Community HIV Care and Treatment for Female Sex Workers in Ethiopia: Successful Service Provision through Drop in Centers

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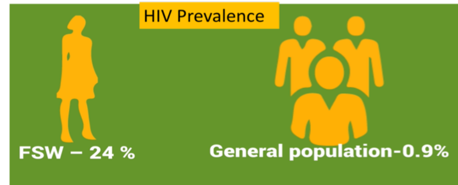
1. BACKGROUND

- Female sex workers (FSW) in Ethiopia disproportionately affected by HIV.



Marginalized from the health services

- Don't access public HIV testing services for lack of friendliness
- Linkage to treatment and early ART initiation a challenge
- Only 72% of HIV positive patients in Ethiopia are put on treatment but it is as low 26% among FSW.
- There are 193,270 FSW is Ethiopia,

Table 1- HIV cascade gap comparison between general population and FSW

	General population (EPHI estimate 2017)	FSW (MULU/MARPs)
Prevalence	0.9%	24%
PLHIV	722,248	46,385
PLHIV – who know their status	72%	23,1292 (50%)
Put on treatment	81%	6,030 (26%)

- Most FSW linked to care don't return after their first chronic care visit.
- FSW's reasons for not returning to care is:
  - Service perceived as unfriendly
  - Long waiting hours
  - Lack of privacy/confidentiality
  - Fear of stigma & discrimination
  - Inconvenient operating hours
- MULU/MARPs (MULU) is USAID-funded, HIV prevention project targeting FSW
  - Test and Treat approval - March 2016.
  - Community ART for FSW - August 2016
  - Began offering HIV Care and Treatment in 25 FSW-friendly DICs in October, 2016

2. Description

MULU Program Objective: To improve linkage to treatment, retention and viral suppression among FSW living with HIV

- Drop-In-Centers: Safe community hubs which are confidential and found in FSW concentrated "hot spots".

Fig. 1. Mekelle Drop in Center located at high FSW concentrated hot spot

- **Data capturing** ; DHIS2 tracker data
- **DIC Features:**

One stop service - By well trained and friendly service provider (50 service providers, 25 case managers, pharmacists and laboratory technicians are trained on key pop. Friendly and ART service provision).

Time flexibility – extending and convenient working hour including weekend.

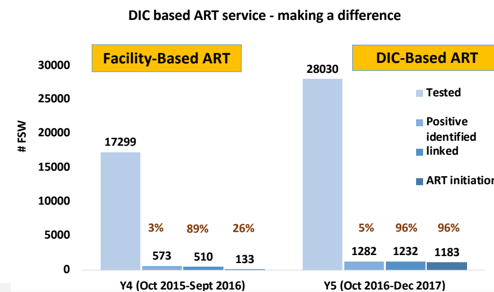
Peer support – posttest session

Strong adherence support and follow-up Case management .

Phone call reminder and praise massage (OES))

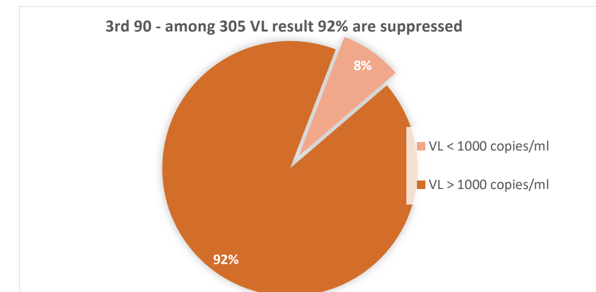
3. Lessons Learned

- HIV services in FSW-friendly DICs improved:- Service uptake for testing, Positive identification, Linkage to treatment and early treatment initiation.



3. Lessons Learned conti.....

- Retention and Viral suppression improved: 92% of patients with VL results (281/305) are virally suppressed and 12 month retention is also 92%.



4. CONCLUSION

- HIV services at FSW friendly DICs improves:
  - HIV case finding
  - Linkage rates
  - Treatment initiation
  - viral suppression
- Service tailored to key population which is confidential, convenient working hour, low waiting time, confidential, and FSW-friendly services such as those offered in the DICs are a successful strategy for implementing community ART service provision.
- DIC are well positioned to realize the vision od 90-90-90 goals.

5. Next steps

- Scale of DIC to national program for the epidemic control.
- Re-packing the community ART service with meaningful beneficiary engagement.
- Holistic service including family members (children and husband).
- Strengthen involvement of PLHIV associations and CSO in adherence support.
- Include capacity building component mainly economic strengthening activity.
- Standardize community service package.

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