Leaving no one behind, reaching hard to reach populations

Muhau Mubiana[1] Mpande Mukumbwa-Mwenechanya[1] Clement Moonga[1]Helen Bwalya Mulenga[1] Mwanza Wa Mwanza[1] Izukanji Sikazwe[1] Carolyn Bolton-Moore[1,]
[1]Centre for Infectious Diseases Research in Zambia [2]University of Alabama at Birmingham, US

REPUBLIC OF ZAMBIA

BACKGROUND/INTRODUCTION

- The 2016 UNAIDS gap report showed that globally, there were over 2 million new HIV infections in 2015.

-**Members of key populations (KPs)**:

female sex workers (FSW) , men who have sex with men (MSM), people who inject drugs, transgender, prisoners

and their sexual contacts accounted for 45% of the new infections.(1)

- Despite the high incidence of HIV infections among KPs, specific sub populations living with HIV are
  - **underrepresented in the HIV care cascade**.(2,3)
  - have **low access to treatment**, face challenges in remaining on treatment, are faced with lack of adherence, stigma, low retention and insecurity in accessing health services
  -are **disproportionately at risk of HIV acquisition**, attributable to both behavior and specific legal and social barriers that further increase their vulnerability.
- The 2017-2021 Zambian National strategic framework recommends
  a public health approach for all sup population to be part of the HIV response if the 90-90-90 UNAIDS sets goals are to be achieved.(4)
  embracing existing opportunities for the multi-sectoral HIV national response that includes among others: Expanding service coverage to reach geographical areas with highest burden of HIV and groups that have historically been marginalized, underserved and neglected to ensure that **"no one is left behind"** .

•In May 2018,with the support from PEPFER through CDC, we implemented activities to:

- Provide HIV services to KP
- Highlight our experience, lessons learnt and challenges

In Zambia where some key population activities are illegal and unacceptable (socially, religious, culturally and politically).

METHODS

Setting: 6 densely populated urban communities
6 Health Centers in Lusaka District.

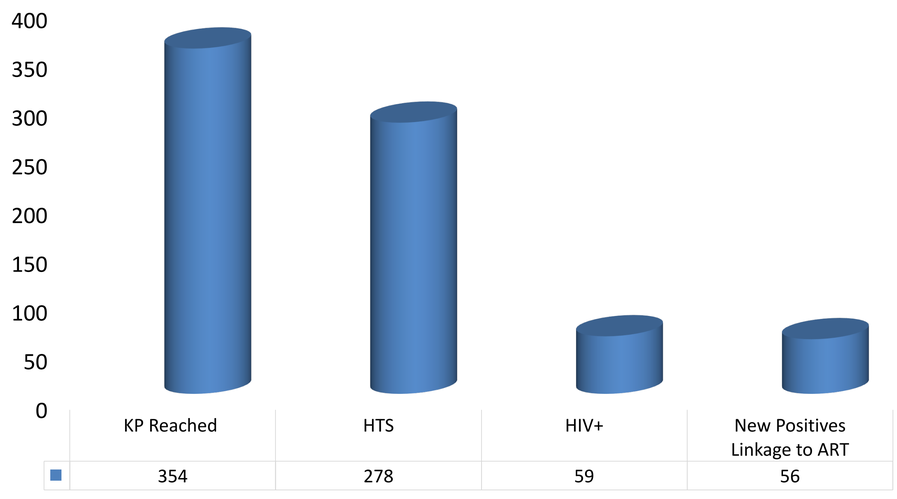
- **Mobilization and demand creation for HIV services in communities:**
  - Networking and collaborating with Civil Society Organizations(CSOs) working with KPs
  - Mapping 'Hot spots/safe zones' (bars, brothels, homes) to identify operation areas with KP communities.
- **Monthly community visits** by a team of trained health care providers (Nurse, Pharmacist, Clinical Officer, Lay Health Care Worker and Laboratory Technologist) for case identification, screening and follow up visits (drug dispensation, symptom screening, condom distribution and adherence counselling) of clients already enrolled in care.
- **Linking screened clients** to Health Centers with Health Care Providers trained to provide KP friendly services.
- **Fast-tracking clients referred** to the clinic through Lay Health Care Workers to ease access to health services

Implementation period: May –September 2018

Data/Analyses: We recorded number of KPS that were: (a) reached (b) tested for HIV (c) linked to HIV services depending on HIV status.

RESULTS

Figure 1. Positivity yield among KP screened



RESULTS, continued

Figure 2: Continuum of care among FSW and MSM

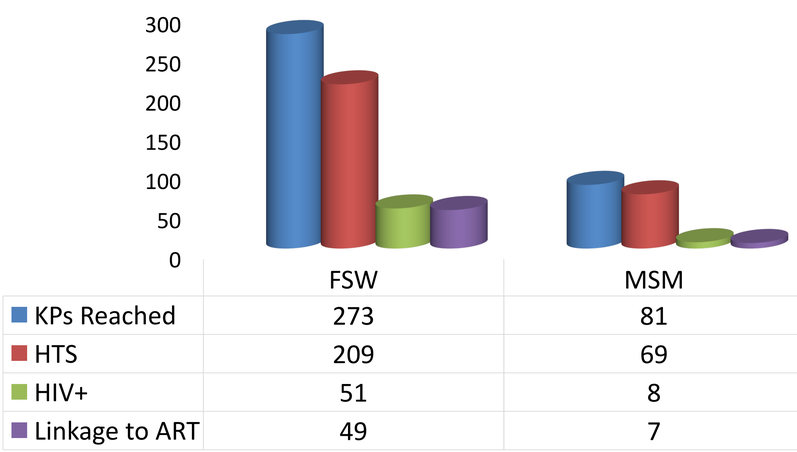
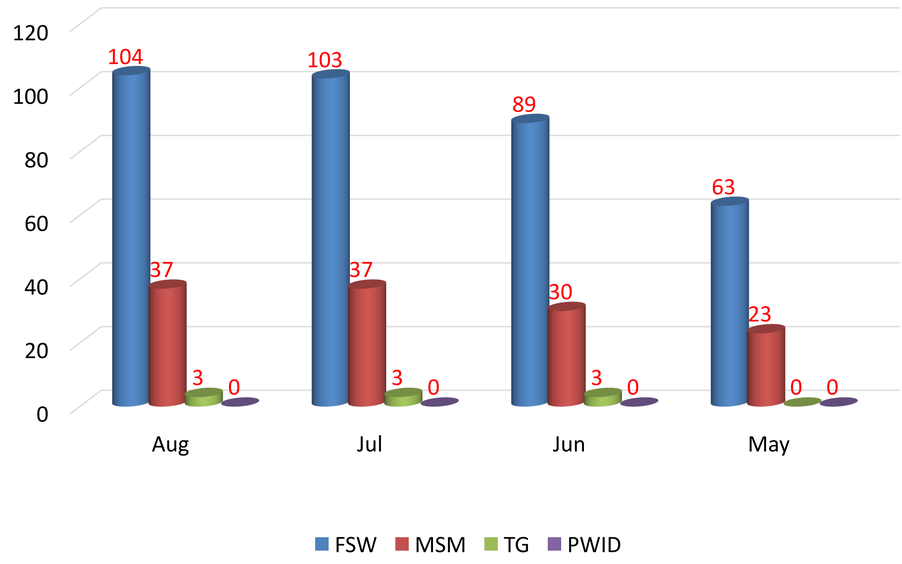


Figure 3: Cumulative numbers on PrEP among FSW, MSM, TG, PWID



DISCUSSION

- Of 354 KP reached,
  - 273 (77%) self-identified as FSWs and 81 (23%) MSM.
  - 278 (78.5%) agreed to HIV testing
  - Refusal rate for testing was similar for both the FSWs and the MSM (range 21-23%)
- From 278 people tested,
  - 59(21%) tested positive with a higher positivity rate among FSW (21%).

  Overall linkage was 95%; 3 people (5%) did not link to care as they required further time to adjust to their new HIV status.
- Among 219 (79%) testing negative,
  - 144 (66%) were put on Pre–Exposure Prophylaxis (PrEP) services.
  - 75 did not fit the eligibility criteria or refused.
- Partnering with CSO working with these populations was key for networking and community mobilization with KPs.
- Having trained Peers was cardinal in the identification of the safe spaces as convenient locations for KPs to access services within reach.
- In addition, training health care workers in provision of services for this population increased KP confidence to seek care .

NEXT STEPS/WAY FORWARD

- Strengthen follows up of:
  - PrEP patients to ensure retention
  - KPs testing positive who refused to be linked into care
  - Support the development of tools to strengthen the M&E among this population

REFERENCES

1. UNAIDS GAP 2016 Report
2. Baral SD, Poteat T, Stromdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-analysis. Lancet Infect Dis. 2013;13(3):214-222.
3. Beyrer C, Baral SD, van Griensven F, et al. Global Epidemiology of HIV Infection in Men Who Have Sex with Men. Lancet. 2012;380(9839):367-377
4. 2017-2021 National AIDS Strategic Framework

ZAMBIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA
CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

November 2018