Lead, Follow, or Get Out of the Way: Empowering Key Populations to Respond to the HIV Epidemic

Field Experiences from the USAID LINKAGES Project

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Overview and Disclosures

• No conflicts of interest to disclosure

• Why key populations?
• Peer-driven interventions to engage key populations
• Meaningful messaging through co-creation
• Task-shifting across the cascade under a KP-led model
• Lessons learned
Who are the Key Populations?

- People Who Inject Drugs (or IDUs)
- Female Sex Workers (FSW)
- Men who have sex with men (MSM)
- Transgender People (TG)
- Prisoners (added in 2016 update)

Global distribution of new HIV infections by population, 2017

- Sex workers: 52%
- People who inject drugs: 18%
- MSM: 18%
- Transgender women: 3%
- Transgender men: 1%

WHO, 2016; UNAIDS, 2018
Why are we concerned about these populations?

• At much higher risk of HIV infection compared with members of the general population, but
• Population-based data show that testing and treatment coverage among key populations remains disproportionately low\textsuperscript{1,2}
• No key population group close to achieving 90-90-90 targets\textsuperscript{3}
• Cascade improvements hindered by persistent barriers, such as stigma (including self-stigma), discrimination, and punitive legal and policy environment
What do we mean by empowerment?

• Measures designed to increase the degree of autonomy and self-determination in people and communities
  • Overcome a sense of powerlessness and lack of influence
  • Recognize and use their own resources
  • Act on their own authority and represent their interests
• To claim their rights and control their own lives

• PEPFAR-funded USAID LINKAGES Project aims to empower KP communities to improve their own access to, and uptake of, HIV services across the prevention, testing and treatment cascade
Enhancing peer outreach through peer-driven recruitment

Peer outreach worker contacts KP members...
...and invites them to be tested for HIV, and to become peer mobilizers.

Peer mobilizers contact KP members in their networks...
...and engage them to be tested for HIV, or to enroll for ART if HIV+

Peers may then in turn contact peers in their own networks for testing or treatment.

Trained program worker
Contact may be known, or new to program
Unknown, new contact to program
Unknown, new contact to program
Enhanced outreach outperformed traditional reach models in Indonesia

HIV Testing by Key Population, LINKAGES Indonesia Apr. 1 - Sept. 30, 2018

Source: USAID/LINKAGES Indonesia Client Management Database, April 1 – September 30, 2018
Co-Creation to avoid the “expert trap”

- Collaboration between experts, stakeholders and audiences to develop new value
  - concepts,
  - solutions,
  - products
  - services
- Used to shape health interventions targeting issues ranging from cardiac arrest to cancer.^[4,5]
- Audiences have demonstrated preferences for co-created messages^[6]
- Growing body of evidence around the effectiveness and cost-savings of co-created or crowd-sourced health promotion interventions^[7]
Co-Creation in a Crisis – an Indonesian Story

Andrea, a lifestyle influencer on Instagram with 30K followers and a focus on dating, sexual health, and rights. Partnered with LINKAGES to engage with her followers about HIV, testing, treatment etc.

Andrea re-posts a reply from follower who claims she got HIV from a facial...

Story goes “viral” on social media and news.
Co-creation in a Crisis – an Indonesian Story

Andrea clarifies HIV transmission for her followers

Since the viral story Andrea’s followers more than doubled – and they stayed! Her lifestyle focus that is broadly appealing and professional input from doctors kept her followers engaged.
Co-Creation in a Crisis – an Indonesian Story

12,267 clients completed an online risk assessment

791 clients booked an HIV test

Increase in HIV Case-Finding*

* Among 9 participating clinics in Jakarta

Andrea, 6619, 54%
Other Influencers, 246, 31%
Other, 5648, 46%

Andrea, 271, 34%
CBS, 225, 28%
Direct, 48, 6%
Ad 1%
The next step – KP-Led Health Services

- Under the KPLHS model, HIV services across the cascade are delivered by CBOs in partnership with the public health sector.
- Services adhere to Ministry of Public Health standards but are designed in consultation with KP members themselves:
  - Differentiated based on need
  - Demand-driven
  - Client-centered
- Better results across the HIV services cascade by reaching clients when and where they are, with the services they need and want.
KPLHS Across the HIV Cascade of Services

- Expanded reach through peer-driven recruitment models
- Demand generation in partnership with community influencers and co-creation of messages and materials
- Multiple approaches to HIV testing
- Peer navigation for rapid ART initiation and differentiated treatment models
- Prevention options including community-based PEP and PrEP
- KP-led adherence support and retention
KPLHS Thailand Progress and Accomplishments

- 103% increase in HIV testing from FY2017-2018
- 115% increase in treatment initiation
- KPLHS Sites across 9 provinces account for:
  - 55% of MSM and TGW tested for HIV nationwide in 2018
  - 36% of newly diagnosed HIV-positive cases among MSM & TGW nationwide in 2018
  - 55% of Thai PrEP users as of June 2019
Key Messages

• There are persistent gaps in HIV service uptake for key populations most at risk of becoming infected or transmitting HIV to others

• Communities are critical to reaching, providing services for, and retaining these individuals along the HIV cascade

• Key populations are demanding services and, where solutions are not provided, they are forging their own responses

• We cannot “empower” KPs – they are claiming their own power. The question is what we can do to support them.
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