

# Using SNS to improve HIV case-finding and linkage to post test services in Eswatini

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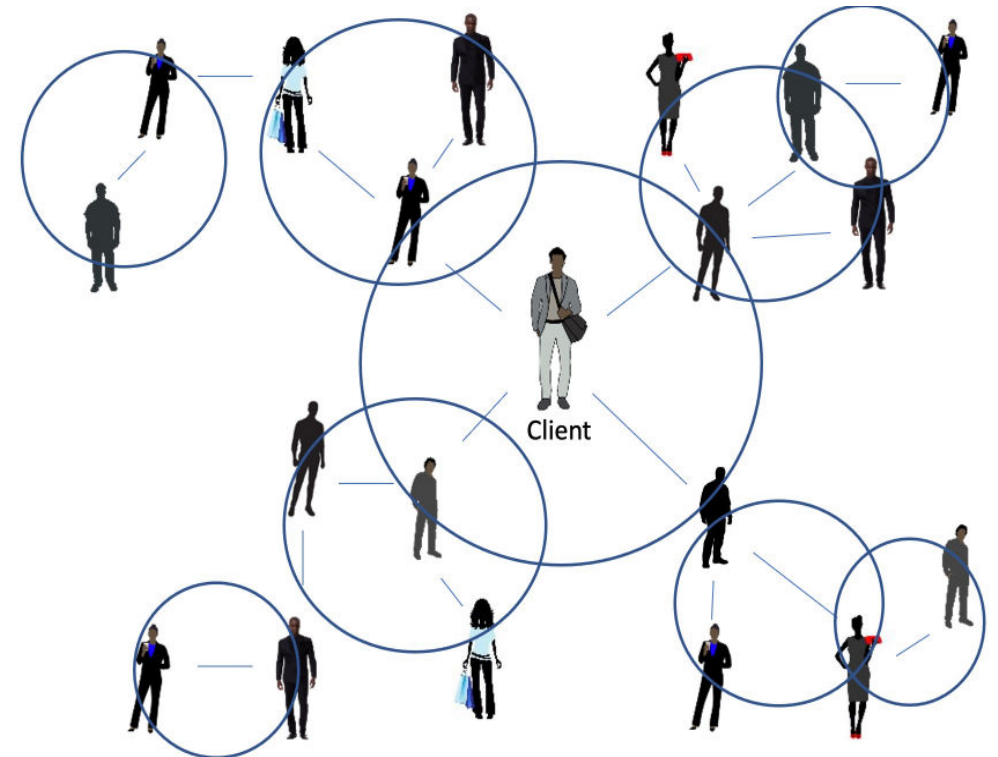
**Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services**

March 13-16, 2023 | Nairobi, Kenya

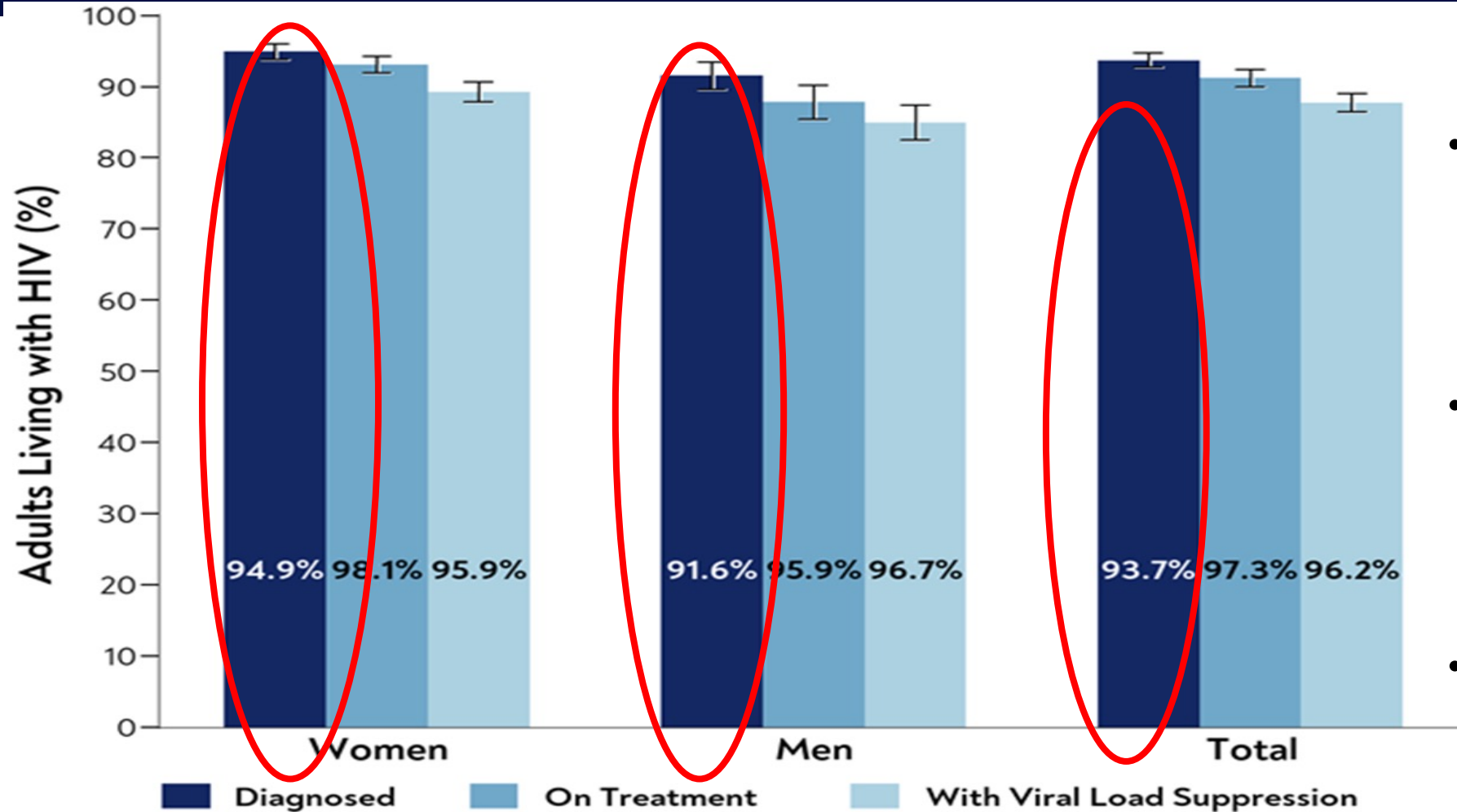


# Outline

1. Background: towards the 95-95-95 in Eswatini
2. Remaining gaps in knowing status among priority and KP
3. Strategies for testing
4. Results from strategies
5. Lessons learned

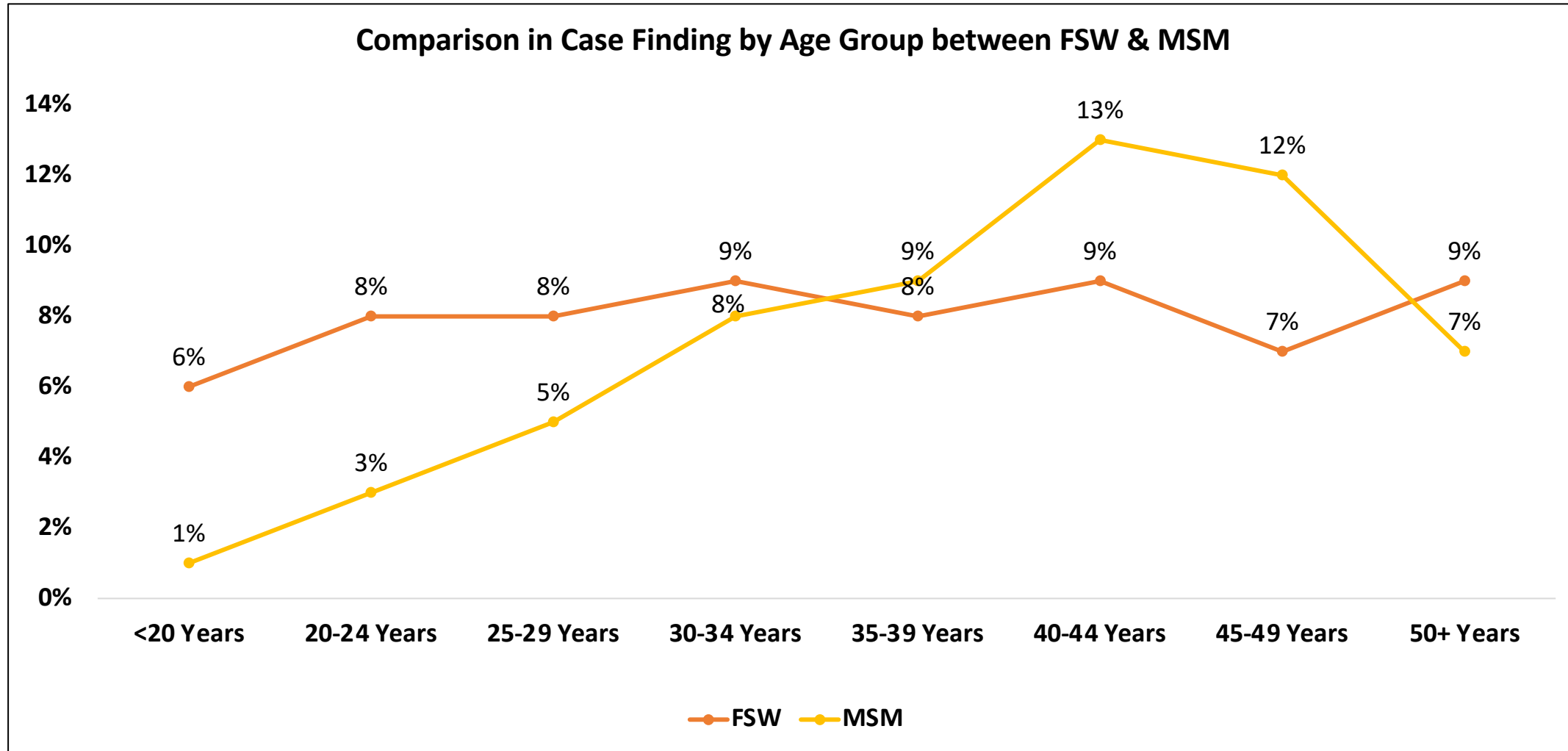


# Background: Eswatini 1st 95 Status (SHIMS 3)



- **Diagnosed**
  - **93.7%**
  - Women: **94.9%**
  - Men: **91.6%**
- **On Treatment**
  - **97.3%**
  - Women: **98.1%**
  - Men: **95.9%**
- **Viral Load Suppression**
  - **96.2%**
  - Women: **95.9%**
  - Men: **96.7%**

# EpiC programmatic Data Case Finding: Oct 2020 – Set 2022



# Out of facility HIV Testing Platforms/Modalities

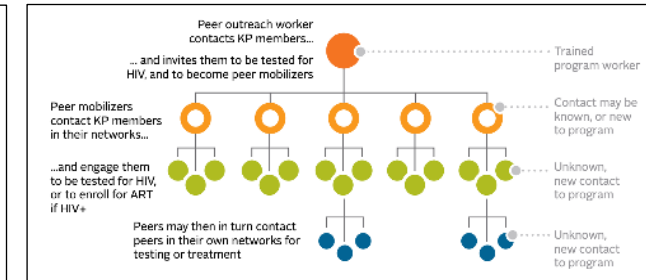
Modality	Definition
Mobile outreach	Community mobile outreach clinics providing services to KP in the communities where they live or socialize. Clients normally tested with rapid test.
Moonlight/Makeshift Venue-Based Clinics	Temporary rented rooms/venue/structure where services are provided in any relevant location (e.g. bars, brothels, safe spaces)
Home-based HTS	Houses for MSM/TG or any other safe spaces where MSM/TG convene or socialize.
One-on-One (Appointment Based)	One-on-one service provision at chosen locations. This can occur at home/work or a neutral and safe location
KP DICs	DICs, known as TRUE Community Centres, which operate on certain days of the week.
KP community events	The KP community supports larger events where peers and support networks come together to support different key issues identified by the community.

# SNS Strategies Implemented

Strategy	Description
<b>Enhanced Peer Outreach Approach (EPOA)</b>	<ul style="list-style-type: none"><li>▪ Effective strategies for improving case detection include incentivizing outreach and reaching new networks through “seeds” and peer mobilizers.</li><li>▪ It includes physical and/or virtual mobilization.</li><li>▪ It includes distribution of HIVST kits.</li></ul>
<b>Index testing</b>	<ul style="list-style-type: none"><li>▪ Ethical and voluntary index testing for KP’s sexual partners. These are partners tested HIV positive or known to be living with HIV but not virally suppressed.</li><li>▪ This is part EPOA and routine HIV testing.</li><li>▪ Anonymous eliciting of clients been added as part of expanding elicitation.</li></ul>
<b>Risk-Network Referral (RNR)</b>	<ul style="list-style-type: none"><li>▪ RNR strategies offer KP PLHIV with options to informally extend linkages to HIV testing and other services to a broader set of social and risk network members facing elevated HIV infection risks through physical and virtual coupon-based chain-referrals.</li><li>▪ This is part of routine HIV testing or an EPOA.</li><li>▪ HIV risk and vulnerability screening used to ascertain risk of clients.</li><li>▪ There may not be any need for clients to provide the names of their contacts.</li></ul>

# EPOA: What it does

- The goal is to reach KP at high risk and provide them with services:
  - link HIV-positive KP members with treatment and care,
  - connect HIV-negative KP members with services that will help them remain HIV negative.
- Close the gaps in access to testing, treatment, and prevention services among historically hidden and hard-to reach KP.
- Improve the capacity of outreach programming to adapt to new HIV transmission patterns and continuously improve outcomes over time.
- Increase the capacity of outreach programming to meet the differentiated prevention, care, and support needs of KP members in the community across the entire HIV cascade.
- ORWs invite members of KPs to become Peer Mobilizers (PMs)
  - PMs, in turn, reach out to their social and sexual networks to encourage peers to get tested for HIV and seek other related services.



# Key components of EPOA

If any one of the below are absent, it is NOT EPOA:

- Performance Based (what?, where?)
- Incentives (is there a minimum? Non-monetary?)
- Higher risk social and sexual networks (not just #'s, but results)
  - Selection, tracking, and pairing/coaching of ORWs and PM
- Clear linkages to high-quality prevention and treatment education, navigation, and support.
- Data Use to determine targeting—where, when, who?
- Quality Improvement: continual review & revision (adaptive management).

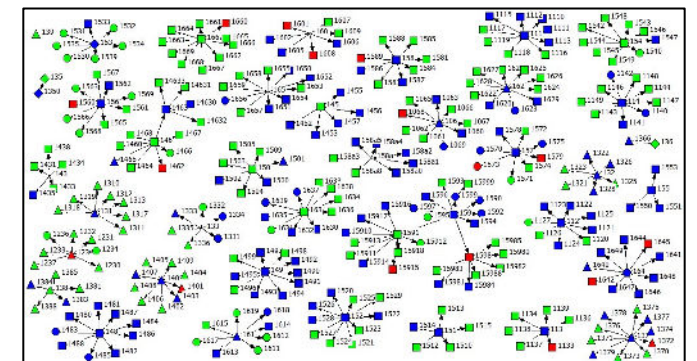
## Key EPOA data points:

### *Process-oriented indicators*

- Coupon rate—# distributed vs. # returned
- Time from PM distributing the coupon to a peer seeking services
- # of PM waves
- # of newly registered KPs into HIV program
- # of KP peers who were eligible for testing
- # tested

### *Outcome-oriented indicators*

- HIV case-finding
- ART initiation
- PrEP initiation





# Development and use of SNS in Eswatini

- SNS strategies have mainly been used within KP program
- There is growing interest for the strategies to be adopted by other programs
- SNS strategies were presented in a MOH-led PEPFAR TDY recently and there is consideration from National HTS Core Team to include them in National HTS Strategy
- The KP Program is improving tracking of RNR through introduction of coupons for PLHIV use to invite their networks to services.

## RNR Referral Coupon

A blue graphic for an RNR Referral Coupon. It features the 'TRUE' logo with a red cross and the tagline 'Together. Realising Ubuntu. Eswatini.' Below the logo, it lists 'Working Days' with hours for Tuesday, Wednesday, and Saturday. A central message invites visitors to the True Community Centre, describing it as a 'safe space, Non-Judgemental, No Discrimination'. Contact information includes a location in Mbabane, an email address, a phone number, and a website.

**+TRUE-**  
Together. Realising Ubuntu. Eswatini.

**Working Days**

Tuesday---- 09:00AM - 6:00PM  
Wed ---- 09:00AM - 6:00PM  
Saturday --- 09:00AM - 6:00PM

**We invite you to visit our True Community Centre**  
**"safe space, Non-Judgemental, No Discrimination"**

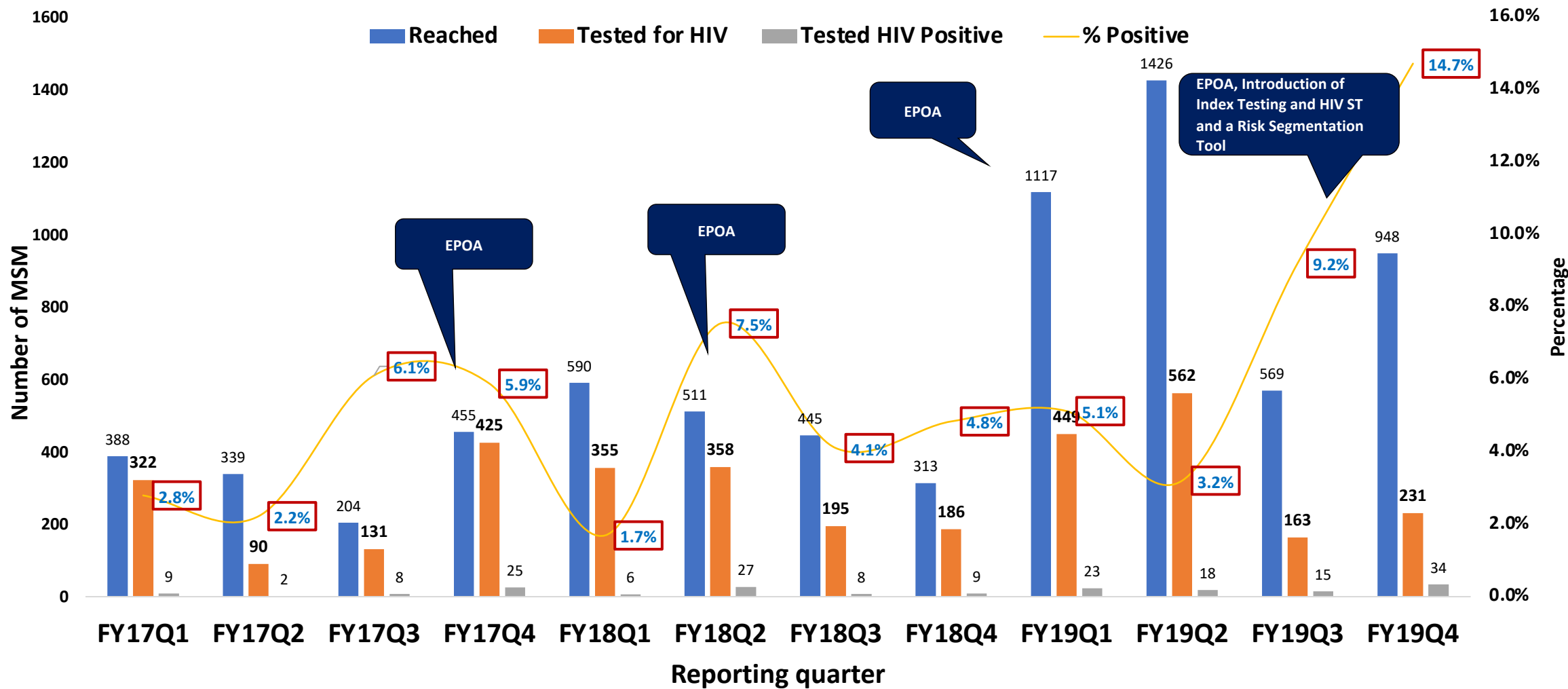
📍 Embassy house, Msakato street,  
Mbabane, Eswatini

✉ [info@hp4m.org](mailto:info@hp4m.org)

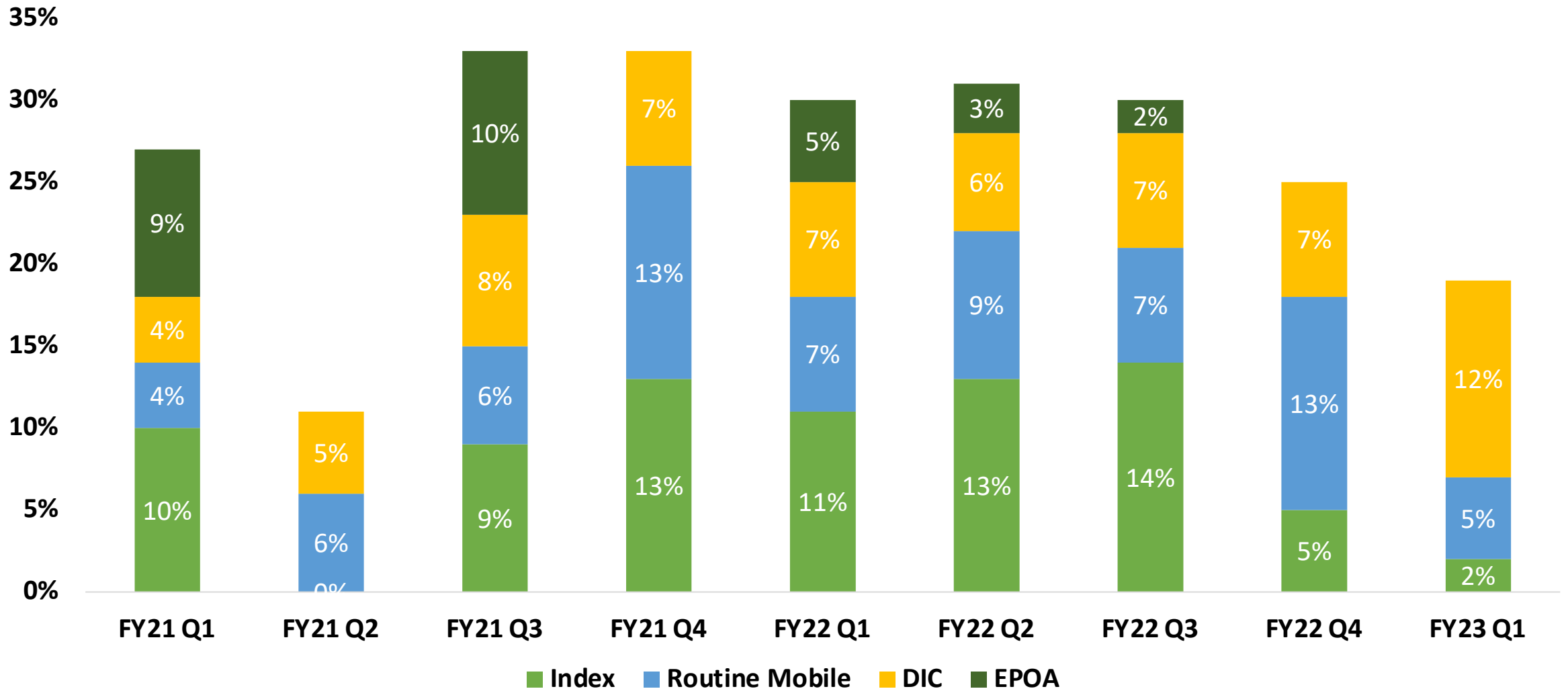
☎ +268 7933 9094

🌐 [www.trueeswatini.com](http://www.trueeswatini.com)

# Historical Trend of EPOA Implementation



# Yield by Testing Modality & Strategy: Oct 2020 – Jan 2023



# Lessons Learned

- Engagement of PLHIV has contributed to case finding
- SNS strategies improve reaching clients at high risk through their targeted networks and their improves linkages to prevention to those testing negative.
- Expansion of risk network referrals to virtual spaces has extended coverage
- Acceptable incentives appeared to motivate PM engagement
- Building a culture of data use to IPs might be challenging and but should be ongoing
- Costing is needed to better understand potential cost efficiencies
- Planning for EPOA is key before implementing
- Tracking of RNR though coupon-based tracking is important for understanding contribution from the strategy.

Thank you!

