Post-trial oral pre-exposure prophylaxis (PrEP) access among women who used oral PrEP as HIV prevention standard of care during a large clinical trial: Findings from Durban, South Africa

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Background: HIV endpoint-driven clinical trials increasingly provide oral pre-exposure prophylaxis (PrEP), hereafter referred to PrEP, as part of the HIV prevention package offered to participants during the trial, however, among participants desiring to continue using PrEP at trial termination, little is known about access and continued use post-trial exit.

Methods: We interviewed 13 women from Durban, South Africa who initiated PrEP as an HIV prevention option during the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial, elected to continue using PrEP at trial exit in 2018, and were referred to off-site facilities such as clinics, for ongoing PrEP access. One-time, face-to-face, in-depth interviews were conducted in English from November to December 2021. The semi-structured interview guide explored reasons for initiating PrEP during the trial, PrEP use following study exit, barriers and enablers to PrEP access post-trial exit, reasons for PrEP discontinuation, and suggestions to improve PrEP services for women. Interviews were audio-recorded, transcribed and analysed thematically using NVivo.

Results:

- Of the 13 women interviewed, about half accessed PrEP post-trial exit (n=6), but the majority later discontinued PrEP (Figure 1).
- One woman was still using PrEP at the time of the interview.
- Most women who were not on PrEP reported wanting to use it again, particularly if barriers to access could be removed.

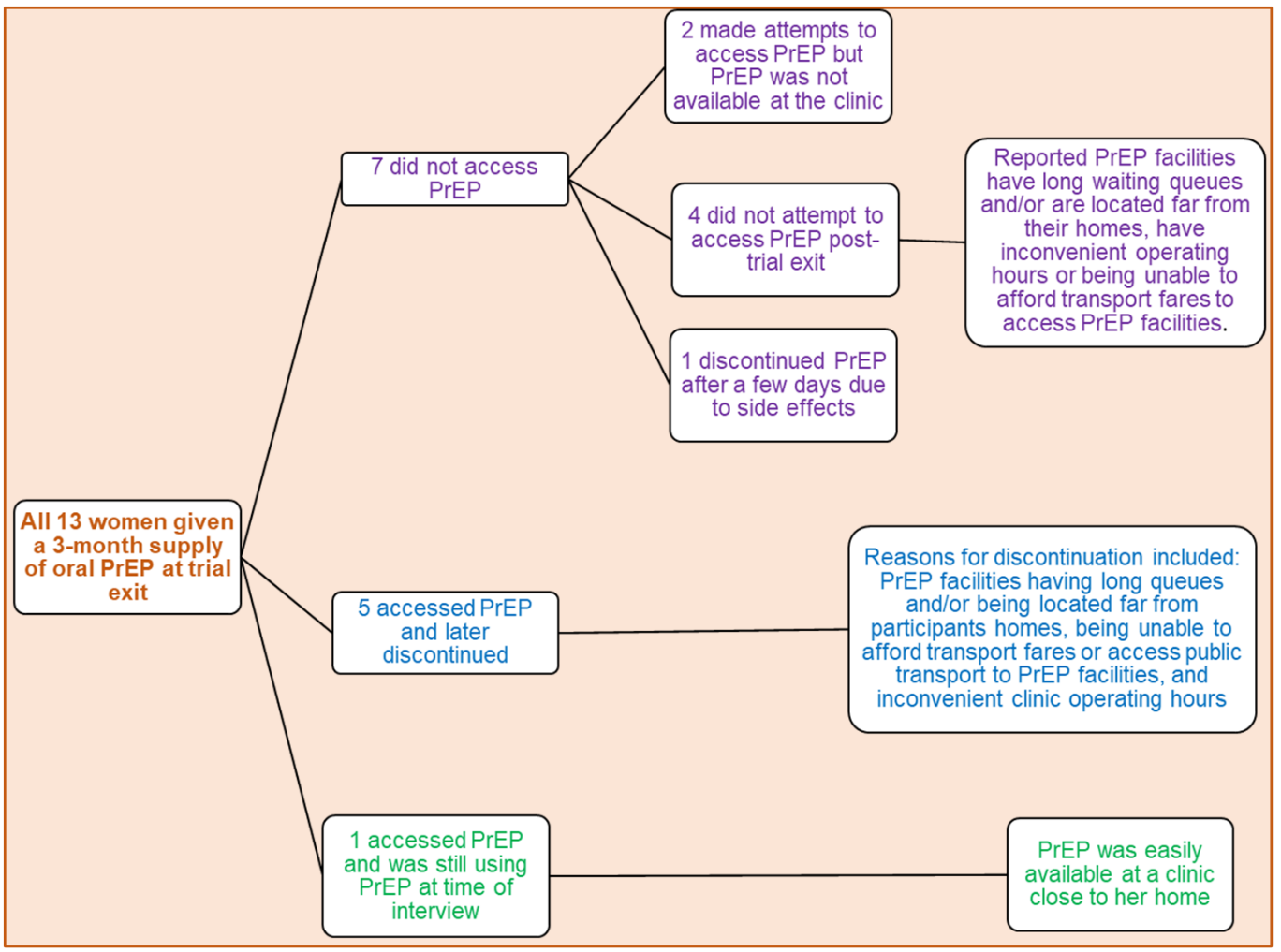

Figure 1: Post-trial PrEP access and use among women from Durban, South Africa

Conclusions: Women reported several barriers to accessing PrEP post-trial exit. While strategies to enhance PrEP access such as making PrEP more widely available, convenient facility operating hours, and a reduction in waiting queues are needed, it is worth noting that oral PrEP access in South Africa has increased from 2018, when women exited the ECHO Trial, until now.

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References: Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial [published correction appears in Lancet. 2019 Jul 27;394(10195):302]. Lancet. 2019;394(10195):303-313.

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