

Findings from the ACCESS Study



Advancing PrEP: Comprehensive and Combined Evaluation of Services for Sex Workers and MSM



NDoH PrEP Technical Working Group
4 October 2018



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



USAID
FROM THE AMERICAN PEOPLE



OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

HIV Prevention
Market Manager

Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact



Supported by the Bill & Melinda Gates Foundation

Study Objectives & Methodology

Clients



Examine factors affecting clients' decisions to initiate, continue, and/or stop PrEP use

Providers & Systems



Assess service provider knowledge, attitudes, and practised behaviours around oral PrEP delivery

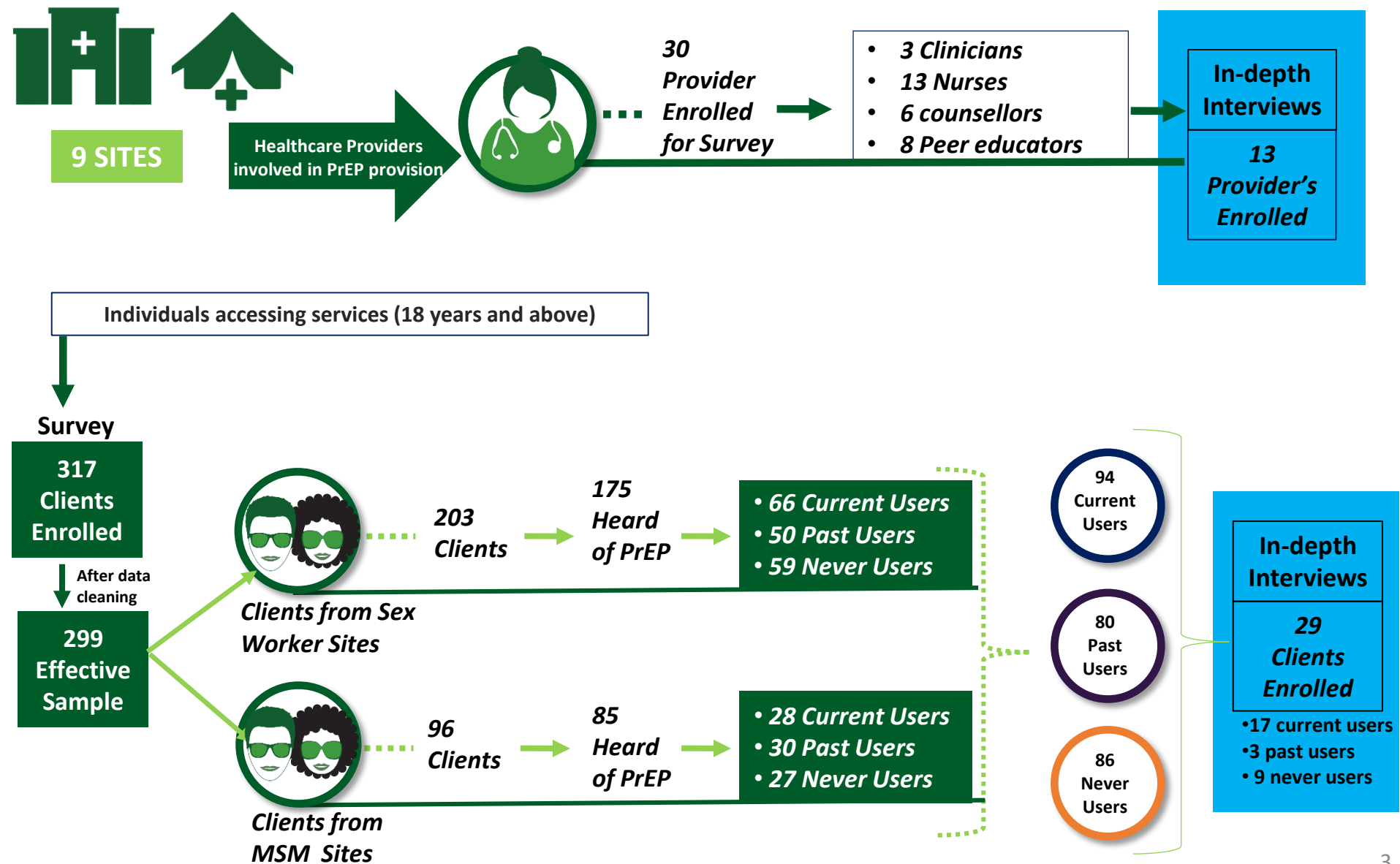
Knowledge Sources



Examine the effectiveness of oral PrEP marketing and communication mechanisms

Cross-sectional descriptive study

Client and Provider Sample Sizes



Highlights



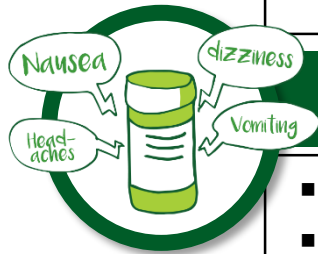
Missed opportunities to offer PrEP

- **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 and continuation** are largely driven by perceiving risk associated with sexual activity
- Receiving information about PrEP and encouragement to use it from key influencers seems to play a role in initiation
- Participants indicate that motivation to protect their health and remain HIV-negative helps clients continue using PrEP



Side effects influence initiation & discontinuation

- Concerns about side effects were a **barrier** to oral PrEP initiation.
- Side effects were the main reason clients **stopped** using oral PrEP.
- Clients who continued using oral PrEP appeared to tolerate side effects differently from those who stopped using it.

These finding highlights the critical importance of training and supporting health providers, as well as users and potential users, on side effects and their management.

Highlights



Use of combination prevention for HIV

- More than 80% of FSWs overall, reported using a condom the last time they had sex with a client, while condom use was lower with main and casual partners
- All clients who had never used PrEP reported high condom usage at last sex (over 80%) with both clients and casual partners



The effective use of IEC materials

- IEC materials influenced clients' decision to initiate and continue on PrEP, and the creative concepts used were empowering to clients.
- Simple and concise formats like posters and factsheets were favoured by clients.

I value...



Understanding provider perceptions

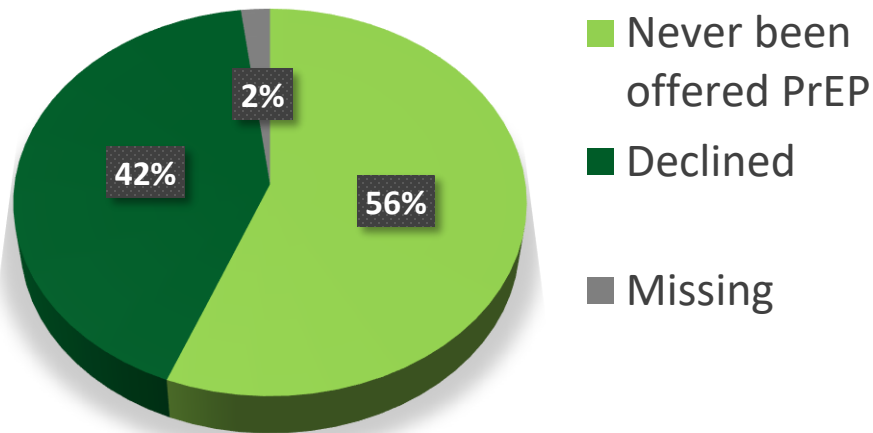
- Providers displayed adequate knowledge about PrEP, but had some uncertainty about PrEP use for sero-discordant couples where the positive partner is virally suppressed
- Majority of providers indicated that clients should try using other HIV prevention options before using PrEP

Missed opportunities to provide PrEP

Out of 125 clients who had never used PrEP, 31% (n=39) had never heard of PrEP

Out of the 86 clients who had heard of PrEP, not being offered oral PrEP was a prominent reason for lack of uptake

Heard of PrEP but never used PrEP (n=86)



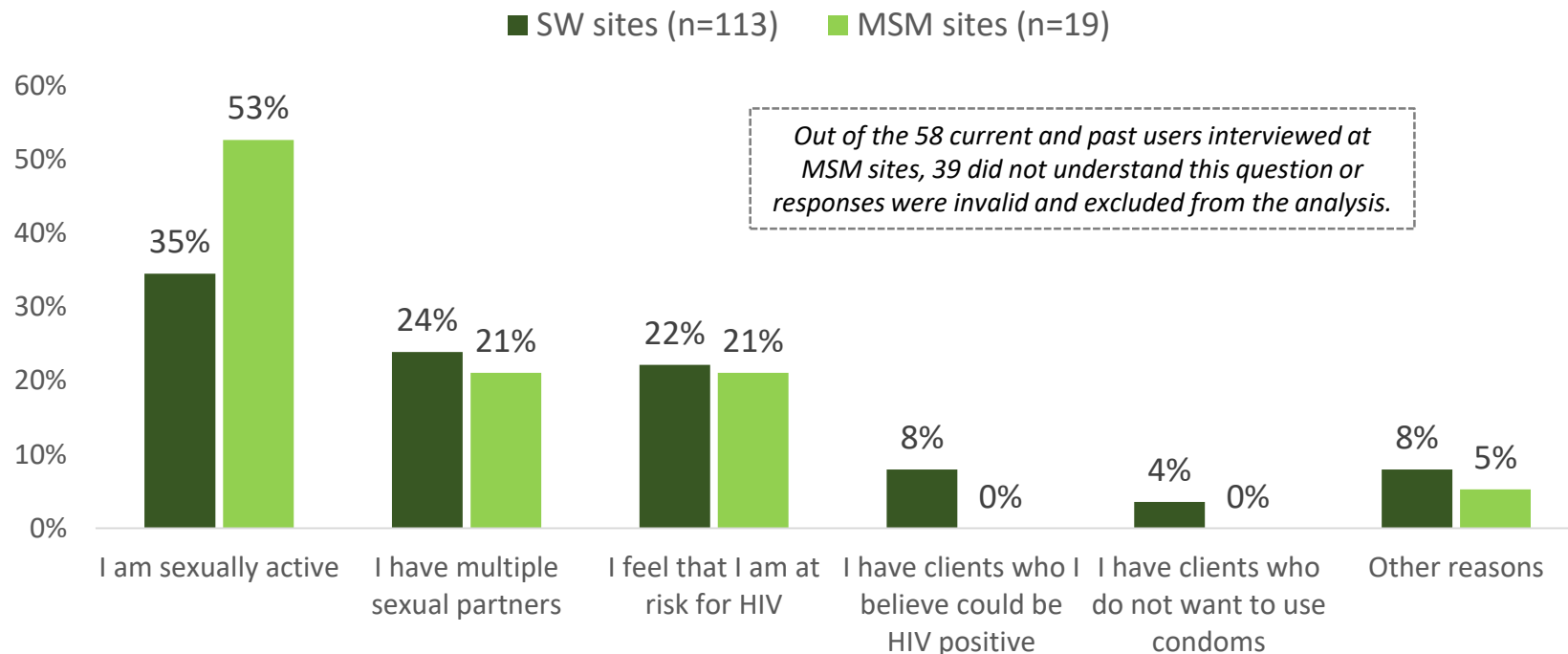
Reasons for lack of PrEP uptake amongst never users

Most (23 out of 44) clients who had never been offered oral PrEP perceived themselves to be at risk of HIV.

- Concerns about side effects were the main reason for declining, cited by 12 of 24 FSWs and 2 of 7 MSM.

Sex and Risk: Drivers for PrEP uptake

Reasons for Initiation amongst Current and Past Users of PrEP



When asked in more detail about reasons for initiating oral PrEP during IDIs, respondents most often said they had received information or encouragement from health care workers, partners, family and peers:

“The other sister of mine, she explaining me, you see this job is risking. The condom gonna burst and some people they’re gonna force you...So, it’s better to take PrEP [...] I start to drink until now, I don’t have any problem...and when I’m working, I don’t have stress, because I know that I’m preventing.” - FSW, current user

Information and encouragement from others also promotes uptake

In IDIs, participants reinforced quantitative findings by describing that their **risk of HIV influenced their decision to use PrEP.**

Participants described wanting **additional protection** from HIV and experiencing **issues using condoms alone**, such as partners being resistant to condom use and condoms breaking.

Respondents also described their **behaviors and relationships** putting them at risk for HIV, including not knowing partners' HIV status or not trusting them, having multiple partners, doing sex work, or having a partner living with HIV.



...in relationships you can meet someone who doesn't want to be tested and they say they are okay so it's a big risk because I don't know their status. If I'm not using PrEP I can have HIV but I might get it because someone might lie or the condom burst ... Maybe someone is positive and I'm negative ... I know I'm protected from HIV because of that pill I'm using – FSW, current user

Information and encouragement from others also promotes uptake

Additionally, participants described receiving **information and encouragement** from others that influenced their decision to start PrEP.

Several stated that their **providers** gave them the information they needed to initiate PrEP, some described providers giving **additional counseling** or outreach to help them overcome challenges with taking PrEP when they first started.

Some were influenced by **partners, friends, sisters,** and **other peers** who encouraged them to use PrEP.

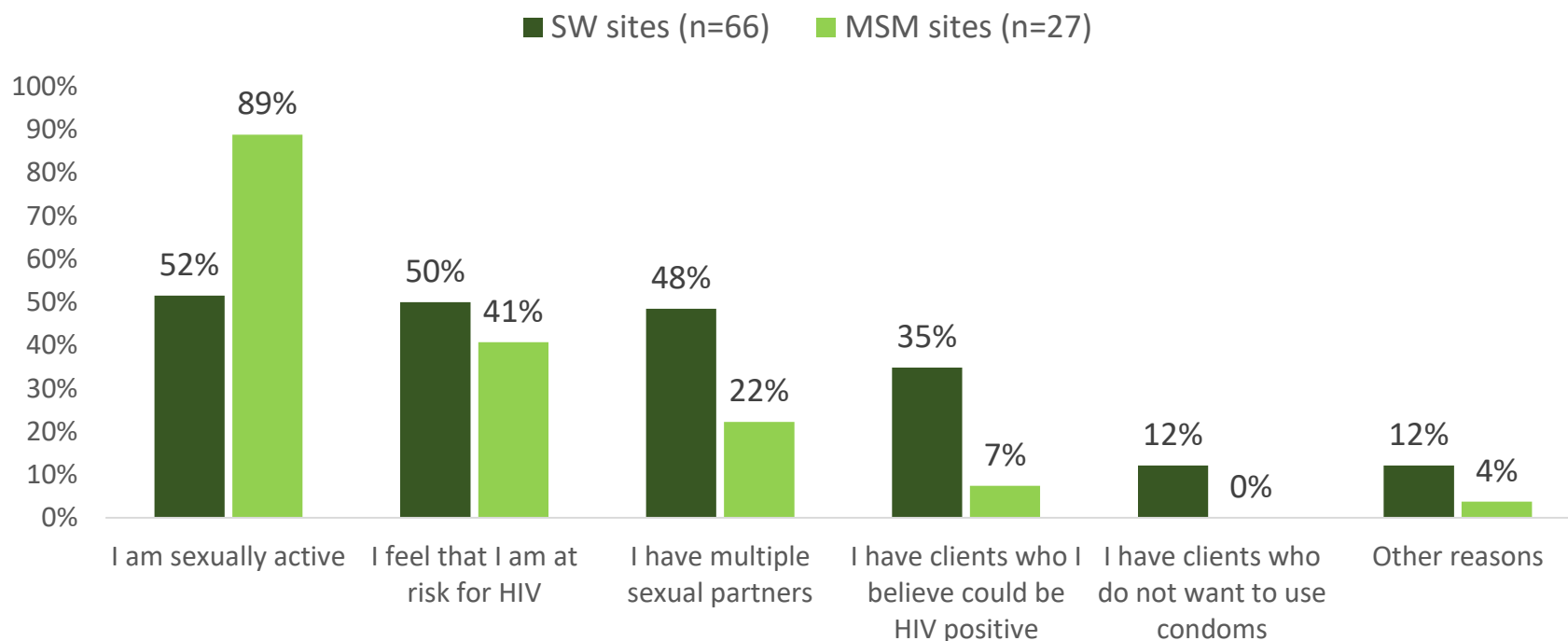


... I can say that firstly, I didn't care about PrEP. [My providers] had said if I wanted to, then I should let them know if had mind had changed about taking PrEP. And would call me to encourage me about PrEP. No, I ended up taking it. The way they explained to me on the first day made me wish to explain to my friends the way he/she had explained it [...] Mam Dudu explained to me very well. Even what I asked her she would explain to me and asked me if I had understood. If I said I did she would ask me what's she had said so that she will make sure that I heard.

—FSW, current user

Sex and Risk: Drivers to continue on PrEP

Reasons for Continuation amongst Current Users of PrEP*



During IDIs, current oral PrEP users most often described a sense of motivation and determination to protect their health and remain HIV-negative as their main reasons for continuing to use it:

“It’s all about willpower. And don’t fall for peer pressure. It can make you stop without any good reason for yourself [...] Remember I told you about my ex-fiancé? He was [HIV] positive...I’m still negative even today because of PrEP, and I have this fear that if I leave it, I might be infected. What helps me is that anything I do, I do wholeheartedly.” – FSW, current user

* Multiple responses allowed

Motivation to remain HIV-negative, protect health

In IDIs, current oral PrEP users most often described a sense of **motivation** and **determination** to **protect their health** and **remain HIV-negative** as their main reasons for continuing to use it.

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



I just know that my life is at stake. People who are on ARVs are not living the happiest of lives. So, I drink the pills to protect myself.
– FSW, current user

Participants described **behaviors 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 HIV status, not trusting their partner, and forgetting to use condoms.



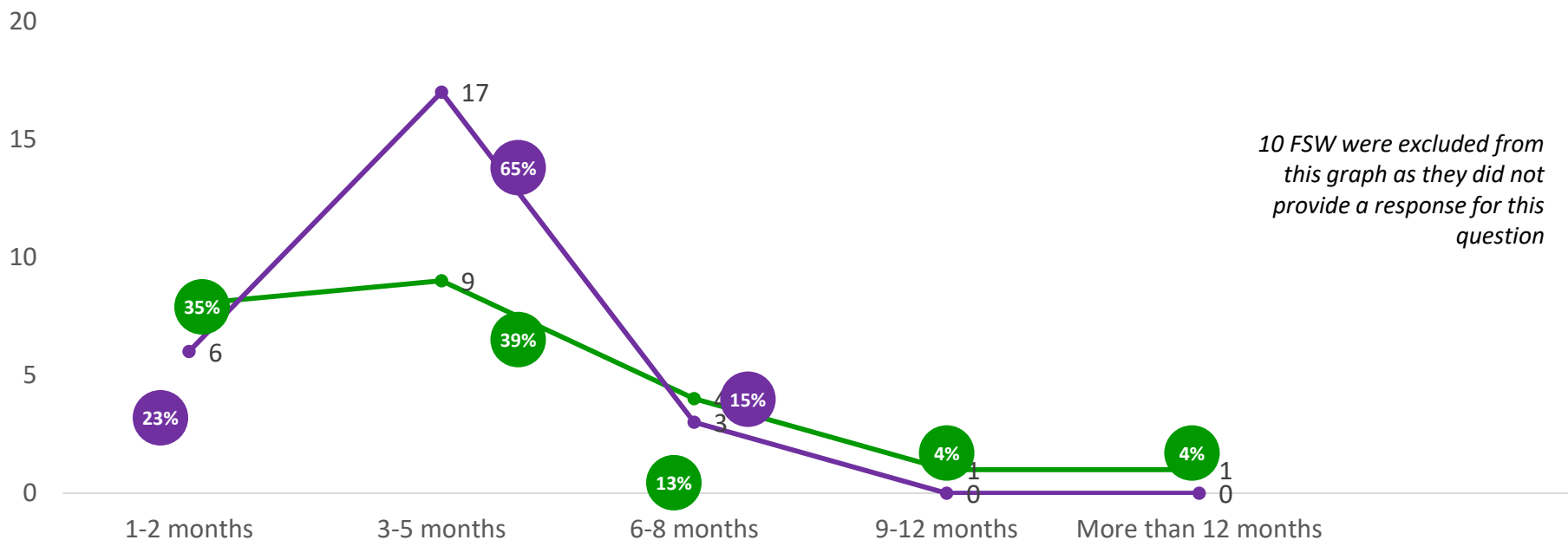
It’s because I don’t trust my partner. I don’t know who else he sleeps with, and that’s why I drink my pills and continue using them at all times.
– FSW, current user

We did use protection and stuff but, I’m pretty sure with the open relationship thing, there might have been occasions where I did actually have intercourse with somebody that was also HIV positive and didn’t tell me about it. So, the protecting yourself component as an additional protection is [...] probably the main factor [for continuing PrEP] actually. – MSM, current user

Stopping PrEP due to Side Effects

Time of PrEP use for clients who stopped due to side effects

—● SW Sites (n=23) —● MSM Sites (n=26)

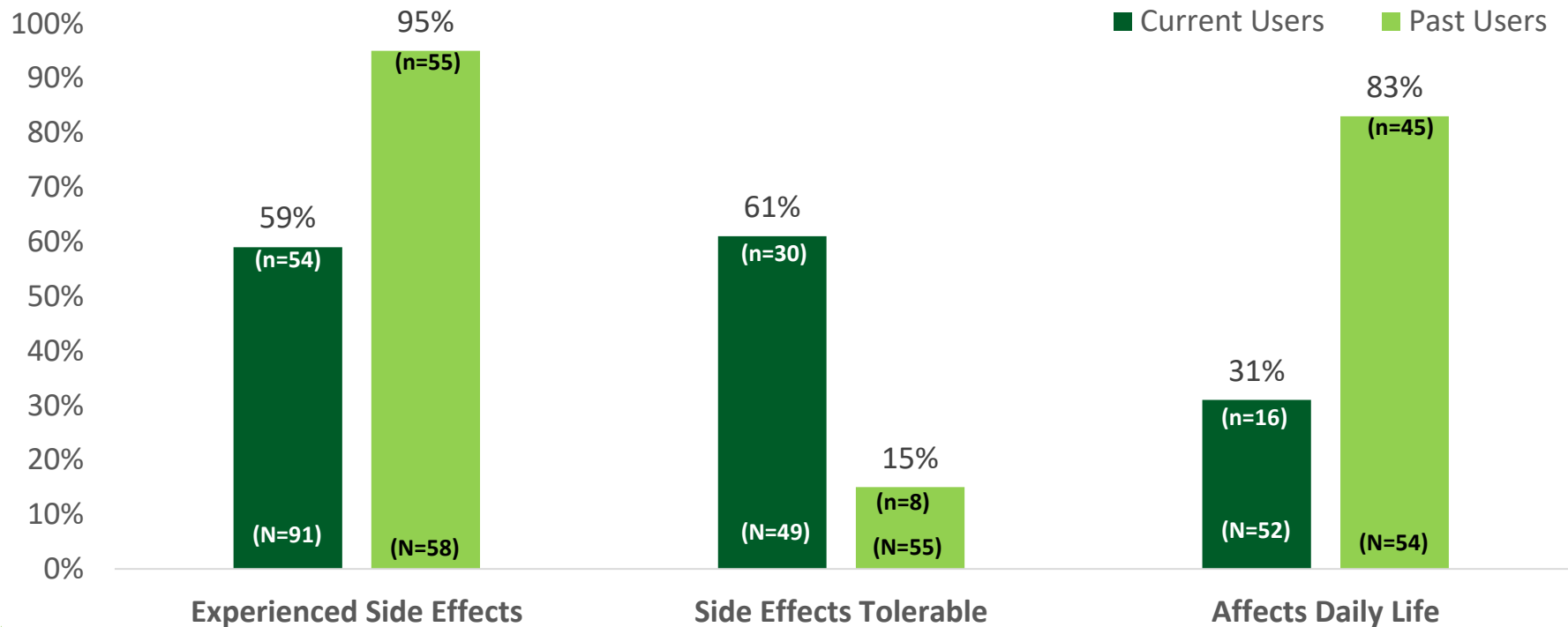


10 FSW were excluded from this graph as they did not provide a response for this question



The majority of past users that experienced side effects discontinued PrEP use within 1 to 5 months of use

Side effects affect daily life of past users



There could be distinct differences between current and past users in the way in which they tolerate side effects.



Current users stated that they were determined to use PrEP despite side effects and used strategies like seeking help from the clinic or changing time of day they took the pill.

“... when I started taking the pill at 11am I would be stressed, because sometimes I would get nauseous; sometimes you would find that my friends would say I am moody, emotional, and easily pissed off and I didn’t know what was going on ... maybe those are the side effects of the pill. So, I told myself, “Okay, (participant name) maybe the issue here is with the time you’re taking the pill – try and change the time and see the results” [...] when I take the pill at 8pm, there is nothing much to worry about.” — Current user, MSM

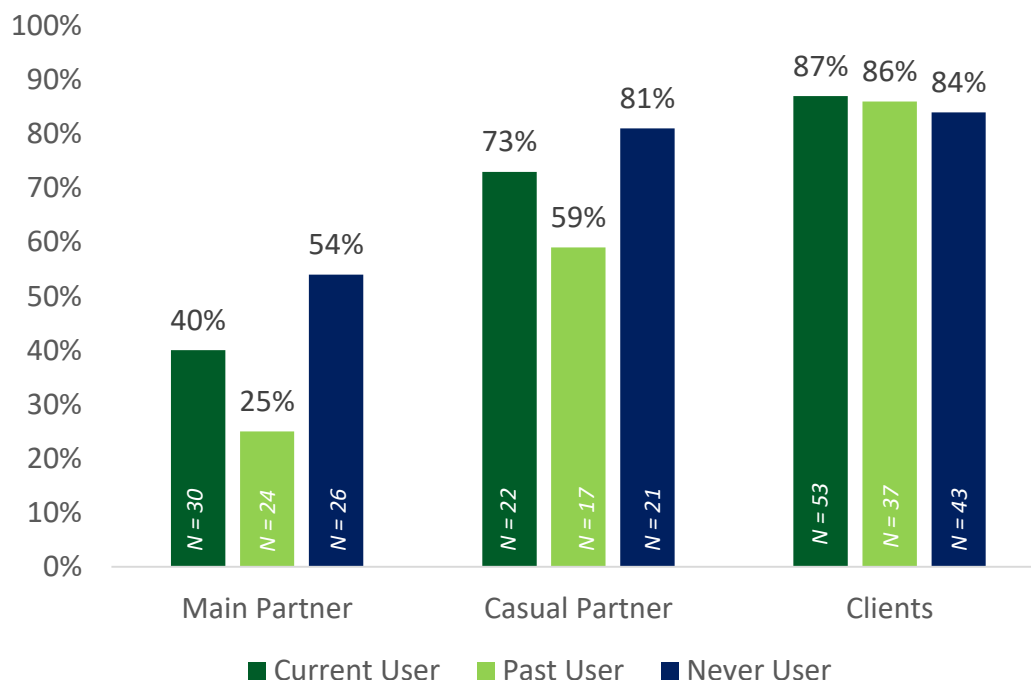
Combination prevention among FSWs using PrEP

80%

More than 80% of FSWs reported using a condom the last time they had sex with a client; reported use was similar among current, past, and never users of oral PrEP.

However, the FSWs who had discontinued using oral PrEP were less likely to report condom use with either casual or main partners compared to current or never users.

- Condom use at last sex with main partners was lower compared to casual partners and clients.
- Out of 20 SW who disclosed oral PrEP use to a main partner:
 - 10 stated condom use remained the same
 - 5 stated that condoms were used more frequently
 - 4 stated they had never used condoms
 - 1 said condoms were used less frequently



Condom use at last sex reported by clients

Posters and factsheets influenced decisions to initiate and continue on PrEP



Current and past users were more likely to have seen the materials than clients who had never used oral PrEP.

UPTAKE & CONTINUATION

- 88% of current and past users said the IEC materials had influenced their decisions to initiate oral PrEP.
- 92% of current users said the materials motivated them to continue using oral PrEP.



The poster and the fact sheet were most often mentioned as influencing decision-making.



"I will say the full truth. You see PrEP I didn't care about it. But when I had joined it and seeing those posters, I saw that it was something real, it's something that a lot of people use. I became encouraged with that." – FSW, Current user

"They explained to me when I started that you might have side effects and there are pamphlets there that explains side effects, so I wasn't struggling that much." - Current User, MSM, 29 yrs.

Knowledge of PrEP among healthcare providers is high



All 30 providers who participated in the survey had been trained on oral PrEP by the National Department of Health.

86% answered 11 or more of the 13 knowledge questions correctly.

The question most commonly answered incorrectly was a true/false question:

“A person can stop taking PrEP when their HIV infected partner who is on ART is virally suppressed.”

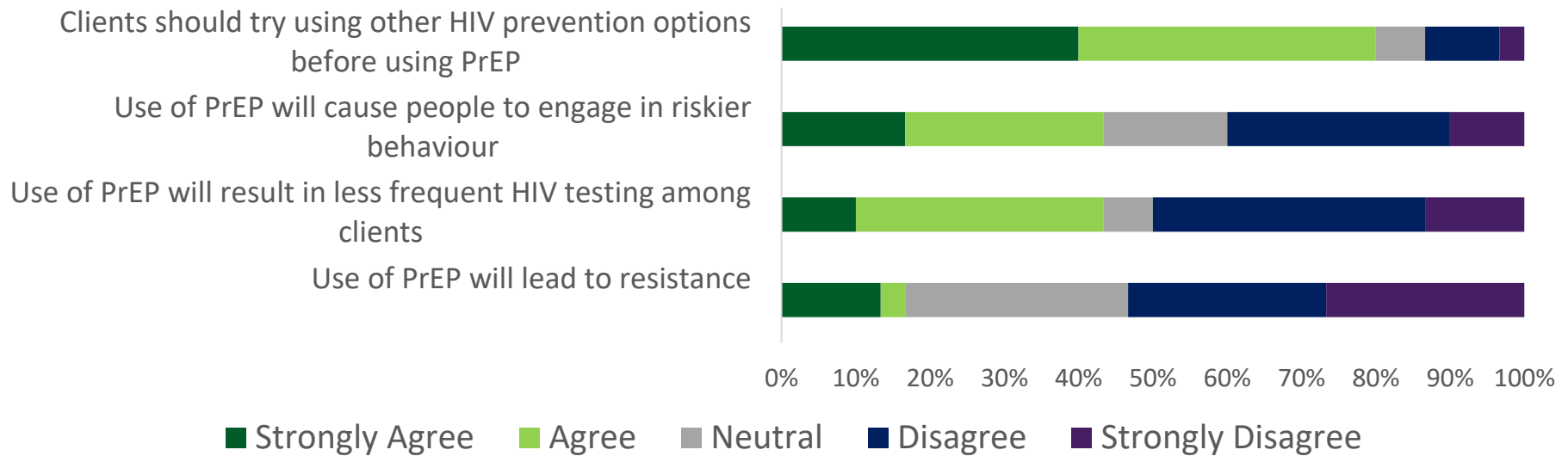
Only 10 providers chose the correct answer (True), suggesting **this should be a topic covered in future training.**

The majority of providers felt they had sufficient skills and experience to provide oral PrEP.

However, some providers stated that they would **benefit from additional training** on monitoring and evaluation (n=11), resistance risk (n=10), and clinical monitoring and management (n=9).

Providers Expressed Concerns about oral PrEP Increasing Risky Behaviour

Providers concerns about providing oral PrEP



PrEP perceptions among service providers (n=30)

When asked about their general perceptions of the effects of oral PrEP, providers expressed concerns about its use leading to risky behaviour (n=13) and less frequent HIV testing (n=13). Fewer providers believed oral PrEP would lead to resistance to ARVs (n=4).

Providers' perceptions about challenges clients face to accessing PrEP

- A few providers said that clients preferred mobile facilities rather than fixed facilities

"Uptake has been extremely poor and here, it has been extremely poor... Mhmm... I mean, I think any time that you bring services to people you are going to get a higher uptake than you will..." [Medical Officer]

- Sex workers having to choose between going to mobile services or working

"Somebody can stay there with an STI more than 2 weeks. Waiting for the clinic to come, the mobile to come to the sites. And say 'no I was waiting for you'... So they prioritise, even when you go there with the mobile sometimes, if that somebody is having a client when the mobile is there, she rather go with the client and leave the treatment." [Nurse]

- One provider said that brothel managers do not allow clients to go to the drop in centre, so PrEP has to be delivered to the brothel

"At the moment the problem with PrEP is more with adherence, we are finding that the clients are not adhering to treatment.[...]. most of them said they are not allowed to come into the drop in centres. So, we would rather drop of the medication off at the sites". [Nurse]

Providers' perceptions of barriers to oral PrEP uptake, adherence and continuation

- Many providers reported clients experiencing side effects or clients' fear of side effects as a key obstacle to oral PrEP uptake and continuation. Providers told clients that the side effects would lessen with time, every medication has side effects, and that people react differently to the same medication.

"Sex workers were having lots of side effects. Some were not in the pamphlet or unknown to us. So, the clients stopped PrEP and the clients felt that if you were carrying PrEP you are already known to be a sex worker which could cause problems for them at home and then lead to gender based violence. Or their partners do not know about PrEP so if they come home with PrEP they are known to be taking ARV." [Nurse]

"I always tell them each and every pill has side effects, it will get used to you along the way if you're taking it correctly and if you do know what you want with your life – because this is one life." [Counselor]

- A few providers mentioned substance abuse (taking alcohol or drugs) as a challenge to uptake and adherence


- A few said that clients were worried about taking a pill daily and some providers said clients had poor adherence

"Someone tells you that they are not regularly taking the pills as they feel that they will only take the pill when they are going to have sex with someone. They don't understand that it doesn't work instantly when you take it " [Peer Educator]


- A few providers said that some clients didn't want to try oral PrEP because they prefer condom use

Recommendations


Clients

- 
- **KNOWING HIV RISK:** Since perceiving HIV risk drives uptake of PrEP, ways to help people understand their risk and HIV prevention options during counselling needs to be explored
 - **BEING AWARE OF SIDE EFFECTS:** Educate and support clients with regards to potential side effects on PrEP and how to manage these if they arise, through effective and ongoing counselling and IEC materials

Providers & Systems

- 
- **REDUCING MISSED OPPORTUNITIES:** Providers may need additional support/training to help them identify opportunities during counselling sessions to discuss PrEP with clients
 - **EFFECTIVE, UNBIASED COUNSELLING:** Providers need a forum for recognizing and discussing their personal opinions, so they can counsel clients in an unbiased way
 - **UNPACKING PROVIDER ATTITUDES:** Provider-Client Dialogues especially with AGYW may be useful for providers to understand clients challenges and visa versa

IEC Materials

- 
- **PRODUCING SIMPLE MATERIALS:** Simple, concise formats are favoured (poster, factsheet)
 - **SUGGESTIONS FOR IMPROVEMENT:** (1) Less text but more specific information on side effects, (2) stopping PrEP and whether PrEP is an option for serodiscordant couples when the positive partner is virally suppressed, (3) Translated materials, (4) Availability on social media, (5) Adding a toll-free helpline number, (6) Include testimonies of current PrEP users to encourage potential use

Gaps for future research



Clients

- Need more in-depth information on:
- Clients discontinuing PrEP (stigma & toleration of side effects)
- Strategies support retention of services



Providers & Systems

- Providers attitudes about alternate HIV prevention methods vs PrEP
- Effectiveness SRH service delivery platforms for SRH and PrEP to AGYW
- Cost effectiveness of PrEP delivery

Acknowledgement

We would like to thank
the NDoH for their continued support,
the implementing partners and staff who
participated in the ACCESS study,
FHI 360 for their support with data analysis
and all the participants who shared their
experiences.