Who starts — and who stays — on PrEP: an analysis of routine facility records in Lesotho

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Pre-Exposure Prophylaxis (PrEP) in Lesotho

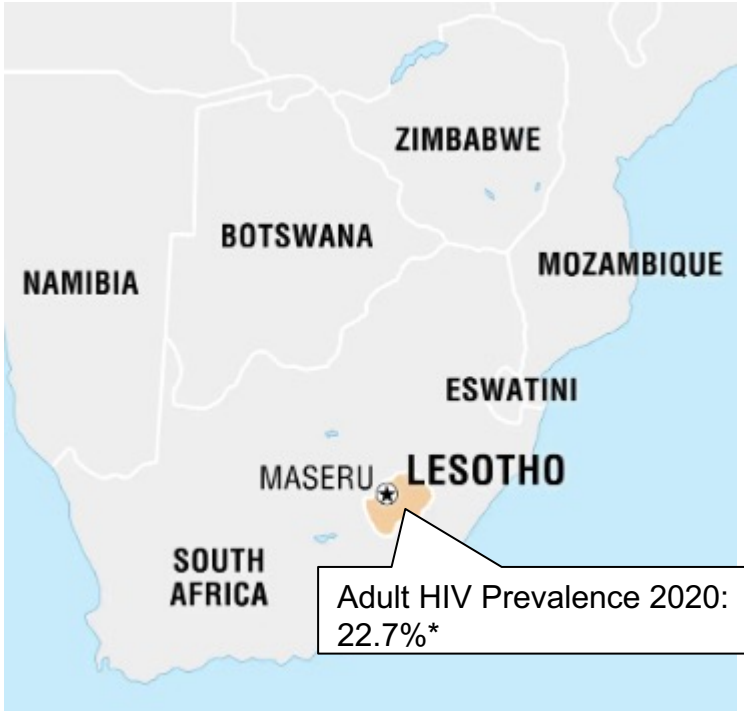
First included in national guidelines in April 2016

<u>Eligibility</u>

- Negative HIV test on the day of initiation
- Sexually active & at substantial risk of acquiring HIV
- No suspicion of acute HIV infection
- Minimal risk of renal impairment
- Weight ≥35 kgs
- Willingness to use PrEP as prescribed

<u>Follow up</u>

- Month 1 & 3 after initiation, then every 3 months
- HIV testing, monitoring for side effects/signs of acute HIV infection, risk/adherence assessment, & counseling
- Biannual creatinine clearance for clients at increased risk of renal impairment



*Lesotho Population-Based HIV Impact Assessment (LePHIA) 2020
Map: Encyclopedia Britannica

Abstraction of Routine PrEP Records

Data were abstracted from existing PrEP-related documentation document to describe:

- PrEP screening and eligibility
- PrEP uptake
- Completed PrEP follow-up visits
- Entry points into PrEP care
- Indications for starting PrEP
- HIV Seroconversions while on PrEP

Abstraction of Routine PrEP Records

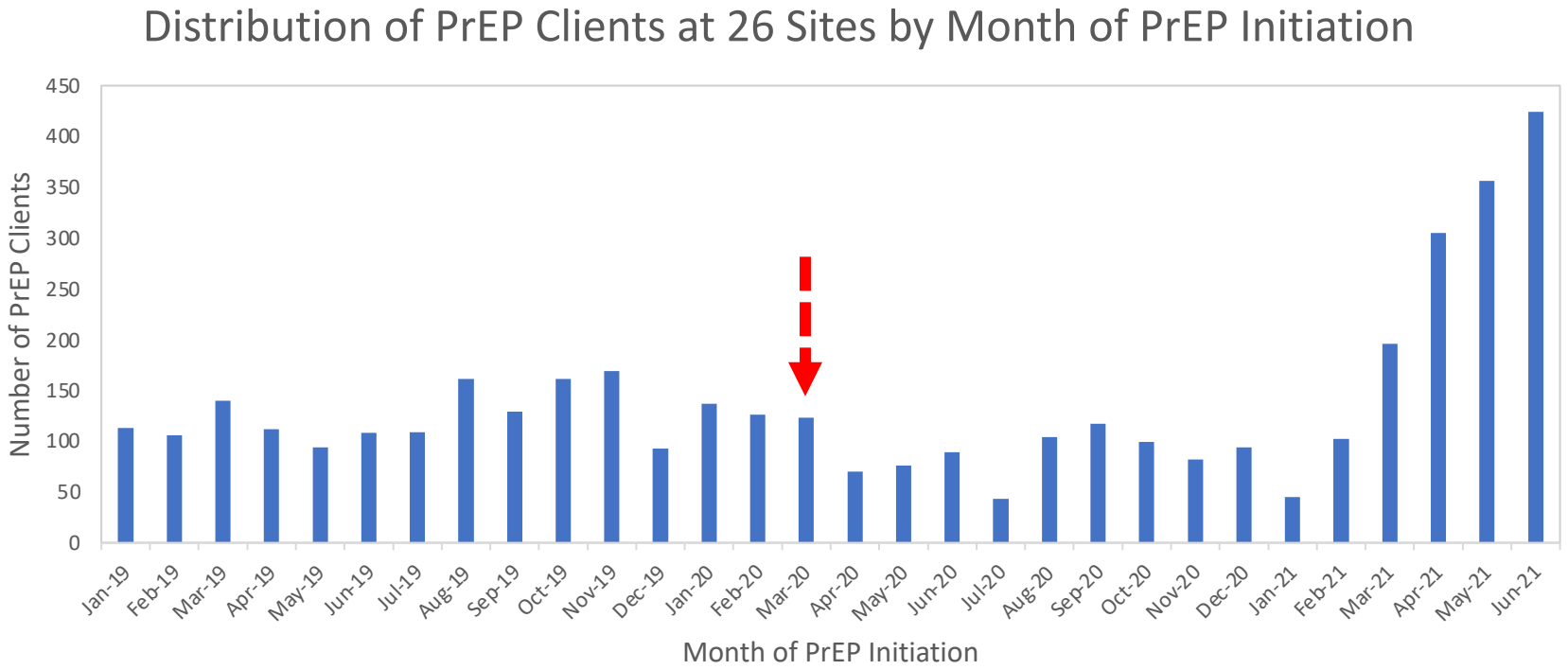
Setting: 26 high-volume facilities in Maseru, Mohale's Hoek, Mafeteng and Thaba Tseka districts

Population: All clients screened for, or enrolled in, PrEP at these facilities between January 2019 – June 2021

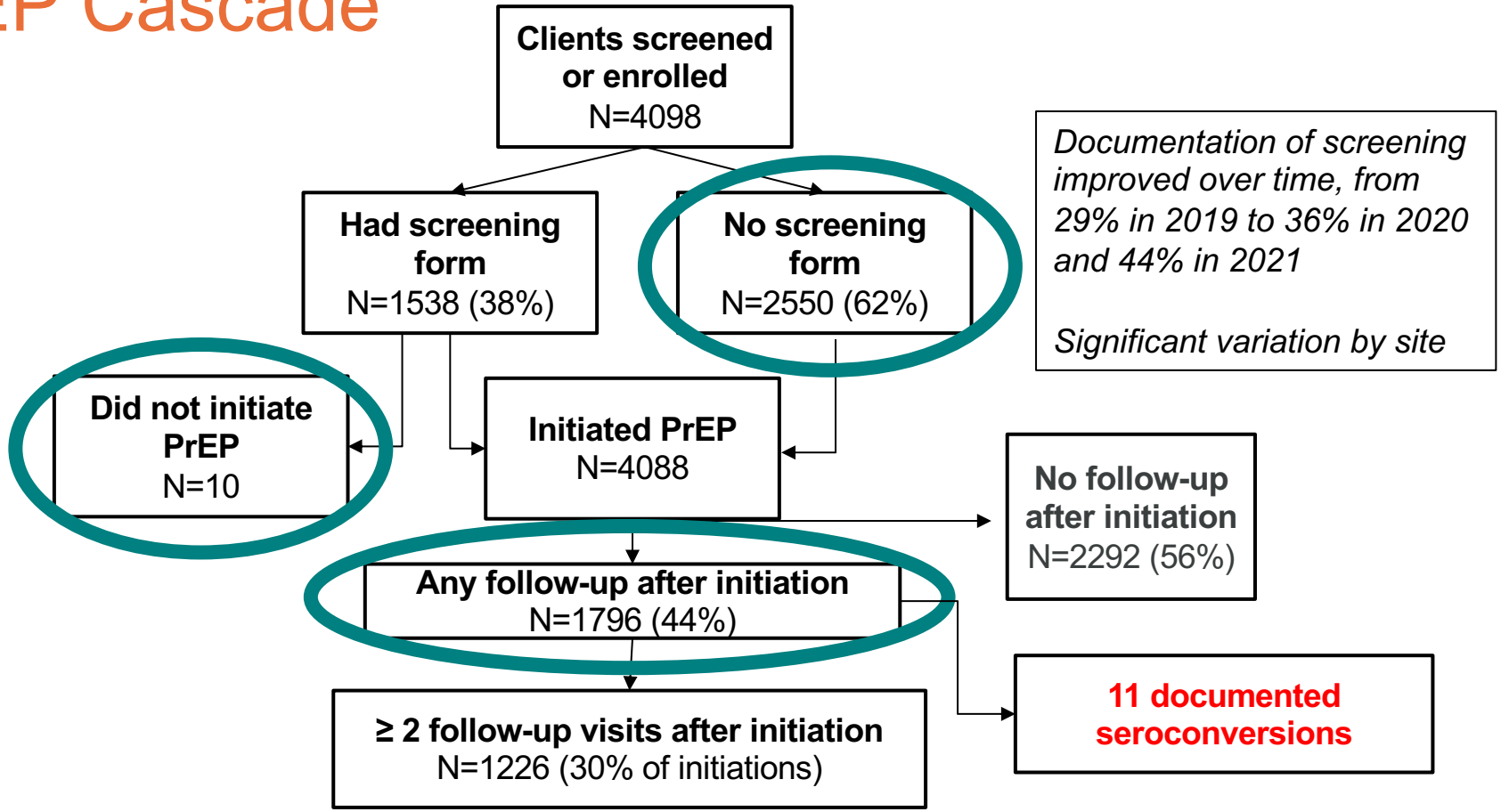
Data sources: PrEP screening forms, registers and cards; any improvised PrEP-related registers; HIV Testing register; ART register; ART card

Analysis: Prevalence ratio of having ***any follow up PrEP-related visit after initiation*** using multivariable Poisson regression with robust variance adjusted for clustering by site. Analyses were stratified by sex.

PrEP Initiations Over Time: January 2019-June 2021



PrEP Cascade



Client Population Initiated on PrEP:
Age & Facility Setting

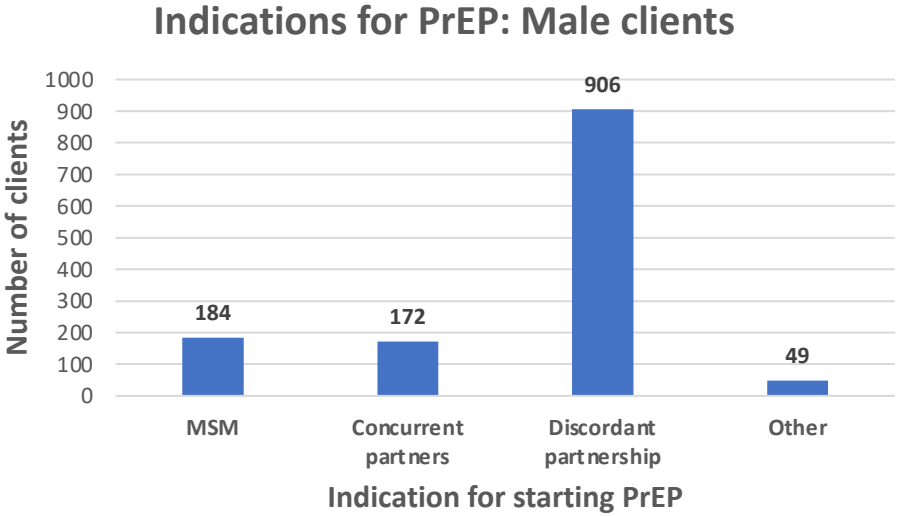
	Men N (column %) Total = 1588	Women^ N (column %) Total = 2500	Total N (column %) Total = 4088
Age Group (yrs)			
< 19	34 (2%)	365 (15%)	399 (10%)
20 – 24	222 (14%)	649 (26%)	871 (21%)
25 – 34	749 (47%)	868 (35%)	1617 (40%)
35 – 44	361 (23%)	422 (17%)	783 (19%)
45+	222 (14%)	196 (8%)	418 (10%)
Facility setting			
Urban	1205 (76%)	1878 (75%)	3083 (75%)
Rural	383 (24%)	622 (25%)	1005 (25%)

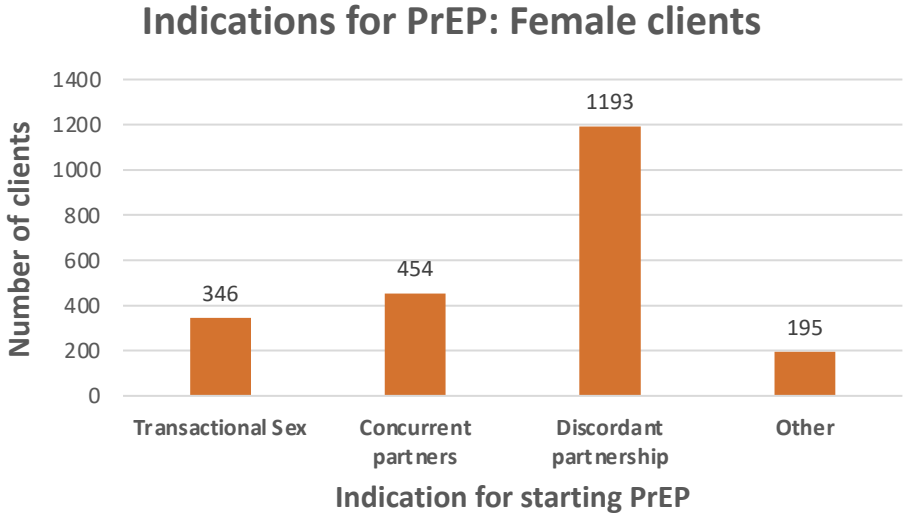
^includes one trans woman

Client Population Initiated on PrEP:
PrEP Entry Point

	Men N (column %)	Women N (column %)	Total N (column %)
Health facility outreach	62 (7%)	95 (7%)	151 (7%)
Community program	36 (4%)	192 (14%)	228 (10%)
Adolescent corner	27 (3%)	77 (6%)	104 (5%)
ANC/PNC	45 (5%)	389 (28%) ★	436 (19%)
Family Planning	0	10 (0.7%)	10 (0.4%)
ART and Index testing	181 (21%) ★	208 (15%)	389 (17%)
OPD and HIV testing	456 (53%) ★	420 (30%) ★	877 (39%)
Men's corners	47 (6%)	3 (0%)	51 (2%)
Other service delivery areas	4 (1%)	11 (1%)	15 (0.7%)
Undocumented	727	1088	1821

Client Population Initiated on PrEP:
PrEP Start Indications





- "Concurrent partnerships" includes if the client indicated that they had multiple concurrent partners or if their partner had multiple concurrent partners
- Clients in serodiscordant relationships were often specifically noted to have a partner who was 1) newly initiating ART; 2) not on ART; or 3) known to have elevated viral load

Factors Associated with PrEP Continuation:
Male Participants (1)

	Any follow-up N (%)	No follow-up N (%)	Adjusted Prevalence Ratio (95% CI)	P-value
Age Group (yrs)				
<19	8 (23%)	26 (76%)	REF	<0.001
20-24	56 (25%)	166 (75%)	0.86 (0.50-1.48)	
25-34	311 (42%)	437 (58%)	1.18 (0.71-1.93)	
35-44	193 (54%)	166 (46%)	1.51 (0.89-2.55)	
45+	123 (55%)	99 (45%)	1.47 (0.86-2.50)	
Facility type				
Urban	503 (42%)	699 (58%)	REF	0.457
Rural	188 (49%)	195 (51%)	1.08 (0.88-1.32)	

Factors Associated with PrEP Continuation: Male Participants (2)

Indication for initiating PrEP	Any follow-up N (%)	No follow-up N (%)	Adjusted Prevalence Ratio (95% CI)	P-value
MSM	42 (23%)	142 (77%)	1.08 (0.56-2.08)	0.824
Concurrent partners	80 (29%)	192 (71%)	1.20 (0.62-2.33)	0.590
Discordant partners	481 (53%)	425 (47%)	2.10 (1.10-4.01)	0.024
Other	18 (37%)	31 (63%)	1.56 (0.71-3.38)	0.267

Factors Associated with PrEP Continuation:
Female Participants (1)

	Any follow-up N (%)	No follow-up N (%)	Adjusted Prevalence Ratio (95% CI)	P-value
Age Group (yrs)				
<19	147 (40%)	216 (60%)	REF	0.077
20-24	256 (40%)	391 (60%)	0.83 (0.67-1.03)	
25-34	383 (44%)	482 (56%)	0.87 (0.70-1.08)	
35-44	219 (52%)	204 (48%)	0.96 (0.73-1.26)	
45+	99 (51%)	97 (49%)	0.88 (0.71-1.08)	
Facility type				
Urban	788 (42%)	1085 (58%)	REF	0.876
Rural	316 (51%)	305 (49%)	1.03 (0.74-1.41)	

Factors Associated with PrEP Continuation:
Female Participants (2)

Indication for initiating PrEP	Any follow-up N (%)	No follow-up N (%)	Adjusted Prevalence Ratio (95% CI)	P-value
Transactional sex	62 (18%)	284 (82%)	0.49 (0.27-0.89)	0.020
Concurrent partners	191 (42%)	263 (58%)	1.14 (0.67-1.97)	0.628
Discordant partners	656 (55%)	537 (45%)	1.51 (0.85-2.67)	0.159
Other	78 (40%)	117 (60%)	1.07 (0.63-1.83)	0.795

Site- and District-Level Dissemination

Results shared during site visits,13 facilities in 3 districts, & with district/technical teams

Feedback included:

- Importance of differentiation from ART services (service point, PrEP packaging)
- Perception that the guidance/push for PrEP initiation is too broad & leads to high defaulter rate
- Challenges with patient education, as PrEP is covered in health education sessions that patients may miss if arriving late; importance of PrEP education at male-focused clinics & service points to encourage partner PrEP use acceptance
- Importance of guidance for providing and documenting event-driven PrEP
- Due to provider rotation, there is a need for regular training and re-training of healthcare staff on PrEP guidelines, including clarity regarding the role of the counselor vs. the role of the clinician
- Importance of inclusion of PrEP follow-up in new MOH PrEP framework, and of coordination with community programs for both documentation and follow-up

Conclusions

- Findings indicate the need for improved documentation of PrEP screening and uptake to better understand who is offered and who accepts PrEP
- Support for continuation is needed: only 44% of initiations have any follow-up, and only 30% have two or more follow-up visits; differentiated support may be warranted based on PrEP start indication, sex, and other factors
- Knowledge of partner status is embedded in indications driving initiations overall and continuation among men (serodiscordancy) – how can we better serve those not yet accessing HIV services?
- Critical opportunity to improve PrEP services for young people: disproportionate PrEP use in older ages groups compared to HIV incidence; older age associated with increased likelihood of follow up

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