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Peer to Peer networking in Identifying Hepatitis C infections among people who inject drugs (PWID) in an urban city, Sri Lanka.

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Background

Field work & Services

- * Peer Led approach is evidenced. as one of the best strategy to reach Key Populations in HIV programs globally.
- * Peer led approach have been helping to reach people who experience barriers to access Services in Sri Lanka.

Model of care

- **1.** A team of an outreach worker and peer educators enrolled.
- 2. This team was trained well on prevention of HIV and hepatitis
- 3. Outreach worker plays a role as a team leader.
- 4. Outreach worker was trained on performing point of care tests.
- 5. Advocacy program were conducted to key personal in the community such as police, community leaders.

Various approaches were used to identify networks; tracing the known networks, Identifying new networks from known networks, identifying new networks through reaching out communities, environmental police, & local court members.

- These identified People Who inject drugs were educated on safer drug use, safe injections, harm reductions and prevention of HIV, & hepatitis.
- Needles Syringes Exchange Services were offered to people who are in need.
- People who inject drugs were offered test for HIV, Hepatitis C, and Syphilis using point of Care tests.
- They then referred to the community center or outreach

Effectiveness

Peer led approach works well in identifying People infected with hepatitis C by penetrating the networks

From January 2023 to August 2023 total of 236 People who inject drugs were newly registered by Peer led model. Of this 227 (96%) were males. Nearly 317 people were enrolled for Needle Syringe Exchange Services during the period. Of this 5 (1.5%) were females.

Two hundred and twenty nine (229) people who inject drugs underwent Hepatitis C rapid test. The outreach worker performed this point of care test in the community. Of this 88 (39%) were identified as reactive for hepatitis C. They were referred to the treatment team.

- 6. Community awareness on prevention and practicing harm reductions were conducted.
- 7. Outreach worker and Peer Educators identify potentials areas of focus (mapping)
- 8. Outreach were continuously mentored and monitored
- 9. Outreach work data was analyzed the work progressively expand with the evidence gathered.





Conclusions

- 1. This ongoing intervention show cases high yield in identifying PWID and detecting hepatitis C within the networks.
- 2. Strengthening and expansion of this model is recommended

