

Service provider insights: Implications for national training and support for PrEP provision in South Africa

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BACKGROUND

South Africa began delivering oral pre-exposure prophylaxis (PrEP) to sex workers (SW) in 2016, men who have sex with men (MSM) in 2017, and adolescent girls (AG) aged 15-19 and young women (YW) aged 20-24 in 2018. Service providers are gatekeepers for PrEP access, yet little is known about their thoughts on oral PrEP and attitudes towards provision to different at-risk populations. We conducted implementation research on service providers' insights on oral PrEP provision to inform service delivery.

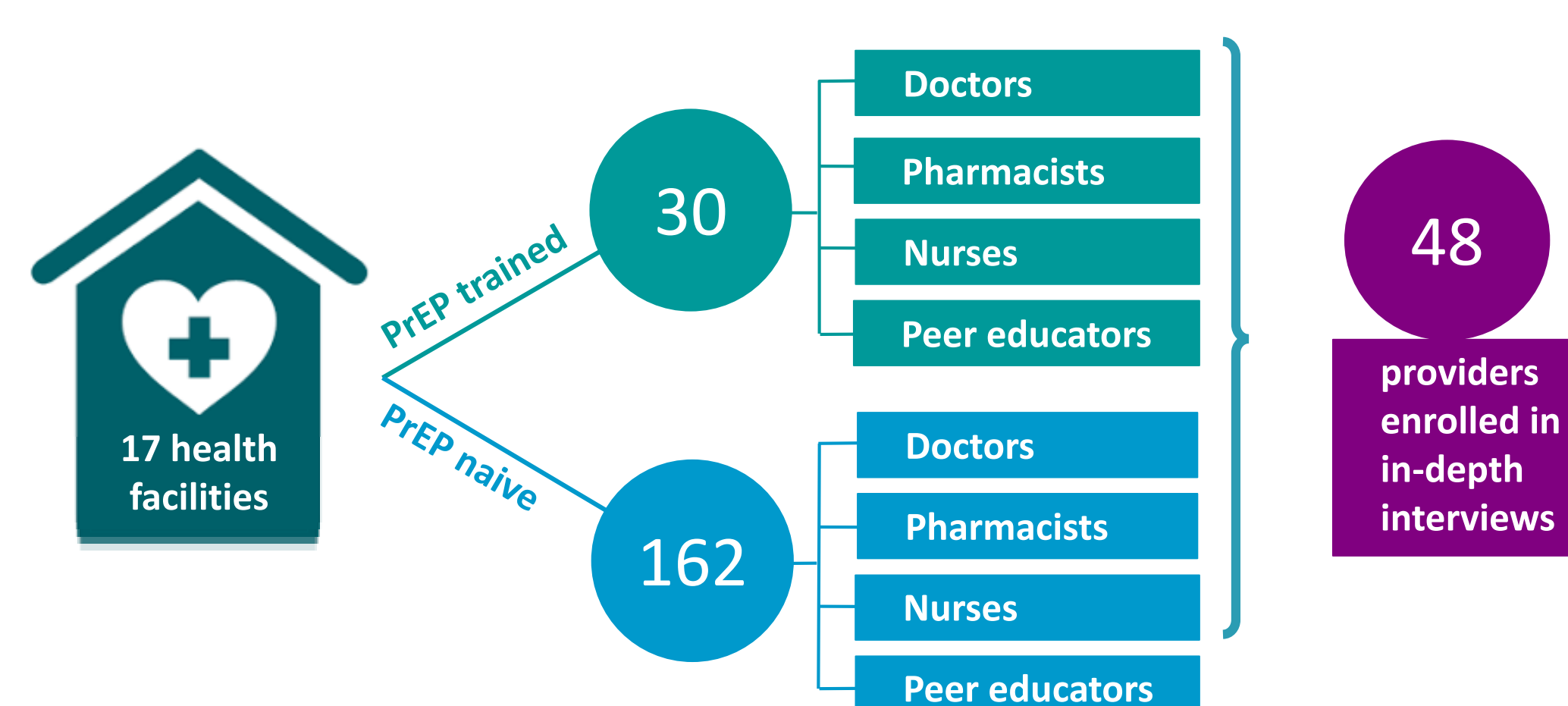


Photo: Wits RHI

METHODS

- We conducted cross-sectional surveys (192) and follow-up in-depth interviews (IDIs) (13) with service providers with *PrEP-experienced (PrEP trained) and without (**PrEP-naïve) experience providing PrEP at 17 facilities between September 2017 and October 2018.
- Participants included nurses, lay counselors, clinicians, community educators and pharmacists (See Figure 1).
- Data were analysed in Stata 13 and NVivo 11.

Figure 1. Service Providers Enrolled in the Study



RESULTS

Demographics

- Of the 192 participants surveyed, 20% were male and 80% female, ages 18-71 with mean age of 35.

Providers' Knowledge about PrEP

- Providers had PrEP service delivery experience with YW (90%), AG (58%), men who have sex with men (MSM) (40%), serodiscordant couples (30%) people who inject drugs (23%) sex workers (SW) (22%), and transgender women (22%) (see Figure 2).
- Fifteen percent (15%) of service providers were uncertain whether taking an HIV test is a requirement before taking oral PrEP.

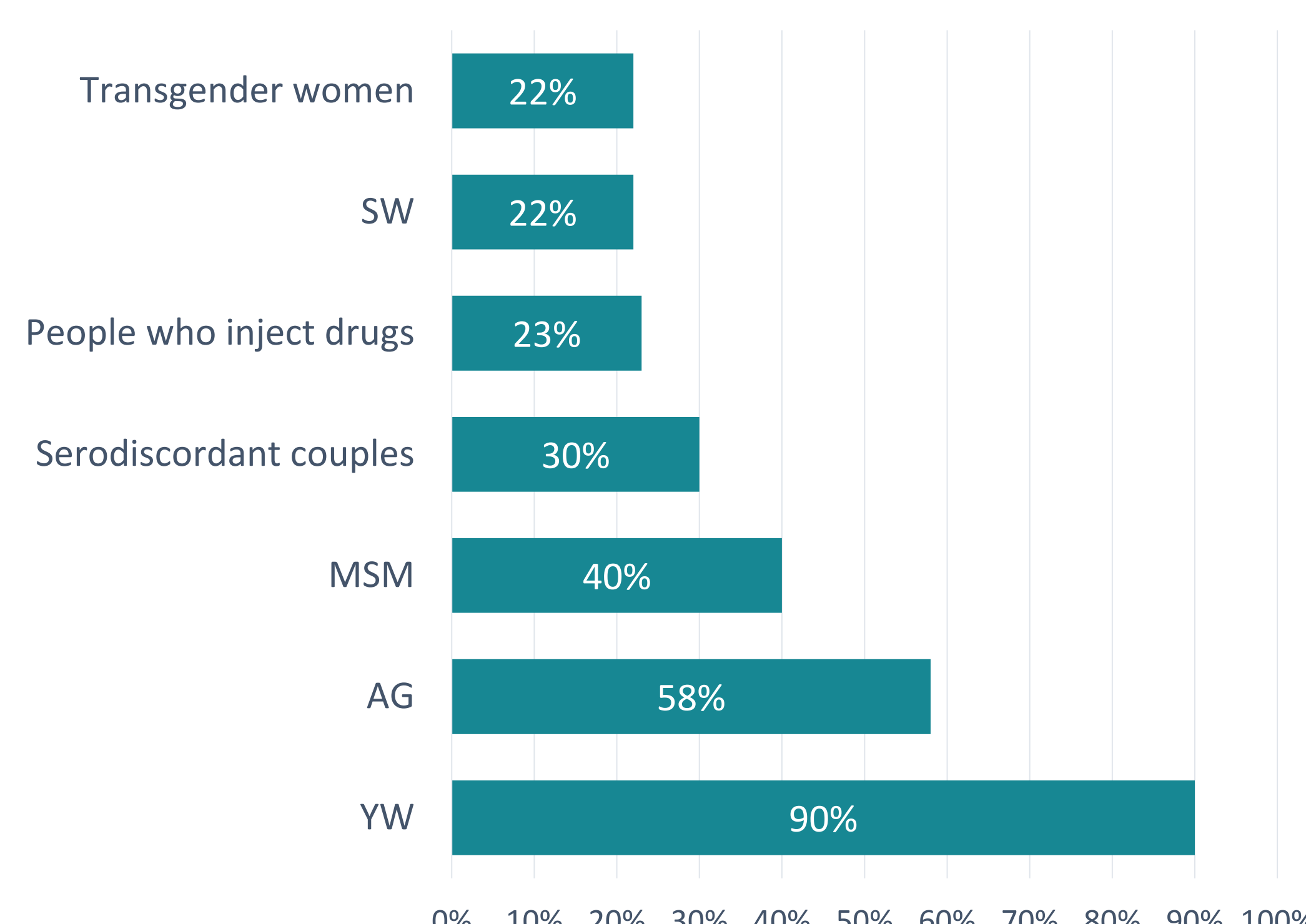
- PrEP trained refers to facilities where service providers were trained.
- **PrEP naïve refers to facilities that were untrained at the time of the study

RESULTS

PrEP Provider Training

- About half (54%) of participants were familiar with PrEP; among these, 47% had been trained in PrEP delivery and 34% had provided PrEP services.
- Nearly all PrEP-naïve/untrained providers felt that they need additional skills/experience to provide PrEP (96%), compared to 58% of experienced providers.

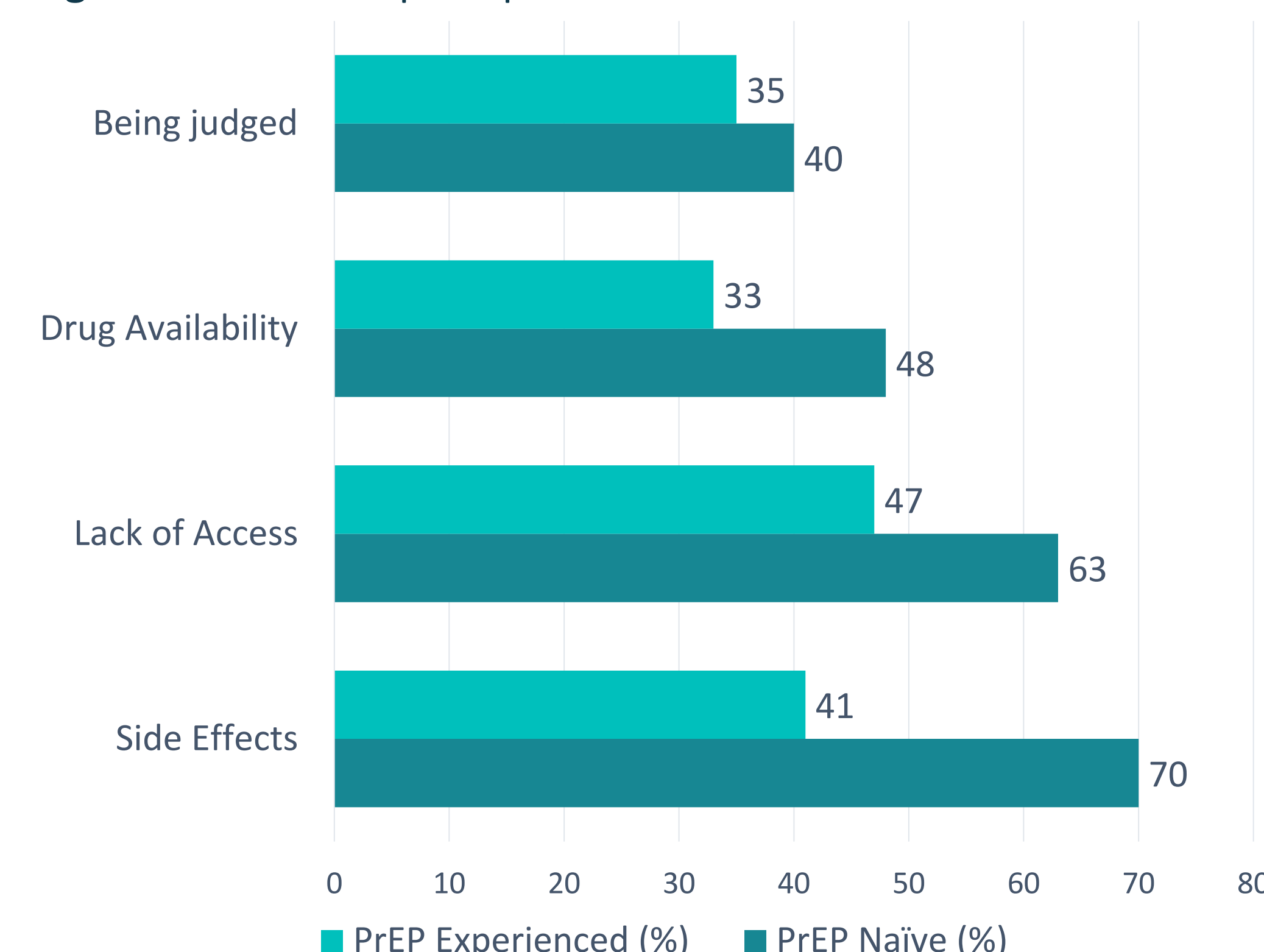
Figure 2. Providers' Service Delivery Experience



Provider Perception on Barriers to PrEP Use

- Providers thought that barriers to PrEP use included side effects (60%: 70% naïve/41% experienced), lack of access (58%: 63% naïve/47% experienced), drug availability (43%: 48% naïve/33% experienced), and being judged (39%: 40% naïve/35% experienced) (see Figure 3).

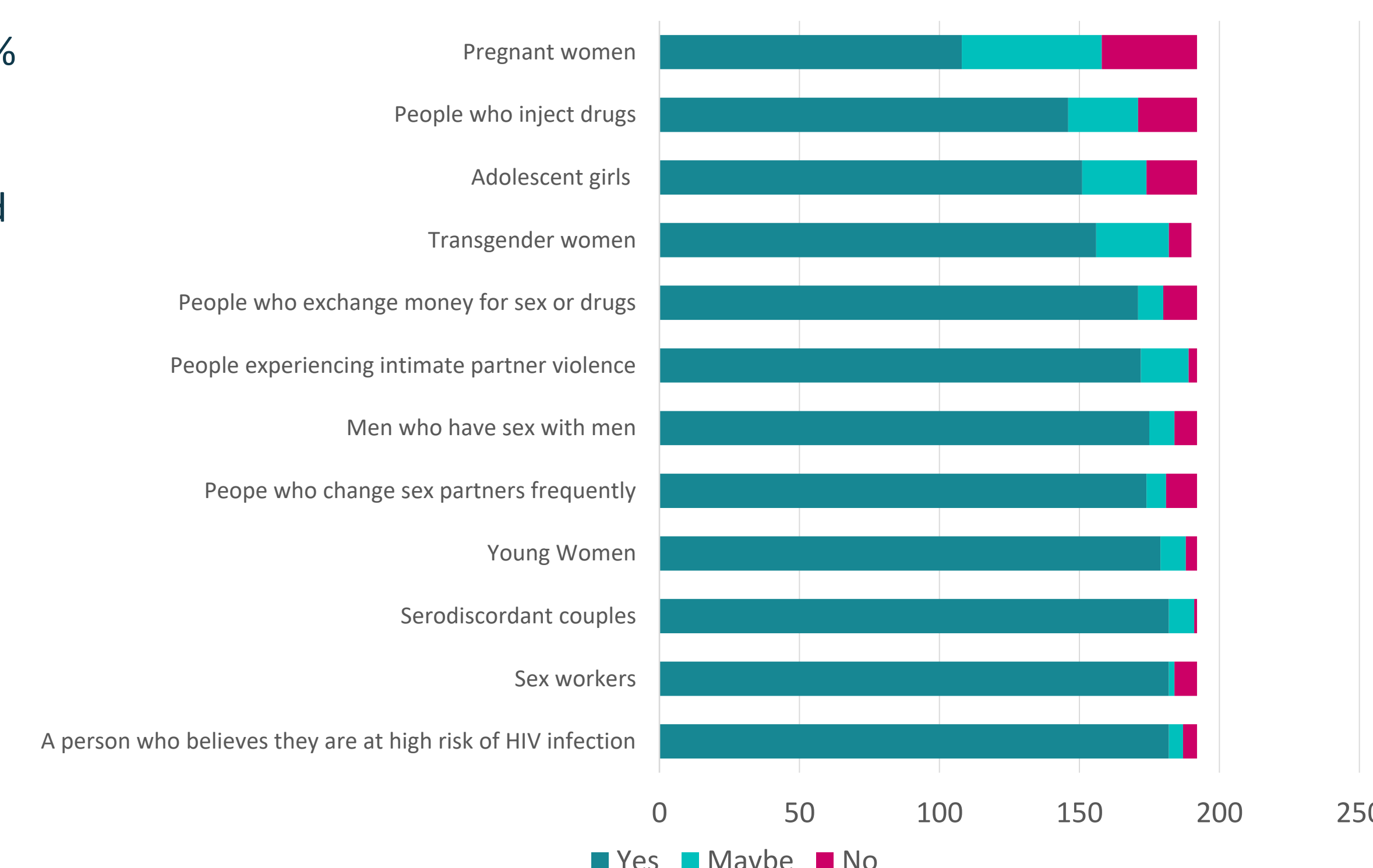
Figure 3. Providers' perceptions of barriers to PrEP use



Providing PrEP to people at substantial risk: Providers' views

- Forty eight percent (48%) of service providers were concerned that use of PrEP will result in less frequent HIV testing among clients.
- Some service providers were not sure if adolescent girls (35%) and young women (29%) with STIs should be offered PrEP.
- Forty-four percent (44%) of service providers were not sure if pregnant women should be offered oral PrEP.
- Other service providers were uncertain if people who inject drugs (24%), adolescent girls (21%) and transgender women (18%) should be offered PrEP (see Figure 4).

Figure 4. I Believe PrEP Should be provided to the following groups:



Oral PrEP challenges

- Based on preliminary analysis of the qualitative interviews, challenges discussed by providers included stigma experienced by people taking oral PrEP, skepticism to initiate on oral PrEP from potential oral PrEP users due to lack of information regarding benefits of PrEP, and partner resistance to oral PrEP use.

"Well the biggest challenge is when PrEP is rolled out it was first said it was for sex worker. So, that would cause a lot of stigma [...] clients felt that if you were carrying and then lead to gender based violence. Or their partners do not know about PrEP so if they come home wPrEP you are already known to be a sex worker which could cause problems for them at home with PrEP they are known to be taking ARV."

—Female Nurse Coordinator, PrEP-experienced

Partner resistance to oral PrEP use

"Most of them they will say 'you know, my boyfriend came to my room and he saw the bottle and he thought that I'm on ARVs [for HIV treatment], and I tried to explain to him that they are not ARVs, but he doesn't understand...'"

—Counselor, PrEP-experienced

CONCLUSIONS

- More than half of service providers were familiar with oral PrEP.
- Most PrEP naïve providers pointed to side effects, lack of access to PrEP and drug availability as potential barriers to PrEP use.
- In the qualitative study stigma and partner resistance were highlighted as some of the barriers to PrEP use.
- These results have informed the revision of National PrEP service provider training to address emerging concerns such as PrEP provision to pregnant women, adolescent girls, transgender women, and people who inject drugs.

Recommendations

- PrEP training programs need to address concerns of side effects since most PrEP naïve service providers believed that side effects are a larger barrier.
- There is need for further training specifying which populations and which service delivery entry points such as STIs might be channels to identify people at substantial risk.

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