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Introduction

The cross-sectional PrEP-CI study, conducted in 2016 among female sex workers (FSW) in Côte d'Ivoire, showed that this key population was still particularly vulnerable:

•FSW are highly exposed to HIV

•In the San Pedro area, the HIV incidence was estimated at 3.2%

•**Condom use for HIV prevention is not systematic.** Even though a large majority of FSW (87%) declared regularly use condoms, 59% disclosed having had at least one sexual intercourse without condom in the week before the study.

In the same time, the oral pre-exposure prophylaxis (PrEP), recommended by the WHO, is an effective tool for HIV prevention as long as it is taken with good adherence. Yet, several studies showed that the implementation of PrEP can be sub-optimal in women, including FSW.

Objective

To describe the delays to initiation of oral PrEP among FSW in Côte d'Ivoire.

Methods

ANRS 12381 PRINCESSE project

- Objectif:** evaluate the implementation of a comprehensive and community-based care offer among FSW aged ≥18 years in the San Pedro region.
- Study area:** region with farming businesses (coffee and cocoa in urban zones, and palm oil and hevea in rural areas), thus leading to a high degree of labor migration among men.
- Study design:** single-arm interventional cohort, implemented since end-2019 (still on-going).
- Intervention:** comprehensive sexual and reproductive health care package, including PrEP, offered through a mobile clinic operating on 10 prostitution sites (visited every two weeks), and a fixed-clinic (in the APROSAM NGO in San Pedro).
- PrEP delivrance:** all HIV- FSW are eligible; PrEP initiation is possible after verifying the creatinine level (determined with a biological assessment; results valid for one month)



Photo: V. Becquet

Analysis plan for this study

- Study population:** FSW who were HIV- and hepatitis B virus-negative (HBsAg-), included until 30/04/2022.
- Analysis:**
 - Description of the different steps between inclusion in the PRINCESSE project and PrEP initiation (= 1st PrEP prescription), or the end of the follow-up
 - For each step, percentages are given functions of the previous step.
 - Description of time between FSW's interest for PrEP and PrEP initiation.
 - Description of reasons of not initiating PrEP.
 - Description of probability of PrEP initiation since PrEP interest: Kaplan-Meier curve censored on 31/05/2022 (an analysis censored at the date of the last visit was also conducted).

Conclusion

Despite strong PrEP interest among FSW, PrEP initiation remained suboptimal among FSW in the PRINCESSE project. First explanatory analyses of qualitative interviews and discussions with field's teams suggested several barriers to PrEP initiation (such as high FSW mobility, FSW's perception of a burdensome follow-up, mobile clinic fidelity not optimal with about 20% of time when the mobile clinic could not go to prostitution sites because of rainy season or lack of professional). This highlighted the challenge of implementing oral PrEP in this key population, and the need to continue adapting models of care and developing appropriate and effective HIV prevention tools for such population.

Results

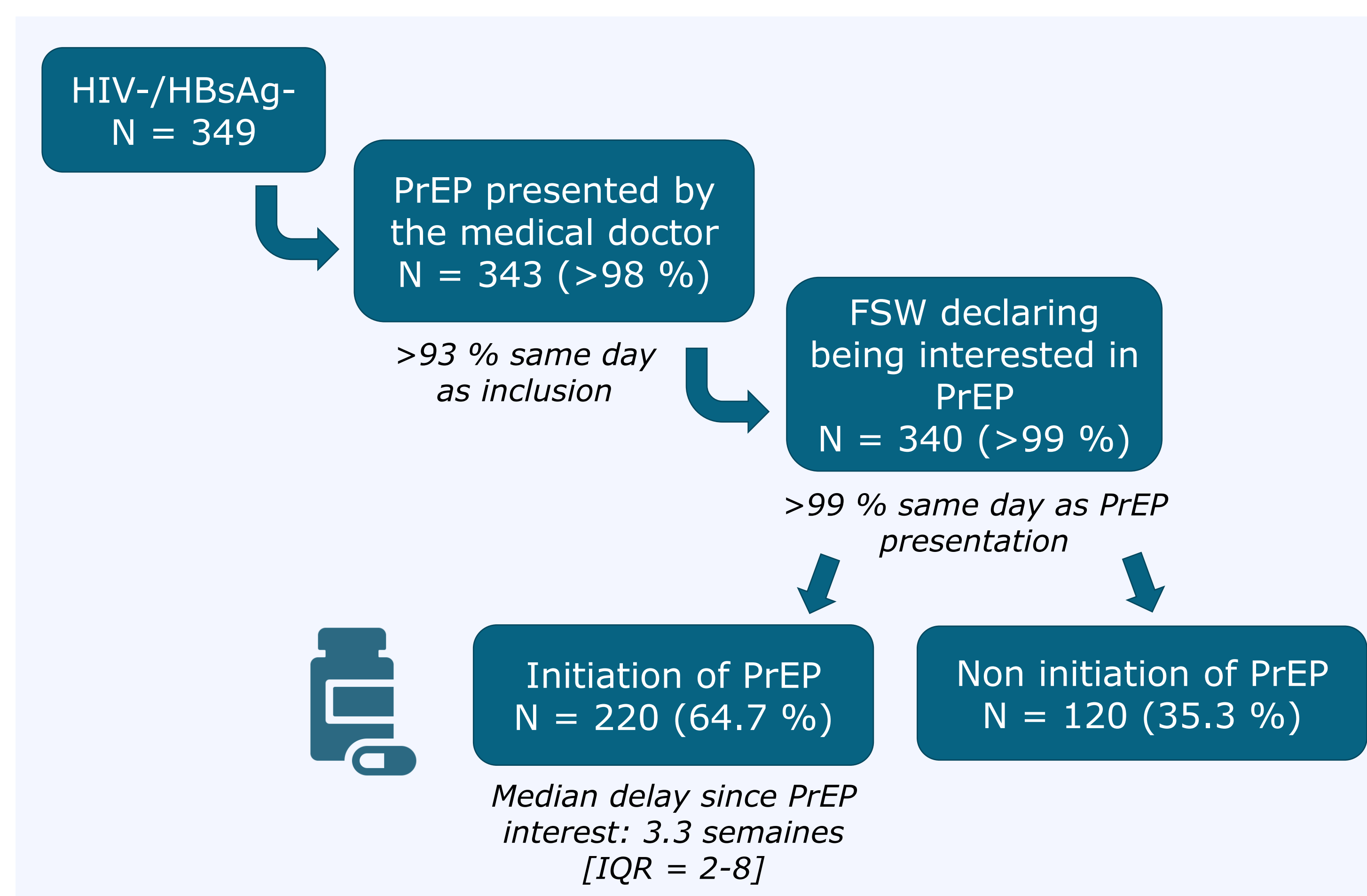
Study population: N = 349 HIV-/AgHBS- (on 412 FSW in the cohort).

Description of HIV-/HBsAg- FSW at inclusion, N = 349

	n (%)	Médiane [IQR]
Age (years)		29 [24-34]
Nationality: ivoirien	194 (56%)	
Time since sex work begun (years)		2 [0-5]
Sex work places in the last month		
Brothel	174 (50%)	
Hotel	175 (50%)	
Bar/maquis	26 (8%)	

IQR: Inter-Quartile Range

Description of PrEP initiation



Temporality of PrEP initiation visit

- 21 initiated PrEP the same day as the PrEP interest (biological assessment done in a previous visit)
- 168 initiated PrEP in the visit following the interest (median delay since interest: 3 weeks [IQR: 2-6])
- 31 initiated PrEP later (median delay: 18 weeks [IQR: 12-42], either because they were temporarily not interested in PrEP (n = 4), or because they came back late)

Reasons for not initiating PrEP

- 83 never came back after PrEP interest
- 31 came back too late (thus needed a new biological assessment)
- 5 not interested in PrEP anymore
- 1 HIV seroconversion

Probability of PrEP initiation since PrEP interest

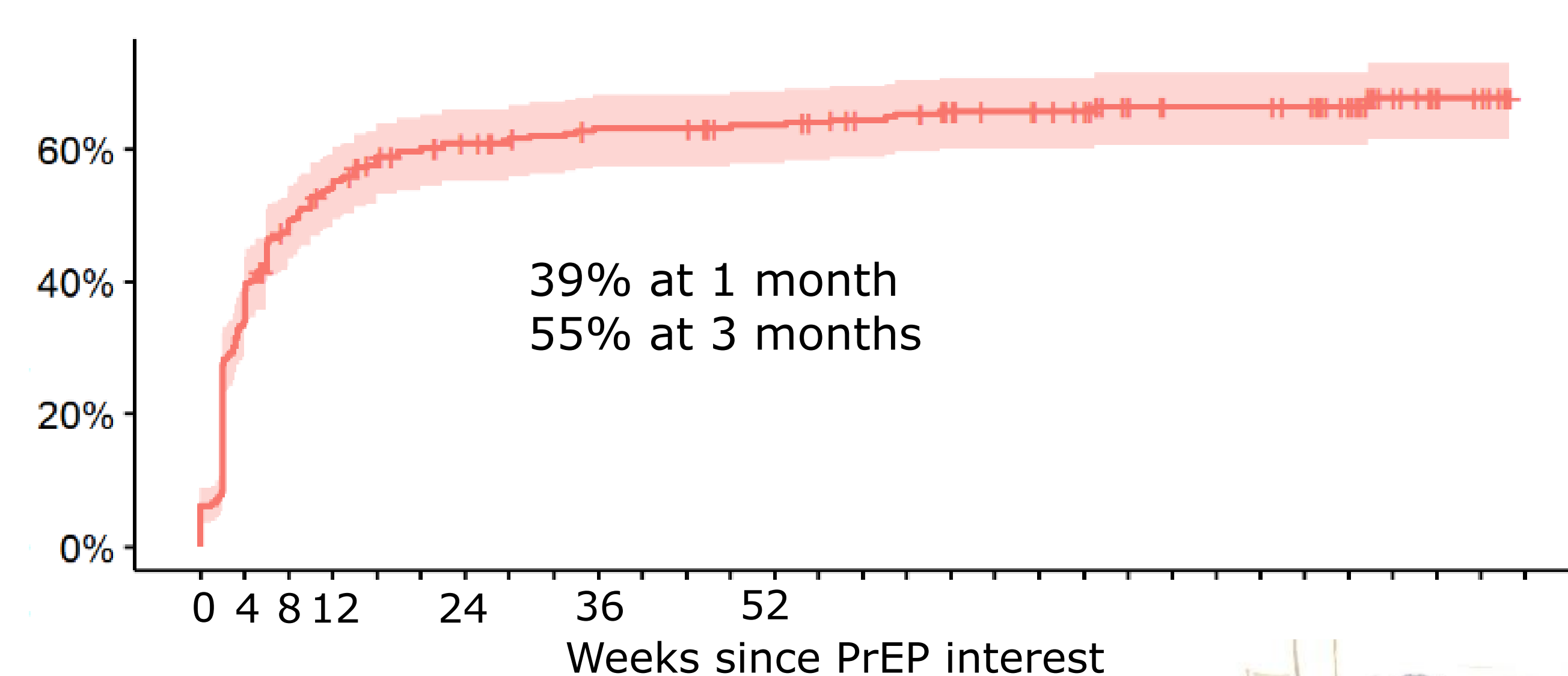


Photo: V. Becquet