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SUCCESS STORY

A Man Living with HIV Finally Seeks Treatment: The Challenges, Successes, and Perseverance of LINKAGES Djibouti



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— Autre Regard program coordinator

During an informational event on HIV and AIDS that took place in Djibouti City in early 2018, the session facilitator, Abdou, gave out his personal mobile phone number to a group of high-risk men, including men who have sex with men (MSM). He told them that they could call or text anonymously, day or night, with any concerns related to HIV, and he was serious. He wanted to be contacted, and he could help.

The event was held by Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)—a global project funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and led by FHI 36O and local community partners, including the civil society organization Autre Regard. The main topic of discussion was barriers to MSM's access to HIV-related services, particularly HIV testing services.

Until the launch of LINKAGES Djibouti in December 2017, no other HIV project had set out to meet this key population's needs. Due to the criminalization of homosexuality in Djibouti—punishable by imprisonment—and cultural and religious norms proscribing same-sex relationships, LINKAGES has encountered challenges related to those encountered by MSM on a daily basis. The assumption that all MSM are HIV positive, along with the weight of the pervasive stigma and discrimination against them, forces many of these men into hiding. In addition, the small number of people in Djibouti means that everyone knows virtually everyone else. Upon reaching adulthood, most MSM proceed to marry women, forcing them into double lives in which wives also become at risk of HIV infection. The risk for all involved could be diminished with men's consistent use of condoms and lubricant, but until the arrival of LINKAGES, these supplies were often unavailable or difficult for MSM to access.

Accessing HIV services has also been extremely challenging for MSM. Because there is no community-based testing program, all testing must be conducted at a health center or hospital. But MSM, along with other key populations such as female sex workers, are often discriminated against at these facilities. As a result, they do not want to go there for services.

At the LINKAGES informational event with MSM, Abdou gathered men's perspectives about HIV services, and he provided them with information—about the LINKAGES program, the methods of HIV prevention available in Djibouti, and the services offered at the public health facilities and how to access them. Aware of the challenges the men faced, Abdou hoped to begin to establish their trust in the HIV prevention, care, and treatment services.

One week after the event, at 11:16 p.m., Abdou's phone vibrated. He had received a text message that read, "I am positive. I need treatment." The next morning, Abdou wrote back that he was available and would phone the person. But when he dialed the number associated with the message, there was no answer. So, he followed up with a text message: "Don't be afraid. I am here to help you." Several weeks went by, but Abdou heard nothing more from the individual. Finally, six weeks later, Mr. X, as Abdou had dubbed him in the interest of confidentiality, resurfaced. After many messages back and forth, Abdou eventually convinced Mr. X to meet with him and an HIV services peer navigator from Autre Regard. The three went together to an MSM-friendly health





Message to Abdou from "Mr. X": "I am positive. I need treatment."

Photo credit: LINKAGES Djibouti

facility, where Mr. X was enrolled in care and put on treatment. Five months later, he remains on treatment and in contact with Autre Regard's peer educators. In almost one month, he will be eligible to take a viral load test, which the LINKAGES team will help him access. If his viral load is suppressed (i.e., the virus is "undetectable"), he will not be able to transmit the virus to anyone else (i.e., the virus will be "untransmittable"). Further, a suppressed viral load will reduce the risk that the HIV in Mr. X's body will develop resistance to treatment, provide numerous benefits to Mr. X's immune system, and give him the chance to lead a longer and healthier life than would have otherwise been possible.

Mr. X represents a success achieved within the challenging context of working with MSM in Djibouti. By persevering, Autre Regard reached 517 men in just 12 months (215 percent of its target) through the LINKAGES project. Some of these men were known to be living with HIV, like Mr. X. Others did not know their HIV status and accepted testing. At first, most MSM reached by the project were young and from lower-risk groups, and very few of those who got tested were found to be positive. Then, through peer educators' networks, the organization identified groups of men at higher risk; five MSM subsequently tested positive for HIV, and four were linked to care and treatment. This brought the FY18 HIV case-finding rate for MSM to 5.4 percent (6/111 MSM).

This type of data has never been collected in Djibouti until now, in large part because no program prior to LINKAGES specifically catered to the needs of MSM. "Before LINKAGES, MSM were scared to go to health centers for testing or treatment for fear of finding out they are HIV positive or being recognized as MSM. Our peer educators help to reduce this stigma within and outside of the MSM community," says the Autre Regard program coordinator. Autre Regard plans to launch a confidential support line where members of key populations can access information and obtain referrals for prevention, testing, and treatment services. The organization will begin to offer prevention, testing, and treatment, allowing more individuals like Mr. X to reach lifesaving HIV services.

This success story is dedicated to the late Mansour Ahmed, LINKAGES Activity Manager at USAID Djibouti, in recognition of his tremendous contribution to improving the health of vulnerable and most-at-risk populations in Djibouti.







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