"NAVEGANDO JUNTOS": STRENGTHENING HIV, HCV AND SYPHILIS PREVENTION AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN ARMENIA (COLOMBIA)

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Background:
In Armenia, a mid-sized city in Colombia, injection drug use intersects with poverty, stigma, and social exclusion, increasing vulnerability to HIV and hepatitis C (HCV). Prior epidemiologic research documented high prevalence and major barriers to care among people who inject drugs (PWID). *Navegando Juntos* was developed to implement a low-threshold patient navigation model to improve access, retention, and treatment outcomes. Implemented in partnership with a Centro de Escucha (Listening Center), a community-based facility providing harm reduction, psychosocial support, and stigma-free services to people who use drugs (PWUD), the program supports engagement in care.

Methods:
We conducted a quasi-experimental pre–post study among PWID in Armenia, Colombia. Using respondent-driven sampling, 153 participants were recruited and followed for 12 months. Participants received rapid testing for HIV, HCV, and syphilis and completed standardized assessments at baseline, 6, and 12 months. The intervention included peer-supported navigation, linkage to antiretroviral therapy, HCV treatment referral, syphilis treatment, harm reduction education, and social service support. Pre–post differences were assessed using Cochran's Q and Friedman tests.

Results:
Participants (mean age 34 years; 82% male) experienced severe social vulnerability: 50% were homeless and 43% had been incarcerated. Baseline prevalence was 8% for HIV, 60.1% for active HCV infection, and 14% for latent syphilis. Among participants living with HIV, viral suppression increased from 46.2% to 72.7%, and median $\log_{10}$ viral load declined from 4.14 to 2.04. Among 112 participants with active HCV infection, 41 initiated direct-acting antiviral therapy and 37 achieved sustained virologic response, representing a 90.2% cure rate among those treated.

Conclusion:
A low-threshold navigation model delivered through community-based Centros de Escucha improved HIV viral suppression and enabled high HCV cure rates among PWID. Integrating HIV, HCV, and syphilis services with harm reduction and continuous patient navigation represents an effective and humane model of care in Colombia and a promising strategy for replication across Latin America.