



ALMATY MODEL FOR HIV EPIDEMIC CONTROL

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Almaty Model for Epidemic Control is designed to create and implement a **cost-effective, inclusive** and **sustainable** city program that works to achieve HIV epidemic control in Almaty

Almaty



- The largest metropolis in Kazakhstan
- 2 million people
- The first city in Central Asia, whose authorities signed Paris Declaration on July 20, 2017
- However, by 2020 the proportion of estimated PLWH with suppressed viremia was still below the desired target of 73% needed to turn the curve of the HIV epidemic

Almaty Model for Epidemic Control



- Funded by the RADIANT Initiative of the Elton John AIDS Foundation
- June 2020-June 2024
- Implemented by a consortium of local organizations led by ICAP at Columbia University
- Focused on **people living with HIV** and most vulnerable communities, including **people who use drugs, men who have sex with men, transgender people** and **sex workers**.
- Designed and implemented based on locally-led solutions and governmental structures and information management systems
- To **strengthen** the city's clinical and community-based HIV **service delivery**
- To **remove or reduce barriers** to uptake of HIV prevention, testing and treatment services, such as provider- and self-stigma and discrimination,
- To **increase demand** for HIV services



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HIV Testing – activities to improve the 1st "95"

Key objectives:

- Improve community-based targeted HIV testing among key populations with prompt linkage to antiretroviral therapy ART and/or prevention
- Increase access to and use of HIV self-testing
- Enhance index partner testing

Key interventions:

- Network-based peer-driven incentivized recruitment of clients for testing
- Online self-test give-away service
- Online and offline anonymous partner notification options
- Routine and regular mentoring support and training of providers to ensure quality counselling

HIV Treatment – activities to improve the 2nd "95"

Key objectives:

- Initiate prompt ART initiation for all PLHIV
- Ensure effective patient follow-up and tracing to support ART restart after treatment interruptions
- Improve ART retention support and monitoring to prevent treatment interruptions

Key interventions:

- Intensive mentoring support to review data to identify people not on ART, understand reasons and develop ART initiation plans
- Active patient tracing efforts in case of a missed visit
- Automated pre-appointment reminders for clinical visits and ARV pickups
- Performance-based incentives to providers to ensure all people diagnosed with HIV are initiated ART

Viral load suppression – activities to improve the 3rd “95”

Key objectives:

- Ensure high viral load coverage for all people on ART
- Provide patient-centered approach to ART adherence

Key interventions:

- Nurse-led home-based structured ART adherence support
- Engagement of multidisciplinary teams
- Automated SMS-based notifications with viral load test results
- Telegram-based bot and chat for peer-to-peer adherence support

HIV prevention

Key objectives:

- Ensure all people from key populations have access to a basic package of effective HIV prevention services
- Initiation and scale-up of PrEP
- Development and implementation of electronic PrEP register

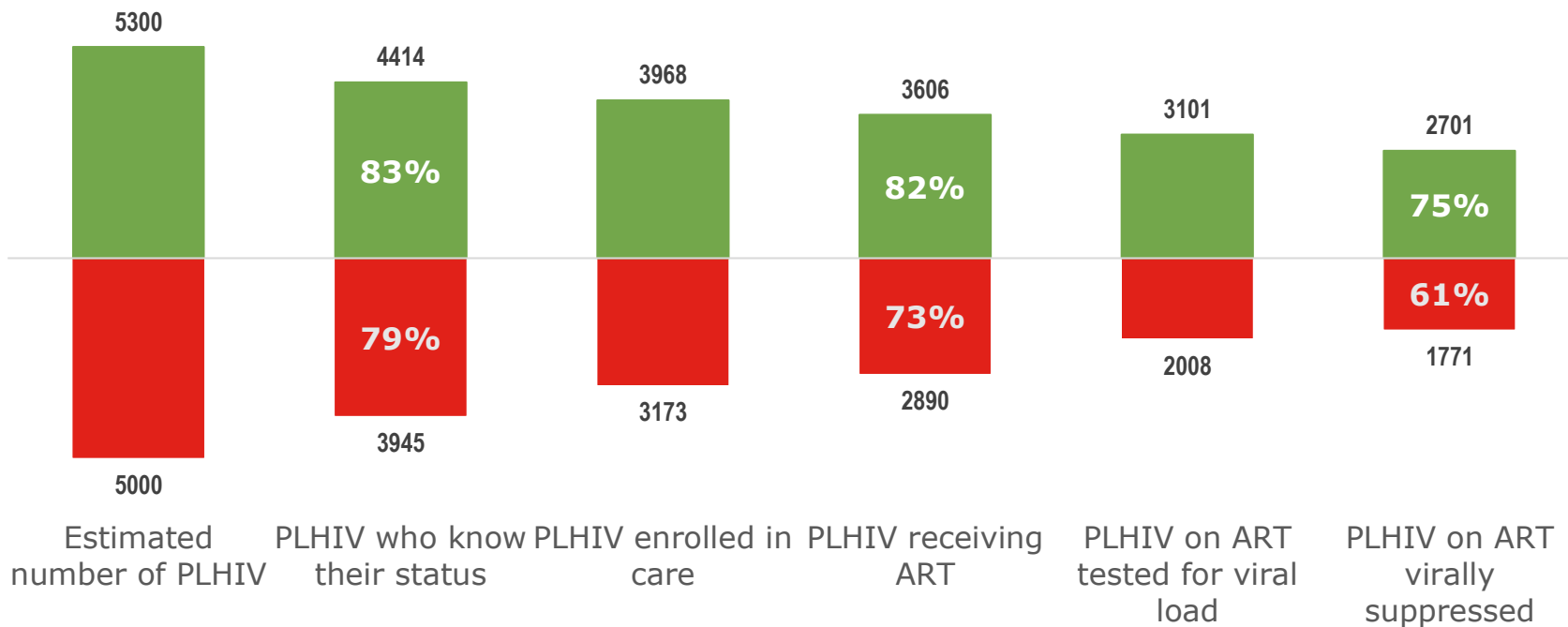
Key interventions:

- Counselling and referral to government services
- Training and mentoring to providers to ensure same day PrEP initiation
- Dissemination of information among key populations, PLHIV and their partners
- Community-based counseling and distribution of PrEP

Key successes

- Improved collaboration between community-based organizations and the AIDS Center
- Improved capacity of service providers to deliver quality services
- Effective network-based peer-driven outreach for testing
- Scale-up of self-testing
- Improved timing of ART initiations
- Improved adherence support to patients
- Launch of PrEP

HIV cascade, Almaty (data as of the end of June 2020 (red) & June 2022 (green))



Lessons learnt aka prerequisites of success

- Close collaboration between clinical and community-based providers
 - Multidisciplinary teams to provide patient-centered care
 - Regular communication and exchange of data between providers
- Routine data collection and analysis, and targeted site-level support to identify program gaps and develop quality improvement interventions
 - Use of patient lists to prioritize activities, link or relink diagnosed PLHIV to HIV treatment
 - Performance-based financial incentives to providers
 - Individual and frequent data quality audits, mentoring and training support to providers
- Use of technology to empower clients to manage their care
 - Online services to order HIV self-tests, notify index partners, appointments for ARV pick-up and clinical visits, sharing of viral load results
 - Use of social media to provide information to clients
- Uninterrupted supply of commodities (drugs, test-kits, etc.)






Plans for the next year

- Online distribution of harm reduction supplies
- Structured interventions to follow-up of patients with severe disease
- Piloting decentralization of HIV services to the primary health care level
- Launch of HIV mobile clinic



Thank you!

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