

# The Dapivirine Ring Introduction Matrix

*Early implementation guidance for the dapivirine ring  
with input from Zimbabwe, Kenya, and South Africa*

October 2019





# The Ring Introduction Matrix: Introduction

## CONTEXT

The dapivirine ring, a new discreet and long-acting HIV prevention product for women, marks the first biomedical prevention product with potential to be introduced since oral PrEP. As the dapivirine ring undergoes regulatory review, global and national policymakers and implementers are asking questions about how the ring could be integrated into combination prevention, especially as many countries are currently scaling up oral PrEP.

To start to answer this question, the OPTIONS Consortium facilitated conversations with policymakers, regulators, implementing partners, and researchers to **develop early hypotheses of how the ring could be implemented in early adopter countries**. For this analysis, we interviewed stakeholders in the three OPTIONS countries: Zimbabwe, Kenya, and South Africa.

## PURPOSE

This is an early-stage implementation tool and is intended to help policymakers and implementers consider introduction of the dapivirine ring alongside oral PrEP.

## METHODS

This framework for product introduction was originally developed by OPTIONS to support rollout of oral PrEP and was adapted to the ring based on interviews with policymakers, regulators, implementing partners, and researchers. (See *appendix for list of interviews*).

While this framework was adapted based on lessons learned with oral PrEP and expectations for the ring in Zimbabwe, Kenya, and South Africa, it can be customized to other country contexts with key informant interviews and secondary research.

To help plan for introduction of the ring alongside oral PrEP to expand prevention options for women, insights have been mapped along the product introduction matrix in the following slides.



# The Ring Introduction Matrix: **Key Insights**

## FOUR KEY INSIGHTS

1. There are many areas where **ring implementation can integrate and build on oral PrEP implementation**, such as national guideline development, decision making bodies like the Technical Working Group (TWG), and provider training, among others. These opportunities for integration should be fully pursued to minimize duplication, establish systems to support a portfolio of biomedical HIV prevention products, and streamline and accelerate access for women.
2. There are new opportunities where **the ring could expand the uptake of HIV prevention**, including improved choice for women, potential for future de-medicalization, greater integration with family planning and SRH services, and a new product form with new demand generation potential. These opportunities should be further considered in early conversations with key policymakers and regulators and tested in pilots.
3. There are several aspects of implementation for the ring that will be **distinct from oral PrEP**. Additional analyses or research to inform choices such as prevention-investment decisions, target populations, the framing of biomedical prevention options, and ways to communicate about partially efficacious and vaginally inserted products will be needed.
4. Across all of these considerations, advocacy and **resources remain a critical factor** to support successful implementation for the ring.



# The Ring Introduction Matrix: Overview

**HOW TO USE THE MATRIX:** The tool walks step-by-step through the process to introduce a new biomedical prevention product on a national level. For each step, it identifies aspects of introduction that will represent:

**Integration Areas:** *Aspects of product introduction where the ring can integrate with oral PrEP implementation because it can build on strategies, plans, processes, and infrastructure developed for oral PrEP and create systems to support a portfolio of biomedical prevention options.*

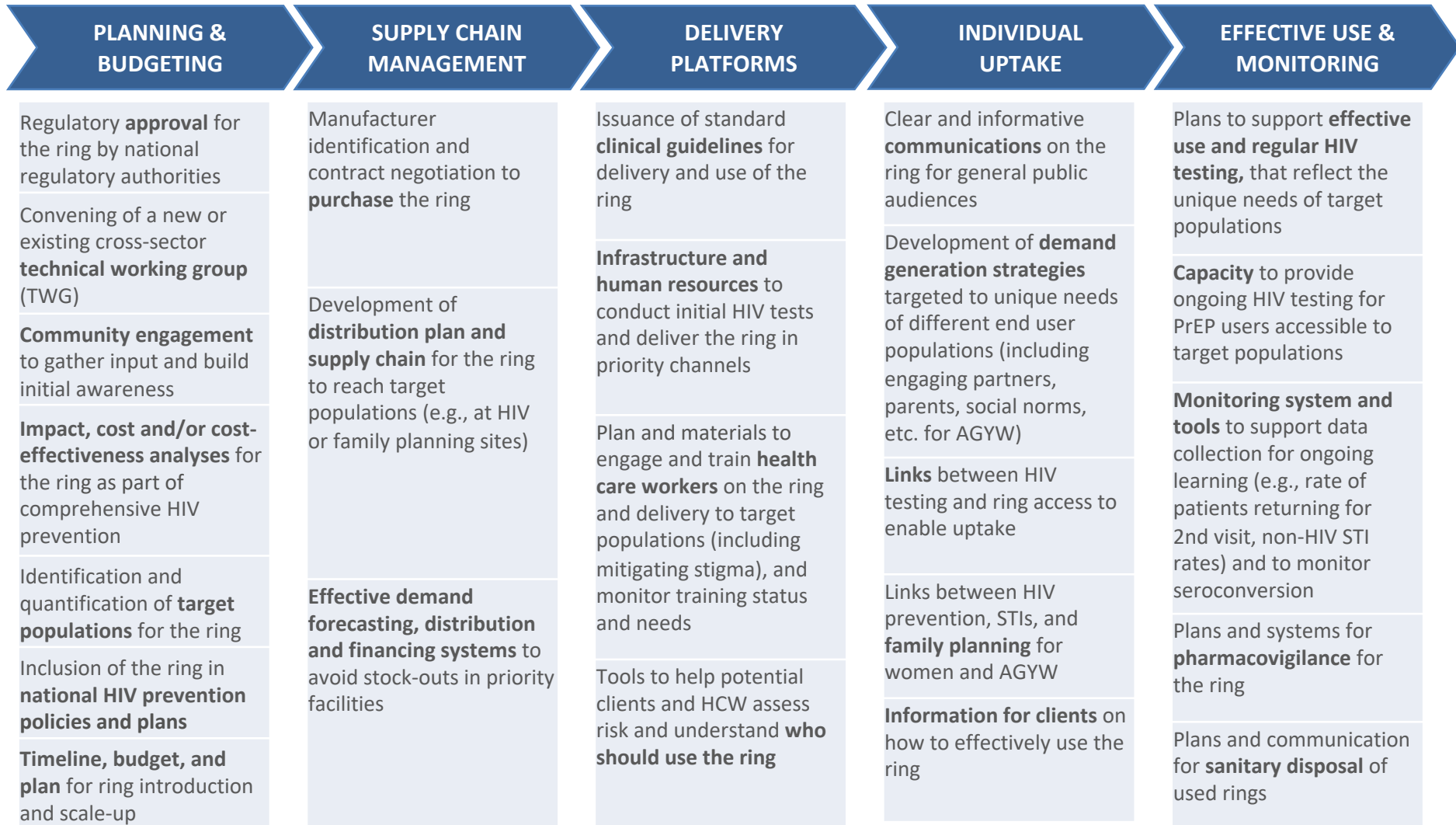
**New Opportunities:** *Aspects of product introduction where the ring provides a new opportunity to grow uptake and impact of HIV prevention when added to a combination prevention approach.*

**Areas Requiring Additional Consideration:** *Aspects of product introduction that are new for the ring and will require additional planning, as they were not part of oral PrEP rollout.*



# The Ring Introduction Matrix

This framework includes a high-level list of the steps required to introduce the ring at the country level. This framework was originally developed by OPTIONS for oral PrEP implementation based on experiences in South Africa, Kenya, and Zimbabwe and has been adapted for the ring based on interviews.





## The Ring Introduction Matrix: **Integration Areas**

In Zimbabwe, Kenya, and South Africa, stakeholders noted significant ways in which the ring will be **able to integrate with oral PrEP scale-up**, rather than be introduced as a separate product

*“It should **not be a whole new process**. It is just one option and one route of receiving PrEP. It is still PrEP, which has already been introduced. The objective is the same. Whether you inject it, or take it orally or vaginally, it is the same.”*

– Implementation partner, Kenya

*“In introducing the ring, **I don’t think there will be something dramatic**. The way we’ve been thinking about it is the systems of how to introduce new products. That’s our orientation. How do we introduce a new product?”*

– Policymaker, Kenya

*“I think introducing the ring will be faster than for oral PrEP. **We’ve learned a lot; we know what works and what doesn’t work.**”*

– Stakeholder, Zimbabwe

*“**I can’t see that we will have completely different issues with the ring**. We have enough work that is currently happening in the country to build from.”*

– Policymaker, South Africa



# The Ring Introduction Matrix: Integration Areas

In many areas, **the ring will be closely linked to oral PrEP implementation**. In these areas (in green), strategies, plans, processes, and infrastructure developed for oral PrEP can be extended to the ring.

Areas in light gray will be less linked to oral PrEP implementation – they will be explored in the following slides.

PLANNING & BUDGETING		SUPPLY CHAIN MANAGEMENT		DELIVERY PLATFORMS		INDIVIDUAL UPTAKE		EFFECTIVE USE & MONITORING	
Regulatory <b>approval</b> for the ring by national regulatory authorities		Manufacturer identification and contract negotiation to purchase the ring		Issuance of standard <b>clinical guidelines</b> for prescription and use of the ring		Clear and informative <b>communications</b> on the ring for general public audiences		Plans to support <b>effective use and regular HIV testing</b> , that reflect the unique needs of target populations	
Convening of a new or existing cross-sector <b>technical working group (TWG)</b>			Development of distribution plan and supply chain for the ring to reach target populations (e.g., at HIV or family planning sites)		<b>Infrastructure and human resources</b> to conduct initial HIV tests and prescribe the ring in priority channels				Development of <b>demand generation strategies</b> targeted to unique needs of different end user populations (including engaging partners, parents, social norms, etc. for AGYW)
<b>Community engagement</b> to gather input and build initial awareness		Effective demand forecasting, distribution and financing systems to avoid stock-outs in priority facilities			Plan to engage and train <b>health care workers</b> on the ring and delivery to target populations (including mitigating stigma), and monitor training status and needs		<b>Links</b> between HTC and ring access to enable uptake		<b>Monitoring system and tools</b> to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates) and to monitor seroconversion
<b>Impact, cost and/or cost-effectiveness analyses</b> for the ring as part of comprehensive HIV prevention			Tools to help potential clients and HCW assess risk and understand <b>who should use the ring</b>		Links between HIV prevention, STIs, and <b>family planning</b> for women & AGYW		Information for <b>clients</b> on how to effectively use the ring		
Identification and quantification of <b>target populations</b> for the ring									
Inclusion of the ring in <b>national HIV prevention policies and plans</b>									
<b>Timeline, budget, and plan</b> for ring introduction and scale-up									



# The Ring Introduction Matrix: Integration Areas

Policymakers, implementers and researchers in Zimbabwe, Kenya, and South Africa highlighted many areas where the ring could **integrate with oral PrEP implementation**.

PLANNING & BUDGETING		SUPPLY CHAIN MANAGEMENT		DELIVERY PLATFORMS
Regulatory <b>approval</b> for the ring by national regulatory authorities	<p><i>“There’s no need to create a new TWG, just bring the ring in with PrEP. We can add people (e.g., from SRH) to the existing group.” – Zimbabwe</i></p>	Manufacturer identification and contract negotiation to purchase the ring	<p><i>“The ring won’t necessarily need new guidelines, but it will likely need a new section in the existing guidelines. We can add a section into existing guidelines.” – South Africa</i></p>	Issuance of standard <b>clinical guidelines</b> for prescription and use of the ring
Convening of a new or existing cross-sector <b>technical working group</b> (TWG)	<p><i>“We developed a costing and targeting framework for oral PrEP that has been shared with MOHCC, it can be adapted for the ring.” – Zimbabwe</i></p>		<p><i>“For training, I don’t see the ring as much of a challenge, it can be integrated into PrEP. The trainings that are already happening, and we know how to do them.” – Zimbabwe</i></p>	<b>Infrastructure and human resources</b> to conduct initial HIV tests and prescribe the ring in priority channels
<b>Community engagement</b> to gather input and build initial awareness	<p><i>“We do not need to reinvent the wheel. We have done similar analyses for oral PrEP. We will need to adapt the frameworks and assumptions, but I think this will be easier since we did this before.” – Zimbabwe</i></p>	Development of distribution plan and supply chain for the ring to reach target populations (e.g., at HIV or family planning sites)		Plan to engage and train <b>health care workers</b> on the ring and delivery to target populations (including mitigating stigma), and monitor training status and needs
<b>Impact, cost and/or cost-effectiveness analyses</b> for the ring as part of comprehensive HIV prevention	<p><i>“Given that we’re three years into PrEP implementation, we have a better understanding of how to implement. That will speed up ring implementation.” – South Africa</i></p>		<p><i>“Now that we’ve done oral PrEP, we (our facility) can quickly adjust to the ring.” – Zimbabwe</i></p>	
Identification and quantification of <b>target populations</b> for the ring	<p><i>“We’re not starting with a blank slate with training. We’re going to build on experience. That was helpful in the development of PrEP training.” – South Africa</i></p>	<b>Effective demand forecasting, distribution and financing systems</b> to avoid stock-outs in priority facilities		Tools to help potential clients and HCW assess risk and understand <b>who should use the ring</b>
Inclusion of the ring in <b>national HIV prevention policies and plans</b>				
<b>Timeline, budget, and plan</b> for ring introduction and scale-up				





# The Ring Introduction Matrix: Integration Areas

Policymakers, implementers and researchers in Zimbabwe, Kenya, and South Africa highlighted many areas where the ring could **integrate with oral PrEP implementation.**

## INDIVIDUAL UPTAKE

Clear and informative **communications** on the ring for general public audiences

Development of **demand generation strategies** targeted to unique needs of different end user populations (including engaging partners, parents, social norms, etc. for AGYW)

**Links** between HTC and ring access to enable uptake

Links between HIV prevention, STIs, and **family planning** for women and AGYW

**Information for clients** on how to effectively use the ring

*“We are discussing a broader communications strategy for HIV prevention at the national level. That is one of the opportunities that we have right now. Let’s not introduce communications around the ring alone, we would integrate multiple elements from PrEP together.”*  
– Kenya

*“Based on experiences with the trials, I think that once people understand how the ring works and the safety, this will be an easier road than oral PrEP. I think that demand will be good.”*  
– Zimbabwe

*“When we started working with family planning clinics for PrEP, they had infrastructure to test for HIV, but they hadn’t actually been testing people. When we then put in PrEP, that’s when they started to do it because the healthcare workers felt it added value – because otherwise, they don’t treat HIV in those clinics.”* – Zimbabwe

## EFFECTIVE USE & MONITORING

Plans to support **effective use and regular HIV testing**, that reflect the unique needs of target populations

**Capacity** to provide ongoing HIV testing for PrEP users accessible to target populations

**Monitoring system and tools** to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates) and to monitor seroconversion

Plans and communication for **sanitary disposal** of used rings

*“The messages delivered for continued use between oral PrEP and the ring are similar. In the open label extension (OLE), we’re giving women all of the options, and now it’s their choice. I think we can put the information out there and have counseling on the options. We know it’s not for everyone, but some women will come for each option.”*  
– Zimbabwe

*“The ring would require less capacity from health facilities for continued use, since we don’t have to do creatinine testing.”*  
– Zimbabwe

*“For monitoring at the facility level, I think it would require something very similar to oral PrEP. We can adjust the tools we have to make it for the ring. It could even be integrated into the same form.”* – Zimbabwe

*“For oral PrEP, we have registers and client intake forms that could be used for the ring as well.”* – Zimbabwe



## The Ring Introduction Matrix: **New Opportunities**

In addition to many opportunities to integrate the ring with oral PrEP delivery, stakeholders noted that ring introduction provides an opportunity as it marks the **development of a broader portfolio of biomedical PrEP options** and provides **choice among PrEP for the first time**:

*“The ECHO incidence is chilling: about 4 percent incidence among young women. The ECHO data on HIV incidence needs to bring us back to the table. **We do not have enough to eliminate HIV today.**”*

– Researcher, Kenya

*“Today, we actually offer PrEP as a menu of options, and including [oral] PrEP, condoms, or others. The ring could be seen within that menu and offered accordingly. **We need to offer the right option to the right person** and provide guidance to that person about what is right for them. We need to show the menu of options increasing.”*

– Policymaker, South Africa

*“There is a mood of anticipation for other products. Even at country level, people have this feeling as we implement PrEP and come across issues, and we know we should think broader and are working toward other products too. For me, I feel like we are **moving toward the family planning direction where we will have a menu of options** for different audiences. We need to get to options.”*

– Policymaker, Kenya

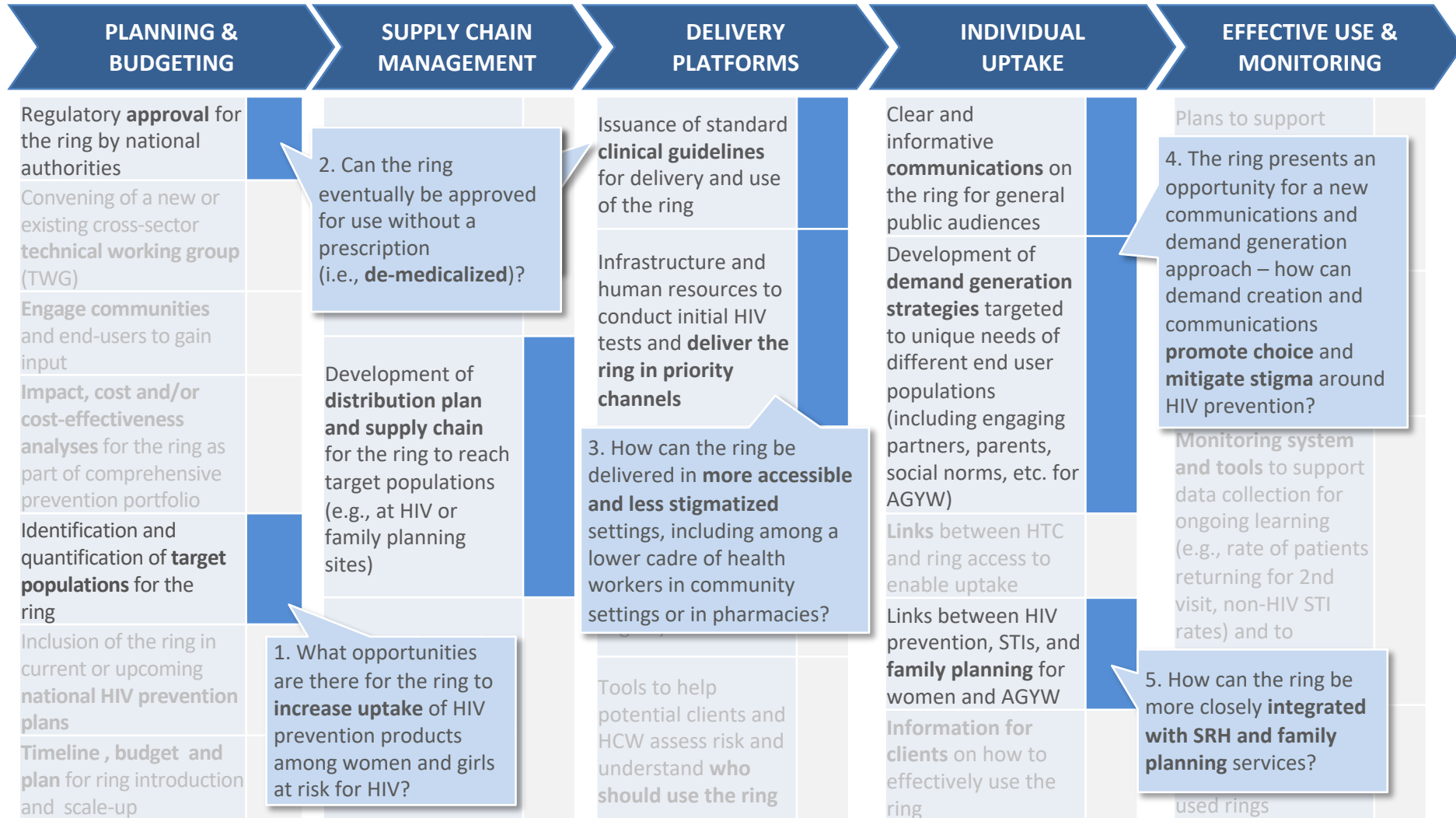
*“We know that [oral] PrEP is not for everyone; we’ve seen a lot of PrEP discontinuation. Some of the key concerns with PrEP are pill burden, the side effects, and stigma. So **if you look at those three reasons for discontinuation, the ring provides an opposite experience.**”*

– Implementation partner, Kenya



# The Ring Introduction Matrix: New Opportunities

Stakeholders in Zimbabwe, Kenya, and South Africa highlighted several aspects of product introduction where the ring could **create new opportunities** to expand reach and uptake of HIV prevention and **amplify the impact** of the overall HIV prevention portfolio.





# The Ring Introduction Matrix: **New Opportunities**

**OPPORTUNITY ONE:** What opportunities are there for the ring to enable uptake among a **broader range** of women and girls at risk for HIV?

## OPPORTUNITY

*“We’ve seen that clients want more choice. That has to feature strongly – while there is a population that will benefit from [oral] PrEP, **there are other populations that would prefer another choice.**”* – Implementation partner, Kenya

*“For some, taking a pill when you’re not sick is a big challenge. People don’t like the pill for contraception. So the ring has a tremendous **advantage for some clients.** Once people understand how it works, the safety, I think this will be an easier road and that demand will be good.”*

– Civil Society stakeholder, Zimbabwe

*“There is an eagerness to provide women with as many options as possible. We want **services to be better for AGYW, and part of that is giving them choice.**”*

– Implementation partner, South Africa

## WHAT NEEDS TO HAPPEN

*“We know that AGYW should be a target population – I think the ring would be quite relevant for them. We know they have the lowest retention rates on [oral] PrEP. In terms of offering options for HIV prevention, **this could be an alternative for young women.** They’re the ones with the highest incidence but the lowest retention rates for the pill. We should explore that population to see if the ring could work.”*

– Policymaker, South Africa

*“There’s so much interest in the injection (cabotegravir), which is coming in 2025, or for implants, which may come in 2028. We’re seeing **most of the new infections are among adolescent girls and young women.** So are we going to wait?*

*That is what we need to realize.”*

– Implementation partner, Kenya



# The Ring Introduction Matrix: **New Opportunities**

**OPPORTUNITY TWO:** Can the ring eventually be approved for provision **without a prescription** (i.e. de-medicalized), recognizing that this may take time following initial introduction?

## OPPORTUNITY

*“It is a big question to ask ourselves: does the ring need a prescription? Could we distribute it more like the condom to **make it more available**? This has been one of the biggest challenges with oral PrEP.”* – Stakeholder, Zimbabwe

*“**Does it need prescription? Could it be delivered off the counter?** How is that going to happen? That makes a big difference for how we roll out. A stumbling block with oral PrEP is that we rely on prescription, and because of the schedule, it can only be prescribed by someone who can prescribe ART.”* – Policymaker, South Africa

*“Some of the would-be beneficiaries of the ring (e.g., young women) have trouble accessing [oral] PrEP – can we think about de-medicalization of the ring? **A lot of the barriers to uptake of PrEP today stem from the medicalization of the product.**”*

– Stakeholder, Zimbabwe

## WHAT NEEDS TO HAPPEN

*“We want to do some monitoring of HIV to avoid resistance. If you’re selling a ring off the shelf, **you need to take a pregnancy test and an HIV test with it.** In an ideal world, women would be able to get it off the shelf with a self-test kit, but you also want to make sure she doesn’t have any side effects.”* – Researcher, South Africa

*“For franchise and private pharmacies that want to sell the ring, **we will need to ensure clients are negative.** Pharmacists will have to undergo training to understand the concepts of HIV prevention with PrEP – both with the ring and orally. Many outlets may not prioritize testing, because they want to sell.”* – Implementation partner, Kenya

*“**The biggest challenge with the private sector will be demand creation.** There are easy ways to generate demand – someone just needs to be thinking about and doing it. There has been a lot of interest in PrEP – we didn’t have a problem getting on radio, TV, news articles. With the ring, you just need to dedicate someone to work on that.”*

– Implementation partner, South Africa



# The Ring Introduction Matrix: **New Opportunities**

**OPPORTUNITY THREE:** How can the ring be **delivered in more accessible and less stigmatized settings**, including by lower cadre of health workers in community settings and in pharmacies?

## OPPORTUNITY

*“Initially with [oral] PrEP, people thought it was only for sex workers. It looked like it was only for FSW, and we’re still working to get away from that. **We want to target the general population this time to make it more acceptable.**”*

– Policymaker, Zimbabwe

*“When we had forums with stakeholders, we sat with AGYW and asked: if you go to facility, where would you like to access oral PrEP? They said **anywhere but CCC** (comprehensive care center), **because they don’t want to be seen as HIV+.** So they don’t go there to get oral PrEP.”*

– Implementation partner, Kenya

*“I think **we provide most oral PrEP in CCCs right now.** These are not FP providers, they treat HIV infected persons. Their approach is that they know how to dispense ARVs and treat. I feel that the ring will have to rely more on reproductive services. If you look at where we deliver, that’s a huge consideration in terms of who we reach.”*

– Policymaker, Kenya

## WHAT NEEDS TO HAPPEN

*“We need to start **integrating PrEP into general healthcare** – so that the nurse that is inserting an IUD, they can also share information on the ring. It can’t be an isolated, stigmatized delivery.” – Researcher, South Africa*

*“Experience with oral PrEP rollout in this country has been less than ideal – the **key population prioritization has marginalized PrEP** in some people’s eyes as being specifically for people at high risk. But here, everyone is at high risk. The first lesson for me is that the ring has to be available for all women to not stigmatize it.”*

– Researcher, South Africa

*“I think it would be very appropriate for the public health nurses to deliver the ring – **there’s no need for NIMART trained nurses, we don’t have enough of them.** Trying to find a NIMART nurse is actually quite difficult in some districts.”*

– Implementation partner, South Africa



# The Ring Introduction Matrix: **New Opportunities**

**OPPORTUNITY FOUR:** How can demand creation and communications **promote choice** and **mitigate stigma** around HIV prevention?

## OPPORTUNITY

*“As we think about communications – HPV is a useful analogue. In South Africa, when the HPV vaccine was introduced it was **de-linked from sexual activity**, and marketed as a means to prevent cancer. I think we need to do something similar for the ring – who is our target audience and what will make that product attractive?”*

– Policymaker, South Africa

*“ARVs are a challenge from a communications and stigma perspective, as **people associate it with HIV**. I think it’s easier to distribute the ring through family planning or other channels, I think it would be more acceptable.”*

– Stakeholder, Zimbabwe

*“Where oral PrEP has the stigma of being an ARV, it will be associated with HIV infection. It is **important to have the ring be disassociated from HIV treatment**. A woman can frame it as being potentially contraceptive or something else other than an ARV-based intervention.”*

– Implementation partner, South Africa

*“The ring can learn a lot from **family planning communications around choice**.”*

– Stakeholder, Kenya



# The Ring Introduction Matrix: **New Opportunities**

**OPPORTUNITY FIVE:** How can the ring be more **closely integrated with SRH and family planning services?**

## OPPORTUNITY

*“We have a lot of family planning options, and we have health workers that are **well capacitated to do counseling on family planning options**. Since the ring is targeted to women, there is an opportunity to put the ring in that context.”*

– Stakeholder, Zimbabwe

*“We need a lot of **integration with reproductive health for PrEP**. If you look at where we deliver today, we are just touching maternal child clinics.”* – Policymaker, Kenya

*“**Integration is the path forward**. If a client comes for family planning, they should get all services, including STI protection in the same setting. If they are getting family planning, they are sexually active, so should get HIV protection. Integration is the way to go.”* – Policymaker, Kenya

*“Ring will push the buttons of integration of PrEP and reproductive health – that will be good. The ring is something that we can offer to reproductive health to deliver, and it’s **something that they can own**.”* – Researcher, Kenya

## WHAT NEEDS TO HAPPEN

*“From policy, integration needs to be **mirrored in institutionalized integration**. There needs to be a lot more structures from national ministries of health, whereby HIV, STIs, contraception, HIV treatment and prevention are not treated as vertical programs.”*

– Implementation partner, South Africa

*“Integration may still be a challenge, **mainly because the national level is quite siloed**. The SRH is under a different directorate (Family Health), the other HIV prevention package is under the HIV/AIDS and TB Director. There will be a need for some very high-level advocacy from the Permanent Secretary.”* – Implementation partner, Zimbabwe

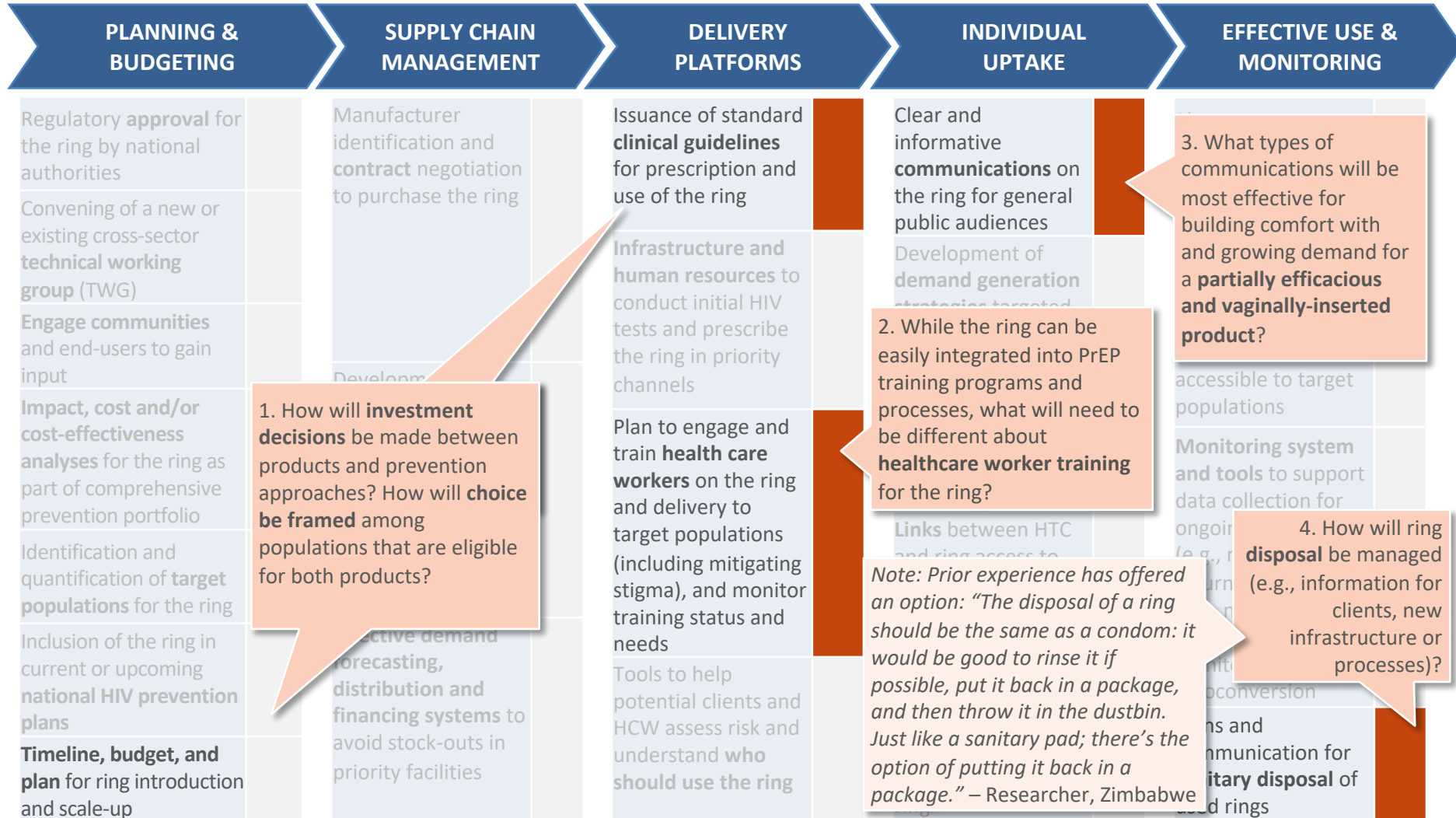
*“At a facility level, some of the M&E challenges we would face with integration include the information systems and feeding upward to district health information systems leading to national indicator collection. Some PrEP projects are starting to do this, and I think it is doable, but **you need to strengthen the M&E systems**.”* – Implementation partner, South Africa





# The Ring Introduction Matrix: **Additional Considerations**

Stakeholders in Zimbabwe, Kenya, and South Africa highlighted several aspects of ring implementation that would be **distinct from the experience with oral PrEP**. The questions below should be considered when planning for pilots to inform implementation.





# The Ring Introduction Matrix: **Additional Considerations**

**CONSIDERATION ONE:** How will **investment decisions** be made between products and prevention approaches? How will investment decisions and **choices be framed** between HIV prevention products?

## CONSIDERATION

## WHAT NEEDS TO HAPPEN

*“I feel increasingly we need to **understand what people prefer to use**. To plan procurement for family planning, for example, you need to have a sense of which six treatments you should buy and how to use your resources.”*

– Policymaker, Kenya

*“Personally, I would prefer to offer it as a first choice, **alongside oral PrEP**. Young women aren’t comfortable with the ring yet, but that’s something that we can overcome. But we know now already how much trouble they have taking a daily pill.”* – Researcher, South Africa

*“There are two perspectives: the first is do no harm, but the second is the reality on the ground. Because of the efficacy of the ring, there was a sense that PrEP should be the first intervention. When you interact with the users and people tell you their challenges with PrEP side effects and stigma, you realize that there is need for a prevention intervention, but **PrEP is not right for them. From a user perspective, that is the critical point and you need to offer them everything.**”*

– Implementation partner, Kenya

*“Would clients be offered the option of taking both the ring and oral PrEP? That will require research.”*

– Implementation partner, Kenya

*“Retention for oral PrEP is not good. It’s patronizing to give oral PrEP first and the ring as a back up. Let’s tell clients everything. Let’s **give people a legitimate choice** and tell them the facts of each. Then you start the **discussion** – what’s your ability to take a pill everyday? What’s your ability where you live to have support?”* – Researcher, Kenya

*“I **look at family planning**, and they have a critical job aid with all of the products: it’s the chart or the tray. They walk you through the pros and cons of each product, and it’s left to the client to make the choice. We have not done that with PrEP, but as more products come in, that type of job aid is what we need.”* – Implementation partner, Kenya

*“In terms of **costing**, is it cheaper to use oral PrEP or the ring? If there’s no significance, would we use either? How would we make that decision?”* – Policymaker, Zimbabwe



# The Ring Introduction Matrix: **Additional Considerations**

**CONSIDERATION TWO:** While the ring can be easily integrated into PrEP training programs and processes, what will need to be different about **healthcare worker\* training**?

## CONSIDERATION

*“Even in the future, with how we approach our trainings, we would need to integrate training. **We are moving toward what the contraceptive world looks like.** I think that is good to provide more options. I think we have a lot to learn from family planning.” – Policymaker, Kenya*

*“Another implication is to **get the buy-in from the providers themselves.** Sometimes, when we introduce something that is less effective, it will need rigorous training, lobbying, knowledge sharing. A lot of providers will feel conflicted to suggest the ring because it’s not as effective as PrEP. If I’m a provider, I will tell you about the options, but I may really stress the negatives about the ring.”  
– Implementation partner, South Africa*

*“Providers in **public health facilities are overburdened and they groan when you talk about a new product.** When we were doing PrEP training and introduced the idea of self testing kits, you could see this is too complicated, and let’s stick to PrEP. I could see people go blank – this is interesting thanks for the info, but it’s too much to deal with.”  
– Implementation partner, South Africa*

## WHAT NEEDS TO HAPPEN

*“**You need highly motivated service providers.** If they have issues with a product, they won’t promote it. And then you need takers who will be champions / ambassadors; they’re able to articulate the issues, why they like it, and to combat rumors.” – Researcher, Kenya*

*“For IUD and implants, there were tons of rumors, and we needed to demystify the delivery mechanism. People need to understand that it’s not dangerous. Healthcare workers are key to that. You need to engage them, help them understand the partial efficacy of the ring. Lack of awareness is a big stumbling block. **We could do so much more to help our healthcare workers to internalize it and understand it.**”  
– Implementation partner, South Africa*

*“We need to deal with skeptics, and there are health care providers that will be skeptics. **The ring will need a lot of training, but I think that what is important to not start from scratch.** We have great modules that are equally applicable to the ring in the OPTIONS package that can easily integrate.”  
– Implementation partner, South Africa*



# The Ring Introduction Matrix: **Additional Considerations**

**CONSIDERATION THREE:** What types of communications will be most effective for building comfort with and growing demand for a **partially efficacious and vaginally-inserted product**?

## CONSIDERATION

*“I don’t see vaginal insertion being a huge issue; people use tampons and other insertables. My opinion is **communicating the efficacy – that’s a bigger challenge.**”*  
– Implementation partner South Africa

*“The communications is the big problem. **If the ring is only fifty percent effective, how do you communicate that to clients?** What exactly does that mean to be fifty percent for the user? If I am using it, what is my individual risk? How does the service provider communicate that? Does one replace the other with oral PrEP? The more clarity in terms of how to package, how to communicate that is what we need.”*  
– Policymaker, Kenya

*“We need to have the product be demand driven. We should start having community dialogues and that will rise up into Parliament, but need to find ways of bringing communities along. Once we have demand, we can figure out the delivery side. **If we don’t have demand, we’ll never have a market.**”*  
– Civil society stakeholder, Zimbabwe

## WHAT NEEDS TO HAPPEN

*“I think we need to move on from asking about partial efficacy. We just explain it to clients. Other products are partially efficacious. You should continue to use condoms. **I think let’s say this is an alternative to PrEP but PrEP is more effective if taken consistently and regularly.**”*  
– Implementation partner, South Africa

*“Peer educators are critically important for the ring. Information has to come from a **familiar, trusted source.** The peer champions are the way to go.”* – Researcher, Kenya

*“When we are promoting PrEP or condoms – we always talk about dual protection. And there’s nothing that is 100% effective. **You cannot go on one method and be totally safe.** If you choose one, you are decreasing the risk of HIV, but if you choose two, then it’s better for safety.”*  
– Researcher, South Africa

*“In the beginning of the trial, younger women would sometimes take it out during sex or worry about it being inserted. **Over time that would change,** after a few months of desensitization and more awareness.”*  
– Researcher, South Africa



# The Ring Introduction Matrix: **Appendix**

## **Zimbabwe Stakeholders Interviewed** *(Interviews conducted September 2018)*

1. Taurai Bhatasara, Ministry of Health and Child Care (MoHCC)
2. Dr. Abaden Svisva, CHAI
3. Dr. Emily Gwavava, Population Services International (PSI/Z)
4. Sithembile Ruzario, Medical Research Council of Zimbabwe
5. Imelda Mahaka, Pangaea Zimbabwe AIDS Trust (PZAT)
6. Definate Nhamo, Pangaea Zimbabwe AIDS Trust (PZAT)
7. Dr. Portia Hunidzarira, University of Zimbabwe College of Health Sciences Clinical Trials Research Centre (UZCHS)
8. Sister Musvosvi, Zimbabwe National Family Planning Council (ZNFPC)
9. Chamunorwa Mashoko, ACT (Civil Society Organization)



# The Ring Introduction Matrix: **Appendix**

## **South Africa Stakeholders Interviewed** *(Interviews conducted June 2019)*

1. Hasina Subedar, NDoH
2. Busi Radebe, WHO
3. Elmari Briedenhann, Wits RHI
4. Diantha Pillay, Wits RHI
5. Lulu Nair, Desmond Tutu HIV Foundation
6. Thesla Palanee-Philipps, Wits RHI
7. Rutendo Bothma, Wits RHI
8. Helen Rees, Wits RHI
9. Billia Luwaca, SANAC
10. Lifutso Motsieloa, SANAC
11. Neveline Slinders, SANAC
12. Mohammed Majam, Wits RHI
13. Francois Venter, Wits RHI
14. Karin Hatzold, PSI
15. Jacqui Dallimore, Desmond Tutu HIV Foundation
16. Keshani Naidoo, Desmond Tutu HIV Foundation
17. Eve Mendel, Desmond Tutu HIV Foundation
18. Jason Naidoo, Desmond Tutu HIV Foundation



# The Ring Introduction Matrix: **Appendix**

## **Kenya Stakeholders Interviewed** *(Interviews conducted June 2019)*

1. Dr. Irene Mukui, NASCOP
2. Prof. Elizabeth Bukusi, KEMRI
3. Prof. Nelly Mugo, KEMRI
4. Dr. Daniel Were, Jilinde
5. Dr. Patricia Aluoch , CDC
6. Dr. Joshua Kimani, SWOP
7. Patriciah Jeckonia, LVCT Health
8. Lucy Maikweki, PSK
9. Kate Nkatha Ochieng, PSK
10. Charity Muturi, FHI 360 Gold Star Network
11. Dr. Jesse Njunguru, Triggerise



# Thank you

**Nina Harstad and Neeraja Bhavaraju**

[nina.harstad@fsg.org](mailto:nina.harstad@fsg.org)

[neeraja.bhavaraju@fsg.org](mailto:neeraja.bhavaraju@fsg.org)

This program is made possible by the generous assistance from the American people through the U.S. Agency for International Development (USAID) in partnership with PEPFAR under the terms of Cooperative Agreement No. AID-OAA-A-15-00035. The contents do not necessarily reflect the views of USAID or the United States Government.

## OPTIONS Consortium Partners

