Capacity for Innovation: First HIV Pre-exposure Prophylaxis Services in Democratic Republic of the Congo

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HIV in the Democratic Republic of Congo (DRC)

• National HIV prevalence adults (>15 years): 0.7%

• Disproportionately higher HIV prevalence among “key populations” (KP)
  – Female sex workers: 6.9% \(^1\)
  – Men who have sex with men: 17.9% \(^1\)

• KP have lower healthcare coverage and report poor quality of and sub-optimal care
  – Due to stigma, discrimination, and legal and policy barriers

Pre-exposure Prophylaxis for HIV Prevention

- **Pre-exposure prophylaxis = PrEP**
- Antiretroviral drugs to prevent HIV
- Clinical trials have demonstrated PrEP efficacy
  - Daily PrEP reduces the risk of getting HIV from sex by more than 90%
- Effective protection for people at high risk
- High early loss to follow-up in PrEP rollout
PrEP Project in DRC

• ICAP at Columbia University, DRC’s Ministry of Health, and the US Centers for Disease Control and Prevention (CDC) evaluated the feasibility and acceptability of PrEP.

• First PrEP services in DRC were implemented in February 2018 at 7 KP-friendly health facilities
  – 4 in Kinshasa
  – 3 in Haut Katanga

• A target of initiating 350 KP on PrEP
  – Sample size for the feasibility
PrEP Enrollment by Key Population Group, at 7 Implementation Facilities (N=356)

- Female Sex Worker (FSW) 77%
- Men who have sex with men (MSM) 20%
- People who inject drugs (PWID) 2%
- Transgender (TG) 1%

Retention by Key Population Group at 1, 3 and 6 Months After PrEP Initiation

<table>
<thead>
<tr>
<th>Months after PrEP initiation</th>
<th>Female Sex Worker (FSW)</th>
<th>Men who have sex with men (MSM)</th>
<th>People who inject drugs (PWID)</th>
<th>Transgender (TG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>62%</td>
<td>72%</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>3 months</td>
<td>71%</td>
<td>89%</td>
<td>100%</td>
<td>82%</td>
</tr>
<tr>
<td>6 months</td>
<td>67%</td>
<td>0%</td>
<td>89%</td>
<td>0%</td>
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</tbody>
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Global PrEP Capacity Building

- ICAP developed a PrEP training for multidisciplinary facility teams to deliver PrEP
  - 6-day curriculum
  - Monitoring and evaluation (M&E) tools
  - Clinical job aids

National PrEP Capacity Building

• Provided guidance on establishing national PrEP guidelines
• Supported a national PrEP technical working group to garner input from local stakeholders
• PrEP training curriculum and materials adapted to local context
• PrEP M&E tools tailored to existing clinic tools
• PrEP specific clinic procedures
  – Ensuring that PrEP services are provided in a standardized and comprehensive sequence
• Healthcare worker sensitization training
Facility-Level PrEP Capacity Building

- Training healthcare workers, M&E teams, and peer workers on PrEP service delivery
- Providing comprehensive PrEP education to healthcare workers and clients
- On-site monitoring and mentorship of clinic staff and PrEP service delivery procedures
- Expanding PrEP-specific outreach and retention activities
PrEP Implementation in DRC

• 38 facility staff, 48 peer workers, and 15 community leaders trained on PrEP
• PrEP enrollment February to May 2018
• 356 KP initiated PrEP
  – Successful achievement of PrEP targets
• High overall percentages of PrEP retention compared to other sub-Saharan Africa projects
  – 62% at 1-month, 82% at 3-month, 86% at 6-month
Findings and Lessons Learned

- Lay counselors, peers, and outreach workers included in PrEP training
- PrEP specific clinic procedures
- Tailored outreach to improve PrEP retention
- Service delivery and M&E tools standardized across facilities
- PrEP education materials for staff and clients
- Ongoing clinic “PrEP refresher” trainings
Conclusion

• Clinic staff must have a clear understanding of the importance of PrEP
• Providing comprehensive PrEP education to clients promotes increased retention
• Standardized procedures are essential to monitoring PrEP service delivery
• Lessons learned in DRC will be shared with KP programs in other African countries
• Project findings will support the endorsement of national PrEP guidelines and the scale-up of PrEP in DRC
“I run risks every single day. Because PrEP is effective, it will give me extra protection against HIV, and allow me to do my job safely.”

- PrEP patient in Lubumbashi

“PrEP offers a way for me to take control of my life and stay HIV-negative.”

- PrEP patient in Kinshasa

“I’m honored and proud to be one of the first healthcare workers to provide PrEP in the DRC. It’s a good feeling because it shows that we are fighting HIV in all ways.”

- healthcare worker in Kinshasa
Acknowledgements

- PrEP clients
- PrEP peers and outreach workers
- Key populations communities
- Healthcare workers and facility teams
- DRC Ministry of Health
- CDC Atlanta and DRC
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- Elaine Abrams