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# « Before we used to treat a bit blindly, it was a syndromic diagnosis » Perceptions of physicians in the overall management of sexually transmitted infections among female sex workers in Côte d'Ivoire

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## Context

The vulnerability of female sex workers (FSWs) and their working conditions put them at high risk of sexually transmitted infections (STIs).

The development of PrEP programmes is an opportunity to rethink STI screening and treatment in key populations which is currently based on the syndromic approach in West Africa.



## Objective

To analyze the perceptions of physicians involved in a community-based sexual health project regarding the management of STIs in Côte d'Ivoire.



## Methods

The ANRS 12381 PRINCESSE study is an interventional cohort (Nov 2019 – Jun 2023) among 489 FSWs aged ≥ 18 years in the San Pedro area.

Care services, delivered through a mobile clinic at prostitution sites, included quarterly syndromic screening for STIs, as well as vaginal and anal swabs for the screening of *chlamydia trachomatis* (CT) and *neisseria gonorrhoea* (NG) by polymerase chain reaction (PCR) at M0, M12 and M24. STIs were managed according to the national algorithm, or referred to specialised facilities in case of complications.

We conducted in-depth individual interviews with the 4 physicians involved in treating FSW, at the time of cohort closure, in order to explore:

- What did they think of this care offer?
- What did it bring to them as doctors? To the participants as patients?
- What were the difficulties encountered?



Study area



Sex work site



Mobile clinic visiting 10 prostitution sites every 2 weeks



## Conclusion

The holistic approach of the project and the laboratory tests carried out were an asset to the project and a source of motivation for long-term work. However, it faces a number of operational challenges, in particular, collecting and transporting samples and the time taken to deliver results.

There is a need for simpler 'point of care' tools such as rapid STI tests and especially with such a mobile and precarious population



## Results

**Acquiring new knowledge** was essential, motivated doctors and facilitated their integration into the project.

As there was prior training, which enabled us to take samples, learn how to place a speculum (...) We had a refresher course before starting PRINCESSE. So it went well in any case.

Physician A



Capacity building for the project team

The **availability of biological tests** was perceived as a real added value that helped to build a relationship of trust with patients.

Before, we treated a little blindly, it was a syndromic diagnosis. And as antibiotics were used, so it was something that which could often lead to resistance.

Physician B



Laboratory technician

Certain difficulties, such as the **late return of results**, complicated care...

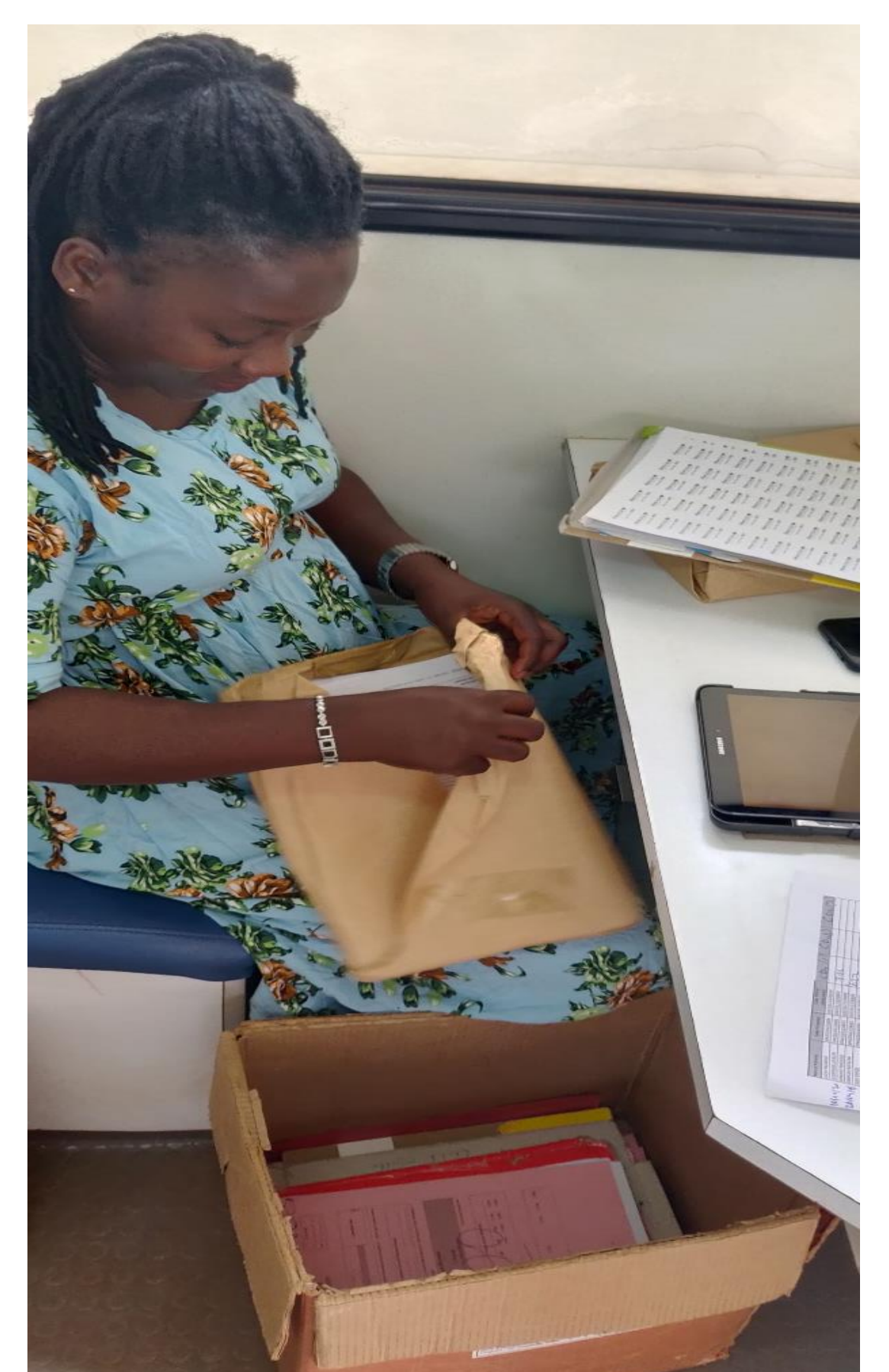
The problem with the PRINCESSE offer is the late delivery of examination results. This meant that, as sex workers are very mobile people, the day (...) [when] we had to come back to give the treatment... or at least an accurate one, it was often difficult for us to find even this lady.

Physician A

...as well as **input shortages** (in particular treatment kits).

The second difficulty is perhaps the drug shortages. [...] It's the project itself that finances its own medicines, which we put together in kit form. This means that when you don't do a proper assessment, and there's a shortage, it can also undermine the treatment of STIs.

Physician C



Medical staff with test results