

# Key Population Peer Educators Strategy in a Clinical Context

Presenter  
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# AMSTERDAM

## FAST-TRACK CITIES 2023

September 25-27, 2023 | RAI Amsterdam Convention Center

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INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE

**FAST-TRACK CITIES**  
INSTITUTE



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Maputo City

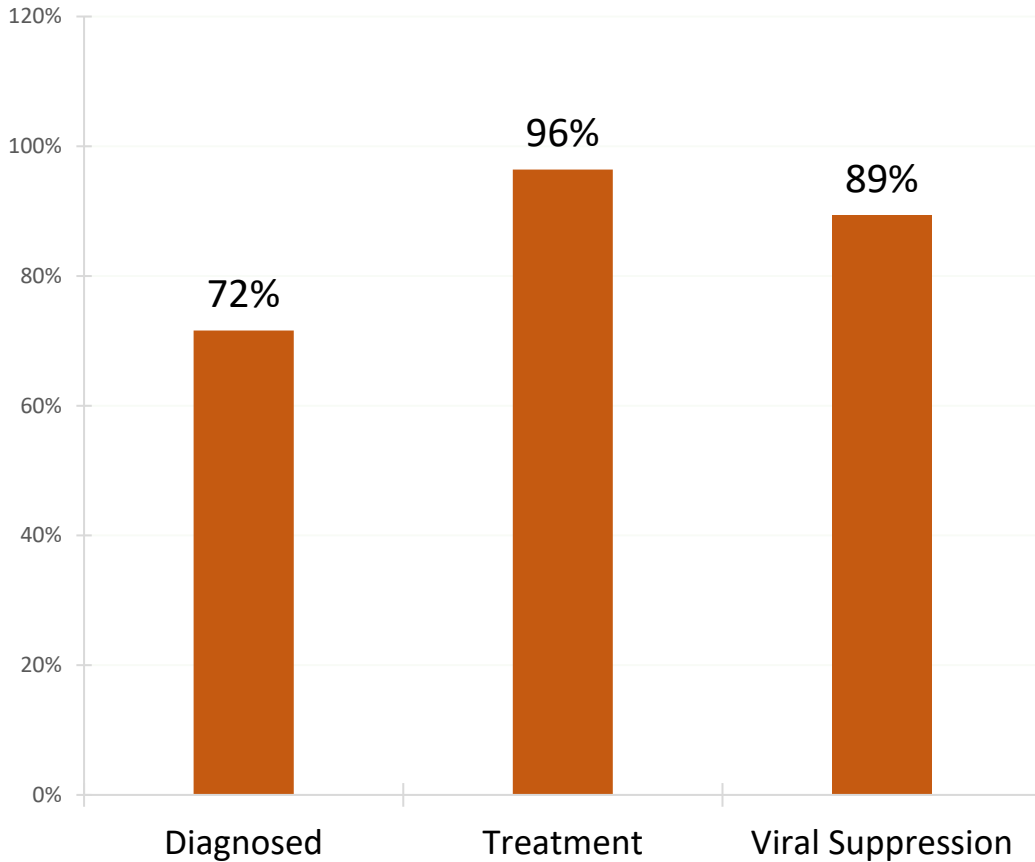


- Panorama of HIV in Mozambique
- Key Population Situation
- Strategy design and timeline
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# Panorama of HIV in Mozambique

Achievement of goals 95-95 - 95



- National prevalence among adults (aged 15 years and older): 12.5% (INSIDA, 2021);



# HIV Situation in Maputo City



**Population: 1.133.235**

**Health Network :** 42 Health Facilities (HF) and 28 are AJUDA Sites (supported by PEPFAR)

**95-95-95:** know HIV State (**76%**); On Treatment (**97.3%**); VL (**92,5%**)

**Prevalence of HIV:** 16.2% (INSIDA 2021)

**Number of people on ART: 174.448**

**HF with friendly key population services: 27**

**2% (3,226) of people on ART are KP**



## Key Population Situation

- In Mozambique: 28.7% of new HIV infections are attributed to practices and risks associated with key populations (IBBS, 2013)
- 30% of new HIV infections happen among female sex workers (FSW), their clients and partners (IBBS, 2013)
- Prevalence for KP: MSM 8.3% (2011), FSW 22.4% (2012), PIP 24% (2013), and PWID 45.8% (IBBS, 2013).
- Prevalence in Maputo City: PWID 50.5%, FSW 31.2%, and MSM (increase from 8.3% in 2011 to 14.7% in 2021 2<sup>nd</sup> round of IBBS).
- Key populations face serious barriers to accessing health services due to the stigma and discrimination they are subjected to. They are also difficult to identify, follow up and retain in health services.

**MSM** – Men who have Sex with Men; **FSW** – Female sex Worker; **PIP** – Person in Prison; **PWID** – People who Inject Drugs

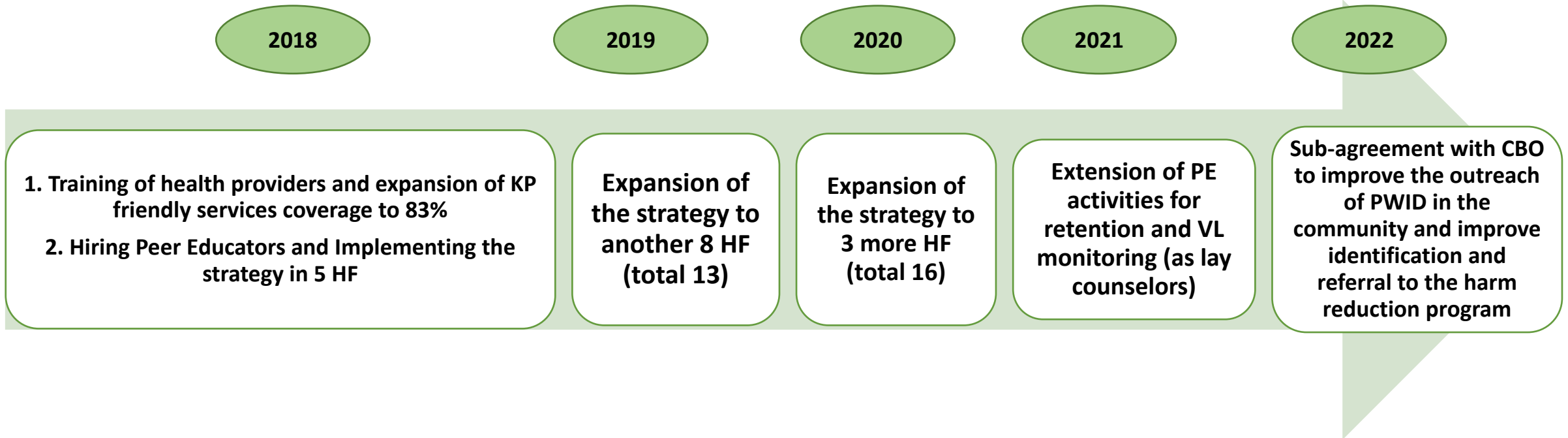


# Strategy Design

- Due to the poor identification of KP in HFs even after provider training, there was a need to work with KP as peers to help eliminate some barriers on the part of clinicians and improve identification at all service delivery entry points.
- The strategy started by identification and hiring KP to work as peer educators.
- They support demand creation and KP tracking and using social networks to identify peers and refer them to specific services in the HF.
- They serve as peer educators, “as KP godparents”.
- They welcome HIV-positive cases and monitor the adherence and retention of KP patients in care.



# Timeline of the strategy





# Implementation of the strategy<sup>(1)</sup>

- Training peer educators and healthcare providers:
  - To use the risk behavior tracking algorithm (KP Guideline).
  - On data triangulation and daily reporting of KP.
  - On stigma and discrimination.
- Allocation of KP peer educators in higher volume HFs.







## Implementation of the strategy<sup>(2)</sup>

- Provide and refer to Health Counseling and Testing, referral of HIV-negative patients to different prevention services and linking of HIV-positive patients to ART services.
- Triangulation and weekly monitoring of the linkage and documentation of all linked patients
- Using KP lists to:
  - Identify patients with specific needs (such as Viral Load);
  - Preventive support for retention;
  - Search for patients who default or abandon treatment.

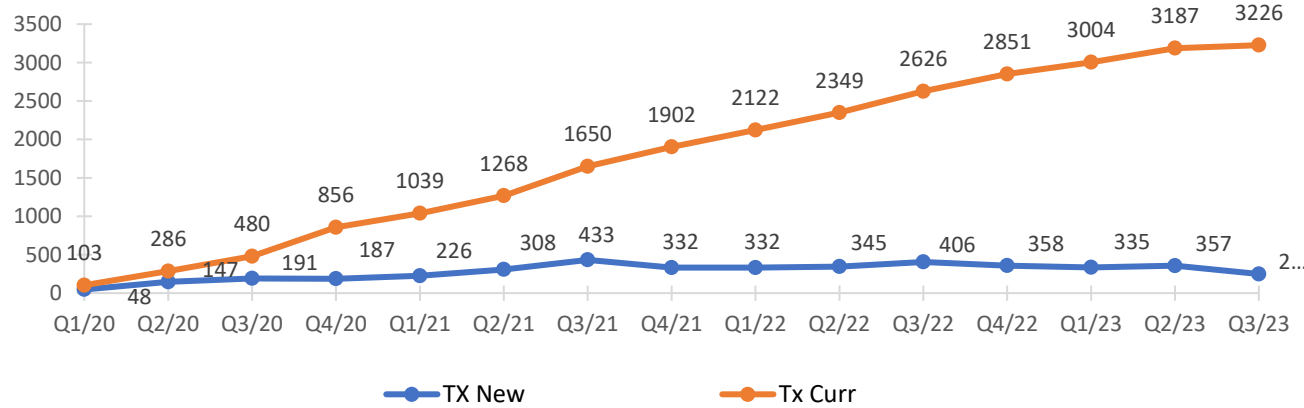


## Benefits of the strategy



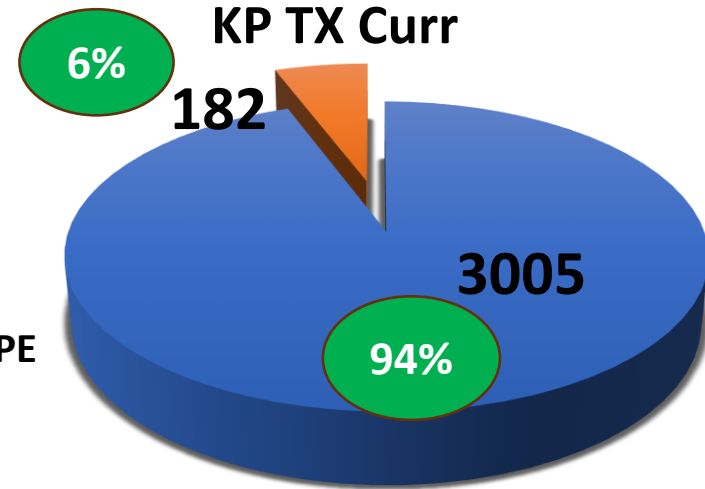
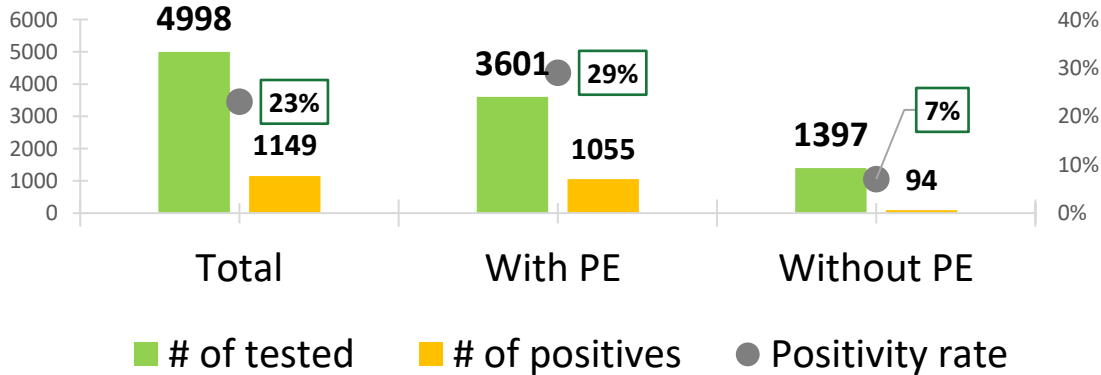
# Performance in HFs with and without KP Peer Educators (PE)

KP Treatment Trend



On 2023, 71% KP who started ART were identified in HFs and 29% in the community

Tested Mar 22 – Mar 23

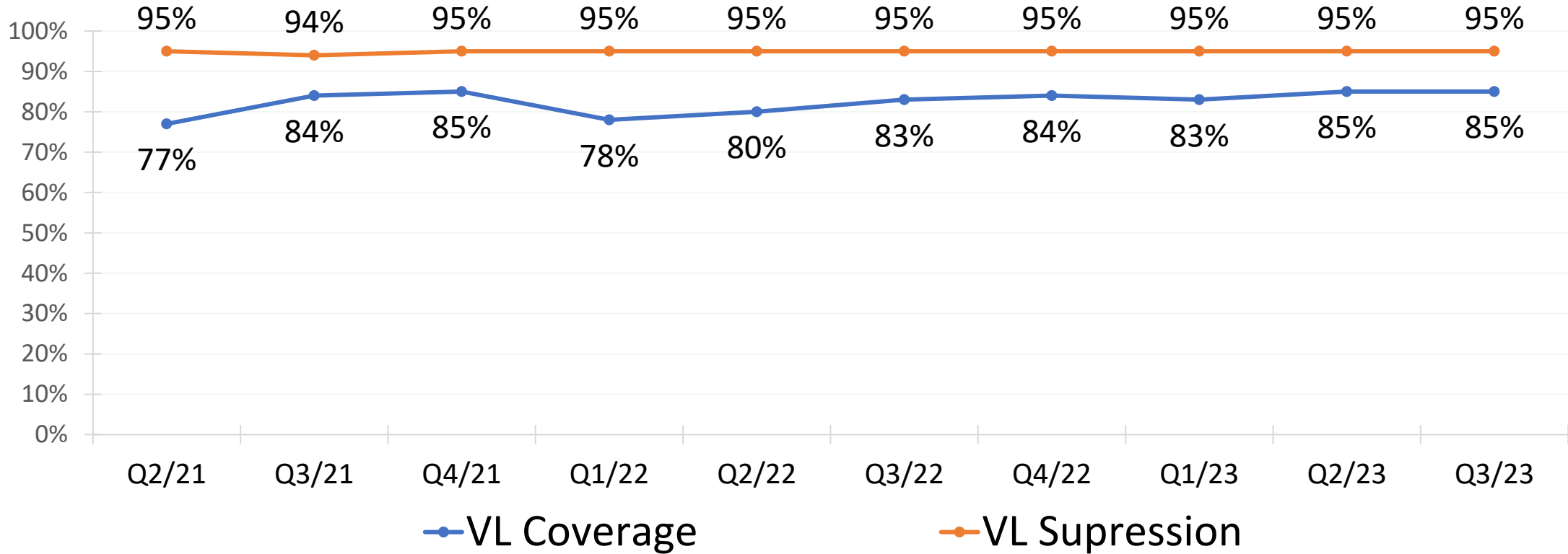


\* TX New = newly initiating ART

\* TX Curr = active on ART



# Viral Load

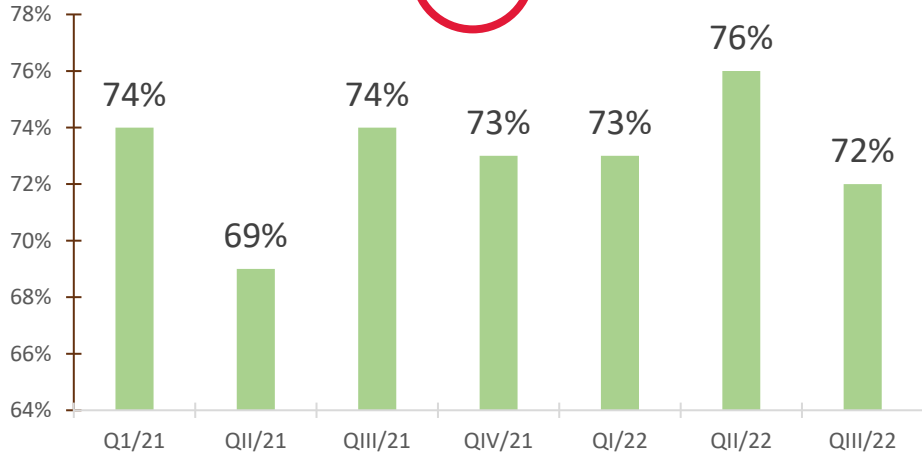


Challenges in VL coverage (<90%) are associated with loss of follow-up and loss of opportunity for supply by the clinician.

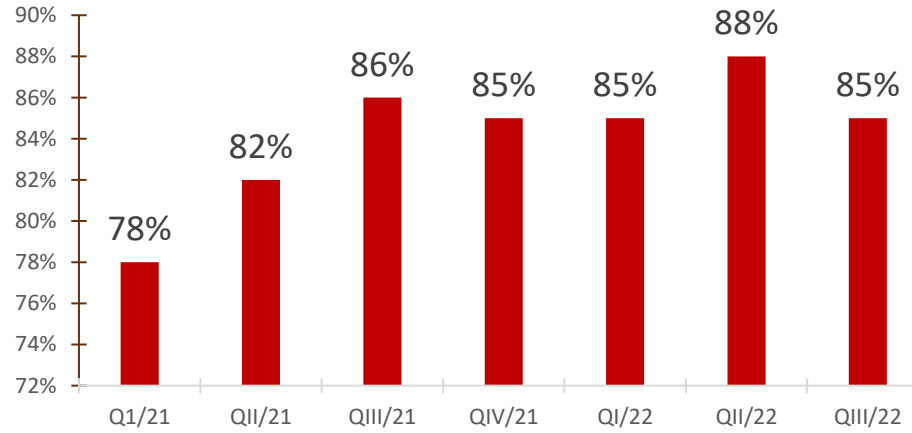


# Viral Load - Coverage

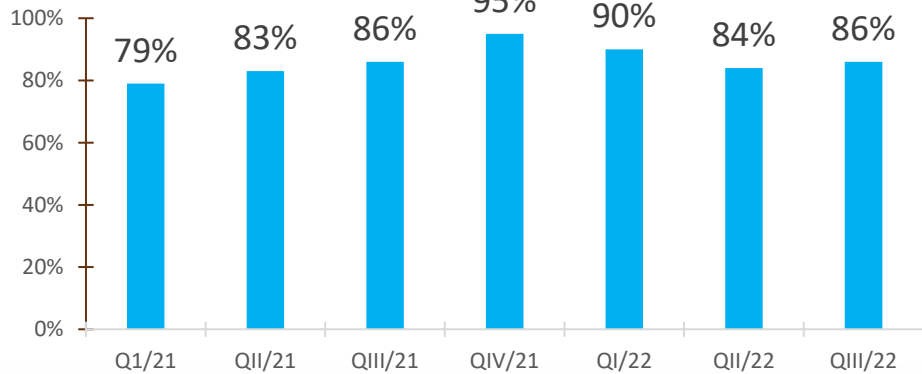
PWID



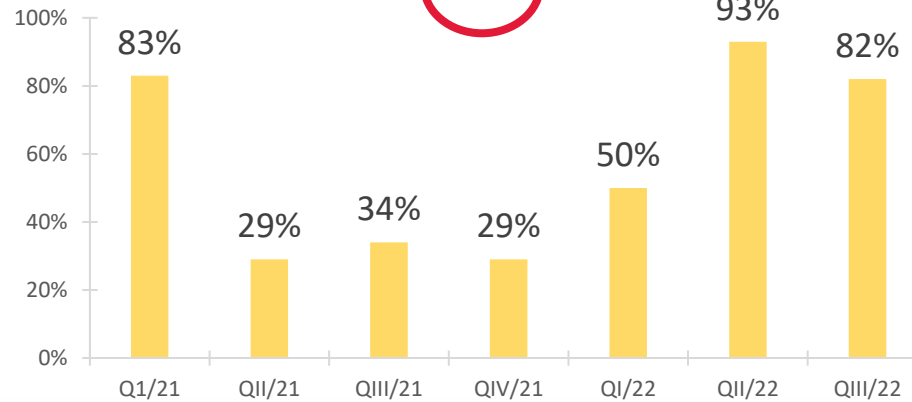
MSM



FSW

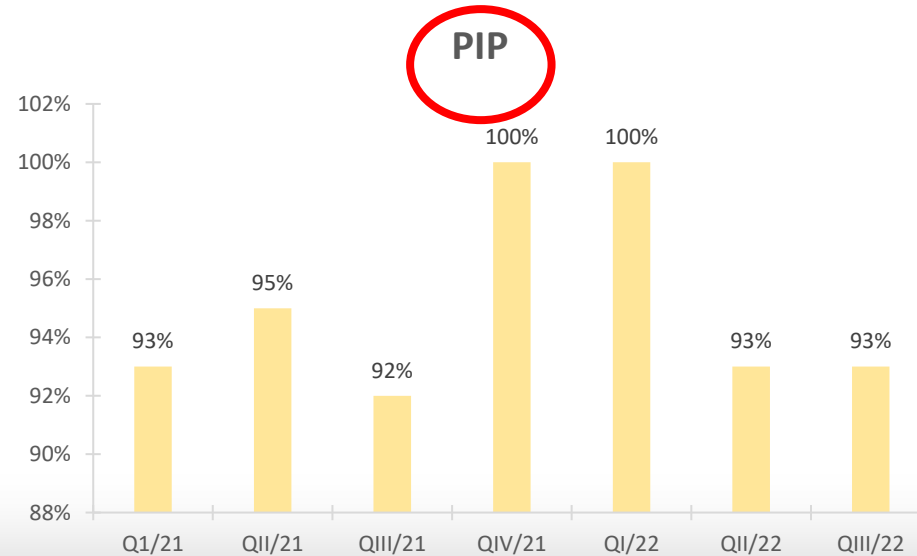
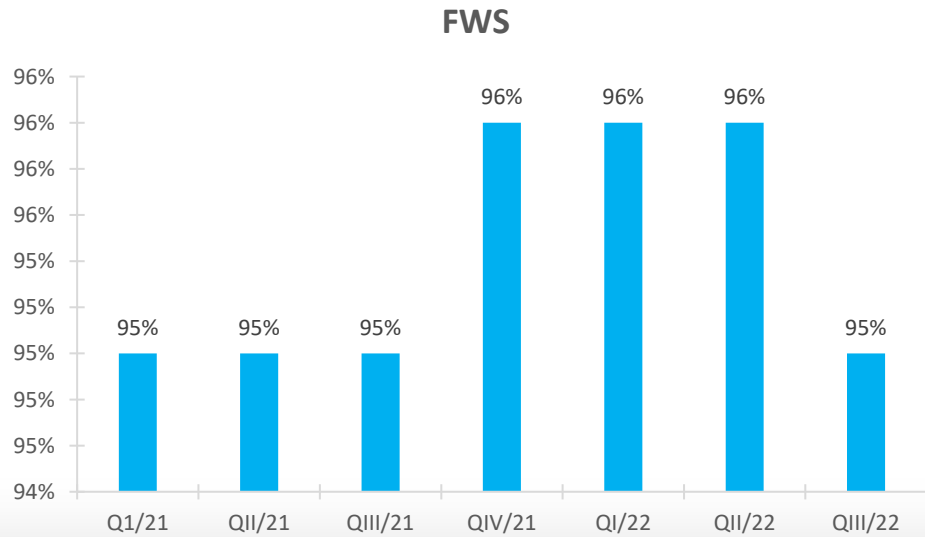
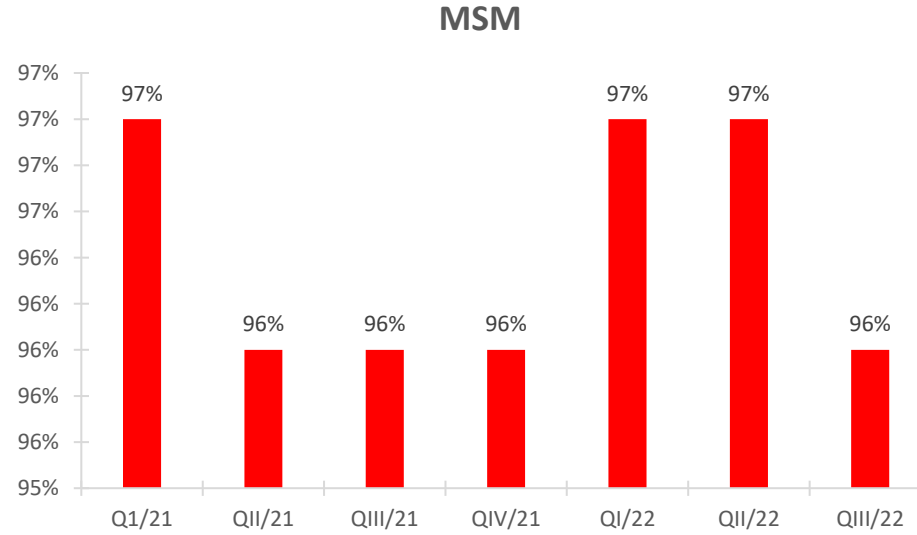
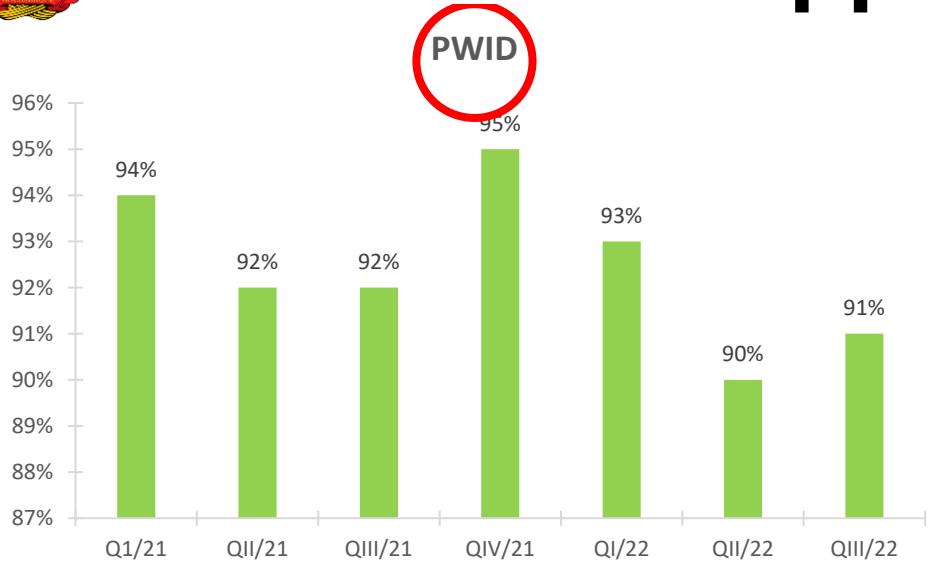


PIP





# Viral Load - Suppression





# Challenges related KP in general

Challenges	Perspectives
<ul style="list-style-type: none"> <li>➤ Difficulties on the part of healthcare providers to address issues related to sexuality</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to promote meetings with providers with a view to reducing stigma and discrimination against KP at the US level</li> </ul>
<ul style="list-style-type: none"> <li>➤ Poor identification and follow-up of injectable drug users in the HF</li> </ul>	<ul style="list-style-type: none"> <li>➤ In coordination with an Organization which works with PWID strengthen the follow-up of injectable drug users and linkage with the community center of MAFALALA</li> </ul>
<ul style="list-style-type: none"> <li>➤ Loss of prisoner follow-up after release</li> </ul>	<ul style="list-style-type: none"> <li>➤ Strengthen coordination with an Organization which works with PIP for prisoner follow-up after release</li> <li>➤ Technical assistance visits in the penitentiary and improve the offer of pre-exposure prophylaxis (PrEP)</li> </ul>
<ul style="list-style-type: none"> <li>➤ Poor acceptance of PrEP by KP clients</li> </ul>	<ul style="list-style-type: none"> <li>➤ Train and expand PrEP offering locations (6 HFs) and implement new guidance for PrEP</li> <li>➤ Intensify coordination with community agents</li> <li>➤ Greater involvement of other services identifying KP and offering PrEP</li> </ul>
<ul style="list-style-type: none"> <li>➤ Improve KP data management</li> </ul>	<ul style="list-style-type: none"> <li>➤ Advocating for inclusion of KP data in the HF' clinical services management committee guidelines.</li> </ul>



# Challenges and perspective linked to strategy

## Challenges

- Ensure peer educators are welcomed in the HFs
- Improve referrals and counter-referrals in community

## Perspectives

- Continue to raise the awareness of HF providers and find ways to hold discussions to reduce stigma/discrimination
- Create coordination meetings between community organizations and health facility organizations to better coordinate activities





## Conclusion

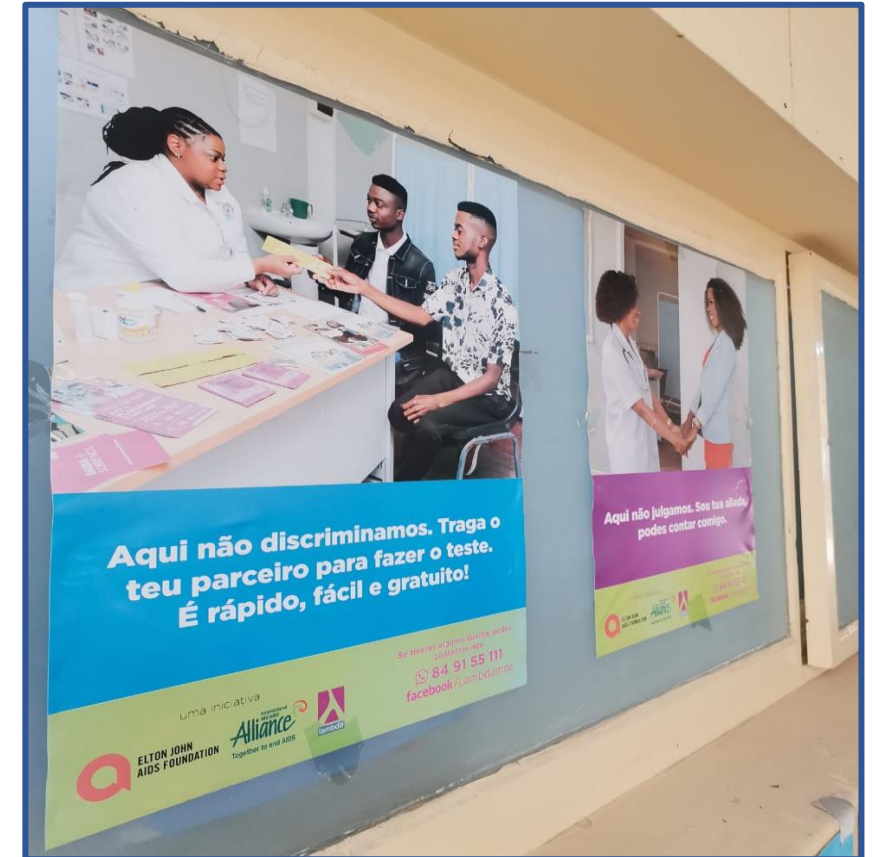
It can be noted that with the strategy, the identification of Key Populations within the HF has considerably improved (before the largest contribution was from the Community).

A slight improvement has been witnessed in providers' overall approach to Key Populations (through greater interaction and approach with peer educators).

The HF has become more friendly to KP since they find a fellow that welcomes them and supports them in their treatment.

There is a need to identify complementary initiatives to improve the attraction of other KP groups (PWID, Male sex workers, Transgenders...)

The strategy was accepted by the clinical partners and the Ministry of Health, stimulating its expansion to other provinces.





**OBRIGADO  
KANIMAMBO  
THANK YOU!**

This presentation has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) under the terms of [NU2GG002331

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the funding agencies.