

### AIDS Impact · June 12, 2023



*"It's hard to take it every day":* initiations, discontinuations and perceptions of oral PrEP among female sex workers in Côte d'Ivoire

Valentine Becquet<sup>1,2</sup>, <u>Mélanie Plazy</u><sup>3</sup>, Evelyne Kissi<sup>4</sup>, Marcellin Nouaman<sup>4,5</sup>, Patrick A. Coffie<sup>4,6</sup>, Serge Eholié<sup>4,6</sup>, Joseph Larmarange<sup>2,1</sup>

1 Ined, France
 2 Ceped, IRD, Université Paris-Cité, Inserm, France
 3 University of Bordeaux, Bordeaux Population Health Research Center, France
 4 PAC-CI, Côte d'Ivoire
 5 UFR d'Odonto-Stomatologie, Université Félix Houphouet-Boigny, Côte d'Ivoire
 6 UFR des Sciences Médicales, Université Félix Houphouet-Boigny, Côte d'Ivoire







APROSAM





# **Objectives**

- Description of
  - oral preexposure prophylaxis (PrEP) initiations,
  - discontinuations and early stopping
  - among female sex workers (FSWs) in Côte d'Ivoire
- Elaborate broader considerations about their perceptions, through
  - Barriers of PrEP use
  - Facilitators of PrEP use

# **ANRS 12381 PRINCESSE**

### Single-arm cohort

- Up to 500 FSWs aged ≥18
- HIV- or HIV+, HBsAg- or HBsAg+
- November  $2019 \rightarrow June 2023$

# **Comprehensive SRH offer (quarterly follow-up)**

- HIV: screening, treatment and/or oral PrEP
- HBV: screening, vaccination and/or treatment
- STI: screening and treatment
- free contraception + menstrual cups
- cervical dysplasia screening + treatment

### Mobile clinic on prostitution sites

- 10 sites visited every 15 days
- San Pedro region
- team : 1 doctor, 1 lab technician, 1 social worker, 2 peer educators, 1 driver





### Data

- Qualitative interviews with 38 FSWs conducted in :
  - December 2019 (at inclusion, only interest in PrEP)
  - September 2021 (after the covid-related travel ban, early stopping of PrEP)
  - March 2022 (PrEP and body perception)
  - May 2022 (PrEP discontinuations)
- **Clinical records** related to PrEP use, filled out by the physicians **at each visit**

# **Protective effect of PrEP (1)**

• Reported by many women despite sometimes being afraid of side effects.

« Because they say that when you take medication, it protects you against diseases, because you never know if the person has HIV-AIDS, he can go with you and then, or with a condom it can break, [...] that's what touched me a lot because I don't want to have a disease, that's why I'm taking medication »

Christine on PrEP for 11-12 months (with several discontinuations)

#### «I hope the medicine is not going to give us another disease like cancer.

With the other girls when we talk, we always say that we are waiting for the medicine that will save our health if the condom breaks. You see we trust you. »

> Charlène interested in initiating PrEP





# **Protective effect of PrEP (2)**

• Few women reported perceiving no benefit of PrEP compared to condoms.

« It's hard to take a medication every day, I'm not used to it. I should take it every time, at a specific time.
I'm not used to it, I can forget. I use my condoms very well. I use my female condoms very well. (...)
I don't use the AIDS drug. I don't like it, I'm not sick »

Precious not interested in PrEP

### End-May 2023

- 416 HIV & HBV negative women were included
- 398 (96%) declared their interest in PrEP
- Within 6 weeks:
  - 225 (57%) exited care
  - 4 were not interested in PrEP anymore
  - 169 (43%) initiated PrEP

### **Early stopping**

• Some women explained having stopped PrEP immediately because of side effects.

"I tried it once but it made me tired so I don't take it (...) It made me very tired (...) Because when I took the tablet, my whole body was itching and then I couldn't feel my legs anymore."

> Cynthia stopped PrEP after 1 day

• Some women also reported having stopped PrEP after a few weeks because of their difficulties in taking a daily treatment at a fixed time.

« I was taking every day, every day, every day 1, every day 1 so there came a time when I saw that I was tired of it. Every day you're going to take tablet, tablet there so I left. (...) I didn't even do a month in it (...) it's the fact of remembering the medicine. It's 5 or 6 o'clock, every 6 o'clock I go to take medicine often hum, I have the laziness to take it"

> Corinne initiated PrEP and stopped after a month, reinitiated after 21 months and stopped again





### **Discontinuations**

• Related to periods of mobility when they leave to visit their families and no longer work.

" yes, for a while I went to Abidjan, I did 5 days and I left the box here, I didn't take. Well in Abidjan I didn't go to work either. I went to say hello to my sister, so I wasn't working, so I wasn't taking any. Well, it's when I came back, I wanted to work, so I started to take.»

> Corinne initiated PrEP and stopped after a month, reinitiated after 21 months and stopped again

• Discontinuations sometimes led to stopping PrEP

"Yes, because in the Easter vacations I was going to the village, I could not leave with this. Me and my children wear the same clothes, they will look in my bag [...] And then when I came back, I didn't have the courage to go back [on PrEP]. (How long did you stay in the village?) I left on April 7. I did two weeks."

Yvonne initiated and stopped after 3 months



# **Early stopping and discontinuations**

Among the 169 FSWs who initiated PrEP :

- 109 (64%) exited care
- 60 (36%) attended their first PrEP follow-up visit
  - 16 (27%) reported having discontinued PrEP.
  - Among these 16, 4 (25%) reported not being interested anymore
  - The other 12 and the 44 who did not discontinue PrEP received a second prescription.
- At each subsequent visit of PrEP follow-up, a part of the women reported PrEP discontinuation, and some decided to stop PrEP.

# **Confidence in PrEP**

• The confidence in PrEP is not total : rumors and fear of being identified as HIV-positive among colleagues.

"The girls start to criticize you because you take a tablet every day, and then **every day she takes a tablet**, **she has a disease that she hides from us.** The girls start talking like that. »

> Corinne, initiated PrEP and stopped after a month, reinitiated after 21 months and stopped again

• Other means used to protect against HIV, because PrEP is taken once a day and not after each intercourse.

#### "No it is tablet of only once a day.

So that it already happened that I drank that since morning, since at noon **now condom is broken in the evening**. [...] **So that makes that I take a little salt I put on my batch, then in a glass, I drink therefore I make my toilet** "

Sonia, on PrEP for more than 2 years (with an interruption of 2 months)





# **Discussion / Implications**

- Loss to follow-up is a major issue: not the only barrier to PrEP initiation and retention
- Despite high levels of interest in PrEP:
  - early stopping is mainly linked to side effects and difficulties of managing a daily treatment
  - PrEP discontinuation is frequent, partly linked to periods of mobility
- Oral daily PrEP is not a magic bullet: sometimes difficult for FSWs to articulate PrEP with other daily priorities.

→ Evaluation of the
 balance between constraints and benefits
 at each step of the process.

Urgent need to find new ways of simplifying HIV biomedical prevention

# Thank you for your attention

TE TAIME

CITY



PRep · INfections sexuellement transmissible Contraception · hEpatite b · Santé SExuelle

Investigators-Coordinators PAC-CI, CI: S Eholié Ceped, IRD, Université Paris Cité, Inserm, FR: J Larmarange

#### Study Team (alphabetical order)

Aprosam, San Pedro, CI: A Agoua, C Zebago, GH Zonhoulou Dao BPH, Univ. Bordeaux, Inserm, IRD, FR: X Anglaret, F Dabis, M Plazy Ceped, IRD, Université Paris Cité, Inserm, FR: V Becquet, P Biligha, J Larmarange **CES, Université Paris 1, FR:** C Pouque Biyong Espace Confiance, Abidjan, CI: C Anoma Harvard University, Boston, US: K Freedberg, E Hyle, A Mohareb Hôpital Saint-Antoine, FR: A Boyd, K Lacombe Ined, Paris, FR: V Becquet, J Larmarange IPLESP, Sorbonne Université, Inserm, FR: E Teyssou PAC-CI, Abidjan, CI: X Anglaret, A Attia, MF Banga, P Coffie, C Danel, S Eholié, E Kissi, R Moh, MN Nouaman SESSTIM, Univ. Aix-Marseille, Inserm, IRD, FR: A Faye, M Fiorentino, B Spire Sorbonne Université, Pitié-Salpêtrière, FR: V Calvez, A Jary, V Leducq, AG Marcelin Université de Bordeaux, CHU de Bordeaux, FR: C Bébéar Université Paris Cité, AP-HP, FR: B Berçot

#### **Implementation team**

**Aprosam, San Pedro, CI:** A Agoua (medical investigator), P Amani (medical investigator), KP Anvo, S Akou, ML Brou, Cécé, Chef d'état major, Dodo, Flore, Francas, Kiki, L Kouakou, J Kouassi, P Kouassi, Mama Kate, Merveille, Miss Falone, Nemy, Roky, Sly, C Zebago (medical investigator), GH Zonhoulou Dao (medical investigator)

**CEDRES, Abidjan, CI:** E Koné-Bravo **PAC-CI, Abidjan, CI:** MN Nouaman (project coordinator)

#### Data management & monitoring

PAC-CI/MEREVA, CI: MN Nouaman, A Kouamé, S Lenaud, A Mian, C Yao

#### **Scientific Advisory Board**

K Lacombe (chair, Hôpital Saint-Antoine, Paris), I Ahiba Bobo (National AIDS Programme, Abidjan), E Allah Kouadio (National Viral Hepatitis Programme, Abidjan), N de Castro (Hôpital Saint-Louis, Paris), A Horo (PAC-CI, Abidjan), C Laurent (IRD, Montpellier), J Tetty (Bletty, Abidjan), B Vuylsteke (Institut de Médecine Tropicale, Anvers), M Zannou (Université d'Abomey-Calavi, Cotonou)

#### **Study sponsor representatives**

**ANRS | MIE, Paris, FR:** S Amador-Paz, M Ben Mechlia, V Doré, N Mercier, A Montoyo, C Rekacewicz

#### Internship students

**ISPED, Université de Bordeaux, FR:** N Badirou, E Maouhoub, C Meertens, E Moreno, R Mouquin, H Youssoufa

