

Gaining insights whilst Scaling up Pre-Exposure Prophylaxis (PrEP) initiation among Adolescent Girls and Young Women (AGYW): The Case of Right To Care (RTC)'s DREAMS project in a Rural District in Mpumalanga Province of South Africa

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Background

Adolescent Girls and Young Women (AGYW) bear the biggest burden of HIV/AIDS in South Africa. Right To Care (RTC), with funding from USAID, implemented the DREAMS project, which aimed to reduce new HIV infections in AGYW. RTC scaled up PrEP initiation in Ehlanzeni District, Mpumalanga Province.

Method

RTC DREAMS project staff supported 58 Department of Health (DOH) facilities across three sub-districts since 1 October 2022. **Total Quality Management (TQM)** process improvement methodology was adopted for learning and rapid project scale up.

Customer focus- Project staff who are AGYW themselves, were recruited for seamless peer-to-peer interactions. Formal audits and dialogues identified barriers to PrEP initiation. AGYW-friendly services and spaces were established.

Full team involvement- Multiple stakeholders (DoH, funders, partners) were involved in project execution. 'Layering of services', a cornerstone of the DREAMS initiative, ensured collaboration between role players.

Data-driven decision making – Deep dive analysis of project data unearthed opportunities for project improvement. Descriptive analysis and bivariate comparisons were conducted to explore trends in PrEP initiation and discontinuation.

Results

32736 clients were initiated on PrEP from 1 Oct 2020 to 30 September 2022, of which 72% were AGYW (15-24 years old). 98% were retained on PrEP. Of the 764 who discontinued PrEP, 56% discontinued between 0-3 months; 16% between 4-6 months and 26% after 6 months (median 3 months). Sub-district ($p < 0.001$) and year of implementation ($p < 0.001$) were significantly associated with PrEP discontinuation. There was no association of PrEP discontinuation with age ($p = 0.88$) or gender ($p = 0.43$).

Continuous improvement- In Year 2, intense PrEP adherence support, process re-engineering, standardization and other quality improvement interventions increased PrEP initiations by 45% while reducing PrEP discontinuation by 145%.

Conclusion

The first six months of PrEP initiation is critical for adherence. Setting-specific quality improvement plans are key for success. The strategy was highly effective and scalable.