

Centers Drive Higher Yield and Better Linkage to Treatment for FSWs in Ethiopia

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Background: MULU is a USAID-funded HIV prevention project focused on key and priority Populations in Ethiopia. Female sex workers (FSWs) are highly marginalized and underserved population with an HIV prevalence of 24%, 16 times higher than the prevalence among women in the general population. Drop-In Centers (DICs), which provide social support, HIV testing, and linkage to treatment services have been an effective strategy to identify and link FSW with care, and diagnose HIV-positive FSWs.

Description: The project established 54 DICs in areas with a high density of FSW in towns with more than 500 sex workers. All DICs were licensed by the local government to provide clinical services including HIV testing services and linkage to treatment. The DICs were established with standard operating procedures to ensure MARPs friendliness in terms of access, provider attitude, confidentiality and availability of services. HIV testing results were analyzed from registrations anonymously. Referrals and linkage to treatment were tracked using a labelled voucher system, and completed vouchers were collected from the MULU clinic network of public and private facilities that provide HIV treatment.

Lessons learned: A total of 25,068 FSWs received HIV testing services at DICs between Oct., 2014-Sept, 2015. Altogether 802 women were diagnosed with HIV, for a yield of 3.2%. While this yield was significantly higher than the HIV prevalence in the general population, it fell short of the estimated 24% prevalence among FSW and higher than the 0.5% incidence among general women population. Approximately 80% of the women diagnosed with HIV in the DICs were successfully linked with treatment. The DICs are a useful entry points to identify new HIV cases and link them to treatment, with the goal of reducing HIV transmission and improving health of FSWs.

Conclusions/Next steps: Initiation of antiretroviral therapy will benefit the health of sex workers and reduce the risk of HIV transmission to their clients and others sexual partners. Investment in and expansion of the DIC model is important if Ethiopia is to scale up testing and treatment and improve linkage to treatment among FSWs. DICs act as FSW-friendly hubs, and help improve the health for a marginalized target populations with high HIV burdens.