

# Understanding and Addressing Barriers to Pre-exposure Prophylaxis (PrEP) Continuation among Vulnerable Adolescent Girls and Young Women in Namibia

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## Background

- The ACHIEVE project, funded by the U.S. Agency for International Development and U.S. President's Emergency Plan for AIDS Relief, began supporting the implementation of DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) and pre-exposure prophylaxis (PrEP) services in northern Namibia in coordination with the Ministry of Health and Social Services as part of the country's combination HIV prevention strategy in October 2020.
- HIV disproportionately affects Adolescent girls and young women (AGYW) aged 15–24 years, with an incidence of 1.06% compared to 0.03% for young men (NAMPHIA 2017).
- There is a low PrEP continuation rate (33%) among AGYW at one-month follow up and limited information about factors hindering continuation.
- Understanding the barriers to PrEP continuation among AGYW is essential to designing programs that meet clients' needs

## Study Objectives

- The authors sought to examine reasons and results of PrEP discontinuation among AGYW receiving DREAMS services under the ACHIEVE project in northern Namibia.

## Methods

- The retrospective analysis included programmatic data from June 2021 to May 2022 on AGYW aged 15–24 years who missed follow-up appointments and/or discontinued PrEP in eight semi-urban health facilities in Rundu and Oshakati districts.
- Nurses and PrEP ambassadors are responsible for contacting PrEP clients by phone after they miss their one-month follow-up PrEP appointments.
- Results are recorded on a standardized client tracing form.
- During the study period, 3,842 clients newly started PrEP. Of those, 2,117 (55%) missed the one-month follow-up visit, and 1,018 (366 aged 15–19 years and 652 aged 20–24 years) were identified for contact tracing (Figure 1). Descriptive analysis was used to present the results.

## Results

- Fifty percent (504) of 1,018 AGYW responded, while 38% (383) were not reachable or the phone number was wrong, and 13% (131) declined to respond.
- Of the 504 respondents, 139 were aged 15–19 years and 365 were aged 20–24 years.
- Table 1 presents the distribution of responses by primary reason for missing appointments. The three most frequently reported reasons were:
  - Travelled away from home: 37% (186)
  - PrEP no longer needed: 24% (121)
  - Forgot the appointment date: 12% (59)
- Results showed 20% (102) of the 504 AGYW reinitiated PrEP, 36% (179) stopped using PrEP although they were still at risk, 37% (187) were lost to follow-up (LTFU), and 3% (15) considered themselves no longer at risk of HIV (Figure 2)

Figure 1: Identification of AGYW missing on PrEP

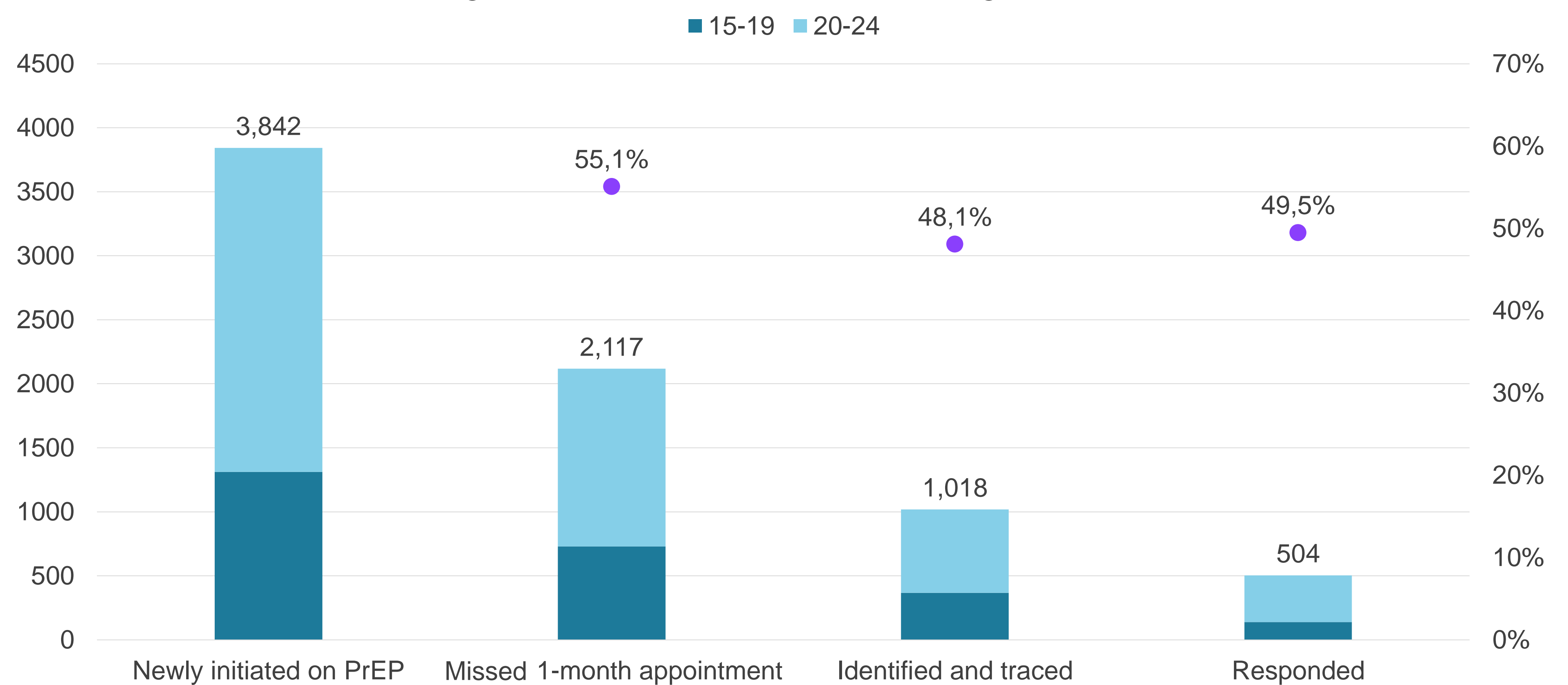
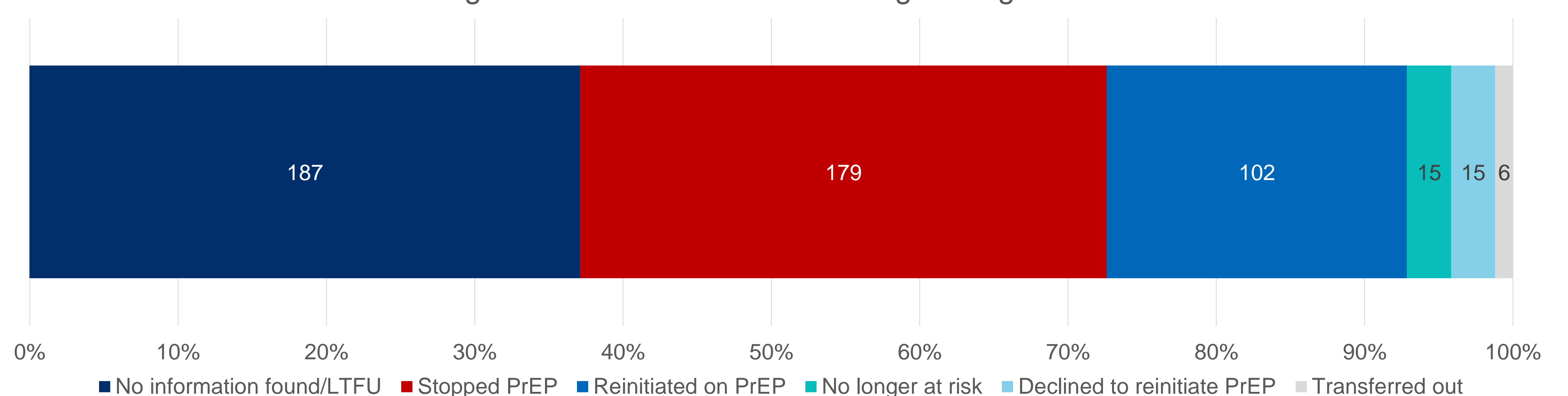


Table 1: Result of follow-up

	15–19		20–24		Total	
	#	%	#	%	#	%
Travelled away from home	38	27.3%	148	40.5%	186	36.9%
Did not need PrEP anymore	40	28.8%	81	22.2%	121	24.0%
Forgot the appointment date	15	10.8%	44	12.1%	59	11.7%
Felt unwell after taking PrEP	15	10.8%	27	7.4%	42	8.3%
Lack of money to support transport	9	6.5%	19	5.2%	28	5.6%
Long distance to health facility	6	4.3%	22	6.0%	28	5.6%
Lack of family/community support	4	2.9%	9	2.5%	13	2.6%
Lack of food	6	4.3%	5	1.4%	11	2.2%
Did not understand instructions	4	2.9%	6	1.6%	10	2.0%
No longer at risk	2	1.4%	4	1.1%	6	1.2%

Figure 2: Outcome of client tracing among AGYW



## Results (continued)

- After clients were contacted, ACHIEVE strengthened the provision of PrEP education and counselling to respond to results of the analysis.

## Discussion and Conclusions

- The successful scale-up of PrEP continuation among vulnerable AGYW in Namibia requires integration of PrEP services into their individual everyday lives.
- These findings highlight the importance of continuing to offer person-centred care PrEP services, looking for barriers to and facilitators of PrEP continuation from both a health system perspective as well as a person-level perspective.

## Discussion and Conclusions (continued)

- Interventions warranting further exploration include reminders for appointment dates, eliminating the costs associated with PrEP uptake/reimbursing transport fares, strengthening the provision of PrEP awareness, education, and counselling, and/or improving communication about the side effects of PrEP.
- Our analysis showed PrEP continuation was partially influenced by self-perceived HIV risk. Risk is dynamic and needs to be assessed regularly.