

Healthcare providers' perspectives on PrEP adherence among MSM and TGW in Peru: A Qualitative study of the ImPrEP demonstration study

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BACKGROUND

- The ImPrEP Study was a Pre-Exposure Prophylaxis (PrEP) implementation study, which between 2018 to 2021 provided Daily-oral PrEP to over 2000 MSM and Transgender Women (TW) in 10 healthcare services: 9 public and 1 private STI clinic in Peru.
- It is essential to understand the process of adherence to PrEP and the decisions that led the participants to continue with the treatment or to leave it after a while.
- Health care providers played an important role in the successful implementation of PrEP, and their perspectives and experiences are critical to understanding PrEP adherence in key populations.

METHODS



Figure 1: ImPrEP Study sites in Peru

- Individual in-depth interviews (IDI) were conducted with 11 healthcare providers (physicians, psychologists, midwives and peer educators) from 4 ImPrEP Study sites in Peru (CMI Tahuantinsuyo Bajo, CMI San José, Hospital Regional de Trujillo Hospital Amazonico Yarinacocha).
- Analysis explored four dimensions: PrEP acceptability among MSM/TGW, benefits of PrEP use, barriers to PrEP adherence, and current situation of health services.

RESULTS

- Healthcare providers reported that PrEP was highly acceptable among MSM/TGW, especially among participants with very active sex lives (multiple partners, condomless sex), sero-discordant couples, commercial sex workers, and those seeking an alternative HIV prevention method to condoms.
- Among the benefits offered by PrEP, providers stated that PrEP helps MSM/TGW reduce risk of contracting HIV while giving them greater security, confidence, and control over their sexual health.
- Additionally, PrEP had a liberating effect, strengthening bonds between partners and providing greater sexual satisfaction. Likewise, control visits helped to detect STIs in time and maintain participants' sexual health.



Figure 2: PrEP Adherence Facilitators

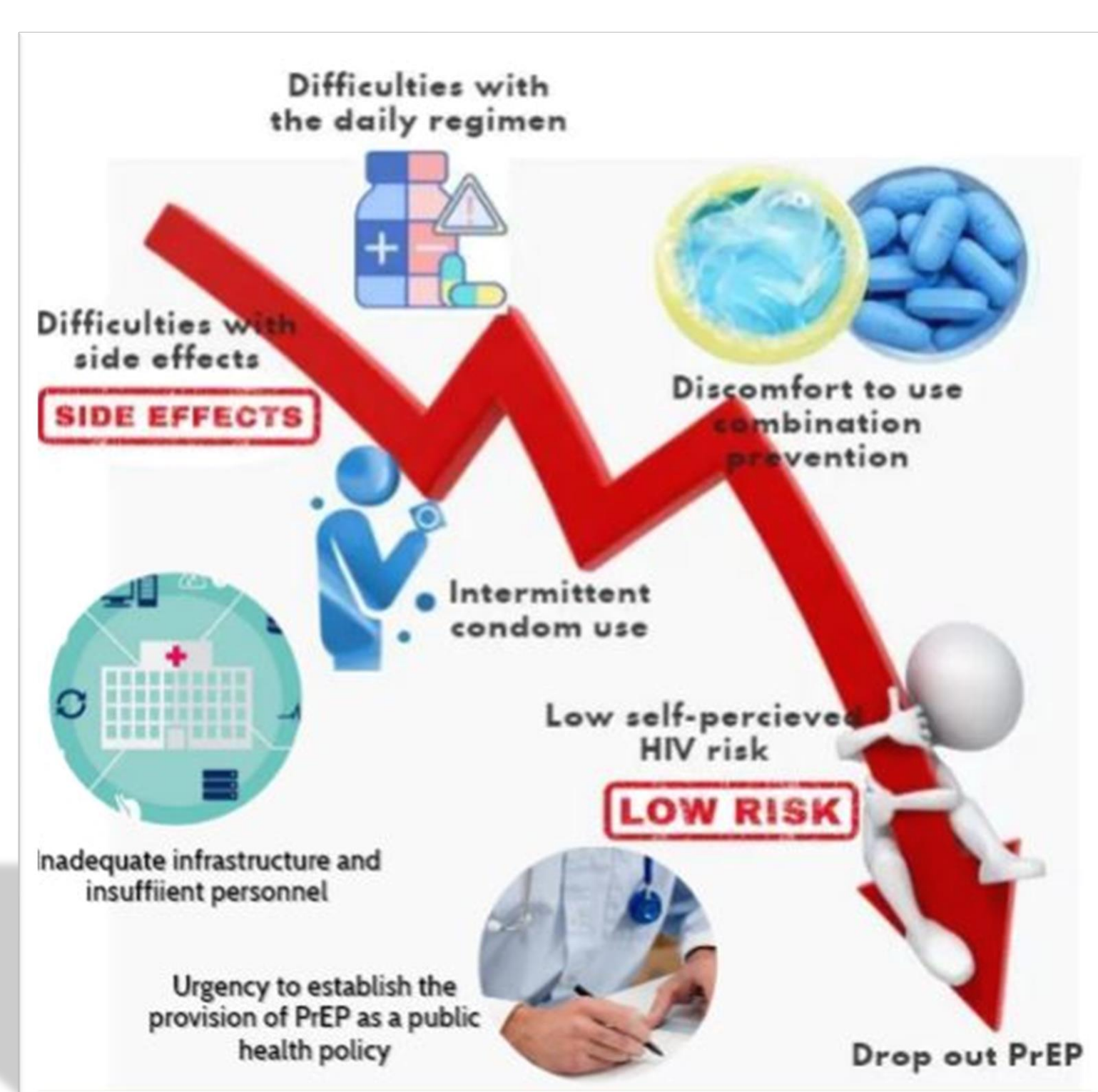


Figure 3: PrEP Adherence Barriers

- Major barriers to PrEP adherence among MSM/TGW reported by providers included low HIV-risk perception, struggles to adhere to the daily regimen, side effects and PrEP-related stigma, followed by doubts about PrEP effectiveness, concerns about the interaction of hormone therapy and PrEP and periods of low sexual activity.
- Providers described several structural barriers of current services such as limited health systems capacity to provide PrEP, inadequate infrastructure, insufficient personnel, and the urgency of establishing a PrEP provision program supported by the Ministry of Health.

CONCLUSIONS

- According to healthcare providers, participants with a high self-perceived HIV risk often request PrEP, which helps them reduce their risk and gives them control over their health.
- Daily oral regimen, low HIV-risk perception, side effects and PrEP-related stigma were described as major barriers to adherence.
- The health services would require changes and improvements to successfully implement PrEP within the government's public health program.



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