

# Provider attitudes, perceptions, and acceptability of offering PrEP choice in CATALYST implementation sites in sub-Saharan Africa: Early Experiences from Stage I

N.P. Naidoo,<sup>1</sup> H. Sisel,<sup>2</sup> A. Kazibwe,<sup>3</sup> B. Ndhlovu,<sup>4</sup> C. Owino,<sup>5</sup> C. Ramabale,<sup>1</sup> C. Mamatli,<sup>6</sup> H. Tzindoli,<sup>5</sup> J.M. Peterson,<sup>2</sup> L. Tutegyeize,<sup>2</sup> O. Mugurungi,<sup>7</sup> and S. Arodi<sup>8</sup> on behalf of the CATALYST study team

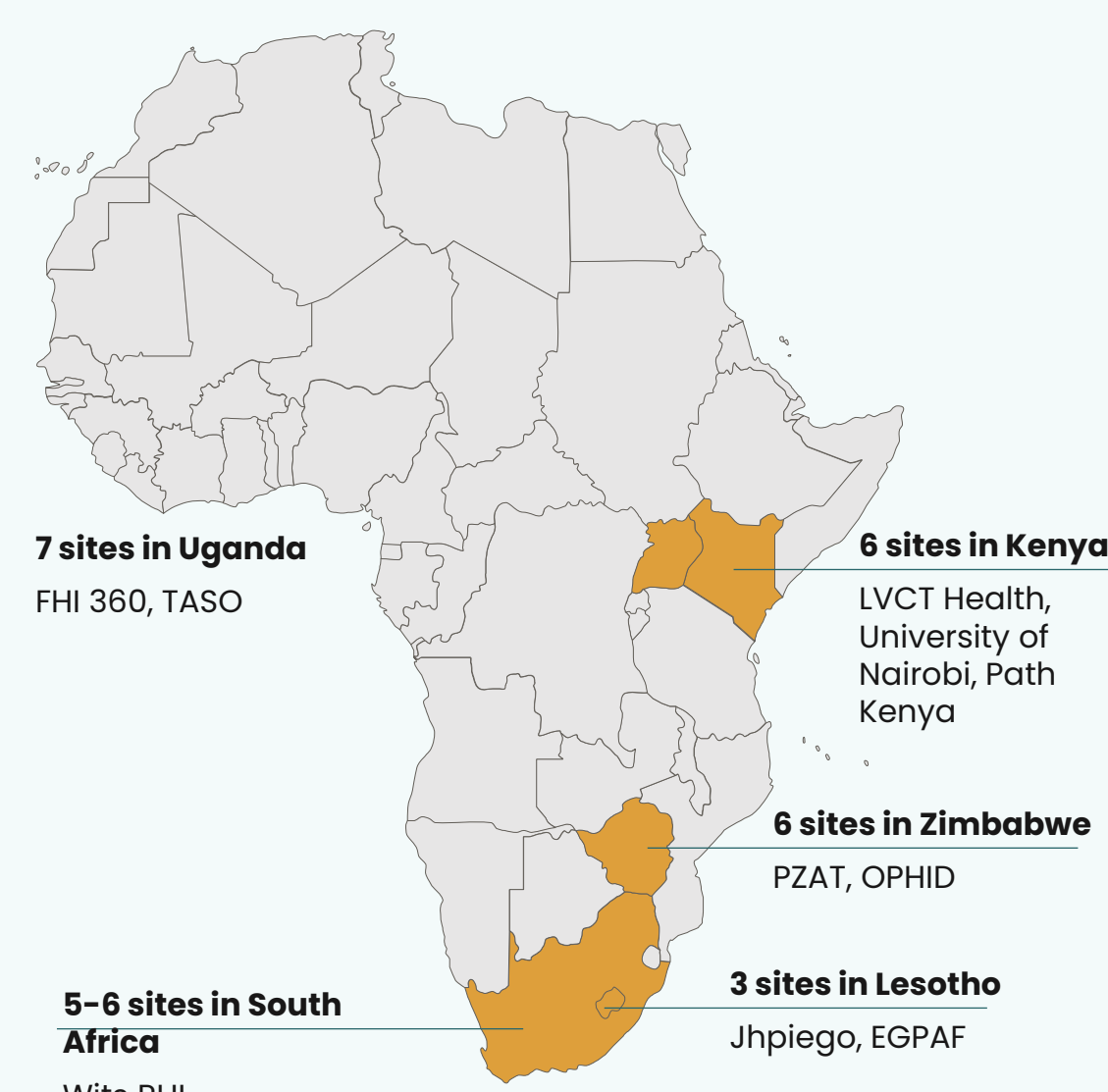
<sup>1</sup>Wits RHI, University of Witwatersrand, Johannesburg, South Africa; <sup>2</sup>FHI 360, Durham, NC, United States; <sup>3</sup>TASO Uganda, Kampala, Uganda; <sup>4</sup>Pangaea Zimbabwe, Harare, Zimbabwe; <sup>5</sup>LVCT Health, Nairobi, Kenya; <sup>6</sup>Jhpiego, Maseru, Lesotho; <sup>7</sup>Zimbabwe Ministry of Health, Harare, Zimbabwe; <sup>8</sup>University of Nairobi, Kenya

## Background

Health care providers play a crucial role in counseling clients about new PrEP products and helping them initiate the product that best meets their needs. We describe provider attitudes and perceptions and the acceptability of implementing an enhanced service delivery package for PrEP choice through the PEPFAR/USAID-supported CATALYST study.

## Methods

CATALYST is an implementation study delivering PrEP choice to women across 27 public health delivery sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. These sites all have PEPFAR PrEP targets and serve a mix of populations, with some sites focused on adolescents and young women (AGYW), female sex workers (FSW), or pregnant women.



As part of a process evaluation embedded in the study, we sought to examine provider attitudes and perceptions and the acceptability of implementing PrEP choice for different populations. Approximately six months after CATALYST trained providers (ministry of health staff) to offer oral PrEP and the PrEP ring, a structured questionnaire was administered anonymously to a random sample of up to three providers per facility, assessing their PrEP attitudes and perceptions. Descriptive analysis was conducted using STATA version 18.

## Results

In October 2023–February 2024, 74 providers (ministry of health appointed staff) were surveyed; 73% were female, with a mean age of 40 years. Eighty-five percent had at least one year of experience offering PrEP services.

Table 1. Provider sociodemographic characteristics, by country

	Kenya (n=16)	Lesotho (n=9)	South Africa (n=12)	Uganda (n=21)	Zimbabwe (n=16)	Total (n=74)
Age (years), average	38	31	45	36	49	40
<b>Gender/sex</b>						
Male/Man	21%	22%	-	38%	25%	26%
Female/Woman	63%	78%	100%	62%	75%	73%
No response	6%	-	-	-	-	1%
<b>Professional designation</b>						
Clinical Officer	25%	-	-	14%	-	9%
Nurse	44%	89%	100%	38%	81%	65%
Counselor	25%	-	-	19%	13%	14%
Other	6%	11%	-	29%	6%	12%
<b>Provided PrEP services for...</b>						
<1 year	19%	11%	-	24%	12%	15%
1-3 years	44%	67%	17%	52%	25%	40%
>3 years	37%	22%	83%	24%	63%	45%

Over 95% of providers viewed counseling AGYW on sexual and reproductive health issues as part of their job, with high levels of comfort in providing oral PrEP and the PrEP ring to AGYW (100% and 97%, respectively).

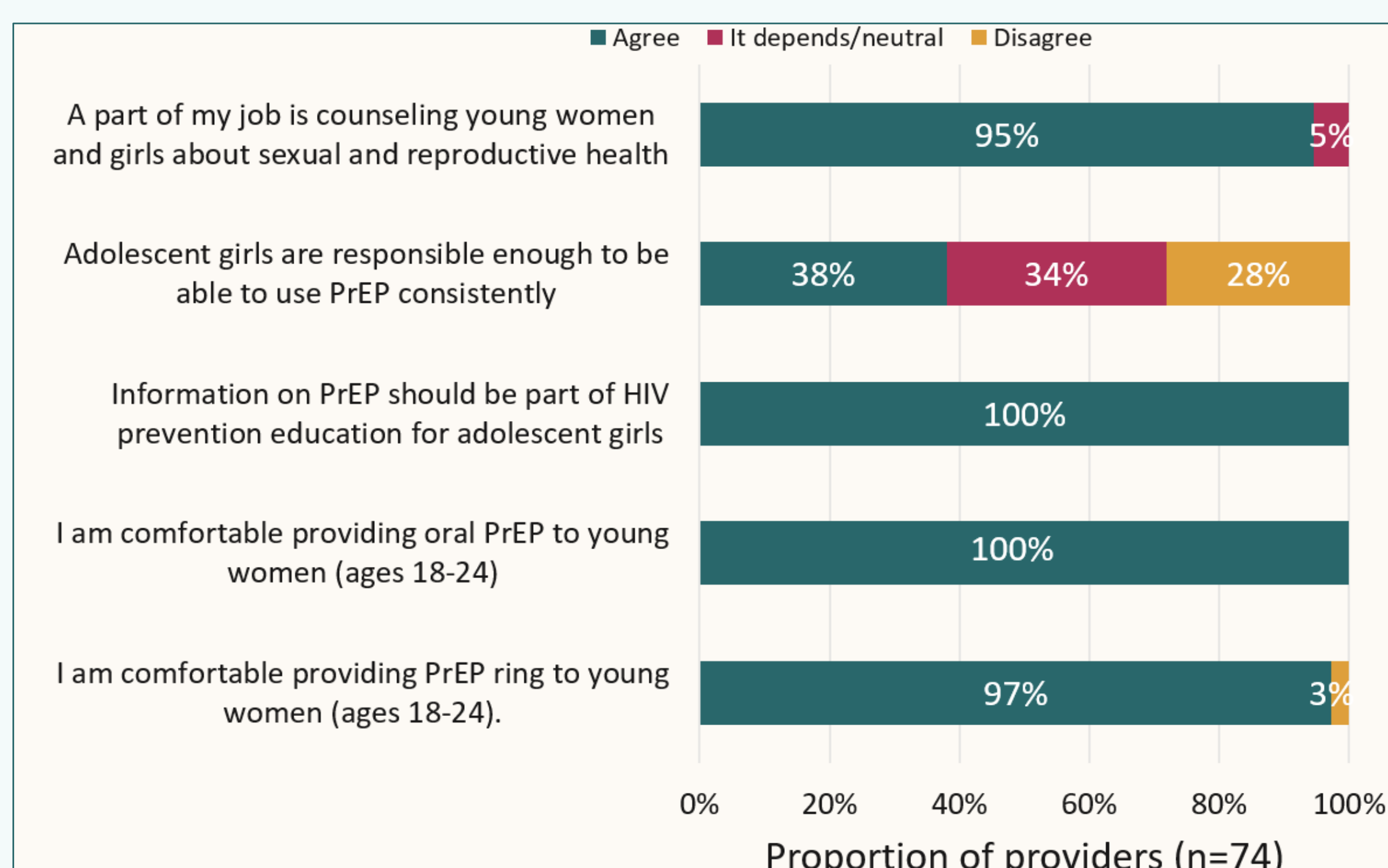


Figure 1. Provider experience offering PrEP services

However, nearly all providers were concerned about clients' ability to return on time for resupply of oral PrEP (98%) and follow a daily oral PrEP schedule (97%). For the ring, providers were concerned about the ability of clients to insert/remove it independently (84%) and its efficacy (87%).

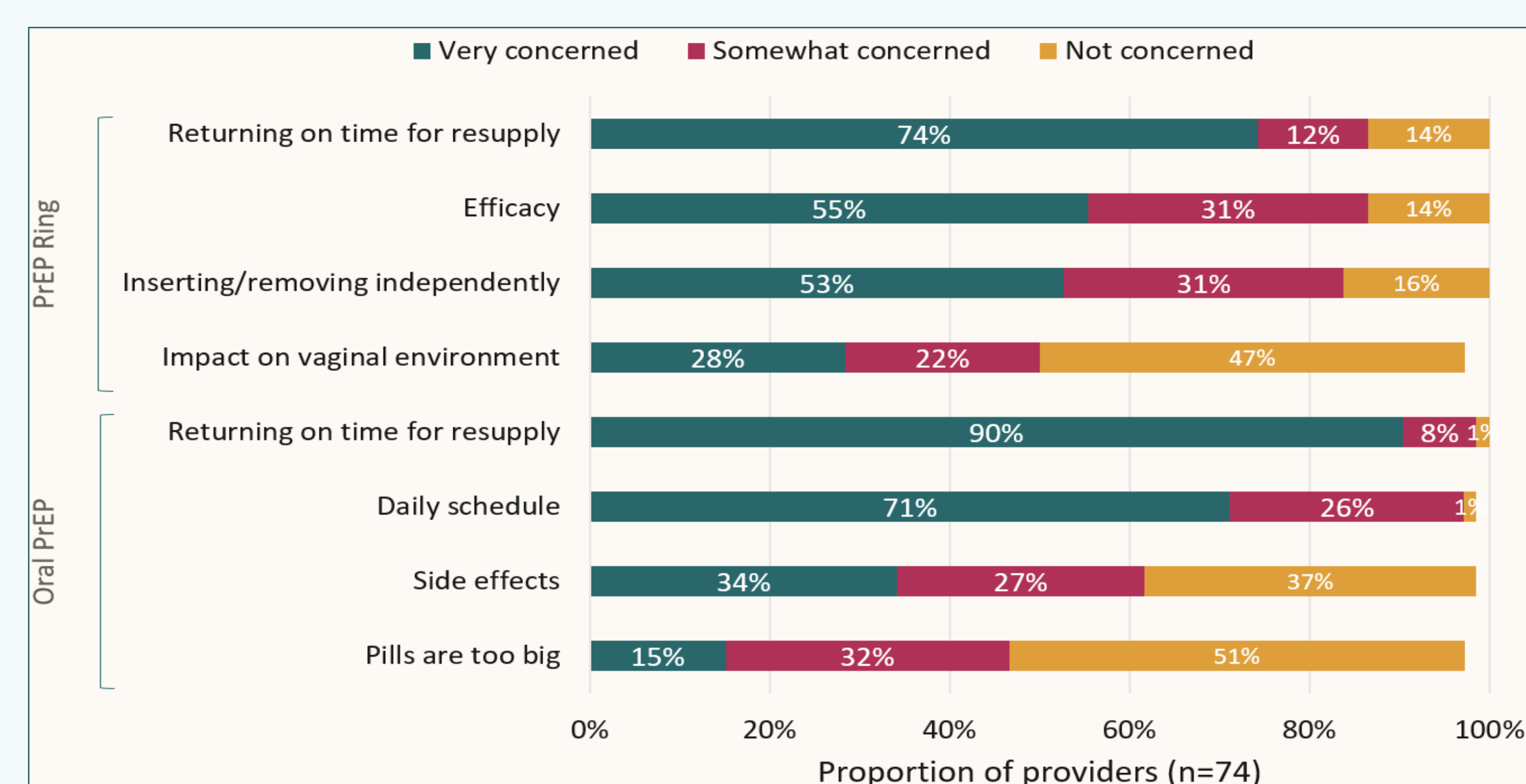


Figure 2. Providers primary concerns, by PrEP method

\*Note that some figures may not add up to 100% due to no response

On average, informed PrEP choice counseling took providers three additional minutes compared to oral PrEP counseling. Despite initial concerns, the majority (97%) of providers agreed that offering PrEP choice is appealing and a good match to their client's needs, as well as implementable in routine health settings (95%).

Table 2. Provider experiences of offering PrEP choice

	Overall (n=74)	
Acceptable	PrEP choice meets my approval as a health care provider.	95%
	Providing PrEP choice is more appealing to me than providing only oral PrEP.	97%
	I like offering PrEP choice.	97%
Appropriate	I welcome PrEP choice in this facility.	100%
	Offering PrEP choice to my clients seems like a good match to their needs.	97%
	Offering PrEP choice seems fitting for my role in this clinic.	93%
Feasible	PrEP choice seems suitable for my clients.	96%
	PrEP choice seems applicable to preventing HIV among my clients.	97%
	Offering PrEP choice seems implementable as a routine service once CATALYST is over.	95%
	Offering PrEP choice seems doable for me as a provider.	96%
	Offering PrEP choice is possible in my facility/work site.	100%
	Offering PrEP choice is easy.	86%

## Key Takeaways

- Most providers have experience providing oral PrEP, but retraining on some aspects of oral PrEP provision may be warranted given existing knowledge gaps.
- Further discussions with teams about how to best improve provider attitudes on some aspects of PrEP provision—especially for AGYW—should take place.
- Providers are primarily concerned about clients' ability to return on time, take oral PrEP on schedule, and the efficacy of the ring.
- Providers delivering PrEP choice counseling deem it appropriate, feasible, and acceptable; a process that becomes more natural over time, i.e., reduction in time, increase in provider confidence.

## Conclusion

Public health providers in CATALYST are generally supportive of offering PrEP choice to clients. Implementing partners interested in adopting PrEP choice in their facilities must address provider concerns and ensure the availability of supportive counseling messages that speak to both the intrinsic characteristics of products and extrinsic factors affecting clients' ongoing engagement with the health system.

Presented at HIVR4P 2024, the 5th HIV Research for Prevention Conference

MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government. MOSAIC is a global cooperative agreement (#7200AA21CA00011) led by FHI 360, with core partners Wits RHI, Pangaea Zimbabwe, LVCT Health, Jhpiego, and AVAC.