

# Differentiated Demand Generation to Optimize HIV Testing

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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# Background

- Globally, ~15% of people living with HIV (PLHIV) do not know their status
- Key populations (KPs) are estimated at <5% of the world's population, but they and their sexual partners comprised 70% of new HIV infections in 2021.
- In Eastern and Southern Africa, men and young people are less likely to know their HIV status
- Strategic, coordinated efforts to generate demand and motivate HIV testing service (HTS) uptake are critical to bridge the gap and gain epidemic control
- The Meeting Targets and Maintaining Epidemic Control (EpiC) project in Liberia increased HIV testing uptake using demand generation, mobilization, and meaningful stakeholder engagement

# Role of demand creation in HIV testing

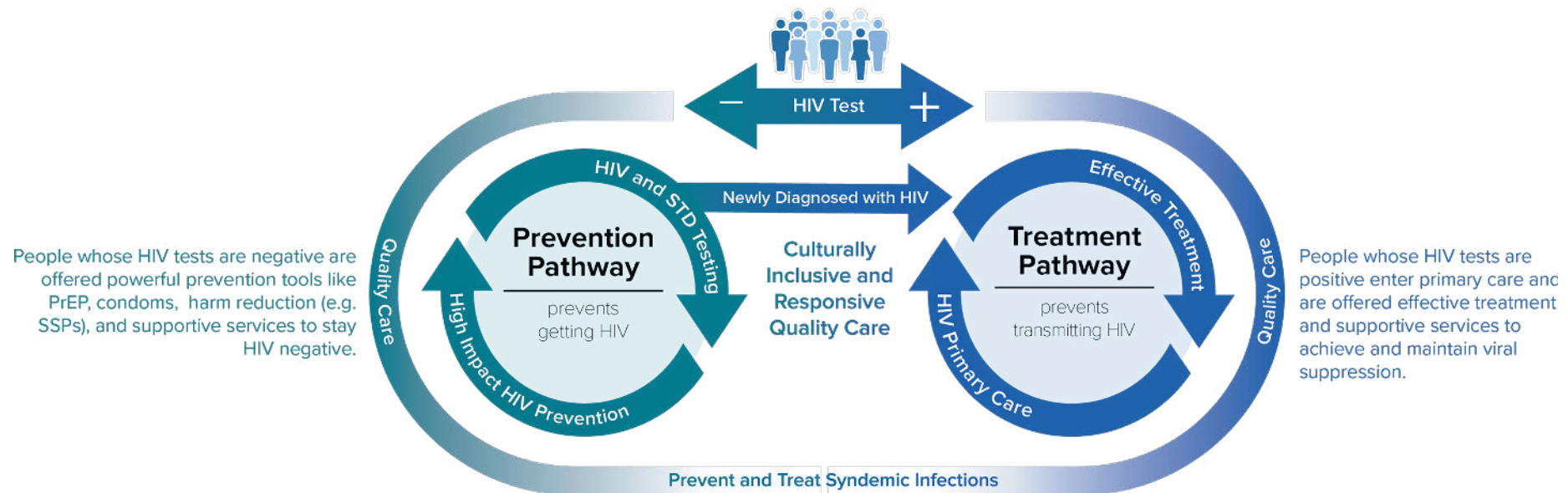
- Differentiated mobilization can help increase HIV testing by being responsive to beneficiary needs
- Demand-creation methods successful in increasing HIV testing in Liberia include:
  - In person, peer-led, motivational-counseling-based interventions
  - Index testing/partner and social referral
  - Virtual platforms
  - Behavioral messaging

# Attention on both HIV-positive and HIV-negative individuals

HIV testing for case identification supports:

- Treatment as prevention through linkage to treatment
- Viral suppression
- “Status-neutral HIV testing innovation” — linking those testing negative to HIV prevention services, e.g., pre-exposure prophylaxis, condoms, lubricant

## Status Neutral HIV Prevention and Care

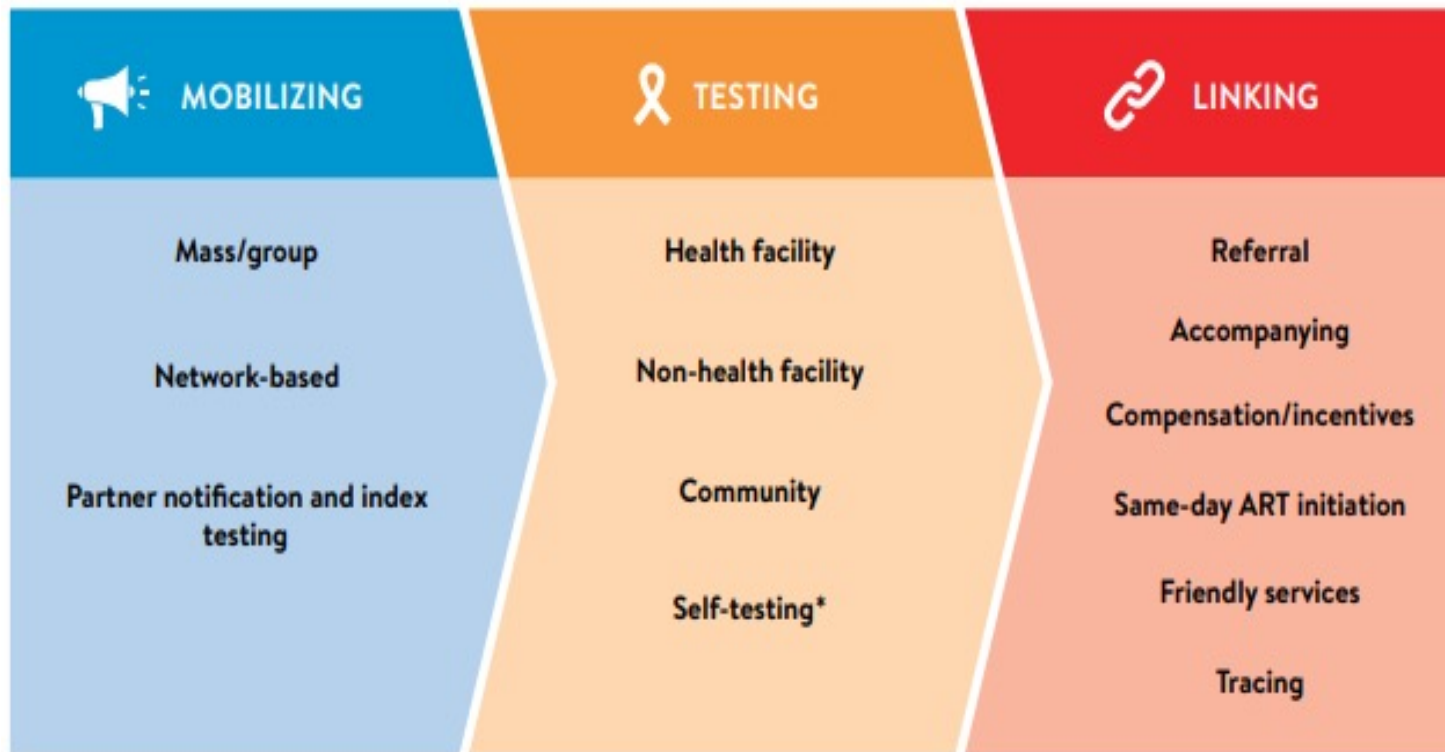


Graphic credit: [CDC](#)

# Strategic thinking for scaling up differentiated mobilization

**Mobilization is critical and must be tailored to each population's needs/preferences.**

Figure 2: Three components of differentiated HIV testing services



Graphic credit: IAS DSD

Table 2: Components and building blocks for building an HIV delivery model

	MOBILIZING	TESTING
WHEN	Time of day and frequency	Time of day and frequency
WHERE	Location of mobilization activities	Health facility Non-health facility Community
WHO	Who does the mobilization?	Who does the HIV testing?
WHAT	For HIV testing alone or with other services	For HIV testing alone or with other services

# Examples of demand-creation methods

## Virtual

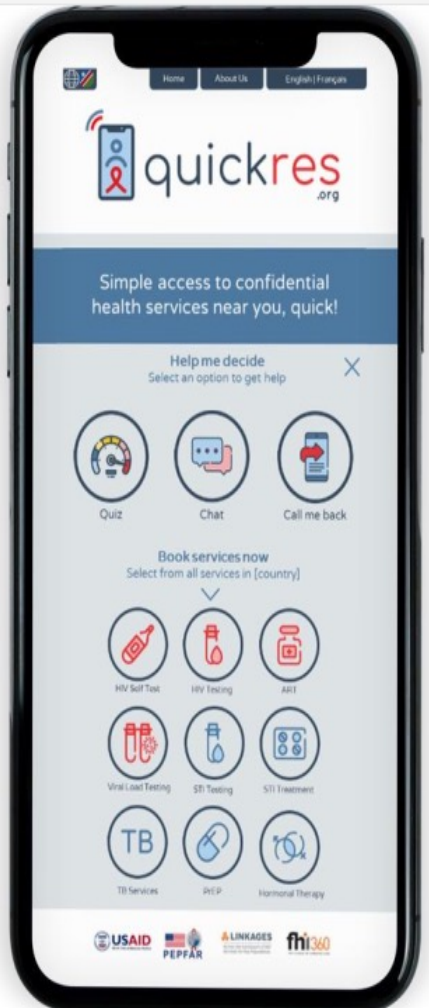
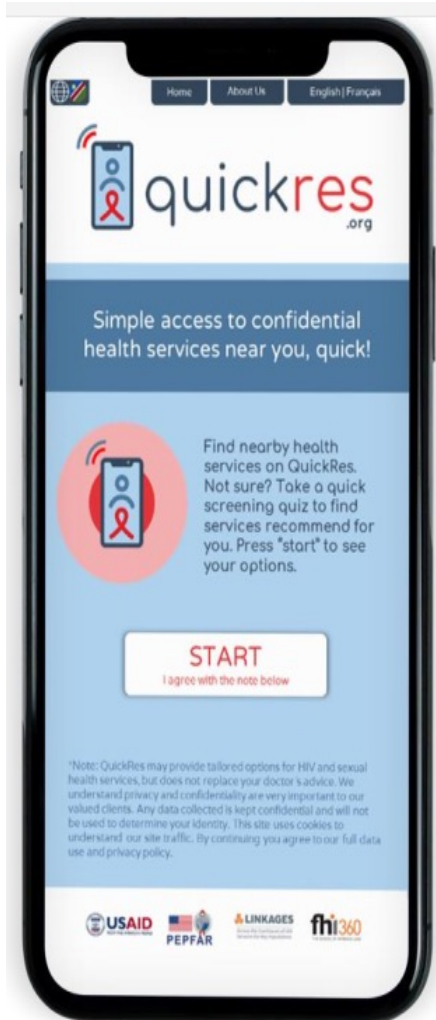
- Websites
- Social media

## Nonvirtual

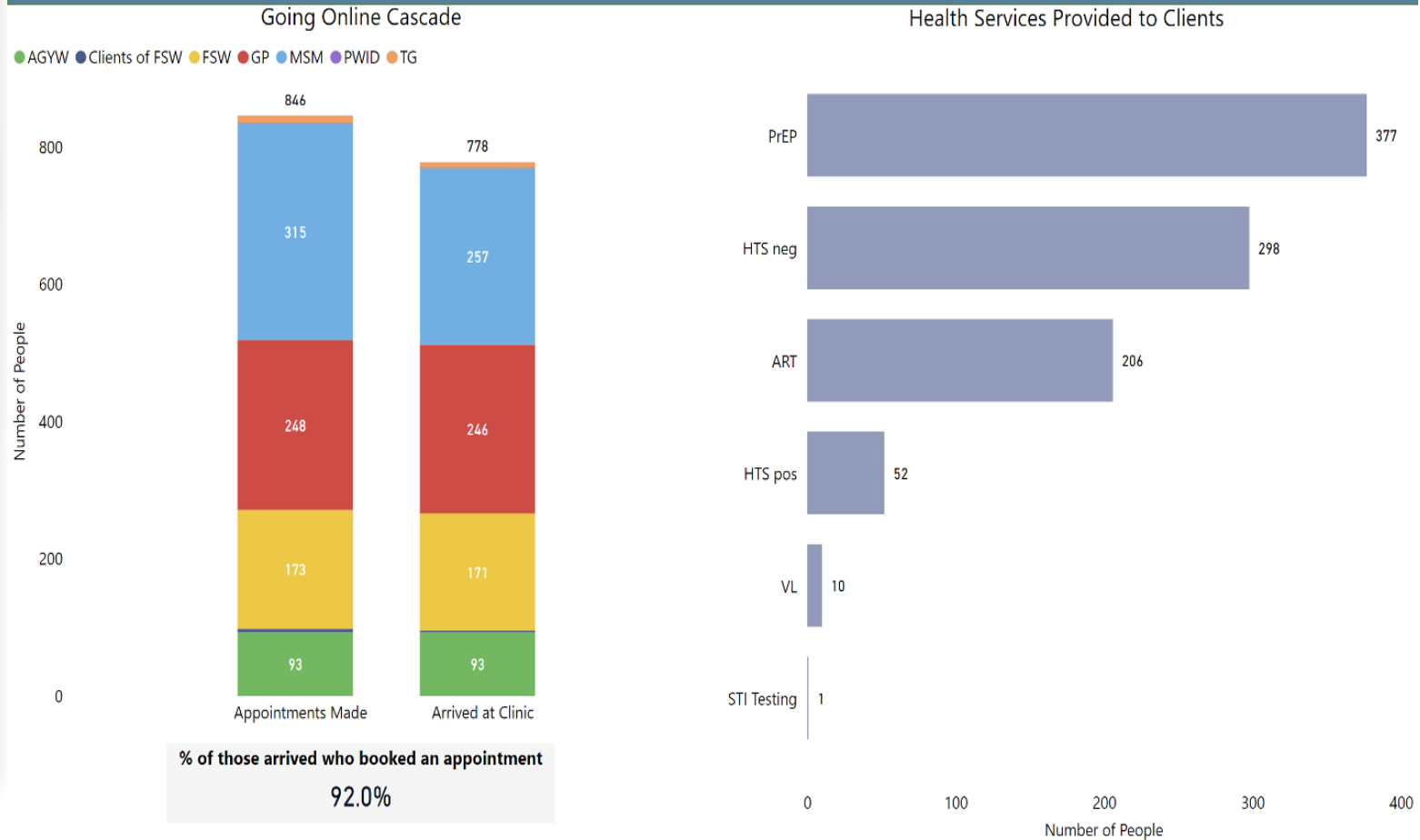
- Peer networks
- SMS platforms
- Print media
- Flyers
- Wall charts
- Banners
- Messages at gatherings (e.g., faith, funerals, social)



# Virtual demand creation and mobilization: Going Online in Liberia



## Going Online Cascade and Services Provided for All Populations - FY23 YTD



# Meaningful stakeholder engagement in demand creation

**Engaging beneficiaries, their advocates, and health workers** in design, implementation, and evaluation of demand creation for HTS is critical, such as:

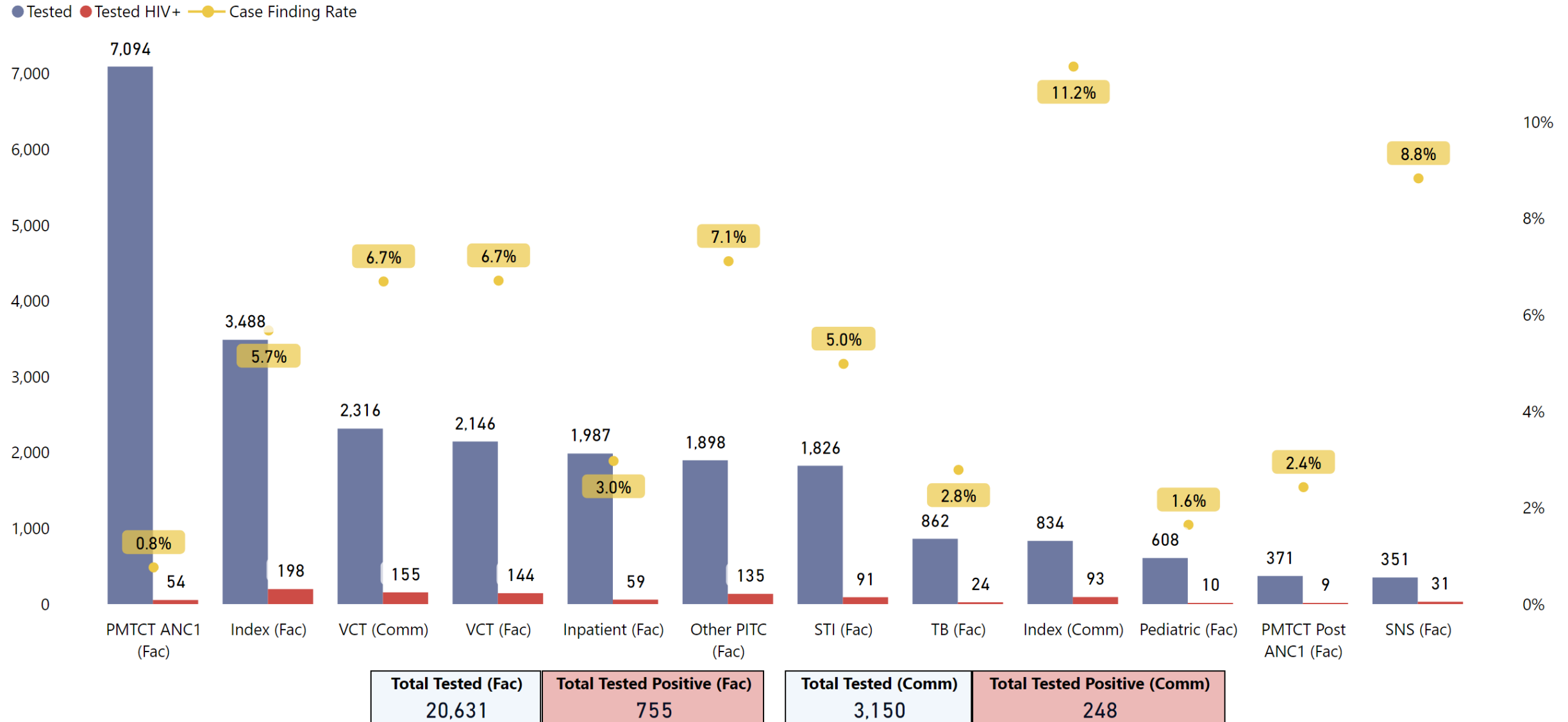
- ***Sensitization meetings*** in the community with beneficiaries, in facilities with health workers
- National ***technical working groups*** co-chaired by beneficiaries/their advocates
- ***Peer outreach*** network meetings
- ***“Meet your doctor”*** forums where health workers and beneficiaries meet and discuss important issues



# Community and health worker engagement session



# Optimizing case finding among all populations: Positivity rate by testing modality and volume (Q1 FY23)



# Lessons learned

- Differentiated demand creation and mobilization facilitate faster, more efficient achievement of HIV case-finding goals
- Peer-to-peer mobilization using KPs and strong collaboration with health workers help maximize efforts to meet the first UNAIDS 95-95-95 goal
- Demand creation should be tailored to beneficiary needs and preferences
- Some innovative demand-creation options require technological and financial investment, but the gains (e.g., increased HIV case finding, increased linkage of HIV-negative people at high risk to prevention services) outweigh the costs
- Beneficiaries and health workers should be prioritized for and properly engaged in the design, implementation, and monitoring of HIV services

# Thank you!

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, and Population Services International (PSI).

