

SUCCESS STORY

Improving Uptake of Pre-exposure Prophylaxis (PrEP) in East Central Uganda

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

Pretty (pseudonym) is a Female Sex Worker (FSW) who works at a pub in Busia district. She first heard about pre-exposure prophylaxis (PrEP), which are antiretroviral (ARV) medications that substantially reduce an individual's risk of acquiring HIV, in January 2020 during a sensitization meeting convened by her peer leader. Pretty, however, had reservations about taking PrEP. "I did not think that I needed to be on antiretroviral drugs because I was not HIV-positive," says Pretty.

The World Health Organization (WHO) recommends offering PrEP to people at substantial risk of HIV as part of comprehensive HIV prevention. In 2017, the Uganda Ministry of Health (MOH) adopted this policy for individuals most at risk of acquiring HIV, including key and priority populations; pregnant and lactating women; adolescent girls and young women. In October 2019, USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) integrated PrEP into HIV prevention community activities targeting key and priority populations (KP/PP). However, by the end of March 2020, results were still suboptimal with only 30% (612/2066) of the key populations agreeing to initiate PrEP. This prompted



A key population peer leader provides female sex workers with health education on safe sex practices and benefits of PrEP for HIV prevention at ATGWU Drop-in Centre (a clinic dedicated to providing health services to key populations) in Busia District. ©USAID RHITES 2021

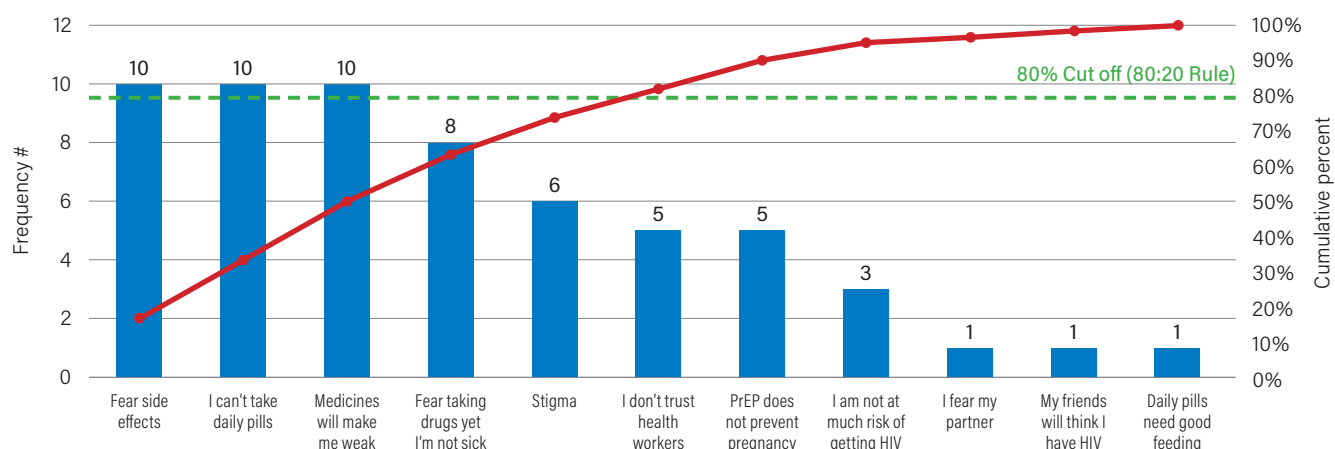
USAID RHITES-EC to conduct a root cause analysis to understand reasons why clients were declining PrEP initiation.

Fear that the medicines might weaken their bodies; fear of taking drugs if one is not sick; and fear of stigma. The sensitization meetings helped Pretty understand that she was at high risk of contracting HIV because of her numerous

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Figure 1. Results from a root cause analysis showing reasons why clients decline PrEP initiation



"I would rather take PrEP and use condom during sex than get HIV/AIDS. I love my life so much," stated Pretty

sexual partners. As a result, Pretty resolved to start PrEP immediately and now gets three-month drug refills. During the first two weeks of taking ARV drugs, Pretty experienced side-effects (most commonly reported reason for declining PrEP), including nausea, dizziness, and abdominal discomfort but these did not deter her from taking one pill consistently and as prescribed every day. "I would rather take PrEP and use condoms during sex than get HIV/AIDS. I love my life so much," stated Pretty. Now an ardent adherer to PrEP, Pretty encourages her peers to take PrEP consistently to protect themselves from getting HIV. She also escorts her clients/partners to Amalgamated Transport and General Workers Union (ATGWU) Drop-in Centre (DIC) to receive PrEP.

USAID RHITES EC has collaborated with health facilities and drop-in centers in East Central Uganda to implement a region wide root cause analysis to profile and understand barriers to PrEP. Together with the district and facility health teams involved in reaching key populations, RHITES EC has also scaled up community dialogue sessions with individuals

Key Interventions Implemented to improve PrEP initiation in East Central Uganda

- ▶ Conducted a root cause analysis to understand barriers to PrEP uptake among eligible clients.
- ▶ Integrated PrEP into KP/PP outreaches
- ▶ Strengthened peer educator engagement to support strategic behavior communication, PrEP initiation, and adherence.
- ▶ Strengthened supply chain availability of HIV prevention commodities, including RTKs, TDF/3TC, condoms, and lubricants

eligible for PREP to identify and develop strategies to address the reasons why clients were declining PrEP. These efforts have contributed to an exponential improvement in PrEP initiations from 517 (66% of quarterly target) in FY20Q2 (January to March 2020) to 2216 (242%) individuals in FY21Q2 (January to March 2021) (See Figure 2).

Figure 2. The quarterly PrEP therapy uptake amongst KP/PPs in EC region increased from in FY20Q2 (January to March 2020) to 2216 (242%) individuals in FY21Q2 (January to March 2021)

