# Outline

- Background
    - National progress on three 95s and current HIV epidemic
- Program strategy
    - Overall strategy, pilot and scale up
- Results
- Challenges and recommendations
- Lessons learned

Current HIV Epidemic Status in Ethiopia (EPHI, 2023)

- National HIV prevalence is **0.9%** with an estimated **605,523** people living with HIV (PLHIV)

- **90%** of PLHIV know their status

- ART coverage among adults and children is 87% and 47%, respectively.

- 82% of PLHIV have suppressed viral loads

- The number of **new HIV infections has reduced from 16,442 in 2016 to 7,293 in 2023** (>50% reduction in 5 years).

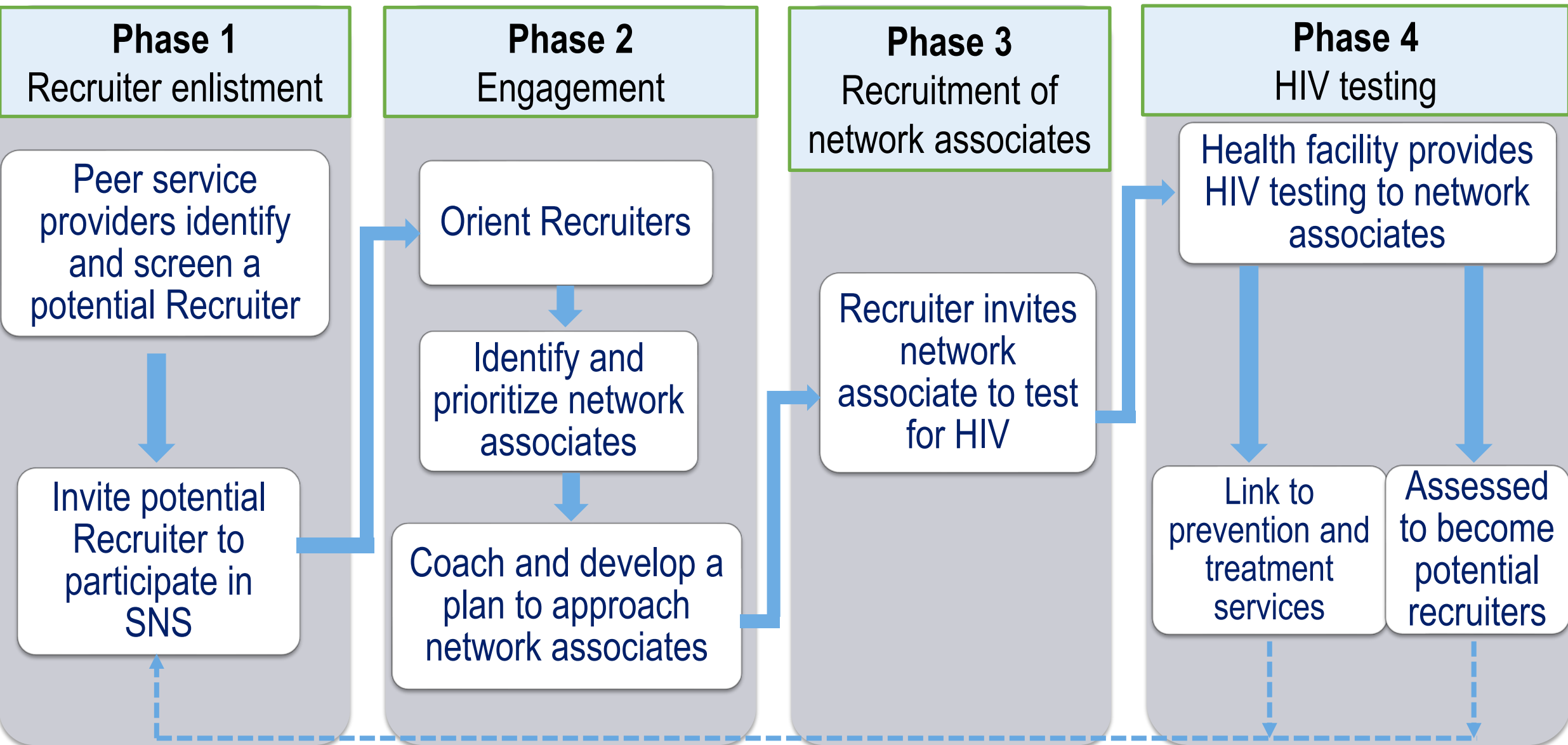- HIV prevalence varies by region, and is highest in the Gambella region
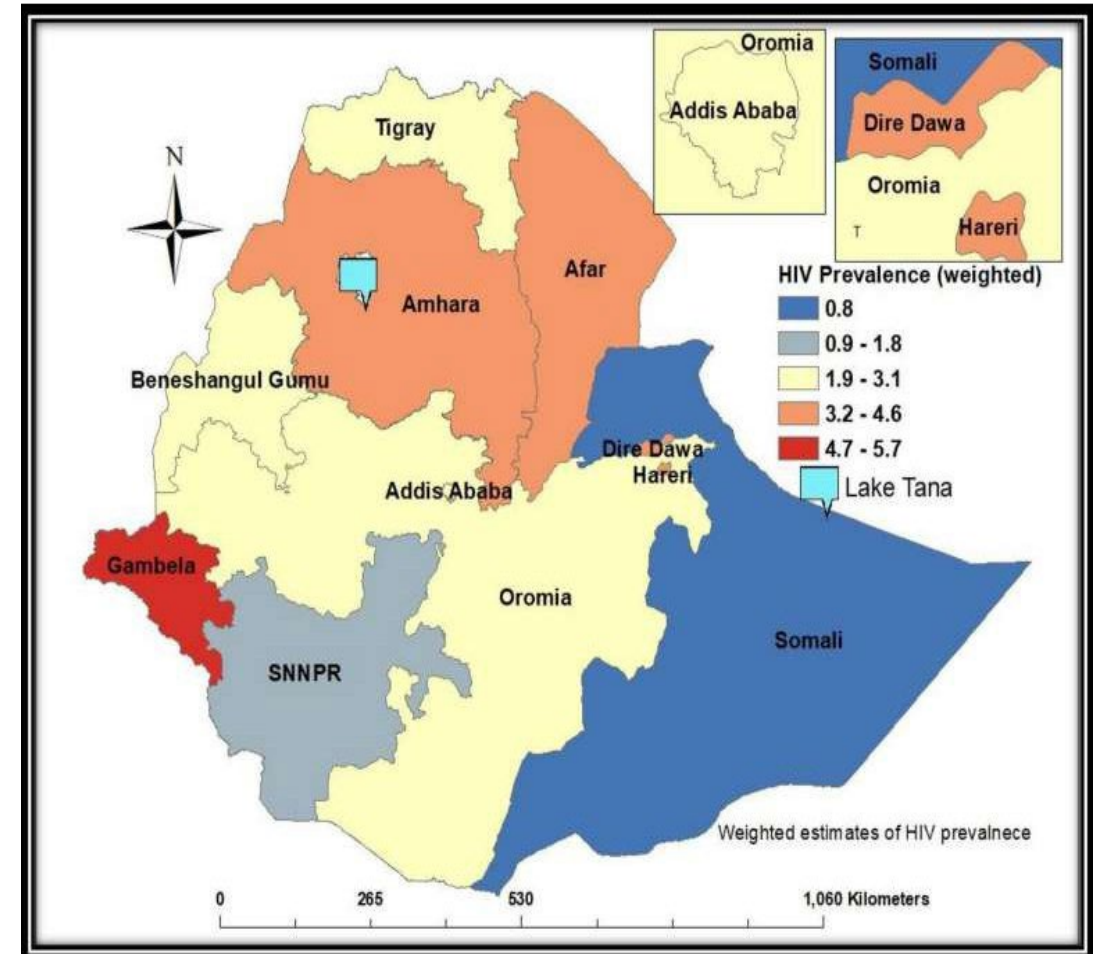
What is Social Network Strategy (SNS) in Ethiopia?

- SNS is a strategy for reaching individuals at the highest risk for HIV with HTS services using social network connections.

- HIV-positive and high-risk, HIV-negative persons (recruiters) identify individuals from their social and sexual networks for HIV testing.

- Use of standardized monetary incentives (transport allowance) to encourage recruitment and testing of network members.

- In Ethiopia target beneficiaries for SNS are female sex workers (FSWs) and their network members.

SNS Work-flow Chart in Ethiopia

Phase 1
Recruiter enlistment

Phase 2
Engagement

Phase 3
Recruitment of network associates

Phase 4
HIV testing

Peer service providers identify and screen a potential Recruiter

Invite potential Recruiter to participate in SNS

Orient Recruiters

Identify and prioritize network associates

Coach and develop a plan to approach network associates

Recruiter invites network associate to test for HIV

Health facility provides HIV testing to network associates

Link to prevention and treatment services

Assessed to become potential recruiters

National-level training on SNS was provided by CDC Atlanta for staff from MoH, Regional Health Bureaus, ICAP and CDC Ethiopia before the pilot implementation.

SNS Pilot Implementation in Ethiopia

- MoH in collaboration with CDC and ICAP piloted SNS in 9 selected KP-friendly health facilities in 3 regions from January to March 2019.

- The goal was to reach FSWs and their network members as a differentiated HTS approach and link them to HIV prevention and treatment services.

- At all SNS pilot sites MoH, ICAP, CDC and regional health authorities participated in joint supportive supervision visits and reviewed the findings

- MoH evaluated the SNS pilot results, conducted a review meeting, and reached consensus to scale up the SNS program.

SNS Scale up in Ethiopia

- MoH supported the progressive scale up of SNS from the 9 pilot KP sites in 3 regions to 91 KP sites across all regions by the end of FY23.

- MoH in collaboration with CDC and ICAP developed, customized, printed and distributed SNS implementation manuals, job aids, and M&E tools for scale up to sites.

- The transport allowance for SNS was standardized nationally (equivalent to 4 USD per coupon), with the recruiter and network member splitting the money equally.

- MoH in collaboration with ICAP provided training to all SNS scale up sites for healthcare workers, management, and finance staff.

SOCIAL NETWORK HIV TESTING PILOT IMPLEMENTATION MANUAL

STRATEGIC CASE-FINDING METHOD TO IMPROVE HIV TESTING YIELD AMONG KEY POPULATIONS

Federal Ministry of Health and Federal HIV AIDS Prevention Control Office

Ethiopia

December 2018

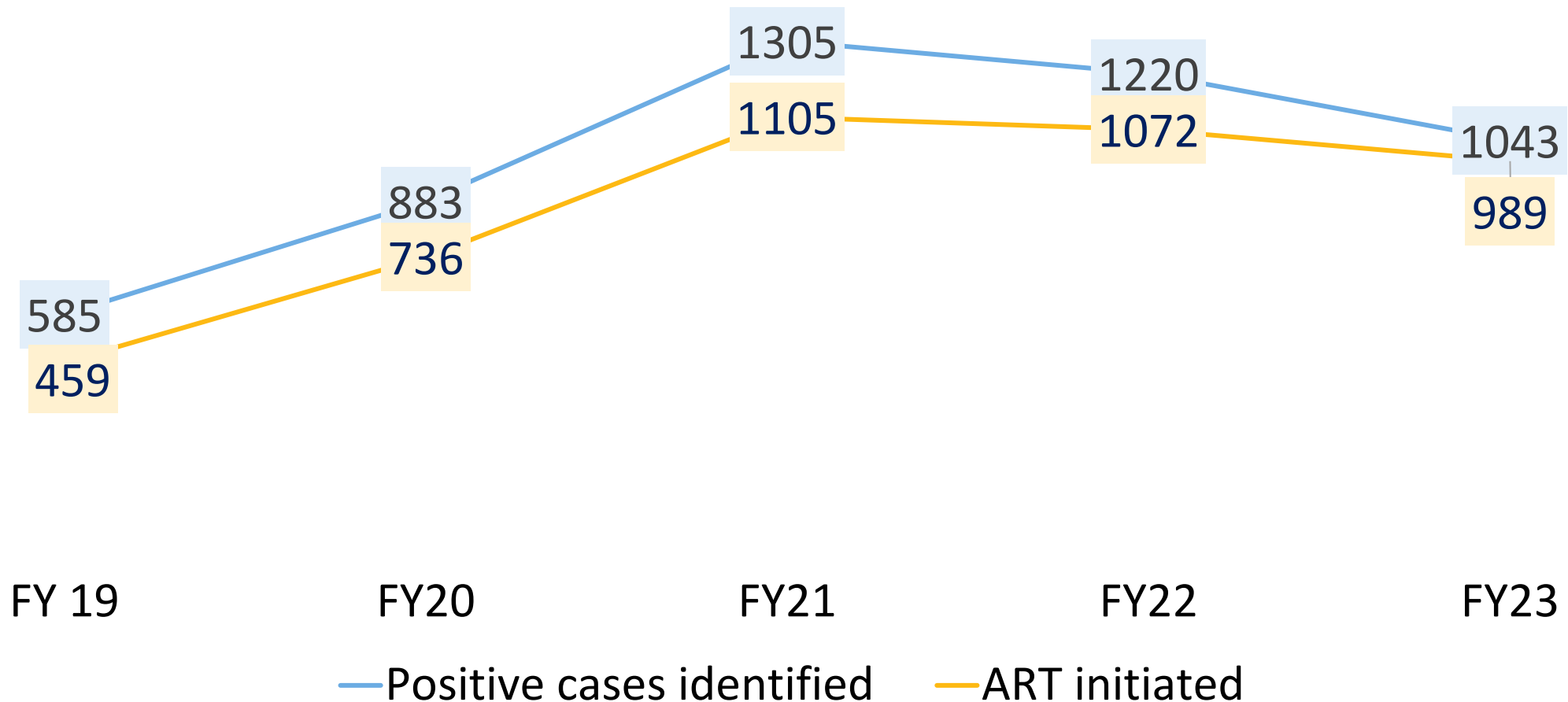# SNS Results From All Regions in Ethiopia (FY19 to FY23)

Summary of Results

Coupons distributed	Tested	HIV positive	% Yield	ART initiated	% ART initiated
107,457	95,735	5,016	5%	4,356	94%

SNS vs Routine KP program
The yield among FSWs through the routine KP program was 2% in FY20-21 and 3% in FY23-23.

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SNS Results From All Regions in Ethiopia (FY19 to FY23)

Impact of SNS on Case Identification and Linkage to Treatment

	FY 19	FY20	FY21	FY22	FY23
Positive cases identified	585	883	1305	1220	1043
ART initiated	459	736	1105	1072	989

— Positive cases identified — ART initiated

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SNS Monitoring and Evaluation Overview

Figure from Mojo Health center, Oromia, Ethiopia, Sep2020.
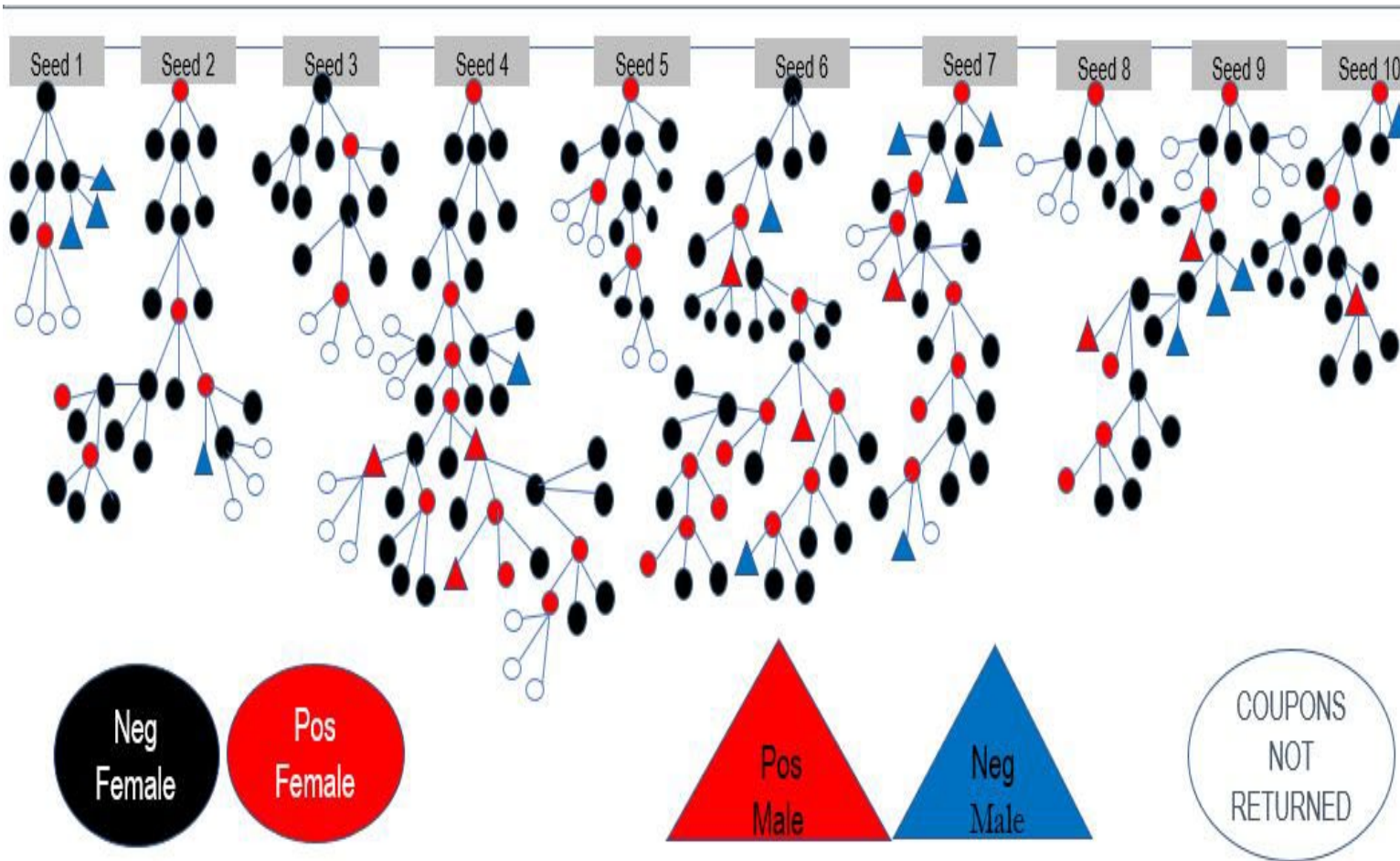
- At the facility level, demographic information, services rendered, and coupon management are documented using a national standard SNS register.

- Facilities utilize a web application to report performance using standard indicators.

- Facilities are encouraged to use a standard network tracking register to track the SNS program's efficiency (see figure).

SNS-Related Challenges and Recommendations

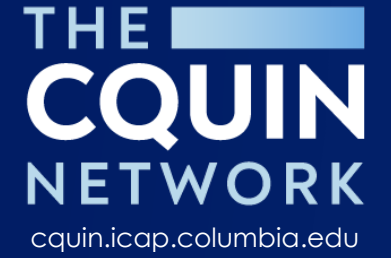| Challenges	Recommendations
• Individuals engaged as recruiters sometimes struggle to facilitate recruitment of network members.	• Providers must ensure they recruit individuals who have the desired characteristics and are accepted by their network members.
• Recruitment of known positive network members and recently tested HIV-negative individuals who get tested for financial gain.	• To identify repeat testers, particularly HIV positive network members, and ensure that these individuals were only documented in one of the facilities, providers establish connections with other providers at nearby sites.
• Getting recruiters to participate in the program without sufficient guidance from providers. • Misconceptions of recruiters, particularly the belief that they must recruit HIV-positive individuals.	• Assign motivated providers who can take adequate time to coach and provide guidance to the selected potential recruiters.

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SNS-related Challenges and Recommendations (cont.)

Challenges	Recommendations
• Recruiters bring in individuals who would not benefit from the service and do not report high-risk behavior.	• Regularly utilize risk screening tool for SNS clients
• The SNS program has been temporarily discontinued in some places, due to delays in money transfers and settlements between regions, cities, and facilities, making the incentives unavailable.	• Appropriate orientation and communication to finance personnel at all relevant hierarchical levels to enhance timely budget availability for program implementation.
• Certain regions, especially the capital city, reported a low level of linkage to care and treatment.	• Engage adherence case managers in SNS to facilitate linkage to care. Linkage audits should also be carried out on a weekly basis.

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Lessons Learned From Implementation of SNS

- For the SNS program to be successful, the facility needs dedicated providers.

- Facility management's active participation increases the program's chance of success.

- A temporary service cessation and program relaunch might be necessary, depending on the findings of the facility-level program effectiveness monitoring.

- SNS offers a greater yield (average of 5%–10%) than regular services for key populations (<3%).

- A seamless financial system enhances SNS implementation

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Thank You!