

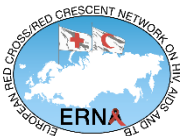
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**HIV Berodung**

**A NATIONAL PUBLIC HEALTH ACTOR IN HIV PREVENTION AND  
CARE FOR OVER 30 YEARS**

Sandy Kubaj – director in charge HIV Berodung  
20th General Meeting of ERNA – Luxembourg 09.10.2019



# MISSION

## Mandate and legal base



The HIV Berodung is a national public health actor.

Its mission is to prevent new infections (HIV, STIs and hepatitis) and favor an environment that responds to the needs of affected people

- Founded in 1988 to accompany people living with AIDS and their relatives
- Today: 3 authorisations from Ministry of Health and exclusive mandate :

Socio-therapeutic counseling and treatment service - 1999	Housing for people suffering from various medico-psycho-social problems related to acquired diseases, including addiction - 1999	Prevention, screening and psychosocial counseling for HIV infections, sexually transmitted infections and viral hepatitis B & C - 2014
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# PRIMARY PREVENTION

## IEC

HIV prevention = acquiring knowledge, changing attitudes, changing behavior

- ▶ National awareness raising campaigns (with the Ministry of Health)
- ▶ Participatory IEC and counseling on risks of HIV and HCV transmission, safer sex and safer use for individuals and groups
- ▶ Trainings for professionals
- ▶ Awareness raising projects – creative competitions e.g. for the World AIDS Day (1st of December)



Preventive Art 2016

# SECONDARY PREVENTION

## VCT

- Rapid, free and anonymous testing for HIV, HCV and Syphilis
- Individual counseling by a psychologist and a nurse
- HIV Berodung, Information Center for Gay and Lesbian (CIGALE), DIMPS (mobile unit)



Ensure access to medical follow-up and psychosocial support for people living with HIV!

# OUTREACH

## DIMPS and Xchange/MOPUD



Mobile unit that reaches out to populations:

- at higher risk
- that don't have access or restricted access to health care services

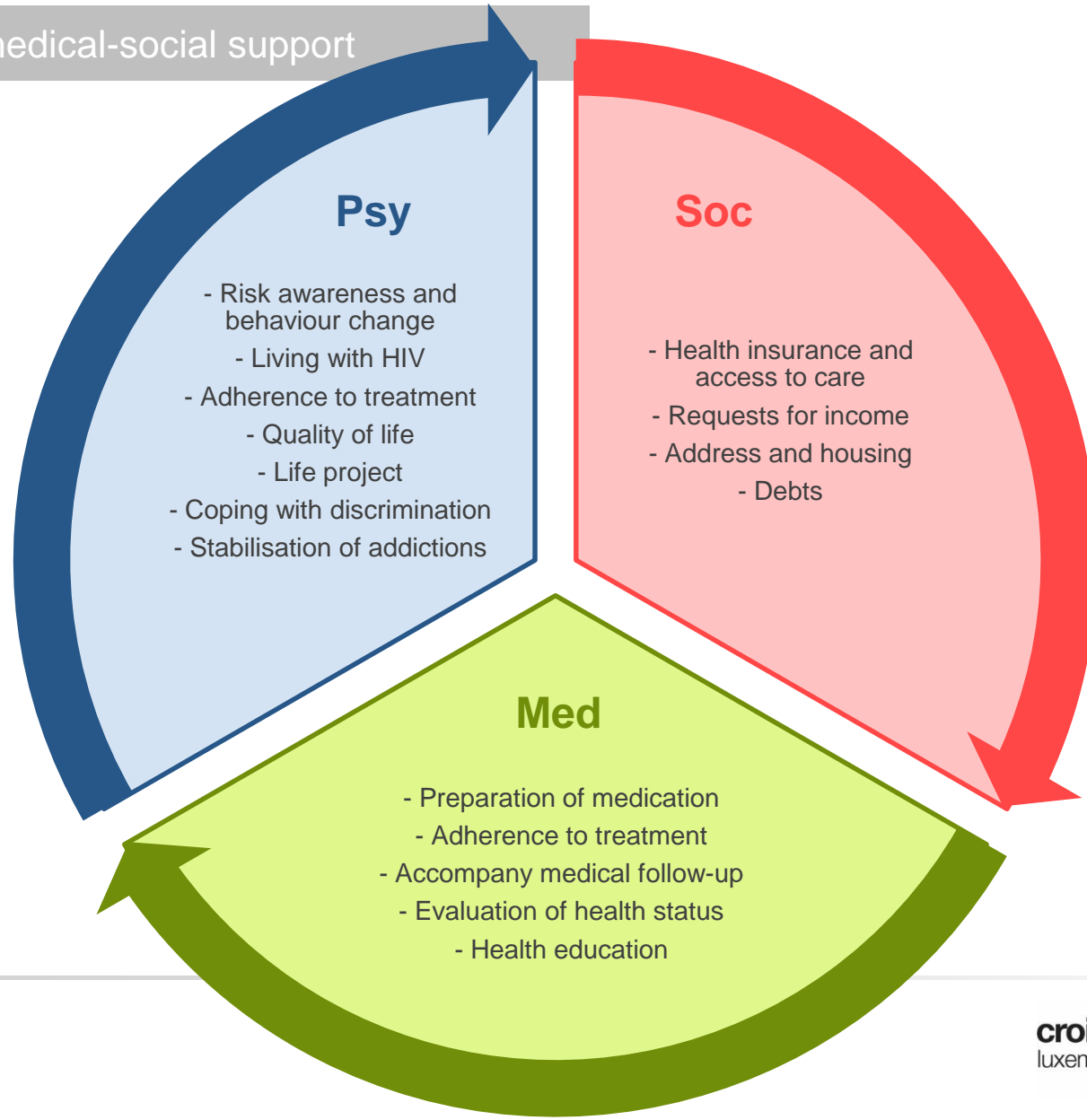


**dimps** – sexual health promotion, rapid testing

**Xchange** – for drug users, needle exchange and rapid testing (JDH, Abrigado, HIV Berodung)

# SECONDARY AND TERTIARY PREVENTION

Psychological-medical-social support





# TERTIARY PREVENTION

## Supervised housing

- Housing for people living with HIV and suffering from a psychological, social or medical distress
- Foyer Henry Dunant: 17 rooms and 9 autonomous flats
- Stabilisation of residents – access and adherence to treatment
- Accompaniment in social and medical procedures
- Social inclusion activities
- **Restore autonomy**



# TARGET

## Beneficiaries and clients

### ► Primary and secondary prevention:

General  
population  
(+/- 3200 people  
sensitised, 600  
VCT)

Populations at  
higher risk (MSM,  
sex workers,  
prisoners, PWID –  
+/- 300 VCT)

Professionals  
health, social and  
educational  
sectors (+/- 200  
trained)

### ► Tertiary prevention:

HIV positiv +  
medico-psycho-  
social distress –  
+/- 200 PLWVIH

#### ► Other frequent factors:

- Hepatitis C
- Addiction and intravenous drug use
- Psychological pathologies
- No legal status or rights – no access to health care and ART
- No housing or income
- No ressources

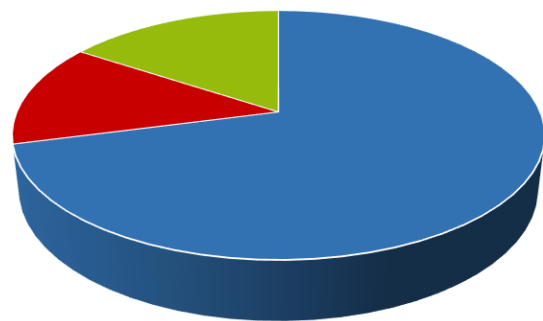


# RESSOURCES

## Funding and staff

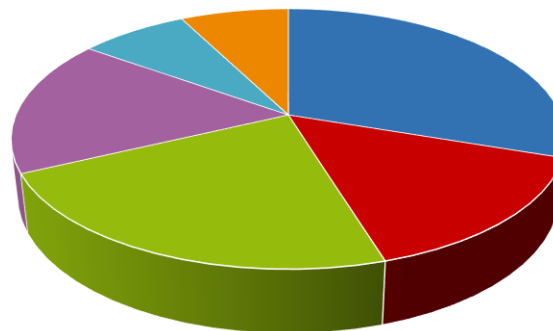
### ► Funding from Ministry of Health and donations

2018: 1600 k



■ Ministry ■ Donations ■ Other ■

2018: 9,5 full time positions = 11 people  
2019: 13,25 full time positions = 17 people



■ Psychologist ■ Social worker  
■ Nurse ■ Educator  
■ Secretary ■ Maintenance and cleaning

# KEY FUNCTION

Collaboration, policy development, innovation

- ▶ Member of National AIDS surveillance Committee
- ▶ Member of Suchtverband (Federation of associations in addiction field)
- ▶ Development, coordination and M+E of national HIV action plan
- ▶ Close collaboration and partnerships with other institutions:

Partners	Objectives
<ul style="list-style-type: none"><li>• Infectious disease Unit of Hospital center of Luxembourg</li><li>• Penitentiary Center of Luxembourg</li><li>• Luxembourg Institute of Health</li><li>• National reference center for sexual and affective education</li><li>• Specialised organisations</li></ul>	<ul style="list-style-type: none"><li>• Relay between the hospital/prison and the release</li><li>• Decrease number of «lost of sight»</li><li>• Continuous medical follow-up and psychosocial support for people living with HIV</li><li>• Specialised service offer</li><li>• Coordinated and adapted response</li><li>• Multipartner Outreach projects</li></ul>

# CHALLENGES

## How to improve?

- ▶ Impact measurement – few data, no centralised HMIS
- ▶ Intensify coordinated response
- ▶ Adaptation – early indicators
- ▶ Housing – few low threshold housing especially for PWID
- ▶ Access to health care and treatment – no universal coverage
- ▶ Special needs of PWID – HIV and hepatitis C infections
- ▶ Coverage of other geographical areas – services centralised

*Menschen helfen*

[www.croix-rouge.lu](http://www.croix-rouge.lu)

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