

Sofia Pinto¹, Virgínia Moneti¹, Miguel Oliveira¹, Teresa Batista¹, Luís Miguel Duque¹

¹ GAT - Grupo de Ativistas em Tratamentos

Introduction:

Sexually transmitted infections (STIs) are a major individual and public health concern. Some populations are disproportionately affected by these infections. This is aggravated when people from these populations face obstacles when trying to access healthcare.

Description:

Grupo de Ativistas em Tratamentos (GAT) is a Portuguese non governmental organization running several community based healthcare centers.

The work carried out is based on the continuum of STIs services, through prevention, detection, treatment and/or linkage to care when needed and notification in the national epidemiological surveillance system.

Among other services, GAT offers confidential and free STI appointments in three of its centers:

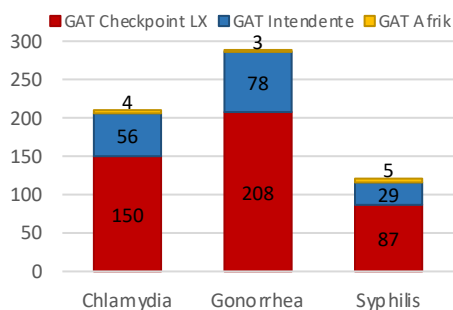
- GAT CheckpointLX - men who have sex with men
- GAT Intendente - trans people, sex workers and/or migrants
- GAT Afrik - african migrants

Lessons Learned:

From January to June 2021, 1906 consultations (with sample collections for STI screening) were carried out. Of these, 1388 (72,8%) were performed at GAT CheckpointLX, 482 (25,3%) at GAT Intendente and 36 (1,9%) at GAT Afrik.

In this period, were performed:

- **210** diagnoses of chlamydia
- **289** diagnoses of gonorrhoea
- **121** diagnoses of syphilis



Recommendations:

These results confirm the need for screening and treatment for STIs in hard-to-reach populations.

The proximity to some populations and the experience and know-how gained over time creates the conditions for it to be interesting to share the lessons we have learned so far with the rest of the health community:

- Have friendly services with few obstacles:
 - Free and flexible services
 - Have peers in the team (people who have already been or are part of key populations)
- A detailed and comprehensive interview (free from judgment) in order to understand (protective and risk) behaviors and consequently adapt the intervention:
 - Ask neutral questions and not assume the answers. Do not assume which *sexual practices* are performed based on *gender identity* and/or *sexual orientation*, as they are different concepts (Example: Questions like "How do you define your sexual orientation?", "Have you had sex since the last time? (if yes) What sexual practices did you have? as opposed to "You define yourself as a homosexual, right?", "Did you use condom in anal sex since the last time?")
 - Particularly with trans population (but not exclusively) ask if people have made changes to their body and/or taken hormones. And if so, ask if the intervention/hormones was with medical support. (Example: Some people inject industrial silicone in their body, without medical support, and with possible health repercussions)
- In teleconsultations (remote), adapt communication according to the digital literacy and availability of each person (Example: Some people prefer to receive results by email, without the need for a phone call and some people don't have email and prefer to receive results by WhatsApp call at a certain time because they will be doing sex work outside Portugal, in a different time zone)
- Support linkage to other entities capable to help with different needs (Example: referral to consultation for hormone therapy management, aimed especially at the trans population; referral to mental health care such as psychiatric consultation, self-care groups support; and very important, help with linkage to care to the National Health Service (NHS), to bring people closer to the NHS)

By sharing this information, we hope to raise awareness for STIs, and that other health care professionals and facilities acquire the necessary skills to adequately respond to the issue in the general and vulnerable populations, in order to bring these populations closer to the healthcare they are entitled to.