Continued Use of PrEP among Sex Workers in Six Sites in South Africa

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Background

- The sex worker program at Wits RHI has provided health services to sex workers in inner city Johannesburg since 1996.
- This year, the programme has reached more than 36,000 sex workers across four provinces.
- PrEP rolled out to high risk populations in 2016 following WHO 2015 recommendations.
PrEP Sites in the Sex Worker Programme
SW and Male Client Project Population

• The Project serves Female, Male, and Transgender Sex Workers and their Male Clients

• Vulnerable to HIV due to:
  • High client volume (>10 clients/day): 58%
  • Substance use and violence: 58%
  • Inconsistent condom use: 44%
  • Young age (≤24 years) and/or new in sex work (<6 months)

*Individual Female Sex Worker Risk and Vulnerability Assessments in Hillbrow, South Africa (Bothma et al)*

• All SW who test negative for HIV are offered PrEP.
• PrEP is available in both mobile clinic and at fixed sites.
Methods

• Purpose: To determine what proportion of sex workers who initiate on PrEP continue to use PrEP at various time points up to 10 months from initiation.

• Retrospective review of routine program data.

• Six sex worker service sites providing PrEP were included in the data analysis, all sites for which we had complete data set:
  • Esselen Street Clinic, Johannesburg;
  • Sediba Hope Clinic, Tshwane;
  • Ekurhuleni DREAMS outreach team
  • Pomona Road, Ekurhuleni
  • Musina, Limpopo;
  • Hoedspruit, Limpopo.

• Included those who initiated PrEP in the first year of the program (June 2016-May 2017)
<table>
<thead>
<tr>
<th>Client's Name, Surname, folder number and ID number</th>
<th>Month/Cohort</th>
<th>Sex</th>
<th>Age</th>
<th>HIV negative offered PrEP (Y/N)</th>
<th>At 1 month: Report on events between starting PrEP &amp; 1 month</th>
<th>2</th>
<th>At 3 months: Report on events between 1 month and 3 months</th>
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</thead>
<tbody>
<tr>
<td>Date started ddmn</td>
<td>Adult Male</td>
<td>Adult Female</td>
<td>Transgender</td>
<td>0-15</td>
<td>16-18</td>
<td>19-24</td>
<td>25-34</td>
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Continued use of PrEP

- 51% of people who initiated PrEP from June 2016 through May 2017 (N=730) did not continue after 1 month.

- At 10 months, 17% were on PrEP (continued or restarted).
Continued use of PrEP by site
Reasons for Discontinuation

• Reasons for discontinuation are not routinely collected in register

Factors influencing initiation, continuation & discontinuation of oral PrEP at selected facilities in South Africa (D Pillay et al)

Factors influencing discontinuation of PrEP

- Side effects were too much: 74% (n=59)
- Other reasons*: 26% (n=21)

* Other reasons included: feeling stigmatized (19%), challenges with accessing PrEP (10%), concerns with pill taking/adherence (4%), having one faithful sexual partner (3%), partner said to stop using it (3%), pregnancy (3%), other (4%)

WITS RHI
2018 - Uptake of PrEP among HIV negative individuals in the SWMC Project

PrEP Uptake

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
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<tr>
<td>5%</td>
<td>13%</td>
<td>18%</td>
<td>27%</td>
<td>18%</td>
<td>13%</td>
<td>14%</td>
<td>30%</td>
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FY17 FY18

PrEP Uptake

WITS RHI
2018 - PrEP Cascade by Key Population

FY18 (Annual) PrEP Cascade by Key Population

- **FSW**: 8154 HTS_NEG 2143 PrEP_NEW
- **TG**: 37 HTS_NEG 7 PrEP_NEW
- **MSM**: 1293 HTS_NEG 157 PrEP_NEW
- **Truck drivers**: 3488 HTS_NEG 72 PrEP_NEW
- **Total**: 12972 HTS_NEG 2379 PrEP_NEW

- **PrEP Uptake %**:
  - FSW: 26%
  - TG: 19%
  - MSM: 12%
  - Truck drivers: 2%
  - Total: 18%

*WITS RHI*
Limitations

- Population – While this analysis reflects what happened with sex workers in our project. This may not be generalizable to larger population.

- Data sources – M&E registers do not include in-depth information on patient demographics, reasons for discontinuation.
Recommendations

- PrEP will be used at times of risk, cycle on and off
- Improve PrEP messaging and pre-initiation counselling
- Mitigate side effects
- Intensify tracking and tracing of LTFU
Recommendations

• Reasons for discontinuation?
• Does PrEP continuation vary by age group, key population, mobile/fixed services?
• How many people restart PrEP? When and why?
• Risk profile of those who initiate PrEP?
Thank you to:

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