Community Led PrEP Delivery

Getting It Right

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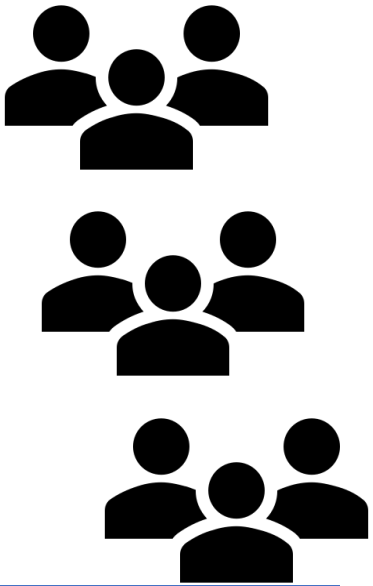
Community Led PrEP Delivery



- *A community comes together to **gain control** over factors that have an impact on their lives and thereby, own the program from its **design, inception, implementation and the outcomes**. They are also the rightful owners of the risk and response and therefore the resources and results.*

- *In the context of PrEP the community leads all the above processess that includes **governance, design, delivery, monitoring** and therefore the **results***

Introduction

- **Contrasting FSW settings:**
  - Kolkata- Brothel based
  - Mysore & Mandya- Mixed pattern (street, lodges, houses, etc.)
- **Bottom-up approach since inception**
  - WHO and BMGF discussed with Ashodaya and DMSC
- **Ashodaya and DMSC chose University of Manitoba**
  - As the support agency for the community-led research

Context

Ashodaya- *Dawn of Hope*

- for, of, by' female, male and trans sex workers
- Initiated in 2005, governed democratically by elected board of directors
- 7000 members across 4 districts
- Proven leadership in integrated health program (HIV/STI, SRH, TB)
- Diversified to other social development programs including banking, social security, etc.
- Well recognized and acclaimed for Community-led academy, Ashodaya Academy, conducting community based research and capacity building

Durbar- *The Unstoppable*

- Organization of 60,000 SWs initiated in 1995 expanding all over West Bengal including Kolkata city
- Democratically governed
- Actively active in addressing underlying reasons of poverty, discrimination, alienation from the mainstream society as well as provide holistic healthcare to its members
- Runs 49 clinics with >500 staff (80% are sex workers)
- Runs the largest co-operative bank for SWs in Asia called Usha Co-operative, 40 educational centers, children hostels etc.
- Has remained one of the best practices for HIV intervention globally

Chronology

2012-13

WHO initiated discussion on PrEP

2013-14

- **Discussion with WHO and BMGF**
- **Community Consultation and Preparedness**
  - **Expressed concern but willingness to explore and assess feasibility of PrEP**

2015

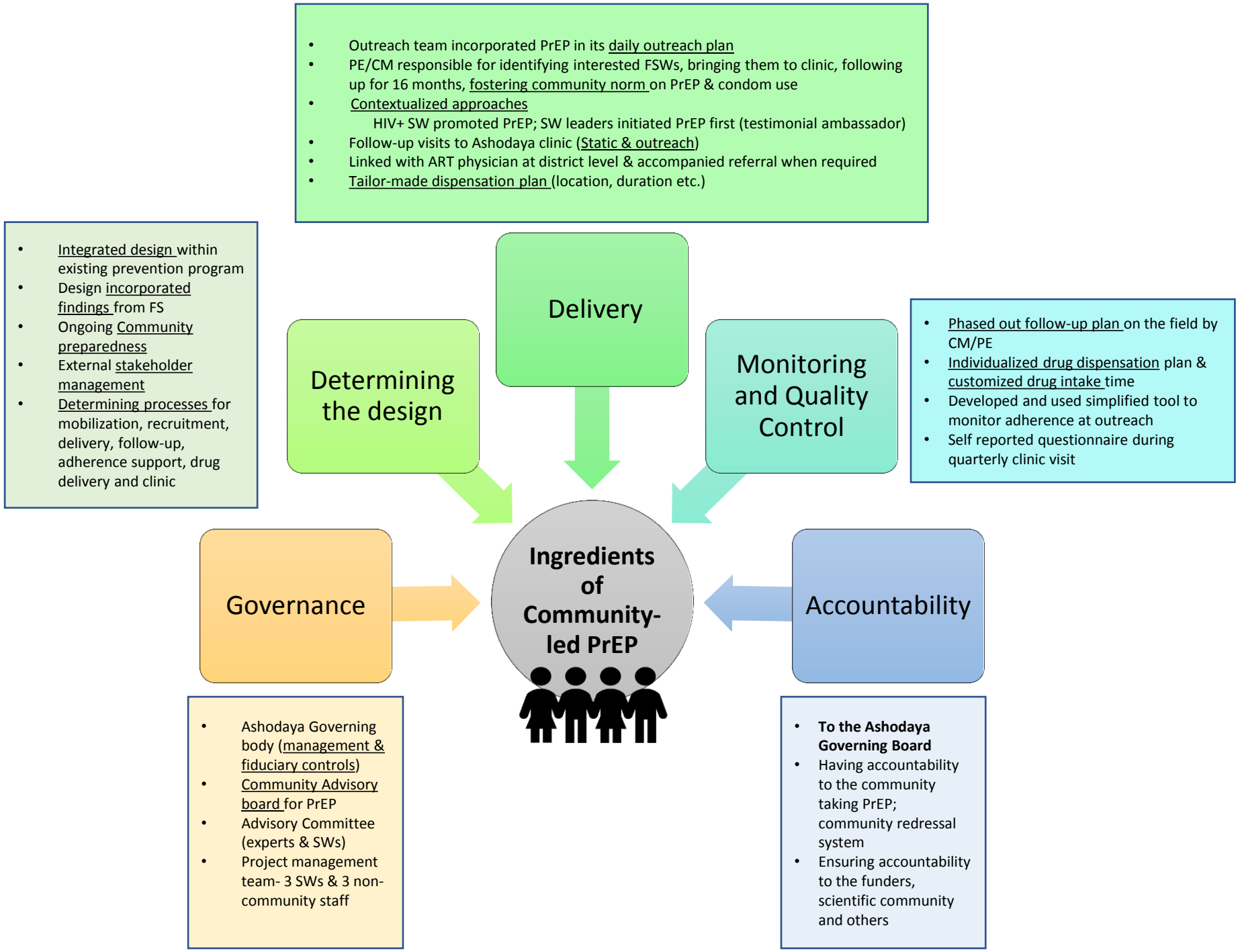
- **Feasibility Study**
- **Preparation for Demonstration project**
- **Approval**

2016

- **Demonstration Project started**

2018

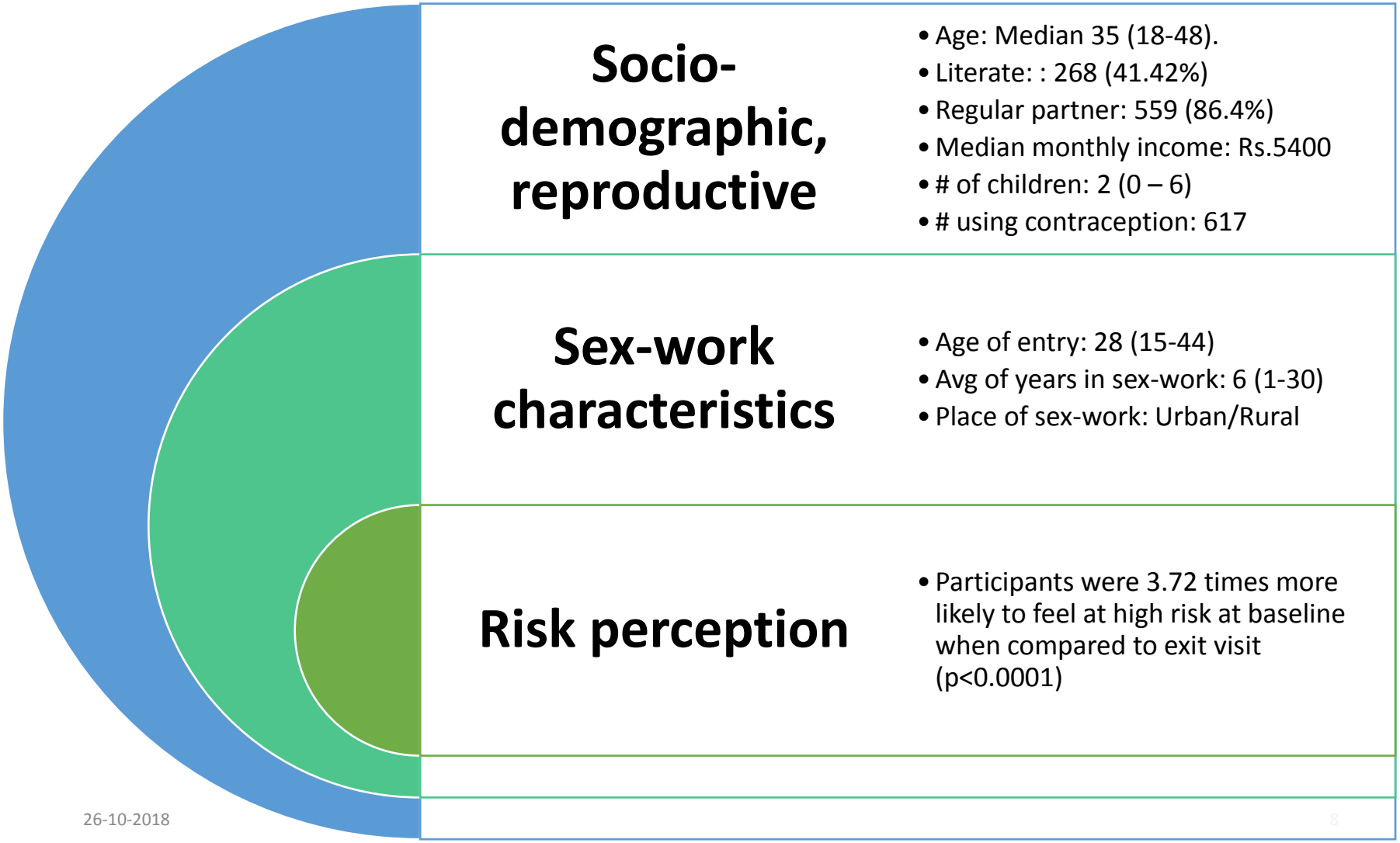
- **Demonstration Project Finishes**


Outreach team incorporated PrEP in its daily outreach plan
PE/CM responsible for identifying interested FSWs, bringing them to clinic, following up for 16 months, fostering community norm on PrEP & condom use
Contextualized approaches
HIV+ SW promoted PrEP; SW leaders initiated PrEP first (testimonial ambassador)
Follow-up visits to Ashodaya clinic (Static & outreach)
Linked with ART physician at district level & accompanied referral when required
Tailor-made dispensation plan (location, duration etc.)
Integrated design within existing prevention program
Design incorporated findings from FS
Ongoing Community preparedness
External stakeholder management
Determining processes for mobilization, recruitment, delivery, follow-up, adherence support, drug delivery and clinic
Determining the design
Delivery
Monitoring and Quality Control
Phased out follow-up plan on the field by CM/PE
Individualized drug dispensation plan & customized drug intake time
Developed and used simplified tool to monitor adherence at outreach
Self reported questionnaire during quarterly clinic visit
Governance
Ingredients of Community-led PrEP
Accountability
Ashodaya Governing body (management & fiduciary controls)
Community Advisory board for PrEP
Advisory Committee (experts & SWs)
Project management team- 3 SWs & 3 non-community staff
To the Ashodaya Governing Board
Having accountability to the community taking PrEP; community redressal system
Ensuring accountability to the funders, scientific community and others

Results

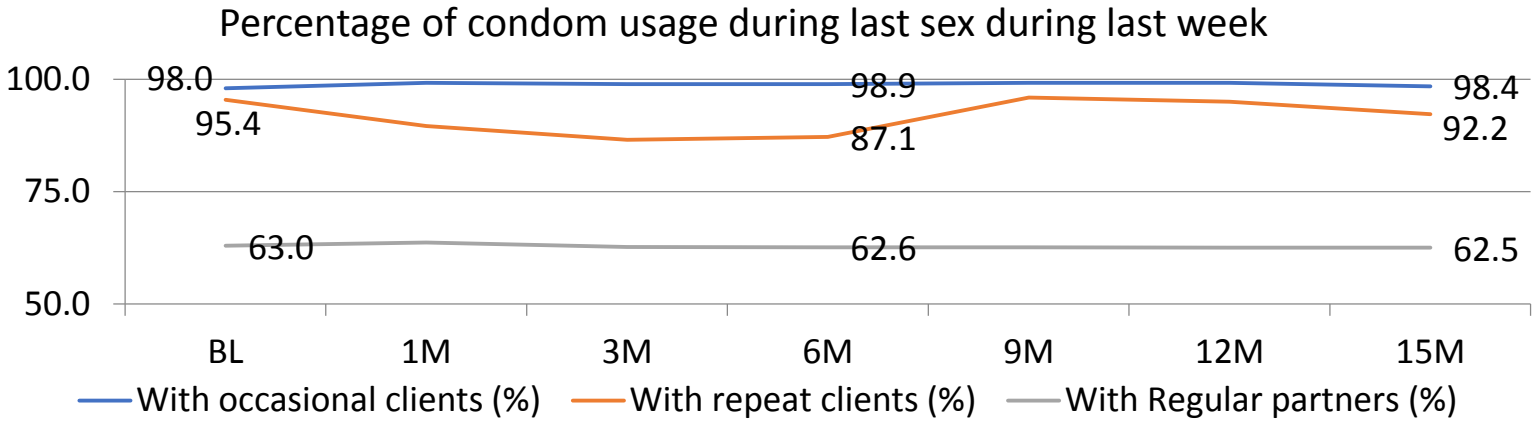
Status	Ashodaya	Durbar	Total
Total screened	707	843	1550
Eligible in screening	**652**	**717**	**1369**
Not eligible in screening	55	126	181
Enrolled to the study	**647**	**678**	**1325**
Refused to enroll	5	39	44
Exited without completing 16m	7	79	86
Completed 16 month follow-up	**640**	**600**	**1240**
# on PrEP (post study till Jul18)	**466**	**504**	**970**

Results (N=640)



Results

Sexual Behavior



STI Syndrome , HIV, Pregnancy

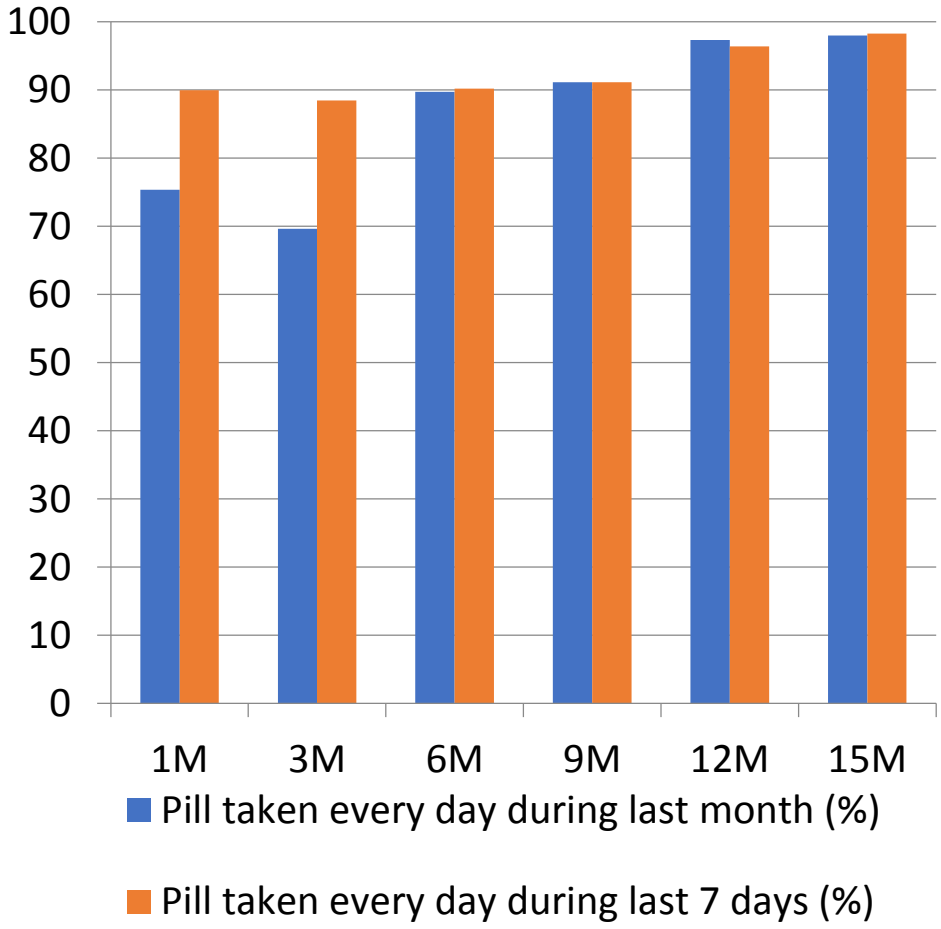
Visit	N	STI Syndrome n(%)	HIV positive n(%)	Pregnancy n(%)
1M	637	1 (0.16)	0 (0)	0 (0)
3M	642	5 (0.78)	0 (0)	2 (0.31)
6M	641	2 (0.31)	0 (0)	0 (0)
9M	641	0 (0)	0 (0)	1 (0.16)
12M	640	0 (0)	0 (0)	0 (0)
15M	640	0 (0)	0 (0)	0 (0)

Screening:707

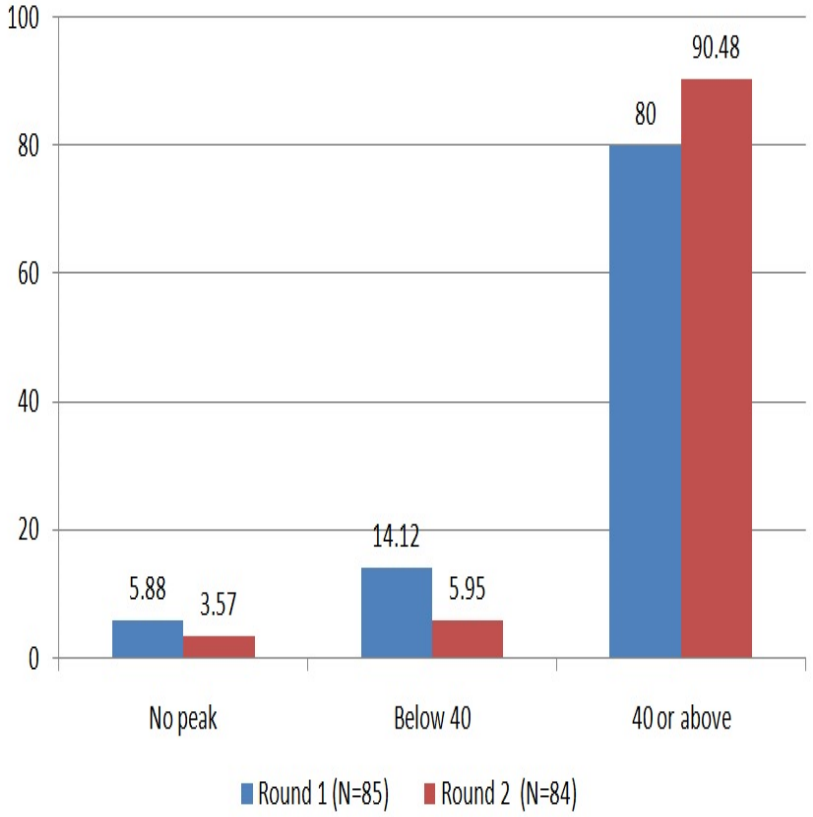
- Syndromic STI:13 (1.8%)
- HIV positive: 9(1.27%)

Adherence

Self-reported adherence



Blood Tenofovir level (ng/mL)



R1 = M3 & R2 = M6

PrEP in Zimbabwe

General Support

- SMS reminders
- Active follow-up through phone call & home visits
- ***CM sessions***
  - Testing & linking to care
  - PrEP & adherence

Adherence Sisters Programme

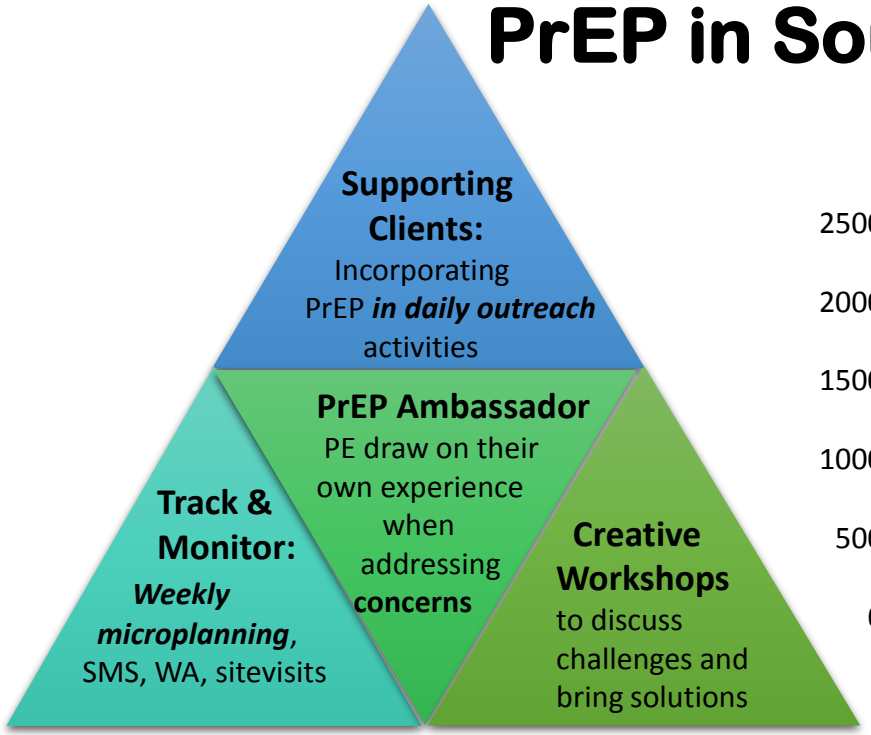
- ***Building Sisterhood*** & supporting HTC, PrEP, ART uptake & adherence
- Women nominate their ***'Buddy/Sister'***
- ART & PrEP users ***together without disclosing***
- Discussion & Action on the issues discussed by the women

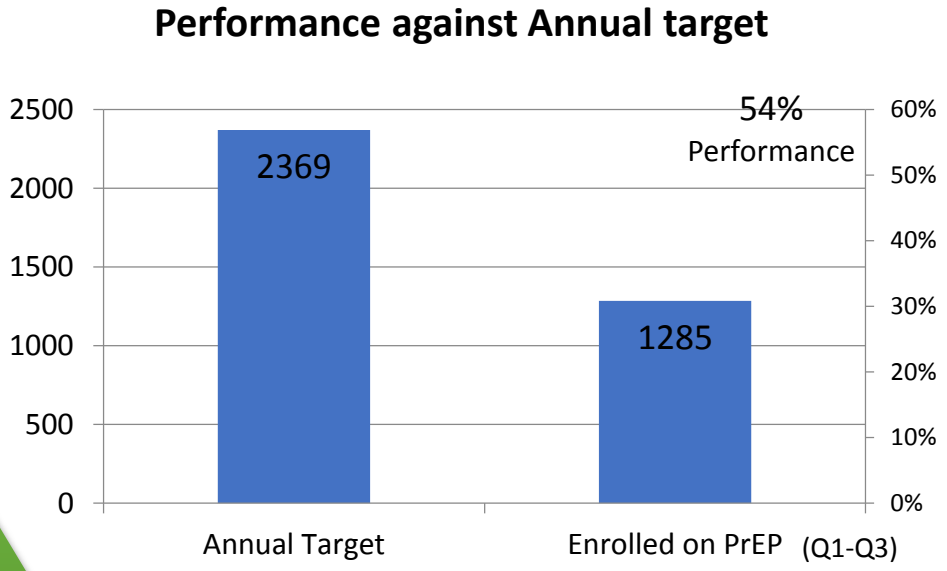
Insights & Results

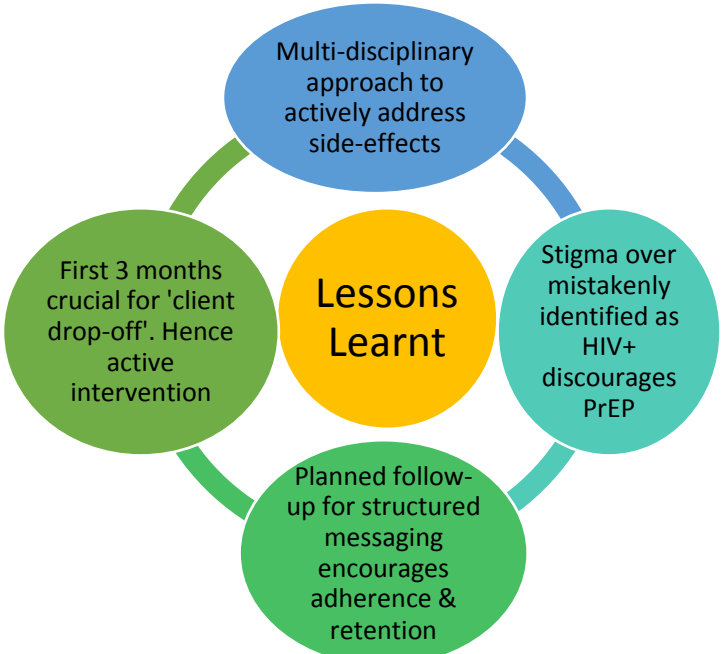
- ***500 initiated, 402 came for 1st follow-up***
- Early adopters, peer support & buddy system helped overcome barriers
- FSW on PrEP reported it as ***empowering***

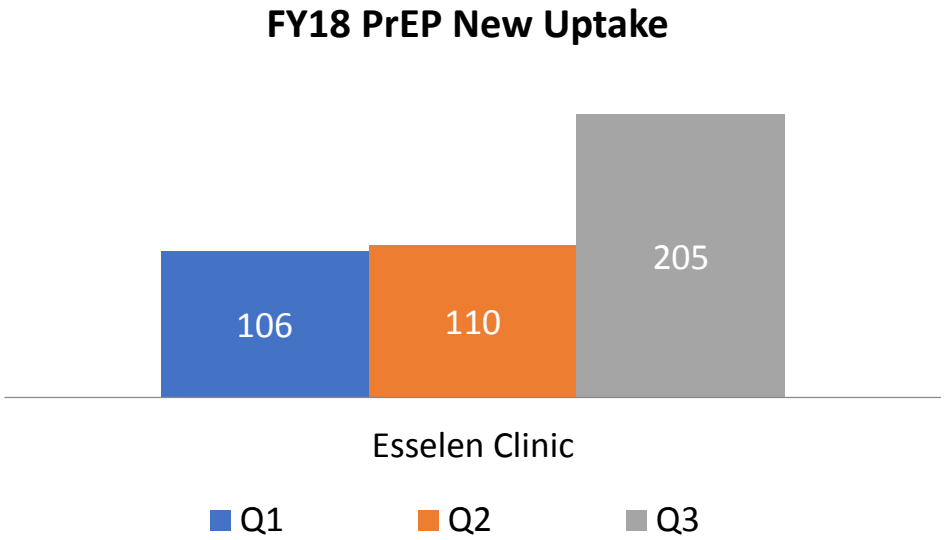
PrEP in South Africa

University of the Witwatersrand
WITS RHI

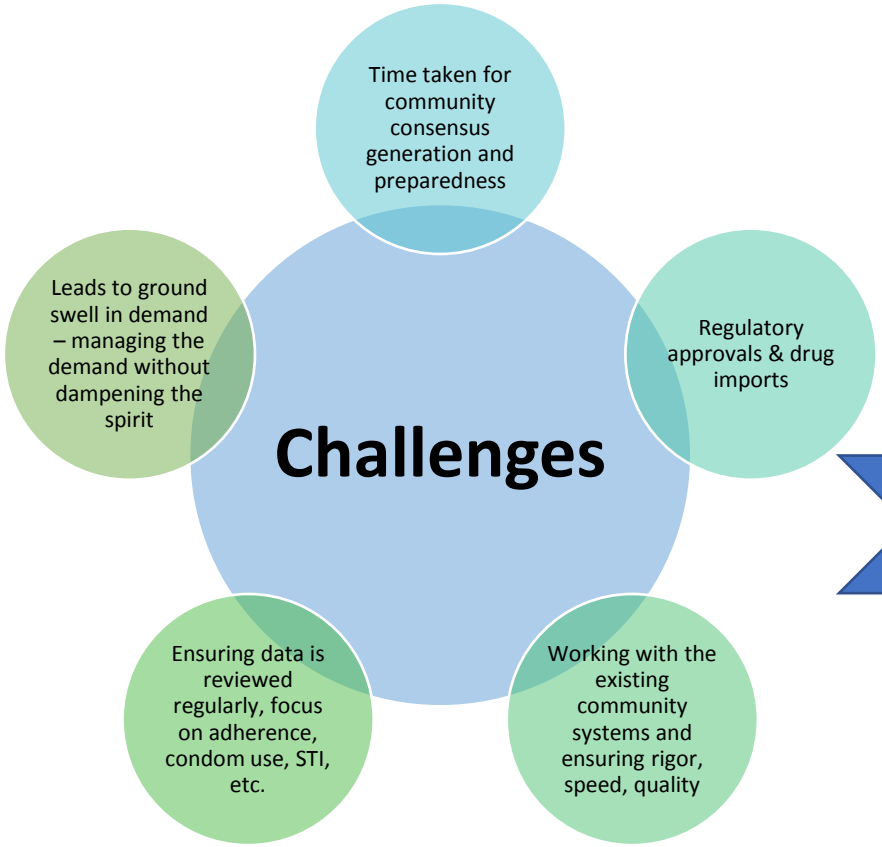


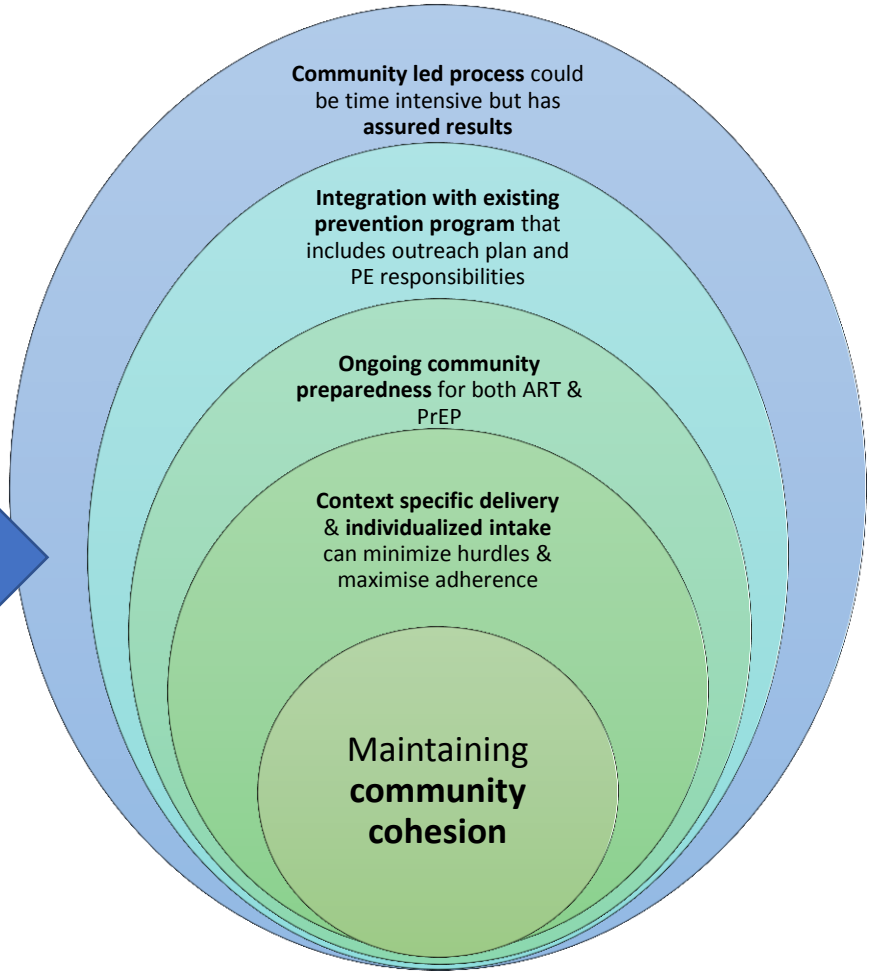






Lessons Learnt





Are we ready to get it right?

- Placing the 'trust & faith' in community
- Investing in the leadership
- Enhancing their capabilities based on 'community intelligence'
- Providing fiduciary controls
- To stand by the community for them to succeed & not pass judgement

Acknowledgements

- All the Sex Workers at Ashodaya and DMSC - My Gurus
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