

Strategies to close the PrEP uptake gap among sexual and gender minorities (SGM) in Tshwane, South Africa

I Perez-Urbano, I, A Dilraj, A Pitsi, N Hlongwane, N Abdelatif, J Dietrich, K Ahmed

BACKGROUND

PrEP uptake is low in South Africa, which holds the greatest global HIV burden. Transgender (TG) people and MSM are particularly vulnerable to HIV, but little is known about their experiences with PrEP.

METHODS

- Conducted 202 surveys and 20 interviews with TG and MSM adults in Tshwane.
- Quantitative survey data were analyzed with descriptive statistics and univariate logistic regression; thematic analysis for qualitative interview data.

RESULTS

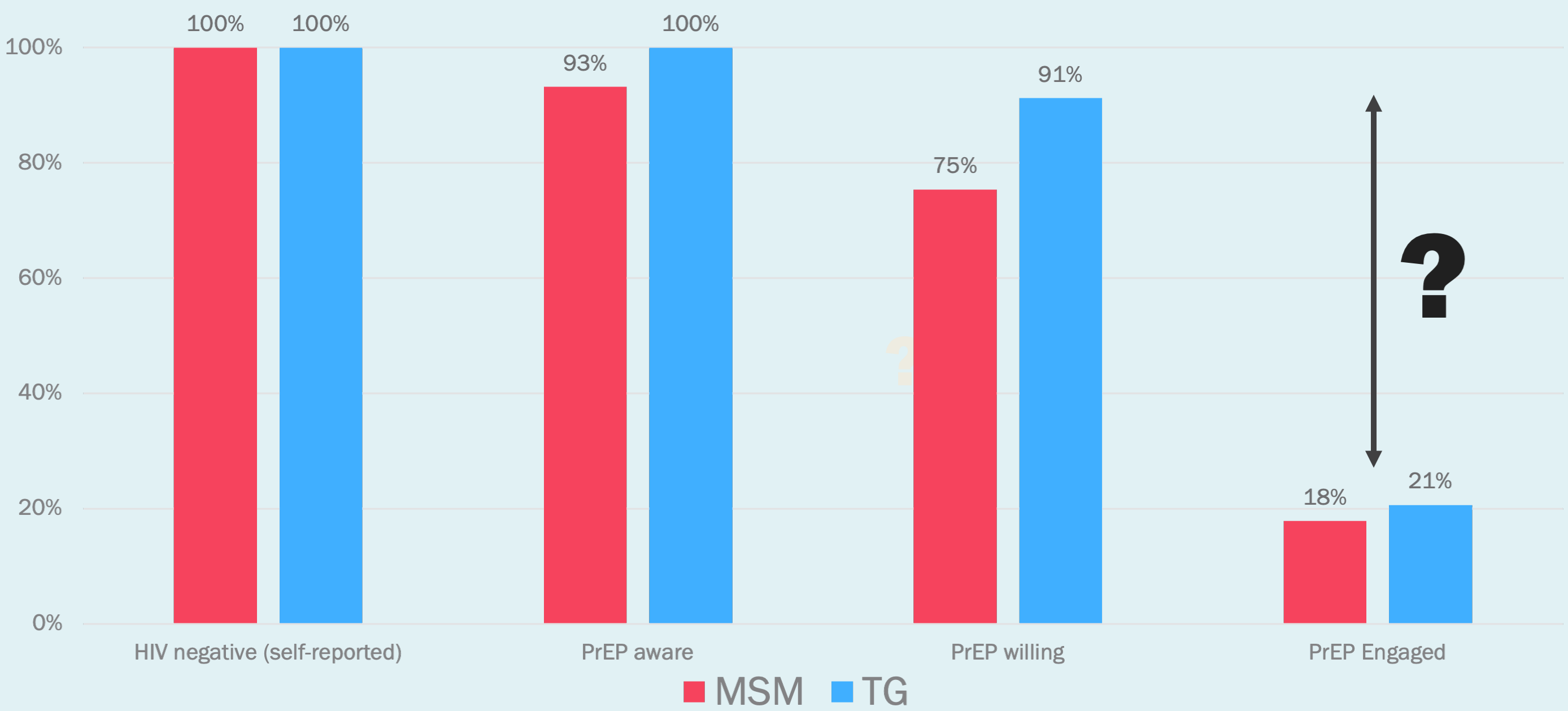
- High PrEP willingness, low PrEP utilization.
- Close social ties and sex partners were most influential in PrEP willingness and use.

DISCUSSION

Low PrEP utilization is not due to lack of awareness or enthusiasm. Findings suggest that PrEP utilization can be scaled up with multi-level interventions such as increasing individual PrEP knowledge, recruiting peer ambassadors to engage the community, and reinforcing the efforts of existing LGBTQI organizations.

The large daily PrEP uptake gap among SGMs in South Africa can be explained by poor PrEP education, stigma, and inaccessible healthcare systems.

PrEP CONTINUUM



STRATEGIES TO CLOSE PrEP UPTAKE GAP

Perspectives from our study population.

- 1 Community PrEP education campaigns.
- 2 Reframe PrEP use as a healthy and sexually responsible pursuit.
- 3 Capitalize on existing peer networks, especially those living with HIV and those using PrEP.
- 4 Expand existing PrEP service delivery models (e.g., LGBTQI organizations) that are free, accessible and non-judgmental.

ACKNOWLEDGEMENTS

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