



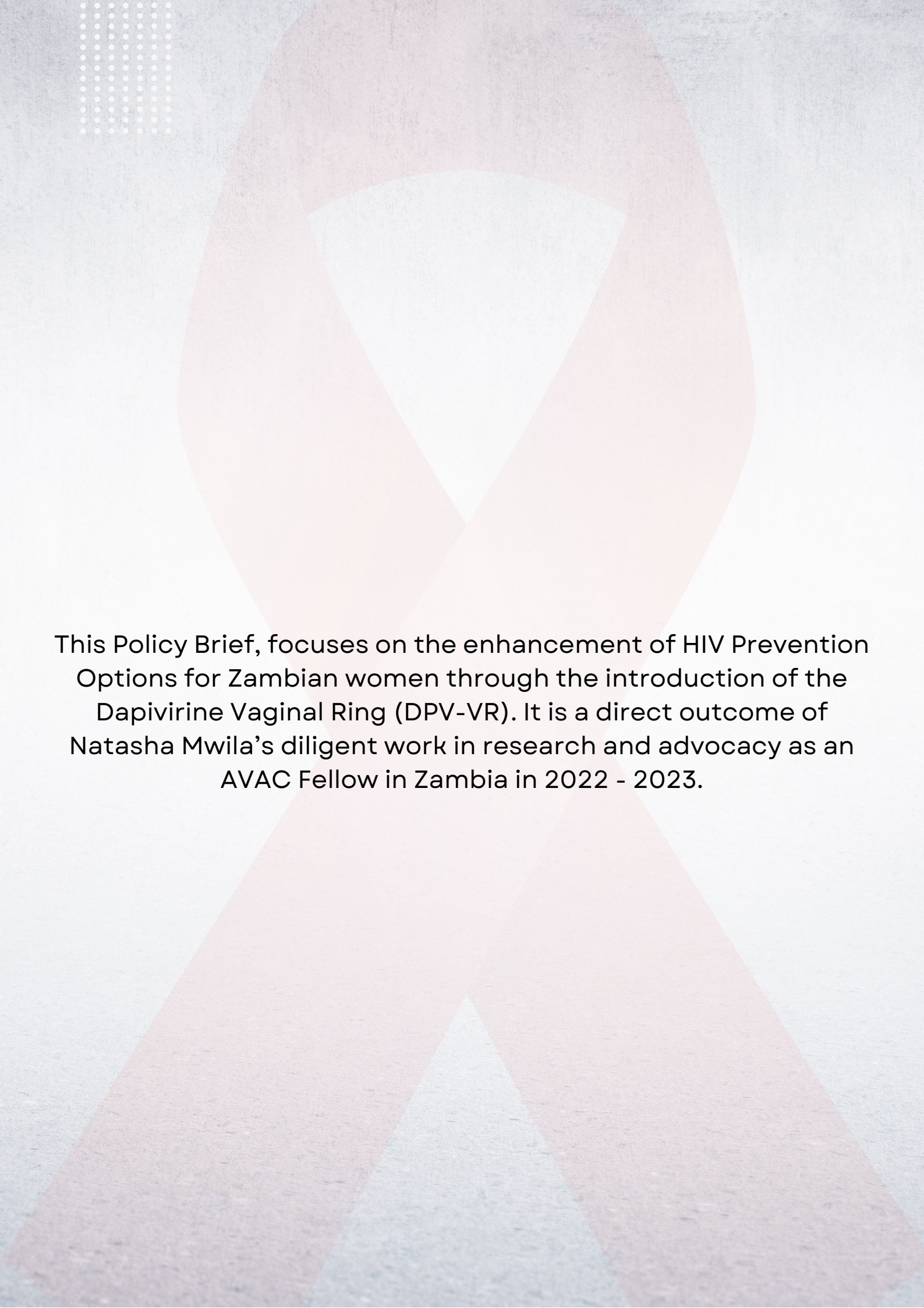
Policy Brief  
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# **Increasing Zambian Women's HIV Prevention Options Through the Introduction of the Dapivirine Vaginal Ring (DPV-VR)**

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This Policy Brief, focuses on the enhancement of HIV Prevention Options for Zambian women through the introduction of the Dapivirine Vaginal Ring (DPV-VR). It is a direct outcome of Natasha Mwila's diligent work in research and advocacy as an AVAC Fellow in Zambia in 2022 - 2023.



# Implementation of the Dapivirine Vaginal Ring (DPV-VR) as a Woman-Controlled HIV Prevention Strategy in Zambia

## Executive Summary

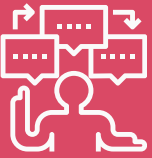
This policy brief advocates for the immediate introduction and implementation of the dapivirine vaginal ring (DPV-VR) as an essential tool for women's empowerment in HIV prevention in Zambia. With the country still facing a high prevalence of HIV, particularly among women, innovative and accessible prevention methods are critical. The DPV-VR, recommended by the World Health Organisation (WHO) since January 2021, for women at substantial risk, offers a female-initiated option that can be pivotal in reducing new HIV infections and empowering women to take control of their sexual health in a society where gender-based dynamics often limit their ability to do so.





## Recommendations:

### **Include the DPV-VR in national guidelines as a recognised form of HIV prevention, affirming its validity and importance:**



- Guidelines should explicitly recommend the DPV-VR for any woman at risk, including those in serodiscordant couples, adolescent girls and young women, female sex workers, pregnant and breastfeeding women, and any other females who see themselves at risk of HIV.

### **Enhance collaboration with civil society and community organisations:**



- Engage with local women's groups, health advocacy organisations, and NGOs to promote understanding and acceptance of the DPV-VR.
- Establish community advisory boards to oversee the introduction of the DPV-VR, ensuring that the voices of women and community leaders guide the rollout process.



## Develop a community-led distribution model:

- Train community health workers to educate, distribute, and support the use of the DPV-VR as an HIV prevention method.
- Set up community-led monitoring and evaluation systems to assess the uptake, adherence, and impact of the DPV-VR on HIV prevention.



## Integrate DPV-VR provision into existing health services:

- Offer the DPV-VR as part of a comprehensive package of sexual and reproductive health services, particularly targeting high-risk populations.
- Incorporate DPV-VR information into reproductive health, family planning, and HIV counseling services.





## Ensure affordable access:



- Work with pharmaceutical companies and international health organisations and donors such as Global Fund and PEPFAR to make the DPV-VR affordable and accessible.
- Remove any policy barriers that could prevent the widespread use of the DPV-VR among women in need, such as age of consent laws.

## Promote inclusivity and respect for women's choices:



- Respect and support women's autonomy in choosing the DPV-VR without coercion or stigma.





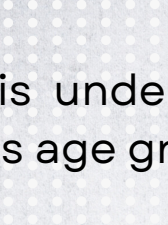
## Background & Contextual Analysis:

In light of the persistent threat of HIV/AIDS and its disproportionate impact on women, the World Health Organisation in 2021[1] acknowledged the dapivirine vaginal ring (DPV-VR) as a viable additional choice for HIV prevention among women at significant risk. This recommendation complements the suite of combination prevention strategies aimed at curtailing the spread of HIV.

The DPV-VR represents a pivotal shift towards female-led preventive care, enabling women to assert more control in reducing their HIV risk. This silicone-based ring, designed for comfort and ease of use, is inserted vaginally and remains in place for a 28-day cycle, gradually dispensing the antiretroviral medication dapivirine to protect against HIV transmission.

Clinical efficacy is supported by the findings of two Phase III randomised controlled trials–The Ring Study and the ASPIRE study–which documented HIV risk reductions of 35% and 27%, respectively. Further bolstering these results, subsequent open-label studies indicated a more pronounced decrease in HIV risk, exceeding 50% when modeling data from consistent usage patterns were examined. And further analysis showed higher risk reduction among women who consistently used the DPV-VR. And, finally, when young women were offered a choice between the ring or oral PrEP, they preferred both options equally.





This underscores that multiple biomedical options appeal to this age group and could address their prevention needs.

The introduction of DPV-VR as a preventative tool serves as a complementary method alongside other safe sex practices and provides an alternative to oral pre-exposure prophylaxis (PrEP) for those seeking or requiring non-oral options. Furthermore, innovations are underway to create a dual-function vaginal ring that would combine both contraceptive and HIV preventative capabilities.







## The Zambian Context:

In Zambia, the urgency for such preventive measures is underscored by UNAIDS[1] data, revealing that women and girls constituted 46% of new HIV infections in 2022, with a staggering 63% of new infections among women and girls across sub-Saharan Africa. This is why countries such as South Africa and Zimbabwe are adopting the DPV-VR.

Within Zambia, approximately 1.4 million individuals live with HIV, 60% of whom are women over the age of 15. The HIV prevalence among women in the 15 to 49 age bracket is alarmingly high at 13.8%, nearly double that of their male counterparts.

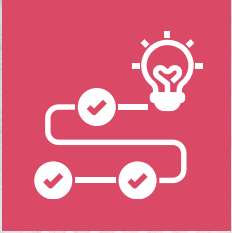
The Zambian socio-cultural fabric, deeply rooted in patriarchal norms, frequently links to high rates of gender-based and intimate partner violence, particularly affecting young women. Recent intimate partner violence among women aged 15-19 is reported at 26.7%, illustrating a challenging environment for women to exercise autonomy over their health, especially in terms of HIV prevention.

Against this backdrop, this brief underscores the necessity of a community-led and women-focused strategies to implement the DPV-VR as an empowering tool for HIV prevention. We advocate for a rollout that enables young women and girls to maintain their health proactively and independently, marking a critical stride towards achieving the United Nations' objective of eradicating AIDS as a public health threat by 2030.

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[2] <https://www.unaids.org/en/regionscountries/countries/zambia>





## Conclusion:

The implementation of the DPV-VR in Zambia presents a formidable opportunity to alter the course of the HIV epidemic among women, to shift towards a more equitable society where women can exercise autonomy over their sexual health. The Ministry of Health, by adopting a collaborative, community-based, and woman-led approach in the rollout of the DPV-VR, can lead Zambia towards achieving the UN goal of ending AIDS as a public health threat by 2030. Our collective effort and commitment to this cause are essential for the empowerment and protection of Zambian women, paving the way for a healthier and more equitable future.







## References:

1. World Health Organization. (2021). WHO recommends the dapivirine vaginal ring as a new choice for HIV prevention for women at substantial risk of HIV infection. Retrieved from: <https://www.who.int/news/item/26-01-2021-who-recommends-the-dapivirine-vaginal-ring-as-a-new-choice-for-hiv-prevention-for-women-at-substantial-risk-of-hiv-infection>
2. Baeten, J. M., Palanee-Phillips, T., Brown, E. R., Schwartz, K., Soto-Torres, L. E., Govender, V., ... & Team, for the MTN-020-ASPIRE Study. (2016). Use of a vaginal ring containing dapivirine for HIV-1 prevention in women. *New England Journal of Medicine*, 375(22), 2121-2132.
3. Nel, A., van Niekerk, N., Kapiga, S., Bekker, L. G., Gama, C., Gill, K., ... & Team, for the Ring Study. (2016). Safety and efficacy of a dapivirine vaginal ring for HIV prevention in women. *New England Journal of Medicine*, 375(22), 2133-2143.
4. UNAIDS. (2022). Women and HIV: A spotlight on adolescent girls and young women. Retrieved from: [https://unaids.org/sites/default/files/media\\_asset/2019\\_women-and-hiv\\_en.pdf](https://unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf)
5. National AIDS Council, Zambia. (2022). Zambia Country AIDS Response Progress Reporting.
6. Pettifor, A., Nguyen, N. L., Celum, C., Cowan, F. M., Go, V., & Hightow-Weidman, L. (2012). Tailored combination prevention packages and PrEP for young key populations. *Journal of the International AIDS Society*, 17(2), 19134.
7. Gomez, G. B., Borquez, A., Case, K. K., Wheelock, A., Vassall, A., & Hankins, C. (2013). The cost and impact of scaling up pre-exposure prophylaxis for HIV prevention: a systematic review of cost-effectiveness modelling studies. *PLoS Medicine*, 10(3), e1001401.
8. Zambian Ministry of Health. (2023). Guidelines for the Prevention and Management of HIV in Zambia.





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