

Peer-delivered HIV/AIDS community testing and prevention services in Lisbon, Portugal

Overview

In 2012, prevalence of HIV/AIDS was estimated to be 10% among men who have sex with men (MSM) in Portugal, compared to a national prevalence of under 0.6%.¹ In Lisbon, new diagnoses of HIV showed a 6% annual increase between 2005 and 2011 within the MSM population.² Concerned by these statistics and the limited number of targeted services available for MSM, members of Grupo de Ativistas em Tratamentos, a non-governmental organization working on HIV/AIDS-related issues, began discussing potential solutions. The idea to establish a community centre in

Lisbon to provide free, anonymous and peer-delivered HIV testing and prevention services targeted to the MSM community resulted from these discussions. After extensive advocacy to the government to highlight the need for this approach to services, in 2010 the Ministry of Health approved funding to support the initiative. The community centre, known as CheckpointLX, opened in 2011. At the Centre, a team of eight trained peers deliver rapid HIV testing and prevention services to the MSM community, supported and supervised by health professionals. If an individual tests HIV positive, a referral protocol between

CheckpointLX and a local hospital guarantees them an appointment to receive treatment within two weeks of diagnosis. Over 5000 HIV tests were performed between 2011 and 2014 and, as a result of the initiative, the MSM community reports better access to HIV/AIDS-related services. Researchers at the University of Porto are currently following a cohort of individuals at CheckpointLX and analysing information collected through a standardized questionnaire that individuals complete when accessing the Centre's services. CheckpointLX continues to deliver services to the MSM community at present.

Problem definition

Men who have sex with men (MSM) are a vulnerable group for HIV/AIDS in Portugal (Box 1). In 2005, prevalence of HIV/AIDS was estimated to be 10% among MSM in Portugal, compared to a national prevalence of under 0.6%.¹ In Lisbon alone, new diagnoses of HIV within the MSM population showed a 6% annual increase between 2005 and 2011.¹

Limited health promotion services targeted to the MSM community have contributed to the trends observed. The MSM population has also been described as exhibiting low rates of care seeking behaviour and poor compliance to medical treatment, which is likely linked to several barriers the MSM community

faces in accessing care, including high levels of stigma and concerns regarding confidentiality.

Box 1

What problems did the initiative seek to address?

- Rising prevalence of HIV among the MSM population in Lisbon, Portugal.
- Limited targeted health promotion on HIV/AIDS to the MSM community.
- Low rates of care seeking behaviour among the MSM population.
- Access barriers including high levels of stigma and concerns over confidentiality.

Health services delivery transformations

Timeline of transformations

Members of Grupo de Ativistas em Tratamentos (GAT), a non-governmental organization working on HIV/AIDS-related issues, came together in 2005 to discuss their concerns regarding worsening HIV/AIDS rates observed in the MSM community. An initiative to establish a community centre offering peer-led HIV testing and prevention services evolved out of these discussions (Table 1). Following three years of planning, GAT began looking for resources to realize their envisaged model of care. After two years of lobbying on the part of GAT, the Ministry of Health approved the funds needed to begin implementing

the initiative in 2010. The community centre, known as CheckpointLX, officially opened in 2011 and continues to offer HIV testing and prevention services to the MSM community at present.

Table 1
What were the chronological milestones for the initiative?

2005	GAT members concerned over worsening HIV/AIDS outcomes for MSM and the lack of preventative services available for this group. Decision is taken to establish CheckpointLX as a community-based HIV testing and prevention service for MSM.
2008	Resources to support CheckpointLX sought by GAT; applications for funding from the Ministry of Health made.
2010	Ministry of Health approves funding for CheckpointLX.
2011	CheckpointLX opens; HIV testing and prevention services begin to be offered.
2014	Ministry of Health re-establishes funding for CheckpointLX; CheckpointLX continues to deliver HIV/AIDS-related services to the MSM community.

Description of transformations
Selecting services. CheckpointLX offers free, anonymous and confidential rapid HIV/AIDS and syphilis testing to the MSM community in Lisbon. For HIV-

positive individuals, the Centre offers a referral service to local hospitals for treatment. Post-exposure prophylaxis treatment is made available through referral to emergency services.

Designing care. Services provided by CheckpointLX are based on evidence-based practices derived from similar initiatives in the United States of America. A strict procedural protocol is in place for all services and HIV testing procedures are set by an independent laboratory. A standardized questionnaire has been developed for each individual to complete, collecting information on basic sociodemographic characteristics, as well as behaviours such as sexual practices, condom use and drug use.

Organizing providers. The initiative has recruited and trained members of the MSM community to provide services at CheckpointLX. A team of peers works alongside health professionals. As all HIV/AIDS treatment must be delivered in hospital according to policies in place, direct referrals between the community centre and a local hospital have been established. This process bypasses the need for referral from a general practitioner, as many members of the MSM community do not feel comfortable seeking care in primary care settings due to concerns over confidentiality. CheckpointLX patients who test positive for HIV receive a hospital appointment within two weeks of diagnosis. Peers from CheckpointLX offer to accompany patients to their first hospital appointment, helping to provide a degree of continuity of care and increase the number of attended appointments.

Managing services. GAT manages the CheckpointLX centre. A scientific coordinator ensures that the Centre is properly resourced and provides supervision for the patient peers working at the Centre. A building space in the heart of the gay district

in Lisbon was acquired and is used as the facility from which the Centre is run. Materials to support safe sexual practices, such as information leaflets and condoms, are purchased and distributed for free by the Centre.

Improving performance. A strict training protocol is in place for all peer team members, with an independent laboratory certifying their training. In addition to teaching peers how to safely and accurately perform rapid tests, training includes education on the biology of HIV/AIDS (and other sexually transmitted infections), infection mechanisms and disease prevention measures. All team members receive additional training as necessary, for example, in order to keep up-to-date with best available evidence on testing procedures. The University of Porto is currently researching the services of the Centre using data collected through standardized patient questionnaires, which the aim to explore opportunities for service improvements in the future.

Engaging and empowering people, families and communities
CheckpointLX is “based on the gay community, near the community and then by the gay community”. CheckpointLX has provided individuals in Lisbon with a confidential service they can trust. They are also able to walk into CheckpointLX and receive free anonymous HIV testing and information delivered by peers. If a positive diagnosis is made, the Centre further supports individuals by offering to have one of the peer team members accompany them to their first hospital appointment, helping and guiding them through the process.

By having members of the MSM community affected by HIV/AIDS deliver services, CheckpointLX is effectively able to connect with and actively involve the wider MSM community in Lisbon. Peer-led services delivery has been an

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Lack of HIV/AIDS services targeted to MSM population.	Free, anonymous and peer-delivered HIV/AIDS rapid testing service made available to MSM. Targeted health promotion and disease prevention services offered to MSM community.
Designing care	
Absence of protocols for peer-delivered testing services for sexually transmitted infections.	Evidence-based protocols for peer-delivered testing in CheckpointLX established.
Organizing providers	
HIV testing available through primary care and patients are referred to hospitals for all HIV/AIDS treatment. MSM population reportedly uncomfortable accessing HIV/AIDS-related services in primary care settings. Long wait times for hospital appointments after referral.	HIV testing and other services delivered by a team of peers working alongside health professionals at CheckpointLX; partnership with local hospitals allows for direct referral to treatment, bypassing primary care. All patients testing HIV positive receive a hospital appointment within two weeks of diagnosis.
Managing services	
No dedicated resources for HIV/AIDS prevention or testing services for MSM population.	GAT responsible for oversight of CheckpointLX. A scientific coordinator ensures that the Centre is adequately resourced and provides supervision for peers.
Improving performance	
Absence of HIV/AIDS training for nonmedical community.	All CheckpointLX team members have received relevant trainings. Researchers at the University of Porto are investigating the impact of the Centre.

integral part of creating a cultural shift towards greater disease prevention, health promotion and HIV/AIDS awareness within this at-risk group.

CheckpointLX also works to strengthen health literacy within the MSM community, providing

information and running educational campaigns on HIV/AIDS and other sexually transmitted infections, as well as information on safe sexual practices and available treatment options. CheckpointLX has published several leaflets and are available at the Centre, as well as in other settings commonly

frequented by the MSM community. Community volunteers help distribute this information, further engaging the wider community with the initiative. Social media campaigns are also run and CheckpointLX services are advertised online, allowing for widespread dissemination of information and increasing awareness of the services available.

Health system enabling factors

This initiative has not sought to active system-wide changes as it has focused on ensuring its sustainability within Lisbon. Nevertheless, the advocacy work of GAT was successful in achieving funding support from the Ministry of Health and the Lisbon City Council, which enabled CheckpointLX to be opened. CheckpointLX has also been able to work within the framework of existing laws requiring all HIV/AIDS treatment to be delivered in hospitals while also strengthening this through care pathways designed with local hospitals to secure referrals.

Outcomes

Research on the impact of services provided by CheckpointLX is on-going. To-date the Centre reports to have expanded HIV testing and prevention services for the MSM community and key informants informally report observing improvements as a result of the Centre (Box 2).

Box 2

What are the key outcomes of the initiative to date?

- Between 2011 and 2014, 5156 tests were performed at CheckpointLX; the number of individuals tested is unknown as a single individual may take several tests.
- MSM community reports better access to HIV/AIDS related services and treatment.

- HIV/AIDS specialists involved with the initiative report seeing male patients in earlier stages of infection compared with three years earlier, potentially indicating CheckpointLX is supporting earlier diagnosis and intervention.

Change management

Key actors

The initial momentum for the CheckpointLX programme was led by grassroots community advocates within GAT (Box 3). Already closely connected to the HIV/AIDS community, GAT members were aware of the growing issues within the MSM population. Realizing HIV/AIDS was not an issue the gay community was willing to champion, GAT members felt it was important to expand their own work to fill gaps in HIV/AIDS care for the MSM community. A motivated group of individuals within GAT led the design and implementation of the initiative, supported more generally by the organization as a whole for advocacy and outreach efforts. Strong and persistent advocacy by GAT was critical for securing and maintaining support from the Ministry of Health.

GAT continues to oversee the running of CheckpointLX with direct support from the MSM community. The high level of peer-engagement with the Centre is a unique attribute of this service that helps involve and gain buy-in from the MSM community. Support from health care professionals, both directly at the Centre and in a local hospital receiving referrals, have also been critical for ensuring the effective delivery of care.

Box 3

Who were the leading actors and what were their defining roles?

- **GAT.** Non-governmental organization that connects people affected by HIV/AIDS and advocates for their rights. Discussions among GAT members first led to the development of CheckpointLX and their advocacy efforts secured funding for the Centre. GAT continues to oversee the management of CheckpointLX.
- **Ministry of Health.** Provides 70% of necessary funds; remaining funds are provided by a variety of different actors, including the Lisbon City Council.
- **CheckpointLX staff.** Composed of peer workers and health professionals responsible for delivery of CheckpointLX services.

Initiating change

Initially, advocating for political and legislative changes for HIV/AIDS services proved more difficult than those leading this effort expected. It was described as a “long and persuasive process” with “lots of meetings” and a need to “repeat the message endless times”. Eventually, after two years of persistent advocacy from the wider GAT community, supported with data and evidence backing the initiative, CheckpointLX had enough credibility and momentum to secure initial funding from the government and other organizations.

Implementation

Successful implementation of the initiative has relied on the motivation of GAT members, CheckpointLX

staff and community volunteers.

Establishing the essential treatment referral process for patients testing HIV positive at CheckpointLX was initially challenging. Laws require HIV treatment be delivered in hospitals, but hospital providers did not want more patients, had no incentive to participate and did not understand the importance of accepting patients referred from a community initiative rather than from a general practitioner. Sheer determination of CheckpointLX’s leadership eventually led them to find hospital providers who were happy to take referrals, securing continuity of care for HIV-positive CheckpointLX patients.

Moving forward

CheckpointLX continues to provide HIV/AIDS related services to the MSM community. The management team for the initiative hopes that research conducted by the University of Porto will provide evidence that can be leveraged to secure more sustainable funding moving forward.

Highlights

- Generating political buy-in took considerable time.
- Strong advocacy and persistent lobbying efforts were essential for securing funding.
- Incorporating the target population in the provision of services helped ensure wider community engagement and trust.
- Establishing partnerships with professionals who believed in the initiative was necessary in the absence of a formal legislative framework or financial incentives.

1 UNAIDS. 2012. “Regional fact sheet: North America, Western and Central Europe”. Available from: http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_nawce_en.pdf

2 Meireles et al. 2015. “The Lisbon cohort of men who have sex with men”. British Medical Journal.