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### Abstract

## Feasibility and efficacy of highly active antiretroviral therapy among high-risk and marginalised HIV-1 infected women in West Africa

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**Objective** To describe the feasibility and long-term clinical, immunological and virological outcomes of HAART among HIV-infected female sex workers (FSWs) in Burkina Faso.

**Methods** Prospective study of FSWs and non-FSWs initiated on HAART according to WHO recommendations. Follow-up included monthly clinical visits, HAART adherence support and assessment, 6-monthly CD4 cell count and HIV-1 plasma viral load (PVL) measurements.

**Results** 95 women, including 47 FSWs, were followed for a median of 32 months (interquartile range [IQR], 20–41 months). At HAART initiation, the median CD4 count was 147 cells/ $\mu$ l (IQR, 79–183) and 144 (100–197) in FSWs and non-FSWs, respectively, and the median PVLs were 5.09 log<sub>10</sub> copies/ml (IQR, 4.60–5.43) and 5.24 (4.73–5.61), respectively. 70% of FSWs and 69% of other women were at WHO clinical stages III/IV. Four women (all FSWs) died during follow-up (mortality rate: 1.7 per 100 person-years). At 36 months, the median increase in CD4+ count was 230 cells/ $\mu$ l (IQR, 90–400) and HIV-1 PVL was undetectable for 81.8% (95%CI, 59.7–94.8) of FSWs. At least 95% adherence was reported by 83.3% (95% CI, 67.2–93.6) and 100.0% (54.1–100.0) of FSWs, at 6 and 36 months after HAART initiation, respectively.

**Conclusions** This study showed the feasibility of HAART introduction and that the benefits of HAART can be sustained over the long term among FSWs in Africa. Therefore, increased efforts should be invested by national HAART treatment programmes to improve access to care for this high-risk but marginalised population.