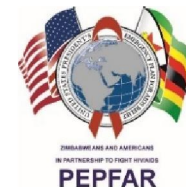




# The Epidemic in Key Populations in Zimbabwe

22 August 2019

Brian Maponga, Director – Programs Implementation



# Outline

- MSM Program activities and achievements under the USAID-supported Last Mile award for the period Oct 2018 – June 2019
- Activities and priorities for 2019 and 2020, including supporting MSM service delivery in the public sector and strengthening organizational capacity in partnership with KP-led/dedicated CBOs

# Goal of the PSI KP Program

To increase access to HIV prevention, treatment and care interventions for key populations, including female sex workers, gay and bisexual men and other men who have sex with men (MSM)

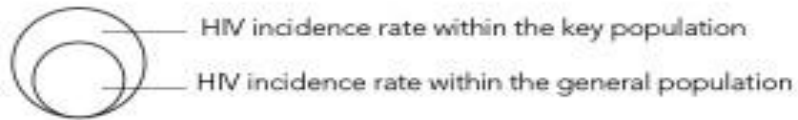
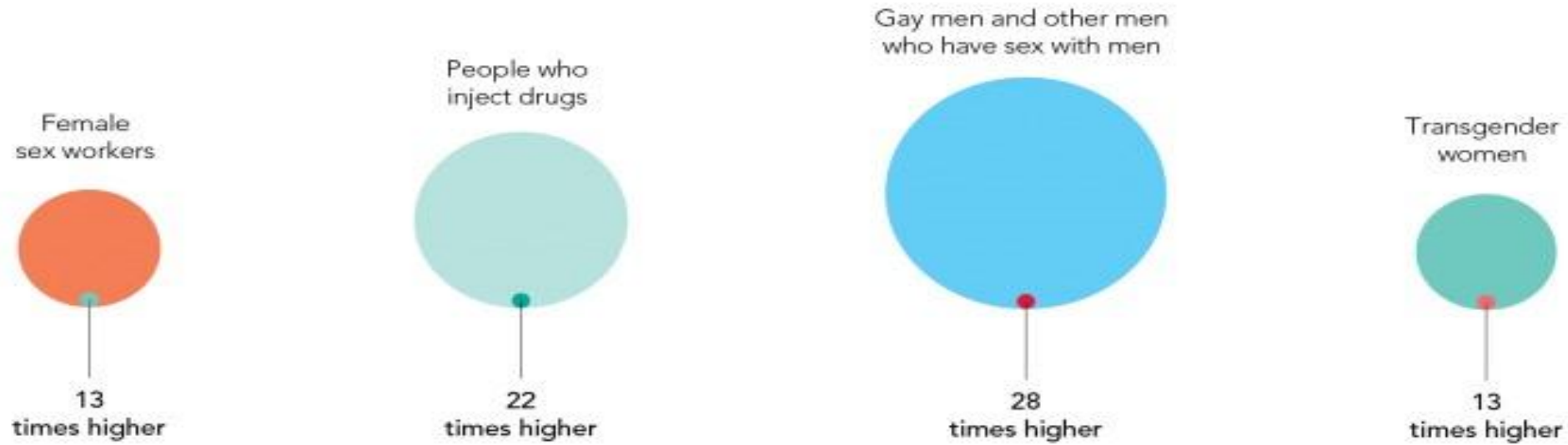


# What characterises key populations?

- Carry a disproportionate burden of HIV, TB, STIs, mental and other health problems
- Face pervasive stigma, exclusion, harassment and violence
- Discriminatory laws and policies such as criminalisation of sex work, drug use and same sex sexual conduct contribute to and reinforce low levels of access to health services
- High risk of mental health problems and mental illness, leading to a cycle of abuse, high morbidity and poor health outcomes

## Key populations at higher risk of infection

Relative risk of HIV acquisition, by population group compared to the general population, global, 2017



Source: UNAIDS 2018 estimates.

# Target populations for PSI KP Program

- Program primarily targets HIV service delivery for:
  - Sex workers (female, male, transgender)
  - Men who have sex with men (MSM)
  - Transgender people and the LGBTI community
- However, the program is very committed to serve all KPs, including:
  - People who use and inject drugs (PWUD/PWID)
  - Children, family members and sexual partners of KPs

# Model of KP service delivery

- Community mobilisation and interpersonal communications on HIV prevention, treatment and care through enhanced peer mobilisers (EPMs), peer outreach workers and KP Officers
- Clinical services delivered through New Start network and CeSSHAR's Sisters Clinics in collaboration with public facilities
- Strengthening this referral and tracking system is a priority in 2019

# Clinical cascade

- Service package includes the following SRH and HIV prevention, care and treatment services
  - Community interpersonal communications on HIV prevention, treatment and care
  - HIV testing services, including self-testing
  - Pre and Post Exposure Prophylaxis (PrEP and PEP)
  - Antiretroviral therapy (ART)
  - STI management
  - Distribution of condoms and water-based lubricants
  - Full range of family planning services
  - CD4, viral load testing and other HIV care-related laboratory tests
  - TB screening and treatment
  - VMMC





Some program data on MSMs>>>>

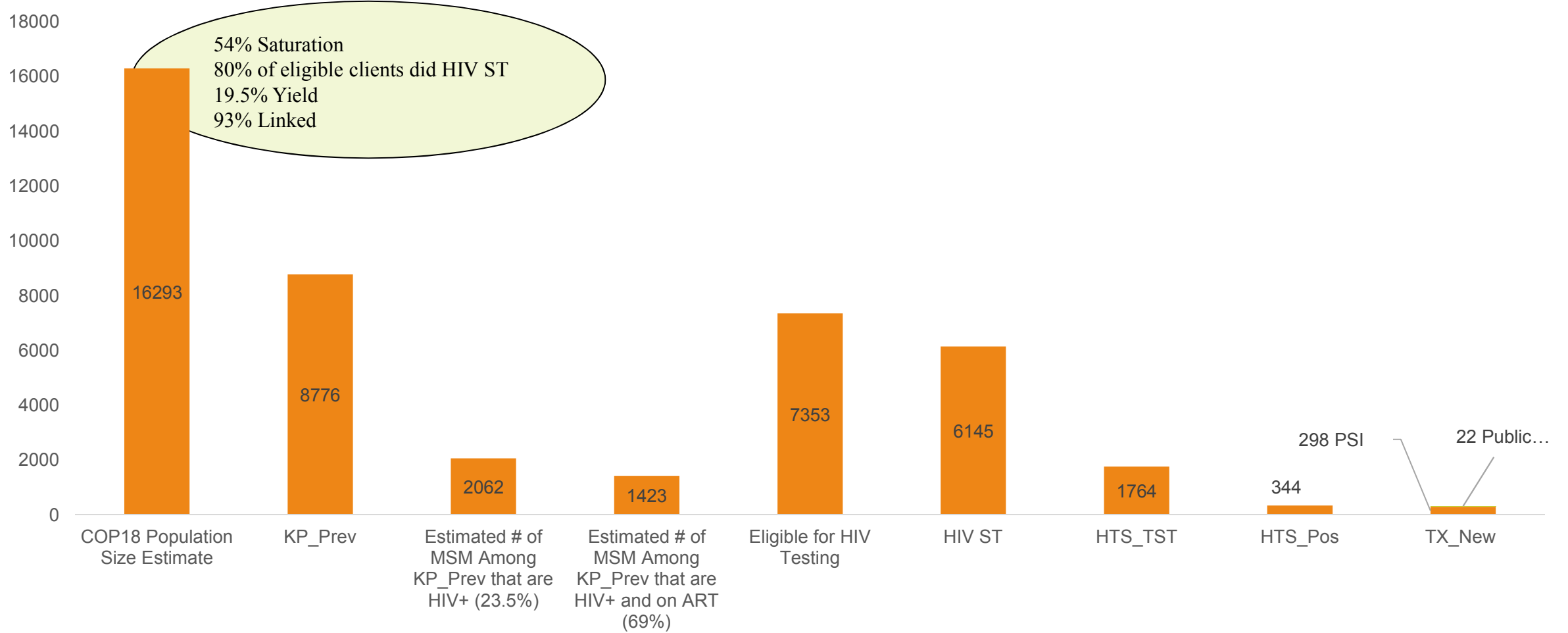


## MSM Outputs (Oct – Jun 2019) Against Annual Targets

		KP_Prev	HTS_TST	HTS_Pos	TX_New	PrEP_New
Bulawayo	Target	942	370	112	100	235
	Achieved	1538	355	24	33	175
	% Achieved	163%	96%	21%	33%	74%
Gweru	Target	217	152	45	40	66
	Achieved	997	96	23	34	232
	% Achieved	459%	63%	51%	85%	352%
Masvingo	Target	271	125	37	34	68
	Achieved	704	120	55	59	93
	% Achieved	260%	96%	149%	174%	137%
Harare	Target	3124	550	165	149	781
	Achieved	4139	935	186	119	273
	% Achieved	132%	170%	112%	80%	35%
Mutare	Target	354	283	85	77	88
	Achieved	1398	258	56	53	207
	% Achieved	395%	91%	66%	69%	235%
Overall Performance	Target	4908	1480	444	400	1238
	Achieved	8776	1760	344	298	980
	% Achieved	179%	119%	77%	75%	79%

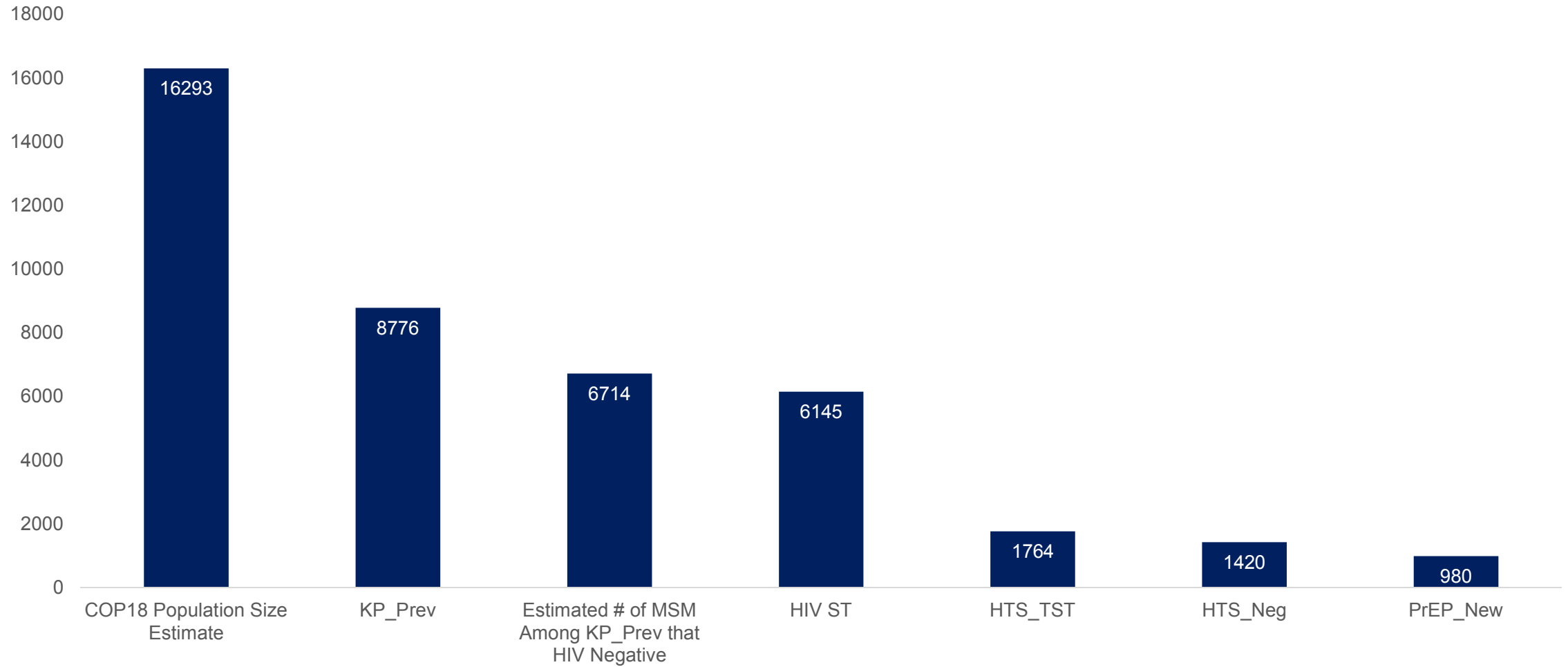
# FY19 MSM HIV Positive Cascade: All Sites (Oct – June 2019)

MSM HIV+ Cascade:



# FY19 MSM HIV Negative Cascade: All Sites (Oct – June 2019)

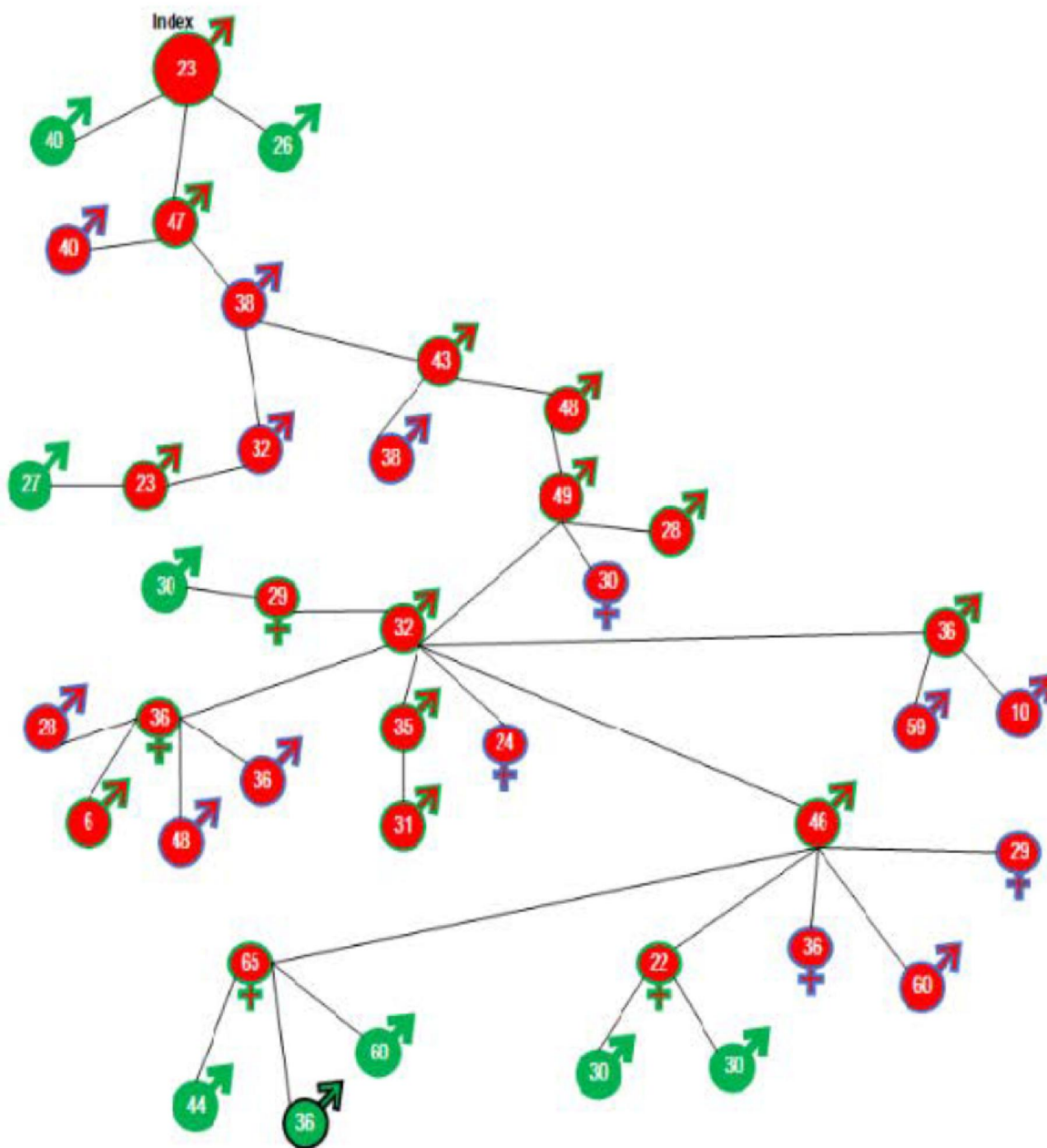
MSM HIV (-ve) Cascade:



MSM ICT TREE MARCH -MAY 2019

Contact tracing with 1 HIV+ MSM yielded:

- 12 newly diagnosed HIV+ men
- 4 newly diagnosed HIV+ females
- All were linked to ART
- Over a 3 month period



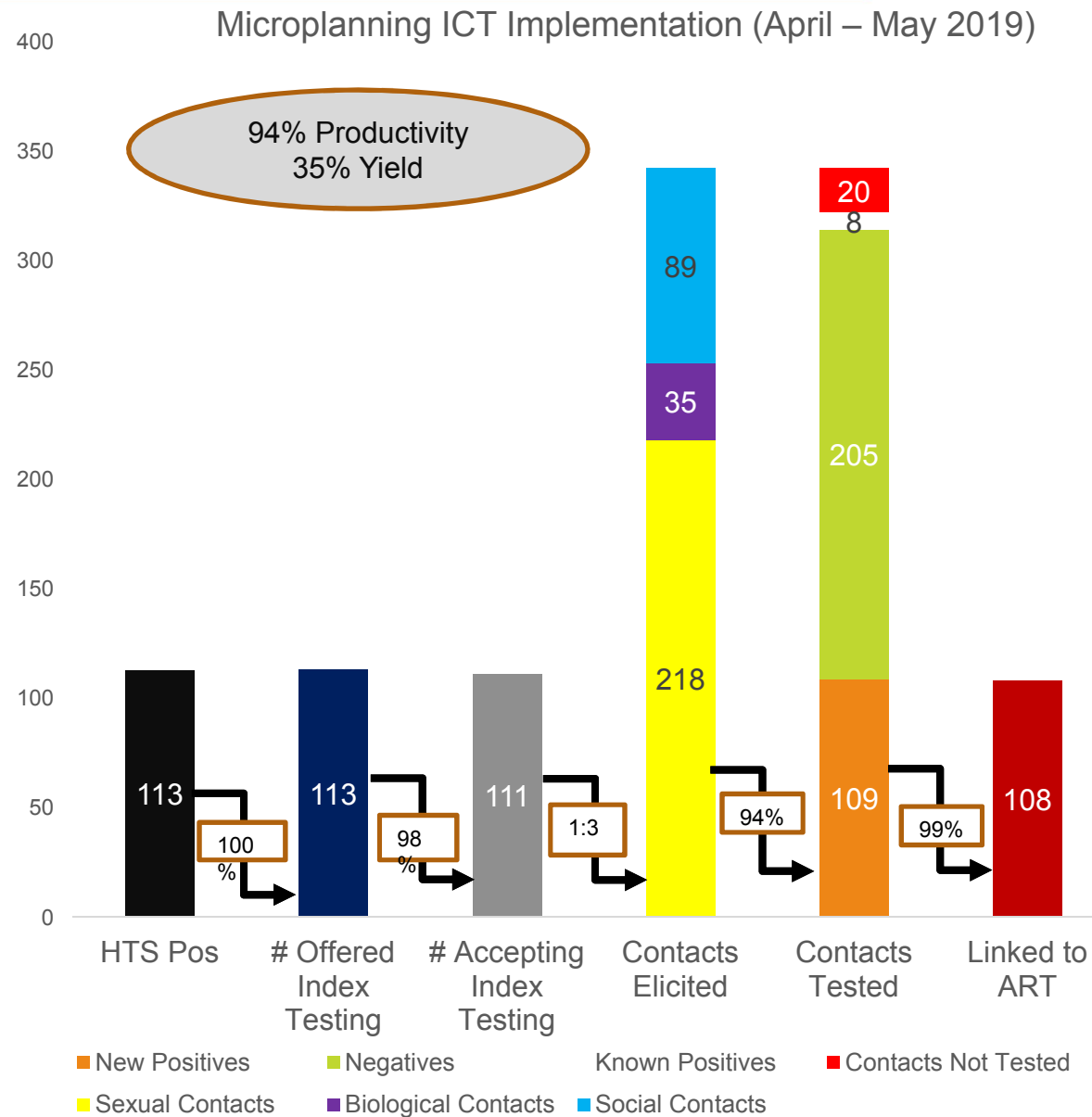
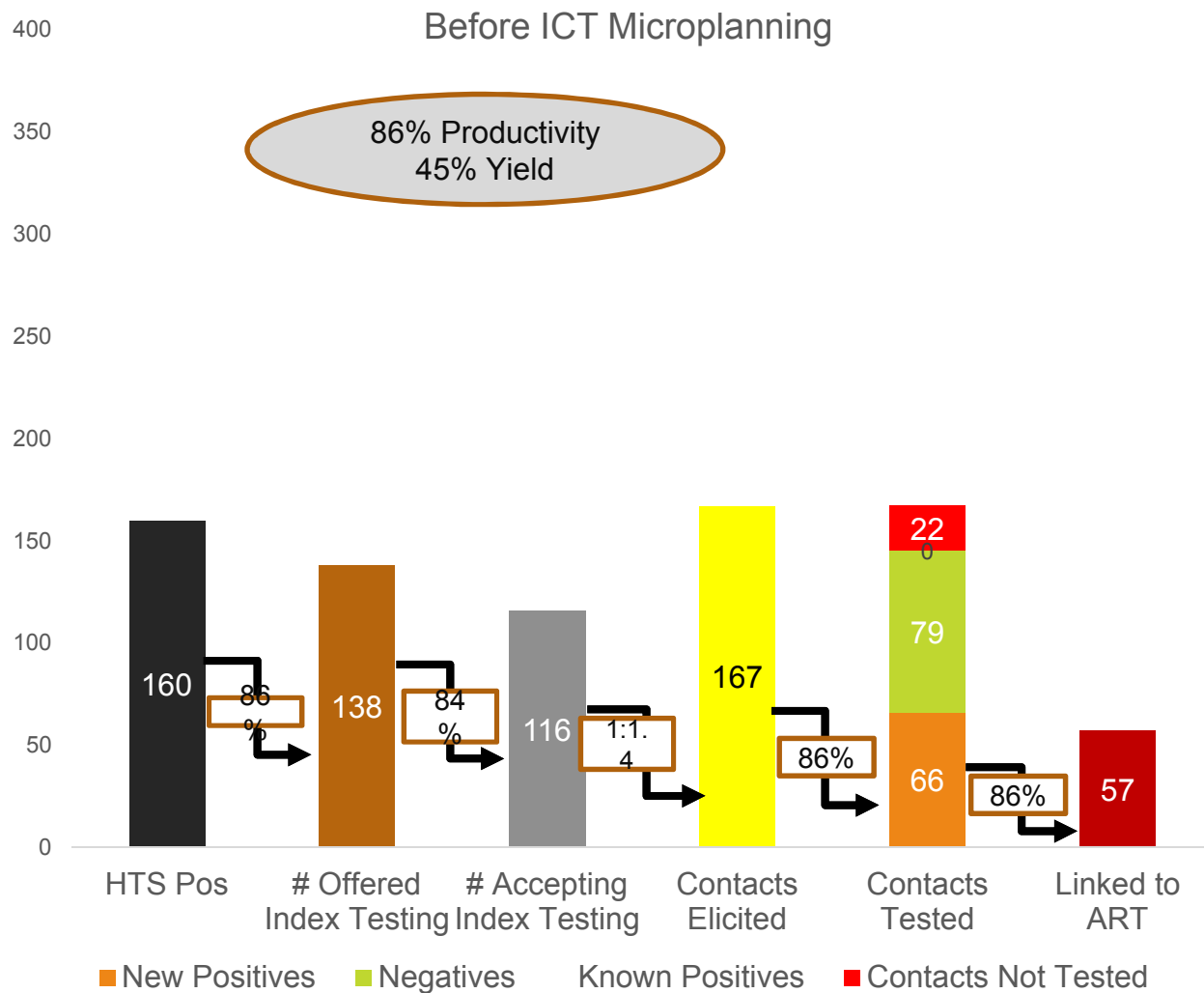
**KEY:**

- Age of Client
- New Positive Female
- New Positive Male
- Negative Female
- Negative Male
- Positive Female Already On ART
- Positive Male Already On ART
- Positive Male Linked To ART
- Positive Female Linked To ART
- Negative Male Circumcised

**COUNT:**

- MSM = 22
- HRM = 10
- FSW = 8
- CHILD = 1

# Harare KP Index Example (Before and After Microplanning Surge)



# Summary of Achievements

- From Oct 2018 – June 2019 (75% of project year), the PSI MSM Program reached 8,776 MSM across the 5 districts of Harare, Bulawayo, Gweru, Masvingo and Mutare, representing 179% achievement over target
- 1,760 MSM were tested for HIV, representing 20% MSM reached, 119% target
- Of these MSM:
  - 344 were diagnosed with HIV, representing 20% seropositivity and 77% target
  - 298 were initiated on ART, representing 87% TX linkage and 75% target
  - 980 were initiated on PrEP, representing 69% HIV-negative MSM reached; 79% target

# Going forward

- KP sizes especially MSMs are least know. Continued research on size estimation is important.
- Segmentation of different groups of MSMs is also important to appropriately map out variability in journey to services access.
- More focused efforts required to engage and retain KPs who are both higher-risk and need layered services
- Continued use of index case testing (ICT) to engage sexual, social and biological contacts to access HIV testing and additional services
- With saturation in certain districts for FSW and among certain MSM subpopulations (e.g. young, gay-identified MSM), program to utilize peer navigation and community microplanning among EPMs



# Acknowledgements

- Donors and Government Agencies
  - PEPFAR
  - USAID
  - Ministry of Health and Child Care
  - National AIDS Council
- Implementing Partners and Civil Society Organizations
  - CeSHHAR
  - Hands of Hope
  - Sexual Rights Centre
  - GALZ
  - Pangea / I-TECH
  - BHASO
  - FACT
  - UNDP
  - UNFPA



**Thank you!**



## COP18 Annual Benchmark

## Status

Clear ToRs developed for MOHCC KP TWG and how it relates to other KP coordination forum, with common, national operational plan

Secured buy-in for co-led TSC from NAC and MOHCC, including secondments of Senior Technical Advisor and 6 District KP Officers at NAC, Clinical Officer and 3 additional positions at MOHCC; ToR developed and under review, to be implemented beginning June 2019

Minimum service packages, based on specific KP group, are developed and tested

KP minimum service packaged developed and adopted, currently being implemented following public sector provider trainings

Service monitoring & quality improvement committees (which involve KPs themselves), are active in 100% of targeted sites

Service monitoring to be conducted in conjunction with SRC, GALZ, leveraged with Elton John Foundation funding beginning June 2019

A simple, common, DHIS2-based, UIC reporting system is developed and for use by PEPFAR and GF funded partners

Currently being developed in coordination with NAC as part of DREAMS DHIS2 expansion

SOP, that aligns indicators when possible, for reporting to NAC, MOHCC, PEPFAR, GF developed

To be instituted following KP TSC ToR implementation beginning June 2019; NAC coordinating TSC stakeholder meeting

KP referral protocol updated/expanded to include GF partners. and select public sector sites

PSI and I-TECH/Pangea finalizing SOP for City of Harare, to be piloted beginning June 2019