



Potential implications of HIV-risk perception, HIV testing, and PrEP knowledge for PrEP service delivery in Central Uganda

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Disclosures

- I have no real or apparent conflicts of interest to report



Background

- Uganda is committed to improved HIV prevention.
- In December 2016, Uganda drafted and endorsed the national PrEP guidelines for use of tenofovir-based PrEP.
- PrEP roll-out in Uganda started in August 2017 at selected sites in a funded and phased approach.

Background

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Scale-up of PrEP is targeting most at risk populations and priority

populations:

- 1. Serodiscordant couples**
- 2. Men who have sex with men**
- 3. Female sex workers**
- 4. Fisher folk**
- 5. People who inject drugs**
- 6. Transgender**
- 7. Adolescent girls and young women**
- 8. Long distance truck drivers**
- 9. Prisoners**
- 10. Migrant workers (road construction / tea plantations, etc)**

There is, however, limited data to guide identification and engagement of these potential PrEP users in the region



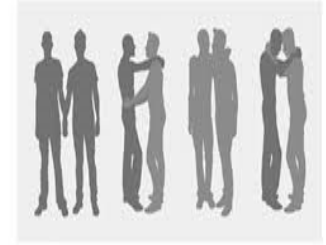
Methods

- This was a cross-sectional study using a semi-structured questionnaire.
- We targeted participants from 3 geographic regions:
 - Urban
 - Peri-urban
 - Rural



We recruited PrEP naïve individuals from the 4 MARP/PP groups who self-identified as HIV-negative

1. Serodiscordant couples
2. Men who have sex with men
3. Female sex workers
4. Fisher folk



Recruitment of participants was done from HIV Testing Service centers, safe spaces and by using snow balling.



Interview questions

- Data was collected using a one-time interview administered questionnaire:
 - **HIV risk perception**
 - Self assessment of HIV risk
 - Knowledge of factors that put individual at risk (multiple partners, STIs , no condom use)
 - **Knowledge of PrEP**
 - What PrEP is
 - Difference between PrEP and PEP
 - **HIV testing**
 - History of testing
 - Frequency of testing
 - Willingness to do test in next one year and how often



Analysis

- We used descriptive statistics to understand characteristics and perceptions of potential PrEP users
- We used multivariable logistic regression analysis to understand how these factors may influence PrEP uptake
- We used HIV testing as a proxy for accessing HIV prevention services



Participant characteristics

- 390 individuals were approached and 250 accepted enrollment:
 - Men who have sex with men: 74 (30%)
 - Fisher folk: 67 (27%)
 - Female sex workers: 56 (22%)
 - Serodiscordant couples: 53 (21%)
- Average age was 29 years (SD 10.5)
- Region of origin:
 - Rural: 91 (36%)
 - Urban: 83 (33%)
 - Peri-urban: 76 (31%)



Perceptions and behaviors

- **HIV testing frequency**
 - Previously tested for HIV: 247 (99%)
 - Reported testing several times a year: 188 (76%)
- **Perception of risk in next year**
 - High: 81 (32%)
 - Moderate: 51 (21%)
 - Low: 72 (29%)
 - None: 21 (8%)
 - Don't know: 25 (10)
- **Preference for PrEP delivery**
 - Location of service delivery (district hospital): 87 (35%)

Multivariable Regression model for predicting HIV Testing Low Vs High

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Predictor	aOR (95% CI)	p
Perception of risk in next year		
Low	Ref	
High	0.8 (0.4, 1.7)	0.52
Number of sexual partners in past 30 days	1.01 (1.0, 1.03)	0.04
Location of service delivery		
Rural	Ref	
Peri-urban/urban	0.4 (0.2, 0.9)	0.027
Lack of knowledge of partner status	0.3 (0.1, 0.8)	0.016
PrEP reminder by spouse/family	0.4 (0.2, 1.1)	0.07
Preference of PrEP delivery at district hospital	3.5 (1.2, 10.2)	0.025
Preference of PrEP delivery at facility close to residence	0.4 (0.2, 0.9)	0.024

Conclusions

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- Knowledge of PrEP among HIV-negative MARPs/PPs in central Uganda is limited
- Self-perceived HIV risk alone is not related to HIV testing frequency
- Counseling geared toward number of sexual partners and partner HIV status may be helpful in identifying individuals for whom PrEP may be a good option
- Given variable testing by region and proximity to home, outreach efforts should consider the geographic location of potential PrEP users



Next steps

- Data collection from potential PrEP users (PPU) and health care workers (HCWs) is going post PrEP basics training.
- Collection of qualitative data from PPU and HCWs is ongoing (ongoing)
- Systematic Review for PrEP research and service delivery (on going)



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THANK YOU

QUESTIONS?

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