

Early Experiences with Social Network Strategy (SNS) in Lesotho

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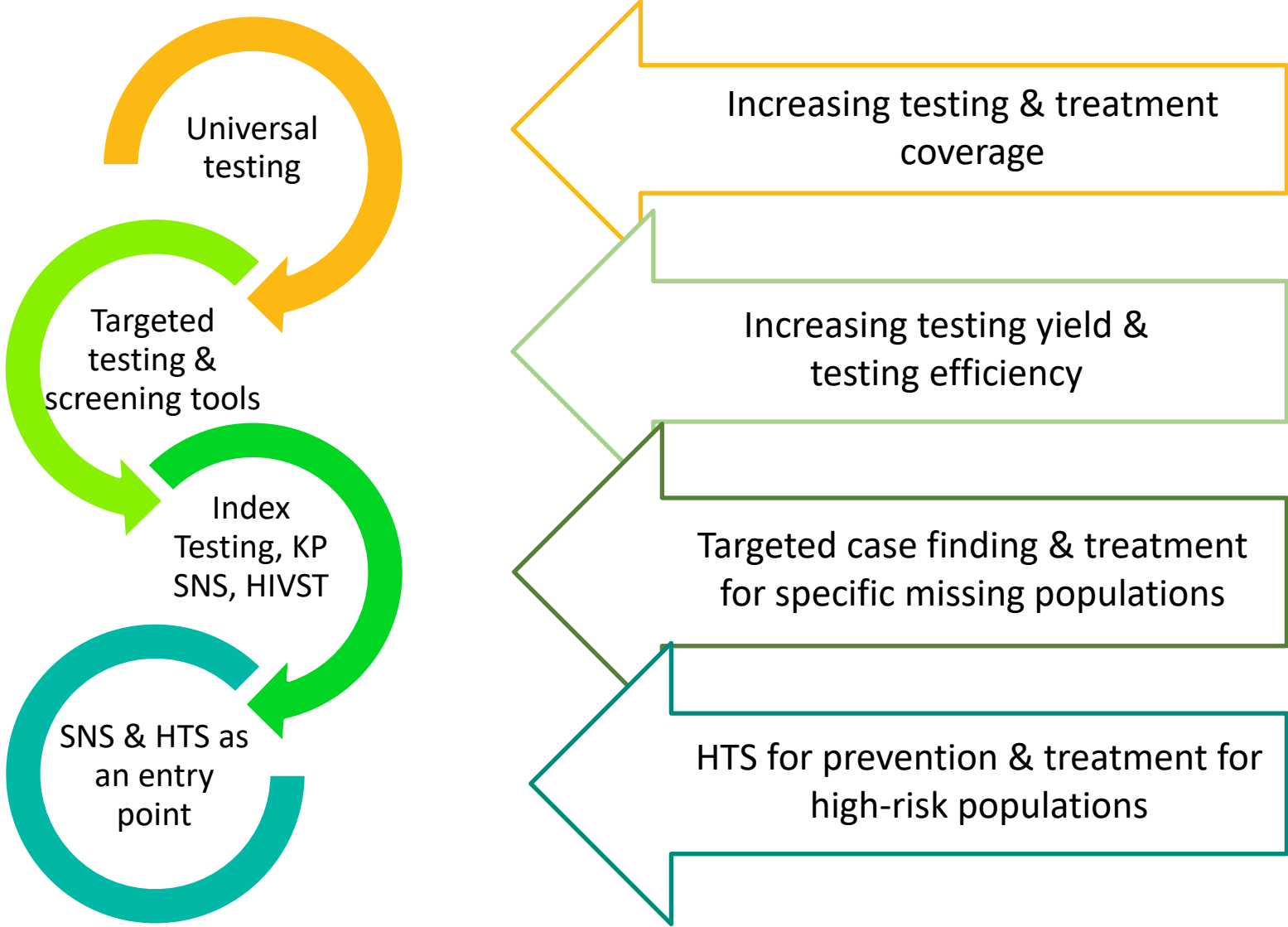
Presentation Outline

- Background to the HTS program
- History of the HTS program
- Lesotho HTS program updates
- SNS pilot among key populations
- SNS pilot in public health sites
- Results
- Lessons learned

Overview of the Lesotho HTS Program

- **HTS Guidelines** to include social network strategies, currently under review
- **Approaches to dHTS:**
 - Facility and community HIVST
 - Index case testing
 - Extended peer outreach approach (EPOA) for key populations (KP)
 - Provider initiated testing and counseling (PITC)
- **Informed by national and population testing coverage data** e.g., PHIA, other estimates

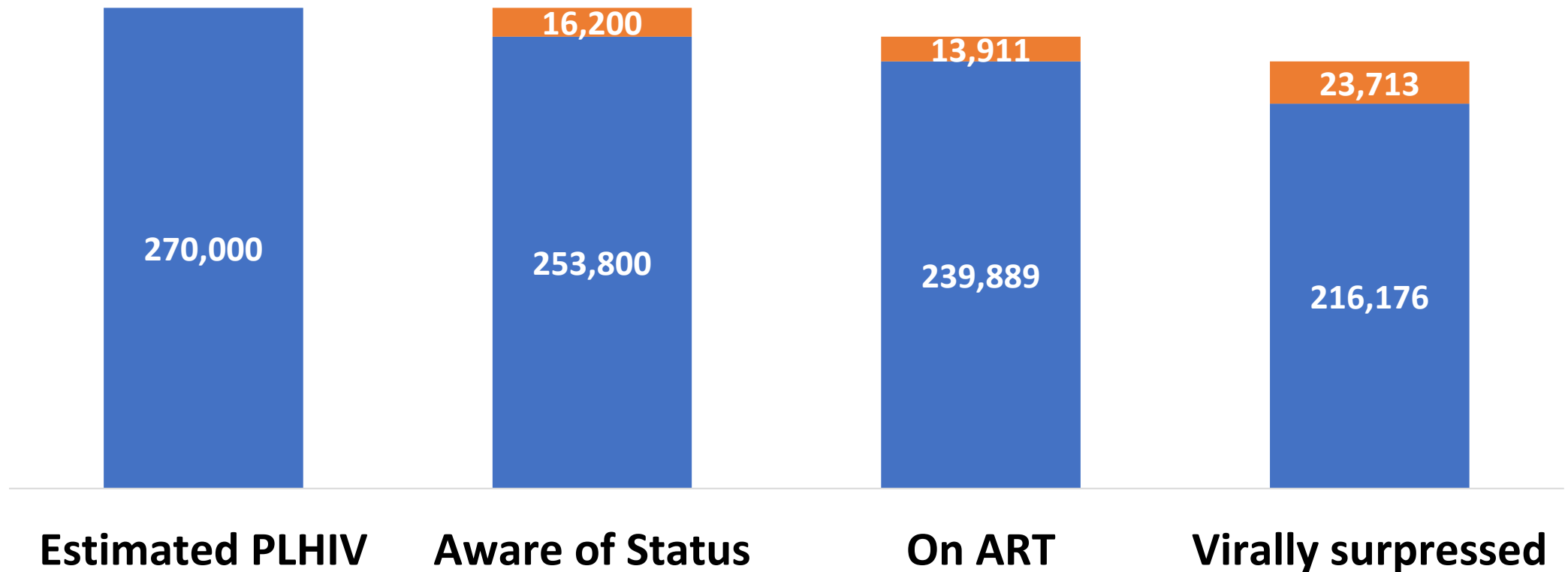
Lesotho HTS Strategies: The Journey



Background and Program Updates

Clinical cascade based on national program data & Spectrum estimates

■ Achieved ■ Gap



Source: DHIS2

Background and Program Updates

- Estimated three 95's progress: 94-95-90 (FY23 program data-DHIS2), compared to 90-97-92 in 2020 (LePHIA)
- Cascade gaps continue by age/sex
- Case identification data continues to reveal significant challenges among young men; while it is relatively easy to find women in health care facilities, the majority of young healthy men are late testers.
- Improvement in case identification among AGYW and older women.

Challenges include:

- High rates of repeat testing among known PLHIV (40%: Cell-PHIA)
- Missing young men, children and KP

Piloting Enhanced Peer Outreach Approach (EPOA)

- Piloted in 2018 among men who have sex with men (MSM) by one KP implementing partner in one district.
- Approach uses performance-based incentives for social and sexual network recruitment.
- Now implemented in 2 districts through 3 community-based organizations providing KP services.
- Coupons are distributed among peers that are hard to reach and who are engaged in high-risk behavior.
- Those referred hand in the coupons at service points, allowing for tracking of successful and completed referrals

The Process

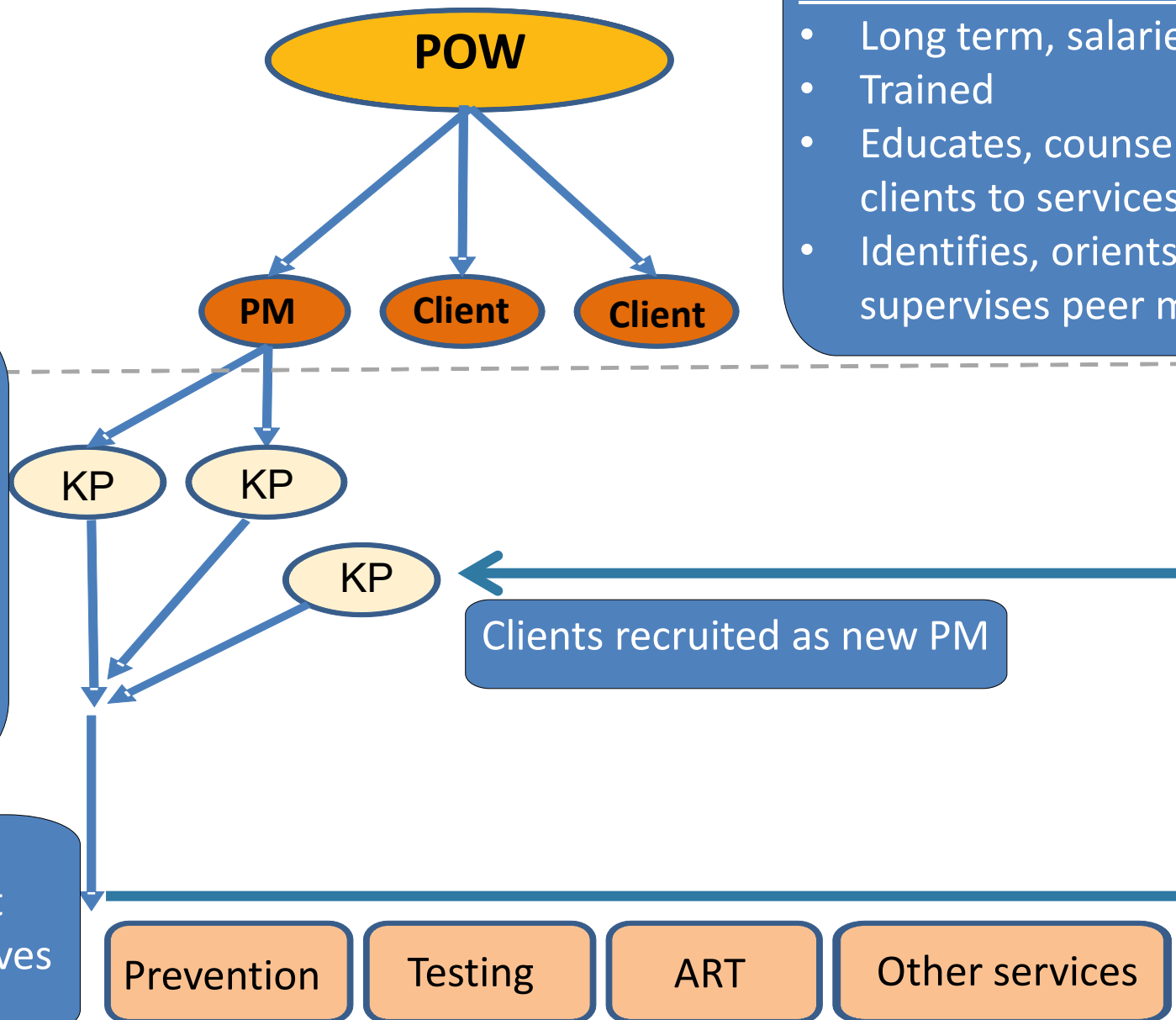
Peer outreach workers (POW)

- Long term, salaried
- Trained
- Educates, counsels and links clients to services
- Identifies, orients and supervises peer mobilizers

Peer Mobilizer (PM)

- Recruited by POW
- Short term, incentivized
- Oriented but not trained extensively
- Identifies members of social network & refers for services

Referred individual presents coupon at testing site & receives services



Pilot Implementation Outcomes

Overall positivity rate of returning MSM was 15%

Positivity by Relationship				
Relationship	Pos	Neg	Total tested	Positivity
Friend	32	244	276	12%
Partner	5	4	9	56%
Other	1	4	5	20%
Refused	8	16	24	33%

- Highest positivity among partners at 56% (caveat: small number)
- Positivity among friends still higher than general population at 12%

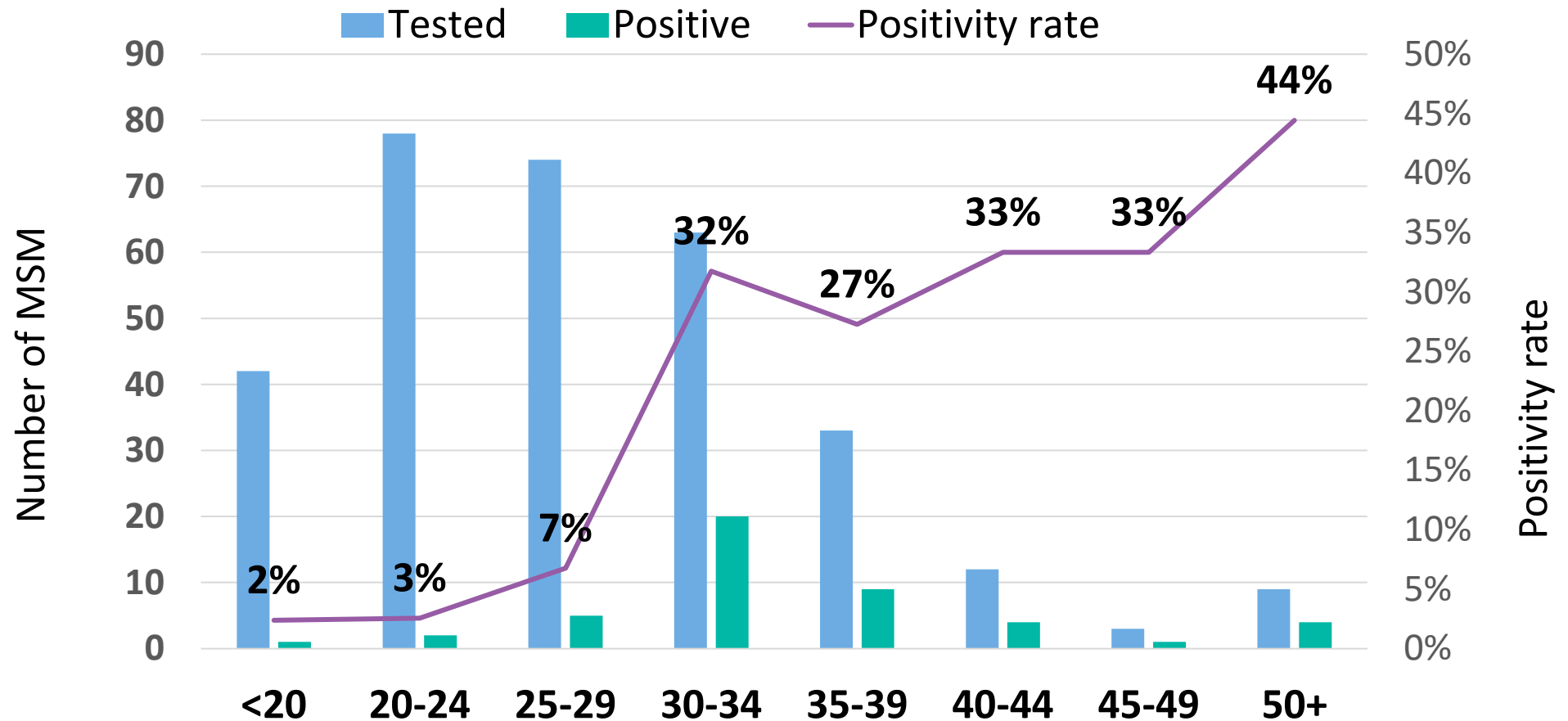
Pilot Implementation Outcomes cont'd

No specific pattern to positivity by network level

Positivity by network level			
Network level	Tested	Positive	Positivity rate
2	89	13	15%
3	22	3	14%
4	73	12	16%
5	56	7	13%
6	41	5	12%
7	18	4	22%
8	15	2	13%
Total	314	46	15%

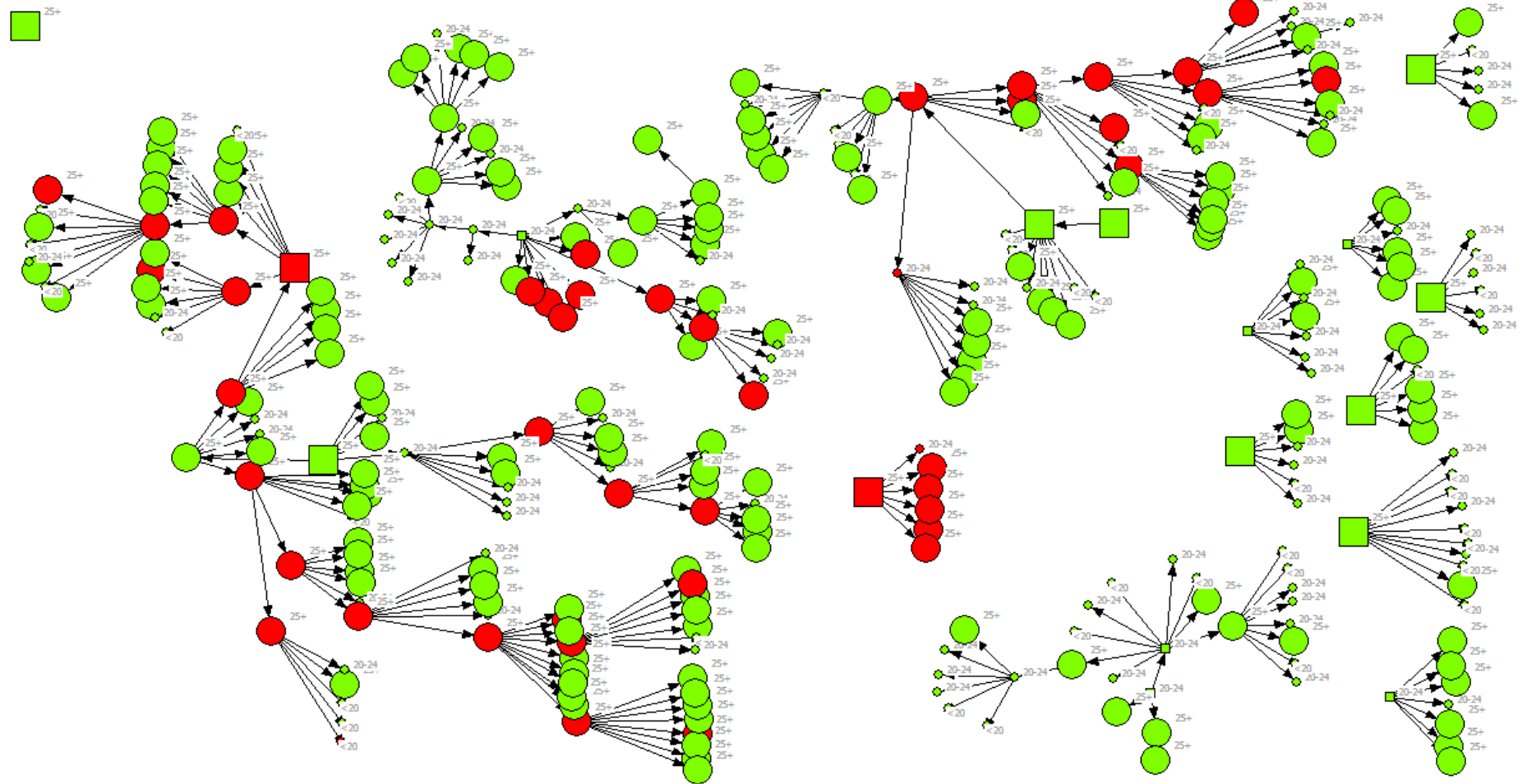
Pilot Implementation Outcomes cont'd

Positivity rate increases with age



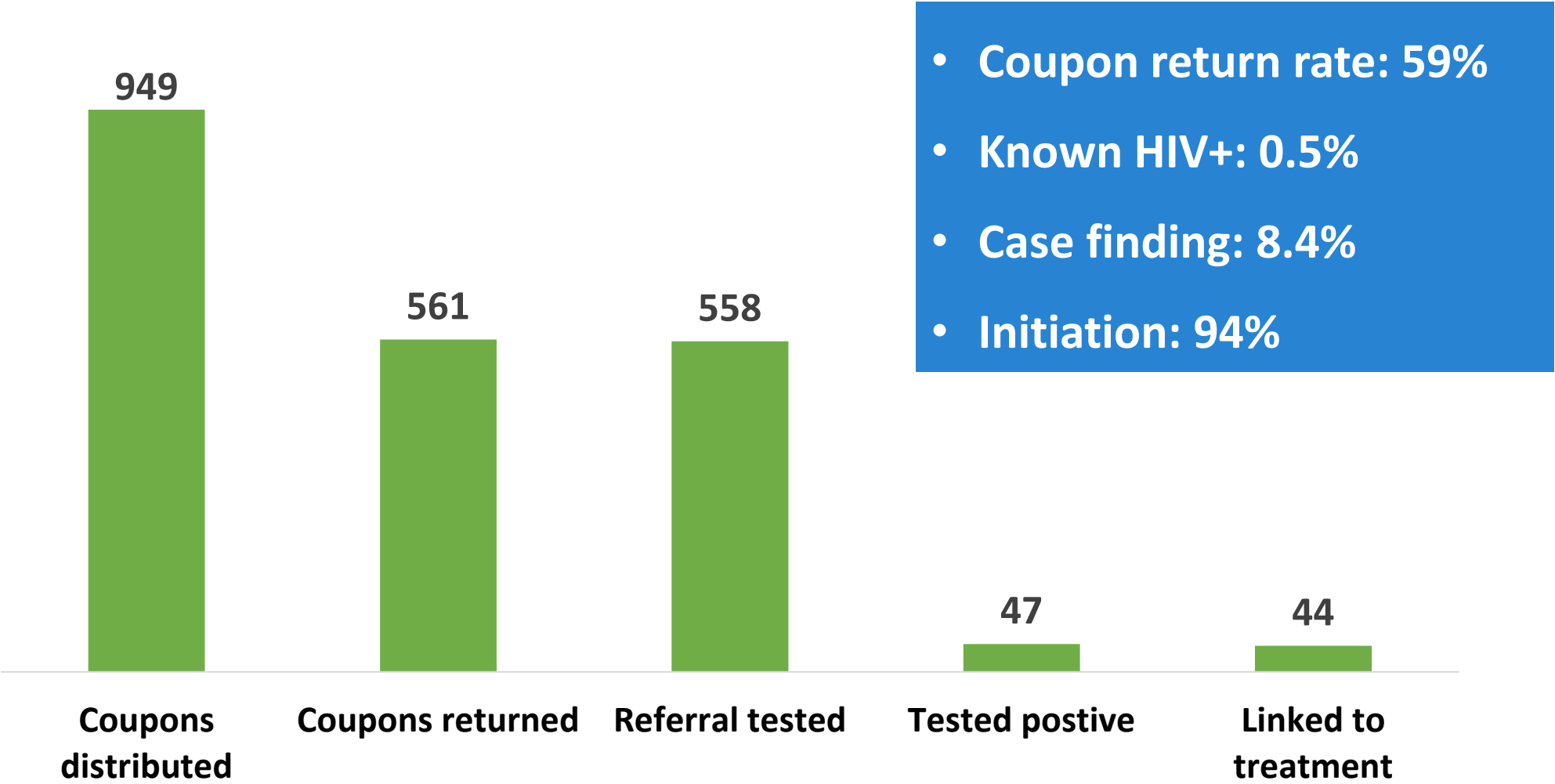
Networks That Expanded Were Mostly Older MSM Networks

- Older men referring older men
- Age of MSM ranged from 15-59 yrs.
- Median age = 27 yrs.



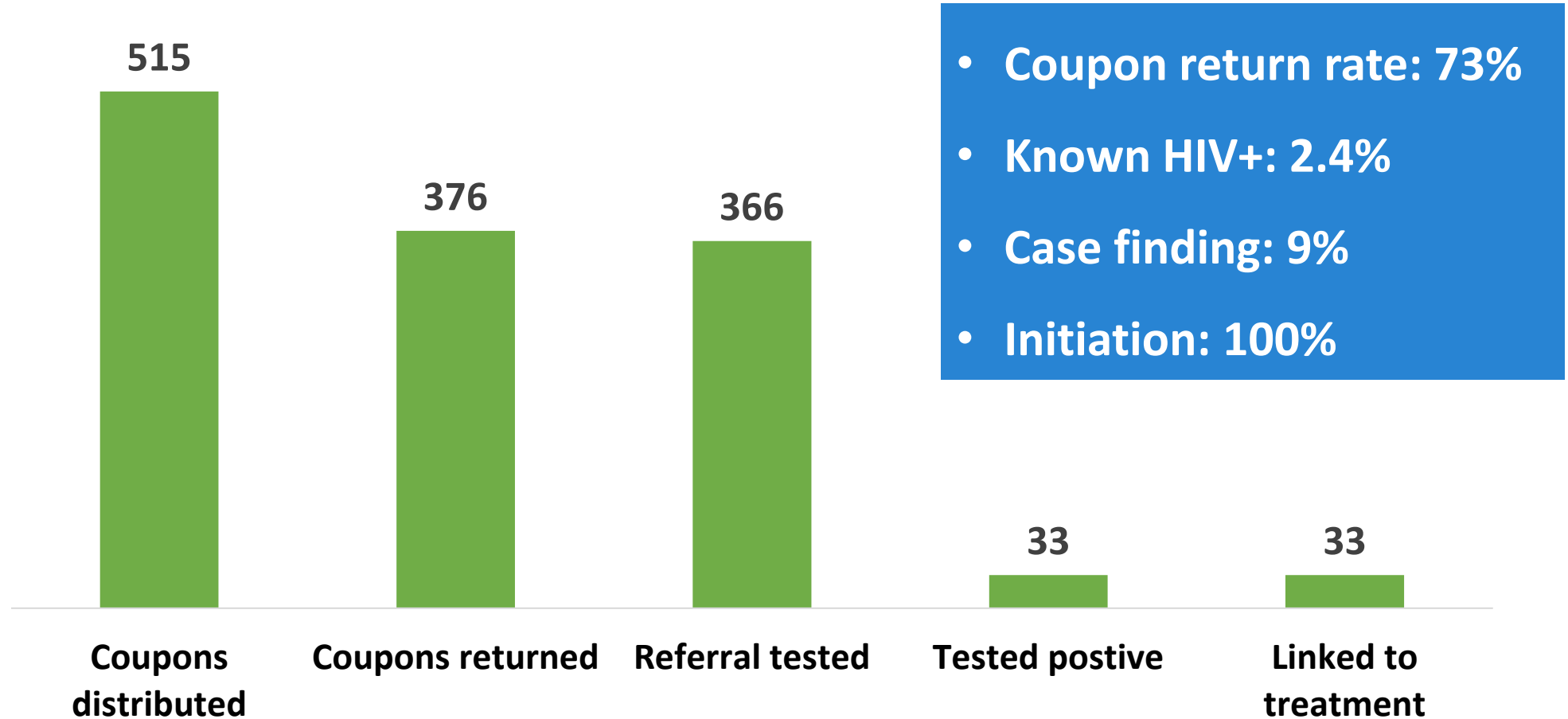
Bigger circles are aged ≥ 25

Program Outcomes to Date (FY23-FY24)

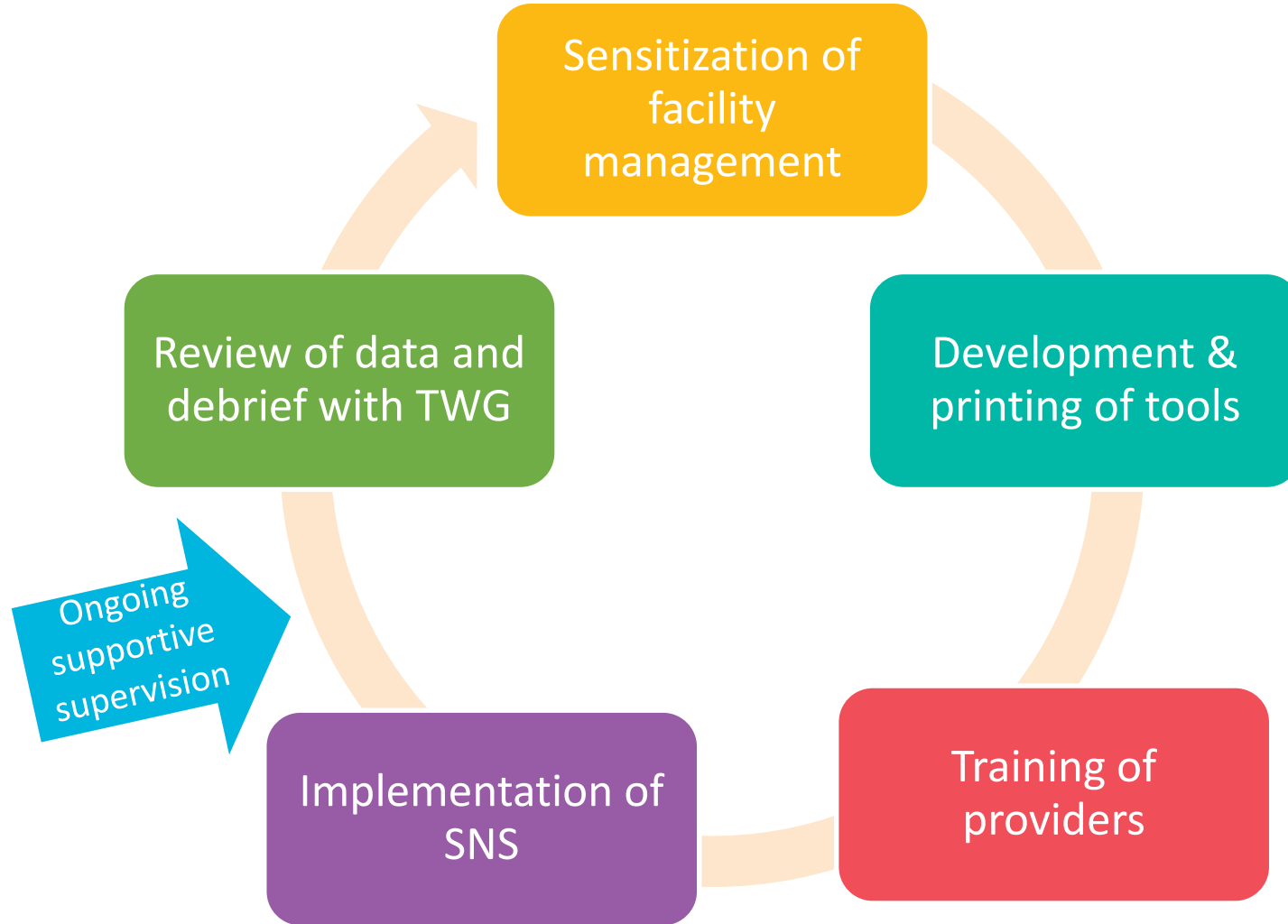


Risk Network Referral (RNR) Outcomes to Date

RNR approach is the same as EPOA but implemented for FSW



SNS Pilot in Public Health Sites: December 2023



Target population

- Men
- Adolescents
- Key population

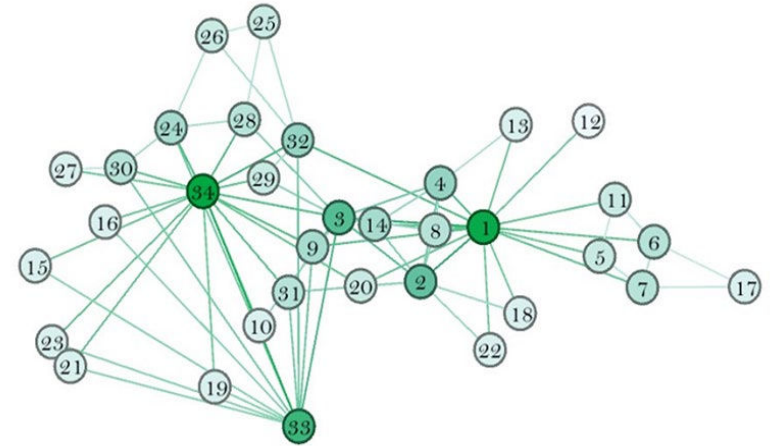
Entry points

- Men's corner
- Adolescents corner
- Outpatient department

Data Collection and Documentation

A1	B1	C1	D1	E1
A2	B2	C2	D2	E2
A3	B3	C3	D3	E3
A4	B4	C4	D4	E4
A5	B5	C5	D5	E5

- Seeds given numbered coupons
- Capacitated with HIV messages and recruitment strategies
- When referrals come for service, they are also recruited as seeds



Participant ID	Patient name and surname	Age	Entry point (1. adolescent corner, 2. mens comer, 3. OPD, 4.ART corner)	Date Tested	# Coup. Given	KP-Status(MSM,FS W, Male,AYP)	HIV-Status	Coupon ID # 1	Coupon ID # 2	Coupon ID # 3	Coupon ID # 4	Coupon ID # 5	Add more coupons as needed

Pilot Results (Dec 2023)

Adolescents

- 8 female seeds (1 HIV positive, 7 HIV negative) were given 19 coupons
- 11 (58%) of the adolescents' coupons were returned and all tested HIV negative

Men

- 14 seeds (2 HIV positive, 12 HIV negative) were given 22 coupons
- 13 (59%) of men's coupons were returned and 15% of them tested HIV positive.

None of the seeds self-identified as a key population community member. Stigma and discrimination against key populations in public health facilities often leads to non-disclosure of sexual orientation

Lessons Learned

- Coupon numbers and serial numbers sometimes not clear in their documentation in the register
- Consistency of serial numbers was a challenge
- Clients who are given multiple coupons are not easy to link with the seeds when they come back for testing
- Some providers were confused about SNS and index testing, and led to messaging and documentation errors
- Incentives increase the return rate, but sustainability is a challenge
- Return rate (successful referral) among men lower, but higher positivity
- Low positivity among adolescents as indication for prevention services
- Network documentation and analysis needs a robust system, not paper based

Looking Ahead...

- Exploring use of index case testing tools (e.g., E-register module) for ease of documentation
- Rolling out SNS into routine dHTS
- Focus on key and high-risk populations and networks
- Close supportive supervision and mentorship for providers



Thank You!

