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

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**OPTIONS refers to the product category (inclusive of all formulations of ART-based HIV prevention), and refers to specific products by formulation designation and/or name (e.g., oral PrEP/TDF-FTC, topical PrEP/dapivirine ring, injectable PrEP/cabotegravir, etc).**

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.

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 (19%; 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 (45%) 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:

**RESULTS**

METHODS

- We conducted cross-sectional surveys (192) and follow-up in-depth interviews (IDI) (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.

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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