ADHERENCE STRATEGIES TO IMPROVE UPTAKE OF TRUVADA AND DAPIVIRINE VAGINAL RING AMONG ADOLESCENTS AND YOUNG WOMEN IN UGANDA; EXPERIENCE FROM MTN 034 STUDY, KAMPALA MUJHU SITE.

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Background

Adolescent girls and young women (AGYW) in sub-Saharan Africa, aged 15-24, are at substantial risk of acquiring HIV and yet they have adherence challenges with daily oral pre-exposure prophylaxis (PrEP).

Supporting adherence among AGYW is thus important to ensure high uptake and effective use of PrEP.

In the MTN-034 trial, adherence was moderately high and similar between oral PrEP and the dapivirine vaginal ring, thus we describe the adherence support strategies used at the Kampala site.

Methods

MTN-034/REACH was a randomized, open-label, phase 2a crossover trial among HIV-seronegative adolescent girls and young women aged 16–21 years at four clinical research sites in South Africa, Uganda, and Zimbabwe.

Participants were randomly assigned to either the dapivirine ring or daily oral PrEP for 6 months, then switched to the other product option for 6 months, followed by a third 6-month period in which participants were given a choice of oral PrEP, the dapivirine ring, or neither.

Participants were offered a menu of adherence support options, including digital support (text messages daily or weekly), group support (in-person or WhatsApp group meetings), and individual support (extra counselling sessions or peer buddies).

Counselling was provided when drug concentration results were available to ascertain the needed adherence support. Adherence support choices and outcomes were documented in participants charts.

Results

All 60 participants enrolled in Uganda attended group adherence support meetings, held bi-weekly in groups of 8-15, facilitated by study counselors. Individual sessions were also held for each of the participants at their follow up visits and as needed.

73% (44) preferred monthly reminder calls, while 27% (16) preferred weekly phone calls with additional counselling. No WhatsApp group meeting was held because few had smart phones. See Figure 1

No one chose text messages. Reported challenges were addressed by the study counsellors and the ring/tablet champions' which enhanced adherence.

HIV risk reduction counselling and sexual and reproductive health education sessions in the waiting room empowered them to reduce their potential exposures.

These efforts combined resulted in improved adherence and continued use as shown in Figure 2.

Fig 1. Adherence Support Options

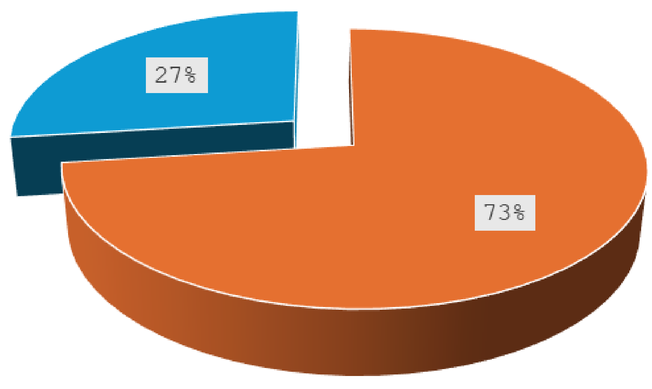
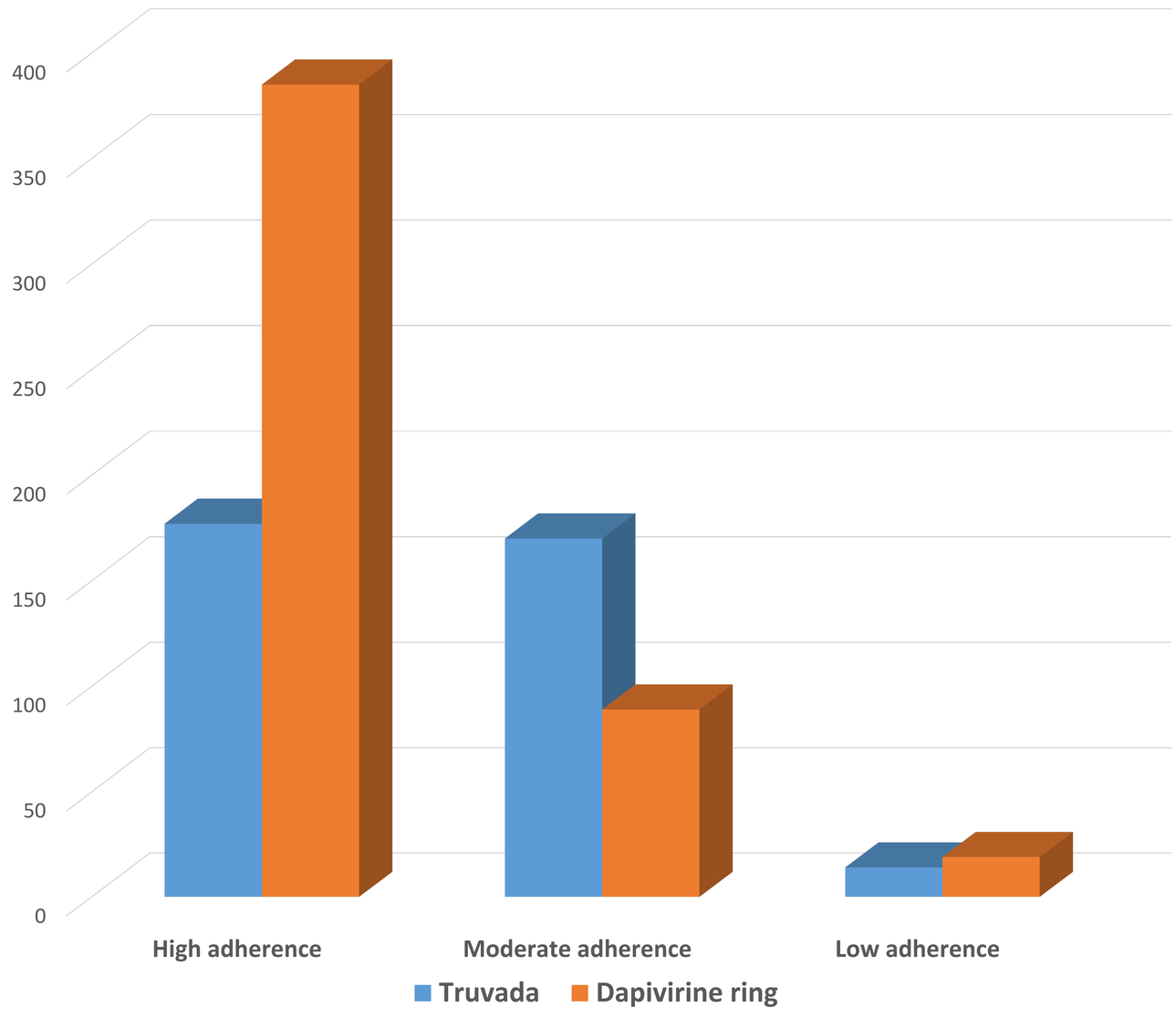


Figure 2:Drug Concentration Results



Conclusions

Providing a variety of adherence support options is key to improving AGYW's adherence to HIV prevention products. Our experience among this population in Uganda highlights a desire for in-person support groups and monthly reminder calls.

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