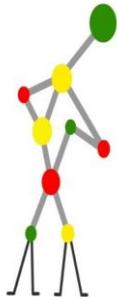




**AIDS
2018** 22ND INTERNATIONAL AIDS CONFERENCE
AMSTERDAM, NETHERLANDS
23-27 JULY 2018
BREAKING BARRIERS • BUILDING BRIDGES

PrEP delivery in public health settings: Successes and barriers



IRESSEF

Institut de Recherche en Santé de
Surveillance Epidémiologique et de Formation

**BILL & MELINDA
GATES foundation**

W UNIVERSITY of
WASHINGTON



Aardex Group SA, Belgium

**Moussa Sarr, Westat, United States & Senegal
On behalf of the Senegal PrEP Team**

...One of the Demonstration Studies Sponsored by the Gates Foundation

- Kenya
- India
- South Africa
- Nigeria
- Benin
- Senegal
- Mozambique



BILL & MELINDA
GATES *foundation*



Background

- National HIV prevalence <1%
 - FSW (30%)
 - MSM (19%)
- There is a need to move beyond the existing types of interventions;
 - Interventions such as community-level and structural HIV prevention types of programs were recently added
- Now adding biomedical intervention to help lower the HIV incidence and prevalence among FSWs

Context

- PrEP implementation in real-world clinical settings for future scale up plans
 - Implemented in 4 Ministry of Health (MoH)-run clinics in Dakar, Senegal
- Sex work is legal and regulated in Senegal
 - FSWs can register with the system for monthly HIV/STIs visits in MoH-run clinics
- The demonstration project enrolled both registered and also unregistered sex workers

Intervention & Measures

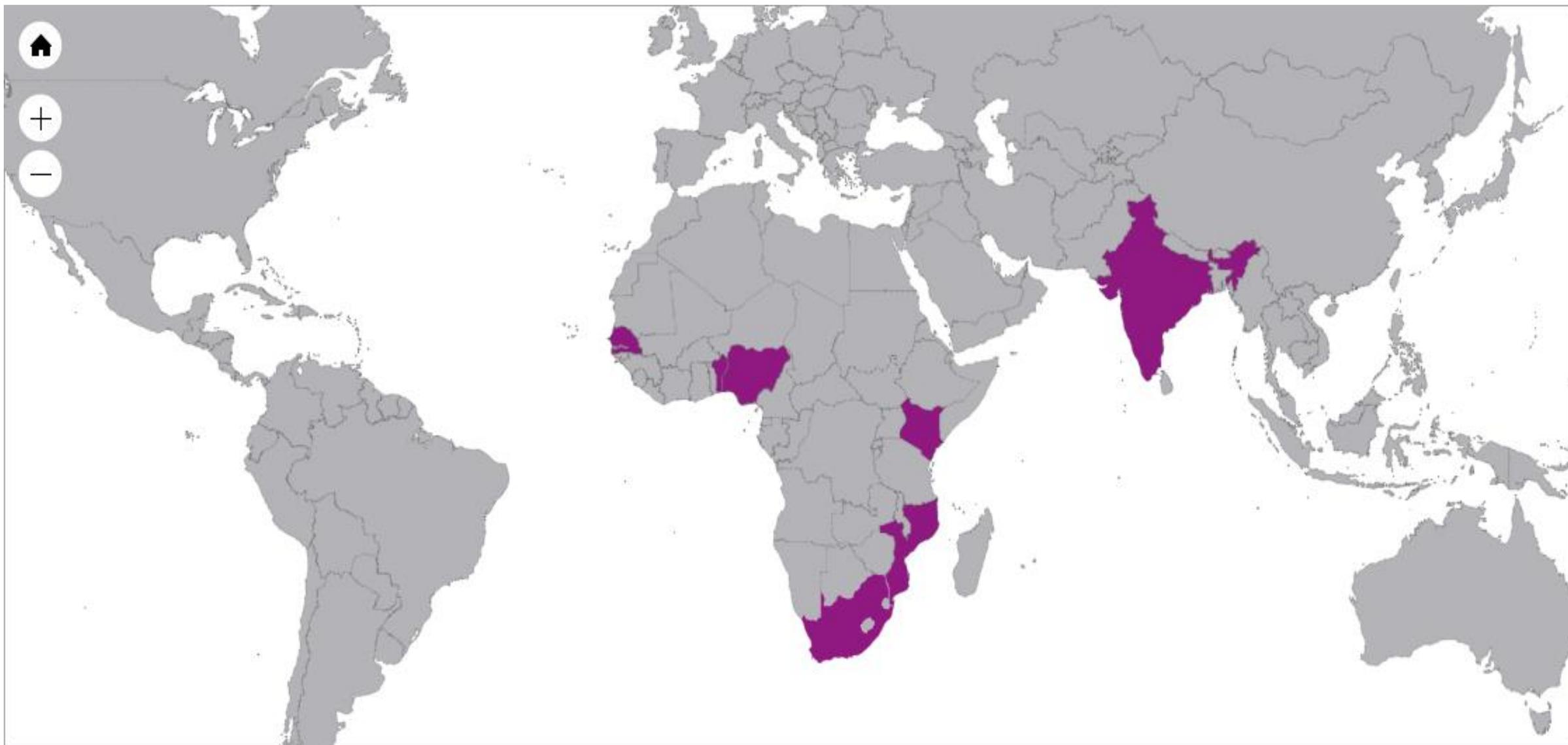
Visits: Baseline, 7 days, 1, 3, 6, 9, and 12 months

Medication: Daily PrEP (Truvada) – dispensed day 0, month 1, and every 3 months thereafter

Measures:

- Socio-demographics
- Medical History
- Physical Exam
- Laboratory Test:
 - » Urine β HCG; Urine dipstick; HIV-1 ELISA; HBsAG and HBsAG⁺; Serum Chemistry, LFT; CBC; STI screening; vaginal swab for Y chromosome PCR; Medication levels
- Behavioral Assessments:
 - » Social support; Self-reported adherence; Sexual Activity and condom use; Risk perceptions; Alcohol, and drug use assessment

Key Findings - Enrollment and Uptake

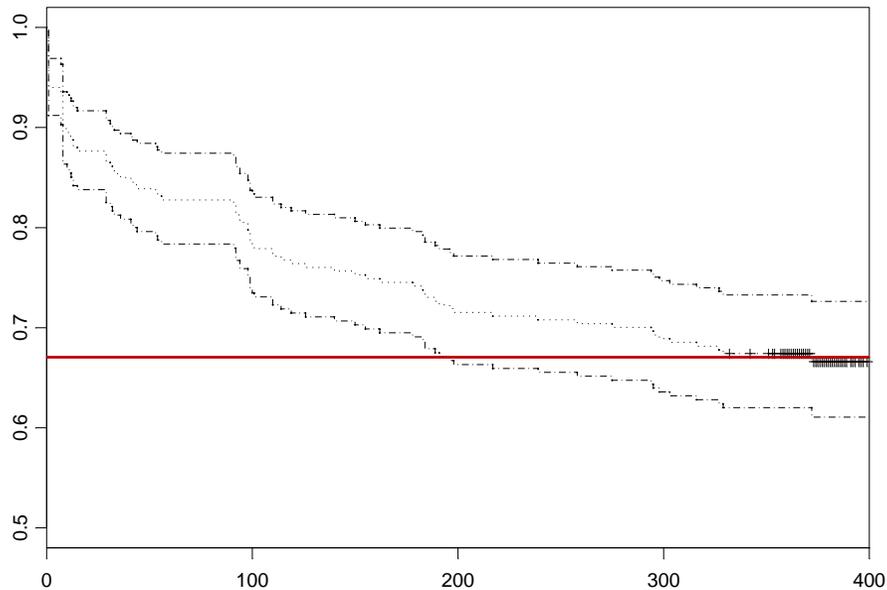


Key Findings - Retention

Before adjustment

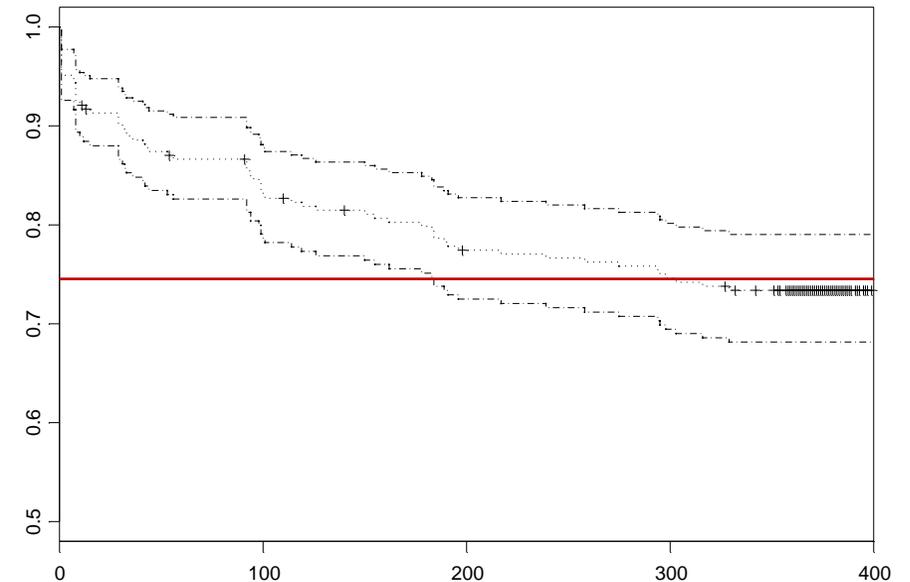
88 subjects out of 267 discontinued
One year Retention : 67.0 %

Retention over time as estimated by Kaplan-Meier



After adjustment

68 subjects out of 267 discontinued
One year Retention : 74.5 %



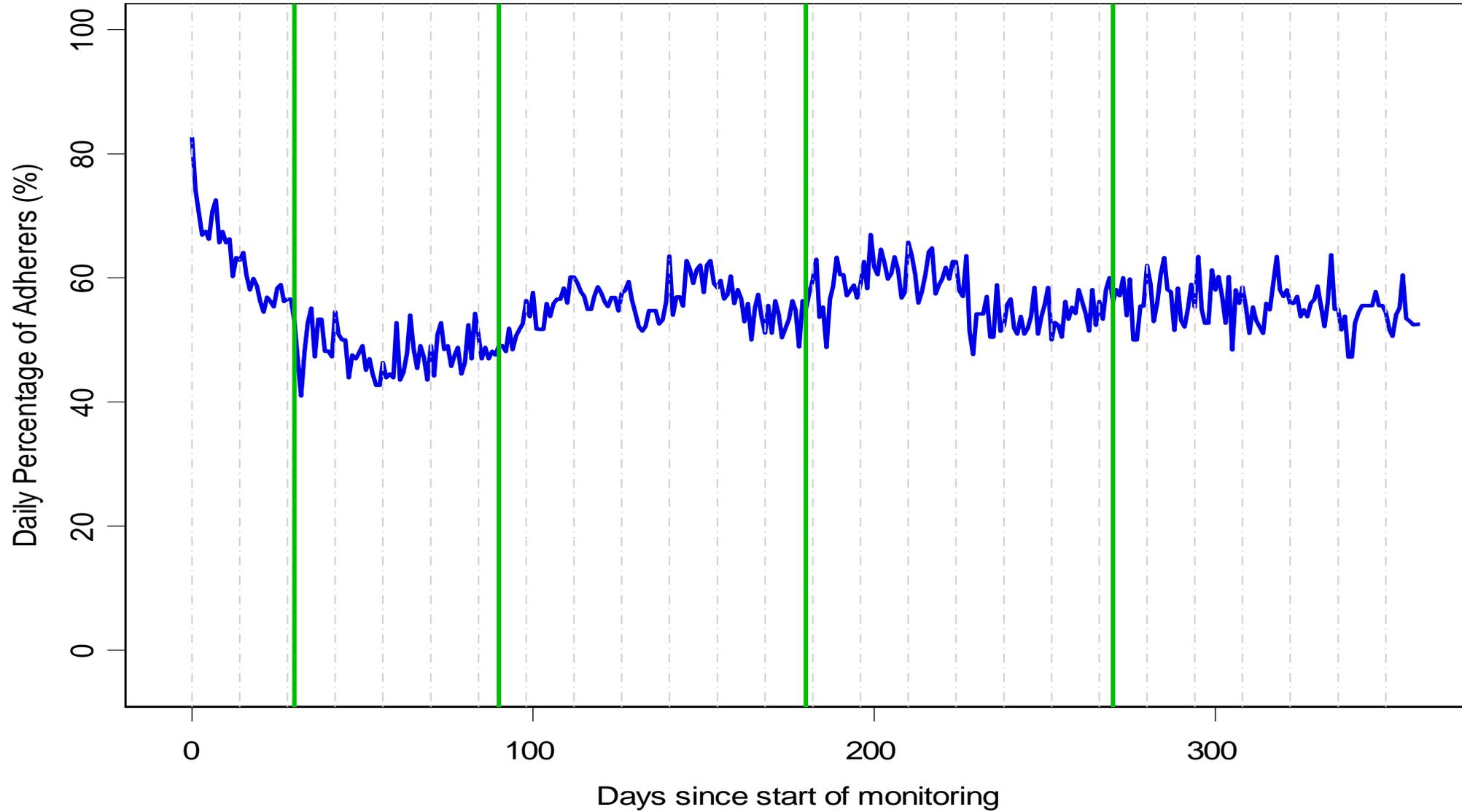
Adjustment: Reasons of discontinuation such as death, pregnancy, moved out of the area, had a car accident were not counted as events

Predictors of Retention

- Older age among FSW was found to be a significant predictor of higher PrEP retention ($P = 0.0012$)
- Age Categorized:
 - 18-24 year age group: 1
 - 25-34 year age group: (OR= 2.53, 95%CI=1.22-4.99),
 - 35-44 year age group: (OR= 3.24, 95%CI=1.57-6.23), and
 - 45+year age group: (OR= 3.85, 95%CI=2.13-10.27)
- No significant differences in retention by site, education, registration as sex worker status, condom use or HIV risk perception.

Adherence over time

All active subjects



Reasons for non-adherence

- Most participants did not take meds when did not feel at risk
- 3 top reasons of non-adherence
 - Simply Forgot (20%)
 - Too busy with other things (18%)
 - Run out of study pills (14%)

Barriers & Facilitators

Individual		Social/Community		Structural	
Barriers	Facilitators	Barriers	Facilitators	Barriers	Facilitators
<p>Fear of stigma</p> <p>Medication (Daily intake, size, color)</p> <p>Blood test at each visit (quarterly)</p> <p>Mobility</p> <p>Younger age</p>	<p>Personal/ Motivational Interviewing</p> <p>Group Counseling sessions</p> <p>Free treatment of diagnosed STIs</p> <p>Provision of condoms</p> <p>Younger peer-educators</p>	<p>Stigmatization (at the family & community level)</p>	<p>Personal/ Motivational Interviewing</p> <p>Group Counseling sessions (sharing positive stories, experiences and tricks)</p>	<p>Lack of coordination between different sectors within health centers</p> <p>Work load</p> <p>Lack of Research Experience</p> <p>Mobility of site staff</p> <p>Site and laboratory capacity and logistics (freezers, reagents, sample kits)</p>	<p>Trainings of health staff</p> <p>Capacity building and planning evaluation (Lab QMS, Pharmacy SOP, SOP for coordination of activities between different sectors.)</p>

Lessons Learned

- Successful enrollment and retention of FSWs in PrEP when offered in Ministry of Health (MoH)-run clinics
- Challenges
 - Sex Worker Population very Mobile
 - Despite continuous recommendation of daily PrEP use,
 - medication mostly taken when feeling of being at risk
 - Human resource and structural issues at facilities
 - Challenge of enrolling younger participants
 - Personal, social and structural stigma
- Personal and group counseling sessions to support enrollment, retention, and adherence

Experience in other public health settings

- In South Africa:
 - Retention rate was pretty low, but women who really wanted to take PrEP came and stayed
 - Mobile services may help with the next stage of reach.
- In Swaziland:
 - 59% clients were retained at 1-month after PrEP initiation.
 - very high self-perceived risk of HIV infection, middle age, and having a partner known to be living with HIV were significantly significant predictors of retention at 1-month

What we would do differently

- Earlier in the process (top 3):
 - Have a higher number of younger peer-educators
 - Match the number of participants attending site visits to staff workload:
 - Better coordination between peer-educators and site staff
 - Better coordination between different sectors within health centers

What to Do Next...

- National dissemination meeting with Ministry of Health and key in-country stakeholders
- Include recommendations into next in-country National strategic plan
- Ministry of Health (MoH)-run clinics can be used possibly used to expand PrEP's access nationwide
 - not only for FSWs, but also for
 - other high-risk groups such as Men having Sex with Men (MSM), serodiscordant couples, or IV drug users
- Use of an event-driven versus mandatory daily PrEP
- Secure funding for scale-up effort

ACKNOWLEDGEMENTS

- This study is funded by the Bill & Melinda Gates Foundation; and
- Truvada® for pre-exposure prophylaxis is provided free of charge by Gilead Sciences, Inc.
- Special thanks to all study participants, all peer-educators, and all site staff
- Special thanks also to the Senegal government:
 - The National Council Against AIDS / Prime Minister's Office (CNLS); and
 - The Division for the Control of HIV/AIDS and STIs / Ministry of Health (DLSI)

Thank you!!