

Contributions of Stigma-free Clinics on Improving Access to HIV-Testing Services and PrEP Uptake for Men having Sex with Men in Haiti: Lessons Learned towards Equity

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BACKGROUND

For over a decade the HIV prevalence has been stabilized at 2% in Haiti. However, Men who have Sex with Men (MSM) are disproportionately affected by HIV with a prevalence of 13%. MSM are more likely to experience discrimination and gender-based violence, which hinder access to HIV services. We present here the results of a customized intervention aiming at improving MSM access to HIV-Testing Services (HTS) and pre-exposure prophylaxis (PrEP) that complies with Haiti HTS National guidelines.

Since the launching of the project BRIDGE by ISPD in January 2020, we count seven (7) affiliated sites, which are located in 4 of the 9 departments in Haiti: West, Grand-Anse, North and Northeast (Fig. 1).

Figure 1: Distribution of BRIDGE sites



In Haiti, there is no policy/legal requirement making HIV disclosure to sex partners mandatory, which hinders HIV disclosure and the control of the infection. As a strategy, the implementation of stigma-free health facilities helps improve HIV disclosure voluntarily.

Our men's clinics located in the West and in the North host monthly Saturday Clinic's Day (Fig. 2) dedicated to celebrating MSM who are adherent on PrEP or ART. Healthcare services and socio-educational activities are available. They learn more about HIV and COVID-19 prevention, listen to music, play games, and network. Their confidence on our safe environment and quality of services are key determinants to help them refer partners or peers to our services.

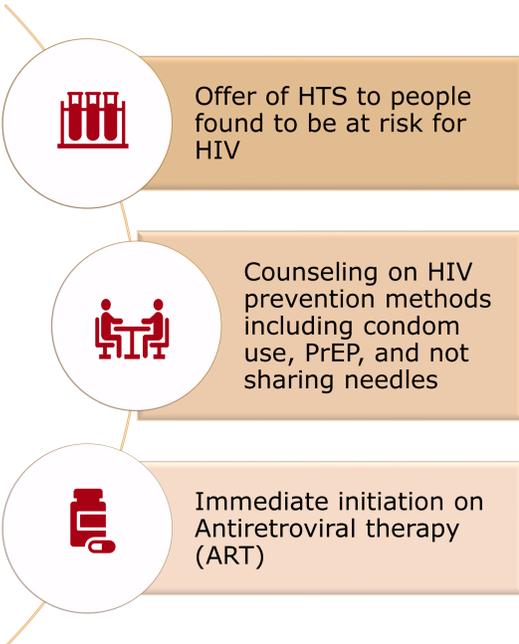
Figure 2: Saturday Clinic's Day for Key Populations



DESCRIPTION

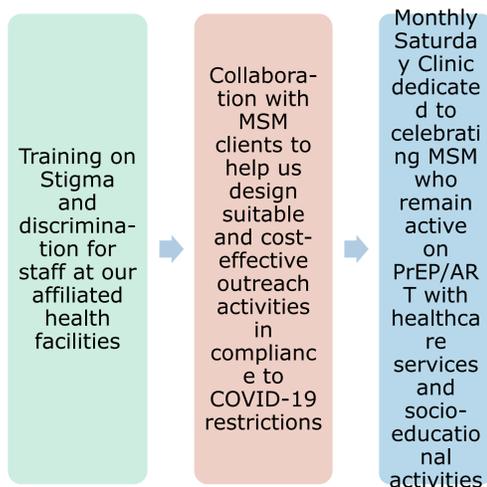
In support of the 95-95-95 UNAIDS Goals, the National AIDS Control Program (French acronym: PNLs) revised the National HIV testing guidelines and recommended targeted HTS.

Targeted HTS implies:



We provided technical assistance to health facilities to display their commitment to the stigma-free policy implemented (Fig. 5). Contact information are available to report any grievances. Suggestion boxes and/or Digital Emojis Scales are made available for anonymous feedback by clients (Fig. 6).

Summary of key interventions to reduce stigma for MSM despite COVID-19:



We provided weekly mentoring to staff for timely mitigation of challenges and celebration of success stories. We monitored closely the clinical data collected daily by comparing them with HTS/Laboratory registers and PrEP registers to follow guidelines and ensure high quality of reports to key stakeholders are used to inform activities.

RESULTS

A continuous improvement was reported in access to HTS among MSM (Fig. 3), the uptake of PrEP (Fig. 4)

Figure 3: Improved access to HTS for MSM

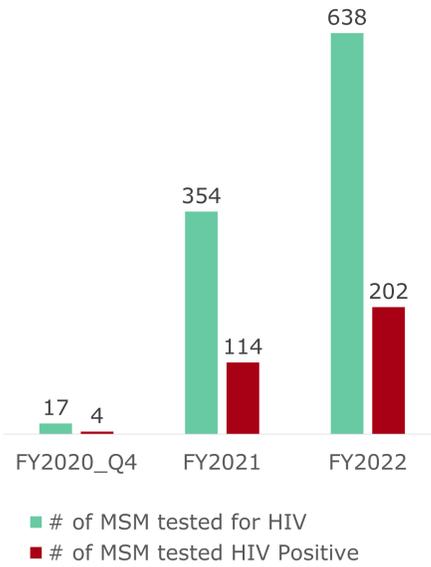
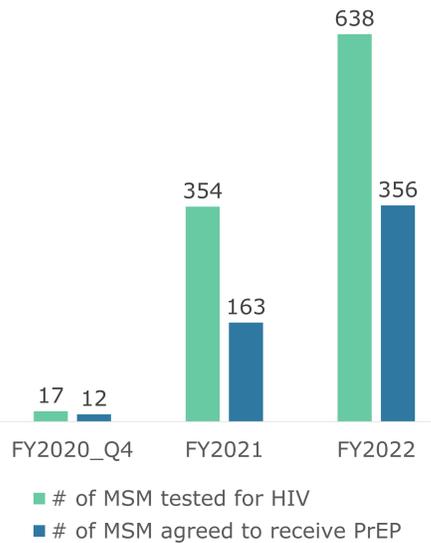
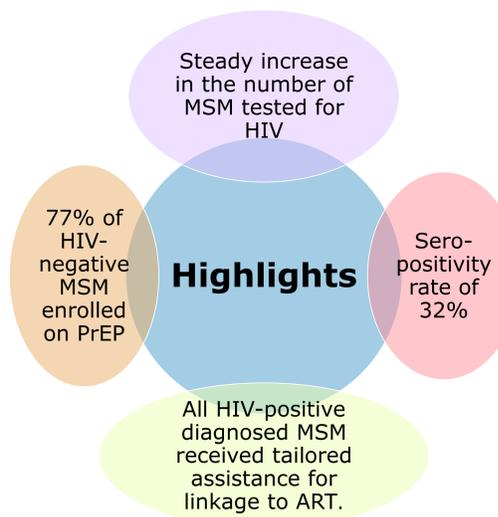


Figure 4: Increased PrEP uptake among MSM



Key observations



COVID-19 caused fear/panic that motivated MSM to get screened and tested for both HIV and COVID-19.

CONCLUSION

Strong commitment to stigma-free (Fig. 5) and gender equality within health facilities coupled to tight monitoring of program data and client experience (Fig. 6) led to increase the number of MSM using our HIV services from testing, prevention and treatment. We recommend a scale up of that intervention towards health equity.

Figure 5: Example of Stigma-free memo displayed at all clinics

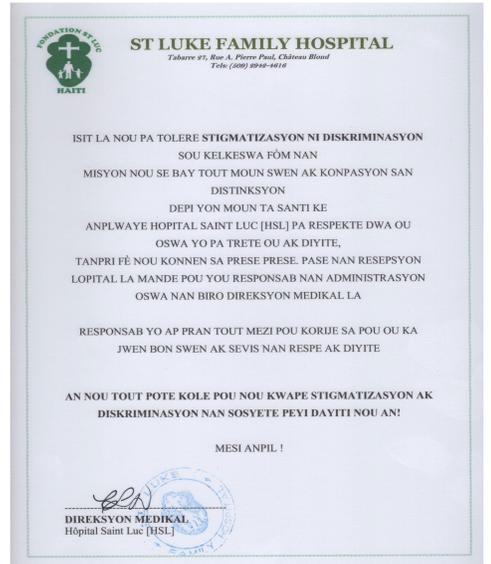
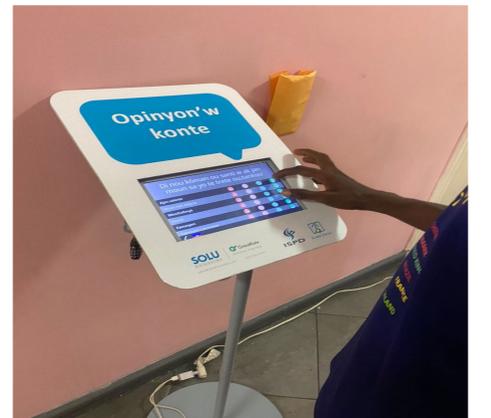


Figure 6: Client' Feedback Collection



DISCLOSURE

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