IAPAC

INTERNATIONAL ASSOCIATION
OF PROVIDERS OF AIDS CARE

PARIS

FAST-TRACK CITIES 2024

ePOSTERS®

ELECTRONICS FOR KNOWLEDGE

Application of the COM-B model to facilitators and barriers to HIV and STI testing among people from Black African and Black Caribbean Communities in the UK: a scoping review

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1. OBJECTIVES

- **UK Health Security Agency (UKHSA)** data: high **HIV and STI prevalence in black Africans** (BA) and **black Caribbeans** (BC), despite **large declines in other populations** and **innovations in testing.**
- **GOV UK**: **HIV and STI testing** among '**high-risk' populations** is an **essential** part of **effective health prevention strategies,** preventing delayed diagnosis, reducing transmission rates and improving patient outcomes.
- **BA** and **BC** show **lower utilisation rates of testing services** compared to other target communities due to **barriers to testing stemming from social, cultural and structural contexts** *e.g., discrimination, fear of HIV-positive status, poverty, unemployment.*
- Offering insights to inform and support the development and effectiveness of tailored HIV/STI testing interventions on BA and BC is therefore crucial.

CURRENT LITERATURE DOES NOT:

- Provide a comprehensive **overview of the characteristics of interventions aimed at increasing testing in BA and BC communities** since 2000.
- **Application of the COM-B model** to offer a structured and robust **understanding of the facilitators and barriers experienced** by both patients **and service providers.**

STUDY AIM:

"Systematically summarise and describe interventions developed to increase HIV/STI testing amongst black communities in the UK according to the Capability Opportunity Motivation Behaviour (COM-B) model."

2. METHODS

- The reporting of this review adhered to **Joanna Briggs Institute Framework of Evidence Synthesis** and **PRISMA guidelines**.
- **Search strategy:** 6 databases used, alongside a PICO framework. Snowball and register searches identified grey literature.
- **Selection process:** inclusion and exclusion criteria was informed by PICO **(Figure 1, Figure 2).**

Population	Migrants from Africa/the Caribbean in the UK
Intervention	Interventions to improve HIV/STI testing
Comparison/Control	No comparison group needed, however standard of care may be considered
Outcome	Increased rates of HIV/STI testing

Figure 1: PICO framework used to generate this review.

- **Data extraction:** study data extracted and tabulated for comparison of study intervention.
- **Data synthesis:** facilitators and barriers identified using thematic analysis.
- **Quality assessment and Risk of Bias:** conducted by Mixed Methods Appraisal Tool.

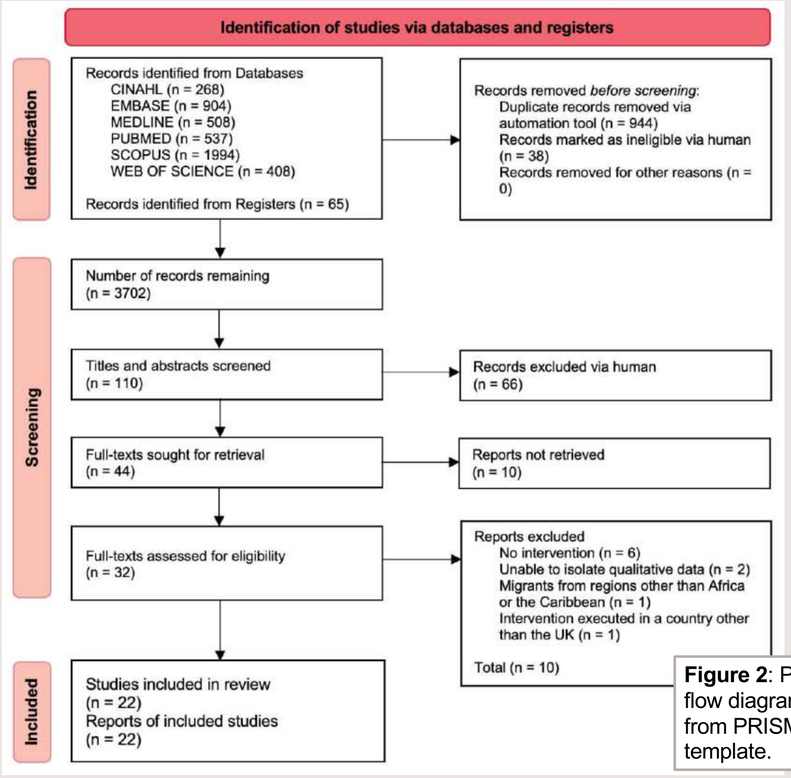

Figure 2: PRISMA 2020 flow diagram, adapted from PRISMA 2020 template.

3. RESULTS

- **22 studies in total: 19** on **HIV only; 2** on **HIV and STIs; 1** on **STIs only.**
- **11** studies **targeted black communities,** and **11** targeted **black communities as part of interventions to increase testing for high-risk populations.**
- **Intervention types:** testing provision (6), health promotion (4), or both (12).
- **11 studies** were **conference abstracts, 9** were **original research articles, and 2** were **reports.**
- Facilitators and barriers classified into the **six sub-components of the COM-B model** for **participants and service providers (Figure 3, Figure 4).**

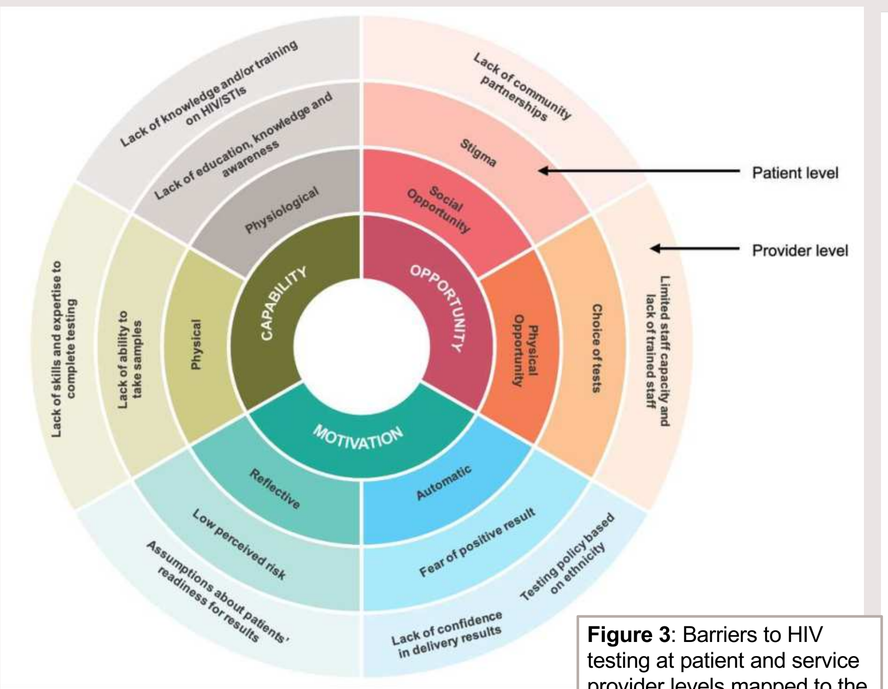

Figure 3: Barriers to HIV testing at patient and service provider levels mapped to the COM-B model.

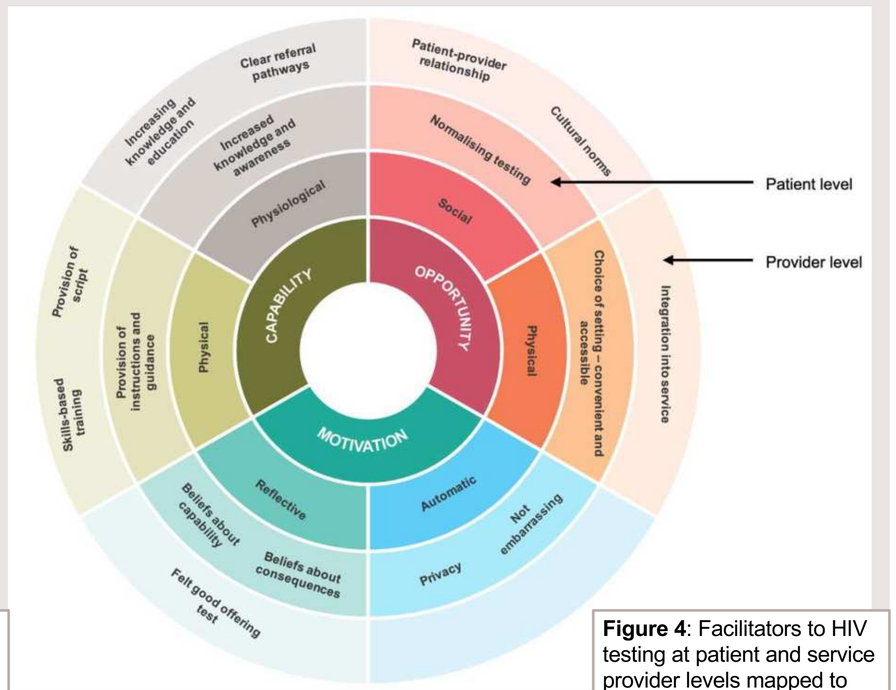

Figure 4: Facilitators to HIV testing at patient and service provider levels mapped to the COM-B model.

4. CONCLUSIONS

- Services need to be **designed explicitly** considering the **facilitators and barriers to testing**, utilising a **multi-faceted approach to align with the needs and priorities of BA and BC as individuals.**
- **Evidence-based practice** alongside **co-design** requiring **local service** and **healthcare provider expertise** is important for successful and credible implementation.
- **Regularly adapting HIV and STI testing intervention delivery, setting, and type** to **match the changing social and environmental contexts** in BA and BC communities ensures effectiveness and relevance over time.
- **HIV initiatives should not overshadow** the broader **spectrum of sexual health needs**, stressing **attention and prioritisation of interventions for STIs being essential** in reversing the rising tide of infections in black communities.

Gaps in evidence:

i). Quality of evidence of conference abstracts represents a missed opportunity to disseminate knowledge.

ii). Limited insights into BC- and STI-specific testing interventions may lead to incomplete understanding of barriers and facilitators.

iii). Lack of replicability of standalone pilots reduces replicability and validity due to non-random recruitment methods

iv). Selection bias in studies through non-random recruitment and convenience sampling

The review authors declare no conflict in findings.

FAST-TRACK CITIES 2024

Practice Transformation (PT): Increasing HIV Testing and PreP

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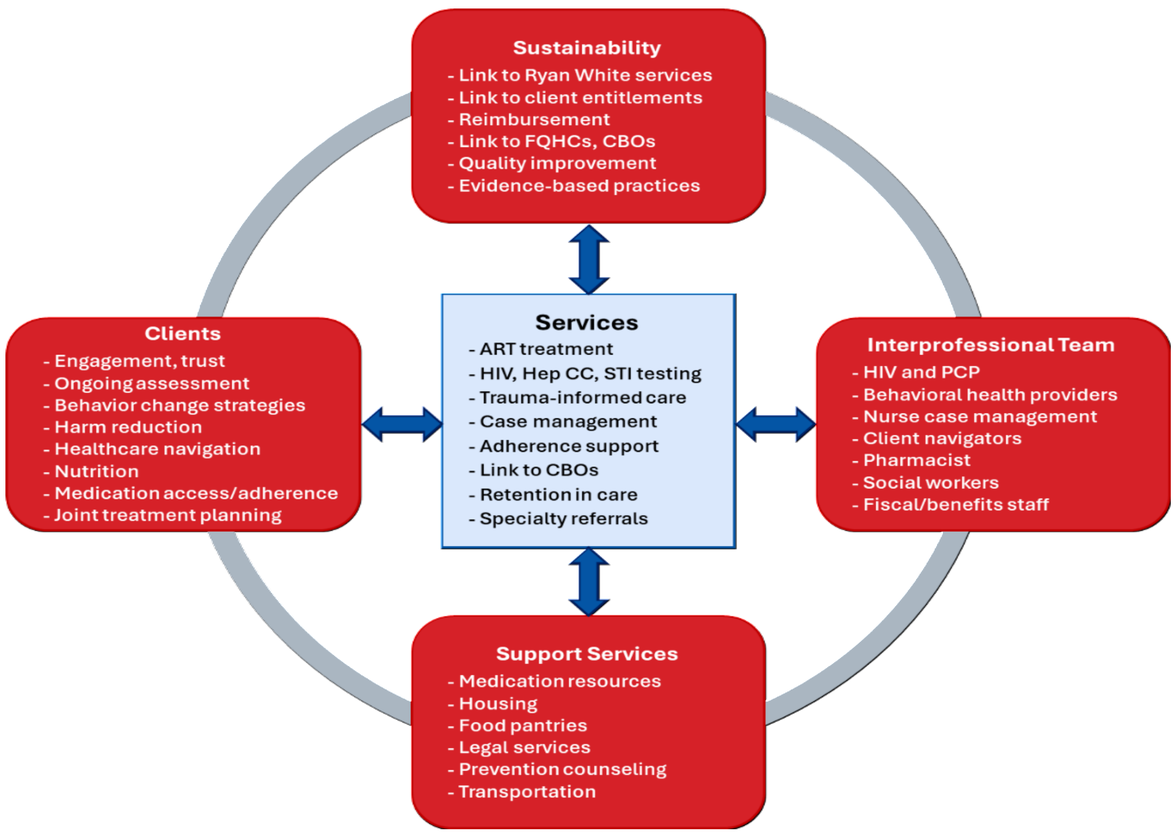
PT GOALS

Practice transformation intervention involves the development of clinic based "communities of practice" for the provision of training, TA, and peer learning

- Primary aim is to increase HIV testing and use of PreP in three Ending the HIV Epidemic Initiative jurisdictions in USPHS Region 3
- Involves engagement of clinic leaders and the treatment team to identify specific needs, processes, procedures and input to achieve facilitate change
- Provision of monthly and on-demand educational sessions to address key concepts, barriers, approaches and procedures for capacity building
- Use of continuous dialogue and adaption to clinic changes and priorities

PT Service Integration Model



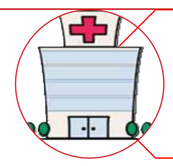
TYPES OF PT INTERVENTION

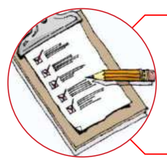
EXAMPLES:	AUDIENCE	INTERVENTION	BENCHMARKS	DOCUMENTATION
Structure Building	CEO, CFO, medical, nursing leads	▪ Staffing planning ▪ Facilities ▪ EMR additions, reminders	▪ Development of EMR ▪ Improvement of EMR	▪ Strategic planning ▪ EMR implementation ▪ Chart reviews
Process Building	Nurses, administrators, fiscal personnel	▪ Workflow analysis ▪ Review of procedures ▪ Billing, reimbursement ▪ Initiate team "huddles"	▪ Improved workflow, efficiency ▪ Improve cost recovery ▪ Patient satisfaction	▪ New policies, procedures ▪ Audits ▪ Feedback from team
Knowledge Building	Clinical staff Support staff	▪ HIV care continuum ▪ Behavioral integration ▪ Biomedical prevention	▪ Mapping of patient flow ▪ Mapping of care continuum with data	▪ Knowledge, skill assessment ▪ Chart reviews
Skill Building	Clinical staff Support staff	▪ HIV, HepC, STI Testing ▪ Testing technology ▪ Motivational interviewing ▪ MH assessment ▪ SUD assessment	▪ Number of tests ▪ Improved patient satisfaction ▪ Reduced missed appts ▪ Reduce "lost to care"	▪ Key informant interviews ▪ Continuing needs assessment ▪ Chart reviews
Network Building	Case managers, navigators, nurses, social workers	▪ Linkages to services ▪ Collaboration with other agencies ▪ Communication	▪ Improved linkage to support services ▪ Increased collaborations ▪ Joint initiatives	▪ Surveys ▪ Focus groups ▪ Discussion forums

PT BEST PRACTICES

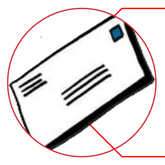
- Trained and experienced TA consultants essential
- Monthly meetings with consultants for frequent peer communication, developing approaches and problem solving
- Use of agreed upon assessment methods and documentation
- Account for varied patient populations and clinic "culture" to enable jointly identified, individualized approaches.
- Having supports and practices in place to provide feedback on what's working or not to change approaches and interventions
- Working with clinic leadership and "influentials" is critical
- Requires a continuous feedback loop with the clinic and leadership
- Assistance with integration into clinic's ongoing quality improvement process
- Recognition of incremental changes to clinic teams.
- Supporting independence and no need for further intervention
- Providing opportunities for teams to share their successes with others

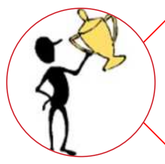
PT ENGAGEMENT PROCESS


Identify clinics based on need and/or request


Assess clinics include visit

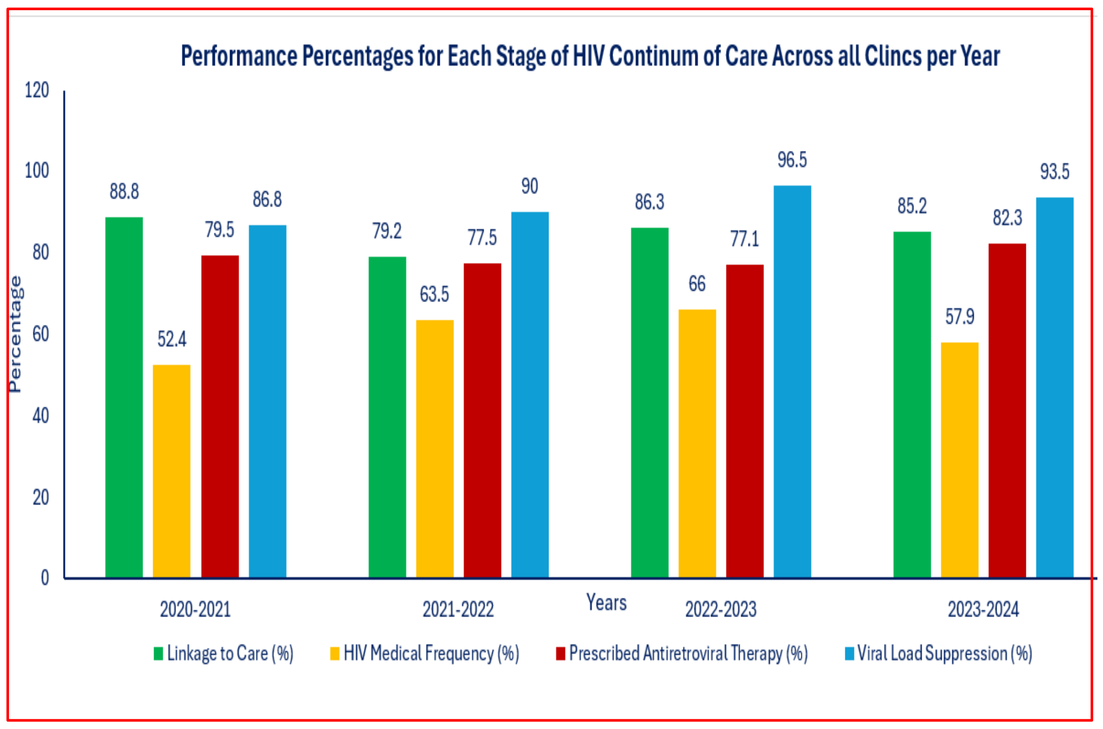
Jointly develop plan for PT goals targets

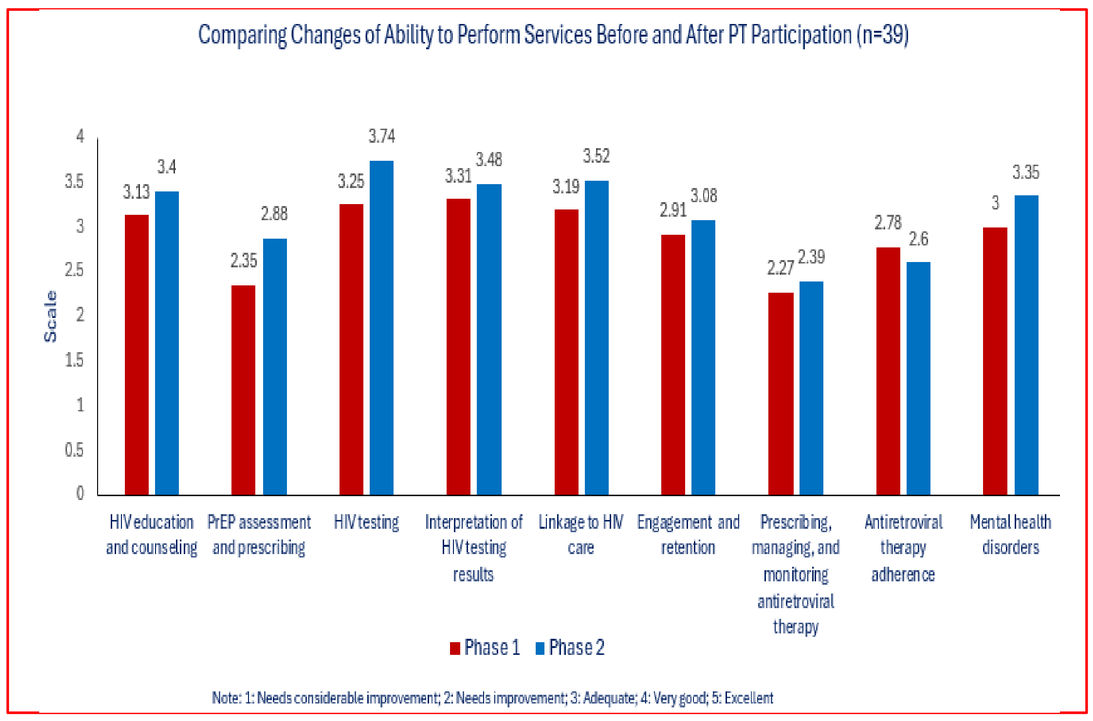

Letter of agreement or MOU


Identify clinic champion(s)

Conduct training and TA via web or onsite

Ongoing evaluation, feedback





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Applying the ORI Toolkit Compliance Assessment Tool (OTCAT) to augment the retention of clients on an antiretroviral therapy programme

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1. Introduction

Client retention on an antiretroviral therapy programme, defined by unremitting and clinically effective engagement, is crucial for achieving epidemic control[a,b]. Sub-optimal retention contributes to treatment interruption which is a major barrier to achieving viral load suppression[c]. AIDS Healthcare Foundation (AHF) developed an Optimize Retention Initiative (ORI) Toolkit which provides a framework which supports healthcare providers with evidence-based interventions for improving client retention. The Toolkit, based on four pillars, describes interventions for comprehensive HIV care that consider stigma-free services, individual clients' needs, mutual cooperation among staff, and organizes day-by-day operations to reduce clients becoming lost to follow-up (Figure 1). For each of the opportunities/stages for retaining clients in care, recommended interventions are described in the Toolkit.

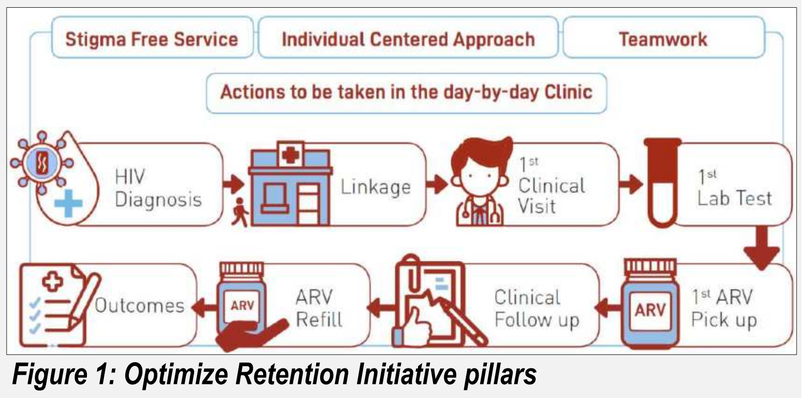

Figure 1: Optimize Retention Initiative pillars

ORI was officially launched in South Africa on 1 July 2022. The programme is similar to the South African Department of Health's Welcome Back Campaign (WBC) and, as such, both programmes were embarked upon in tandem[d]. ORI implementation in South Africa consists of three elements: ORI implementation plan, ORI Toolkit Compliance Assessment Tool (OTCAT) application and an ORI monitoring system (Figure 2). The OTCAT facilitates implementation of the Toolkit within Primary Health Care (PHC) sites.

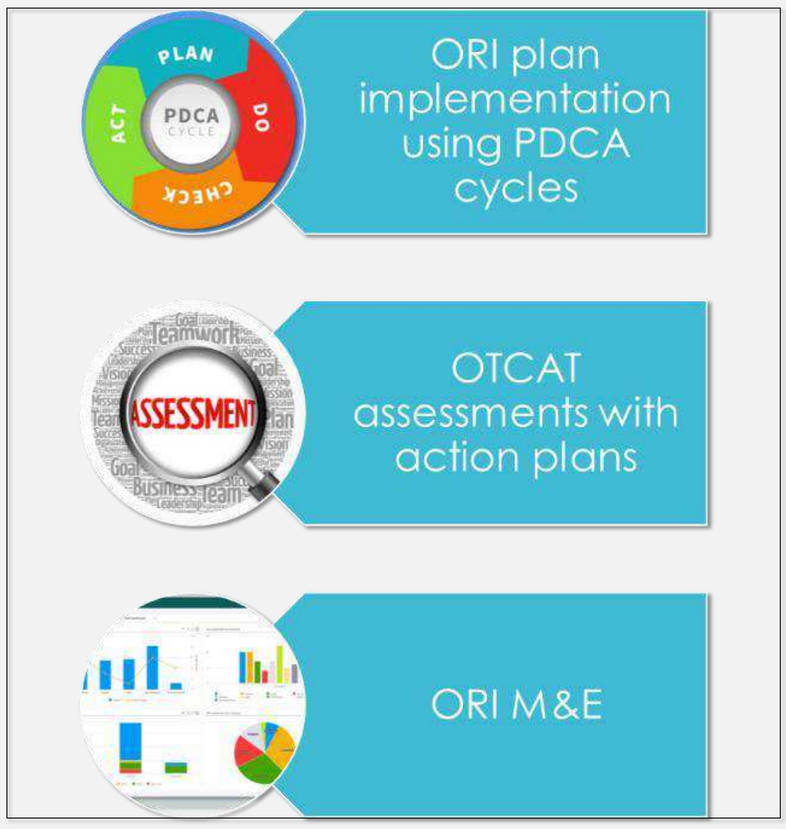

Figure 2: Elements of ORI implementation

2. Description

OTCAT, a Microsoft Excel-based tool constructed on the backbone of the ORI pillars, measures compliance with ORI Toolkit recommendations. The tool consists of: (i) a data entry sheet comprising 111 questions across 7 sections aligned with WBC and ORI pillars, (ii) a scoresheet which presents the outcomes of the assessments in tables and a graph, and (iii) a reference sheet which provides explanatory notes and suggested evidence to look for to guide the OTCAT assessment.

PHC managers utilize OTCAT to monitor their sites' compliance with ORI interventions. Commencing with a baseline assessment, scoring analysis and an initial action plan for improving underperforming pillars, assessors iteratively conduct regular serial assessments to gauge progress with ORI interventions (Figure 3). OTCAT assessments are conducted through a multidisciplinary team (MDT) and Department of Health involvement. Regular meetings at clinic-, provincial- and national-level ensure close monitoring of ORI implementation

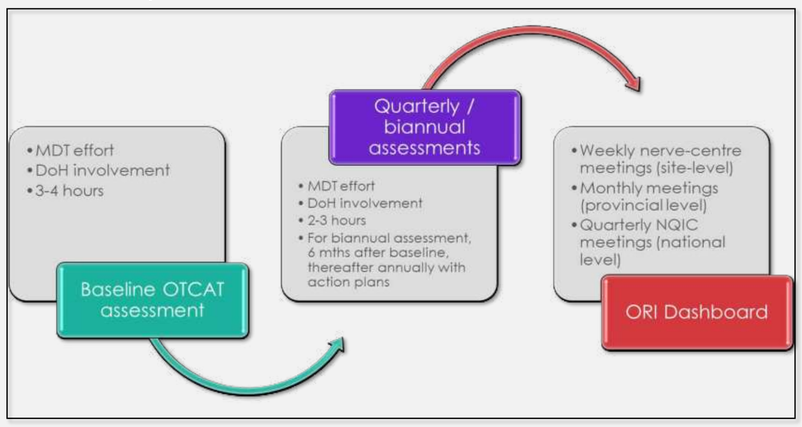

Figure 3: Flow of activities for ORI implementation

4. Results and lessons learned

ORI was initiated across 6 AHF-supported sites in 2022, and then progressively scaled-up to 21 sites as of late. The baseline and follow-up average OTCAT scores for the first (2022) and second (2023) cohort of ORI sites are reflected in Figure 4 and Figure 5, respectively. The follow-up scores have consistently been shown to increase from baseline (Cohort 1 sites in 2022: 77% to 88%; Cohort 2 sites in 2023: 77% to 85%). Baseline OTCAT scores for the third cohort of ORI sites (sites added in 2024) are reflected in Figure 6, but the follow-up OTCAT assessments for this cohort have not yet been completed.

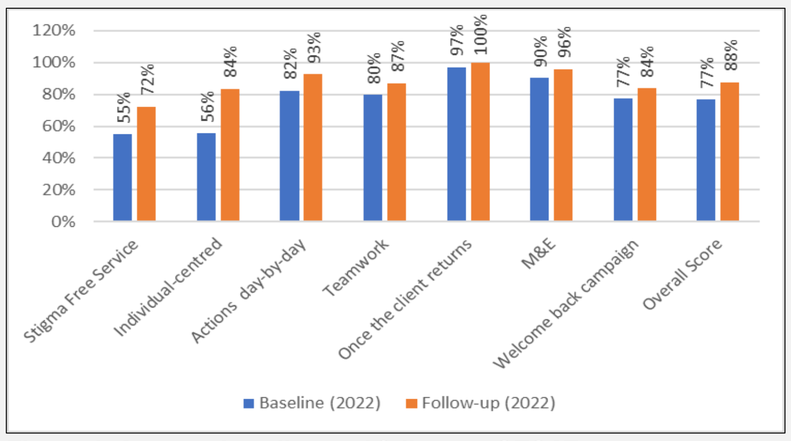

Figure 4: Average baseline and follow-up OTCAT scores at Cohort One ORI sites (2022)

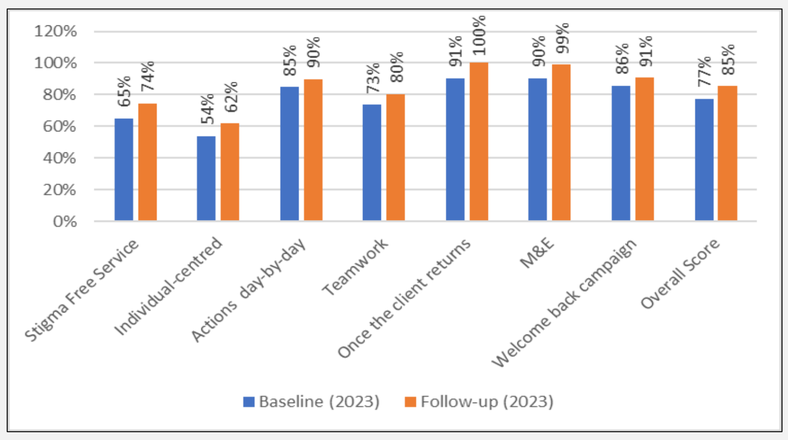

Figure 5: Average baseline and follow-up OTCAT scores at Cohort Two ORI sites (2023)

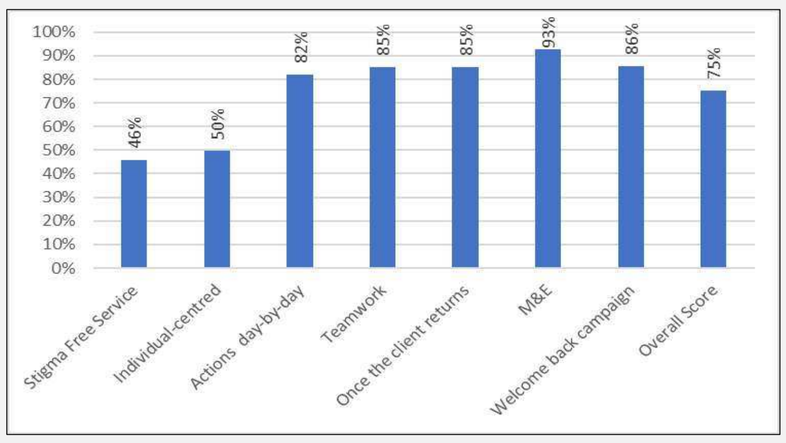

Figure 6: Average baseline OTCAT scores at Cohort Three ORI sites (2024)

Of importance is to assess whether the improving OTCAT scores correlate with improving ORI indicator performance. Table 1 reflects improvements in the total clients remaining on antiretroviral therapy (TROA), mortality ratio, average waiting time and client satisfaction survey score at ORI sites, which correspond with improvements in the follow-up OTCAT scores.

Table 1: Current key ORI indicator performance at ORI sites only

	Baseline (2022)	Current
TROA (ORI sites only)	54851	55566[1]
Mortality ratio	1.3 deaths per 1000	1.2 deaths per 1000[2]
Waiting time (average)	114 minutes	81 minutes[3]
Client Satisfaction Survey Score	4.1 (82%)	4.4 (88%)[4]
Missed appointment rate	23%	34%[5]
Patient follow-up rate	58%	54%[6]

These improvements were noted after several ORI interventions have been implemented, and this is thought to be a key contributor to making the difference. ORI interventions include, *inter alia*, a Loss-To-Follow-Up (LTFU) Risk Assessment tool which is still being piloted with adjoining interventions (e.g. pillboxes, Enhanced Adherence Counselling, psychosocial support), training on the Patients Right Charter, non-discriminatory and stigma-free services, process and patient flow mapping, file pre-retrieval, high viral load clinics and gender-neutral toilets. These interventions, along with regular meetings, close management support and supervision and using a Plan, Do, Check, Act (PDCA) framework contribute to effective ORI implementation.

5. Conclusion and recommendations

The adoption of a structured approach using PDCA cycles for ORI implementation in South Africa is yielding positive results in some of the key ORI indicators. Gradual ORI implementation and scale-up, guided by learnings from pilot projects and resource availability, is crucial to ensure optimal effect of the programme. Although work is still being done on developing an appropriate Monitoring and Evaluation system for an expedient dashboard experience to guide managers with ORI, as well as further scale-up and improvements in other ORI indicators, OTCAT augurs well for improving client retention at PHC sites.

6. References

a. *Mayasi, N., Situakibanza, H., Mbula, M., Longokolo, M., Maes, N., et al. (2022). Retention in care and predictors of attrition among HIV-infected patients who started antiretroviral therapy in Kinshasa, DRC, before and after the implementation of the 'treat-all' strategy. PLOS Global Public Health 2(3): e0000259. https://doi.org/10.1371/journal.pgph.0000259*

b. *Fox, M.P. and Rosen, S. (2019). Retention of Adult Patients on Antiretroviral Therapy in Low- and Middle-Income Countries: Systematic Review and Meta-analysis 2008–2013. J Acquir Immune Defic Syndr 1999. 1 May 2015; 69[1]:98–108. pmid:25942461*

c. *AIDS Healthcare Foundation (2019). Optimizing Retention: A toolkit to be used by healthcare providers. Los Angeles: AHF.*

d. *Department of Health (2021). The South African National Welcome Back Campaign Strategy October 2021. Pretoria: Department of Health.*

7. Acknowledgements

The author wishes to acknowledge AHF for developing the ORI Toolkit. Special thanks are extended to Khathu Maluleke (AHF) for ORI data, Dr. Kate Ssamula and Dr. Penninah Iutung (AHF) for supporting ORI rollout and the author's attendance of the FTC Conference, AHF staff for their commitment to ORI implementation, and the Department of Health South Africa for their ongoing collaboration and partnership with AHF.

[1]As of 31 August 2024
[2]As of 31 May 2024
[3]DoH's Q3 2023 waiting time survey results for the ORI sites.
[4]DoH's 2023 client satisfaction survey results for the ORI sites.
[5]Aggravated by 2023 December/January holiday period.
[6]Decline related to attrition of an NGO's staff who were responsible for following up clients who have missed appointments, and the loss of a cell phone that was used for contacting clients who missed appointments.

FIU FLORIDA INTERNATIONAL UNIVERSITY

Access to HIV Care in Ryan White Program improves during COVID-19 pandemic, Miami-Dade County, Florida, USA and implications for policy

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[1]Department of Epidemiology, [2]Department of Biostatistics, [3]Department of Health Promotion and Disease Prevention, Robert Stempel College of Public Health & Social Work, Florida International University, Miami, Florida,
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Background and Objective

- COVID-19 pandemic affected health care access through physical distancing, lockdowns, and reduced provider availability.
- To maximize accessibility and protect people with HIV from the SARS CoV-2 virus, State of Florida and Miami-Dade County Ryan White Program (RWP) modified HIV care delivery:
  - AIDS Drug Assistance Program
    - Lifted semiannual viral load test result obligation
    - Increased drive-through, mail and home delivery of antiretroviral medications options
  - Part A and Minority AIDS Initiative HIV care programs
    - Waived re-enrollment lab tests
    - Relaxed re-enrollment timelines
    - Expanded telehealth for HIV medical and oral healthcare providers and case managers
- Survey in early 2021 found no significant decrease in care access relative to prior to the pandemic

Objective: To assess pandemic's ongoing impact on medical care access and if any gender or racial/ethnic inequities were arising among clients in RWP.

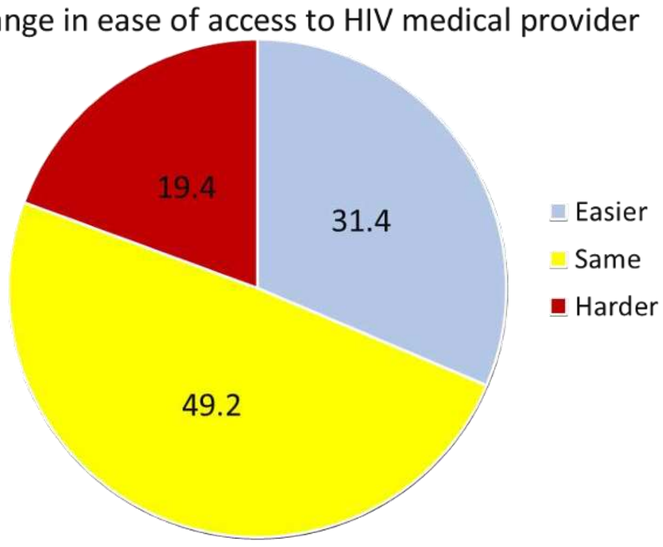
Methods

- Cross-sectional telephone survey administered, after verbal informed consent, to 288 RWP clients January to March 2022.
- Eligibility criteria: 18 or older, receiving case management in RWP
- Outcome: Reported access to medical care
- Analysis:
  - Weighted by gender and race/ethnicity distribution of all RWP clients.
  - Age, gender, race/ethnicity, and other variables associated with outcome at $P<0.2$ in bivariate analysis were included in model.
  - Adjusted odds ratios calculated using multivariable logistic regression analysis in SAS.
- Study was approved by FIU Institutional Review Board.

Results

- Of 288 participants, 19.4% found it hard to access HIV medical provider while 31.4% found it easier (Figure 1).

Figure 1. Weighted percentage of participants by change in ease of access to HIV medical provider



- In bivariate analyses, household income as percentage of U.S. Federal Poverty Level (FPL) ($P = 0.001$) and US nativity ($P = 0.047$) were associated with increased difficulty accessing medical providers (Table 1).
- In the logistic regression model, only household income of 100-199% of FPL showed significantly higher odds of increased difficulty than 200-399% of FPL (adjusted odds ratio: 5.41, 95% confidence interval: 1.06-27.59).

Table 1: Access to HIV medical provider by characteristics

Characteristics	Total n	Much /somewhat harder, n (weighted %)	Same, somewhat or much easier, n (weighted %)	P-value
Total	288	48 (19.4)	240 (80.6)	
Age group (years)				0.6216
25-34	21	6 (28.1)	15 (71.9)	
35-44	48	9 (18.5)	39 (81.5)	
44-54	74	12 (15.8)	62 (84.2)	
55 and older	145	21 (20.1)	124 (79.9)	
Gender				0.129
Cis-gender women	143	17 (11.5)	126 (88.5)	
Cis-gender men	140	31 (21.7)	109 (78.3)	
Other	5	0 (0)	5 (100)	
Race/ethnicity				0.756
Haitian	46	7 (15.3)	39 (84.7)	
Hispanic	125	24 (21.3)	101 (78.7)	
Non-Hispanic, Non-Haitian Black	107	16 (17.5)	91 (82.5)	
Other	10	1 (14.6)	9 (85.4)	
Language of interview				0.537
English	151	26 (21.5)	125 (78.5)	
Haitian	39	5 (12.0)	34 (88.0)	
Spanish	98	17 (18.4)	81 (81.6)	
Country of Birth				**0.047**
United States	138	25 (24.5)	113 (75.5)	
Not in United States	150	23 (15.2)	127 (84.8)	
Household income as percentage of U.S. Federal Poverty Level				**0.001**
<100%	133	21 (19.1)	112 (80.9)	
100-199%	106	24 (28.0)	82 (72.0)	
200-399%	49	3 (5.2)	46 (94.8)	
Employment status				0.053
Full- or part-time work	183	31 (16.1)	152 (83.9)	
Not working	105	17 (25.6)	88 (74.4)	
Education				0.053
High school or less	150	21 (13.8)	129 (86.2)	
Some college or more	138	27 (23.0)	111 (77.0)	
Number children in household				0.280
0	221	38 (20.5)	183 (79.5)	
1 or more	67	10 (13.5)	57 (86.5)	

Conclusions

- Higher percentage of clients reported improved access to care compared to 2019 than those who reported worse access.
- Programmatic changes positively affected access and should be continued, along with monitoring of groups at higher risk of falling out of care
- Generalizability of the results is limited because participants were active medically case managed clients.

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PARIS FAST-TRACK CITIES 2024

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Ser+ Portuguese Association for AIDS Challenge and Prevention

Challenges of ageing with HIV

A vison of a Domiciliary Care Service in a *community based organization in Portugal*

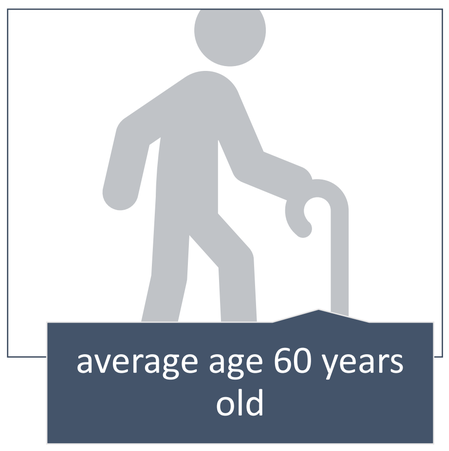
Introduction

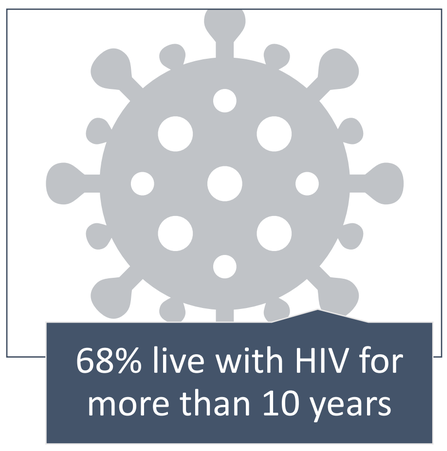
Advances in antiretroviral medication have led to an increase in the average life expectancy of people living with HIV, but it is necessary to monitor and ensure quality of life of who is ageing with HIV.

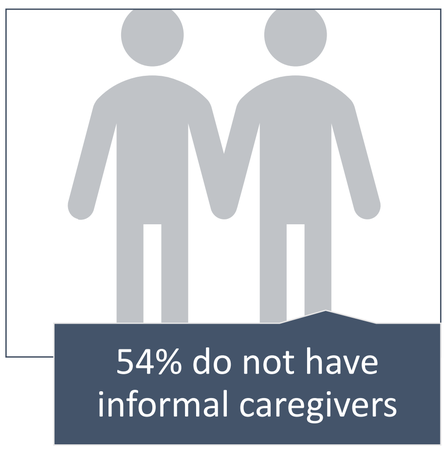
The data in this poster refers to the Domiciliary Care Service of Ser+, that supports PLHIV that have some degree of physical and/or psychological dependence. It aims to promote their physical, psychological and social well-being and develop their autonomy.

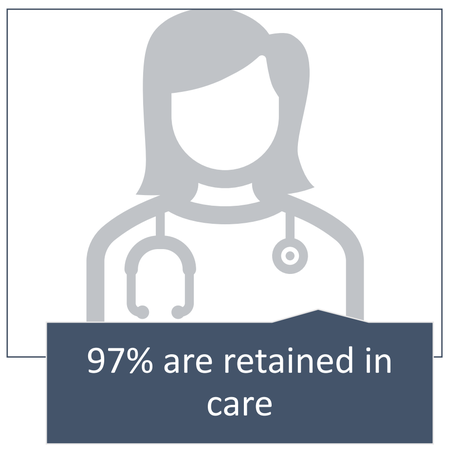
Description

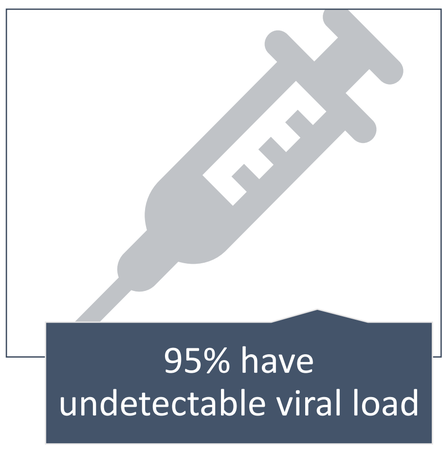
Data analysis of 37 people supported by this Domiciliary Care Service, between 2020/23:



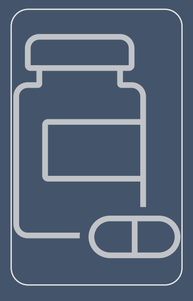








Medicines



- The average of TARV is 1
- The average of other medicines is 6
- 24% took more than 10 medicines per day

Medical appointments

- Average of medical specialities: 3
- 35% have psychiatry appointments
- 27% have pulmonology appointments

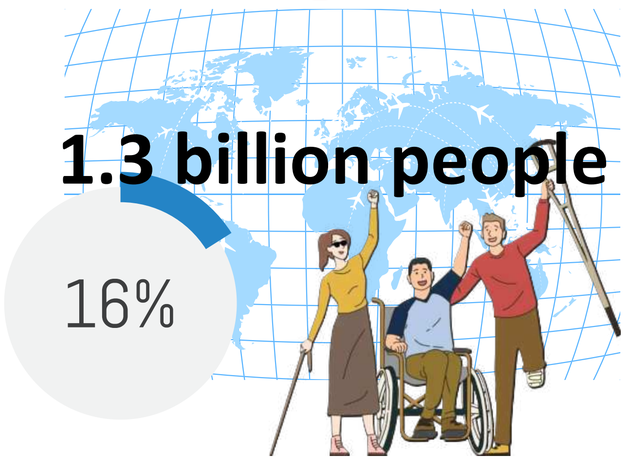
Lessons Learned

- Recognizing the estimates for ageing in PLHIV and already analyzing the current reality, there must be an investment in the quality of life of PLHIV.
- The focus of clinical intervention was on the very near past, controlling the virus and for people to survive this infection, however now the focus of health organizations and NGOs must be on the aging process, with all the specificities it has.
- Polypharmacy and comorbidities, informal caregivers unable to respond to all needs and services in the process of adapting to new demands, bring added challenges to formal and informal structures.
- It seems imperative to invest in proximity and communication interventions between all those involved in order to respond to the well-being of each person who is ageing with HIV.

Recommendations

- The ageing process in PLVIH must be faced and respected in its complexity and multifactors.
- Longer life expectancy is not synonymous with quality of life and, despite the increase of life expectancy, HIV influences all areas of life for people with the virus, affecting how they live and for how long.
- Society needs to look at aging in general in a different way so that it can respond to the challenges of ageing with HIV. This new reality brings new challenges to health organizations, services and community-based organizations that must be prepared to provide the best response

Breaking Barriers: Disability Inclusion in Rwanda's HIV Response

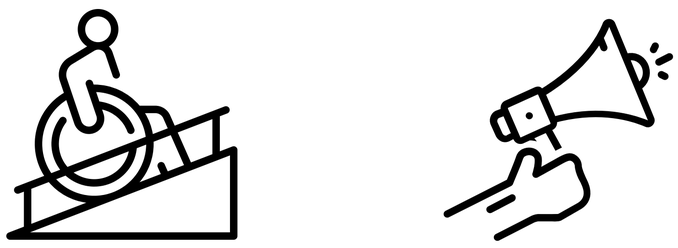


Key Issue:

Despite commitment to disability rights, barriers limit access to HIV-related health services for Persons with Disabilities (PWDs).

Challenges Faced by People With Disabilities

Limited Access to Services:



Physical barriers in health care facilities.

Lack of tailored information and resources on HIV.

Social Stigma

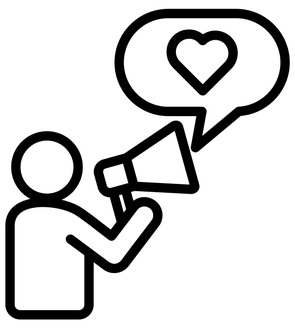
Discrimination and negative attitudes towards PWDs.

Inadequate Training

Healthcare providers often lack knowledge on support PWDs effectively.

Initiatives Undertaken by UPHLS

Advocacy for Inclusion:



Promoting reasonable accommodations in HIV and Sexual and Reproductive Health (SRHR) services.

Model Health Facilities

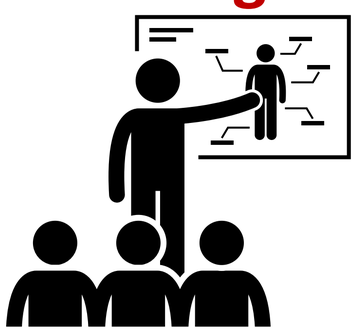
Accessible health centers in Kigali and surrounding areas.

38 health facilities renovated to improve accessibility.

Support Services

Provision of assistive technology to PWDs living with HIV & Economic empowerment initiatives for vulnerable households.

Training Program & Community Outreach



850 healthcare providers trained on disability mainstreaming and inclusive care.

Educated 56,000 PWDs on rights, HIV, STIs, and SRH.

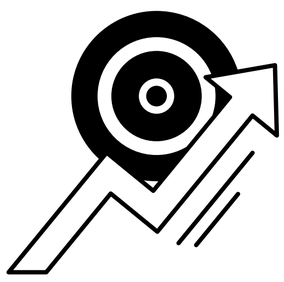
Engaged 250,000 community members in discussions to challenge social norms.

Lessons Learned

Effective Strategies:

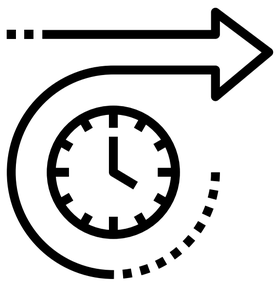
- **Customizing interventions to meet diverse needs.**
- **Collaborating with multiple stakeholders for comprehensive solutions**
- **Engaging communities to change perceptions and reduce stigma.**

Positive Outcomes:



- **Increased access to HIV services for PWDs.**
- **Improved adherence to antiretroviral treatment among PWDs with HIV.**

Future Directions::



- **Scale up successful strategies and strengthen partnerships.**
- **Integrate disability rights into healthcare policies for sustainable progress.**

Support

Rwanda Biomedical Centre — Healthy People, Wealthy Nation

THE GLOBAL FUND

CDC — Centers for Disease Control and Prevention

UNAIDS

UPHLS

PARIS FAST-TRACK CITIES 2024

uphls.org infos@uphls.org

HIV prevention and treatment in Bosnia and Herzegovina

Ahmed Velić, MD, City of Sarajevo

Aim: detect problems in Bosnia and Herzegovina (BiH) related to HIV treatment and prevention to adequately approach their solution

Bosnia and Herzegovina
Southeast Europe
Population: 3.1 M (UN, 2023.)
Area: 51 229 km3

INTRODUCTION: Low prevalence of HIV infection in BiH but the number of new cases and late presenters has grown alarmingly in recent years. The centralized testing system, complicated testing procedures, detailed procedures for starting ART and the lack of PrEP and PEP, greatly influence the increase in the number of new cases of HIV infection.

CENTRALIZED HIV TREATMENT AND PREVENTION SYSTEM:

Three HIV centers in the country: Sarajevo, Banja Luka and Tuzla

From 1994 to 2023:
550 registered cases, AIDS in 160 patients, 90 died

The main center for HIV treatment in the country
Clinical Center University of Sarajevo, Clinic for infectious diseases (patients and clients from 9 of 10 cantons):

- VCCT center (center for voluntary and confidential STI testing, treatment, prescribing ART and lab check-ups)
- ID standard care department (**without HIV department since 2022**), and ICU

ONE country with a very complicated political arrangement = no accurate data:

- ***Federation of Bosnia and Herzegovina*** (FBiH entity),
- ***Republic of Srpska*** (RS entity),
- ***District of Brčko***

2024:

20 new cases only in FBiH, 1 fatal outcome, 13 of 20 patients with CD4 below 200

How many people in BiH do not know their HIV status and are not receiving therapy if more than half of the detected cases have severely impaired immunity?

Description of PROBLEMS

STIGMA even among healthcare workers (lack of knowledge about HIV)

INSUFFICIENT TESTING – only three VCCT centers in the country vs 22 centers in the past, no drop-in testing centers and self-testing program

PrEP was free from 2016 to 2021 (from 2021 daily PrEP regimen costs 80 euros monthly)

PEP is not available for free (costs 800 euros)

ART APPROVAL COMMISSION without HIV experts; more administrative work for medical practitioners = less time for patients; patients wait longer for the initiation of therapy; therapy switch due to lack of medication and bad policies

Certain NGOs that present themselves as the protagonists of HIV prevention are **politically and anti-LQBTQ+ indoctrinated**, but **cooperate with international organizations** and achieve benefits for projects related to HIV

Lessons Learned

The efforts of health workers and patients, and coordination with the authorities are necessary to achieve goals in terms of preventing HIV infection. Raising awareness of the importance of HIV prevention and working on HIV education to break prejudice and stigma are the main prerequisites to getting HIV prevention in BiH on the right track.

Recommendations

- Encourage the establishment of associations of people living with HIV in Bosnia and Herzegovina
- Advocating that the committee for the approval of ART include doctors who treat people living with HIV,
- Lobby government structures for HIV prevention – legislation for PEP, PrEP, HIV-preventing programs and self-testing
- Advocating with the authorities for equal rights for all patients in Bosnia and Herzegovina, regardless of which entity, canton or district they are from
- Educate health professionals and the population in the context of HIV to combat stigmatization
- To inform international organizations about the activities of certain NGOs in BiH that already perform internationally, even though they are politically and anti-LGBTQ+ indoctrinated

PARIS FAST-TRACK CITIES 2024

Empowering eThekwini District Municipality's Response to HIV, TB, and STIs Through the District AIDS Council

By Thabi Mfeka (Deputy Mayoral Affairs)
eThekwini Municipality, South Africa

Lessons & Strategies for Improvement & Challenges & Interventions for Impact

Logistical Barriers: Difficulty in reaching remote or underserved populations.

Data Gaps: Collecting reliable, real-time data from communities remains a challenge for evidence-based interventions.

Addressing Stigma & Discrimination:

Through Ward Warriors and DAC initiatives, the council targets stigma with education campaigns to improve access to care.

Addressing Stigma & Discrimination: Through Ward Warriors and DAC initiatives, the council targets stigma with education campaigns to improve access to care.

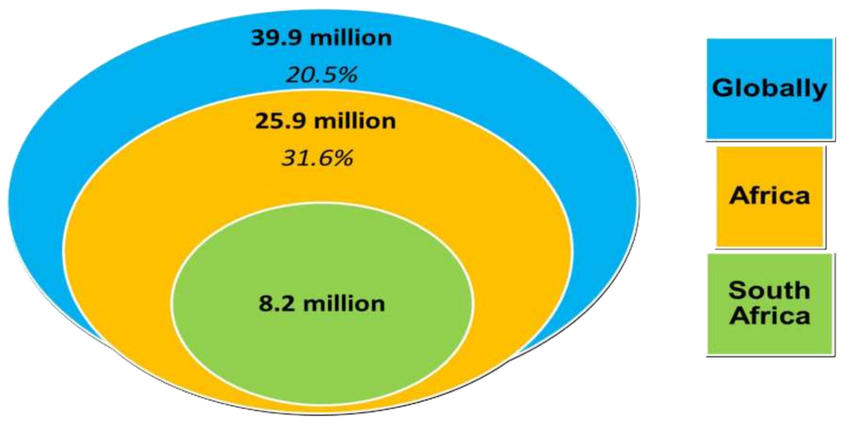
Improving Service Delivery: Strengthening health partnerships and improving access to treatment, especially for vulnerable populations in high-prevalence areas.

Policy Recommendations: Continuous learning and a flexible approach are critical for maintaining momentum and ensuring lasting impact.

DAC (District Aids Council) PROGRAMMES

- DREAMS Programme (Empowering Adolescent Girls and Young Women):
- Men's Health Campaign: Reducing Stigma and Improving Health Access
- Key and Vulnerable Populations Campaign: Outreach and Engagement
- Civil Society Workshop: Multi-Sectoral Collaboration
- Mayoral Roadshows: Promoting U=U and Health Access.
- The eThekwini Municipality launched the U=U (Undetectable = Un-transmittable) HIV awareness campaign in partnership with UNAIDS.
- Implementing & Integrates screening approach

People Living with HIV at the end of 2023



WHO, 2024, https://www.who.int/data/gho/data/themes/hiv-aids
UNAIDS, 2024, https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf
Statistic South Africa, 2024 https://www.statssa.gov.za/?p=17440

Achievements of DAC Through CPR

Empowering Local Communities:

Community-driven solutions improve ownership and sustainability, leading to more effective interventions for HIV, TB, and STIs.

Capacity Building & Collaboration:

DAC has strengthened its capacity by involving stakeholders from civil society and healthcare providers in data gathering, policy development, and program execution.

Strengthening Community Engagement:

Deepening trust and engagement with community leaders, including the use of Ward Warriors, is key to program success.

Enhancing Data Collection:

Investing in technology and training to improve the collection and use of community-level data.

Cross-Sector Collaboration:

Fostering collaboration across healthcare, education, and social services to create holistic interventions.

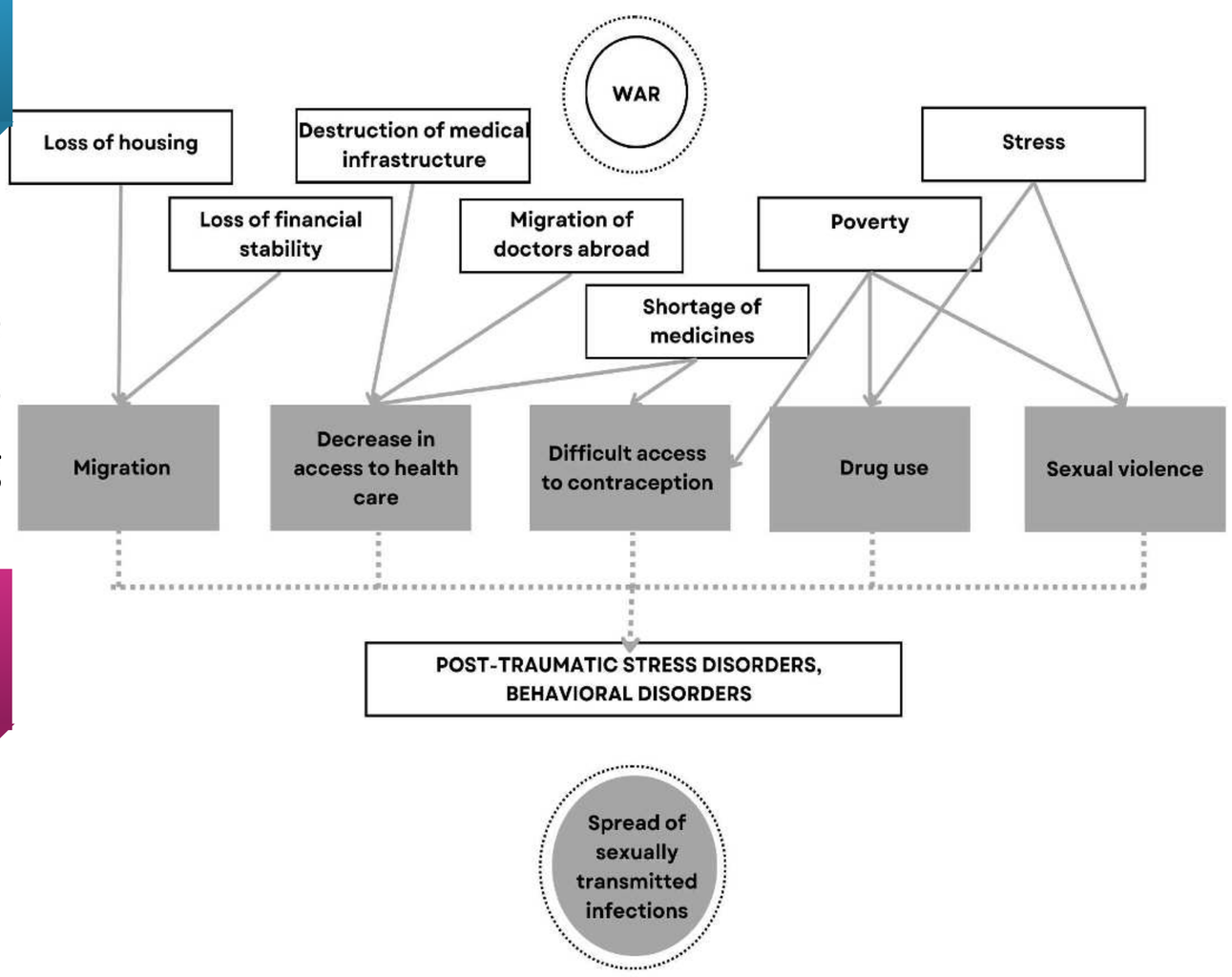
FACTORS INFLUENCING THE SPREAD OF STIS DURING MILITARY CONFLICTS: A SYSTEMATIC REVIEW

Y. Lopatina , Y. Basarab , K. Voronova , M. Faustova

AIDS Healthcare Foundation, Kyiv, Ukraine, Poltava State Medical University, Department of Microbiology, Virology, Immunology, Poltava, Ukraine

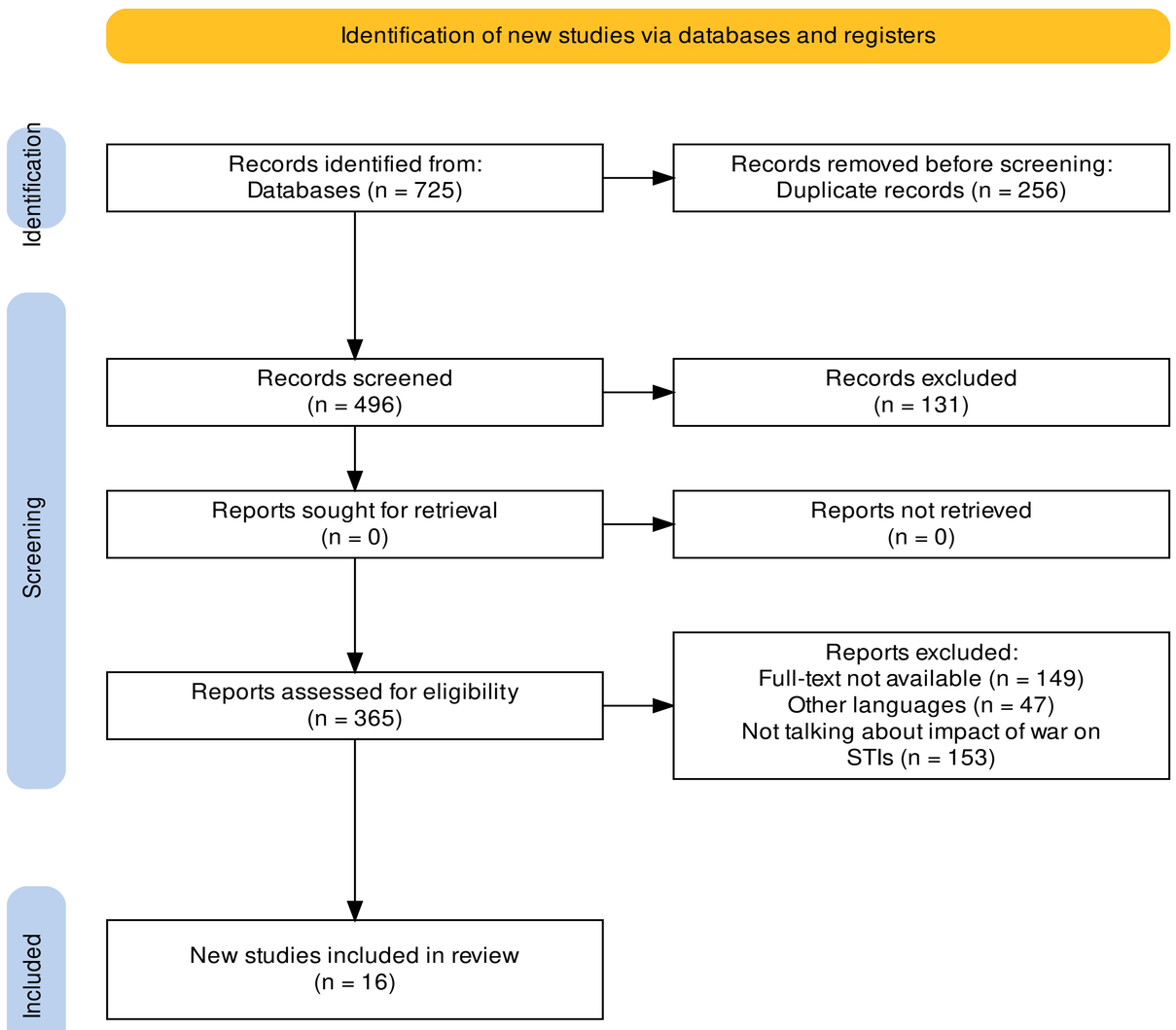
BACKGROUND

Military conflict is considered an important contributor to the HIV and other sexually transmitted diseases (STIs) epidemic. The purpose of the study was to systematically analyze the factors influencing the spread of STIs during military conflicts.



METHODS

Adhering to PRISMA guidelines, a systematic search of published peer-reviewed literature between 2013–2023 in PubMed, Embase, Web of Science, and EBSCO databases was conducted.



RESULTS

A total of 752 publications were identified, and 16 eligible articles were retained in the review. The selected articles were mainly published as original studies (n=8), literature reviews (n=6), correspondence (n=1) and perspectives (n=1).

Of the selected articles, 11 out of 16 articles identified displacement as the most frequent factor directly affecting the spread of STIs during the military conflicts. Another frequent factor influencing the spread of STIs is a decrease in access to health care (cited in 10 out of 16 publications). Furthermore, difficult access to contraception was reported in 9 out of 16 publications. Seven articles reported an increase in HIV incidence among people who use drugs during military conflicts. The frequency of sexual violence increases significantly during armed conflicts, as was mentioned in 6 of the 16 publications included.

CONCLUSIONS

This systematic analysis outlines the main factors that directly or indirectly contribute to the spread of STIs far beyond the territory at the epicenter of the conflict. In this regard, it is recommended to pay more attention to the main factors in order to prevent the mass transmit of STIs on the background of military conflicts.

Comparison of Registered and Survey-based Modes of HIV Transmission in 2021-2023: cross-sectional study in the Kyrgyz Republic

Authors: Kostyantyn Dumchev, Anastassiya Stepanovich-Falke,[2] Nikolay Lunchenkov,[2,3] Anna Rohde,[2] Anastasiya Danshyna,[1] Aibek Bekbolotov,[4] Aigul Solpueva,[4] Aidana Kenzhekarieva,[4] Aida Karagulova,[5] Elmira Narmatova,[6] Olga Varetska,[7] Stela Bivol,[8] Giorgi Kuchukhidze,[8] Barbara Gunsenheimer-Bartmeyer[2]

[1] Ukrainian Institute on Public Health Policy, Kyiv, Ukraine, [2] Robert Koch Institute, Berlin, Germany, [3] Technical University of Munich, TUM School of Social Sciences and Technology, Munich, Germany, [4] Republican Center for Viral Hepatitis und HIV/AIDS Control at the Ministry of Health of the Kyrgyz Republic, Bishkek, Kyrgyzstan, [5] Bishkek City AIDS Center, Bishkek, Kyrgyzstan, [6] Osh City AIDS Center, Osh, Kyrgyzstan, [7] The Global Fund, Geneva, Switzerland, [8] WHO Regional Office for Europe, Copenhagen, Denmark

Objectives

(1) to assess the extent of misclassification of HIV mode of transmission (MoT) through a more sensitive ascertainment of risk factor information in the case registration system in the Kyrgyz Republic by evaluating differences between the self-reported MoT during patient survey and initial case registration records;

(2) to analyze trends in MoT distribution over time during similar time periods in 2021, 2022 and 2023.

Methods

A cross-sectional survey was conducted among patients diagnosed with HIV in the six largest administrative units of Kyrgyzstan during the first three quarters of 2021, 2022 and 2023. Case registration data from the national HIV electronic medical information system were used to sample patients. Recruitment procedures included contacting patients by telephone or in person during their clinical visits.

For data collection, a questionnaire was developed on the electronic platform e-DEN routinely used for BBS in Kyrgyzstan. The platform ensured data quality assurance, monitoring, and protection. The survey assessed pre-seroconversion HIV risk factors using self-administered, interviewer-assisted questionnaires on a tablet. Risk factors were assigned based on self-reported information disclosed in the survey. As HCV seroprevalence was as a biological marker of injecting drug use, if no HCV test results was available or older than 6 months, a rapid HCV test was done at a study site. A positive HCV test results was interpreted in the analysis as a proxy for IDU for both sexes among the age group >45 years. Male respondents, who reported a history of selected STI including oral or rectal gonorrhea, rectal herpes or proctitis in the survey, were classified as MSM. A bridge population (BP) was defined as persons who self-report heterosexual contacts with commercial sex workers (CSW), people who inject drugs (PWID) or people living with HIV (PLHIV), and did not meet the criteria for key populations (KP).

McNemar test compared registered and survey-based MoT, while logistic regression analyzed MoT trends over time.

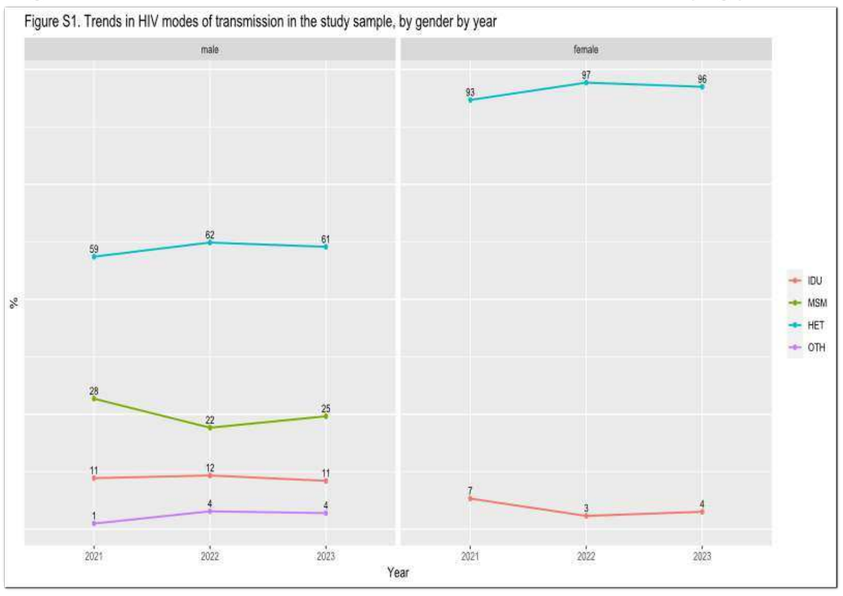
A suvey-based MoT was assigned to each case based on self-reported risk factor(s) and HCV status.

The following hierarchy was used in presence of multiple risks based on probability of transmission per act and population prevalence:

1. Injecting drug use (IDU)
2. Homosexual contacts between males (MSM)
3. Heterosexual (HET)
4. Other (OTH)

Results

Figure 1: Trends in HIV MoT in 2021-2023 in Kyrgyzstan



A total of 1,962 new HIV diagnoses were registered in the study period, 480 individuals completed the survey. The recruited sample included 56.7% men and 43.3% women. The median age was 38 years (IQR 30-47).

The proportion of cases attributable to IDU and MSM was higher in the survey than in the registration system whereas the proportion of cases attributable to HET was lower:

- 8.1% vs. 4.2%, p=0.001 for IDU (higher);
- 14.2% vs. 11.7% p=0.12, for MSM (higher);
- 76.0% vs. 80.2%, p=0.038) for HET (lower).

Selling sex was reported by 2.9%. In combination with IDU and MSM, 23.5% of participants could be categorized into one of the three KP. Additional 18.1% belonged to bridge populations. There was a 23% increase in the absolute number of registered patients in the corresponding periods between 2021 and 2023, but the MoT distribution did not change significantly.

Figure 2: Trends in transmission over time (registered cases in the electronic medical information system in Kyrgyzstan)

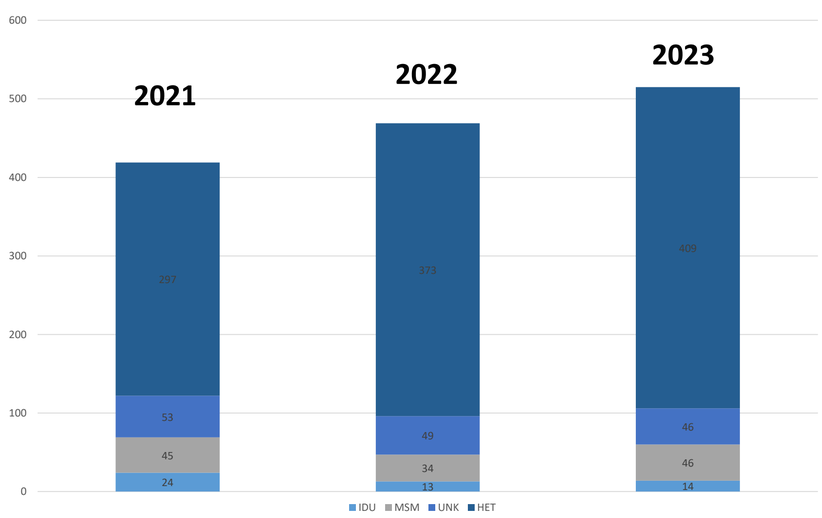


Table 1. Comparison of registered and survey-based modes of HIV transmission in 2021-2023

	Gender	MoT	Registered MoT	Survey-based MoT	McNemar statistic	McNemar p-value
	Women	IDU	3 (1.4%)	9 (4.3%)	2.50	0.114
		HET	197 (94.7%)	199 (95.7%)	0.06	0.814
		UNK	8 (3.8%)			
	Men	IDU	17 (6.3%)	30 (11.0%)	7.58	0.006
		MSM	56 (20.6%)	68 (25%)	2.42	0.120
		HET	188 (69.1%)	166 (61%)	6.68	0.010
		OTH		8 (2.9%)		
		UNK	11 (4%)			
Total		IDU	20 (4.2%)	39 (8.1%)	11.17	0.001
		MSM	56 (11.7%)	68 (14.2%)	2.42	0.120
		HET	385 (80.2%)	365 (76%)	4.30	0.038
		OTH		8 (1.7%)		
		UNK	19 (4%)			

Conclusion

We found significant misclassification in IDU and heterosexual MoT, but not in MSM possibly due to underreporting of MSM experience because of suboptimal survey sensitivity in an increasingly stigmatizing environment for the LGBTQI+ community. In total, at least 41% of newly registered cases in Kyrgyzstan occurred in key and bridge populations, highlighting the need for intensified prevention efforts in these groups. Over 2021-2023, there were no significant trends in HIV modes of transmission suggesting a sustainable level of transmission among KPs.

- Prevention and surveillance should maintain focus on KPs and BPs although public health structures should be vigilant about other groups as well.

Funding acknowledgements:
the research was funded by Robert Koch Institute, Berlin, Germany

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PARIS FAST-TRACK CITIES 2024

Prevalence and Correlates of Intimate Partner Violence among PrEP Users in Pre-War Ukraine

Nikolay Lunchenkov[1,3], Pascal Mounchid[1], Chenglin Hong [2], Elena German[3], Janina I. Steinert[1]

[1]Technical University of Munich, School of Social Science and Technology, Munich, Germany

[2] University of Connecticut, School of Social work, Hartford, USA

[3]ECOM – Eurasian Coalition on Health, Rights, Gender & Sexual Diversity, Department of Health and Capacity building, Tallinn, Estonia

Background & Objectives

- The COVID-19 pandemic and associated lockdown measures have exacerbated social challenges like **intimate partner violence** (IPV): **"shadow pandemic of violence"**
- Little evidence to date on the experiences of **gay and bisexual men who have sex with men** (GBMSM) during the pandemic
- Little evidence on IPV in the context of Eastern European and Central Asian where **challenges are posed by homophobia, stigma, and potential underreporting by those affected**

Research objective of this study:

1. Establishing the **prevalence of IPV** among GBMSM in Ukraine
2. Identifying (i) sociodemographic, (ii) behavioural, and (iii) COVID-19-related **correlates of IPV** among GBMSM in Ukraine

Methods

- Sample: **1176 GBMSM** enrolled in a PrEP programme in Ukraine
- Case managers of the PrEP programme reached out to clients to advertise participation in an online survey
- Data collection timeline: January to February 2022**, completed three days before Russia's violent attack on Ukraine**
- Main outcome variable**: Gay and Bisexual Men Intimate Partner Violence Scale** capturing
  - Physical IPV
  - Sexual IPV
  - Emotional IPV
  - Economic IPV
- Explanatory variables: Sociodemographic characteristics, psychological & economic pressures induced by the pandemic, sexual risk behaviours
- Analysis: Multivariable logistic regression

Results

Prevalence of IPV

- **39% of the surveyed GBMSM reported having experienced any form of IPV in the past six months** (see Figure 1)
- Forms of IPV:
  - 27% experienced emotional violence
  - 16% experienced sexual violence
  - 10% experienced physical violence
  - 8% experienced economic violence
- Majority of those affected by IPV had not experienced it before the COVID-19 pandemic (see Figure 2)

Correlates of IPV (see Table 1)

- No associations between sociodemographic characteristics and IPV risk
- **IPV risk significantly increases with sexual risk behaviours**:
  - Higher rate of physical IPV among GBMSM who report having been drunk or intoxicated during sex
  - Higher rate of sexual IPV among GBMSM who participated in a sex party or report having been drunk during sex
- **IPV risk significantly increases with higher psychological or economic pressures due to the COVID-19 pandemic:**
  - Higher rate of physical & economic IPV among GBMSM who experienced depression or anxiety because of the pandemic
  - Higher rate of emotional & sexual IPV among GBMSM who faced higher economic pressures because of the pandemic

Figure 1. Prevalence of IPV

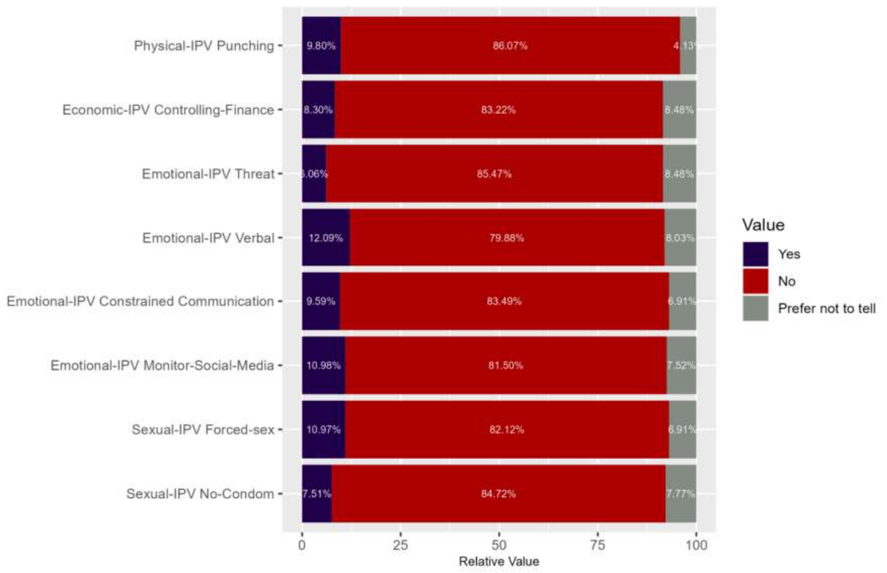

Figure 2. Incidence of IPV

Table 1. Logistic Regression: Correlates of IPV

	Physical IPV (1)	Economic IPV (2)	Emotional IPV (3)	Sexual IPV (4)
Behavioural Factors				
Participated in sex party	1.17 [0.73, 1.87]	1.14 [0.68, 0.90]	1.08 [0.78, 1.50]	1.41* [0.95, 2.08]
Was drunk while having sex	1.67** [1.08, 2.61]	1.38 [0.88, 2.19]	1.31 [0.98, 1.75]	0.92 [0.64, 1.32]
Was on drugs while having sex	1.83** [1.15, 2.90]	1.08 [0.65, 1.79]	1.31 [0.9, 1.75]	2.14*** [1.46, 3.16]
COVID-related Factors				
Mental health stress (index)	1.61** [1.03, 2.55]	1.79** [1.11, 2.94]	1.21 [0.91, 1.62]	1.17 [0.82, 1.67]
Economic stress (index)	1.16 [0.73, 1.88]	1.20 [0.72, 2.03]	1.71*** [1.26, 2.33]	1.78*** [1.21, 2.65]
Observations	**1,097**	**1,048**	**1,097**	**1,094**

Conclusions

The study highlights **high levels of risk and adversity faced by GBMSM** in Ukraine. While IPV already frequently occurred during the COVID-19 pandemic**, vulnerability may further be exacerbated during the ongoing war**.

Key policy recommendations:

- Providing multi-layered and LGBT-sensitive support for PrEP users in Ukraine, including IPV prevention efforts
- Integration of IPV screening into routine health care practices to enable a more effective and comprehensive identification of IPV cases & facilitate referrals to support services for survivors

Affiliations & Contact

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FAST-TRACK CITIES 2024

"A Way to Liberate Myself": A Qualitative Study of Perceived Benefits and Risks of Chemsex among Gay, Bisexual, and Other Men who have Sex with Men in Almaty, Kazakhstan

Nikolay Lunchenkov[1,2,3], Nadezhda Cherchenko[4], Kuanysh Altynbekov[4], Assel Terlikbayeva[5], Sholpan Primbetova[5], Denis Gryazev[5], Elena German[2], Uluk Batyrgaliev[2], Janina Isabel Steinert[1,6]

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ECOM The Power of Communities

Munich School of Politics and Public Policy at the Technical University of Munich

ROBERT CARR FUND For civil society networks

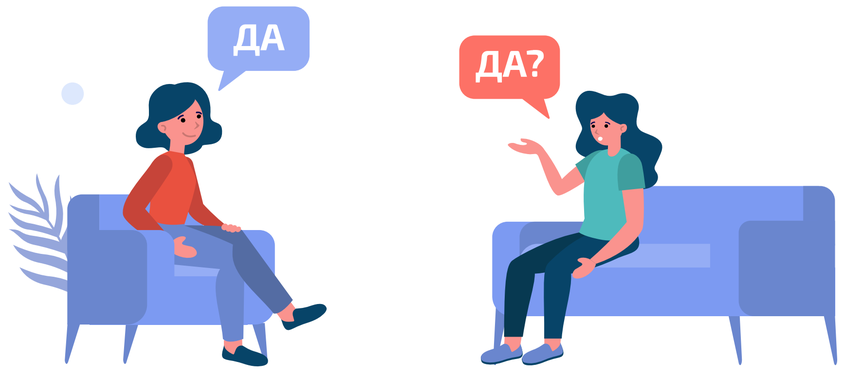
Community Friends

Introduction

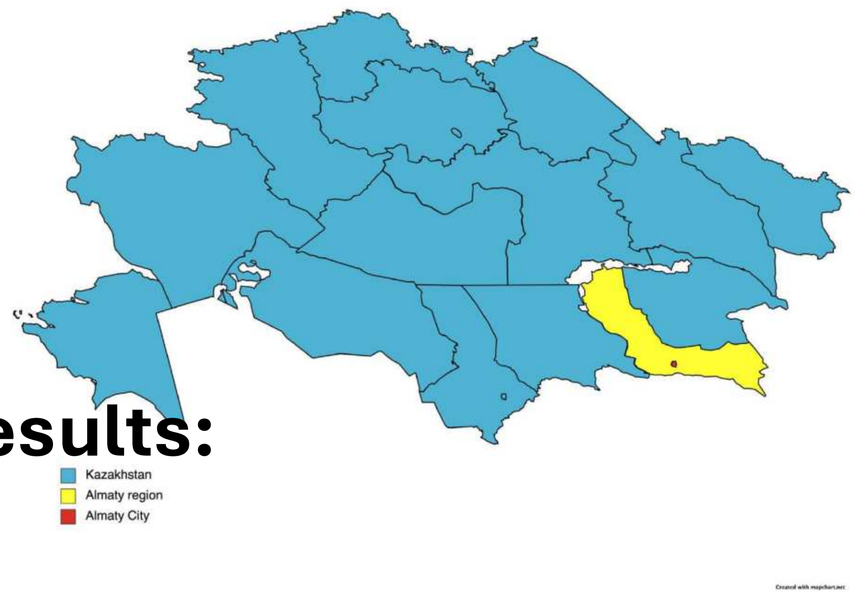
In Kazakhstan, the HIV epidemic has a significant impact on marginalized groups such as gay, bisexual and other men who have sex with men (GBMSM), exacerbated by homophobic attitudes (in society) and (resulting) minority stress. This stress often leads to coping behaviors such as chemsex - the use of synthetic stimulants to enhance sexual experiences. Our study explores the motivations and perceived risks associated with chemsex among GBMSM in Almaty.

Methods

We conducted semi-structured in-depth interviews with 21 chemsex participants self-identified as GBMSM in Almaty, Kazakhstan. Participants were recruited through community-based organizations to ensure a diverse sample in terms of age and ethnicity. Thematic analysis was used to identify key themes related to motivations and risks.



Results:



Demographics	Participants (n=21)
Sexual identity	
Gay	14 (67%)
Bisexual	5 (23%)
Other[1]	2 (10%)
Ethnicity	
Kazakh	13 (62%)
White	6 (28%)
Other[2]	2 (10%)
Age (median, IQR)	26 (24-32)

Motivation

1. Psychological motivation
   - Empowered Selves: Boosting Confidence and Self-Esteem
   - Liber(sex)ation: Breaking Societal Boundaries and Self-Limits
   - Seeking Solace: The Pursuit of Detachment and Relaxation
2. Sexual and Physical Motivation: The Dynamics of Longevity, Variability, Arousal, and Pleasure
3. Social motivation: Homo(social) space, sociability and ease of communication

Risk perception

1. Mental Health Risks
2. Physical Health Risks
3. Violence Victimisation
4. Social Stigma and Prejudice
5. Economic and Financial risks

The study reveals a complex dynamic in which chemsex serves as a coping mechanism for minority stress, a source of sexual liberation, and a social connector for GBMSM in Kazakhstan, while also posing significant health risks. These findings emphasize the need for targeted harm reduction strategies, mental health support, and community-building efforts that are responsive to the experiences and needs of GBMSM who engage in chemsex.

PARIS FAST-TRACK CITIES 2024

Factors to reduce disengagement from, and increase re-engagement into, care - an updated London based literature review

Dr Anthony Furlong[1], Dr Renée West[2], Dee Wang[3], Emma Jones[4]

1) Research Associate, GMI Partnership/Evolve Therapy, London, UK 2) Development Manager, GMI Partnership/Positive East, London, UK
3) Research and Performance Manager, GMI Partnership/Spectra, London, UK 4)Head of Insight, GMI Partnership/METRO Charity, London, UK

Background

Disengagement from care (DFC) is a predictor of poorer physical and mental health and carries a financial cost. In the UK, since 2015, over 15,000 HIV patients who were in care have disengaged. The aim of this literature review is to present an updated, London-based report on factors which affect DFC, and re-engagement into HIV care (RIC) and can be subsequently used to shape treatment and care interventions.

Method

In 2023, an extensive literature search was conducted to identify studies of London-based People Living with HIV (PLHIV) engagement in care. Databases including PubMed, organisational websites, and government and third sector reports were searched using key words/phrases. 27 London-based studies and 5 reports from organisational 2018 onwards, were included for review.

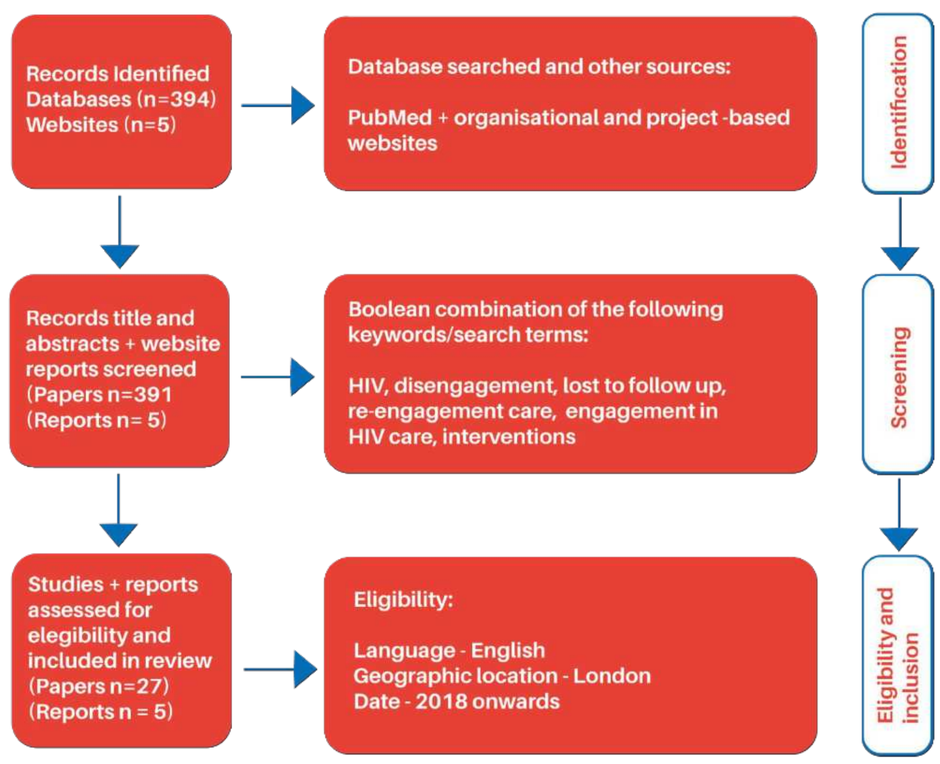


Figure 1: Diagram representing identification, screening and eligibility and inclusion of studies and organisational reports

Results

Factors affecting DFC (disengagement from care) include:

- Individual factors, e.g. race, gender, sexuality, age, poor mental and physical health, and drug use
- Social determinants of health, e.g. poverty, immigration, domestic violence and abuse, housing, education, and community networks/ support
- Treatment, care and diagnosis factors, e.g. time from diagnosis and polypharmacy

Factors affecting RIC (re-engagement into care) include:

- Social and community factors, e.g. peer support and community testing
- Treatment, care and diagnosis, e.g. accident and emergency testing and patient monitoring tools

Factors attributed to both DFC (disengagement from care) and RIC (re-engagement into care) include:

- Stigma (self, societal, within health services)
- Joint working between the different components of a PLHIV's care net work

Conclusion

This literature review addressed reasons for DFC, and facilitators for RIC, including individual-level factors social determinants of health and factors related to treatment, care and diagnosis. Limitations included a consensus on definitions for DFC and RIC. It highlighted the importance of community-level support in overcoming some of these factors, including development of awareness and anti-stigma training programmes for health professionals; providing PLHIV local wellbeing groups; delivering peer support among specific PLHIV communities; connecting clinical and social care with communities; and increasing community HIV/STI testing as part of the overall surveillance system.

Acknowledgements

The Partnership acknowledges the City Bridge Foundation for their support in this review.

CITY BRIDGE FOUNDATION

Treatment journey of black African women in London: A qualitative exploration of factors that influence initial uptake and adherence to antiretroviral therapy

Authors
Dr Renee West, Positive East
Dee Wang, Spectra CIC
Emma Jones, METRO Charity

Acknowledgements
City Bridge Foundation,
Partnership for Black People's Health
and **Dr Rageshri Dhairyawan**, Consultant Physician
Photos from Freepik

Who is the GMI Partnership?

This study was conducted by the GMI Partnership which is a collaboration of 3 London-based HIV prevention and support charities – METRO Charity, Positive East and Spectra CIC. They provide pan-London, community-based sexual health services to diverse communities across London, including but not limited to the LGBTQ+ and black, Asian and other racially minoritized groups.

Introduction

- Continuous adherence to antiretroviral therapy (ART) is essential for effective HIV management
- Understanding the reasons behind the initial uptake and adherence can help tailor support for black African women living with HIV in London
- The aim of this study is to explore the factors that influence the initial uptake and adherence among black African women living with HIV in London

Methods/Description

- **Sampling frame** Positive East/GMI Partnership networks
- **Data collection methods** Semi-structured interviews
- **Analysis** Thematic analysis
- **Ethics** Pre-interview information and consent forms
- **Study limitations** Recall and social acceptability bias, only participants who are engaged in community care and are currently on ART

Participants

- 26–65 years old; lived with HIV for 4–27 years
- At least 9 were born outside the UK
- All were following ART treatment at the time of the study

Results

Reasons for having an HIV test

Severity of symptoms, no improvement with other treatments, pre-natal testing, A&E testing, partner/family diagnosed with HIV/STI.

> "I went to the hospital, that's where I was referred to go for the [HIV] test. Because they did all the other tests [including an endoscopy and found nothing] and then because my diarrhoea was not stopping. Then I went for the [HIV] test, **that's when I was told the result.**"
>
> Aged 56–65, 20 years LHIV

Reactions to HIV diagnosis

Shock, shame, denial, anger, depression, suicidal ideation, inability to perform daily tasks, non-disclosure of diagnosis.

> "I was so shocked because I wasn't sick at all...that embarrassment made me leave that workplace...depression kicked me so hard. I didn't tell anyone. **It was my own journey, my silent journey.** I even changed my phone number. I lost all my friends because I didn't want to be known again."
>
> Aged 56–65, 14 years LHIV

Factors influencing ART initial uptake and re-start

Severity of illness, other health concerns including pregnancy and safety of baby, family responsibilities, cultural beliefs/stigma, immigration status, housing insecurity, support from friends, family and health care providers.

> "Because even when my sister passed away, even I wanted to die, but when **I saw her children, her kids, they needed someone.** Yes. So, I called them because when the funeral time, when I was there, and they say, 'Auntie, Auntie, please stay with us. Don't go, don't leave us.' So yes, because of the children."
>
> Aged 46-55, 12 years LHIV

Factors that influence stopping of ART

Side effects, difficulty intaking, mental health, stigma and discrimination, stressful living conditions, misinformation, gender dynamics and inequalities, travel to visit family and friends, immigration status, social status and lack of support network.

> "[My husband] said, 'It's okay, but don't take the medication.' And he told me, 'These people, they aren't giving for black people this and that.' ... '**Don't take it**, because they aren't giving you medication,' and 'No, you don't have HIV.' So, I just stopped."
>
> Aged 56–65, 21 years LHIV

Supportive factors that facilitate initial uptake and adherence of ART

Family and friends, community organisations and integrated/holistic social and healthcare systems.

> "...Some women [at the charity] were looking good and I was very envious, you know, very confused that they were also HIV positive, and then they talked to me, 'Oh, we are positive as well. **As long as you can take your medication properly and you eat well, don't worry, you'll be okay.** We've been there like you.' I've always said, that the peer support I think helped me a lot."
>
> Aged 56–65, 27 years LHIV

Conclusions

- Interplay of emotional, social and structural factors influences treatment initiation and adherence
- Support networks are crucial to facilitate adherence and address psychosocial needs
- Holistic, tailored person-centred, interventions to paramount to facilitate engagement
- Research on the impact of social determinants on testing and ART adherence

The success of the PURPOSE1&2 trial (of 6-monthly lencapavir injectables) is a mind blowing achievement for succeeding with the goal of zero transmissions by 2030.

It is particularly important for women whose lives are unstable – due to housing insecurities, being pregnant and breastfeeding, have family responsibilities, and imbalanced gender dynamics, such as those of the women in this study.

Now let us take their stories and ensure that no one, no woman, no girl is left behind! Let us advocate together, that not only us in the global north, but those in the global south, have equitable access to HIV diagnosis, prevention (including PrEP), treatment and on-going support.

#WeAreNotDoneYet
#PutPeopleFirst

Find out more about our work: **positiveeast.org.uk**

Mortality Trends Changes after Natural Disasters among People Living with HIV in Puerto Rico.

Mayor A, Fernandez D. Retrovirus Research Center, Universidad Central del Caribe, Bayamón Puerto Rico.

Objectives

-Natural disasters had resulted in care continuum and outcomes problems of clinical conditions including HIV.

-In the last 10 years, Puerto Rico (PR) was impacted by two mayor hurricanes and the COVID-19-pandemic's- outbreak.

-This study aims to evaluate mortality trends among Hispanic people living with HIV (PLWH) before and after natural phenomes.

Methods

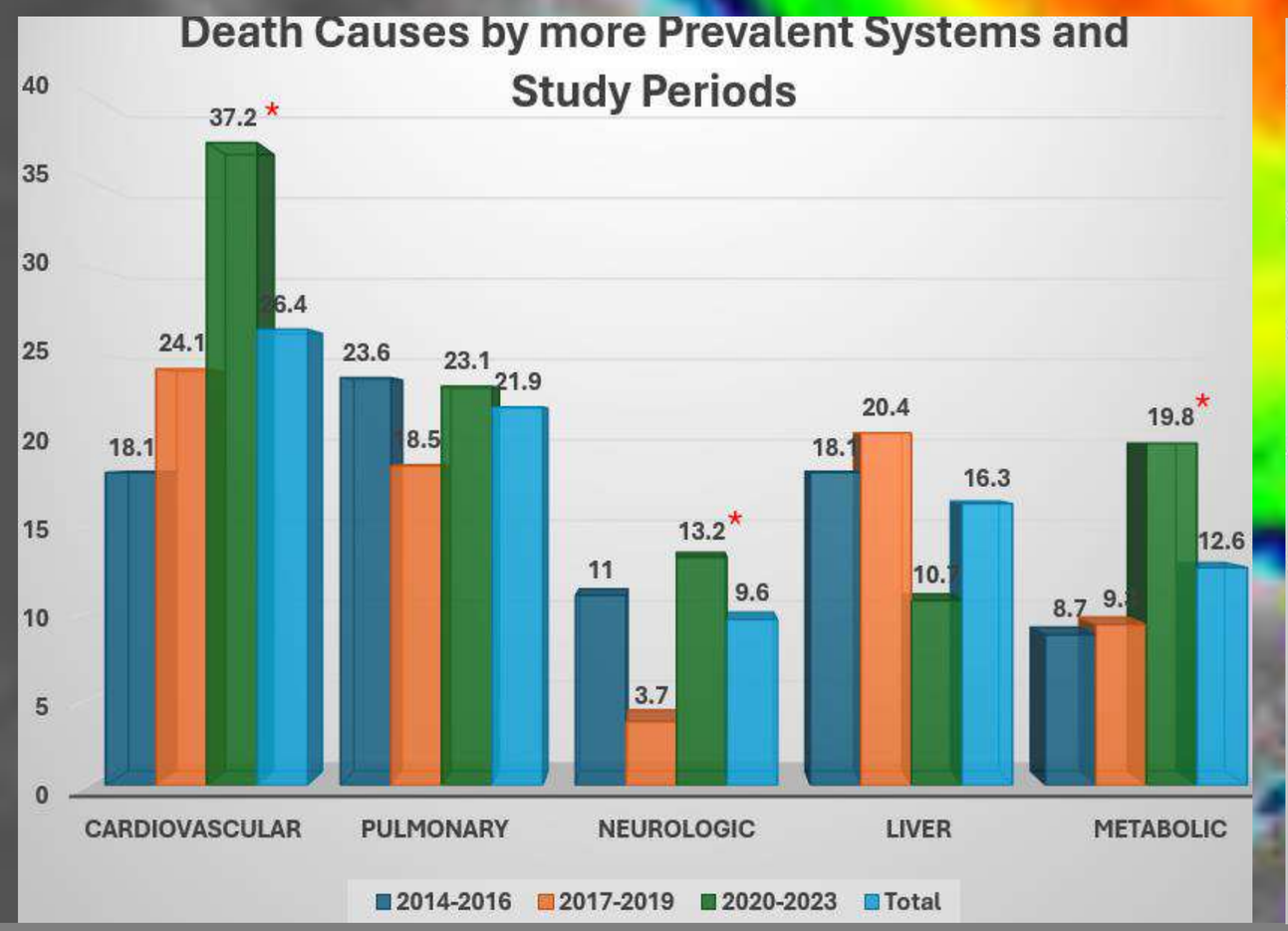
-By using a 2,422 adult PLWH cohort followed at Bayamon, PR, we evaluated mortality trends before (2014-2016), after hurricanes (2017-2019), and after COVID-19-outbreak (2020-2023).

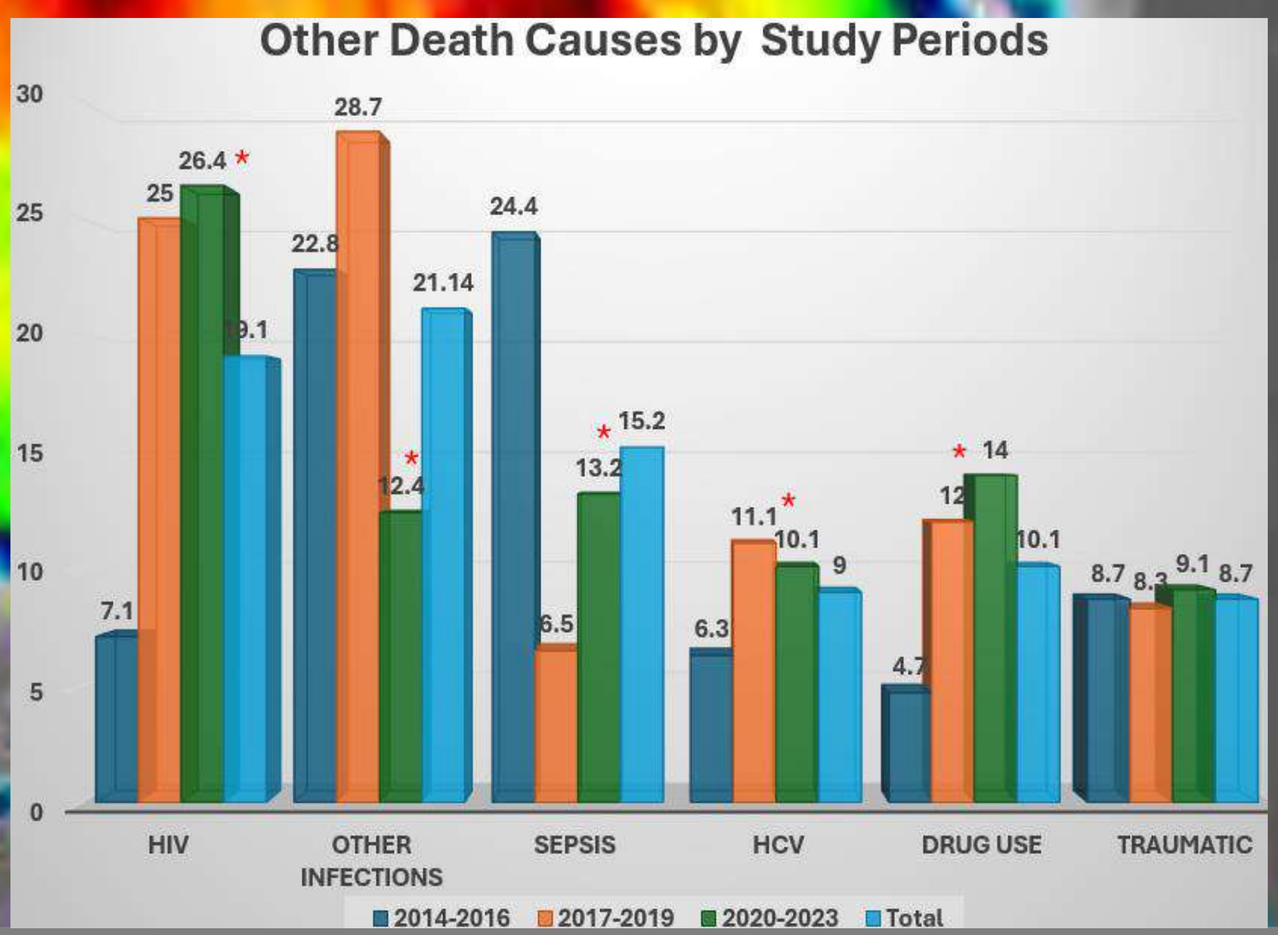
-Mortality data was obtained from the PR Health Department Mortality Registry.

-The study evaluated demise causes reported in death certificate. Chi-square and Fisher exact tests evaluated differences.

Results

- Of them: 67.3% were male, 36.8% injecting drug users (IDUs), 37.3% had man sex man (MSM) 50.5% used alcohol, 61.6% tobacco, and 15.0% were death by 12/31/2023.
- Of them 75.1% were male, 46.5% IDUs, 70.9% used tobacci, 56.3% alcohol, 21.8% reported MSM, and the mean age at death was 57.7 years.





Conclusion

- Death causes changes after natural disasters could be secondary to HIV and non-HIV health care continuum disruptions, especially in cardiovascular, and metabolic conditions.
- Increment in stressor post disasters could also potentiates the drug use and traumatic related mortality.
- Contrary, reduction in other infections could be due COVID-19 prevention strategies.

Acknowledgments: Sponsored by grants: G12MD007583, U54GM133807, U01-AI069918.

PARIS FAST-TRACK CITIES 2024

FAST-TRACK CITIES 2024

OPTIMIZATION OF POINT OF CARE TESTING (POTC) TRIPLE ELIMINATION ACCESS AMONG PREGNANT WOMEN IN TANGERANG CITY, INDONESIA

Daniel Dwiyanto Sitinjak [1], Lisa Felina[2], Dini Anggareni [2], Farida Helmy [2], Devita Dwi Amini [2], Ahmad Farid Amin [2]
1 District Health Office Bekasi City, 2 District Health Office Tangerang City, Indonesia

INTRODUCTION

In developing countries, triple elimination strategy for HIV, Syphilis and Hepatitis B examinations are tests initiated by health workers. Even though, in 2022 Tangerang City reported only around 21,764 (45%) of pregnant women have been triple elimination screened.

DESCRIPTION

The policy of triple elimination includes free of charge of screening, establishing diagnosis and treatment as well as providing Hep-B immunoglobulin, and Hep-B vaccination for babies in the first 24 hours after birth also providing viral load test and EID. Before 2022, it is conducted at community health centers and hospitals only. In 2022 Tangerang City District Health Office (DHO) has decided on a breakthrough that triple elimination of POTC is also applied to all private practice midwives and clinics.

DHO held several initial activities including; (1) close coordination between midwife association(IBI), health laboratory technology association (PATELKI), and clinics association (IACH); (2) conducting training of trainers to midwives and laboratory representatives; (3) training on screening using rapid tests; and (4) distribution of screening starter kits.

CONTACT INFORMATION

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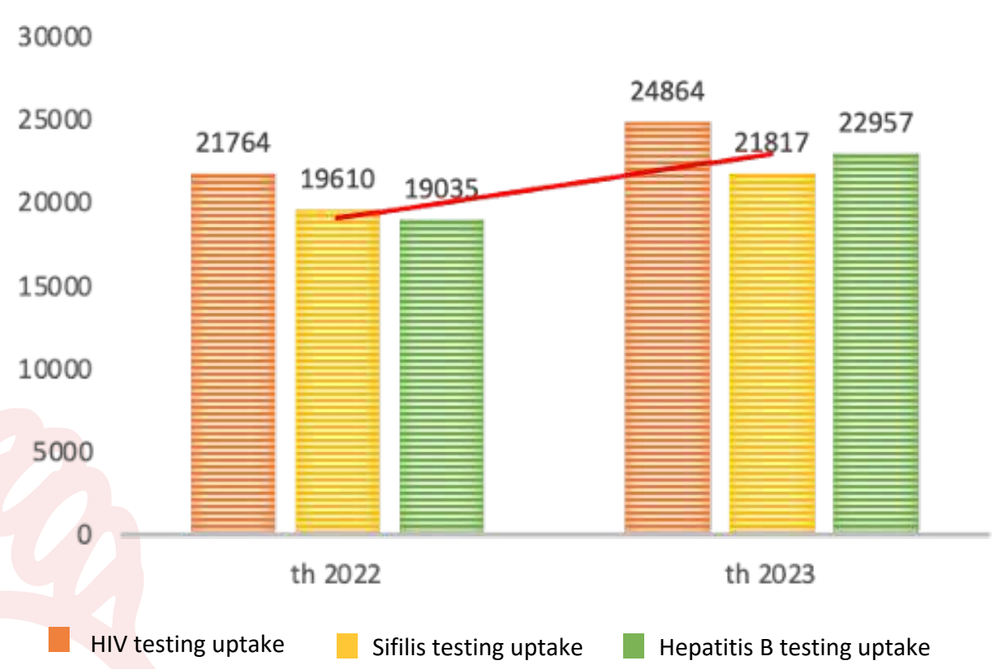
LESSON LEARNED

The policy hand impact on increasing the achievement of triple elimination screening and the contribution of private practice midwives and clinics from 0 (zero) to 4,157 people carrying out recorded triple elimination tests. They have been contributed 17% to the proportion of health facilities providing triple elimination tests. In general, the trend of achievements from 2022 to 2023 is as follows: HIV screening of pregnant women 21,764 to 24,864; syphilis screening from 19,610 to 21,817; and Hep-B screening from 19,035 to 22,957.



RECOMMENDATIONS

The decision involves private midwives and clinics in has been proven to increase triple elimination achievements. This is useful for identifying HIV syphilis, and Hep-B transmission from mother to child as early as possible and providing appropriate treatment.

Counseling pictograms

Simon Englebert (Centre S), Maud Tilman (Centre S), Antoan Kurti (AK design)

Introduction

People with migration background are one of the key populations for HIV[1] and hepatitis prevention. Cultural and linguistic differences can be a barrier to perform a complete and optimal (pre/post) test counseling[2]. Stigma[3], discrimination and trauma during the migration journey can complicate communication about sexual health and risk behavior. Using cultural mediators[4] and language translator is not always possible, efficient or accepted.

Description

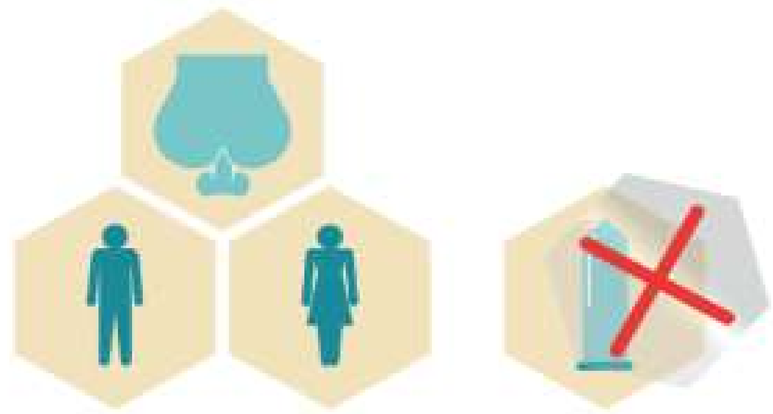
With a group of volunteers originally from Sub-Saharan Africa (trainees, peer educators and patients recruited through our testing center), we created a visual tool to facilitate the communication between the prevention counselor and the client, proceeding in different steps:

- Exhaustive list of concepts used in sexual health counseling
- Sorting and selection of the most used topics
- Graphic design for neutral and universal comprehension
- Community peers & educational experts review

At the beginning, various concepts were defined to be part of a sexual health counseling with migrants: sex, gender, infection, risk, violence, drug, love, relationship, health professionals, journey, consent... Some of them could be merged or be explained by others, some were not understood.

Learned

At the end of this process, 46 pictograms have been finalized. For better use, the pictograms are at least 10×11 cm and cut into hexagonal shape. They should be placed on a table between the counselor and the beneficiary. To refine the meaning or to create a context or stories, cards can be combined together using the hexagonal shape. Transparent plastic cards can be placed on top of the combined cards to qualify the meanings (negation, interrogation, increasing...).



Recommendations

Counseling in health care settings can be complicated, especially for people with migration backgrounds who do not speak the language of the health provider. Pictograms can be a facilitator for both the beneficiary and the health counselor by using alternative, augmentative and visual communication. It brings also empowerment, Reducing communication barriers can help provide prevention, harm reduction, testing and linkage to care to key populations.

Acknowledgements

From an original idea of Rezo (Montreal, Canada). Reviewed by Cultures & Santé.
Supported by Aviq & Gilead Sciences.

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CLINTON HEALTH ACCESS INITIATIVE

CD4 testing optimization through equipment mapping for diagnosis of clients with Advanced HIV Disease

B. Mwangi[1], J. Gituku[2], J. Mungai [1], D. Karambi,

Background

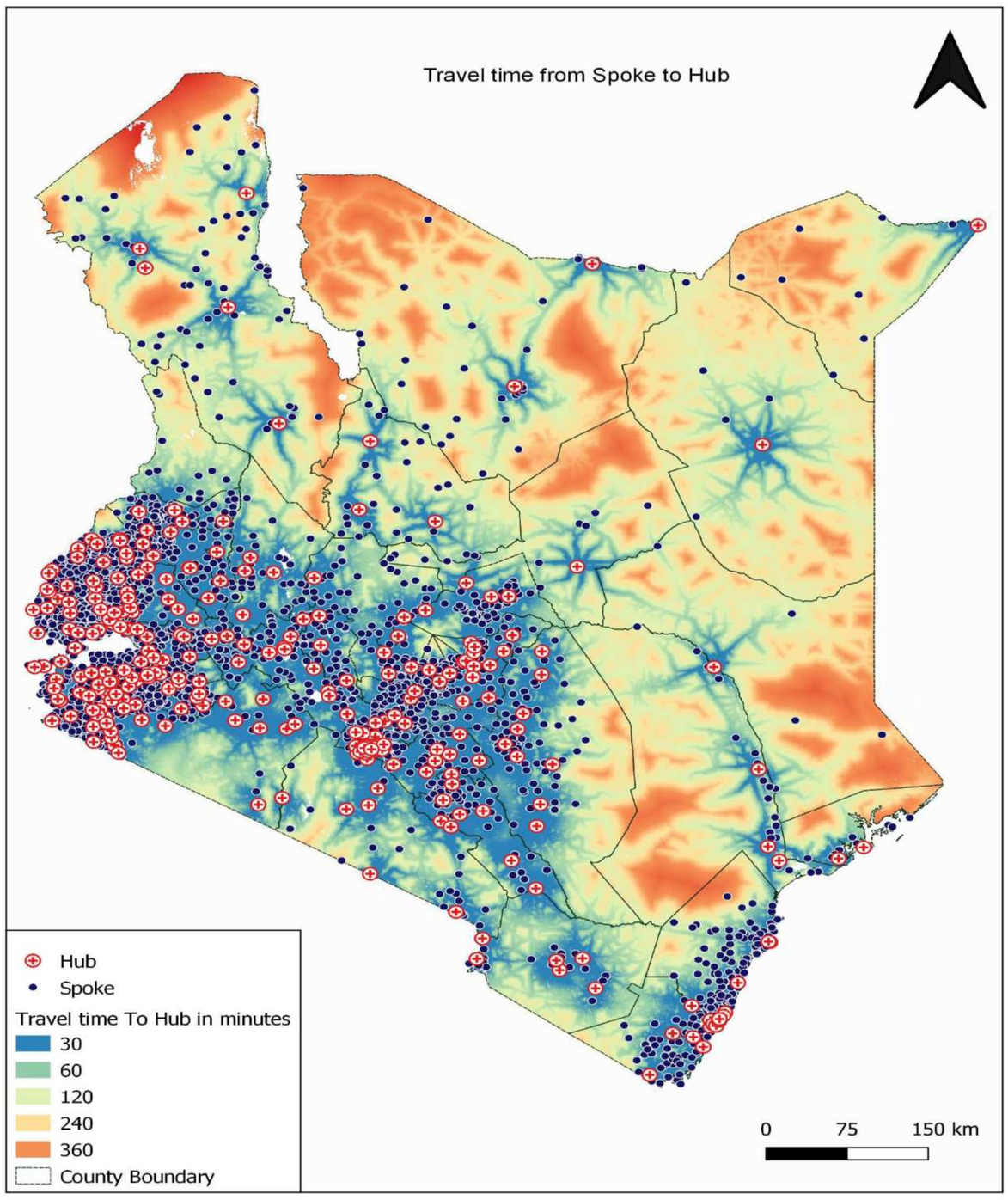
CD4 testing is the gateway to the package of care for Advanced HIV Disease (AHD). Timely CD4 testing is key in identifying severely immunocompromised clients, i.e., those presenting with CD4 below 200 cells/mm . Currently, Kenya uses equipment based conventional and point-of-care CD4 testing platforms distributed in all 47 counties in high volume facilities. Out of 3,878 facilities offering ART, only 9.7% (376) had a CD4 platform (hub). Mapping of the CD4 equipment was done with an aim of drawing a clear spoke and hub model for CD4 equipment-based testing that will enable optimal access to testing and maximize the overall efficiency of the system.

Methods

County Medical Laboratory Coordinators (CMLT) from the 47 counties in Kenya shared data on facilities with the CD4 equipment, functionality, and their respective spokes in the period of July to sept 2023. An ODK tool was used in data collection. GIS Mapping was done using QGIS to determine the travel time between the hub and the spokes. A report was done and disseminated to the technical working group as well as the counties to enhance CD4 testing.

Results/Key Findings

- There was a great disparity in travel time from the spokes to the hub by county and sub-counties indicating variations in CD4 testing accessibility and efficiency across different Counties and sub-counties(map).
- There were facilities without access to CD4 even after the optimization.
- The data showed that even with an optimal mapping, the utilization was below 10%.
- In addition, 31 of 376(8.2%) equipment where not functional while 25% required maintenance and repair



Conclusion

Use of lateral flow assay for CD4 testing in facilities with no access to CD4 equipment or those far from the hub has the potential to decentralize access to CD4 testing at a lower cost since there is no equipment and no sample networking cost for such facilities

PARIS FAST-TRACK CITIES 2024

HIV Testing in Colposcopy Services

Dr Aneesha Noonan, NHS England/Fast-Track Cities London
Dr Josephine Ruwende, NHS England London

Introduction

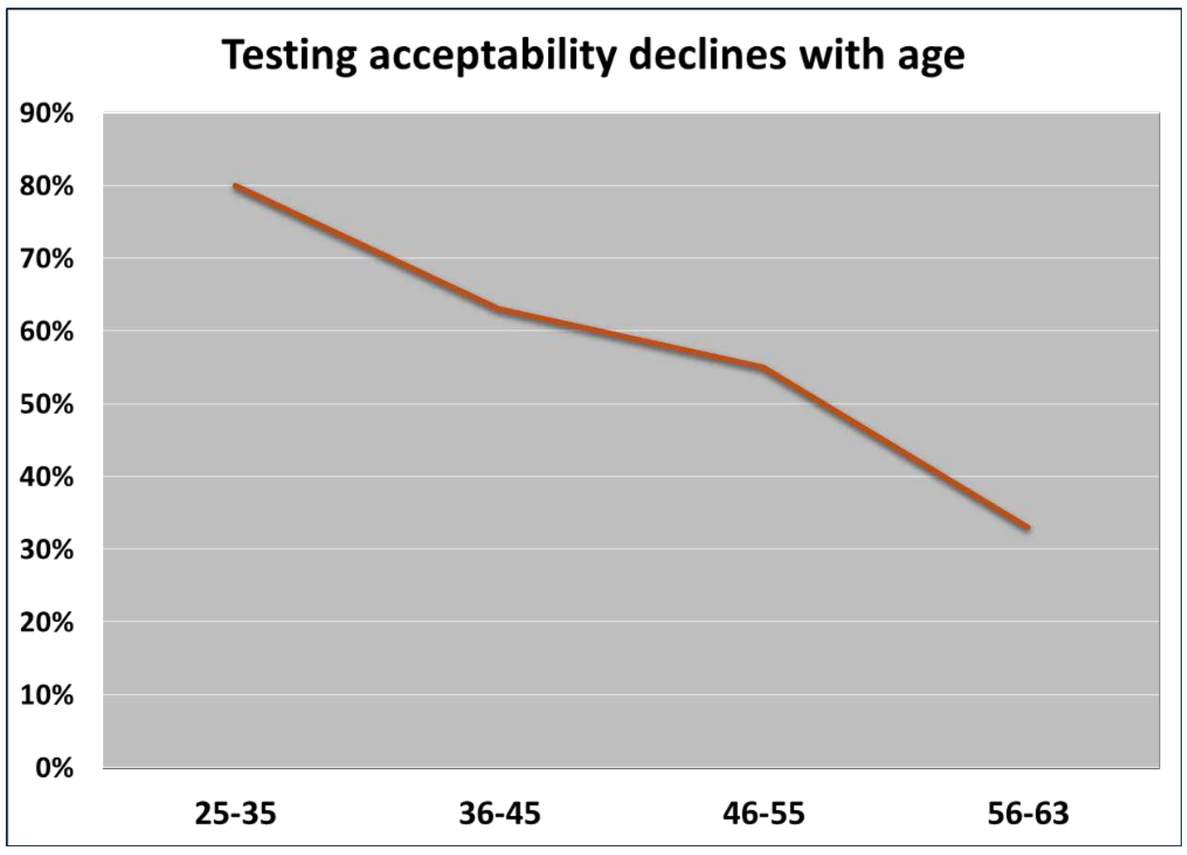
- UK national guidelines recommend routine HIV testing for anyone presenting with an HIV indicator condition, including cervical dysplasia
- The NHS National Cervical Screening programme **does not** include routine HIV testing at colposcopy

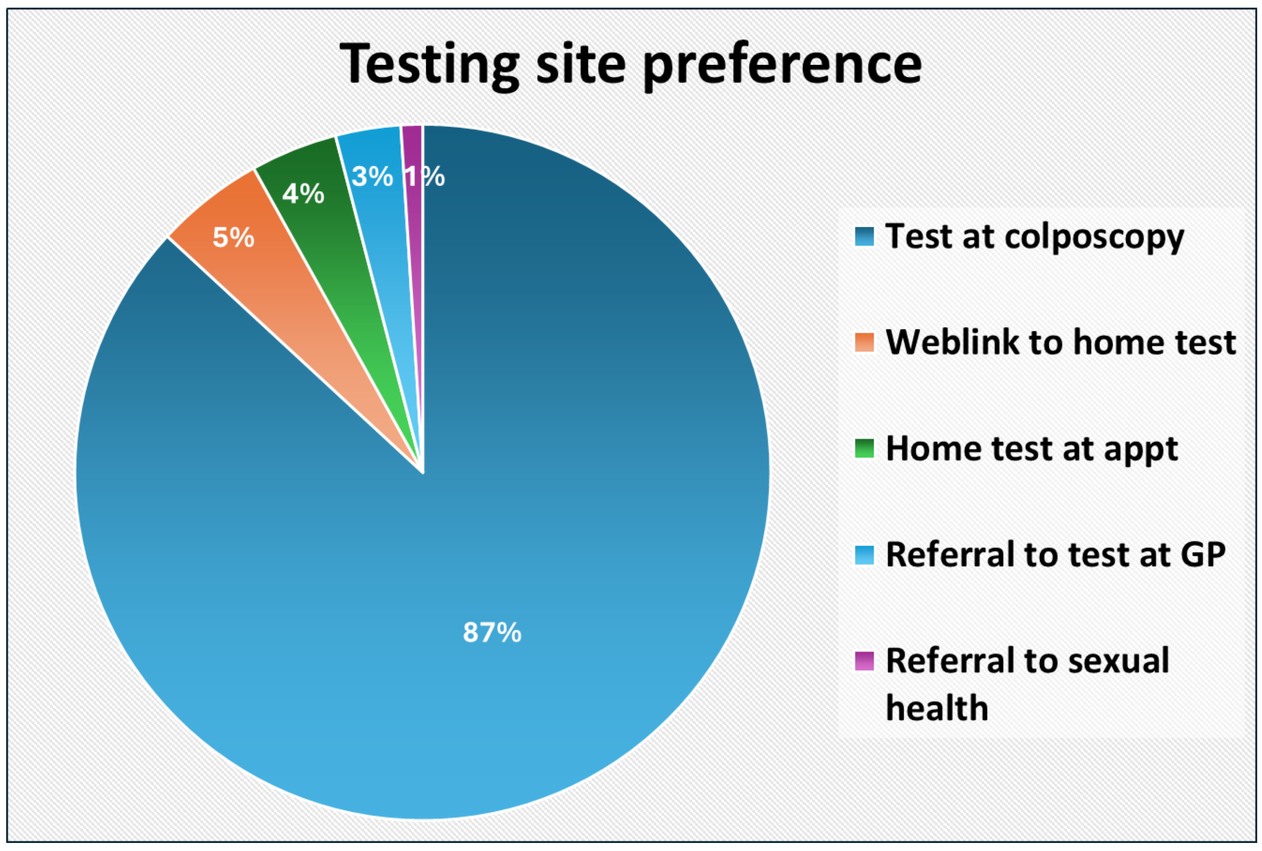
Description

- Pilot of HIV testing for all patients attending 4 Colposcopy services in London
- Patients were signposted to HIV self-testing via QR code
- Colposcopy staff and patients surveyed to explore attitudes towards HIV testing

Lessons Learned

- Uptake of testing was low due to time pressures and low confidence discussing HIV with attendees
- 183 patients showed the majority agreed that HIV testing should be offered at colposcopy (71%)
- Support for testing varies by ethnicity with 80% of White and Asian respondents and 60% of Black respondents agreeing with this statement





Recommendations

1. **Roll-out sign-posting in all colposcopy units in London via posters & information with QR codes in appointments letters**
2. **Clinical engagement and training of colposcopy staff to strengthen skills and confidence to discuss HIV testing with patients**
3. **HIV testing history inclusion in electronic patient records**
4. **Each colposcopy unit should have an HIV testing clinical champion to improve clinical engagement and support of HIV testing**
5. **In-clinic HIV testing should be offered to all attendees**

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Faculty of Psychology and Neuroscience

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How we offer HIV testing matters

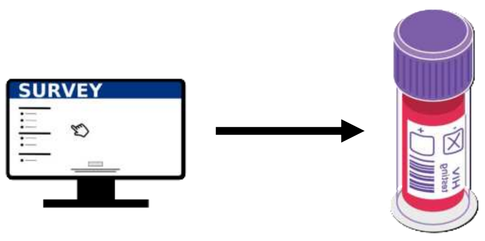
Outreach HIV test events reach different populations and yield different levels of interest, uptake and outcomes than in-clinic HIV testing

What did we offer?

Free HIV testing for people unaware of their recent HIV status living in the EMR

www.lov4eu.com
@hivtest4eu

PHASE 1: MAY-JULY 2022



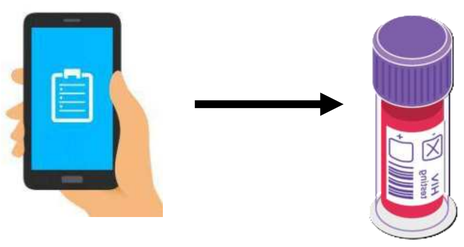
ONLINE CROSS-SECTIONAL SURVEY
N=164

REACH
70% men; 26% women
26 median age
60% gay
37% migrants → 73% outside EMR
29% never tested
41% unaware where to test

OUTCOMES
45% eligible
16% interest
19% tested

IN-CLINIC

PHASE 2: AUGUST 2022 - NOW



SHORT ELIGIBILITY SURVEY
N=157

REACH
46% men; 52% women
23 median age
55% heterosexual
52% migrants → 71% outside EMR
64% never tested
75% unaware where to test

OUTCOMES
80% eligible
80% interest
16% tested

PHASE 3: 4 TEST EVENTS (APRIL 2023 – MAY 2024

OUTREACH TEST EVENTS
N=84

REACH
32% men; 64% women
22 median age
63% heterosexual
58% migrants → 68% outside EMR
67% never tested
69% unaware where to test

OUTCOMES
100% eligible
100% interest
90% tested

OUTREACH

1.1%

positivity rate (1/94 tests)

KEY MESSAGE 1
By using multiple channels, we reached a **young, gender, sexuality and migration diverse** sample who were often **never tested and unaware of testing options**

KEY MESSAGE 2
The high interest-uptake gap in the surveys for in-clinic HIV-testing but **high uptake of outreach** test-events demonstrates that we need **anonymous**, easily **accessible** testing options at low or **no cost.**

PARIS FAST-TRACK CITIES 2024

General Directorate of Social Assistance of the Municipality of Bucharest

Key and vulnerable populations - Homeless and/or marginally housed individuals

Ioana Andronescu

Introduction

The General Directorate of Social Assistance of the Municipality of Bucharest is a public institution specialized in administrating social services in our nation's capital. We aim to ensure the application of social assistance policies and strategies regarding child protection, family, single persons, elderly people, disabled people, and other vulnerable individuals, groups or communities in social need. The social services provided by DGASMB supporting homeless adults include:

- non-stop mobile intervention teams
- night shelters
- community assistance
- daytime social services
- Social Polyclinic
- Social canteen

The institution also supports NGOs by providing non-reimbursable funds for implementing social projects:

- HIV, HVB, HVC, TB/ associated diseases, voluntary testing campaigns, substance users/at risk
- Protection of homeless adults in residential and/or day services
- Recovery services for addicted minors
- Protection of children from families at high risk of social marginalization - day services
- Protection of disabled adults

Description

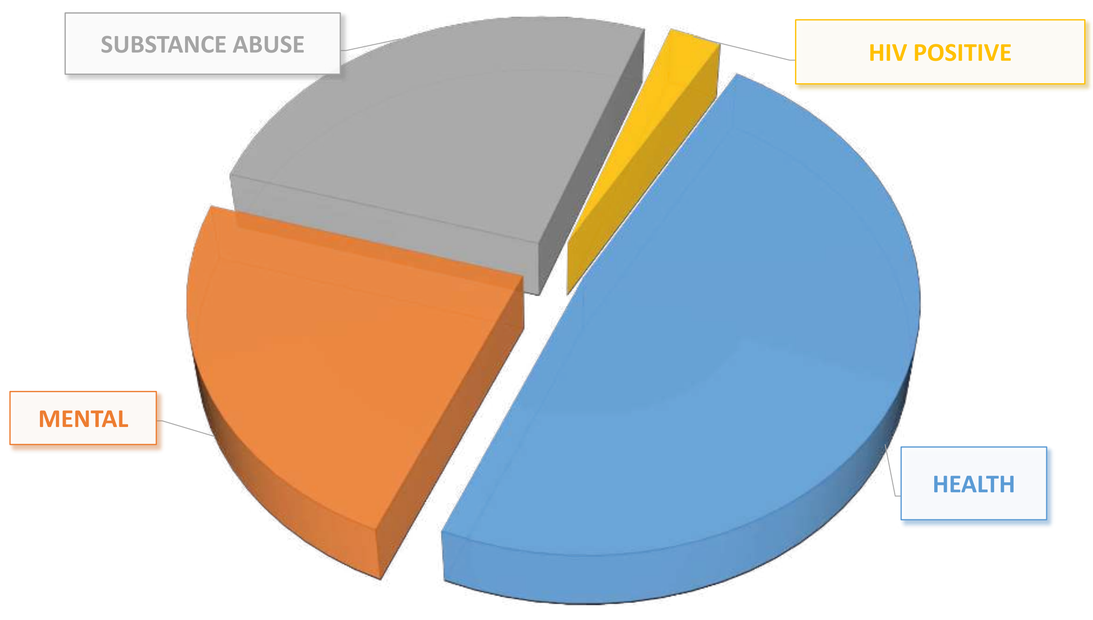
In October 2023, DGASMB partnered with Social Assistance General Directorates, Child Protection Services and Carusel/Parada NGOs to conduct homeless adults census in Bucharest. The methodology included the identification and interviewing of individuals, focusing on their needs, and the resources needed to emerge from social vulnerability. Such an extensive census had not been performed in over 20 years, therefore the collected data is vital in shaping the subsequent approach to adapted social services.

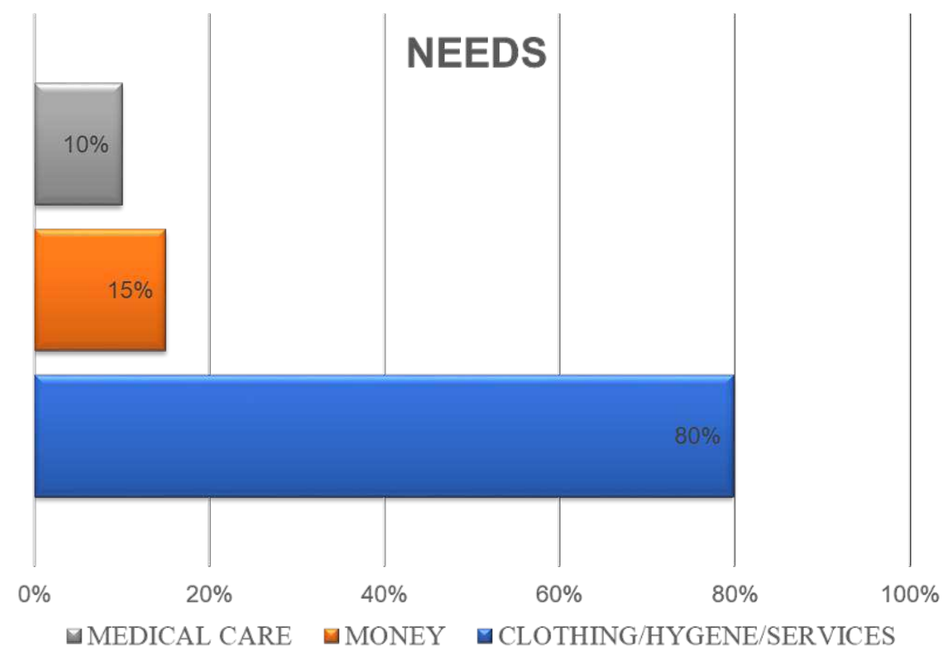
The profile of interviewees include:

- Persons living on the street and/or public places without shelter
- Persons in homeless residential centers and night shelters.

The data is constantly supplemented with info provided by prisons on persons to be released within 2 months without a stable residence and info provided by hospitals. To mitigate their data protection, an agreed-upon **coding** was used by DGASMB and all participating NGOs (name initials, date of birth, gender). From 01.10–31.10.2023 a total of 1961 identifications were made. Following overlapping of records, removing duplicates and possible coding errors, a total of 1686 unique codes resulted.

DISTRIBUTION OF ISSUES/NEEDS





Lessons Learned

From the perspective of social assistance, measures that respond to requirements in terms of social assistance and protection of vulnerable categories include

- targeting services primarily to community members,
- Identifying/implementing new methods of intervention tailored to protect persons belonging to vulnerable groups.

Recommendations

- Development of services for homeless adults, of integrative type, with a focus on the residential component, combining social assistance with health and recovery services in case of addictions, psychological counseling, and, occupational therapy, support in obtaining a qualification and/or looking for a job, services provided by a mixed public-private.
- Development of community intervention services and emergency socio-medical services
- Campaigns to reduce stigma and discrimination in relation to sexual orientation
- HIV testing and treatment services, STI, risk reduction and treatment for drug use, syringe exchange
- Methadone/suboxone maintenance treatment for opioid dependence
- Promoting policies and legislation conducive to the establishment and operation of assisted consumption chambers

PEPSE use to PrEP provision: working towards the target.

Y Wilson Clinical Lead Nurse, Dr C Emerson.
Belfast Health & Social Care Trust, Northern Ireland.

Belfast Health and Social Care Trust
caring supporting improving together

Background:

Since 2006, British HIV Association (BHIVA) recommends Post Exposure Prophylaxis after Sexual Exposure (PEPSE) as a method of preventing Human Immunodeficiency Virus (HIV) following sexual risk.

With Pre-Exposure Prophylaxis (PrEP) widely available, this audit examines the number of people accessing PEPSE and onward referral to PrEP clinics. PrEP has been available in the clinic since July 2018 until March 2020 when it paused due to the Covid-19 pandemic, the service reopened in June 2021.

Method:

A retrospective electronic case note review of all patients prescribed PEPSE between 1st January and 31st December 2023. Data was collected using a Microsoft excel spreadsheet.

Results:

During this period, 110 PEPSE prescriptions were dispensed in the clinic.

Age ranged between 19 to 64 years, average age was 32 years old. Females 12 (11%) (1 Trans female), and 98 (89%) males. Caucasian 98 (89%), Black African 2 (2%), other ethnicities 10 (9%). Heterosexual 20 (18%) and GBMSM 90 (82%).

Twenty-one people had used PEPSE previously, seven on more than one occasion.

Twenty-three people were assessed as having no ongoing risk; use was following sexual assault or a high risk casual partner.

Twenty-two people had already been prescribed PrEP. Sixteen had been on Event Based Dosing (EBD) but had not taken it and / or had condom failure.

Two had failed to collect their PrEP from pharmacy.

One had taken PrEP but noticed it had expired.

Three had stopped using PrEP as they were having fewer partners, or did not perceive themselves to be at risk.

One person tested positive at baseline bloods

PrEP discussion was documented in eighty-nine patient records. Seventy-seven accepted PrEP referral and twelve declined the offer.

Post PEPSE, sixty-eight have attended the PrEP clinic, two cancelled the appointment, one declined the offer when contacted, four did not respond and 2 have appointments in the system.

Figures from year prior to PrEP availability (2017) show 109 people accessed PEPSE.

Conclusion:

PEPSE use has remained consistent since the availability of PrEP. It is clear that there is not a single prevention method that works for everyone, a combination of options are available and should be used to maximise personal safety.

High level of eligible patients declined referral to PrEP services, the difference in assessed clinical risk and an underestimation of self-perceived risk may lead to HIV acquisition in the future.

Belfast signed up to the FastTrack Cities initiative in 2024 working towards the Government commitment to eliminate sexual HIV transmissions by 2030, in line with UNAIDS target.

As part of the collective action plan, we recommend that patients who remain at risk of HIV acquisition should be booked directly to a PrEP clinic on completion of PEPSE to avoid ongoing risk of acquisition.

PARIS FAST-TRACK CITIES 2024

Developing an Ethical Framework for the Conduct of HIV Prevention Research Among People who Inject Drugs Experiencing Incarceration: A Qualitative Study

Nyx Gomes[1], Sara Vargas[1], Kimberly Kane[2], Josiah D. Rich[1,3], Lloyd Goldsampt[4], Jasjit S. Ahluwalia[3], Kate M. Guthrie[3], Susan E. Ramsey[1], Matthew Murphy[1,2,3]

[1]Lifespan, RI, [2]Rhode Island Department of Corrections, RI, [3]Brown University, RI, [4]New York University, NY

Overview

Through qualitative interviews, this study collected community-informed data on ethical approaches to conducting HIV prevention research in the carceral setting. The themes present in this data will aid in establishing an ethical framework for conducting research promoting PrEP use among populations experiencing incarceration as they return to the community.

Background

- People who inject drugs (PWID) and are experiencing incarceration are at increased risk of acquiring HIV.
- Preexposure prophylaxis (PrEP), is an effective yet understudied approach to addressing this risk both in the community and in the carceral environment
- Incarcerated populations require special protections per the NIH and the Department of Health and Human Service.
- Special ethical considerations for conducting research among those experiencing incarceration, in particular the vulnerability of PWID, include concerns for preserving autonomy, avoiding coercive practices, responsibly accessing data of the incarcerated and considerations for staffing research studies in this unique space. Input from individuals experiencing incarceration is critical to ensuring research is conducted ethically in this environment.

Study Design

- Setting: Rhode Island Department of Corrections (RIDOC) men's intake facility.
- 21 participants who were experiencing incarceration, identified as cisgender men, reported a history of injection drug use, and where clinically indicated for PrEP use.
- Racial and ethnic demographics:
  - African-American or Black (4, 19%)
  - White (14, 67%)
  - More Than One Race (2, 10%)
  - Other (3, 14%)
  - Hispanic or Latino (4, 20%)
  - Not Hispanic or Latino (16, 80%)
- Sexual orientation demographics:
  - Heterosexual (14, 67%)
  - Homosexual (2, 10%)
  - Bisexual, (5, 24%)
- Interviews averaged approximately 45 minutes in length (range 20-85 minutes).
- Interviews were transcribed, double-coded and analyzed for themes.
- The study received approval through the Lifespan IRB and the RIDOC ethical review board (MRAG).

Results

Themes	Illustrative quote
Attitudes Toward PrEP Research	"I like the whole idea of it [PrEP pamphlet] and getting people to participate in the study and feel comfortable doing it. It's big. It's definitely good to get it out there and known. I know this study is more about how to approach people to do the study rather than the prescription itself, but I had no idea about the PrEP." —P19
Substance Withdrawal and Effects on Research	"I'd give them a week to at least be not sick anymore and start to have their mind back 'cause if I was sick right now, I probably would've denied the interview." —P05
Ethical Research Study Protocol Suggestions	"One-on-ones, yeah, generally 'cause you're gonna get skewed answers if you don't otherwise" —P18 "Try to do it between—I don't know if you could find out when feedings are. Try to stay away from those periods." —P05 "If I come in here and I'm eating, I'm gonna be comfortable with you. I'm gonna develop a bond right there." —P08
Barriers and Facilitators to Participating in Research	"I guess being another statistic. That's the only thing I could see anyone getting turned off by." —P06 "The shitty things that I've done all my life if anything good can come out of it, then sure." —P07
Ideal Study Staff Characteristics	"Give people real-life experiences not textbook shit." —P16 "Somebody who's not like, I don't know how to—being like sarcastic in a way. Somebody who's open to being able to talk with you and you feel comfortable talking with, that you're not feeling like they're pressuring you to answer the questions and stuff." —P13
Perspectives on carceral staff involvement in research	"They should be involved. They should be involved. They should know about this." —P11 "Not staff from up here 'cause these staff that work here as medical professionals, they clean, they be around the COs too much, and they start to feel as though they got the authority." —P14 "The privacy of this room is a little concerning. I wish it was a closed—I wish there weren't guards circling. I know the most you can get is a closed door. You can't close that curtain. I know. I constantly feel as though they're eavesdropping on us 'cause that's their job." —P18

Conclusion

Researchers should develop study activities with the goal of ensuring participant autonomy and participant comfort by:

- **Accounting for competing health priorities such as withdrawal symptoms resulting from forced abstinence from substance use**
- **Being aware of carceral policies to not interfere with recurring activities such as mealtimes and legal visits**
- **Creating an environment that fosters participant safety, privacy and patient centered approaches to interactions with study staff**

This work was facilitated by the Providence/Boston Center for AIDS Research (P30AI042853). Additional funding was provided by K23DA054003.

GBMSM experiences of HIV prevention and care in London - findings from an interactive online tool

Authors: Mx Grace Desouza, Ms Dee Wang, Dr Renee West

Background

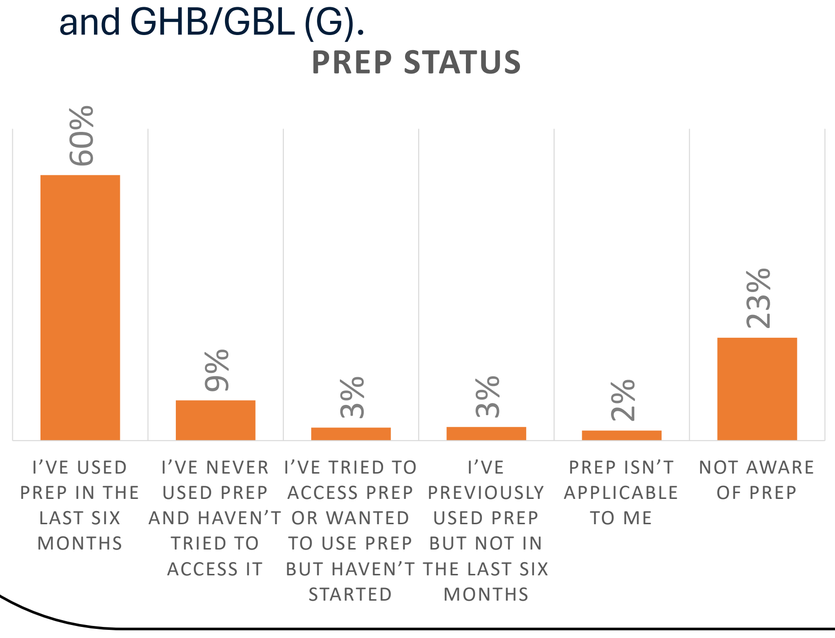
Do it London and the London HIV Prevention Programme have commissioned the GMI Partnership since 2008 to conduct HIV testing and outreach with Gay Bisexual Men who have Sex with Men (GBMSM) in London including the utilisation of an interactive online assessment tool. This assessment aims to explore GBMSM experiences of HIV outreach and services as well as provide HIV prevention information to the community. Reflection of our research is important to maintain sexual health outreach services that are both relevant and usable for our target population.

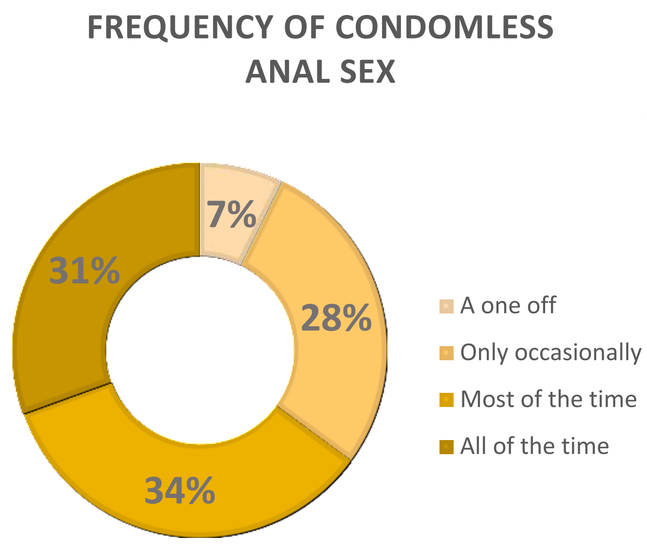
Method

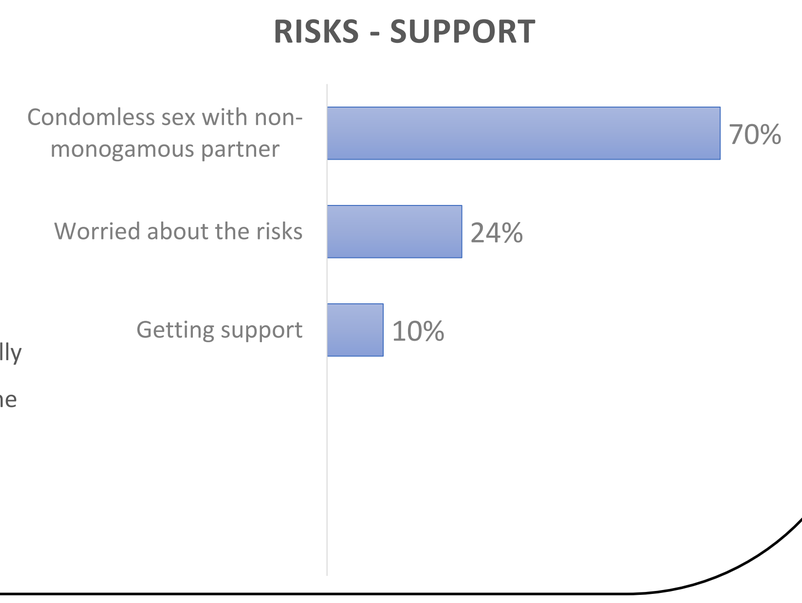
The online assessment tool was launched in June 2023. It was advertised through the dating app Scruff and collected a mixture of categorical and textual information from self-identified GBMSM. 889 responses have been received and analysed.

Results

- Most respondents were aware of HIV preventative measures PEP (69%), PrEP (78%), U=U (89%).
- 51% respondents recognised all 4 HIV prevention methods: Using condoms, Regular HIV testing, PrEP and U=U.
- 75% of all test for STI more frequently than every 6 months. 20% have been diagnosed with HIV. 71% of the HIV negative group test for HIV more frequently than every 6 months.
- 12% of the survey population encountered difficulty when accessing PrEP. More than half of those who had encountered barriers accessing PrEP (63%) stated their difficulty was due to scheduling appointments.
- 10% of respondents were uncertain around MPox information and vaccination access. Almost half of the MPox concerns (44%) were due to confusion over how many doses of the vaccine were required. There were also concerns about the efficacy of the vaccine (10%) and difficulty accessing an appointment (21%).
- 70% had condomless anal sex with non-monogamous partner in the past year. 29% of these respondents (24% of all) were concerned about their risk of HIV despite relatively high-risk behaviour.
- 45% of respondents use substances during sex, with 13% taking the main chemsex associated drugs : Crystal Meth, Mephedrone and GHB/GBL (G).







Conclusion

HIV prevention and care conducted by organisations such as GMI has been successful in its informative engagement with the GBMSM community. The GBMSM community in our sample were educated and engaged, future work needs to be focused on ensuring relevant vaccines and medications are available and prescribed.

We support current efforts to improve PrEP access by increasing clinic capacity and e-services. Our research highlighted that importance of continuous prevention interventions around HIV, STIs and other transmittable infections, such as Mpox. Our findings also recommend standard HIV prevention and care strategy accounts for substance abuse within the target population, due to its high prevalence in our sample.

Community Participatory Research (CPR) into London's Sexual Health Services (SHS) for Sex Workers (SWers)

Authors: Mx Grace Desouza[1], Dr Lilith Brouwers[2], Ms Marin Scarlett[3], Mx Lara Murray[1], Mx Denver Dunnock[1], Ms Dee Wang[1], Ms Karen Skipper[1].

[1] Spectra CIC, [2] University of Leeds, [3] European Sex Workers' Rights Alliance

Research included in this presentation was developed through funding from UKHSA via a UCLH commission and does not necessarily reflect the views of UKHSA or UCLH.

Background: This CPR investigates experiences of SHS for SWers and evaluates the importance of a peer-led approach in this context. The research finds that peers are invaluable to both build trust and design tailored services for SWers and concludes with recommendations for future community practitioners.

Method: Spectra coproduced two community participation groups' (CPGs) design, delivery, and write up with researchers who have experience of in-person sex work. CPG participants were in-person SWers, representing expertise in a range of demographics and types of sex work. A counsellor with experience of sex work was present for the CPGs, and for the in-person session food and space to relax was provided for after the session. There were 21 participants in total, each was compensated £50 for their expertise.

Results:

Barrier	Facilitator
Worries about privacy and sharing personal information	Only collect need to know information Reassure and inform service user on data sharing and use
Not identified for high-risk testing, treatment (PrEP and PEP), and vaccines (HPV, Mpox)	Sex worker only drop-ins, by virtue of entering the space an individual can be identified as eligible
Unreliable or hard to find testing / treatment information	Keep times and locations of services up to date when listed online. Explicitly signpost sex worker friendly service
Lack of resources	Self-testing kits, latex free condoms in multiple sizes, menstrual sponges, extra resources shared for networks
Discrimination	Specific advice and assistance given when asked No shock, judgement, lectures or gossip about service users
Uninformed staff	Engage with peer-led, existing sex worker spaces to educate staff. No forced conversations about exiting/ending sex work.
Restrictive locations	Online and in-person services, not directly in place of work Mobile service with consistent schedule
Restrictive hours / scheduling appointments	Sex worker only drop-in services, longer hours, later in the day
Intersectional barriers	Staff informed and trained to signpost service users to services for housing, immigration, disability etc.

The importance of peer services

- Spectra received positive feedback from participating SWers on the CPR. The peer-led CPGs felt safe and open for SWers to be heard.
- SWers stated a strong preference for peer-led SHS in the future. Educated and non-judgemental staff without lived experience were acceptable for some but not all SWers.
- Peer inclusion in SHS was requested at both the design level to tailor the correct resources, and at a delivery level to reduce stigma towards service users.

Conclusion: This research displays both a positive case of CPR, and recommendations to improve SHS-implementation through future peer-led operations. Insights from this CPR point to an ongoing need for SWer community involvement in future research concerning the community and all levels of inclusive SHS.

Access the full report here

madrid salud

SUBDIRECTORATE GENERAL FOR PREVENTION AND HEALTH PROMOTION

Street tents as an awareness-raising strategy population screening in human immunodeficiency virus.

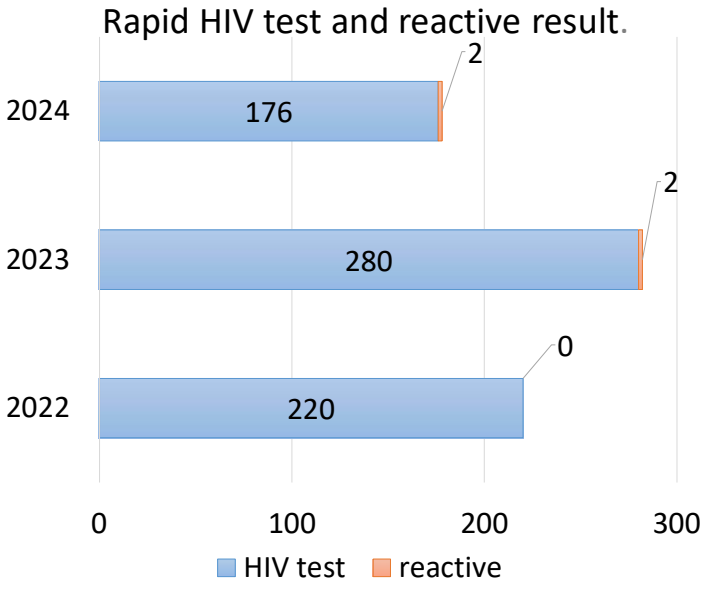
Submitted By: Javier Calatrava Sánchez
Co-author(s): Gema Dorado Ruiz, Purificación Llorente Blach, Francisco Javier Bru Gorraiz (Madrid City Council). Spain.

Introduction

The use of street tents as an awareness-raising strategy and population screening in human immunodeficiency virus (HIV) is employed by Madrid Salud (MS). Its strategy, "Madrid, a healthy city 2021-2024", has enabled the design of actions with other city governmental agents. The Sexual and Reproductive Health Program is aimed at prevention and health promotion actions for the city of Madrid.

Description

Preventative measures accessible to all citizens have been developed, based on the FAST TRACK Cities initiative, which aims to achieve the UNAIDS target of 95-95-95-95 by 2030. MS is responsible for initiatives aimed at the prevention of HIV and other sexually transmitted infections (STIs). These include the provision of HIV rapid testing in all of its centers. Additionally, MS plans special days dedicated to health awareness, in which information is disseminated to the public in community spaces in the city. This is achieved through the installation of tents in strategic locations throughout the city where preventive material is distributed, and rapid HIV tests are conducted.



Lessons Learned

The implementation of these tests has facilitated the identification of new intervention strategies within the municipal framework with respect to sexual health.

Recommendations

In light of the Madrid Salud strategy of raising awareness and population screening through rapid HIV tests, it is recommended that HIV and STIs continue to be addressed as a public health problem.

PARIS FAST-TRACK CITIES 2024

Overview of Index testing to increase HIV case detection at AHF LaMvelase Clinic, Eswatini.

Siphesihle Gwebu[1], Khetsiwe Maseko[1], Yves Mafulu[1], Sukoluhle Khumalo[1], Nkululeko Dube[1]

1 Aids Healthcare Foundation, Manzini, Eswatini

Background

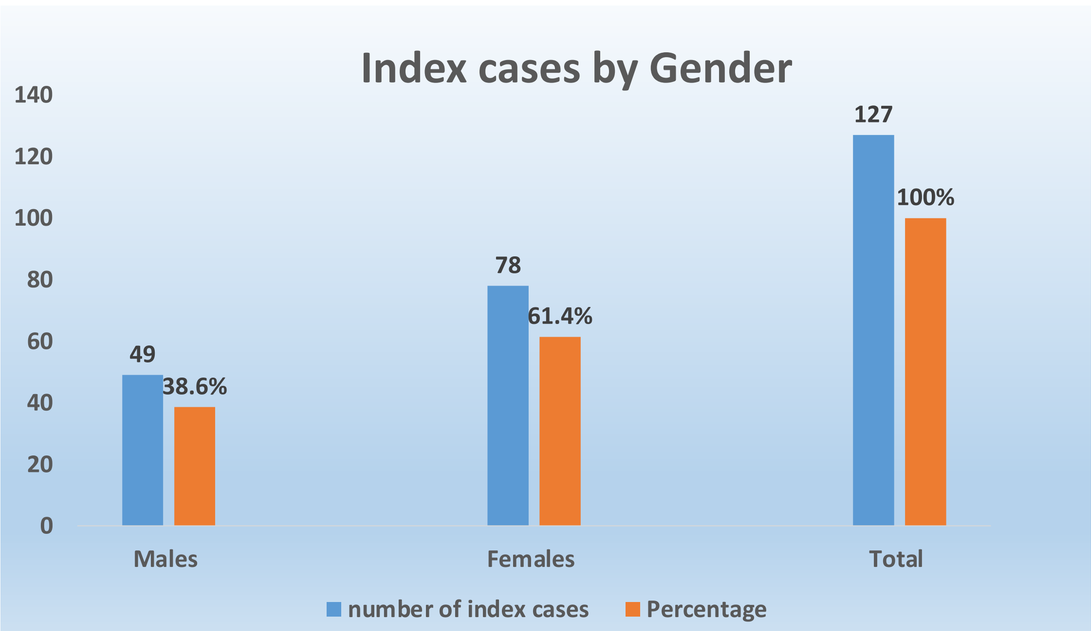
Eswatini introduced test and start treatment in 2016 which reduced new HIV infections annual incidence with the country standing at 94-97-96 of the UNAIDS 95-95-95 targets. To fully meet the HIV epidemic control, new targeted strategies are needed to increase HIV case detection and bring into care the positive clients who are not yet in care. We give an overview analysis of index testing results in a high-volume facility in the era of low HIV incidence.

Methods

We conducted a descriptive analysis of routinely collected data at the AHF LaMvelase clinic among clients tested using index testing and initiated on ART from January to December 2023.

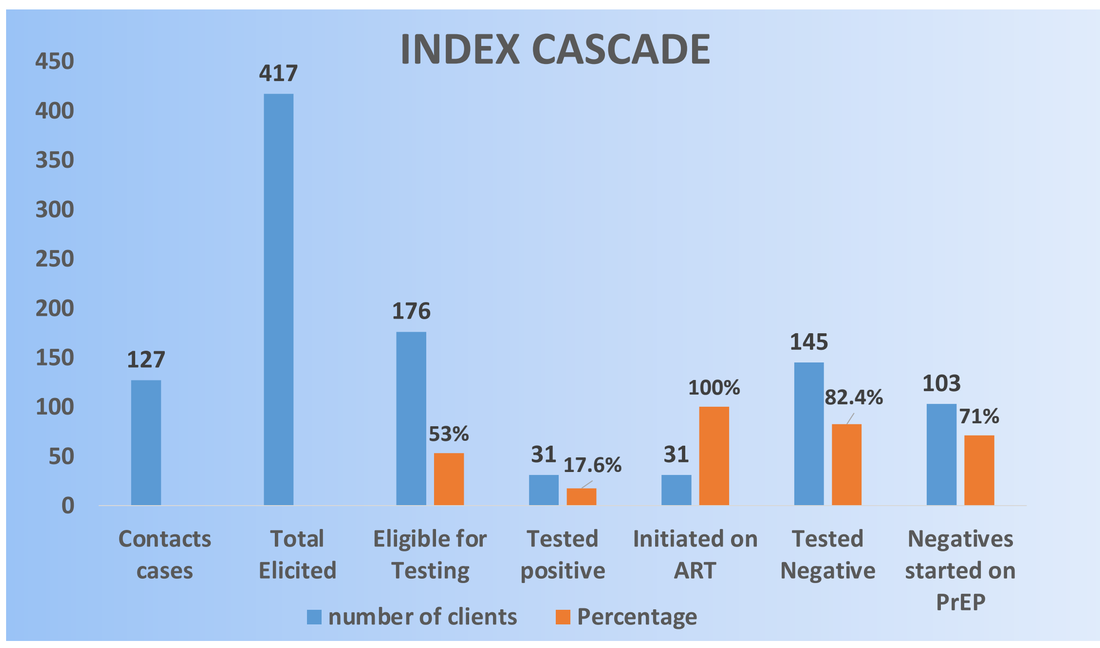
Results

Figure 1: Index cases by gender



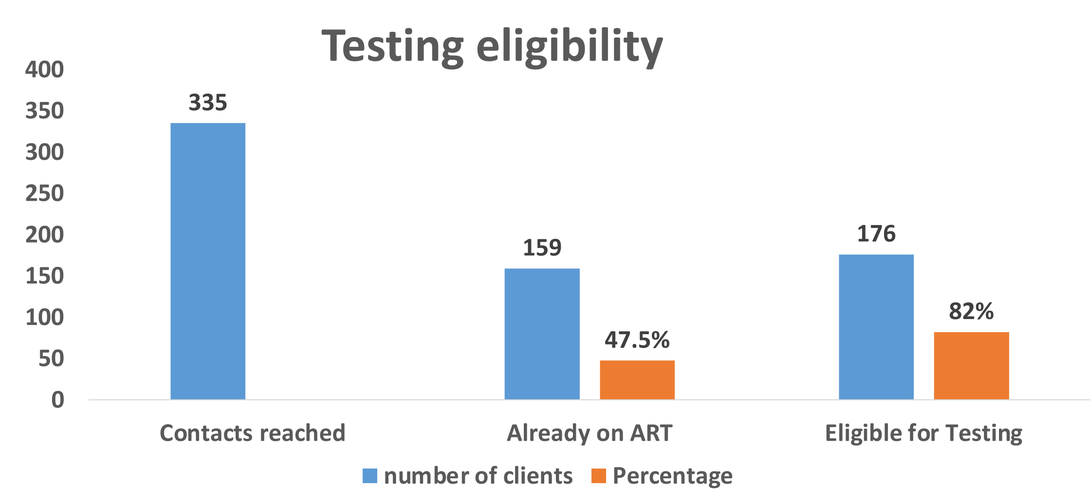
127 index cases were identified in 2023, with an average of 10.8 per month.

Figure 2: Index testing cascade



417 clients were elicited from 127 index cases (Elicitation ratio 1:3). From the 417, 82 (19.7%) were not reached due to various reasons. Of the 31 initiated, 13(41.9%) were males and 18(58.1%) females.

Figure 3:Testing eligibility



Of the 335 reached out,159 (47.5%), were found to be already on ART. When using the recency test on the 31 positives, 4 (12.9%) were recent cases and 27 (87.1%) were long term cases.

Conclusions

Index testing is a promising strategy in increasing HIV detection and early initiation to ART. It is key in controlling the spread of HIV.

HIV PREVENTION HANDBOOK

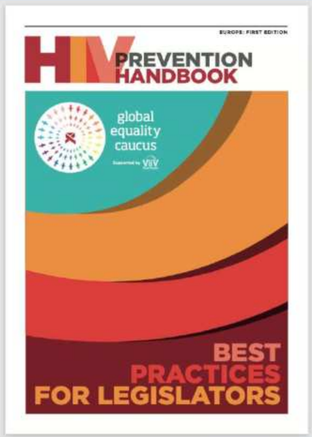
Supported by ViiV Healthcare

global equality caucus

A best practice guide for legislators offering tailored policy recommendations to address inequities in prevention access

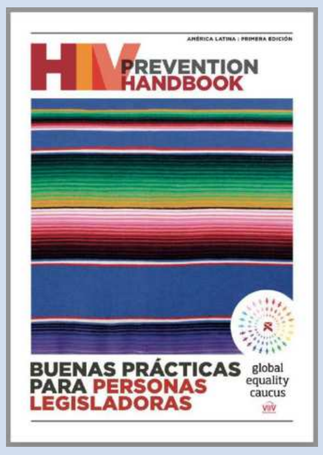
- Four editions identifying regionally-specific prevention strategies, each linked to actionable policy solutions
- Taken directly to parliaments and used as a resource to engage lawmakers on topics including PrEP provision, U=U, tackling stigma, harm reduction, youth engagement, and access to testing
- Measurable impact in increasing prevention awareness amongst lawmakers

Region-focused editions to address different geographic priorities in the epidemic response



EUROPE
Sep 2022

ASIA-PACIFIC
Feb 2023

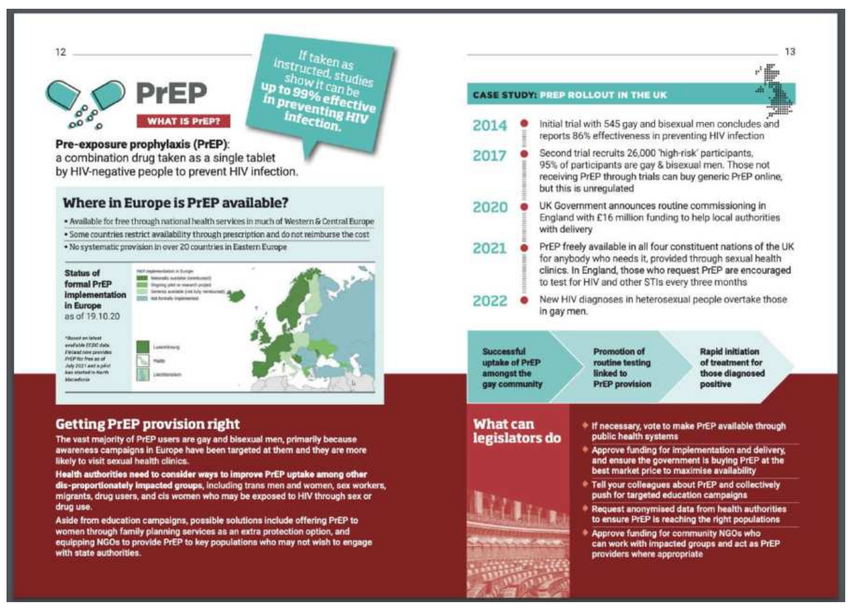


LATIN AMERICA
Sep 2024

EASTERN & SOUTHERN AFRICA
Launching Nov 2024

KEY LESSON LEARNED: Producing a condensed, segmented guide with simple language and accessible data is the best way to present information to legislators, who often have competing priorities and busy schedules.

Legislators have benefitted from one-to-one engagement on the handbook content and have attended several events promoting the handbook where they have shared strategies and benefitted from peer-to-peer support.



HEADLINE RECOMMENDATIONS

- **Fund PrEP and make it available to groups that need it**
- **Make condoms available and accessible**
- **Get more people living with HIV onto effective treatment**
- **Implement harm reduction strategies and promote wellbeing**
- **Ramp up testing, diversify options and technology, and ensure services are free and anonymous**
- **Create a legal structure inclusive of LGBT+ people and marginalised groups**

ALL RESOURCES AVAILABLE AT

https://equalitycaucus.org/hiv-prevention-portal

PARIS FAST-TRACK CITIES 2024

Healthcare Access for Migrants: Insights from a Centralized and Multilingual Information Platform

Author: Willian Gomes (GAT - Grupo de Ativistas em Tratamentos), Portugal
Co-authors: Filipa Gomes (GAT), Helena Sequeira Santos (Lisbon City Council), Raquel Pisco (GAT), Ricardo Fernandes (GAT)

INTRODUCTION

Accessing healthcare is a significant challenge for migrants in Portugal, especially due to limited health literacy and fragmented information. In response, the Fast Track City Lisbon initiative, in collaboration with GAT (Grupo de Ativistas em Tratamentos), the Portuguese General Health Directorate, healthcare services, and migrant NGOs, launched the **Migrant Kit – Access to Health** in Portugal. This collaborative initiative aims to bridge the gap between migrants and healthcare services, highlighting the importance of a **multisectoral approach and partnerships** in ensuring better access to healthcare information and support for migrant communities. The platform consolidates over **80 resources in 12 languages**, designed to **empower migrants** and support those who work with migrant communities.

PLATFORM OVERVIEW

The Migrant Kit platform offers comprehensive, up-to-date information on health rights, sexual health, and HIV services. It enables migrants to **obtain essential healthcare information even before arriving in Portugal**, improving health literacy and helping them make informed decisions about their healthcare. The platform also includes the **Migrant Passport**, an informative material endorsed by several national and local entities, which covers key topics on the structure of the healthcare system and access to services.

Promotional efforts include digital campaigns, distribution of posters, and promotional cards with QR codes. Over **2500 business cards and postcards have been distributed to migrant organizations and health services.** The platform since March 2024 has received over **4200 accesses from 39 countries**, including Brazil, the United States, Mozambique, India, and Australia, reaching not only those already in Portugal but also those planning to migrate.

LESSONS LEARNED

The platform's centralized approach to providing healthcare information has made it significantly easier for migrants to access vital resources. It has simplified the process of finding relevant information and created a valuable tool for professionals working with these communities. Additionally, the platform has been accessed in more than 39 countries, demonstrating its success in informing not just those within Portugal, helping to **promote more informed migration regarding their healthcare rights**.

RECOMMENDATIONS

1. Continuously update the platform based on user feedback to ensure accuracy and relevance.
2. Strengthen collaboration between Fast Track Cities to develop joint initiatives that enhance health literacy for migrants.
3. Maintain ongoing promotion of the platform to sustain awareness among migrants and key stakeholders.

TRAJECTORIES OF HIV DIAGNOSIS AND CARE IN UKRAINE

Dr .Voronova Kseniia, Dr. Yaroslava Lopatina, Dr. Yaroslav Basarab

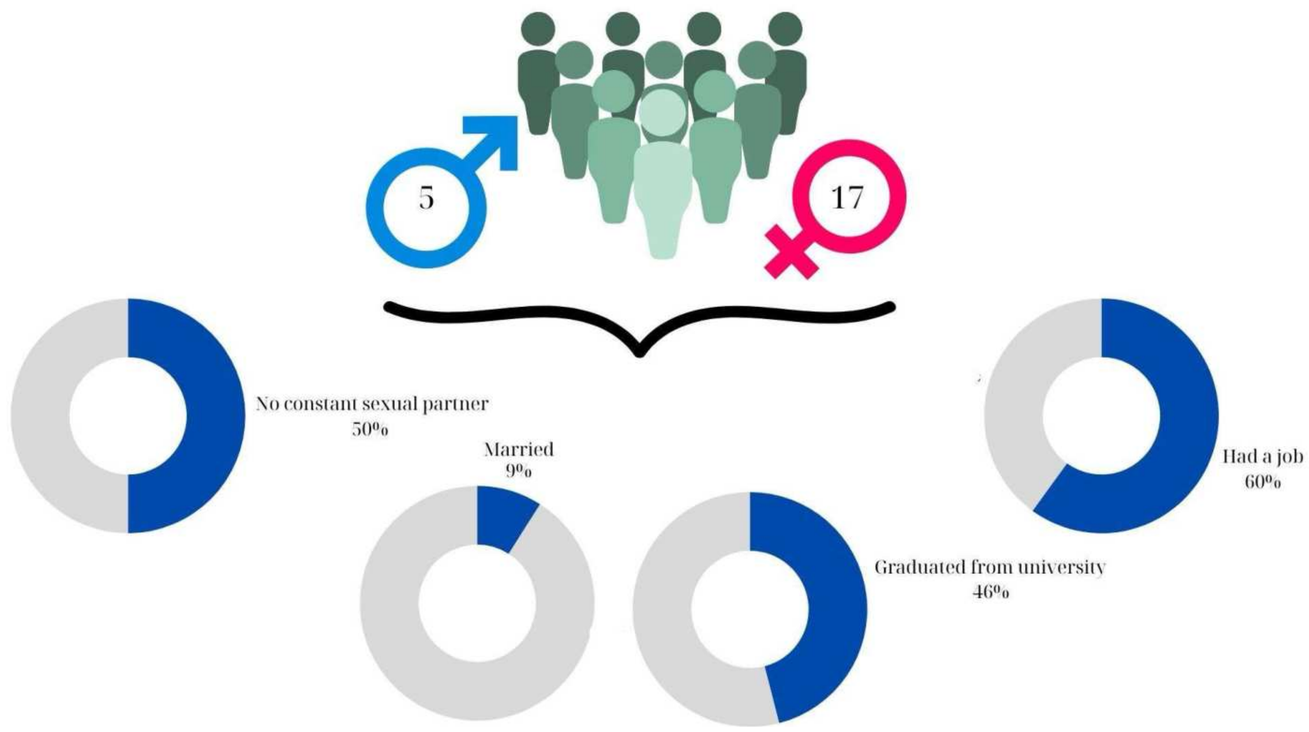
AIDS Healthcare Foundation, Kyiv, Ukraine

Background

An increasing trend in HIV diagnosis at advanced disease stages has been recently observed in Ukraine; half of the newly diagnosed clients in 2022 were late presenters (stage IV HIV infection and/or T-CD4<350 µL) and more than half had AIDS-defining illness. Here, we explore the trajectories and barriers for timely HIV testing among late presenters by conducting in-depth interviews.

Methods

22 people living with HIV (PLHW) aged ≥18 years old diagnosed between 2018 and 2020 in Ukraine were included in this qualitative study. Interviews were conducted by trained researchers between August-December/2021.



Results

We included 17 females and 5 males aged 18-63 years. Half of the participants didn't have a constant sexual partner and only 9% were married; 46% reported being graduated from university, and most (60%) had a job. In-depth interviews revealed that most participants had very low awareness of HIV infection prior to their diagnosis. The main reason why participants neglected the issue of HIV infection was because they did not associate themselves as belonging to key "risk groups" for HIV infection. For most, HIV was not a topic of discussion in their social environment. Women had been tested for HIV only during pregnancy; other participants had not been tested previously. Most respondents with symptomatic presentations visited family doctors, but only one was offered HIV testing. Other participants sought specialized clinics, with HIV testing prescribed only after unsuccessful attempts to treat other diagnoses. The trajectories to receiving HIV diagnosis lasted 3 months to 6 years, with multiple missed opportunities for earlier diagnosis and treatment.

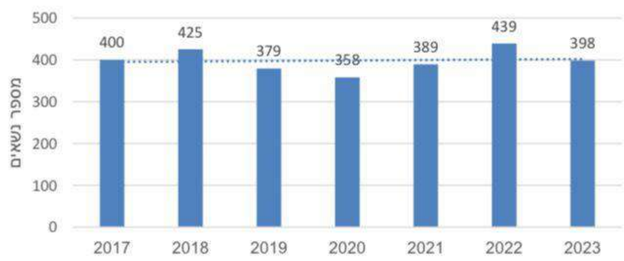
Conclusions

The study highlights the need to improve awareness about HIV among patients and healthcare providers, promoting access to routine HIV testing for sexually active adults regardless of demographics, risk profile, or symptomatology.

HIV Prevention in Israel: An Evolving Model

1.Introduction

According to Israel's Ministry of Health (2022), Israel, with approximately 11,600 people diagnosed with HIV since 1982, has maintained relatively stable HIV infection rates, with minor fluctuation over the years, since the early 1990s. Despite the government's subsidization of pre-exposure prophylaxis (PrEP) through its mandatory health insurance, this stability suggests that current efforts require a shift in strategy. The goal is to identify universal prevention methods that can be applied locally and globally to address stagnant infection rates and improve public health outcomes.



New HIV diagnosed in Israel in the last seven years according to Prof' Mor report 2023, central virology laboratory

3.Lessons Learned

Community Engagement: Direct outreach through mobile testing centers has proven effective in identifying and testing high-risk populations.

Minority-Focused Campaigns: Tailoring campaigns to minority groups in their native languages increases accessibility and uptake of HIV prevention services.

Collaborative Efforts: Working closely with AIDS clinics, policymakers, and community organizations enhances prevention efforts and advocacy work.

Data-Driven Initiatives: Collecting and updating data, such as the 95-95-95 dashboard, is essential in tracking progress and identifying gaps in achieving the FTC objectives.

IATF logo

FTC TLV logo
with local monuments and the Mediterranean sea

2.Description

In response to the AIDS epidemic, the Israel Aids Task Force (IATF) was established in 1985. Initially focusing on emerging needs, the IATF's current primary objectives include HIV prevention and reducing stigma. Key services provided by the IATF are:

- Anonymous HIV testing.
- Wellbeing support for individuals living with HIV.
- Educational outreach in high schools.

In 2018, Tel Aviv-Yafo joined the **Fast-Track Cities** (FTC) initiative by signing the Paris Declaration. In collaboration with IATF, the local FTC has actively worked to prevent new infections, especially among at-risk groups such as men who have sex with men (MSM) and minority communities, offering resources in multiple languages, including Arabic and Russian. One of the initiative's most impactful efforts includes mobile testing units that reach marginalized populations such as homeless individuals and sex workers who otherwise lack access to healthcare services.

4.Recommendations

Expand Mobile Testing: Expanding these services to more remote or underserved areas could improve testing rates among at-risk populations.

Increase Public Awareness: Continuous public education campaigns addressing the stigma surrounding HIV, with a focus on prevention methods like PrEP, are critical to reducing infection rates.

Strengthen Data Collection: Ongoing data collection should be prioritized to track the effectiveness of current interventions and adjust strategies in real time.

Policy Advocacy: Continued participation in policy reform at local and national levels will support sustainable HIV prevention and care efforts, ensuring that resources remain accessible to all.

Funding:

The TLV FTC project is funded by TLV municipality and an unconditional support of Gilead Israel without involvement in the contents of the project.

GILEAD Creating Possible
without involvement in the contents of the project

Effects of Interpersonal Violence on Durable HIV Viral Suppression Among African American Men and Women: Preliminary Results

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Objective

- **This study tests the relative contribution of each type of interpersonal violence (IPV)** (childhood/adult physical/sexual abuse, intimate partner violence) **on durable HIV viral suppression among African American (AA) men and women**.

Method

- Secondary data analysis from medical records and questionnaires from AA PWH between 2012 and 2016 in the U.S. Southeast (N=424).
- Descriptive analysis, chi-square, t-test analyses, simple logistic regression, and multiple logistic regression analyses were conducted with SPSS 29.0.1.1 and R version 4.3.3.
- We evaluated the association between IPV and durable HIV viral suppression *(<200 copies/mL for at least 12 months),* controlling for retention in HIV care.

Results

- **We did not find any statistically significant relationships between durable HIV viral suppression and IPV** (Table 2).
- **Participants who experienced IPV trended towards unstable viral suppression** (e.g., "any interpersonal violence experience" Odds Ratios [OR] ranged between 1.33 – 1.49, P-values ranged between 0.11 – 0.2).

Conclusion

- The trends in these findings suggest additional research on proximity and dose of IPV on durable HIV viral suppression are warranted.
- This is the first study to assess association of IPV and durable viral suppression exclusively among this high-risk group.

There was no association between interpersonal violence and durable HIV viral suppression among African American men and women. However, participants who experienced any interpersonal violence trended towards unstable viral suppression.

Table 2. Any Interpersonal Violence Experiences
Multiple Logistic Regression Adjusted
Outcome variable is Viral Load
(stable suppression vs. not stable suppression)
Analysis results show the odds of not having stable suppression

Violence Experience[a]	OR	95% CI	p-value
Any Lifetime Violence	1.43	0.92, 2.23	0.11
Any Lifetime Physical Violence	1.49	0.97, 2.31	0.072
Any Lifetime Sexual Violence	1.37	0.89, 2.13	0.2
Any Childhood Violence	1.33	0.8, 2.05	0.2
Any Adult Violence	1.42	0.90, 2.25	0.13
Any Intimate Partner Violence	1.36	0.82, 2.27	0.2

[a]Violence Experience analysis adjusted for age, gender, retention in HIV care, marital status, and education.
OR = Odds Ratio, CI = Confidence Interval

Table 1. A.A. Participant Characteristics (N=424)

	N (%) or Mean (SD)
Gender[a]	
Male	267 (62.9%)
Female[b]	155 (36.5%)
Relationship Status	
Never Married/Single	252 (59.4%)
Married	43 (10.1%)
Partnered/Significant other	33 (7.8%)
Divorced/Separated	79 (18.6%)
Widow/widower	15 (3.5%)
Other	1 (0.2%)
Education	
< High School	71 (16.8%)
High School Diploma/GED	145 (34.2%)
Some College, associate's or technical degree	153 (36.1%)
Bachelor's degree or more	55 (13%)
Age (years)	49 (9.4)

a. Two participants chose not to respond to the gender question.
b. Males who Identify as female (n=11) included.

Table 3. All Interpersonal Violence Experiences
Multiple Logistic Regression Adjusted
Outcome variable is Viral Load
(stable suppression vs. not stable suppression)
Analysis results show the odds of not having stable suppression

Violence Experience[a]	OR	95% CI	p-value
Any Lifetime Violence	1.43	0.92, 2.23	0.11
Any Childhood Violence	1.33	0.87, 2.05	0.2
Any Adult Violence	1.42	0.90, 2.25	0.13
Any Intimate Partner Violence	1.36	0.82, 2.27	0.2
Childhood Physical Violence	1.32	0.84, 2.08	0.2
Childhood Sexual Violence	1.29	0.83, 2.02	0.3
Childhood Physical and Sexual Violence	1.29	0.79, 2.14	0.3
Adult Physical Violence	1.41	0.89, 2.23	0.14
Adult Sexual Violence	1.20	0.71, 2.06	0.5
Adult Physical and Sexual Violence	1.19	0.67, 2.10	0.6
Physical Intimate Partner Violence	1.36	0.82, 2.28	0.2
Sexual intimate Partner Violence	1.48	0.78, 2.85	0.2
Physical and Sexual Intimate Partner Violence	1.50	0.78, 2.95	0.2
Any Lifetime Physical Violence	1.49	0.97, 2.31	0.072
Any Lifetime Sexual Violence	1.37	0.89, 2.13	0.2
Lifetime Physical and Sexual Violence	1.46	0.93, 2.31	0.10

[a]Violence Experience analysis adjusted for age, gender, retention in HIV care, marital status, and education. OR = Odds Ratio, CI = Confidence Interval

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FAST-TRACK CITIES 2024

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Breaking the Silence:
Parental Knowledge Gaps and Rising STI Rates Among San Antonio's Youth

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San Antonio AIDS Foundation

INTRODUCTION

The highest rate of new STI infections in San Antonio is in youth aged 15-24. Legislative barriers limit youth access to sexual health information and resources. Most youth are dependent upon the adults in their lives for sex education. In conversations with parents, it became clear that many lacked accurate, current information on sexual health.

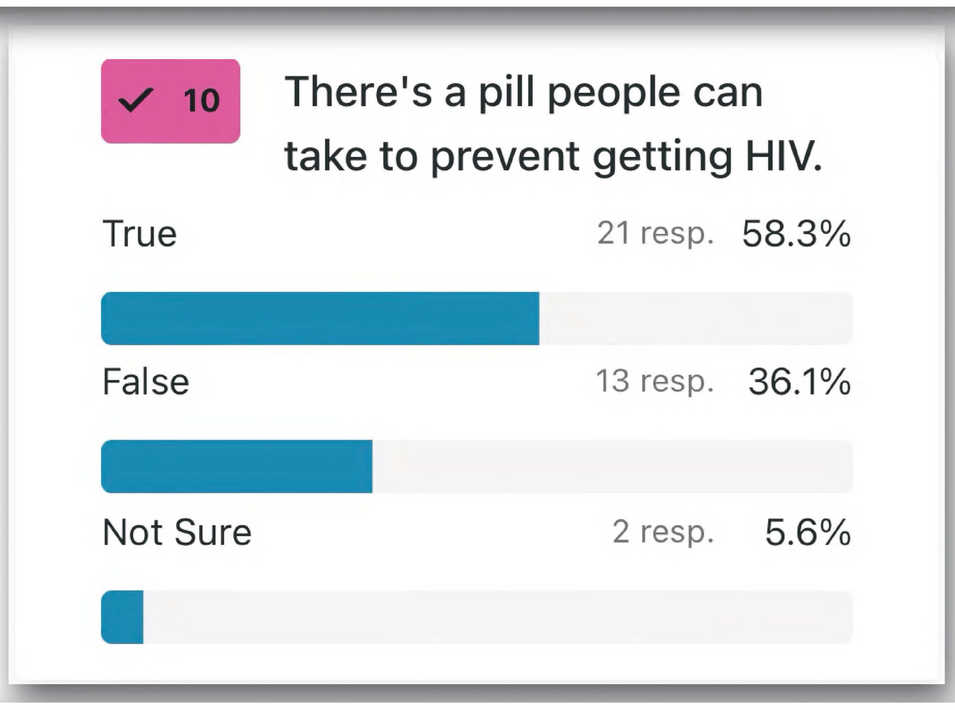
DESCRIPTION

In a pilot project, the San Antonio AIDS Foundation (SAAF) surveyed parents/guardians to gauge their knowledge and comfort level in speaking to their children about sexual health. Surveys were distributed electronically through multiple social media outlets. Participants were asked for their zip code, gender, ethnicity, race, age, and age of children in their household and 10 questions about sexual health.

We also conducted two focus groups, in which SAAF health educators discussed the survey responses in person. This safe spaced allowed for in depth conversations on their personal experiences as parents. Each parent spoke freely and most asked further questions on the topic.

LEARNED

Ten parents participated in two 90-minute in-person focus groups and 41 people responded to the electronic survey. While parents had a general knowledge of HIV prevention, 42% of the parents did not know PrEP existed. Most parents have said that while they feel comfortable talking to their children about sexual health, many were unsure how to discuss it. Those who had not felt comfortable said they would utilize schools, books, social media, a family doctor or trusted friend.



RECOMMENDATIONS

While the sample size is small and biased towards those willing to answer the survey, this pilot program emphasized the need for parent/guardian education. SAAF is developing an updated HIV/STI course geared towards parents to help them talk to their teens and young adult children with confidence and accuracy.

SAAF SAN ANTONIO AIDS FOUNDATION

SAN ANTONIO AIDS FOUNDATION

This work has been funded by: Ending Stigma, Ending HIV Alliance (ESEHA) and Elton John AIDS Foundation

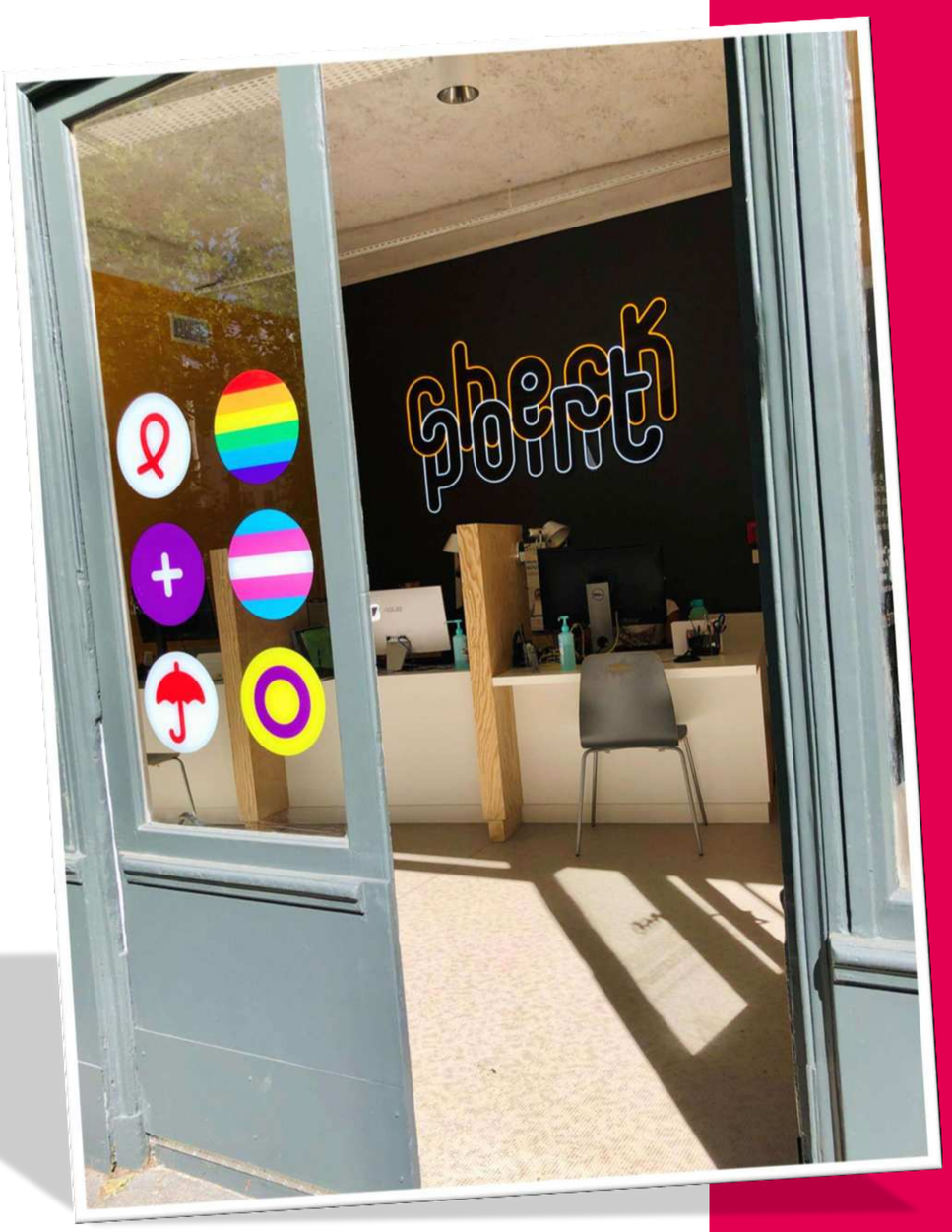
PARIS FAST-TRACK CITIES 2024

FEI YEN X CHECKPOINT PARIS : MEETING THE NEEDS OF CHINESE SPEAKING SEX WORKERS

CONTEXT AND INTERVENTION

Checkpoint Paris is a sexual health clinic for members of the LGBT+ community and sex workers with and without social security.

In March 2023 : Checkpoint Paris asked the patient advocate from Arcat's Fei Yen program for help to overcome cultural and linguistic obstacles and better understand the needs of Chinese speaking sex workers ☛ **A monthly Fei Yen consultations at Checkpoint Paris have been put in place.**



RESULTS

From March to December 2023 :

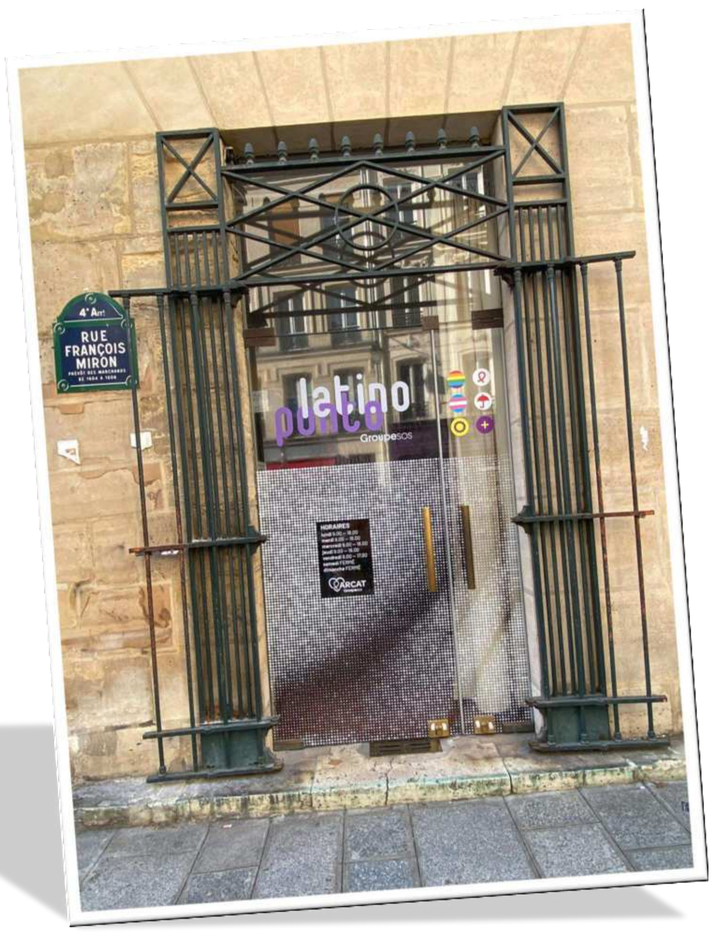
- **160 visits**
- **1 400** condoms distributed
- **18 sex workers have started receiving regular healthcare**, with complete screening and vaccination against HPV
- **1 case of hepatitis B** was diagnosed
- **1 gynecology consultation**
- **1 PrEP consultation**
- **2 people obtained social security**

Several sex workers came back to Checkpoint Paris in the absence of the patient advocate, which shows they are increasingly autonomous in accessing healthcare.

THE PUNTO-LATINO : A CENTER FOR SOUTH AMERICAN MEMBERS OF THE LGBT+ COMMUNITY AND SEX WORKERS IN PARIS

THE PUNTO LATINO • CONTEXT

- **Created in 2002**
- **Objective : meet the healthcare needs of a community that is exposed to HIV transmission** due to the vulnerabilities and discrimination they experience
- **A patient advocate and a legal expert** who both speak Portuguese and Spanish
- **Over 600 people accompanied every year** in their administrative, legal procedures and understanding of the healthcare system



PARTNERSHIP WITH SAINT-ANTOINE HOSPITAL

Saint-Antoine hospital refers an increasing amount of Brazilian MSM who have newly arrived in France and are HIV-positive or on PrEP to the Punto Latino.

- They represent **29% of the center's patient register**, since 2023 ;
- The same year, **the patient advocate referred 176 sex workers without social security to Checkpoint Paris**, a community sexual health center, where all healthcare is covered ;
- This allowed HIV primary infections to be detected and PrEP treatment to be initiated, while users were going through administrative procedures.

CONCLUSION

This support network decompartmentalizes and therefore simplifies access to healthcare and to rights, in order to act on all determinants of health users encounter. They also highlight how community healthcare helps meet the needs of South American members of the LGBT+ community and sex workers.

CHECKPOINT PARIS X LE REPÈRE : HEALTH MEDIATION AND ACCESS TO CARE

Checkpoint Paris, a community sexual health center for members of the LGBT+ community and sex workers, and Le Repère, whose team of health mediators help newly arrived immigrants from sub-Saharan Africa access their rights, **combine their expertise** to **improve access to healthcare for their respective users**.

INTERVENTIONS

1. The social worker from Le Repère has had a weekly slot at Checkpoint Paris since 2021.
2. Since September 2023, Checkpoint Paris has weekly sexual health consultations for the Repère's users, who are newly arrived migrants from sub-Saharan Africa.

RESULTS

Social worker's intervention : 121 people accompanied in 2023, a majority of migrant people with no social security, asylum seekers and/or trans people.

Sexual health consultation (Data for 35 days of consultation)

- **99 people screened**
- **61 vaccinations against HPV and 24 against VHB**
- **6 PrEP initiations**
- **1 chlamydia and 1 syphilis tested and treated**
- **7 cases of Hepatitis B detected**

CONCLUSION

The Repère x Checkpoint partnership improves the offer for key populations exposed to the HIV epidemic and also allows teams in both structures to become more competent on matters related to sexual health and access to rights.

Sexual health service responsiveness to telephone requests for access to PrEP in London: A qualitative assessment

PositiveEast
better futures for positive people

Women4Women Coordinator **Pamela Menzies-Banton**
Development Manager **Renee West**
Deputy Director **Steve Worrall**
Women4Women Champions **Agnes Kyamagero**, **Consilla Kgatitsoe**, **Joanne Howes**, **Stella Mageto**

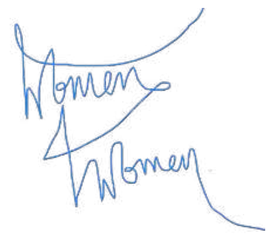
Positive East

Positive East is East London's HIV and sexual health (SH) charity, providing both HIV support and prevention services to over 3,000 people per year.

Women4Women

Women4Women (W4W) is part of Positive East's Prevention and Testing programme which seeks to increase access to PrEP amongst black African and Caribbean women.

Scan the QR code to view our W4W PrEP film



Women4Women is a community engagement project raising awareness of Pre-Exposure Prophylaxis (PrEP) to black African and Caribbean (BAC) women, living in East London boroughs. The project takes an asset-based community development approach through skilling up black African and Caribbean women from the community to lead the work gaining insight and address gaps in community knowledge and awareness.

W4W champions are recruited from the black African and Caribbean communities of East London. **Champions are trained in women's sexual & reproductive health and HIV prevention**, including, HIV awareness, sexually transmitted infections, sex positivity, Positive East policies, and procedures, talking to women about PrEP.

Background

PrEP is available free from sexual health clinics (SHC) across UK. Recent research demonstrated that it is often difficult to access due to a variety of individual, social/community, and health systems factors.

This study aim was to determine service responsiveness to PrEP access, using telephone inquiries, in London.

W4W community research PrEPquity 2023,[1] indicated that women have reservations regarding SHS online booking.

Methods

Using an adapted WHO health systems responsiveness framework2, six SHCs and one HIV charity were anonymously telephoned using numbers from relevant service websites. Information on PrEP access was requested. Results were analysed qualitatively.

Limitations

Limitations to assessing service responsiveness relied only on telephone calls.

Caller experience can be subjective.

Results

15 **telephone calls were made, and of them...**

6 **were reported as responsive to PrEP access inquires**

3 **were signposted to other services**

3 **went to an answering machine which did not give information about PrEP**

3 **were unanswered**

Of the 6 responsive calls, service staff were able to provide the caller with knowledge about, and how to access PrEP, with the caller 'feeling positive about the service and clear next steps in accessing PrEP'.

Depending on the service's PrEP pathway, some staff offered to book a PrEP appointment.

Barriers to effective responsiveness included:

- SHC telephone numbers being incorrect or not being answered.
- Answering machines not giving PrEP access information.
- Inability to speak to staff knowledgeable about PrEP.
- Receiving incorrect information on how to access PrEP.

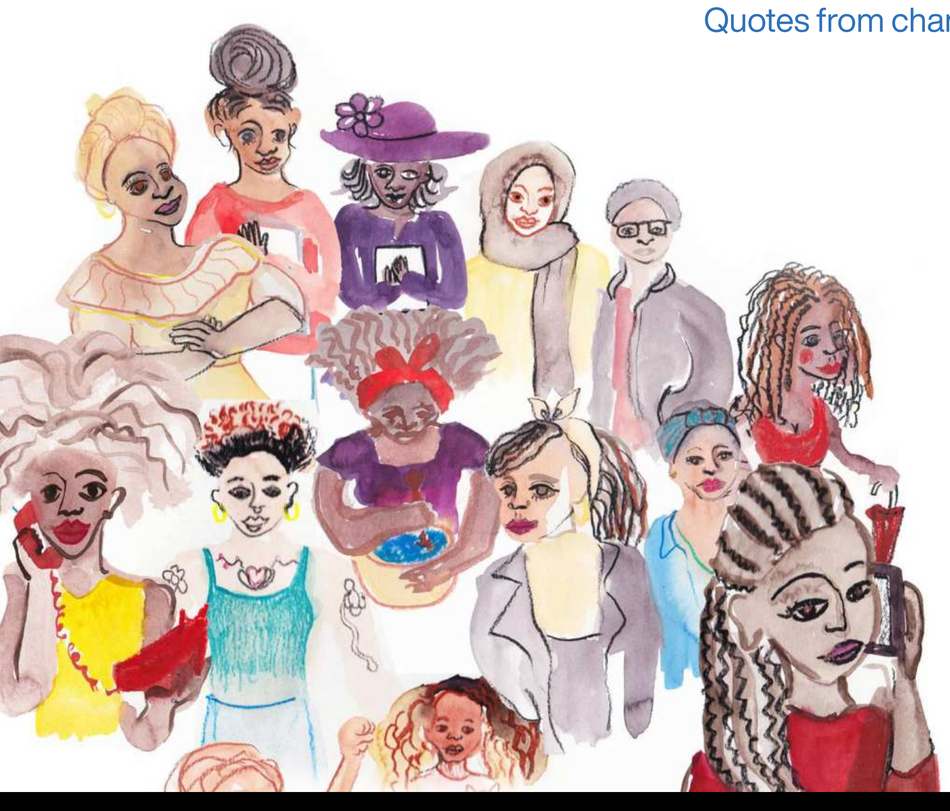
Conclusion

Service responsiveness involves both the actual experience of the person accessing the service which will confirm or deny their initial expectations as well as the health service's response.

In this study, the caller experience depended on if they spoke to someone at the service and on the knowledge and responsiveness of the staff that answered the telephone.

Less than 50% of the calls were deemed responsive by the callers to PrEP access.

Telephone answer messages did not mention how to access PrEP.



Quotes from champions:

"This (call) made me feel deflated as there was no help available. As service that can't help people who need it or guidance on the voice mail feature. Very disappointing."

"I felt empowered, increased knowledge. In charge of my health and know where to go for help and how to get PrEP."

"Deflated, dissatisfied, disappointed."

"I called twice with the phone ringing out on both occasions. There was no voicemail to leave a message."

"The receptionist didn't waste my time, (she) sign posted well, giving me the number to call as well as the appropriate time to call."

"(I am) more positive about how to access PrEP."

References

1 A qualitative study to determine the barriers to women of Black African and Caribbean descent trying to access PrEP and Sexual Health Clinics in East London (2023).

2 Tolib Mirzoev, Sumit Kane. BMJ Global Health 2017; 2:e000486. Doi:10.1136/bmj/gh-2017-000486

Positive East would like to thank our Women4Women champions for making this research possible.

Find out more about our work: **positiveeast.org.uk**

Abstract 1372

Ending the HIV Epidemic in NYC: Findings from the 2024 NYC Ending the HIV Epidemic-Fast-Track Cities Alignment Workshop

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FAST-TRACK CITIES | IAPAC

INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT 2023 WORKSHOPS

Introduction

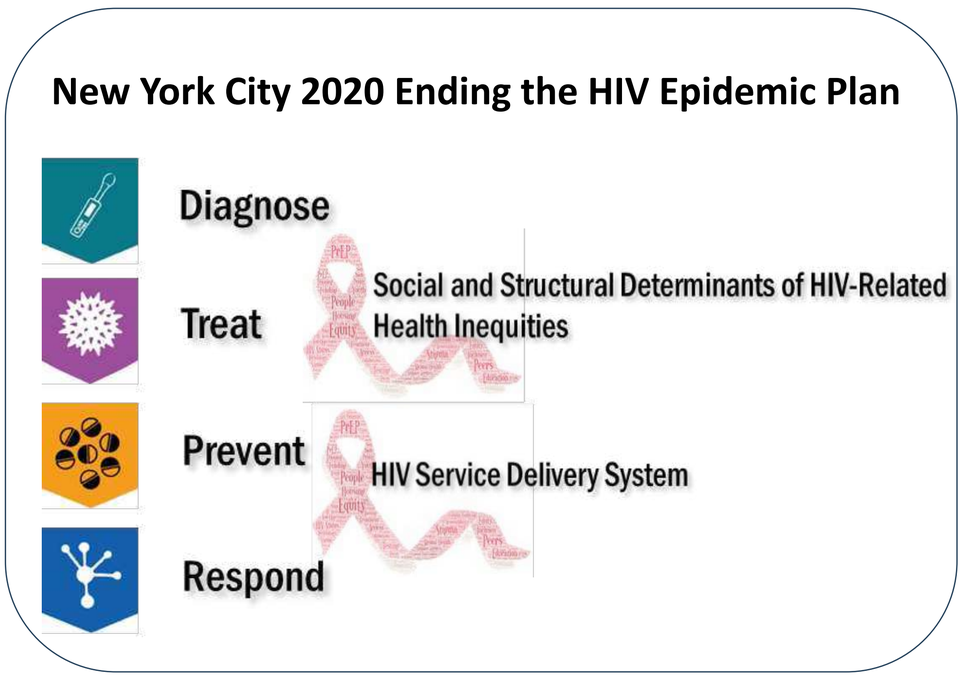
IAPAC and Fast-Track Cities (FTC) Institute partnered with the NYC Department of Health and Mental Hygiene (DOHMH) to host an Intra-Jurisdictional Ending the HIV Epidemic (EHE)-FTC Alignment Workshop (IJAW) on January 17, 2024.

Description

NYC's IJAW brought together over 70 provider and community partners and government officials to highlight progress toward EHE and FTC goals and strategize the next phase of NYC's EHE efforts. The workshop featured overviews of the local HIV epidemic, the NYC 2020 EHE Plan and how NYC is utilizing equity-based approaches to eliminate persistent HIV inequities, local and state policy successes, and future policy advocacy needed to reach EHE goals. Provider and community partners presented best practices for addressing the needs of priority populations and participated in panel discussions on strategies to expand HIV testing, treatment, and prevention, and on the importance of integrating HIV, STI, and hepatitis C services.

Lessons Learned

- EHE programming must be tailored to the needs of affected communities to eliminate racial and ethnic inequities in HIV-related outcomes, including new HIV diagnoses, PrEP uptake, and viral suppression.
- Design and implementation of outreach, programming, and services must recognize and be informed by the diverse identities and experiences of people within affected communities. Approaches that treat communities as monoliths will fall short.
- NYC's ever-changing cultural diversity – influenced by recent increases in migration – necessitates building a culturally competent workforce that can develop and implement outreach strategies, programming, and services that resonate with affected communities. Language translation services must be accessible, include a wide array of languages, and ideally be delivered by native speakers.

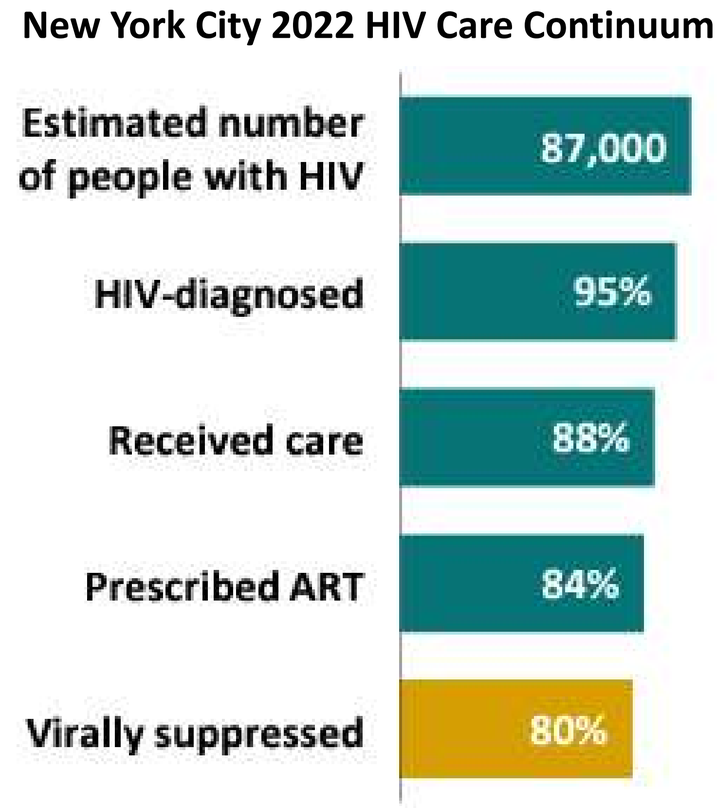


- Services and programs must be tailored across the lifespan. For example, youth services should be delivered in a status neutral one-stop shop model that has flexible hours, uses texting to communicate, and promotes services through digital outreach. Medical and social services for older people with HIV should be integrated to meet this group's complex needs, and providers should be trained across disciplines (e.g., HIV, gerontology). HIV prevention (PrEP, emergency PEP) and testing and other sexual health services should be more actively promoted to older people.
- The COVID-19 public health emergency and recent innovations in prevention and testing have prompted important shifts in service delivery models that facilitate wider access to and uptake of sexual health services (e.g., telehealth, mobile testing, at-home testing and self-specimen collection, PrEP on-demand and long-acting PrEP).

Recommendations

- Convene smaller working meetings to develop and design implementation solutions to specific issues that emerged during the IJAW.
- DOHMH and its partners should review the NYC 2020 EHE Plan to ensure it meets the current and evolving needs of New Yorkers affected by HIV.
- Continue to advocate for policies that facilitate equitable access to all available HIV testing, treatment, and prevention options, as well as other sexual health and supportive services.
- Ensure members of affected communities are included on community advisory boards and teams designing programs so that community perspectives and needs drive NYC's work.
- Promote and support newer, innovative models of sexual health service delivery while sustaining support for and access to more traditional services.
- Continue to support development of a responsive, culturally competent HIV workforce by requiring staff of contracted agencies to complete cultural competency and health equity trainings.
- NYC should collaborate with other North American cities to enhance progress toward common EHE goals.

New York City 2022 HIV Care Continuum



SISTEMA SANITARIO REGIONALE ASL LATINA

LATINA CHECK POINT

Implementation of the PrEP clinic: a real life experience in Italy

ARCIGAY LATINA seicomesei

SAPIENZA UNIVERSITÀ DI ROMA

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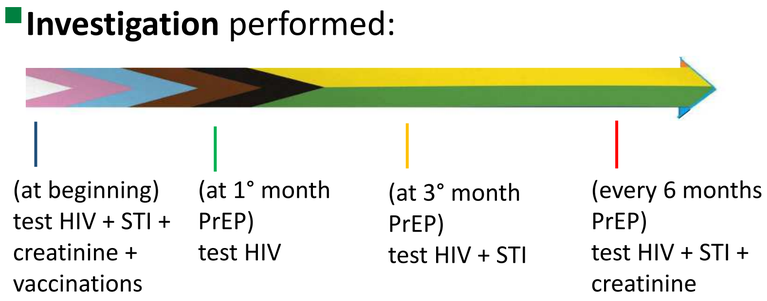
Introduction

- UNAIDS goal is **getting to zero** in 2030; this objective is achievable through various strategies (TasP, PEP, PrEP,…).
- **PrEP** (with TDF/FTC) **effectiveness** is about 100%.
- Italian incidence of new HIV infections: **3.2** new cases **per 100.000** habitants (EU incidence 5.1).
- The refundability of the drug makes treatment more accessible. In **Italy** TDF/FTC as PrEP is **free** of charge **since 2023** (available in our outpatient clinic since **October 2023**).

Methods

- **Retrospective observational study** (median follow up 48 weeks), since December 2019 to December 2023
- **Centre** of care: Infectious Diseases Unit, S.M. Goretti Hospital, Sapienza University of Rome, **Latina**.
- **Main** population: PrEP users.
- **Investigation** performed:



- **Control** population: People living with HIV (PLWH) with a new HIV diagnosis (2017-2018 and 2022-2023).
- PrEP clinic activity has been advertised on official Regione Lazio, ASL Latina and Checkpoint Latina **website** and on relative **social media.**
- A flyer was available for all PrEP users.

Results

PrEP users population

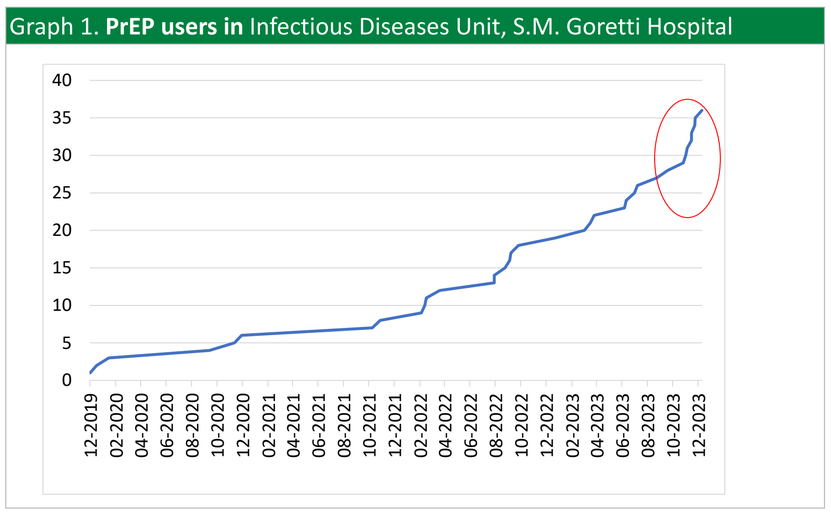
- PrEP users: 45; population characteristics in (Table 1).No seroconversion was observed (efficacy 100%); no major adverse effects.
- A constant access of new subjects, but a more rapid increase of users in last months (after October 2023) was seen (Graph 1).

Table 1. PrEP population characteristics

	n (%)
Sex	
Male	44 (97.7%)
Age	
Median (Min-Max)	36 (22-65)
Nationality	
Italian	43 (95.5%)
Sexual Relations	
Omosex (MSM)	43 (95.5%)
Pre-enlistment STI	
Positivity for IST	20 (44.4%)
Risk Factors	
Occasional use of condoms	28 (62.2%)
No condom use	15 (33.3%)
Intravenous drugs	1 (2.2%)
Chemsex	1 (2.2%)
Previous uses of PEP	
no	41 (91.1%)
Adverse Effects	
no	45 (100%)

- After refundability, daily intake increases compared to on-demand - 16,6% vs 33,3% (p=0,05)-

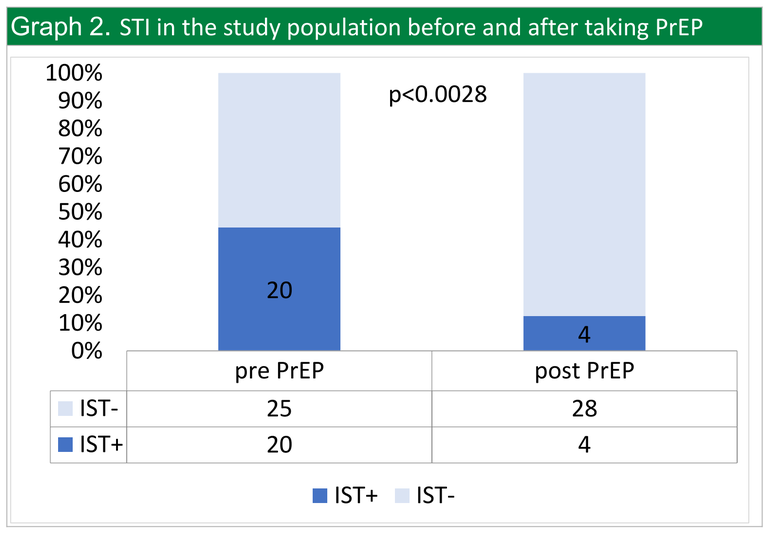
Graph 1. **PrEP users in** Infectious Diseases Unit, S.M. Goretti Hospital



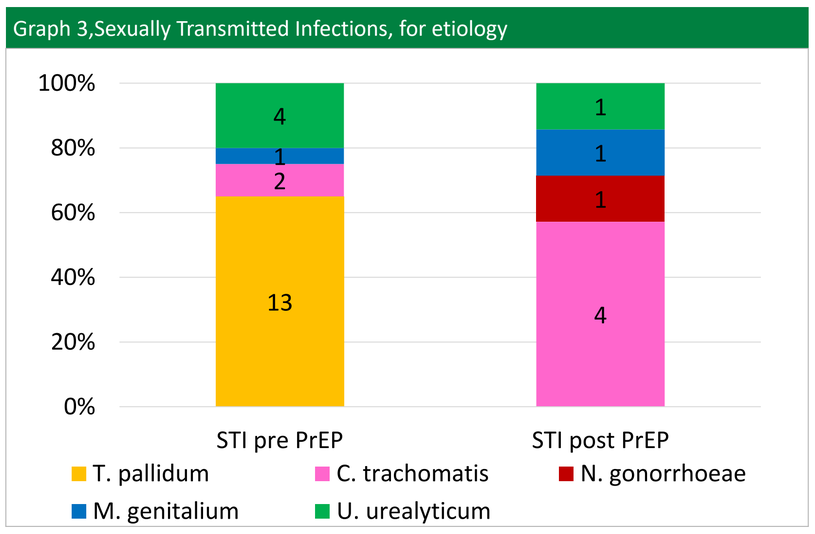
STI pre and post PrEP

- During PrEP users, there was an unexpectedly decrese of STI (Graph 2 and 3)

Graph 2. STI in the study population before and after taking PrEP



Graph 3,Sexually Transmitted Infections, for etiology



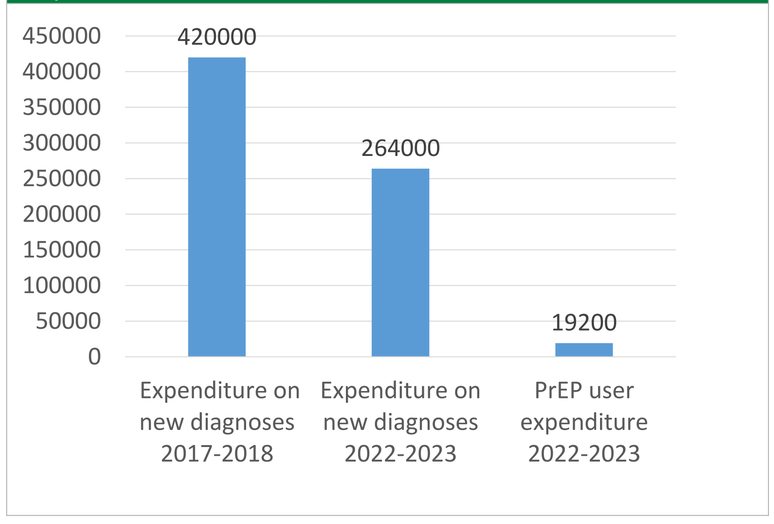
Impact of PrEP on new diagnoses

- New PLWH biennium 2017-2018 are more than in biennium 2022-2023; main reduction is observed among men who have sex with men (MSM) that are the major PrEP users (table 2)
- The public expenditure only for ART for PLWH with new diagnosis for biennium 2017-2018 was € 420.000, and for biennium 2022-2023 was € 264.000. The expenditure for PrEP in biennium 2022-2023,assuming that everyone takes drugs daily (overestimating their consumption), was €19.200 (graph 4)

Table 2. PrEP and PLWH population characteristics

	2017 - 2018	2022 - 2023	PrEP users
Sex			
Male	30 (66.6%)	28 (77.7%)	44 (97.7%)
Female	15 (33.3%)	8 (22.2%)	1 (2.2%)
Età			
Min-Max	26-73	21-67	22-65
Average	46,7	41	38
Median	46	38	36
Nationality			
Italian	27 (60%)	19 (52.7%)	43 (95.5%)
Foreign	18 (40%)	17 (47.2%)	2 (4.4%)
Risk Factors			
Eterosex	25 (55.5%)	18 (50%)	2 (4.4%)
Omosex (MSM)	20 (66.6%)	13 (46.4%)	43 (97.7%)
TD	0	5 (13.8%)	0

Graph 4. Estimated Public Expenditure for ART and PrEP



Conclusions

- In our experience, PrEP has an extremely high efficacy and without conseguent side effects.
- After PrEP start, a lower rate of STI was registered than before
- The refundability has impact on PrEP adhesion and on frequency of intake
- The inversion of MSM rate in new HIV diagnosis could be associated to PrEP access, even if a deeper analysis and longer follow-up should be done.
- Public expenditure for PrEP is much lower than for ART. In terms of pharmacoeconomics, it is convenient to invest on PrEP

PARIS FAST-TRACK CITIES 2024

Identifying Missed Opportunities for HIV Prevention among Psychiatric Patients: A Claims-Based Approach

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AT THE FOREFRONT UChicago Medicine

The Chicago Study for HIV Prevention in Psychiatry

Scan here to connect with Dr. Bunting:

Background

- Patients living with mental illnesses (PLWMI) experience disproportionate HIV incidence[1]
- HIV contributes to early mortality among PLMWI[5]
- Daily antiretroviral medication as HIV pre-exposure prophylaxis (PrEP) up to 99% effective[2]
- Effective, biomedical HIV prevention options are effective and remain under-utilized for all patients in the U.S.
  - Approximately 36% of patients with indications prescribed PrEP[3]
- PrEP use among PLWMI is poorly understood, however limited work suggests < 1% of people with bipolar disorder and schizophrenia were prescribed PrEP between 2013-2018, despite well-documented HIV vulnerability[4]
- PLWMI and mental illnesses are identified as priorities for national and international HIV prevention research and policy agendas
- Minimal research has investigated opportunities for HIV prevention care or the unique needs of PLWMI for HIV prevention in the healthcare system

Methods

- Claims study using the MarketScan commercial claims database of fully-adjudicated medical and pharmacy claims for privately insured Americans
- Data years 2004-2022. Cohort entry at any year.
- Inclusion:
  - Two outpatient claims on different dates or one inpatient claim for the *same* psychiatric or substance use diagnosis code
  - Age ≥ 14 years old
  - At least one year of continuous coverage prior to index date
- Exclusion:
  - Two outpatient claims or one inpatient claim for an HIV diagnosis code
  - >28 days of HIV treatment regimen; single 28-day prescription assumed post-exposure prophylaxis (PEP)
- Index date (inclusion in cohort): Date of second outpatient or first inpatient claim with psychiatric diagnosis code
- Quantified number of outpatient claims for psychiatrists visits, primary care visits (including OBGYN for female enrollees) in the follow-up period
- **Primary Outcome:** New HIV diagnosis in follow-up period. Defined as: Date of second outpatient claim or first inpatient claim with HIV diagnosis code *or* >31 days of antiretrovirals for HIV treatment

Results

- Cohort included 10,364,216 enrollees total, Most common diagnoses presented here (7,760,764)
- Mean age: 40.4 years
- Mean time in cohort: 2.69 years
- 5,452 new HIV diagnoses

Table 1. Demographics.

Sex	*n*	%
Male	4,090,283	39.5
Female	6,273,933	60.5
Married		
No	6,061,350	58.5
Yes	4,302,866	41.5
Region		
Northeast	1,653,632	16.0
N. Central	2,455,738	23.7
West	4,350,525	42.0
South	1,779,844	17.2
Unknown	124,477	1.2

Table 2. Diagnoses and new HIV diagnoses.

	n	HIV Diagnoses
Schizophrenia & Related	57,211	119
Bipolar Disorder	432,214	600
Depressive Disorder	3,248,535	2,176
Stimulant Use Disorder	10,911	21
Anxiety/Trauma Disorder	3,731,590	1,238
Alcohol Use Disorder	192,673	168
Opioid Use Disorder	35,322	17
Other SUD	52,308	43

- Majority of new diagnoses were among PLWMI who were engaged with primary care and outpatient psychiatry
- Very few diagnoses among enrollees engaged with outpatient psychiatry only

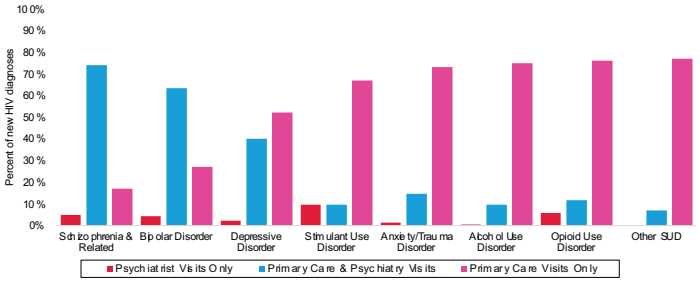


Figure 1. Percentage of each diagnosis group diagnosed with HIV following psychiatric diagnosis stratified by healthcare engagement. In each group, the percentage of enrollees who had outpatient encounters with the specified specialties is presented. Primary care included OBGYN for female enrollees.

- In preliminary analysis of association between prior PrEP prescription and subsequent HIV seroconversion, strong correlation identified: (aHR = 49.9 [48.1-51.7], $p < .001$)

Conclusions & Future Directions

- Increasing PrEP use among patients who are not well-engaged in traditional models and systems of care, like PLWMI, is needed to end the HIV epidemic
- Greater engagement with the healthcare system likely facilitates greater testing and identification of HIV
- PrEP persistence appears to be a key point for further study and intervention
- Findings support sexual health screening in all care settings and for all patients, avoiding assumption PLWMI are not sexually active, and counseling all sexually active patients about PrEP
- Further research is needed to understand gaps in PrEP care for PLWMI including in a broader sample across all insurance groups

Disclosures:

Project funded by Gilead Sciences via independent investigator award paid directly to University of Chicago.

PARIS FAST-TRACK CITIES 2024

AMSTERDAM FAST-TRACK CITIES 2023

Sustaining Fast-Track Cities Activities through Integration in Existing Council Programmes

Author: Namasiku Kwenani

Introduction

As a signatory to the *Paris Declaration* on HIV, the Municipal Council of Windhoek is a Fast Track City that has committed to accelerate its role in the HIV response. The Council has been implementing the Fast Track Cities Project since 2018 with technical and financial support from USAID/UNAIDS/IAPAC to strengthen its response at Municipal level.

This initiative provides support to the Council to implement a five-year work plan, which focuses on programme implementation of the priority areas according to the Municipal Council HIV Strategic Plan 2017 – 2022, extended to 2023 / 2024/25.

Description

To increase continued city level HIV response, the Council has been internalising the Fast-Track Cities Sustainability Guidance and strengthened opportunities for linkages and collaboration with government, CSOs and other partners in the industry.

As part of the sustainability planning the Council has integrated most of the FTC project activities within its programmes and divisions. The Council has been contributing matching resources to complement the available project funds with the aim to fully take over implementation of these programmes post funding era.

Lessons

- To avoid disruption in programming, it is important to integrate activities prior to the end of the project to continue implementing and attaining the HIV response intended objectives.
- Leadership involvement and strategic guidance has been beneficial for enhancing the sustainability agenda.
- The FTC project has been catalytic in improving intra, inter-departmental and multisectoral coordination and collaboration of HIV and health interventions and initiatives.

Recommendations

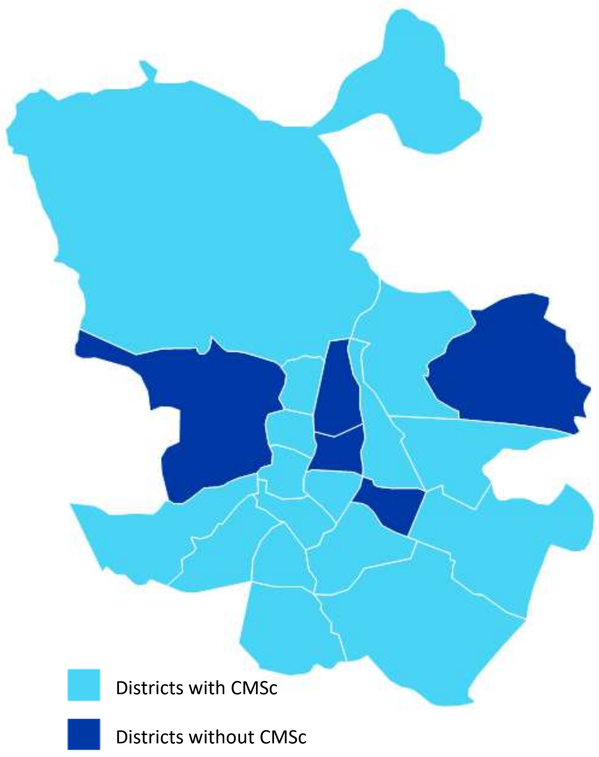
- Council to use the Sustainability Planning guidance to enhance the ongoing resource mobilization and internal funding allocations to elevate and sustain current efforts
- Partners including Ministry of Health and Social Services to continue providing strategic and technical guidance on key national processes and priorities to maximise and sustain the HIV programme efforts beyond the current donor-funding.
- Council(s) to continue to avail budgetary provisions for implementation of integrated and comprehensive HIV and health programmes.

madrid salud

SUBDIRECTORATE GENERAL FOR PREVENTION AND HEALTH PROMOTION

Prevention and diagnosis of sexual transmitted infections (STIs) and human immunodeficiency virus (HIV) in the network of Municipal Community Health Centers (CMSc) of the Madrid City Council.

Submitted By: Javier Calatrava Sánchez (Madrid City Council)
Co-author(s): Francisco Javier Bru Gorraiz, Gema Dorado Ruiz, Purificación Llorente Blach, (Madrid City Council). Spain.



Introduction

In 2016, the Madrid City Council adhered to the Paris Declaration, thereby reinforcing its activities aimed at STIs/HIV prevention and diagnosis. These activities have been implemented in 16 CMSc and in two specific centers: the Youth Centre and the STIs Consultation.

Description

In recent years, there has been a notable increase in the incidence of STIs in Spain and in Madrid. Many cases of HIV infection are detected in advanced stages.

In 2023, **25.310 individual activities** related to STI/HIV prevention have been carried out.

	HIV serology	Rapid test HIV	Hepatitis A	Hepatitis B	Hepatitis C	Syphilis	N.Gonorrhoeae/ Chlamydia
TOTAL	5.677	577	2.296	2.786	2.534	6.077	12.334
POSITIVE	39	11	1.008	1.378	19	966	1.217

4.638 positive results in any of the tests were identified.

Lessons Learned

The approach taken by the network of Madrid City Council centers to risk factors, vulnerability and transmission has enabled the detection of 579 gonococcal infections, 638 Chlamydia infections, 966 cases positive for syphilis, of which 151 were infectious and 39 new cases of HIV infection.

Recommendations

The activity of the Network of Municipal Community Health Centers makes an important contribution to the control of Sexually Transmitted Infections and HIV in the city of Madrid.

PARIS FAST-TRACK CITIES 2024

FAST-TRACK CITIES 2024

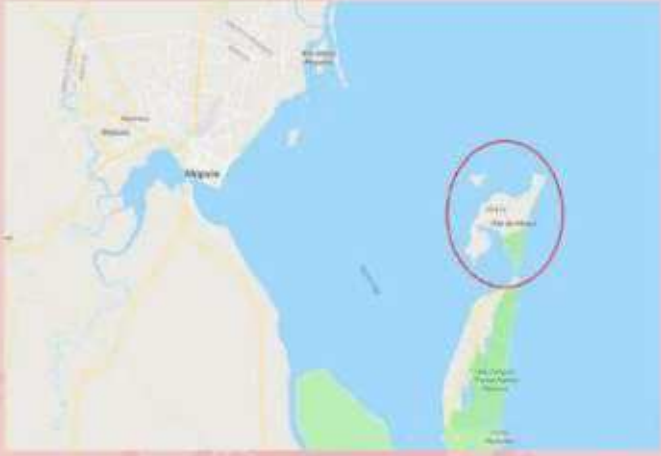
Zero infection on HIV Exposed Infants, road to success KaNyaca District, Program description in Maputo Municipality, Mozambique

Introdution

Maputo City has an estimated population of 1,127,565 inhabitants (INE-2021), and like the other provinces, faces the challenge of the widespread HIV epidemic in the country.

KaNyaca district has an estimated population of 6268 inhabitants (INE-2021) and like the others districts faces the challenge of the widespread HIV epidemic in the country.

The City of Maputo is committed to achieving the 95-95-95 targets, including in PMTCT group



Description

Follow-up of Mother living with HIV during Pre-natal appointments prenatal in order to ensure the adhesion and retention to ART during pre-natal care, inter natal and post-natal.

All patient receive a pregnant test free to identify pregnancies in the early stage of diagnosis;

We analysed data from the platform in a disaggregated way in the health units of Maputo from January 2019 to December 2023

Learned

- There was a reduced of more than 100% in HEI with HIV positive results 2021 to 2023.
- Offering early diagnostic tests for free in health facility, reduce the latter identification of pregnancy and allow Us to initiate PMTCT in rural areas;
- Our target is to eliminate mother-to-child transmission of HIV during pregnancy.

Recommendations

- Engage community leaders in the completion of the cascade of 95-95-95, focusing on women health care;
- The promotion of sexual and reproductive health, including HIV and Sexual Reproductive Health Rights, should begin in communities and in families.
- Mentor Mothers are a group of people who lives with HIV and had children born without HIV after entering PMTCT are key persons for continuum support of pregnant women, because stigma and discrimination negatively influence their retention in health units.
- Offering of Pregnancy tests free of costs in the health facility is game changer in rural area;

OUTREACH – LINKAGE TO CARE / HIV SCREENING AND PREP FOR MIGRANT WOMEN: THE SUCCESSFUL EXPERIMENTATION OF SPOT LONGCHAMP IN MARSEILLE

Authors: C. Mey[1], M. Costa[1,2], F. Barbier[1], F. Z. Bernissi[1], S. Lablotière[1], C. Offerlé[1]
[1] Aides, Pantin, France/ [2] Laboratoire de recherche communautaire/ Coalition PLUS

INTRODUCTION

Designated as a CeGIDD (HIV and STI screening center) since 2016, the AIDES Spot Longchamp (Marseille) took part in the experimentation on Community Approach Sexual Health Centers (Cssac). Considering the low impact it had on migrant women, a project was initiated in 2022 to better reach this group and include them in an STI/HIV and PrEP screening pathway.

DESCRIPTION

First, the specific needs and approach strategies were identified with the concerned populations, most prominently a need to strengthen physical and virtual outreach efforts and to increase interventions in housing facilities and shops. The primary needs expressed were access to gynaecological consultations, screenings, and PrEP, as well as social support, all available in one place.

The Spot intensified its outreach activities and built a partnership with community relays to promote its offer. Individual support for migrant women was strengthened: in person support, counseling, promotion of PrEP, screening, and vaccination. The recruitment of a Brazilian support worker helped target Latin American trans women sex workers.

Gynaecological consultations, social support (residence permit rights, health insurance, housing), a Test and Treat offer, and consultations in psychology, sexology, and addiction treatment were established.

Finally, two self-support groups were created (trans migrant women and migrant women).

Trans migrant women group at the Spot
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LESSONS LEARNED

	From October 2022 to September 2023		From 2021 to 2023
16% of the patients at the Spot are women	127 gynaecological consultations were conducted bringing the female population to 16% of the total number of patients at the Spot in 2023 (n = 284, including 168 female sex workers)	**17% to 36%**	The number of migrant people received at the Spot **increased,** allowing access to PrEP for 238 women. Currently, 15% of people on PrEP are women, compared to 5% before the intervention began.

Finally, the acceptance rate for HIV/STD testing at the Spot is 100% among migrant women.

RECOMMENDATIONS

This experience demonstrates the need to continue nationwide deployment of CSSACs, adapting locally to the needs of the priority population groups impacted by HIV who are most distant from care.

Avec le soutien institutionnel de GILEAD

FAST-TRACK CITIES 2024

Knowledge, Attitudes, and Experiences of Providers towards HIV PrEP in Family Planning Centers of the Paris region

Victoria Manda[1], Amy Johnson[2], Samantha Devlin[3], Myriam Toribio[4], Sophie Florence[5], Elena Villalon[4], Eleanor Friedman, Jessica Ridgway[3], Geoffroy Liegeon[1]

[1]Department of Infectious Diseases, Saint-Louis Hospital, Paris, France, [2]The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital, Chicago, IL, USA and Feinberg School of Medicine, Northwestern University, Chicago, IL, USA, [3]Section of Infectious Diseases and Global Health, Department of Medicine, University of Chicago, Chicago, IL, USA, [4]Seine-Saint-Denis Department, [5]Head of Sexual Health of Paris

Background :

Despite women accounting for 30% of new HIV infections in France, they represent less than 2% of PrEP users in France. Integrating PrEP delivery in family planning centers (FPCs) has been shown effective in reaching and engaging women in PrEP. In this study, we aimed to understand the knowledge, practices, barriers, and facilitators related to PrEP delivery among providers working in FPCs of the Paris region.

Methods :

We designed a web-based cross-sectional survey featuring 68 questions in six sections: providers and clinical practice characteristics, PrEP awareness, PrEP knowledge, attitudes towards PrEP, barriers to PrEP use, and facilitators to PrEP use. The survey was emailed to physicians, midwives, and nurses in the Paris and Seine-Saint-Denis region through the department heads' mailing lists. The survey was done between February 10th and June 10th, 2024. We only included completed surveys for the descriptive analysis.

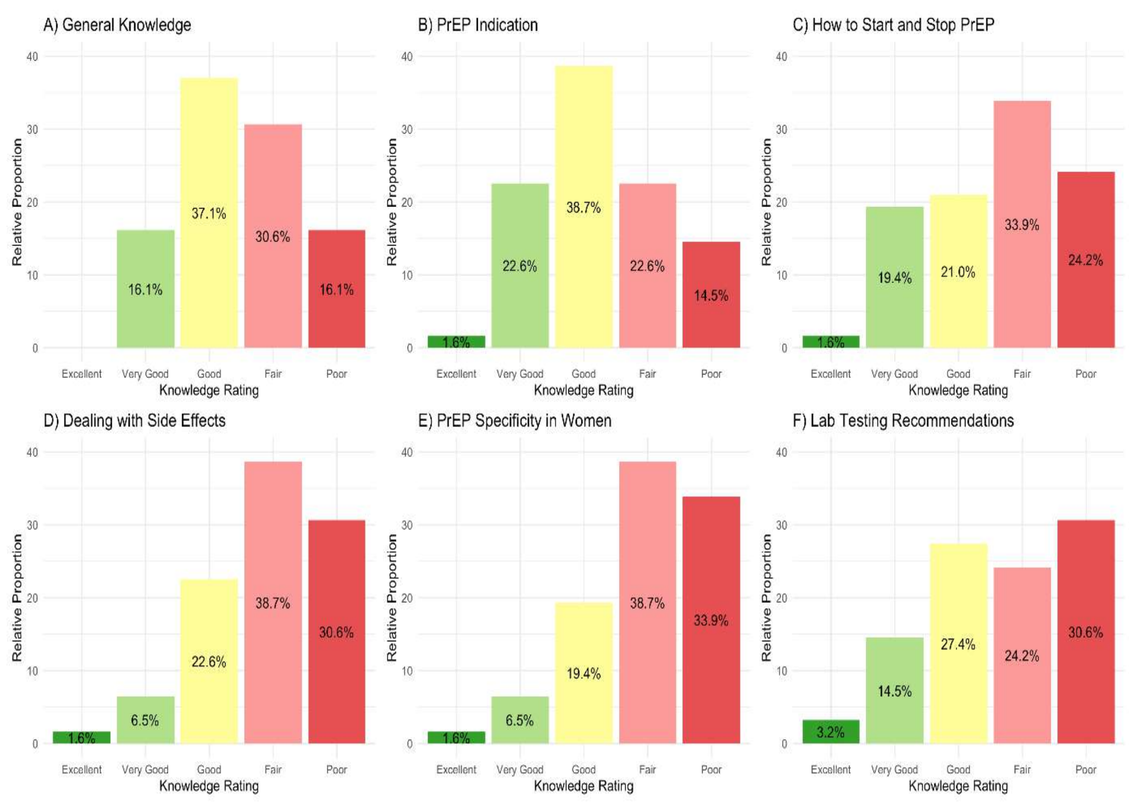
Results :

Of the 190 providers contacted, 97 opened the survey, 84 filled out the eligibility criteria, 83 were found eligible, 80 agreed to participate in the study, 67 initiated the completion of the questionnaire, and 64 fully completed it

Table 1. Providers' characteristics.

	All providers (N=64)	Physicians (N=28)	Midwives (N=22)	Nurses (N=14)
Age – median (IQR)	44 (18)	33 (19.25)	43 (11.25)	44.5 (16.5)
Cisgender female – no (%)	61 (95.3%)	25 (89.3%)	22 (100.0%)	14 (100.0%)
Years of practice – median (IQR)	17.5 (15.5)	14.5 (15.25)	18.5 (11.25)	22 (16.25)
Years working in a FPC – median (IQR)	9 (10)	9 (13.25)	6.5 (8.625)	7.5 (9.75)
Full time in a FPC – no (%)	26 (40.6%)	8 (28.6%)	8 (36.4%)	10 (71.4%)
FPCs Location – no (%)				
Paris	15 (23.4%)	6 (21.4%)	8 (36.4%)	1 (7.1%)
Seine-Saint-Denis	49 (76.6%)	22 (86.6%)	14 (63.6%)	13 (92.9%)
Offering... – no (%)				
PrEP services in our center	18 (28.1%)	10 (35.7%)	4 (18.2%)	4 (28.6%)
Informational Material	28 (43.8%)	11 (39.3%	5 (22.7%)	6 (42.9%)
Ever... - no (%)				
Heard about PrEP	64 (100.0%)	28 (100.0%)	22 (100.0%)	14 (100.0%)
Prescribed PrEP	10 (35.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Initiated a conversation about PrEP	27 (42.2%)	10 (35.7%)	8 (36.4%)	5 (35.7%)
Been asked by a women about PrEP	16 (25.0%)	14 (50.0%)	7 (31.8%)	2 (14.3%)
Ever prescribed PrEP to a woman	6 (9%)	9 (32.1%)	-	-
		6 (21,4%)		

Figure 1. Provider's knowledge about PrEP.



Providers' Perception Towards PrEP

Nearly all providers (98.4%) considered HIV prevention education to be somewhat or highly essential during FPC visits, and 93.8% thought that PrEP education was an essential part of this. Regarding oral PrEP's effectiveness, 92.2% of providers thought it is highly effective in preventing HIV acquisition among women who take it daily as prescribed, while 67.2% believed it was very unlikely or unlikely that women would increase sexual risk-taking practices while on PrEP. In terms of comfort discussing PrEP, 64.1% of providers reported feeling somewhat or very comfortable doing so with patients at high risk for HIV acquisition. Nurses were less likely than physicians or midwives to perceive PrEP as highly effective (96% vs. 100% vs. 71%, *P*=0.01).

Figure 2 . Providers' perception of different barriers to PrEP delivery in FPCs

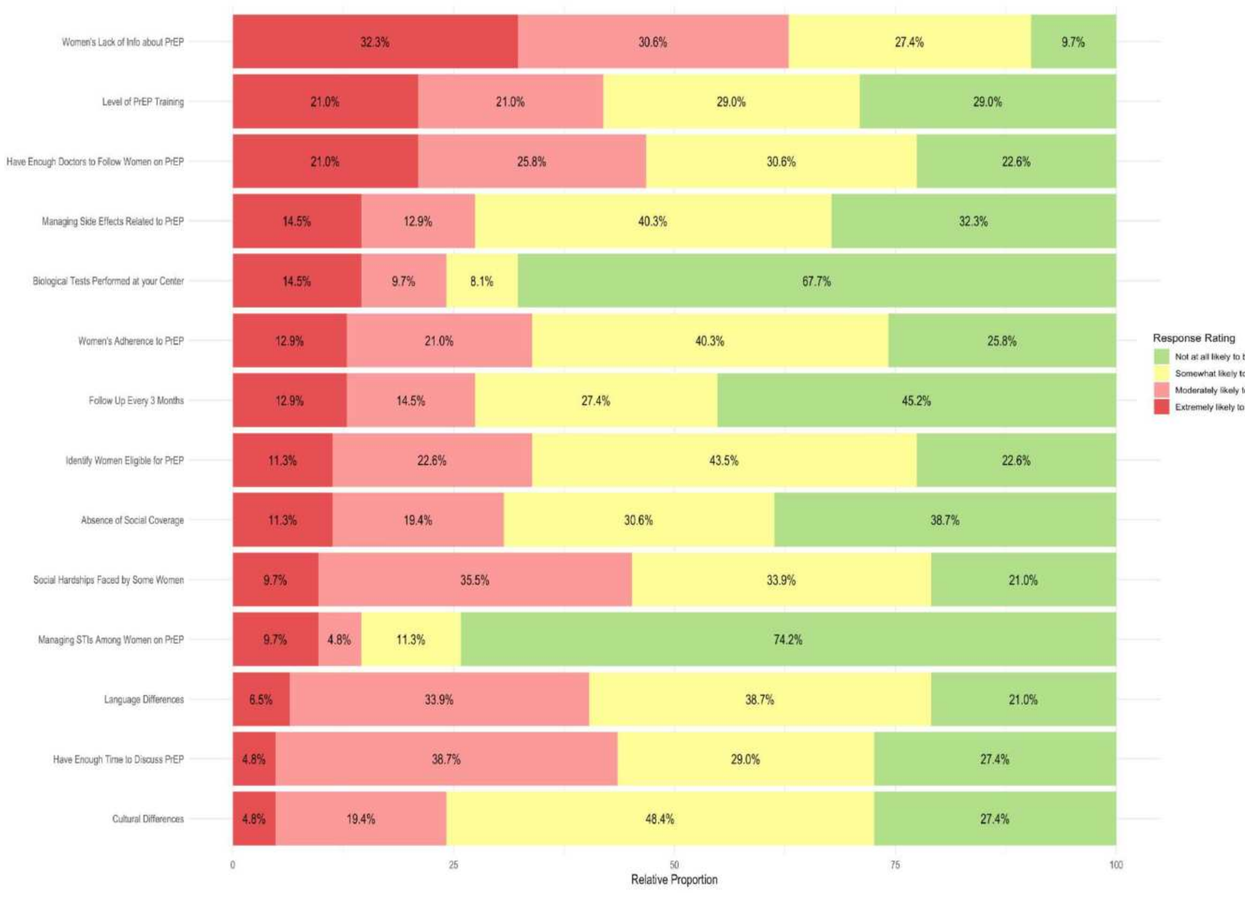
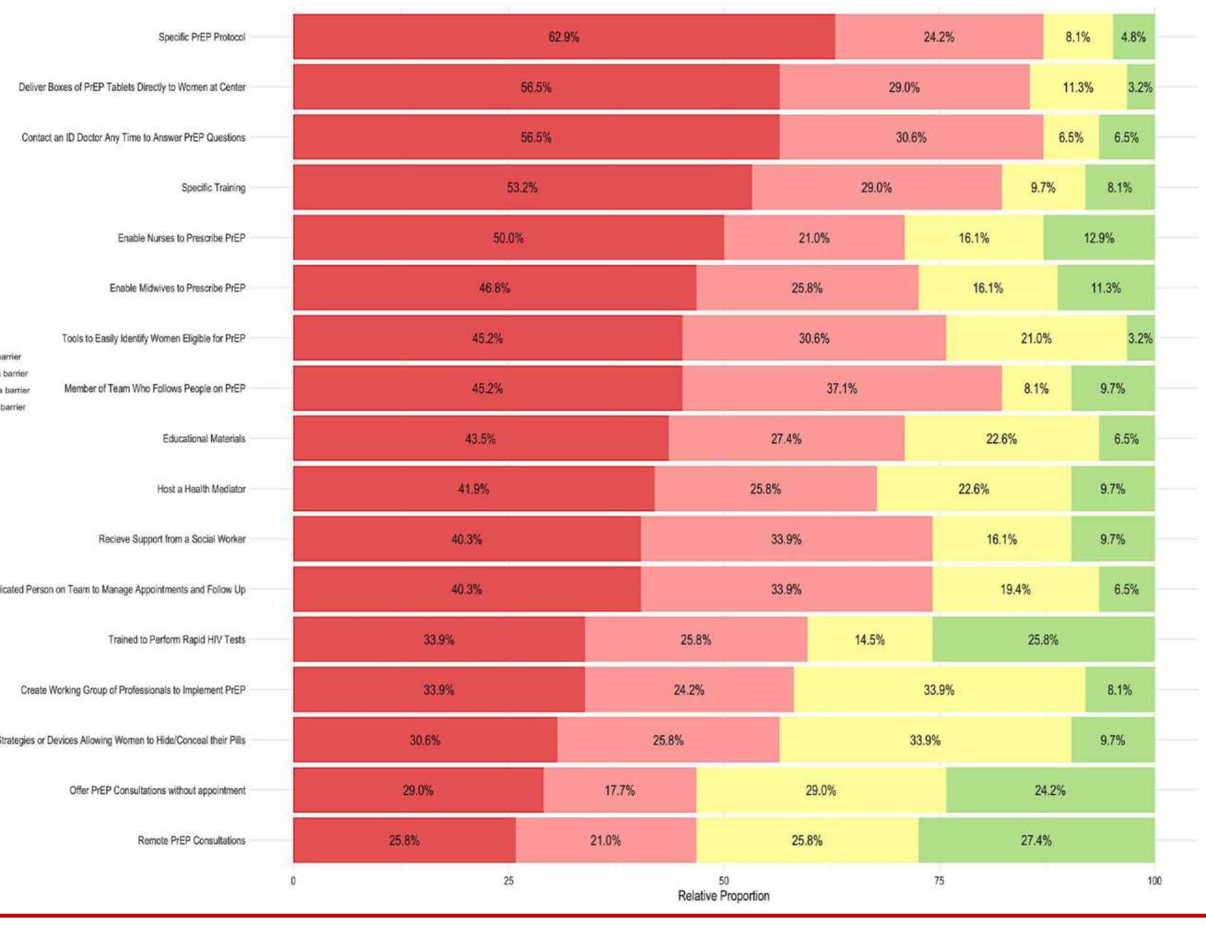


Figure 3. Providers' perception of different facilitators to PrEP delivery in FPCs.



Conclusion :

Despite a positive attitudes towards PrEP, providers in Paris and Seine-Saint-Denis FPCs have limited knowledge, comfort and experiences in delivering PrEP to women. While different barriers to PrEP delivery in FPCs emerged, some facilitators can also be leveraged to fill the PrEP delivery gap. This information can inform the design of tailored and mutli-level implementation strategies to increase PrEP uptake in FPCs.

Fast-Track Cities 2024 • October 13-15, 2024 Abstract number : 1396

Fast-track access to HIV pre-exposure prophylaxis for Black and other ethnic minority communities in Greater Manchester, UK

Emily Boardman [1], Joseph Tanzer[2], Elisabete Miranda[2], Orla McQuillan[1]
1. The Northern Sexual Health, Manchester Foundation Trust, 2. BHA for Equality

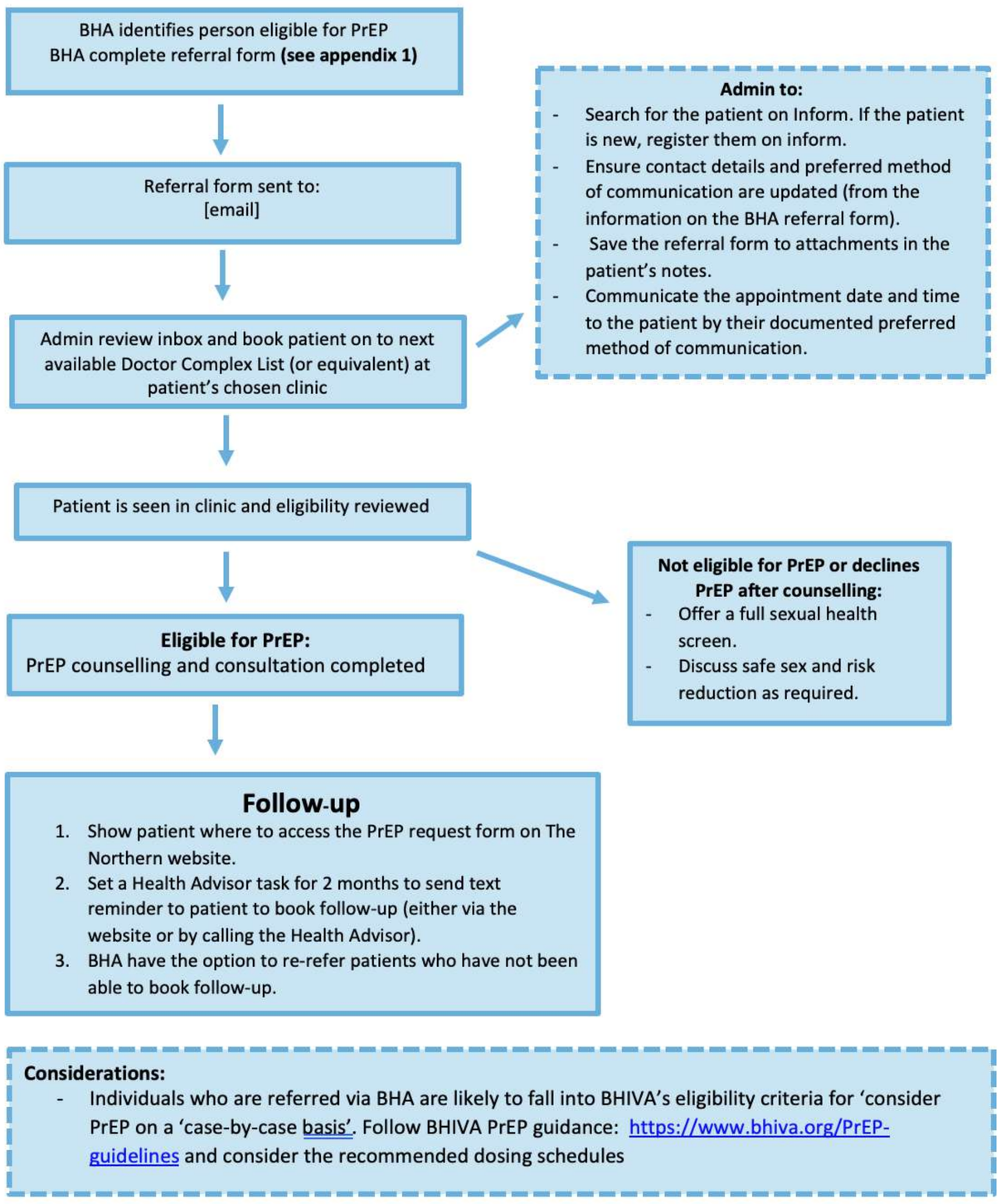
Introduction

There has been a 40% increase in the number of late diagnoses in the UK since 2022 which is largely among people of black ethnicity (259 to 362) in whom there was also an increase in new diagnoses of up to 64% (420 to 688).

Those diagnosed late are 10 times more likely to die within a year of their diagnosis compared to those diagnosed at an earlier stage [1]

These communities face significant barriers to accessing pre-exposure prophylaxis for HIV (PrEP) from sexual health services. Barriers include HIV stigma, a lack of education regarding individual risk, racial healthcare inequalities, language and cultural barriers. In addition, digitalisation of services is challenging to some individuals who are unable to use online bookings and requests.

Process



Description

The Northern Contraception, Sexual Health & HIV Service and charity organisation BHA for Equality (BHA) developed a protocol to facilitate fast-track access to PrEP for Black and other minority ethnic individuals who are at high risk of acquiring HIV.

BHA works within the community and directly with individuals to raise awareness of HIV and PrEP.

Integral to our protocol, is that those requiring PrEP are referred directly to the sexual health service by BHA, eliminating any language or digital literacy barriers. Administrative staff contact the individual directly via their chosen method of contact to book an appointment. This by-passes online booking and ensures timely assessment by a clinician who can start PrEP on the same day.

Follow-up and further PrEP requests are supported by BHA and our health advisors.

Within the first month, six individuals have been referred and one has been initiated onto PrEP

Lessons learned

Understanding barriers to accessing sexual health services for groups who may be at higher risk for HIV is crucial.

Collaborative working with sexual health services and community organisations is key to identifying those at highest risk of HIV and facilitating access to PrEP.

Recommendations

Targeted interventions to prevent HIV transmission for those at highest risk are needed to achieve an end to new HIV diagnosis by 2030. Sexual health services should understand the key demographics of new and late diagnosis in their area and develop strategies to facilitate access to PrEP and other preventative measures.

References

1. UKHSA HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services : 2024 report

Acknowledgements

the northern contraception, sexual health & HIV service
The PaSH Partnership Passionate about Sexual Health across Greater Manchester
BHA
GEORGE HOUSE TRUST
LGBT FOUNDATION
FAST TRACK CITIES GREATER MANCHESTER
PARIS FAST-TRACK CITIES 2024

Enhancing HIV Case Detection: Motorcycle Taxi Driver Assisted HIV Self-Testing in Kampala City, Uganda 1410

AUTHORS: Edith Namulema, Racheal Ankunda, Suzan Nabukenya, Elizabeth Mutambuze, Racheal Namirembe, Arthur G. Fitzmaurice, Allan Simwogerere.

Objective: To evaluate the effectiveness of the Motorcycle Taxi driver Assisted HIV Self-Testing Community Strategy in improving HIV case detection among vulnerable populations in Kampala City, Uganda.

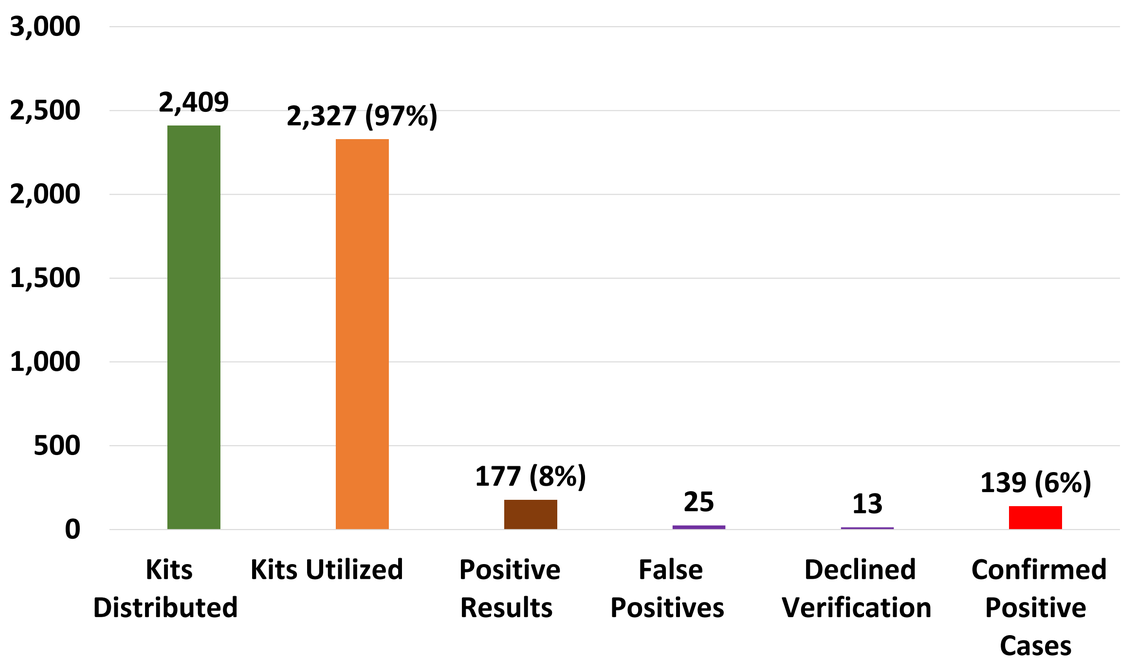
Methods

This was community-based intervention study (August 2023 to July 2024). It Involved trained motorcycle taxi drivers distributing HIVST to individuals within their social and professional networks.

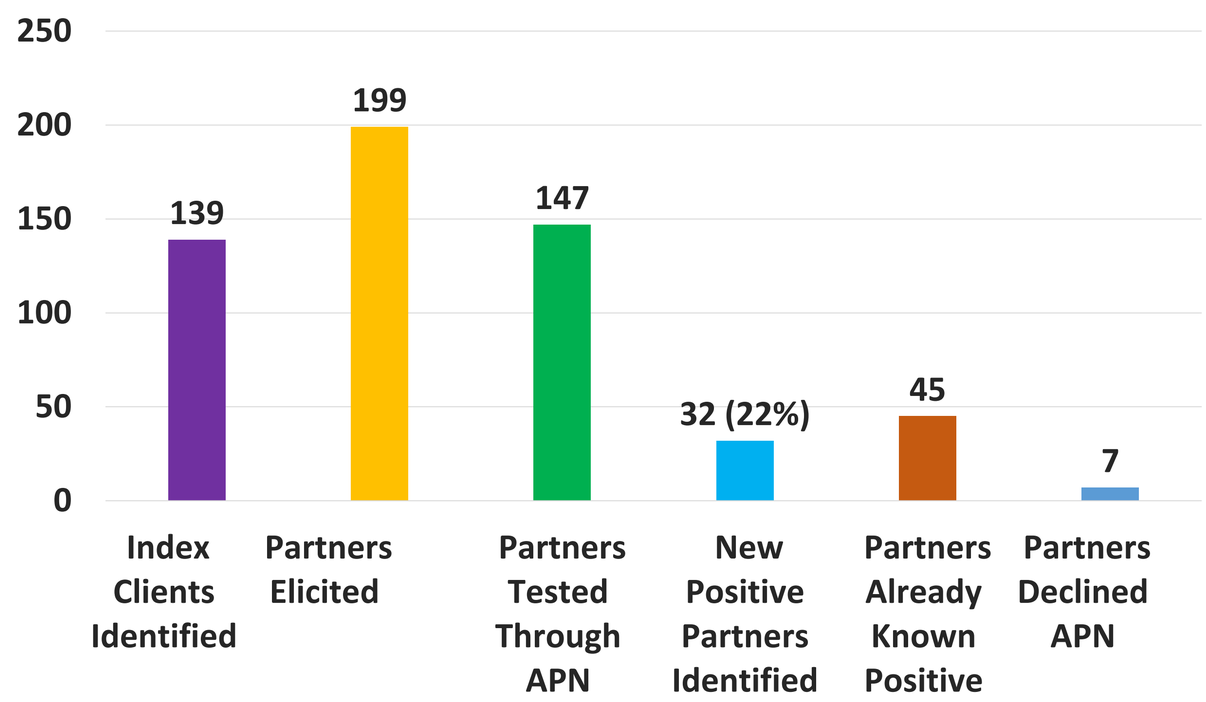
The target population included fellow motorcycle taxi drivers, peers, passengers, night food vendors, commercial sex workers, and other community contacts.

Results

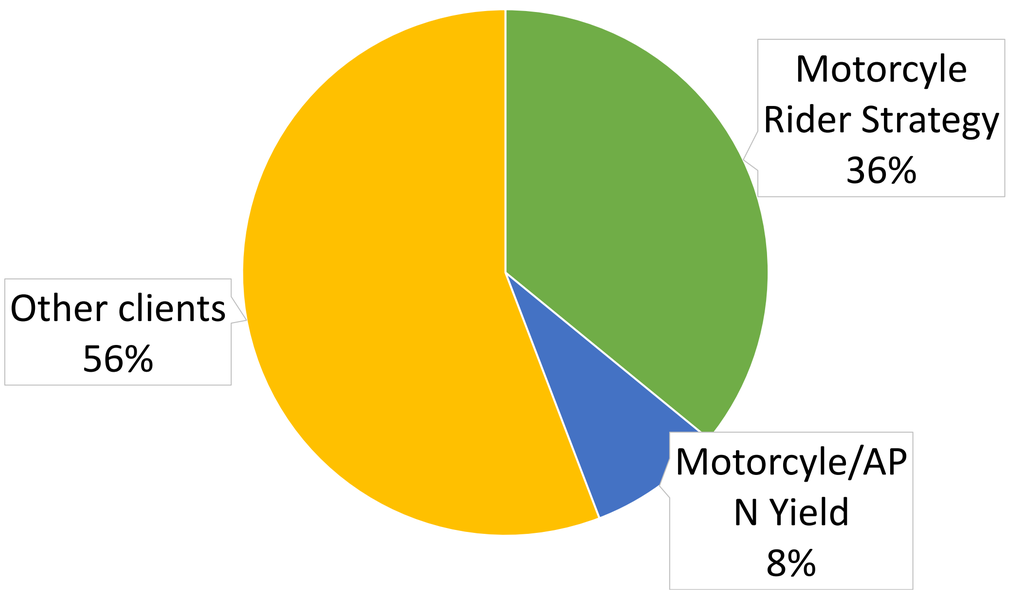
HIV Case Detection Rates via Assisted HIV Self-Testing by Motorcycle taxi drivers



Assisted Partner Notification (APN) Yield Among 139 Index Clients and Combined Strategy Outcome



Contribution of the Motorcycle taxi driver Strategy to Overall Case Identification



Conclusion: This strategy: improved HIV case detection, improved access to prevention services, helped in identifying missing children, expanded testing access to vulnerable populations, led to a higher HIV positivity yield.

Acknowledgements: Motorcycle taxi drivers, Mengo staff, the Patients, CDC

PARIS FAST-TRACK CITIES 2024

Enthusiasm for Tracing More Lost to Follow-up HIV Clients Returning to Treatment in Five Regions in West Java Province, Indonesia

Rosi Nurcahyani[1], Raden Vini[1], Yudi Koharudin[1],Ratna Soehoed[2], Dicky Hermansyah[2], Linawati[2]

Introduction

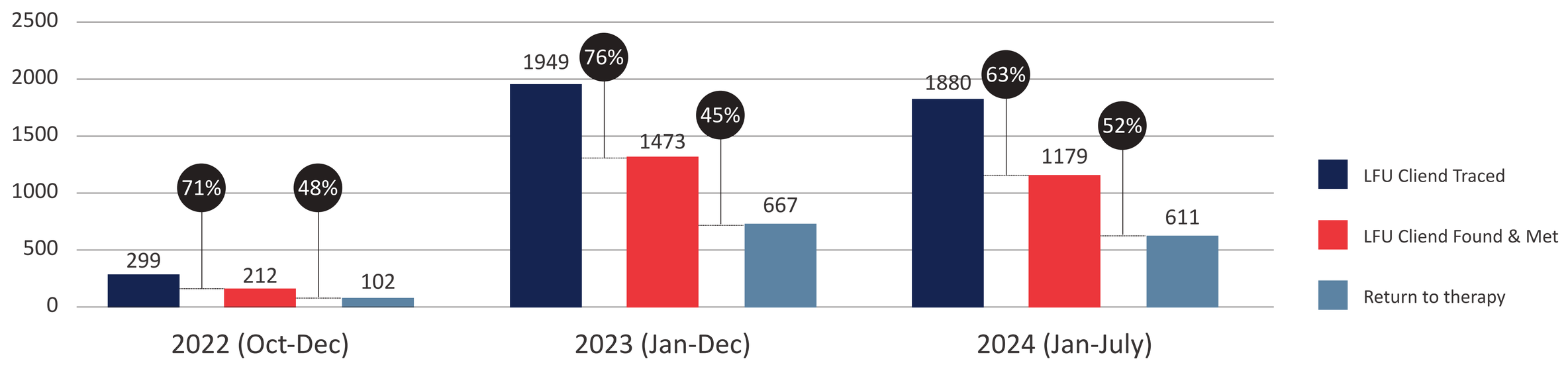
Of the 10,580 PLHIV who have started ART in five regions in West Java (2022); including the Districts and Cities of Bogor, Depok, Bekasi (BoDeBek), it is known that 70% are still on treatment and 30% were lost to follow up (LFU). In October 2022, tracing of LFU clients from 17 CST facilities in those five regions are began to bring them back to ARV treatment.

Description

The lost to follow up client tracing activity was held in collaboration between the West Java Provincial health Office (PHO) and BoDeBek District Health Offices (DHOs), 17 CST clinics in those regions, tracers from community organizations (CSO), and EpiC Indonesia as technical support provider. Program began with training in October 2022 for tracers from CSO, representative staff of PHO, five DHOs, and 17 CST facilities. Furthermore, a monthly coordination meeting between CST clinics and CSO tracers is held to determine patient priorities to be traced, including missed appointment patients. Based on the data provided by the health facilities, CSO tracers start tracing the LFU clients.

During initial period in Oct - December 2022, a total of 212 LFU clients were successfully traced and met. Of those, 48% successfully restarted therapy. In 2023, more LFU clients were found. Of the total searches of 1,949 LFU Clients, 76% were found (1,973). While the rest (24%) were not found as they had moved domicile, changed the telephone number, or other reasons. From those were met, 45% were successful in returning to therapy. Meanwhile, in 2024 (Jan-July 2024), as many as 1,880 LFU clients have been traced. From those, 63% (1,179) were successfully found and 52% were have linked back to treatment. District health offices are optimistic that by the end of December 2024, more LFU clients will be traced and return to therapy.

Tracing Client LFTU in 17 Health Facilities in 5 Regions of West Java (2022 - 2024)



Lesson Learned

By years, the number of LFU clients who are traced and the percentage return to ARV therapy continues to increase. If the trend continues improve, soon, all LFU clients in these five regions will be successfully found and linked back to treatment. Good collaboration among all parties, tracing innovations, high-quality data, field tracer skills, have proven to have big impact on the success of finding LFU clients and their ability to invite them back for treatment.

Recommendation

West Java Province has 27 districts, the LFU client tracking system in the 5 regions of Bogor-Depok-Bekasi possible to be scaled up in other districts, or expanded gradually, for example implemented in cities or districts that have HIV community organizations or health facilities that have quite high cases of lost to follow up.

[1] West Java Provincial Health Office, Bandung - West Java, Indonesia, [2]FHI 360 Indonesia, Jakarta, Indonesia

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Transforming Health-Related Quality of Life and Intersectional Inequality in HIV in Europe: THRIVE Project

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Key Takeaways

- **Among people living with HIV, individuals who are ageing, women, and those with migrant status are affected by complex but common challenges, which are often intersectional, that may impact health outcomes but are consistently underrepresented in research**
- **The Transforming Health-Related Quality of Life and Intersectional Inequality in HIV in Europe (THRIVE) project developed recommendations to engage and collaborate with people living with HIV experiencing multiple intersecting inequalities, empowering them to thrive**

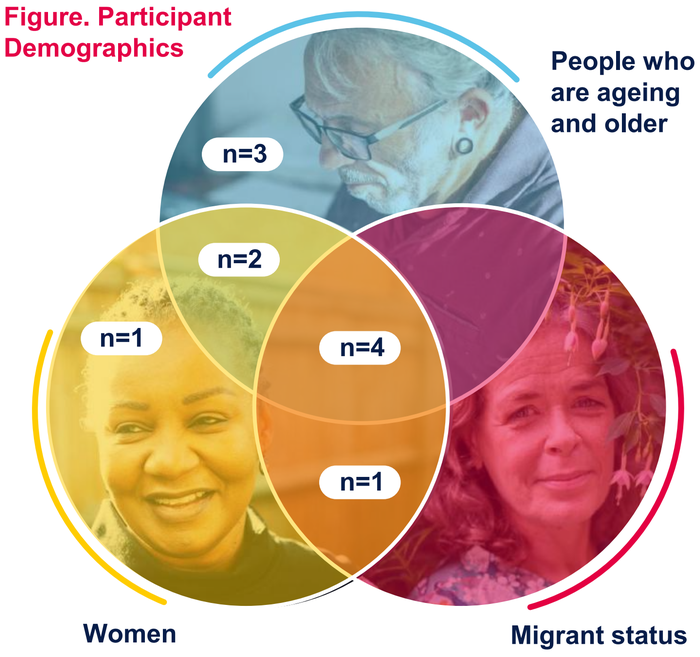
Introduction

- People living with HIV report challenges that can impact health outcomes that are further fueled by intersecting inequalities of race, gender, sex, sexuality, socioeconomic status, age, substance use, and migrant or resident status
- People belonging to key population subgroups, including those who are ageing and older, women, and those with migrant status, remain particularly vulnerable to HIV
  - HIV outcomes in these groups are affected by complex relationships between intersectional stigmatized identities and socially marginalized positions[1]
- The THRIVE project aimed to identify common and intersecting health and social challenges among people living with HIV in Europe
- Key recommendations were developed to provide practical and scalable solutions to engage key groups of people living with HIV who have been socially marginalized that must be addressed to end HIV transmission by 2030

Description

- A Task and Finish Group of HIV advocacy leaders from across Europe guided the THRIVE project
- 3 intersectional groups of people living with HIV were identified
  - People who are ageing and older: aged >45 years and considered themselves ageing and/or older
  - Women: self-identified as a cisgender or transgender woman
  - People with migrant status: those who permanently resided in a country different from their country of birth at the time of the interview
- Interviewees were recruited through HIV community support groups and nominated by members of the THRIVE Task and Finish Group
- 11 participants from 1 or more of the 3 intersectional groups were nominated for structured panel conversations and 1-on-1 interviews (Figure)

Figure. Participant Demographics



People who are ageing and older ● Women ● Migrant status

Participant	Intersectional group(s)	Years since diagnosis	Country of residence	Gender[a]
1	● ● ●	5	Ireland[b]	F
2	●	18	Portugal	M
3	●	34	Belgium	M
4	● ●	31	Portugal	F
5	● ● ●	23	UK[b]	F
6	●	20	UK	M
7	●	25	Portugal	F
8	● ●	30	Portugal	F
9	● ● ●	30	Sweden[b]	F
10	● ●	2	UK[c]	F[d]
11	● ● ●	19	UK[b]	F

[a]Self-identified. [b]Woman with migrant status born in Africa. [c]Woman with migrant status born in Asia. [d]Transgender woman.

Lessons Learned

- As members of intersecting groups, participants were affected by complex but common challenges and proposed solutions to address them (Table 1)
  - Across all groups, participants expressed frustration at having to navigate complex healthcare systems, being underrepresented in research at all levels, and experiencing stigma and discrimination based not only on their HIV status but multiple intersecting factors
  - People with migrant status faced unique challenges, such as moving away from their support network, racism, and xenophobia, that contributed to feelings of social isolation, decreased mental health, and avoidance of and disengagement from healthcare

Table 1. Key Findings Across Intersectional Groups ● People who are ageing and older ● Women ● Migrant status

● Feel that HIV and healthcare services are unprepared for the survival of their demographic ● Face gender-based social role expectations and often prioritize others' needs above their own	● ● ● Complex health services associated with pregnancy, menopause, effective treatment of comorbidities, and medication management are frustrating individuals' efforts to achieve the best health outcomes. Relevant targeted information and resources are lacking[a]	**Health burden**	● ● ● *"The healthcare system was not prepared to take care of me so long. So, all of a sudden, we are still here and then we have other complications."* – **Participant 9**
● Express reservations about the inclusiveness of residential care homes, including sharing status and fear of experiencing stigma and discrimination ● Have often been excluded from HIV health programs designed for younger groups ● Women may want to raise children and enjoy a healthy sex life but frequently experience stigma from outdated misconceptions, prejudices, and discrimination from some healthcare providers	● Experience shame and self-stigma and worry about the judgment of others, including healthcare providers, based solely on their migrant and HIV status ● ● Careful about sharing their HIV status with colleagues, cohabitees, family, and friends for fear of expulsion from the home or workplace, harassment, and violence[a]	**Stigma**	● ● *"When I was married I complained for domestic violence, in the court the judge treated me very badly, I was the woman with HIV and my ex-husband was the respectable person, the difference in treatment was blatant."* – **Participant 8** ● ● *"You kind of like stigmatize yourself and say well I'm one of these migrants sitting here."* – **Participant 1** ● ● *"...I haven't shared with my family; I haven't shared with my children. I am here outspoken everywhere, but there's still kind of [a] barrier there…"* – **Participant 5**
● Are likely to anticipate and experience mental health challenges, including loneliness, social isolation, and anxiety, and encounter delays accessing overburdened mental health services ● Lived experience of intersectional inequality and HIV can create mental health challenges, social isolation, and loneliness	● Experience with racism and xenophobia in all areas of life, including healthcare and HIV services, adversely affects their mental health ● Describe feelings of isolation when they moved away from their potential support network of family and friends	**Mental health and social resilience**	● *"My first reaction [after HIV diagnosis] was I am going to die soon. I won't see my children grow. And I was quite, quite afraid."* – **Participant 2** ● ● *"…to be a trans woman, it's already difficult to be in a relationship because of all these prejudices by society …so now being infected by HIV, it's made even worse because I feel like I have this other burden to carry."* – **Participant 10**
● People diagnosed when treatment options were limited often did not expect to lead long lives and are unprepared to support themselves in old age ● Some have taken less-demanding, lower-paying jobs but are spending more money to age well with HIV	● Experience considerable financial hardship in paying for non–HIV-related care and treatment ● Express fear of being deported, feeling that they have to keep away from healthcare services to avoid drawing attention to themselves	**Socioeconomic resilience**	● ● ● *"...you are dealing not only with HIV, yes there is medication, but your life, you know, financial stability […] you are living there like you are not free because anything you do in that place where you are living you fear, maybe today, maybe tomorrow, I'll be homeless."* – **Participant 5** ● ● *"The truth is no one prepare[d] me to be old. Because I have all these about 30 years I first they say that I gonna die and now I'm still here almost with 50 and no one prepares us to be old."* – **Participant 4**
● A perceived lack of accurate reflection about their needs in HIV services can cause feelings of exclusion and disinclination to engage ● HIV services do not reflect the specific needs of women, causing hesitancy to engage in services and feelings of exclusion from outreach services	● Multiple burdensome social challenges beyond HIV can be more pressing than engagement with HIV and wider healthcare services ● ● ● Underrepresented in research at all levels[a]	**Access to, engagement with, and trust in healthcare and HIV services**	● *"I never had the support during my pregnancies, the only sexual care I got was to pressure me to use contraception."* – **Participant 7** ● ● ● *"...there are a lot of issues we have to address as migrants… HIV is just one of them..."* – **Participant 9** ● ● *"I was looking online, trying to find or read stories of people just like me. But most of the stories I've I know in the mainstream media are from the gay community, some were from the women's community, but there was none at all that concerns transgender women."* – **Participant 10**
● Want to age well at home for as long as possible ● Appreciate opportunities to socialize with their peers ● Appreciate the positive impact of peer-to-peer services in empowering them to improve their health-related quality of life	● Value safe spaces to share experiences with others ● Believe they should be more involved in research and included in discussions with policymakers	**Empowering people living with HIV to improve their health-related quality of life**	● ● *"...create a safe space with all the information they needed, and they can talk...the work of peers is the most important to empower other women..."* – **Participant 4** ● ● *"We should invoke a sense of purpose to every patient or every people who are living with HIV that…you might have this disease…But despite having this…you can give birth to a new sense of purpose…[But in order for this to happen,] the health care providers need to encourage the patients to be more involved in their care..."* – **Participant 10**

[a]Cross-cutting findings between 2 or more groups.

Recommendations

- We developed high-level recommendations to engage and collaborate with people living with HIV experiencing multiple intersecting inequalities, empowering them to thrive (Table 2)
- Although the THRIVE project was restricted to Europe, the resulting recommendations for empowering people living with HIV to thrive are applicable worldwide

Table 2. Key Recommendations for Stakeholders

1 Provide tools and resources to encourage shared decision-making with HCPs

HCPs	Community organizations and researchers
HCPs must uphold the right of people living with HIV to keep control of sharing their HIV status; treatment decisions should integrate any personal circumstances, eg, shared or communal living spaces, that may present medicines management challenges Starting with HIV diagnosis, HCPs should engage with people living with HIV to prepare and empower them to live well wherever they are on their life course	Community HIV organizations should support people living with HIV and multiple intersectional inequalities to become partners in the management of their care and at every opportunity promote the uptake of local and online HIV community resources

2 Foster an environment that supports individualized care through cultural competence training for all HIV and non-HIV care providers to respond to diverse health needs of people experiencing intersectional inequalities

HCPs	HIV service planners and providers	Community organizations and researchers
HCP educators should support all HCPs caring for people living with HIV by championing individualized treatment and care and shared healthcare decision-making and work alongside people living with HIV to make the best choices for their health-related quality of life. Through a process of continuous professional development, and with access to regular diversity, equity, and inclusion training, all HCPs should become skilled in engaging with people living with HIV beyond the clinical aspects of their condition	HIV service providers across Europe should respond to the changing demographics of HIV by better engaging with people living with HIV disproportionately affected by intersectional inequalities	Researchers and research funders must redress the underrepresentation of people who are ageing and older, women, and people with migrant status at all levels of scientific and social HIV research

3 Collaborate across the HIV, health, and community sectors to expand access to high-quality peer-to-peer support for marginalized communities

HCPs	HIV service planners and providers	Community organizations and researchers
HCPs should routinely refer newly diagnosed people living with HIV to peer-to-peer support services	HIV service planners should collaborate with the HIV community services to expand the provision of community-led peer-to-peer support and further develop these services	Community-led peer-to-peer support service mentors should be encouraged to empower people living with HIV to articulate their needs clearly to HCPs

4 Prioritize expansion of high-quality integrated care to reflect changing demographics and diverse needs and multiple intersectional inequalities in the future

HCPs	HIV service planners and providers	Community organizations and researchers
Multidisciplinary HIV teams should come together more often through case conferences to agree on integrated responses to people living with HIV with multiple intersectional inequalities	HIV service commissioners should establish incentives to increase screening, audit, and case finding of people living with HIV and common multiple morbidities and life course events	HIV service and community leaders should collaborate with institutional residential care providers to extend and routinize the provision of high-quality peer-to-peer support services in situ, eg, women's refuges, migrant centers, older people's care homes, prisons

HCP, healthcare provider.

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Reference: 1. Karver et al. *Am J Public Health.* 2022;112:S420-S432.

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Sexual health knowledge and service access needs of people of black heritage resident in City of London and Hackney

PositiveEast
better futures for positive people

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Positive East

Positive East is East London's HIV and sexual health (SH) charity, providing both HIV support and prevention services to over 3,000 people per year. Project Community is part of Positive East's Prevention and Testing programme.

Project Community

Project Community is funded by Hackney and City of London Public Health and led by Positive East. The programme seeks to address sexual and reproductive health inequalities experienced by Black African (BA), Black Caribbean (BC) and other minority communities in City of London and Hackney.

Background

- City of London and Hackney are two inner London boroughs. They have consistently recorded high rates of STIs between 2012–2022
- High prevalence of STIs among people of Black heritage
- People of Black heritage more likely to be diagnosed with late stage HIV

Facts about City of London
- 8,600 population
- Half a million commuting population
- 70% identify as White and 3% belong to Black heritage

Facts about Hackney
- 260,000 population
- 43% under 30 years old
- 21% identify as Black

Method

- Survey period June 2023–May 2024
- Target population: Black African (BA); Black British (BB); Black Caribbean (BC)
- Recruitment: Street outreach and community events in City of London and Hackney

Respondents

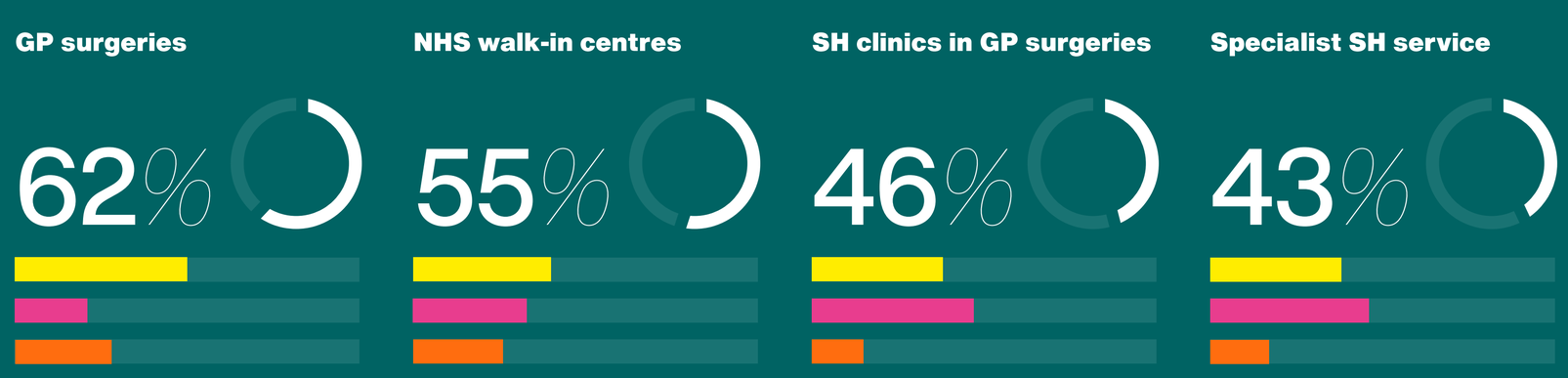
- 147 Black African (BA)
  110 Black British (BB)
  74 Black Caribbean (BC)
- Largest age group was 16–25 years old
- 52% female
- 69% Christian
- 89% heterosexual

Study limitations

- Social acceptability bias
- Participants were not asked how they access information about what SH services may be available

Results

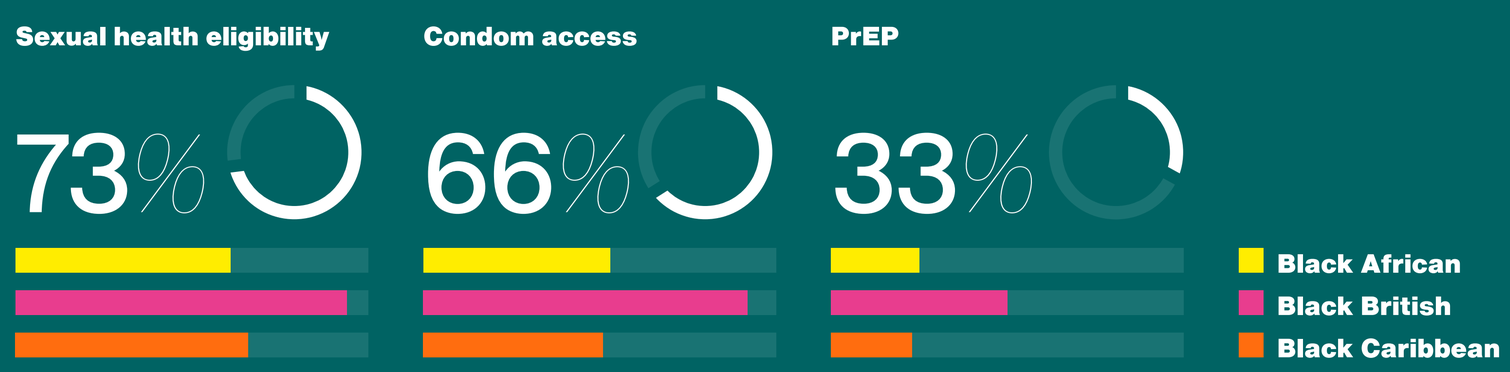
Preferred venues for sexual health advice



Other venues of choice included pharmacies; school/college or youth centres; voluntary sector organisations; libraries; online services and faith groups/church.

Sexual health knowledge

The was a distinct difference between the subgroups of Black heritage where it was found that Black Britains had a greater knowledge of SH services.



Contraception knowledge

Other forms of contraception known to participants include implants and IUDs

Accessing sexual health services

Respondents said the following factors **facilitated** them accessing SH services:

Walk-in services 58%
Being seen in person 43%
Health services offering more than SH services 42%

Respondents said the following factors were a **barrier** to them accessing SH services:

Lack of familiarity with health professionals 47%
Concerns about confidentiality 41%
Fear of family/friends finding out 31%

Conclusions

- 331 respondents from Black heritage
- Key factors influencing access:
  - Walk-in service availability
  - Concerns about confidentiality
- Knowledge gaps: BB more knowledgeable than BA and BC about SH services
- Study limitations: Social acceptability bias

Recommendations

Access preferences
Increase walk-in services; assure confidentiality

Training
Enhance health professional training to build trust

Community engagement
Tailored outreach & education initiatives

Future research
Address social acceptability bias

Find out more about our work: **positiveeast.org.uk**

City of London · Hackney

Acknowledgments: Hackney and City of London Public Health, Positive East staff and volunteers, Hackney and City of London participants and community partners

Retention rates 12 months after PrEP initiation among clients initiated between February and April 2023 at LaMvelase: a cross-sectional design.

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Background

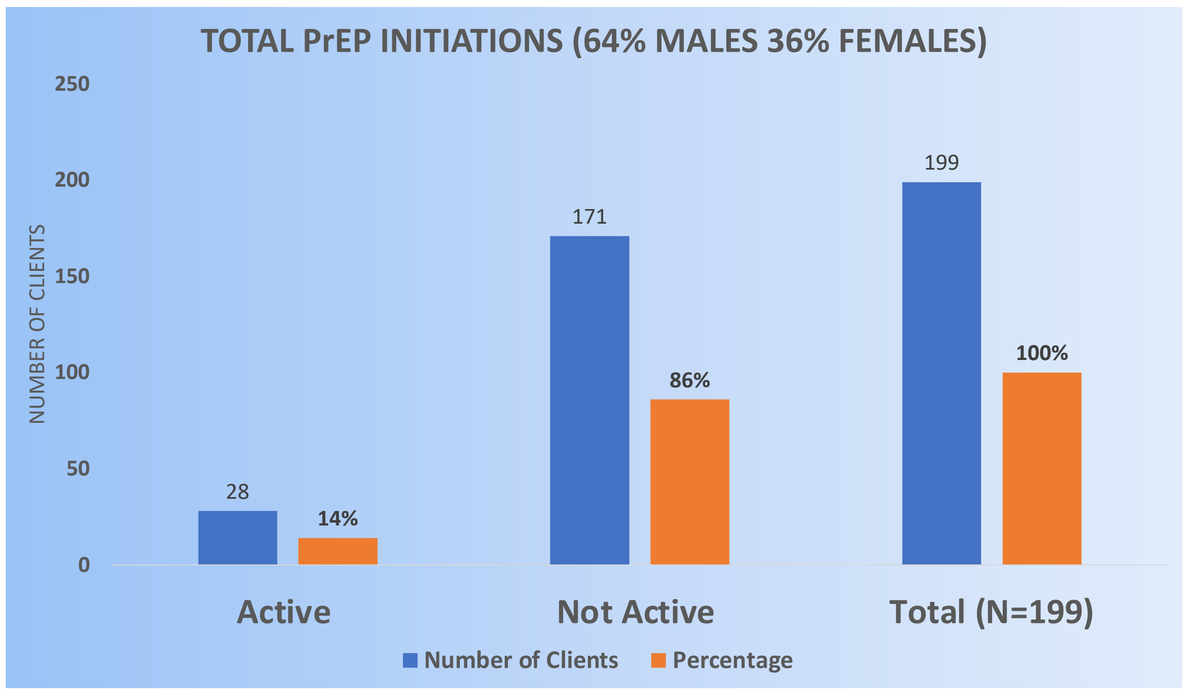
With an HIV prevalence of 24.8% among people 15 and older, HIV remains a major public health concern in Eswatini. HIV Pre-Exposure Prophylaxis (PrEP) is an effective tool for prevention of new HIV infections when taken consistently. However, long term retention in PrEP remains a challenge. Our objective is to measure retention at 12 months after PrEP initiation among clients enrolled on PrEP at LaMvelase.

Methods

A cross-sectional cohort of clients who were enrolled on PrEP between February and April 2023 was studied, using PrEP register and the Client Management Information System as data sources. The primary outcome was retention on PrEP at 12 months, defined as attending follow-up visits up to 12 months after PrEP initiation. Descriptive statistics were used to analyze the study population and retention.

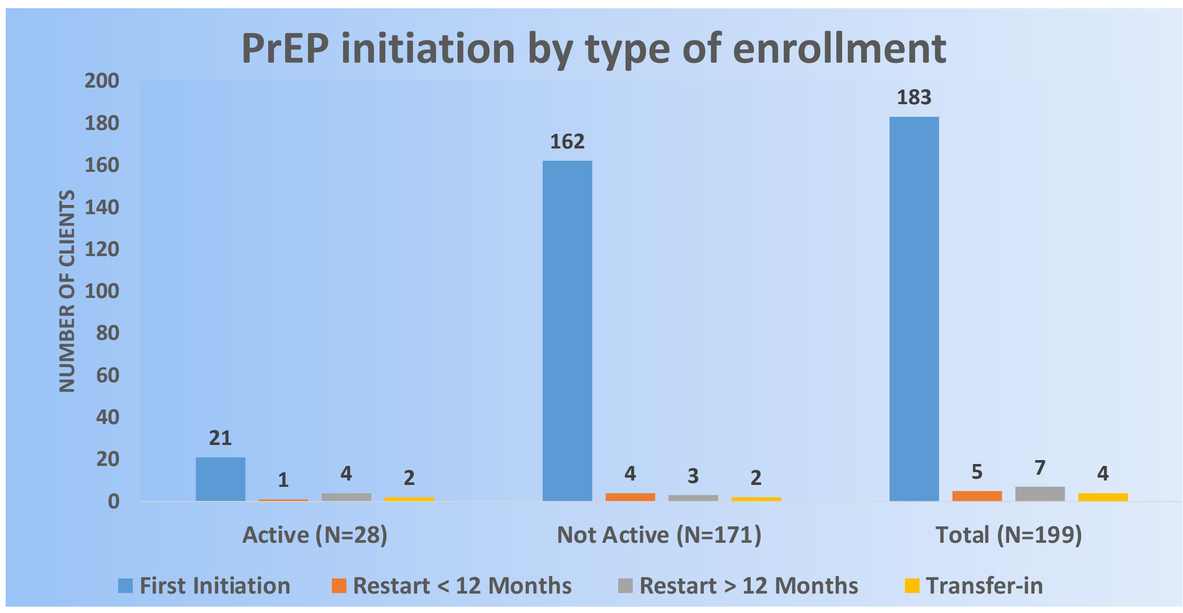
Results

Figure 1: Total PrEP initiation



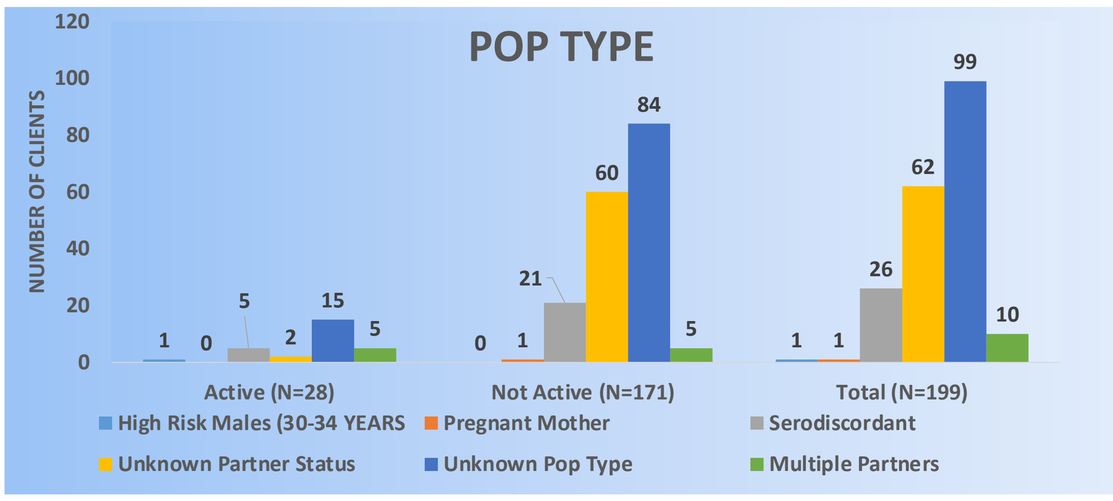
the mean age was 35 (SD=11). Overall retention at 12 months was 14%. Retention was higher among males (71%).

Figure 2: Type of enrollment



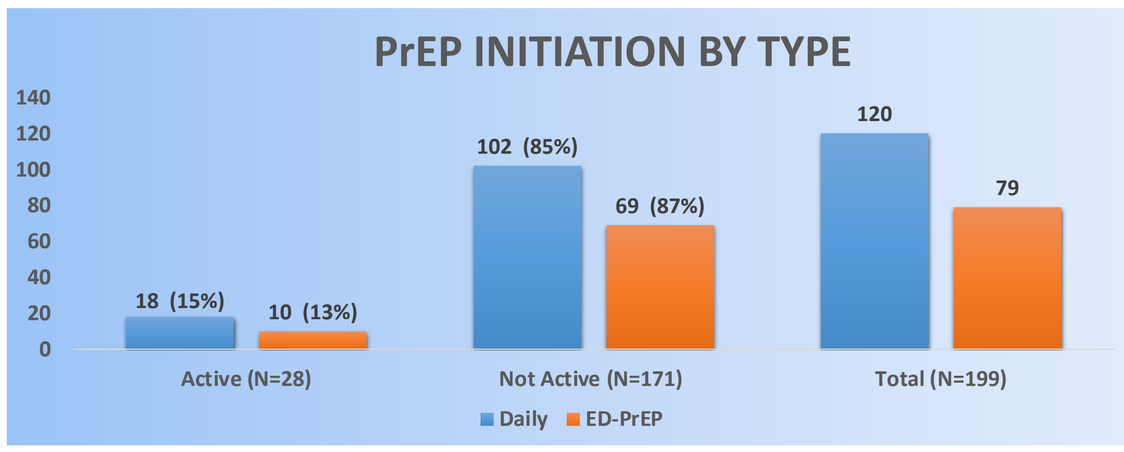
Among active PrEP, first-time initiations had higher retention (75%) compared to those who were re-initiated at <12 months of stopping PrEP (4%).

Figure 3: Population type



18% of the retained at 12 months had 'multiple partners' as a reason for initiating PrEP, while 54% were of 'unknown' reason for initiating PrEP.

Figure 4: PrEP initiation by type of PrEP



Out of 51 males who were on daily PrEP, 17% were retained at 12 months

Conclusions

Despite the effectiveness of PrEP, long term retention remains a challenge. Further research is needed to understand the barriers to retention.

Grandparents' understanding and beliefs regarding exclusive breastfeeding in the context of HIV

Johannesburg, South Africa

Joyce Lethoba, Busisiwe Ntuli 2
Anova Health Institute, South Africa; Sefako Makgatho Health Sciences University, South Africa

Background

- South Africa has a well-established Prevention of Mother-to-Child Transmission (PMTCT) programme.
- Despite this, the uptake of exclusive breastfeeding (EBF) is still low.
- In 2011, EBF was less than 10% and improved to 32% by 2016.
- Education on infant feeding within this programme is focussed on pregnant women only, yet grandparents are influential in the raising of children.
- Empirical data on the understanding of infant feeding of grandparents within the HIV context is lacking.

Methodology

- A qualitative approach was used to conduct the study at the Lilian Ngoyi Community Health Centre in Soweto, South Africa.
- Eighteen in-depth interviews (IDIs) were conducted with grandparents who had children less than 2 years old in the family in the past two years.
- The IDIs were audio recorded, transcribed verbatim and translated into English.
- Data were analysed with the aid of NVivo 12 software using thematic analysis, with six themes emerging.

Findings

- Grandparents understood the benefits of EBF and described it as healthy, forging a bond between mother and child, and stimulating intellectual development.
- However, findings showed that they did not have adequate understanding of EBF in the context of HIV.
- They believed EBF to be breastfeeding without giving formula milk even though they are giving other things like water and traditional medicines.
- The study also revealed barriers to EBF, which included compromised poor socio-economic circumstances, early return of mothers to work and perceived hunger in babies EBF.

"Breastfeeding is important as the baby does not get sick easily when you breastfeed, breast milk has vitamins. Breast milk is accessible and clean. Breast does not have germs, always protected." (68 ***years old grandmother****)*

Theme 1: Benefits of breastfeeding
Data showed that most participants valued breastfeeding mentioning its importance in promoting child health and preventing disease, highlighted its superiority over formula feeding

"Just like us, we grew up on breast milk, there was no Lactogen [baby formula], we did not drink Lactogen, every day we were always breastfed. We grew up on breast milk." ***(62 years old grandmother)***

Theme 2: Knowledge of exclusive breastfeeding
Grandparents showed that they do not have information nor understanding. However, study revealed that some of the grandparents have previous knowledge of EMTCT

"Sometimes when you start to breastfeed there is a pain, so other people stop when they feel that pain. Other people is because they working, and they think it will be a problem they go back to work. Whereas other is for beauty purpose, they don't want their breast to lose its shape and getting fat." ***(69 years old grandmother)***

Theme 3: Barriers to exclusive breastfeeding
They highlighted that there are circumstances and reasons that make them fail to continue with exclusive breastfeeding for 6 months. Barriers brought forward by the participants included a mother having to juggle employment and taking care of the baby.

""People [mothers] that have HIV are not supposed to breastfeed babies because their blood is already positive, they might infect the baby. She might end up with this condition." ***(62-year-old grandfather)***

Theme 4: Beliefs about HIV and breastfeeding
There were grandparents who had negative beliefs in HIV and breastfeeding and those who believed positively towards breastfeeding in the context of HIV.

""Sometimes when you start to breastfeed there is a pain, so other people stop when they feel that pain. Other people is because they working, and they think it will be a problem they go back to work. Whereas other is for beauty purpose, they don't want their breast to lose its shape and getting fat. ***(69 years old grandmother)***

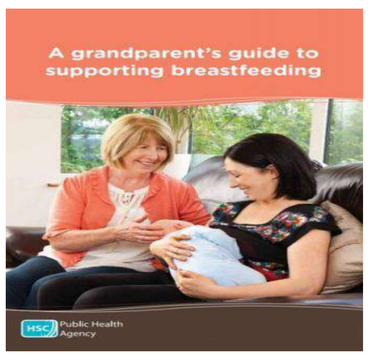
Theme 5: lack of EMTCT knowledge
Grandparents showed that they do not have information nor understanding. However, study revealed that some of the grandparents have previous knowledge of EMTCT

*"How could the baby not be infected if breastfed by HIV positive mother', 'how can the breast milk be free from HIV whereas the mother's blood is infected'. (****72 years old grandfather)***

Theme 6: Risk of infection
Grandparents had a concern of mothers who are HIV positive breastfeeding their baby as they might be putting them in the risk of contracting HIV

Conclusion

- Grandparents in this study had poor knowledge of EBF and held ill-informed beliefs about it.
- Data also revealed the misconceptions participants had about exclusive breastfeeding.
- The main misconception being the possibility of mothers transmitting HIV to their children



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Abstract 1438

Mapping of new diagnoses in Paris Area: The Cartoviz tool from the COINCIDE study

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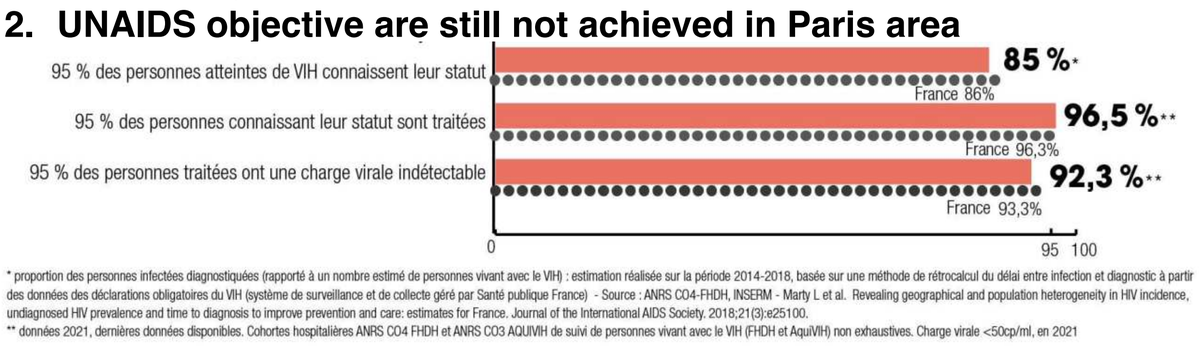
Introduction

1. **Paris area represents 42% of new HIV diagnoses in France.** (Marty *et al.* J Int AIDS Soc 2018).
2. **UNAIDS objective are still not achieved in Paris area**



3. **HIV screening and prevention strategies target key population** (with highest risk of contamination) of HIV epidemic but **not enough key territories** (where the rate and the number of new diagnisesis are highest) due to **lack of data.**

Objective

Mapping new HIV diagnoses in Paris area at the subdepartmental level, globally and according to key populations.

Patients and Methods

- Data were collected from medical records of PLHIV
  - diagnosed between 2014 and 2021
  - living in Paris area at diagnosis
  - taken in charge in the 52 HIV clinical centres of Paris Area
- The scale of the district was used in Paris/ the commune outside Paris
- The following indicators were mapped:
  - Standardized rate of new HIV diagnoses : globally/in men/in women
  - Number of new HIV diagnoses
  - Proportion of late diagnosis (CD4< 350/mm³ or AIDS)
  - Proportion of early diagnoses (CD4≥ 500/mm³ or Primary infection)
  - Sex ratio M/F
  - Ratio HSH/ Born-abroad
- 3 key populations were considered:
  MSM / Born-abroad non-MSM people / Women

Characteristics of the study population, n = 10 510 new HIV diagnoses between 2014 et 2021 in Paris Area

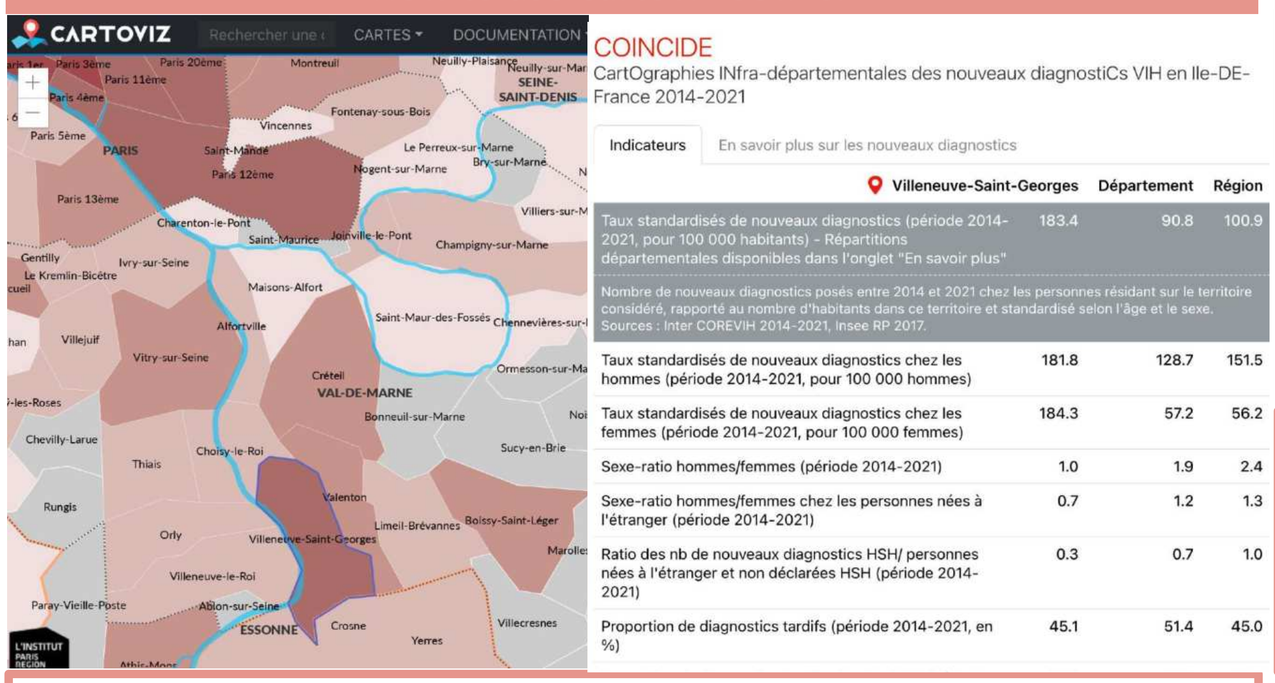
Age (year)	36 (29-46)
Sex	
M	7331 (68)
F	3327 (31)
T	168 (1)
Transmission risk group	
Heterosexuality	5544 (54)
MSM	4434 (43)
Other	306 (3)
Unknown	543

Pays de naissance	
Sub-Saharan Africa (SSA)	4574 (43)
France	4074 (38)
Maghreb and Middle East	577 (6)
Latine America	456 (5)
Eastern Europe	201 (2)
Other	677 (6)
Unknown	106
CD4 count (/mm³)	352 (184-532)
Late diagnosis CD4 < 350/mm³ ou SIDA	5 178 (48)
Advanced diagnosis CD4 < 200/mm³ ou SIDA	2969 (27)

Place of residence	
• Paris	3815 (35)
• Inner suburb	7012 (65)
• Inner suburb (92-93-94)	4048 (38)
• Outer suburb (78-95-77-91)	2964 (27)
Place of care	
• Paris	6157 (57)
• Hors Paris	4632 (43)
• Petite couronne (92-93-94)	3014 (28)
• Grande couronne (78-95-77-91)	1618 (15)
Precarious housing (Homeless / hosted by a third person)	2057 (20)

Results are expressed as median (IQR) or n(%)

How to use Cartoviz COINCIDE



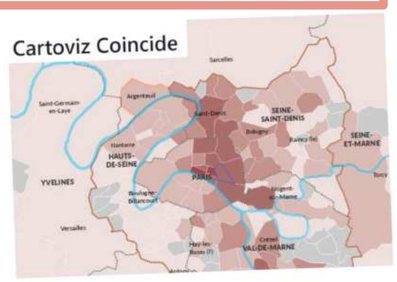
3 indicators to identify key territories in Paris area :

1- Standardized rate of new HIV diagnoses
2- Number of new HIV diagnoses
3- Proportion of late HIV diagnoses

- When high = Key population are not reached by Screening strategies

1 Indicator to caracterize the predominant key populations between MSM and Born foreign people (non MSM) : Ratio MSM/ Etr

https://www.ors-idf.org/cartes-donnees/coincide/



Rate of new diagnoses at the departmental and sub-departmental level

IDF N= 9661 (100%)	75 n = 3 223 (35)	92 n = 1 042 (11)	93 n = 1 622 (16)	94 n = 1 050 (11)	77 n = 751 (7)	78 n = 519 (5)	91 n = 798 (8)	95 n = 656 (7)
Taux / 100 000 hab	162	76	120	90	83	54	85	72
Taux Max (arrdt/ com/ EPCI	400 (centre) 200 (10e, 11e, 12e, 18e, 19e, 20e)	155 Vill La G	203 St Denis	183 Vill St G	134 Melun Val de S	126 Mantes la J	152 Athis-Mons	125 Cergy

- Highest rates and number of new HIV diagnoses in Paris districts
- Dynamic evolutions between 2014 and 2021 less favourable outside of Paris
- Strong predominance of MSM epidemic in Paris
- Strong predominance of Born abroad non-MSM people oustide of Paris
- Late HIV diagnoses more frequent outside of Paris, whatever the population

Conclusion

To achieve UNAIDS Objective in Paris area, additional efforts are needed

- To reach out to the hardest-to-reach populations : Born foreign people
- By targetting key territories, expecially in suburbs

⇒ Raising awareness among all those involved in screening/prevention (GP, Lab, Pharmacy, CPTS, CPEF, Gynecology, SF, Screening of future fathers in maternity wards …)

⇒ Systematic screening of key populations

⇒ PrEP deployment : Long-acting PrEP +++

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Satcher Health Leadership Institute

SHLI | MOREHOUSE SCHOOL OF MEDICINE

End the Epidemic: Community Engaged Leadership to Advance Health Equity for People Living with HIV in Georgia's Black Communities

ISSUES

❖ The Southern region of the United States is the epicenter for new HIV diagnoses. Disparities in pre-exposure prophylaxis (PrEP) utilization and outcomes across the HIV care continuum exist among African Americans and other historically vulnerable populations, compared to Whites in the Deep South.

❖ Morehouse School of Medicine has established an End the HIV Epidemic (EHE) project, under the campaign banner Georgia THRIVES. The initiative's goal is address structural, policy, and social threats to equity in HIV care and prevention for people at-risk and living with HIV (PLWHA), especially within the black community.

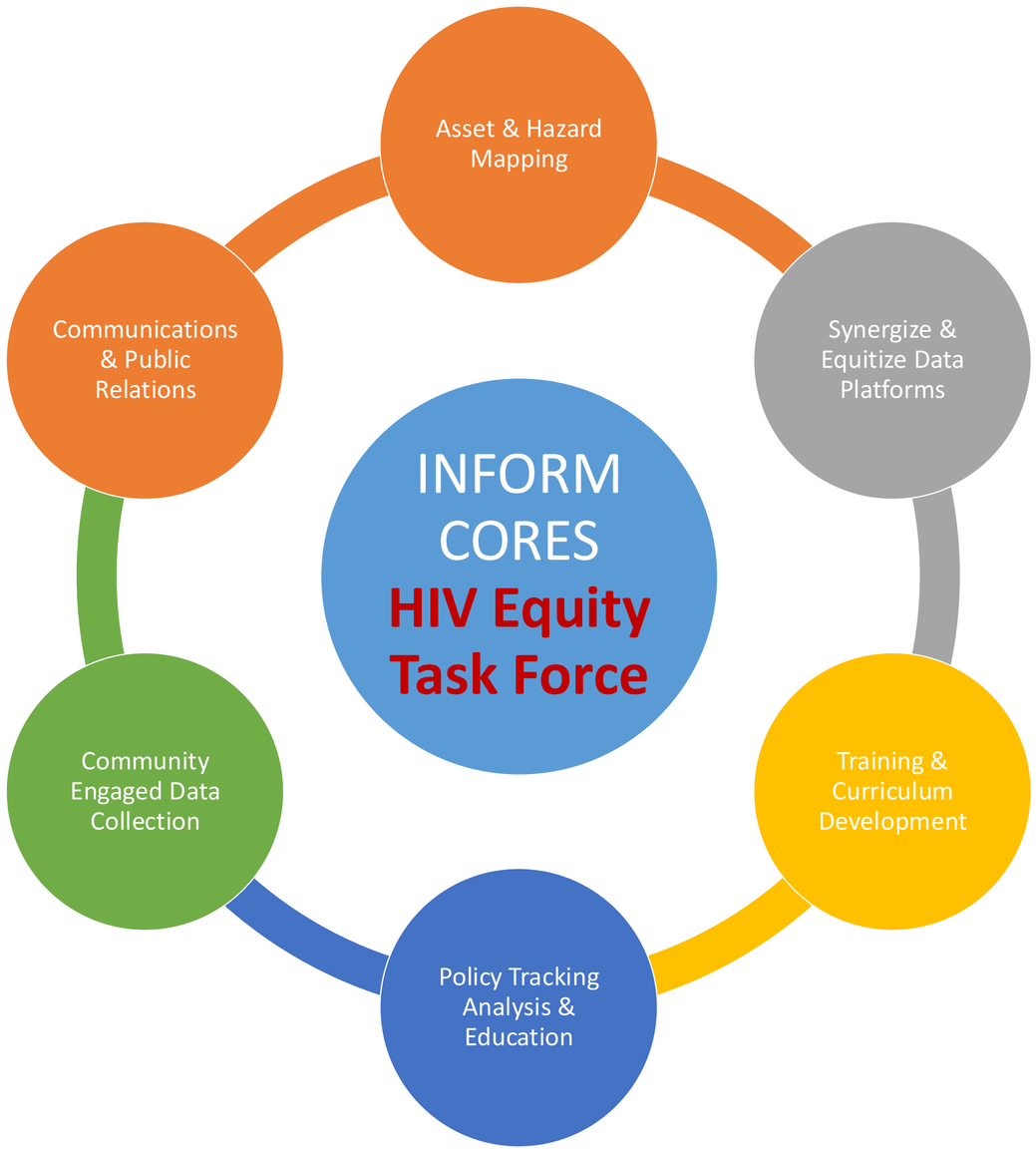
❖ This presentation will describe key activities of Georgia THRIVES' community task force, which was assembled to comprehensively inform this project.

ABOUT END THE EPIDEMIC

❖EHE was initiated in 2022 with funding from Gilead Sciences, Inc. to synergize the expertise of two minority serving, equity-centered health sciences institutions (Morehouse School of Medicine, Xavier University of Louisiana) to critically examine historical and contemporary structural/policy concerns and implement innovative solutions to address persistent barriers to HIV prevention and care among blacks in Georgia and Louisiana.

HIV Equity Task Force

❖HIV Equity Task Force: The HIV Health Equity Task Force (HETF) comprises 20 multisectoral members actively shaping strategies and interventions for HIV care in Georgia. The collaborative effort examines, advises, and critiques action plans by the EHE project core teams. The HETF convenes monthly. Participants are entrusted with reviewing the project's focus areas through presentations by EHE core leads and providing non-standardized feedback on the objectives/deliverables. The feedback is used to refine the project's design. The convenings serve as information exchange/dissemination channels for the larger social networks of each task force member, and project personnel.



RESULTS

HETF members prioritized the project's implementation of Meaningful Involvement of People Living with HIV (MIPA). Feedback included the following project enhancements:

❖ Training and Curriculum: interdisciplinary group formats for organizational training, and increased focus on understanding stigma's impact on PLWHA in the finalized curriculum ❖ Data Collection: expanded data collection sample size, and reduced survey instrument's length ❖ Asset & Hazard Mapping: incorporation of arts and culture as mapping category, landscape mapping specific to youth 18 and under living with HIV, and power mapping initiatives through stakeholder engagement on narratives adapted from asset maps ❖ Health Equity Tracker: established identity/target audience and eliminated language incongruence on platform datasets ❖ Policy Tracking, Analysis, and Education: aligned program agenda with city/county level administration in Georgia, and support for existing legislative advocacy work relevant to improving PLWHA outcomes. ❖ Communications & Public Relations: Provided content suggestions for awareness campaigns, participated in public-facing events, and permitted project to disseminate their likeness on Georgia THRIVES branded materials.

This initiative is a collaboration of GA and LA Community partners with funding provided by Gilead Sciences, Inc.

PARIS FAST-TRACK CITIES 2024

Utilizing the Interruption in Treatment Risk Assessment Tool to Identify People Living with HIV at High Risk of Being Lost to Follow-Up from HIV Treatment and Care

Lingga Permana[1], Siti Sulami[1], Maulana Aries Setiawan[1], Caroline Francis[1], Laurent Ferradini[1], Erlian Rista Aditya[1]

Introduction

Although Indonesia has made progress in managing HIV/AIDS, interruptions in treatment (IIT) from antiretroviral therapy (ART) remain a serious concern for the National HIV Program in Indonesia. The USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project worked with Jakarta and Greater Jakarta authorities to improve the retention of PLHIV on ART at 137 treatment facilities. To this aim, an IIT risk assessment tool was created to facilitate Civil Society Organization (CSO) workers to better identify patients at risk of IIT among men who have sex with men (MSM) and transgender people (TG) and propose tailored psycho-social and logistic support.

Figure 1. Snapshot of a few IIT tools questions

Description

People who are at risk of IIT could be identified by the CSO partner using an IIT assessment tool to adapt proposed personalized interventions to the type of risk identified for each case. This tool consists of demographic data and 13 questions related to factors influencing IIT. Among 4,625 MSM and 175 TG participated in this CSO assessment in Jakarta from March'24. The assessment found that 17% (n = 30) of TG and 12% (n = 56) of MSM had a medium-high risk of IIT. Among them, 34% of MSM and 33% of TG were receiving ART for less than a year. Several factors contribute to this issue:

- **Social and self-stigma**: Stigma surrounding HIV can make people reluctant to access or adhere to treatment. 10% of MSM/TG experienced self-stigma, 6% were anxious to get treatment, and 36% were concerned that their family would find out they were HIV positive.
- **Feeling bored and demotivated on ART**: Taking medication consistently can feel like a chore, and the long-term nature of HIV management can be tiring. However, out of the few MSM/TG who experienced this, 1% felt demotivated on ART, and 3% found it dull.
- **Economic factors**: Poverty can make it difficult to afford transportation or take time off work for clinic visits. MSM/TG said that 2% of their transportation costs and 3% of facility time services impacted their ability to receive treatment services.

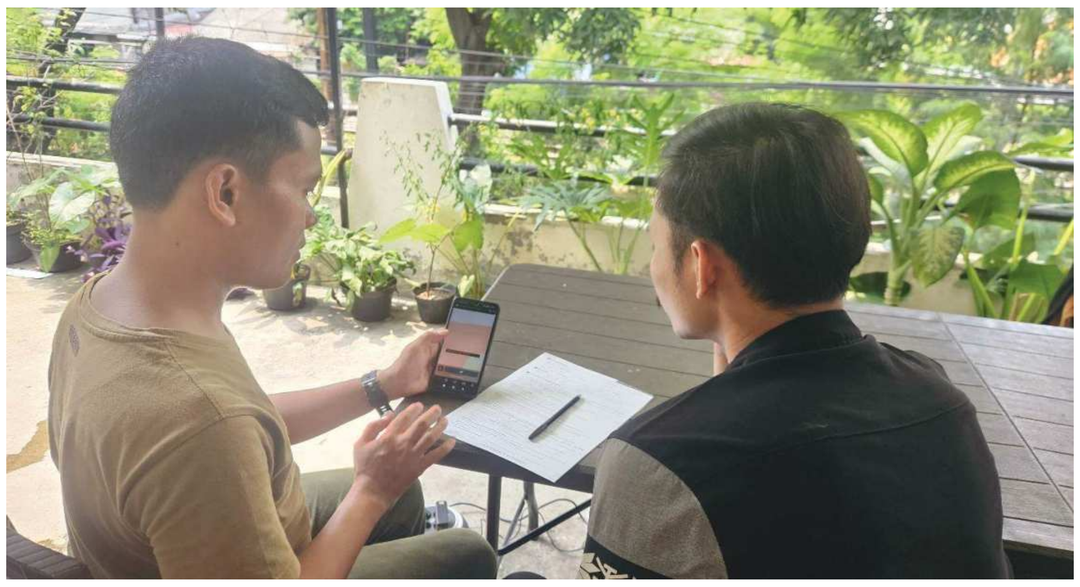


Photo credit: Ade Sonyville for FHI 360

Figure 2. CBS+ used a mobile phone to do an assessment with access on link. https://epicindonesia.typeform.com/to/xcjemSt0

Lessons Learned

The IIT assessment tool has shown to be a valuable tool for CSOs' risk assessment to facilitate the proactive identification of at-risk individuals and to propose tailored interventions to mitigate IIT on a case-by-case basis.

Recommendations

This tool could be a valuable resource for CSOs working on Global Fund (GF) projects and health facilities providing services for key populations in Indonesia to address HIV/AIDS. So, MOH will have comprehensive results on the profile of PLHIV on ART who have a high risk of IIT.

[1] FHI 360 Indonesia, Jakarta, Indonesia

Acknowledgement: This project is made possible by the support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobee Group.

The authors would like to express their huge appreciation to the DKI Jakarta Provincial Health Office, whose contributions and support were instrumental in completing this paper.

Collaboration between Community Organizations, Service Providers, and District Government to Prevent New HIV Infections through Pre-Exposure Prophylaxis in Tangerang City, Indonesia

Lisa Felina[1], Farida Helmy[1], Masitoh[2], Jessica Gloria Mogi[3], M. Husen Ali[3], Stefano Giovani H.S.[3], Riska Apriliyanti[3], Fika Febriana[3], Devita Dwi Amini[3]

Introduction

In 2023, Banten Province, Indonesia, ranked among the top 10 provinces with the highest number of new HIV infections. Of the estimated 17,680 HIV cases found in Banten, the highest concentration is found in the Tangerang Raya region, including Tangerang City. Pre-Exposure Prophylaxis (PrEP) is an innovative preventive measure aimed at reducing new HIV cases and supporting Indonesia's goal of zero new infections by 2030.

Lessons Learned

The Cibodasari Public Health Center (PHC) was the first Care, Support, and Treatment (CST) site in Tangerang City and among the first to offer PrEP to individuals at high risk of HIV infection. Promoting medication intake among otherwise healthy individuals to keep them HIV negative presented challenges. The Cibodasari PHC, with support from the community organization Wahana Cita Indonesia (WCI), provided PrEP education in layperson terms and referred interested individuals to the PHC. The district government also supported PrEP logistics and participated in training sessions. To ensure effective PrEP delivery, the Cibodasari PHC gathered user feedback through focus group discussions (FGDs) organized by WCI, implemented extended service hours, and initiated PrEP via mobile clinics.

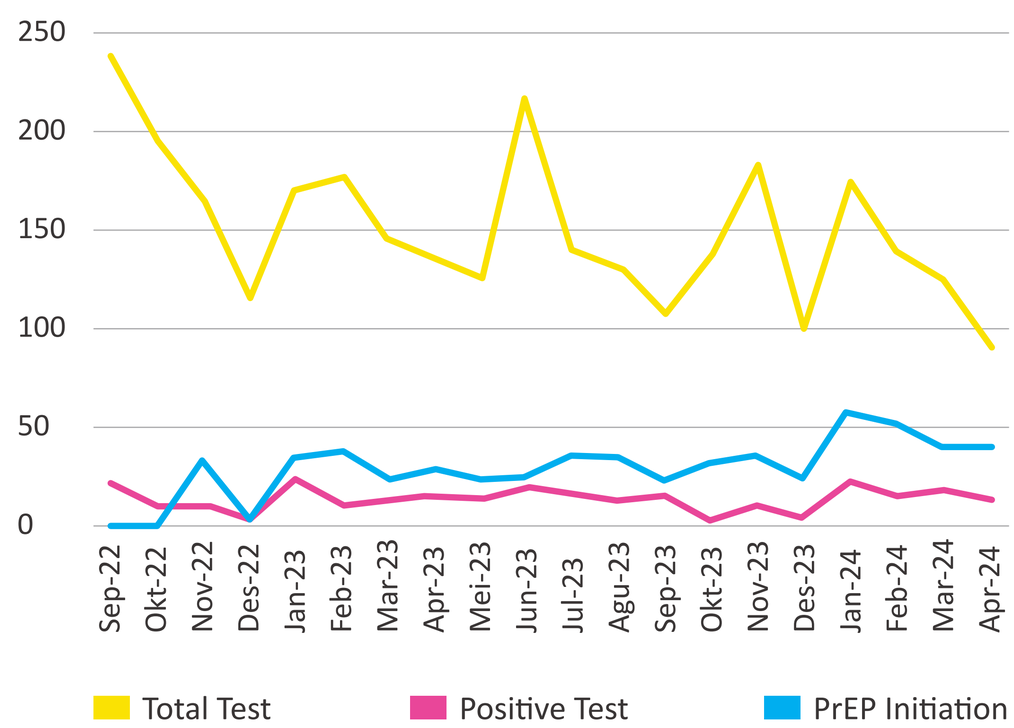


Figure 1. Trend of Positive HIV Tests and PrEP Uses in Cibodasari PHC

Description

Since its launch in late 2022, the vigorous promotion and feedback through FGDs have increased the number of PrEP takers at Cibodasari PHC through 2024. While some declines were due to logistical issues and national holidays like Ramadan, WCI has promoted PrEP to 3,201 individuals, with 471 maintaining its use. However, most users come from the MSM group, suggesting a need for targeted outreach to other key populations.

Table 1. Demographic Characteristics of PrEP Users at Cibodasari PHC

Demographic Characteristics	n	%
Key Population		
MSM[a]	419	87,66%
Transgender	5	1,05%
FSW[b]	9	1,88%
High-risk Partner	1	0,21%
Serodiscordant Partner	44	9,21%
Age group		
18 - 20	64	13,39%
21 - 25	142	29,71%
26 - 30	129	26,99%
31 - 35	74	15,48%
36 - 40	34	7,11%
41 - 45	14	2,93%
46 - 50	8	1,67%
>50	6	1,26%
PrEP Regimen		
Event-driven	226	47,28%
Daily	252	52,72%

[a]Men who have sex with men, [b]Female sex workers

Recommendations

PrEP could be utilized by more key population in Tangerang city given adequate promotion and outreach. The government will continue to coordinate to ensure that logistics forecasting, orders, and distribution are conducted properly to avoid any possibility of drug stock-outs in the future.

[1]The Tangerang City Health Office, Tangerang City, Indonesia,
[2]Puskesmas Cibodasari, Tangerang City, Indonesia, [3]FHI 360 Indonesia, Jakarta, Indonesia

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The authors would like to express their huge appreciation to the Banten Provincial Health Office, Tangerang City Health Office, and Puskesmas Cibodasari, whose contributions and support were instrumental in completing this paper.

Dissemination and Implementation Strategy: Cryptococcus Meningitis Screening and Diagnosis among People Living with HIV in Jakarta, Indonesia

Siti Zuhroh[1], Eka Yuli Safitri[1], Rayhan Abi Mayzan[2], Dian Agrianti[2], Eugenia Jeniffer Jasmine[2], Jessie Yunus[2], Kurnia Baraq[2], Laurent Ferradini[2], Caroline Francis[2]

Introduction

Jakarta is strenghtening Cryptococcal Meningitis (CM) screening and diagnosis among patients with advanced HIV disease (AHD) by introducing the Cryptococcal Antigen Lateral Flow Assay (CrAg LFA) test. Collaboration with the EpiC Indonesia USAID Program, Jakarta Provincial Health Office (PHO) developed screening program to all PLHIV with CD4 cell counts below 200 cells/mm³ and diagnosis, in line with WHO guidelines.

Description

The use of CrAg LFA by the Ministry of Health (MoH) has been limited, primarily only for diagnosis of suspected meningitis. To introduce point-of-care (POC) CrAg screening to all AHD patients, PHO assigned the district laboratory (Labkesda) as referral lab and issued a policy for meningitis management. To implement this, the PHO with care, support, treatment (CST) teams and neurologists established a referral network for screening at primary healthcares and CM confirmatory testing at hospitals.

Resources	Intervention strategy	Implementation strategy	Outcomes		
			Implementation	Health services	Client
CrAg LFA usage limited for Cryptococcal diagnosis.	• Develop provincial policy. • Mapping CrAg LFA usage: A. Screening in one lab B. Diagnosis in major hospital • Create flow of screening and diagnosis testing of meningitis. • Prepare to increase the capacity of reference laboratories and hospitals.	• Workshop and socialization. • Create a system for delivering CrAg specimens from health facilities to reference laboratories using transporter.	Improved meningitis cryptococcus case findings.	• Strengthened healthcare infrastructure for advance HIV disease management. • Enhanced capacity for conducting specialized diagnostic tests. • Improved integration of cryptococcal meningitis screening into routine healthcare services.	• Early detection of cryptococcal meningitis. • Timely initiation of treatment for asymptomatic PLHIV with reactive CrAg result. • Reduction in morbidity and mortality associated with Cryptococcal disease.

Figure 1. Model of dissemination and implementation strategy

Lessons Learned

From December 2023 to May 2024, 500 and 250 patients were targeted for screening and diagnostic test respectively in Jakarta. To ensure specimen processing timely, EpiC supported CrAg specimen transportation to Labkesda. Challenges included the absence of CM recording in the National HIV/AIDS information system, CD4 coverage in PLHIV was low in some healthcare facilities, and referral difficulties for asymptomatic patients with reactive CrAg results. Therefore, temporary recording and monitoring tools were developed as well as setting-up special referral mechanisms at selected hospitals, enhancing peer/community support, and encouraging baseline CD4 testing at healthcare facilities.

Recommendations

Proposing a new national CrAg screening policy for PLHIV with AHD is crucial, along with integrating CM reporting into current information systems. Implementing POC CrAg screening and establishing referral pathways for reactive cases will enhance case detection and management at healthcare facilities. Strengthening logistics for CrAg supplies and medications is imperative for collective progress.

[1]The Jakarta Province Health Office, Jakarta, Indonesia,
[2]FHI 360 Indonesia, Jakarta, Indonesia

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Achieving HIV/AIDS Viral Load (VL) Suppression in Bekasi City: Multi-Sectoral Advocacy and Local Investment in VL Testing Machine

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Introduction

As a Low and Middle-Income Country1, Indonesia is eligible to receive public health interventions to improve Viral Load (VL) monitoring and suppression for People Living with HIV (PLHIV). However, with Indonesia's gross national income transitioning to upper-middle income status2, the funding for these interventions is shifting from international aid to being the responsibility of local governments. In March 2024, Bekasi has 2,702 PLHIV, the second highest in the West Java province. A proper planning for sustainable continuum of the HIV program is needed to ensure successful transition especially with the VL program.

Description

Bekasi city has highlighted a significant gap between the number of PLHIV eligible for VL testing and available funds. In 2020, only 202 VL tests were covered for 1,681 eligible PLHIV, leaving an 88% gap. Despite financial advancements and an increase in number of testing, challenges persist, such as distance to healthcare centres and limited operational hours. The District Health Office (DHO) Bekasi City, in collaboration with the Regional Planning, Research, and Development Agency (Bappelitbagda) acquired a $47,000 PCR machine, placed in the Local District Laboratory (Labkesda). This investment reduced VL testing costs from $78 per test to a fraction of that, decreasing expenses by up to 76%.

Photo credit: Local District Laboratory, Bekasi City

Figure 1. PCR machine for Viral Load examination of Bekasi City placed in Regional Health Laboratory. (Tool Brand: BIONEER, Extraction Machine: ExiPrep16Dx, Serial Number: EP16DX -BAA008, PCR Machine: ExiCycler96, Serial No: EXI96V4-05N-BAC040

Lesson Learned

Local investment for the VL program is applicable and proven to be successful in closing the gap of care in PLHIV in Bekasi. By investing in healthcare infrastructure, the city's logistics is on track to meet and exceeded the third 95% target of ensuring the reach of the 95% target of PLHIV on ART achieved viral suppression in 2024.

This case study underscores the importance of strategic investment and multi-sectoral advocacy in enhancing public health outcomes and achieving global HIV targets. Addressing these issues involved multi-sector collaboration with research, and development agency to streamline services and improve accessibility.

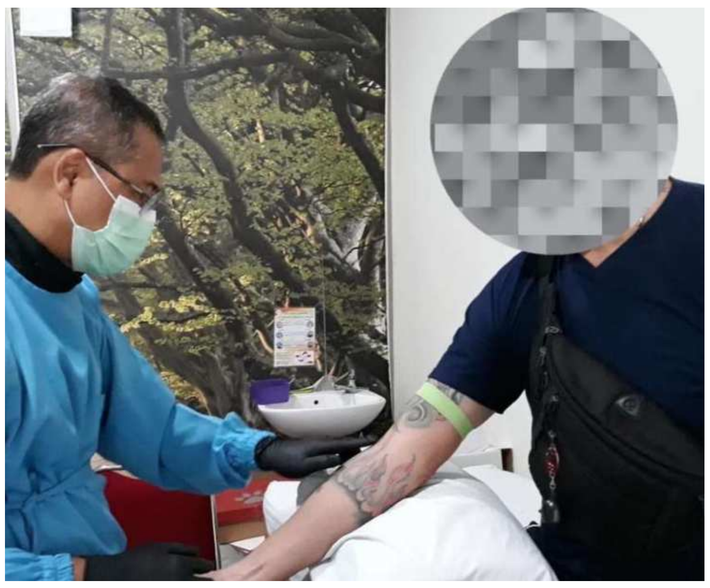

Photo credit: Local District Laboratory, Bekasi City

Figure 2. A healthcare worker is taking blood sample

Recommendation

This case study underscores the importance of strategic investment and multi-sectoral advocacy in enhancing public health outcomes and achieving global HIV targets. Addressing these issues involved multi-sector collaboration with research, and development agency to streamline services and improve accessibility.

Photo credit: Local District Laboratory, Bekasi City

Figure 3. The lab staff work tirelessly to ensure accurate HIV viral load tests

[1] Bekasi City Health Office Health Office, West Java Province, Indonesia, [2] FHI 360 Indonesia, Jakarta, Indonesia

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The authors would like to express their huge appreciation to the Bekasi City Health Office and West Java Provincial Health Office, whose contributions and support were instrumental in completing this paper.

Yevheniia Kuvshynova, abstract #1459

Comprehensive Support for Vulnerable Populations in Kyiv During Wartime:

Implementation and Impact of the Safe Space Center Model by NGO Convictus Ukraine

CONVICTUS UKRAINE

Due to the ongoing war in Ukraine, vulnerable populations face an economic crisis with limited access to basic services. Our project addresses these challenges by implementing targeted interventions and support systems.

Problem

Due to the war that has been going on for more than two years in Ukraine, vulnerable populations have found themselves in an economic crisis with limited access to basic services.

Setting

Kyiv is one of the cities with the highest HIV prevalence. For two years of war, Kyiv has been hosting the most significant number of internally displaced persons. The attack on the city does not stop. Vulnerable populations need access to a comprehensive range of social, humanitarian, and support services.

Demonstrate

We implemented the Safe Space Center model, a safe place offering comprehensive services for vulnerable groups, including HIV, tuberculosis, and other disease prevention services, health care services, humanitarian services, psychological support, medical consultations, and economic assistance programs. These activities aimed to meet the affected population's immediate needs and create favorable conditions for disease prevention and financial stability.

Outcome

Over the two years of Safe Space's operation, 3000 people have used the center's services, including more than 80 % of internally displaced persons. We have developed a model of comprehensive support for vulnerable groups that helps provide access to health and social services to the most vulnerable groups in the war. Additionally, economic assistance programs have helped stabilize the financial situations of many families, contributing to a more resilient community amidst the ongoing conflict.

The activity was implemented within the framework of the project “Resilience: Restoration of Psychosocial Well-Being”, which is provided by USAID Ukraine – USAID Ukraine Building a Resilient Public Health System, implemented by Pact, and the project ‘Integrated Humanitarian Response in War and Post-War Recovery’, implemented with the financial support of the Disasters Emergency Committee (DEC) and technical support of Christian Aid and coordinated by the ICF ‘Alliance for Public Health’

PARIS FAST-TRACK CITIES 2024

Mortality Rates among People Living with HIV (PLHIV) who Have Re-engaged in Care

Siti Sulami[1], Sujai[1], Laurent Ferradini[1], Caroline Francis[1], Erlian Rista Aditya[1]

Background

Disengagement from HIV care is common and associated with poor outcomes. However, little is known about mortality rates following re-engagement in care among people living with HIV (PLHIV).

Methods

We conducted a retrospective cohort study of PLHIV re-engaging in care at 109 health facilities in Jakarta between October and December 2022. We calculated mortality rates and used Cox proportional hazards models to identify predictors of mortality following re-engagement.

Results

Among 1,738 PLHIV re-engaging in care, the mortality rate was 0.98% (17) after one year in care. Among those who died, the median age was 36 years old (IQR=28-46 years old), 88% were male, 29% were key population, the median duration of being lost was 2 months, 88% were lost at 2 months, 6% for 3-5 months and 6% for 6+ months, and 65% were patients with therapy of Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (TLE) regimens. In adjusted analyses, only unsuppressed viral load at re-engagement (AOR=5.2, 95% CI 1.94-13.69) was associated with increased mortality risk.

Conclusions

Mortality rates were elevated following re-engagement in care, especially among those with unsuppressed viral load at re-engagement. Interventions to promote re-engagement, adherence, and retention in care may reduce mortality in this population.

Photo credit: Ade Sonyville for FHI 360

Figure 1. Jenna, a PLHIV client celebrates receiving multi-month dispensing of ARV, ensuring uninterrupted care and more time to focus on living a happy, healthy life.

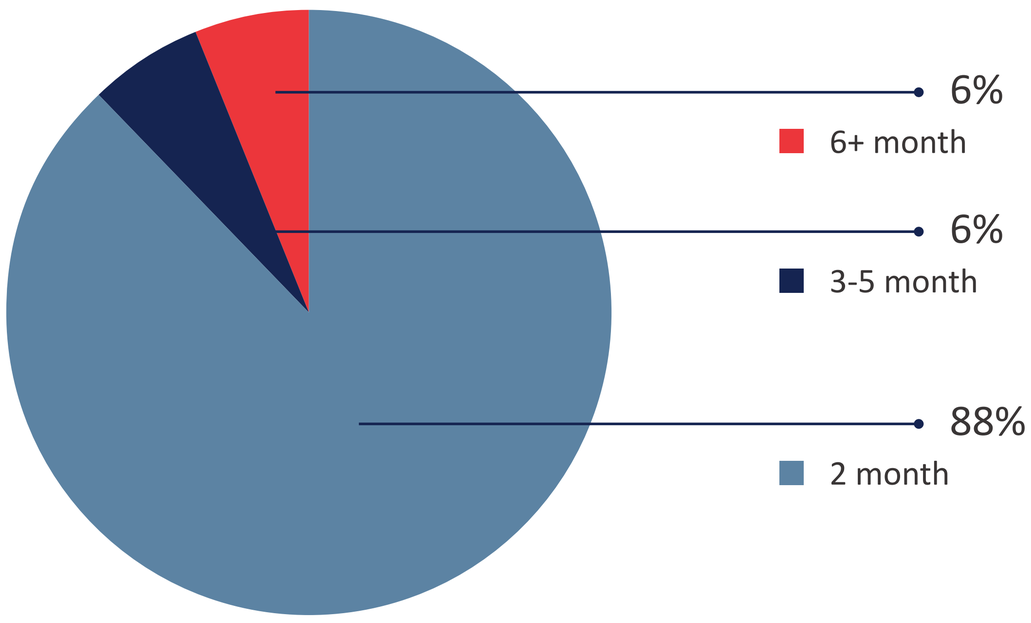


Figure 2. % Duration of IIT among PLHIV who Re-engaged in Treatment before Passing Away

[1]FHI 360 Indonesia, Jakarta, Indonesia

Acknowledgement: This project is made possible by the support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobee Group.

The authors would like to express their huge appreciation to the DKI Jakarta Provincial Health Office, whose contributions and support were instrumental in completing this paper.

GEORGE HOUSE TRUST
HIV POSITIVE LIVING

BACKGROUND

George House Trust's one-to-one advice and engagement led to increasing awareness that people living with HIV consistently face stigma and barriers accessing beauty and cosmetic treatments or tattoos.

Questions about HIV status and refusal of service common – impact on people living with HIV significant.

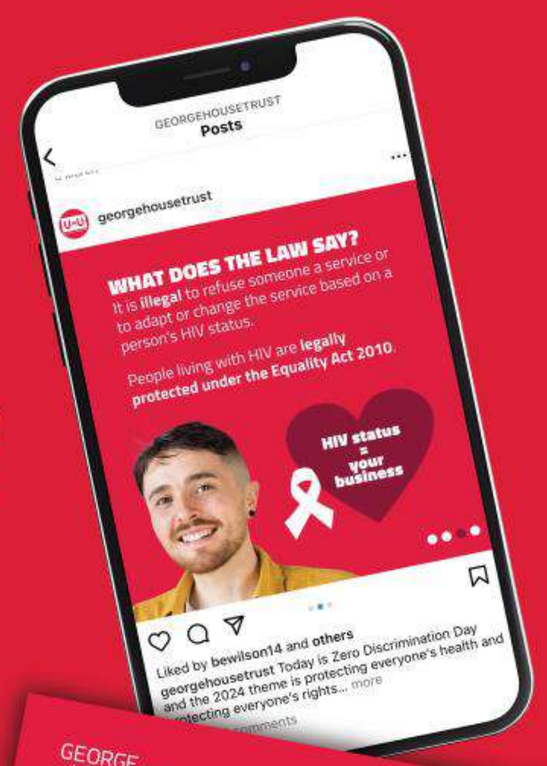
Planned work to survey the experiences of people living with HIV and create a toolkit for the beauty industry.

WHAT DID WE DO?

Online survey and focus groups to ascertain experiences of people living with HIV and wide range of beauty and cosmetic treatments.

Focus groups with people living with HIV and representatives of the beauty and cosmetics industry.

Social media assets and webpage to raise awareness.



RESPONSES

426 responses to online survey

73% of total respondents had seen HIV mentioned on a pre-treatment consultation form

73% of those who had seen HIV mentioned chose to share HIV status when asked

54% of those who had seen HIV mentioned challenged being asked about HIV status

51% of total respondents were refused treatment after sharing HIV status

THE FUTURE

We're working with a range of partners in ensuring that guidance is current and reflects how HIV has changed.

We've created guides and information for the industry and people living with HIV so they know their facts.

We've produced online and in-person training which is co-delivered by Positive Speakers for the industry.

MANCHESTER CITY COUNCIL

FAST TRACK CITIES GREATER MANCHESTER

ght.org.uk

HELP US END HIV STIGMA AND DISCRIMINATION

PARIS FAST-TRACK CITIES 2024

HIV Epidemic in the Cross-Border Region of Greater Geneva: The Importance of Identifying the Problem

E. Piet[1], N. Charpentier[2], S. Bontemps[3], C. Genecand[3], A. Cassini[4], J.M. Livrozet[5], O. Nawej Tshikung[6]

1. Annecy Genevois Hospital Center, 2. Sociologial Research Institute-University of Geneva, 3. Cantonal doctor office, Geneva canton, 4. Cantonal doctor office, Vaud canton, 5. University Hospital of Lyon, 6. University Hospital of Geneva

POUR UN GRAND GENEVE SANS SIDA Observatoire transfrontalier des inégalités sociales de santé

Objectives

Geneva is an international city surrounded by the French border and whose suburbs expand into France. The population of the resulting Greater Geneva area is over 1,000,000 inhabitants. The aim of our study was to quantify and describe the new diagnoses of HIV and their trend in this area.

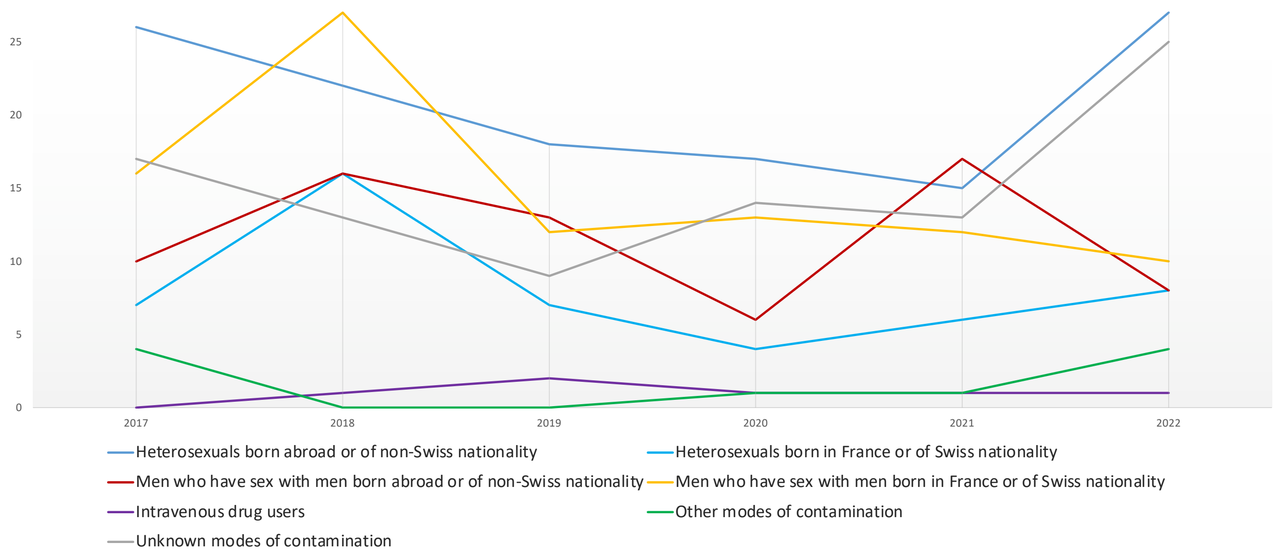
Methods:

Notification data of new HIV diagnoses in the Greater Geneva area were aggregated from different sources: new diagnoses of people living with HIV under care in the French part of the area and new diagnoses of HIV declared in Geneva canton and Nyon district.

We disaggregated the data to describe the geographical distribution and characteristics of new diagnoses from 2017 to 2022, and then compared our results to new HIV diagnoses in other major cities.

Source: Annemasse Agglo

Evolution of new HIV diagnoses by mode of contamination



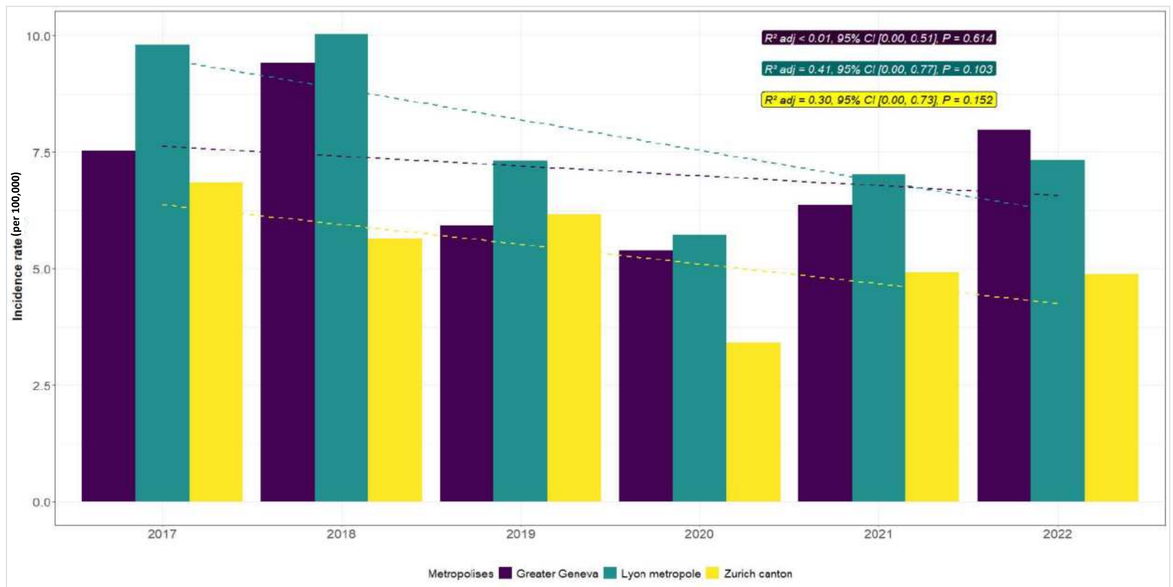
Results:

The number of new HIV diagnoses ranged from 61 to 99 per year in the Greater Geneva area. The epidemic tended to spread evenly between Geneva city and the inner and outer suburbs.

Depending on the year, 36 to 50% of the subjects were born in foreign countries or had a different nationality than country of residence.

Compared with Zurich canton or Lyon metropole, the incidence of new HIV diagnoses in the Greater Geneva area was similar ($p>0.05$). Although incidence tended to fall between 2017 and 2020, it then rose until 2022, so that the epidemic remained at the same level over the period (from 7.5 to 8.0 per 100,000 inhabitants, $p = 0.61$). The incidence of HIV followed the same trend in Lyon metropole and Zurich canton.

Evolution of incidence of HIV in Greater Geneva, Lyon metropole and Zurich canton between 2017 and 2022



Conclusion:

Analysis of the new HIV cases in the Greater Geneva area enabled us to assess the epidemic and its recent trends in this region. These results can guide further analysis aiming at identifying intervention strategies to reduce the number of new cases in this cross-border region, particularly in the vulnerable populations.

ANNECY GENEVOIS · UNIVERSITÉ DE GENÈVE FACULTÉ DES SCIENCES DE LA SOCIÉTÉ · canton de vaud · REPUBLIQUE ET CANTON DE GENEVE POST TENEBRAS LUX · HUG Hôpitaux Universitaires Genève · COREVIH arc alpin · coreVih Lyon - Vallée du Rhône · PARIS FAST-TRACK CITIES 2024

Two and a half years of In and Out-Hospital counselling and testing activities: two different and comprehensive preventive strategies

G. Mancarella1,2, A. Carraro2, A. Gasperin1, F. Izzo1, D. Di Trento1,2, S. Corazza1, S. De Maria1,2, A. Grimaldi1, R. Marocco2, V. Rossi2, M. D'Achille 2, L. Lubrano 3, V. Mercurio 3, A. Polillo3, , A. Girardi3, V. Vitale 3,C. Del Borgo 2, A. Cornevale 3, M. Lichtner1,4

1 Sapienza University of Rome, Latina; 2 Infectious Diseases Unit, SM Goretti Hospital, Latina; 3 Arcigay - Sei come sei, Latina; 4 Department of NESMOS, Sapienza University of Rome, Rome, Italy

INTRODUCTION

- In December 2020, the city of Latina joined the Fast Track Cities network to deal with the heavy impact that Covid19 pandemic had on preventive care and the rising rate of late HIV diagnosis.
- The infectious disease unit in association with the local LGBT+ organisation joined forces and opened Latina Checkpoint.
- The aim of this work is to talk about the two and a half years experience and what we learned from it.

METHODS

- To get tested at Checkpoint an online anonymous appointment can be scheduled.
- We first provide a community-based counselling and then HIV (Ab/p24), HCV(Ab) and Syphilis(Ab) tests.
- Results are given in 15 minutes and uploaded on the COBATEST website.
- In our hospital clinic no scheduled appointment is needed, a phlebotomy is performed, results are available in 3 days, counselling is conducted by ID specialists and all three tests are offered.
- Data were collected from January 2022 to April 2024 with COBATEST export tool and analysed by chi square and student t test.

RESULTS

- Since January 2022, our checkpoint and hospital have provided 757 and 1067 tests, respectively.
- In this work we only considered the people who came to get tested for the first time, 600 at Checkpoint and 529 in the hospital.
- Population is described in table 1.
- There are no statistically significant differences regarding gender, percentage of overall reported condom use and unprotected vaginal sex.
- No HIV tests resulted reactive at Checkpoint, 15 HIV tests resulted reactive in the hospital.
- People hospital tested are older (median age 34 yo) and seem to have much more riskier sex, for example the 91,9% of MSM did not use condom, the 7,2% of sex related risk was for unprotected sex with PLWH. lastly 15,2% of test resulted positive for an STI.
- People tested at Checkpoint are younger (median age 28 yo), seemingly more conscious about safe sex and probably got tested for HIV before in their life (59,3%).
- Even though 41% of people at checkpoint know about PrEP, only 2,5% are taking it.
- From 2022 to 2023 there was a 30,9% and 20,5% increase in the number of people coming at checkpoint and at our clinic.
- The majority of people get to know our checkpoint initiative by internet and social networks (figure 2).

	checkpoint		clinic		p value (<0.05)
	n	%	n	%	
total number of people tested	600	100,0%	529	100%	
median age	28 (16-91)		34 (0-94)		**<0,0001**
female	197	32,8%	187	35,3%	0,4123
male	393	65,5%	336	63,5%	0,4123
transgender women	4	0,7%	1	0,2%	0,3788
non-binary	6	1,0%	0	0,0%	-
injection drug user	3	0,5%	16	3,0%	**0,0009**
sex worker	7	1,2%	1	0,2%	0,0737
foreing nationality	29	4,8%	-		
condom not used	398	66,3%	353	66,7%	0,8996
msm	191	31,8%	111	21,0%	**<0,0001**
who don't use condoms	77	40,3%	102	91,9%	**<0,0001**
reason to get tested					
sex related risk	220	36,7%	333	62,9%	**<0,0001**
screening	397	66,2%	74	14,0%	**<0,0001**
accidental exposure	-		110	20,8%	
PrEP known	250	41,7%	-		
on PrEp	15	2,5%	48	9,1%	**<0,0001**
first hiv test	244	40,7%	315	59,5%	**<0,0001**
tested before	356	59,3%	214	40,5%	**<0,0001**
sex exposure	220	100,0%	333	100%	
unprotected vaginal sex	92	41,8%	159	47,7%	0,1704
unprotected anal sex	71	32,3%	137	41,1%	**0,0351**
unprotected oral sex	62	28,2%	25	7,5%	**<0,0001**
unprotected sex with sex worker	7	3,2%	12	3,6%	0,7898
unprotected sex with PLWH	1	0,5%	24	7,2%	**0,0001**
results					
hiv reactive	0	0,0%	15	2,8%	-
syphilis reactive	6	1,0%	41	7,8%	**<0,0001**
hcv reactive	1	0,2%	8	1,5%	**0,0124**
other STIs	-		31	5,9%	
increase from '22 to '23		30,91%		20,54%	

Table 1. Description of people getting tested at our Checkpoint and Clinic

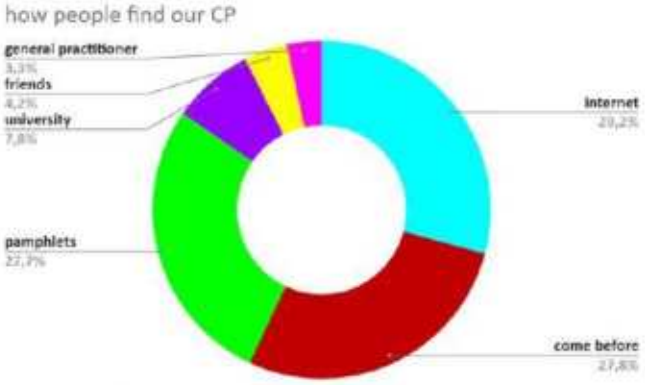


Figure 2. How people get to know our Checkpoint

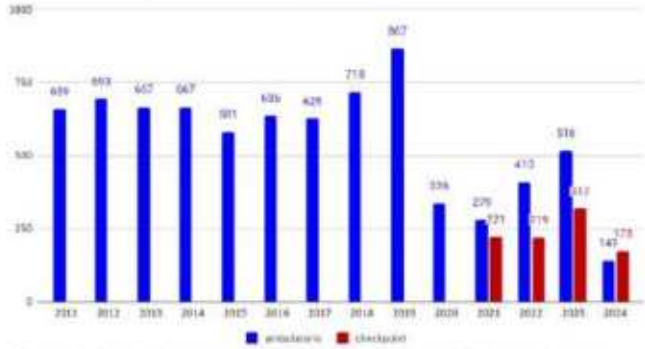


Figure 3. Trend of number of HIV tests taken in our Clinic and in our Checkpoint. It's slowly rising again after Covid 19 pandemic.

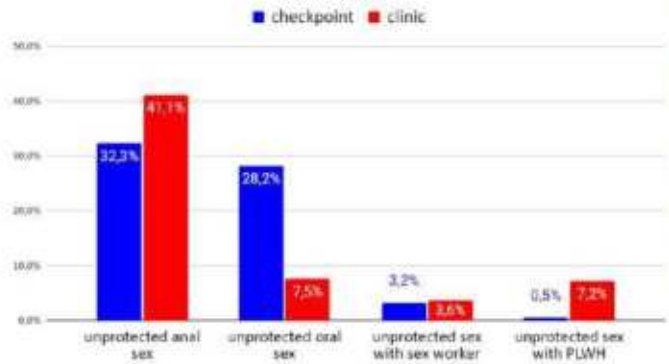


Figure 4. Comparison between types of risk exposure reported.

CONCLUSION

- Our Checkpoint experience highlighted its great role in terms of prevention and linkage to care that this initiative had and will also have in the future.
- It can be predicted an increase of 44% in the number of people getting tested in 2024.
- Differences between people who come at Checkpoint instead of the clinic show us that it is a safe space to get screened and get info about sexual health, proving itself to be a functional place for primary prevention.
- On the other hand hospital is fundamental for secondary prevention with early HIV and STI diagnosis.
- Furthermore, we should put our effort in educating people about the tools we now have to prevent HIV transmission such as PrEP and PEP.
- Improving our Checkpoint activities will help us get closer to the Fast Track Cities goal of ending the HIV epidemic.

LATINA CHECK POINT PARIS FAST-TRACK CITIES 2024

Evaluating Treatment Outcomes and Predictors of Retention and Virologic Suppression Among HIV Patients Initiating Antiretroviral Therapy in Jakarta Province, Indonesia: A Focus on Tenofovir/Lamivudine/Dolutegravir (TLD): A Retrospective Analysis

Eka Yuli Safitri[1], Nenden Siti Aminah[2], Siti Sulami[2], Laurent Ferradini[2], Caroline Francis[2], Erlian Aditya[2]

Background

The World Health Organization recommends the use of tenofovir/lamivudine/dolutegravir (TLD) as the primary antiretroviral therapy (ART) for HIV treatment. TLD has shown efficacy globally in achieving viral suppression and enhancing clinical outcomes. In Indonesia, the HIV National Program adopted TLD for new patients in 2019 and for switching regimens in 2023. A collaboration between the EpiC USAID-funded program and the Provincial Health Office in Jakarta analyzed treatment outcomes, focusing on patients with TLD.

Methods

A retrospective analysis of adult patients initiating ART in Jakarta Province between January and December 2022 across 143 health facilities. The cohort included patients on various ART regimens, with TLD being predominant. The primary outcomes were 12-month retention in care and virologic suppression. Multivariable logistic regression models identified predictors of these outcomes, including TLD initiation, gender, key population membership, and age.

Results

Of the 4,621 patients analyzed, 83% were male, 65% were key population members, and the median age was 29. Most (85%) initiated ART with TLD. At 12 months, 72.1% were retained in care. In multivariate-adjusted analyses, TLD initiation (OR: 1,47, 95% CI: 1,23-1,74), male gender (OR: 1,19, 95% CI: 1,00-1,41), and being a member of the key population (OR: 1,75, 95% CI: 1,53-2,06) were independently associated with treatment retention. TLD initiations were associated with virologic suppression (OR: 2,82, 95% CI: 1,00-5,98). In multivariate analysis, those who were retained at 12-month treatment (OR: 3,66, 95% CI: 1,67-8,02), male gender (OR: 2,40, 95% CI: 1,10-5,22), and age > 15 years (OR: 4,20, 95% CI: 1,25-14,01) were associated with virologic suppression.

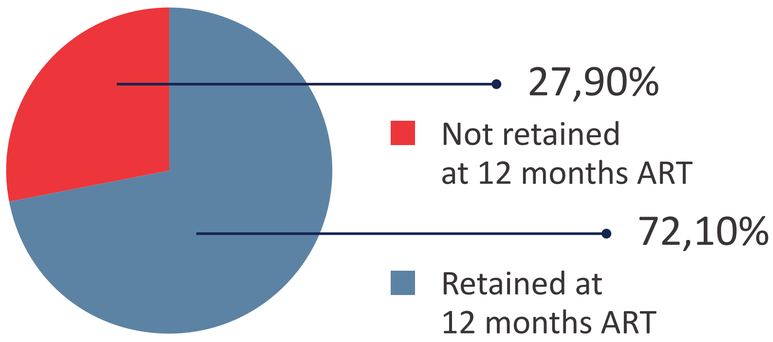


Figure 1. Of 4,621 Patients Analyzed

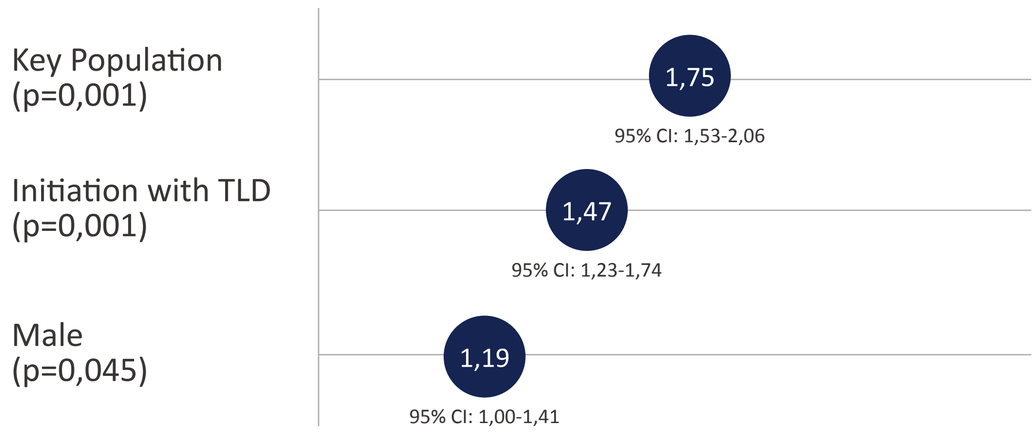


Figure 2. Multivariable Logistic Regression: Adjusted Odds Ratio (Increased Likelihood) of Retention at 12 Months of ARV

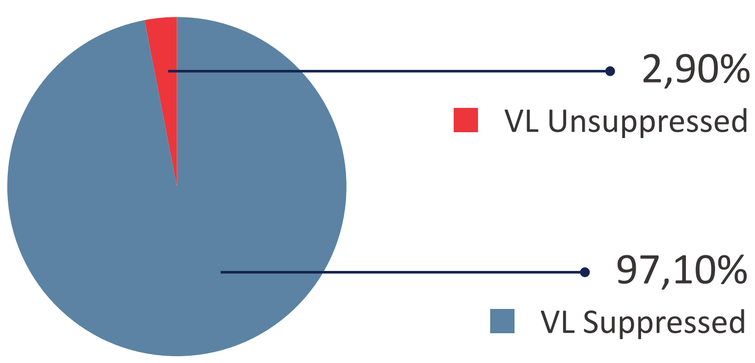


Figure 3. Of 1,201 Patients Having VL Test

Figure 4. Multivariable Logistic Regression: Adjusted Odds Ratio (Increased Likelihood) of Virologic Suppression

Conclusions

The study underscores the efficacy of TLD for HIV treatment. TLD initiation was associated with improved retention in care and virologic suppression. Enhanced efforts are needed to ensure access to TLD, particularly among key populations. Targeted interventions should address retention challenges, especially among younger patients.

[1]The Jakarta Province Health Office, Jakarta, Indonesia,[2]FHI 360 Indonesia, Jakarta, Indonesia

Acknowledgement: This project is made possible by the support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobee Group.

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PARIS FAST-TRACK CITIES 2024

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HIV Engagement Project

Improving HIV Care in the Glossop Unit: Survey Report

Authors: Dr Adam DN Williams, Jen Lewis, Matthew Macleod, Dr Laura Cunningham
Contact information: laura.cunningham@wales.nhs.uk

INTRODUCTION

The HIV Engagement Project was a 12-month initiative designed to improve service delivery and patient re-engagement at the Glossop unit by piloting the role of an HIV specialist support worker. As part of this we also explored service delivery with patients currently attending the Glossop Unit. The aims of this embedded project were to:

1. Assess patient engagement and satisfaction with the care provided.
2. Identify barriers to engagement with care at the Glossop unit.
3. Explore patient engagement with additional services.

METHOD

A survey developed, piloted and distributed to patients attending the Glossop Unit. It included questions on:

- appointment adherence,
- treatment engagement,
- communication with clinic staff,
- transportation and accessibility,
- access to additional services.

The survey was anonymous and designed to be completed in less than 10 minutes. Data was collected between November 2023 to May 2024 and responses were analysed to identify trends, barriers, and areas for potential improvement.

This project received funding from Gilead's Need to Find Grant Scheme.

RESULTS

Patient Engagement and Satisfaction

38% of the total Glossop clinic population responded to the survey [n=242].

93% were satisfied with their clinic appointments, highlighting strong service delivery.

90% of patients were on treatment with undetectable viral loads, good engagement by room for improvement.

11% reported occasionally missing appointments, revealing challenges in maintaining regular engagement.

Barriers to Care

25% faced issues attending appointments due to transportation and parking difficulties.

21% reported difficulties contacting the clinic, with a preference for phone communication.

Access to Additional Services

Patients accessed various services, including mental health and housing support, indicating diverse needs within the population. Responses were mixed on the need for peer support groups.

Recommendations

- **Improving Transport and Accessibility:** Consider providing transport assistance or improving parking facilities.
- **Enhancing Communication:** Streamline contact methods to ensure all patients have responsive and accessible communication options.
- **Strengthening Support Services:** Build stronger links with community partners.
- **Continued Evaluation:** Regular assessment of patient satisfaction and the impact of newly implemented strategies.

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HIV Engagement (HIVE) Project

Developing a local multiagency network

Authors: Dr Laura Cunningham, Dr Adam DN Williams, Jen Lewis, Matthew Macleod, Dr Jane Nicholls
Contact information: laura.cunningham@wales.nhs.uk

Introduction

- The HIVE project launched in Cardiff and Vale in 2023 to understand local HIV engagement and to support re-engagement with care. A core objective was the development of a local multiagency network of health, statutory, academic and community partners.

Description

- We have connected with 27 teams and organisations across Cardiff and Vale:

• People living with HIV	• Children's HIV Association	• Black African Women's Support
• Sexual health/HIV services	• Drug/alcohol services	• Health Board Exec Team
• Primary Care	• Homeless Outreach	• Health inclusion
• Emergency Care	• Dietetics	• Public Health Wales
• Mental health	• Safeguarding	• Hepatitis C Trust
• Infectious Diseases	• Cardiff Council	• Red Cross
• Obstetrics	• Pharmacy	• Health Protection
• Paediatrics	• Terence Higgins Trust	• Asylum Support
• Prison Health	• Hepatitis C Trust	• Fast Track Cities

- Stakeholder engagement events were held in October 2023 and June 2024, to build awareness and develop collaborative working.
- 80 individuals attended one/both of our events.
- Both events included a Positive Speaker session with 8 people sharing their lived experiences.

Stakeholder Activities

- Developing co-production in our service
- Training sessions for health and council teams
- Case presentations at hospital grand rounds
- Developing pathways with partners:
  - Primary and secondary care
  - Mental health
  - Homeless and outreach services
  - Hepatitis C engagement services
  - Asylum support services
- Improving data with digital partners
- Utilising local comms and social media

Lessons Learned

- Feedback from the events was overwhelmingly positive; the positive speaker sessions were impactful and led to valuable discussions with stakeholders.
- We have created strong relationships and integrated, person-centred pathways which will allow individuals to access HIV support wherever they are seen.
- Stigma is a powerful barrier to engagement and should be addressed with education and awareness-raising across organisations.

Recommendations

- Developing effective local multiagency networks is a crucial component of HIV re-engagement programmes.
- People living with HIV need to be at the centre of integrated re-engagement pathways and co-production is essential to success.

This project received funding from Gilead's Need to Find Grant Scheme.

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PARIS FAST-TRACK CITIES 2024

Improving Supply Chain Management using Routine Data Quality Audits in Jakarta, Indonesia

Tedy Ria Atmaja[1], Dwi Sartika[2], Siti Sulami[2], Laurent Ferradini[2], Caroline Francis[2], Erlian Aditya[2]

Background

Effective supply chain management relies on accurate stock data to ensure uninterrupted access to essential medicines and health commodities. However, poor data quality is common at health facilities, leading to potential stockouts or overstocking. The USAID-funded EpiC program worked with the Provincial Health Office in Jakarta to conduct regular data quality audits at facilities to improve stock data accuracy.

Methods

A data quality audit was conducted quarterly over 12 months in 137 HIV/AIDS primary health care and hospital facilities using a standardized data quality assessment process for antiretroviral (ARV) drugs. Physical stock counts, cross-checking stock records, and identifying discrepancies between recorded and actual stock levels were conducted. Feedback and recommendations for improving data management practices were given to facilities. The primary outcome was a change of discrepancies between the recorded and actual stocks before and after the audit intervention. Secondary outcomes included stock data completeness and adherence to data management protocols.

Results

The median percentage deviation from actual stock levels decreased from 64% (IQR: 32%-56%) at baseline for ARVs to 26% (IQR: 9%-33%) after the first audit cycle. Improvements continued and were sustained over subsequent audit cycles, with a final median deviation of 12% (IQR: 1%–17%) after 3 rounds of audit. Data completeness and adherence to protocols also improved significantly during the intervention.

Conclusions

Routine data quality audits coupled with regular feedback and capacity-building contribute to substantially improving data management practices and supply chain management of ARVs at health facilities in Jakarta.

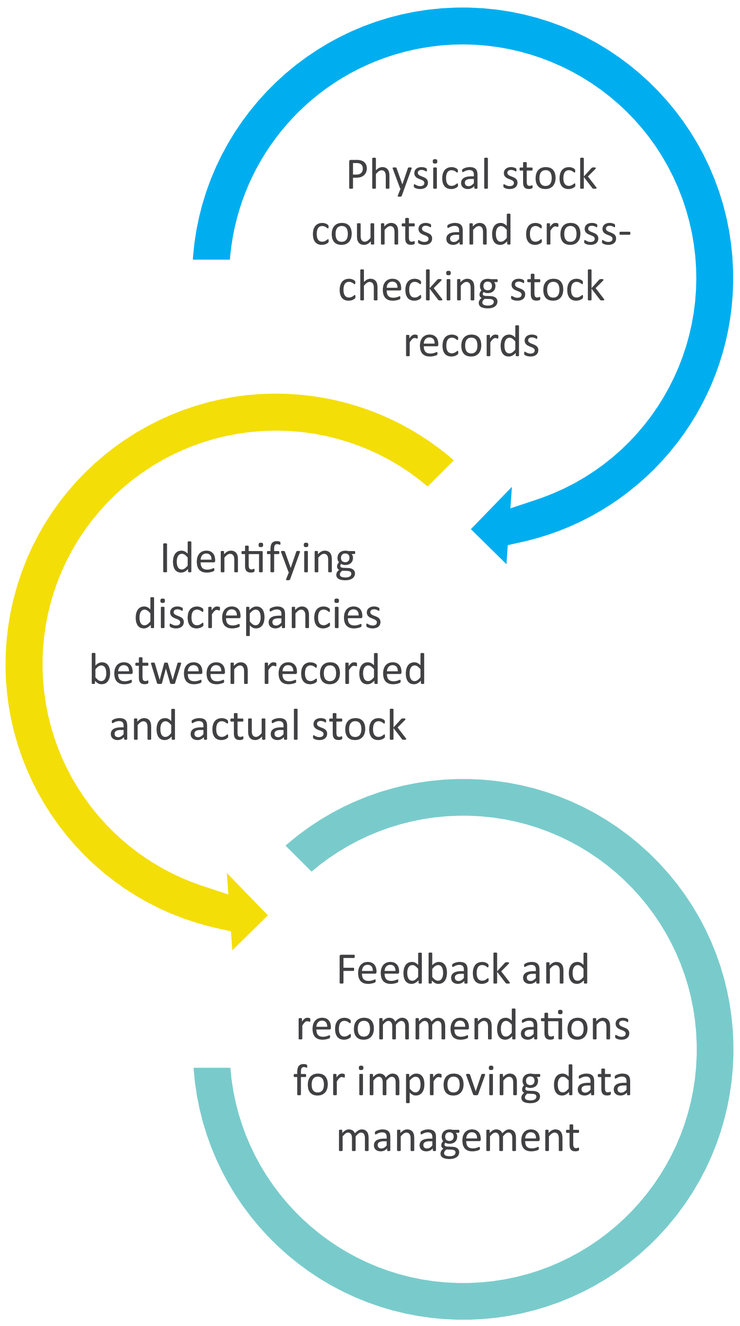

Figure 1. Process Flow

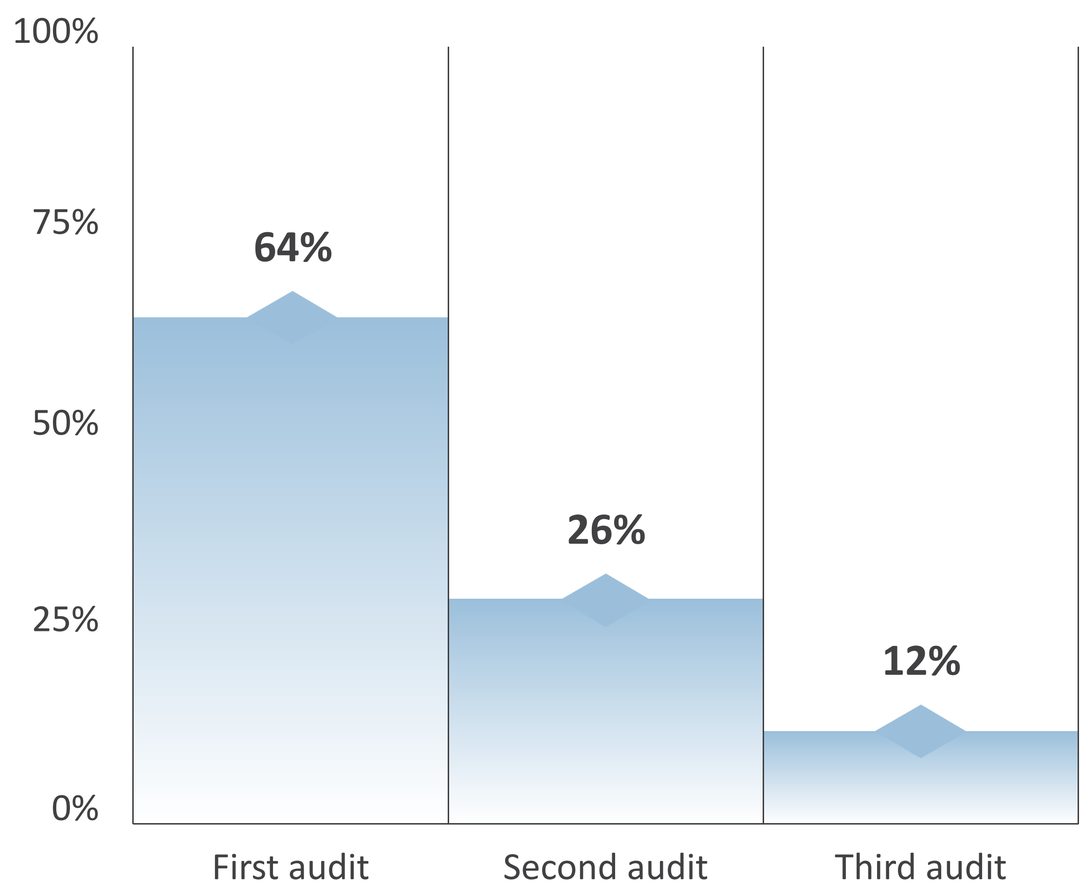

Figure 2. % Deviation of Physical Stock and Stock Record

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The authors would like to express their huge appreciation to the DKI Jakarta Provincial Health Office, whose contributions and support were instrumental in completing this paper.

[1]The Jakarta Province Health Office, Jakarta, Indonesia,
[2]FHI 360 Indonesia, Jakarta, Indonesia

EMPOWERING COMMUNITIES THROUGH ANCONA CHECKPOINT: A COLLABORATIVE APPROACH TO STD PREVENTION AND SUPPORT

Authors: Chiara Canzi, Stefano Piardi, Luca Saracini
Affiliation: Opere Caritative Francescane Odv – Ancona Check Point

SUMMARY

Ancona Checkpoint:

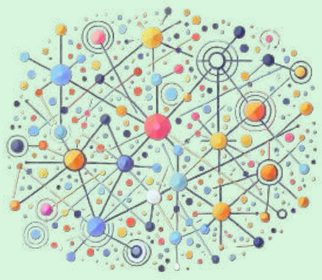
- **Established in 2022** as a community based center for the prevention of sexually transmitted diseases (STDs).
- **A key reference point for free, anonymous HIV, HCV, and syphilis testing,** promoting awareness and providing psychological support to people with positive diagnoses.
- Ensures easy and secure access to prevention and care services, **especially for marginalized individuals, through a collaborative network of public, private, and social entities.**

PARTNERS

ANCONA CHECKPOINT
Comune di Ancona
Informabus
caritas diocesana Ancona - Osimo
Anlaids
FREEWOMAN
Arcigay Comunitas Ancona APS
Croce Rossa Italiana Comitato di Ancona

GOALS

Community empowerment: promote STD awareness and prevention through education and outreach.



Multidisciplinary support: strengthen collaboration to improve prevention and care.

Fundraising: develop creative and sustainable campaigns for project continuity.

Expand remote services: extend checkpoint services to rural areas.

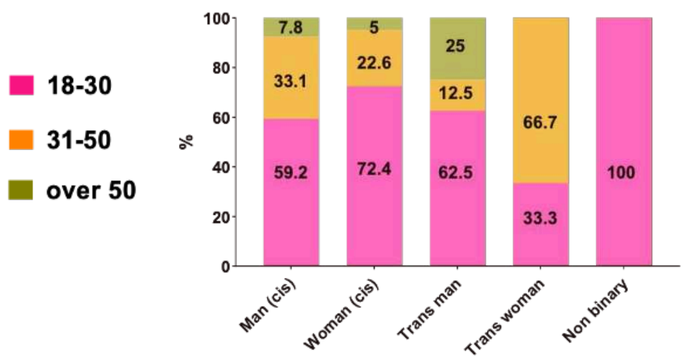
METHODS

- **Testing:** free, rapid and anonymous tests for HIV, HCV, and syphilis.
- **Awareness and communication:** via social media.
- **TelePrEP interventions:** in collaboration with the regional hospital.
- **Psychological support:** for newly diagnosed HIV patients.
- **Fundraising:** corporate/major donor campaigns; crowdfunding.

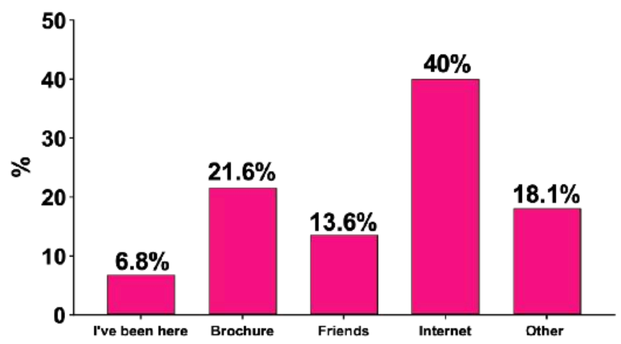
RESULTS

- **People tested:** 1929 since 2022; number of tests: 5787
- **Increased visibility:** social media campaigns have expanded the Check Point's reach.
- **Service expansion:** the purchase of a camper enabled testing in remote areas.
- **Effective collaboration: t**he network of partners (public, religious, and secular entities) has facilitated a coordinated, multisectoral response.

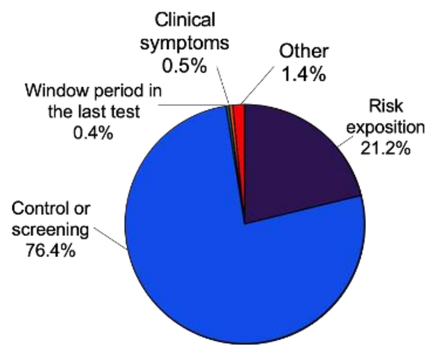
THE POPULATION OF ANCONA CHECKPOINT: GENDER AND AGE



REASONS TO COME TO ANCONA CHECKPOINT



REASONS FOR TESTING



TELE PREP

49 subjects accessed the service of "Tele Visita PREP"

CONCLUSIONS

- **Network expansion:** strengthen and expand collaborations with local and regional entities for greater efficiency and effectiveness.
- **Innovative fundraising:** develop strategies to ensure project sustainability, such as utilizing digital platforms to secure ongoing support; expand collaborations with national and european institutions and organizations, to draft projects for grant opportunities.
- **Enhance communication:** improve online and offline awareness campaigns to reach a broader and more diverse audience.

STEPPING *Up*

GEORGE HOUSE TRUST
HIV POSITIVE LIVING

A project to empower women living with HIV

Author: Adela Senkubuge

Background

The Stepping Up project aimed to support and empower women living with HIV to live healthy and confident lives - aligned to George House Trust's vision of a world where HIV holds no one back.

The project was co-designed with women who participated in Stepping Out, George House Trust's earlier project for women living with HIV.

The Stepping Up project offered a more frequent and wider-ranging calendar of opportunities and activities for women living with HIV over a 12-month period, co-delivered with Positively UK.

Methods

George House Trust secured funding from ViiV Healthcare for a 12-month long women's empowerment project.

Key Outcomes

- ★ Normalising HIV as a long-term manageable medical condition
- ★ Reducing internalised stigma
- ★ Improving women's:
  - → Emotional health and wellbeing
  - → Confidence, skills, and employability
  - → Understanding and knowledge about HIV
  - → Confidence navigating sex and relationships
  - → Confidence in talking about HIV

Implementation

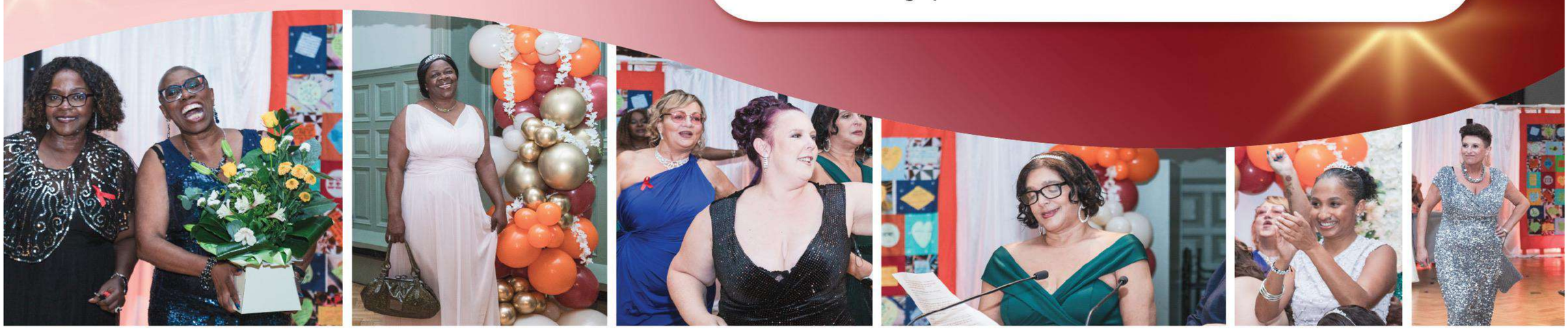
- ★ The project launched with a residential weekend retreat - 12 women attended
- ★ The retreat included workshops, social time, relaxation therapies and planning time for the wider project
- ★ Two-day Peer Mentor Mother training delivered by 4M Mentor Mothers - 7 women attended
- ★ Eight workshops in person and online covering topics including: internalised stigma. self-compassion, public speaking, and confidence building - 67 women in total engaged with the workshops
- ★ Life coaching provided by Talk, Listen, Change (TLC) - 9 women attended, completing 44 life coaching sessions
- ★ 'Strutting into Power' – a 'catwalk' showcase event where women came together to celebrate the beauty, creativity and resilience of women living with HIV

Learning Outcomes

- ★ The importance of exploring and defining stigma and internalised stigma
- ★ The healing power of HIV positive women sharing and connecting with others in a safe space to process stigma, shame, and judgement
- ★ Recognition of the value of prolonged and sustained support to allow women to shift their view of their HIV status and themselves
- ★ The importance of project co-design and the involvement of facilitators with lived experience of HIV
- ★ The value of talking about HIV beyond already existing "safe spaces"

Key Aspirations

- ★ Continue to use the co-design model
- ★ Continue to focus on challenging internalised stigma and building resilience
- ★ Extend the target groups to include LGBTQ people, heterosexual men, and mixed demographics



www.ght.org.uk

Acknowledgements:
ViiV Healthcare
4M Network – My health, My choice, My child, My life
TLC Talk Listen Change
Positively UK

FAST TRACK CITIES GREATER MANCHESTER

PARIS FAST-TRACK CITIES 2024

FAST-TRACK CITIES 2024
Fast-Track Cities 2024 • October 13-15, 2024

HIV Engagement (HIVE) Project

Not Lost: A new approach to accessible HIV care

Authors: Dr Laura Cunningham, Dr Adam DN Williams, Jen Lewis, Matthew Macleod, Dr Jane Nicholls
Contact information: laura.cunningham@wales.nhs.uk

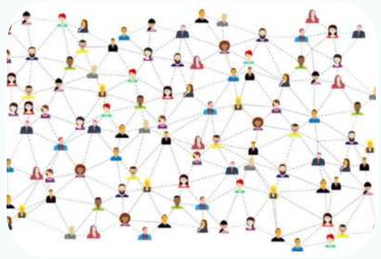
Introduction

- Retention in care is a critical step in the HIV care cascade; UK data shows there are more people with diagnosed HIV but not in HIV care, than remain undiagnosed.
- The HIV Engagement (HIVE) project was launched in Cardiff in 2023 to meet our obligation to stop HIV transmissions by 2030. A core objective of the project was to pilot a new re-engagement model to reach those not served by existing services.

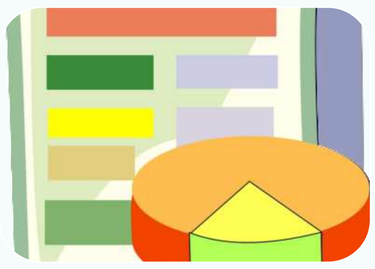
Description

HIV Engagement Support Worker

HIV Clinic Co-Ordinator / Data Manager


Local multiagency network

New clinic booking system


Engagement database

- The new service model commenced on 1st January 2024.
- The HIVE engagement support worker provides individualised support, working flexibly as a single point of contact for service users and other supporting agencies; they are supported by our HIV clinic co-ordinator/data manager.
- People are now able to book appointments nearer the time with increased flexibility and there is allocated capacity for walk-in attenders.
- Bespoke care pathways can be arranged around the competing priorities which impact on HIV care.
- Engagement data is collected to monitor individuals and evaluate the impact of interventions. Levels of engagement across the cohort are assessed and updated quarterly.

Lessons Learned

	Number of individuals (% of cohort)		
	Aug 2023	Mar 2024	Sep 2024
Not in care*	17/659 **(2.6%)**	32/672 **(4.8%)**	8/682 **(1.2%)**
Intermittent engagement**	112/659 **(17%)**	109/672 **(16.2%)**	50/682 **(7.3%)**
Walk-in attendances***	7/659 **(1.1%)**	8/672 **(1.2%)**	5/682 **(0.7%)**
Total	136/659 **(20.6%)**	149/672 **(22.2%)**	63/682 **(9.2%)**

* No attendance in previous 12 months
** ≥ 3 missed appointments in previous 12 months
*** Only unscheduled attendances in previous 12 months

- Of those not in care, 59% had a detectable HIV viral load at last attendance compared to 15% of those with intermittent engagement.
- We saw an initial rise in the number of people *not in care* due to increased case-finding capacity within the new model; the longest time not in care was 5 years.
- Subsequently there has been a reduction in the number and proportion of people in all 3 re-engagement categories to below baseline levels.

Recommendations

- Ongoing data collection is needed to demonstrate consistent improvement.
- This new model will become standard of care in Cardiff and Vale and further findings will be reported at 12 months.
- Welsh HIV services require systematic engagement data and sustainable re-engagement programmes to meet 2030 elimination goals.

This project received funding from Gilead's Need to Find Grant Scheme.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board
GILEAD
FAST TRACK CARDIFF & VALE
PARIS FAST-TRACK CITIES 2024

Women, Violence, and HIV: A Stifled Reality

Roukhaya Hassambay (Ikambere), Gaston Boshouwers (Ikambere), Bernadette Rwegera (Ikambere), Annabel Desgrées du Loû (Institut de recherche pour le développement), Abdon Goudjo (Ikambere), Fatem-Zahra Bennis (Ikambere), Jessica Cohen (Ikambere)

Introduction

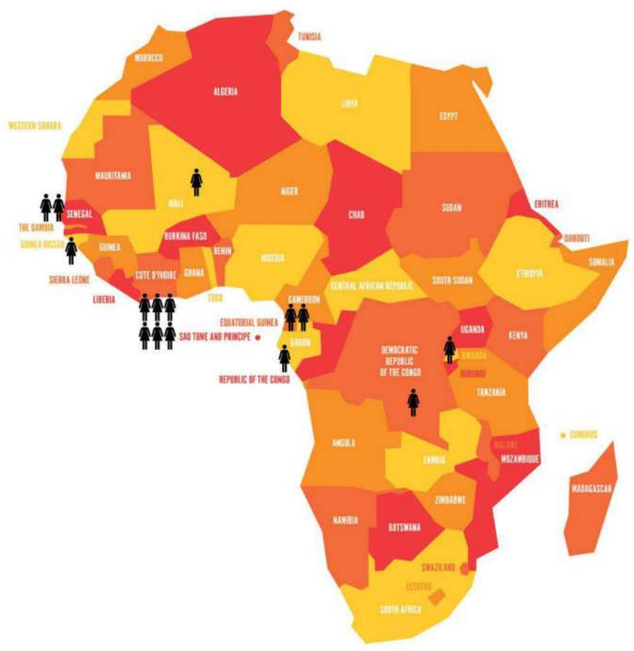
The study sheds light on the forms of violence experienced by women migrants living with HIV in France. It was conducted by the community-based organization "Ikambere, the Welcoming Home", founded in 1997 to empower women living with HIV. Each year, 500 women participate in Ikambere's support program to improve their well-being and achieve financial independence.

Methodology

In 2023, a social psychologist directed by Marie Préau joined Ikambere's team to conduct and analyze semi-structured interviews with the organization's participants. The interviewees worked with the researcher to construct a biographical timeline describing their experiences of violence, exile, and HIV infection

Results

Ikambere's study shows that HIV is both a cause and a consequence of violence. The source of HIV infection is often sexual violence in the women's country of origin, during their migration journey, or upon their arrival in France. For example: incest during childhood, abuse by a partner, rape by military officers, and sex in exchange for housing. The HIV diagnosis often leads to new forms of violence stemming from serophobia.



The violence experienced by these women has significant consequences on their health. The women internalize negative representations of themselves; experience post-traumatic stress, anxiety, and suicidal thoughts; and adopt self-destructive behaviors such as drug use and disordered eating.

Conclusion

The study enriches the literature on women living with HIV and the structural and social determinants of inequities in violence. Through an intersectional lens, it illustrates the ways in which women migrants living with HIV in France experience various forms of violence and oppression (poverty, racism, xenophobia, sexism, and serophobia), which overlap and compound themselves. Given this population's multiple vulnerabilities, the study recommends integrated, person-centered approaches to care and public policies that account for intersectionality.

Programmatic rollout of dolutegravir-based ART and 12-month outcomes in an adolescent cohort in eThekwini Municipality, South Africa

Yukteshwar Sookrajh[1], Thokozani Khubone[1], Jennifer A. Brown[2,3], Lara Lewis[2], Johan van der Molen[2], Kwena Tlhaku[2], Phelelani Sosibo[1], Rosemary Van Heerden[1], Moherndran Archary[4], Nigel Garrett[2,5], Jienchi Dorward[2,3]

[1] eThekwini Municipality Health Unit, Durban, South Africa; [2] Centre for the AIDS Programme of Research in South Africa (CAPRISA), University of KwaZulu-Natal, Durban, South Africa; [3] Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom; [4] Department of Paediatrics and Child Health, University of KwaZulu-Natal, Durban, South Africa; [5] Department of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa

Background

- Adolescents living with HIV (ALHIV) are less likely to achieve viral suppression than adults
- The programmatic rollout of dolutegravir (DTG)-based antiretroviral therapy (ART) may improve treatment outcomes
- We assessed uptake of, and outcomes with, DTG among ALHIV in eThekweni, South Africa

Methods

- Data: routine, de-identified data from 59 public primary care clinics run by the eThekwini Municipality Health Unit; 1 December 2019 to 31 December 2023
- Inclusion criteria: ALHIV aged 10-18 years
- We describe ART among ALHIV by year, and characteristics of ALHIV starting DTG
- For ALHIV who started DTG before 30 September 2022, we report:
  - i. 12-month retention in care
  - ii. 12-month viral suppression (≤50 copies/mL) among those retained with a viral load result

Results

- The proportion of ALHIV receiving DTG-based ART increased from 4% at the end of 2019 to 90% at the end of 2023 (**Figure**)
- DTG rollout occurred earlier and has progressed further for older adolescents (**Figure**)
- 5,058 ALHIV started taking DTG (**Table**)
- 3,465 ALHIV started DTG before 30 September 2022:
  - i. 2,497 (72%) were retained in care at 12 months
    - 690 (20%) missed a visit by ≥90 days
    - 267 (8%) transferred out
    - 11 (0.3%) died
  - ii. Among 2,287 (92%) of those retained who had a viral load result, 1,774 (78%) were virally suppressed at 12 months

Characteristics	N = 5,058[1]
Gender	
Male	1,819 (36%)
Female	3,239 (64%)
Age, in years	16 (14, 17)
Age category, in years	
≥10 to <15	1,682 (33%)
≥15 to ≤18	3,376 (67%)
Years taking ART	4.5 (0.0, 9.6)
New regimen line and ART history	
1st-line, new initiation	1,366 (27%)
1st-line, prior EFV-based	2,443 (48%)
1st-line, prior LPV/r-based	414 (8%)
1st-line, prior other	72 (1%)
1st-line, transfer-in, prior ART unknown	224 (4%)
2nd- or 3rd-line	539 (11%)
Last viral load, in copies/mL	
≤50	2,233 (44%)
51-999	446 (9%)
≥1000	438 (9%)
no prior VL	1,941 (38%)
Days since blood draw for last viral load	91 (28, 203)
NA	1,941
New ART backbone	
ABC+XTC	554 (11%)
AZT+XTC	172 (3%)
TDF+XTC	4,332 (86%)

[1] n (%); Median (IQR)

Table: Characteristics of ALHIV starting DTG-based ART.

ABC: abacavir; ALHIV: adolescents living with HIV; ART: antiretroviral therapy; AZT: zidovudine; DTG: dolutegravir; EFV: efavirenz; LPV/r: ritonavir-boosted lopinavir; TDF: tenofovir disoproxil fumarate; XTC: emtricitabine or lamivudine.

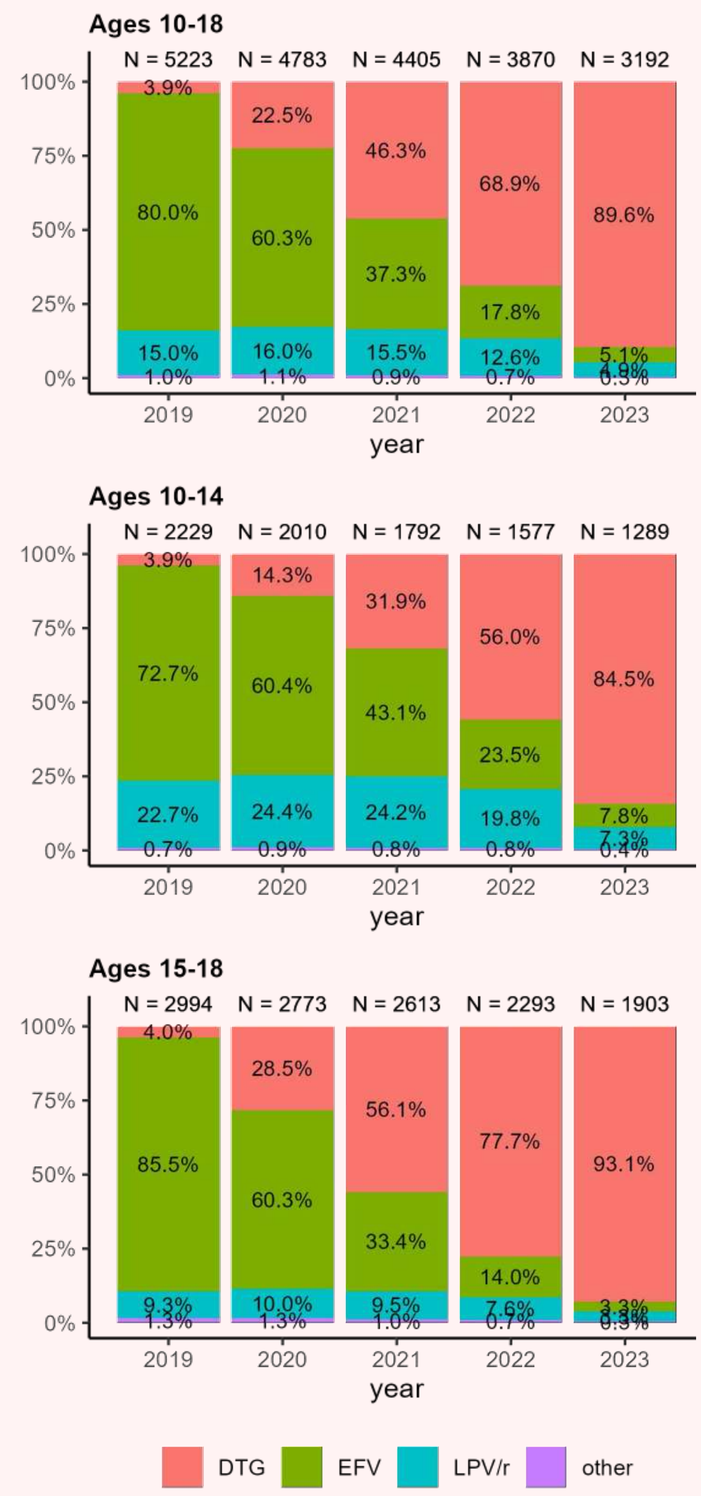


Figure: Proportion of ALHIV in care by ART core agent and year (at the end of the respective year).

ALHIV: adolescents living with HIV; ART: antiretroviral therapy; DTG: dolutegravir; EFV: efavirenz; LPV/r: ritonavir-boosted lopinavir.

Conclusions

- Most ALHIV were on DTG-based ART by the end of 2023
- Treatment outcomes remain suboptimal
- Improvements in retention, viral load testing coverage, and viral suppression are needed to reach the 95-95-95 targets

Funding

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Acknowledgements

We acknowledge the eThekwini Municipality Staff; specifically, the Informatics Team responsible for data management at the Health Unit.

ETHEKWINI MUNICIPALITY

SHAPE Strengthening Health systems through Audit & Programmatic data Evaluation

CAPRISA CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

UNIVERSITY OF OXFORD

PARIS FAST-TRACK CITIES 2024

PARIS & SEINE-SAINT-DENIS SANS SIDA

DrNaked

A SOCIAL PLATFORM FOR THE LGBTQI+ COMMUNITY

Alice Lamy, Elodie Aïna
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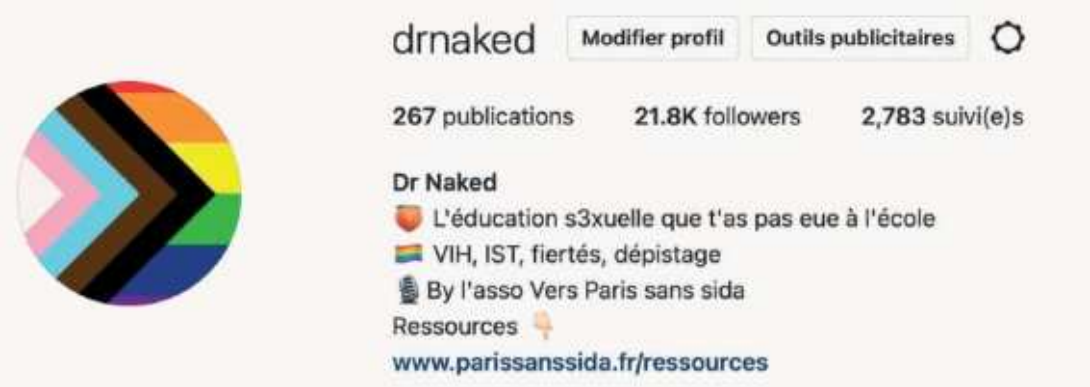


In a world where the heterosexual norm is dominant and where violence against the LGBTQI+ community is very common and facilitated by social norms, young LGBTQI+ people can easily feel disconnected from public health campaigns.

Vers Paris sans sida has therefore developped a communication tool that answers the LGBTQI+ community's specific needs.

Today, @DrNaked's instagram account :
- has more than 21K followers
- has become the leading French sexual health account specialised in subjects such as prevention, risk reduction and sex and sentimental life education for young LGBTQI+. It complements other Instagram accounts such as Sexosafe (the French Public Health Agency that targets MSM from 30 to 50 years old).

ADAPTING SEXUAL HEALTH PROMOTIONAL MESSAGES TO THE NEEDS OF THE YOUNG LGBTQI+ COMMUNITY :

Focusing on curiosity, pleasure and desire rather than on risk and negativity, @DrNaked talks about subjects raised by young people when they start their sexual life and need information about sexual health :

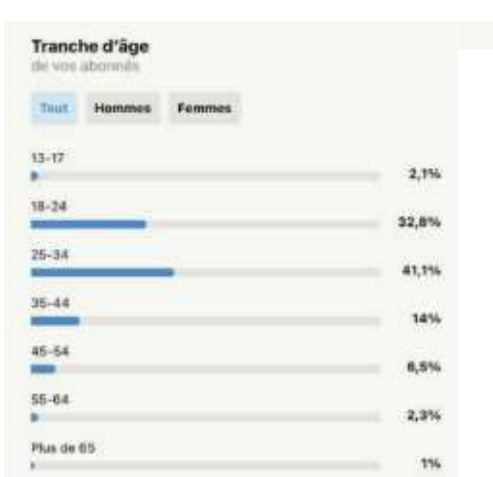
- Rather than focusing on risk of getting STIs or HIV during sexual intercourse, the account's posts are built on concrete and daily questionings as well as problematics that focus on global individual needs when it comes to sex and love life.
- All posts are designed and inspired from the interactions with the followers and feedback from other NGOs. Through an optimistic and positive tone and built on the capacity of each audience to assimilate the message, all posts use empowering messages in order to widen the impact of the post.
- All posts are designed in a style that matches the cultural codes of the target audience.

FROM INTENTION TO ACTION: USEFUL RESOURCE ORIENTATION :

- All posts refer to specific online or in-person resources in Paris or in Seine-Saint-Denis.
- All identified structures are community-based or LGBT-friendly (inclusive and adapted practices).

METHOD: FOR AND BY THE COMMUNITY

- VPSS promotes @DrNaked during LGBTQI+ events.
- The sponsored content targets the 18-35 year old LGBTQI+ population.
- iPartnerships with community influencers and accounts followed by a similar audience.
- Visibility increased by partnerships and contests co-organized with brands for the right audience.



MEASURING THE IMPACT: @DRNAKED AS A REFERENCE FOR YOUNG MSM.

80% of followers are between 18 and 34 yo.
48% of followers are men*

(*Instagram's audience tool does not give information on non-binary members or members who do not wish to give information on gender).

A large visibility towards MSM around 35 years old – the median age of newly positive HIV discoveries in Paris and its surroudings.

Direct messages (private) received indicate the following:

- MSM individuals represent the main interactions with the account and come with questions mostly around PrEP and HPV.
- An important part of MSM followers declare having multiple partners.

MIGRANT MSM - « THE INVISIBLE USERS »

@DrNaked gets many private messages from individuals who are not subscribers. Most of them declare being young migrant MSM. This shows a specific way of using DrNaked's resources: they interact with the account but do not follow it, probably in order to avoid unwanted outing.

@DrNaked develops new strategies to better answer the needs of that community, as well as sex workers, through partnerships with several NGOs like Projet Jasmine, BadBoyz or STRASS (all are Parisian-based and community-led). New messages and contents are also being co-created with other influential Instagram accounts targeting migrant MSM such as @QueersOfNorthAfrica.

avec le soutien de GILEAD

PARIS FAST-TRACK CITIES 2024

Accelerated Initiatives for Integrated CD4 Testing /AHD Screening Among PLHIVs in TANZANIA.

Experience from Implementation of USAID Afya Yangu Southern Program

Authors:Rehema Msimbe[1], Beatrice Christian[1],David Sando[1] Edgar Namfua[2], Marina Njelekela[2], Zahra Nensi [2], Josephat Kalipesa[3], Jacqueline Kalimunda[4], Moses Batenganya[4]

1 Management and Development for Health, P. O. Box 79810, Dar Es Salaam, Tanzania
2 Deloitte Consulting Limited, P. O. Box 1559, Dar Es Salaam, Tanzania
3 Office of the Ruvuma Regional Administrative Secretary, Songea, Tanzania
4 USAID Tanzania, P.O. Box 9130, Dar Es Salaam, Tanzania

Introduction

94

In FY23 Q1 only 14% of HFs offered a comprehensive CD4 testing and AHD screening. By **FY23Q4 only 58%** of new PLHIVs were screened for CD4

676

In **FY24 Q1:** Scale up to **100% HFs** leveraging trained skilled mentors

Accelerated HFs coverage under R/CHMTs collaboration and onsite group mentorships

AIM: To increase access and comprehensive AHD screening among newly identified PLHIVs across supported facilities and effective management to decrease mortality and morbidity in six Southern regions in Tanzania.

Description

Design & Setting

1. Identified trained national mentors
2. Onsite hands-on group mentorships and coaching on AHD screening, patient management and proper documentation
3. Mapping of hub-spoke sample referral and results feedback
4. Commodities and CD4 machine functionality follow-up
5. RHMTs close monitoring of trained mentors and mentees/HFs
6. Weekly lab/CTC2 database triangulation including use of digital WhatsApp groups to fast-track results to spoke facilities

Outcome & Analysis

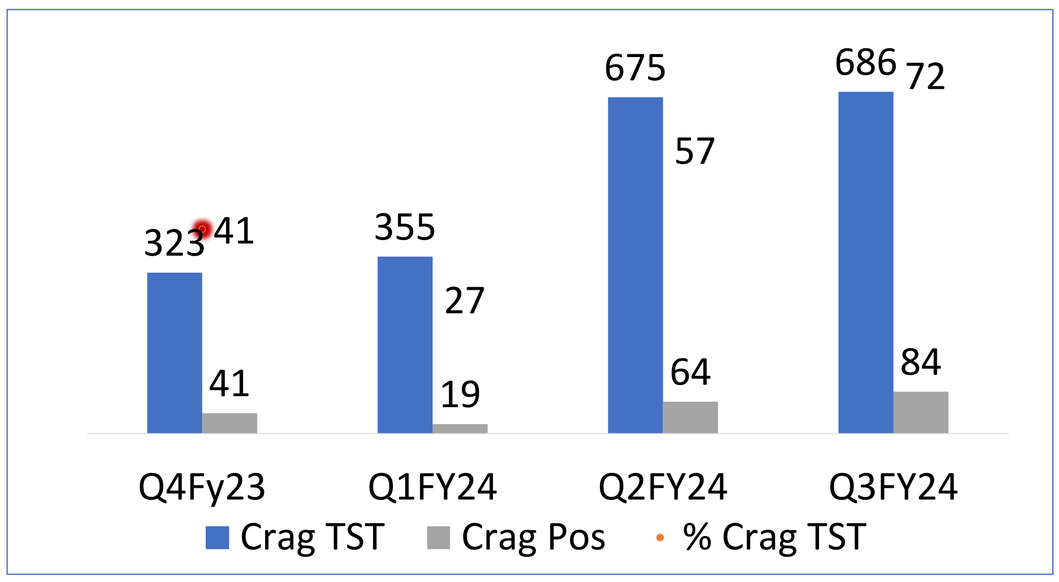
1. Weekly CD4 and CrAg sample results feedback to track progress
2. CTC2 DB data entry monitoring and reporting
3. Use of MS Excel for pivot analysis

Results

Quarterly CD4 Screening FY23-24

Quarters	TX New	CD4 TST	% Achieved	CD4<200 copies/ml3	%AHD
Q4FY23	3,318	2,157	65	546	25%
Q1FY24	5,871	2,855	49	701	25%
Q2FY24	5,756	4,885	85	894	18%
Q3FY24	5,878	5,328	91	846	16%

Quarterly Rapid Test Cryptococcal Screening



Monthly CD4, Crag Testing

Months	Oct-23	Nov-23	Dec-23	Jan	Feb	March	April	May	June
% CD4 test	58%	61%	60%	81%	86%	83%	85%	75%	88%
% CrAG test	49%	57%	52%	79%	79%	77%	72%	65%	82%
% CrAG pos	11%	8%	5%	7%	7%	8%	8%	10%	8%

Conclusion and Recommendation

- Close follow-up of the Hub-Spoke sample referral model as scale-up strategy for AHD in collaboration with R/CHMTs has resulted in improved baseline CD4/AHD screening access among newly clients on ART.
- This progress underscores our commitment to improving health outcomes and ensuring comprehensive care for PLHIVs.

The development of this poster is made possible by generous funding from the American people through the President's Emergency Plan for AIDS Relief (PEPFAR) and the USAID Tanzania through USAID Afya Yangu Southern (My Health). The author's views expressed in this publication do not necessarily reflect those of the USAID or the United States Government

PARIS & SEINE-SAINT-DENIS SANS SIDA

IMPROVING THE LGBTQI+ COMMUNITY's MENTAL HEALTH

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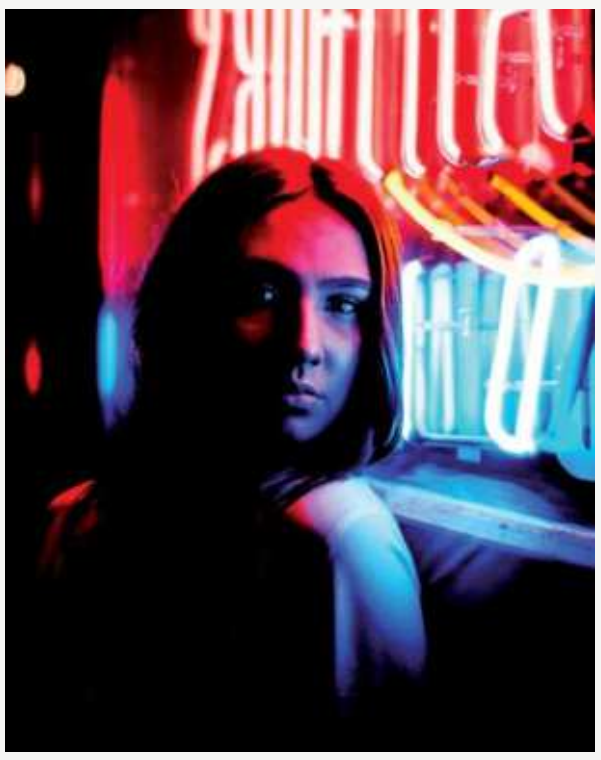
charge.mission@parissanssida.fr

REASONS TO ACT

- A priority topic for all stakeholders involved in LGBTQI+ health since the launch of Vers Paris sans sida in 2016
- A higher prevalence of mental health problems and lower levels of well-being in that community (1)
- High number of homo-trans-lesbo-phobia acts despite legal progresses
- The LGBTQI+ community is not mentioned in the French national mental health strategy.
- An increasing number of stakeholders have developed new initiatives in the last few years.
- Incorporating mental health into HIV strategies, and into sexual health prevention is a priority (2)

(1) Stigmatisation des minorités sexuelles : un déterminant clef de leur état de santé, BEH 2021, 6-7.
(2) Integration of mental health and HIV interventions, WHO-UNAIDS, 2022..



TARGET POPULATION: THE LGBTQI+ COMMUNITY...

- In Paris and Seine-Saint-Denis,
- From teenagers to senior individuals,
- PLHIV,
- Taking in consideration migration paths, drug users and sex workers,
- Individuals living precariously

OBJECTIVES

A realistic and pragmatic program with, at this stage, a limited number of resources but immense needs. The program provides an inclusive and welcoming environment by :

- Naming the source of mental suffering and unhappiness: destigmatizing mental health disorders
- Supporting the development of clearly identified and community-led or care-led support groups,
- Offering adapted answers to different type of mental health disorders:
  depression, sexual dysfunctions, addictions, anxiety, suicidal thoughts, eating disorders….
- Facilitating the transition to adapted psychosocial or psychiatric treatment if needed.

HOW ?

By articulating the involvement of local government and administration, the empowerment of communities and individuals, the coordination between communities and professional care providers, and supporting newly launched programs.

SUPPORTING MENTAL HEALTH AND WELL-BEING

The objectives are at a crossroad between:

- Equality and aknowledgement of individuals rights (civil society)
- Professional care and respect of people's rights,
- Multiple and fully supported community-led responses.

METHOD

City-hall meetings have been organised to discuss current actions and methods, as well as identified needs, with the participation of local government and administration, LGBTQI+ communities and associations, HIV organizations, mental health experts and professionals.
An ongoing evaluation of the program's actions has been carried out in collaboration with stakeholders and will be completed in early 2025.

5 ACTIONS HAVE BEEN IDENTIFIED, PROVIDING THE RIGHT FINANCIAL SUPPORT IS MET:

1 DEVELOP AND LAUNCH MENTAL HEALTH GUIDES

Each guide is specific to each segment of the LGBTQI+ community and contains ressources adapted to properly welcome and support these populations in Paris and Seine-Saint-Denis.

2 TRAINING A NETWORK OF LGBTQI+ MENTAL HEALTH AMBASSADORS

Launched in 2024 in Paris and Seine-Saint-Denis, the program promotes self-care, improves mental health literacy and builds bridges within community-led spaces.

3 RAISING AWARENESS AND TRAIN

Raise awareness and train healthcare professionals and people in contact with the public to welcome and take into account the specific needs of LGBTQI+ communities.

NOT FINANCED YET :

4 CREATING MENTAL HEALTH TRAINING PAIRS

Alliance between peers and mental health experts in supporting LGBTQI+ individuals in their relationship with psychologists, psychiatrists and general practitioners.

5 DESTIGMATIZING MENTAL HEALTH DISORDERS

Using the instagram account @DrNaked and create a general public campaign to promote online self-support resources and directories.

* Thank you to the following organizations and individuals for having taken part in the consultations : Aides, Afrique Arc-en-ciel, Basiliade, le COMEDE, le Checkpoint, l'ENIPSE, Espace Santé Trans, En avant toutes, GreyPride, le MAG LGBT, Sidaction, le Réseau de Santé Sexuelle Publique (RSSP), le réseau ESPAS, Sida info service, Coraline Delebarre, Tim Greacen, Christophe Martet, le SPAS de Seine-Saint-Denis et le pôle santé mentale et résilience de la Ville de Paris, les cabinets d'Anne Souyris et de Jean-Luc Romero-Michel.

PARIS FAST-TRACK CITIES 2024

PARIS & SEINE-SAINT-DENIS SANS SIDA

OUTrans association féministe d'autosupport trans

IMPROVE THE SERVICES PROVIDED TO TRANS PERSONS

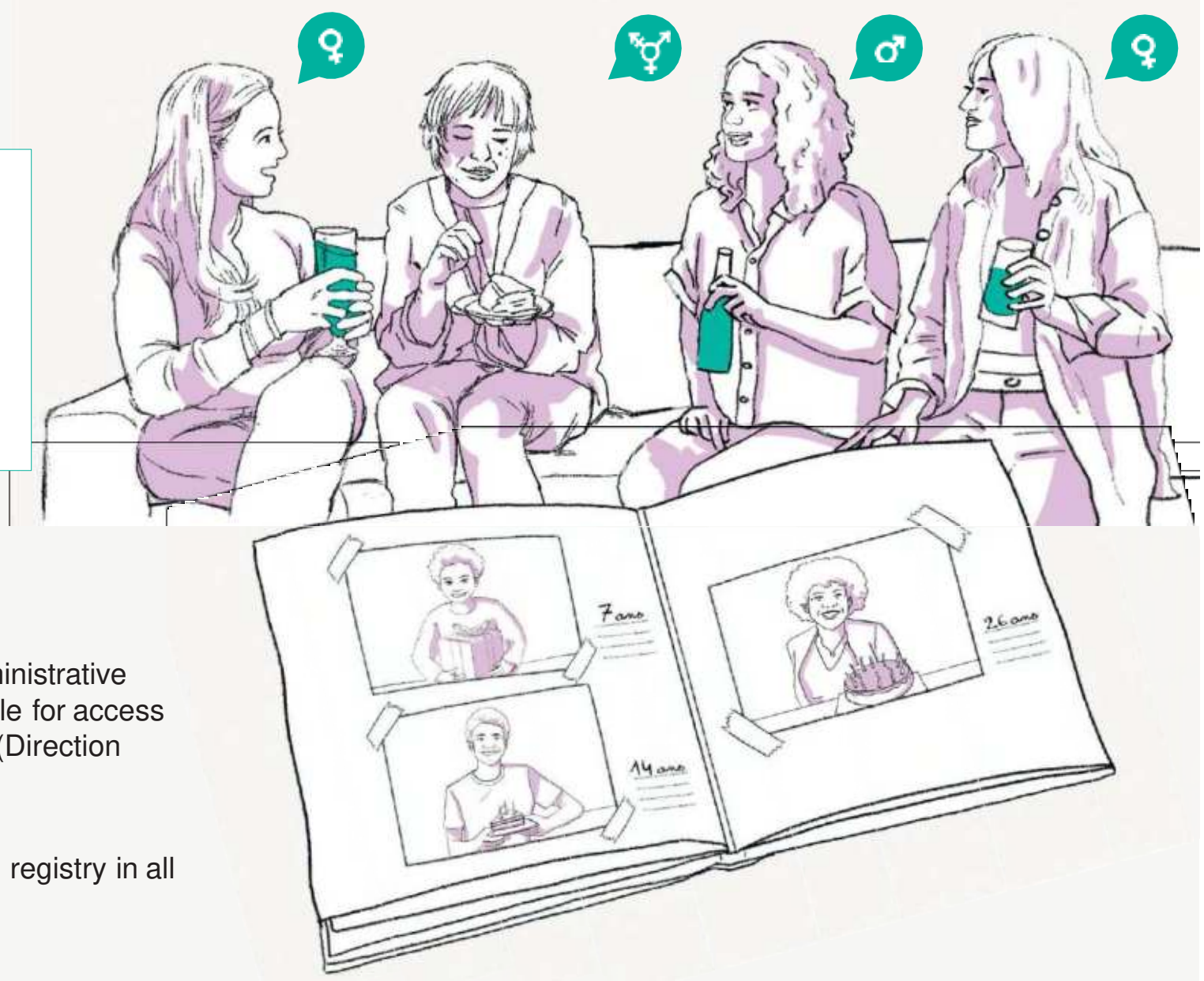
Anaïs Perrin-Prevelle, Jean-Bastien Payet, Elodie Aïna.
contact@outrans.org - direction@parissanssida.fr

A FEELING OF SOCIAL TRANSPHOBIA

Trans individuals often have to explain the details and meaning of trans-identity when reaching out to administration services.

OUTrans is a trans self-support and feminist organisation created in 2009 and focusing on :

- Self-support
- Training
- Campaigns
- Advocacy



CHRONOLOGY

Acceptess-t and Vers Paris sans sida
2019 : In-person training (5 sessions) of administrative staff from the Municipality of Paris responsible for access to rights within the Legal Affairs Department (Direction des Affaires Juridiques)

OUTrans
2021 : Training of administrative staff for civil registry in all Paris boroughs.

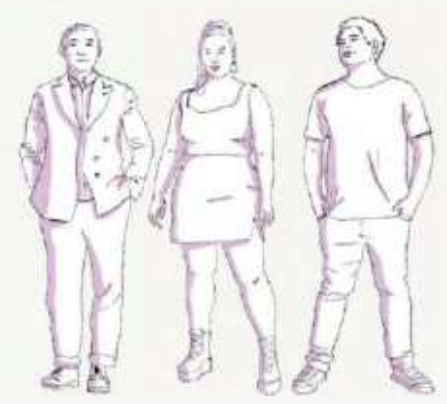
MOOC : AWARENESS AND SELF-TRAINING (2H)

OBJECTIVES

- Smoothing and improving interactions between trans persons and the administration
- Providing the right tools to administrative reception desks and civil registry offices
- Reduce healthcare avoidance by trans persons

TRAINING STRATEGY

- Sharing knowledge horizontally, facilitated by e-learning methods
- Including the program within annual scheduled trainings for staff members
- Applying the law rightfully and orientating people better towards community based organisations
- Targetting a large community of civil registrars
- An easy-access and long-term access tool
- Make the tool a support for existing in-person trainings



A BASIC MODULE FOR ALL
Trans-identities, sex/gender/sexualities, transitions, the correct vocabulary to use, living conditions, self-determination…

AN ADDITIONAL MODULE FOR CIVIL REGISTRY STAFF
Legistrative frameworks, processes and procedures, changing a civil registry, choice of a new first name, ...

A MODULE FOR PUBLIC HEALTH ADMINISTRATION STAFF
Long-term public health support (ALD), codifications…

SHARING AND PROMOTING

31st of March 2023 : The first two modules were made public on the international trans visibility day.

- Shared with NGOs through the trans and intersex French federation
- Direct communication to municipalities
- March 2024 : the MOOC won the *Innovation Learning & Education award* at the Digital Trophies Awards

BienAccueillirLesPersonnesTrans.fr

Avec le soutien de Santé publique France et de la Ville de Paris

PARIS FAST-TRACK CITIES 2024

Stigma: Fear and anticipated discrimination.

Yvonne Wilson, Clinical Lead Nurse.
Belfast Health & Social Care Trust, Northern Ireland.

Belfast Health and Social Care Trust
caring supporting improving together

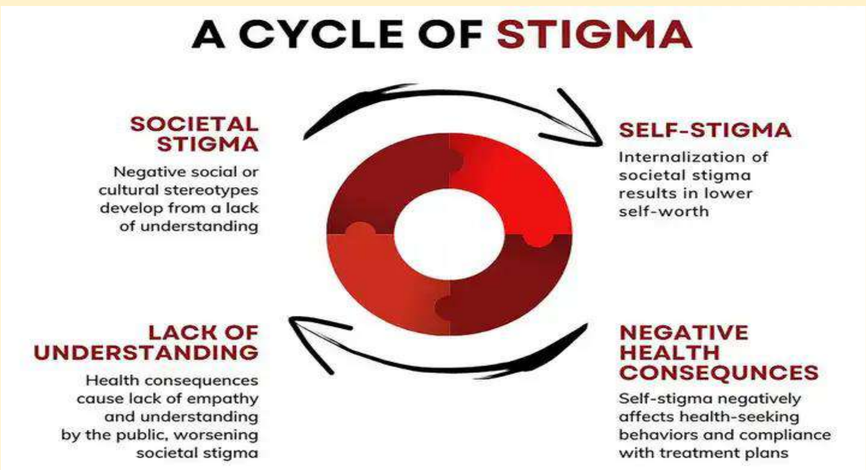
Introduction - Human Immunodeficiency Virus (HIV), has been redefined as a chronic condition over the years due to the development of and access to antiretrovirals (ARVs). Sadly, however negative beliefs and attitudes held by some in society can contribute to People Living With HIV (PLWHIV) to experience feelings of fear, guilt and shame. Research has shown stigma as a barrier to engaging with healthcare. This case study presents a man who due to his self and anticipated stigma faced great difficulty personally, socially and in maintaining his physical wellbeing.

Description - Fifty-two-year-old male diagnosed with HIV following a seroconversion-like illness in 2013. Married, two grown up children, wife tested negative. Only wife aware of his diagnosis. Erratic engagement with care for two years. Refused to start antiretrovirals (ARVs), as he did not want to risk anyone finding his medication. Emphatic that the Gp should not be informed of his diagnosis.

Business owner, well known in local community, concerned regarding confidentiality and people finding out. Declined all offers of Clinical Psychology and Health Adviser support. Lost to follow-up between 2015 and 2021.

HIV related stigma may include negative beliefs or emotions such as disgust, and behaviours such as avoidance or abuse. Stigma can be experienced or perceived. In this case, of self-stigma, the person is aware of the negative beliefs of society, internalised those thoughts and perceptions and believed them to be true.

Figure 1: Disrupting the Cycle of Self-Stigma for patients.



In 2021, he represented with quite a significant dermatological condition. Agreed to Biktarvy, he missed his son's wedding due to fear of travelling through an airport with his medication.

Long Acting Injectables became available locally in 2022. While this patient did not meet the recommended criteria suggested by British HIV Association, it was felt that this may be an option to establish him on treatment without the daily reminder of his diagnosis or the anxiety that someone would see the tablets.

Extensive counselling regarding the potential risk of virological failure / resistance and limitations of future treatment options if non-adherent.

Significant efforts were made to build a therapeutic relationship between the patient and the nurse administering the injections. Having one key contact who was aware of his story and fears helped him feel safe and respected. This relationship combined with the change in ARVs contributed to him attending an early clinic every two months. His confidence has grown, has a better understanding of his condition and how to manage it. His personal life is thriving, going on holidays and reconnecting with his wife.

Simple changes can have a significant impact on a person quality of life and self-esteem.

Lessoned learned - Anticipating stigma from family, friends and your local community has a negative effect on the emotional and psychological wellbeing of an individual; it also affects their quality of life and may cause social isolation. In this case, it resulted in non-engagement with potentially life-prolonging treatment. Despite the success of daily oral ARVs, challenges still exist for some patients around stigma, pill burden and concordance.

Stigma affects uptake of HIV testing, engagement with care and concordance with medication.

Acknowledging stigma is essential in achieving quality health outcomes in PLWHIV and in working towards prevention.

A positive nurse-patient relationship improves the patients physical and mental health. By reducing anxiety it can create a mutually beneficial relationship.

Recommendations –Raise awareness of HIV as a chronic condition, update public knowledge to help change negative attitudes and perceptions of the condition. Promote the U=U message.

Universities, Health Trusts and general employers should sign up to the HIV confident charter.

Investment in interventional services such as Cognitive Behavioural Therapy to empower patients to work through their diagnosis fears and feel in control of their health.

References: Shah, R., Gisondi, M. A. Disrupting the cycle of Self-Stigma for patients. Society for Academic Emergency Medicine. SAEM Pulse, Jan to Feb 2023.

PARIS FAST-TRACK CITIES 2024

Condom Use and Accessibility Among Female Sex Workers (FSWs) in Rwandan Cities ID:1507

Authors: Jean Berchmans TUGIRIMANA[1], Deo MUTAMBUKA[2], Ntwali, Andrew GASOZI [3], Simeon TUYISHIMIRE [4], Muhayimpundu RIBAKARE [5], Catherine KAYITESI [6], Anne PIROTTE [7]

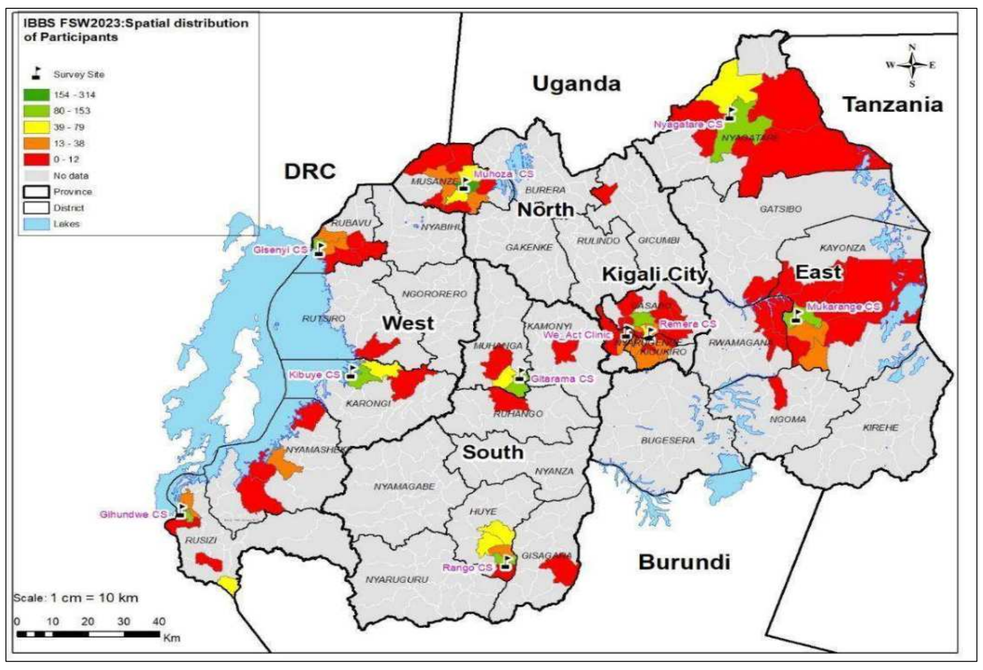
1,2: Rwanda Network of People Living with HIV / AIDS (RRP+)
3: Joint United Nations Programme on HIV/AIDS - Rwanda (UNAIDS)
4,6: Rwanda Biomedical Center (RBC)
5: World Health Organization - Rwanda (WHO)
7: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH / The German Agency for International Cooperation (GIZ) – Rwanda

Background

Female sex workers (FSWs) in Rwanda are one of the group at high risk of HIV infection, with prevalence at 35.5%. Rwanda Biomedical Center (RBC) and its partners conducted an Integrated Bio-Behavioral Surveillance Survey (IBBSS) from May to June 2023, to assess the use and accessibility of Condoms among FSWs.

Method

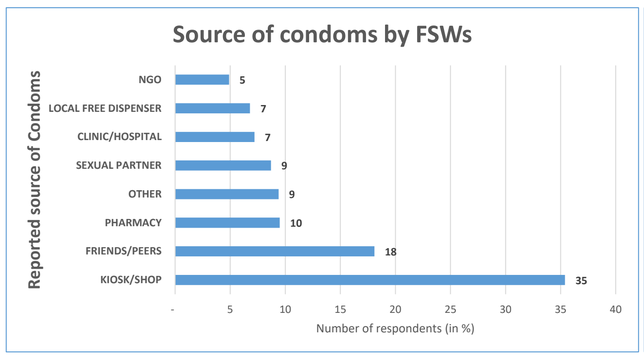
The study used Respondent-Driven Sampling (RDS) to collect data from 2,541 FSWs aged 15 and older, who engaged in commercial sex work for at least 12 months.

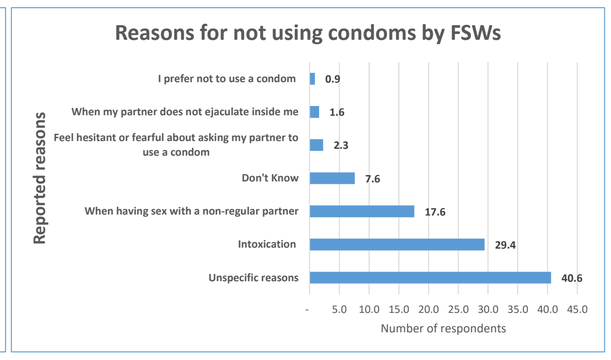


Conducted across the City of Kigali and four Secondary Cities, the survey involved structured interviews and biological testing for HIV, syphilis, hepatitis B, and C. To ensure confidentiality and safety, the coupons distributed to participants did not specify the target population or any other identifying information. The population size was estimated using Privatized Network Sampling (PNS). Data were analyzed using descriptive statistics and 95% confidence intervals (CI).

Results

Overall, 91.9% of FSWs reported easy access to condoms, with kiosks and shops being the most common sources (35.4%).





Despite this, only 11.1% carried condoms. While 78.8% could request condom use with main partners, this dropped to 17.6% with non-regular partners. Among those not using condoms, 40.6% gave unspecified reasons, which may be linked to early entry into sex work. Nearly half (47.4%) began sex work between 18-24, with 29.3% starting under 18, and 6.2% under 15. Economic pressures (77.5%) and early exposure to alcohol and drug use (30.8%) likely contributed to this behavior. Condom use at first paid sex was low (57.3%), and 67.9% received free condoms in the past three months. However, 25.7% did not use condoms with regular clients, and 37.4% did not use them with regular non-paying partners.

Conclusion

While condom accessibility among Rwandan FSWs is high, usage remains inconsistent, particularly with non-regular and regular non-paying partners. To address this, targeted interventions should enhance peer-led programs, expand condom distribution in high-risk venues and peer support groups, and provide tailored education for young FSWs. Economic empowerment initiatives can reduce reliance on sex work, improving condom negotiation.

Pre-Exposure Prophylaxis Continuum in a Community Health Center: a Community-academic-healthcare Partnership

Authors: João Lucas Lana Pereira (presenting)[1,2], Mariana Vicente[3], Miguel Rocha[3], Fatima Gomes[3], Cátia Martins[3], Cátia Pires[3], Rita Cunha[4], Daniela Lages[5], André Gomes[5], Nuno Silva Marques[5], Henrique Barros[1,2], Paula Meireles[1,2].

[1] EPIUnit - Instituto de Saúde Pública, Universidade do Porto, Rua das Taipas, n° 135, 4050-600 Porto, Portugal; [2] Laboratório para a Investigação Integrativa e Translacional em Saúde Populacional (ITR), Portugal; [3] GAT - Grupo de Ativistas em Tratamento, Portugal [4] Câmara Municipal de Almada, Portugal; [5] Hospital Garcia de Orta, Portugal

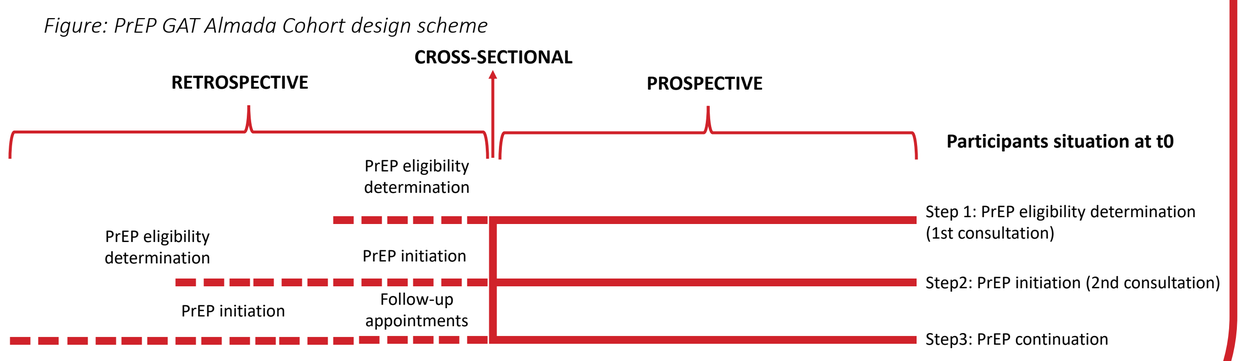
BACKGROUND

Collaboration between communities, academia, and healthcare is crucial in addressing the HIV epidemic. This study presents preliminary findings on the continuum of care for HIV Pre-Exposure Prophylaxis (PrEP) at a community-based center in Almada, Portugal, through a partnership involving the Institute of Public Health of the University of Porto (ISPUP), Hospital Garcia de Orta, City Council of Almada, and the Portuguese Activist Group on Treatments (GAT), which operates within the Almada Fast Track Cities (FTC) Initiative.

METHOD

An observational, prospective, multi-method study is being conducted at GATAlmada from December 2023 to December 2024, using the PrEP cascade framework from the European Centre for Disease Prevention and Control to examine factors associated with retention in PrEP care. Quantitative data is collected through self-administered questionnaires at recruitment and after 6 months, and electronic health records. Qualitative data is obtained through interviews with PrEP users and providers. This summary outlines quantitative data collected from February to July 2024.

Figure: PrEP GAT Almada Cohort design scheme



CONCLUSION

The preliminary results from the PrEP GAT Almada Study reveal a majority of adult cisgender men, with a high proportion of immigrants and high academic attainment among the population of PrEP candidates and beneficiaries at GAT Almada. While these demographics reflect current PrEP uptake patterns, the notable lack of diversity in gender identities, sexual orientations, and age groups suggests a need for targeted outreach to underrepresented populations. Additionally, the findings highlight specific areas for enhancing PrEP service delivery, including streamlining appointment processes and optimizing medication access. Addressing these challenges is crucial for improving PrEP accessibility and uptake, thereby supporting the Fast-Track Cities Initiative goals and progress towards UNAIDS 2030 targets.

FUNDING

This study was funded through third party agreement with GAT Portugal and ISPUP under the project GATALMADA funded by the Gilead grant Zeroing In to End the HIV Epidemic (EHE).

RESULTS

By July 4th, 81 participants were recruited: 42 pre-PrEP beneficiaries (individuals recruited during their first or second consultation) and 39 PrEP beneficiaries (participants recruited from the third consultation onwards). Of the total, 91.4% were cisgender men, 66.6% aged 25-39 and 56.3% held a university degree. Immigrants account for the majority of participants: while 40.7% were born in Portugal, other 47.9% were born in Brazil, and 12.4% in other countries. About 35.5% had a fixed sexual partner, 64.3% reported previous sexually transmitted infection diagnosis, and 43.9% used recreational drugs in sexual contexts in the past 90 days. Mean PrEP-related out-of-pocket expense was 9.9€ (SD 12.9). Among PrEP users, lower satisfaction levels were for scheduling of appointments (59.1% satisfied / very satisfied) and medication dispensing process (52.3%).

Table 1: Sociodemographic characteristics of users based on phase characterization at recruitment

	Pre-PrEP beneficiaries N (%)	PrEP beneficiaries N (%)
	42 (100.0)	39 (100.0)
Gender identity		
Cis men	37 (88.1)	37 (94.9)
Cis women	3 (7.1)	1 (2.6)
Trans women	2 (4.8)	0 (0.0)
Non binary	0 (0.0)	1 (2.6)
Missing	0	0
Age group (years)		
18-29	16 (38.2)	10 (25.6)
30-39	17 (40.4)	16 (41.0)
≥40	9 (21.4)	11 (33.4)
Missing	0	0
Sexual orientation		
Gay	29 (69.0)	35 (92.1)
Bisexual	7 (16.7)	2 (5.3)
Heterosexual	4 (9.5)	1 (2.6)
Any other term	2 (4.8)	0 (0.0)
Missing	0	1
Country of birth		
Brazil	21 (50.0)	17 (43.6)
Portugal	13 (31.0)	20 (51.3)
Argentina	2 (4.8)	0 (0.0)
France	2 (4.8)	0 (0.0)
Other	4 (9.5)	2 (5.1)
Missing	0	0
Educational level		
3rd cycle of basic education	3 (7.3)	1 (2.6)
Secondary education	11 (26.8)	12 (23.1)
Non-higher post-secondary education	6 (14.6)	3 (7.7)
Bachelhor's or higher	20 (48.7)	25 (64.1)
Rather not answer	1 (2.4)	1 (2.4)
Missing	1	0

Table 2: Level of satisfaction with PrEP access and services by users attending their second PrEP medical consultation and PrEP beneficiaries (N = 44)

Satisfaction with PrEP services(N = 44)	Satisfied / very satisfied N (%)
	44 (100.0)
Process of dispensing medication	23 (52.3)
Scheduling of appointments	26 (59.1)
Waiting time for the first appointment	28 (63.7)
Interest of healthcare professionals in your health status	41 (93.2)
Information provided by healthcare professionals about the medication and/or health status	42 (95.4)
Relationship with healthcare professionals	43 (97.7)

Outcome of HIV Patients on Antiretroviral Treatment (ART) in Greater Jakarta, Indonesia

Rachel Monique[1], Siti Sulami[1], Laurent Ferradini[1], Caroline Francis[1], Erlian Aditya[1]

Background

- **The Indonesian HIV National Program:**
  - has implemented a dolutegravir-based regimen for newly enrolled patients since 2022 and for patients transitioning from a nevirapine-based regimen.
  - recommends monitoring adherence and treatment efficacy through routine viral load (VL) monitoring 6 and 12 months after antiretroviral treatment (ART) initiation and every 12 months thereafter.
- **Objectives:**
  - To describe the outcome of adult patients under ART,
  - To analyze the impact of a dolutegravir-based regimen on **viral suppression of 6 – 18 months after ART initiation.**

Methods

- A retrospective study was conducted in 53 health facilities in Greater Jakarta.
- 1,135 adults who started ART from February 2018 to October 2023 were enrolled.
- Multivariate logistic regressions were performed to identify factors:
  - age,
  - rapid ART initiation (within 7 days after diagnosis),
  - type of ART regimen and,
  - key population group associated with VL suppression (≤ 1000 copies/mL).

Results

- Most patients were males (Fig. 1), and the median age was 30 years old (Table 1).
- The majority of patients received a dolutegravir-based regimen (Fig. 2).
- Most of the patients had viral suppression (Table 1).
- Only dolutegravir-based regimen initiation and an age group of ≥ 30 years old were significantly associated with VL suppression (Table 2).

Figure 1. Proportion of Patients by Sex

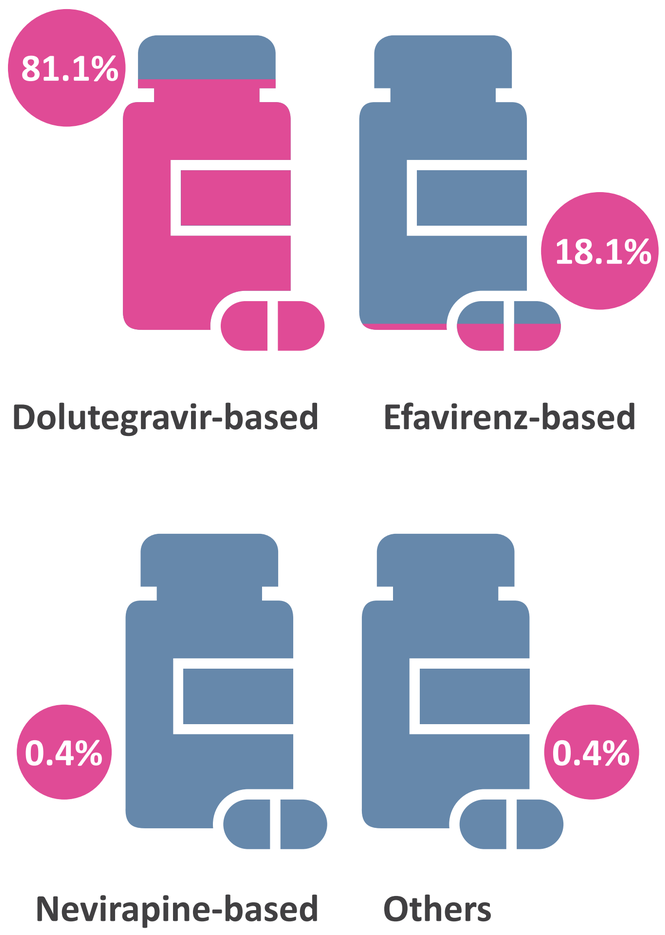


Figure 2. Proportion of Patients by Antiretroviral Regimens

Table 1. Characteristics of Patients (N = 1,135)

Variables	No of patients *suppressed VL N = 1088 (96%)	No of patients *unsuppressed VL N = 47 (4%)
Dolutegravir-based regimen, N (%)		
Yes	889 (82)	31 (66)
No	199 (18)	16 (34)
Sex, N (%)		
Male	896 (82)	37 (79)
Female	192 (18)	10 (21)
Age group, N (%), IQR: 26 – 37		
≥ 30 years	582 (53)	20 (43)
≥ 30 years	506 (47)	27 (57)
Key population, N (%)**		
Yes	699 (64)	28 (60)
No	389 (56)	19 (40)
Rapid ART Initiation, N (%)		
Yes	611 (56)	19 (40)
No	477 (44)	28 (60)

**6 – 18 months after ART initiation; **MSM, TG, PWID, FSW*

Table 2. ***Adjusted Odds of HIV Patients on Viral Suppression of 6 – 18 Months After ART Initiation

Variables	Patients with suppressed VL p-value	Patients with suppressed VL Adjusted Odds Ratio
Dolutegravir-based regimen, N (%)	0.022	2.146 (1.104 - 4.091)
Age group, N (%)	0.048	1.876 (1.007 - 3.496)

Note. 95% confidence intervals in brackets
****Adjusted for all other variables: age, rapid ART initiation, key population*

Conclusions

ART initiation with a **dolutegravir-based** regimen, particularly among people **aged ≥ 30 years old** contributed to **VL suppression of 6 – 18 months after ART initiation.**

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The authors would like to express their huge appreciation to the Banten Provincial Health Office, West Java Provincial Health Office, and EpiC M&E/SI team, whose contributions and support were instrumental in completing this paper.

[1]FHI 360 Indonesia, Jakarta, Indonesia

THE IMPORTANCE OF ESTABLISHING PWUD-Led NETWORKS

CHALLENGES

- Stigma and Discrimination
- Often left out of important decision-making processes that directly impact their lives, leading to a lack of effective service delivery
- Human Rights violations

RESPONSE:

SANPUD established Networks

ROLE OF NETWORK:

- Collective Advocacy improved services
- Collective Advocacy for Human Rights
- Receive Training on Harm Reduction and good network governance
- Unite People who use Drugs

The goal is for them is to become a registered NGO organisation that will be capable of applying for funding.

- PWUD are actively engaged in community development and various activities that create cohesion
- Strengthen understanding of the response to HIV/Aids, Hepatitis, TB and other health issues
- Networks reduce the harms of illicit substances and positively impact the overall well-being of PWUD.
- Improving adherence and highlighting the importance of service provision and inclusion.

OUTCOMES:

- Several network leaders have been integrated into formal structures at the District and Provincial levels
- Advance the interests of people who use drugs and ensure that their voices are heard
- Involved in research efforts to promote budget advocacy and decriminalising drug use
- Emphasize the benefits of diverting resources away from punitive laws. Improving levels of care for PWUD

SANPUD
South African Network of People Who Use Drugs

PARIS
FAST-TRACK CITIES 2024

SEXUAL HEALTH IN GENERAL PRACTICE: EXAMPLE OF A DEDICATED CONSULTATION AT SAINT-DENIS MUNICIPAL HEALTH CENTER

MIT A. [1], SAUTEREAU A. [2]
[1] City Hall of Saint-Denis, Saint-Denis, France ; [2] CMS Plaine, Saint-Denis, France

INTRODUCTION

Sexual health (SH) is rarely discussed in general practice. Saint-Denis is no exception, despite the fact that the city is one of the key areas of the HIV epidemic : the SH services are limited and not always adapted to all audiences.
In response to this, a **consultation dedicated to SH was set up in June 2023 in one of Saint-Denis' Municipal Health Centers (CMS), in partnership with the Checkpoint Paris association.**

DESCRIPTION

This weekly consultation, which runs from 2 to 5 p.m., is **open to all** (with or without health rights) by appointment. People can come for any SH-related questions, such as pre-exposure prophilaxy (PrEP).

ACTIVE FILE POPULATION

Young population
Median age : 32

89% living in SSD

75% male

86% with social coverage

25% of newly arrived immigrants (< 3 years in France)

Mostly precarious

MAIN REASONS FOR CONSULTATION

PrEP initiation / follow-up

STI Testing

General information on SH

LESSONS LEARNED & RECOMMENDATIONS

These first data from the consultation confirm the need of having a diversified sexual health offer in contexts such as those of Saint-Denis. Having a **specific consultation** in CMS enables to **reach people who would not initially have come to the CMS, or to broach the subject with patients who are already on a care pathway**. It can also provide an **entry point into healthcare** for most vulnerable people and/or far removed from the healthcare system.

The experience of the first few months has also helped to remove certain obstacles among to the **general practitioner talk about sexual health.**

In order to extend or modify the current consultation, a qualitative study is planned over the next few months, to **analyze the acceptability** of the consultation, to be compared to other offers in the field.

N. 1523 - First test doesn't forget: the test aimed at young people

Authors: Caterina Pelligris[1], Davide Meli[1], Ilaria Mercurio[2], Paolo Meli[3], Franco Maggiolo[4], Serena Venturelli[5], Laura Comi[5], Nicola Butta[6]

Affiliation: 1Don Giuseppe Monticelli Società Cooperativa Sociale, 2Bergamo Fast Track City, 3Associazione Comunità Emmaus, 4Infectious Diseases Specialist Bergamo Fast Track City, 5ASST Papa Giovanni XXIII, 6Arcigay Bergamo Cives

Background

2019

1. Bergamo Fast Track City → rapid, anonymous and free test for HIV, HCV and Syphilis

2. #cHIVuoleconoscere project → training courses in high schools about HIV/AIDS, STIs and sexual health

School Year / Project	N. High School	N. classrooms	N. Students
2019/2020 #cHIVuoleconoscere	12	63	1412
2020/2021 #cHIVuoleconoscere	6	52	1192
2021/2022 #cHIVuoleconoscere 2.0	18	115	2443
2022/2023 #cHIvuoleconoscere -Test&Go	15	103	2267
2023/2024 #cHIVuoleconoscere -Fast-Track School	18	126	2380
TOTALI		459	9694

Methods

Testing activities among young people:

1. From 2020 test at university students during the European Testing Weeks (May and November)

2. From school year 2021/2022 → test at high schools for adult students

School Year 2020/2021

Year	Period	Context	N. person tested
2020	November	University	191
2021	May	University	82

School Year 2021/2022

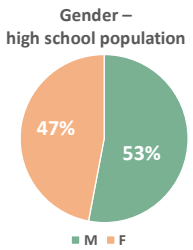
Year	Period	Context	N. person tested
2021	November	University	152
2022	May	University	48
2022	May	High School	65

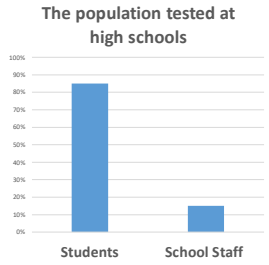
School Year 2022/2023

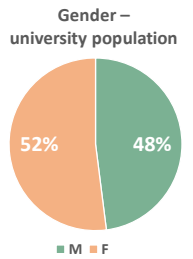
Year	Period	Context	N. person tested
2022	November	University	220
2023	May	University	188
2023	May	High School	363

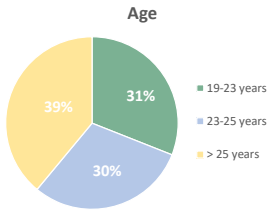
School Year 2023/2024

Year	Period	Context	N. person tested
2023	November	University	167
2024	May	University	123
2024	May	High School	277









Results

March 2019 – December 2023 → 7244 tests were carried out in the general population (BG FTC activities)

May 2022 → Two high schools took the opportunity to offer test to their students.
May 2023 → Four other high schools joined the opportunity
May 2024 → Six schools offer tests at the end of training courses

705 students were tested at high schools
- 23% of people engaged during the school year 2023/2024 declared that he/she had already did test during Bergamo FTCI past activities.

1088 young people were tested at universities
- 32% had already done the test previously, probably at other test offers of Bergamo FTC network during years.

Conclusion

Importance of educational aim among young people, to start soon to take care of their sexual health.

Developing an International Collaborative Framework to Support Full Integration for Harm Reduction Services Along the Continuum of Care for Overdose Response

Frederic Courtois[1], Courtney Chambers[1], Jake Samora[1], Kasey Claborn, PhD[1]

[1]The University of Texas at Austin, Steve Hicks School of Social Work, Addiction Research Institute

Background

The United States faces significant barriers to mitigating morbidity and mortality associated with drug overdose due to an **absence of policies supporting evidence-based harm reduction service provision**[1]. Harm reduction services (e.g., **syringe service programs**) have been shown to be effective in **reducing HIV transmission and HIV risk behaviors**[2,3]. Regions in Europe have adopted and begun implementing policies to support and integrate evidence-based harm reduction interventions for **injection drug use (IDU), drug overdose, and opioid use disorder**[4]. Efforts are needed to enhance **international collaboration** towards identifying **standards for practice and evaluation** relevant to the harm reduction continuum of care.

Project Aims

1. Build capacity towards a global coalition on data-driven overdose response
2. Gather preliminary perspectives on existing strengths and gaps of community overdose response and workforce needs

Project Description

In this exploratory project, we met with 37 professionals representing **(1) harm reduction, (2) recovery, (3) research, and (4) emergency medicine** in **Scotland and France**.

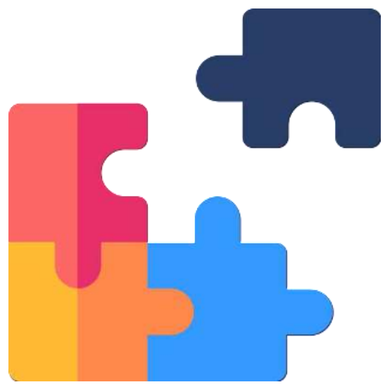
Field notes were taken during each engagement, **debriefing sessions** were held immediately following each engagement, and **debriefing guides** were created to summarize these engagements and discussions. Debriefing guides were summarized based on the **aims** associated with this project.

Image 1. Turning Point Scotland – Glasgow Alcohol & Drug Crisis Services

Image 2. AccuVein Technology Demonstration

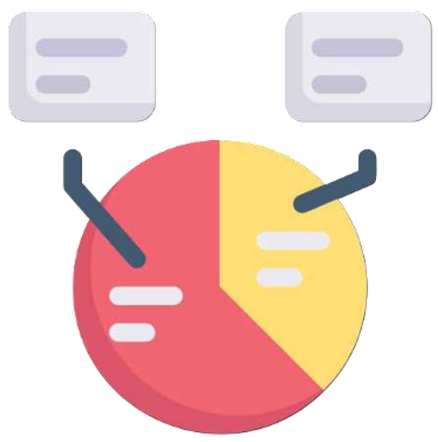
Findings

1. Policy Supporting Harm Reduction Integration



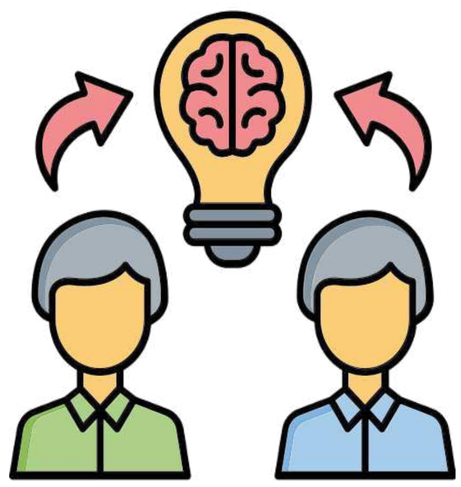
- **Medication Assisted Treatment (MAT) Standards**
- **Nurses and medical providers** assisting harm reduction outreach and drop-in
- **Diversion** programming for MAT

2. Technology and Training Resources for Outreach



- Accessible, digital database for **drug checking** statistics
- EHR for monitoring changes in substance use behavior trends (**i.e., injecting -> smoking**)
- Specific trainings for **wound care, HIV testing, and case management**

3. Exchanging Knowledge to Support Harm Reduction Services



- **Standardizing evaluation** of harm reduction services to address **gaps in consistency**
- **Standardizing credentialing** of harm reduction services to address **gaps in competency**
- Interest expressed in research towards **bolstering resilience** among **harm reduction providers**

Conclusions

France and Scotland exhibited policies supporting the integration of harm reduction into **medical and carceral settings** and a **high level of professionalization** among harm reduction service providers. Engagements demonstrated a need to **standardize evaluative outcomes and credentialing** for harm reduction services. Future efforts should further develop **evaluation and credentialing goals** for harm reduction services that are informed via the **Fast Track Cities framework (i.e., 95-95-95)**.

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Acknowledgements

This project was supported by the Moritz Center for Societal Impact at the Steve Hicks School of Social Work at the University of Texas at Austin, which aligns interdisciplinary efforts in research and scholarship, curriculum and instruction, and community partnerships to solve critical social problems. We would like to express our sincerest gratitude for our hosts in Scotland and France and their willingness to engage and share their expertise with our team. Icons created via contributors at FlatIcon.com

The University of Texas at Austin
Addiction Research Institute
Steve Hicks School of Social Work

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FAST-TRACK CITIES 2024

Fast-Track Cities 2024 • October 13-15, 2024

CeSaMe : ENIPSE LGBT+ mental health resource Center

Reducing social inequalities in health & promoting the well-being of LGBT+ people in Occitanie

N. AL BAZZOU (*), V. TONG (**), S. GUILLET (***)

* Psychologist/ Sexologist and Coordinator of ENIPSE Occitanie's CeSaMe program , Toulouse / ** Project Manager, ENIPSE, Paris / *** National Director, ENIPSE, Paris enipse@enipse.fr

Context & intervention strategy

Advances in LGBT+ rights have improved **the visibility and integration of LGBT+ people into everyday life**. However, factors such as the difficulties of coming out, isolation in rural areas, and social pressures compromise their mental health. Constant exposure to LGBT+phobia, whether in the public space or at work, adds to chronic stress.
Discrimination and lack of training among healthcare professionals limit access to appropriate care. As a result, many LGBT+ people suffer from anxiety disorders, addictions or suicidal risks. **Fighting discrimination and improving access to care are crucial to protecting their mental health.**

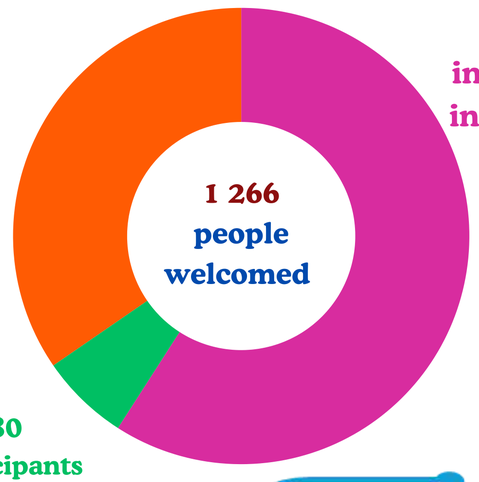
Psychological support and inclusive environments are protective factors against the harmful consequences of discrimination.
More than ever, words like "diversity, recognition, visibility, inclusivity" have their meaning in the fight against discrimination and hate against LGBT+ people.

CeSaMe program from the ENIPSE association

A place for listening, support and guidance adapted to the realities of LGBT+ people.

- **Improving social inclusion, common access to healthcare and rights.**
- **Awareness-raising modules to equip professionals for a more inclusive welcome.**
- **Contribute to the understanding of LGBT+ specificities in order to fight against the renunciation of healthcare and discrimination.**

Activities in 2023



438 people received at reception / telephone hotlines

748 individual interviews

80 participants in group workshops

Interview modality :
CeSaMe : 73%
Telephone & videoconferencing : 15%
Outreach : 12%

Origin of orientations :
Entourage : 24%
Social networks : 21%
Associations : 18%
ENIPSE : 12%
Medical : 11%
Institutions : 10%
Other : 4%

Gender :
Cis man : 32%
Cis woman : 24%
Non binary : 16%
Trans woman : 13%
Trans man : 12%
Other gender : 3%

Romantic/sexual orientation :
MSM : 36% WSW : 26%
Hetero (trans person) : 13%
Pansexual : 11% Asexual : 6%
Bisexual : 6% Other : 2%

Age :
<18 yrs : 8% 18-24 yrs : 24%
25-34 yrs : 30% 35-44 yrs : 28%
45-54 yrs : 6% >55 yrs : 4%

A richness & diversity of gender identities & romantic/sexual orientations.

Social situation :
Housing : 38% Colocation : 37%
With parents : 9% Hosted : 6%
Social structures : 7% Other : 3%

Income :
Salaried : 45% Unemployed : 7%
Active solidarity income : 11%
Disability living allowance : 6%
Asylum seeker's allowance : 6%
School grants : 7% Retirement : 1%
Soutien familial : 5% None : 7%
Other : 5%

70% of CeSaMe's visitors are in precarious situations.

Identified needs & indicators

Topics covered

Psychological and psychiatric path :
Complex combination of social, economic and relational difficulties
Precariousness and family rejection
Depression and anxiety
Bipolar and schizophrenia-related disorders
etc.

Sexological path (affective, romantic, and sexual life) :
Complexity of coming out (fear of rejection)
Risky sexual practices
Conflicting couple relationships: emotional dependence, control, crises of trust
Complications from chemsex dependency
etc.

Trajectories of LGBT+ exiles :
Persecution-related trauma
Post-traumatic stress
Discrimination
Vulnerability and difficulties accessing healthcare
Social isolation
etc.

Other paths:
LGBT-phobic violence
Addiction with and without substances
Difficulties related to parenthood
Difficulties accessing rights
etc.

Positive indicators of the CeSaMe program

- Managing complex situations
- Access to rural areas
- Fight against violence/ discrimination
- Improving the participation of welcomed individuals
- Fluidity in common law with adapted orientation tools

Innovative tool
Online space - LGBT+ mental health

An online space at www.enipse.fr offers **mental health guidance and self-determination tools for LGBT+ people, their entourage and professionals**. It offers information on mental health, tools to improve psychological well-being and secure guidance for a positive health path.

Conclusion

The ENIPSE association's CeSaMe program plays an essential role in providing specific support to people who are often excluded from traditional mental health services. **By focusing on well-being and living together, it makes a significant contribution to lessen inequalities in the access to care taking and fighting discrimination.**
By improving the quality of life of LGBT+ people, ENIPSE's CeSaMe program also considers itself as a model for other mental health initiatives, **fostering the development of a more inclusive and supportive society.**

Testimonials

My mental health wasn't a priority and I can see the positive results of coming to you today.

I was able to find shelter and valuable support after being assaulted.

When you learn that your child wants to change gender, you're at a loss and need to find your bearings.

Contact

Advancing HIV Stigma Reduction in Rwanda: Assessing Implementation and Proposing Solutions

Authors: Deo MUTAMBUKA [1], Jean Berchmans TUGIRIMANA[2], GASOZI Ntwali, Andrew [3], Muhayimpundu RIBAKARE [4], RWIBASIRA Gallican[5]

1,2: Rwanda Network of People Living with HIV / AIDS (RRP+)
3: Joint United Nations Programme on HIV/AIDS - Rwanda (UNAIDS)
4: World Health Organization - Rwanda (WHO)
5: Rwanda Biomedical Center (RBC)

Introduction

HIV-related stigma and discrimination remain significant barriers globally, impeding access to essential services for people living with HIV (PLHIV) and hindering progress toward Sustainable Development Goals (SDGs) and the goal of ending the AIDS epidemic by 2030.

Description

This abstract presents an evaluation of the progress in implementing recommendations from the HIV Stigma Index 2.0 in Rwanda-by-Rwanda Network of People living with HIV / AIDS (RRP+), in collaboration with the United Nations Joint Programme on HIV/AIDS (UNAIDS) and WHO in 2024. The assessment aimed to gauge the extent of recommendation implementation using qualitative methods, including interviews and focus group discussions. A comprehensive desk review of relevant documents supplemented primary data collection conducted from January to March 2024 across various sites in Rwanda.

Lessons learned

Findings uncovered significant gaps in the dissemination and awareness of the Stigma Index report among stakeholders, hindering effective recommendation implementation. Despite challenges, some advancements were noted, such as advocacy campaigns and training initiatives led by organizations like RRP+ and government bodies like the Ministry of Health and Education. However, persistent stigma and discrimination, particularly among key populations like men who have sex with men (MSM), people who use drugs, and adolescents, underscored the need for targeted interventions.

Recommendations

To enhance recommendation implementation and reduce HIV-related stigma, several recommendations were proposed. These include the development of a comprehensive dissemination plan, establishing a coordinated steering committee for Stigma Index implementation, integrating monitoring indicators into health systems, strengthening legal protections, continuous training of healthcare providers, and finalizing ministerial instructions to combat stigma in educational institutions.

“Les femmes sont perdues”: Perspectives of Healthcare Providers in France toward Increasing Pre-exposure Prophylaxis within Family Planning Centers among Women Who Have Migrated from sub-Saharan Africa

Samantha A. Devlin, Geoffroy Liegeon, Victoria Manda, Julie Castaneda, Catherine March, Jessica P. Ridgway, Susan Barke, Amy K. Johnson

Abstract ID: 1551

Background

- The use of pre-exposure prophylaxis (PrEP) is low among women from sub-Saharan Africa (SSA) in France compared to their need.
  - Despite accounting for nearly 80% of new HIV diagnoses among women in France, women from SSA represent only 2% of PrEP users nationwide.[1,2]
- Family planning centers (FPCs) have the potential to be ideal access points for PrEP among women from SSA.
- The HIV prevention gap must be addressed in France by exploring healthcare providers’ perspectives on PrEP implementation within FPCs.

Methods

- **Design:** Exploratory qualitative study, focus groups and brief demographic survey
  - Potential participants (physician, nurse, or midwife) were recruited from the network of FPCs in Paris and Seine-Saint-Denis, which have a significant population of African migrants.
- The **Consolidated Framework for Implementation Research (CFIR) 2.0** informed the discussion guide to examine
  - Providers’ awareness/knowledge of PrEP, experience prescribing PrEP to women from SSA
  - Facilitators/barriers to offering or discussing PrEP w/ women from SSA
  - Recommendations for increasing PrEP awareness and uptake among women from SSA
- **Timeline:** December 2023 to May 2024
- **Data collection:** Focus groups occurred either in person or over Zoom and lasted 60-90 minutes. Discussions were audio recorded, transcribed, and translated to English by a professional bilingual transcriptionist.
- **Data analysis**
  - Qualitative data were coded using Dedoose software.
  - Demographic survey were analyzed using descriptive statistics.

Results

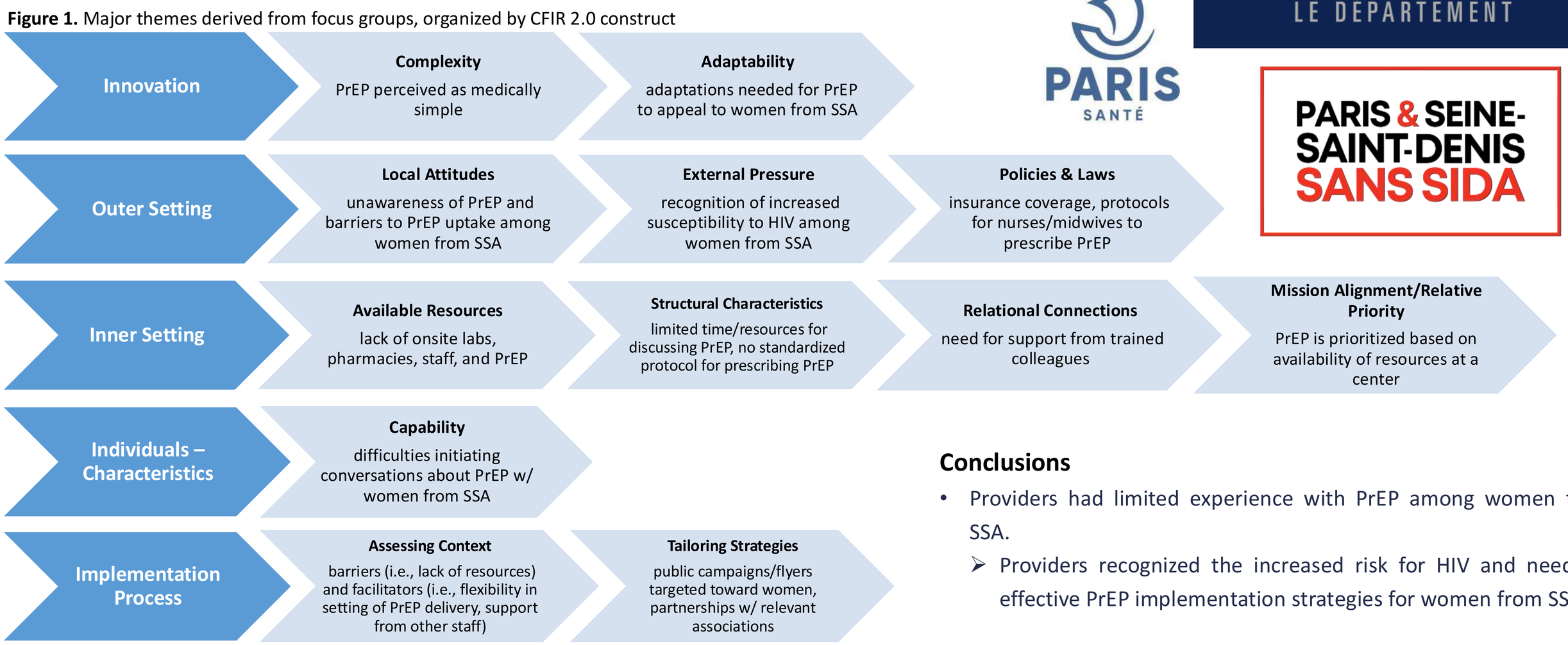
- Five focus groups and one informant interview, 20 participants total **(Table 1)**
  - The majority were female (80%) and physicians (70%)
  - Median age: 45 years (IQR 32-55.5)
  - Median time in job role: 13 years (IQR 4-27)
    - Median time working at their specific center: 5.5 years (IQR 2-10)
  - Major themes are presented according to the CFIR 2.0 domains and corresponding constructs **(Figure 1)**.

Table 1. Participant demographics

Characteristics	n (%)
Median Age (IQR)	45 (32-55.5)
Median Years in Job Role* (IQR)	13 (4-27)
Median Years at Center (IQR)**	5.5 (2-10)
Gender	
Female	16 (80)
Male	4 (20)
Country of Origin	
France	19 (95)
Ukraine	1 (5)
Job Role	
Physician	14 (70)
Midwife	4 (20)
Nurse	2 (10)
Job Type**	
Part-time	10 (56)
Full-time	8 (44)
Type of Centerǂ**	
Sexual health center	10 (56)
Hospital FPC	4 (22)
City run FPC	4 (22)
Mother and Child protection center (PMI)	3 (17)
County run FPC	2 (11)
Leader/Director of Center**	
No	15 (83)
Yes	3 (17)

*data available for 19 participants
**data available for 18 participants
ǂcould select multiple answers

Figure 1. Major themes derived from focus groups, organized by CFIR 2.0 construct



Conclusions

- Providers had limited experience with PrEP among women from SSA.
  - Providers recognized the increased risk for HIV and need for effective PrEP implementation strategies for women from SSA.

Acknowledgements/Funding

We thank all of the providers who took part in this study and Ms. Susan Barke who transcribed the transcripts and translated them to English. This work was supported by the Global Collaboration Award from Northwestern Roberta Buffet Institute for Global Affairs. Geoffroy Liegeon was supported by a grant from the ANRS | Emerging Infectious Diseases.

Conflicts of Interest

Geoffroy Liegeon has participated in advisory boards for ViiV Healthcare. Jessica Ridgway has received consulting fees from Gilead Sciences. Victoria Manda has participated in advisory boards for Gilead Sciences.

References

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FAST-TRACK CITIES 2024

Perceptions of Scientist and Community Members Regarding the Social Responsibility of Translational Science

Dominique Guinn[4], PhD; Stephen Molldrem, PhD[1]; Vishnu R. Subrahmanyam, MSc[1]; Georgia Loutrianakis, MA[1]; Grace A. Loudd, PhD, LMSW[4] Elise Smith, PhD[1]; Kimberly Beatty, LCSW-S[2]; Krista Bohn, MPH[1]; Sharon Petronella Croisant, PhD[1]; Kathryn A. Cunningham, PhD[1]; Jeffrey S. Farroni, PhD, JD[1]; Michael Gienger[3]; Jometra Hawkins-Sneed[5]; Shannon Lien[6]; Sondip Mathur, PhD[4]; Victoria H. McNamara, MS[1]; Marnina Miller[7]; Kimberly Pounds, DrPH[4]; Emma Tumilty, PhD[1]

BACKGROUND

- Translational Science includes the social responsibility to improve health outcomes and reduce disparities.
- Policy and law in the US and Europe acknowledge a "translational lag" between knowledge in the health sciences and application in research.
  - ➢ However, translational research has historically only focused on the reduction of regulatory and procedural barriers, instead of social responsibility.
- This study aims to:
  1) Examine how scientists and community members perceive the social responsibility of research.
     - Determine socially responsible recommendations based on scientists' and community members' perceptions.

METHODS

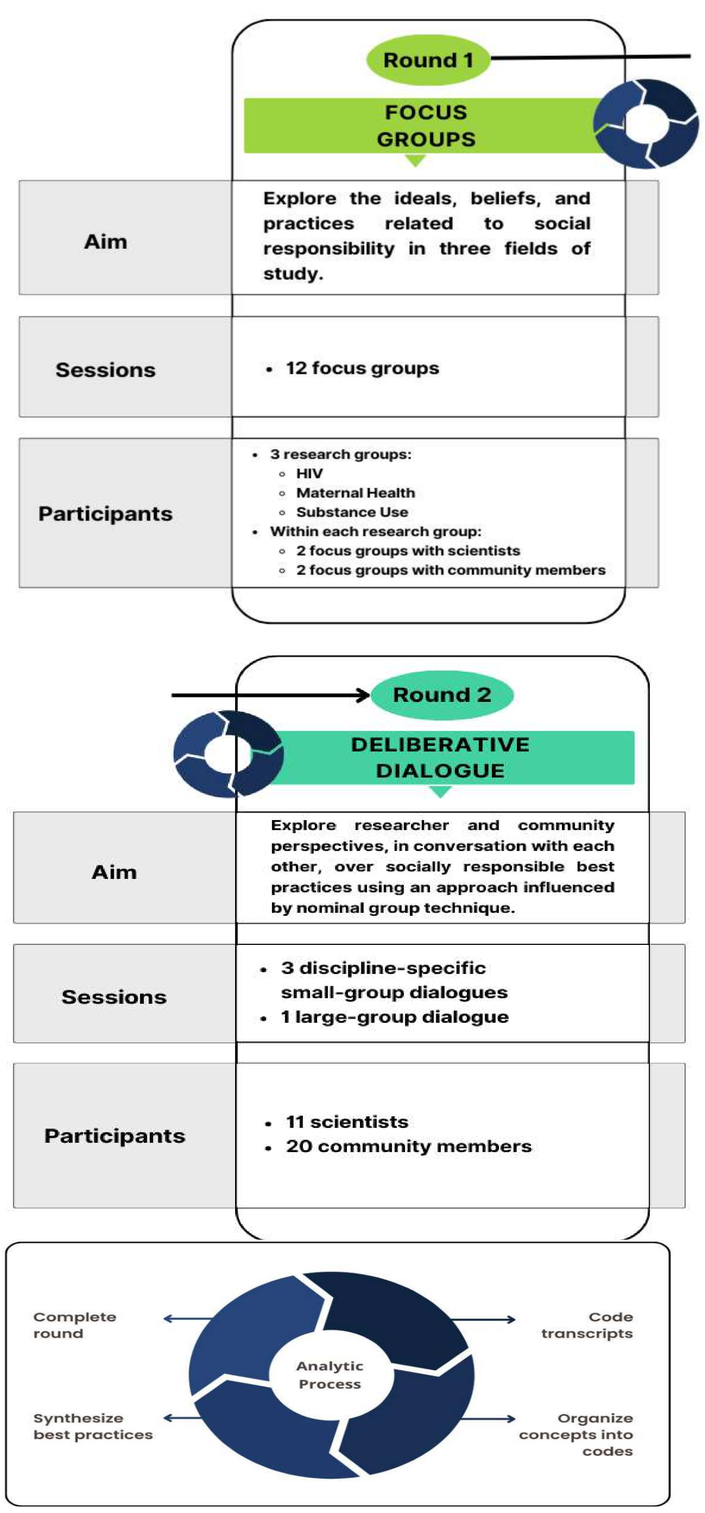


Figure 1. Focus Group and Deliberative Dialogue process.

RESULTS

Social Responsibility Coding Process

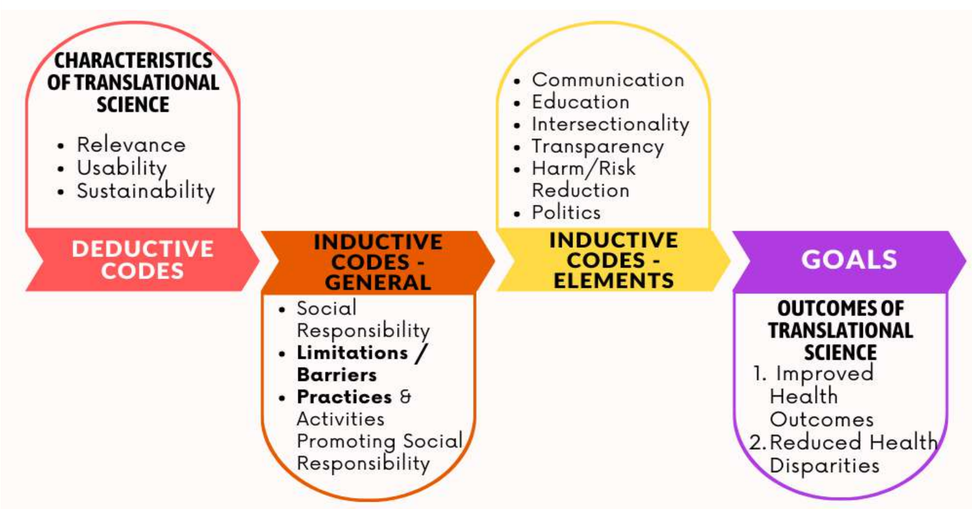


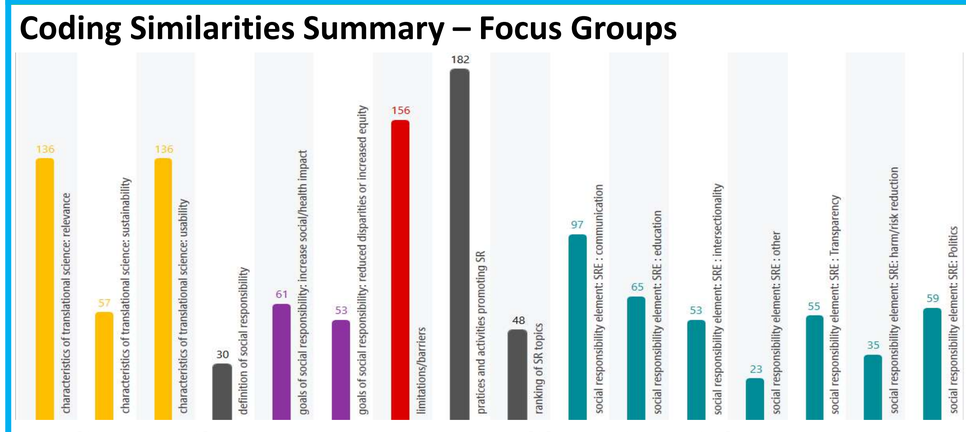
Figure 2. Coding focus group transcripts began with the deductive codes from a previously developed social responsibility theoretical framework. Using the outcomes of translational science as a guide, the results highlighted elements that will help increase social responsibility.

Coding Differences Summary

Code Type	Characteristic of Translational Science	Element	Outcome of Translational Science
Scientist Code Focus	Relevance	Harm/Risk Reduction	Increased Social/Health Impact
Community Member Code Focus	Usability	Intersectionality	Reduced Disparities or Increased Equity

Figure 3. Researchers and community members focused on different characteristics, elements, and goals of social responsibility. This demonstrates that the desired impacts of scientists do not always align with those of community members.

Coding Similarities Summary – Focus Groups



Coding Similarities Summary – Deliberative Dialogue

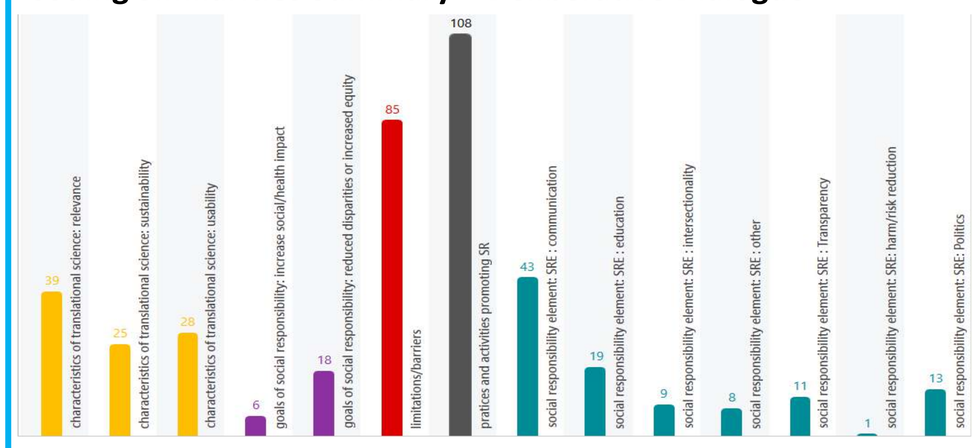


Figure 4. Despite perception differences, both scientists and community members focused on the limitations and barriers to social responsibility, as well as suggested practices to promote social responsibility.

DISCUSSION

Best Practice Recommendations Based on Perceptions of Relevance

Participant Type	Recommendations
Scientists	• Broaden recruitment scope. • Use modernized recruitment methods.
Community Members	• Developing research with and for historically excluded

Best Practice Recommendations Based on Perceptions of Usability

Participant Type	Recommendations
Scientists	• Include community partners in project construction.
Community Members	• Increase education to communities so that they can play a bigger role in research.

Best Practice Recommendations Based on Perceptions of Sustainability

Participant Type	Recommendations
Scientists	• Dissemination of research results past a study's end.
Community Members	• Increase collaboration between already existent programs and research.

CONCLUSIONS

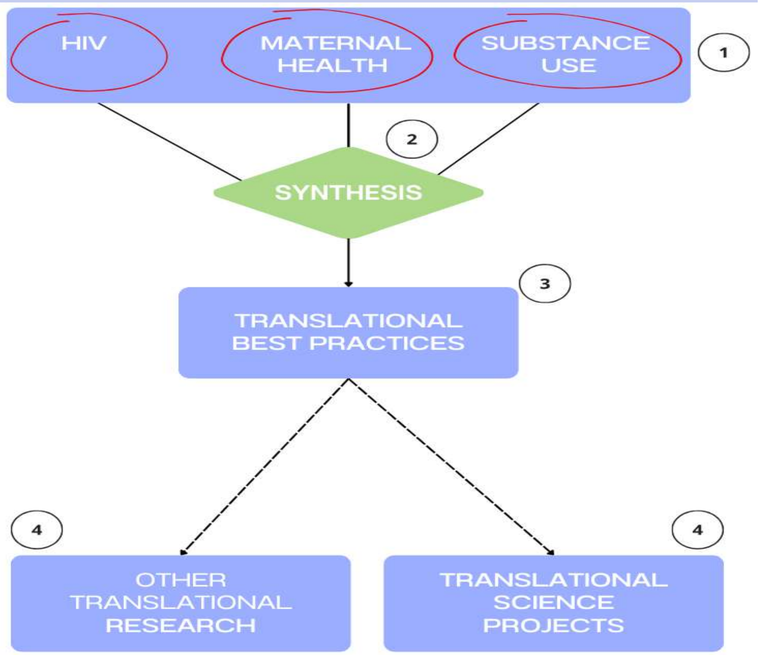


Figure 5. The recommendations can help build a disease-agnostic practical model that promotes social responsibility in translational research.

REFERENCES

exæquo

Le partenaire santé des hommes qui aiment les hommes

HIV/Aids organisation
French speaking Belgium - 1994

HIV
↓
Sexual Health
↓
Chemsex
↓
Health promotion for MSM

MSM
↓
LGBTI
↓
Queer

For us, By us, With us

GIPA principles, community approach

LGBTQIA + HEALTH BECOMES A TOPIC

Feminist movement

Intersectional perspective and a determination to question power dynamics between health professionals and patients

Unique LGBTQI project
2300 square meters
In the center of Brussels

BXL LA VILLE DE STAD

- bar restaurant
- 3 flats housing 10 persons
- offices for 39 NGO staff members
- a cultural center
- a medical center with 16 consulting rooms: **MACS Brussels Health Checkpoint**

International conferences on LGBTI health

Community workers and health practitioners from around Europe, checkpoints, housing projects for the elderly...

PARTNERS WANTED

Advocating to reduce inequalities in access to healthcare and social services for LGBTQI people

Inequalities suffered by LGBTQI people in access to healthcare and social services need to be addressed by public authorities for what they are: INEQUALITIES.

WE NEED TO BUILD A SET OF ADVOCACY TOOLS IN ORDER TO DESIGN AND IMPLEMENT PUBLIC POLICIES FIXING THESE INEQUALITIES

UNIVERSITIES
NGOS
CITIES

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FAST-TRACK CITIES 2024

Rapid review of peer navigation interventions to improve treatment outcomes for adolescents living with HIV in sub-Saharan Africa

Brian van Wyk, Masibulele Shishaba, Charne Petinger & Yolanda Mayman
University of the Western Cape School of Public Health, SOUTH AFRICA

UNIVERSITY of the WESTERN CAPE

Background

Adolescents living with HIV (ALHIV) are challenged to remain adherent and engaged in HIV care, to reach full viral suppression.
Peer-led, psychosocial support interventions show promise to address the diverse and unique needs of adolescents on HIV treatment on the sub-Saharan African continent, where the global majority of the HIV burden for this priority population lies.
Patient navigation has been found to improve engagement in HIV care for adult patients; but the evidence for its use for adolescents is not yet established.
We conducted a rapid review on the evidence for the use of peer navigation interventions to support ALHIV for improved treatment outcomes in sub-Saharan Africa

Methods

We systematically searched six databases for articles on peer navigation interventions for ALHIV in the sub-Saharan African continent published between 2010-2024.
We included qualitative, mixed methods and quantitative studies that described the implementation and/or outcomes of peer navigation interventions.
Eligible articles were screened by two reviewers, using Covidence software.

Results

Out of the initial 7805 studies screened, 27 met our eligibility criteria. After full text screening, 9 studies were included in the final review.
Peer navigation interventions were implemented in the form of *expert clients* (Eswatini), *treatment supporters* (Zimbabwe), *peer mentors* (Kenya and Zambia), *peer leaders* (Tanzania) and *peer navigators* (Kenya and Nigeria).
Three studies reported (positive) outcomes of peer navigation intervention through randomised control trial designs, albeit with moderate sample sizes.
The other (6) studies were descriptive studies, using qualitative, mixed methods or survey designs

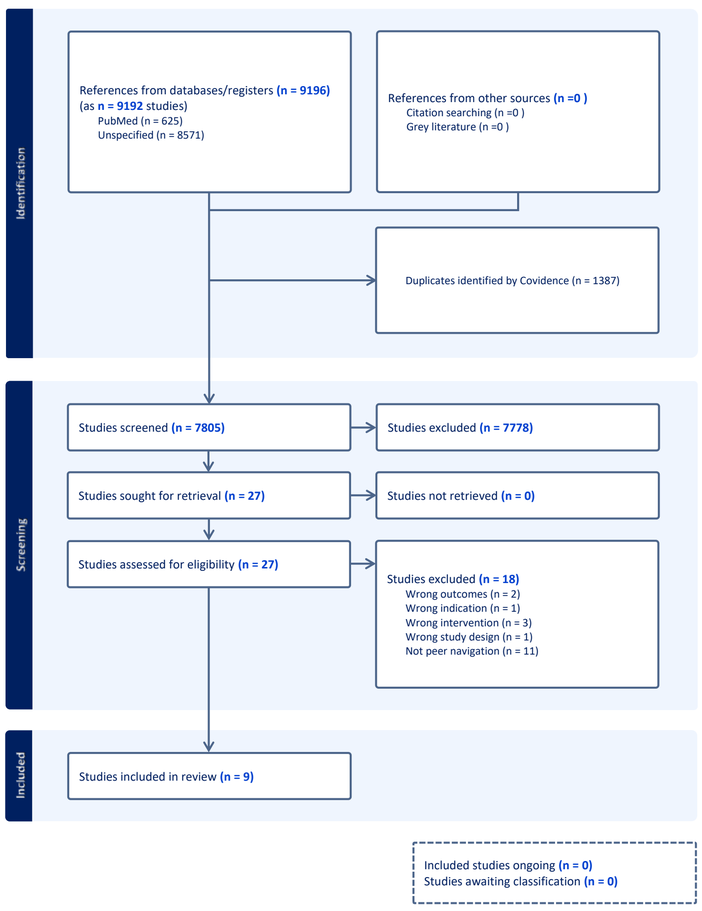
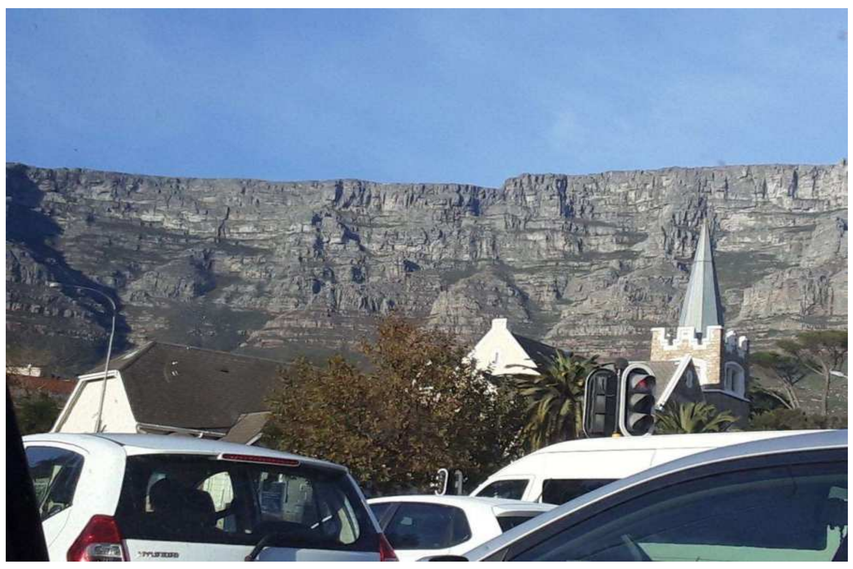
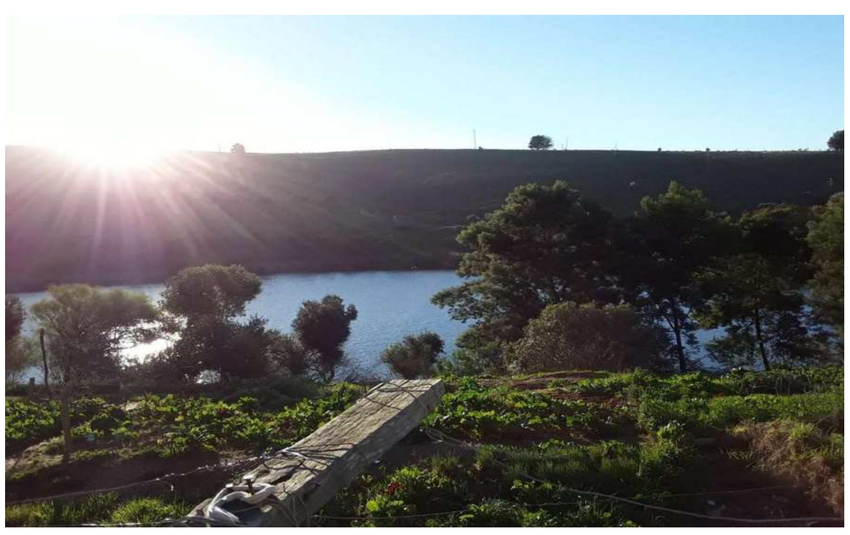


Fig. 1 PRISMA flow diagram

Table 1. Summary characteristics of intervention studies on peer navigation (N= 9)

Author, year	Country	Study design	Participants and sample size	Description of peer navigation intervention	Key findings/Results
Ahmed et al. 2022	Eswatini	Exploratory qualitative	• ALHIV participating in Teen Club, N = 32 • Key informants (N=12): 7 nurses, 3 program managers; 2 program coordinators	*Expert clients* are young people living with HIV who have become champions in managing their healthcare and are appointed to assist their peers - Criteria: excellent adherence; and are willing to disclose their HIV status - Received one week training on: role; communication; counselling skills; treatment adherence; stigma and disclosure; and linkage to care.	Benefits of expert clients: • Navigate issues of disclosure • Serve as role model • Build rapport and trust among the adolescents with HIV • Resolved adherence challenges • Promote resilience and independence of ALHIV
Bernays et al. 2020	Zimbabwe	Qualitative	Community adolescent treatment supporters (CATS) 18 - 24 years living with HIV (N=17)	- Deliver peer support - ongoing supervision to the CATS - management of mental health referrals and - support in complex cases. - Supported by Zvandiri mentors:	**Experiences of CATS:** • Increased sense of self-worth, which motivated their investment in their own health. • prevailing stigmatizing attitudes within their local communities, means CATS concealed the nature of their work • Substantial support by CATS' mentors mediated the emotional burden of their work. • Felt valuable and valued in their roles; welcomed the stipends.
Ndhlovu et al. 2021	Zimbabwe	Randomized control trial	Young adults 10-24 years living with HIV (N=212)	Monthly support group meeting: - facilitated by a professional HIV counselor + CATS - at a community venue - addressed HIV, adherence, and coping strategies, disclosure, relationships, and sexual and reproductive health rights. **Zvandiri arm**: - HIV care - counselling and home visits from CATS - monthly support groups, and - weekly text messages and home visits. **Zvandiri- Problem-Solving Therapy** (PST) **arm**: - additional sessions based on the CATS' PST training.	At baseline: 35.1% virological non- suppression At week 24, significantly lower in the intervention arm than in the standard of care (SOC) arm (76.0% (n=79) vs. 89.0% (n=96), p=0.013). At Week 36, lower in intervention arm (68.3%, n=71) and SOC arm (79.6%, n=86)
Simms et.al 2022			Adolescents living with HIV who had poor virological suppressed, aged 10-19 years (N=872)		Severity of mental health symptoms was assessed using the Shona Symptom Questionnaire (SSQ) and Patient Health Questionnaire (PHQ). SSQ: 2.4% vs 10.3% ; p < 0.001; PHQ: 2.9% vs 8.8%; p = 0.01.
Burke et al. 2022	Zambia	A cluster randomized trial	Youth 15-24 years living with HIV (N=276)	**Project YES!** Youth peer mentor (YPM): - 18-24 years; - similar age group to peers; - champion and an expert in managing their own health and life challenges - Once a month x 6 months youth groups had support group meetings. - Youth participants were able to invite a caregiver to attend their orientation meeting and three optional caregiver group meetings	- Increase in Viral Suppression in intervention group [OR: 4.66, 95% CI: 1.84–11.78] - Reduction in internalized stigma in intervention arm (OR: 0.39, 95% CI: 0.21 - 0.73]
Hosaka et al. 2021	Tanzania	Mixed method	Peer leaders, 17-24 years (N=17)	An HIV curriculum was taught during monthly Saturday adolescent HIV clinics at two clinical sites. Youth 12 to 24 years and received the HIV curriculum during routine clinical care. Peer leaders previously participated in a mental health and life skills intervention called Sauti ya Vijana (The Voice of Youth; SYV) and were recommended for leadership by SYV facilitators and clinic staff. Peer leaders were trained and supervised weekly in curriculum delivery using a "train the trainer" model.	**Quantitative results** • High fidelity (96%) to activities in each lesson. • Demonstrated stable or improved resilience with a mean difference of 3.8 (pre- 60.7 vs post- 64.5) **Qualitative findings** • improved leadership confidence and resilience • Curriculum helped normalize the HIV experience for YLWH attending clinic • Participants' knowledge improved in nine of ten sessions
Shah et al. 2019	Kenya	Pilot study	Street connected children and youth, 15-24 years old (n=781)	Peer Navigators: - a person living with HIV and - 18–24 years, - > 1 year of recent experience being street-connected. Training over 5 days - on HIV/AIDS prevention, treatment and care, reproductive health, counselling, documentation, and navigation through the AMPATH HIV linkage and treatment process. - Followed by intensive mentoring and supervision by the social worker. - On-going supervision, - on-the-job training, and training courses by AMPATH clinicians on reproductive health and ART were provided for the duration of the program. Intervention: supported linkage and engagement in HIV services by: - making SCY feel comfortable as they were in the presence of peers - assisting them with scheduling and reminding them about clinic appointments, - providing emotional support and information, and - - navigation and accompaniment through the process of the appointment	- At initial encounter/baseline, 52 (6.6%) were known HIV-positive - 88.8% were tested for HIV. - 8.1% (n=63) tested HIV-positive; - 82.8% (48/63) of those tested HIV- positive, (initiated ART. - As of October 2017, 35 (60.3%) of the HIV-positive SCY were alive and in care.
Ahonkai et al. (2023)	Nigeria	Cluster-randomised controlled trial	Adolescents and youth 15- 24 years (N=40)	Peer Navigators were recruited from engaged peer leaders in the HIV clinic **Intensive two-day training**: didactic sessions, group activities, telephone call role-play, and hands-on demonstration of the short message service (SMS) reminders. **Weekly** (virtual or face-to-face) meetings with the Study Coordinators, and **Bi-weekly** meetings with the in-country lead clinician investigator. on caseload, frequency of contact with participants, barriers to participant contact, troubleshooting of problems, job satisfaction, and needs for additional training or mentoring. **Intervention** PNs were instructed to communicate with their assigned participants at least once every two weeks via text or SMS message, social media, phone call, or face-to-face interaction	Pilot **study results:** The average baseline stigma score: 2.6, iCARE Nigeria was acceptable to participants. Most patients reported that the text message reminders (95%) and PNs (90%) were not bothersome or intrusive. Adoption of the SMS intervention was moderate. Participants replied on average to 42% of text message reminders (for the first/only daily ART dose) and 29% of the reminders for the second ART dose.
Wambua et al. (2019)	Kenya	Community based participatory research	Adolescents & youth living with HIV, 10-24 years (N=9,530)	The peer mentors led the three intervention groups: - Tumaini (10–14years), - Amani (15–19years) and - Hodari (20–24years). - Weekly lunchtime engagement sessions - enhancing their communication, listening, and attending skills and - increasing their knowledge of mental health-related aspects that cross-cut HIV/AIDS diagnoses. - Special focus on competencies such as self-esteem issues, dealing with self-stigma and discrimination, eating healthy and living positively, building a network of good social support and building self-esteem and confidence. - built their communication skills within a group setting	Engagement with peer mentors : **Consult**: content of manuals and workbooks was shared, session feedback was shared to ensure effectiveness of the message delivered. **Involve**: peer mentors identify loopholes in content flow of sessions. **Empower:** Impart facilitation skills to deliver psychosocial interventions. Build **Partnership, stakeholder engagement, and collaboration**; **Task sharing and task-shifting:** Practical constraints such as competing work schedules, organizing time to practice group activities were challenging. Some of the peer mentors experienced a "major problem" with managing their time, which impacted on their ability to attend the engagement sessions consistently. The peer mentors found that this irregular attendance impacted their ability to grasp the much-needed skills to perform their role effectively.





Conclusions

Peer navigation interventions in the forms of *treatment support* and *peer mentoring* demonstrate positive outcomes in improving viral suppression for ALHIV on treatment.
However, more rigorous evaluation studies are needed to provide evidence to support the use of other types of peer navigation interventions for ALHIV in sub-Saharan Africa.
We also recommend in-depth qualitative studies to describe the necessary elements of peer navigation interventions to have the desired positive treatment outcomes for ALHIV on ART in Sub-Saharan Africa.

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PARIS FAST-TRACK CITIES 2024

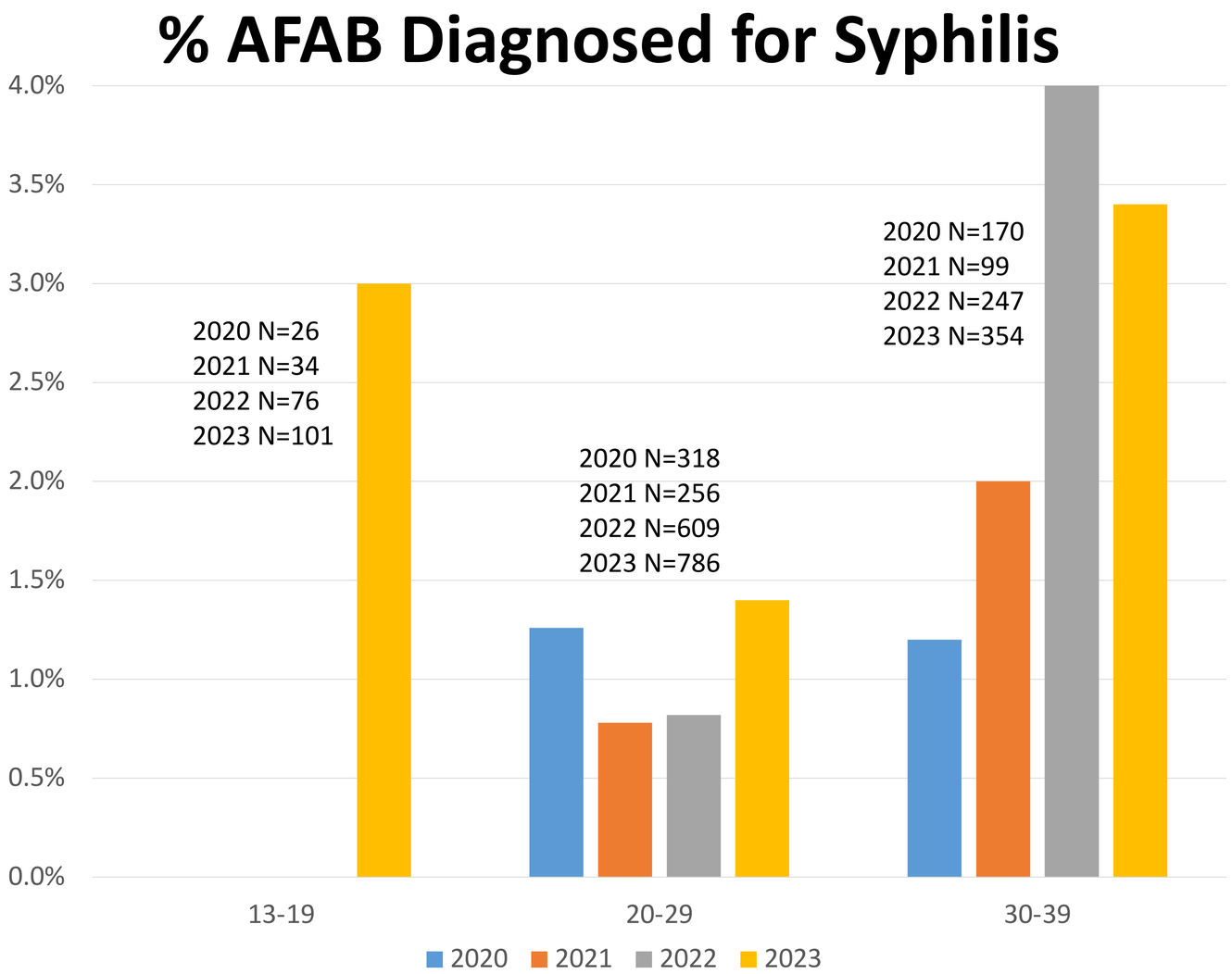
SAN ANTONIO AIDS FOUNDATION

Women and STIs: Hidden in Plain Sight

Vanessa Zuniga, Gabriel Medina, Cherise Rohr-Allegrini, PhD, MPH
San Antonio AIDS Foundation (SAAF)

Background

Texas has the 4th highest rate of congenital syphilis in the US. STI prevention efforts remain largely focused on men who have sex with men (MSM) and transgender women. While these groups are still the most likely to become infected with HIV and Syphilis, these numbers mask the rising rates in people assigned female at birth (AFAB), particularly people of color. At SAAF, there has been an increase in the number of AFAB testing for syphilis, HIV, gonorrhea, and chlamydia, with an increase in all four infections in AFAB under 40.



Methods

SAAF provides HIV testing through both rapid finger stick screening and venipuncture testing, using the INSTI® Rapid HIV-1/2 Antibody test and Diagnostics Direct Syphilis Health Check. SAAF tests six days per week on and off-site.

Results

SAAF performs more than 4,500 syphilis tests each year, up from a low of 2,100 in 2020 due to COVID. Since 2022, AFAB aged 13-19 have been more likely to come to SAAF for testing than AMAB (assigned male at birth). About 1.3% of AMAB 13-19 have tested positive for syphilis since 2020, while AFAB have increased from 0% in 2020 to 3% in 2023. In the 20-29 year old age group, the positivity rate initially dropped in 2021-22 but has increased again in 2023 (~1.47%). AFAB 30-39 experienced an increase in syphilis from 1.4% in 2020 to 4% in 2022 but dropped slightly in 2023. In all age groups, 60-65% tested are Latina, comparable to the City of San Antonio population. 100% AFAB testing positive have been Latina.

Conclusion

People assigned female at birth are increasingly impacted by HIV and STIs in Texas. The increase in syphilis in AFAB under 40 corresponds to the increase in congenital syphilis in Texas. It is essential that we continue to broaden our outreach to include HIV/STI prevention in these populations.

This work was funded by Texas DSHS and the Circle of Hope (private donations to SAAF)

PARIS FAST-TRACK CITIES 2024

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Effectiveness of the I'm Ready smartphone application for distribution of free HIV self-tests to reach priority populations, first-time testers and the undiagnosed in Canada

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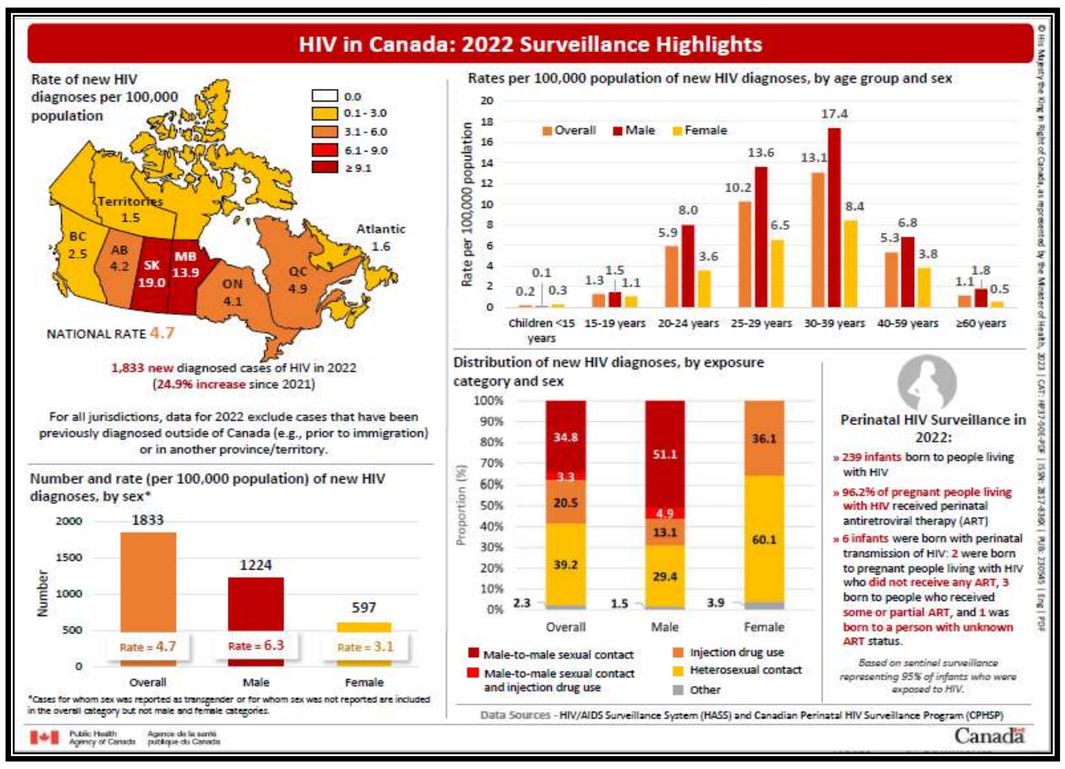
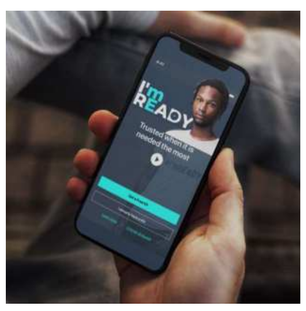
Background: Canada continues to see rising rates of HIV. In 2022, there were 1,833 new HIV diagnoses in Canada (a 24.9% increase from 2021) with 11% remaining undiagnosed with HIV (6,500+ Canadians), mostly among those who are disproportionately affected by health inequities. Canada is still struggling to meet the 95-95-95 targets and low-barrier access to testing and connections to care/treatment is required to reach our goal. We examined the effectiveness of our *I'm Ready* program which uses a smartphone app to provide access to free HIV self-testing to reach the undiagnosed, first-time testers and priority populations across Canada.



Methods:

- *I'm Ready* is a national implementation program of REACH Nexus, at MAP Centre for Urban Health Solutions (St. Michael's Hospital) that is providing Canadians access to HIV self-testing and linkage to care – especially those who are undiagnosed and from key populations.
- Launched as a research initiative in June 2021, *I'm Ready* has now transitioned to a public health intervention program in January 2024.
- Participants download the *I'm Ready, Test* mobile app, complete questionnaires, and request free HIV self-tests for delivery or pick up at nearly 100 participating community organizations and university campus health centres.



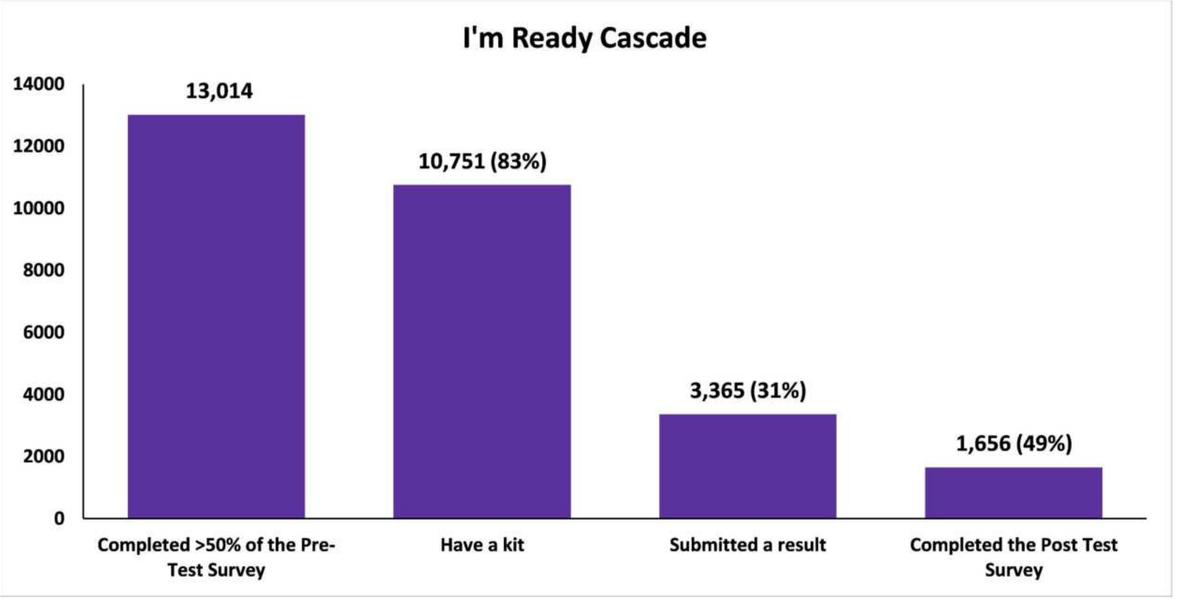
I'm Ready, Test mobile app: Order kits, upload results, and answer surveys.

I'm Ready, Talk: Integrated telehealth platform with live and virtual support from trained peer navigators with lived experiences.

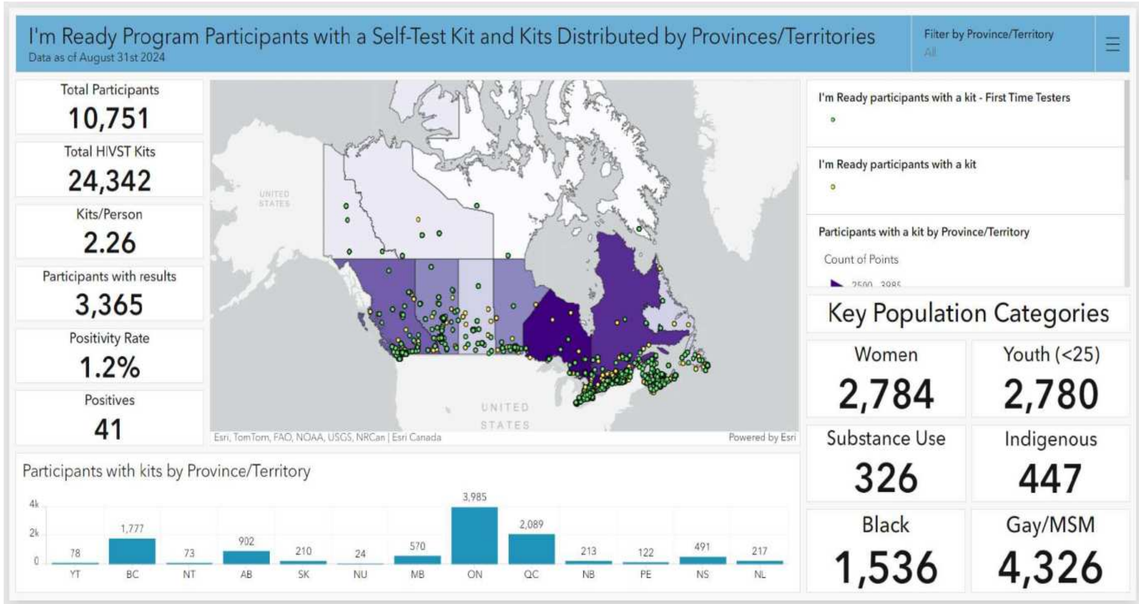
Website *readytoknow.ca*: Connection point for services and resources, pickup locations, pathways to care and HIV information. www.readytoknow.ca

Results: I'm Ready has reached all key populations, first-time testers, and those undiagnosed with HIV in Canada.

The I'm Ready cascade:



Who we have reached:



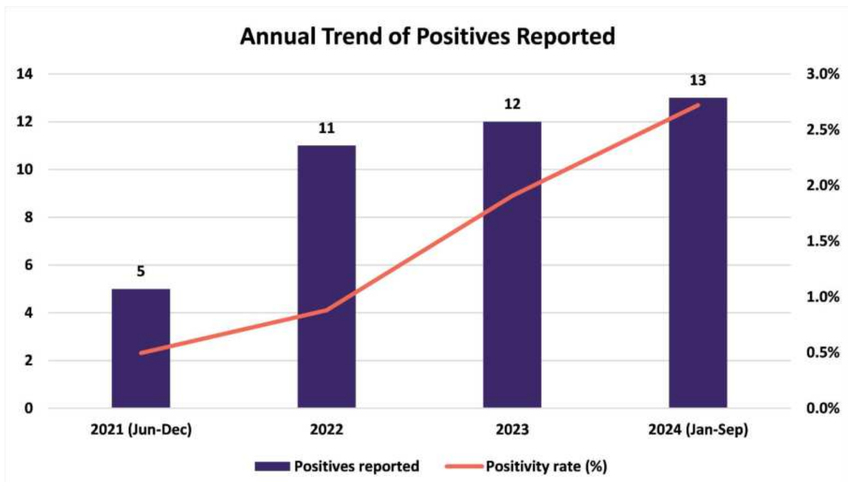
35% (n=3,460) of all participants were first-time testers and 32% (n=3,127) had tested >1 year ago

2.8 times more likely to be <24 (n=1,334)
1.4 times more likely to identify as women (n=822)
1.7 times more likely to have a high school education or less (n=867)

3.2 times more likely to be straight/bi/other (n=2,076)
1.5 times more likely to live in rural areas (n=731)
1.9 times more likely to be a student (n=649)

Impact of I'm Ready in reaching the undiagnosed:

- **1.2% (n=41) of previously undiagnosed people living with HIV who submitted test results tested positive.**
- Increased rates of positive results reported year over year. (see fig. at right)
- Overall estimate of potential positives (10,751 people who received HIV self-test kits x 1.2% positivity rate): **129**
- New positives reporting in the program have come from urban, rural, and remote settings.



Conclusion: Population-level intervention programs are needed to reach the most vulnerable and underserved Canadians who are undiagnosed for HIV. With our large geographical differences (urban, rural, remote), technology solutions such as *I'm Ready* have been successful in reaching key populations, first-time testers, and undiagnosed persons living with HIV.

Wellness in Action: HIV Self-Testing Initiative

Torrian L. Baskerville, Vanessa A. Castro, Parie Bhandari

WELLNESS IN ACTION

Description

Collaborating with seven regional community-based organizations across the U.S. and Puerto Rico, and CVS Health, Wellness in Action:

- Distributes free HIV self-testing kits
- Provides navigation services, resources, and information to increase overall health and wellbeing
- Addresses a current gap in access to HIV services
- Addresses HIV stigma and fear

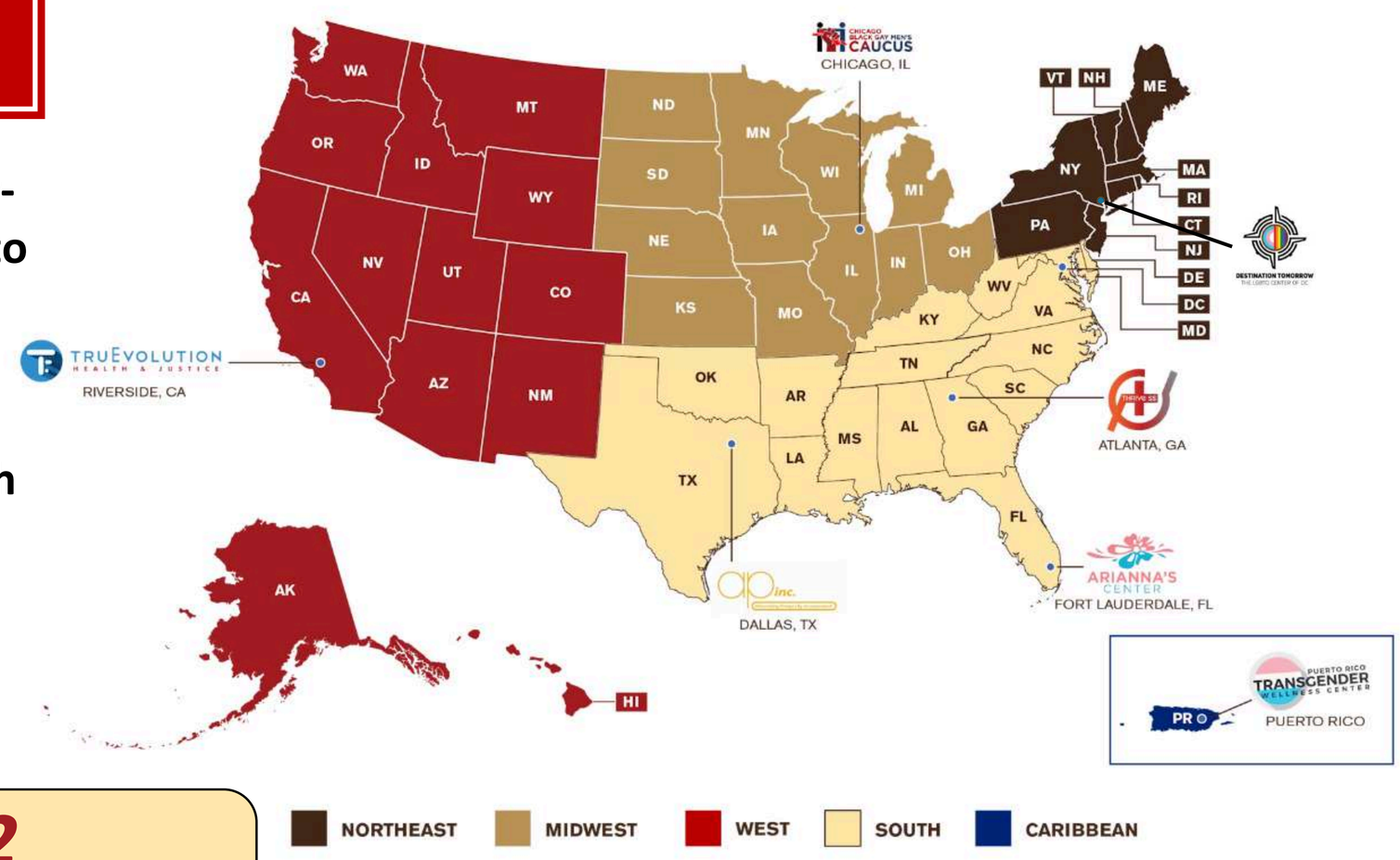
986 Kits Disseminated	**572** Persons Tested
7 Preliminary Reactive	**7** Linked to HIV Care
519 Nonreactive	**121** Linked to PrEP Services

Lessons Learned

- Increases communities' access to knowledge of HIV status and HIV services, e.g., treatment, PrEP, and other supportive services
- Promotes overall sexual health and wellness
- The majority of clients identify as Black/African American, gay/lesbian, cisgender men, and between the ages of 26-35
- Implementation barriers: HIV-related stigma, fear and mistrust that discourage clients from engaging in follow-up, limited funding, and data collection

Introduction

Wellness in Action is a program that addresses equity and access barriers to HIV testing and care that often face those disproportionately impacted by HIV, including Black and Latine communities, gay, bisexual, other gender and sexually minoritized men, and individuals of trans experience.



Recommendations

As Wellness in Action continues to gain momentum, we plan to:

- Seek funding for Navigator to lead follow-ups and navigation services
- Broaden data collection to gain more insight into the barriers to testing and follow-up care
- Expand reach of services to other communities disproportionately impacted by HIV

Wellness in Action is funded by Gilead Sciences with support from CVS Health.

HUMAN RIGHTS CAMPAIGN FOUNDATION HIV & HEALTH EQUITY PROGRAM

PARIS FAST-TRACK CITIES 2024

Multi-Stakeholder Engagement for Pharmacy-Based Provision of Pre-Exposure Prophylaxis for Adolescent Girls and Young Women in Tanzania

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1. Mzumbe University, Tanzania **2.** University of California, Berkeley, United States **3**. Health for a Prosperous Nation, Tanzania **4**. University of California, San Francisco, United States **5.** National AIDS, STIs and Hepatitis Control Programme, Tanzania.

1. Background

- Adolescent girls and young women (AGYW) confront substantial barriers to accessing youth-friendly HIV prevention services, including pre-exposure prophylaxis (PrEP).[1,2]
- Improving PrEP access for AGYW is critical to reducing HIV transmission and achieving the 95-95-95 goals[3]; distributing PrEP through pharmacies may increase access for AGYW.

2. Program Description

- **Study design:** Type 3 hybrid effectiveness-implementation study of pharmacy-based PrEP services for AGYW.
- **Study setting:** 50 pharmacies in the Lake Zone, Tanzania.
- **Intervention:** Standard pharmacy services vs. pharmacy-based PrEP services with a girl-friendly loyalty program to facilitate access to sexual and reproductive health products (Figures 1, 2).
- **Primary outcomes**: Effective and persistent PrEP use, reach of pharmacy-based PrEP services.

Figure 1. Pharmacy-based PrEP models with increasing levels of service provision compared to standard services (n=50 pharmacies; 10 per model, n=1,000 AGYW)

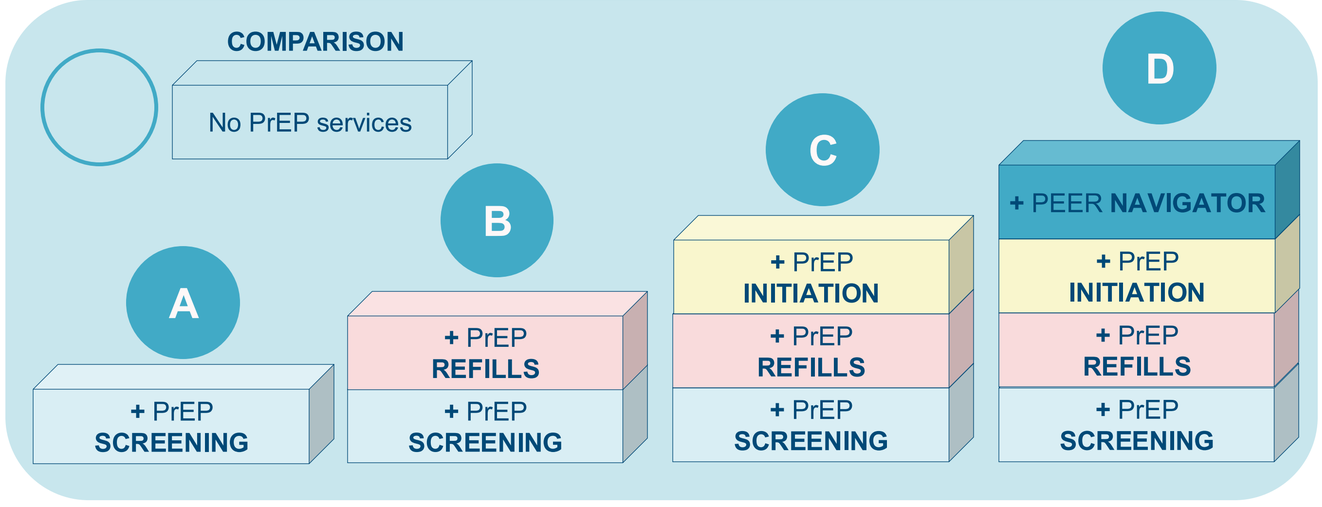

Figure 2. Loyalty program card with symbols for discreet purchasing of sexual and reproductive health products

3. Lessons Learned

- Providing PrEP services in pharmacies is uncharted territory in Tanzania. Engaging with government stakeholders and harmonizing with national guidelines[4] is critical to ensure buy-in and sustainability (Figure 3).
- To achieve this, pharmacies will be trained to implement government-approved procedures for PrEP screening and delivery. Pharmacy data will be synced with national PrEP registers (Table).

Figure 3. Stakeholder meeting

Table. Pharmacy implementation of national PrEP guidelines

National guidelines	Pharmacy implementation
Eligibility screening	Use national PrEP screening tools
HIV testing	Train pharmacy in non-lab HIV testing
Lab testing (Creatinine/Hep B)	Require health facility testing within 90 days of PrEP initiation
Data reporting	Sync PrEP data to national registers

4. Recommendations

- Our implementation study will provide valuable data on the feasibility and effectiveness of pharmacy-based PrEP services to strengthen HIV prevention for AGYW in Tanzania.

PARIS FAST-TRACK CITIES 2024

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PATCH-IN UCSF UC Berkeley Public Health

FAST-TRACK CITIES 2024

Identifying Physician Barriers to Routine HIV/AIDS Testing in Austin-Travis County, Texas, 2024

Desmar Walkes, MD[1, 2, 3] and Afshan, MPH, Ph.D.[1, 3]

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Introduction

- An estimated 1,600 individuals living with HIV/AIDS remain undiagnosed in Austin-Travis County[1].
- One in every 133 Black women in Travis County is living with HIV and are less likely to receive HIV care and more likely to be out of care when compared to other racial groups[2].
- As we reach our target goals for ending the HIV epidemic, a reservoir of undiagnosed individuals must be identified through routine testing.
- Our objective is to raise awareness and improve adoption of the 2019 US Preventative Services Taskforce recommendations for HIV testing for people aged 15-65, and all pregnant people.

Methods

- Physicians were recruited from a list of those registered to attend one of two HIV/STI focused TCMS webinars in 2024.
- Online survey took 5-7 minutes to complete including demographics and PHSKC HIV Provider Testing Survey[3].
- Survey participation was voluntary and confidential.

Conclusions

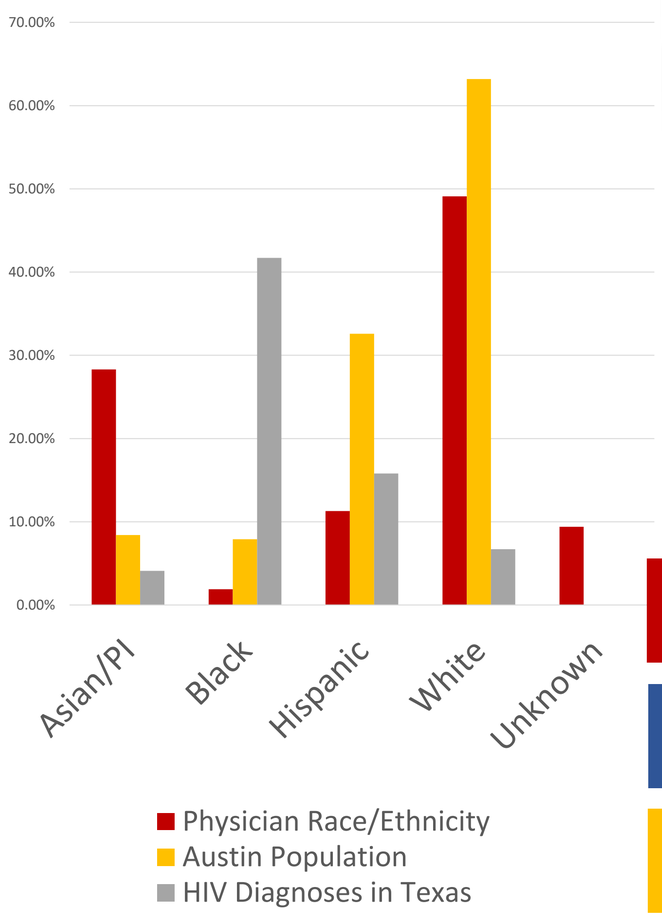
- Physicians need information on process, counseling, and care.
- For policy to impact practice, it is important to implement campaigns to educate and inform physicians and other health care providers of the need for routine HIV testing.

Results

Physician Demographics (n=62)

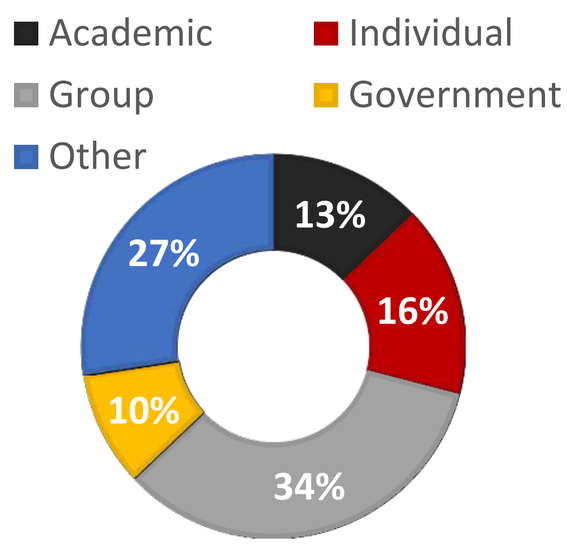
AGE	% (n)
30-39	11.3% (6)
40-49	22.6% (12)
50-59	30.2% (16)
60-69	24.5% (13)
70+	11.3% (6)

GENDER	% (n)
Woman	62.3% (33)
Man	26.4% (14)
Unknown	11.3% (6)

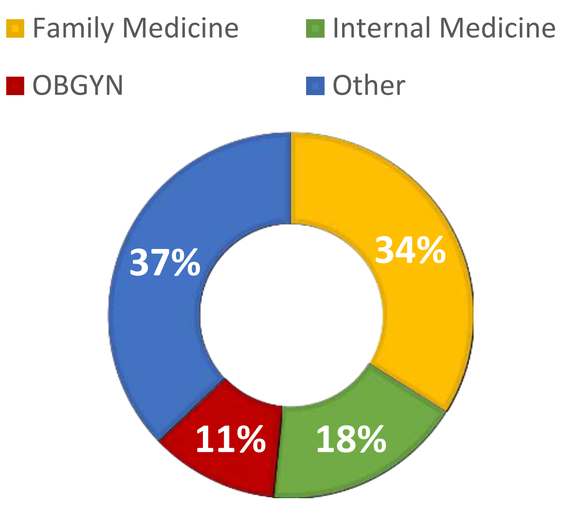


Current Practices

PRACTICE TYPE



MEDICAL SPECIALTY



24.2% Have a policy for routine HIV Testing in place

54.8% Have ordered at least one HIV test in the last 6 months

14.5% Diagnosed one or more cases of HIV in the past year

46.8% stated no barriers to HIV Testing

Top Barriers for HIV Testing

1. Think HIV Risk Among Patients is Low

Individual	Group	Family	Internal	Oth Spec
60.0%	52.4%	47.6%	72.7%	52.2%

2. Don't Understand Legal Procedures

Individual	Group	Family	Internal	Oth Spec
50.0%	52.4%	33.3%	18.2%	60.8%

3. Can't Provide Information about Testing

Individual	Group	Family	Internal	Oth Spec
40.0%	52.4%	26.1%	27.3%	47.8%

4. No Experience in Risk Reduction Counseling

Individual	Group	Family	Internal	Oth Spec
40.0%	52.4%	33.3%	36.4%	52.2%

5. Lack Resources to Ensure Follow-up Care

Individual	Group	Family	Internal	Oth Spec
50.0%	52.4%	33.3%	56.5%	56.5%

6. Testing Consent Process is Burdensome

Individual	Group	Family	Internal	Oth Spec
40.0%	42.9%	38.1%	36.7%	39.1%

Individual	Group	Other Practice	Other Specialty
50.0% • Concern about reimbursement	**33.3%** • Pre-test is time consuming • Concern about reimbursement • No privacy	**26.1%** • Language Barriers • No privacy	**47.1%** • Pre-test is time consuming **58.8%** • Concern about reimbursement • No Privacy

Acknowledgements

Travis County Medical Society, Austin Public Health, and the City of Austin for their support. Special thanks to Isabel Cantu and Drs. Elmore, Klemow, Stefanowicz, and Norwood for sharing their expertise. References are available upon request.

Austin Public Health — PREVENT. PROMOTE. PROTECT.

PARIS FAST-TRACK CITIES 2024

Fast-Track Cities 2024 • October 13-15, 2024

Satcher Health Leadership Institute
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Center for Minority Health and Health Disparities Research and Education
XAVIER UNIVERSITY of LOUISIANA

Ending the HIV Epidemic through Health Equity Leadership Development Training

Allyson S. Belton, MPH[1], Jillian Bridges, MPH[1], Carolyn Sime, MSN[2], Masonia Traylor, BS[3], Jareese Stroud, MPH[1], Evan Martin, LCSW-C[1], LaKeisha Williams, PharmD, MSPH[4], George T. Nawas, PharmD, BCPS, AAHIVP[4], Donrie Purcell, PhD, MPH[1], Heidi Lovett, PhD[4], Kathleen L. Kennedy, PharmD[4], Maisha Standifer, PhD, MPH[1]

[1]Morehouse School of Medicine, Satcher Health Leadership Institute, Atlanta, GA; [2]Capella University, Minneapolis, MN; [3]Lady BurgAndy, Atlanta, GA; [4]Xavier University of Louisiana, Center for Minority Health and Health Disparities Research and Education, New Orleans, LA

INTRODUCTION

- The United States faces increasing rates of new HIV diagnoses and disproportionate rates of diagnoses in communities of color (CDC, 2024; HIV.gov, 2023).
- Leadership development training with an emphasis on health equity equips current and future leaders with knowledge, skills, and attitudes to address the root causes of health disparities (Corbie et al., 2022).
- Morehouse School of Medicine (MSM) & Xavier University of Louisiana (XULA)'s *End the Epidemic: Examining the Health Equity Implications of Health Systems, Policy, and Data Gaps for People Living with HIV (PLWHA)* project examines these systemic disparities through a 12-month health equity leadership development program (HELDP) for professionals working along the HIV care continuum towards the achievement of health equity for PLWHA.

DESCRIPTION

- **Program Purpose**: To support the development of unique leaders across PLWHA-serving practices
- **Learning Objectives**:
  1. Build capacity and enhance knowledge of providers across the care continuum to improve the health outcomes and advance health equity for PLWHA;
  2. Identify evidence-based sources of HIV stigma persisting among healthcare providers;
  3. Create pathways for healthcare providers and future healthcare providers to address systemic obstacles and provide solutions-driven care and service to PLWHA

DESCRIPTION (cont.)

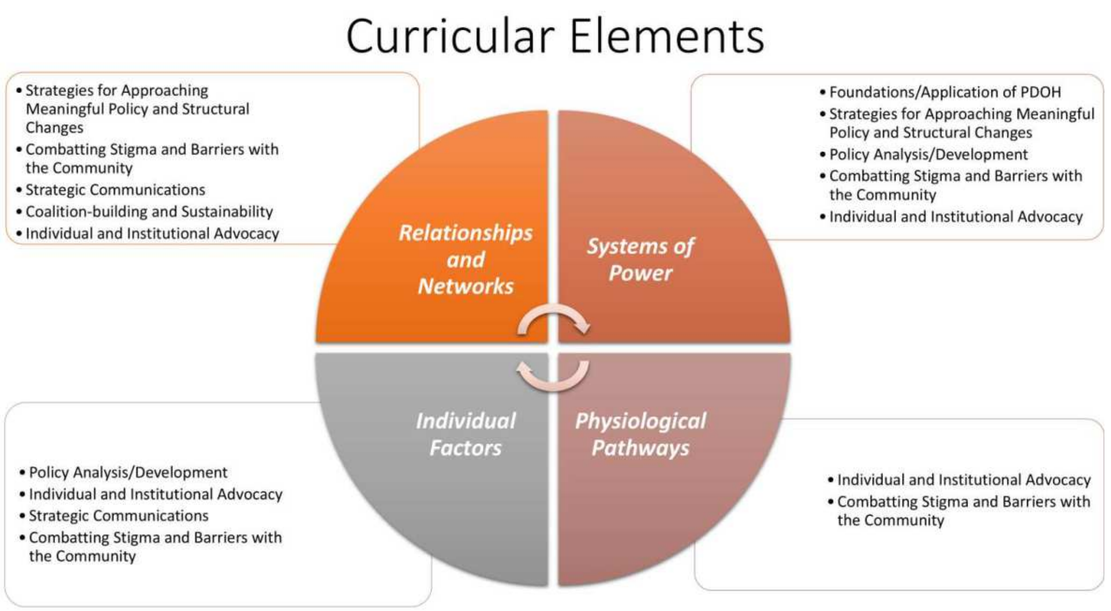

Image 1: Curricular Elements under the ETR Health Equity Framework Reflection Tool

Individual Leadership Development - February 2024-February 2025; Didactic - 5 months, Project - 7 months Modality/Day/Time: Virtual, Monthly - Friday, 4 hours/month	
MONTH	**TOPIC**
1	Orientation Framing Health Equity and Key Determinants of Health
2	Health Policy and Health Systems Transformation Strategies for Approaching Meaningful Policy and Structural Changes
3	Bridging Health Equity through Coalition-building and Community Engagement Meaningful Involvement of People Living with HIV/AIDS
4	Meetings of the Mind: Working towards Collective Impact and ONE Community Communicating as an Advocate
5	Strategies for Approaching Meaningful Policy and Structural Changes Introduction of the Policy Development Group Project
6-12	Group Project Development, Technical Assistances, and Presentations

Image 2: Monthly Learning Session Topics

METHODS

- 12 participants selected via a nationally-competitive application process.
- Months 1-5: Participants convene monthly for 4 hours/month for virtual, didactic learning sessions accompanied by monthly intersession home assignments
- Months 6-12: Participants engage in group project development activities with technical assistance provided as needed. Project development is iterative with new assignments issued each month.
- Program participation concludes with project submission and presentation.

ACKNOWLEDGEMENTS

This project is supported by funding from Gilead Sciences, Inc. The content is solely the responsibility of the authors and does not necessarily represent the official views of the funder.

RESULTS/LESSONS LEARNED

- Midterm evaluation results reflect general success with programming and a high degree of participant satisfaction with learning sessions and activities.
- Participants strongly agree that information quality is relevant to their current role and there is an overall increase of knowledge and leadership skills in various areas with intent to apply information in practice

RECOMMENDATION

While participants are engaged in a 100% virtual format, there have been recommendations for incorporating some in-person, intensive engagements for future cohorts.

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PARIS FAST-TRACK CITIES 2024

Hopkins, J., Standifer, M., Stroud, J., Belton, A., Martin, E., Warren, E., Purcell, D., McKinney, T., Nawas, G., & Kennedy, K.

Morehouse School of Medicine, Multicultural Development Institute, Xavier

Satcher Health Leadership Institute
SHLI
MOREHOUSE SCHOOL OF MEDICINE

End the Epidemic: Examining the Health Equity Implications of Health Systems, Policy, and Data Gaps for People Living with HIV in the Southern United States

Center for Minority Health and Health Disparities Research and Education
XAVIER UNIVERSITY of LOUISIANA

ISSUES

❖ Disparities in pre-exposure prophylaxis (PrEP) utilization, and outcomes across the HIV care continuum exist among African Americans and other historically vulnerable populations compared to Whites in the Deep South.

❖ End The HIV Epidemic in the South (EHE), is a collaborative partnership between two historically black health sciences universities, has formed to address structural, policy, and social threats to equity in HIV care and prevention for people at-risk and living with HIV (PLWHA). This presentation will describe key activities of the partnership, and detail early lessons learned and future directions.

ABOUT END THE EPIDEMIC

❖ EHE was initiated in 2022 with funding from Gilead Sciences, Inc. to synergize the expertise of two minority serving, equity-centered health sciences institutions (Morehouse School of Medicine, adopting the campaign banner Georgia THRIVES Xavier University of Louisiana adopting Louisiana Can) to critically examine historical and contemporary structural/policy concerns and implement innovative solutions to address persistent barriers to HIV prevention and care among blacks in Georgia and Louisiana.

INSIGHTS & LESSONS LEARNED

❖ Due diligence is required to examine the robust existing HIV equity knowledge base.

❖ Centering partners work to address limitations/shortcomings to ensure added value and prevent duplication of efforts

❖ Ensuring community voice and lived personal experiences of people living with HIV directly informs our efforts

FUTURE DIRECTIONS

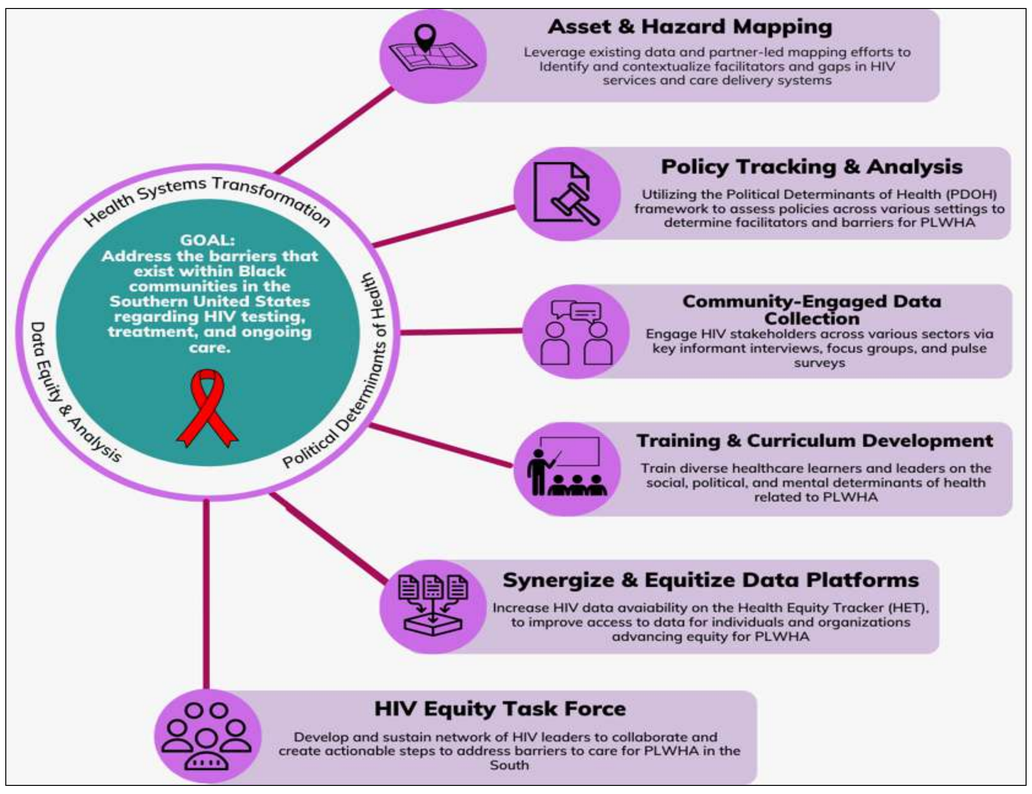
❖ EHE will lead to the development of recommendations for actionable, evidence-based policy changes, best practices in care and community engagement, and enhanced data systems to actualize health equity for PLWHA in the South.

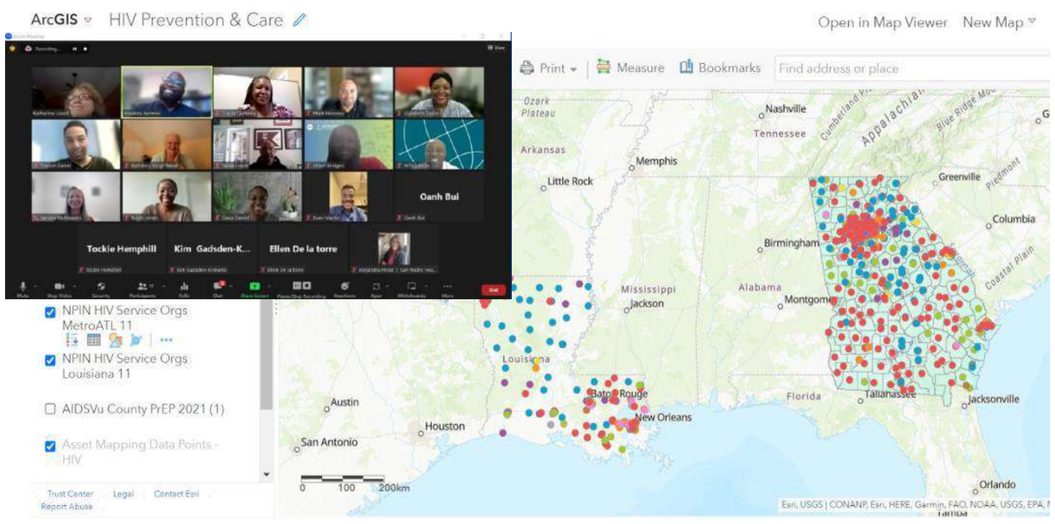
ACKNOWLEDGEMENTS

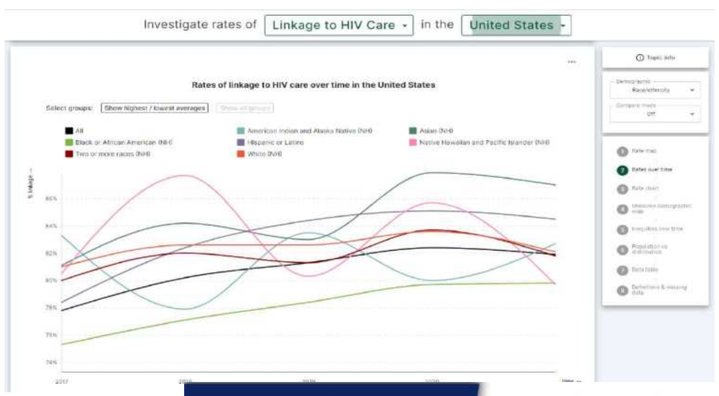
❖ We acknowledge the efforts and contributions of all EHE project investigators and staff, HIV Health Equity Task Force members, community partners and collaborators, and interview/focus group participants throughout Georgia and Louisiana.

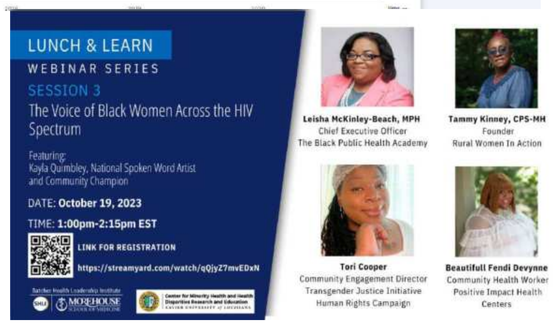
❖ The End the HIV Epidemic in the South Initiative is supported by a collaborative award funded by Gilead Sciences, Inc.

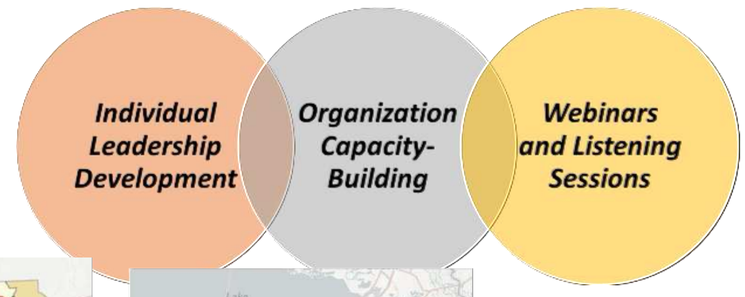
INITIATIVE CORE COMPONENTS AND ACTIVITIES

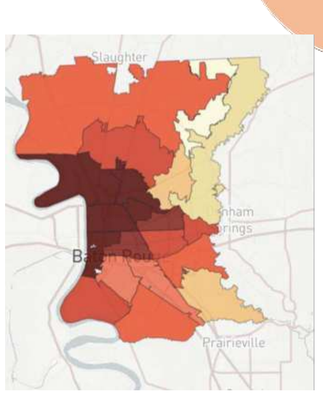


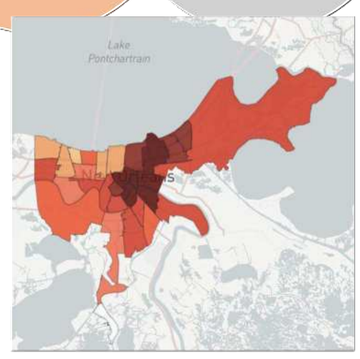


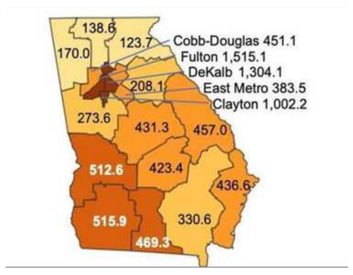












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UNIVERSITY OF South Carolina

Development of an mHealth Intervention to Improve Care for Youth Living with HIV in South Carolina

Sayward Harrison, Ph.D.; Sarah Miller, M.A., Katherine Weaver, B.S.
Department of Psychology, University of South Carolina

Background

- Youth living with HIV (YLHIV) in the southern United States (US) experience poor outcomes across the HIV Care Continuum. They are less likely than adults to know their HIV status, be linked to HIV care in a timely manner, remain engaged in care, and achieve viral suppression.
- The Centers for Disease Control and Prevention (CDC) has identified youth as a key population in the US Ending the HIV Epidemic (EHE) plan.
- This formative study, based in the Fast Track City of Columbia, South Carolina, aimed to understand barriers to care in order to develop a mobile Health (mHealth) intervention for YLHIV ages 16-25 years.

Method

- HIV care **providers** (n=15), community-based organization (CBO) **staff** (n=23), and **YLHIV** (n=16) participated in individual semi-structured interviews (providers and youth) or focus group discussions (CBO staff).
- Participants offered input on the development of an mHealth tool tailored for YLHIV in South Carolina, including their overall perceptions and desired features.
- A **team-based, rapid qualitative analysis** with multiple coders was used to identify salient themes and illustrative quotes to illustrated mHealth tool needs.
- Findings were used to design the *MindBodyU* app—an mHealth tool for YLHIV in South Carolina

Results

App Should Allow YLHIV to Connect with Medical Providers
Sometimes Google just makes it a little worse… Cause I just, I look, I look up one symptom, like sore throat. And they're like, you have COVID…And like, all I just need is [a] cough drop. – 22-year-old Black bisexual man

App Should Include Appointment and Medication Reminders
So I feel like an app to help them like manage [their HIV], have to take it [ART] and like try to remind them of taking their medications and maybe other stuff like that. – 16-year-old straight Black man

App Should Feature HIV-Related Resources and Information
I hear there's so many resources, but I never see them…when I have went through financial hardships, like I had nowhere to turn...So I guess like having a resource tab [would be useful] – 23-year-old gay Black man

App Should Contain Mental Health Services
I haven't really had anybody to talk to…I have felt really sad about having HIV, but you know, having, someone [a mental health therapist] to talk to about it would be pretty helpful. – 16-year-old Black straight man

App Should Allow for Social Connection with Other PLHIV
Especially for young people, they're going to feel very isolated with this diagnosis. Like, especially if they don't know anybody else who has this diagnosis [HIV]…if you had a social platform for them to network with other people their age, their demographic that has the same problems they do. It could be very helpful. - Infectious disease medical doctoral fellow

Privacy and Confidentiality Should Be Prioritized
There's a big need for an online support group, something that is…they're [YLHIV] still worried about their anonymity. So something that's online but anonymous as a support group. - Medical director of adolescent and young adult infectious disease clinic

Aesthetics and Design Features of App Should Be Youth-Friendly
[mHealth tool should contain] *videos kinda like Instagram and TikTok* – 25-year-old gay Black man

Conclusions

- YLHIV perceive that mHealth interventions may be most effective when incorporating resources beyond HIV management, including information and tools related to mental health and social support.
- The *MindBodyU* app was developed based on feedback from YLHIV in the Fast Track City of Columbia, SC. The app is in final development stages and will soon be tested in a clinical trial to evaluate its preliminary efficacy.
- YLHIV prioritize privacy and confidentiality of services, yet are looking for ways to connect with peers. mHealth interventions may be a feasible means to increase confidential access to peer support in Fast Track Cities.

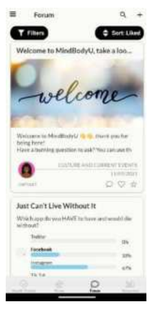
MindBodyU

Ask the Team
YLHIV can ask a medical provider or health psychologist any questions in an anonymous fashion.

Reminders
Daily medication reminder with customizable notification text
Calendar with option to input appointments and receive reminders

Resources
Developmentally appropriate article on HIV, safer sex practices, mental health, culture and current events, relationships, healthy living, and HIV preventions.

Forum
Opportunities to engage with fellow YLHIV in SC in an anonymous fashion. Forum will be monitored for safety by trained research staff.



Safety Features
App times out when left idle
Password protections
Covert reminders and message

App Design
Short, informative articles
Pictures, GIFs, and Memes
Forum designed to mimic social media
Customizable avatars
Badges for app engagement

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"PrEPing in S. Georgia: Examining Knowledge Acquisition and Intent to Use PrEP in Black Women Residing in Rural Georgia"

Maisha Standifer, PhD, MPH
Director, Population Health
Satcher Health Leadership Institute
Morehouse School of Medicine

In 2021, there were 59,422 people living with HIV in Georgia, and 2,371 people were newly diagnosed with HIV (AIDSVu, 2024). In Georgia, the rate of Black females living with an HIV diagnosis is 11.7 times that of White females (Farrow, 2019). While the highest new cases in Georgia are diagnosed in the Atlanta metropolitan area, prevention strategies to ending the epidemic with the increase in PrEP awareness and knowledge. Limited research provides insight on rural communities, HIV prevention and PrEP education strategies, especially within the priority population of Black women in rural settings.

The proposed project intends to answer the following:

- How are HIV prevention strategies, specifically PrEP education administered in rural Georgia communities with Black women?
- What are the facilitators and barriers impacting PrEP education in rural communities amongst Black women?
- What are the facilitators and barriers to administering PrEP education amongst clinical providers serving rural communities, specifically Black women?

Objective 1. Examine the HIV perceptions, knowledge, sexual behaviors and experiences of Black women (18-60 yoa) residing in rural Georgia, focusing on PrEP prevention strategies. Qualitative interviews and focus groups will be conducted. Demographic surveys will be administered to obtain details on education, household characteristics, income, behaviors, and PrEP prevention messages.

Objective 2. Explore the HIV perceptions, knowledge, practices, language and communication messages focusing on PrEP education by clinical providers to their patients/community residents rural Georgia, focusing on Black women. Qualitative interviews and focus groups will be conducted. Demographic surveys will be administered to obtain details on HIV education, language use, availability of resources and PrEP prevention communication and messaging.

At the conclusion of the pilot project study, anticipated findings are expected to indicate the need to continue a culturally responsive campaign for PrEP knowledge and use in rural communities for Black women. Results for the study will lead to guidance of the development of a culturally tailored and community-based toolkit for clinical providers to discuss PrEP as an option in rural communities is also anticipated.

For more information contact Maisha Standifer, PhD, mstandifer@msm.edu

Pre-Exposure Prophylaxis (PrEP) initiation in community venues Manchester, UK

Lauren Duffy[1], Anna Butterworth[3], Sophie Flaherty[2], Orla McQuillan[2,3]
1. LGBT Foundation, 2. The Northern Sexual Health, 3. Manchester NHS Foundation Trust

Introduction

Manchester is a city with 'extremely high' prevalence of HIV (5.9 cases per 1000 residents[1]).
There is a high PrEP demand, with 68% of GBMSM living in the North West of England identified as having a PrEP need[2].
Widening access to PrEP is essential to meet the target of zero HIV transmissions by 2030.

The Northern Sexual Health, Manchester's Integrated Sexual Health Service, has been part of all major UK PrEP trials as one of the UK's most established PrEP centres currently providing PrEP for > 2,500 people.
LGBT Foundation are an established local charity with expertise in engaging LGBTQ+ populations.

A PrEP initiation clinic was launched in G-A-Y nightclub on World Aids Day 2022 and has continued on a monthly basis.
LGBT Foundation provide testing alongside The Northern Sexual Health at each PrEP initiation clinic.

Description

To be eligible for this clinic patients must be either:

- brand new to PrEP
- restarting after >3 month break
- privately sourcing PrEP

The service provides:

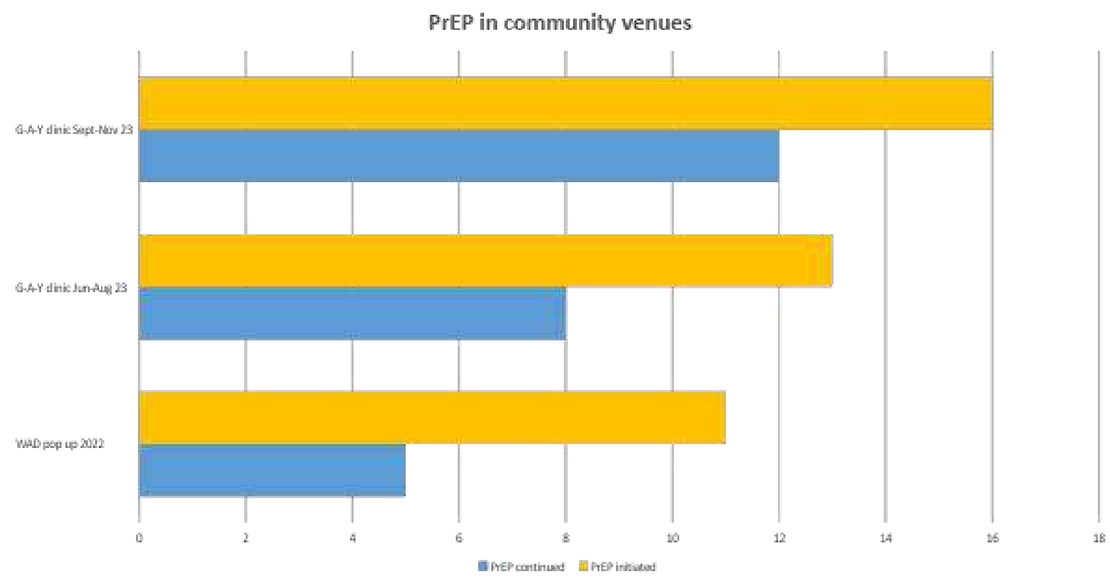
- a three month supply of PrEP
- sexual health screening, HIV and renal function testing
- follow-up clinic appointments 2-6 weeks after initiation
- reminder texts aiming to increase linkage into clinic.

If eligible, patients are able to take home their PrEP supply on the same day.

Outcomes

Rates of initiation and continuation of PrEP were analysed from the WAD pop up until November 2023. Data compared with previously presented outcomes for timeframe up to August 2023.

Clinics from June-August 2023 saw PrEP initiated for 13 and continued by 8 (62%).
Clinics from September-November 2023 saw PrEP initiated for 16 people and continued by 12 (69%).
5 individuals were not supplied with PrEP for the following reasons: already taking, declined, asked to return as recent high-risk sex.
1 chlamydia infection was identified.



Recommendations

We have demonstrated that the PrEP clinic at G-A-Y continues to be successful in widening access to PrEP. The service has also been expanded to include a clinic in 'Basement', a gay sauna in Manchester city centre.
The majority of individuals seen at G-A-Y identified as GBMSM so this work has served to increase PrEP availability in this population.
There is national work to continue to widen access to PrEP with the aim of reaching the target of no HIV transmissions in the UK by 2030, including work on providing injectable PrEP.
Improvement is needed locally to improve recall for repeat prescription and continuation of PrEP, especially in high-risk groups.

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Acknowledgements

the northern contraception, sexual health & HIV service
NHS Manchester University NHS Foundation Trust
G-A-Y MANCHESTER
The PaSH Partnership Passionate about Sexual Health across Greater Manchester
BHA GEORGE HOUSE TRUST LGBT FOUNDATION
FAST TRACK CITIES GREATER MANCHESTER
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1590

Challenges and Opportunities to Optimize HIV Responses in US Fast-Track Cities

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INTRODUCTION

The global Fast-Track Cities (FTC) initiative includes 500-plus cities and municipalities striving to attain the UNAIDS 95-95-95 targets, among them 42 US cities and counties. Similarly, the Ending the HIV Epidemic in the US Strategy (EHE) aims to end the national HIV epidemic (90% reduction in new HIV infections) by 2030 through a sub-national focus on 48 counties, the District of Columbia and San Juan, PR, plus seven states designated as priority jurisdictions. Given the intersection of EHE and FTC targets and jurisdictions (29 overlapping jurisdictions), alignment of the two initiatives and respective strategies can optimize local HIV responses.

DESCRIPTION

In 2023-2024, a series of FTC-EHE alignment workshops were coordinated in 13 overlapping FTC-EHE jurisdictions, with one additional workshop combining two cities/counties. The workshops focused on facilitating intra-jurisdictional alignment and best practice-sharing. The workshops convened stakeholders involved in the local, county, and state-level HIV responses at the political, public health, clinical, care provider, and community levels.

LESSONS LEARNED

Several cross-cutting themes were identified across the 14 workshops:

1) Engaging affected communities and non-traditional partners to enhance efforts to eliminate HIV stigma and scale up test-and-treat;
2) Partnerships with faith leaders to effectively address stigma-related barriers to HIV prevention and treatment;
3) Reforming criminal statutes ranging from HIV criminalization to regressive harm reduction policies;
4) Addressing inequities in funding which favor more established organizations over smaller key population-led organizations; and
5) Humanizing patients through culturally competent person-centered care practices and providing wrap-around services for housing and employment.

RECOMMENDATIONS

The FTC-EHE alignment workshops facilitated dialogue among local stakeholders and created a space for sharing best practices and identifying non-traditional collaboration opportunities to optimize city/county HIV responses. Maintaining multistakeholder engagement around and improvements across the HIV care continuum requires sustained dialogue and continuous alignment at political, public health, and community levels.

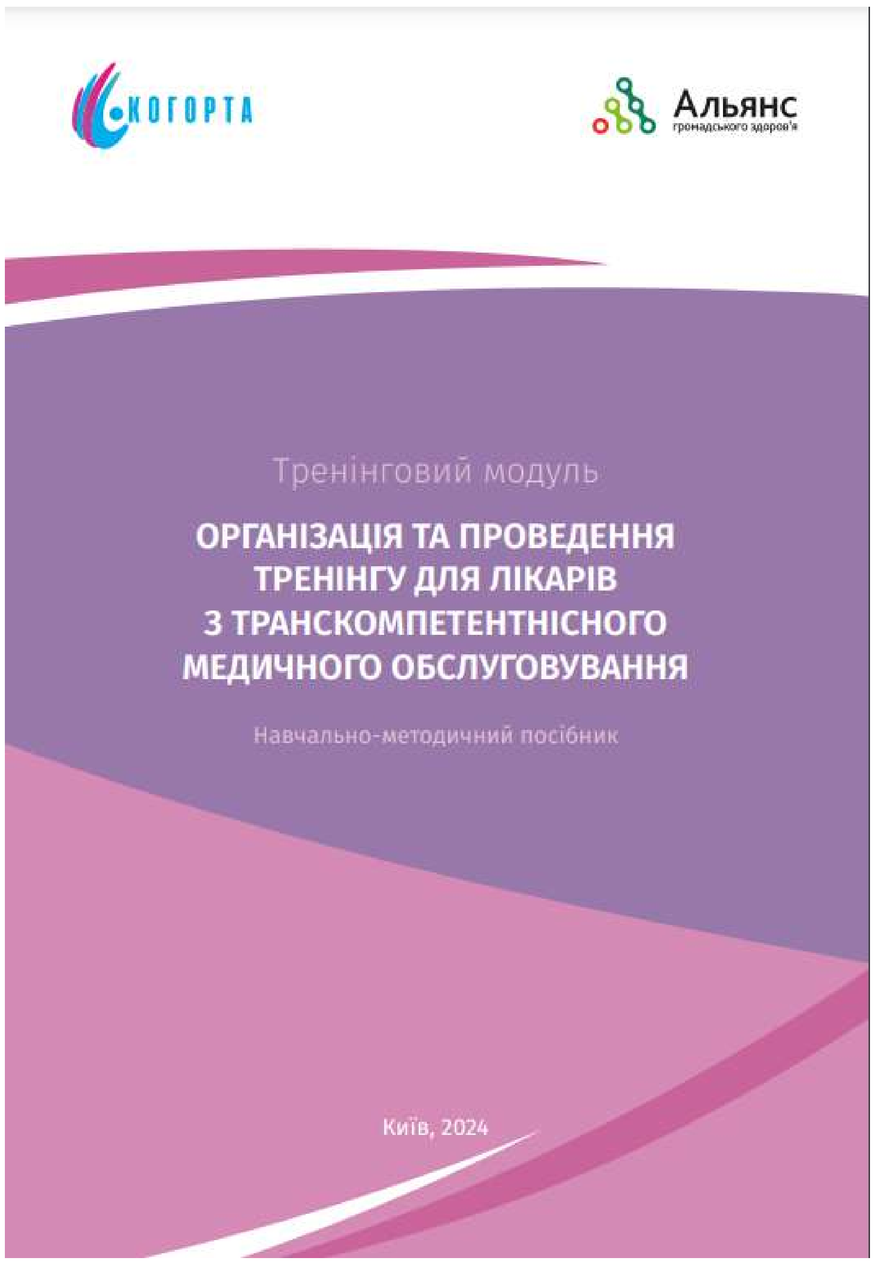
IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

DOCTORS` EDUCATION AS ADVOCACY ISSUE FOR TRANSGENDER PEOPLE'S RIGHT TO HEALTHCARE

1. Introduction

According to The Global Fund data, the prevalence of HIV among transgender and gender-diverse people is sufficiently higher than in the general population [1]. In Ukraine, the HIV epidemic continues to be present in the key groups [2].



2. Description

Doctors do not always have a complete understanding of transgender people's problems and needs. This also applies to HIV infection. Sometimes, it may be caused by a lack of special educational programs in medical universities. Medical education regarding the care for transgender people dominantly consists of short-term pedagogical interventions, primarily in psychiatry, endocrinology, and corrective surgery courses.

3. Lessons Learned

The ICF "Alliance for Public Health," the NGO "Cohorta," and Odesa National Medical University developed the first methodical guide for medical students' and doctors' training in terms of high-quality transcompetency medical services. The main idea is to ensure that our educational efforts have a lasting impact, transitioning to long-term pedagogical interventions, integration, and institutionalization. The common progressive thought is to use precise and accessible educational interventions to address transgender rights in the healthcare field.

SCAN ME AND STUDY

4. Recommendations

Developing clinical competence oriented to transgender patients is effective in improving attitudes, knowledge, and skills among students and doctors. The content of educational programs may be updated, given the current demand for equal, high-quality medical care for all segments of the population. It is considered expedient to spread and implement our training ideas and exchange experience among a wide medical society aimed at transgender people.

Authors

Kostyantyn Talalayev, Professor, Vice-rector of Odesa National Medical University, Ukraine

Kutsenko Iryna, MPA, Odesa City Council, Ukraine

Olena Talalaieva, MPA, NGO Youth development center, Odesa, Ukraine

Acknowledgements

ICF “Alliance for Public Health”

NGO “Cohorta”

Odesa National Medical University

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Enhancing standardised HIV/STI/VH testing data collection for Community-Based Testing Services: The COBATEST Network

Laura Fernàndez-López, Megi Gogishvili, Miguel Alarcón, Jordi Casabona Barbarà

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COBATEST NETWORK

Introduction

Community-Based Voluntary Counselling and Testing (CBVCT) services, recognized as a valuable model, are instrumental in enhancing HIV/STI/VH testing accessibility, especially for key populations. Monitoring and evaluation are essential for assessing the effectiveness, efficiency, and impact of testing programs, facilitating continuous improvement and ensuring that strategic information guides the design and implementation of these initiatives.

Description

The COBATEST network, established between 2010 and 2013 under the HIV-COBATEST project of the EU Public Health Programme, is a European and Central Asian network of CBVCT services, initially focused on standardizing the monitoring of CBVCT activities to promote HIV testing and early diagnosis among vulnerable populations, developing standardized tools, procedures, and guidelines for the consistent collection and analysis of HIV testing data. Over time, the network has expanded to include currently 136 organizations from across Europe and Central Asia (Figure 1). Through CORE and BOOST projects, it has adapted its tools to meet diverse community needs, incorporating questions and modules for viral hepatitis, sexually transmitted infections (STIs), drug use, and pre-exposure prophylaxis (PrEP). The free, online tool facilitates data collection by community services, which is then analyzed annually by the Centre for Epidemiological Studies of Sexually Transmitted Disease and AIDS in Catalonia (CEEISCAT), contributing to national and European data analyses and reports. See some of the strengths of the COBATEST Network in Figure 2.

Figure 1. Map of the countries with members of the COBATEST Network (currently 136 CBVCTs in 29 European and 2 Central Asian countries)

Figure 2. Some of the strengths of the COBATEST network

Strengths of the COBATEST Network

- Standardised data collection and data-sharing tools, including a free online data entry tool.
- Annual Monitoring and Evaluation report using standardised EU-wide indicators.
- Sharing of community-based testing experiences with organisations across Europe and Central Asia.
- Establishing new partnerships.
- Raising awareness of CBVCT organisations' concerns at a European level.
- Contribution to the evidence base for CBVCT programming in Europe.

Lessons learned

- ✓ Standardized data collection from CBVCT services is feasible and reliable across various European countries.
- ✓ The collected data supports quality service planning and management, providing evidence for the expansion of CBVCT services within the EU/EEA.
- ✓ The standardization of information has strengthened the case for integrating community-based models into HIV strategic investments.

Recommendations

To maximize the value of standardized data collection, it is crucial **to increase the representativeness of the data across different countries and key populations**. This will enhance the robustness of the data and support the broader integration of CBVCT services into national and international HIV response strategies.

With the support of Gilead Sciences Europe Ltd
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SAAF SAN ANTONIO AIDS FOUNDATION

Overcoming Barriers to HIV/STI Prevention and Linkage to Care Among Homeless and Marginally Housed Individuals

Cherise Rohr-Allegrini, PhD, MPH, Vanessa Zuniga, Stephanie Young, AJ Martinez
San Antonio AIDS Foundation (SAAF)

Background

People experiencing homelessness are disproportionately affected by HIV. Lack of transportation, lack of medical insurance, and lack of information create barriers to access testing. In 2023, the San Antonio AIDS Foundation (SAAF) joined with Corazon SA to launch SAAF Spaces with Corazon aimed at overcoming these barriers.

Methods

To increase access to HIV prevention, SAAF conducted HIV and Syphilis testing at Corazon biweekly, providing services from our mobile testing unit.
When a person received a positive preliminary diagnosis of HIV, they were rapidly linked to care with the help of the SAAF patient navigator coordinating transportation, a medical appointment and connection to a medical case manager. Those with a current syphilis infection were provided treatment on-site by Corazon's medical clinic.
SAAF staff counseled those who received a negative test about the importance of risk reduction such as condom usage, safe injection education, and PrEP. Paired with Corazon's syringe exchange program and peer support groups, Safe Spaces with Corazon creates a combination prevention approach having a stronger impact with clients.

Results

From Nov 2023 through Sept 2024, SAAF hosted 20 events, administering 125 HIV and 106 syphilis tests. Five* individuals tested positive for HIV and were promptly linked to medical care at SAAF. Eleven individuals were diagnosed with syphilis and treated and referred to follow-up care with the local health department. With a 10% positivity rate for syphilis, clients at Corazon are significantly more likely to have syphilis than those tested at SAAF, where we have seen a 3% positivity rate.

Conclusion

Providing testing services at homeless shelters increases equity and eliminates barriers this population may face to HIV prevention. *All five HIV diagnoses were later determined to have a prior diagnosis but never received care. They said they heard if they came to Corazon, they would be linked to care. They would have been linked to care directly had they come to SAAF, but they were not aware of this. While we have not identified new PLWH so far, this program has linked to care PLWH who may not have otherwise done so. This strategy also highlights the importance of providing syphilis testing in conjunction with HIV testing due to the high positivity rate among this community.

"SAAF Spaces with Corazon" was funded by a grant from the Elton John AIDS Foundation and performed in collaboration with CorazonSA

PARIS FAST-TRACK CITIES 2024

An Exploration of Perspectives and Experiences of Cisgender Black Women in Texas that inform their Readiness to Consider Pre-Exposure Prophylaxis for HIV Prevention

Hill, M., Schwarz, S., Taylor, A., Tanner, H., Wright, J., Schnarrs, P., and Nydegger, L.
McGovern Medical School at UTHealth Houston; University of Texas at Austin; John Hopkins Bloomberg School of Public Health; Boston University School of Medicine.

BACKGROUND

- Ending the HIV Epidemic in the southern US by 2030 will require an increase in PrEP use among cisgender Black women (CBW).
- Interventionists must increase readiness for PrEP before we can increase PrEP use with CBW.
- Using qualitative research to explore perceptions of CBW related to PrEP readiness may reveal a significant unmet need that is hindering progress towards EHE goals.

METHODS

Qualitative Methods Used
5 Focus Group Discussions
3 Key Informant Interviews

Number of Participants
20

Locations
Two EHE jurisdictions
Houston, Texas
Austin, Texas

Approach
Observed how perspectives and lived experiences served as facilitators and/or barriers to PrEP readiness.

CONCLUSIONS

- Findings suggest a high perceived risk of HIV is related to an awareness that CBW may not have access to comprehensive information regarding their sexual partner's sexual activities outside of *seemingly* monogamous sexual relationships.
- This information challenges the theme that CBW have low perceived risk of acquiring HIV, which may indicate progress towards PrEP readiness.

https://prepdaily.org/prep-pills-versus-prep-injectables-which-option-is-better-for-you/

This project was funded through an investigator sponsored research award by Merck Pharmaceuticals (100099) MERCK

RESULTS

Themes and codes of facilitators to PrEP initiation with CBW identified through thematic analysis of focus group data from Houston and Austin, TX
(only frequencies higher than 30 included)

Themes	Codes	Frequency
Facilitators		
High perceived risk	Partner puts participant at risk	58
	Self-awareness of one's on HIV risk behavior	39
	Concern for acquiring HIV	31
Current engagement in HIV prevention practices	Current engagement in HIV prevention practices	32
Exposure to PrEP-related health communication	Exposure to PrEP-related media	67
Prioritize PrEP as self-care	Prioritize PrEP as self-care	107
Preferences to ensure continuity of PrEP care	Preferred Modality	164
Preferred Modality	Injection Facilitator	82
	Daily Pill Facilitator	30
Preferences for engagement in PrEP	Provider recommendation for health-related choices	38
Barriers		
Low Perceived HIV risk	Low Perceived HIV risk	50
Medical Mistrust	Medical Mistrust	32
Lack of exposure to PrEP-related messaging for cis hetero Black women	Media messaging suggests PrEP is for LGBTQ+	39
Concerns with continuity of PrEP care & Aversion to taking manufactured medication	Concerns with PrEP Contraindications or side effects	35
Concerns with Modality	Pill Barriers	57
	Barrier to vaginal ring PrEP as a future option	31
PrEP Stigma	PrEP stigma	49
Lack of PrEP knowledge as a barrier	Lack of PrEP knowledge as a barrier	60

Quotes for High Perceived Risk of HIV

Self-awareness of one's own HIV risk behavior
'I believe if you're sexually active, you're always at a risk of contracting HIV.'

Partner puts participant at risk
'I kind of feel like I could get it, only--Well, I had gotten tested several times, but just because I had went--With the incident, it had occurred actually two weeks ago, and with that person, I didn't really know that person, and it wasn't really a consented kind of intercourse. So, yeah, I kind of feel like I could have because that person has had intercourse with other women, so yeah, I feel like I probably could.'

Quotes for Low Perceived Risk of HIV
'Or they just feel like they're the exception to the rule on some type of sense, which we all know that's not the case, but maybe there's some women that really feel like it really doesn't apply to me, so it's not something I would want to take.'

IJERPH Special Issue Promoting Women's Sexual and Reproductive Health

UTHealth Houston
McGovern Medical School
Emergency Medicine

PARIS
FAST-TRACK CITIES 2024

Investigating the ability of interactions with the healthcare system to influence readiness for pre-exposure prophylaxis with eligible cisgender Black women in Texas

Hill, M., Schwarz, S., Taylor, A., Tanner, H., Wright, J., Schnarrs, P., and Nydegger, L.
McGovern Medical School at UTHealth Houston; University of Texas at Austin; John Hopkins Bloomberg School of Public Health; Boston University School of Medicine.

BACKGROUND

- Cisgender Black women (CBW) in the United States contract HIV at higher rates than all other women.
- Yet, only 2% of CBW are documented as using pre-exposure prophylaxis (PrEP) for HIV prevention.
- Experiences with capable and culturally sensitive healthcare providers within the US healthcare system is possibly a determinant of PrEP readiness among CBW.

METHODS

Qualitative Methods Used
5 Focus Group Discussions
3 Key Informant Interviews

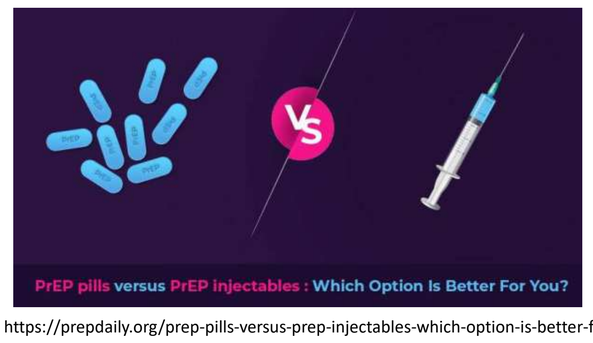
Number of Participants
20

Locations
Two EHE jurisdictions
Houston, Texas
Austin, Texas

Approach
Interactions with healthcare providers within the healthcare system during clinical visits were explored.

CONCLUSIONS

- Patient-provider racial concordance and health communication from a healthcare provider with PrEP knowledge are facilitators to PrEP readiness with some CBW.
- Failure to spend what CBW perceive as adequate time during a clinical visit is a barrier.
- Future research should engage healthcare providers in interventions that address health communication approaches desired by CBW in order to improve their ability to promote PrEP readiness with CBW.



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PrEP Stigma	PrEP stigma	49
Lack of PrEP knowledge as a barrier	Lack of PrEP knowledge as a barrier	60

Quotes related to the barrier 'concern with PrEP contraindications or side effects'

1) 'For me, I would say possible side effects. I already take a lot of medicine. I go to the doctor a lot, I take a lot of medicine, unfortunately, but I was just wondering. Okay, what else is this adding to my body? I know it's beneficial, but it's like what negative side effects could this have?'

2) 'I'm taking this medicine, but what happened when I stop taking the medicine? Does it make me more susceptible to get it now? Did it mess with my immune system?'

This project was funded through an investigator sponsored research award by Merck Pharmaceuticals (100099)

IJERPH Special Issue Promoting Women's Sexual and Reproductive Health

UTHealth Houston
McGovern Medical School
Emergency Medicine

PARIS
FAST-TRACK CITIES 2024

Reach & Preliminary Effects of a Client-Provider Communication Tool to Support PrEP Uptake among Cisgender Women in the US South

Mirjam-Colette Kempf[1], Victoria McDonald[1], Corilyn Ott[1], Liang Shan[1], Elizabeth Waldron[2], Alexa Rivas[2], Eric Underwood[3], Marquetta Campbell[3], Douglas Krakower[4], Latesha Elopre[1], Kachina Kudroff[1] Kenneth Sherr[5], Christina Psaros[2]

1. University of Alabama at Birmingham, 2. Massachusetts General Hospital, 3. Whatley Health Services, Inc., 4. Harvard University, 5. University of Washington

Objectives

- Increase PrEP awareness and PrEP uptake for Black cisgender women in Alabama
- Developed a client-informed communication tool (PrEP flipbook) from existing Centers for Disease Control & Prevention (CDC) tools, informed by principles of shared decision-making

Methods

- Recruited PrEP-eligible Black cisgender women ≥18 years at a federally qualified healthcare center (FQHC) in Alabama
- Participants discussed PrEP flipbook content with provider
- Baseline, post-intervention, and 3-months data collected (e.g., enrollment, PrEP awareness, referral, uptake, and retention in PrEP care)

Results

PrEP Flipbook

Communication Tool/PrEP Flipbook

Enrollment, PrEP awareness, referral, uptake, and adherence among study participants

Identify PrEP candidates → ***30.1%*** (62/206) Eligible Clients Enrolled

Increase HIV awareness among candidates; Enhance PrEP awareness among candidates → ***30.6%*** (19/62) PrEP Aware

Willing to use PrEP → ***79%*** (49/62) Completed Intervention

Facilitate PrEP access; Link to PrEP care → ***32.7%*** (16/49) Accepted Referral

Prescribe PrEP; Initiate PrEP → ***43.8%*** (7/16) Uptake

Adhere to PrEP; Retain in PrEP care → ***85.7%*** (6/7) Adherent at 3-months

144 Eligible clients declined
1. Low interest in research
2. Time constraints
3. Low perceived HIV vulnerability
4. Lost contact

32 Clients declined PrEP referrals
1. Low perceived HIV vulnerability
2. New medication hesitation

9 Clients declined PrEP initiation
1. Concern over medication side effects
2. Low perceived HIV vulnerability
3. Contraindications in lab results

Conclusions

- Low PrEP awareness among Black cisgender women poses a significant barrier to PrEP programs in Alabama and contributes to a low PrEP-to-need ratio indicating a need for PrEP educational programs.
- Client-provider communication tool/PrEP flipbook tailored to the needs of Black cisgender women can facilitate PrEP awareness and uptake.

PARIS FAST-TRACK CITIES 2024

UAB SCHOOL OF NURSING The University of Alabama at Birmingham

MGH 1811

Stigma and Discrimination Insights from a 2023 Integrated Biological and Behavioural Surveillance (IBBS) Study in Indonesia

Endang Lukitosari[1], Rizky Hasby[1], Nurhalina Afriana[1], Eva Muzdalifah[1], Anggun Latifa Asmi[1], Siti Sulami[2]

Background

Stigma and discrimination remain significant barriers in the global HIV response, affecting both people living with HIV and key populations at higher risk of HIV infection. While progress has been made in reducing stigma and discrimination, a persistent 10% of PLHIV and key populations continue to face these challenges. Indonesia measures this indicator to assess the prevalence and impact of stigma and discrimination among men who have sex with men (MSM).

Methods

In 2023, a cross-sectional IBBS study was conducted among MSM in 30 districts of Indonesia. Participants completed behavioural questionnaires and underwent HIV, syphilis, B and C hepatitis testing. Stigma and discrimination measures were incorporated into the survey instrument.

Results

The study's total respondent count was 5,254, with an average age of 29.9 years, 57.5% of respondents being in the 25–49 age range, and 84.9% having completed both high school and university education. The overall MSM HIV prevalence was 24.4%. 6.8% of respondents said they avoided seeking healthcare because they were afraid of being stigmatized and discriminated against, while 4.5% of respondents said they had experienced stigma and prejudice from family activities.

Conclusion

The IBBS study exposed levels of discrimination and stigma among MSM, which have a detrimental effect on HIV-related outcomes and health-seeking behaviours. Results highlight the necessity of focused interventions to lessen discrimination and stigma as part of all-encompassing HIV prevention and treatment plans.

Table 1. Characteristic of Respondents

Variable	CI	%
Age Category		
Mean	29.5-30.3	29.9%
15 - 19	10.3-12.4	11.3%
20 - 24	23.9-26.8	25.4%
25 - 49	55.8-58.5	57.5%
50 or above	4.9-6.8	5.8%
Education		
Junior High School or less	13.9-16.4	15.1%
High School/Equivalent	64.5-67.7	66.1%
University/College	17.5-20.0	18.8%
Marital Status		
Unmarried	79.7-82.7	81.2%
Divorced	10.7-13.1	11.9%
Married	5.9-7.9	6.9%

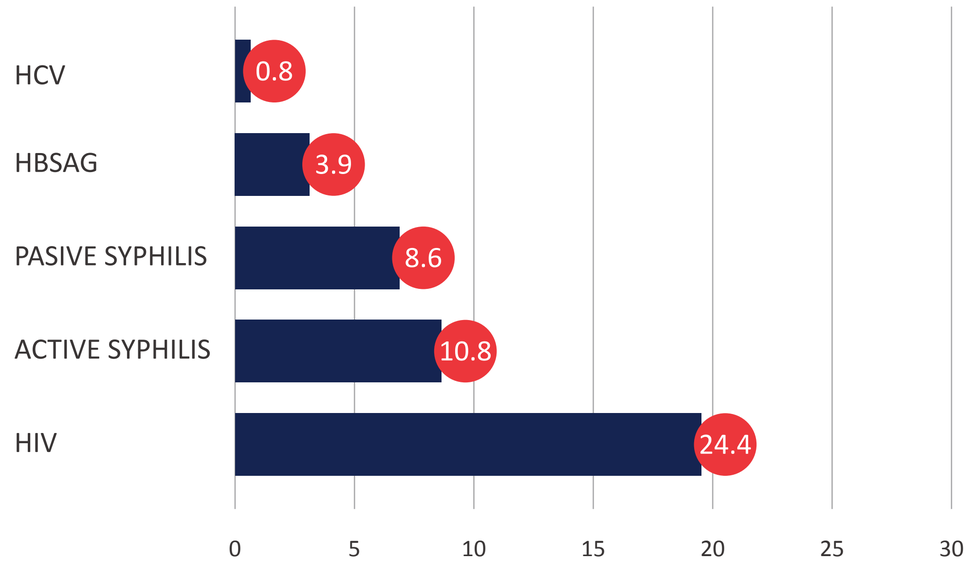

Figure 1. Characteristic of Respondents

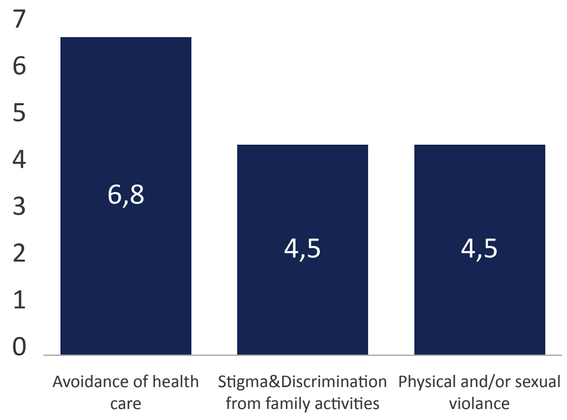

Figure 2. Stigma & Discrimination

[1]Ministry of Health Republic of Indonesia, [2]FHI 360 Indonesia, Jakarta, Indonesia

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The authors would like to express their huge appreciation to the Ministry of Health Republic Indonesia, IBBS, data collection team, healthcare workers, provincial health offices, district health offices, and local community-based organizations, whose contributions and support were instrumental in completing this paper.

PARIS FAST-TRACK CITIES 2024

Centre for Trials Research
Canolfan Ymchwil Treialon

FAST TRACK CYMRU

Barriers, facilitators, and acceptability of accessing HIV pre-exposure prophylaxis via community pharmacies in Wales

Dr David Gillespie, Director of Infection, Inflammation & Immunity Trials and Principal Research Fellow, Centre for Trials Research, Cardiff University. Research and Evaluation Lead, Fast Track Cymru GillespieD1@Cardiff.ac.uk

- HIV PrEP has been available in Wales since 2017
- Only available in sexual health clinics
- Inequity in access to PrEP in Wales in relation to need (mostly male, white, and men who have sex with men)
- Interest in expanding PrEP provision outside of sexual health (e.g. community pharmacies)
- **AIM: Explore potential user-perceived barriers and facilitators for accessing PrEP in Wales and the acceptability of services delivered through community pharmacies**

- Semi-structured online interviews
- Topic guide informed by Levesque's framework for access to health care and PrEPster's PrEP need framework
- Community recruitment of people who **currently** or have **previous accessed PrEP** via a sexual health clinic in Wales or who are aware they may benefit from PrEP but have **not yet accessed** it in Wales
- £20 Amazon voucher for participation
- Reflexive thematic analysis

- 24 interviews between February and June 2024
- 4 discarded due to fraudulent participation
- 9 currently accessed, 7 previously accessed, 4 yet to access PrEP
- 5 areas of Wales, aged 25-60 years, 50% White non-White, 70% men, 50% heterosexual

Experiences of accessing PrEP service in sexual health clinics
- Access difficulties
- Stigma associated with attending sexual health clinic
- Inconsistencies across health boards
- Expectation of service

I remember the hardest thing for me was being able to attend the clinic, because I work Monday to Friday basically nine until five and I think the clinic is open nine until three and it's not open five days a week.

Well, it's (having access to PrEP in a sexual health clinic) positive because ... I would assume the most common way for the virus to be transmitted is through sexual means. So, it absolutely makes sense that the PrEP medication would be available at the Sexual Health Clinic.

I would suggest the pharmacies are more sensitised about PrEP... they should be given more knowledge, more awareness about it, and more education about PrEP and its benefits. And there should be thought how to create a welcoming environment, and a less judgemental environment for people that want to access PrEP.

Prospect of accessing PrEP service in community pharmacy
- Better access
- A business – variation in standards
- Stock issues
- Training in sexual health care
- Attitudes of pharmacy staff
- Facilities for all service components
- A general and local health setting

I think it (people's comfort around 'accessing PrEP via community pharmacies') depends on whether they're going to the pharmacist for advice, whether they're having some form of consultation, or some form of patient direction. I think that's different to going to the pharmacy directly, to pick up a prescription, that's understood, known, dispensed, and you're just picking up a package, because you could be picking up anything then, it doesn't really matter.

It was useful for me to go to the sexual health clinic because I was able to knock out everything at once. I had all the tests completed. I could see that being an issue at pharmacy, where you couldn't get everything integrated....

Because I would say they are very close to me, I wouldn't feel so comfortable having an STI screening in a community pharmacy. Mainly because of the proximity.

- A choice of settings is vital
- Recognition and confidence in community pharmacy setting important for success
- Shared care model across settings
- Integration of health records
- Greater awareness raising of PrEP across communities

Top tips for PrEP in community pharmacies
- ✓ Advertise far and wide
- ✓ Make sure people know what to expect
- ✓ Maintain privacy and dignity of clients
- ✓ Communicate stock levels
- ✓ Train staff in positive sexual health promotion

David Gillespie*, Adam DN Williams, Richard Ma, Zoë Couzens, Kerenza Hood, Dyfrig Hughes, Elizabeth Ferris, Sammy Woodward, Shreshth Goel, Efi Mantzourani, Eleanor Cochrane, Fiona Wood

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CENTER FOR GLOBAL HEALTH

Awareness and use of pre-exposure prophylaxis (PrEP) among HIV-negative female sex workers in Tajikistan: Findings from 2022 Bio-Behavioural Survey

Authors: Farkhod Saydullaev, MD, MScIH[1], Aziz Nabidzhonov, MD, MPH[1], Safarkhon Sattorov, MD, PhD [2], Dafna Kanny, PhD[1]; Patrick Nadol, MPH, PhD[1], Dejana Selenic-Stanacev, MD, MPH [1]

Affiliations: 1.U.S. Centers for Disease Control and Prevention (CDC), Division of Global HIV/AIDS and TB (DGHT)
2.Republican AIDS Center, Ministry of Health and Social Protection of the Population, Republic of Tajikistan

BACKGROUND

- There are an estimated 18,400 female sex workers (FSW) in Tajikistan, the largest key population (KP) group.
- FSWs account for 1.3% of all registered HIV cases in the country[1].
- Pre-exposure prophylaxis (PrEP) as an additional bio-medical HIV prevention strategy was launched in late 2020, with a primary focus on men who have sex with men (MSM) community and later on other KP. PrEP uptake to date has been slow.

METHODS

- We conducted a bio-behavioral survey (BBS) in 2022 using a respondent-driven sampling (RDS), in the four largest population cities of Tajikistan.
- Face-to-face interviews among FSW ages ≥18 years old, who had sold sexual services within six months preceding enrollment in the survey.
- We used RDS-Analyst to calculate population estimates and 95% confidence intervals (CI) for key indicators.

RESULTS

- We interviewed 1,953 FSWs, of whom 1,899 (97.2%) tested HIV-negative in all four sites.
- HIV infection prevalence varied from 1.5% in Kulob city to 3.9% in Bokhtar city, both in the southern part of the country.
- FSWs who ever injected drugs had the highest HIV prevalence (range: 56.5% - 76.8%).
- Past 12 months HIV testing ranged from 42.4% to 81.3% across the BBS locations.
- PrEP awareness among HIV-negative FSWs varied from 2.3% (95% CI: 1.0%-3.6%) in Bokhtar, a mid-sized city, to 32.7% (95% CI: 28.9%-36.3%) in Dushanbe, a large metropolitan.
- PrEP use among those that were aware of it varied from 2.0% (95% CI: 0.03%-2.8%) in Kulob to 63.3% (95% CI: 57.3%-69.4%) in Dushanbe. In other two cities PrEP use was reported by <10% of respondents.
- The most common reason for not taking PrEP in Dushanbe, Bokhtar, and Khujand cities, was – "Do not want it": 52% (95% CI: 41.4%-62.8%), 69.4% (95% CI: 40.4%-100%) and 93.2% (95% CI: 87%-99.53%), respectively. In Kulob, 38.2% (95% CI: 11%-64.4%) indicated "Not available where I live" as the main reason.

DISCUSSION

- Awareness and use of PrEP were low among FSW, and the highest PrEP use is reported in Dushanbe, the capital city where PrEP services are likely more available and accessible; more than a third of all PrEP clients are from Dushanbe.
- Since 2014, the main mode of reported HIV transmission in Tajikistan has shifted from injection drug use to sexual route.
- In 2021, sexual transmission of HIV increased to 83.7% of all newly diagnosed people living with HIV compared to 43.7% in 2013. A considerable part of this transmissions potentially could occur from either HIV-positive FSW to their clients or from HIV-positive clients to FSW, but not reported as such given stigma associated with commercial sex work.
- From the beginning of the PrEP program in Tajikistan within the PEPFAR Framework[4], of the total cumulative number of PrEP clients, almost a third (31% or 399) of FSWs received PrEP.

LIMITATIONS

- Data on service uptake and behavioral component are self-reported: under-report of socially unacceptable attitudes and behaviors and over-report socially acceptable behaviors.
- This survey used a cross-sectional design; thus, causality can not be assessed.

References:
1. Republican AIDS center statistics, as of June 2024.
2. Progress update & disbursement request to GF, HIV / TB project of UNDP Tajikistan, Feb 2022.
3. Republican AIDS center statistics as of Dec 31, 2022.
4. RAC PrEP progress report, June 2024

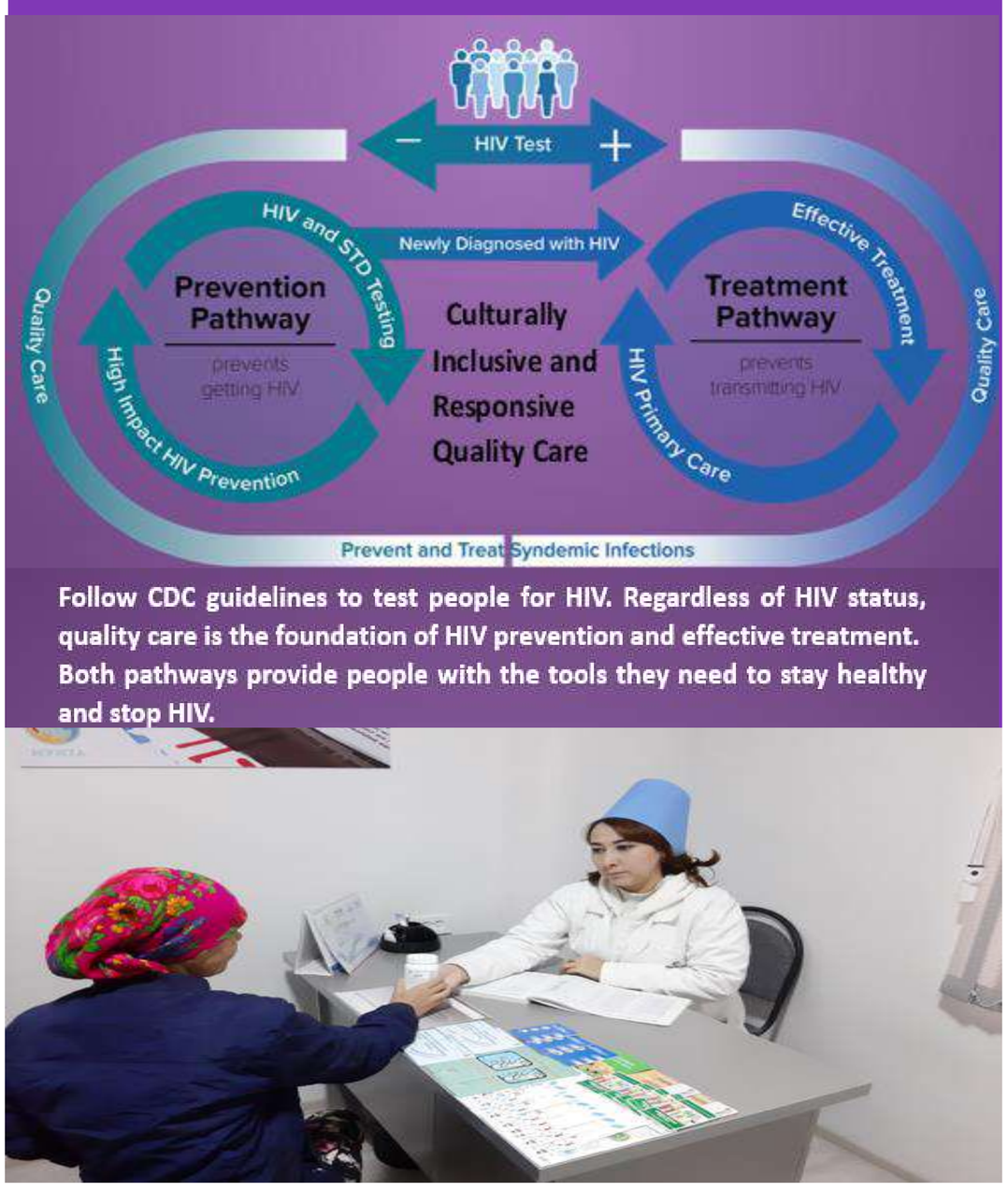
Awareness and use of PrEP are low among female sex workers in Tajikistan. The highest PrEP use is reported in Dushanbe, the capital city.

'HIV Testing Services for Treatment and Prevention' approach provides an opportunity to increase demand, rapid referral, and initiation of PrEP for female sex workers and other key populations.

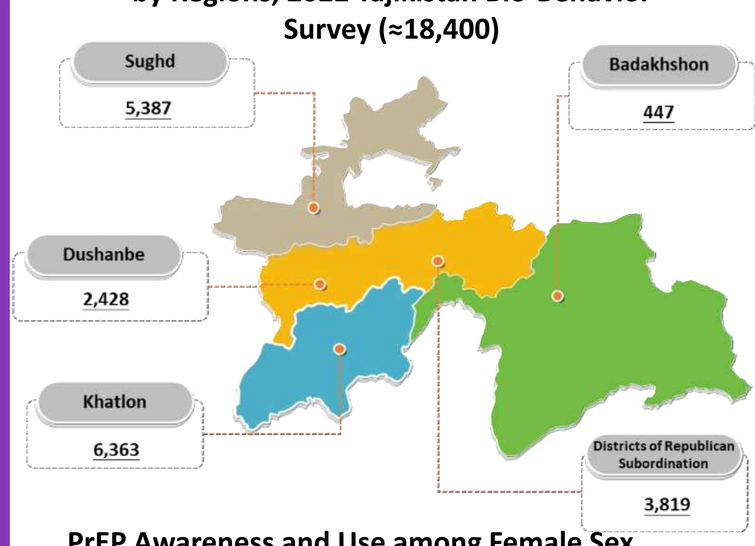
Simplification and diversification of PrEP services can provide PrEP at scale to female sex workers and other key populations.

Further integration of PrEP into routine prevention services (Friendly Cabinets) enables targeted increase of awareness and demand and referral to PrEP services for the female sex workers.

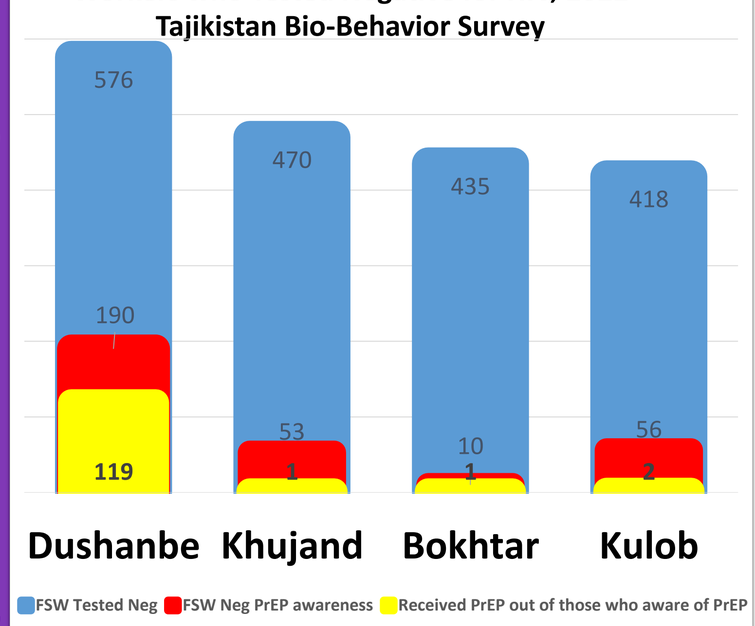
HIV Testing Services for Treatment and Prevention



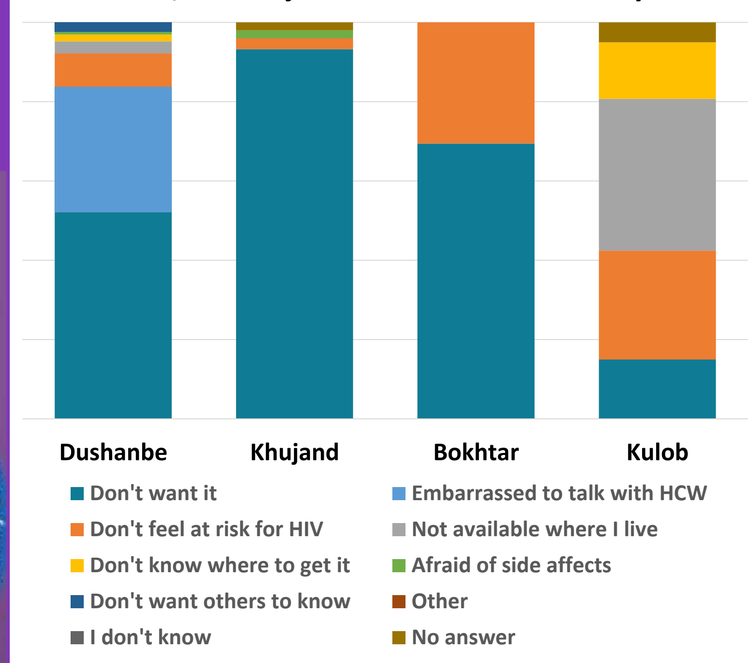
Female Sex Workers Population Size Estimates by Regions, 2022 Tajikistan Bio-Behavior Survey (≈18,400)



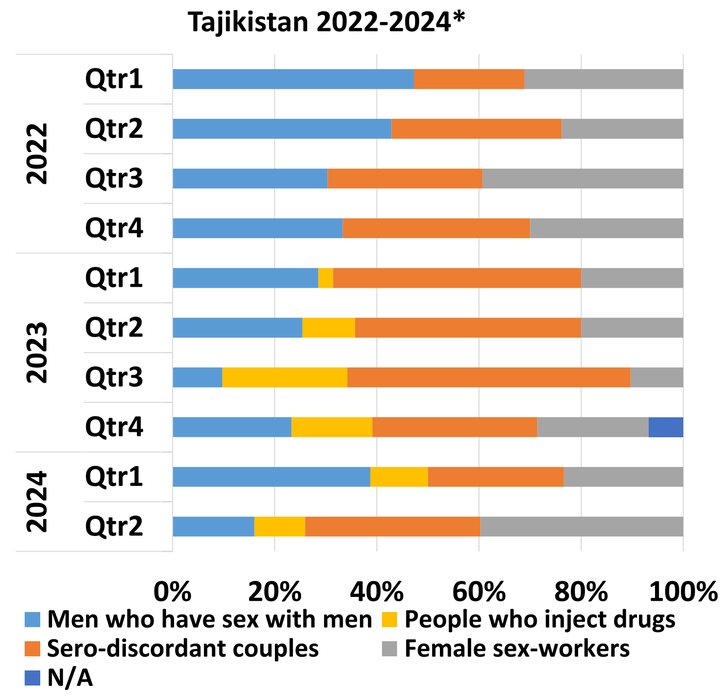
PrEP Awareness and Use among Female Sex Workers who Tested Negative for HIV, 2022 Tajikistan Bio-Behavior Survey



Reasons for not using PrEP among Female Sex Workers who Tested Negative for HIV and who are Aware of PrEP, 2022 Tajikistan Bio-Behavior Survey



Newly enrolled to PrEP by Key Populations in Tajikistan 2022-2024*



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www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention

Synthesizing The Evidence on Treatment Retention throughout the Process from HIV testing through Rapid ART Initiation in 422 Districts of Indonesia: A Retrospective Analysis

Endang Lukitosari[1], Rizky Hasby[1], Anggun Lathifah Asmi[1], Eva Muzdalifah[1], Maharani Adella Husin[1], Siti Sulami[2]

Background

Rapid initiation of antiretroviral therapy (ART) within 7 days of HIV diagnosis is an emerging strategy to improve care engagement. Ministry of Health, Republic of Indonesia (MOH) has delivered the policy of test and start/treatment initiation for 422 districts in 32 provinces with thousands of health facilities who serve the key population. Indonesia synthesized evidence on treatment retention from HIV testing through rapid ART initiation.

Methods

A retrospective analysis of adult clients who initiated ART within 7 days of HIV diagnosis between January and December 2022 from 2.686 health facilities in 422 districts was conducted by MOH. The reporting retention measures across two steps of the HIV care continuum with rapid ART initiation: 1) linkage to HIV treatment within 7 days post-diagnosis and 2) retention on ART at 12 and 24 months.

Results

The analysis comprised 38,190 newly diagnosed clients in total. Of them, 44% belonged to the key population, 75% were male, and the median age was 31. Sixty-six percent of those linkage started antiretroviral therapy (ART) within 7 days. Among them, 69% (17,286) and 65% (16,226), respectively, were still on ART at 12 and 24 months.

Conclusions

The retention rate among rapid ART clients remains low, the strategy for longer-term ART retention is needed to maximize retention across the continuum. MOH plan to develop the technical guidance for tracing the clients who lost from treatment and collaborate with community for case management services.

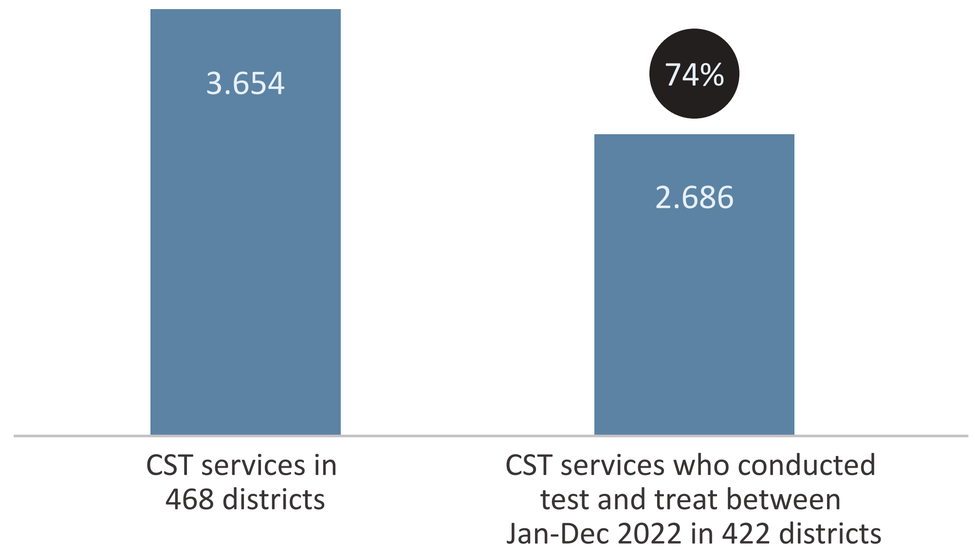


Figure 1. CST Services up to 2022

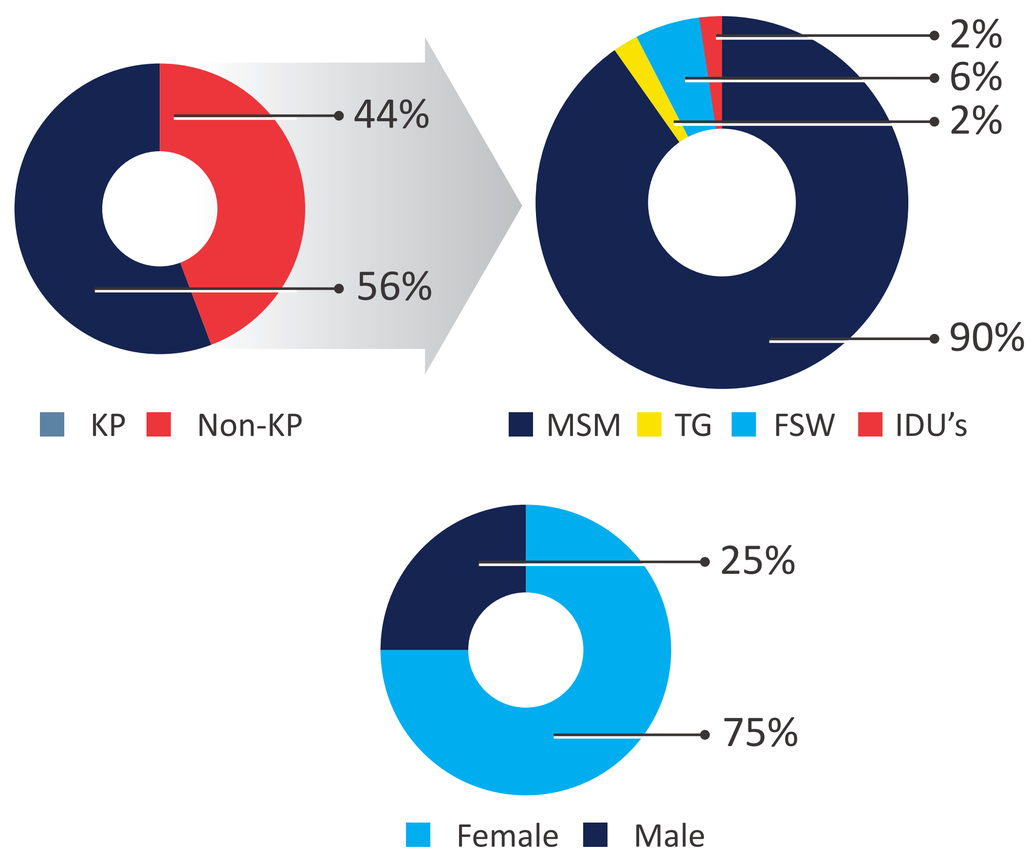


Figure 2. Characteristic Newly PLHIV Diagnosed 2022

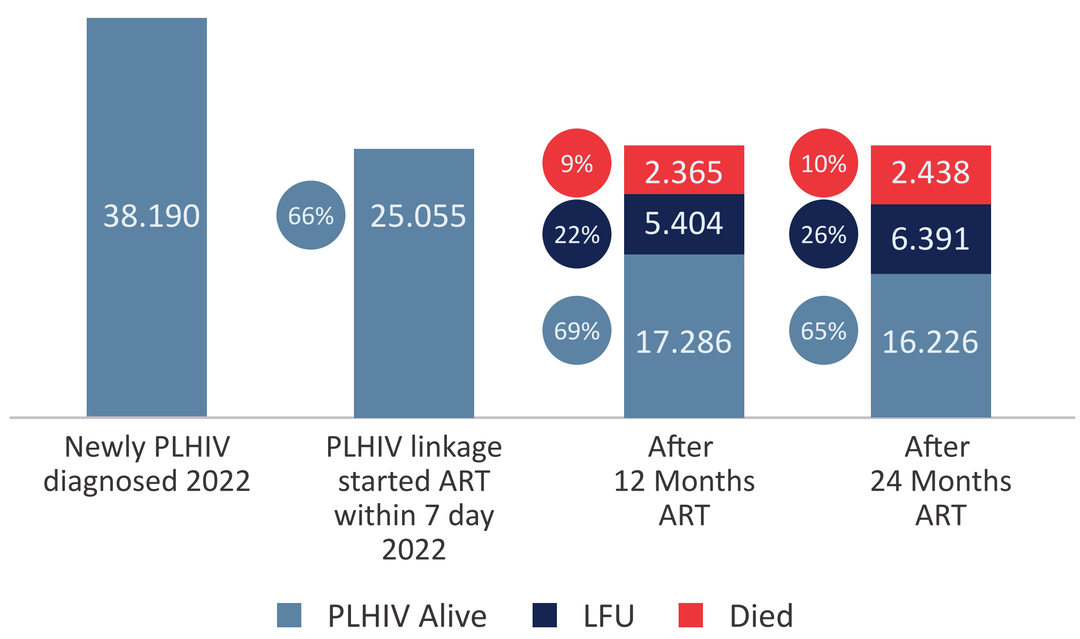


Figure 3. Test and Treat 2022, and Cohort ART After 12 and 24 Months

[1.] Ministry of Health Republic Indonesia, Jakarta, Indonesia, [2.] FHI 360 Indonesia

Acknowledgement: This project is made possible by the support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobee Group.

The authors would like to express our gratitude to all Care, Support, and Treatment (CST) facilities health. Our appreciation goes to the recording and reporting officers, doctors, nurses, pharmacist, laboratory analyst, HIV programme manager, Technical Officer, and Data Officer at provincial and district level, and also local community-based organizations for their invaluable support.

A Qualitative Assessment of the Barriers to Implementing Programs to Mitigate Disparities in HIV Care across the HIV Care Continuum

Larry R. Hearld, Maira Sohail, John D. Cleveland, C. Greer McCollum, Kaylee W. Burgan, Alyssa Carodine, Kendra Johnson, Melvin Fort, Jennifer Thompson, Michael J. Mugavero

Introduction

The HIV Care Connect (HCC) program was initiated in 2019 to reduce disparities in access to care and improve health outcomes for people with HIV living in underserved U.S. communities. The three sites (Alabama, Mississippi, Florida) funded by HCC could choose different evidence-based programs to mitigate disparities across the HIV care continuum, but all were required to address social determinants of health (SDoH).

Study Purpose/Research Question

What challenges have the sites encountered when trying to implement their programs?

Methods

Data collection: Six semi-structured interviews via Zoom, ~60-75 minutes in duration, with 7 program staff.

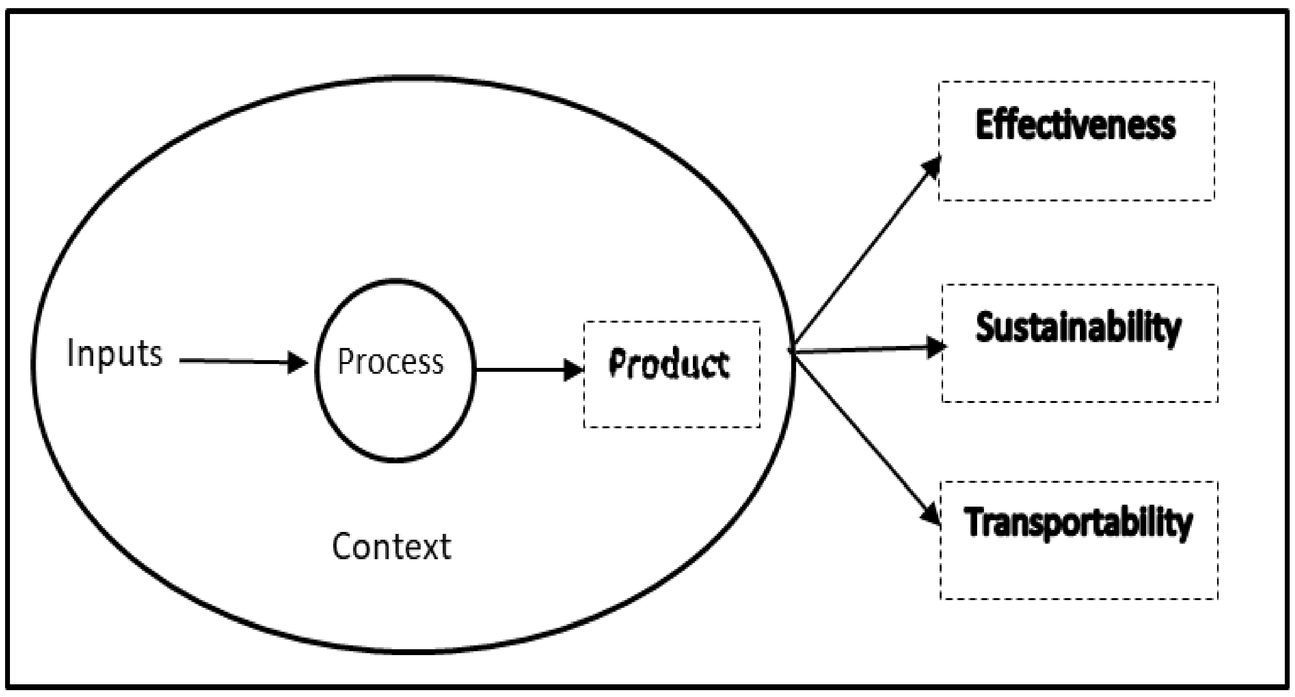
Analysis: Framework-based deductive coding followed by emergent, inductive coding

Results

Three primary implementation challenges:

- All sites described program complexity as an initial challenge. Too many technical and coordination challenges required the sites to simplify their programs by reducing the number of components and staff involved.
- Community partner instability, especially in the initial stages of the program, slowed efforts to implement all aspects of their respective programs.
- Staff turnover slowed implementation and, in some cases, resulted in program components being discontinued altogether. Transitions in leadership were particularly detrimental. Role expansion was partially helpful in mitigating this challenge until new staff could be hired.

Evaluation Logic Model



"There was a lot of moving parts with the implementation of this process, so getting together on a consistent basis was really important and having that larger team just didn't work. Once we redefined, downsized that number, the implementation of the project was on a better footing, and we were able to really zone in and have weekly meetings to discuss challenges of implementation et cetera."

Conclusion

Programs that address SDoH are needed improve access to and retention in HIV care but face technical, personnel, and relational challenges to implementation. Starting small and growing over time may help program implementers manage these challenges.

Funding: MSD Foundation (CCO-19-13414)

TITLE: ASSESSING PREVALENCE AND MANAGEMENT OF HIV, AND TUBERCULOSIS BASED ON THE LESSON LEARNED FROM COVID-19 IN THE COMMUNITY OF SOUTH AFRICA

OBJECTIVES: to evaluate the prevalence and management of HIV and TB within the community.

•**METHODS** :Survey conducted in January and February 2024 in Lamontville and Clairwood South Africa.

RESULTS: sample of 202, Mean age: 43 years, 59.9% female, Understanding impact of HIV and TB on COVID-19: 45% ,Knowledge of a family member with HIV: 45.5%

- Family members on treatment: 31.6%
- Knowledge of a family member with TB: 27.7%
- Family members on treatment: 5.4%

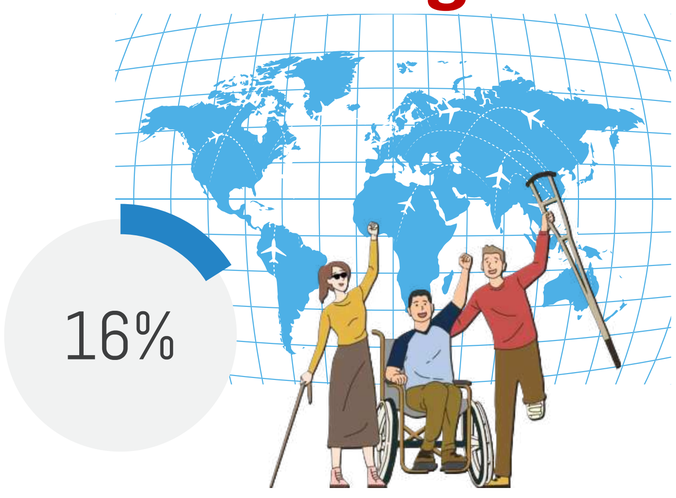
CONCLUSIONS: lack of awareness about managing HIV and TB.

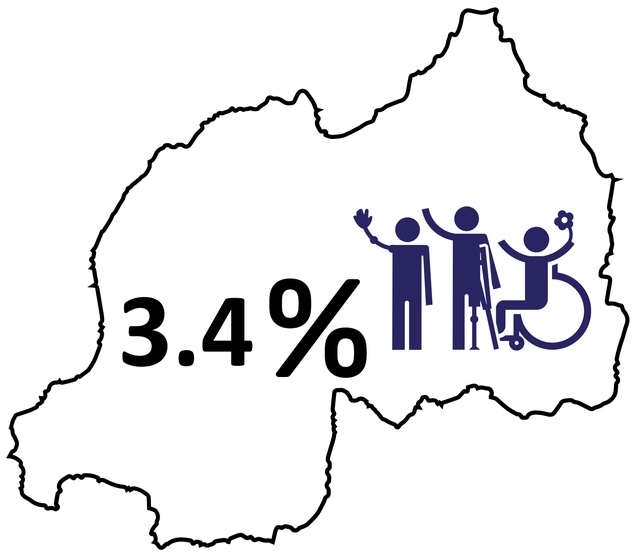
TITLE: INVESTIGATING THE RISK FACTORS ASSOCIATED WITH INPATIENTS MORTALITY AMONG COVID-19 PATIENTS, ENCOMPASSING INITIAL ADMISSION TO COVID-19 QUARANTINE BEFORE ISOLATION VERSUS DIRECT ADMISSION TO ISOLATION, AT A SELECTED TERTIARY HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA: A QUALITATIVE STUDY.

OBJECTIVES: To investigate risk factors for death during COVID-19 patient admissions, focusing on initial admission to COVID-19 quarantine before isolation vs. direct isolation at Victoria Mxenge Hospital

- **METHODS:** Descriptive phenomenological research design, 20 semi-structured interviews(10 nurses and 10 doctors)
- **RESULTS: Theme 1: Health Vulnerability and Uncertainty:** Comorbidities and stress; **Theme 2: Staff Challenges:** Inadequate number of doctors and nurses **Theme 3: Medical Services:** Shortage of oxygen and essential drugs,Long turnaround time for lab results
- **CONCLUSIONS:** address these factors

Assessing HIV Risks for Persons with Disabilities in Rwanda





Purpose:

Examine HIV vulnerability among PWDs to guide policy development.

Design:

Cross-sectional survey utilizing both quantitative and qualitative methods.

Sample Size

2,375

Prevalence

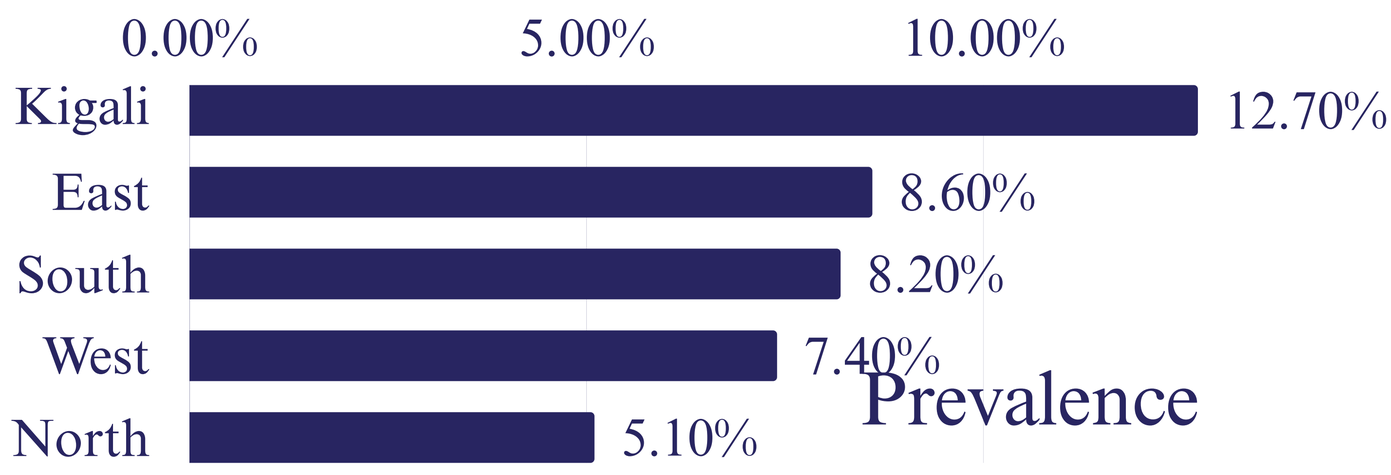
7.6%

Gender Distribution

8.2%

7.0%

Regional Insights:



HIV Prevalence by Disability type

8.3%

7.8%

7.4%

6.2%

Marital Status Impacty

15.8%

Summary

Increased Risk:

PWDs are at a higher risk of HIV compared to the general population (3.0%).

Those with physical and hearing impairments show the highest prevalence rates.

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Clinical Outcomes of Females with HIV at a Rapid Entry to Care Program in South Florida

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United States of America

Key Takeaways

Implementing REC programs with support services could positively impact the success of fast-track cities and enhance entry and retention in HIV care

INTRODUCTION

•Rapid entry to care (REC) programs provide timely prescription of antiretroviral therapy (ART).
•This aligns with the objectives of the U.S. National HIV/AIDS Strategy and the United States' plan to End the HIV Epidemic by 2030.

OBJECTIVES

•Describe "time to care" for PWH who enter care through REC program.
•Report the percent of PWH who were virally suppressed at 12 months after rapid entry to care.
•Detail the percent of PWH who were "in care".
•Discuss the percent of PWH who are currently virally suppressed.

METHODS

•We performed a retrospective chart review to evaluate outcomes of female PWH who entered a REC program beginning in April 2020 at one clinic in a non-fast-track city (nFTC) in Palm Beach County, Florida compared to three clinics in fast-track cities (FTC) in Miami-Dade County.

- Females who entered care through REC program from 4/1/2020 through 12/31/2023 were included in this analysis.

•Through the REC program, we offered an expedited appointment for medical care and ART within 72 hours of calling for an appointment.
•We reported outcomes including time to care (described as time to first appointment/ART), viral suppression and in care rates.

SAMPLE POPULATION

	Non-Fast Track City Clinic N = 48	Fast Track City Clinics N = 32
Age, **mean** (range) •50 years and older, **n** (%)	**42** (22 – 77) **14** (29%)	**50** (26 – 81) **17** (53%)
Birth Sex, **n** (%) •Female	**48** (100%)	**32** (100%)
Race, **n** (%) •Black •Hispanic •White	**37** (77%) **3** (6%) **8** (17%)	**18** (56%) **12** (38%) **2** (6%)
Treatment Status, **n** (%) •Naïve •Experienced	**24** (50%) **24** (50%)	**24** (50%) **24** (50%)
Baseline Viral Load, **mean** (range)	**107,755** (< 20 – 750,000)	**364, 622** (< 20 – 2,990,000)
Number of Days for Follow up (Median)	**1053 days**	**728 days**

RESULTS

Time to Care	Non-Fast Track City Clinic	Fast Track City Clinics
Number of Days to Care (Total Population) (Median)	2 Days	8.5 Days
Number of Days to Care (Treatment Naïve) (Median)	1 Day	5 Days
Number of Days to Care (Age 50 years +) (Median)	1 Day	9 Days

"Time to care" is described at the number of calendar days from the date a PWH calls for an appointment to the date the patient is provided care by a healthcare provider (physician, nurse practitioner and/or physician assistant).

Viral Suppression at 12 Months	Non-Fast Track City Clinic	Fast Track City Clinics
PWH virally suppressed (HIV-1 RNA < 200 copies), **n** (%)	**44** (92%)	**25** (89%)

Currently in Care	Non-Fast Track City Clinic	Fast Track City Clinics
PWH "In Care", **n** (%)	**42** (95%)	**18** (56%)

Non-Fast Track City Clinic - 42 out of 48 PWH are "in care", 2 out of 48 PWH moved out of the area, 2 out of 48 PWH were lost to follow up (no recent appointment or future appointment scheduled) and 2 out of 48 were deceased (not HIV related)

Fast Track City Clinic - 18 out of 32 PWH are "in care" and 14 out of 32 PWH were lost to follow up (no recent appointment or future appointment scheduled)

Current Viral Suppression	Non-Fast Track City Clinic	Fast Track City Clinics
PWH virally suppressed (HIV-1 RNA < 200 copies), **n** (%)	**39** (93%)	**16** (89%)

CONCLUSION

- Viral suppression rates were high in all clinics but current in care rates were lower in fast-track city clinics within the organization.
- Fast track cities are in larger metropolitan areas which may impact in care rates.
- Implementing REC programs with support services could positively impact the success of fast-track cities and enhance entry and retention in HIV care

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FAST-TRACK CITIES 2024

DUAL LA-ART IN HIV-MDR CASE SERIES

Eldib J, Chaudhuri S, Saylor M, Bosco J, Scherer M, Baker C, Olender S

NewYork-Presbyterian
Columbia University Medical Center

BACKGROUND

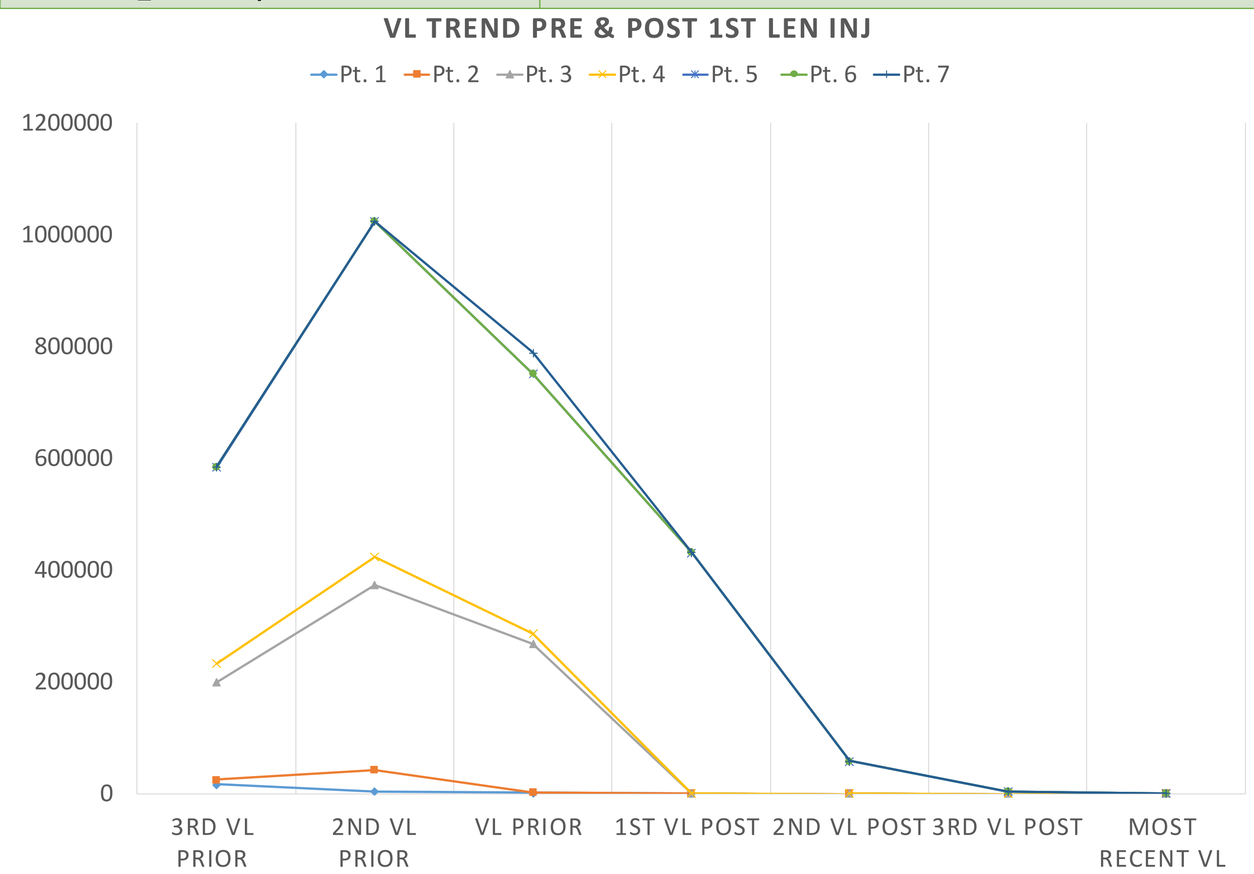
Medication adherence is central to treatment success. In the case of HIV, many patients *fail therapy* due to non-adherence which can lead to drug resistance and progression to AIDS. Until recently, most HIV treatment options have consisted of oral therapy. Though most complete regimens can be achieved with 1-2 pills daily, adherence to oral medication has remained challenging for some patients. With the advent of long-acting injectable (LAI) anti-retroviral therapy (ART), there are now monthly or bimonthly injectable ART regimens consisting of integrase inhibitor and NNRTI, however, viral resistance may preclude this option. Though not yet, studied in combination with long acting INSTI/NNRTI, the LAI capsid inhibitor, lenacapavir has been shown to be effective in MDR HIV combined with oral agents. Though guidelines have not addressed the possibility of an exclusively long-acting injectable regimen with a LAI capsid inhibitor, such entirely injectable treatment options may be life-saving in key populations. Often, a history of non-adherence can raise concerns for development of resistance such that healthcare providers are hesitant to offer or initiate these therapies. Here we describe our experience with exclusively LAI ART among 7 extensively treatment-experienced patients with advanced longstanding HIV, and a history of adherence challenges with oral medications.

CHARACTERISTICS AT BASELINE (N = 7)

AGE RANGE (YR)	30-60
FEMALE	4
MALE	3
RACE/ETHNICITY	
BLACK/NON-HISPANIC	3
WHITE/NON-HISPANIC	1
OTHER/HISPANIC	2
OTHER	1
RESISTANCE TO ≥2 DRUG CLASSES	5
RPV RESISTANCE	5 (3 with Y181)
INSTI RESISTANCE	4 (3 with E157Q (A)
HIV VL 200-150,000 COPIES/ML	6
HIV VL >150,000 COPIES/ML	1
CD4 COUNT <200 CELLS/ MM^3	5
HISTORY OF AIDS	6
PERINATALLY INFECTED	5

RESULTS: VIROLOGIC RESPONSE AT (OR AFTER) WEEK 26

CABOTEGRAVIR/RILPIVIRINE AS 2ND AGENT	2
CABOTEGRAVIR AS SECOND AGENT	5 (1 patient switched after starting on Cabenuva)
VL <200 COPIES/ML	7
VL <50 COPIES/ML	5
VL <20 COPIES/ML	3
CD4 COUNT ≥200 CELLS/MM3	5



CONCLUSIONS

Undoubtedly, medication adherence to active antiretrovirals is necessary for viral suppression and HIV treatment success. This case series of extensively treatment experienced patients with long standing HIV, majority with advanced AIDS, multidrug resistant HIV, and baseline viremia shows that off label combinations of LAI-ART can achieve excellent viral suppression rates. This experience also suggests that oral non-adherence does not predict injectable medication non-adherence and should not be a barrier to treatment consideration, especially among those with advanced AIDS. Here, we have offered some insights into off-label use of active LAI-ART in an ailing population, with promising preliminary outcomes. Additional research to assess long term safety and efficacy is still needed.

OBJECTIVES

To implement fully injectable HIV-ARV treatments in patients with treatment experience, resistance, viremia, and oral non-adherence.

METHODS

In this post-analysis series, we focused on 7 treatment-experienced patients with longstanding HIV, viremia (VL>200 copies/mL) and drug resistance who would otherwise be excluded due to oral non-adherence history. We treated these patients with an off-label fully injectable treatment regimen, focusing on the time period of January 2023 to May 2024. The majority (5/7) were perinatally infected, had a history of AIDS (6/7) and had had multiple regimen failures. These 7 patients received injectable combinations of either LEN/CAB/RPV or LEN/CAB depending on RPV resistance profile.

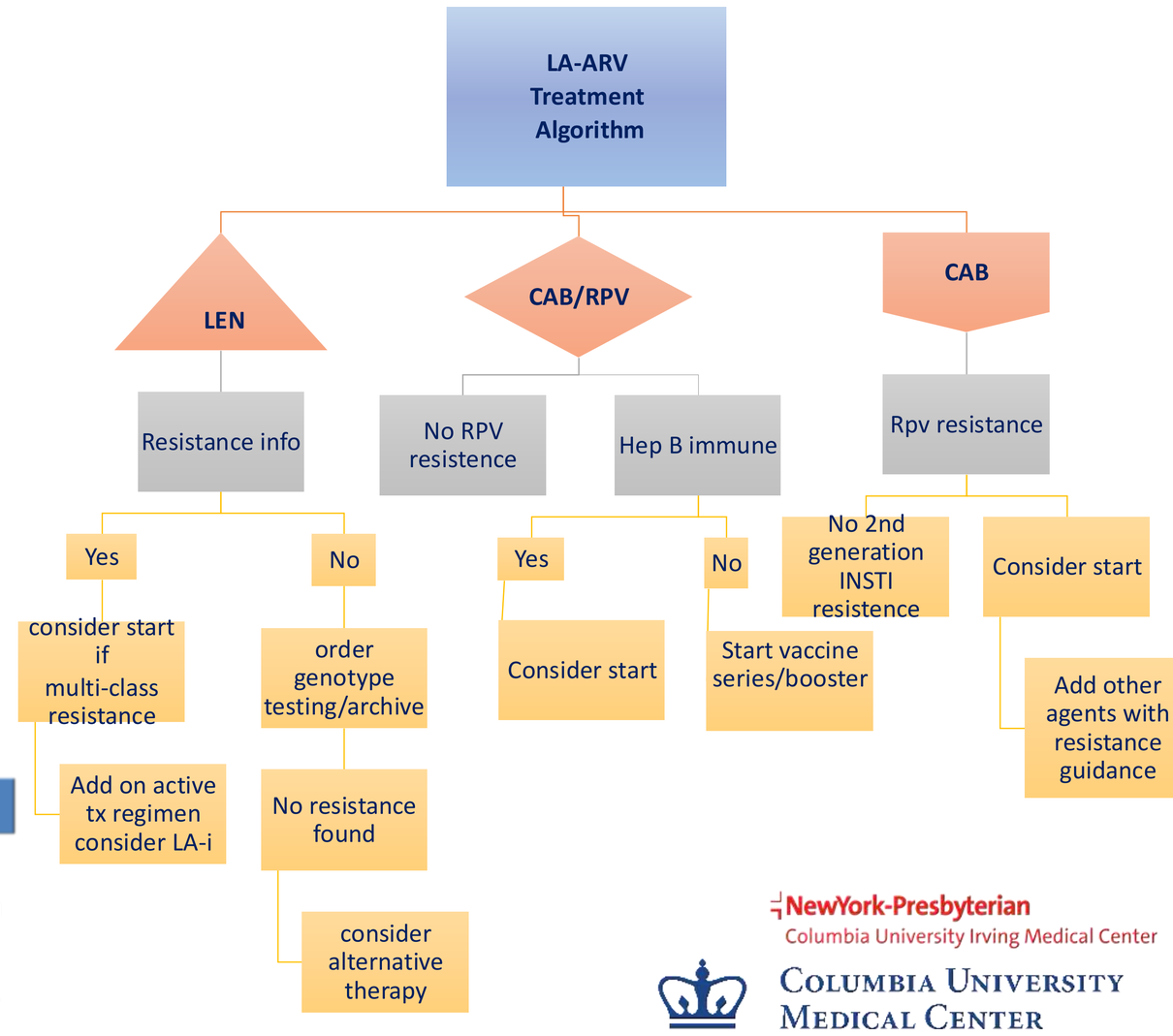
Figure 1 MAINTAINENCE TREATMENT OPTIONS

- Lenacapavir 927 mg Q6M +
- Cabotegravir/Rilpivirine 600/900mg Q2M or 400/600mg QM

- Lenacapavir 927 mg Q6M +
- Cabotegravir 600mg Q2M or 400mg QM

RESULTS

All 7 patients received at least 2 doses of lenacapavir within the review dates. Patients were monitored for stability based on viral load, adverse drug reactions and appointment adherence. 5 out of 7 patients started dual therapy on the same day. All 7 patients achieved viral suppression (<200 copies/mL) within 3 months, remained virally suppressed at 26 weeks and thereafter. Data points were collected and compared before and after lenacapavir doses. 5 out of 7 patients had a CD4 count of >200 cells/mm^3 at 26 weeks. 1/7 patients achieved a CD4 count >200 cells/mm^3 after 1 year (2 doses) of lenacapavir, while the other remains below 200 cells/mm3 while maintain virological suppression.



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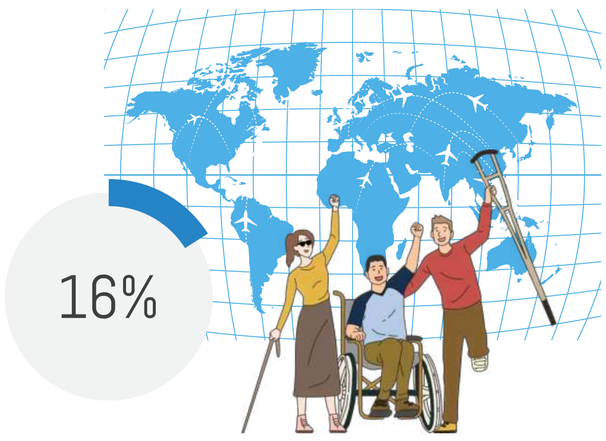
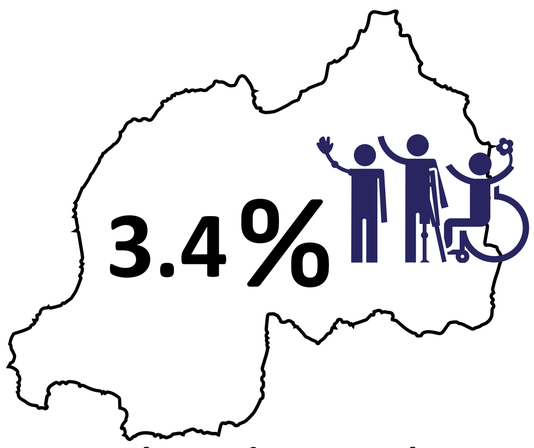
EXPLORING HIV KNOWLEDGE AND ATTITUDE AMONG PEOPLE WITH DISABILITIES IN RWANDA





Purpose:

Examine HIV vulnerability among People With Disabilities to guide policy development.

Design: Mixed-method approach was utilized, combining quantitative surveys with qualitative interviews to obtain a comprehensive understanding of the issues.

2,375

Sample Size

HIV Knowledge Disparities:

Influence of Age:

The 44-54 age group exhibited the highest level of HIV knowledge

30%

Influence of Education:

Secondary education showed a significantly higher knowledge level

46.3%

Regional Variations:

Knowledge levels varied dramatically by region

8.3% Kigali city

7.8% South Province

Disability Type Impact:

15.2%

Individuals with hearing impairments had notably lower HIV knowledge on comprehensive understanding of prevention methods.

Positive Attitudes Toward PLHIV:

Empathy and Care

84.8%

expressed care for people living with HIV (PLHIV).

Confidentiality Commitment

73.8%

Willing to uphold confidentiality regarding HIV status

Social Engagement

80.0%

felt comfortable sharing meals and engaging in daily activities with PLHIV

Conclusion

Need for Targeted Education Programs

There is a critical need for tailored HIV education initiatives that address the specific challenges faced by different demographic groups among People With Disabilities, especially those with hearing impairments who lack adequate knowledge.

Policy Implications

Findings emphasize the importance of designing inclusive policies and interventions that reduce HIV vulnerability among People With Disabilities. Promoting awareness and positive attitudes toward PLHIV is essential for creating a supportive environment.

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PARIS FAST-TRACK CITIES 2024

Luchiano Montero, B.A. in Political Science, Adrianna Boulin, MPH, Fenway Health

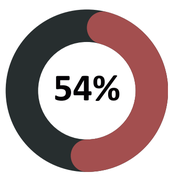
The Power of Community Engagement: Harnessing Our Communities' Collective Energies

INTRODUCTION

For over 40 years, HIV/AIDS advocates have researched and devised strategies to improve health literacy, counter the spread of misinformation and disinformation, build community trust, and activate community leadership in HIV research, prevention, and care. These efforts have included disseminating knowledge and resources through traditional forms of media (i.e., newspapers, billboards, magazines, radio, and TV) and digital forms of media (i.e., websites, blogs, podcasts, and social media). **Between 1981 (when the first cases of AIDS were reported) and 2024, the platforms individuals use to access information have drastically evolved.** Since the onset of the COVID-19 pandemic, podcasts and social media have emerged as growing sources for information consumption in the U.S. Simultaneously, the rise of social media and podcasts have fueled the spread of public health misinformation and disinformation online.

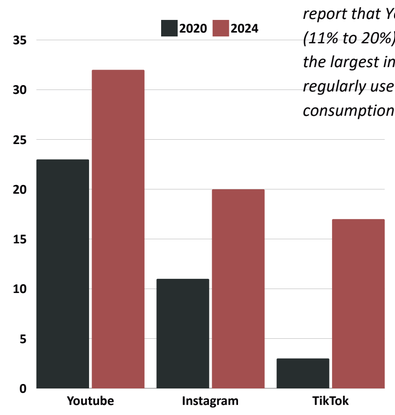
Today, a new form of media has emerged that leverages the strengths of both podcasts and social media. **This new media is called Social Media Podcasts.** Social media podcasts combine audio with a visual component, creating content that is shared and engaged with across social media platforms. This new digital media offer HIV/AIDS advocates a unique opportunity to merge the wide-reaching, interactive power of social media with the intimate, personal connection that podcasting provides.

SOCIAL MEDIA STATISTICS

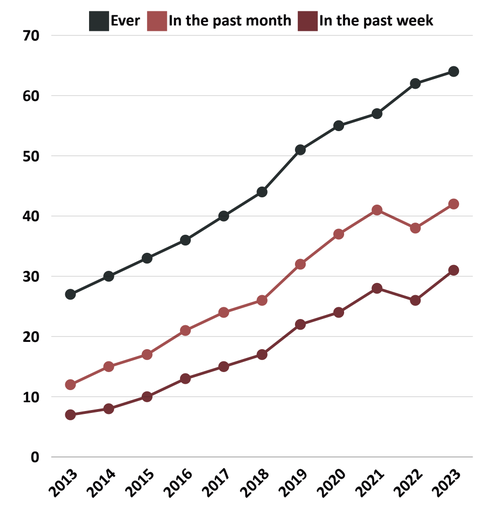


"Over half of U.S. adults (54%) say they at least sometimes get information from social media, compared to 50% the previous year." (Pew Research Center, 2024)

Findings from the Pew Research Center also report that YouTube (23% to 32%), Instagram (11% to 20%), and Tik-Tok (3% to 17%) saw the largest increases in U.S. adults that regularly use the platform for information consumption from 2020 to 2024.



PODCAST STATISTICS



"42% of Americans ages 12 and older have listened to a podcast in the past month, whereas in 2013, only 12% of Americans aged 12 and older reported listening to a podcast in the past month." (Pew Research Center, 2023)

SOCIAL MEDIA AND PODCAST STRENGTHS FOR CONSUMERS:

- *Easy access to information*
- *Flexibility and convenience to access information wherever the consumer may find themselves and at their own pace*
- *Diverse ways to engage with the content and content creators*

SOCIAL MEDIA AND PODCAST STRENGTHS FOR CONTENT CREATORS:

- *Ability to reach wider, more diverse audiences*
- *Eliminate barriers to accessing information*
- *Creative freedom to develop ways to share knowledge and deeply engage consumers*
- *Opportunities to build a deeper sense of community*
- *Access to detailed, measurable analytics*

DESCRIPTION

*The **"Let's Talk Getting to Zero"*** social media podcast aims to improve health literacy, counter the spread of misinformation and disinformation, build public trust, and activate community leadership in HIV research, prevention, and care. Getting to Zero Massachusetts intends to achieve these goals by: (1) Amplifying the voices and experiences of people living with HIV, and (2) Centering the diverse, intersectional voices and perspectives of healthcare professionals and advocates in the field of HIV/AIDS.

TOPICS

By embracing a syndemic approach and centering health equity, the *"Let's Talk Getting to Zero"* social media podcast creates space for discussions that not only highlight biomedical interventions in HIV prevention but also focus on the true drivers of health disparities: the political and social determinants of health.

SYNERGISTIC COLLABORATION

The *"Let's Talk Getting to Zero"* social media podcast has presented Getting to Zero Massachusetts with a unique opportunity to strengthen its coalition of HIV/AIDS advocates by engaging partners statewide, working together toward the shared goal of harnessing our communities' collective energies to end the HIV epidemic in Massachusetts, once and for ALL. GTZ-MA has fostered synergistic collaboration by involving key stakeholders in the decision-making process for each podcast, including selecting the topics, guests, and questions to be addressed.

LEVERAGING THE POWER OF SOCIAL MEDIA

Social media enables HIV/AIDS advocates to reach a broader and more diverse audience by collaborating with partners on posts and boosting engagement through interactive features like quizzes and polls on the *"Let's Talk Getting to Zero"* social media podcast topics.

THE PILOT

The ***"Let's Talk Getting to Zero"*** social media podcast launched a pilot episode in April 2024 featuring Black staff members at Fenway Health with experience in HIV prevention and treatment. The panelists engaged in a vital discussion on the impact of HIV/AIDS and stigma within Black communities.

Visual version ***Audio version***

LESSONS LEARNED

- An in-person social media podcast requires a designated recording space; this space should be quiet and well-lit to ensure high-quality audio and video capture.
- The equipment needed for an in-person social media podcast can be expensive.
- People learn most effectively when they can actively engage with and interact with the content, as it fosters trust and creates a sense of community.(*Trust in Social Media: Enhancing Social Relationships, 2023)*
- To reach broader, more diverse audiences, HIV/AIDS advocates must engage on the platforms and spaces where those audiences are active.
- To combat health misinformation and disinformation, HIV/AIDS advocates must stay ahead of it by maintaining a strong presence in the spaces where misinformation is most prevalent.
- Ensure the voices of HIV/AIDS advocates featured on the podcast genuinely represent the communities you intend to reach and engage, as authentic representation is crucial for building trust and fostering meaningful connections.

RECOMMENDATIONS

Involve your online community in the decision-making process.

- Scan the landscape for similar community-based efforts that may exist. If one exists, ask yourselves how you can collaborate with that effort and how do their goals and intentions aligned or not align with yours.
- Before deciding on your guest and choosing a topic to discuss, ask your online community what topics they'd like for you to cover.
- Before filming your social media podcast, announce your guest on social media, and request questions from your online community.

PARIS FAST-TRACK CITIES 2024

1687

Insights from the Fast-Track Cities 360-Degree Assessment Survey Pilot in a US Fast-Track City

Helen Olowofeso[1,2], Sindhu Ravishankar[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
[2]Fast-Track Cities Institute, Washington, DC, USA

BACKGROUND

The Fast-Track Cities 360-Degree Assessment Survey is being implemented in 40 cities to evaluate the city's progress in HIV testing, prevention, linkage to care, treatment, and social determinants of health. Prior to at scale implementation, a pilot took place with local stakeholders in select US cities. The following reports findings from one US Fast-Track City.

METHODOLOGY

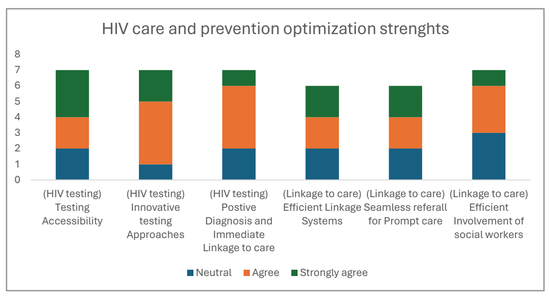
The pilot survey, conducted in June 2024, utilized a structured self-assessment tool with Likert rating scales. Stakeholders from various categories—healthcare providers, health department officials, community members, political figures, and implementing partners—participated. Data were collected against 3 thematic areas including: HIV care and prevention optimization; social and structural determinants of health; and adherence to Fast-Track Cities Paris Declaration commitments.

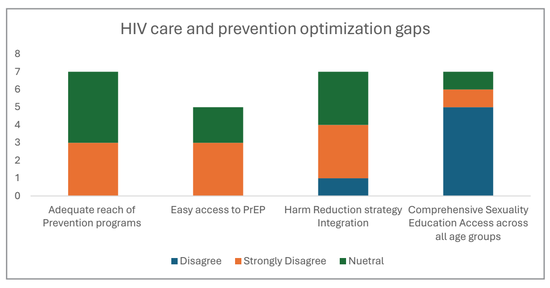
RESULTS

Of the seven responses received, three were from health care providers, two from community stakeholders and two from other research and city institutions.

HIV CARE AND PREVENTION OPTIMIZATION

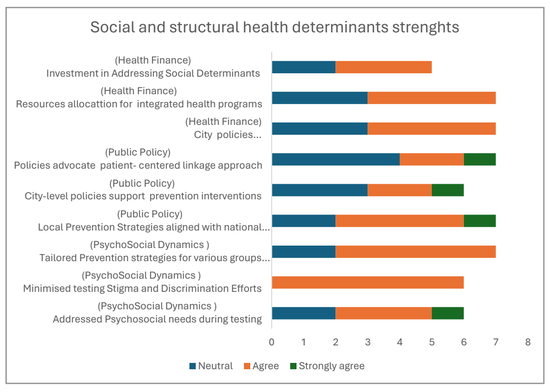
HIV testing services are highly accessible and culturally appropriate, with effective use of mobile testing units. However, prevention programs do not adequately reach vulnerable populations, and linkage systems for newly diagnosed individuals are average.

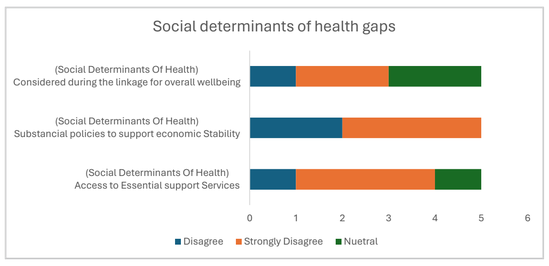




SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

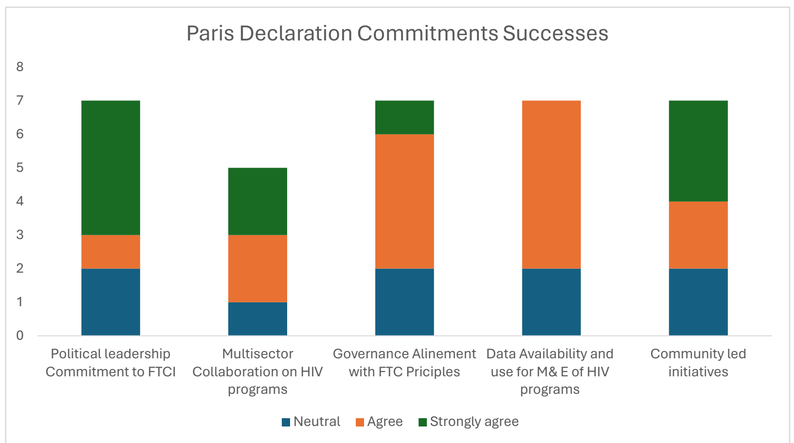
Psychosocial support, public policy, and health finance are moderately integrated into the HIV care continuum. Local prevention strategies align well with national policies and financial resources. Challenges remain in integrating strategies addressing social determinants like housing and employment.





ADHERENCE TO FAST-TRACK CITIES COMMITMENTS

Political leadership and multi-sector collaboration are strong, with effective data use for monitoring and evaluating HIV programs. Human rights protections are in place. However, the health system's ability to deliver integrated, comprehensive services to individuals living with or at risk for HIV is significantly challenged.



CONCLUSION

The survey provided a broad snapshot of the city's current HIV response across three domains. While strengths were identified, gaps remain in prevention strategies, harm reduction efforts, and addressing social determinants of health. Future interventions and research should focus on these identified gaps.

Fast-Track Cities 2024
October 13-15, 2024 | Paris

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Divergent Perspectives about the Scientific Underpinnings of U=U among PLHIV and HIV-Negative Individuals

Helen Olowofeso[1,2], Ogechukwu Igwe[3], Oladipupo Fisher[4], Sindhu Ravishankar[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
[2]Fast-Track Cities Institute, Washington, DC, USA
[3]Lagos State AIDS Control Agency

BACKGROUND

Clinical evidence has established the Undetectable equals Untransmittable (U=U) message as scientifically sound, creating an incentive for PLHIV to achieve and sustain an undetectable viral load (VL). The message has also proved effective in combatting HIV-related stigma.

METHOD

A 6-question online survey was fielded among both PLHIV and HIV-negative individuals. Of 747 total respondents, 412 self-described as PLHIV, 311 as HIV-negative individuals, and 11 preferred not to say. Respondents were asked about their knowledge about U=U, their trust in the scientific evidence behind U=U, and their belief that a person living with HIV who achieves an undetectable VL has zero risk of sexually transmitting HIV, as asserted in a July 2023 World Health Organization (WHO) policy brief.

RESULTS

Eighty-seven percent of PLHIV respondents reported they were “confident” and 10% said they were “somewhat confident” in their knowledge about U=U, while 77% of HIV-negative respondents said they were “confident” and 19% said they were “somewhat confident.” While PLHIV respondents generally accepted the science behind U=U (88%), some HIV-negative respondents indicated skepticism, with 15% saying they were “unsure about the science” and 3% saying they “do not trust the science.” PLHIV who trust the science behind U=U overwhelmingly believe in Zero Risk, with 92% endorsing it, while 43% of those uncertain about the science also express belief, contrasting sharply with the mere 5% of distrustful PLHIV who share the belief. This skepticism was notable in responses from 29% of HIV-negative respondents to a follow-up question related to WHO policy brief’s “zero risk” assertion, with 17% saying they are “not sure” about and 12% saying they do not believe the evidence. Clinicians effectively communicate the U=U message to 70% of PLHIV who are confident about it, while 50% of PLHIV who lack confidence in U=U report no communication from clinicians.

CONCLUSION

Despite awareness about U=U, some HIV-negative individuals are skeptical about the scientific underpinnings of U=U. Addressing their doubts through targeted education including from clinicians is essential to promoting broader acceptance of U=U and its potential impact on reducing HIV-related stigma experienced by PLHIV.

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Enhancing Community Capacity in HIV Science and Treatment Literacy in 5 Fast-TrackCities: A Trickle-Down Approach

Karen Chale[1], Mariam Diallo[1], Imane Sidibé[1], Helen Olowofeso[1,2], Chris Duncombe[1], José M. Zuniga[1,2]

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BACKGROUND

Building capacity for community leaders to continuously educate and improve literacy around HIV care, treatment, and prevention is critical in implementing person-centred and sustainable solutions to stigma and discrimination mitigation and improvement across the HIV prevention and care continua. As part of a joint project between IAPAC and UNAIDS, IAPAC partnered with the International Treatment Preparedness Coalition (ITPC) to build capacity of community leaders to disseminate knowledge within their respective communities.

METHOD

A training curriculum, covering the HIV prevention and care continua was developed that targeted an average of 12-15 community leaders as Trainer of Trainers (ToTs) in each city from 5 Fast Track cities (Blantyre, Kingston, Lagos, Lusaka, Nairobi) who have the capacity and influence to replicate these trainings in their respective communities. A pre-and post-training assessment was administered during the training.

RESULTS

Overall, results show an improvement in the levels of HIV knowledge among the community leaders across all the five fast-track cities. The highest improvement was however observed in Nairobi (12.5%), while the lowest improvement was observed in Lusaka (7.2%). The average score across all the fast-track cities was 59.0% during the pre-evaluation assessment increased to 70.1% after the training. Additionally at post-evaluation, Nairobi and Lusaka had the highest scores in HIV knowledge and skills gained (75.9% and 71.7% respectively).

CONCLUSION

This training program empowered community peer educators to effectively communicate the science of HIV infection and treatment and provide critical support and advocacy for individuals living with HIV. Subsequently, the trainings will be scaled down and assessed in terms of the number of community members reached per city including percentage increase in knowledge during these trickle-down trainings. These results are expected to drive meaningful change in various urban settings.

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Observations on the Impact of Climate Change on Dengue in São Paulo, Brazi

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[2]Fast-Track Cities Institute, Washington, DC, USA

BACKGROUND

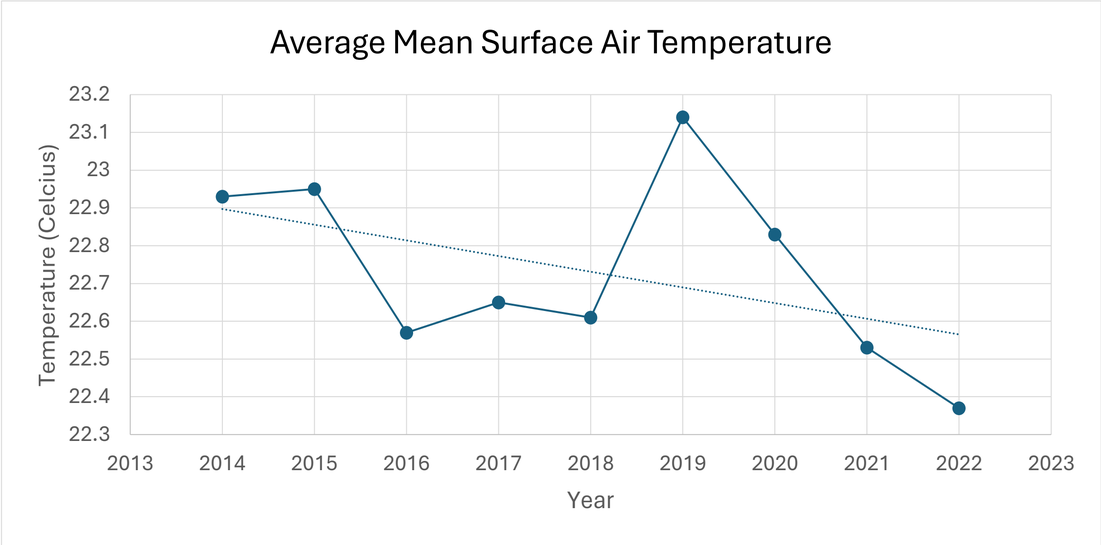
It is widely proven that climate change and rapid urbanization impact the epidemiology of vector-borne diseases such as Dengue. Dengue is endemic to São Paulo, Brazil's largest city, with rapid urbanization and climate change impacts potentially impacting surges in Dengue cases.

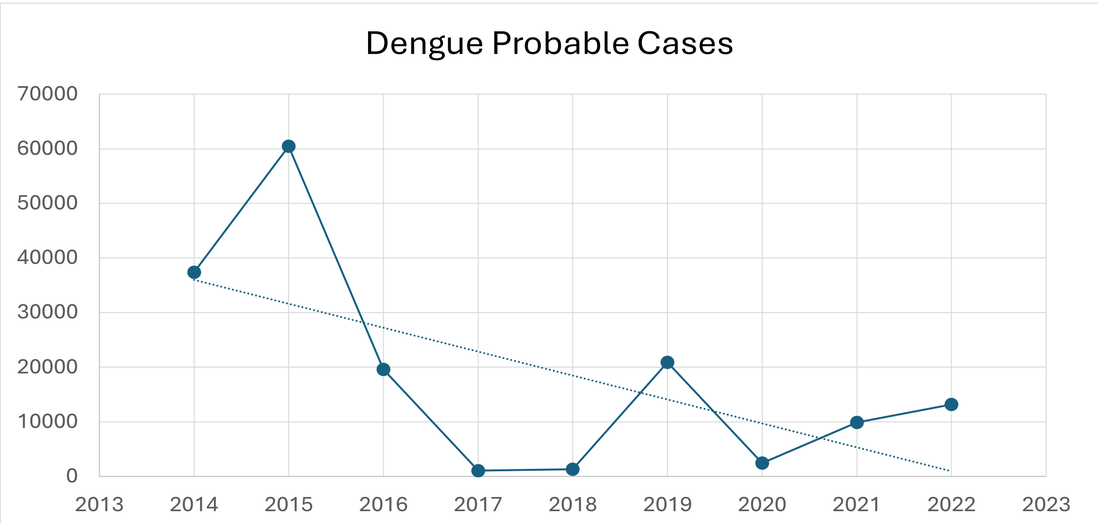
METHODS

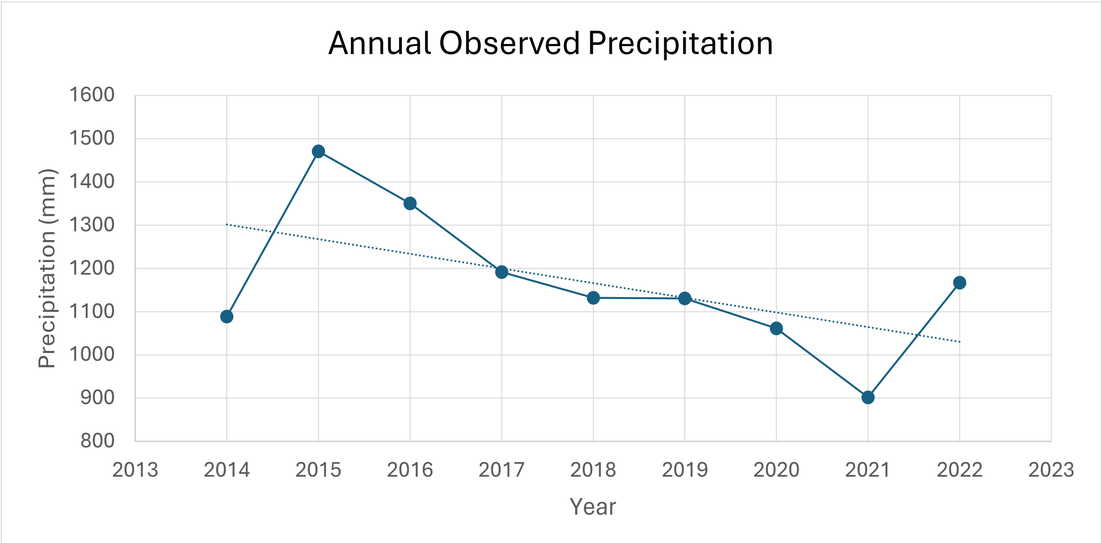
This observational study sought to identify potential impacts of climate change on the Dengue trends in São Paulo. Climate data were sourced from the World Bank Climate Change Knowledge Portal and included 1. average annual mean surface air temperature and 2. average annual observed precipitation. Data on Dengue case trends from 2014-2022 were sourced from the Brazilian Ministry of Health data surveillance system (Sinan).

RESULTS

In the time period between 2014 – 2022, annual dengue cases, average mean air surface temperature, and average observed precipitation were all overall trending downwards. 2014, 2015, and 2019 recorded the highest number of dengue cases; with 2015 and 2019 having the greatest increase in case count from the prior year (23,050 and 19,602 increase in case count respectively). 2014, 2015, and 2019 also recorded the highest average annual air temperature with 2017 and 2019 having the highest increase in temperature from the prior year (.08 and .53 degrees Celsius respectively). The years 2015, 2016, and 2022 recorded the highest average precipitation with 2015 and 2022 having the highest increase on precipitation from the prior year (382 and 265mm respectively).







CONCLUSION

Based on the data from 2014-2022, high heat was correlated with increased dengue cases in São Paulo. The impact on precipitation and dengue was not as straightforward, however the overall downward trend between dengue cases and precipitation indicates potential correlation as well. While this study serves as a starting point for observing correlation between heat, precipitation, and dengue cases, the restricted availability of dengue data for only 8 years impacts reliability of observations. Additionally, this study does not include data from 2024 which recently saw a spike of Dengue cases with over 300,000 recorded cases as of May 2024. Future studies should consider data over a longer period of time, include intersectional factors to climate and health such as urbanization and multi-dimensional poverty, and consider vaccination coverage rates.

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1692

Addressing Retention Challenges in HIV Care Among Key Populations: Insights from Community-Based ART Programs

Helen Olowofeso[1,2], Ogechukwu Igwe[3], Oladipupo Fisher[4], Sindhu Ravishankar[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
[2]Fast-Track Cities Institute, Washington, DC, USA
[3]Lagos State AIDS Control Agency

BACKGROUND

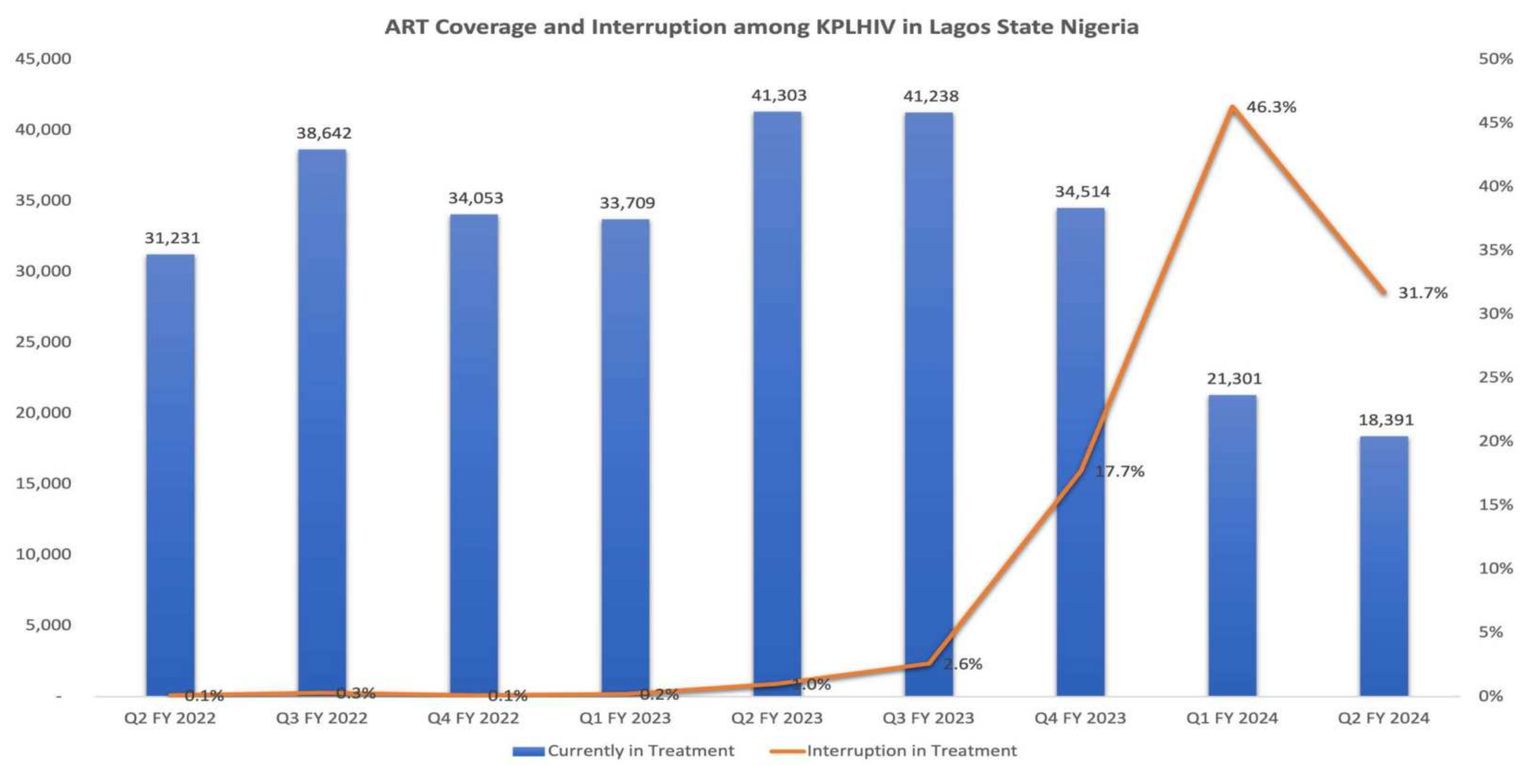
Key populations (KPs), which include men who have sex with men (MSM), transgender individuals, sex workers, and people who inject drugs (PWID), encounter formidable barriers to accessing HIV care, ranging from stigma and discrimination to legal vulnerabilities. Despite facing higher HIV prevalence rates (10.9% for PWID, 15.5% for female sex workers), ART coverage in Nigeria remains notable low (25% for PWID, 12% for female sex workers) compared to the national average (63%). While the national rate of viral suppression (74.6%) among those on ART is encouraging, enhancing KP engagement in care is imperative.

METHOD

This retrospective cohort study examined KPLHIV initiating ART between 2022 and 2024 across five Key Population Outreach Services (KP OSS) sites in Lagos state. Attrition included individuals lost to follow-up (LTFU) and those deceased. Unsuppressed viral load was defined as a viral load exceeding 1,00 copies/mL.

RESULTS

Analysis of ART trends across the five KP OSS programs revealed a dynamic relationship between "Currently in treatment" and "Interruption in treatment" rates over nine quarters. Lower interruption rates (0.1%) corresponded to higher patient retention (31,231). Conversely, higher interruption rates (46.3% in FY24Q1) coincided with significant drops in active patients (21,301). Despite challenges in long-term retention, KPs engaged in community-based ART care achieved commendable viral suppression rates, indicating the effectiveness of the system for those who remained connected. However, suboptimal viral load testing coverage was identified. Reasons for LTFU were not explored in this analysis.



CONCLUSION

While maintaining KP engagement in care poses challenges, community-based ART models hold promise for achieving viral suppression. The identified suboptimal viral load testing coverage underscores the need for improvement. Future research should delve into client perspectives on LTFU to inform the development of targeted interventions, such as patient-centered Community-Based ART (CBART) approaches. Prioritizing KP needs can enhance retention and viral suppression.

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Incidence Prevalence Ratio to Measure HIV Epidemic Control in 41 EHE County Jurisdictions

Sindhu Ravishankar[1,2], Helen Olowofeso[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
[2]Fast-Track Cities Institute, Washington, DC, USA

BACKGROUND

The incidence-prevalence ratio (IPR) is a proposed metric for HIV epidemic control aimed at providing a view of the HIV epidemic's dynamics that can be leveraged alongside programmatic targets such as 95-95-95. Epidemic control is measured using a country-specific threshold denoting fewer than one HIV infection per person living with HIV over the course of their lifetime, thus indicating the HIV epidemic is shrinking.

METHOD

The threshold for HIV epidemic control was determined by first calculating D (life expectancy post infection) = life expectancy post Dx + US national average time to diagnosis; and then calculating the threshold (1/D) which came to .028. The threshold of .028 indicates the epidemic is controlled and in a state of decline at or below this value; and above this indicates growth of the epidemic over time. IPR (incidence/prevalence) trend data were calculated for 39 US counties (including Washington, DC) prioritized in the Ending the HIV Epidemic (EHE) initiative from 2017-2022 using estimated CDC incidence and prevalence (NCHHSTP AtlasPlus). Eleven counties had data through 2021 and 28 had data through 2022. Eleven jurisdictions that did not have data at least through 2021 were not included in the analysis.

RESULTS

By 2022, 64% (25) of the EHE counties had reached HIV epidemic control compared to 51% (20 counties) in 2019 and 33% (13 counties) in 2017. Between 2017 and 2022, 35 of the 39 counties saw an improvement (decrease) in IPR (ranging from a decrease of .002 to .021). Two counties remained the same and two saw an increase. The average IPR across the 39 jurisdictions was .032 in 2017 and .025 in 2022, noting an overall improvement.

EHE Counties that Reached HIV Epidemic Control by 2022

County	IPR
Alameda County, CA*	0.023
Baltimore City, MD*	0.014
Bexar County, TX*	0.031
Bronx County, NY*	0.013
Broward County, FL*	0.015
Clark County, NV*	0.036
Cook County, IL*	0.023
Dallas County, TX*	0.037
Dekalb County, GA*	0.037
Duval County, FL*	0.031
District of Columbia*	0.010
Essex County, NJ	0.020
Fulton County, GA*	0.023

*County home to a Fast-Track City

EHE Counties that Reached HIV Epidemic Control by 2022

County	IPR
Harris County, TX*	0.025
Hillsborough County, FL*	0.030
King County, WA*	0.024
Kings County, NY*	0.014
Los Angeles County, CA	0.022
Maricopa County, AZ*	0.034
Marion County, IN	0.033
Mecklenburg County, NC	0.029
Miami-Dade County	0.026
New York County, NY*	0.008
Orange County, CA	0.027
Orange County, FL	0.034
Orleans Parish, LA*	0.023

*County home to a Fast-Track City

EHE Counties that Reached HIV Epidemic Control by 2022

County	IPR
Palm Beach County, FL	0.023
Philadelphia County, PA*	0.018
Prince George's County, MD	0.022
Queens County, NY*	0.013
Riverside County, CA	0.200
Sacramento County, CA	0.034
San Bernadino County, CA	0.036
San Diego County, CA	0.025
Shelby County, TN*	0.029
Suffolk County, MA*	0.020
Tarrant County, TX	0.048
Travis County, TX*	0.028
Wayne County, MI	0.028

*County home to a Fast-Track City

CONCLUSION

EHE county jurisdictions and other sub-national jurisdictions may benefit from monitoring IPR progress against a national threshold in addition to other metrics. IPR could supplement local and national incidence and prevalence targets as it indicates shrinking of the HIV epidemic at national, sub-national, and municipal levels.

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A Decade of Fast-Track Cities: 95-95-95 Progress

Sindhu Ravishankar[1,2], Helen Olowofeso[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
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BACKGROUND

On World AIDS Day 2014 (December 1) 26 cities joined the launch of the Fast-Track Cities initiative in Paris' Hotel de Ville to sign the Paris Declaration on Cities Ending AIDS and thus committing to attaining the 90-90-90 (since updated to 95-95-95) global HIV treatment targets. Over the past decades cities have been reporting progress against the 95-95-95 targets.

METHOD

Progress against 95-95-95 targets were assessed for the original 26 Fast-Track Cities. 19 cities were included in the assessment based on availability of data. Progress was considered between baseline (earliest reported between 2015-2018) and current (most recent between 2021-2023). Data included were either reported by the city or extracted from UNAIDS AIDSInfo.

RESULTS

Of the 19 cities reporting data, 8 cities have surpassed the first 90 (4 surpassing 95); 11 cities have surpassed the second 90 (6 surpassing 95); and 6 cities have surpassed the third 90 (3 surpassing 95) to date. 7 of the 10 cities reporting the first 95 target noted improvement baseline with Bangkok, Kinshasa, and Lagos improving the greatest percentage points (24, 28, 23 respectively); 9 of the 11 cities reported improvement against the second 95 since baseline with Accra, Bangkok, and Kinshasa improving the greatest percentage points (27, 39, 25 respectively); and 8 of the 11 cities reported improvement against the third 90 with Bangkok, Dar es Salaam, and Nairobi improving the greatest percentage points (20, 50, 43 respectively). Five cities (Amsterdam, Bangkok, Dar es Salaam, eThekwini, and Nairobi) have surpassed 90-90-90 with two of those (Amsterdam and Nairobi) surpassing 95-95-95.

CONCLUSION

The original Paris Declaration signatory cities have made significant progress over the past decade which is in part attributed to local Fast-Track Cities efforts. However, many gaps persist with nearly half the cities falling behind the original 90-90-90 targets and even fewer nearing 95-95-95. The next five years are crucial as Fast-Track Cities approach the 2030 deadline.

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Disparities in HIV Treatment Progress among General Population and Men who have Sex with Men in Selected Cities

Helen Olowofeso[1,2], Sindhu Ravishankar[1,2], José M. Zuniga[1,2]

[1]International Association of Providers of AIDS Care, Washington DC, USA
[2]Fast-Track Cities Institute, Washington, DC, USA

BACKGROUND

Sub-national aggregated 95-95-95 data can mask disparities among key and vulnerable populations. Disaggregated key population data are crucial to addressing gaps across the HIV care and prevention continua and attaining the 95-95-95 targets.

METHOD

Data from 2018 to 2022 were analyzed on the second 95 (ART treatment) targets for both the general population and MSM in ten cities. These cities were selected based on the availability of complete data for both populations over the specified timeframe, utilizing city health records shared with the FTC database.

RESULTS

From 2018 to 2021, Five out of 10 cities saw improvements in treatment coverage among MSM as well as general population. In 2021, eight out of nine cities with available data reported better treatment coverage among MSM compared to the general population. In six of the ten cities, MSM experienced stagnation or decline in treatment coverage between 2018 and 2021, compared to seven of the ten cities for the general population.

CITY	2018		2019		2020		2021		2022	
	Gen Pop	MSM	Gen Pop	MSM	Gen Pop	MSM	Gen Pop	MSM	Gen Pop	MSM
Atlanta	87	53	94	52	47	49	52	54		
Denver	82	83	82	81	78	78	79	80		
Fort Lauderdale	73	75	74	76	73	75	74	76		
Miami	68	70	68	70	67	70	67	70		
Oakland	52		51	60	41	46	51	53		
Phoenix	58	60	58	58	56	58	56	58		
Tampa	73	73	75	75	76	76	76	76		
Milan	93	95	94	96	95	96	95			
Bangkok	60	53	62	56	77	55	91	72	91	73
Amsterdam	94	96	94	96	94	96	95	96	95	96

CONCLUSION

In this subset of cities, MSM are generally achieving better treatment coverage than the general population. However, MSM data are often not reported, limiting a comprehensive comparison among a larger subset of cities. Given progress among MSM and general populations are largely on par, with MSM faring better in some cities, a focus on other key and vulnerable populations are merited to better understand treatment disparities within cities.

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