



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# Expanding PrEP awareness, access, and choice in KwaZulu-Natal: Opportunities and challenges

*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*



## OUTLINE

- Review of current PrEP implementation in the province
- Barriers and challenges affecting PrEP implementation
- Introduction of new PrEP modalities
  - Event-driven PrEP
  - Long-acting injectable PrEP
  - Dapivirine ring
- Opportunities for integration of PrEP and PEP
- Way forward on PrEP implementation



## Data as at 5 October 2023

Initiated on PrEP			
District	KZN DoH APP Target FY 2022/23	FY 2022/2023	Progress FY 2022/23
Amajuba District Municipality	4,936	3,209	
eThekweni Metropolitan Municipality	35,280	37,834	
Harry Gwala District Municipality	3,856	6,463	
iLembe District Municipality	5,228	4,872	
King Cetswayo District Municipality	7,716	13,890	
Ugu District Municipality	12,876	11,196	
uMgungundlovu District Municipality	7,000	15,585	
Umkhanyakude District Municipality	3,960	4,631	
Umzinyathi District Municipality	6,808	4,102	
Uthukela District Municipality	8,004	7,163	
Zululand District Municipality	9,140	13,520	
<b>KwaZulu-Natal</b>	<b>104,804</b>	<b>122,465</b>	



<b>Total remaining on PrEP</b>	
<b>District</b>	<b>FY 2022/2023</b>
Amajuba District Municipality	24,056
eThekweni Metropolitan Municipality	608,912
Harry Gwala District Municipality	122,431
iLembe District Municipality	48,495
King Cetshwayo District Municipality	97,656
Ugu District Municipality	110,063
uMgungundlovu District Municipality	164,465
Umkhanyakude District Municipality	40,422
Umzinyathi District Municipality	66,197
Uthukela District Municipality	55,456
Zululand District Municipality	178,277
<b>KwaZulu-Natal</b>	<b>1,516,430</b>



## Barriers and challenges affecting PrEP implementation

- Awareness of PrEP
- Confidence in PrEP effectiveness
- Access to PrEP at convenient times and places
- Framing of PrEP from a positive perspective
- Stigma associated with PrEP use
- Burden of daily pill-taking



## *Awareness of PrEP*

- Various studies in South Africa have found very low levels of PrEP awareness—as low as 10 percent—particularly outside traditional target populations (KP, AGYW).
- Among those who do report familiarity with PrEP, there are indications that some are confusing PrEP with PEP and/or have very little understanding of what PrEP is, who it is for, how it works, or how to access it.
- **Our first task is to ensure that people are aware of PrEP and how to access PrEP information and services.**



## *Confidence in PrEP effectiveness*

- Due in part to low awareness of PrEP, some programs and studies have found that even once informed, potential users question the credibility of the information, suspecting that it may be experimental or even a hoax.
- Providers and health promoters are not always well capacitated to understand and explain the scientific evidence behind PrEP.
- **We need to ensure that potential users receive a full and accurate explanation of how we know that PrEP works and how to take it correctly.**



## *Access to PrEP at convenient times and places*

- Even among individuals who recognise and appreciate the value of PrEP, the costs can easily come to outweigh the benefits.
- The cost and inconvenience of return visits is a major factor in the sharp drop-off after PrEP initiation and low level of PrEP continuation.
- **We need to find more ways to make it quick and easy for people who want PrEP to start and stay on PrEP.**





## *Framing of PrEP from a positive perspective*

- While risk awareness counselling may sometimes be warranted, an excessive focus on risk can also feel judgmental and stigmatising to potential users.
- Some programs have now shifted to a more positive framing of PrEP use, focused on the ability to feel safe, be spontaneous, enjoy greater peace of mind, etc., and find this approach to demand creation to be more effective.
- **We need to help people feel good about being on PrEP by focusing on the positive.**



## *Stigma associated with PrEP use*

- Adolescent girls and young women in particular often report feeling external and/or internalised stigma from PrEP use.
- AGYW must also often navigate various ‘gatekeepers’ (parents, partners, friends, etc.) in order to access and use PrEP.
- Other populations report experiencing stigma from the association between PrEP and ART, and the assumption that someone on PrEP is already HIV-positive.
- **We need to do more to normalise PrEP use and eliminate stigma as a barrier.**



## Introduction of new PrEP modalities

- In addition to daily oral PrEP, we now have other options coming online:
  - Event-driven PrEP
  - Long-acting injectable PrEP
  - Dapivirine ring
- These new PrEP modalities have the potential to mean greater choice for PrEP users.
- In family planning, increased choice of methods has resulted in improved uptake, continuation, and user experience.



## *Event-driven PrEP (ED-PrEP)*

- An alternate dosing strategy for oral PrEP that involves taking two pills at least two hours before sex, then one pill a day for the next two days.
- Recommended by the World Health Organisation in July 2019 for MSM, broadened to include all cisgender men in July 2022.
- May be appealing to men who find the requirement for daily use to be a barrier to uptake and continuation.



## *Long-acting injectable PrEP (CAB-LA)*

- An injectable form of PrEP that is released over the course of two months and must then be repeated.
- Reduces risk of HIV acquisition by 99 percent (highly effective).
- Recommended by WHO in July 2022 and approved by SAHPRA in December 2022.
- May be appealing to individuals who find it difficult or undesirable to take a daily pill.
- Currently high cost in relation to oral PrEP.



## *Dapivirine ring*

- A flexible silicone ring inserted into the vagina that slowly releases ARVs over the course of one month and must then be replaced.
- Reduces a woman's risk of HIV acquisition via vaginal sex by 35-50 percent depending on the study.
- Recommended by WHO in January 2021 and approved by SAHPRA in March 2022.
- Implementation science studies and pilot projects set to begin later this year.



## Opportunities for integration of PrEP and PEP

- PEP is a 28-day course of ARVs taken to reduce the likelihood of HIV acquisition after potential exposure.
- WHO recommends offering PrEP to PEP users who anticipate further potential exposure to HIV after PEP completion.
- PEP can also be offered to PrEP users whose PrEP use was suboptimal at the time of a potential exposure to HIV.
- Integrated PrEP and PEP services can increase access to comprehensive HIV prevention.



## Way forward on PrEP implementation

Lobbying for the rollout of Long Acting injectables for PrEP depending on the availability funding and Guidelines.

Rollout of Event Driven PrEP to the general population per client's request depending on the availability funding and Guidelines.





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**THANK YOU**

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