



Barriers and Facilitators to Pre-exposure Prophylaxis (PrEP) Uptake Among Key Populations (KPs) in Georgia: A Pre- Implementation study

TAMARI MGEBRISHVILI

PHD (C)

ILIA STATE UNIVERSITY

SCHOOL OF NATURAL SCIENCES AND MEDICINE

SUPERVISORS: IRMA KIRTADZE, FREDERICK ALTICE

Problem Statement

▶ Implementation Challenge

HIV prevalence among KPs:

- ▶ Men having Sex with Men (MSM) - 15.5% (Health Research Union 2022a)
- ▶ Female Sex Workers (FSWs) - 1.4% (Government of Georgia 2023), along with their sexual partners.
- ▶ And People Who Inject Drugs (PWID) - 0.9% (Health Research Union 2022b)

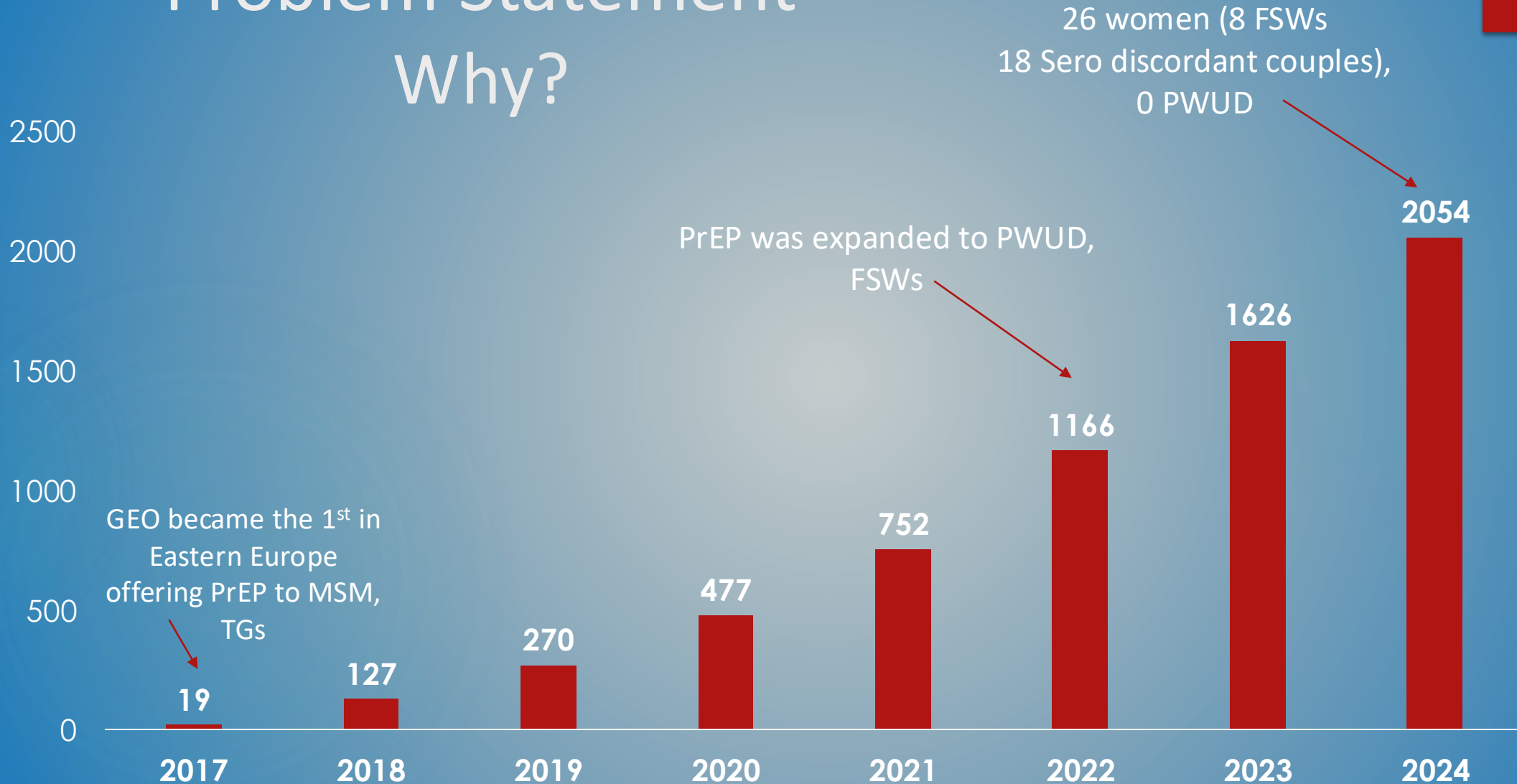
▶ Goal

- ▶ explore the barriers and facilitators to PrEP uptake among Women who Use Drugs (WUD),FSWs, Female Partners of Men who Inject Drugs (FPMWID) and MSM to enhance PrEP accessibility and utilization in these groups.



Problem Statement

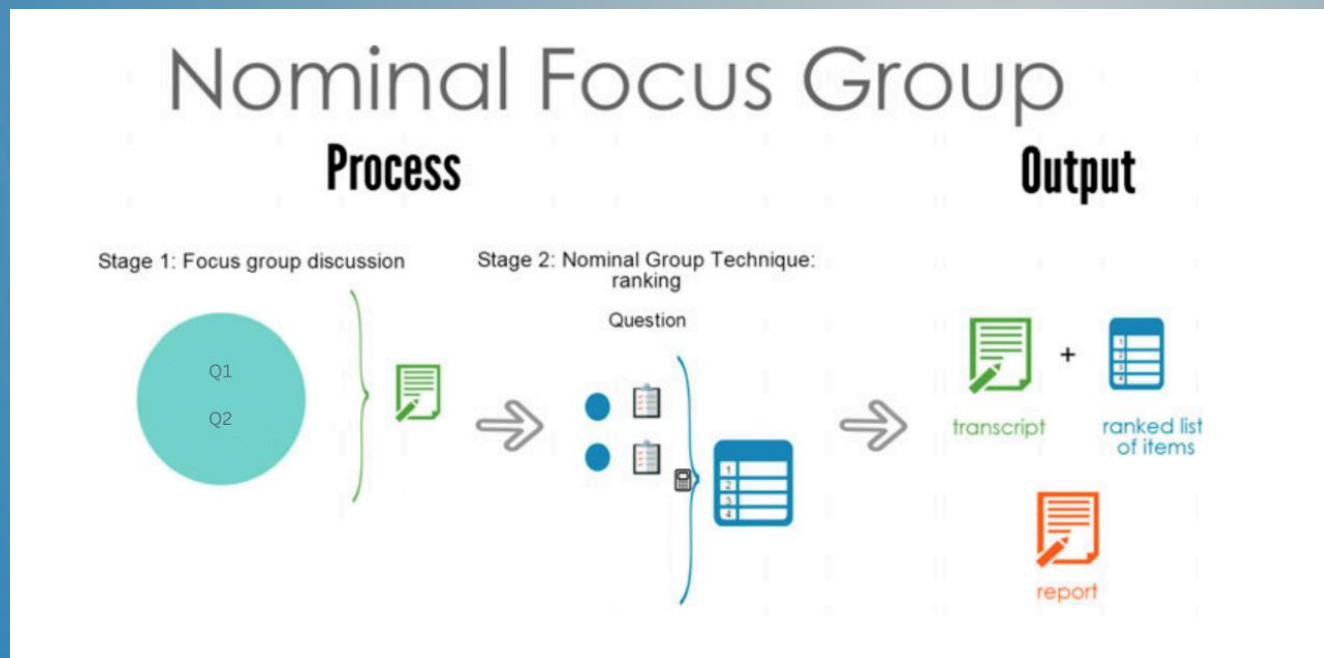
Why?



Source: Infectious Disease, AIDS and Clinical Immunology Research Center

Implementation Framework

- ▶ Describe which framework, why and which elements you believe you need to address
 - ▶ The study was guided by the COM-B model - Capability, Opportunity, Motivation – Behavior.
 - ▶ Choice-based conjoint experiment.



What is the evidence-based practice you intend to implement better?

- ▶ PrEP is a proven, evidence-based HIV prevention strategy recommended for high-risk populations.
- ▶ Modeling studies suggest that PrEP potentially prevents 58% of new HIV infections compared to no PrEP (Versteegh, 2022).

Barriers and Facilitators to Implementation

	Subtheme	COM-B Domain	Group(s) Most Affected	Relative priority
1	Limited awareness of PrEP	Capability	WUD, FSWs, FPMWID, MSM	High
2	Limited awareness of HIV, STD risks	Capability	WUD, FSWs	High
3	Lack of accurate information online / from providers	Capability	WUD, MSM	High
4	Daily PrEP not comfortable	Capability	WUD, MSM	High
5	Interaction with other medications, side effects	Capability	WUD, MSM	Moderate
6	Venous insufficiency prevents testing	Capability	WUD	Not Ranked
7	Stigma and self-stigma visiting clinics	Opportunity	FPMWID, WUD, MSM	High
8	PrEP only perceived for gay men	Opportunity	WUD, MSM	High
9	Lack of regional access, centralized services	Opportunity	MSM, WUD	Low
10	Rigid clinic hours, hard-to-reach locations	Opportunity	MSM	High
11	Lack of trust in providers and confidentiality concerns	Opportunity	MSM, WUD, FSWs	High
12	Stigma from medical staff	Opportunity	WUD	Low
13	Doctors/professionals don't talk about PrEP	Opportunity	FSWs, WUD	Moderate
14	National protocol not user-friendly	Opportunity	MSM	Low
15	No delivery services, rigid dosing regimens	Opportunity	MSM	Low
16	Large size of the tablets and packaging	Opportunity	MSM	Not Ranked
17	Low perceived HIV risk / using condoms / regular checkups	Motivation	MSM, FSWs, FPMWID	High
18	Immunity compromise	Motivation	MSM	Low
19	PrEP stigmatized as linked to promiscuity	Motivation	MSM	Moderate
20	Anxiety about taking medication regularly	Motivation	MSM	Moderate
21	Belief that ART and PrEP are equivalent	Motivation	MSM	Not Ranked
22	Laziness, not caring for own health	Motivation	FPMWID	High
23	A reason that you do not trust partner.	Motivation	MSM, FPMWID	Not Ranked
24	Belief that PrEP use will increase risky behavior	Motivation	MSM	Not Ranked
25	Difficulties explaining to family	Motivation	MSM	Low
26	Drug resistance can develop	Motivation	MSM	Low
27	Having several but permanent sexual partners	Motivation	FSWs	Moderate



Barriers and Facilitators to Implementation

- ▶ Recommended strategies included :
 - ▶ mass media campaigns, social media promotion, community-based workshops, and collaboration with primary care clinics to disseminate information.
 - ▶ correct the misconception that PrEP is only for MSM and clearly communicate that it is intended for women as well.
 - ▶ participants emphasized the need for PrEP services to be offered in more neutral settings.

Anticipated Challenges and Questions

- ▶ Newly adopted laws
 - ▶ Family Values and the Protection of Minors
 - ▶ Foreign Agent Law and FARA
 - ▶ Harsh drug policy and increased crackdown on PWUD



Conclusions and Next Steps

- ▶ Using NFG technique, we identified 3 attributes and several levels.

Attributes	Option A – baseline	Option B	Option C	Option D	Option E	Option F
PrEP dispensing venue	AIDs center	Community center	Mobile vans	Primary healthcare clinics	Pharmacy	Online delivery
Form of PrEP	Daily	On-demand	Injection			
Visit frequency	Every 3 months	Every 3 months	Every 6 months	Once a year		



Thank you for your attention!

I would like to sincerely thank participants and everyone who assisted with participant recruitment for this study.

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Georgian Implementation Fellowship Training Summer Bootcamp

Tbilisi, Georgia – July 30 – August 2, 2025