

Integrated model of differentiated HIV testing services among priority and key populations: Experience of the Epic-USAID project in Senegal

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BACKGROUND / INTRODUCTION

- Concentrated epidemic with a prevalence of 0.32% in the general population, FWS : 4,92 %, HSH : 34,23 % (Spectrum 2021) et UDI : 3,7% (PARECO 2019).
- Senegal's commitment to eliminating the HIV epidemic by 2030 by stepping up customer-focused interventions.
- Significant achievements in reaching the 3X95, but still insufficient in relation to the "92% -90% - 83%" HIV care cascades, justifying the adoption of the Differentiated Service Delivery (DSD) model and its scaling-up in 2021.
- Implementation of the integrated HIV service delivery model by the Epic/USAID project, with innovative screening approaches based on the epidemiological profile, the organization of the care system and the vulnerability of the targets.

Integrated Differentiated Screening Model (Epic/ Senegal)

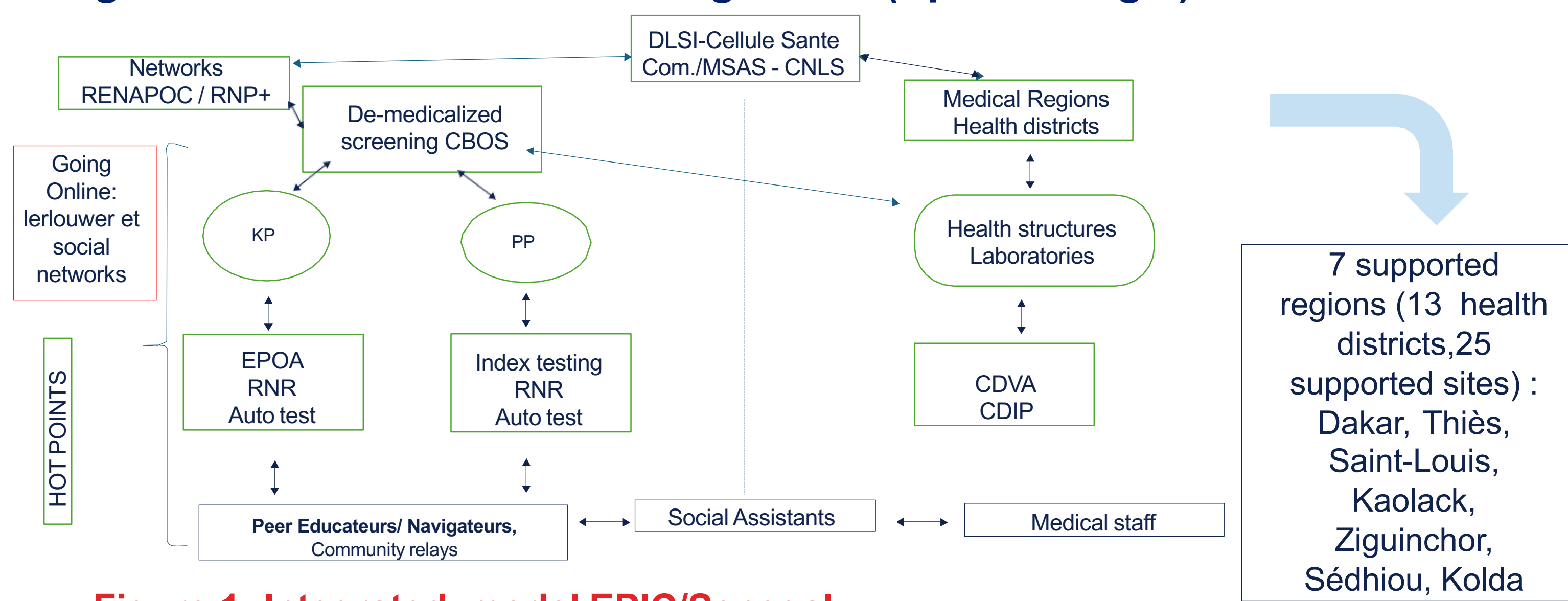


Figure 1: Integrated model EPIC/Senegal

METHODS

An integrated community approach in public health establishments based on the implementation of human, material and logistical resources, as well as a real-time planning and data analysis system:

- Setting up a network of community players (mapping agents, peer educators, peer navigators, Internet prevention agents) interconnected via physical and virtual hot spots.
- Supported by a pool of social workers responsible for coordinating and supervising the provision of HIV services.
- Provision of tablets, mobile logistics, computers and internet connection
- Setting up an HIV tracker and a data base network to support care teams
- Mapping and micro-planning of screening approaches targeting key hard-to-reach or unidentified populations
- Gap analysis and identification of peers, index clients, at-risk networks and the implementation of differentiated screening strategies as shown in the chart below:

Differentiated screening models in EPIC sites

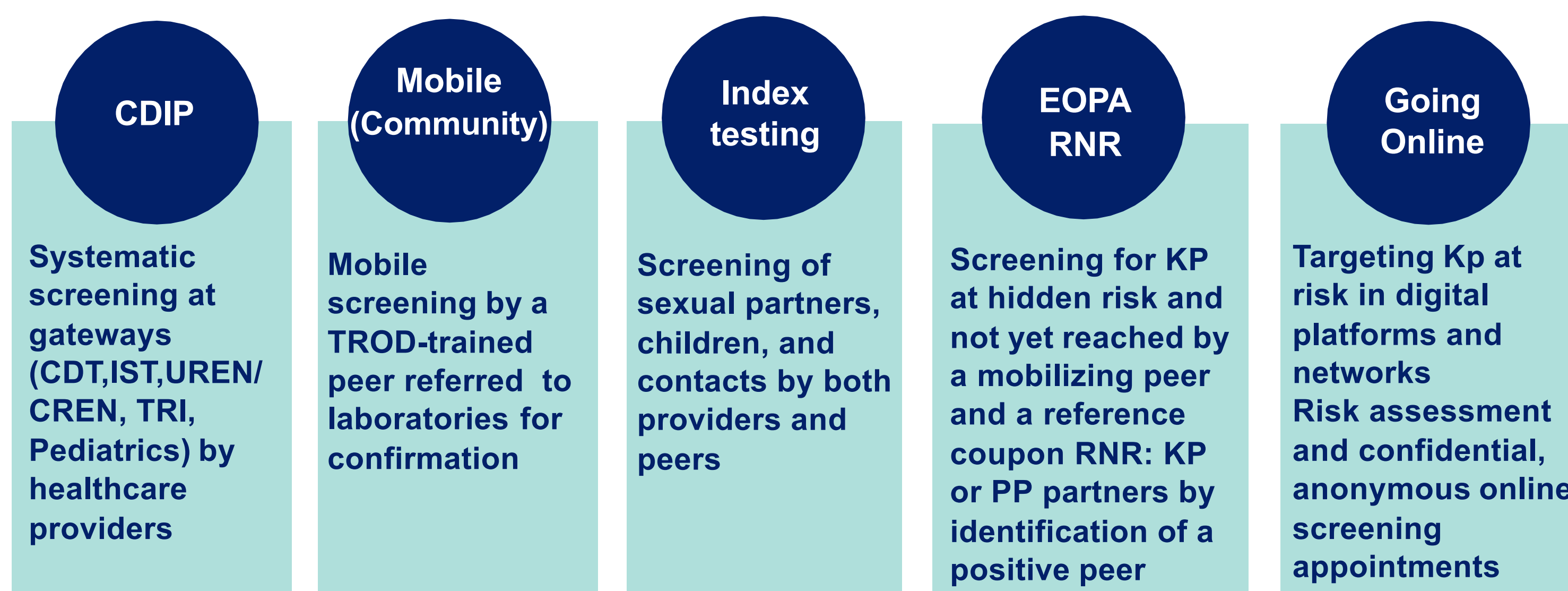


Figure 2: Differentiated testing models in EPIC Sites

RESULTS

Key results fiscal year October 2022 to September 2023

- Overall, 76.2% of expected targets were tested, with a case finding of 10.4%:
- FSW: 176.6 were tested with 71.2% positive from target, case finding of 4.2%.
- MSM: 83.3 of the annual Targets were tested with 85.5% of expected positives, case finding of 6.1%.
- PP: 66;6.% low testing from target but high case finding of 13.3

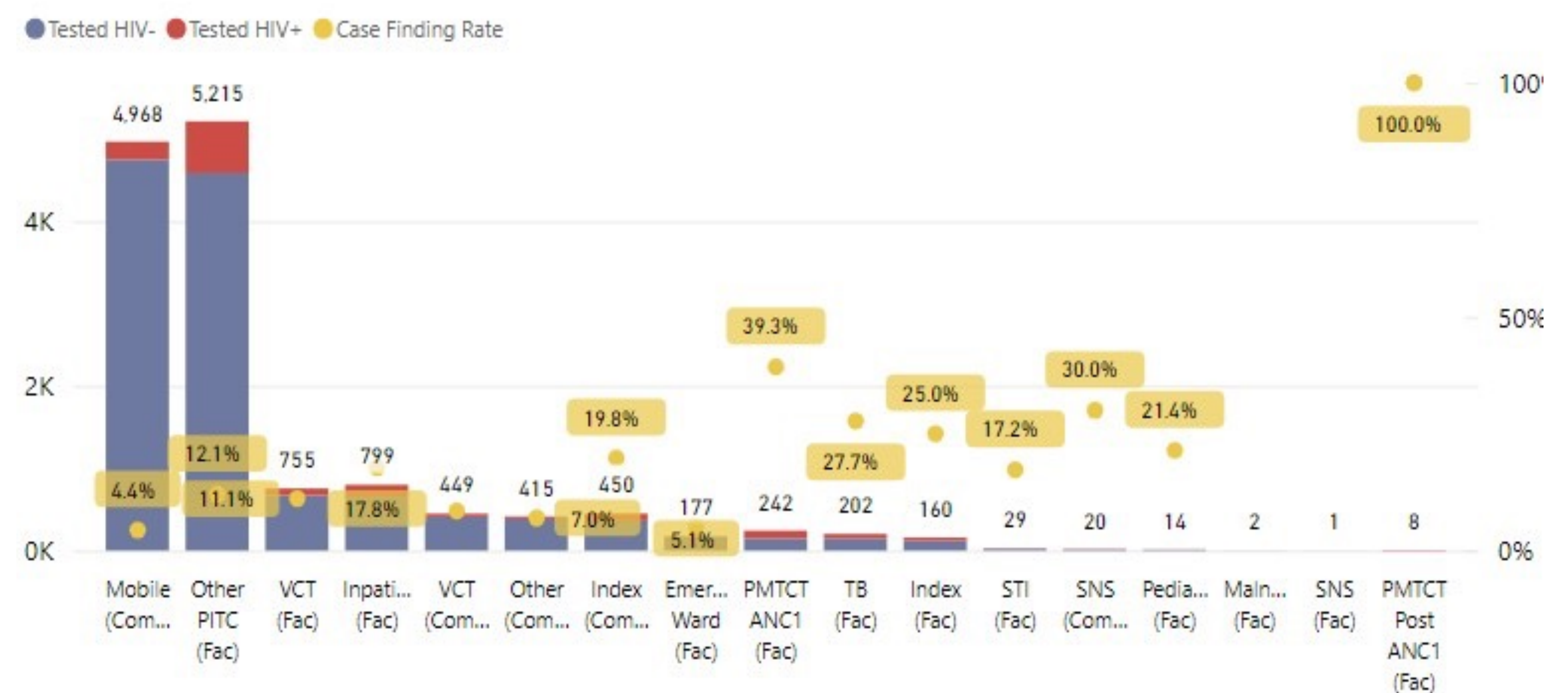


Figure 3: HIV by testing modality

- Optimal coverage of the screening strategy differentiated with the community and facility levels, with a contribution of 41.1% for case finding at the facility level, 14.1% for the community level and 7.1% for the community index.
- Effectiveness of index testing both at facility level with a detection rate of 27.2% and at Community level with 22.4%.

High detection rate in sexual and digital network tests

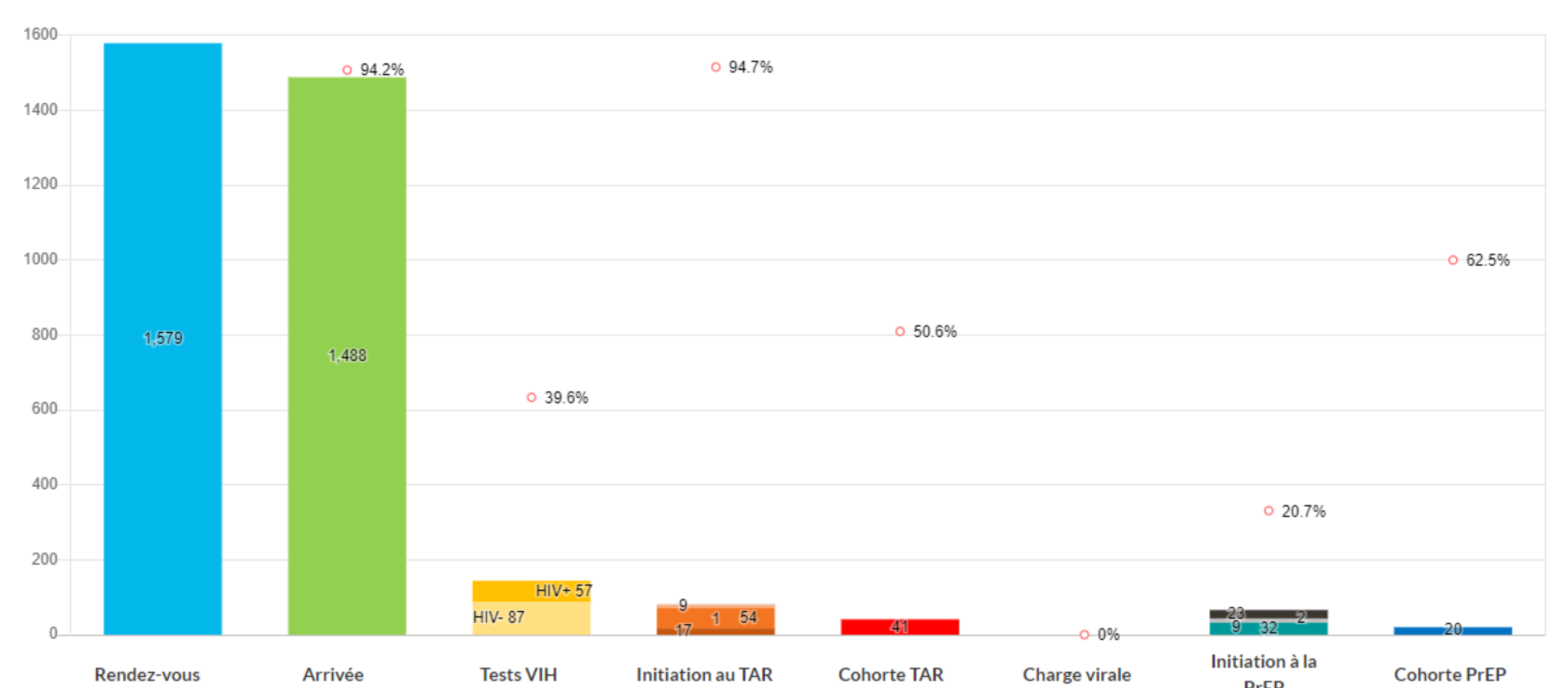


Figure 4: Testing cascade lerlouwer

1579 bookings in lerlouwer with an arrival rate of 92.2%, including 144 tested, 57 positive, high case finding of 39.6% and a linkage to ART is 94.7%.

- In FY23, EPOA helped improve FSW target performance
- Target from 43.4% to Q1 at 71% au Q4
- case finding TO 2.7 % at 4,1%
- linkage to 60% at 88;2%

DISCUSSION

Differentiated approaches to screening and integration of care and community support in public health facilities is an effective response

- Epidemiological profile
- Unfavorable socio-political context with migration and mobility of key populations
- The organization of the healthcare system

Challenges

- Confirmation of community testing and DDD strategy, Self-testing with community distribution strategy;

Key notes

- Very high case finding of targeted populations in TIC;
- Success of the EPIC/USAID Integrated Model: provider collaboration and community involvement;
- Peer and OCBs status and capacities strengthened

