

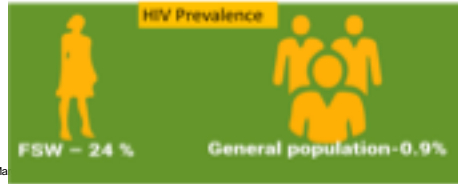
Community HIV Care and Treatment for Female Sex Workers in Ethiopia: Successful Service Provision through Drop in Centers

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1. BACKGROUND

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



- 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 in Ethiopia.

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

	General population (EPHS estimate 2017)	FSW (MULUMARPs)
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%)

- 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
- MULUMARPs (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



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.



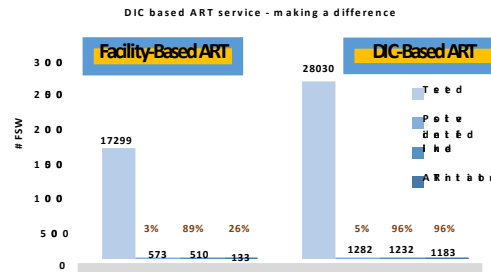
Peer support – posttest session



Strong adherence support and follow-up Case management. Phone call reminder and praise message (OES)

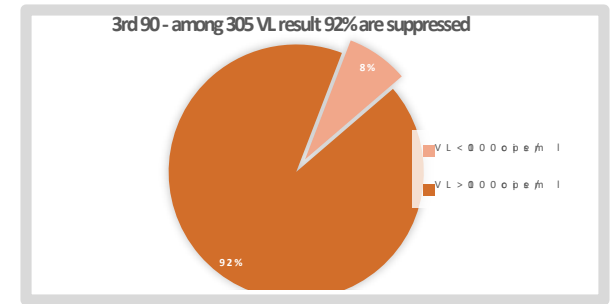
3. Lessons Learned

- 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 of 90-90-90 goals.
- Outcomes significantly better than referrals to public sector alone.

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.