

HPTN 067/ADAPT: 'PrEP Ubuntu' and experiences with open-label PrEP among South African women

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BACKGROUND

Uptake and adherence to oral FTC/TDF PrEP among African women has been highly variable between studies.

Recent findings from the HPTN 067/ADAPT study found high levels of adherence to daily open-label PrEP, while lower rates were found in the non-daily regimens examined in the trial.

We explored women's experiences with open-label PrEP (daily and non-daily regimens) with participants in the HPTN 067/ADAPT study in Cape Town, South Africa.

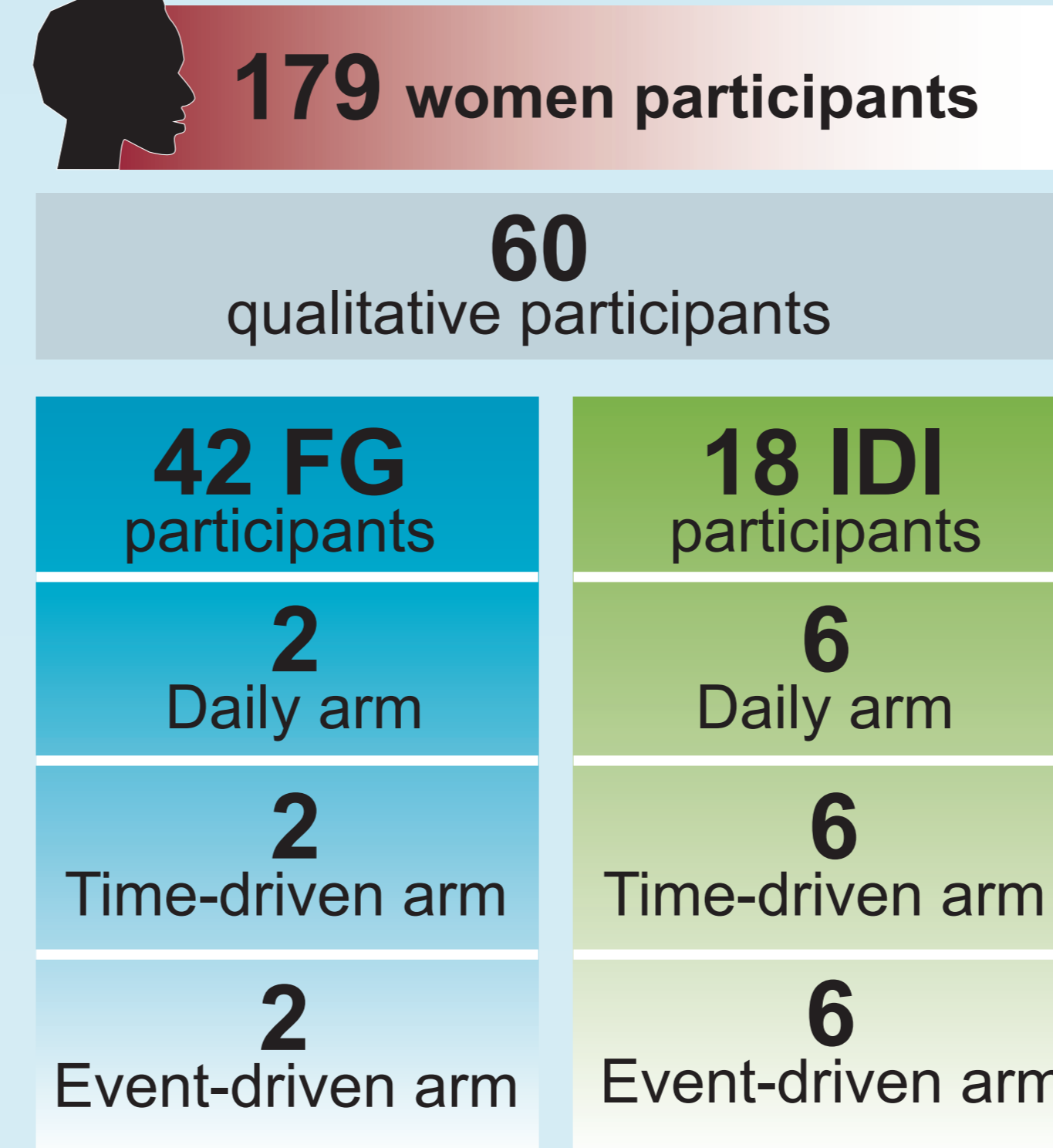
Women in the study were randomly assigned to take study-provided open-label oral PrEP prescribed as daily, twice weekly with a post-sex dose (preferably within 2-hours after sex), or before and after sex-events (within 48 hours prior to sex and preferably within 2-hours after sex).

We examined participant facilitators and barriers to their dosing regimen and overall experiences with PrEP, being a participant in the trial, and engaging in study procedures, through a series of in-depth interviews and focus groups.

STUDY DESIGN

METHODS

A total of 179 participants completed the ADAPT study. From this sample, we recruited a total of 60 women for participation in the qualitative exploration of experiences, using convenience sampling for focus groups and combined convenience and targeted sampling for interviews (supplemented for participants who could speak to potential negative experiences with PrEP by targeting those with known adherence issues or who had discontinued product use).



- Structured interview guides were developed, advised by the social-ecological and situated Information-Motivation-Behavioral skills models.
- A skilled interviewer conducted all FGs and IDIs in Xhosa.
- The interviewer was not part of the implementation team for the parent study and was not known to the participants.
- Audio-recordings were transcribed, translated to English, cross-checked, and used in Framework analysis.
- Framework analysis was implemented to generate Excel spreadsheets of participant quotes within each content area targeted specifically with interviewer questions (frames).
- Two coders generated these frames.
- Content or themes emerging from each frame were identified through iterative review of each frame by a small team of social-behavioral scientists and coders.
- Cross-cutting themes were also identified by the team as narratives that joined or interacted with multiple frames.

RESULTS

FACILITATORS OF PREP ADHERENCE



CHALLENGES TO UPTAKE/PERSISTENCE



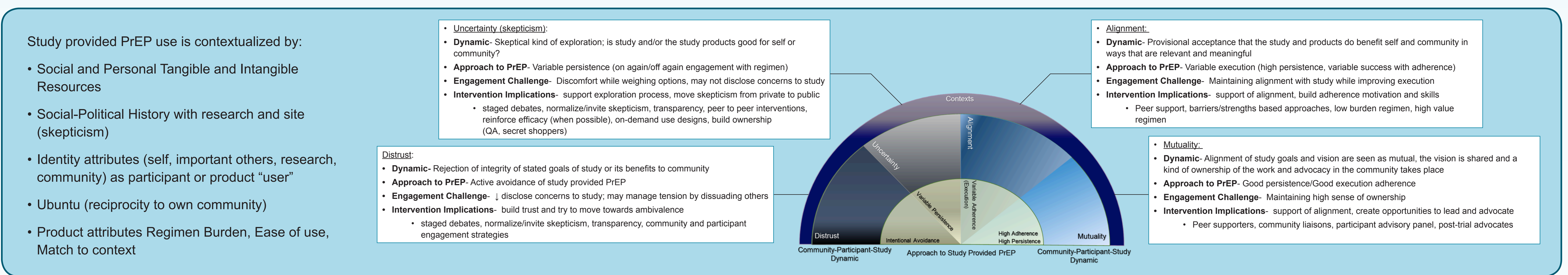
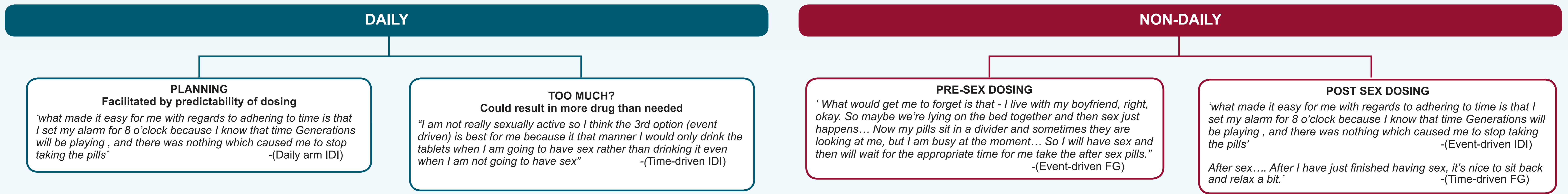
FACTORS FACILITATING PARTICIPATION



CHALLENGES TO ADHERENCE



REGIMEN SPECIFIC



RECOMMENDATIONS

- Major recommendations for our work include:
- States of mutuality between participant and 'trial' may play a critical role in study provided PrEP uptake, persistence, and adherence.
 - Do not assume that participants enter a study with high or even neutral levels of trust - it will depend on the community, social-political history, and identify of study/product in the community.
 - Anticipate a healthy level of skepticism and engage participants in exploring both sides of this ambivalence- transparency and weighing options are critical.
 - Invite debates
 - Identify what would help to build confidence in integrity, truth and reciprocity
 - Employ innovative designs that allow for choice in whether or not to use PrEP
 - Arrange clinic tours and visual tools that help to explain reasons for procedures (eg., storage and use of blood)
 - Recognize the high priority on the well-being of one's community (not altruism per se but direct benefit of the study and one's engagement in it to one's local community)- Create and share a 'reciprocity plan' that outlines the research site's commitment towards using findings in the participant community.
 - Recognize that participant engagement (trust, alignment) is dynamic and will change in response to ongoing experiences with the study, study team, product itself, community and significant others, as well as changes in access to valued resources and value-offsets (costs).
 - Support use of strategies that empower participants in their ownership of the study
 - Secrete shoppers
 - Quality Assurance Committees made up of participants
 - Invest in "cognitive testing" of procedures to inform how some procedures may inadvertently disengage participants
 - Peer support
 - Theater debates of pros and cons of participation