

Social science in the PrEPVacc trial

Rachel Kawuma on behalf of the PrEPVacc trial Social Science team

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This project is part of the EDCTP2 Programme supported by the European Union

Objectives (I)

- Investigate the acceptability of PrEP and the vaccines in the trial
- Investigate adherence to PrEP, particularly descovy which is new to the trial populations
- Provide insights into the comparisons of PrEP - both effectiveness and acceptability of descovy and truvada

Objectives (2)

- Understand the perceptions and experiences with risk for HIV infection among the trial participants
- Explore knowledge of and attitudes towards the PrEPVacc trial, HIV vaccines, and PrEP among the general population in the trial communities.
- Document the experiences of community and field work mobilization, counselling and social science staff who interact with the participants

Study design

- Three repeat in-depth interviews (IDIs) with 10% of participants if <300 recruited and up to 30 participants >300 recruited
 - Equal numbers sampled from those randomized to descovy and truvada
 - Other characteristics considered for sampling:
 - Age group, gender, and adherence to PrEP (Good, not-so-good and poor adherers according to self report and urine tests)
- Focus Group Discussions with participants (not taking part in IDIs) and community members not participating in the trial.
- Weekly/monthly de-briefings with trial staff members

General insights

- Trial design and randomization was understood (while it was 3 in 1, participants discussed 2 in 1 - PrEP and vaccines)
- Vaccination easier because it had fewer side effects lasting a few days compared to oral PrEP side effects.
- Preference for an injectable form of prevention (vaccine) rather than the daily oral PrEP pills.
- Long term methods of contraception in the trial an inconvenience.

Insights about PrEP (I)

- PrEP uptake and adherence varied across sites as individuals adapted PrEP use to their own perception of risk.
- Main motivation for taking PrEP was perception of own HIV risk.
- Barriers to PrEP uptake were similar across all sites: concern about side-effects, lack of familiarity with daily pill-taking, forgetfulness (drunk, too busy with work, away from home for work/other commitments and forgetting to take PrEP along), perceived stigma from people suspecting HIV infection if they see/hear the pills (packaging makes a noise because pills rattle).

Insights about PrEP (2)

- Limited knowledge about PrEP in the trial communities but increased awareness among trial participants.
- Preference for descovy versus truvada PrEP
 - Small size and easy to swallow.
 - Appearance is different from commonly used anti-retroviral pills which are big in size (like truvada) - so less suspicion and stigma associated with taking it.
 - Has fewer/no side effects compared to truvada (increases appetite, tiredness, etc.)

Uptake of non-study PrEP

- Very few participants went to referral centres outside of the trial setting to continue with PrEP.
 - Tired of taking the PrEP (many thought it was a trial requirement).
 - Fear of being seen at an ART centres which may cause suspicion that one is living with HIV.
 - Attitude of healthcare workers.
 - Long waiting time at the ART centers.
 - No money for transport to a new facility.
 - Opposition from partners.

Lessons learnt

- Preference for an injectable form of prevention (vaccine) rather than the daily oral PrEP pills.
- Main motivation for taking PrEP was perception of own HIV risk.
- While we noted preference of descovy compared to truvada PrEP, non-adherence was noted in both cases because they are pills.
- More messaging around PrEP needed in communities outside of trial settings

Social science team members

Verulam, Durban, South Africa

- Samantha Rujeko
- Phindile Khanyile
- Silindile Zulu
- Londiwe Shandu

Mbeya, Tanzania

- Jane Ambindwile
- Tausi Sade
- Doreen Ibrahim Pamba

Dar es Salaam, Tanzania

- Edith Tarimo
- Gift Gadiel
- Joel Ambikile Seme
- Masunga Iseselo

Masaka, Uganda

- Sarah Nakamanya
- Denis Kibuuka
- Georgina Nabaggala

MRC/UVRI & LSHTM Uganda Research Unit (Coordinating centre)

- Prof Janet Seeley
- Rachel Kawuma

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MRC/UVRI and LSHTM Uganda Research Unit



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Institute



Imperial College
London

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