

PROVIDING PrEP TO SEX WORKERS & PWID

Poster presentation by TB HIV Care

EXPERIENCE FROM THE WESTERN CAPE



BEST PRACTICES

Stakeholder engagement

Consulted sex workers and used suggestions to shape the PrEP implementation modality, gained insights and recruited early adopters as demand creators.

Integrate the PrEP component into the peer led model

Ensured health care workers are sensitised to sex workers and PrEP

Sex Worker PrEP implementation sites established Community Advisory Groups (CAGs)

Build the CAG members' capacity to represent their peers

To ensure meaningful participation and sex workers' representation, capacity building sessions should be conducted preferably during CAG meetings. Topics covered include:

- Gender-based violence
- Risk reduction techniques (e.g. Condom use, managing alcohol consumption)
- Communication skills
- Community education and mobilisation
- HIV prevention advocacy
- How to review educational materials
- How to conduct successful CAG meetings

Create demand through user testimonials

Match human resources to the target and retention efforts

Cape Town: when an additional nurse was appointed in April 2019, the PrEP initiations increased from 17 in March 2019 to 79 in May 2019.

Make service delivery accessible

Working after hours and providing PrEP on outreach as opposed to just facility based.

Provide on-going technical assistance to PrEP implementing staff

Weekly team meetings

Facilitate and maintain on-going Quality Improvement meetings

Promote the sharing of best practices

Encourage sharing via Whatsapp, conference calls and emails across sites.

CHALLENGES

Retention of NIMART competent professional nurses for the duration of a grant – now stabilised – with support from DoH HAST.



Prioritize Retention not just Initiation

- **Issue side effect 'starter pack':** Cape Town Site realized that one of its retention challenges was the side effects experienced by clients in the first week, thus it decided to provide a small packet of medication to treat seven days of certain side effects on day of initiation. This was implemented from January 2019 and 1 month return retention improved from 27% in November 2018 to 88% in March 2019.
- **Provide telephonic support:** Another strategy to improve PrEP retention was to provide courtesy calls to the clients, one day after initiation to see if the client started meds and within 7 days of initiation to see what side effects were being experienced and if still on PrEP. This forms part of the Cape Town site's adherence counselling efforts.
- **Tracking of missed appointments** via Outlook appointments.
- **Record reasons for discontinuation:** when a client decides to discontinue PrEP, the nurse is required to complete PrEP retention survey if client is accessible.

Providing PrEP to People who Inject Drugs

Successes

- Promoting access to PrEP via THC CDC PrEP programme on a small scale
- Promoting integrated, comprehensive primary health care
- Addition of linkage officers to assist with escorting clients to services

Challenges

- PrEP not part of PWID programme targets or reporting
- Challenging referral pathways
- Poor retention in care – combined with social determinants of health (lack of shelter, substance use, lack of support)
- Difficulty in tracing and follow-up of PWID clients – increases if facing sentencing via correctional services.

