

X GGD X Amsterdam





Community-Based Organizations' Best Practices for HIV Comprehensive Prevention Services

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GILEAD FOCUS Program

Who are we?

Established in 1993

Apoyo Positivo is a patient-led non-government organization that advocates for the rights and interests of people living with or affected by HIV and related co-infections in Spain.

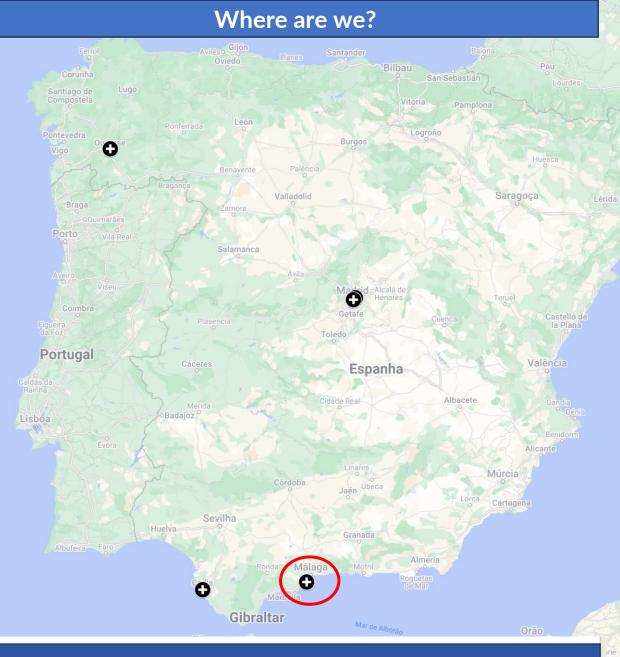
There is 5 different community-centers by Apoyo Positivo in Spain: 3 in Madrid, 1 in Ourense and 1 in Torremolinos.

Trainning + 10.000 p/y + 6.000 HIV and STIs Testing p/y Sexual health and well being counselling + 10.000 p/y

Main spheres of activity

Rights advocay Healthcare Education Community research and development

Source: Apoyo Positivo reports. Disclaimer: FOCUS funding supports screening and linkage to care regardless of how providers manage subsequent care. FOCUS funding does not support activities beyond linkage to a first appointment.





Who are we?

CASA is a network of community centers which aims to respond to challenges in sexual health and diversity through a **multidisciplinary bio-psychosocial framework** in a friendly and safe space. CASA community centers offer various programs and services in coordination with the public health system:

SEXUAL HEALTH CHECKPOINT

Comprehensive prevention services for HIV and other sexually transmitted infections focused on key populations: men who have sex with men, trans people, sex workers, migrants, people who use drugs including chemsex, women, youth.



PSYCHOSOCIAL CARE

Specialized psychosocial care, quality of life and well-being services, personal development, and alternative leisure.



Social and community entrepreneurship activities that complement the necessary care for those in vulnerable situations.

Disclaimer: FOCUS funding supports screening and linkage to care regardless of how providers manage subsequent care. FOCUS funding does not support activities beyond linkage to a first appointment post-diagnosis.

| | 2018 | 2019 | 2020 | 2021 | 2022 | Total | | | | | |
|---------------------------------|-----------|-------------|-----------|-----------|------------|-------------------|--|--|--|--|--|
| Testing services | | | | | | | | | | | |
| HIV AB Tests, n (Δ) | 275 | 404 (+47%) | 482(19%) | 539(+12%) | 588(+9%) | 2,288 | | | | | |
| HIV+ AB Tests, n (%) | 8 (2.91%) | 10 (2.48%) | 15(3.11%) | 12(2.23%) | 9(1.53%) | 54 (2.36%) | | | | | |
| HBsAg Tests, n (Δ) | 82 | 176 (+115%) | 237(+35%) | 169(-29%) | 274(+62%) | 938 | | | | | |
| HBsAg+ Tests+, n (%) | 0 (0,00%) | 1 (0.57%) | 1(0.42%) | 0(00%) | 1(0.36%) | 3(0.30% | | | | | |
| HCV Ab Tests, n (Δ) | 129 | 247 (+92%) | 450(+82%) | 475(+6%) | 573(+21%) | 1,874 | | | | | |
| HCV+ AB Tests, n (%) | 1(0.78%) | 0 (0.00%) | 2(0.44%) | 0(00%) | 1(0.17%) | 4(021%) | | | | | |
| Syphillis tests, n (Δ) | 214 | 347(+62%) | 381(+10%) | 439(+15%) | 501(+14%) | 1,882 | | | | | |
| Syphillis tests, n (%) | 5 (2.34%) | 8 (2.30%) | 8(2.10%) | 15(3.42%) | 21(+4.19%) | 57 (3.03%) | | | | | |

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| | 2018 | 2019 | 2020 | 2021 | 2022 | Total | | | | | |
|---|------|-----------|------------|-----------|----------------|----------|--|--|--|--|--|
| Comprehensive prevention services | | | | | | | | | | | |
| Sexual Health counselling sessions, n (Δ) | 596 | 654(+10) | 704(+8) | 874(+24% |) 1,680 (+92%) | 4,508 | | | | | |
| Harm reduction counselling sessions, n (Δ) | 87 | 142(+63%) | 183(+29%) | 197(+8% |) 242(+23%) | 851 | | | | | |
| TasP counselling sessions, n (Δ) | 18 | 29(+61%) | 36(+24%) | 25(-31% |) 43(+72%) | 151 | | | | | |
| Prep counselling sessions, n (Δ) | - | 31 | 167(+439%) | 390(+134% |) 258(-34%) | 846 | | | | | |
| Prep Linkage to care, n (%) | - | 31(100%) | 146(87%) | 285 (73% |) 167(65%) | 629(74%) | | | | | |

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Key Challenges

- Note: The second second
- Need to reach more women and trans people
- Adaptation to migrants' needs
- Dealing with stigma and discrimination
- Dependence on hospital response times
- Hospital reluctance to receive direct referrals
- Securing government funding

Source: author opinion.

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Thank You

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