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.

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!

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