“I like it but I can’t be the first”: Sex workers’ preferences for LAI-PrEP delivery in South Africa

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BACKGROUND

- Female sex workers (FSW) have a high burden of HIV in South Africa, with incidence rates up to two times higher among young FSW 18-24 years vs. those 25 and older.
- Oral PrEP has been available at scale for FSW in South Africa since 2016, but real-world evidence demonstrates 40% continuation within 1-month of initiation, and by 12 months, <5% remain on PrEP.
- Long-acting PrEP (LAI-PrEP) is an effective HIV prevention strategy for FSW; however, slow product rollout in South Africa has constrained understanding of implementation within real-world HIV programs.

METHODS

- Preferences and potential barriers to uptake and continuation of LAI-PrEP were explored among FSW accessing routine community-based HIV prevention services with TB HIV Care in South Africa.
- From May-June 2024, we conducted two focus group discussions (FGD) with FSW and 24 in-depth interviews (IDI) with FSW and PrEP providers in Ehlanzeni and eThekwini municipalities (**Figure 1**).

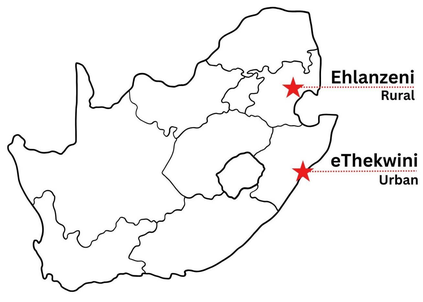


Figure 1. TB HIV Care PrEP Program Sites for FGDs and IDIs with Providers and FSW

- Rapid analysis forms completed after each IDI and FGD; emerging themes were mapped to inductive codes through team-based thematic analysis.

Optimizing LAI-PrEP for female sex workers necessitates investments in counseling and learning to support informed choice as more prevention options become available in South Africa.

RESULTS

*“As long as they bring the injection. I can bleed for a long time, but I’ll still take it because I really don’t like tablets.” - **FGD participant***

*"I’m scared of the injection so I think the buttocks would be a less painful place.” - **FSW age 32***

FACILITATORS

- Adherence challenges with oral PrEP
- Risk perceptions
- Prior experiences using oral PrEP

BARRIERS

- Side effects; negative impact on FSW livelihood
- Clinic access
- High mobility
- Fear of injection
- Stigma

PERCEPTIONS OF LAI-PrEP

- Most FSW previously unaware of LAI-PrEP
- Most FSW and all providers perceive LAI-PrEP as beneficial
- Some hesitant to adopt until others try it first
- Skeptical about long-acting formulation
- Concerns around stigma

LAI-PrEP Preferences

Injection site: Most preferred buttocks

Frequency: Every 2 or 3 months

Location: Both mobile van delivery and clinic options needed

Types of support:

- Support from counselors/nurses over family or friends
- Friendly, knowledgeable, and communicative providers are highly valued

Personal health autonomy:

- Multiple PrEP options highly desired
- FSW are comfortable choosing options for themselves with provider input

*"You should use the mobile van because a lot of people don’t go to the clinic. They are scared of the clinic and the eyes of the people at the clinic.” - **FSW age 25***

*“I will wait for other people to start taking the injection before I start so that I can see their progress and complaints...” - **FSW age 27***

*“It’s important for a person to make their own choice because they know their own bodies.” - **FSW age 34***

CONCLUSIONS

- Despite community interest in and established efficacy of LAI-PrEP, FSW remain largely unable to access LAI-PrEP in South Africa more than two years after Cabotegravir received regulatory approval.
- FSW in this study advocated for multiple PrEP options but reinforced the need for guidance and support from well-informed, non-stigmatizing providers to support choice.
- Reported mistrust around long-acting formulations, including concern around potential side effects that could negatively affect livelihoods, warrants investments in learning for both FSW and providers.
- As new PrEP modalities become available in South Africa, efforts that market PrEP more expansively could help reduce PrEP stigma and support uptake and continuation strategies.

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