

Delivery of clinical HIV prevention, care, and treatment services for key populations through safe spaces in Harare, Zimbabwe

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Background

Key Populations (KP) bear a disproportionate burden of HIV in Zimbabwe. Compared to a prevalence of 12% among the general adult population in the country, HIV prevalence is 21.1%, 42.2% and 28% among men who have sex with men (MSM), sex workers and prisoners, respectively.

Barriers such as stigma, discrimination, criminalization and socio-economic challenges prevent members of these populations from accessing and continuing HIV services at public health facilities. COVID-19 worsened access to comprehensive HIV services.

Pangaea Zimbabwe AIDS Trust (PZAT) is building the capacity of public health facilities to provide KP-friendly services to improve uptake of HIV prevention, care and treatment services.

PZAT provided differentiated service delivery (DSD) services at safe spaces to ensure access for KP members in areas around 18 high-volume public health facilities in Harare. Differentiated service delivery is a client-centered approach that simplifies and adapts services to reflect the preferences, expectations and needs of people living with and vulnerable to HIV, while reducing unnecessary burdens on the health system. Staff from the 18 facilities routinely conducted safe spaces outreaches to complement the facility interventions that are at the center of programme objectives. These facilities serve 80% of the more than 142,000 people living with HIV on ART in Harare.



Image 1: A KP member is attended to at a KP safe space in Highfields in November 2021

Description

From October 2020 to September 2021, PZAT supported the delivery of comprehensive HIV services for members of key populations at safe spaces, including secluded outdoor spots and in some cases the homes of KP members.

PZAT consulted with KP members to identify safe spaces based on privacy, convenience, safety and accessibility.

Thirty Community Facilitators (female and male sex workers, men who have sex with men, transgender people and people who use drugs) identify and mobilize KP members ahead of the safe spaces visit, as well as link them to HIV prevention care and treatment services and follow-up.

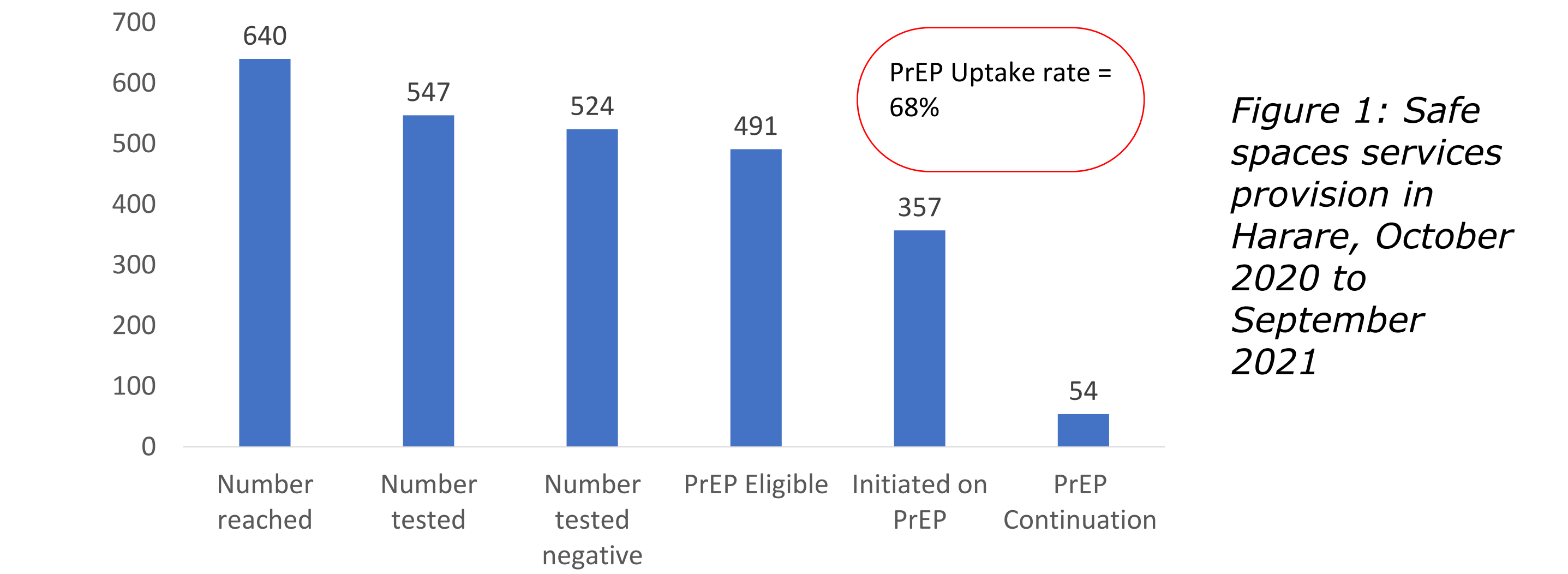
A multidisciplinary team provides services including HIV testing, pre-exposure prophylaxis (PrEP), antiretroviral therapy (ART) initiation and refills, condoms and lubricants, intimate partner violence screening and referral, sexually transmitted infection (STI) screening, and syndromic management.



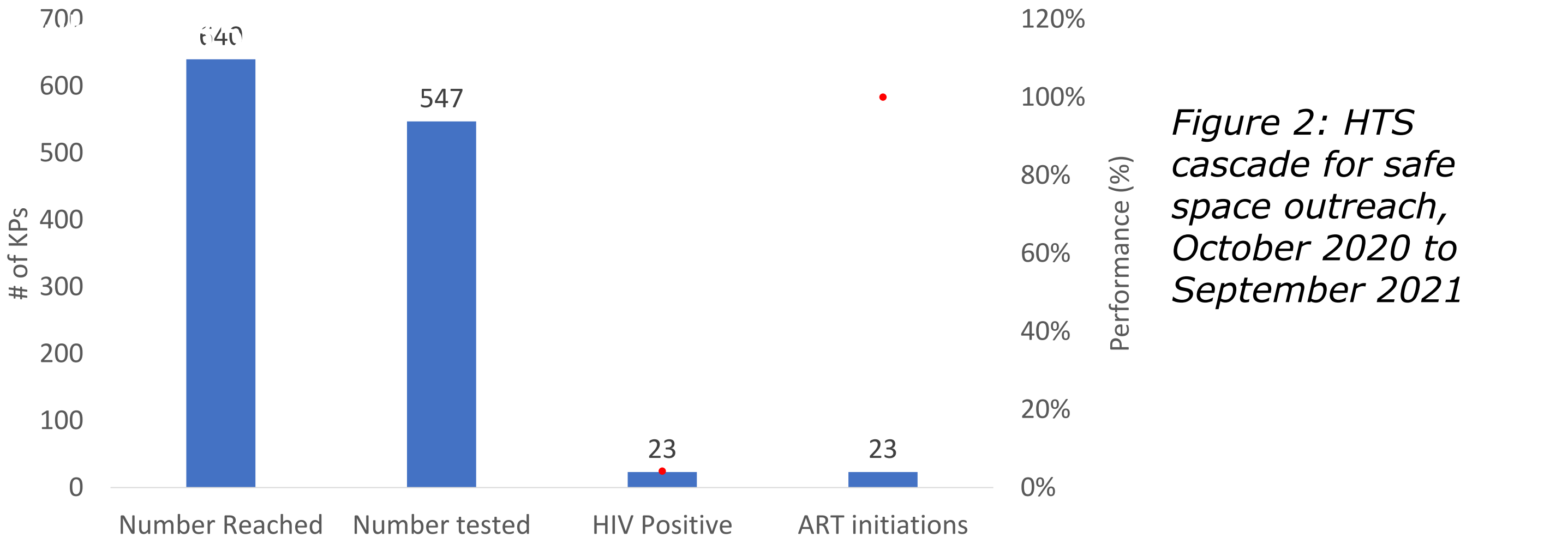
Image 2: A KP safe space set up in during a moonlight outreach activity

Lessons Learned

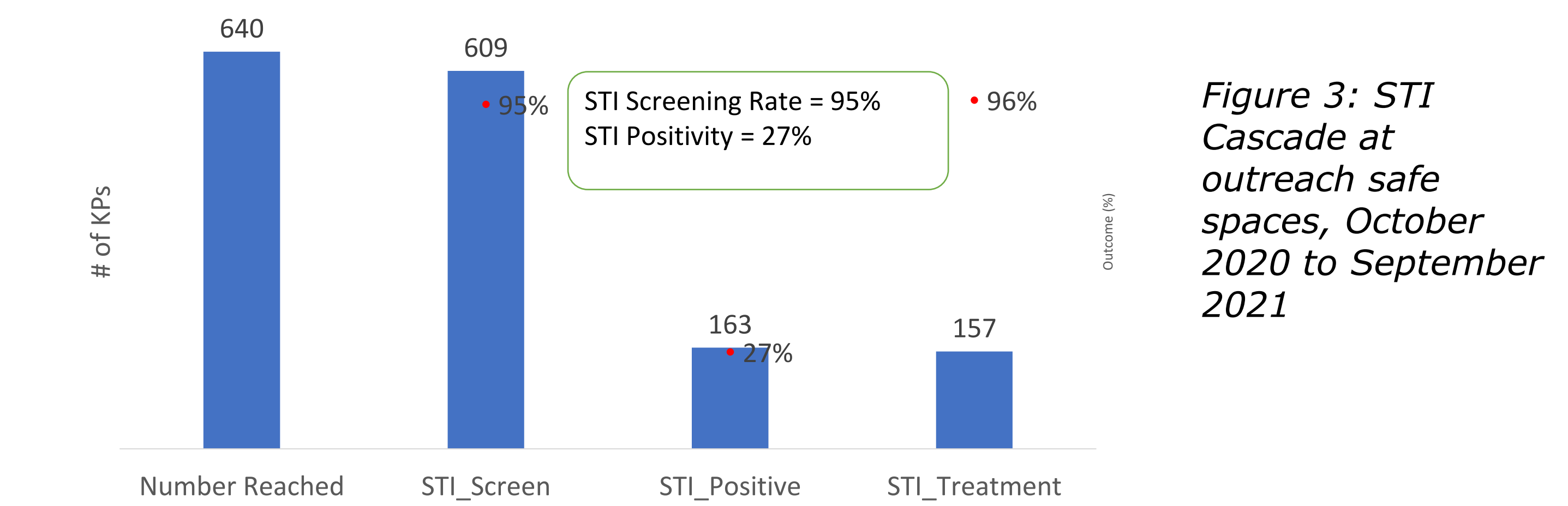
Qualitative data from dialogues/exit interviews with KP members revealed they prefer accessing services where they feel safe, secure, accepted, and comfortable.



- A total of 640 KP members were reached with HIV services through safe spaces, among these 547 (85%) were tested for HIV, of whom 524 (96%) were negative.
- All HIV-negative individuals were screened for PrEP, of whom 357 (68%) were initiated on PrEP.
- A total of 54 clients received PrEP refills at safe spaces outreaches.



- All 23 KP members that tested HIV positive were initiated on ART on site.



- 163 clients (27%) were diagnosed with STIs and 157 (96%) received treatment on site.
- A total of 6 clients were not treated for STIs within the safe spaces on site but were referred to the hospital for further management and treatment.

Conclusions

The involvement of key population groups in designing, planning, implementation, and monitoring of HIV services provision is important and can improve uptake and utilization of services.

Peer-to-peer support is essential for identifying eligible clients, mobilizing for services, and supporting adherence and retention. The PrEP initiation at safe spaces was impressive as it demonstrated uptake and accessibility to HIV prevention care and treatment services.



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