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Track: Epidemiology and Public Health Sciences

Predictors of Intention to Provide PrEP in Health-care Workers in HIV Clinics in Colombia: Application of the Theoretical Domain Framework - The PrEP Col Study.

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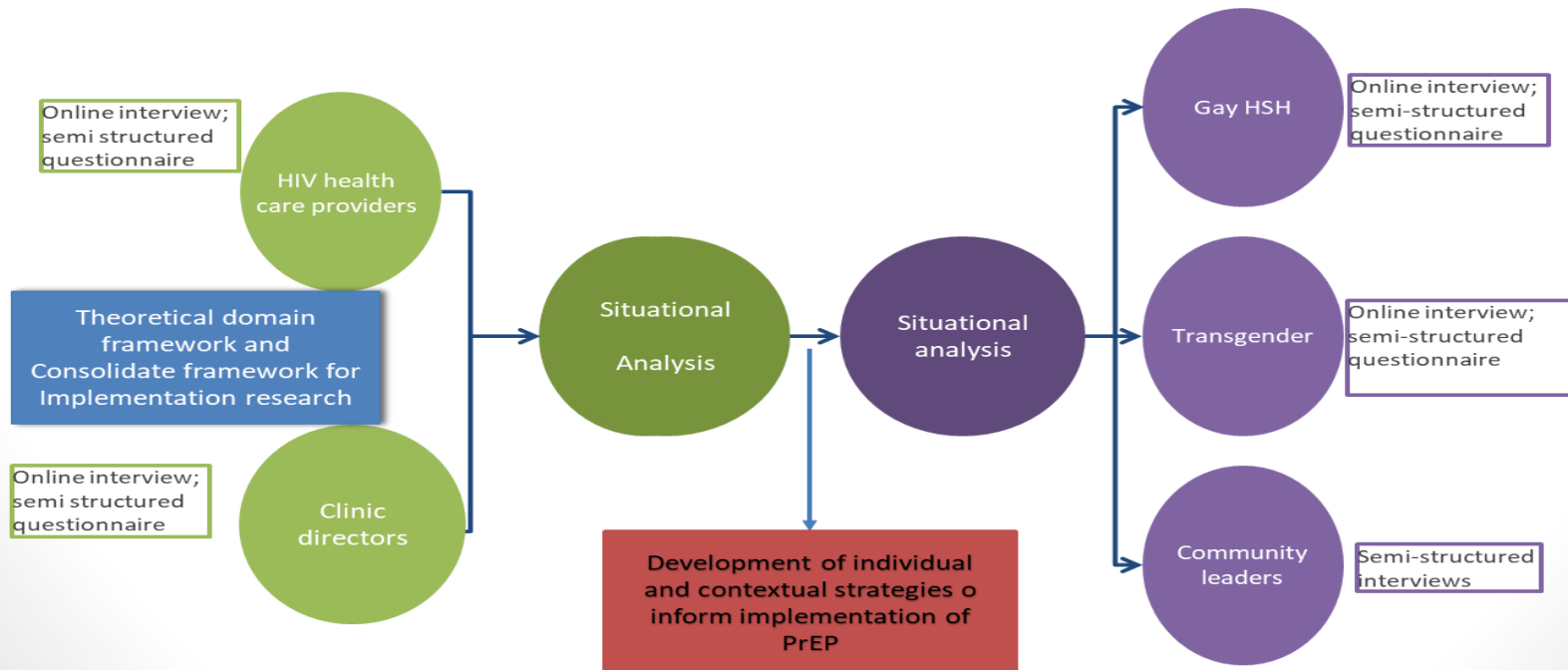
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Background

- HIV Pre-exposure Prophylaxis (PrEP) is efficacious, effective and safe when used for the prevention of HIV infection in persons at high risk of HIV acquisition.
- Despite this, PrEP uptake has been slow. In the US, the earliest country to adopt PrEP, less than 10% of the 1.1 million PrEP-eligible patients receive PrEP. By 2018, only 11% of the low- and middle income countries have considered PrEP as an HIV prevention strategy.
- The effective uptake of PrEP as an effective HIV prevention intervention depends on multiple factors related to potential users, health care providers (HCP), and health systems. In the US, HCP-related barriers for PrEP uptake have been related to insufficient PrEP knowledge, misconceptions about emergence of drug resistance, feeling that PrEP is best suited for specialist practice, among others.
- In Colombia, the combination of TDF/FTC was approved for PrEP use in 2019. Yet, PrEP remains to be implemented nationwide. Currently, a single demonstration study is being conducted in Bogota.

The PrEP-COL study. 18 HIV clinics in 16 cities in Colombia

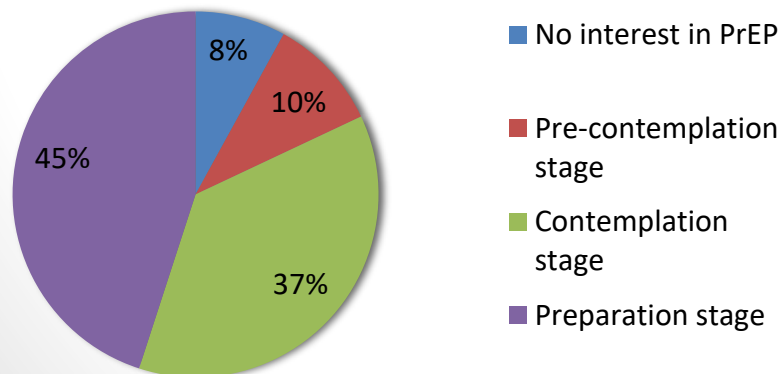


AIM: To explore the predictors of intention to provide PrEP among health care workers in HIV clinics in Colombia and identify barriers and facilitators

METHODS

- Cross-sectional analysis of health care providers (physicians, psychologist, social workers and pharmacists) from 16 HIV clinic systems representing 18 cities in Colombia.
- A total of 170 started the survey, 140 complete at least 80% of the questionnaire; 20 were administrators and many of the questions were not applicable to them; only three refused to participate.

Trans-theoretical model of change: stage of providers for PrEP prescription



ANALYSIS

Linear regressions were performed to estimate the P value of the relationship between stage of change and the TDF scales. We used the scales evaluated in another analysis- See Poster EPHP6.09

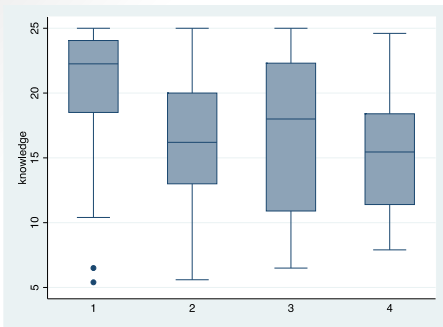
Participants in the pre-contemplation stage were those willing but without strong intention to manage people on PrEP in the next 12 months; providers in the contemplation stage were those with strong intentions to manage people on PrEP in the next 12 months; and those in the preparation stage include those with a plan to manage people on PrEP or those who have, at least once, initiated a conversation about PrEP with a patient.

Description of the sample

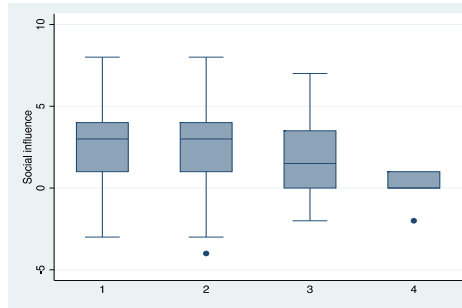
Mean age: 37.5(SD:9.3); 40% men; 42% with more than 5-year HIV experience; 43% physicians, 25% nurses, 11% pharmacists, 6% social workers, and 12% psychologists.

Physicians were more likely to be in the preparation stage (have a plan to manage PrEP) when compared to non-physicians (66% vs. 25.9% [p=0.001]).

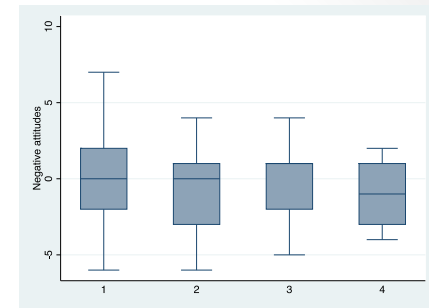
1= preparation stage; 2= contemplation stage; 3= pre-contemplation stage; 4= contemplation stage



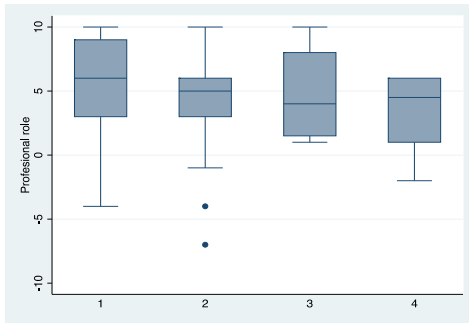
The higher the score, the higher the knowledge. Differences across groups $P < 0.001$



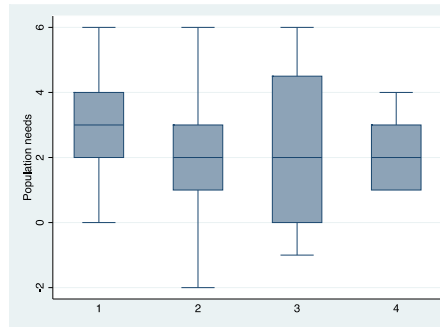
The higher the score the more positive view of importance of peers opinions. $P = 0.05$



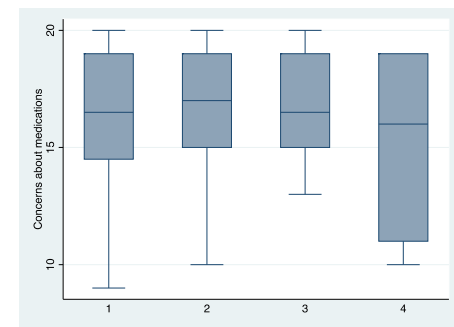
The higher the score the more negative the attitude towards PrEP. $P = 0.90$



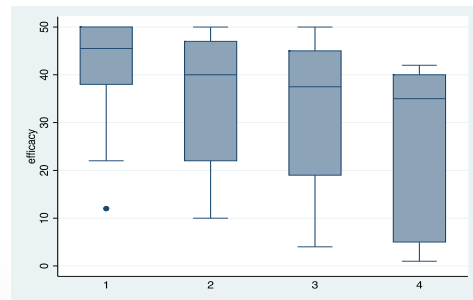
The higher the score the higher the perception of compatibility; $P = 0.29$



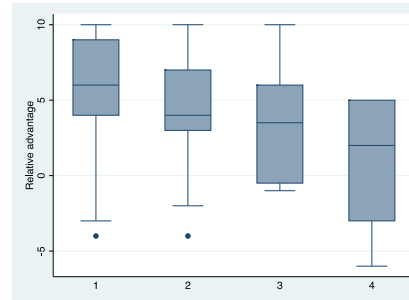
The higher the score the more positive view of the need for PrEP in populations $P = 0.007$



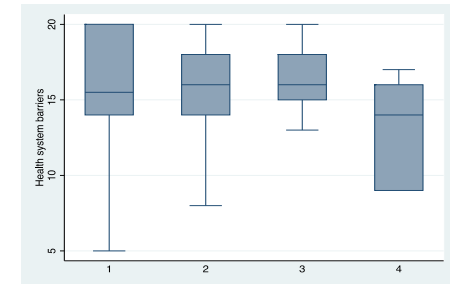
The higher the score the more concerned; range from 4- 20; $P = 0.21$



The higher the score the higher perception of capability; $P = 0.004$



The higher the score the higher belief of positive effects of PrEP over other HIV prevention programs $P = 0.002$



The higher the score the higher the concern about health system barriers; range from 5- 20; $P = 0.56$

In summary:

- Colombian HCP working in HIV clinics have high levels of intention to provide PrEP
- Providers in the preparation stage reported higher levels of knowledge and self-efficacy. PrEP specific training is needed for those at earlier stages of adoption.
- The perception of the population needs as well as the influence from other colleagues could become facilitators for PrEP adoption in this sample of HCP.
- Interestingly, negative attitudes and concerns regarding PrEP were similar across all stages of change groups.
- These findings will be triangulated with information from healthcare managers and other key stakeholders to inform implementation of PrEP in Colombia

Acknowledgements:

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