



Leaving no one behind:

Working with key populations to reach the "first 90" in Geneva

Heide JIMENEZ DAVILA Berne, 11 May 2017





The 90-90-90 treatment targets





Genève



Médecins généralistes

Rive gauche

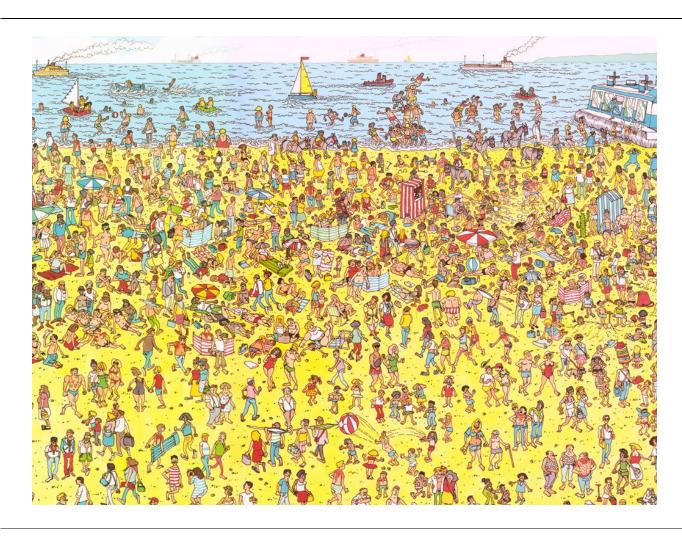
Hôpital cantonal Consultation VIH (tout-public)
Hôpital cantonal Consultation Dermatologie IST (tout-public)
Programme Santé Migrants
Groupe médical d'Onex
Consultation Santé Jeunes (Jeunes 16-20 ans)

Rive Droite

Checkpoint Genève (centre médical communautaire pour les hommes)
Centre médical du Léman
Centre médical de Meyrin



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Geneva: HIV incidence 2010-15

Tableau 1: Incidence du VIH pour 100 000 habitants, par canton / région 1 et année de diagnostic, 2010 – 2015

Année du diagnostic	2010	2011	2012	2013	2014	2015
Berne	5,6	6,0	5,2	6,5	4,9	6,4
Bâle-Ville	8,7	10,2	10,7	9,5	6,3	10,4
Genève	13,1	11,3	17,3	14,5	11,7	13,3
Vaud	11,5	10,3	11,7	9,3	7,4	9,8
Zurich	13,6	11,9	11,7	10,9	9,1	9,9
Plateau suisse	4,1	4,2	4,0	5,4	5,3	3,5
Suisse orientale	4,1	3,6	4,5	3,6	3,2	2,9
Suisse romande	5,5	4,5	6,3	5,0	6,4	5,5
Tessin / Grisons	5,3	6,4	7,1	5,2	4,4	4,4
Suisse centrale	4,4	3,6	3,5	3,9	3,6	2,5
Suisse	7,7	7,0	7,7	7,1	6,3	6,5

Source: BAG-Bulletin 46 du 14 novembre 2016



Groupe sida Genève in a nutshell ...

- Regional chapter of the Swiss AIDS Federation (Aide Suisse contre le sida, www.aids.ch)
- Member of Coalition Internationale Sida PLUS
- Established in 1987
- Annual budget of CHF 2.7 m
- 2'600 members
- 30 volunteers (prevention, support to PLWHIV, events)
- 22 staff
- 7 board members



Core values

- We respect the dignity of all people
- We respect diversity and promote equality of all people without distinction of any kind
- We commit to non-judgement
- We act in solidarity
- We promote a community-based approach



Organization

Communication and advocacy

Target # 1: General public Prevention

Target # 2: Key populations **Support**

Target # 3: PLHIV



HIV diagnostics by route of transmission

Tableau 2: Diagnostics du VIH, selon la voie d'infection¹ et le canton / la région², 2015

Voie d'infection:	Hétérosexuelle		HSH		inconnue/autre	
	N	%	N	%	N	%
Berne	35	54,8%	27	41,9%	2	3,2%
Bâle-Ville	9	47,4%	8	42,1%	2	10,5%
Genève	28	45,1%	22	35,3%	12	19,6%
Vaud	29	38,8%	35	46,9%	11	14,3%
Zurich	47	32,8%	82	57,8%	13	9,5%
Plateau suisse	12	29,7%	18	43,2%	11	27,0%
Suisse orientale	12	47,8%	11	43,5%	2	8,7%
Suisse romande	24	48,1%	18	37,0%	7	14,8%
Tessin / Grisons	9	35,7%	12	50,0%	3	14,3%
Suisse centrale	6	27,8%	14	66,7%	1	5,6%
Suisse	210	40,4%	247	47,4%	66	12,3%

Source: BAG-Bulletin 46 du 14 novembre 2016





Awareness campaigns for the general public



- Groupe sida Genève conducts awareness campaigns on HIV and other STIs targeted at the general public through brochures as well as print, electronic and social media
- Ligne infos sida: telephone hotline to answer questions related to HIV and other STIs 7 days a week, 365 days a year. Services are anonymous and confidential.
- Website infotestvih.ch lists all testing sites in Frenchspeaking Switzerland and neighbouring France as well as comprehensive information on risk-reduction measures and counseling services: 45'000 views per year



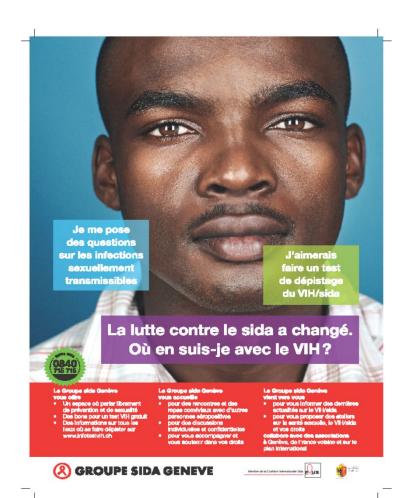
Prevention campaigns tailored to the needs of key populations

- Outreach strategies to promote testing and counselling amongst key populations and vulnerable populations.
- Migrants: GsG has increasingly targeted prevention campaigns to communities hailing from high-prevalence countries and regions with the aim to facilitate access to testing and treatment and to reduce new infections.
- MSM: outreach campaigns at bars, clubs, recreation centres, public parks and other meeting venues to identify the particular needs of MSM and to encourage attitudes and behaviour conducive to sexual health promotion and HIV prevention.
- Other target populations: male and female sex workers (in cooperation with Aspasie), prisoners, other vulnerable populations.



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Outreach by the numbers: 2016

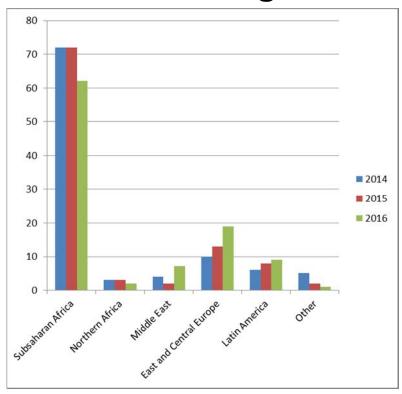
6'139 migrants were approached by the GsG prevention team and **1'937** interviews conducted in the context of **98** outreach interventions at **36** sites.

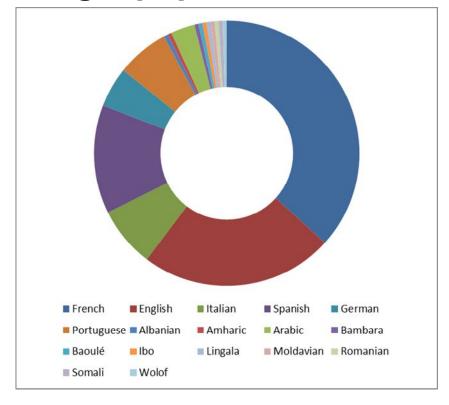
At the Migrant Health Centre, two GsG nurses conducted **216** VCT consultations, 68 of which with the assistance of an interpreter.

1'635 men were approached in the context of 109 outreach interventions targeted at MSM at 9 sites.



Diverse backgrounds of target populations



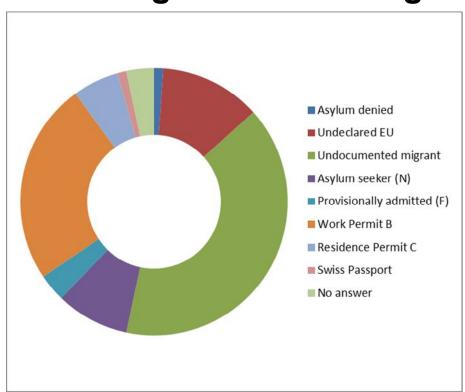


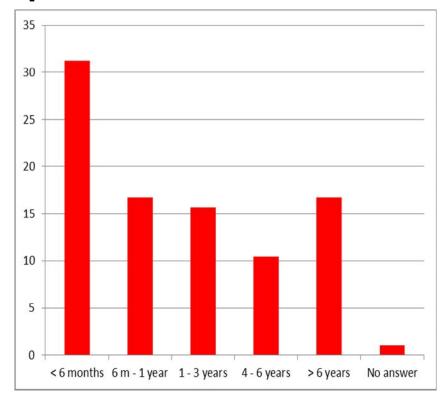
Beneficiaries of VCT consultations : geographical origins

Languages spoken by survey participants, 2015



Legal status of target populations



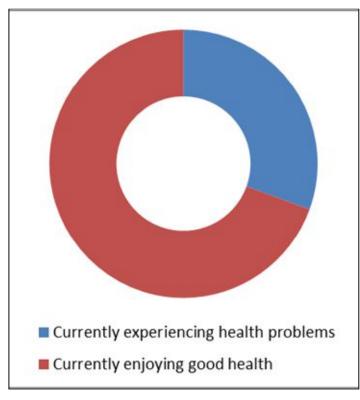


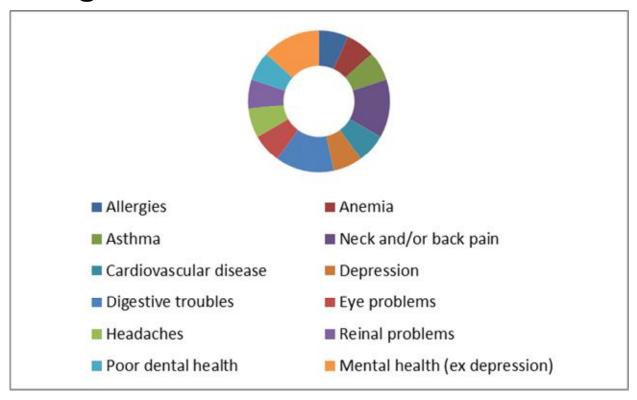
Legal status of survey participants, 2015

Time since arrival in Geneva (survey participants, 2015)



Health status of migrants in Geneva





Self-assessment by survey participants, 2015

Health issues experienced by survey participants, 2015 (multiple answers possible)



Multiple barriers to testing

- Legal
- Financial
- Informational
- Psychological
- Sociological / cultural
- Stigma
- ➤ Multiple strategies required to overcome multiple barriers, but one common denominator: trust



Informational barriers to testing

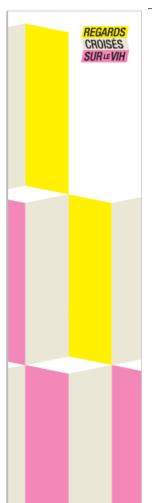
- VIH and VIH transmission
- Sexual practices and associated risks
- Testing recommendations
- Access to treatment and treatment options
- Right to health
- Importance of factually accurate and culturally sensitive information
- No one-size-fits all approach: need for pluralistic approaches



The 90-90-90 targets





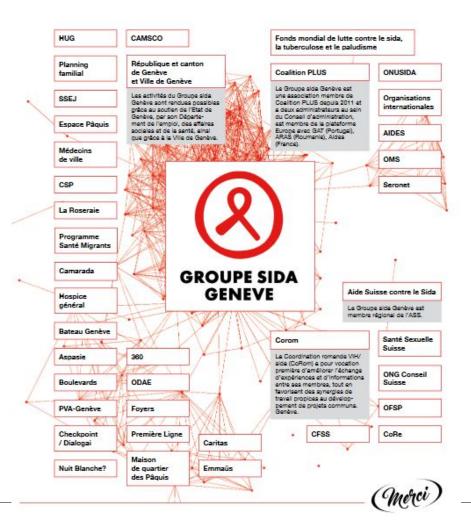


Getting to scale ... to leave no one behind

- Multiple target audiences:
 - Individuals
 - Key population communities
 - Peer educators
 - Social workers and health care professionals (« train the trainers »)
 - etc.
- Strong partnerships with other organizations working with key populations (joint interventions, referral systems)



Our network





Conclusions

- Testing forms an integral part of the « test treat and retain » approach
- Identifying barriers to testing is key to removing barriers
- Key populations are subject to several factors of vulnerability: prevention and testing strategies must take into account social and economic determinants of health and be rights-based
- Key populations are not homogeneous and evolve continuously: need for differentiated and dynamic approaches
- Outreach strategies are most effective when implemented by a coordinated network of actors and targeted at individuals and groups within key populations and working with key populations
- The « last mile » is particularly resource-intensive, but can be scaled up

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