Outline

❖Country context :HTS for Key Populations

❖Rationale for implementing the SNT Strategy

❖Steps taken to design SNT for KPS

❖Results

❖Lessons learnt

❖Best practices

❖Recommendations

Background and Country Context

Geopolitical Zones
- South South
- South West
- South East
- North Central
- North West
- North East
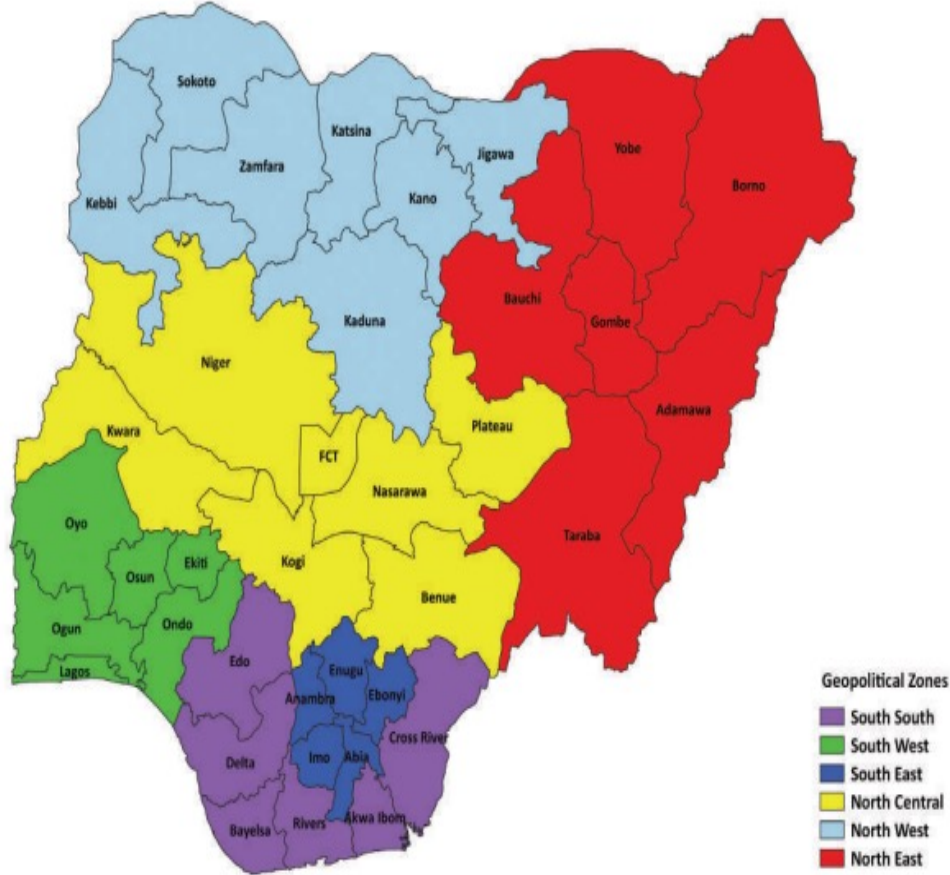
Nigeria has an estimated population (2022 est.) of 217,376,000

Nigeria has a mixed HIV epidemic
- General epidemic in the general population
- Concentrated epidemic with the key populations.

National prevalence in the general population is 1.4% (The 2018 Nigeria AIDS Indicator and Impact Survey NAISS); while prevalence among KP by typology is MSM (25%), FSW (25%) (BBFSW:17.1, NBBFSW:15%), PWID (10%), TRANS (29%), -Source Integrated Biological and Behavioural Surveillance Survey. IBBSS 2021
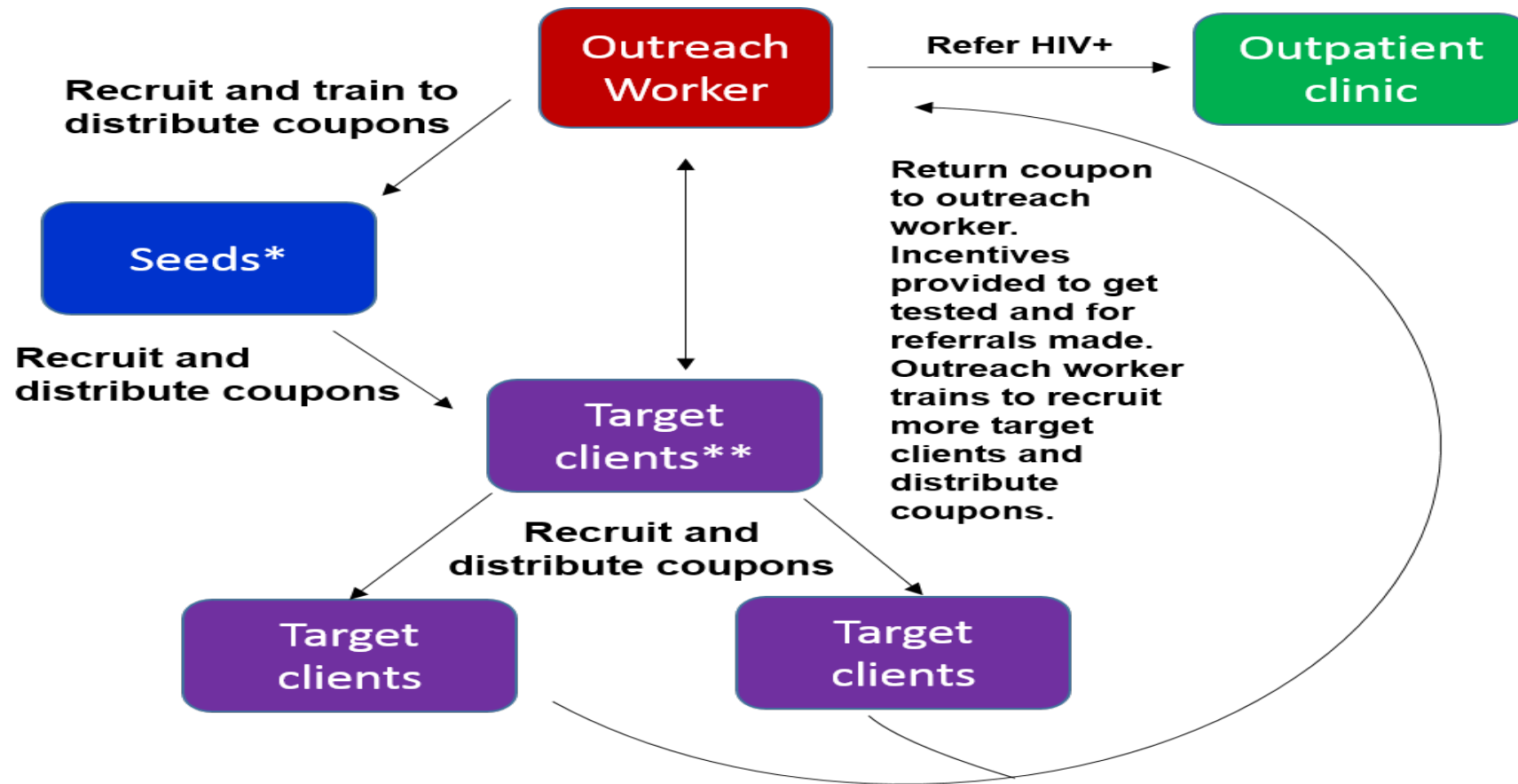
The National Agency for the Control of AIDS (NACA) recommends:
- Voluntary HIV Testing Services (HTS) for sexual and drug-injecting partners of all people with HIV.
- Prioritizing prevention services for partners who are vulnerable to HIV acquisition.
- HTS implementation remains limited in key populations.

Rationale for Implementing Social Network Testing (SNT) in Nigeria?

- Gaps exist in **coverage** for all Sexual partners and social networks hence increasing the **rate of new infections**.

- Numerous barriers exist that impede KP access to conventional HIV testing services
  - Stigma and discrimination
  - Concerns about safety-Violence against KPs
  - Criminalization of KPs
  - Confidentiality concerns associated with non peer HTS approaches

- Existing testing approaches such as index testing do not focus on high risk negative people as an entry point into targeted HTS

- There is global evidence that SNT is an effective targeted HTS strategy

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The APIN Social Networking Testing (SNT) Model

Outreach Worker — Refer HIV+ → **Outpatient clinic**

Recruit and train to distribute coupons → **Seeds***

Recruit and distribute coupons → **Target clients****

Return coupon to outreach worker. Incentives provided to get tested and for referrals made. Outreach worker trains to recruit more target clients and distribute coupons.

Recruit and distribute coupons → **Target clients** / **Target clients**

*__Seeds__ can be target clients and/or PLHIV
**__Target clients__ are key populations and sex partners of PWID/PLHIV who have not tested for HIV in at least 6 months and are not known to be HIV+.

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Steps taken to implement SNT for KPs-1/3

- FGDs held with KP community and KII including virtual poll with key stakeholders, community influencers, and sample of KP community members.
    - o Purpose: To explore and understand attitudes, beliefs, experiences, behaviors of the KP community towards SNT/EPOA for successful implementation
- SNT training slides developed by CDC HQ

- SNT implementation training for service providers -program Managers and Community volunteers and peer educators to build their knowledge and skills to provide services to their community members using SNT.

- Custom coupons developed by each implementing partner

- Incentives are customized by location alongside the KP community

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Steps taken to implement SNT for KPs-2/3

- Developed monthly reporting indicators and an excel system to track implementation

- Respective community-based organizations designed/ adopted suitable voucher systems for referral of social network members and adopted systems to protect client's confidentiality

- SNT rolled out in about 80% of KP implementation states
  - SNT initiated when a HIV positive/ high risk negative is identified using the risk stratification tool during HTS
  - The case managers (at the CBOs and OSS) provide the services
  - SNT offered to all walk-in (VCT) HTS clients
  - Once a tester identifies a positive client, that client is handed over to the case managers who offer SNT
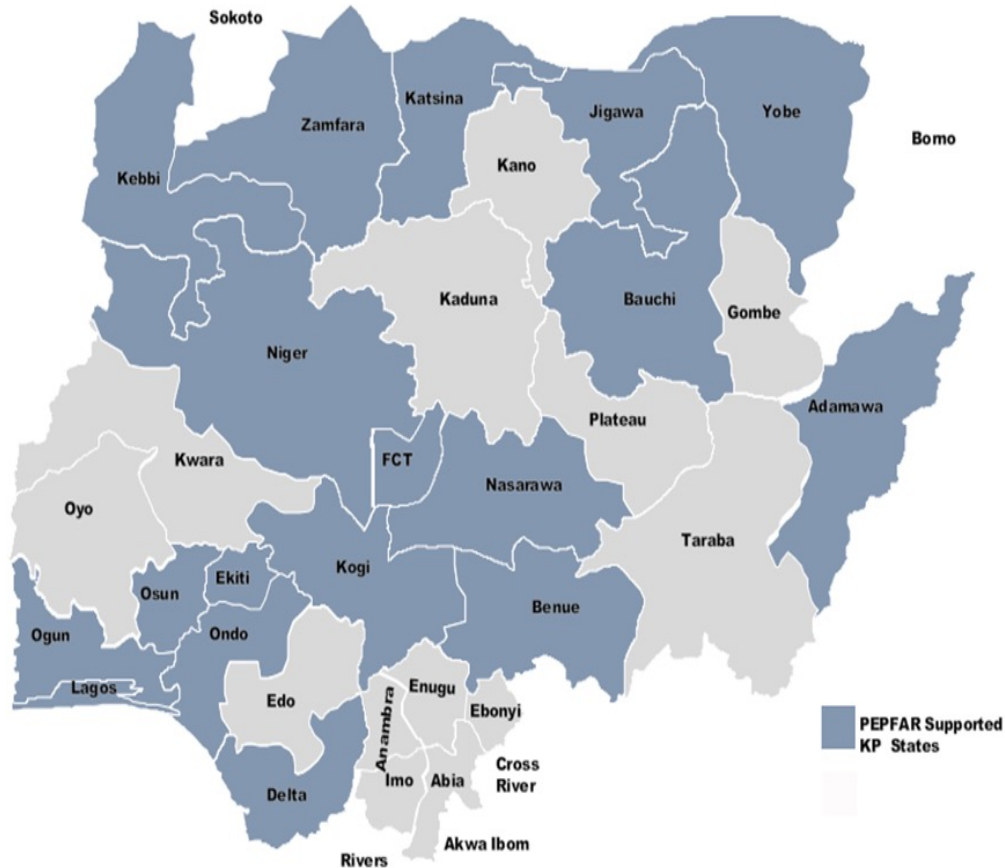
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Pictures : Coupon samples
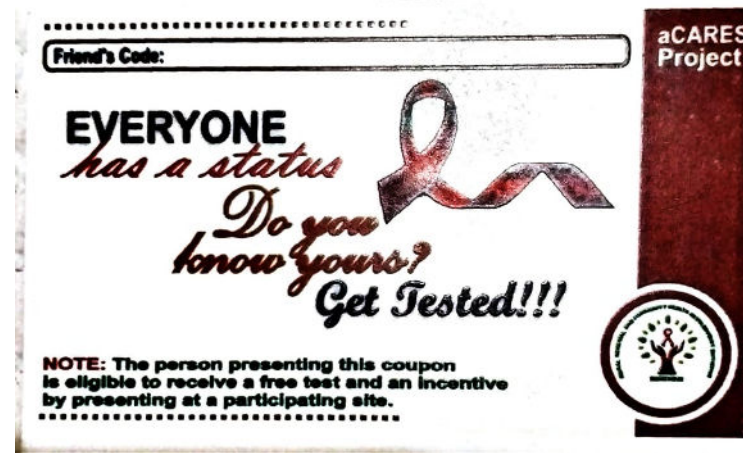
Steps taken to implement SNT for KPs-3/3

KP service delivery locations in Nigeria

Legend: PEPFAR Supported KP States

- **Across physical and virtual one-stop-shop (OSS).**
  - Initiated at the point where a client is tested positive whether during mobile testing outreaches or at the OSS

- **Social Media Platform**
  - WhatsApp TV- an inhouse strategy for Transgender community has shown a lot of results.
  - SNT is deployed across the platform

- **Enhanced Peer Outreach Approach (EPOA)**
  - Peer groups are also formed across the network to support SNT integration into the program.

- **Moonlight testing or other targeted testing**

- **Other community Service** Delivery systems are done through the focal service

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Results – *coverage, outcomes, populations reached*
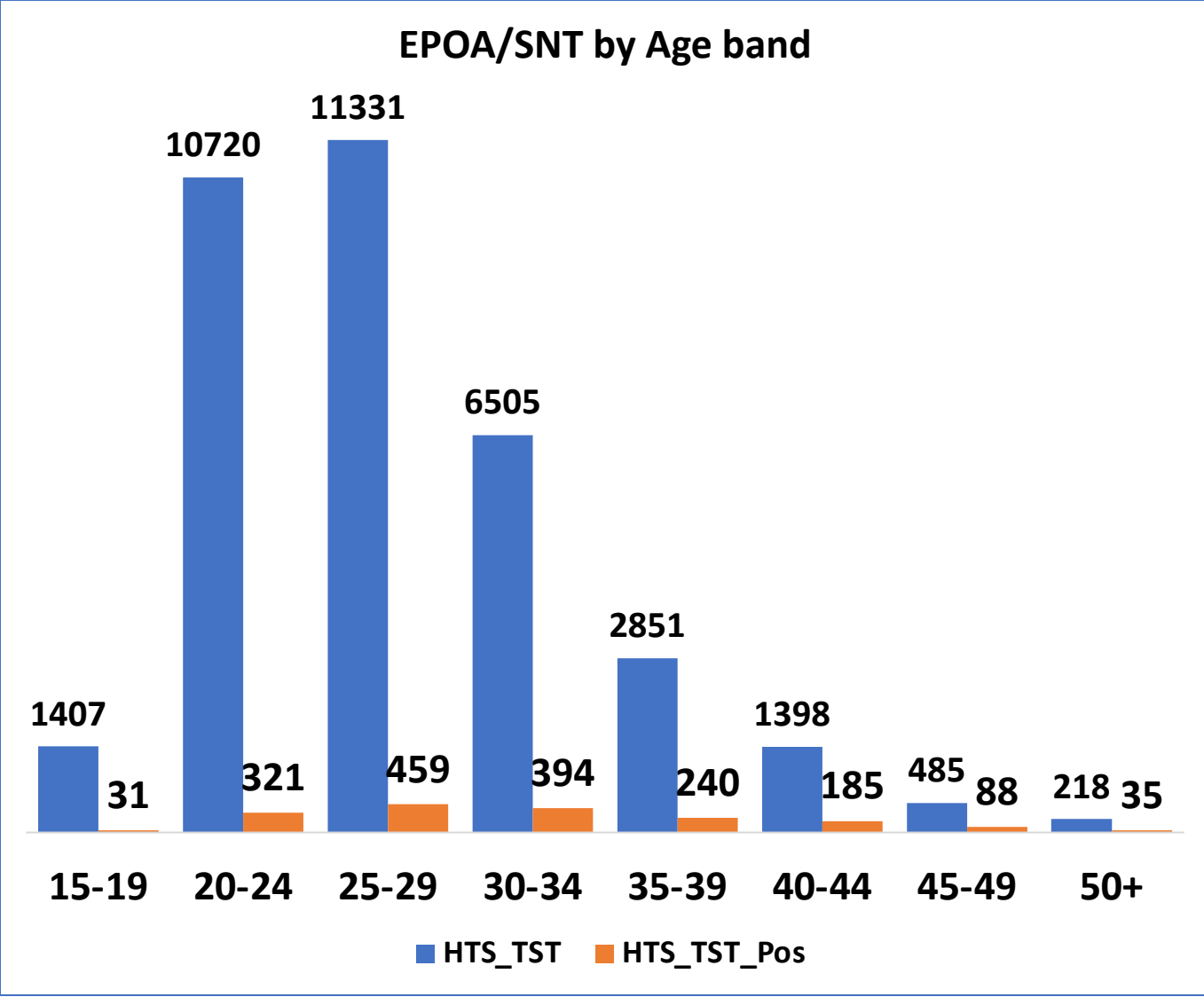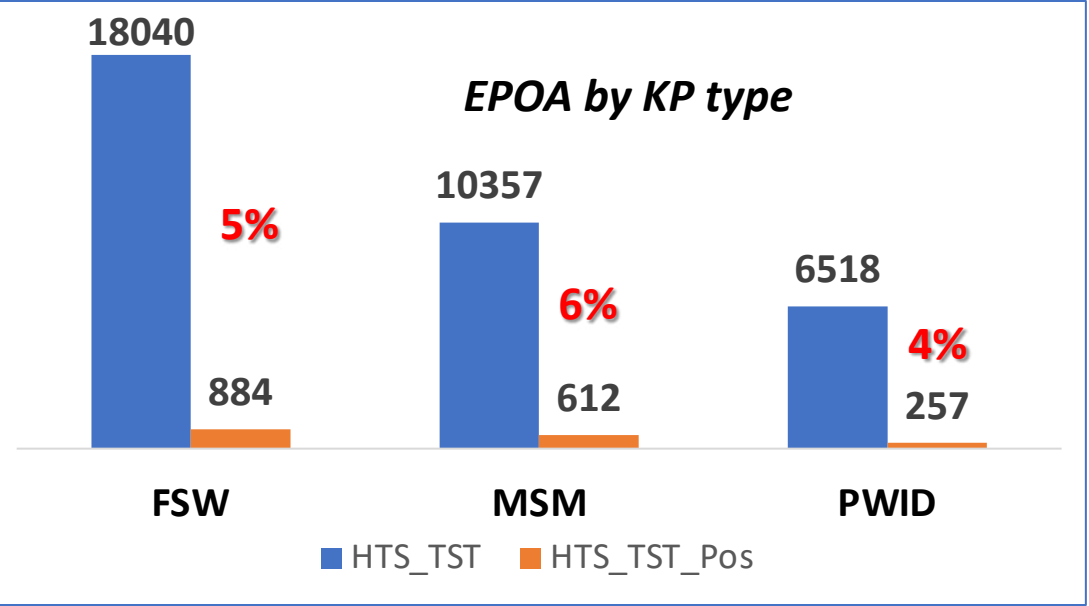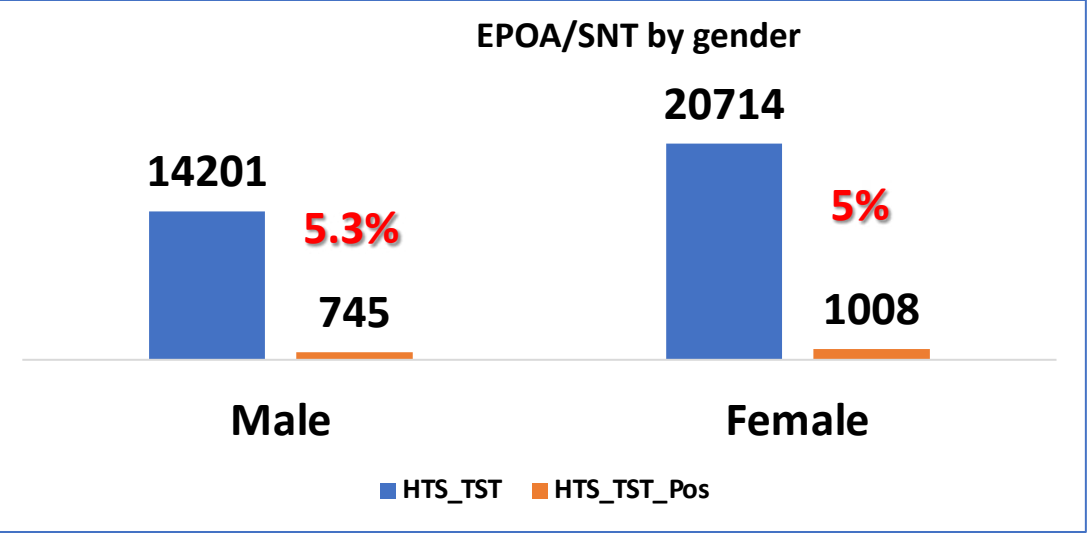
APIN SNT REPORT FOR FY23 Q1 (September to December 2022)- Data from Benue, Ogun and Ondo

INDICATORS	MSM	FSW	PWID	Total
Number of Coupon Distributed	688	752	108	**1548**
Number of Coupon Returned	578	673	91	**1342**
Number of Individual who received HIV testing and received their test result	578	673	91	**1342**
Number of Individual who received HIV Testing and tested positive	30	35	6	**71**
Number of confirmed positive linked to treatment	30	35	6	**71**

Clients who tested negative were linked to prevention services such as:

- PrEP services following the eligibility criteria and based on interest of the client to be paced on PrEP

- Prevention messages

- Prevention commodities- condom and lubricants

- Follow up of clients by service providers to avoid default

HALG EPOA/SNT-Case finding by KP type January to December 2022

EPOA/SNT by gender

Male: HTS_TST 14201, HTS_TST_Pos 745, 5.3%
Female: HTS_TST 20714, HTS_TST_Pos 1008, 5%

- HTS_TST
- HTS_TST_Pos

EPOA by KP type

FSW: HTS_TST 18040, HTS_TST_Pos 884, 5%
MSM: HTS_TST 10357, HTS_TST_Pos 612, 6%
PWID: HTS_TST 6518, HTS_TST_Pos 257, 4%

- HTS_TST
- HTS_TST_Pos

EPOA/SNT by Age band

Age band	HTS_TST	HTS_TST_Pos
15-19	1407	31
20-24	10720	321
25-29	11331	459
30-34	6505	394
35-39	2851	240
40-44	1398	185
45-49	485	88
50+	218	35

- HTS_TST
- HTS_TST_Pos

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Lessons learnt

- SNT is effective in the enhancement and increase in HIV diagnoses, identification and enrolment of additional people with HIV on ART .
- SNT has the capacity to increase the acceptability of HIV partner services and feasible to implement.
- It is an efficient resources when the focus is on people with high ongoing HIV risk.
- SNT has helped in reaching high-end KP who cannot be readily reached with the regular KP program
- Need for stakeholder engagement to get buy-in ensures program success
- SNT is cost intensive
- Need to have national SNT data capturing tools
- SNT is a specialised skill and requires training and capacity building

Best Practices

➢ The use of peers to recruit key populations members in their networks for HTS.

➢ Distribution of HIV self-testing kits by HIV-positive and HIV-negative clients to their partners and contacts.

➢ The use of new tools and technologies, such as digital and social media, voucher coupons, text messaging and other web-based platforms, to reach social networks, especially for the young key populations.

➢ Use of anonymous methods for partner services and social network-based approaches to protect confidentiality, particularly for reaching adolescents and young key populations and in settings where key populations experience stigma, discrimination and criminalization

Recommendations

Countries can institute SNT through:

- Engage stakeholders to development policies and guidelines on

- Conduct Needs assessment considering local context and peculiarities in designing access to services through social network needs assessment

- Develop training materials

- Conduct trainings for service providers on SNT -Program Managers, Community volunteers and peer educators to build their knowledge and skills

- Implement, monitor, evaluate and document best practices

Acknowledgements

Thank you!