



Use of SNS to enhance HIV case identification among KPs in low prevalence settings: A case study of Cameroon

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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Outline

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- **Rationale for SNS in Cameroon**
- **Why SNS was justified in Cameroon**
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Background and Context-HTS for KPs in Cameroon

❖ **KP estimated:**

- MSM: 7,023
- FSW: 70,487
- PWID: 2,453
- Other drugs users: 9,823

❖ **Estimated HIV prevalence among KPs**

(2016 IBBS)

- FSW:24.3%
- MSM:20.7%

❖ **Combination HIV prevention measures** include Behavioral, Biomedical and structural

❖ **HTS is provided via a mix of modalities** including VCT, Index, HIVST, SNS

Behavioral

- Peer education and outreach
- Sexual and drug use assessment and risk reduction counseling
- Gender-based violence prevention and response
- Condom and lubricants use promotion and distribution

Biomedical

- HIV risk reduction counseling
- HIV testing services
- ART for KPs living with HIV
- Pre-Exposure and Post Exposure prophylaxis
- Prevention and management of co-morbidities including – STIs, TB
- Sexual and reproductive health services, including family planning

Structural Interventions

- Key populations-based surveys – IBBS, Longitudinal studies, size estimates (update on going)
- Key populations' access to HIV services improved at health facility and community levels – Universal Human Rights to Health
- Key populations represented at all levels of program design, implementation, monitoring and evaluation

Rationale for SNS

A **recruitment** strategy for reaching and providing HIV counseling, testing, and referral services (HTS) to persons who are **unaware** of their HIV infection by using social network connections to **locate individuals at the highest risk for HIV**

Use **coupons and** monetary or non-monetary incentivizes to encourage testing and recruitment of network members



Enlist HIV-positive and high-risk, HIV-negative persons (**recruiters**) to identify individuals from their social, sexual, and drug-using networks (**network members**) for HTS

SNS can be particularly useful in finding **key populations** and others who are at risk for HIV but have not had easy access to HTS

Peer referral for HIV case-finding among men who have sex with men
Matthew R. Golden^{a,b}, Thomas L. Gift^c, Devon D. Brewer^b, Mark Fleming^b, Matthew Hogben^c, Janet S. St. Lawrence^c, Hanne Thiede^b and H. Hunter Handsfield^{a,b}

Accessing Social Networks With High Rates of Undiagnosed HIV Infection: The Social Networks Demonstration Project
Lisa W. Kimbrough, MS, Holly E. Fisher, PhD, Kenneth T. Jones, MSW, Wayne Johnson, MPH, Sekou

Using Social Networks to Reach Black MSM for HIV Testing and Linkage to Care
Vincent Fuqua · Yea-Hung Chen · Tracey Packer · Teri Dowling · Theresa O. Ick · Binh Nguyen · Grant N. Colfax · H. Fisher Raymond

A Pilot Intervention to Increase Condom Use and HIV Testing and Counseling Among Men Who Have Sex With Men in Anhui, China
Hongbo Zhang, MD, MS,* Zunyou Wu, MD, PhD,† Yingjun Zheng, MD, MS,† Jun Wang, MD,* Junli Zhu, MS,* and Juan Xu, MD, MS†

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What challenges and gaps motivated the use of SNS in Cameroon?

- Fewer HCW/KP Peer Educators to cover majority of KP meeting or sex venues with no articulated strategy to meet harder-to-reach KPs HIV testing needs
- Index case testing designed for testing standard sexual contacts and biological children.
 - Suboptimal considerations for KPs in index case testing made the process more/less coercive for KPs who have extended number of sexual contacts
- Index case testing does not give room for testing social contacts of HIV negative partners, which is important for KPs social networks as risk behaviors are shared
- Stigma & discrimination towards KPs, who are at high risk of HIV infection

Steps taken to design and implement SNS for KP in Cameroon

Policies

- Adopted international guidance on SNS implementation
- Leveraged experience on Index case testing which is one of Cameroon's key case finding strategies
- Multistakeholder involvement including KP representatives

Stakeholder Engagement

- Ministry of Health led (National AIDS Control Committee) in collaboration with, Donor Organizations (CDC, USAID) through Implementing partners and KP community leaders
- KP ppers-SNS is a peer-driven testing strategy among KPs in Cameroon

Trainings

- National virtual trainings commenced in 2021
- In-person refresher training of trainers are ongoing
- Regional and district level trainings planned by the end of March 2023

Implementation

- Used existing program data on KP prevention and testing results to select regions
- Engaged field actors, who best understand the needs to conduct KP mapping in their different catchment areas

*SNS implementation approach in
Cameroon: The DSD building blocks*

When?

- Testing services are available 24/7
- Whenever a recruited KP need to be tested at community, the health care workers arrange to deliver the service

Where?

- At facility, or community (CBOs, Drop-in centers)

Who?

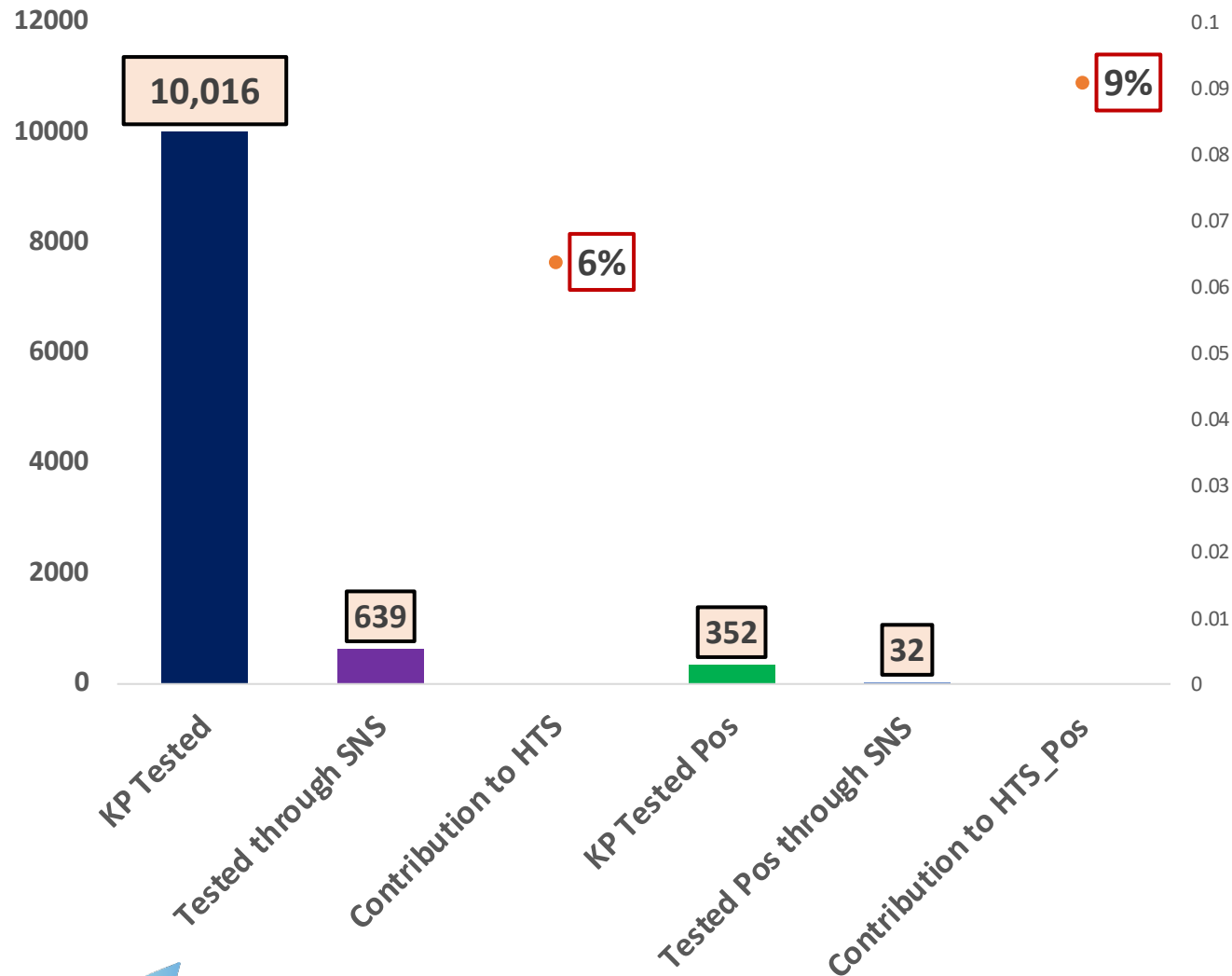
- Health care workers (nurses, doctors) or psychosocial counselors trained to perform HIV test
- Peers mobilize others in their social network

What?

- Referral for HTS
- HIV testing
- Linkage to post-test services (ART, Prevention)

The seeds are responsible for recruiting members of their network with unknown HIV status or are HIV negative and refer them for testing with the use of a coupon.

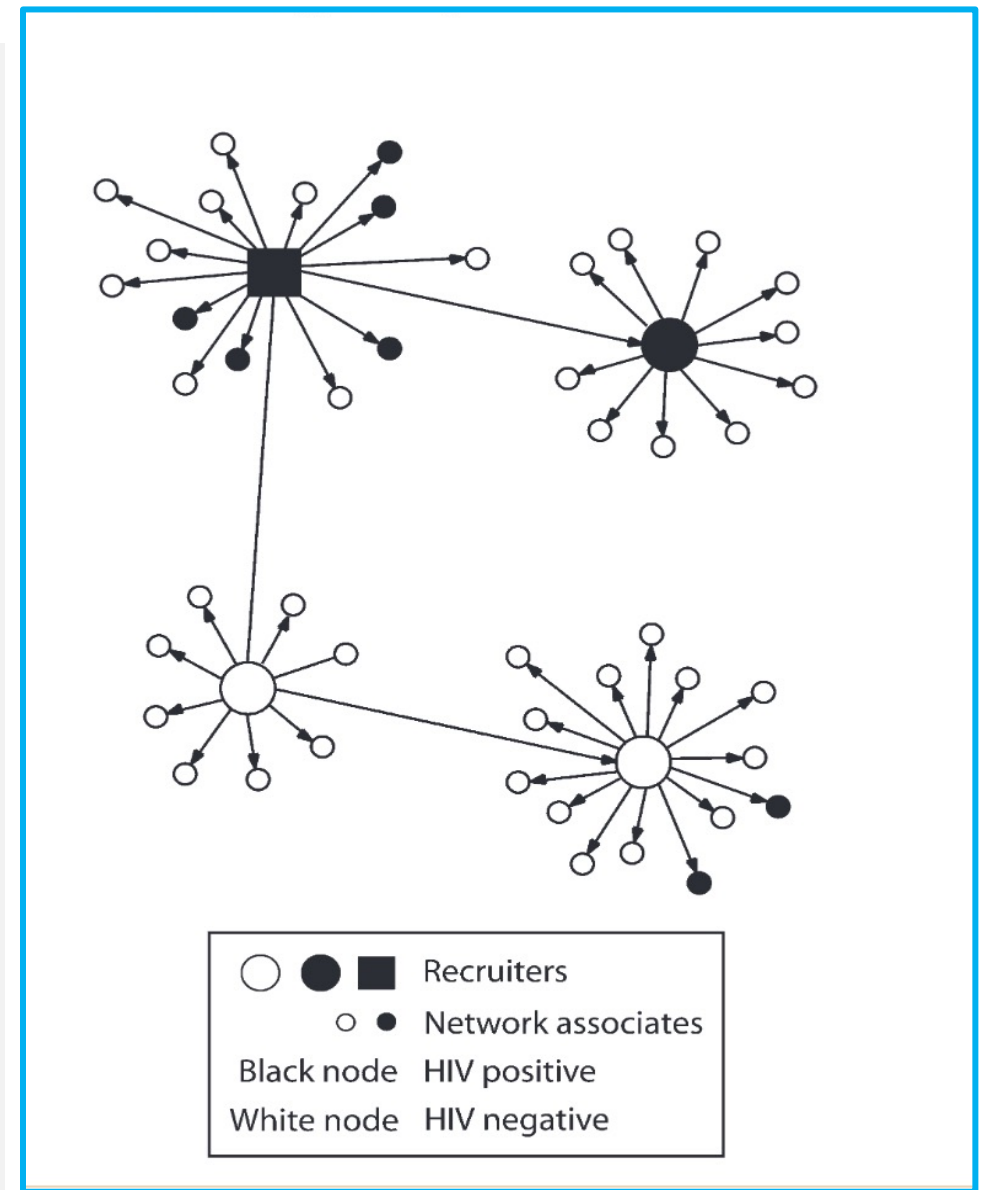
Results – KP testing coverage in Cameroon (January-December 2022)



Summary

- In 2022, a total of 10,016 KPs were tested for HIV
- Of the total KPs tested, 639 (6%) KP were through SNS
- 32 (9%) of 352 HIV+ KPs identified were through SNS
- A total of 352 positive KPs were linked to ART
- **Negative KPs were linked to prevention services , but we have poor documentation on prevention services**

- SNS has proven to meet the testing needs of KPs in a **non-coercive** manner, especially those that are hard-to-reach
- Very effective at identifying **High-risk HIV negative individuals** and contributes to HIV case finding among KPs
- Improves KPs' **access and uptake** of HIV testing, treatment initiation and prevention services
- **However**, Successful SNS involves incentives (**transport re-embursement**), thus may be costly to implement SNS.



The Social Networks Demonstration Project. Am J Public Health. 2009;99:1093–1099. dModified from Kimbrough, et al. Accessing Social Networks With High Rates of Undiagnosed HIV Infection: oi:10.2105/AJPH.2008.139329

Conclusion

- SNS is a promising approach that reaches clusters of high-risk, previously undiagnosed, for HIV testing
- SN provides an opportunity to reach high risk negative clients and provide them with prevention services
- Successful implementation of the SNS however, is resource intensive and requires:
 - Developing a detailed implementation plan
 - Training of staff
 - Committed staff
 - Input from the target population,
 - Use of appropriate incentives, and
 - Collaborations with all the stakeholders



Acknowledgement



Thank you!

