Mobilizing For community HTS: A case study from Mozambique

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Outline

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HIV Epidemic Background

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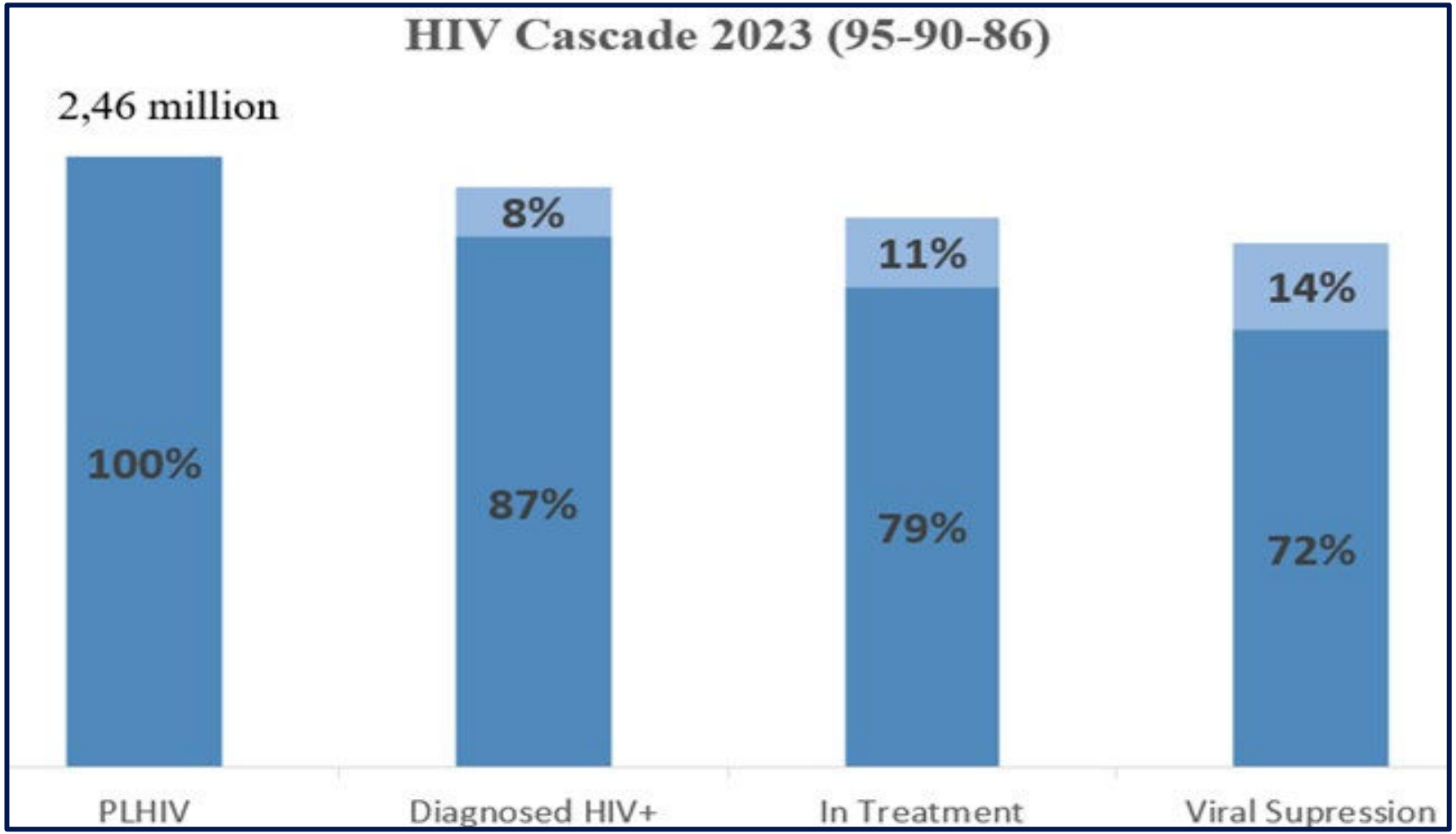
HIV Epidemiology

Moçambique, 2023	Total	% Among national PLHIV	Confidence interval
N° PLHIV	2,440,000		2.26-2.66 milhões
N° Adult 15+ LHIV	2,290,000	94%	2.22-2.35 milhões
N° Men 15+ LHIV	820,000	34%	765,000-900,000
N° Women 15+ lHIV	1,470,000	60%	1.34-1.56 milhões
N° Pregnant women HIV+	125,000		88,000-159,000
N° Children lHIV	150,000	6%	121,000-165,000
N° New infections	81,000		62,000-101,000
N° new infectiosn per day	222		
N° new infections by adult	69,000		52,000-88,000
N° new infections by children	11,000		8,000-16,000
Vertical transmission rate	10%		7%-12%
N° death related to HIV/AIDS	44,000	2%	38,000-51,000

Source: 2024 Preliminary estimates, Spectrum V6.36

Towards 95 95 95



Source: 2024 Preliminary Estimates, Spectrum V6.36

Community HTS Approaches

Community HTS Approaches

Fixed and permanent sites → Universities, institutions, churches, community centers, etc.

Mobile → Brigades and mobile clinics, informal and formal workplaces, truck drivers stops, outreach testing etc.

Door to door

Community HTS: Priority Populations

Clients with risk behaviors and signs and symptoms

Contacts of Index Cases (IC) (sexual partners, children and parents)

KP (SW and clients, MSM, PWID, Prisoner's and transgender)

Adolescents and Young People (10 – 24)

Vulnerable Population

Men 25+

Pregnant and breastfeeding women and sexual partners

Mobilizing: HTS Community Models

Door to Door for IC contacts and people vulnerable for HIV acquisition

Hotspots, harm reduction centers, prisons, and other places to reach KP

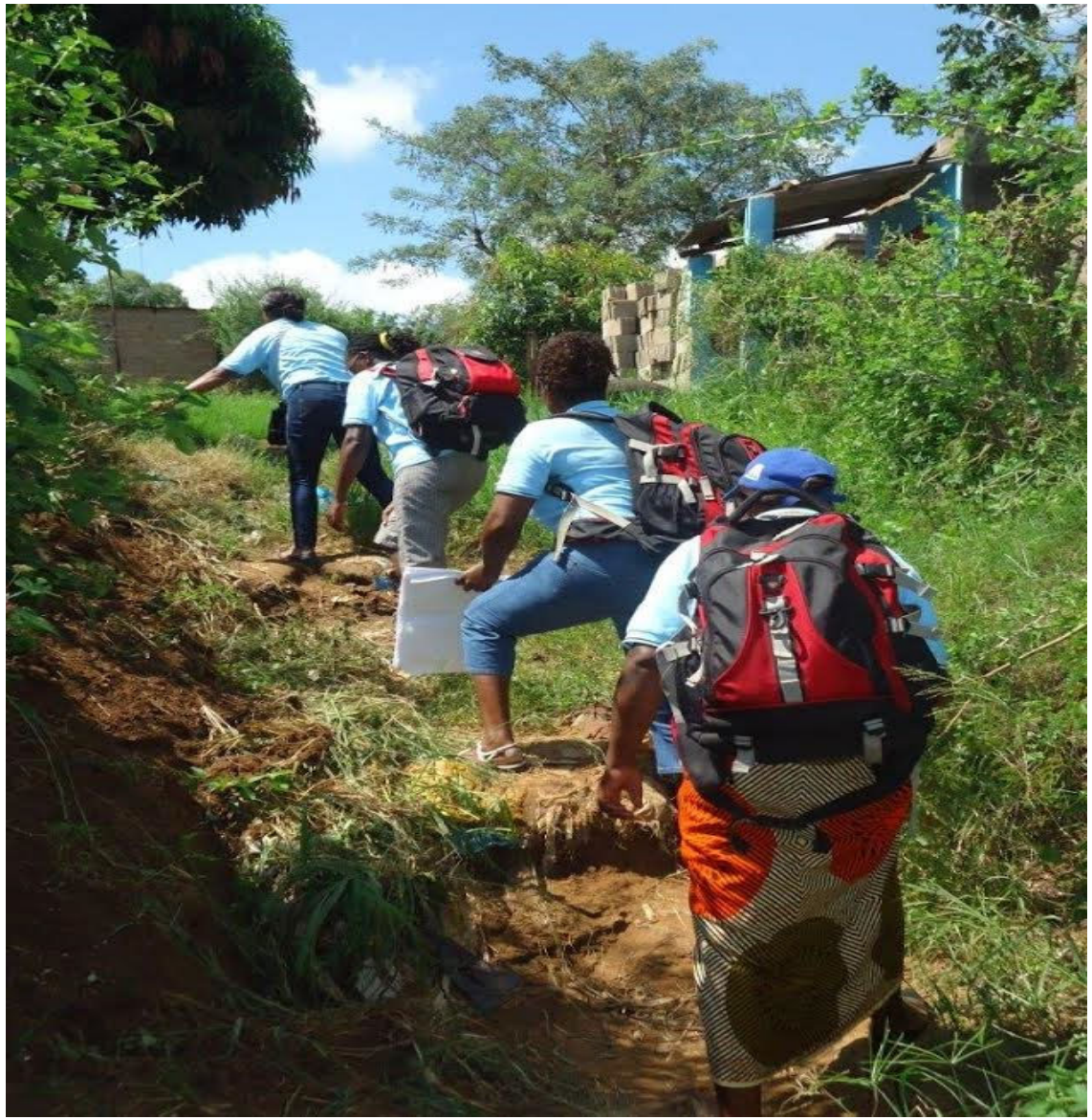
Formal and informal workplaces and other places to reach MEN

Places to identify adolescents and young people: universities, community events, school games, etc

Clinics, mobile brigades, and outreach testing

Distribution of HIVST for people 15+

Mobilizing for Community HTS



Community Mobilization: Rationale

WHY

- **Achieve 95 95 95.**
- **Increase identification of PLHIV and people vulnerable to HIV acquisition.**
- **Improved HTS access and coverage.**
- **Increase HIV awareness and knowledge.**

Community Mobilization: Stakeholders

WHO

- **Community actors.**
- **Community leaders.**
- **Digital, religious and other community influencers.**
- **Healthcare providers.**
- **Community-Based Organizations (CBOs).**
- **Peer-to-Peer Outreach Programs.**
- **Implementing partners.**
- **Others.**

Mobilizing: Know Your HIV Status

Demand creation using:

Mass media campaigns, social media, outdoor advertising, etc.

Local influencers and peer educators.

Individual or in group counseling.

IEC materials.

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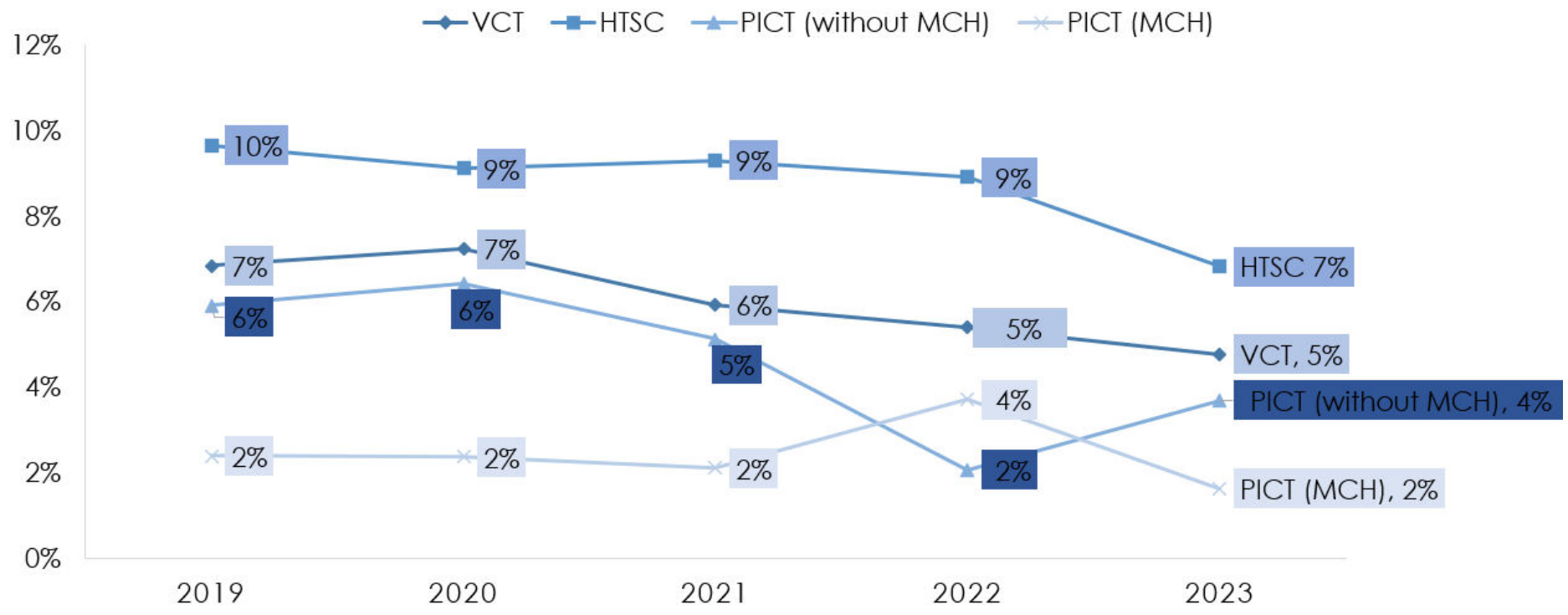
HTS Data



- **Using community HTS approaches it is possible to identify vulnerable people who may otherwise not go to a facility (men, adolescents and KPs, and vulnerable population)**

Lessons Learned

- **Mobilization for community dHTS reaches vulnerable populations that don’t usually come to facilities.**
- **Quarterly data discussion with all HTS community partners for improved data quality.**
- **National feedback and monthly data monitoring.**
- **Annual HTS-C and HIVST supervision.**

Challenges

- **Stigma and discrimination.**
- **Reaching key populations is still a challenge (especially those with difficult access, those who do not frequent hotspots).**
- **Data quality.**

Recommendations

- **Demand creation strategies are fundamental to successful community mobilization.**
- **Community engagement is important to promote HTS services.**
- **Annual data quality assessment with HTS indicator to strength data quality improvement.**

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Thank You!