



Theoretical versus Real-World Preferences for Differentiated Service Delivery of PrEP Among Oral PrEP-experienced Pregnant and Postpartum Women in South Africa

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Disclosures

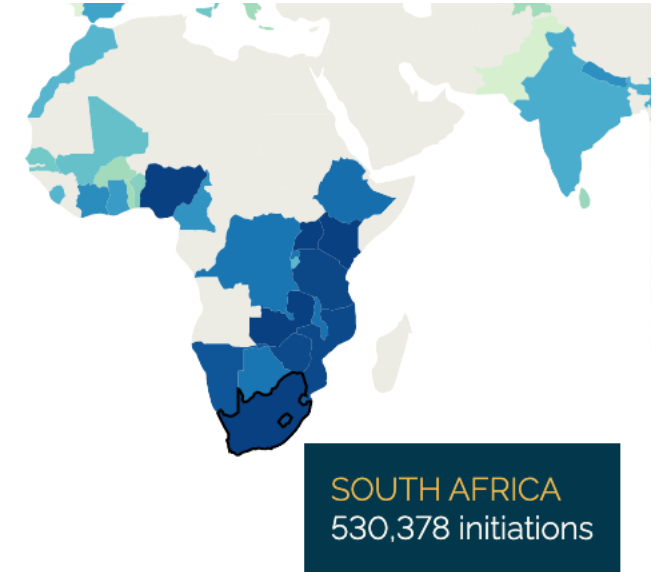
The PrEP-PP study received the study drug (Truvada®) from Gilead Sciences (Foster City, CA, USA).

Background: HIV in South Africa

- **~30% of pregnant women are living with HIV in South Africa (unchanged since 2004)**
 - Prevalence up to 41% at provincial levels
 - Incidence is 3x higher among AGYW (1.5%) vs young men

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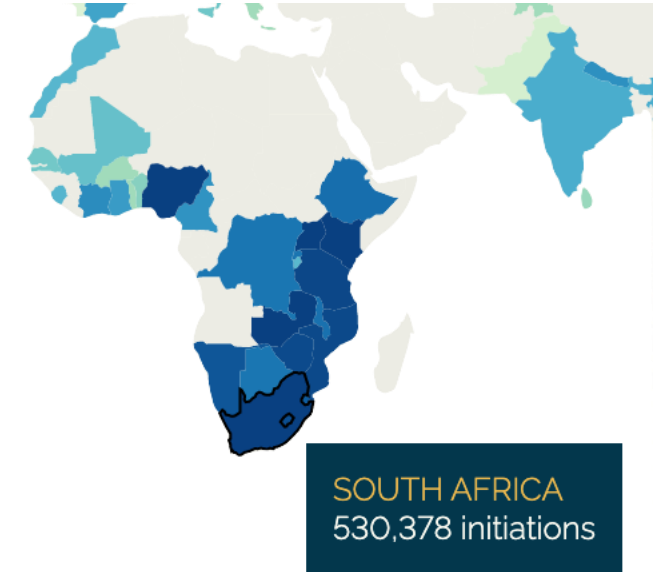
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Highest number of oral PrEP initiations globally

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 - Incidence is 3x higher among AGYW (1.5%) vs young men in SA
- Many strategies in South Africa are ongoing to reduce # of new HIV infections and vertical transmission: integrating pre-exposure prophylaxis (PrEP) into antenatal and postpartum standard of care
- Pregnant and postpartum people in South Africa have described barriers to continuing oral PrEP



Highest number of oral PrEP initiations globally

Background: Differentiated Service Delivery



Beesham, I. et al, *AIDS and Behavior* (2022)

Pintye, J. et al, *Journal of Acquired Immune Deficiency Syndromes* (2021)

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Background: Differentiated Service Delivery

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 - Offering PrEP delivery to home or pick-up in other community locations
 - Private/retail pharmacies
 - E-lockers
 - Multi-month dispensing
 - PrEP delivery with HIV self-tests



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 - PrEP delivery with HIV self-tests
- World Health Organization released guidelines on utilizing DSD for PrEP implementation



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Objective:

Explore theoretical and real-world preferences for community PrEP delivery among pregnant and breastfeeding women with experience using oral PrEP in South Africa

Methods:

September 2021 – February 2022:

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 - pregnant or postpartum (≤ 12 months)
 - enrollment in PrEP-PP
 - current or previous oral PrEP use
 - able and willing to provide consent

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- Pregnant and lactating people enrolled in SCOPE-PP (oral PrEP randomized control trial in Cape Town) who discontinued oral PrEP for ≥ 6 months were offered:
 - home delivery
 - other community-based PrEP pick-up
 - expedited clinic pick-up
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Inclusion criteria:

- ≥ 21 weeks pregnant
- enrolled in SCOPE-PP
- discontinuation of oral PrEP for ≥ 6 months

Statistical Methods:

- Descriptive methods
- Chi Square, Fischer's Exact, Wilcoxon Rank Sum for the following comparisons:
 - theoretical vs real world PrEP preferences
 - comparison by real world PrEP pick-up preference (community vs clinic)
- Age-adjusted logistic regression (outcome of interest: theoretical preference for community PrEP pick-up vs clinic pick-up)

Results: Demographic Characteristics

Participant characteristics	Theoretical survey (n=190, %)	Real-world offer of differentiated PrEP delivery (n=109, %)
Age (median, IQR)	27 [22-32]	27 [22-32]
Pregnancy status (n, %)		
Pregnant	63 (33)	0 (0)
Postpartum	127 (67)	109 (100)
Last grade completed (n, %)		
Some or all secondary school (Grades 8-12)	176 (93)	94 (86)
Some/all tertiary or other (e.g., trade school)	12 (6)	15 (14)

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Results: Theoretical Preference (N=190)

- 53% (n=113) would prefer community delivery over clinic pick-up

Reasons for preferring community delivery:	Overall n=113 (%)
Convenience (e.g. close to home/work)	61 (54)
Lower cost of transport	58 (51)
Increase community awareness of PrEP	47 (42)

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Preferred pick-up locations included:



Home delivery
(72%, n=82/113)



Community/town hall
(54%, n=61/113)

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~2x odds that community delivery preference is associated with increased cost of travel to and from clinic (aOR=1.88, 95%CI=0.94, 3.77; p=0.073)

Non-significant characteristics (p>0.10): Age, obstetric history, sociodemographic characteristics, oral PrEP likes, oral PrEP dislikes

Results: Real-world PrEP Delivery Preference (N=109)

Baseline PrEP preferences:



47% (n=51):

Home delivery



6% (n=6):

Community pick-up



48% (n=52):

Clinic pick-up

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Qualitative sample exploring reasons for choice at enrolment:	Home/community delivery (n=35, %)	Clinic pick-up (n=30, %)
<i>Convenience (aligns better with school/daily schedule)</i>	32 (91)	17 (57)
<i>Wanted to start PrEP on day of visit</i>	-	14 (47)
<i>Living outside of delivery location range</i>	-	5 (17)
<i>Lower cost</i>	2 (6)	-
<i>Personal safety</i>	1 (3)	1 (3)
<i>Communication concerns (hard to coordinate pick-up)</i>	-	2 (7)

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2% (n=2):

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- 14% (n=17) switched from **home/community delivery to clinic pick-up** due to:
 - Challenges with communication (e.g., hard to be contacted via phone for deliveries)
 - Moved outside of home delivery radius
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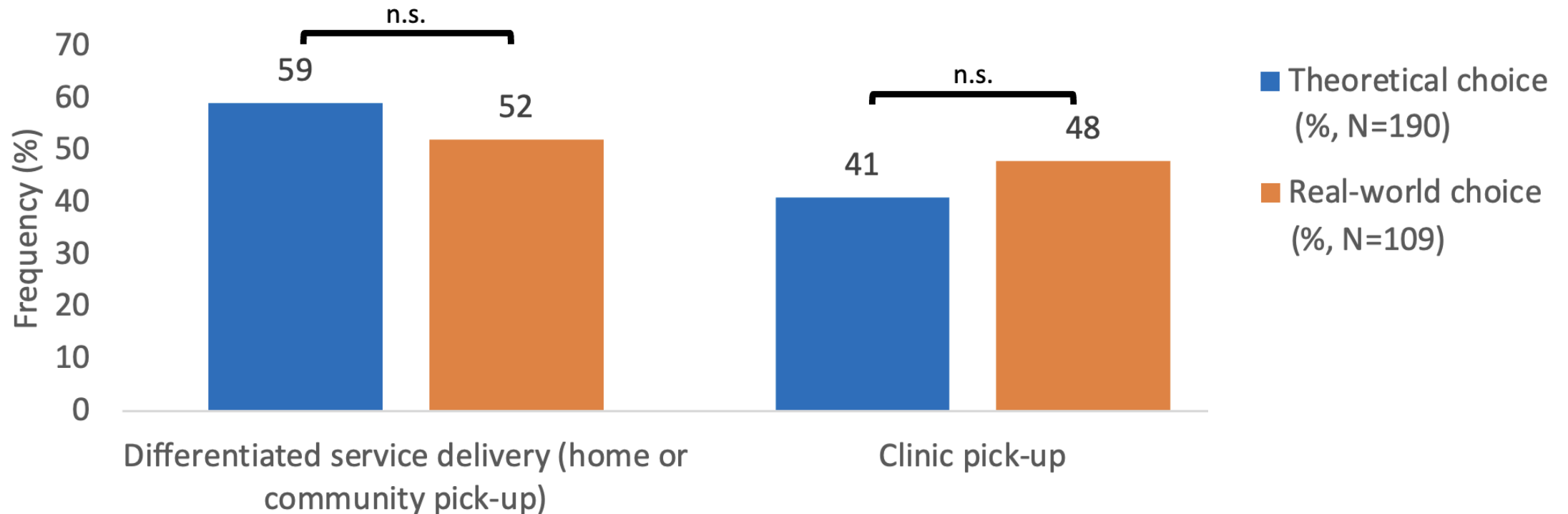
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- 14% (n=16) switched from **clinic pick-up to home/community delivery** due to:
 - Convenience (aligns with work)

Results:

Comparison of Theoretical and Real-world Preferences for PrEP Differentiated Service Delivery Among Pregnant and Lactating People in South Africa



No statistical difference between theoretical and real-world preferences for differentiated PrEP delivery

Conclusions:

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Some pregnant and breastfeeding women preferred community PrEP delivery: offering choice in PrEP pick-up options to pregnant and breastfeeding women is important

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3

PrEP delivery preferences may change over time, highlighting the need for dynamic choice interventions

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