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

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1. BACKGROUND

- Female sex workers (FSW) in Ethiopia disproportionately affected by HIV.
- Marginalized from the health services
  - Don't access public HIV testing services for lack of friendliness
  - Linkage to treatment and early ART initiation a challenge
  - Only 72% of HIV positive patients in Ethiopia are put on treatment but it is as low 24% among FSW
  - There are 100,275 FSW in Ethiopia.

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

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<th>General population (EPHI estimate 2017)</th>
<th>FSW (MULUMARPs)</th>
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<tr>
<td>Prevalence</td>
<td>0.9%</td>
<td>24%</td>
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<tr>
<td>PLHIV</td>
<td>722,248</td>
<td>46,305</td>
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<td>PLHIV – who know their status</td>
<td>72%</td>
<td>23,1202 (50%)</td>
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<tr>
<td>Put on treatment</td>
<td>81%</td>
<td>6,030 (26%)</td>
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- Most FSW linked to care don’t return after their first chronic care visit.
- FSW’s reasons for not returning to care in:
  - Service perceived as unfriendly
  - Long waiting hours
  - Lack of privacy/confidentiality
  - Fear of stigma & discrimination
  - Inconvenient operating hours

2. Description

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

- Drop-in-Centers: Safe community hubs which are confidential and found in FSW concentrated ‘hot spots’
- Data capturing: DHIS2 tracker data
- DIC Features:
  - One stop service - by well trained and friendly service provider (50 service providers, 25 case managers, pharmacists and laboratory technicians are trained on key pop. Friendly and ART service provision)
  - Time flexibility - extending and convenient working hours including weekend
  - Strong adherence support and follow-up Case management
  - Phone call reminder and prose message (SMS)

3. Lessons Learned

- HIV services in FSW-friendly DICs improved - Service uptake for testing, Positive identification, Linkage to treatment and early treatment initiation
- DIC based ART service - making a difference

4. CONCLUSION

- Retention and Viral suppression improved: 92% of patients with VL results (281/305) are virally suppressed and 12 month retention is also 92%.
- Retention and Viral suppression:
  - 89% among 305 VL result 92% are suppressed

3rd 90 - among 305 VL result 92% are suppressed

5. Next steps

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

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