Platforms, processes and perceptions of PrEP delivery through DREAMS in a rural setting in KwaZulu-Natal, South Africa

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1. Background

- Adolescent girls and young women (AGYW) remain at high HIV risk in sub-Saharan Africa (SSA).
- New biomedical HIV prevention interventions including antiretrovirals (ART)-based have the potential to be game-changers.
- Pre-exposure prophylaxis (PrEP) is being rolled-out since 2016 to young female sex workers (FSW) in rural KwaZulu-Natal (KZN), South Africa as part of PEPFAR DREAMS combination prevention roll-out.
- PrEP has a potential to be a gamechanger if taken.
- To date, engaging young women has been a challenge and so understanding the real life scale-up in a rural, deprived and hyper-endemic setting such as ours will provide lessons for the future roll out.

2. Methods

Study site
- Africa Health Research Institute (AHRI) is situated in uMkhanyakude district, KZN, SA
- Site is mostly rural and poor, with high unemployment (67% of those aged >20 unemployed) and an antenatal HIV prevalence of 40%.
- District was selected for DREAMS investment, with few targeted HIV prevention interventions for adolescents and youth prior to DREAMS

Data collection
- Mixed-method process-evaluation approach and conducted participatory community-mapping and quantitative survey of a population-representative sample of (n=2184) AGYW aged 13-22 in 2017-8 in AHRI surveillance area
- Conducted a rapid ethnographic landscaping of four areas (1 semi-urban, 2 rural and 1 deep-rural) to purposively recruit participants:
  - Key informant interviews including DREAMS implementing partners (n=33),
  - Community based group discussions (n=17) and (n=2) natural group discussions,
  - Structured observation data to understand the context and processes through which PrEP is delivered (n=2),
  - In-depth interviews with adolescents and young people (n=58) and stakeholder interviews with local and district municipality, government departments including health and social development (n=9).
- All interviews were recorded, transcribed and analysed using thematic content analysis using Nvivo v12

3. Findings

PrEP delivery in uMkhanyakude
- PrEP is a new HIV prevention method in the area
  - no previous sex worker programme in the district
  - not yet available in the primary care clinics and to the general population
- Program targeted young FSW aged 18-24 years through DREAMS
- Program reached approximately 60 FSW in the district with PrEP
- Peer educators (former and current sex workers) visit ‘hot spots’ for recruitment
- Mobile unit is used to reach clients and offer counselling and treatment
- Counsellors offer comprehensive counselling, health education and,
- Referral to a professional nurse for assessment, screening and treatment of STIs and TB, offer condoms, contraception and PrEP or initiate on ART if HIV+
- Follow-up blood tests are done regularly

Challenges and Opportunities of PrEP delivery in uMkhanyakude

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
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<tr>
<td>Initial reception of programme was difficult – FSW associated stigma</td>
<td>Continuous lobbying for buy-in and mobilization, and multisectoral approach helped buy-in</td>
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<td>FSW difficult to trace, follow-up and link to care, they are highly-mobile and constantly change their identity</td>
<td>Use of mobile services to reach FSW</td>
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<td>FSW feeling of wellness and fatalism &quot;why are you bothered with me because I am not sick?.. Just leave me alone I will take treatment when I get HIV&quot;</td>
<td>Use of former and current sex workers for recruitment and follow-up, “they understand the language”</td>
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<td>No reports of serious side effects – minor stomach-ache</td>
<td>Trust and relationship built with peer educators encourage adherence</td>
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General population AGYW PrEP awareness & uptake (n=2184)
- PrEP awareness & uptake is low in AGYW
  - 2% (44/2184) knew about PrEP
  - 39% (861/2184) of AGYW reported ever having sex
  - Only 1/861 AGYW who reported having sex used PrEP
  - 7.5% (65/861) reported involvement in transactional-sex, which 2/65 (4.6%) were aware of PrEP
  - 6% (52/861) self-reported sex-work, which 2/52 (3.9%) were aware of PrEP

Community, young people and providers’ perceptions, misinformation and fears towards PrEP

Healthcare providers feared wrong messaging of PrEP

- It is a good thing because they can be able to get treatment beside leaving him because of his HIV status

PrEP brings hope

- Mmm doing that will mean setting them free to engage into unprotected sexual intercourse anyhow

PrEP good for men

- Those who are circumcised are negative. They are negative for long time, but they are scared. That is why they say they do not want to be at risk and request PrEP

Facility-based PrEP delivery wont work for young people

- In this area they say if you use a condom you are scared and if it is a pill one can take it without the other one noticing

PrEP is private

- They usually think that because the clinic is at the bus and tax stop, those who will see them there [at clinic] will think that they are sick

4. Conclusion

- Targeting of FSW and unavailability of PrEP in the public-sector contributed to early challenges in setting-up the programme in this rural setting.
- Awareness and uptake of PrEP is low, even amongst self-identifying sex-workers.
- Population-based approaches to PrEP-delivery and buy-in from key-stakeholders is key to successful roll-out and correcting messaging or perceptions associated with PrEP

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