‘I am happy to take PrEP so that she does not feel alone’: Integrated delivery of PrEP and ART facilitates ART initiation and adherence in Kampala, Uganda

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Disclosures

- No real or apparent conflicts of interest to report
Background

- Delayed uptake of antiretroviral therapy (ART) represents a major obstacle to universal test and treat and preventing new HIV infections.

- Innovative delivery strategies may facilitate ART initiation and sustained ART adherence.
Background: Partners Demonstration Project

- A demonstration project evaluating an integrated strategy of delivering pre-exposure prophylaxis (PrEP) and ART to heterosexual HIV serodiscordant couples in Kenya and Uganda

- Bridging strategy of delivering PrEP and ART
  - PrEP offered to HIV-uninfected partners as a “bridge” to ART initiation and viral suppression for infected partners.
  - HIV-uninfected partners discontinued PrEP once their partners had taken ART for 6 months
Methods: Study Design

- Qualitative evaluation of the Partners Demonstration Project in Kampala, Uganda
Methods: Data Collection

- 48 purposefully sampled serodiscordant couples
- Interviewed as both couples and individuals
- Completed 157 in-depth qualitative interviews to date covering:
  - Demonstration Project experiences
  - Experiences initiating and using ART/PrEP
  - Adherence to ART/PrEP
Methods: Data Analysis

- Transcribed interview data examined for content
- Codebook developed
- Data coded using Atlas.Ti
- Data organized into descriptive categories to characterize how HIV-uninfected partners’ experiences influence ART initiation and adherence
# Findings: Participant Characteristics

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>HIV-Infected (N=48)</th>
<th>HIV-Uninfected (N=48)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (female)</strong></td>
<td>21 (44%)</td>
<td>27 (56%)</td>
</tr>
<tr>
<td><strong>Median Age (years)</strong></td>
<td>31 (25-38)</td>
<td>32 (26-37)</td>
</tr>
<tr>
<td><strong>CD4 Count</strong></td>
<td>478 (304-809)</td>
<td></td>
</tr>
<tr>
<td><strong>Length of relationship (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>5 (11%)</td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>12 (25%)</td>
<td></td>
</tr>
<tr>
<td>2-5</td>
<td>15 (31%)</td>
<td></td>
</tr>
<tr>
<td>5+</td>
<td>14 (29%)</td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>2 (4%)</td>
<td></td>
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<tr>
<td><strong>Median Time to ART Initiation (days)</strong></td>
<td>84 (0-169)</td>
<td></td>
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Findings: A couples-based approach to ART

- The integrated strategy positioned couples to make decisions about and face antiretroviral use together:
  - Received counseling messages together
  - Consulted each other about medication decisions
  - Shared concerns about pill-taking
Findings: Decision to initiate ART

ART initiation seen as beneficial to the couple:

- Preserved HIV-infected partner’s health
- Viewed a means for greater protection against HIV transmission
- Enabled the HIV-uninfected partner to transition off PrEP

“I: How do you feel about your decision to take both PrEP and ART?

F: ...I feel good about it. I know that if I take ARVs my CD4 increases since they were low. Secondly I am protecting him from HIV when I take ARVs. I will be protecting him even when he stops PrEP.

M: I feel good because we are both taking medicine...”

Female HIV-infected partner
Findings: PrEP users encouraged ART initiation

- When faced with concerns about ART initiation, HIV-uninfected partners counseled and encouraged HIV-infected partners to initiate ART.

“I: How did your wife [HIV-uninfected partner] react to you starting ART?

M:...[she] just emphasized to me to not miss a dose of my medicine; to do as I was told at the clinic. She just encouraged me, and helped me gain courage...She told me ‘don’t fear...there is no one in the world who cannot get the virus’...‘we will be together, just take the medicine...’”

*Male HIV-infected partner*
Findings: Concurrent use of antiretrovirals

- ART adherence strategies evidenced the same couples' orientation.

- Concurrent use of antiretrovirals allowed couples to:
  - Choose the same dosing time
  - Remind each other to take pills
  - Solve practical adherence problems together

“In fact we try to keep our things [pills] together...So I said that let him continue to take PrEP such that we are the same...Even if I am going somewhere the first thing he asks ‘have you put the medicine in the bag?’ Even if I am in whichever place...he beeps me on the phone when it is time to take my medicine and then I rush to take the medicine if I had forgotten...”

Female HIV-infected partner
Findings: PrEP use supports ART adherence

PrEP users drew on their own experiences with antiretrovirals to support their HIV-infected partner’s adherence.

“Anyway it [ART] first disturbed me...because I got some dreams and I felt bad ... I said ‘will I get used to this really?’ but the ...[PrEP user] said ‘you will get used, do not worry, do not fear’...I got used, and he also gave me courage.”

Female HIV-infected partner
Findings: Shared circumstances

Shared circumstances created a sense of solidarity, helping HIV-infected partners sustain ART adherence.

“The way the two of us relate, I have a belief that we shall get somewhere...I am happy to take it [PrEP] so that she does not feel she is alone.”

Male HIV-uninfected partner

“We are happy that both of us are taking medicine and that we handling the problem of HIV together...Each one shares the challenges...”

Male HIV-uninfected partner
Conclusions

- Uptake of and adherence to ART for prevention were approached as a means of benefiting the dyad.

- An integrated strategy of PrEP and ART for Ugandan serodiscordant couples facilitated initiation of and adherence to ART in a number of ways:
  - Attended clinic visits together
  - Made decisions and addressed challenges as a couple
  - Used antiretrovirals concurrently
Acknowledgments

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Partners Demonstration Project

Investigators

- University of Washington: Jared Baeten (protocol chair), Connie Celum (protocol chair), Renee Heffron (project director), Deborah Donnell (statistician), Ruanne Barnabas, Justin Brantley, Benjamin Browning-Roberts, Lynn Harr, Harald Haugen, Lara Kidoguchi, Toni Maddox, Susan Morrison, Jennifer Morton, Kelly Moutsos, Andrew Mujugira, Caitlin Scoville, Bettina Shell-Duncan, Kathy Thomas, Kerry Thomson
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- Thika, Kenya (KEMRI): Nelly Mugo, Kenneth Ngure
- MGH/Harvard University: Jessica Haberer, David Bangsberg, Norma Ware, Monique Wyatt
- Johns Hopkins University: Craig Hendrix, Mark Marzinke
- Fred Hutchinson Cancer Research Center: Dara Lehman
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Project participants

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Questions?