FACTORS INFLUENCING INITIATION, CONTINUATION & DISCONTINUATION OF ORAL PREP AT SELECTED FACILITIES IN SOUTH AFRICA: Findings from the ACCESS Study

IAS Conference 2018: 25 July 2018
Session: PrEP Work in Progress

AUTHORS:
Diantha Pillay¹, Sarah Jenkins², Mercy Murire¹, Kayla Stankevitz³, Hasina Subedar⁴, Saiqa Mullick¹

¹ Wits Reproductive Health and HIV Institute (Wits RHI), 2 Clinton Health Access Initiative (CHAI), 3 FHI 360, 4 National Department of Health, South Africa
CONFLICT OF INTEREST

The author and co-authors of this presentation declare that no conflict of interest exists with regards to the development, conduct or analysis of this research.
ACCESS:

Advancing PrEP: Comprehensive and Combined Operations Research of Services for Sex workers and men who have sex with men
Study background and site selection

South Africa: June 2016 PrEP Launch for SW and April 2017 for MSM

June 2017 – PrEP available at 16 facilities in 6 Provinces

9 facilities selected for operations research

Operations research is needed to learn from national PrEP rollout and improve program implementation

ACCESS was conducted at 9 sites across 4 provinces:

- PHRU Soweto (Peri-urban)
- WRHI Tshwane (Urban)
- ANOVA Health4Men Yeoville (Urban)
- OUT Ten81 Pretoria (Urban)
- NSA Hoedspruit (Rural)
- NSA Musina (Rural)
- THCA eThekwini (Urban)
- THCA uMkhanyakude (Urban)
- ANOVA Health4Men Woodstock (Urban)
**Study Objectives & Methodology**

**Clients**
- Examine factors affecting clients’ decision to initiate, continue, and/or stop PrEP use

**Providers & Systems**
- Assess service provider knowledge, attitudes, and practiced behaviours around oral PrEP delivery

**Knowledge Sources**
- Examine the effectiveness of oral PrEP marketing and communication mechanisms

*Cross-sectional descriptive study*
Client sample selection and size

HIV negative individuals accessing services (18 years and above) at fixed or mobile sites

Survey

317 Clients Enrolled

After data cleaning

299 Effective Sample

9 SITES

156 Female
Sex Workers

149 Heard of PrEP

• 57 Current Users
• 43 Past Users
• 49 Never Users

80 MSM

77 Heard of PrEP

• 22 Current Users
• 31 Past Users
• 24 Never Users

63 Other

34 Heard of PrEP

• 15 Current Users
• 6 Past Users
• 13 Never Users

In-depth Interview

29 Clients Enrolled

• 17 current users
• 3 past users
• 9 never users

94 Current Users

80 Past Users

86 Never Users
Participant demographics

- **156 FSW**
  - South African: 71%
  - Zulu speaking: 48%
  - Single/never married: 65%
  - Mean age: 29.9 years

- **80 MSM**
  - South African: 98%
  - English/Afrikaans speaking: 61%
  - Single/never married: 69%
  - Mean age: 33.9 years

- **63 Other**
  - South African: 98%
  - Zulu speaking: 44%
  - Single/never married: 54%
  - Mean age: 31.5 years
Missed opportunities to provide PrEP

Clients who have never used PrEP

Missed Opportunity: Out of 78 clients, 44 (56%) had never been offered PrEP of which 23 (52%) perceived themselves at risk of HIV; 91% (n=21) had tested for HIV
Sex and Risk: A driver for PrEP uptake

Reasons for Initiation amongst Current and Past Users of PrEP

Sex and Risk: Irrespective of key population type the primary reason for initiating PrEP was being sexually active
Sex and Risk: A driver to continue on PrEP

**Reasons for Continuation amongst Current Users of PrEP**

<table>
<thead>
<tr>
<th>Reason</th>
<th>FSW (n=57)</th>
<th>MSM (n=22)</th>
<th>Other (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am sexually active</td>
<td>77%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>I feel that I am at risk of HIV</td>
<td>53%</td>
<td>36%</td>
<td>40%</td>
</tr>
<tr>
<td>I have multiple sex partners</td>
<td>51%</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>I have clients I believe are HIV positive</td>
<td>39%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>I have clients who do not want to use condoms</td>
<td>12%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Other reason</td>
<td>11%</td>
<td>5%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Sex and Risk**: Risk perceived from sexual activity remains as a prominent reason to continue on PrEP, irrespective of key population.

* Multiple responses allowed
### Side Effects: A major reason for stopping PrEP

#### Reasons for Discontinuation of PrEP among Past Users of PrEP

<table>
<thead>
<tr>
<th>Reason</th>
<th>FSW (n=43)</th>
<th>MSM (n=31)</th>
<th>Other (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only have one faithful sexual partner</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Side effects were too much</td>
<td>87%</td>
<td>72%</td>
<td>17%</td>
</tr>
<tr>
<td>Clinic is too far</td>
<td>7%6%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Clinic did not offer PrEP anymore</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>My partner told me to stop using PrEP</td>
<td>26%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>I felt stigmatized</td>
<td>14%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Other reason</td>
<td>17%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses allowed

Side effects were primarily identified as **gastro-intestinal upsets**, such as nausea and vomiting in FSW, and dizziness, nausea, and headaches in MSM.
Side effects affects daily life of past users

**Tolerating Side Effects:** There could be distinct differences between current and past users in the way in which they tolerate side effects.
Management of side effects not well covered in counselling sessions

Client recall of topics covered in counselling with provider

Topics Covered During PrEP Counselling Sessions (Multiple Responses Allowed)

- How to use oral PrEP
  - FSW (n=125): 92%
  - MSM (n=59): 66%
  - Other (n=22): 68%

- When to use oral PrEP
  - FSW (n=125): 81%
  - MSM (n=59): 75%
  - Other (n=22): 68%

- Safety
  - FSW (n=125): 79%
  - MSM (n=59): 59%
  - Other (n=22): 55%

- Side Effects
  - FSW (n=125): 81%
  - MSM (n=59): 74%
  - Other (n=22): 50%

- Managing Side Effects
  - FSW (n=125): 49%
  - MSM (n=59): 40%
  - Other (n=22): 23%

- Other Topic
  - FSW (n=125): 2%
  - MSM (n=59): 8%
  - Other (n=22): 14%
Summing it all up...

**Missed Opportunities to offer PrEP**
- Lack of uptake of PrEP in this sample can be attributed to clients not being offered PrEP along with concerns over side effects.
- This highlights missed opportunities to offer PrEP to clients who perceive HIV risk.

**Knowing your risk drives PrEP initiation & Continuation**
- Initiation is largely driven by perceiving risk associated with sexual activity.

**Side effects influence discontinuation**
- Clients who continue on PrEP appear to tolerate side effects differently from those that discontinue.
- Counselling appears to cover the possibility of side effects but to a lesser degree the management of side effects.
Where to from here...

Offering PrEP to those at risk
- Enable providers to identify clients at risk of HIV through client-centred counselling
- In South Africa, revision of clinical and counselling training underway

Counselling on managing side effects
- Provide more focused counselling to set expectations for side effects and equip users with methods to manage them.
- Clinical and counselling training revision will stress importance of counselling on both side effects as well as side effect management

Understanding provider perceptions
- Analyse provider in-depth interview
- Convene workshop with providers
Acknowledgments

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.

- We would like to acknowledge the South African National Department of Health for their support throughout conducting this study.
- We would like to acknowledge Wits RHI, ANOVA Health for Men, North Star Alliance, TB HIV Care, PHRU, Out Ten 81 for allowing access to the sites and to the providers and clients who participated in the study.
- We would like to acknowledge the data collectors who were contracted from Freshly Ground Insights (FGI), as well as FGI leadership.
- We would like to acknowledge the ACCESS study team from Wits RHI, Prevention Market Manager (AVAC-CHAI) and FHI 360.
Thank you for your attention

FOR FURTHER INFORMATION, CONTACT THE PRESENTER, DIANTHA PILLAY AT: DPILLAY@WRHI.AC.ZA