

End of project popular science description

Introduction

HIV/AIDS has rolling back decades of socio-economic development in Sub Saharan Africa. However, in recent years HIV infection rates has been declining in the general population but men who have sex with men (MSM), female sex workers (FSW) and people who inject drugs (PWIDS), groups described as Key Populations (KP) for HIV epidemic have 2-20 times higher infections rates and contributes up to 50% of new HIV infection in the region. Despite of such high infection rates, only a third has access to health services due to stigma and discriminations. This project therefore aimed at working with KP communities to increase access to health services through studying factors which influence the use of health services (pull and push factors), develop, and evaluate effective modalities for delivery of health services with and for them in Tanzania. A stepwise approach involving both quantitative and qualitative research methods were employed. The project led to increased access to comprehensive package for HIV prevention and care services among key populations, ultimately reduction in HIV infection rates, a promising step towards the achievement of the 2030 goal of ending the HIV pandemic as a public health threat.

Results

Our study found that both health system, societal and individual factors played a major role in influencing access to services among key populations. Stigma, perceived risk of HIV and fear of arrest and prosecution were the major pull factors. Push factors included access to peer educator and trained, friendly trustworthy health personnel. Access to services among key populations increased from 30% to 95% for common conditions and to 70% for conditions related to key population behaviors following the implementation of comprehensive HIV intervention package. While key populations preferred public health facilities for general health conditions due to low cost and presence of highly experienced health personnel, they mentioned stigma and discrimination to be a major hindrance. Private health facilitates although costly, they were preferred for more sensitive key population specific diseases due to low stigmatization by health personnel. During the study period, HIV prevalence decreased among MSM (22.3% to 8.3%), PWIDS (15.5% to 8.7%), and FSW (32.0% to 15.3%) indicative of the impact of increased access to health care services.

Human capacity building was well achieved in this project with three (3) doctoral degree (PhD) training and five (5) master's degree trainings completed. One short course curriculum was developed, and three (3) key population related new projects were achieved during the project period.

Conclusions

Working with and for key populations to develop and implement health services intervention is the most effective approach. Increased access to health services has impacted HIV magnitude among members of the key populations with potential to achieve

the 2030 goal of ending the HIV pandemic in Tanzania. Doctoral and master's degree trainings to mostly university staffs has increased institutional training and research capacity. Excellent collaborations among project partners and close collaboration between the project and the Tanzania commission for AIDS and Ministry of Health facilitated effective implementation of this highly sensitive project even amid the Covid-19 pandemic. Our findings have been instrumental in the revision of the National comprehensive guidelines for HIV prevention and care among key populations and have informed ongoing roll out of Pre-exposure prophylaxis for HIV prevention among HIV at risk populations in Tanzania.

Recommendations

Continuing training of health care workers to address stigma and discrimination against key populations should be given priority in public health facilities. The National AIDS programme should provide support and scale up the peer-to-peer programming as part of the implementation of the comprehensive guidelines for HIV prevention and care among key populations. Key population should continue to be at the centre of all aspects of HIV programming including the ongoing pre-exposure prophylaxis for HIV programme to be able to reach the 2030 goal of ending the HIV epidemic.