

Sustaining HIV Case Finding via Tailored Testing Services for Key Populations at Community Level

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BACKGROUND / INTRODUCTION

Mozambique has an estimated national HIV prevalence of 12.4%, with Nampula Province recording 10%. Despite progress in access to HIV prevention and effective care and treatment, stigma and discrimination persist as important barriers hindering key populations (KP) from accessing HIV-related services. To address these challenges, ICAP designed and implemented targeted differentiated testing strategies to effectively identify and engage underserved KP groups and link them to HIV services. ICAP worked with Nampula's Provincial Health Authorities (DPS/SPS) and community-based organizations to design and implement a community service delivery model targeting KP and engaging them in health services in Nampula Province.

METHODS

ICAP at Columbia University collaborated with local health authorities and KP community partners to design a strategy to reach KP, which integrates HIV prevention and care and treatment into general health services, provided at safe locations. Comprehensive HIV services were offered through mobile brigades (MB) for the general population during the day and additional, targeted MB were offered at KP hotspots on a weekly or monthly basis, delivering services in areas of concentrated KP activity (Figure 1 and 2). KP hotspots were mapped in coordination with local KP organizations aiming to prioritize high concentration points. Comprehensive HIV services were integrated with general health services, including HIV testing, pre-exposure prophylaxis, antiretroviral therapy initiation and continuation, and sexual and reproductive health services. Services were provided at hotspots and prisons across 17 supported districts, targeting sex workers, men who have sex with men (MSM), transgender people, inmates, and people who inject drugs (PWID). Routinely reported aggregate testing data from April 2023 to March 2024 were analyzed to compare interventions at daytime MB and hotspots/prison MB, evaluate trends and determine whether specific strategies implemented in hotspots were effective in testing and identifying KP living with HIV.

LESSONS LEARNED

Between April 2023 and March 2024, 2,419 KP individuals were tested for HIV through MB in hotspots and prisons, with 279 testing positive (11.5% yield). Positivity rates varied across quarters, peaking at 22.9% from April to June 2023 and reaching a low of 8.2% in July to September 2023. The hotspot and prisons brigades consistently exhibited higher positivity rates when compared to daytime MB (Table 1).

Table 1: Trend of tested and positivity at daytime and hotspots/prisons Mobile Brigades Q3FY2023 – Q2FY2024

Indicator	Q3FY2023		Q4FY2023		Q1FY2024		Q2FY2024		Total	
	Daytime MB	Hotspot and prisons MB	Daytime MB	Hotspot and prisons MB	Daytime MB	Hotspot and prisons MB	Daytime MB	Hotspot and prisons MB	Daytime MB	Hotspot and prisons MB
Tested	927	523	1,550	1,177	803	422	976	297	4,256	2,419
Positive	148	120	118	96	41	28	68	35	375	279
Yield %	15.9%	22.9%	7.6%	8.2%	5.1%	6.6%	7.0%	11.8%	8.8%	11.5%



Figure 2. Mobile brigade in the community for MSM in Nampula

DISCUSSION

Despite fluctuations, there was a consistent trend of both high testing volume and high positivity rates among those tested throughout the period at ICAP-supported MB. The use of diverse service delivery models, MB at hotspots and in prisons, resulted in higher yield trends, highlighting the importance of adapting and offering services tailored to the specific needs of KP subpopulations. These findings underscore the necessity of continued innovation and flexibility in HIV testing strategies to effectively address the dynamic needs of KP.



Figure 1. Mobile brigade at PWID hotspot in Nampula

