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## Implementing PrEP among Female Sex Workers in Côte d'Ivoire: new challenges for models of care (PrEP-CI ANRS 12361)

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# PRINCESSE



PrEP · INfections sexuellement transmissibles  
Contraception · hEpatite b · Santé SExuelle

## Implementing PrEP among female sex workers in Côte d'Ivoire: New challenges for models of care



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*International Population Conference, Cape Town, 2 November 2017*

# WHAT IS PREP?

WHAT IF THERE  
WERE A PILL  
THAT COULD  
PREVENT HIV?

**THERE IS.**

WHEN TAKEN DAILY AS PRESCRIBED,  
PRE-EXPOSURE PROPHYLAXIS (**PrEP**)  
HAS BEEN SHOWN TO BE UP TO  
96–99% EFFECTIVE IN PREVENTING  
HIV INFECTION.



# CONTEXT

- » Since 2015, oral PrEP is recommended by WHO for populations at substantial risk
  
- » However, WHO points out the need for additional research on PrEP in “real life”
  - › demand creation for oral PrEP
  - › best delivery models in different contexts / for different populations
  - › social and behavioural impact of PrEP
  - › integration of PrEP services with other services
  
- » In Cote d'Ivoire, PrEP is not yet implemented and willingness of the national programme for operational research before scaling-up



# PREP CI ANRS 12361

## » Main objective

- › evaluate **relevance** and **feasibility** of implementing a PrEP among female sex workers (FSW) in Cote d'Ivoire

## » In collaboration with 2 community-based NGOs

- › Aprosam (San Pedro)
- › Espace Confiance (Abidjan)



## » Conducted activities (September 2016 – March 2017)

- Standardized questionnaires** among 1000 FSW, never tested or previously tested HIV-, reached on prostitution sites (median age: 25 years-old; mostly Ivorian: 69%)
- Qualitative survey:** 66 FSW interviewed (22 in-depth interviews, 8 focus groups)
- Workshop** with 6 community NGOs and national program

# FINDINGS

## 1. HIV exposure despite condoms

### High HIV exposure despite the use of condom

- » **87%** use condoms regularly
- » However, they have still some unprotected sexual intercourses
  - › **59%** had at least one condomless intercourse over the last week
- » **23%** would accept condomless sex for a large sum on money

*“Et quand regardes dans ta semaine, tu n’as même pas attrapé 2000 F.  
Tu tournes dans ta pensée. Ah ! Moi franchement moi j’accepte !”*

*(focus group, Bardot slum, San Pedro)*



# FINDINGS

## 1. HIV exposure despite condoms

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- » However, they have still some unprotected sexual intercourses
- » **59%** had at least one condomless intercourse over the last week
- » **23%** would accept condomless sex for a large sum on money
- » **88%** do not use systematically condom with their regular partner, even when they perceive a risk

*“L’amour est la seule arme où on dort avec son ennemi. (rires)  
C’est-à-dire c’est ton ennemi proche, c’est lui qui peut te tuer  
parce qu’il n’est pas avec toi seule. Mais tu dis, c’est mon titulaire.”*

*“Or avec lui là, il te dit non, je suis fidèle à toi. Je veux qu’on sorte  
sans préservatif pour montrer une confiance. Donc moi je pense que la  
personne qui fait peur même, c’est ton petit ami. Ce n’est pas le client.”*

*(focus group, Bardot slum, San Pedro)*

# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health

## Beyond HIV, many unmet sexual and reproductive health needs

- » **43%** had at least one unwanted pregnancy
- » **64%** had at least one abortion in their life time  
(Schwartz et al. 2015)

- » Although most of them do not want a child...

*“Mon risque principal c’est pour ne pas tomber enceinte, parce que je suis encore élève. Je vais prendre ventre, qui va s’occuper ?”*

(interview, 18 years old, Abidjan)

- » ... only **39%** use a contraception other than condom ...

*“Elles m’ont parlé mais je leur ai dit non comme je n’ai pas encore fait d’enfant là. Pour ne pas que demain ça puisse me créer des problèmes.”*

(interview, 18 years old, Abidjan)

- » ... because they fear to get sterile



# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health

## Beyond HIV, many unmet sexual and reproductive health needs

- » **36%** continue to work during menstruation
- » Using ice or tissue to stop bleeding (informal interviews)
- » Source of bacterial infections
  
- » **65%** had an STI over the past 12 months
- » FSWs are more preoccupied by STIs than HIV

*“Sinon nous là, à chaque fois, quand on va en brousse là, ce n’est pas que le sida seulement qui tue. Il y a plusieurs maladies.”*

(focus group, Bardot slum, San Pedro)

# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health
3. Chronic follow-up for HIV-

## (re)thinking chronic follow-up of HIV-negative FSWs

- » The implementation of a PrEP program requires to (re)define a chronic follow-up for HIV uninfected women
- » Current policies focus on HIV-infected women and testing “new FSWs”, few activities targeting repeat-testing and regular screening of HIV-negative
- » Despite the work of peer educators on prostitution sites, few FSWs visit dedicated community clinics
- » Only **68%** consulted a health practitioner over the past year
- » Some FSWs reported inconvenient opening times and/or location, or fear of being identified as FSW in the clinic area

*“Et puis moi maintenant, je ne suis pas trop en place. Je vais à la maison, je viens. Soit je ne suis pas là. Donc je n’ai pas trop le temps comme cela.”*

*(interview, 28 years old, Abidjan)*

# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health
3. Chronic follow-up for HIV-

## (re)thinking chronic follow-up of HIV-negative FSWs

- » In case of condom breakage, FSWs usually fall back on self-medication

*“Je m’en vais acheter coca avec Nescafé.  
C’est pour nettoyer tout ce qui descends.”*

*(interview, 17 years old, Abidjan)*



# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health
3. Chronic follow-up for HIV-
4. Integration with HIV care

## Services for HIV+ and HIV- should not be separated

- » To minimize stigma related to entry into care, services for HIV-positive and services for HIV-negative should not be dissociated  
(informal interview, peer educators and physicians)
- » Integrating services together also constitutes an opportunity for cost sharing and savings



# FINDINGS

1. HIV exposure despite condoms
2. Unmet needs in sexual health
3. Chronic follow-up for HIV-
4. Integration with HIV care
5. Management of hepatitis B

## PrEP programmes should consider Hepatitis B

- » High prevalence of HBV in Cote d'Ivoire (around 10-15%)
- » Tenofovir, used for HIV prevention, is also recommended for hepatitis B treatment
- » For HBV mono-infection, treatment is not free (while covered by national programme if co-infection with HIV)

**It would be **ethically unsustainable** to implement PrEP without management of hepatitis B**

- » *Most PrEP trials excluded AgHBs+ individuals*
- » *Almost no clinical research on interactions between HIV PrEP and HBV treatment*



# CONCLUSION AND PERSPECTIVES

Implementing PrEP among FSWs requires to develop of global care package in **sexual and reproductive health**, including:

- » HIV prevention and care
- » STIs screening and treatment
- » Contraception
- » Menstrual management counselling
- » HBV screening, vaccination and treatment

delivered through **community clinics** and on site activities (**mobile clinics**)







JE T'AIME MON  
AMOUR

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## THANK YOU

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