Factors influencing initiation, continuation & discontinuation of oral PrEP

South Africa started rolling out oral PrEP in June 2016 using a phased approach beginning with sex workers. Provision then expanded to MSM in 2017 and subsequently to AGYW later that year. The phased approach to rollout allows for a dynamic learn and adapt process to implementation. Operations research is key to the learn and adapt process as a mechanism to generate rapid evidence about oral PrEP uptake and utilization.

This study reports on findings of operations research conducted at oral PrEP implementing facilities. The study adopted a descriptive cross-sectional research design and had three main objectives as per Figure 2 below.

**METHODS**

At the time this study was conducted, 16 facilities were rolling out oral PrEP, of which two sites were selected (SW and MSM sites) on study sites. These sites were implementing oral PrEP for at least three months. The selection process was based on delivery model (fixed/mobile facilities), location (urban/rural) and varying oral PrEP uptake as per Table. 1

The study enrolled 259 clients for a one-on-one survey, of which 14 were current users, 80 past users and 98 never users as per Figure 2. From the survey sample, 29 clients were recruited and enrolled for an in-depth interview which were thematic analysis.

**RESULTS**

**Participant Demographics**

| Age (Mean) | 29.7
| Nationality | South Africa (77.3%)
| Ethnicity | South African (97.9%)
| Relationship Status | Single/never married (50%)

The mean age of clients across site centers was late twenties, and MSM sites mid-thirties. These ages are consistent with the ages of oral PrEP clients nationally. As per Table 2, clients were primarily South Africa and single/never married.

**Factors influencing lack of uptake of oral PrEP**

Out of 12% clients who had never used oral PrEP, 31% (n=39) had never heard of oral PrEP.

**Factors influencing initiation of oral PrEP**

When asked in more detail about reasons for initiating oral PrEP, out of the 86 clients who had heard of oral PrEP, 62% (n=54) clients who had never been offered oral PrEP perceived themselves to be at risk of HIV.

**Factors influencing continuation of oral PrEP**

Participants across SW and MSM sites noted that side effects were the primary reason for discontinuing oral PrEP. The majority of clients (68%) who discontinued due to side effects did so within the first 5 months of use.

**CONCLUSION**

South Africa and PrEP/WMS in South Africa identify sexual behaviour and HIV risk as reasons to initiate oral PrEP. Side effects are a challenge for oral PrEP continuation. There could be different distinctions between current and past users in the way in which they tolerate side effects. There is a need to better understand providers on user perceptions about side effects to inform counseling messages and side effect management.

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