

Supplementary Table 1: Description of Data items

Data field	Explanation
Administrative information	The title, authors and affiliations, journal of publication of the article
Date	Year of publication of the article
Location	Country from which the article data was collected
Funding source	Funding source of the article
Sample	Number of participants reported in the article
Control	standard of care for comparison
Design	RCTs, Quasi-experimental studies (PSM, CBA, DID, Regression discontinuity)
Gender	Sex composition of the participants
Age	Age groups of the participants
Timing	Time till data collection
Outcome	Uptake, adherence and retention in the current PrEP delivery models female sex workers

Supplementary Table 2: PrEP Retention

Study ID	Factors associated with PrEP retention	Reasons for PrEP retention or discontinuation/withdraw
Jana (2021)	NR	Reasons for dropout: No longer doing sex work (35%), PrEP side effects (19%), and lack of interest (16%), other illnesses (5%), daily PrEP inconvenience (5%), partner not supportive (5%), in police custody (3%), embarrassed (3%), no reason (9%)
Sarr (2020)	Older FSW were less likely to discontinue PrEP (HR 0.5; 95% CI: 0.2 – 0.9 for 26-35 years, 0.3; 95% CI: 0.2-0.7 for 36-45 years, and 0.2; 95% CI: 0.1-0.5 for >45 years compared to 18-25 years).	Death, pregnancy, serious injury, and moving out of the area
Mboup (2018)	NR	Moved out of town, province, country (46/135), Returned to country of origin (29/135), Not interested in the study anymore (23/135), No longer eligible for pregnancy reasons (11/135), desire to marry (6/135), didn't like taking pill every day (4/135), side effects (4/135), not engaged in sex work anymore (3/135), death (2/135), no longer eligible (breastfeeding) (2/135), seroconversion (2/135), other (2/135), and partner's request (1/135)

NR: Not reported

Supplementary Table 2A: PrEP retention

Study ID	Retention in months								
	≤1*	3	6	9	12	15	18	21	24
Facility-based models									
Franks (2022)	62.1 %	81.2 %	86.6 %	NR	NR	NR	NR	NR	NR
Jana (2021) †	80.2 %	95.7 %	92.6 %	88.3 %	88.5 %	88.3 %	NR	NR	NR
Sarr (2020)	90.1 %	NR	79.9 %	NR	73.4 %	NR	NR	NR	NR
Mboup (2018)	87.9 %	80.5 %	73.8 %	67.2 %	58.6 %	38.7 %	29.3 %	21.1 %	11.7 %
Eakle (2017)	53.4 %	43.8 %	30.1 %	26.0 %	22.4 %	17.4 %	11.0 %	9.6% %	9.6% %
Community-based models									
Reza-Paul (2020)	98.5 %	99.2 %	99.1 %	99.1	99.0 %	98.9 %	NR	NR	NR
Little (2021)	NR	NR	85.8 %	NR	86.6 %	NR	NR	NR	NR
Matambanadz o (2021)	40.1 %	26.7 %	14.2 %	NR	NR	NR	NR	NR	NR

*Up to month 1 (14 days inclusive) †denominator included deaths

Retention was defined as the percentage of FSW enrolled or recruited on PrEP who return at different months for clinic appointments or pharmacy refills. FSW could miss and return for the next visit.

NR – Not reported

Supplementary Table 3: PrEP adherence

Study ID	Adherence method reported	Factors associated with PrEP adherence	Reasons for poor PrEP adherence
Facility-based models			
Nalukwago (2021)	Self-report	Didn't use condom on last sex act with a paying customer (aOR 0.07; 95% CI: 0.01-0.42), and use of long-term contraception method (aOR 0.06; 95% CI: 0.004-0.77)	NR
Jana (2021)	Self-report and plasma	NR	NR
Little (2021)	Self-report	NR	Stigma, difficulty in taking daily pill
Franks (2021)	Self-reported	NR	Not interested in daily medication, felt no longer at risk.
Sarr (2020)	tenofovir blood level	Simply forgot (20%), too busy with other things (14%), and ran out of study pills (14%)	- Taking PrEP at times when they felt at risk as opposed to daily intake and running out of pills
Mboup (2018)	Pill count	NR	Age, duration in sex work, high intention to adhere to treatment
Eakle (2017)	Self-reported	NR	Side effects
Community models			
Reza- Paul (2020)	Self-reported pill, and tenofovir blood level testing	NR	High perceived risk, little use of condoms over time

NR- Not reported

Supplementary Table 3A: PrEP adherence

Study ID	Adherence method reported	Adherence level	Adherence in months										
			7d *	1	2	3	6	9	12	15	18	21	24
Facility-based models													
Jana (2021)	Self-report (past week)	7	NR	71.0%	NR	72.0%	73.0%	74.0%	71.0%	75.0%	NR	NR	NR
		≥4	NR	94.0%	NR	90%	88.0%	91.0%	90.0%	88.0%	NR	NR	NR
		0	NR	2.0%	NR	5.0%	7.0%	4.0%	4.0%	7.0%	NR	NR	NR
	Plasma TDF levels (ng/ml)	≥40	NR	NR	NR	50.0%	62.0%	64.0%	77.0%	85.0%	NR	NR	NR
		≥10	NR	NR	NR	43.0%	34.0%	45.0%	55.0%	65.0%	NR	NR	NR
		n.d	NR	NR	NR	10.0%	10.0%	11.0%	4.0%	15.0%	NR	NR	NR
Sarr (2020)	MEMS ^s	NR	80.0%	NR	50.0%	65.0%	65.0%	65.0%	NR	NR	NR	NR	NR
	Plasma TDF levels (ng/ml)	≥35.5 n.d	NR NR	NR NR	NR NR	42.6% NR	21.7% NR	NR NR	NR NR	NR NR	NR NR	NR NR	NR NR
Mboup (2018)	Self-report (past week)	Perfect ^y	78.1%	NR	NR	58.3%	52.3%	56.3%	50.4%	61.8%	47.8%	60.8%	56.7%
		Partial ^y	4%	NR		15.2%	17.7%	6.8%	14.8%	6.6%	13.4%	3.9%	6.7%
		Low ^y	12.1%	NR		26.5%	30.0%	36.9%	34.8%	31.6%	38.8%	35.3%	36.6%
			9.5%										
Eakle (2017)	Self-report (past month)	Perfect (taken daily)	NR	NR	NR	85.3%	78.8%	70.2%	84.2%	75.0%	95.5%	81.3%	NR
Community-based models													

Study ID	Adherence method reported	Adherence level	Adherence in months										
			7d *	1	2	3	6	9	12	15	18	21	24
Reza-Paul (2020)	Self-report (past month)	Perfect (taken daily)	NR	75.4%	NR	69.6%	89.7%	91.1%	97.3%	98.0%	NR	NR	NR
	Self-report (past week)	Perfect (taken daily)	NR	89.9%	NR	88.5%	90.2%	91.1%	96.4%	98.3%	NR	NR	NR
	Plasma TDF levels (ng/ml)	≥40	NR	NR	NR	80.0%	90.5%	NR	NR	NR	NR	NR	NR
<40		NR	NR	NR	14.1%	5.9%	NR	NR	NR	NR	NR	NR	NR
n.d		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

*7 days †Perfect adherence (took all 7 pills in the past week); Partial (4-6 pills); Low (<4 pills). TDF (Tenofovir). MEMS (Medical Events Monitoring System 6). n.d (not detectable).

§ These were approximate values stated by the author.

NR -Not reported

