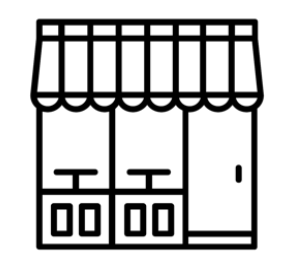


HIV Pre-Exposure Prophylaxis (PrEP) at Alcohol Venues in Rural South Africa

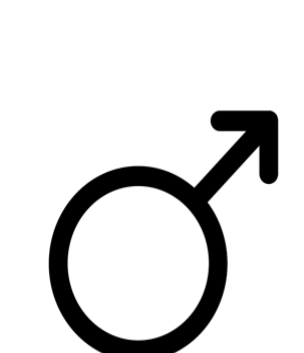
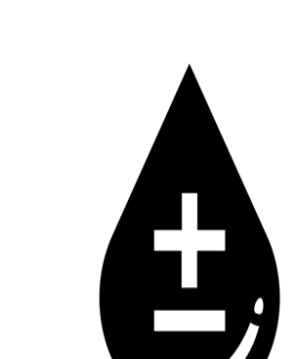


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BACKGROUND

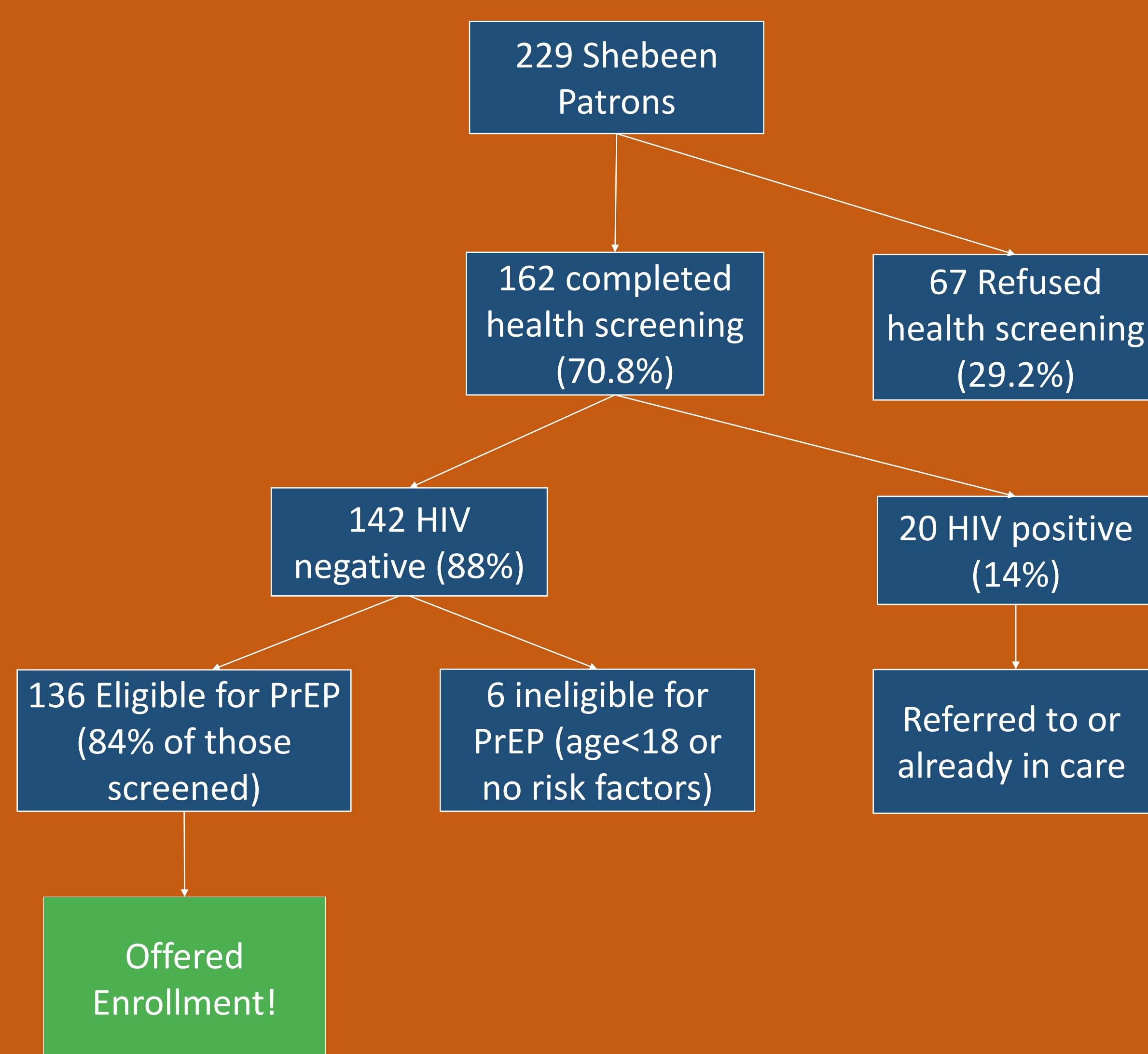
-  South Africa is home to the largest HIV epidemic in the world, with 7.7 million people living with HIV
-  Good progress towards 90/90/90 goals is being made, but gaps in cascade remain (especially prevention).
-  Alcohol use disorder complicates engagement in the care cascade. Alcohol based venues (“shebeens”) are informal social settings with high prevalence of risk behaviors.
-  Shebeens are an ideal place to engage young people for prevention.

METHODS

-  All male community health worker team recruited shebeen patrons for comprehensive health screening including HIV test
-  Patrons **without HIV** that were eligible for PrEP were offered study enrollment
-  Participants completed AUDIT scale, with hazardous alcohol use defined as ≥ 6 for women and ≥ 8 for men
-  All study visits, including follow-up visits, were conducted in mobile clinic

Male sex, increased median # of sex partners, and “never” having attended clinic predicted PrEP uptake. Hazardous alcohol use was not a barrier to uptake.

Summary of Shebeen Testing, February - November 2020



Characteristics of Patrons Eligible for PrEP (n = 136)

	Non-initiators (n=99)	PrEP Initiators (n=37)	p value	Unadjusted Odds Ratio, 95% CI
Median Age (IQR)	30.00 (19)	26 (10)	0.035	0.92 (0.88 – 0.97)
Male Sex	74 (74.7%)	34 (91.9%)	0.028	3.83 (1.1 – 13.6)
% Employed	29.3%	32.4%	0.72	
% Marijuana User	12.1%	18.9%	0.3	
% Smoker (cigarettes)	53.5%	54.0%	0.96	
Median AUDIT Score (IQR)	10 (8)	11 (9.5)	0.46	
% Hazardous Drinker	72.4%	70.3%	0.80	
Inconsistent Condom Use	91%	94.6%	0.48	
% with STI symptoms	5.05%	8.1%	0.50	
Median # of sex partners in last month (IQR)	1.0 (0)	1.0 (1)	0.04	1.6 (0.93 – 2.89)
Median # of lifetime sex partners (IQR)	8.00 (6)	12.00 (6.5)	0.021	1.1 (1.01 – 1.12)
% Never attended clinic	51.5%	73.0%	0.024	2.54 (1.13-5.80)



MG, personal photos, all used with permission of study team. Participants are not visible.

DISCUSSION

- Screening at alcohol venues targets a **hard-to-reach** population that engages in high risk sexual behaviors (inconsistent condom use, multiple partners) facilitated by alcohol use
- “Never attended clinic” predicted uptake, suggestive of success reaching a population that does not otherwise engage in care.
- Community-based model of PrEP care is promising
- PrEP uptake is not predicted by hazardous alcohol use; drinkers correctly perceive HIV risk?

FUTURE DIRECTIONS

- **Other target populations** (AGYW, MSM) will require different strategies
- **Scaling** to additional shebeens or other congregate settings
- **Intervention for AUD**
- **Injectable PrEP!**

The authors extend their sincere gratitude to the entire team at Philanjalo NGO

