

Bringing pre-exposure prophylaxis (PrEP) closer to clients in Ghana: Supporting PrEP initiation and adherence in the community

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BACKGROUND

Robust collective energy and commitment among key actors accelerated the approval of the Ghana pre-exposure prophylaxis (PrEP) jump-start strategy in April 2020. In May 2020, with strong support and coordination from the United States Agency for International Development (USAID), the FHI 360-led Meeting Targets and Maintaining Epidemic Control (EpiC) project funded by USAID and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) organized the PrEP Implementation Committee. This committee was chaired by the National AIDS & STIs Control Programme (NACP) and co-chaired by the Ghana AIDS Commission (GAC), with members comprised of government, development partners, and civil society organizations. This collaboration allowed key components of the implementation plan to be accelerated from May through July 2020, including

the development of the National PrEP implementation guide, the commitment to provide PrEP commodities, and agreement on the PrEP service delivery sites.

In August 2020, EpiC began implementing PrEP in two regions in Ghana (Greater Accra, Ashanti) to prevent HIV acquisition among key populations (KPs), including men who have sex with men (MSM) and female sex workers (FSWs). However, after six months of implementation, demand for PrEP was decreasing and discontinuation was high. In response, EpiC, in collaboration with local partner West Africa AIDS Foundation (WAAF), secured approval from NACP and adapted a differentiated service delivery (DSD) approach consisting of community-based PrEP services.



A WAAF-IHCC lay counselor provides community door-to-door PrEP refills for FSWs.

Photo credit: Mabel Tamakloe (WIYO Project Coordinator, Ghana), 2021

DESCRIPTION

EpiC partnered with WAAF and International Health Care Center (IHCC) to implement the community-based PrEP initiation and refill program using the WAAF-IHCC private mobile clinic, with dedicated nurses at the service delivery points and provision of door-to-door PrEP refills (a one-month supply or 3-month MMD) by trained lay counselors in communities in the Greater Accra region. EpiC employed a differentiated community service delivery approach that allowed KP individuals to access PrEP services at the private sector facility, mobile clinic, or community hot spots based on client preference. For effective supply chain management of PrEP commodities, EpiC developed commodity accountability tools (CATs) to track, manage, and account for the commodities used in the DSD model and ensure accurate and timely reporting to the NACP.

The mobile clinic began operation in October 2020, and lay counselor provision of community refills commenced in February 2021. Peer educators, lay counselors, and PrEP champions shared the mobile clinic’s schedule and location with potential and current clients to confirm their availability, book appointments, and ensure that clients were comfortable with the service delivery points identified for the mobile clinic services. With clients’ permission, clinical staff informed lay counselors of the individuals due for refills so that lay counselors could follow up with and provide those clients with refills at their desired location, precluding the need for them to travel to the clinic. Lay counselors also provided HIV testing, as appropriate, to avoid any lapse in PrEP services.

RESULTS

- Demand for community initiation and refills of PrEP was higher among FSWs than among MSM (Figures 1 and 2).
- Of the 251 FSWs who initiated PrEP from October 2020 through March 2022, 240 (96 percent) initiated PrEP through the mobile clinic. More than half (n=122 [51 percent]) of the FSWs initiated on PrEP returned for refills, all of whom did so in the community.
- The majority of MSM preferred to initiate PrEP and obtain refills at the facility over the community. Of the 392 MSM who initiated PrEP, 260 (66 percent) did so in the facility and 132 (34 percent) through the mobile clinic. For the 201 MSM who sought PrEP refills, 149 (74 percent) received them at the facility and 52 (26 percent) from lay counselors in the community.

“...I know how risky my job is, and I had that fear of being infected with HIV. I got useful information on the benefits of PrEP on the Jodel app which was posted by a WIYO peer educator. After my initial inquiry about PrEP, the contact person from WIYO kept in touch and provided more information on PrEP, which helped me and increased my interest. So I decided to start PrEP, booked an appointment to meet the mobile clinic at a location in my community, and was initiated on PrEP. I got initiated in November 2020 and since February 2021, I have been receiving my refills at home from the lay counselor. I have not regretted enrolling on PrEP. Thanks to the WIYO team for bringing PrEP to my doorstep. I do not need to visit the facility; I can access PrEP in the comfort of my home. I feel I am in control of my health and safety.”
—FSW beneficiary since June 2021

FIGURE 1. Community vs. facility PrEP initiation cascade, October 2020—March 2022

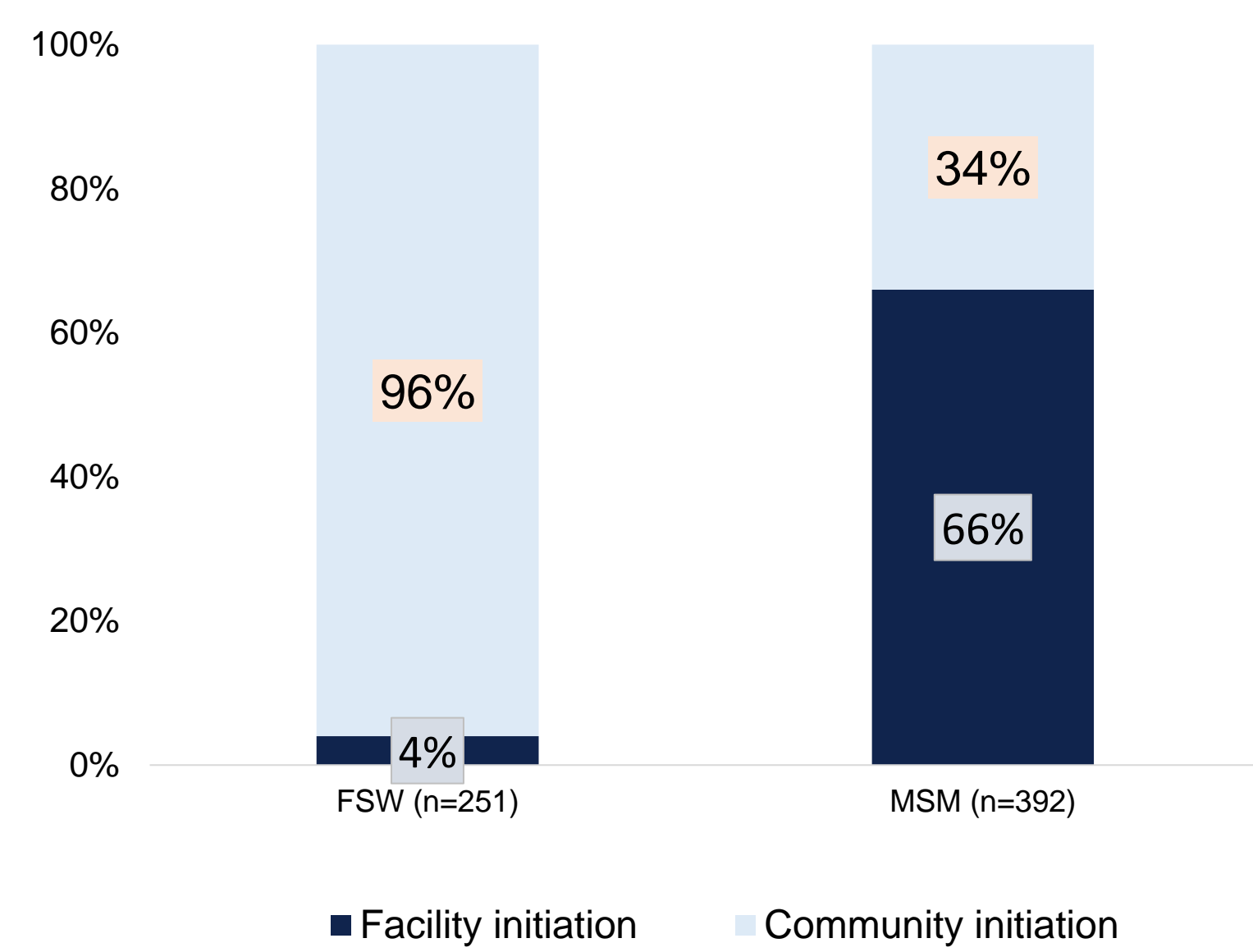
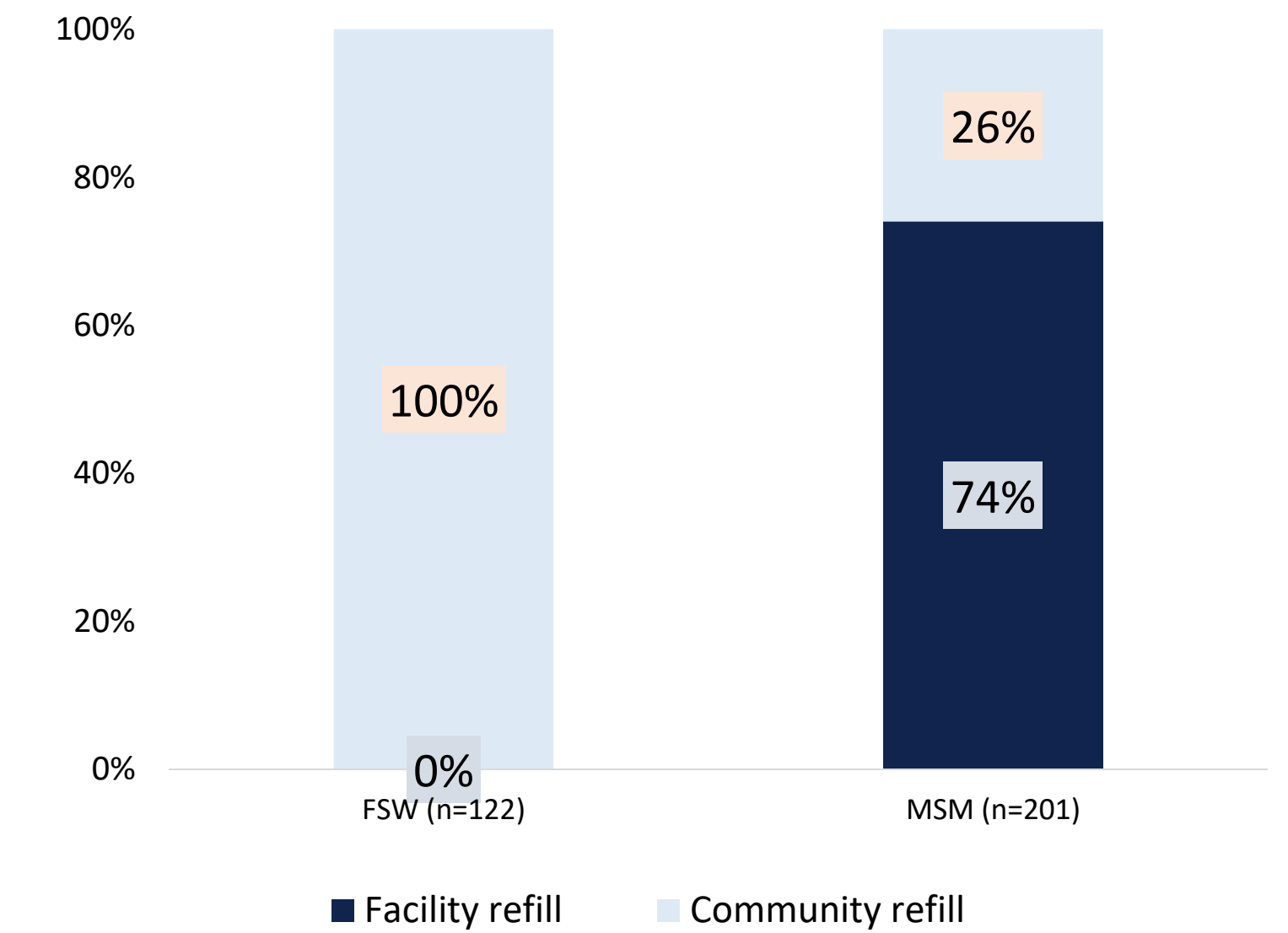


FIGURE 2. Community vs. facility PrEP refills cascade, October 2020—March 2022



CONCLUSIONS

Community initiation and refills of PrEP supported uptake and continuity of services among high-risk KP individuals in Ghana, but especially among the FSWs. DSD options should be based on the unique needs and preferences of each population at risk of HIV infection.

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The WAAF-IHCC mobile clinic provides community-based PrEP initiation and refills for KPs.

Photo credit: Guro Sorensen (WAAF clinic Head Nurse, Ghana), 2022