, there was need to identify key stakeholders. Certain groups represented or were the stakeholders. These were the sex workers (USERS), the healthcare workers (SUPPLIERS) and the general community (GATEKEEPERS). The aim was to take a holistic approach to transform values, attitudes and behaviors relating to PrEP uptake at community level. Activities carried out were;

- i) Identifying, grooming and mentoring PrEP champions in Harare and Bulawayo.
- ii) Community dialogue meetings with sex workers (USERS) and community (GATEKEEPERS).

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- ii) Community dialogue meetings with sex workers (USERS) and community (GATEKEEPERS).
- iii) PrEP talks with healthcare workers (SUPPLIERS).
- iv) Developing a PrEP Fact Sheet
- v) Writing a Position Paper
- vi) Engaging the media platforms to reach well-hidden and hard to reach sex workers and the community.
- vii) Talks with SAPHH-Ire Trial participants (those who are on PrEP, those who have been on PrEP but stopped and those who never took PrEP) so as to have an understanding of benefits and barriers to PrEP.

ACHIEVEMENTS

1. Both fellows became members of the PrEP TWG and became the voice of the USERS as well as SUPPLIERS who they met and interacted with throughout the fellowship.
2. Mentored & groomed twenty PrEP champions to participate in processes & Position paper describing recommendations for championing.
3. Trained 80 healthcare workers and held 10 health talks with Healthcare workers
4. Conducted 51 community dialogue meetings with sex workers, AGYW & gatekeepers. Fact sheet on PrEP and 3 radio talk shows in Harare and Bulawayo.

CHALLENGES AND SOLUTIONS

The main challenge we faced during our advocacy fellowship year was accessing healthcare workers (HCWs) for dialogues. Organising large numbers of participants, that is, nurses and health promoters for a community dialogue required a long process of seeking approvals from relevant authorities. As a solution, we then decided to call them health workers talks which did not need any long processes to get it done.

Another challenge then arose as we could not get a lot of nurses and health staff to sit down for a PrEP talk. Zimbabwean health facilities are short staffed so it was not possible for 4 or 5 health staff to sit down at the same time. We then decided as a way of dealing with it to talk to the health staff in small numbers several times a visit. This meant that we would talk to 2 or 3 nurses during their tea or lunch break.

We also had a challenge with the accounts department and experienced delays in disbursements of funds for activities. We solved this issue by making sure we had our own personal funds readily available so activities could be carried out. We also talked to the accounts departments and came to an understanding.

LESSONS LEARNT

Our fellowship year was a huge learning curve. We learnt that advocacy is a powerful tool to sensitize and raise awareness in HIV prevention strategies and to educate and encourage targeted populations towards uptake of the prevention tools and retention in care.

We learnt that there is need to empower key populations to initiate change in their communities e.g perspectives, attitudes and beliefs. Sex workers need to be empowered so that they can have enough confidence to initiate the change as needed. Growth and extension of sex worker led movements is crucial to ensure that sex workers lead and initiate change.

We also learnt that using every available resource tool when advocating is beneficial e.g the media, as targeted groups and the communities in which they live are reached with information.

Another lesson learnt is that when advocating on one prevention tool, for example PrEP, one cannot ignore other existing prevention strategies such as condoms and VMMC and other broader issues surrounding it.

RECOMMENDATIONS

It is essential that every stakeholder is fully informed and every health setting platform is used wisely to do so ahead of the PrEP rollout in Zimbabwe to ensure that the implementation is successful.

The general community should be targeted when disseminating PrEP information if the key populations are to take up PrEP without any stigma attached to it, for example, that PrEP is for sex workers (as reported by PrEP champions).

PrEP should be integrated into the already existing HIV prevention strategies to ensure full use of services available for different populations. This will also ensure that PrEP is widely acceptable.

KEY SOURCE DOCUMENTS

We developed a PrEP fact sheet and also came up with a position paper on PrEP. These documents can be found on the AVAC website, www.avac.org