

Awareness, access and uptake of HIV pre-exposure prophylaxis by young people in Zimbabwe



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Background

Pre-exposure prophylaxis (PrEP) is a highly effective intervention, but access remains low in many high HIV burden countries. In Zimbabwe, PrEP is recommended for all individuals at substantial risk of HIV acquisition including:

- those in sero-discordant relationships
- those with multiple sexual partners
- those who report any use of post exposure prophylaxis (PEP)
- those with a history of an STI
- female and male sex workers

We investigated access to and usage of PrEP among young people in Zimbabwe.

Methods

A population-based survey of 18-24 year olds in 24 communities (clusters) across three provinces, conducted between October 2021-June 2022.

Questions included awareness, offer and uptake of PrEP, knowledge of HIV status and partner's HIV status.

Multivariable mixed effects models adjusted for age, sex, education level, wealth quintile, employment status to explore the predictors of PrEP awareness, being offered PrEP and uptake if offered. Cluster-weighted percentages are presented.

Results

We recruited 17,682 youth (60.8% female, median age 20 years).

2060 (11.3%, when weighted for cluster design) were aware of PrEP and among these, 235 (11.2%) had been offered PrEP and of those 118 (49.8%) had ever taken PrEP.

Table 1: PrEP awareness and uptake by gender

Question	Male n (%)	Female, n (%)
Heard of PrEP	742 (10.2%)	1,317 (12.0%)
Ever been offered PrEP, if heard of it	72 (9.3%)	163 (12.3%)
Ever taken PrEP, if offered it	38 (54.1%)	80 (47.9%)

PrEP awareness was higher among females (12.0% vs 10.2%, $p=0.028$), those aged 21-24 years vs 18-20 years (13.8% vs 9.1%, $p<0.001$) and youth with higher levels of education (27.3% in those with post-secondary education vs 7.1% in those with primary education), in formal employment (15.3% vs 9.4% $p<0.001$) and in higher wealth quintiles (15.5% of those in the richest quintile vs 6.6% in the poorest ($p<0.001$)).

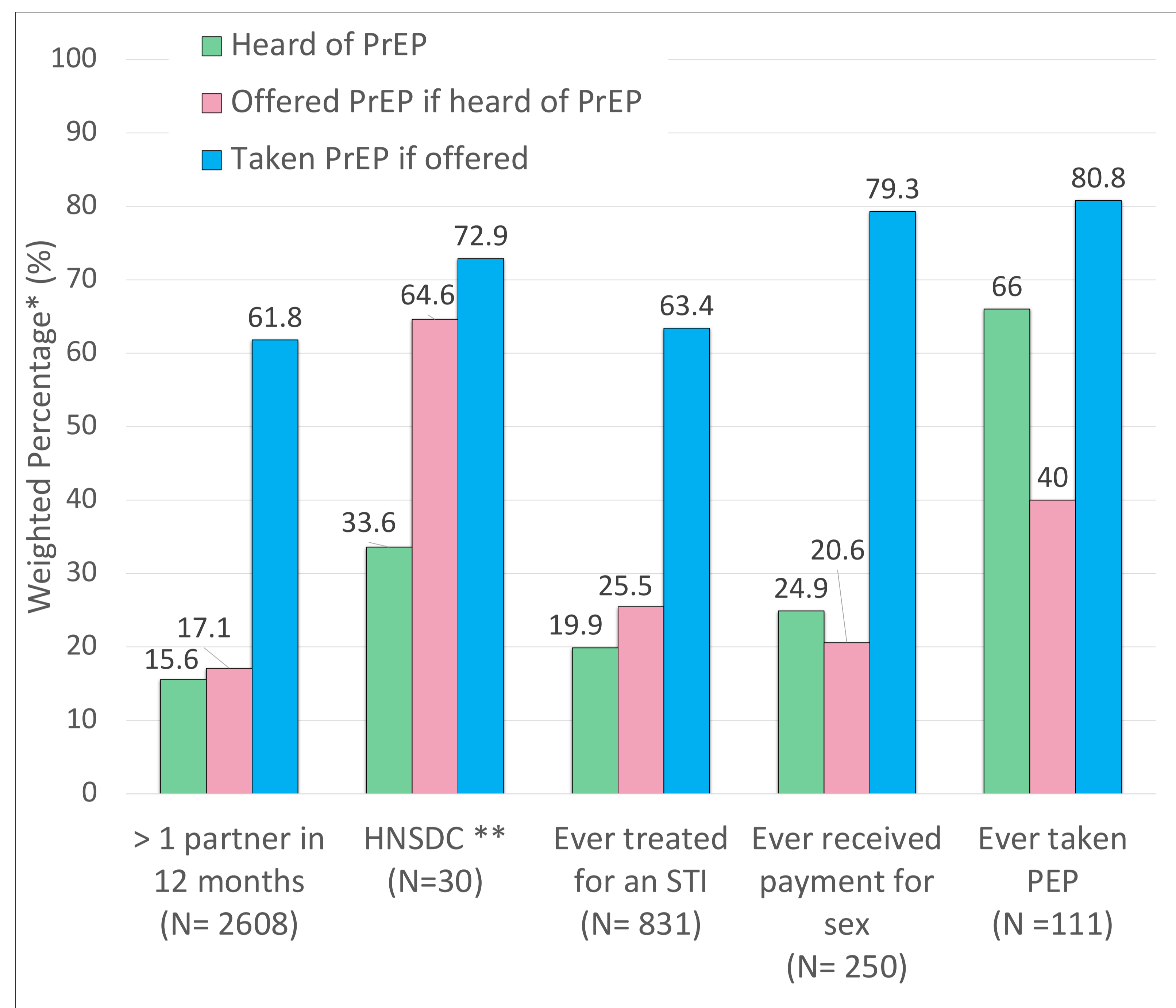
Those in risk categories as defined in Zimbabwe were more likely to be aware of, have been offered and be taking PrEP (Table 2 & Figure 1).

Table 2: Association of PrEP awareness and uptake with target groups

Exposure	Heard of PrEP OR [95% CI]	Offered PrEP OR [95% CI]	Taken PrEP OR [95% CI]
>1 partner in last 12m	1.52 [1.34, 1.73]	1.84 [1.32, 2.58]	2.09 [1.09, 4.00]
HIV+ partner	4.71 [2.13, 10.4]	7.24 [1.92, 27.3]	2.29 [0.24, 22.3]
Ever treated for STI	1.96 [1.63, 2.36]	2.42 [1.62, 3.61]	1.88 [0.91, 3.89]
Ever been paid for sex	3.00 [2.23, 4.03]	1.93 [1.04, 3.58]	3.23 [0.85, 12.2]
Ever taken PEP	10.5 [6.94, 15.9]	5.49 [3.16, 9.52]	4.44 [1.62, 12.2]

Figure 1: PrEP cascade across target populations

PrEP uptake if offered was >60% in all target groups, but most people in target groups had not heard of or been offered PrEP (Figure 1).



*Percentages weighted for cluster survey design

**HIV negative in sero-discordant relationship

Conclusions

Despite high HIV prevalence, PrEP awareness and access is low among Zimbabwean youth.

Those who are at highest risk of HIV transmission are more likely to be aware of, offered and use PrEP.

However the low levels of awareness and access to PrEP even in those most at risk is a major barrier.

Strategies to improve awareness of PrEP among youth and to support providers to offer PrEP to youth are urgently needed

