Understanding how peer relationships influence peerdelivered HIV prevention interventions among Ugandan female sex workers: a case study from HIV self-testing

A. Eubanks, M. Mimi, B Dembélé Keita, C. Anoma, T.T.E. Dah, E. Mensah, G. Maradan, M. Bourrelly, M. Mora, L. Riegel, et al.

with index-reported test results (n = 105), 82% (23/28) who tested positive initiated treatment (80% HIVST vs 92% clinic-based; $p = 0.60$) and 20% (15/76) who tested negative initiated PrEP (16% HIVST vs 23% clinic-based; $p = 0.57$).
Conclusions: HIVST kit distribution to newly diagnosed HIV-positive individuals effectively increased sexual partner testing, had high positivity yield and linkage to treatment. One-fifth of HIV-uninfected partners initiated PrEP – thus innovations to link to prevention services are urgently needed.

PE16.15

Understanding how peer relationships influence peer-delivered HIV prevention interventions among Ugandan female sex workers: a case study from HIV self-testing

M. McGowan[1]; S. Roche[2]; A. Nakitende[3]; J. Wachinger[1]; D.K. Musoke[3]; C.E. Oldenburg[4]; T. Bärnighausen[1] and K. Ortblad[2]
[1]Heidelberg University, Heidelberg Institute of Global Health (HIGH), Heidelberg, Germany, [2]University of Washington, Department of Global Health, Seattle, United States, [3]International Research Consortium, Kampala, Uganda, [4]University of California, Francis I. Proctor Foundation, San Francisco, United States

Background: Female sex workers (FSWs) have tightly connected peer networks and are at high risk of HIV infection. Studies demonstrate that uptake and continuation of HIV prevention interventions increase when they are peer-delivered. We analyzed qualitative data from a peer-delivered HIV self-testing (HIVST) intervention among FSWs in urban Uganda to understand how underlying peer dynamics can facilitate or hinder the uptake of HIVST delivered by peers.
Methods: Between October and November 2016, 960 FSWs were enrolled in a four-month randomized trial testing different peer-delivered HIVST models in Kampala. An additional 120 FSWs were trained as peer educators (PEs) to deliver HIVST. FSWs were >= 18 years old, self-reported exchanging sex for money or goods (past month) and had not recently tested for HIV (past 3 months). PEs either distributed HIVST kits (arm 1) or coupons to obtain HIVST kits from local clinics (arm 2) to FSWs. FSWs (n = 30) and PEs (n = 28) from these intervention arms were randomly sampled to complete in-depth interviews and focus group discussions, respectively. Verbatim transcripts were analyzed thematically using inductive and deductive codes.
Results: The median age of FSWs was 28 years (IQR: 24 to 32) and PEs was 33 years (IQR: 29 to 37). We found that peer dynamics, including social hierarchies, communication networks, economic power, and HIV status disclosure, acted both as facilitators and barriers to HIVST uptake, Figure 1. For example, communication networks facilitated HIVST uptake by effectively relaying accurate information about HIVST procedures, but these networks were vulnerable to misinformation and rumors, thus hindering HIVST uptake.
Conclusions: In Uganda, FSW peer networks have complex existing dynamics that act as facilitators and barriers to peer-delivered HIV prevention interventions. Future peer-delivered HIV prevention interventions should be carefully designed around existing dynamics within peer networks to maximize initial and repeat intervention uptake.

PE16.16

Loss to follow-up among MSM on PrEP in West Africa (CohMSM-PrEP ANRS12369–Expertise France)

A. Eubanks[1]; M. Mimi[1]; B. Dembélé Keita[2]; C. Anoma[3]; T.T.E. Dah[4]; E. Mensah[5]; G. Maradan[6]; M. Bourrelly[1]; M. Mora[1]; L. Riegel[7]; D. Rojas Castro[7]; I. Yaya[8]; B. Spire[1]; C. Laurent[8] and L. Sagaon-Teyssier[1]
[1]Aix-Marseille University, INSERM, IRD, SESSTIM, Marseille, France, [2]ARCAD-SIDA, Bamako, Mali, [3]Espace Confiance, Cote D'Ivoire, [4]Centre Muraz, Bobo-Dioulasso, Burkina Faso, [5]Espoir Vie Togo, Togo, [6]ORS PACA, Marseille, France, [7]Coalition Plus, Pantin, France, [8]IRD, INSERM, Univ Montpellier, TransVIHMI, Montpellier, France

Background: Access to PrEP for men who have sex with men (MSM) is a public health priority. PrEP rollout for MSM in West Africa is

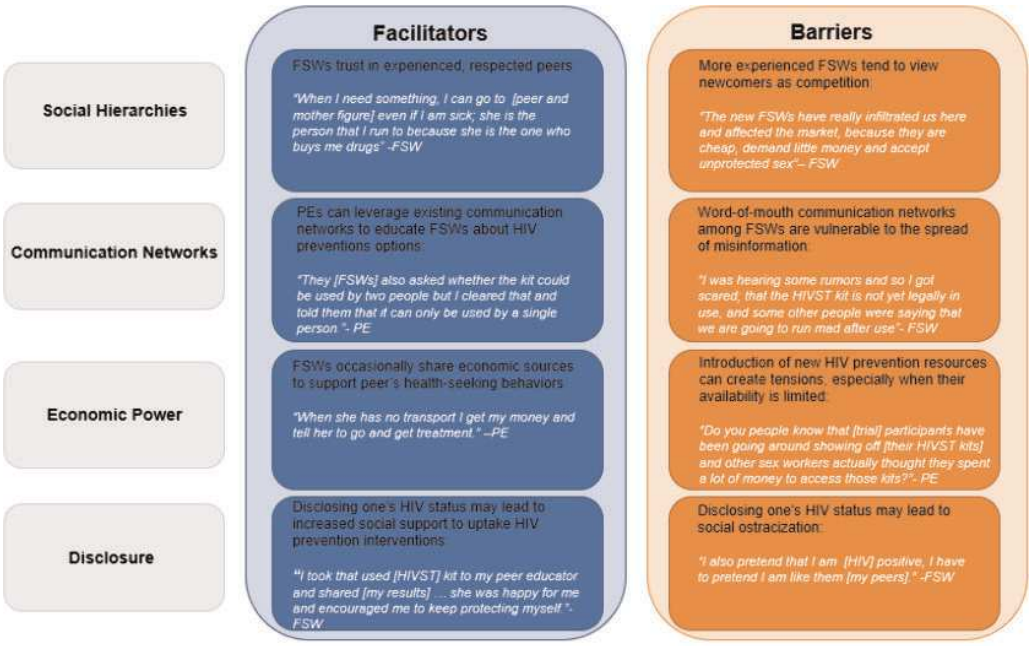

Figure 1. FSW peer dynamics that act as facilitators and barriers to the uptake of peer-delivered HIV prevention interventions

Abstract PE16.15-Figure 1.

confronted by unknowns concerning the feasibility in this context, due to the highly vulnerable nature of MSM (stigma, precarity, high-risk sex). We aimed to estimate the attrition rate and identify the factors associated with loss to follow-up (LTFU) in a cohort of MSM on PrEP in West Africa.
Methods: Since 2017, CohMSM-PrEP has offered a comprehensive prevention package for MSM in Mali, Cote d'Ivoire, Burkina Faso, and Togo. Quarterly follow-up includes PrEP (daily or event-driven) and socio-behavioral data collection. Participants from a previous MSM cohort and new participants were enrolled. LTFU was defined as not attending the last two scheduled follow-up visits. The Kaplan-Meier technique and log-rank test were used to estimate time to LTFU and to test for significance between groups. The Cox proportional hazards regression model was used to determine predictors of LTFU and adjusted by confounders.
Results: 585 participants were recruited from November 2017-January 2020. The median follow-up time was 15.6 months. During this period, 119 participants were LTFU (20%). The median follow-up time for LTFU participants was 3 months. The attrition rate was 1.8/100 person-years. Newly enrolled participants left the cohort at a higher rate than former CohMSM participants (*p*-value:<0.001). Factors associated with LTFU can be found in Table 1.

Abstract PE16.16-Table 1. Cox model for loss to follow-up in CohMSM-PrEP

Covariate	Hazard ratio[CI95], *p*-value
Burkina Faso	0.81 [0.71 to 0.92], 0.001
Togo	0.51 [0.45 to 0.58], <0.001
Tertiary education level	1.10 [1.01 to 1.20], 0.027
Sexually attracted more to women than to men	1.40 [1.11 to 1.78], 0.005
Group sex in the previous 3 months	1.34 [1.09 to 1.66], 0.006
High sexual risk perception with casual male partner	1.26 [1.12 to 1.42], <0.001
Self-esteem score not very low (Rosenberg scale)	0.57 [0.45 to 0.71], <0.001
Moderate to severe depression score (PHQ-9)	0.88 [0.76 to 1.00], 0.053
High perceived stigma score	0.75 [0.69 to 0.82], <0.001
"Out" to family	1.21 [1.09 to 1.33], <0.001
Only PrEP use during most recent receptive anal sex	0.84 [0.72 to 0.98], 0.031
Newly enrolled participant	2.21 [2.01 to 2.43], <0.001

Conclusions: Our study showed a relatively high attrition rate among MSM taking PrEP in West Africa. Newly enrolled participants left at a higher rate and were more likely to leave the study than those who participated in the previous MSM cohort. Increased support should be given to new participants who have less experience in the cohort and with study staff. Tailoring PrEP programs to different MSM profiles is essential for optimizing the PrEP care cascade.

PE16.17

How men can support women in taking PrEP: perspectives from young women, male partners and peers in Siaya County, western Kenya

K. Agot[1]; B. Perry[2]; D. Ngoje[3] and A. Corneli[2]
[1]Impact Research and Development Organization, Research, Kisumu, Kenya, [2]Duke University, Department of Population Health Sciences, Durham, United States, [3]Impact Research and Development Organization, Kisumu, Kenya

Background: In eastern and southern Africa in 2018, HIV infections among adolescent girls aged 15 to 19 and young women (YW) aged 20 to 24 were 5 times and 1.6 times higher than among adolescent boys, respectively. Feasible and effective HIV prevention interventions for YW are limited, and those that are available, such as PrEP, are underutilized for various reasons, including objection by or lack of support from male partners. We explored YW's and male peers'/partners' views on how men can support YW's PrEP use.
Methods: We used photovoice to capture views among:

1) YW taking PrEP aged 20 to 24 who were enrolled in the DREAMS program, and
2) male peers/partners aged ≥ 18 years who were either a friend or sexual partner of a YW.

Participants completed several photo assignments focused on YW's PrEP adherence and persistence, including influential factors among males and how men could support YW. Photographs were presented and discussed in same-gendered groups using the SHOWeD method. Discussions were audio recorded, translated and transcribed into English, and analyzed using applied thematic analysis. Here we focus on overall themes that describe males' influences on YW's use of PrEP, identified across all photo assignments on adherence and persistence.
Results: Twenty-two YW (average age 22.5) and 17 men (average age 28.1) participated in the photo assignments. The majority were married and living with their partners (YW: n = 14; men: n = 10). YW's photographs and discussions typically depicted negative male influences on YW's PrEP use—i.e., men were more often viewed as barriers than as supporters. YW also described having little autonomy over their sexual lives, explaining that men tend to dictate when and how sexual encounters occur. Men's photographs and discussions suggested that men would support YW's PrEP use if PrEP was better promoted in the community and if men were more knowledgeable about PrEP in general. Men also explained that YW's PrEP use is hindered by stigmatizing peer and community attitudes.
Conclusions: Currently, men appear to hinder more than help YW's PrEP use. However, with greater male and community engagement about PrEP, men could play an important role in facilitating and normalizing PrEP use among YW.

PE16.18

Integrating oral pre-exposure prophylaxis services to public HIV care clinics in Kenya: Results from a pragmatic stepped-wedge randomized trial

E. Irungu[1]; K. Mugwanya[1]; N. Mugo[2]; E. Bukusi[3]; D. Donnell[4]; J. Odoyo[3]; E. Wamoni[2]; S. Peacock[1]; J. Morton[1]; K. Ngure[5]; M. Mugambi[6]; I. Mukui[6]; G. O'Malley[1] and J. Baeten[1]
[1]University of Washington, Global Health, Seattle, United States, [2]Kenya Medical Research Institute, Centre for Clinical Research, Nairobi, Kenya, [3]Kenya Medical Research Institute, Centre for Microbiology Research, Nairobi, Kenya, [4]Fred Hutchinson Cancer Research Center, Vaccine and Infectious Disease Division, Seattle, United States, [5]Jomo Kenyatta University of Agriculture and Technology, School of Public Health, Kenya, [6]National AIDS & STI Control Program, Nairobi, Kenya

Background: Implementation of oral pre-exposure prophylaxis for HIV prevention (PrEP) has begun in multiple settings globally. Data on models to integrate PrEP delivery in public health systems in Africa are limited.
Methods: As part of Kenya's national PrEP roll-out, we conducted a stepped-wedge cluster-randomized pragmatic trial to catalyze scale up of PrEP delivery integrated in 25 public health HIV care clinics in Kenya (The Partners Scale-Up Project). The project team conducted case-based PrEP training of clinic staff, provided ongoing technical