Key Messages

- Sierra Leone's first PrEP initiative was piloted in 2021
- Demand for PrEP services by members of key population (KP) groups was higher than expected
- Early program results are promising retention on PrEP was excellent, and no side effects were observed
- Partnering with KP-led groups and civil society organizations supported demand for and uptake of PrEP services in Sierra Leone

High demand for HIV pre-exposure prophylaxis (PrEP) services amongst key populations: Early lessons from Sierra Leone's first PrEP program

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Background

HIV pre-exposure prophylaxis (PrEP), recommended since 2015 by WHO for high-risk groups including key populations (KPs), has been unavailable in Sierra Leone (SL), a low-income country with limited data on KP population size and HIV prevalence.

Working estimates indicate that SL has 240,000 female sex workers (FSW), 20,000 men who have sex with mem (MSM), 3,400 transgender people (TG), and 1,500 people who inject drugs (PWID). In 2016, UNAIDS estimated that 80,000 people (1.7% of adults) were living with HIV in SL, with HIV prevalence highest among MSM (14%), FSW (8.5%), and PWID (8.5%).

In 2021, the SL Ministry of Health and Sanitation (MoHS) and the National AIDS Secretariat (NAS) partnered with ICAP at Columbia University (ICAP) to launch the country's first PrEP program with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) via the U.S. Health Resources & Services Administration (HRSA). We share early experience and lessons learned from this first PrEP initiative in SL.

Methods

Following stakeholder consultation, ICAP partnered with nine KP-led community-based organizations to design and implement PrEP services with a goal of initiating PrEP for 800 clients within 6 months. Eight KP-led drop-in centers (DICs) in 4 districts (Figure 1) were supported to provide PrEP and linked to 4 public-sector health facilities (HFs) to manage clients testing positive for HIV.

Guidelines, training materials, job aids, monitoring and evaluation (M&E) systems, and safety monitoring protocols were developed. PrEP medications were procured with HRSA support, DICs were refurbished, and 24 healthcare workers were trained.

DIC staff provided information, eligibility screening, PrEP prescriptions, condoms, lubricants and other commodities, adherence support, and side effect monitoring. Peer educators generated demand for PrEP via their social and sexual networks.

Blood samples for screening tests, including for serum creatinine testing to assess renal function were collected at community based DICs, and tests were conducted at three accredited laboratories. Creatinine clearance (CrCl) was calculated, and clients with abnormal results were contacted within two days, counseled to hydrate, and retested.

ICAP staff provided supportive supervision, mentorship, and M&E support.

Results

Between May and September 2021, 1,450 KPs were assessed for PrEP eligibility. 1,308 (90.2%) were eligible and all initiated PrEP. 1,270 clients (97.1%) were retained on PrEP at five months (Figure 2). No PrEP-related side effects were reported.

83.4% of the clients enrolled on PrEP were female, the median age was 24 years (range 14-71 years), 83% were FSW, 10% were PWID, and 7% were MSM (Figure 3).

Of the 142 people ineligible for PrEP, 111 were HIV-positive at screening, and all were linked to care. 17 people had suspected acute HIV infection and 14 had an abnormal CrCl, which delayed PrEP initiation, although 13/14 had a normal result when retested, meaning that 1/1308 clients (0.08%) had CrCl results requiring a change in PrEP management.

Conclusions

Demand creation and delivery of PrEP at KP-led DICs supported by public-sector health facilities and an implementing partner facilitated rapid PrEP roll out to a high-risk population. Close monitoring as the program matures will be important as MoHS and its partners scale up PrEP in Sierra Leone. CrCl screening was feasible, but abnormal results were very rare; future study of more targeted CrCl screening (e.g., of older clients and those with risk factors for renal impairment) may be productive in this resource-limited setting.

Figure 1: *Districts in Sierra Leone where the PrEP pilot program was implemented*

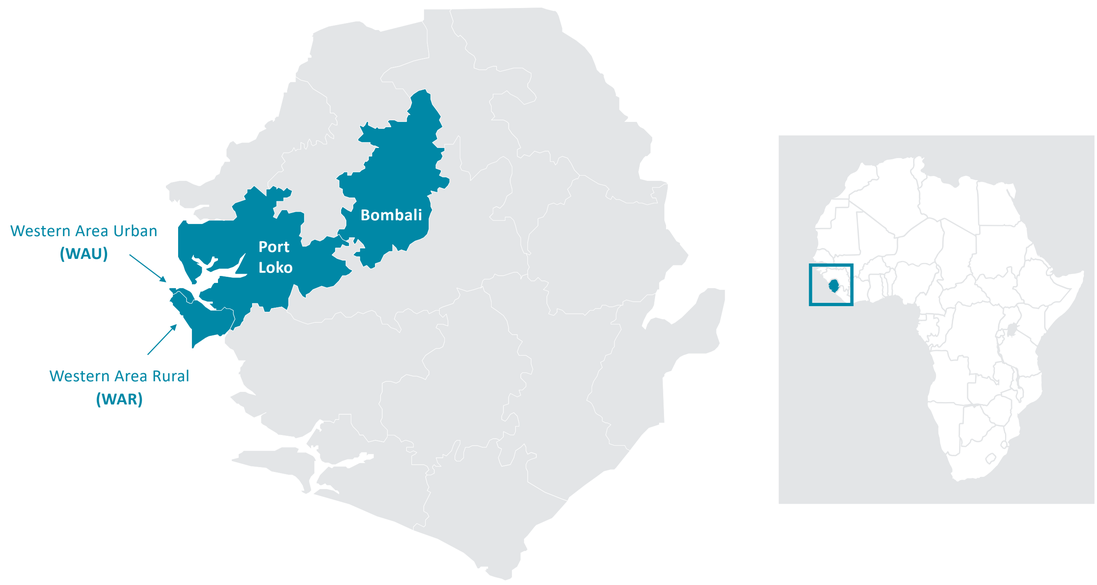


Figure 2: *PrEP cascade (screening, eligibility, initiation, and retention)*

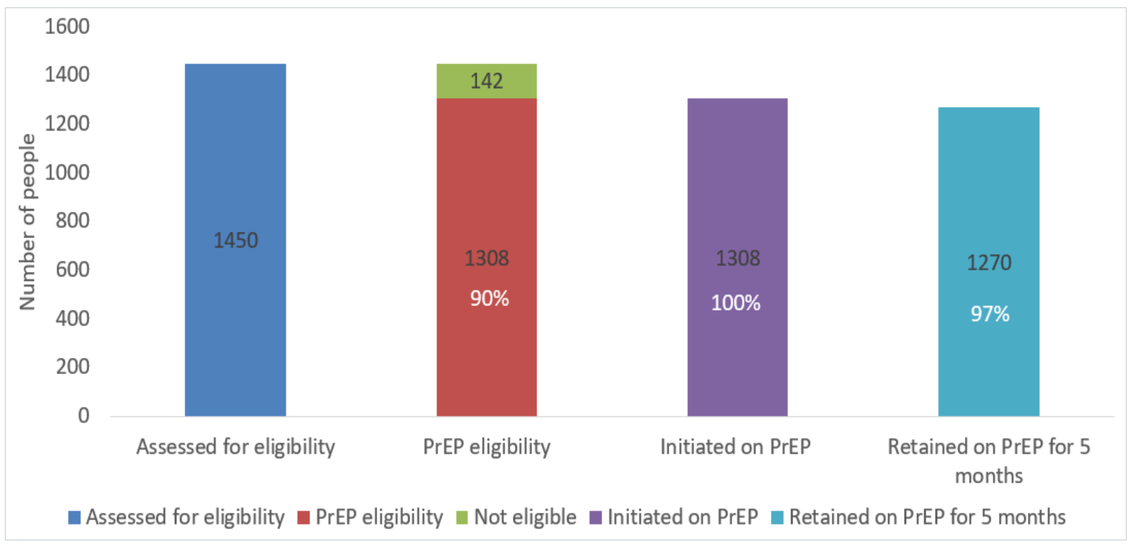
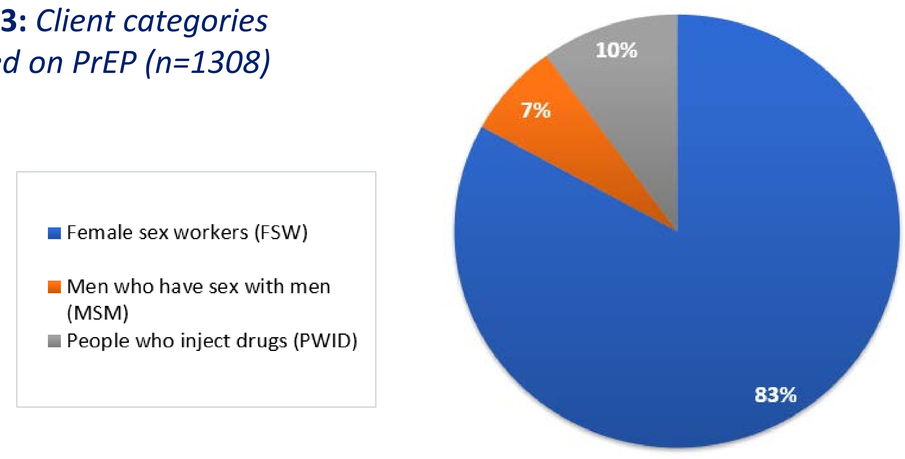


Figure 3: *Client categories initiated on PrEP (n=1308)*



Additional Resources

ICAP's work in Sierra Leone
(icap.columbia.edu/sierra-leone)

AIDS 2022
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PEPFAR
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