# Hidden No More: Innovative Approaches for Reaching Key Populations for HIV Care and Treatment in Ghana

## BACKGROUND

In 2014, the national prevalence of HIV was estimated to be 1.47% among Ghana's adults, but the prevalence of HIV is significantly higher among key populations in that country. Recent studies of key populations in Ghana show that female sex workers (FSWs) have an HIV prevalence rate of 11.1%,[1] and the rate reaches 17.5% among men who have sex with men (MSM).[2] Stigma and discrimination, marginalization, and low levels of HIV knowledge are key determinants of key populations' vulnerability to HIV and also impede their access to HIV services.

Over the past 10 years, FHI 360 has implemented and refined a combination of outreach strategies — through the USAID-funded SHARP (2004-2009), SHARPER (2010-2014), and LINKAGES (2014-2019) projects — to overcome the structural barriers that prohibit key populations from safely accessing HIV prevention, care, and treatment services. The SHARPER project implemented social-media networking, community events, helpline counseling, and SMS reminders to reach these men and women. Through the LINKAGES project, FHI 360 repositioned its outreach approach toward the "90-90-90" care and treatment goals of the United Nations Programme on HIV and AIDS' (UNAIDS) — to diagnose 90% of people living with HIV (PLHIV), enroll 90% percent of PLHIV on antiretroviral treatment (ART), and achieve viral suppression in 90% of those on ART by 2020. To that end, LINKAGES used peer education, helpline counseling, social-media outreach, and outreach events to fulfill its mandate of enrolling key populations in HIV care and treatment.

### KEY MESSAGES

1. Tailored and integrated outreach strategies are needed to dismantle structural barriers to HIV care faced by key populations and people living with HIV.
2. Combining conventional outreach approaches, such as peer education, with social networking and technological innovations can successfully reach hidden populations.
3. Although outreach approaches have been successful for HIV testing and counseling, retaining these individuals in care and treatment services remains a challenge.

LINKAGES, a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is the largest global projected dedicated to key populations. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill. The contents of this document do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

[1] Ghana AIDS Commission, "Country Aids Response Progress Report – Ghana." 2015 http://www.unaids.org/sites/default/files/country/documents/GHA_narrative_report_2015.pdf

[2] Ibid.

## OUTREACH STRATEGIES AND OUTCOMES

Under SHARPER and LINKAGES, a combination of outreach strategies were implemented to increase HIV information and counseling, testing, and enrollment in care and treatment services. Across all outreach strategies, a key population member is designated as "reached" when they have received education on HIV and other sexually transmitted infections (STIs), undergone a risk assessment, received condoms and lubricants, and been referred for HIV-related testing and services.

### I. Peer education

Throughout SHARPER and LINKAGES, volunteer peer educators (PEs) were engaged to conduct HIV peer education and outreach services. The SHARPER project recruited 180 PEs (120 FSWs, 60 MSM) and LINKAGES's implementing partners added 153 PEs (101 FSW, 52 MSM) and another 28 PEs who were people living with HIV (PLHIV). Each PE met with a network of 70 to 100 people — either one-on-one or in groups of various sizes. Additionally, each PE visited key population "hotspots" (brothels, bars, entertainment venues) three to four times each week to provide services to the network.

The PEs received a five-day training from SHARPER and LINKAGES staff members in HIV/STI education, condom demonstration, gender equality, and sexual health. As part of the behavior change communication (BCC) strategy to address sexual health and HIV/STI interventions among key populations in Ghana, SHARPER developed two manuals that were used to train peer FSWs and MSM: "I am Someone's Hope: HIV Prevention and Care Training Manual and Tools for Peer Educators of Female Sex Workers" and "It's My Turn! HIV Prevention and Care Training Manual and Tools for Peer Educators of 'Men who have Sex with Men.'" Following the training, PEs provided HIV/STI education, distributed condoms and lubricants, made referrals for HIV care and treatment/STI services and testing, and served as role models and key informants during any human rights violations that took place within their peer network.

**FIGURE 1**

**Female sex workers reached under LINKAGES and referred for HIV services: February 2015-March 2016**

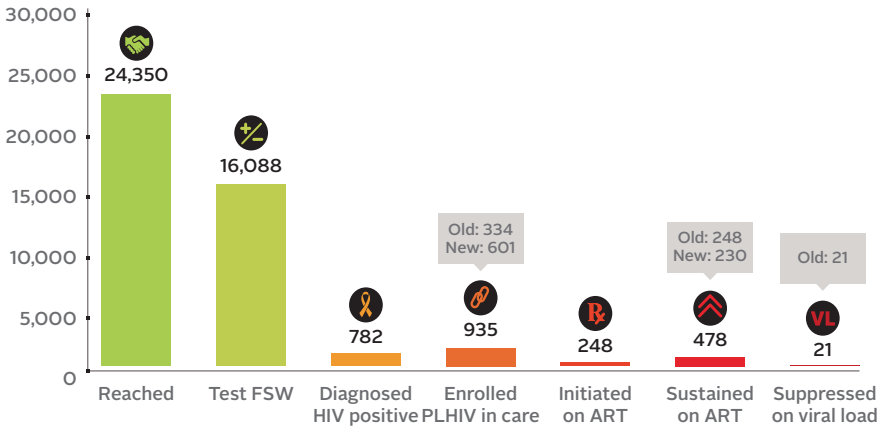


**FIGURE 2**

**Men who have sex with men reached under LINKAGES and referred for HIV services: February 2015-March 2016**

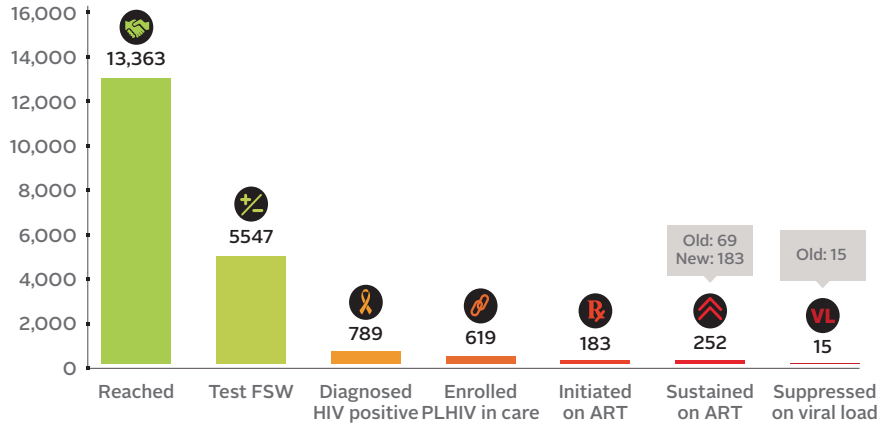


Figure 1 demonstrates the thousands of FSWs in Ghana that entered the HIV services cascade through referrals by LINKAGES peer educators between February 2015 and March 2016. In Figures 1 and 2 above, "New" refers to FSWs/MSM who tested positive during the reporting period, whereas "old" refers to those who already knew their HIV status and enrolled into care during the reporting period. Significantly more FSWs than MSM were reached (see Figure 2) because of the greater number FSWs in the LINKAGES areas of operation in Ghana.

### II. Outreach events

Discreet outreach events were a seminal part of the outreach strategy under SHARPER and LINKAGES. Peer educators and community liaison officers (who supervised peer educators) conducted group counseling sessions on HIV prevention, testing, care and treatment, and education sessions on gender-based violence, stigma, and discrimination. To reach the maximum number of FSWs, male sex workers (MSWs), and MSM, these events often took place at key-population "hotspots" and community centers.

In some locations, nurses from the Ghana Health Service (GHS) offered onsite HIV testing and counseling, and provided condoms and lubricants. All individuals who tested HIV positive or who required further clinical services for STIs received active referrals.

Eight outreach events for MSM took place under SHARPER, and 10 outreach activities — Accra (6), Cape Coast (1), Kumasi (2), and Sunyani (1) — were organized for MSM during an 18 month period under LINKAGES. Between February 2015 and March 2016, 192 MSM were tested and 52 enrolled in HIV care and treatment as a result of these outreach events by LINKAGES.

**III. Use of information and communications technology for HIV care and treatment**

Information and communications technology (ICT) and mobile phone interventions were leveraged under SHARPER and LINKAGES to reinforce key behavioral messages, information, referrals and counseling services provided by peer educators and health workers to sex workers, MSM, and PLHIV.

Helpline counseling (Text me! Flash me! Call me!)
Piloted under SHARP and implemented under SHARPER and LINKAGES, helpline counseling allows key population community members and PLHIV referred by implementing partners and peer educators to place an anonymous call or text to trained GHS counselors and nurses for HIV/STI guidance and counseling. These 17 GHS nurses were selected by their supervisors and members of the key population community to become trained and sensitized under SHARPER in the unique health needs of key populations and PLHIV. As compensation, they received a small monthly stipend and reimbursement for cell phone costs.

The helpline counseling service was successful in strengthening Ghana's HIV referral system. Between February 2015 and March 2016, helpline counseling under LINKAGES reached 2,632 key population community members (1,563 MSM and 1,069 FSWs). Of those reached, 666 MSM and 392 FSWs were HIV positive and 992 were enrolled in care. These results demonstrate that follow-up communication has been critical in ensuring the completeness of referrals and in reinforcing service provision for clients along the HIV cascade.

SMS
Bulk daily reminders for ART adherence and positive living, plus other weekly HIV-prevention messages (see Table 1) were sent out through SMS to networks of key populations and PLHIV. These messages were developed to complement peer education, increase adherence to HIV treatment, and transmit information on sexuality, gender, and human rights. Tailored messages were also sent during holiday seasons, when the potential for HIV transmission might be higher because of risky sexual behavior.

Social network testing
Social network testing (SNT) is a peer-recruitment strategy designed to identify key populations and recruit them for HIV counseling and testing services. SHARPER first tested this approach when key population surveys indicated that many MSM populations that were at highest risk of HIV (MSM 25 years and older) were not being reached through peer education because they felt uncomfortable being directly contacted by a younger peer educator. In response, SHARPER hired 3 MSM from Accra, Kumasi, and Tamale as community liaison officers (CLOs) to initiate social media outreach to their networks of MSM in their respective communities. The CLOs used Facebook to conduct daily discussions about HIV prevention, sexual health and condom use, and promoted routine testing for HIV and screening for other sexually transmitted infections. The CLOs also conducted private online and telephone conversations with MSM who requested more information or who were seeking referrals. In some cases, the CLOs physically accompanied their contacts to the recommended services. In 2013, 15,440 unique MSM were reached through social media by the three CLOs, while 12,804 unique MSM were contacted by 110 peer educators.

Under LINKAGES, the SNT strategy using the CLOs was revised to introduce a support system that enabled CLOs to not only reach their peers through social media, but also to provide support for MSM during HIV care and treatment services. In 2015,

**TABLE 1**

**SMS strategies for HIV adherence and positive living**

| MESSAGE GROUP NAME | TARGET AUDIENCE | MESSAGE CONTENT | FREQUENCY |
|---|---|---|---|
| Lifeline | PLHIV who opt in | Positive living, daily ART adherence support and reminder messages | Daily between 7-7:30 AM |
| It's My Turn | MSM | Positive behavior change relating to HIV prevention and care | Fridays at 4 PM |
| I am Someone's Hope | FSWs | Positive living and preventive HIV/STI information | Wednesdays at 4 PM |
| LearnMore | National AIDS Control Program trained STI providers | Refresher information and reminders on the use of the revised national STI guidelines | Mondays at 9 AM |
| Stigma and Discrimination | All key populations | Report cases of stigma and discrimination to the Commission on Human Rights and Administrative Justice's (CHRAJ) human rights violation reporting system | Mondays at 7 AM |

two case managers (MSM living with HIV who are well-respected among their peers) were engaged to oversee the CLO strategy in Accra and Cape Coast by identifying other MSM living with HIV, support them to enroll in care and treatment, and follow up with them to ensure that the people they have identified stay in care and treatment until they attain viral-load suppression. Case managers are also responsible for ensuring that their peers are enrolled in Ghana's national health insurance system in order to received subsidized (and in some cases, free) HIV testing, services, and medication.

The SNT strategy was further expanded under LINKAGES to accommodate and track key population community members and PLHIV who accessed the helpline counseling service, even though they were not referred through a LINKAGES implementing partner or peer educator. In response, LINKAGES engaged four SNT providers (2 in Accra, 1 in Kumasi and 1 in Koforidua), who are LINKAGES-trained GHS counselors, to follow up with these "out-of-network" MSM who tested positive, and to support them in their initiation or adherence to HIV care. These MSM were encouraged to refer their friends to helpline counseling or HIV services. Through the SNT strategy, 485 MSM were tested, 178 were positive and 129 MSM were enrolled in care for the period February 2015 to March 2016.

Table 2 summarizes LINKAGES's blended approach to integrating traditional and social network/ICT outreach strategies targeting MSM and FSW. The LINKAGES team used strategies — such as SNT, helpline counseling, and peer outreach to MSM and MSW — that specifically targeted higher-risk networks of key populations. In contrast, the implementing partners employed peer education, drop-in clinics, and mobile HIV testing and counseling to reach a broader range of key population members. As a result, complementary groups of key population members were reached.

**TABLE 2**

**HIV testing and counseling outreach strategies under LINKAGES (February 2015 to March 2016)**

| STRATEGY | MSM | | | FSW | | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| | # Tested | # Positive | % Yield | # Tested | # Positive | % Yield | # Tested | # Positive |
| HelpLine counseling | 657 | 286 | 43.5 | 756 | 296 | 39.2 | 1413 | 582 |
| Social network testing | 485 | 178 | 36.7 | - | - | | 485 | 178 |
| MSM/MSW peer outreach[3] | 192 | 52 | 27.0 | - | - | | 192 | 52 |
| Outreach through implementing partners | 4,213 | 273 | 6.3 | 15332 | 486 | 3.2 | 19,632 | 759 |
| **TOTAL** | 5,547 | 789 | 14.0 | 16,088 | 782 | 4.9 | 21,722 | 1,571 |

## LESSONS AND RECOMMENDATIONS

SHARPER and LINKAGES used integrated outreach strategies (a blend of traditional peer-education tactics with social networking and ICT) to reach sex workers, MSM, and PLHIV with a suite of HIV services. Both projects demonstrated the viability of testing, adapting, and scaling these approaches to successfully reach the unreached and enhance the uptake of HIV testing, care, and treatment.

The transition from prevention (under SHARPER) to care and treatment (under LINKAGES) highlights the importance of adapting outreach strategies to reflect new objectives, even if the target populations and the social-outreach platforms remain the same. LINKAGES executed this transition by adapting their SNT and CLO strategies to include case managers, and by adapting the helpline counseling service to engage trained GHS counselors to accommodate and track key populations and PLHIV who were referred from outside of the immediate LINKAGES network.

These innovative changes were introduced with considerable success and made a rapid impact on the population —large numbers of FSWs and MSM were reached with HIV testing and referrals within the first year of the transition. The use of these "tailored" outreach approaches allowed LINKAGES to reach the most vulnerable and marginalized populations for HIV testing, care, and treatment.

Both the SHARPER and LINKAGES projects encountered structural factors that posed challenges to retaining key populations in HIV care and treatment. For example, some clients were lost because the proper equipment and trained service providers (to conduct vital tests before the initiation to care) were unavailable. Client retention was also hindered because many clients were unable to pay for laboratory tests or transportation to health facilities. And, unlike HIV testing and counseling, enrollment in care and treatment must take place at the few public health facilities or private clinics that have been accredited by the Ghana Health Service (rather than community drop-in clinics).

Although LINKAGES's outreach strategies were successfully improved access to health facilities for key populations, future evaluations are needed to assess the effectiveness of different outreach approaches for sustaining them in HIV care and treatment.

[3] This activity was specifically designed to reach the most-at risk MSM and MSWs. FSWs were mostly reached through peer educators.