Peer mobilisation into sexual health clinics creates PrEP demand among high-risk rural youth in South Africa

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BACKGROUND

- Innovations in HIV prevention has limited population effect due to challenge of reaching those at greatest risk[1]
- Young women who sell sex have 3x incidence of HIV in AHRI HDSS[2]
- Identifying the 14% of YWSS for PrEP is a challenge[3]
- Home-based STI self-sampling and sexual and reproductive health had 60% higher odds of linking to HIV prevention[4-6]

METHODS

Population and setting :

- Analyse n= 2515, 15-30-year-olds enrolled on a clinical cohort within the 1st period of the *Thetha Nami ngithethe nawe*" stepped wedge trial in rural KwaZulu-Natal, South Africa

Intervention:

- In intervention communities, trained peer-navigators conduct needs assessments with AYA and tailor referrals to mobile sexual health clinics that visit monthly

Intervention: 20 Early start clusters, 13,000 15-30-year-olds

Standard of Care: 20 control 13,000 15-30 –year-olds



High need: Escalate to review committee
Medium need: Referral
Low need: Touch base 3 monthly



Nurse & social worker

Peer supervisor/s

Area-based teams of peer navigator pairs:
Needs assessments to tailor support and referrals

Youth Groups
Safe Spaces

Mobile Clinics
HIV testing
ART and oral PrEP
Family Planning
STI testing, treatment and partner notification
STI syndromic management
Sexual health support

Primary Health Clinics
HIV testing
ART and oral PrEP
Family Planning
STI syndromic management

Exposure and outcome:

- Exposure: HIV high-risk was defined as reporting ≥1 of following: condom-less sex with >1 partner or partner of unknown HIV status; buying or selling sex; sex under the influence of alcohol/drugs.
- PrEP uptake and retention were defined as initiating oral PrEP within 1 month of attending the clinic, and returning for at least 2 PrEP refills, respectively

Statistical analysis

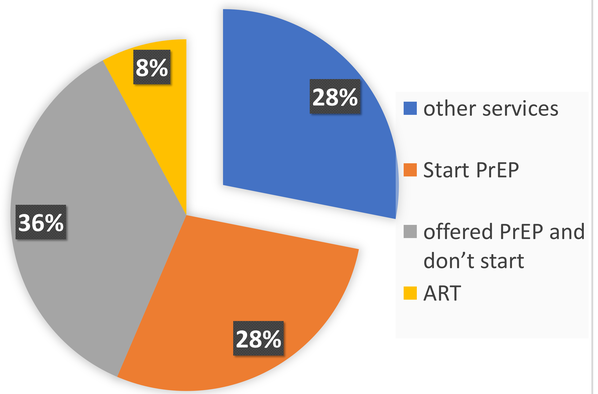
- GEE logistic regression was used to estimate odds ratios (OR) and 95% confidence intervals (CI) for the association between HIV high-risk and PrEP uptake and retention.

Thetha Nami ngithethe nawe" (NCT05405582)

Peer Mobilisation into community based sexual health services created demand for oral PrEP and ART amongst adolescents and young adults at highest risk in rural South Africa, including young men.

As funding for HIV prevention declines, community led sexual health services can reach underserved key populations with early HIV treatment and prevention to maintain epidemic control

PrEP/ART uptake among 3046 (25.6%) AYA (45.4% cismen) who attend mobile sexual health clinics



RESULTS

- June 2022-April 2024, peer navigators reached 11,921 (92%) of adolescents and young adults
- 3046 [25.6%; 1143 (45.4%) men] attended the SRH clinics
- N=240 were living with HIV and were started/continued on antiretroviral therapy
- N=1950 (77.5%) of 2515 adolescents and young adults who agreed to point of care HIV testing and tested negative were at HIV high-risk.
- 863/2515 (34.3%) adolescents and young adults initiated oral PrEP (805 HIV high-risk) and 151/863 (17.5%) continued PrEP (142 HIV high-risk).
- **PrEP uptake was higher among high-risk than low-risk AYA: adjusted (a)OR 5.38, 95%CI=3.61-8.02, p<0.001**
- Women had lower odds of PrEP uptake: aOR 0.76, 95%CI:0.61–0.95, p=0.015
- AYA in urban/peri-urban areas had lower odds of PrEP uptake: aOR 0.84, 95%CI:0.72-0.98, p=0.027
- PrEP retention did not differ between high-risk and low-risk AYA (aOR 1.45, 95%CI:0.62-3.38)

CONCLUSIONS

- Peer-led mobilisation into mobile sexual health services promoted PrEP uptake amongst adolescents and young adults at highest HIV risk
- However, initiation and continuation of daily oral PrEP remains suboptimal
- Long-acting injectable PrEP may overcome barriers to oral PrEP

We are testing the population effect of peer-led social mobilization into SRH services compared to primary health care delivery of HIV prevention and care in a cluster RCT

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