

Supporting High-Quality Services at Scale for Female Sex Workers in Ethiopia

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Outline

- Background
- Overall program strategy
- Pilot and scale up of services for female sex workers (FSWs)
- Integration of clinical services
- Planning services for people who inject drugs (PWID)
- Lessons learned

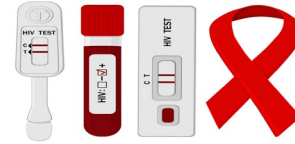
National HIV Epidemic

Estimated PLHIV all ages*



605,238

PLHIV who know their status*



90%

HIV prevalence*



0.87%

PLHIV who know their status on ART**



96%

New HIV infections*



4,909



7,428



2,519

PLHIV on ART with VL suppression***



96%

Context of Key Population Program in Ethiopia

- The HIV epidemic in Ethiopia is mixed, with substantial regional variations, concentrated in urban areas and in some geographic hotspots driven by key and priority populations.
- FSWs are a major key population (KP) group in Ethiopia.
- In 2020, it was estimated that there were 210,000 FSWs and they have an estimated HIV prevalence of 18.7%.
- Comprehensive, high-quality HIV programming for FSW is therefore critical to the HIV response in Ethiopia.

Overview of Ethiopia's KP Program for FSW

- The KP program is led by MoH and uses a combination HIV prevention approach (biomedical, behavioral and structural)
- The MoH provides strategic direction, sets standards, provides technical support and coordination, evidence, mobilization of resources and supports an enabling environment.
- The MoH ensures effective and efficient implementation of the KP program through implementing partners and coordination at country level.
- Currently, the FSW KP program is in all 14 regions of the country, with funding from MoH, PEPFAR, Global Fund and other donors.
- MoH has prioritized HIV prevention and treatment efforts by geography and population to address key programmatic gaps and reach epidemic control.
 - Of the 1,076 woredas (districts), 265 woredas are considered to have a high HIV incidence ($\geq 0.03\%$) and have been prioritized.

Building Blocks of Ethiopia's KP Program for FSW - 1

1. Establishing a coordination structure for startup of KP services

- National KP program launched in 2018
- National Technical Working Group (TWG)
- National Task Force
- Regional TWGs

2. Developed policy for the KP program

- FSW have been prioritized in the HIV National Strategic Plan since 2018
- Standard operating procedures (SOPs) and guidelines developed
- HIV prevention roadmap developed

3. Mapping and KP population size estimate

- Geographic mapping in priority towns
- Size estimate of FSWs
- Helped to identify “where” and “how many”, as well as for setting targets and guidance for scale up.

Building Blocks of Ethiopia's KP Program for FSW - 2

4. Community outreach with Peer Navigators

- Community outreach is prioritized with Peer Navigators (PNs)
- Outreach services include information and education, distribution of condoms and HIVST kits, and referral to KP-friendly clinics.
- Outreach plays a critical role in mobilizing FSW to access clinical services and follow-up

5. Establishing Drop-in-Centers (DIC)

- SOP developed on how to establish a DIC
- SOP describes the difference between public KP-friendly clinics and DICs
- The DICs are intended for relaxing, socializing, and providing a safe space.

Building Blocks of Ethiopia's KP Program for FSW - 3

6. Optimizing clinical services at public KP-friendly clinics (KPFCs)

- Established KPFCs at public health facilities (HFs)
- **Different models of clinics:** standalone, integrated or outreach clinical services
- **KP minimum package** developed
- **Comprehensive services:** HIV testing, STI, PrEP, SRH, condoms, ART, and other special services
- PNs recruited and deployed

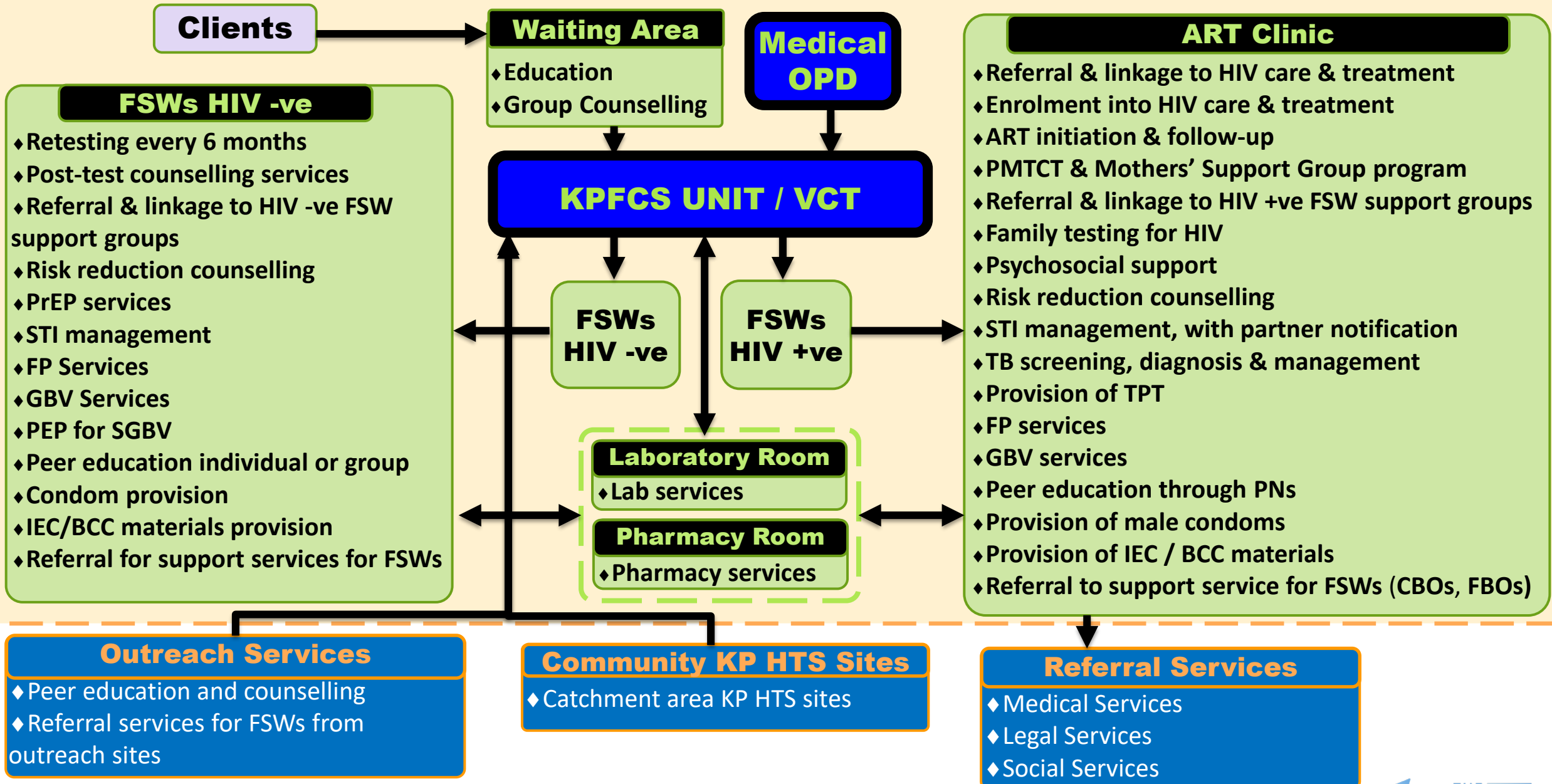
7. Capacity building and monitoring performance

- Critical aspect of the KP program
- Reporting using the national DHIS system and DATIM
- Analysis and presentation of the data
- Training for specific cadre
- Training of Trainers (TOTs) and certifications

KPFCs Establishment and Expansion

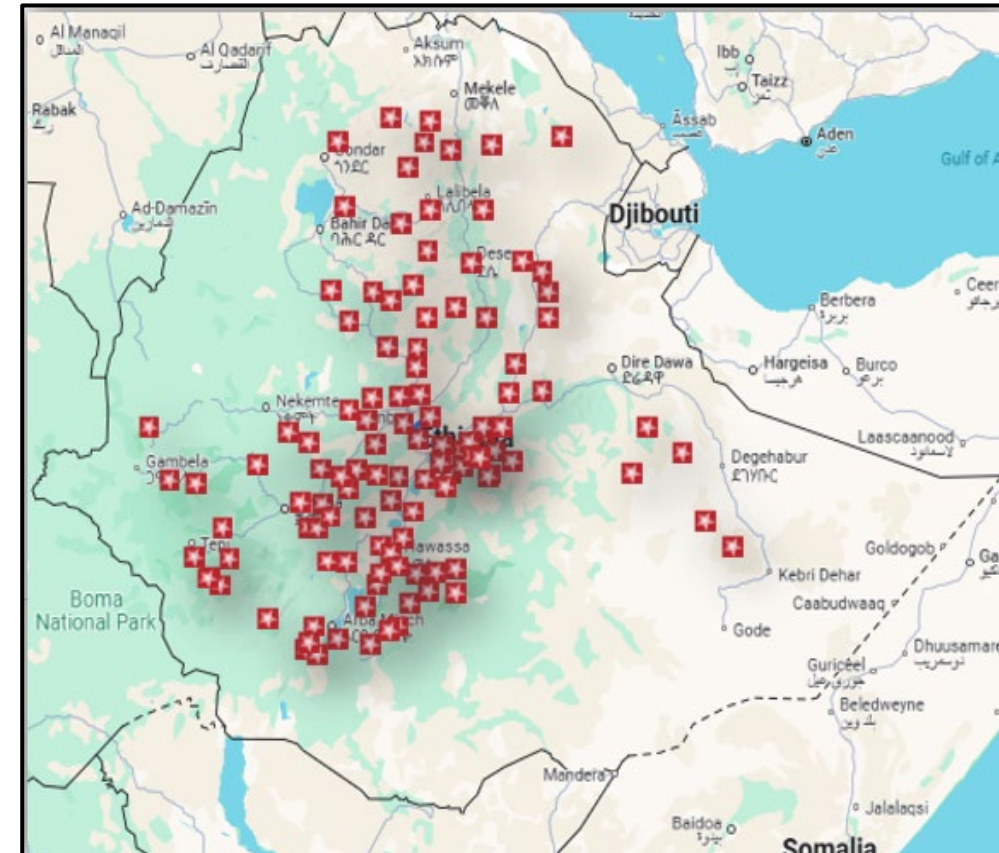
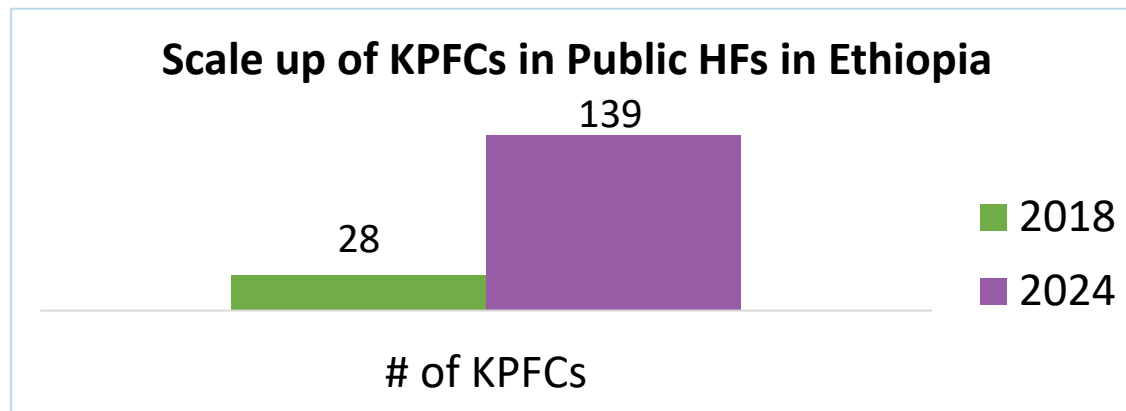
- MoH, in collaboration with CDC and ICAP, piloted KP-friendly clinical services in 28 public HFs in 20 priority towns from 10 regions in 2018.
- Initial HF assessments were conducted to identify barriers to implementation of KP-friendly services and the most appropriate site for KP service implementation at the HF. Assessments evaluated accessibility, acceptability, affordability, and appropriateness.
- The goal was to reach FSWs and their network members using a differentiated HTS approach, with linkage to HIV prevention and treatment services.
- At all KPFCs pilot sites MoH, ICAP, CDC and regional health authorities participated in joint supportive supervision visits and reviewed the findings.
- In 2019, MoH evaluated the pilot results, conducted a review meeting, and reached the consensus to scale up the KP program for FSW.

Flow Chart for KP-Friendly Clinic Services



KP Service Scale Up in Ethiopia

- MoH supported the progressive scale up of KPFC from the 28 pilot sites in 10 regions to 139 sites across all 14 regions by the end of FY24
- MoH, in collaboration with ICAP, provided training to scale-up sites and more than 1,800 KP providers have been trained



Distribution of KPFCs

Efforts to Improve Quality: KP Quality Score Card

- The KP Quality Score Card (KP-QSC) is a two-way and ongoing, participatory, quality improvement tool used for assessment, planning, monitoring and evaluation of KP health services program.
- It brings together the “**service user**” or **community member** and “**service provider**” to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues.



Efforts to Improve Quality: KP Quality Score Card

The implementation of the KP-QSC significantly enhanced KP services through a structured and participatory approach:

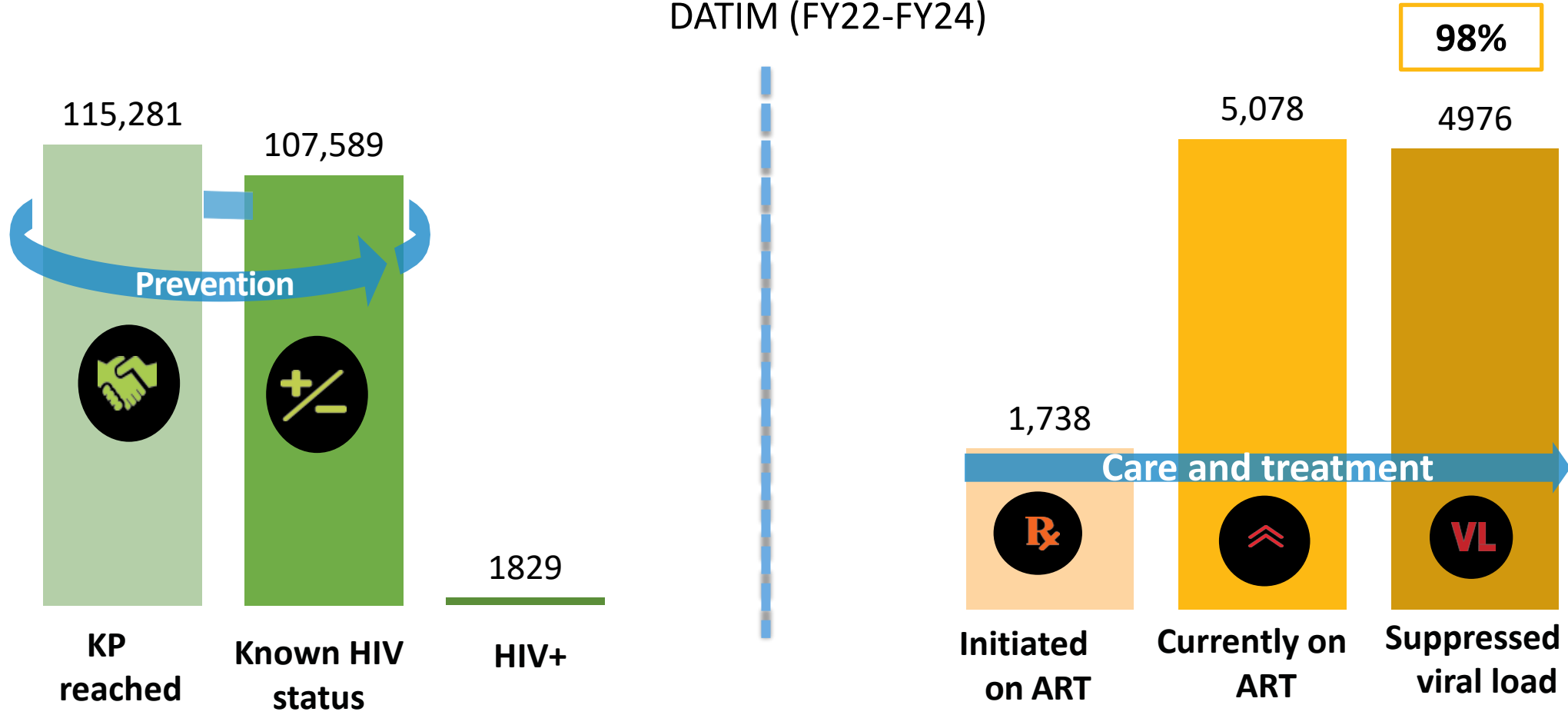
- **Identified program areas** for evaluation, and a comprehensive assessment of KP services.
- **Community Involvement:** Engaged community members by identifying participants from the community.
- **Stakeholder Engagement:** Conducted meetings and focus group discussions with participants, client counsels and relevant bodies, facilitating open communication, feedback and the implementation of action plans.
- **Service User-Facility Interface:** Organized interface meetings and discussions between service users and facilities, promoting transparency and responsiveness.
- **Feedback and Dialogue:** Held feedback and dialogue sessions to present findings to all relevant bodies, leading to the development of targeted quality improvement plans.
- **Implementation of Community Scorecard:** Rolled out in 2020 and now being conducted regularly in 63 KPFCs.



		KP QSC				
Indicators		1 = Very low	2 Low	3 = Ok	4= Good	5 = Very good
1	Compassionate and respectful care					
2	Availability of comprehensive services					
3	Acceptability and Quality of KP Services					
4	Affordability					

KPFC Results in Ethiopia

Cascade of HIV Prevention, Care, and Treatment Services for Key Populations
DATIM (FY22-FY24)



Engage KPs in prevention, including access to condoms, and counseling support. Regular STI screening & treatment, HTS, and PrEP for HIV-negative KPs.

Earliest access and adherence to ART for KPs upon HIV diagnosis, in support of treatment as prevention, and regular STI screening and treatment

Clinical Service Integration Into KP Clinics

Key Services Integrated

TB preventive therapy (TPT) is integrated into care services to prevent TB among FSWs living with HIV, addressing co-infection risk.

Regular cervical cancer (CxCa) screening is provided to detect and treat cervical precancer cancer early.

Mental health services are integrated (MHI) to address psychological well-being of FSWs, providing support for mental health issues.

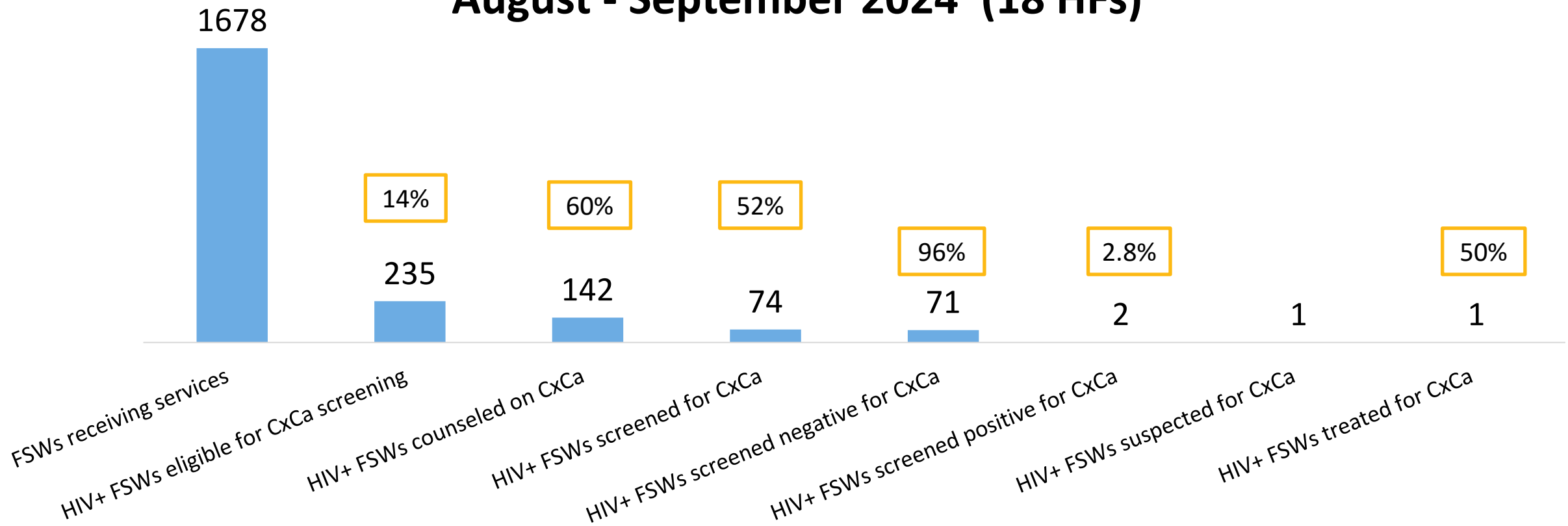
- Integration of services at KPFCs has been designed to ensure accessible, comprehensive, holistic and stigma-free care for FSWs diagnosed with HIV.
- All national standards of care for PLHIV, including TPT, CxCa, and MHI services are integrated.
- One-stop-shop services are provided at 63 KPFCs

In 2024, MoH with ICAP provided:

- Orientation on CxCa, TB and MHI to 232 healthcare providers.
- Revised KP M&E tools to incorporate TB, CxCa, and MHI services.
- Developed separate a data collection tool (Kobo collect).

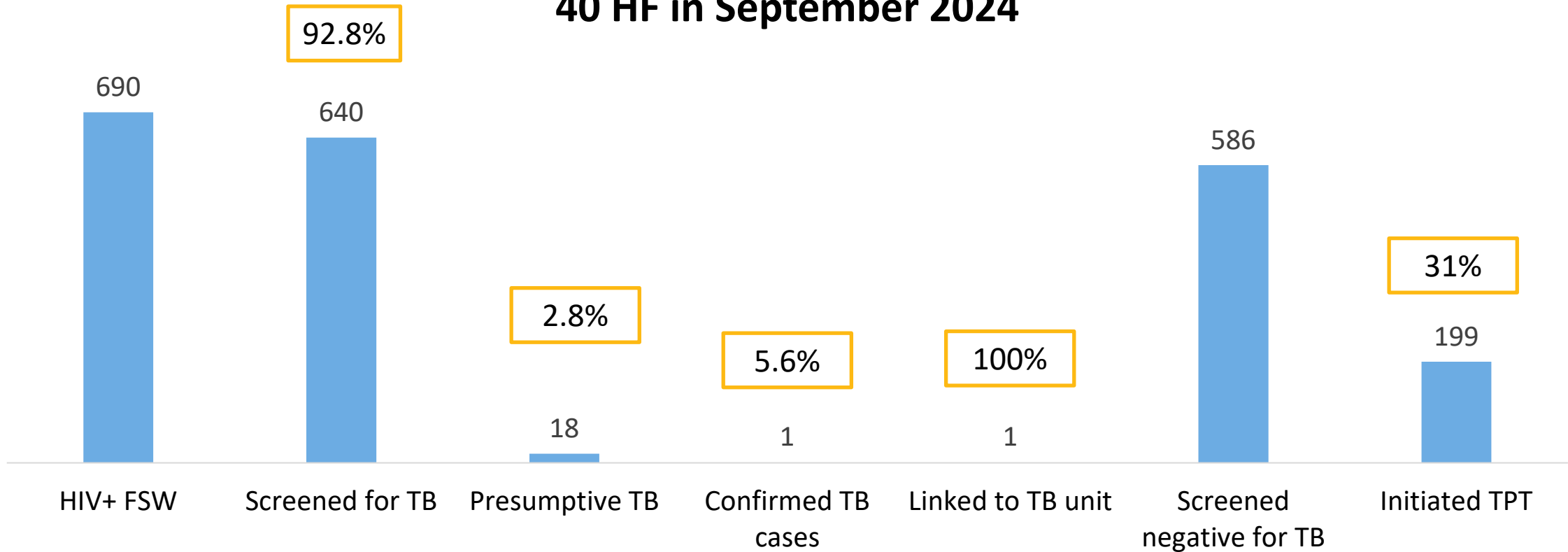
Integrating CxCa Screening and Management Into KPFCs

FSW Living with HIV CxCa Cascade August - September 2024 (18 HFs)



TB/HIV Service Integration Into KPFCs

TB Cascade for FSW Living with HIV 40 HF in September 2024



Looking Ahead: Establishing Services for PWID

- HIV BBS among PWID in selected towns of Ethiopia was conducted in 2024.
- HIV prevalence of 3.6% among PWIDs
- The most common drugs used by PWIDs in Ethiopia included heroin, cocaine, and pethidine.
- There were co-infections with HIV, syphilis and viral hepatitis
- Highest percentage of drug use was in those between 18-24 years old.

Ethiopia has started preparatory activities to introduce PWID services as a pilot site demonstration

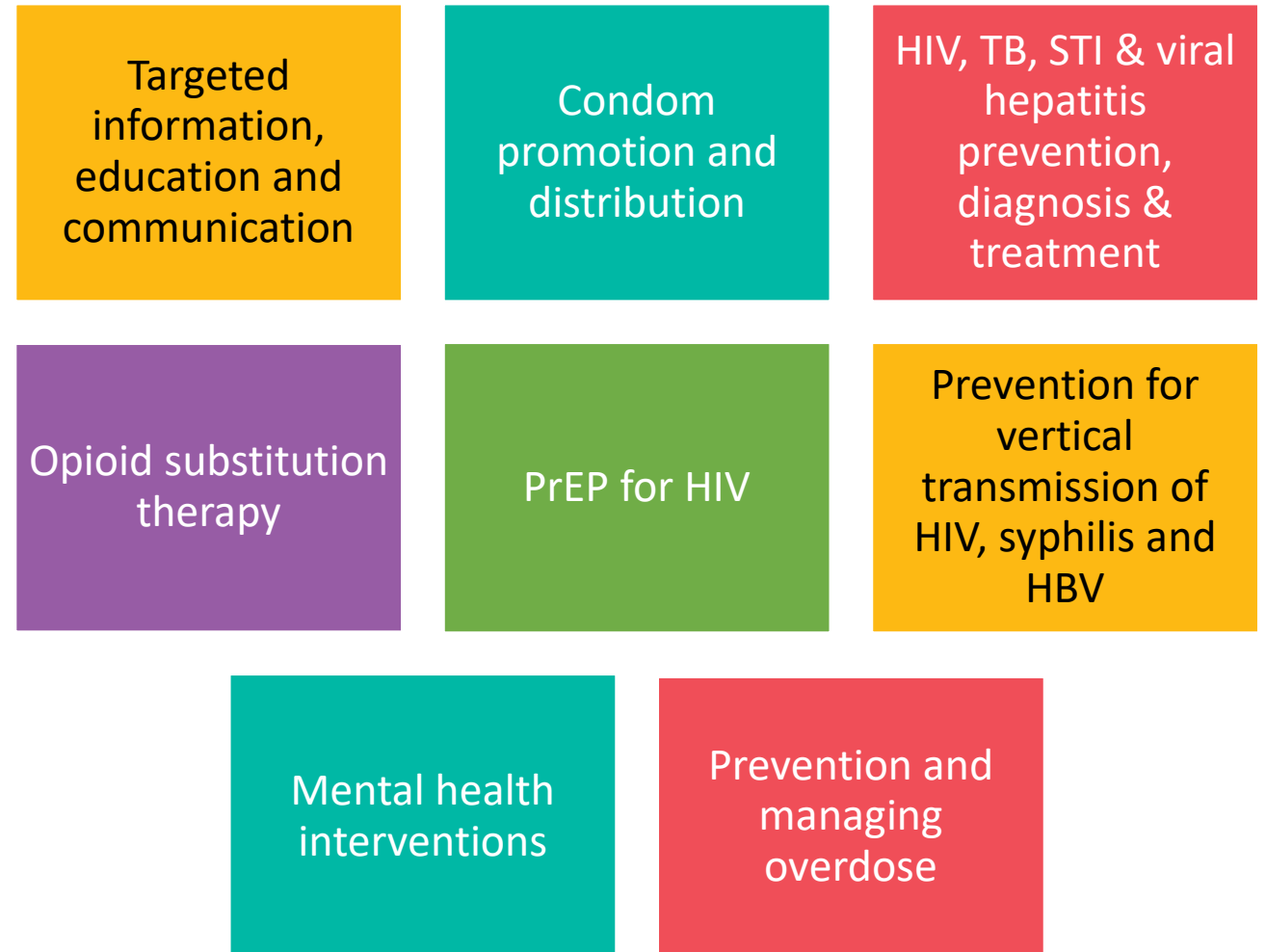


A team from MoH, Addis Abeba RHB, CDC, ICAP conducted a site visit in Tanzania on the MAT services

Establishing Services for PWID

- Pilot implementation at a site in Addis Abeba.
- Guidelines for PWID are under development, including biomedical, social and behavioral interventions.
 - *MAT guidelines*
 - *Integrated clinical services for PWIDs*
- There will be demand creation activities by community partners and clinical services will be delivered at the HF using the key package of services for PWIDs adapted from the World Health Organization.

Key Package of Services for PWIDs



Lessons Learned

- **The KP Community Score Card** establishes a feedback mechanism between users and providers, ensures informed decision-making and dialogue between providers and users, tracks if services and programs are progressing well and strengthens community empowerment
- **Prioritization of high-burden areas is critical:** Focusing resources on high HIV incidence districts allowed targeted and effective interventions, maximizing the program's impact.
- **Integrated services** and offering multiple health services under one roof, helps to ensure FSWs can access comprehensive, holistic care conveniently and address stigma-related barriers.
- **Combination approaches are key:** The FSW program combined biomedical (HIV treatment, STI management, PrEP), behavioral (counseling, prevention education), and structural interventions (enabling environment), addressing the multifaceted vulnerabilities of FSWs.

Acknowledgment

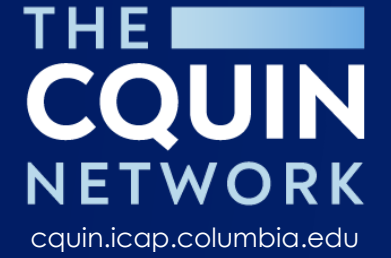


Clients and providers

REGIONAL HEALTH BUREAUS

Health facility leadership and their management





Thank You!

