BACKGROUND

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 utilisation.

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 1 below.

METHODS

At the time this study was conducted, 16 facilities were rolling out oral PrEP, of which nine sites were selected (6 SW and 9 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 facility), location (urban/rural) and varying oral PrEP uptake as per Table 1.

The study enrolled 250 clients for a one-off survey, of which 94 were current users, 80 past users and 86 never users as per Figure 2. From the survey sample, 28 clients were recruited and enrolled for an in-depth interview which were thematically analysed.

RESULTS

Participant Demographics

Table 2: Participant Demographics at SW and MSM sites

<table>
<thead>
<tr>
<th>Age (Mean)</th>
<th>Nationality</th>
<th>Ethnicity</th>
<th>Relationship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.7</td>
<td>South Africa (77.3%)</td>
<td>English/IsiXhosa (60.4%)</td>
<td>Single/never married (66%)</td>
</tr>
<tr>
<td>34.6</td>
<td>South African (97.9%)</td>
<td>English/IsiXhosa (60.4%)</td>
<td>Single/never married (66%)</td>
</tr>
</tbody>
</table>

The mean age of clients at sex worker sites was late twenties, and MSM sites mid-twenties. 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 129 clients who had never used oral PrEP, 31% (n=39) had never heard of oral PrEP. Out of the 86 clients who had heard of oral PrEP, not being offered oral PrEP was the reason for lack of uptake.

Factors influencing initiation of oral PrEP

Most (73 out of 94) clients who had never been offered oral PrEP perceived themselves to be at risk of HIV.

Factors influencing discontinuation of oral PrEP

Participants talked about motivation to “protect myself”, “stay healthy”, “keep my status” “cover the bases”. Some were motivated by fear or worries, knowing that discontinuing oral PrEP would “put my life at risk” or they “might be infected”.

Factors influencing uptake of oral PrEP

Participants described behaviours and relationships that put them at risk of HIV and motivated them to use oral PrEP, including having multiple partners, knowing their partner is HIV positive, not knowing their partner’s status, not trusting their partner, and forgetting to use condoms.

CONCLUSION

This poster was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the President’s Emergency Plan (PEP) for AIDS implemented by JSI Research and Development under the terms of the President's Emergency Plan for AIDS Act (PEPFAR) Agreement Number 72007466-A-15-000000-00. JSI retains ownership of the content and does not necessarily reflect the views of USAID, PEPFAR, or the United States Government.