



Differentiated prevention/testing/ART delivery for MSM and TG people, Burundi

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OVERVIEW

MOLI, which stands for “*Mouvement pour les Libertés Individuelles*” is a Burundi-based organization whose mission is to build African communities free of all forms of discrimination through research and advocacy to inform laws and policies, commitment and support communities to foster social change and empower effective partnerships at local, national and regional levels. In Burundi, recent data highlights the prevalence of HIV both in heterosexual couples and among key populations¹.

MOLI designs and conducts paralegal trainings intended for the peer educators on issues related to gender and human rights. In addition, MOLI conducts awareness raising/outreach on these issues within the communities of MSMs or TGs, including those involved in sex work using Information and communication technology (ICT). When cases of violence or human rights violations are identified, MOLI initiates advocacy with police and the Ministry of Justice for an enabling environment and the rights of lesbian, gay, bisexual and transgender people (LGBT) people using the right to health access approach.

LINKAGES/Burundi has been implementing a key population (KP) program since September 2016 and has made remarkable progress in providing quality and stigma-free HIV services to men who have sex with men (MSM), sex workers (SWs), and transgender (TG) persons in Bujumbura Marie, Bujumbura Rural, Ngozi, Kayanza, and Kirundo. The program has more than achieved its target in reach and testing, and is making progress towards identifying more individuals living with HIV to enrol them into care and treatment services.

THE LINKAGES/BURUNDI PROJECT

The project is implementing a multi-month scripting and dispensing at facility and community level differentiated ART delivery model. However, due to the existing levels of discrimination, stigmatisation and fear of being outed through community-level services, MSM and TG people often prefer to access facility-based individual model. The services are mostly provided by drop in centres (DICs) identified as safe spaces (e.g. the Remuruka LGBT Community Centre in Bujumbura) and in urban areas in Burundi. However, regular outreach activities within the Linkages/Burundi Project provide avenues for MSM and TG people to be reached. In rural areas, HIV mainstreaming non-governmental organizations (NGOs) provides these outreach services given their experience in working with marginalised communities.

The building blocks of the LINKAGES/Burundi project

	ART refills	Clinical consultations	Psychosocial support
WHEN	3 monthly	3 Monthly/6 Monthly/Annually	Monthly Bi-monthly 3 Monthly
WHERE	Community venue – outreach activities/HIV Clinic/Primal care clinic – mostly run by a mainstreaming HIV NGO or a public health structure affiliated with such organisations or HIV programs targeting KPs.	HIV Clinic/mostly run by a mainstreaming HIV NGO or a public health structure affiliated with such organisations or HIV programs targeting KPs.	Home/Community venue/Primary care clinic – or DICs identified as safe spaces by MSM and TG people.
WHO	Pharmacy assistant/Nurse.	Nurse/Clinical officer/Physician	Peer educators-navigators/Nurse/Psychological associate/Psychologist
WHAT	ART refill/Brief symptom screen.	Laboratory tests/ART rescripting/Clinical monitoring/ART refill	One-on-one counselling sessions/Group discussions/ART refill

¹ Burundi PLACE Report, Priorities for Local AIDS Control Efforts. 2014. Measure Evaluation.



Community-based peer educators are very crucial as midfielders between MSM and TG people and healthcare providers in providing information on the existing services and helping to track referrals. Partnerships with local administrative authorities and law enforcement are also key in order to minimise the risks of being arrested for 'promoting homosexuality' or tackling the fear within the MSM and TG to access the services.

DATA

By having a collaborative and multi-layered approach in assisting victims of violence based on sexual orientation and gender identity, partners² are working on finding lasting solutions to MSM and TG violence and harassment – from October 2017, there have been no cases of violation reported, as 70 law reinforcement members, including 35 police officers and 35 members of the judiciary system were trained on gender based violence (GBV) against KPs.

MSM/TG organizations have been consulted and have identified innovations in HIV case findings (HIV-positive yield) in this particular environment, including self-testing and index testing of those who are positive. As part of the existing strategy, the waiting time was nil as MSM and TG had already a fast track system within the facilities.

Results

Between July and September 2017, 25 peer navigators were trained address linkages to care and treatment for MSM and and are supporting their peers. HIV prevention interventions reached 924 MSM and 6 TG, 424 MSM and four TG were tested for HIV. Seven MSM tested positive (1.65% positivity rate) and were successfully linked to care and initiated ART. Sixteen MSM were treated for STIs.

CHALLENGES AND SUCCESS

The existing punitive legal environment that criminalizes homosexuality and substantial stigma and discrimination – coupled to the violence occurring due to the actual political crisis, and shrinking civic space.³ Therefore, low acceptability frequently reflects unfriendly services, fear of stigma, discrimination, and punitive laws and practices that criminalize KPs and, thereby, discourage access to HIV and AIDS services, including HTC. Innovative methods to bring HTC (including HIVST) to MSM and TG are therefore vital to increasing the yield.

Based on different forms of harassment and the insecure environment the LGBT community has experienced in 2017⁴, a separate security plan for violence prevention and response for the LGBT community has been developed: communication and information flow from the individual facing violence to all levels, including strategies to protect information in mobile phones and computers.

Development of innovative modalities to increase reach, HTC, and ART linkages:

- Reach: social and behavioural change communication (SBCC) ideas, using ICT through program – specific social media, blogs, short message service (SMS) to MSM and TG who sign up, and online counselling for MSM and TG people.⁵
- Conducting HTC for MSM and TG people through organized entertainment events (*soirées ludiques*), to create informal instant, more likely to be accessed, points of service for MSM and TG who are not yet out. Establishing DICs in areas where MSM and TGs are less likely to access the general population HIV clinics.

² MOLI's actual partners targeting MSM and TG in the HIV programming include: *Humure*, Rainbow Candle Light (both identifying as MSM/LGBT organisations), ANSS (HIV mainstreaming local NGO), the National AIDS Council, FHI 360, Burundi Red Cross, USAID/PEPFAR.

³ <https://www.amnesty.org/en/countries/africa/burundi/report-burundi/>

⁴ <http://www.chr.up.ac.za/index.php/centre-news-a-events-2017/1944-press-statement-lgbti-human-rights-defenders-and-lawyers-express-grave-concern-over-continuing-harassment-of-lgbti-rights-defenders-activists-educators-and-supporters.html>

⁵ Action Menya Plus, is an online initiative from the MOLI's ICT department, consisting of a blog providing information, a Facebook page and other social media outlets – engaging MSM and TG people online for outreach and counselling. Action Menya Plus was also used to destigmatize KPs by providing information and sharing personal experiences. <https://www.facebook.com/Menya-Plus-303779296706798/>