

SERVING THE NEEDS OF KEY POPULATIONS:
**CASE EXAMPLES OF INNOVATION
AND GOOD PRACTICE IN HIV
PREVENTION, DIAGNOSIS,
TREATMENT AND CARE**

JUNE 2017

KEY POPULATIONS



Serving the needs of key populations: Case examples of innovation and good practice on HIV prevention, diagnosis, treatment and care

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ACRONYMS

| | |
|-------------|---|
| ART | antiretroviral therapy |
| CBO | community-based organisation |
| HIV | human immunodeficiency virus |
| HTS | HIV testing services |
| KP | key population |
| MMT | methadone maintenance treatment |
| MSM | men who have sex with men |
| NSP | needle and syringe programme |
| OST | opioid substitution therapy |
| PEP | post-exposure prophylaxis |
| PrEP | pre-exposure prophylaxis |
| PWID | people who inject drugs |
| SRHR | sexual and reproductive health and rights |
| STI | sexually transmitted infection |
| SW | sex worker |

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This document spotlights the ground-breaking and courageous work being done by programmes around the world that recognize the importance of protecting the rights of key populations. These are the communities who face the greatest risks related to HIV and the most challenging barriers to the services and programmes they need to protect their health and wellbeing. We thank the following programmes for their contributions to this work.

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1. INTRODUCTION

Ambitious new global health targets and commitments aim to reduce health inequities, increase resilience in health systems and accelerate responses to HIV (1–4). Addressing the needs of key populations is essential to the success of those targets and commitments, yet their particular needs and preferences are often not well understood, and they face significant barriers to accessing services.

Key populations¹ are disproportionately affected by HIV: People who inject drugs are 24 times more likely to acquire HIV than adults in the general population, sex workers are 10 times more likely, and men who have sex with men are 24 times more likely. Transgender women are 49 times more likely to be living with HIV than other adult females and prisoners are five times more likely to be living with HIV than adults in the general population (5). Despite this high HIV burden and the increasing global coverage of HIV testing and treatment services, key populations are underserved (6, 7). This is often due to widespread stigma, discrimination and criminalisation of key populations and their behaviours (8). Furthermore, programmes serving key populations are often small-scale, and coverage of interventions and services for these communities remains low.

New guidance that recommends antiretroviral therapy (ART) for all people living with HIV emphasizes that failure to engage and be retained in care can be associated with negative outcomes for both the individual and the community (9, 10). A wide variety of programmes are demonstrating a commitment to confronting this challenge, addressing the specific requirements of communities that share behavioural characteristics, that are marginalized by stigma, laws or societal norms, and whose members often have similar needs. They are implementing evidence-based approaches and exploring new ways to provide services, and they are

offering different service delivery approaches that reflect the particular needs of individuals as well as the constraints and opportunities of the social and legal contexts in which they live. In many settings, successful programming is resulting in increased access to and uptake of services, improved adherence to treatment and retention in care, more effective linkage to other critical services, and better health outcomes for the most vulnerable and hard-to-reach communities.

WHO guidelines issued on HIV prevention, diagnosis, treatment and care for key populations (8), and on HIV testing services (11) included annexes that presented examples of innovative programmes around the world that seek to increase access to vital health and supportive services for communities with the greatest vulnerabilities to HIV, and to protect the rights of those key populations. This compilation joins those two annexes, providing updated information and additional details on programmes when available, and considering the aspects of differentiated service delivery that are key to the success of these programmes.

The case examples included in this document have been submitted and described by the programmes themselves. WHO has not conducted evaluations of these programmes and their results. They have been included on the basis of a set of selection criteria for good practice examples of overcoming challenges and structural barriers to service provision for key populations.

1 'Key populations' refers to men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons or closed settings.

2. METHODOLOGY

The 87 case examples included in this publication were selected through a process of inviting submissions, screening for required elements and assessment for 1) focus on and relevance to the needs of key populations, 2) implementation of innovative or evidence-based programming for HIV prevention, diagnosis, treatment and care for these communities, and 3) implementation of strategies for addressing critical enablers that address the barriers to services that most members of key populations face.

All programmes included in this compilation were previously selected for inclusion in annexes to WHO guidance: Consolidated guidelines on HIV diagnosis, prevention, treatment and care for key populations (<http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>), and Consolidated guidelines on HIV testing services (<http://www.who.int/hiv/pub/guidelines/hiv-testing-services/en/>). Selection methodologies and programme profiles are described in detail in those documents. Programmes that submitted summaries prior to 2015 were invited to provide updated programme details. Programmes that do not address the needs of key populations have not been included in this compilation.

These case examples were collected in 2015. Since this time, some services have ceased operation, others operate under different names or through different programmes. Some have expanded to new sites and/or provide additional services.

3. ANALYSIS OF FINDINGS

The programmes presented here have been built on an understanding of the importance of addressing key populations in national responses to HIV and the critical role of different service delivery approaches in addressing their needs for health and other services. To do this, successful programmes:

1. understand the specific needs of their clients and the challenges they face when seeking health services;
2. understand individuals' and health providers' experiences with barriers to accessing services and their views on how to strengthen enabling environments; and
3. are able to adapt and improve the quality of services and service delivery based on information from clients and providers, while also considering the nature of the legal environments and social settings in which they operate.

Some programmes address the **critical enablers** that give key populations a voice and a role in claiming their rights to service, support and protection; that facilitate access to services; and that create an enabling environment for key populations to engage with health-care providers and services and to remain engaged in care.

Critical enablers' refers to laws, policies and practices (including decriminalization and age of consent); reducing stigma and discrimination; preventing and responding to violence; and empowering the community.

The majority of case examples illustrate innovative **approaches to service delivery** that strengthen the quality of services, increase uptake of services and improve retention in care and adherence to treatment. Some case examples spotlight strategies for improving the effectiveness of interventions and strengthening the overall impact of programme investments.

Critical enablers

Of the 87 programmes featured in this compilation, 12 are primarily focused on strengthening the enabling environment for key populations, while 23 address critical enablers—especially through interventions that are designed to reduce stigma and discrimination—as a component of a larger programme that provides services or support.

Some programmes are positioned to confront the most powerful of the critical enablers: legal frameworks and judicial systems. Most of the programmes included here are using advocacy and partnership with local officials and the media to improve public understanding and attitudes, while engaging with law enforcement to reduce the violence and abuse that

drives so many members of key populations to the margins of society. Some programmes prioritize research and data collection to make the case for legal and policy reform that will improve the enabling environment for key populations and increase access to services.

Among the 35 programmes that address critical enablers there are some key intervention areas:

Community mobilization is important for building a climate of confidence and solidarity, in which members of key population communities know their rights and have the skills to claim them. Community mobilization is also used to share information about the health, social and legal issues that community members face and about accessing services to address those issues.

Advocacy and activism are channels of information and communication that can be used to improve understanding about key populations, and to encourage acceptance and support for individuals and their specific needs for services. Advocacy and activism are also powerful tools to influence policy and legal reform at the national level.

Engagement with law enforcement is essential for programmes seeking to reduce violence against key populations. Partnership strengthens the sense of common purpose, mutual support and accountability between the police and community-based organizations serving the needs of key populations.

Leadership training for members of key populations strengthens their understanding of their rights, their ability to advocate for themselves and their capacity to engage with policy makers to influence decisions on protective mechanisms and inclusion of programmes for key populations in national plans and budgets.

Empowerment is achieved through interventions such as mentoring of younger members of a key population by an older member, and through active participation in programme design, implementation and monitoring. Sixty of the programmes included in this compilation prioritize recruitment and training of peer promoters, peer counsellors and peer educators, and most of the programme summaries mention this as a key to success.

Basic needs such as shelter, food, hygiene, childcare, recreation and employment are met by some programmes to encourage uptake of services, adherence to treatment, retention in care and participation in other programme activities.

Other support such as accompanied visits to clinics, legal advice and mentoring can also contribute to empowerment of individuals and reducing barriers to health and supportive services.

Service delivery

Almost two-thirds (52 of 87) of the programmes focus on service delivery. Recognizing that the particular needs of key populations are often different from those of the general population, and different from each other, programmes are adapting standard **models of service delivery** and mixes of services to accommodate the specific needs of each key population group, and they are improving the **quality of services** to increase acceptability and accessibility.

In most cases, effective HIV prevention programming for key populations requires **combination prevention—a mix of behavioural, biomedical and structural interventions**—in order to address the interrelated needs, preferences and challenges of these communities. This includes **harm reduction** for people who inject drugs, including needle and syringe programmes and opioid substitution therapy for the treatment of opioid dependence.

Many programmes in this compilation also reflect an understanding of the importance of differentiated service delivery for key populations:

- **Integration of services** to facilitate access, strengthen linkages and ensure timely care; e.g. comprehensive services may include harm reduction, sexual and reproductive health and referrals for legal advice.
- A **focus on specific key populations** and their particular needs; e.g. one programme offers **'room-to-room' HIV testing services** for sex workers and their clients, preserving privacy and confidentiality and encouraging greater uptake of services, and female prisoners and juveniles in detention are receiving a range of medical and psycho-social services that were previously unavailable in these settings.
- **Prioritization of areas with concentrations of key populations**; e.g. **mobile services** are reaching previously marginalized communities of men who have sex with men and people who inject drugs, while some who have sex with men and transgender people and sex workers are receiving **peer-outreach services** in bars or other social settings.

Key elements of service delivery that affect the quality of services, enhancing acceptability, accessibility and effectiveness for key populations include:

Peer involvement. Many programmes recognize the critical importance of peers in delivery of services that members of key populations find acceptable. The presence of peer educators, promoters, counsellors and supporters is regarded as essential to engaging with key populations and building the trust that encourages uptake of services and retention in care.

Community-based services. Many communities prefer to access services outside the formal health sector, in safe and convenient places where members of key populations are less likely to experience stigma, discrimination, abuse or arrest. Key populations also face significant barriers to national health services due to criminalization, social exclusion and abuse.

Partnership with local health services. Very few programmes are able to provide the full range of services and interventions that key populations need. Establishing and maintaining relationships with local health services and local authorities ensures effective channels of communication, coordination mechanisms and robust referral networks for follow-up services.

Partnership with gatekeepers. Securing buy-in and support from gatekeepers such as prison wardens and bar owners creates opportunities for alternative care settings and facilitates follow-up.

Training and sensitization of providers. Based on community feedback, several programmes have prioritized specialized training of providers to work with specific key populations and subgroups such as young members of key populations. When providers respect confidentiality and demonstrate good communication skills, and when they are knowledgeable, sensitive, non-judgmental, empathetic and supportive, members of key populations are more likely to seek services and to benefit from the prevention, treatment and care interventions they need. Some programmes extend this work to include local authorities and gatekeepers to reduce stigma and violence and strengthen the enabling environment for health-care provision.

Online communications. Programmes are using social media, websites and mobile technologies to reach marginalized populations, to share information in a discreet and confidential way, to preserve anonymity, to promote uptake of services and support adherence to treatment. Use of online channels of communication is especially effective for young key populations and for key population communities in countries where they are criminalized and vulnerable to discrimination and abuse.

4. CASE EXAMPLES

This compilation is organized by WHO region and includes programmes that offer a variety of services, interventions and strategies that seek to serve the needs of key populations through a strengthened enabling environment or differentiated service delivery.

Many of the programme descriptions feature practical details on implementation strategies and approaches to improving services for key populations. All of the selected case studies demonstrate that focusing on critical enablers and improved service delivery for key population groups can have a positive impact on individual and public health outcomes.

Case examples are listed in alphabetical order within each region. Each example provides a short description of the programme, including the focus area(s) and important

elements of programme activities. Some examples also note key results, successes and challenges encountered during implementation or service delivery. Links to websites are provided when available.

These summaries are presented to share information, to spotlight innovation and to inspire other programmes that serve the needs of key populations.

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AFRICA

1. ANOVA HEALTH INSTITUTE | SOUTH AFRICA

<http://www.anovahealth.co.za>

Training health providers to meet the needs of men who have sex with men

The Health4Men project addresses men's diverse sexual health needs, particularly those of vulnerable and marginalized groups including men who have sex with men. The project's goal is to institutionalize competence in serving the community of men who have sex with men in existing public clinics. The process involves:

- Sensitization, to change attitudes;
- Medical training, to expand knowledge;
- Mentoring, to translate knowledge into skill;
- Ongoing technical support, including consultation, training and mentoring, and provision of educational materials.

Under the leadership of the Anova Health Institute, Health4Men has developed two Centres of Excellence for men who have sex with men, in Cape Town and

Johannesburg, each supported by satellite clinics. The clinics provide services for the men who have sex with men, while outreach activities stimulate demand for services. Health4Men has developed innovative training content and materials to equip nurses, counsellors and medical officers to respond to the special needs of men who have sex with men with sensitivity and empathy. In partnership with provincial departments of health, the project establishes at least one Regional Leadership Site in each province to serve as the hub for competency development; nurse mentors and outreach teams operate from these sites. As of mid-2014, over 3,000 health workers had been trained, 584 clinicians had been mentored and 64 clinics in four provinces were declared medically competent to serve men who have sex with men. By the end of 2015, there were over 160 sites nationally.

2. CENTRE FOR THE DEVELOPMENT OF PEOPLE | MALAWI

Strengthening linkages with health providers and reducing stigma for men who have sex with men

The Centre for the Development of People (CEDEP) was established in 2006 to promote human rights, health and social development for minority populations. One of their projects provides services for men who have sex with men in an environment where homophobia and criminalization of same sex practices marginalize the community, limiting access to services.

CEDEP peer educators² identify and mobilize men who have sex with men through the snowballing technique. During outreach activities, they provide accurate HIV prevention information, distribute condoms and lubricants, provide referrals for cases that require facility-based services, and support empowerment and self-efficacy to combat 'self-stigma'. CEDEP also works with health-service providers and other key stakeholders, sensitizing them to the needs of the community, which is improving access to and quality

of services for men who have sex with men. Advocating for both a public health and human rights approach to the delivery of health services for the community CEDEP helps health providers to understand the importance of non-discriminatory services. Men who have sex with men in the CEDEP target area report that stronger linkages with health providers have reduced stigma, and the use of peers has proven effective in mobilizing the community.

CEDEP has supported the development of information, education and communication materials in collaboration with peer educators, ensuring the appropriateness and effectiveness of information and messages. Health-care workers provide quantitative feedback through peer educators on referrals and uptake of services by men who have sex with men.

² Peer educators are members of the community that is being served—in this case, men who have sex with men—who are trained to provide information on a range of topics, such as HIV prevention, testing and treatment or sexual and reproductive health. Peers can also lead and evaluate programmes, or provide services such as HIV testing and counselling, ART distribution and treatment adherence support.

3. CENTRE FOR SEXUAL HEALTH AND HIV/AIDS RESEARCH | ZIMBABWE

<http://www.ceshhar.co.zw>

Services and empowerment for sex workers, in partnership with sex workers

In 2009, the Centre for Sexual Health and HIV/AIDS Research (CeSHHAR) Zimbabwe established Sisters with a Voice, a programme that provides services for sex workers on behalf of the National AIDS Council. Collaboration with key government ministries and the involvement of sex workers in implementation have been critical to programme success.

Intensive community sensitization is a key element of programme implementation. Supported by a network of peer educators trained in participatory community mobilization and empowerment, Sisters offers integrated HIV and sexual and reproductive health services. Peer educators run community mobilization sessions that cover issues that concern sex workers and their clients and partners, and issues that relate to the 'sisterhood' such as advocacy, stigma, rights and support. Around 20% of sex workers who have taken part in recent surveys reported starting sex work before the age of 18; based on this data, Sisters has developed an intervention specifically designed to reach younger women with age-appropriate peer education, community mobilization and empowerment.

From 2009 to 2015 Sisters has expanded from five sites to a national network of 36 sites (six fixed facilities and 30 outreach sites). To the extent possible, data are used to advocate for programme expansion. For example, in 2011 a representative survey in three sites showed that HIV prevalence among sex workers was high (50–70%), and engagement with HIV services was suboptimal; programmatic data suggested that even programme participants continued to be infected at rates higher than their age-matched peers. These data were helpful in advocating for ongoing support for the programme at the national level and with donors. When the survey was repeated in 2015 in the same three sites, results suggested that engagement and linkage to HIV prevention and care cascades had improved considerably. Moreover, at a site where two population-based surveys were conducted, the proportion of HIV-negative women who reported having a recent HIV test increased from 35% in 2011 to more than 70% in 2013. Over the same period, the proportion of women living with HIV who were receiving antiretroviral therapy increased from 28% to 45%.

Sisters with a Voice is a country wide programme with 36 sites. In 2016, the programme reached 35000 sex workers with comprehensive HIV prevention and care services.

AFRICA

4. EXCELLENCE AND FRIENDS MANAGEMENT CARE CENTRE | NIGERIA

<http://www.expertmanagers.org>

| Services and programmes reaching prisoners and sex workers

Excellence and Friends Management Care Centre (EFMC) is a non-governmental community-based organization that works with people in prison and sex workers, as well as the general population. Programmes and services are provided primarily in the states of Nasarawa and Imo and in the Federal Capital Territory and City of Abuja.

People in prison. Prisoners can be difficult to reach with HIV services due to the lack of confidentiality around HIV testing and treatment in prison settings. In order to provide HIV services to this population, EFMC first met with prison wardens and other relevant authorities to obtain support. EFMC staff then provided information to inmates on the importance of knowing one's HIV status, HIV prevention and behavioural change. HIV testing services were offered free of charge. A behavioural change support group provides peer counselling and encourages members to set and attain personal goals within and outside of prison.

From May–September 2013, over 800 people in prison received an HIV test, with 34 positive results. With the support of wardens who agreed to maintain confidentiality, inmates were referred for viral load and CD4 testing and antiretroviral therapy services, including adherence counselling. EFMC maintains follow-up through phone calls and periodic review of patient files to ensure regular provision of HIV treatment and other medications and services.

Sex workers. Prior to implementation of programme activities, EFMC mobilizes community engagement, advocating and creating demand for HIV testing services using storytelling techniques and informal meetings with key gatekeepers. During this period, owners of brothels and potential participants are identified and befriended. Behaviour change communication covers topics such as goal setting, income-generating activities and condom use. HIV testing services are offered to all sex workers in the brothels. One strategy for success was the provision of 'room-to-room' HIV testing services as many sex workers wanted more privacy when testing for HIV. Sex workers and clients who test HIV-positive are then linked to care and treatment services.



Excellence and Friends Management Care Centre - Nigeria

From 2013 to 2014, a total of 1,466 sex workers in the project areas received an HIV test; 189 of these women were diagnosed HIV-positive, and 145 accepted referral to care and treatment, while 24 women had already known their status and were on treatment. Three participants started other income-generating activities as an alternative to sex work. As a result of behaviour change interventions, many sex workers reported that they practice safer sex and use condoms regularly. However, national laws prohibit sex work; this is a major challenge to providing services for this population. Sex workers noted that learning to trust EFMC staff members was integral to their participation, as many had experienced negative interactions with other programme and health staff. Other challenges to programme implementation include demands for financial incentives for participation, as well as harassment from security agencies and periodic extortion of money or sex.

Reaching key populations can be supported through using social media and peer led outreach.



5. FHI 360 | GHANA

Reaching key populations through social media and peer-led outreach

Using social media to reach men who have sex with men.

In Ghana, deep-rooted social stigma towards men who have sex with men impacts their ability to access HIV information and services. In order to increase access to HIV testing services for men who have sex with men, the SHARPER project (Strengthening HIV/AIDS Response Partnership with Evidence-based Results) contracted known members of the community of men who have sex with men as community liaison officers (CLO) to engage other men who have sex with men through social media campaigns. CLOs were selected from networks not previously reached by peer educators, and they received training on HIV, health information and services. Social media proved to be an effective way to reach the community that peer educators would not usually reach, and six underground establishments of male sex workers and one telephone-based escort service consisting of male sex workers and their clients were identified. The owners of these establishments agreed to work regularly with the CLOs and the SHARPER project to facilitate the delivery of mobile HIV testing services for men who have sex with men in Accra and Kumasi.

In 2013 more than 15,000 men who have sex with men in the target areas were reached by SHARPER through Facebook, WhatsApp and other social media platforms. In Accra 82% of the men reached by this approach had not had previous contact with a peer educator. In Kumasi 66% had never been reached before by any intervention. The CLO in Accra identified eight male sex worker brothels and networks previously unknown to the project and other organizations that serve the community of men who have sex with men. Between December 2012 and March 2014, seven sessions of venue-based mobile HIV testing services with male sex workers were carried out. The owners of each establishment invited participants and HIV testing services sessions were conducted by SHARPER project staff, CLOs, and selected healthcare providers from the Ghana Health Service. All service providers were trained in conducting rapid HIV testing and sensitized to the needs of key populations. A total of 276 participants attended at least one HIV testing session. Of those, 56% accepted HIV testing, and 25 were diagnosed HIV-positive and are now

enrolled in treatment and care services. Establishing trust and a willingness to collaborate between stakeholders and members of key populations was integral to the success of this programme.

Peer-led outreach with young women who sell sex.

To strengthen outreach to young women selling sex in Accra, the SHARPER project, through local implementing partners, recruited young female sex workers who were considered leaders within their peer group to work as peer educators, with the aim of increasing uptake of services and engagement in care. Selected individuals took part in a one-week training, followed by weekly supportive supervision meetings and monthly reviews with programme staff to discuss implementation challenges. Peer educators were paired with older women in the community, known as 'peer protectors', who provided them with guidance and support in handling difficult situations, making referrals and planning their futures. Peer educators received a monthly stipend to cover transport and communication costs. Microplans helped peer educators to focus on priority issues and needs faced by young people selling sex. These included negotiation skills for safer sex, family- planning services and commodities, and referrals to HIV testing services, STI and other sexual and reproductive health services. Information and services were also provided in relation to preventing and addressing violence, whether by intimate partners, clients or the police.

Each peer educator worked with 10–15 young female sex workers each month. A significant challenge was the frequently chaotic and highly mobile lives of young female sex workers, which made regular contact difficult. In response, the programme offered peer-accompanied referrals to services and established linkages with other organizations that could provide critical support, for example in cases of human rights abuses and sexual violence, child care and parenting skills-building, nutritional support for young children and enrolment in the national health insurance scheme. In addition, the frequency of supportive supervision was increased from once to twice weekly.

AFRICA

6. ICAP | SOUTH AFRICA

<http://www.icap.columbia.edu>

Increasing access, coverage and quality of HIV prevention services for men who have sex for men

In 2012, the International Center for AIDS Care and Treatment Programmes (ICAP) at Columbia University in South Africa launched the MOSAIC Men's Health Initiative. The programme supports organizations serving the community of men who have sex with men to develop peer-led outreach and community-based HIV prevention activities together with the ICAP regional and technical teams.

The package of services includes:

- HIV testing services—mobile services, couples and partner testing and home-based testing;
- Sexually transmitted infection and TB screening and referral for treatment;
- Referral for problematic substance use treatment and mental health services;
- Male and female condoms and condom-compatible lubricant distribution;
- Referral for post-exposure prophylaxis;
- Linkage of clients diagnosed HIV-positive to care and treatment services.

A monitoring and evaluation framework that specifies various indicators and guides implementation of MOSAIC activities. Ongoing monitoring allows for performance appraisal and addresses gaps and challenges.

A simultaneous capacity-building programme sensitizes health-care workers to the needs of men who have sex with men. Governmental agencies, civil societies and community organizations have been established to guide and lead the efforts. These providers then form the MOSAIC referral network. Some providers in the network have vast experience in programming for men who have sex with men, while others receive training and mentoring to increase their knowledge and skills for implementation of programmes that serve the community of men who have sex with men. Peer outreach workers are recruited and trained on evidence-based HIV prevention interventions including how and when to offer PEP to HIV-negative men who have sex with men. Clinicians receive training to bolster their knowledge and skills around key health issues for men who have sex with men, followed by on-the-job mentorship. This process contributes to the sustainability of HIV prevention services available to the community.

From 2012 to February 2015, 13,980 men who have sex with men received HIV prevention services, 2,010 health-care workers received sensitization training, 269 clinicians received clinical training, and staff at 24 health facilities received ongoing mentorship. The programme has demonstrated that **local engagement can be used to increase coordination and the effectiveness of programming for men who have sex with men.**

7. KIMARA PEER EDUCATORS AND HEALTH PROMOTERS TRUST FUND | TANZANIA

<http://142.177.80.139/kimara/>

HIV prevention and other health and supportive services for young people who sell sex and young people who inject drugs

Kimara Peers, a community-based non-governmental organisation, implements HIV prevention programmes in a low-income area of Dar es Salaam. Many programme participants are young people (16–25 years) who sell sex and/or inject drugs. Different services are offered for each group, although there is also some overlap in the groups.

For people who use drugs (especially those who inject drugs), Kimara Peers opened two drop-in centres near state-run health centres and dispensaries to provide outreach and services. Drop-in centre staff includes trained community-outreach workers from the local area and a professional social worker. Outreach workers publicize drop-in centre services when they are in the community as well as during larger public gatherings, such as World Drug Day. Services offered include individual and group psychosocial therapy and support, basic information on harm reduction, prevention of HIV and other sexually transmitted infections,

condom use and prevention of viral hepatitis. Referrals are made for opioid substitution therapy and treatment of STIs. Education and materials on sexual and reproductive health and HIV, specifically designed for young people, are available. Referrals to government hospitals are made only with a client's consent, and confidentiality is maintained unless the young person gives permission for their parents or other family members to be informed and/or involved. The programme is seeking government approval for provision of clean needles and syringes at the drop-in centre and by outreach workers. Kimara also supports alternative income generation programmes for sex workers.

Addressing special needs for young sex workers and young people who inject drugs.

AFRICA



LVCT Health, Kenya

LVCT shows how collaboration between the government, health care workers and key population communities strongly improves access to prevention, testing and treatment for key populations in Kenya.

8. LVCT HEALTH | KENYA

<http://www.lvcthealth.org>

Community participation in the design and implementation of services for men who have sex with men and sex workers

In 2004, LVCT Health started a programme to respond to the sexual and reproductive health needs of men who have sex with men and sex workers. In Kenya, these groups often have poor access to and low uptake of health services due to criminalisation and stigmatisation of their behaviour. The programme was developed and planned in collaboration with members of communities who informed how and what services should be delivered. As a result of this process, men who have sex with men and sex workers are now offered a comprehensive package of HIV services in health facilities and through outreach HIV testing services, which is the entry point to other sexual and reproductive health services. Trained peer educators also provide psychosocial support and follow-up with newly diagnosed clients to support treatment adherence and retention in care.

Peer educators visit locations where men who have sex with men and sex workers spend time, and they mobilize the communities to create demand for HIV testing services. During this mobilization period, gatekeepers to the community and security guards of brothels and bars are sensitized to the health needs of the key populations of interest. All participants are given an opportunity to enrol in support groups. Clients who test HIV-negative are provided

HIV prevention information in support groups, including where and how to access services. On-the-job training and mentorship are continuously offered to peer providers and health workers to maintain the quality of services delivered. The programme works closely with the local and national government. Drawing from lessons learned during programme implementation, LVCT also contributes to development of evidence-based policy.

From 2011 to 2014, 220 health workers and 43 peer educators completed sensitivity training, and over 4,058 men who have sex with men and 4,231 female sex workers accessed integrated HIV prevention, treatment, care and sexual and reproductive health services. Of those accessing services, 1,668 men who have sex with men and 2,269 female sex workers received HIV testing for the first time; 650 men who have sex with men and 254 sex workers were diagnosed HIV-positive with over 75% of them effectively linked to treatment. Of the HIV-positive men who have sex with men, 164 enrolled in LVCT clinics and started antiretroviral therapy. In 2015, this cohort showed over 95% treatment adherence rates, and among those retained 90% achieved viral suppression.

9. MÉDECINS DU MONDE | TANZANIA

<http://www.medecinsdumonde.org>

Harm reduction and improved enabling environment for women who inject drugs

Médecins du Monde (MdM) provides comprehensive harm reduction services for people who use drugs, with special attention to women and to the critical enablers that facilitate uptake of services and consistent engagement in care. Services include needle and syringe programmes and referral to opioid substitution therapy, as well as income-generating activities and referral to legal services. More broadly, MdM is involved in building the capacity of non-governmental and community-based organizations to run harm reduction services, especially at drop-in centres with a range of support and services. MdM also encourages the establishment of dedicated centres and shelters for women, with additional health and support services offered for their children. The programme has supported the creation of national and district-level harm reduction committees, with representation from governmental and non-governmental institutions, which take responsibility for resource mobilization and other activities. A continuous dialogue with municipal, district and national authorities and sensitization sessions for police, health providers and journalists have been important elements of the work. Partnership with all members of society is considered essential for scaling up harm reduction throughout the country.

Between 2011 and 2015 more than 6,000 people who use and/or inject drugs received harm reduction services and in 2013 more than 2,000 stakeholders were trained in harm reduction approaches and interventions. Testing for viral hepatitis B/C and vaccination for hepatitis B are also provided for people who inject drugs. The establishment of the Tanzania Network of People Who Use Drugs and audio-visual training for peer educators support empowerment and advocacy activities.

Capacity building of government and non-government organisations leading to the development and scale up of national and local harm reduction policies and programmes.

AFRICA

10. MUSLIM EDUCATION AND WELFARE ASSOCIATION | KENYA

<http://www.mewa.or.ke>

Peer outreach providing services and support for female drug users and their families.

The Muslim Education and Welfare Association (MEWA) has been providing HIV prevention services and treatment for drug dependence in Mombasa and Kilifi counties on the northern coast of Kenya for around 20 years. The programme aims to improve access to HIV prevention by providing sterile needles and syringes, treatment, care, and socio-economic support services, along with advocacy for opioid substitution therapy and for the human rights of people who use drugs (injecting and other).

MEWA pioneered the peer-outreach model in its target areas, providing services in hard-to reach hotspots at a time when there was little understanding or political will to address the issue of substance use. Former drug users are trained and receive ongoing mentoring to provide outreach services. Another key programme is reunification of female drug users (85% of whom live in the street) with their families as this can be supportive of engagement and retention in care. MEWA also provides free meals—often an incentive for uptake of services—alongside harm reduction services. In addition, clients have access to free reproductive

health and basic social services. For clients on antiretroviral therapy and TB treatment, free accommodations are available to support treatment adherence. Entrepreneurship training and work placement opportunities are also offered to interested clients, as well as referrals to government agencies for access to micro-financing and job placement programmes. MEWA builds trust with their clients through consistent contact, strong referral systems to services not provided by the programme and community-based mobile services. MEWA also provides support for children of people who use or inject drugs. In such cases, MEWA arranges for temporary custodial care and provides health, nutritional, material and psychosocial support for the child's care and education, while providing referrals for the parents to services that can support the improvement of parenting skills related to education, hygiene, health care and family planning.

Hotspot-based outreach services at 32 sites and individualized tracking have facilitated access to programme interventions for over half of female drug users in the MEWA project area, increasing service coverage from 36% to 84%. The physical presence of outreach workers in hotspots is helping to forge bonds between the community, law enforcement, people who inject drugs, and MEWA staff. Nine public health facilities, three non-governmental organisations providing health services and five penal institutions in the MEWA target area are supporting risk reduction services in a more integrated way. However, the programme has also faced challenges. There has been resistance to needle and syringe services from the police due to their perception that this intervention promotes drug use and crime, and current laws do not conform to new national guidelines and policies aimed at facilitating, promoting and improving service delivery for key populations. Furthermore, people who use drugs in Kenya frequently experience violence and incarceration. Through community dialogue, engagement with local government and training workshops for police officials, MEWA is working to promote human rights, introduce policy changes and provide accurate information that dispels myths around harm reduction services. People who use drugs are reporting fewer violent incidents and improved representation in the justice system as well as increased access to travel documents, driving licenses and employment and micro-finance opportunities.



Muslim Education and Welfare Association - Kenya

11. NATIONAL ORGANIZATION OF PEER EDUCATORS | KENYA

<http://www.nope.or.ke>

‘One-stop’ service delivery for female sex workers and men who have sex with men

The National Organization of Peer Educators (NOPE) provides sexual and reproductive health and social services in a wide variety of settings. NOPE developed the Drop-in Service Centre (DiSC) model as a ‘one-stop’ approach for delivery of essential HIV services for female sex workers and men who have sex with men in seven locations in Kisii and Kiambu counties.

Initial consultations and focus group discussions with community members identified service gaps. This was followed by social and hotspot mapping and population size estimations. Stakeholder meetings—including bar owners, police, provincial administrators, religious and community leaders, along with community representatives—took place within identified hotspots to provide information about the project and to encourage community buy-in. Following focus groups discussions, female sex workers and men who have sex with men participated in the selection of DiSC locations. Peer educators were selected and trained on how to run a DiSC, including set-up, use of client flowcharts, referral and network pathways and the minimum package of services. NOPE worked with the District Health Management Team to source commodities and for quality assurance of services. NOPE follows a performance-monitoring plan aligned with the national AIDS strategic plan and PEPFAR Next Generation Indicators. Routine data quality assessments and audits, supervision visits, data sharing forums and project progress meetings all ensure that robust monitoring and evaluation mechanisms are in place.

DiSCs have served 20,000 individuals who are men who have sex with men or female sex workers. Based on their experiences with this model, NOPE has contributed to the national guidelines for key populations and led the development of the national peer education curriculum for men who have sex with men. Technical assistance from NOPE has allowed other organizations, such as Ishtar Men who have Sex with Men and Keeping Alive Societies’ Hope, to assume responsibility for three of the DiSCs. One of the key lessons learned in establishing DiSCs is that gaining the trust of key populations is imperative, especially in environments where laws and policies criminalize female sex workers and men who have sex with men for their behavior. While freestanding facilities are critical for key populations, sustainability will require integration of service delivery for these groups into the national health services as the communities and providers become more responsive to the needs of key populations. In the meantime, NOPE has successfully mobilized county health management teams to provide medical supplies and to second medical staff to DiSCs. Additionally, NOPE plans to partner with the private sector for eventual co-ownership of some of the DiSC sites.

AFRICA

12. RE-ACTION! | SOUTH AFRICA

<http://www.re-action.co.za/>

| Combination prevention for sex workers and their clients

In 2011, Re-Action! launched a combination prevention programme for sex workers and their clients known as Voices of Change. In partnership with the Department of Health at all levels of government, Re-Action! created an enabling environment to support clinical and behavioural prevention interventions for sex workers in South Africa.

Four rotating mobile vans offer clinical services in a 28-day cycle to high HIV transmission areas, such as brothels, taverns, or public spaces where sex work is common.

The programme provides HIV testing services as the entry point to other health services such as for sexual and reproductive health as well as chronic illness screening and treatment for diabetes, hypertension, and obesity. All services are provided free of charge, in a confidential manner, free from discrimination and stigma. In each mobile van, two outreach teams provide HIV testing services; while

peer-educators provide counselling, nurses carry out HIV testing. To improve access, HIV testing services are provided in user-friendly environments, at convenient times (usually at night).

From 2011 to 2015, Re-Action! conducted 12,993 HIV tests for sex workers at five sites, with a positivity rate of 13% across all sites. At one site, all 38 newly diagnosed HIV-positive clients were registered into HIV care featuring clinical monitoring, treatment, risk-reduction counselling and psychosocial support. Re-Action! also offers quarterly repeat testing for HIV-negative sex workers. In 2014, the first Re-Action! client satisfaction survey indicated that 72% of clients are satisfied with pre- and post-test counselling, and all respondents find mobile staff sensitive to their needs. A great success for this programme has been the recruitment of 14 peer educators from the sex worker population.

13. REPRODUCTIVE HEALTH UGANDA | UGANDA

<http://www.rhu.or.ug>

| Peer-led services for urban sex workers

In 2012, Reproductive Health Uganda (RHU) started implementing a three-year project in the urban slum areas of Kampala to increase access, coverage and quality of sexual and reproductive health (SRH) and HIV services for sex workers. Based at the RHU Bwaise Clinic, the programme operates a peer-led, community-based programme to provide a comprehensive package of HIV testing and HIV services including mobile and home-based HIV testing. Services include sexually transmitted infections (STI) screening and management, family planning services, substance use counselling, male and female condom distribution, consultation and referral for post-exposure prophylaxis, and referrals to HIV care and treatment programmes for people diagnosed HIV-positive.

A team of health-care providers and social workers were identified and trained to provide SRH and HIV services to sex workers and other key populations, and three five-day

training sessions were conducted with 90 peer educators from the community. Training covered various topics, such as evidence-based HIV prevention interventions, HIV testing services, how to recruit and mobilize the community, and how to provide referrals. For sex workers specifically, HIV testing was offered at their homes or other private locations, along with contraceptive and other tailored information and services. Ongoing monthly meetings are held with peer educators and health-care providers to discuss challenges and to plan for subsequent outreach activities.

As of February 2015, over 1,000 male and female sex workers had received HIV testing services through RHU activities. An unexpected result of the community outreach has been a greater uptake of SRH and HTS among men who have sex with men. Through associated clinic- and community-based activities, 350 people have been newly diagnosed HIV-positive, of which 73 are men who have

sex with men. All but 24, who were lost to follow-up, were linked to HIV treatment and care. The project has demonstrated that local engagement can be used to increase coordination, and therefore, effectiveness of key population-focused programming. This partnership between stakeholders, peer educators, key population communities, and sensitized health-care providers has also helped to overcome barriers to access.

14. SEX WORKERS OUTREACH PROGRAMME | KENYA

<http://swopke.blogspot.com>

| Peer-led, hotspot-based mobilization and outreach services

Affiliated with the University of Manitoba/University of Nairobi, the Sex Workers Outreach Programme (SWOP) promotes the health, safety and wellbeing of sex workers in Nairobi County and affirms their occupational and human rights. There are an estimated 30,000 sex workers in the target area, and the programme has grown from three to nine service sites since 2008.

Working closely with the National AIDS and STI Control Programme (NASCOP) of the Ministry of Health, SWOP uses peer-led, hotspot-based mobilization and outreach services to provide HIV and sexually transmitted infection prevention and care services that are acceptable to sex workers. Seven sites serve sex workers, and two facilities provide services to HIV-infected family members, friends and clients of sex workers. All clinics provide a comprehensive HIV prevention and treatment package and cervical cancer screening. Community members participate in decisions about where to locate service sites, and the outreach team coordinates and implements activities with a peer-support team. Programme services, which include behavioural, biomedical and structural interventions, are free and adhere to national guidelines. Periodic trainings and performance reviews enhance the quality of services. As sex work is illegal in Kenya, linkages and partnerships with other organizations and government agencies working with key populations is critical.

In 2013, SWOP outreach activities made 103,000 (initial and repeat) contacts with sex workers, and HIV testing services were provided with 31,000 tests (initial and repeat) conducted. Strong peer networks and data sharing between clinics through a virtual private network helps reduce problems caused by the mobility of sex workers. SWOP has been instrumental in establishing clinical guidelines for the syndromic treatment of sexually transmitted infections, and syndromic management is now part of the NASCOP health policy. However, there are challenges in supporting men who have sex with men who are also sex workers as they suffer double stigma and considerable hostility and persecution in the community. A high HIV incidence of 10.9 per 100 person-years has been noted among male sex workers, and SWOP is working closely with NASCOP and other stakeholders to address their specific needs. Another challenge is attrition of trained peer educators who move to other programmes, and constant retraining is necessary.

SWOP is an example of how a community based programme for key populations can be brought to scale in collaboration with the national government.

AFRICA

15. SOCIETY FOR FAMILY HEALTH | NAMIBIA

<http://www.sfh.org.na>

Strengthening peer-led organizations to deliver HIV testing and other services for key populations

In 2011, Society for Family Health (SFH) launched the Strengthening HIV Prevention, Care and Treatment among Key Populations with the objective of contributing to the reduction of HIV transmission among men who have sex with men, sex workers and their clients.

Goals of the project include:

- Improving access to HIV prevention, care and treatment interventions;
- Building capacity of local peer-led organizations to provide HIV testing services;
- Strengthening the enabling environment for peer-led advocacy, networking and collaboration with government and stakeholders.

Peer-led organizations offer HIV testing services within a larger package of sexual health services. Stand-alone and mobile services and facilities that are open at night help to increase uptake. Trained lay providers offer group-counselling sessions, after which HIV testing is offered to all participants. Clients diagnosed HIV-positive are linked to a referral network for enrolment in antiretroviral therapy and other care and support services. Project activities are implemented in six urban areas, under the leadership of SFH in collaboration with the Ministry of Health and Social Services.

Between October 2013 and September 2014, 12,609 sex workers and 2,219 men who have sex with men took part in HIV prevention interventions, 71 lay providers were trained to offer HIV testing services and 20 law enforcement officers were sensitized to the health-care needs of key populations. In total, 1,959 rapid HIV tests were performed. Of those, 236 (12%) clients were diagnosed HIV-positive and started antiretroviral therapy. During the same period, 636 HIV-negative clients received risk-reduction counselling, 17 were enrolled in services for the prevention of mother-to-child transmission of HIV (PMTCT), four received post-exposure prophylaxis and 40 accepted male circumcision. Other services included treatment of sexually transmitted infections and other HIV-related opportunistic infections, viral hepatitis vaccination, and Pap smears.



16. SOUTH AFRICAN NATIONAL AIDS COUNCIL AND THE DEPARTMENT OF HEALTH | SOUTH AFRICA

<http://www.sanac.org.za/> , <http://www.health.gov.za/>

An integrated approach to sensitization of health-care providers working with key populations

Discriminatory attitudes of health-care providers towards people from key populations and 'unfriendly' health facilities are barriers to access and uptake of services, contributing to poorer health outcomes.³ A multi-partner project led by the South African National AIDS Council (SANAC) and the Department of Health has developed an integrated approach to sensitize health-care providers on issues affecting key populations and to empower public health staff to interact appropriately (in terms of attitude and clinical expertise) with people from these communities. Trainings have been conducted in preparation for the implementation of the rollout of the National Operational Guidelines for HIV, sexually transmitted infection and TB Programmes for Key Populations in South Africa. The full programme includes in-person training and mentoring.

Thirty trainers participated in an initial 'training of trainers' workshop and were linked to local training centres and health facilities. In turn, they trained 420 health-care workers in six months. Where these trainings took place, people from key populations have reported improvements in health-care workers' attitudes. Community trust in health providers has increased, as has the use of health facilities where the sensitization training has been linked with peer outreach and the HIV prevention education activities of civil society organizations. Further evaluation is planned to inform scale-up.

Sensitisation training of health care workers on issues affecting key populations empowers them to provide better communication and better care.

³ Policy brief: key populations, key solutions: a gap analysis and recommendations for key populations and HIV in South Africa. Pretoria, South African National AIDS Council, 2011 (http://www.sanac.org.za/resources/doc_download/40-sanac-key-population-policy-brief, accessed 3 June 2014).

AFRICA

17. THE INITIATIVE FOR EQUAL RIGHTS | NIGERIA

<http://www.initiative4equality.org>

Using advocacy, communication and capacity building to serve the needs of the community of men who have sex with men in a legally constrained environment

The Initiative for Equal Rights (TIER) was established in 2006 as a response to the discrimination and marginalization of lesbian, gay, bisexual and transgender people in Nigeria, especially regarding access to health services. One TIER project is the Integrated most-at-risk-populations (MARPs)⁴ HIV Prevention Programme (IMHIPP) with a priority focus on men who have sex with men. IMHIPP seeks to reduce the impact of HIV on men who have sex with men, their sexual partners and their dependents by ensuring the provision of HIV services in a legally constrained environment.

IMHIPP uses advocacy, communication and capacity building to address the needs of the community. Advocacy with key stakeholders promotes a better understanding of the human rights and needs of men who have sex with men, and the needs of their families. Social media and community outreach are used to disseminate HIV information and education to communities of men who have sex with men and others. Some members of the community are selected for training in mentorship and serve as peer educators and supporters. To support uptake of services, referrals are made to pre-screened services with sensitive and knowledgeable providers who understand the needs and issues facing men who have sex with men; when individuals are uncomfortable seeking services alone, IMHIPP offers accompanied visits to health facilities. For community members who are men who have sex with men with AIDS-related illnesses, IMHIPP-trained providers deliver palliative care. Monthly field visits monitor the accuracy of prevention messages that clients are receiving.

Over 50 volunteers have been trained as peer educators, and over 5,000 men who have sex with men living with HIV have received HIV information and services, including antiretroviral therapy and psychosocial support. An impact evaluation survey conducted in 2013 revealed that 73% of men who have sex with men reached through IMHIPP services reported correct and consistent use of condoms from November 2012 to April 2013 compared to 43% at the inception of the programme in 2009. Passage of the Same-Sex Marriage (Prohibition) Act in 2013 has prevented information dissemination and gatherings of men who have sex with men, resulting in the temporary suspension of some IMHIPP activities. This legislation is also likely to have caused a drop in the minimum number of clients reached each month from 250 to 80. As an initial response to this situation, TIER has added safety and security tips to its training and outreach events—e.g. avoiding the risks of cyber dating and secluded social venues; minimizing vulnerability to blackmail, extortion and arrest; and emergency hotline numbers.

⁴ 'Most-at-risk populations'—people criminalized for/at risk due to their behaviours—are also referred to as 'key populations'.

18. TRANSGENDER EDUCATION AND ADVOCACY | KENYA

| Advocating for the rights of transgender people in Kenya

Transgender Education and Advocacy (TEA) aims to raise awareness and advocate for the human rights of transgender people, and to educate the community on sexual and reproductive health and risks.

TEA facilitates consultations between transgender people, their families, relevant stakeholders, duty bearers and service providers to increase understanding and tolerance of transgender people. TEA addresses the discrimination, abuse, social and legal exclusion and health issues faced by transgender people through legal and policy channels in order to reduce the incidence and prevalence of HIV and other diseases that affect this community and to support the specific needs of transgender people, such as gender reassignment. To reinforce this advocacy work, TEA builds

the capacity of transgender people to advocate for their rights, to take on leadership roles, and to confront the personal and structural challenges they face, particularly those within public health and social service settings. TEA also educates the transgender community on how to avoid social and sexual risks, to embrace healthier lifestyles and to forge stronger links with their families.

TEA interventions have helped to increase the self-confidence of transgender individuals to confront social and legal challenges and to reduce cases of sexual violence and exploitation, especially among transgender women. However, transphobia is still a major constraint to progress in many areas.

Interventions can help to increase self-confidence to confront social and legal challenges and to reduce cases of sexual violence and exploitation.

THE AMERICAS

19. ASSOCIATION IBIS-HIVOS | BOLIVIA

Mobile health services linked with formal health services to reach key populations

Association Ibis-Hivos developed a mobile health service strategy using trained peer promoters to more easily reach men who have sex with men in locations that are convenient and acceptable. Services include HIV testing and referral for confirmatory testing, risk-reduction counselling, promotion and proper use of condoms, and syphilis testing. The strategy complements existing interventions provided by the Departmental Centre for Surveillance and Reference (DCSR) and civil society organizations.

The mobile unit operates 24 nights per month and comprises two teams; one team, with the involvement of peer promoters, performs outreach to clients, while the other team performs rapid HIV tests. Every person with a reactive HIV test or requiring other medical or psychological attention is referred to DCSR for confirmatory tests and appropriate care.

In the first two years of mobile unit operations, 6,541 rapid tests were performed for either HIV or syphilis. Those receiving an HIV test included 1,116 men who have sex with men or transgender people, 1,762 female sex workers, and 493 homeless people, with most being men who have sex with men (73%) and female sex workers (46%) under age 25. In total, 117 people were referred to DCSR following a reactive HIV rapid test, of which 51 were confirmed HIV-positive. The mobile HIV testing unit strategy is efficient and effective because it breaks down the barriers of geographical and cultural accessibility to health services and complements the formal health services provided by the DCSR.

Mobile HIV testing units can break down geographical and cultural barriers and complement mainstream and public health services.

20. CALLEN-LORDE COMMUNITY HEALTH CENTER | USA

www.callen-lorde.org/our-services/hott/

HIV services in an enabling environment for young lesbian, gay, bisexual and transgender clients

Callen-Lorde Community Health Center serves lesbian, gay, and transgender young people (ages 13–24), as well as people living with HIV. The programme provides free health care in a transgender-affirming environment for youth who identify as a key population, most of whom are homeless or at risk of homelessness. Training of all staff (medical providers, nurses, case managers and lay providers) in a transgender-sensitive and competent service manner facilitates this transgender-affirming environment.

Services include:

- Providing trans-inclusive programme literature and health education materials for men who have sex with men;
- Using a trauma-informed approach to education on managing transphobia in multiple environments (e.g., in workplace, school, or correctional settings);
- HIV testing services at a main facility site and in the mobile medical unit;
- Using cognitive and behavioural interventions for HIV prevention, and providing information and access to biomedical interventions such as pre- and post-exposure prophylaxis.

In 2013, about 1,100 young people received services at either the on-site medical suite or in the mobile medical unit. In 2014, 1,287 young people were tested for HIV, including 657 men who have sex with men, and 249 transgender women. Of those, 27 men who have sex with men and five transgender women were confirmed HIV-positive. Over those two years, improved rates of HIV testing were due to the inclusion of HIV testing with routine services. In addition, the hiring of transgender staff as nurses, health educators and HIV testers has resulted in increased acceptability of services from 21% in 2013 to 40% in 2014. Annual patient satisfaction surveys and feedback on services and quality of care from the Youth Advisory Board will create additional opportunities for improvement of services in the future.

THE AMERICAS

21. CENTER OF EXCELLENCE FOR TRANSGENDER HEALTH, UCSF | USA

<http://www.transhealth.UCSF.edu>

Increasing access to services for transgender and gender variant communities

The mission of the Center of Excellence for Transgender Health at the University of California-San Francisco is to increase access to comprehensive, effective and affirming health-care services for transgender and gender-variant communities. The ultimate goal is to improve the overall health and wellbeing of transgender people by developing and implementing programmes in response to community-identified needs. Core faculty and staff with diverse backgrounds and experience offer programmes informed by a national advisory board of 14 trans-identified leaders from across the country.

The projects of the Center of Excellence address a wide range of health issues for transgender people. One activity is developing guidelines on a range of primary care topics, including primary and preventive care, hormone therapy, mental health, youth and surgery. In addition, the Transitions Project helps build the capacity of community-based organizations to adapt, implement and evaluate evidence-based HIV prevention interventions for transgender communities.

22. COMMUNITY HEALTHCARE NETWORK | USA

<http://www.chnny.org/>

Integration of transgender-specific services into existing community-based health services

The Transgender Family Program was established in 2004 at the Community Healthcare Network (CHN) clinics in New York City to improve access to HIV prevention and linkages to primary health care.

To understand how best to integrate comprehensive transgender services into a community health clinic, CHN undertook community mapping, consultations and forums, and a review of similar programmes. Importantly, the programme asked patients to form the Client Advisory Board to help guide integration and implementation of services for the transgender community. Integrated services include transgender care, HIV testing services, medical case management, support for treatment adherence, sexually transmitted infection screening and treatment, prevention interventions and mental health and nutritional services. In addition, the programme provides risk reduction counselling, support groups, outreach, bilingual educational workshops and referrals to legal and social services. Recruitment strategies used by staff members and trained peer leaders

include face-to-face contacts, community-based activities and online advertising and other social media tools. Clients are encouraged to engage family members, an important strategy to increase uptake of services and retention in care.

Over 750 people have received transgender-specific services through CHN. Benefits of integrated transgender services include:

- Improved tolerance and long-term acceptance of, and sensitivity to this population in the broader community;
- Improved accessibility through convenient location of services;
- Flexible hours as a result of extended service capacity;
- Increased access to a range of in-house support services.

In addition, in-depth evaluation has found significant decreases in sex work, needle sharing and unregulated hormone injections, and increased likelihood of regular condom use among CHN clients.

Improving solidarity among sex workers and increase the uptake of mobile clinic services through peer education.



23. COTRAVETD | DOMINICAN REPUBLIC

<http://www.cotravetd.blogspot.com>

La Comunidad de Trans-Travestis Trabajadores Sexuales Dominicana (COTRAVETD) is a sex worker-led collective formed in 2002 that prioritizes the issues and needs of transgender and transvestite sex workers who face significant discrimination, abuse and detention in Dominican society, and whose rights are routinely violated.

COTRAVETD provides human rights-based training for peer educators who engage with sex workers, transgender people, and men who have sex with men. Peer educators provide information and support for a wide range of skills, services and referrals that address the sexual health needs of the community. They also help to build solidarity and trust between transgender sex workers through a support group that brings together younger transgender women with older and more experienced transgender women.

In 2012, COTRAVETD piloted a sexual health approach to peer education, training 12 peer educators in principles of sex positivity (i.e. the view that sexual expression is essentially good and healthy), self-determination, autonomy and fairness. The personal nature of this approach helps peer educators to understand the complexity of their lives and the psycho-social and structural risks of HIV, and in turn, fosters outreach which goes beyond negative, disease-focused messages.

COTRAVETD interventions have significantly strengthened the capacity of peer educators and volunteers to address the needs of transgender and transvestite sex workers for appropriate services and referrals. COTRAVETD has also participated in a national consultation on sex work and broken down barriers of discrimination and misunderstanding by doing 12 radio and television interviews. Cotravet has reached 1,300 sex workers through peer education which has resulted in a reported increase in solidarity among sex workers and a reported increase in uptake of mobile clinic services.

THE AMERICAS



Espolea, A.C., Mexico

24. ESPOLEA, A.C. | MEXICO

<http://www.espolea.org>

Espolea, a youth-led organization in Mexico City, uses online and face-to-face channels of communication to provide practical, objective information about drugs and risk reduction to young people aged 15–29 years.

The organization has found that information is most effective when disseminated at places where young people use drugs, particularly electronic dance music festivals, rock concerts and cultural gatherings. Espolea provides a safe space where young people can access information about drugs that may be consumed at these events. The materials reflect a pragmatic and realistic approach, emphasizing the risks, harms and recommendations for less harmful practices. The organization also facilitates workshops in schools and in communities where there are concentrations of young people who may be affected by a combination of drug use, sex work and sexual health issues.

Espolea implements an outreach strategy through social media, and they maintain blogs on a variety of topics. One blog serves as a databank on drugs and drug use;

it has become the axis of the Espolea harm reduction campaign, which emphasizes informed choices around drug use and safer sexual practices. A YouTube fictional character, Lugo, also disseminates information produced by staff and collaborators in the region; in an upbeat, engaging way, Lugo presents facts and recommendations about nightlife, alcohol consumption, risky sexual behaviours, and prevention of HIV and other sexually transmitted infections.⁵

Due to continued stigma around drug use, there is a persistent lack of political will to address these issues openly and with sensitivity. Espolea seeks to address negative attitudes through sensitizing, evidence-based publications (available on the website) and workshops with key stakeholders and policymakers that promote internationally accepted standards and practices. Through this work, Espolea hopes to see the needs and preferences of young people who use drugs and young key populations reflected in policy and governmental action.

5 <http://www.youtube.com/user/lugopeludo>

25. HIV LAW COMMISSION | URUGUAY

<http://www.hivlawcommission.org>

National dialogue on issues related to HIV and the law:
protecting and promoting human rights

In 2010 the United Nations Development Programme (UNDP) launched the Global Commission on HIV and the Law to develop actionable, evidence-based recommendations for a response to HIV that protects and promotes the human rights of people living with HIV, and those who are more vulnerable to HIV. The Commission's work focuses on generating constructive dialogues between civil societies and governments on issues related to HIV and the law, going beyond identifying problems to develop and share practical solutions.

In Uruguay a national inter-sectoral commission was organized by the Ministry of Health, the Ministry of Social Development, trade union organizations, the National Council for HIV/AIDS Response (CONASIDA), the Federation of Sexual Diversity and the Parliamentarian Commissioner for Prisons. This commission called for a national dialogue on HIV and human rights to harmonize and improve national legislation related to the HIV response. Conducted with the strong support of the UNDP Regional Office, United Nations Population Fund (UNFPA) and UNAIDS, the 2-month initiative provided an opportunity for people affected by and vulnerable to HIV to present evidence on issues that have been silenced by restrictive legal environments. Individuals and civil society organization presented almost three-dozen cases of human rights violations involving: HIV-related issues of sexual orientation and gender identity; discrimination in health services, employment and education; sex work; police brutality; access to treatment; intellectual property; and the human rights of people living with HIV.

This national dialogue contributed to the development of a new, comprehensive HIV law. The final report of the dialogue, presented to parliament in May 2014, identified gaps in legislation, laws detrimental to the HIV response and negligence in applying laws that would promote the response. In addition, it suggested best practices and made recommendations from a human rights perspective. Advocacy and mobilization of civil society and lesbian, gay, bisexual and transgender groups have driven this dialogue, along with the concerted efforts and the partnerships of UN agencies, government and academia.

The CONASIDA Country Coordinating Mechanism will implement and follow up the main recommendations from the dialogue to support the HIV Law Project. Additionally, the recently developed National Institute on Human Rights in Uruguay, also affiliated with the dialogue, is now committed to advocating for and monitoring implementation of the updated laws.

THE AMERICAS

26. MCCNY HOMELESS YOUTH SERVICES | USA

<http://www.mccnycharities.org>

Young key populations guiding programme design and implementation

The Metropolitan Community Church of NY (MCCNY) Homeless Youth Services provides emergency housing each night for 14 lesbian, gay, bisexual, transgender, queer and intersex young people aged 18–24 years. The programme offers supportive services including HIV testing, mental health, medical care, syringe access, case management, anti-violence education and job training.

Services are developed through conversations with programme clients, who are considered the experts on their own experiences, and who understand the services they need. Staff attend a weekly 'house meeting' where clients talk about successes as well as gaps in services; programmes are then developed in response to these conversations. For example, after transgender participants expressed a need for reliable, ongoing access to health services, the programme arranged for an on-site enroller to help them access benefits through the Medicaid programme. Transgender clients also expressed a need for hormone therapy, which led to a partnership with an HIV/AIDS coalition that takes referrals for hormone initiation and maintenance without waiting lists. Focus groups are conducted annually with programme participants to evaluate services. Feedback is incorporated into programme monitoring and evaluation processes and reports.

In 2013, the programme assisted over 200 lesbian, gay, bisexual, transgender, queer or intersex homeless youth to access transitional or long-term housing, and HIV testing and referrals were provided for 145 clients. Many former clients have returned to work with the programme as volunteers; some have become street outreach workers, volunteer nutrition advisors, facilitators for self-defense training, and even programme staff: the current HIV testing coordinator and case manager are former programme clients.

27. PASMO/PSI | CENTRAL AMERICA

<http://www.asociacionpasmo.org>

The overall objective of the PASMO/PSI Combination Prevention Program is to increase access to HIV prevention interventions for key populations in six Central American countries.

The programme seeks to reduce prevalence of high risk behaviors; decrease hostility in social environments that foment and tolerate homophobia, stigma and discrimination; increase access to a minimum package of essential prevention and health services; and strengthen strategic information through research and monitoring.

A comprehensive package of combination prevention interventions is provided for each target population. The minimum package of services includes participation in at least three behavior change communication interventions; referrals to screening and treatment of sexually transmitted and opportunistic infections, and referrals to medical care; and referrals to services such as family planning, stigma and discrimination support groups, legal support and treatment for alcohol and drug dependence. These services are provided through close coordination with a diverse set of partners including Ministries of Health, donors, local non-governmental organisations, private laboratories and public and private clinics. Hostility and discrimination are addressed through sensitization and training of health providers, community mobilization and sensitization of the media for accurate and balanced reporting on HIV and key populations. Methods used to reach key populations include mapping hot zones through existing databases and field visits; 'sweeping the zones' activities in which all partners travel to hot zones to ensure that targeted key population communities have access to all the combination prevention interventions; and use of technology.

By 2015, nearly 80,000 individuals had been reached since the programme started. In El Salvador the programme has been particularly successful; through close coordination with stakeholders and technical assistance for key implementing partners, the combination prevention strategy and methodology were adopted at the national level.

Turnover in government poses challenges to increasing the momentum of HIV prevention programming for key populations, and increasing insecurity in this region causes considerable movement of key populations, making it difficult to ensure that follow-up services are provided.

THE AMERICAS

28. REDTRASEX | LATIN AMERICA AND THE CARIBBEAN

<http://www.redtrasex.org>

| Defending and promoting the rights of female sex workers

Red de Mujeres Trabajadores Sexuales de Latinoamérica y el Caribe (RedTraSex) is a regional network founded in 1997 by a group of national female sex worker organizations for the defense and promotion of their rights. The network seeks the legal recognition of sex work; the elimination of social and institutional violence against female sex workers and the impunity that contributes to it; the repeal of legislation that criminalizes sex work; engagement with judicial and public civil servants to sensitize them to the problems of female sex workers; and participation of community members in spaces where decisions on issues that affect the community are made.

Since 2012, RedTraSex has strengthened the technical capacity and critical enablers that reduce the vulnerability of female sex workers to HIV through a regional strategy supported by the Global Fund. The main goal of the strategy is to contribute to the reduction of HIV incidence in the regional population of female sex workers. National organizations, led by female sex workers, coordinate activities within countries, while sub-regional units provide additional technical support as needed. Training for female sex workers strengthens their knowledge and capacity for HIV prevention; training for national implementing partners increases the capacity for programme coordination, implementation, policy review and development, and review of the legal frameworks affecting the community. RedTraSex also works to ensure the participation of community members in decision-making processes, and to increase the awareness of key stakeholders, including law

enforcement and health-care providers, around gender issues and sex work. In addition, communication campaigns aim to influence public opinion around sex work and to reduce stigma, discrimination and violence, while partnerships help to optimize the use of resources and to strengthen the overall impact of national and sub-regional efforts.

Monitoring and evaluation are conducted at the national and regional levels. Impact of programme activities is measured in terms of female sex workers reached, contacted and trained as well as broader impacts on community attitudes, policy changes and legal reforms. Between 2012 and 2015, the number of sex workers reached by RedTraSex in 14 countries grew from 21,907 to more than 30,000. In 2014, RedTraSex national organizations signed joint work agreements with 22 health institutions. Between 2014 and 2015, female sex workers led workshops for more than 1,200 health workers. However, stigmatization of the community and the lack of protective regulations continue to fuel institutional violence and police aggression. RedTraSex works to compel government accountability on these issues through advocacy for regulations that will recognize and protect female sex workers throughout the region.

29. SILUETA X ASSOCIATION | ECUADOR

| Promoting health among young transgender people

Faced with the absence of an integral health policy covering the specific needs of the transgender population, and a lack of experienced and specialized health-care providers, the Silueta X Association started a programme to promote health among young transgender people and to prevent the health risks involved in non-professional feminizing hormone regimens.

A participative process was followed to design a project to meet the demand for information regarding transition. Because doctors and nurses in the public-health sector would not facilitate workshops at times when transgender community members were available, the project used a private-sector doctor and an Ecuadorean endocrinology specialist based in Chile to train Association activists and the

target group. Around 160 young transgender people aged 15–29 years benefited directly. The main strategy to spread the word about the programme relied on existing peer social networks and other virtual communication channels. In this way the project was able to identify a new generation of potential users of feminizing hormone regimens.

Education on the risks of feminizing hormone regimens is still needed, including with other transgender organizations in Ecuador. After project funding ended, Silueta X continued to incorporate information on proper feminizing hormone regimens as part of its training for those involved in HIV prevention, as well as in recreational and social events, such as beauty pageants.

30. ST. JAMES INFIRMARY | USA

<http://stjamesinfirmary.org>

St. James Infirmary, located in San Francisco, California and run by and for current and former sex workers, offers free, confidential and non-judgmental medical and social services. Services include primary medical care, HIV and STI testing, peer counselling, hormone therapy, acupuncture, massage, support groups, needle and syringe programme and overdose prevention training using naloxone. Services are supported by the Department of Public Health, private donations and foundation support.

The programme was developed to respond to the criminalization and stigma that sex workers experience, often resulting in inadequate or prejudicial health care, to the extent that many people will avoid seeking care in response to negative experiences. A peer-based, non-judgmental environment was created based on harm reduction principles so that sex workers are welcomed into a space where they can be honest about their lives and their needs. By prioritizing positive patient-provider dynamics, the clinic promotes and demonstrates an understanding of health care as a collaborative process that empowers as it

heals. Many participants are referred from other medical establishments, social service organizations and prison programmes. Outreach and supply distribution is undertaken at strip clubs, commercial sex venues, massage parlours, and in the street. In 2011 a media campaign was organized to raise awareness of sex workers' rights.

Between 1999 and 2015, over 3,500 clients have accessed care and community space at the clinic, with an additional 30,000 contacts made with sex workers through St. James outreach and needle and syringe programme. Many clients report having only accessed health services in emergency settings previously, and they express an unwillingness to seek services that are not specifically identified as serving the sex worker and/or transgender communities. Over 1,000 copies of a resource guide—covering sex work, harm reduction and transgender issues—have been distributed to community members and have been used as a training tool for service providers. Yearly evaluations are conducted using participant surveys and staff interviews.

THE AMERICAS

31. STREETWISE AND SAFE | USA

Since 2009, Streetwise and Safe (SAS) has built and shared leadership skills, knowledge and community among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) youth of colour aged 16–24 years who experience criminalization, including youth who are—or who are perceived to be—involved in selling sex. Many of these young people have experienced homelessness or are currently homeless, and many of them have sold sex.

SAS youth leaders conduct ‘know your rights’ workshops specifically tailored to LGBTQQ youth to share essential information about their legal rights as well as strategies to increase safety and reduce the harms of interactions with police and the court system. Additional information is provided through legal fact sheets on issues of specific concern to the young people SAS serves, such as vacating warrants, rights in supportive housing, and drug possession laws. SAS also creates opportunities for youth to participate in policy discussions, speak out on their own behalf, and act collectively for their rights. SAS has been a leader in a campaign to end the discriminatory use of “stop and frisk” procedures and other police misconduct. SAS youth testified

before local and state government and successfully lobbied for changes to the New York City Police Department Patrol Guide to address violations of the rights of transgender and gender non-conforming people.

SAS views discriminatory policing and criminalization as critical public health issues for youth who sell sex. Condoms or other safer sex tools found by police during stop and frisk encounters are sometimes confiscated or used as evidence for charges penalizing the sale of sex or trafficking. This practice particularly affects youth who are homeless, or otherwise without a stable place to live. For this reason, SAS and the Access to Condoms Coalition are currently campaigning for a comprehensive ban on the use of any reproductive or sexual health device as evidence of any prostitution or trafficking-related offense, including but not limited to, male and female condoms, pre-exposure prophylaxis, lubricant, and antiretroviral drugs.



Streetwise and Safe, USA

32. VIVA MELHOR SABENDO | BRAZIL

| Increasing accessibility of HIV testing services for key populations

In January 2014, the Brazilian Ministry of Health, and the Department of Sexually Transmitted Infections, AIDS and Viral Hepatitis launched Viva Melhor Sabendo (Live Better Knowing). The aim of the programme is to increase the availability and uptake of HIV testing and early diagnosis of HIV infection among four key populations: men who have sex with men, people who inject drugs, transgender people and sex workers.

Peer educators offer oral fluid-based rapid HIV testing in places that are convenient and friendly to their peers, including bars, clubs, saunas, and urban streets. A computerised system is used to track field visits, the number of HIV tests performed, the number of reactive test results, and the number of people who are referred to additional services. This programme is currently being implemented in 35 cities in partnership with 50 non-governmental organisations.

The strategy has proven to be an excellent way of reaching key populations at times when formal health services are typically closed. Partnership with non-governmental organisations, the use of lay providers and the adoption of oral fluid-based rapid HIV testing have increased coverage in key populations throughout the country. Coordination between non-governmental organisations and health services responsible for confirmatory testing also helps key populations to avoid the stigma, discrimination and barriers associated with clinical health services.

From May 2014 until March 2015, 28,400 tests were performed through Viva Melhor Sabendo. Approximately 82% of individuals with a reactive test were referred for confirmatory testing. Individuals determined to be HIV-positive are linked for treatment and care.

THE AMERICAS

33. YOUTHCO HIV AND HEP C SOCIETY | CANADA

<http://www.youthco.org/mpowerment>

Strengthening community solidarity among young men who have sex with men through supportive social events

The YouthCo Mpowerment project targets young gay men through a community engagement model in which educational programming on HIV, sexual health and risk reduction is provided within a wider context of social events. This approach aims to support young men who have sex with men to think of themselves as part of a community, and to strengthen community norms for sexual health, coping with stigma, and risk reduction.

Mpowerment understands the importance of an accessible and youth-friendly community space (with condoms and lubricants freely available) where participants feel welcome and accepted. Social events provide a calmer environment than bars and clubs for young gay men to learn from each other and to form friendships. Events are publicized through social media, and between 10 and 20 men typically attend. Film viewings can be used as a springboard for discussion about community values and experiences. Alongside films, games and picnics, discussions are held on topics such as healthy relationships, experiences with shame, and HIV prevention. Through these events young men are invited to attend YouthCO workshops that support their education around HIV, safer sex and sexual wellbeing. Young gay men are the core organizers and leaders of all Mpowerment events, backed up by YouthCO staff members who are under 30 years of age.

The project has successfully reached hundreds of young gay men throughout British Columbia and empowered volunteers to become leaders within their own social networks. However, as the project also relies on staff to tap into their own social networks, it can be hard to maintain personal and professional boundaries, and YouthCO has found it important to support staff in their own self-care to avoid burnout.

A model of community engagement where education on HIV, sexual health and risk reduction is provided in the context of social events.

EASTERN MEDITERRANEAN

34. AFGHAN FAMILY GUIDANCE ASSOCIATION | AFGHANISTAN

<http://www.afga.org.af>

| HIV prevention, treatment and care for female prisoners

Recognizing the acute risks faced by people in prisons and other closed settings, the Afghan Family Guidance Association (AFGA) provides comprehensive HIV prevention, treatment and care services for female prisoners, with a particular focus on harm reduction for female injecting and non-injecting drug users in prison settings.

Around 13% of the people who use drugs in Afghanistan are women, 18.8% of whom were living with HIV in 2010. AFGA undertakes advocacy through monthly meetings and other awareness-raising events with government, legislative bodies, prison staff and law enforcement to promote gender sensitivity and rights-based programme approaches to reduce stigma and discrimination toward female injectors. As part of the programme, support groups for female prisoners have been established and peer educators for people who inject drugs have been trained in harm reduction approaches.

As there are no health facilities or health staff on prison premises, AGFA facilitates close coordination between the Ministry of Public Health, prison officials and the Ministry of Counter Narcotics to ensure that vital health services are available to female prisoners, and to identify people who inject drugs in order to provide appropriate harm reduction services to them. AGFA coordination activities have resulted in significant improvements in the prison health care delivery system and strengthened the referral network for female prisoners, including those who inject drugs.

35. ASSOCIATION DE LUTTE CONTRE LE SIDA | MOROCCO

<http://www.alcs.ma>

| Strengthening the continuum of care for key populations through improved referrals

The Association de Lutte Contre le Sida (ALCS) has supported HIV testing activities in Morocco since 1992. In 2015, they ran more than 25 stand-alone HIV testing sites and five mobile outreach services in both urban and rural areas.

HIV testing is part of a package of prevention education tools, psychosocial support, and key population-specific prevention services. Trained physicians perform testing using a single rapid HIV test. However, confirmation of HIV-reactive results is only available in some sites, causing considerable delay for clients receiving results; this was identified as one of the major causes of losing clients along the continuum of care.

In 2010, ALCS lobbied the National AIDS Programme (NAP) to amend the national policy on referral and endorse a new approach involving immediate post-test counselling and referral to HIV Care Units where a single venous blood draw can be used for confirmatory testing and for analyses required for follow-up care decisions such as CD4, viral load, and screening for concurrent infections. HIV Care Unit physicians were initially reluctant to comply with the new policy and at first refused to provide care for referred clients from key populations. This caused further disengagement from care. In response to this challenge, sensitization conducted by both ALCS and the NAP is helping to overcome this reluctance, and client flow from community testing sites to HIV Care Units has improved.

EASTERN MEDITERRANEAN

36. EGYPTIAN FAMILY PLANNING ASSOCIATION | EGYPT

<http://www.efpa-eg.net/en/home.php>

Peer educators reaching young key populations through outreach activities

The Egyptian Family Planning Association (EFPA) uses outreach as an extension of its clinical services to engage with young people who are most at risk of acquiring HIV. Volunteer peer educators provide comprehensive, gender-sensitive, rights-based sexual and reproductive health education.

Each clinic has two male and two female educators aged 18–25 years who are trained in comprehensive sexual and reproductive health education, HIV and other STIs, and communication skills; they are supervised by clinic staff and by an EFPA reproductive health officer and youth officer. Of the 56 EFPA educators, 30 have been trained to work specifically with young key populations, and some are themselves members of key populations. The peer educators conduct outreach sessions with young people less than 18 years of age, primarily at government institutions for street children and orphanages. The sessions are offered

at a location away from the clinic so that the participants do not appear to be seeking clinic services and to preserve confidentiality. The educators explain the services offered at the clinics, encourage the young people to attend and distribute condoms.

In 2012, 81 peer-to-peer sessions reached almost 2,300 people, one-third of whom were young men who have sex with men or young people who inject drugs. A youth committee meets on a quarterly basis to discuss implementation challenges and lessons learnt. EFPA also endeavors to influence policy change that prioritizes the sexual and reproductive health needs of young people within the national health system.

How to improve programmes and influence policy addressing sexual and reproductive health needs of young key populations within the national health system.

37. MARSА SEXUAL HEALTH CENTER | LEBANON

<http://www.marsa.me>

| Specialized health services for key populations

Since 2011, Marsa, a specialised medical centre in Beirut, has provided health services in a welcoming, non-discriminatory way for men who have sex with men, sex workers and transgender people. A comprehensive package of services is offered, including HIV testing, general medical consultations, psychosocial counselling and nutritional counselling. HIV testing is provided using rapid test kits. Free testing is also available for hepatitis B and C, and rapid syphilis testing is available for a small fee. To maintain and improve the quality of service delivery, Marsa provides refresher trainings for staff. Data on client sexual history and risk behaviour are also collected along with other epidemiological information, using questionnaires developed by the Lebanese National AIDS Control Programme (NAP).

Between 2011 and 2015, Marsa served more than 2,500 unique clients, and over 4,000 HIV tests were performed. The success of the Marsa HIV testing programme can be attributed, in part, to the strong support from the Ministry of Public Health and the National AIDS Programme (NAP), both of which support HIV testing service training and manage the supply chain and logistics for HIV rapid test kits. Sex and sexual health continue to be taboo topics in Lebanon. This is a barrier to promoting and advertising Marsa services. As a result, word of mouth, outreach campaigns, external referrals from health-care providers and social media are the primary means of promoting Marsa services.

38. NAI ZINDAGI FOUNDATION | PAKISTAN

<http://www.naizindagi.org>

| Empowerment, knowledge and access to services for people who inject drugs

The Nai Zindagi Foundation is a non-profit organization with the primary goal of helping people and communities affected by drug use and HIV through empowerment, improved knowledge, health and wellbeing, and increased access to services for people who inject drugs and people living with HIV. As part of this programme, HIV testing services are recommended for all people who inject drugs, their partners and the children of clients living with HIV.

From 2012 to 2013, approximately 17,725 people who use or inject drugs were registered in 19 districts in partnership with six sub-recipient organizations. Of those, 11,430 clients accepted HIV testing, and 2,839 were found to be

HIV-positive. Among those who were HIV-negative, 3,489 were retested for HIV three months later. Also from 2012 to 2013, 439 female partners of injecting drug users accessed HIV testing services; 32 of these women were HIV-positive. Because the risk of acquiring HIV is so great with unsafe injections, repeat-testing is recommended for people who inject drugs at least every three months. Approximately 70% of repeat-testers return for HIV testing on a regular basis.

EASTERN MEDITERRANEAN

39. NATIONAL AIDS CONTROL PROGRAMME | AFGHANISTAN

Comprehensive harm reduction and social services for people who inject drugs

The National AIDS Control Programme (NACP) works at the national and local levels to provide a comprehensive package of harm reduction and social services for people who inject drugs and to increase community acceptance of these services.

The programme runs a fixed facility in an area with a high concentration of people who inject drugs, and supports an outreach team to serve the needs of the community in surrounding areas and to reach people who are reluctant to use formal services. However, stigma, discrimination, detention and police violence are major challenges to service delivery. At the central level, NACP meets with law enforcement officials and ministry representatives to increase awareness of the issues that people who inject drugs face, and to help them understand the importance of harm reduction for the injecting community as well as for

society in general. In the provinces, NACP conducts training and sensitization for police officers, community elders and 'mollahs' (religious leaders). Service providers are involved in these events to improve engagement between local stakeholders and harm reduction services. Stakeholders are also involved as much as possible in the planning and implementation of harm reduction services.

In 2015, NACP efforts reached eight of 34 provinces, and around 800 police officers were trained; anecdotal reports indicate that harm reduction services appear to be better understood and accepted by communities in areas where NACP activities have taken place, and there are fewer reports of police harassment or violence. The high turnover in police departments, especially in the provinces, is an ongoing challenge that requires continuous work with those who are newly hired.

It is crucial to work with the criminal justice sector and increasing their awareness on the importance of providing harm reduction programmes for people who inject drugs.

40. NATIONAL OPIOID SUBSTITUTION THERAPY PROGRAMME OF THE NATIONAL AIDS CONTROL PROGRAMME | IRAN

<http://www.menahra.org/en/>

Reducing HIV prevalence by shifting from zero-tolerance to harm reduction in prisons

Iran has a concentrated HIV epidemic largely driven by injecting drug use. In 1996 an outbreak of HIV among people who inject drugs in prisons resulted in advocacy efforts targeting government, community and religious leaders for a policy shift from a zero-tolerance approach to harm reduction. The main harm reduction strategy used in Iran is opioid substitution therapy, mostly with methadone maintenance treatment.

There are an estimated 200,000 people who inject drugs in the country. By February 2014, 4,275 drug treatment centres offered opioid substitution therapy under the supervision of medical science universities, state welfare organizations or prison organizations. More than 95% of these centres are managed by private sector physicians.

In 2013, approximately 480,000 opiate users (injecting and non-injecting) received opioid substitution with methadone. The 2007 bio-behavioural surveillance survey revealed that among individuals who had injected opioids during the past year, 33% received opioid substitution; this proportion rose to 42.6% in the next bio-behavioural survey of 2010. In addition, the number of opiate-dependent prisoners receiving opioid substitution therapy steadily increased from 100 in 2002 to more than 38,000 in 2011. It is likely that this programme, along with other harm reduction services provided to Iranian inmates, has contributed to a decrease in HIV prevalence in this population from 3.8% in 2002 to less than 1.3% in 2011.

EASTERN MEDITERRANEAN

41. NAZ MALE HEALTH ALLIANCE | PAKISTAN

<https://apcom.org/dev/2013/05/13/spotlight-naz-male-health-alliance-pakistan/>

HIV prevention for key populations through community systems strengthening

Operating since 2011, Naz Male Health Alliance (Naz) is a community-based organization that seeks to reduce the burden of HIV on men who have sex with men, transgender women and members of the khawaja sira subpopulation.⁶ Naz uses the Community Systems Strengthening Framework⁷ to guide its HIV prevention interventions.

Naz operates six service delivery centres—which have been established as community-based organizations with direct financial, institutional and technical support from Naz—in five cities, with 47,000 registered clients. Each community based organization has a clinic and a drop-in centre that provides a safe and relaxing atmosphere for the target populations. The centres are strategically located, close to hotspots for the community and near concentrations of ‘hijra deras’ (dwellings of transsexual people). Drop-in centres and outreach activities are complementary; drop-in centres allow the establishment of long-term relationships with the clients, and outreach provides linkage to the drop-in centres. Service sites are separate for each key population group in order to effectively address their specific needs. Each centre has a multidisciplinary team of around 15 people, including physicians who are sexually transmitted infection specialists, a psychologist, and peer educators. The teams consist primarily of community members; more than 95% of staff are men who have sex with men or transgender.



Naz Male Health Alliance, Pakistan

By June 2015, Naz had reached 63,703 males and 13,709 transgender women and khawaja sira community members with a minimum package of HIV and sexually transmitted infection prevention services, and over 16,500 males who have sex with males and more than 4,000 transgender women and khawaja siras had been tested for HIV.

The Punjab AIDS Control Program has publicly stated that Naz was responsible for a significant increase in registered HIV-positive males who have sex with males and transgender people in their public HIV treatment centres, and Naz is the only organization named as a Strategic Partner in the Punjab AIDS Strategy. Naz has successfully lobbied the government to replace ‘Male Sex Worker’ and ‘Hijra Sex Worker’ with ‘males who have sex with males’ and ‘transgender/hijra’ respectively in the upcoming integrated biological and behavioural survey study. Previously only sex workers were studied under surveillance studies, resulting in data gaps on men who have sex with men and transgender persons and, consequently, gaps in programming.

⁶ A ‘khawaja sira’ is a person of South-Asia’s indigenous ‘third gender’ subculture; they are also referred to as ‘hijra’. Khawaja siras identify as “having a female soul” and subscribe to the norms, mores and values of the khawaja sira subculture. The subculture has its roots in Mughal history, and it is common in Pakistan, India and Bangladesh.

⁷ <http://www.theglobalfund.org/en/search/?q=community+systems+strengthening>

42. SOINS INFIRMIERS ET DÉVELOPPEMENT COMMUNAUTAIRE | LEBANON

<http://www.sidc-lebanon.org>

Serving key populations through outreach, mobile services and community-based activities

Soins Infirmiers et Développement Communautaire (SIDC) is a non-profit organization that has served key populations since 1996, providing HIV testing and harm reduction services through peer-led outreach, mobile services and community-based activities.

Comprehensive services. In 2006, SIDC incorporated rapid testing into the HIV testing programme in order to increase access to services for key populations. SIDC now offers a comprehensive package of services: HIV and STI prevention, diagnosis and treatment; mental health; comprehensive harm reduction; and other supportive services and interventions. SIDC also works with health-care providers to sensitize them to the needs of key populations, to reduce stigma and discrimination and to strengthen the referral system. Communication with other stakeholders, including religious leaders, media, law enforcement and key government ministries, is essential to raise awareness about programme achievements and lessons learned. Monthly monitoring and bi-annual analysis inform quality improvement measures.

The majority of SIDC clients are between 16-30 years old. More than 500 health-care providers participated in training and sensitization activities, while 50 religious leaders, 100 media representatives and numerous local stakeholders have supported the programme.

Drop-in center for people who inject drugs. The first

drop-in center in the Middle East for people who inject drugs, Escale, was launched in 2010 in Beirut. Escale offers a variety of harm reduction interventions including HIV testing services, outreach prevention activities, mobile unit services, needle and syringe programmes, opioid substitution therapy, psychosocial and legal support and referral. In parallel to service provision, Escale encourages parents to support opioid substitution therapy for their children. Advocacy is undertaken to counter stigma and discrimination against users and to promote drug law reform and referral to support services and treatment centres instead of prison. Workshops for stakeholders and service providers reinforces key advocacy messages.

From 2010 to 2012, Escale reached around 1,600 people who inject drugs, the majority of whom were aged 20–35 years, and 17% of opioid substitution therapy patients in the country were managed by Escale. However, opioid substitution therapy is not free in Lebanon, and many people who inject drugs cannot afford to pay for the service. Recruitment and retention of outreach workers is another challenge for Escale; hotspots are difficult to access, people who inject drugs fear the police when carrying syringes on their person, and many are reluctant to ask for help due to long-term alienation.



SIDC - Lebanon

EASTERN MEDITERRANEAN

43. TEST, TREAT, RETAIN | EASTERN MEDITERRANEAN REGIONAL OFFICE

<http://www.emro.who.int>

Assessing barriers to services and opportunities for improving access along the continuum of diagnosis and care

In an effort to improve access to treatment, the WHO Eastern Mediterranean Regional Office developed a tool to assess barriers to HIV testing, care and treatment. The tool guides providers to consider the cascade model and contextual qualitative data to assess the determinants and extent of engagement along the continuum of diagnosis and care. It also highlights opportunities to improve access to HIV testing, strengthen linkages to care and support patient retention in lifelong treatment.

Assessments using the tool were implemented in Sudan, Pakistan, Morocco, Egypt and Iran. In all countries, fear of stigma and discrimination and lack of trust in HIV services were the main reasons that individuals who were newly diagnosed with HIV were reluctant to be linked to care and treatment. Complicated testing strategies that delay the reporting of final test results were key factors that caused people who inject drugs in Iran and Pakistan to disengage from care after the initial triage test. Service provider attitudes and exclusion from treatment eligibility also caused people who inject drugs not to engage with care and treatment services in those countries. Hijra⁸ sex workers in Pakistan feel unwelcome in conventional health services, experiencing stigma from health-care providers and clients; they learn their HIV status, but they are reluctant to seek care and treatment.

In addition to identifying barriers, multiple stakeholders participate in identifying context-adapted solutions. For example, in Sudan efforts are underway to improve linkage by introducing peer navigators to support clients to engage with appropriate services. In Pakistan, involving non-governmental organisations in supporting adherence to treatment is expected to increase the trust of clients in their health-care providers, and therefore, increase the likelihood of people with HIV seeking treatment. In Egypt, the patient flow along the continuum of HIV diagnosis, treatment and care will be modified in a way that facilitates navigation through the system.

It is crucial to address barriers across the prevention, testing and treatment cascade for key populations. WHO Eastern Mediterranean Regional Office developed a tool for countries to assess these barriers and address them.

8 A traditional population group of transgender people.

EUROPE

44. ADHARA HIV/AIDS ASSOCIATION | SPAIN

<http://www.adharasevilla.org>

Index testing in key populations to increase uptake of appropriate care



Adhara - Spain

Adhara HIV/AIDS Association is a patient association serving the needs of communities in Seville and neighbouring towns. It primarily provides services to men who have sex with men and people at high risk from the general population. It offers community-based HIV testing services within two hospital infectious disease units and detached community centres. In Spain, lay providers are permitted to perform oral fluid-based rapid HIV testing. In the infectious disease units, HIV-positive peer educators implementing HIV testing services pay special attention to testing of sexual partners of known HIV-positive clients. If an oral fluid-based rapid HIV test is reactive, the partner is promptly linked to a consultation with an HIV specialist for confirmatory testing.

While 2,185 people were routinely tested at the community centre, the HIV positivity rates were low; 1.2% (n=27) and 0.4% (n=9) for heterosexual men and women, respectively. In contrast, 268 people were tested through couples and partners testing operated by the peer educators. Of these, HIV positivity rates in heterosexual men and women were high when compared to the non-targeted testing, 12.9% (n=35) and 13.1% (n=36), respectively. For men who have sex with men, the number of newly diagnosed HIV-positive cases without targeted testing was 7.9% (n=173) but increased to 15.3% (n=41) using the couples and partner testing strategy.

EUROPE

45. AGÊNCIA PIAGET PARA O DESENVOLVIMENTO | PORTUGAL

<http://www.apdes.pt/en/>

Harm reduction, referrals and advocacy for increased access to services and reduced stigma toward people who inject drugs and sex workers

Since 2001, possession of controlled drugs in Portugal is an 'administrative offence'—those caught with drugs for personal use are sent to a 'dissuasion board' rather than facing prosecution and possible incarceration. Nevertheless, community organizations continue to be essential to tackling stigma and discrimination and improving access to services. Agência Piaget para o Desenvolvimento (APDES), founded in 2004, works with vulnerable people and communities on access to health care, employment and education, seeking to empower these populations and reinforce social cohesion.

APDES runs GIRUBarcelos, a multidisciplinary outreach team working primarily with heroin and cocaine users and sex workers in northern Portugal, focusing their efforts on harm reduction as well as referrals for social and health services. Stigma is also addressed through advocacy, partnership and cooperation with local institutions that tend to focus on abstinence and treatment while GIRUBarcelos prioritizes safer management of drug and alcohol use as well as safer sexual practices. Key intervention areas include:

- Activities aimed at target populations, such as needle and syringe programs, testing and follow-up for infectious diseases, condom and lubricant distribution, sexual and reproductive health and health education, psychosocial support, empowerment through education on rights and duties, and referrals.
- Activities aimed at local communities and partners, such as awareness-raising campaigns, advocacy with communities and regular meetings with partners.
- Monitoring and evaluation to understand the impact of interventions.

Through the efforts of GIRUBarcelos staff, discrimination towards people who use drugs, including by health-care professionals, has been reduced following regular meetings, mediation efforts between communities and service providers, debates and a local radio programme entitled 'GIRU Conversations'. The presence of a peer educator on the team and the involvement of people who inject drugs are the cornerstones of programme interventions and critical to its success. By 2015, the programme benefitted 296 individuals; collaborated with 152 health and social services professionals; provided 3,483 psychosocial support sessions; conducted 1,146 educational events on health and safer consumption of drugs and alcohol; made 1,618 referrals to health and social services; and provided 96 individual health screenings.

46. AIDS FOUNDATION EAST-WEST | EECA REGION

<http://www.afew.org>

Client management initiatives for strengthening capacities and coordination

AIDS Foundation East-West (AFEW) is a non-governmental organisation working in Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Ukraine to reduce the impact of HIV on key population communities. Through client management initiatives, AFEW strengthens the capacities of local governmental, non-governmental and community providers, and supports coordination of local service provider networks and resources.

HIV client management is a collaborative process between the individual, the client manager, and local service providers aimed at improving access to appropriate and timely health and psycho-social care. Client managers assist individuals in assessing their specific needs and developing strategies to best address these needs. Due to high levels of discrimination against members of key population groups, clients are often accompanied to hospitals and government

offices when seeking health, social or administrative services. Social workers and client managers usually come from key population communities; they are regularly trained on human rights issues, ethics and new approaches to working with target groups. AFEW regularly organizes national or regional workshops and other mass events for key populations to provide opportunities to share experiences and best practices.

Programme participants have noted improved collaboration and integration of services due to AFEW initiatives. The requirement of a local residency permit for access to services is a major obstacle to providing care to those from key populations. However, non-governmental organisations like AFEW have signed memoranda of understanding with local providers to ensure that those without local residency permits can access vital services.

47. AKSION PLUS | ALBANIA

<http://www.aksionplus.net>

Health, harm reduction and human rights interventions for young key populations

Founded in 1992, Aksion Plus was the first youth non-governmental organisation to address HIV through education of youth and awareness-raising activities for the general population in Albania. The programme now supports health and human rights interventions in six cities for young people who inject drugs, young sex workers and young members of the lesbian, gay, bisexual and transgender community.

Aksion Plus provides direct services and referrals for HIV and other sexually transmitted infection services, as well as opioid substitution therapy, including to young people in prisons and closed settings. Since 2000, Aksion Plus outreach workers also provide a needle and syringe programme along with condom distribution.

Through information, education, life skills, counselling and capacity building, Aksion Plus aims to empower young key populations, and the participation of young members of key populations as peer educators is essential to ensuring the success of the interventions. Outreach workers are also critical for creating and reinforcing the link between the young key population community and Aksion Plus, while providing condoms, information materials, counselling and referrals. The programme also provides harm reduction training for other non-governmental organisations and government bodies specifically focusing on the needs of young people.

EUROPE

48. ALL-UKRAINIAN PUBLIC CENTER VOLUNTEER | UKRAINE

<http://www.volunteer.kiev.ua>

Training providers to work with adolescents in juvenile detention

All-Ukrainian Public Center Volunteer provides critical HIV prevention services for adolescents in juvenile detention. The programme targets adolescents considered most at risk for HIV infection, with a focus on underage individuals registered with law enforcement authorities and those who are incarcerated in juvenile detention centres.

One Volunteer intervention involves capacity building of providers who work with vulnerable and confined adolescents to increase understanding of and sensitivity to their particular needs, to strengthen communication skills with this age group and to improve referral to appropriate services. A significant area of success was the introduction of courses for working with vulnerable adolescents in conflict with the law into the professional development training plan for the Bila Tserkva Academy of the Criminal Executive Service of Ukraine.

By 2015, 1,300 specialists were trained, including psychologists from juvenile correctional and detention centres and probation officers/staff from all regions of the country. Provider concerns about testing children under the age of 14 (the age of consent in Ukraine) were addressed through consultations with health managers and providers. However, legislative change to address age-related restrictions to services is problematic during political instability.

Although working with adolescents in juvenile detention poses various challenges some can be overcome through targeted prevention and training of healthcare providers as well as probation officers.

49. CHECKPOINT | GREECE

<http://mycheckpoint.gr>

Community-based services for prevention of HIV and hepatitis B and C

Checkpoint is an initiative of Positive Voice (the Greek association of people living with HIV). It operates in collaboration with the AIDS Healthcare Foundation, Prometheus and the Hellenic Centre for Disease Control and Prevention, which offers special training as well as ongoing supervision and evaluation of the project. Checkpoint is a non-clinical, community-based centre for the promotion of HIV, hepatitis B and C prevention and testing serving populations at high risk for HIV infection, such as men who have sex with men. Services include rapid testing for HIV and other sexually transmitted infections, peer counselling and support, and referral for confirmatory testing or care and treatment as required.

Foundational goals of Checkpoint include:

- Reduce the number of undiagnosed people living with HIV;
- Reduce the number of men who have sex with men who have never been tested;
- Promote regular HIV and sexually transmitted infection testing for individuals at high risk for HIV;
- Increase awareness about the benefits of early HIV diagnosis and treatment initiation;
- Facilitate early diagnosis and linkage to appropriate services;
- Minimise the effects of stigma and misconceptions about HIV among men who have sex with men.

From November 2012 to February 2015, 13,438 people received free HIV testing services using an oral fluid- or whole blood-based rapid diagnostic test. Some clients request the oral-fluid test due to fear of the fingerstick, but the majority of people (98%) prefer the rapid blood test. Over 3,500 people have been tested for hepatitis C and more than 2,800 people have been tested for hepatitis B. Checkpoint advocates for risk-reduction strategies by providing information on safer sex practices through counselling services. Counselling also has the goal of eliminating the effects of HIV-related stigma and misunderstandings, while it aims to change peoples' attitude toward rapid testing for HIV and hepatitis as an effective and accurate option compared to laboratory-based testing.

EUROPE

50. BCN CHECKPOINT | SPAIN

<http://www.bcncheckpoint.com/>

Barcelona (BCN) Checkpoint is a community-based centre for men who have sex with men offering HIV, sexually transmitted infection and hepatitis C testing, peer counselling, information on post-exposure prophylaxis, hepatitis B vaccination and linkage to medical care. Education on antiretroviral therapy assists people with HIV to adhere to treatment and remain engaged in care, and to maintain good relationships with their health team.

Every client is offered pre- and post-test counselling along with a test for HIV and syphilis. Empathetic and openly gay staff, some of whom are living with HIV, offer peer counselling. Clients are encouraged to talk openly about their sexuality, their perception of HIV risk, and safe sex practices. Clients with a reactive test result receive immediate emotional support from an HIV-positive peer. Support continues throughout the confirmatory testing process. If diagnosed HIV-positive, clients are offered an appointment at one of Barcelona's HIV units in a public hospital. Clients with negative results receive risk-reduction counselling, and they are invited to retest every 3–12 months depending on their level of risk and frequency of risk exposure. BCN Checkpoint has been following a cohort of HIV-negative men since 2008 to obtain a realistic estimate of the HIV incidence among men who have sex with men in Catalonia and to evaluate the effect of new prevention tools. In 2015 the cohort included over 5,000 men with at least one repeat testing event.

From 2006 to 2014, 28,687 tests were performed for 12,540 individuals. For the period 2009 to 2013, the HIV cases detected at BCN Checkpoint represent approximately one-third of all cases reported among men who have sex with men in Catalonia. At the end of 2014, a total of 885 men who have sex with men had positive HIV-results. One-third of all newly diagnosed HIV-positive cases at BCN were recent infections. Of people newly diagnosed, 90% were linked to HIV care through BCN Checkpoint services, 5.4% decided to seek care themselves, 3.5% reported that they would seek care in their home country, and only 1% were lost to follow-up.



51. BOYSPROJECT | BELGIUM

<http://www.boysproject.be>, <http://www.info4escorts.be>

Operating since 2001, Boysproject is an organization that prioritizes the health and wellbeing of male and transgender sex workers in and around Antwerp. Boysproject uses social media to create demand for social and medical services and to provide information and referrals.

To reach their target group, Boysproject hosts an online forum specifically for male and transgender sex workers.⁹ The site offers information and chat boxes for questions and answers about sexual health and other related issues. Boysproject social workers are also present on other websites used by sex workers. A weekly Boysproject drop-in centre is advertised online and via SMS; along with services and referrals from a social worker and a doctor, the drop-in centre offers a Dutch language course, a space for

conversation and sharing food and experiences (around sex work, clients, transgender identity and interactions with the police) and a laundry facility. Boysproject also works with the Institute of Tropical Medicine (on saliva testing, low-threshold sexually transmitted infection testing and post-exposure prophylaxis) and Ghapro, a social-medical organization for sex workers. Social workers play an important role in informing and accompanying individuals through the post-exposure prophylaxis process.

Boysproject reached 309 sex workers (165 new contacts) in 2015, up from 298 in 2013. Around 1,071 invitations to the drop-in centre and sexually transmitted infection testing services were sent out via social media in 2015, and 15–35 sex workers attend the drop-in centre each week.

52. CARUSEL | ROMANIA

<http://www.carusel.org>

In 2012 CARUSEL developed the Roma Harm Reduction Advocacy Project to sensitize the National Agency for Roma (NAR) and other major Roma non-governmental organisations to the drug use situation in the community, especially regarding the vulnerability, stigma and discrimination that Roma drug users face. In order to build political will and commitment on these issues, CARUSEL recognized that community acceptance was the first step. CARUSEL's advocacy strategy includes dissemination of key human rights and public health messages, trainings for sensitization and capacity building, and field visits for data collection, outreach to community leaders and supervision of activities. Drug users themselves are involved in all project activities. A scholarship programme supports young people to attend the Roma Harm Reduction Summer School to develop outreach and harm reduction advocacy skills.

As a result of this work, NAR and other Roma non-governmental organisations are becoming more understanding of drug use in the Roma community, and there is greater acceptance of the users themselves. Roma non-governmental organisations are now providing financial assistance for CARUSEL to purchase harm reduction supplies and to provide technical expertise for reporting cases of human rights violations against all drug users. The needs of Roma drug users—including culturally appropriate harm reduction activities—are now addressed in the national strategy and action plans of the National Anti-drug Agency.

EUROPE

53. CHECKPOINTLX | PORTUGAL

<http://checkpointlx.com>

Community-based, comprehensive services for men who have sex with men

In 2011, Grupo Português de Ativistas em Tratamentos (GAT) opened the first community-based HIV testing service centre for men who have sex with men in Portugal. CheckpointLX is a walk-in centre located in Lisbon. The aims of CheckpointLX are to contribute to the improvement of sexual health literacy, to facilitate early diagnosis of HIV and sexually transmitted infections, and to support linkage to prevention, care and treatment services.

All services are provided free of charge and include peer-led testing services. Services include condoms and lubricants, rapid testing for HIV, syphilis and hepatitis C, sexual health counselling, referrals, and linkages for confirmatory testing and for HIV-negative men who have sex with men to provide post exposure prophylaxis, provided by the National Health Service (NHS). Peer counsellors provide HIV and sexually transmitted infection testing, as well as referrals for confirmatory testing and prevention, care and treatment services. Peer counsellors, along with physicians, identify local health needs and advocate, with other community leaders, for increased access to sexual health services.

Permanent marketing campaigns disseminate information about outreach testing through flyers, posters, volunteers, word of mouth and video publicity on local TV and mobile phone applications. Knowledge and behaviour-change outcomes, as well as project activities are assessed by collecting and analysing: (1) HIV and STI testing registers, (2) bi-annual cohort surveys, and (3) case reporting from confirmatory testing at infectious disease clinics through CheckpointLX referrals. Project quality is assessed regularly.¹⁰

From 2011 to February 2015, 8,311 HIV rapid tests were administered, and since 2012, 4,974 syphilis rapid tests and 552 hepatitis C rapid tests have been performed. All reactive tests were referred for confirmatory testing and, if positive, linked to treatment through the NHS. In client satisfaction surveys (2012 and 2014), users reported being highly satisfied with CheckpointLX facilities, receptionist support, waiting time, and the quality and usefulness of the information provided.

Checkpoint community based programmes for men who have sex with men in various European cities have helped improve sexual health and early diagnosis of HIV and STIs and linkage to care.

¹⁰ <http://qualityaction.eu/succeed.php>

54. DEMETRA | LITHUANIA

<http://www.demetra.lt>

In 2012, the Association of HIV-Affected Women and their Families (Demetra) organized and implemented a mobile HIV testing summer tour. The aim of the tour was to increase access and uptake of HIV testing services, with special attention for key populations and other vulnerable people, including: men who have sex with men, people who inject drugs, sex workers, people in prison or previously in prison, and homeless people.

Services were provided in settings that were convenient and acceptable to the target populations. HIV testing tours have been repeated annually since 2012 and run for approximately 4–10 days, stopping in 14 cities. In addition to HIV testing services, Demetra engages with local policy makers, public health authorities and mass media representatives to build support and visibility for programme activities. Demetra has a health coordinator for medical purposes and a social coordinator to counsel clients as needed. Tour visits presented opportunities to meet with stakeholders in each area. In total, 25 meetings have been conducted with local decision makers, HIV treatment specialists, people living with HIV, city officials, prison authorities and prisoners, and geographic data on key populations is shared with local authorities and policy makers.

From 2012 to 2015, 2,644 rapid HIV tests and counselling sessions were provided through Demetra. The majority of people (86%) were first time testers, of which 25% were from a key population group. In addition, 39,000 condoms were distributed with information about HIV prevention. As a result of effective advocacy messages, five health-care providers were motivated to join the existing HIV testing network and agreed future support for outreach. After each tour, a report presenting the data collected is shared with all partners and donors.

EUROPE

55. DEVO PROJECT | SPAIN

Increasing HIV testing coverage and strengthening data management

In 1994, the Catalan Health Department (currently Catalan Agency of Public Health, ASPC) funded a network of community-based organizations to offer free, voluntary and confidential HIV testing services in the region to complement existing facility-based HIV testing. This initiative, known as the DEVO Project, has been increasing its HIV testing coverage and collecting harmonised and systematic data on activities, processes, and results.

Currently, the network includes 12 HIV testing sites, mainly operated by non-governmental organisations, serving various populations. Some of the testing sites provide services to men who have sex with men, people who inject drugs, sex workers or young people (aged 15–24); however most sites serve any person who may be at risk for HIV infection. Peer counsellors have been recruited and trained to collect fingerstick whole blood-based samples and to perform and interpret rapid test results for HIV and syphilis. In addition to providing HIV testing services, most organizations affiliated with the DEVO Project also provide HIV prevention services. Project sites use a web-based data entry tool with which data can be analysed and disseminated in collaboration with the Center for Epidemiological Studies on HIV/STI of Catalonia (CEEISCAT), as part of the ASPC. For monitoring and evaluation purposes, the network uses the standardised core indicators defined in the HIV-COBATEST (www.cobatest.org). The indicators allow programmes to evaluate and compare their performance to other similar sites both within the country and in other countries using this tool (www.eurodat.org).

Between 1995 and 2013, DEVO Project staff performed 63,102 HIV tests with a total positivity rate of 2.4%. From 1995 to 2006 there was only a two-fold increase in the number of HIV tests performed in Catalonia annually, from 716 to 1,849 HIV tests. In 2007, rapid HIV tests replaced traditional ones, and in 2013, DEVO performed 9,905 tests with a positivity rate of 2.1%. However, despite the increase in the number of tests performed annually, the overall positivity rate remains constant. In 2015, the DEVO Project was diagnosing 20% of all HIV cases reported in Catalonia.

The introduction of rapid test helped to increase testing rates of people at risk of HIV infection.

56. FONDAZIONE LILA MILANO ONLUS | ITALY

<http://www.lilamilano.it>

Providing HIV testing services for key populations outside of the formal health system

Since 1989, Fondazione LILA Milano Onlus has provided HIV prevention and support services to people at risk of and living with HIV. In October 2013, LILA Milano began DETECT-HIV, a 12-month outreach project focused on reaching people at high risk of HIV infection, mainly men who have sex with men, people who inject drugs, and migrant populations. In collaboration with other local non-governmental organisations, the project offered HIV testing services outside of a health facility, in places where key and vulnerable populations regularly spend time. In Italy, when performing an HIV test, national policy requires a physician be present; therefore, the DETECT-HIV team included trained counsellors and physicians.

LILA Milano's primary role in implementing DETECT-HIV involved strengthening linkages with other non-governmental organisations and health-training staff in order to provide HIV testing services for key populations. Individuals from a key population or other vulnerable group were offered accompaniment to formal health services when needed for confirmatory testing or follow-up care and support. Anonymous socio-demographic data, information on sexual behaviours and drug use was collected during pre-test information sessions, using the COBATEST form.¹¹

LILA Milano and partners performed 399 rapid HIV tests over the 12-month project period: 180 in venues frequented by men who have sex with men, 100 in a clinic for migrants, 48 in a public drug-treatment centre, and 71 on LILA premises. Over one-third of clients reached through DETECT-HIV reported that they had never received an HIV test before due to inconvenience or a lack of motivation. The opportunity to take an HIV test outside a health facility influenced their decision to accept HIV testing. Clients also reported that they appreciated the presence of non-medical staff and peer-counsellors.

EUROPE

57. HERA | THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

<http://hera.org.mk/>

Since 2007, outreach HIV testing services have been offered by the Health Education and Research Association (HERA) in collaboration with the Ministry of Health, the Public Health Institute and civil society. Two mobile units provide HIV testing services for key populations—male and female sex workers, men who have sex with men, people who inject drugs and people in prison—in 11 cities and 10 rural areas across the country.

HERA staff and event organizers are health professionals and laboratory workers trained in delivering HIV testing services to meet the specific needs of key populations. Peer counsellors from each key population group participate in service delivery; they are responsible for mobilizing the community and creating demand for HIV testing among key populations in their districts. National activities promoted HERA services and increased knowledge about HIV testing and its benefits. In one such activity, parliamentarians took an HIV test and received services from mobile units.

HERA recruited and trained 60 counsellors, 25 laboratory workers and more than 100 local gatekeepers to participate in delivery of outreach HIV testing services. From 2007 to 2014, 13,071 clients received HIV testing, of which 85% were from a key population. Although annual detection rates vary, HERA mobile units report an average of 27% of all new HIV cases in Macedonia. Collaboration between government institutions and civil society organizations has created a favourable environment for increased access to HIV testing services for key populations.

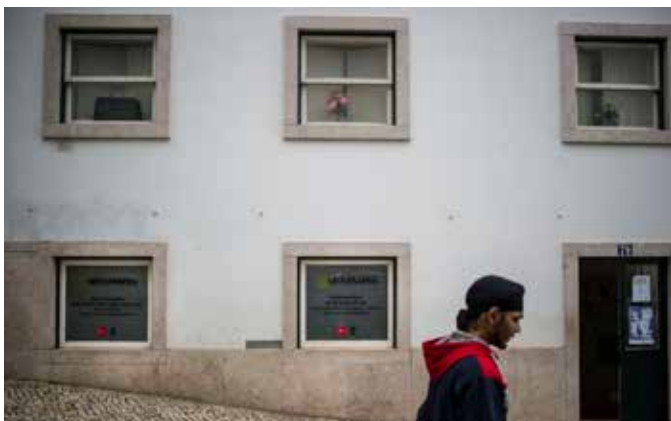


HERA - FYROM

Collaboration between government institutions and civil society organizations has created a favourable environment for increased access to HIV testing services for key populations.

58. IN-MOURARIA | PORTUGAL

<http://www.gatportugal.org>



IN-Mouraria - Portugal

In 2012, the NGO Grupo Português de Ativistas em Tratamentos (GAT) started the IN-Mouraria project. The project offers harm reduction interventions and HIV testing services, primarily for people who inject drugs and migrant populations. Services are provided without an appointment, free of charge, and without the need for personal identification. The centre is located in an urban area of Lisbon where migration, drug use, sex work, and homelessness coexist. IN-Mouraria is part of a broader network of organizations established and led by local government to promote the rehabilitation of the area.

Health professionals provide HIV testing using rapid tests, and peer counsellors provide information and referrals. Testing for other sexually transmitted infections, including viral hepatitis B and C and syphilis are offered to clients depending on their risk. Strategies to reach people who inject drugs as well as migrant populations include peer-based outreach and referral to IN-Mouraria services from affiliated drug user and migrant associations.

Between October 2012 and December 2014, 845 clients received HIV testing services: 52% migrants, 29% general population, 11% people who inject drugs and 8% other key populations including men who have sex with men and sex workers. The highest number of positive cases was found among people who inject drugs (4.4%), followed by men who have sex with men (3.8%) and migrants (1.6%). Active referrals to the infectious disease clinic are offered to all clients newly or previously diagnosed HIV-positive, regardless of migrant status. Clients can request to be accompanied to their first medical appointment by a peer. IN-Mouraria owes its success to close partnership with migrant associations, stakeholders, and local community members.

EUROPE

59. INTERNATIONAL HIV/AIDS ALLIANCE | UKRAINE

<http://www.aidsalliance.org.ua/>

Since 2000 Ukrainian non-governmental organisations led by the International HIV/AIDS Alliance have provided essential harm reduction services; by 2007 they had reached up to 23% of the estimated population of people who inject drugs in Ukraine. Further scale-up of interventions has been effective in bringing new clients to prevention and care services.

In 2007 the Alliance introduced Peer Driven Intervention (PDI), an advanced approach to outreach that uses the strength of social networks of people who inject drugs through incentive-based, chain-referral recruitment and peer education. This methodology extended harm reduction services to underserved groups of people who inject drugs such as women and adolescents. PDI incorporates a research component and collects data required to tailor services to specific sub-populations. PDI is also used to reach sex workers and street children.

In recent years new clients have been brought into the programme by shifting from individual to group level work, as well as working with couples that use drugs. Group-level interventions facilitated establishment and maintenance of contacts with many young people who use stimulants, while couples counselling assisted in reaching out to sexual partners of people who inject drugs.

In addition to non-governmental organisation-based stationary points, pharmacies have been involved as secondary outlets for distribution of injecting equipment, other prevention commodities, and information for people who inject drugs who are reluctant to contact specialized harm reduction services. In certain parts of Ukraine, involvement of pharmacies allowed the programme to increase overall coverage by as much as 10% within a year of introduction. The introduction of rapid HIV testing in community settings and a case-management approach allows for earlier identification and linkage of those in need of HIV care. This has significantly reduced the time between HIV diagnosis and treatment enrolment.

Application of these strategies has helped to improve harm reduction coverage, to extend services to different sub-populations of people who inject drugs and to meet their specific needs. The overall coverage of HIV prevention programmes in Ukraine, which includes harm reduction services for people who inject drugs and access to rapid testing for HIV, hepatitis B and hepatitis C, exceeded 60% of the estimated population of people who inject drugs in 2015, and a significant reduction in the number of new HIV cases (from 771 cases in 2007 to 212 in 2013) has been observed among people who inject drugs aged 24 and younger.

Coverage of HIV prevention programmes in Ukraine with harm reduction services for people who inject drugs and access to rapid testing for HIV, hepatitis B and hepatitis C, has exceeded 60% of the estimated population, and a significant reduction in the number of new HIV cases



Médicos del Mundo - Spain

60. MÉDICOS DEL MUNDO | SPAIN

<http://www.medicosdelmundo.org/>

Médicos del Mundo (MdM) is an independent humanitarian organization that provides emergency and long-term psychosocial support and clinical care to vulnerable populations. MdM has been performing traditional HIV testing since 2003 and rapid diagnostic testing since 2007. The programme is implemented at branch locations in cities throughout Spain. HIV testing services are primarily provided to those who are socially excluded with a high risk HIV of infection, mainly sex workers, people who use drugs, and undocumented migrants.

Médicos del Mundo prioritises the use of services offered through the National Health System (NHS) to provide information and HIV testing services. Those reluctant to use the public system are either accompanied to NHS services or offered testing at MdM branch offices. Fingerstick whole blood- and oral fluid-based HIV rapid tests are performed free of charge along with pre- and post- test counselling. All services at MdM branch offices are provided by a multidisciplinary team, including supervised lay providers who have been trained in line with WHO guidelines and recommendations. Individuals with a reactive HIV test result are referred to the HIV/AIDS unit within a public hospital for confirmatory testing. Individuals who are diagnosed HIV-positive are linked to treatment and care. In the case of undocumented migrants, MdM provides advice and support throughout the process of receiving benefits from the NHS. Confidentiality of testing and test results are always ensured, and the national data protection law is closely followed.

Between 2008 and 2012, a total of 3,251 people—2,253 women, 897 men, and 101 transgender people—were tested and referred to public hospitals for confirmatory HIV testing. First-time testers accounted for 32.3% of the total number of people tested. There were 72 new HIV diagnoses confirmed by the public hospital. Key to the success of this programme is the provision of services to clients without an appointment, free of charge, and without the need for personal identification. These services supplement the traditional HIV testing programmes offered through the NHS.



Médicos del Mundo - Spain

EUROPE

61. MENZDRAV | RUSSIAN FEDERATION

<http://www.menzdrav.org>

Confidential counselling and support via phone, social media and Skype

In partnership with the non-governmental organisation Phoenix PLUS, the menZDRAV Foundation offers services to young men who have sex with men who are living with HIV, ages 18–25, in six regions of the Russian Federation. As many young men are reluctant to attend support groups for fear that their sexual orientation or HIV status will be publicly identified, the Positive Life programme offers individual counselling via phone, social media and Skype.

In six cities, peer counsellors run a telephone hotline with a publicized number. Counselling is also offered via Skype, and young men can send questions to counsellors via email, Facebook, Vkontakte or on gay-oriented websites. Counsellors offer callers information on sexuality, safe sex, STIs, adherence to antiretroviral therapy, side effects and disclosure of HIV status to sexual partners. Callers are also informed about project services and encouraged to visit the project office for assessments or referrals. Those who are reluctant to visit and risk being identified can be referred

to one of 20 medical specialists that have been trained and sensitized to the specific needs of men who have sex with men who are living with HIV, and who will provide services without stigma or discrimination. There are about 80 trained peer counsellors, both project staff members and volunteers. All Positive Life counsellors take part in a centralized training. They receive further training and supervision at the project's regional offices as well as from central office staff that travel to the regions.

Since the start of the project in 2012 until 2015, around 3,000 men who have sex with men living with HIV received informational materials, and around 15,000 individuals are regular users of the programme website. In 2013 Positive Life counsellors provided almost 1,900 phone consultations and 1,350 online consultations.

62. REPUBLICAN AIDS CENTRE | KYRGYZSTAN

| HIV rapid testing by NGOs

In Kyrgyzstan, laboratory diagnosis of HIV is regulated by the Ministry of Health, which requires HIV testing to be carried out in HIV laboratories at AIDS centres. In order to create a legal ground for piloting rapid HIV testing in non-governmental organisations of Kyrgyzstan, UNDP, jointly with the Republican AIDS Centre, prepared a draft order. In September 2012 the Minister of Health signed the order giving the right to 12 non-governmental organisations to begin conducting oral fluid-based rapid HIV testing. The same order has also approved guidelines for quality control of HIV rapid testing.

In Kyrgyzstan, the HIV epidemic is primarily driven by undiagnosed infections among key populations. Following the selection of non-governmental organisations working with people who inject drugs, men who have sex with men, and sex workers, non-governmental organisation staff members were certified and trained to perform rapid HIV tests. To increase participation from key populations, incentives, such as prepaid mobile phone cards, were procured and distributed.

During the first year of the project, 4,500 non-governmental organisation clients received HIV testing. Of those, 226 had a reactive test and were referred to the nearest AIDS centre to confirm diagnosis, yet only 64 of those with a reactive test result ultimately attended confirmatory testing. In total, there were 22 new HIV-positive diagnoses—12 of them were men who have sex with men—and the availability of HIV testing outside the formal health services facilitated re-engagement of 36 people with care. Although pilot results are small, the project was able to successfully reach men who have sex with men, a group that AIDS centres did not previously reach.

EUROPE

63. STOP AIDS | ALBANIA

<http://www.facebook.com/stopaids.albania>

| Incentives for health-seeking behaviour change

STOP AIDS, an a non-governmental organisation in Tirana, implemented an incentives programme with a group of young people who inject drugs to assess whether small incentives could motivate reduction in higher-risk behaviours associated with drug use, and increase alternative or less risky behaviours. These included getting sterile needles and returning used ones, being tested for HIV, bringing new clients to the programme, and allowing home visits by STOP AIDS staff.

For six months, vouchers and coupons were used as incentives, redeemable for a variety of retail goods such as pre-paid phone cards, food, fuel, clothing and haircuts. Vouchers were accumulated in a clinic-managed bank account and distributed to clients once a week. The standard reward for participants ranged from 1 point (equivalent to US \$1) for receiving harm reduction kits, to 5 points for those who introduced a new client to the programme.

The programme was successful in significantly improving clients' attendance and uptake of some harm reduction services, especially needle and syringe programmes, HIV and hepatitis testing, and introducing new clients and female sexual and injecting partners to the programme, compared to a control group who did not participate in the programme. More than half of the clients introduced programme staff to their family members and allowed home visits or counselling. However, voucher incentives seemed less effective for changing certain behaviours such as returning used needles, switching from injecting to non-injecting behaviours or adherence to opioid substitution therapy. Further study is needed to determine the sustainability of health-seeking behaviour change through incentives.

Incentives can be successful in significantly improving attendance and uptake of some harm reduction services, especially needle and syringe programmes, HIV and hepatitis testing, and introducing new clients.

Peer involvement helped improve the delivery of and linkage with government clinics and social services.



64. WOMEN FOR WOMEN | UKRAINE

<http://www.unodc.org/unodc/en/>

Gender-sensitive HIV and harm reduction services for women in key populations

The Women for Women initiative was developed to provide gender-sensitive HIV and harm reduction services for women who inject drugs, female partners of people who inject drugs and female ex-prisoners. The programme, initially piloted with the support of UNODC, was handed over to the municipal services in November 2013.

Six local non-governmental organisations that provide harm reduction services were awarded grants to incorporate gender-sensitivity into their programmes. These include a wide range of tailored interventions for vulnerable women beyond standard harm reduction services such as gender-based violence prevention (including counselling for male sexual partners), legal assistance, child care, hygiene and food supplies, shelter, self-esteem skills building and job placement. Peer involvement is important to the delivery of many of these services, while linkages have also been established with local government clinics and social services. Women for Women helped to establish an ongoing dialogue between civil society organizations and local administrative structures that contributes to the sustainability of

such services. Training for staff of non-governmental organisations as well as some government representatives included a study tour to Vienna to familiarize participants with the day-to-day running of HIV and harm reduction services for women and workshops on how to develop these services. Participants also received capacity building in outreach techniques, leadership and empowerment, advocacy, and fundraising.

Over the project grant period (2011–2012), 2,036 women received services through the programme. The involvement of municipal service providers in harm reduction services for women in their own communities has helped to reduce stigmatization and discrimination. The challenge of financial sustainability is addressed by incorporating programme activities into local service delivery structures; intensive training ensures that those non-governmental organisations and government providers have the advocacy, management and fundraising skills needed for long-term sustainability of the services.

SOUTH-EAST ASIA

65. AIDS MYANMAR ASSOCIATION | MYANMAR

<http://www.nswp.org/fr/members/asia-and-the-pacific/aids-myanmar-association-national-network-sex-work-projects-ama>

Advocating for the health and human rights of young sex workers

AIDS Myanmar Association (AMA) is a network of more than 2,000 female, male and transgender people who sell sex. The programme focuses on capacity building and community mobilization to advocate for the health and human rights of the sex worker community.

Working within a restrictive political environment, members of AMA have had to find innovative ways of reaching out to young people who sell sex to provide peer support and access to information and services, particularly in relation to their health. AMA community mobilization workers are trained to be particularly sensitive to the needs of young people and do not ask for any identifying information, such as their real names or ages, when conducting outreach activities. They provide HIV prevention tools and strategies for the prevention of sexually transmitted infections and HIV, links to sex worker-friendly health facilities for testing and

treatment, and follow-up counselling and care for young people who sell sex and who are living with HIV. In a context of stigma and discrimination, young people who sell sex are often reluctant to access services for fear of arrest or disrespectful treatment by health-care professionals. Follow-up care takes place in a safe and supportive environment and focuses on support for adherence to treatment; when needed, community mobilization workers offer to accompany young people to their clinic appointments. AMA also provides support to people who sell sex who are imprisoned, particularly ensuring that young people, who have often been abandoned by their families, are given nutritional support while in prison. Upon release from prison, AMA works to reconnect young people with their families and friends to ease the transition back into the community.

66. FOKUS MUDA | INDONESIA

<https://www.facebook.com/FokusMuda>

Building leadership and advocacy skills among young key populations

Fokus Muda is a forum for young key populations that promotes their meaningful involvement in the HIV and broader sexual health and rights response in Indonesia. The programme brings together young people aged 15–27 years for advocacy, capacity building and technical assistance, and to help them be effective leaders in representing young people's issues and securing rights for themselves.

To develop an advocacy toolkit for use by young key populations at the local level, the programme conducted extensive consultations and capacity building with young people who inject drugs, young people who sell sex, young men who have sex with men, young transgender people, and young people living with HIV from 11 provinces with high HIV prevalence. Capacity-building sessions were held

separately because of the differences between the profiles and interests of the various key populations. Each participant represented a local community-based organization and had been actively engaged with their community for at least one year. An additional national consultation meeting for young key population members was held. Participants were encouraged to identify the issues of greatest concern for them. For example, for young people who inject drugs, the issues were the lack of services specific to their needs and relevant harm-reduction programming. Outcomes and recommendations from the consultations were fed back to the participants and to other stakeholders, and formed part of the data used in advocacy related to the government's 2015-2019 National Strategic Plan on AIDS.

Empowerment of young key populations: building leadership and advocacy skills and their involvement in the planning and design of services.

SOUTH-EAST ASIA

67. HIV COOPERATION PROGRAMME IN INDONESIA | INDONESIA

Delivering comprehensive harm reduction through linkages with government services

Australia Indonesia Partnership for HIV supports the HIV Cooperation Programme for Indonesia (HCPI). HCPI provides comprehensive HIV prevention and harm reduction for people who inject drugs.

Supporting CBOs to provide harm reduction.

Building links with government health services is an essential part of the prevention model supported by HCPI, especially with regard to services that operate at a community level. This approach facilitates access to early HIV diagnosis and treatment, basic health care, opioid substitution therapy, needle and syringe programmes, sexual and reproductive health services, and other services as required. Programme activities are implemented through partnerships that maximize the comparative advantages of community-based organizations and government structures. Community based organisations are ideally positioned to conduct critical outreach in hotspots during peak activity periods, encouraging uptake of harm reduction services and providing condoms, prevention information and referrals to services. Public health centres and hospitals deliver the therapeutic and preventive services such as opioid substitution therapy and needle and syringe programmes, which are delivered along with safe injecting advice. Strong partnerships with the police, the National Narcotics Board, the Ministry of Social Affairs and the justice system provide further engagement with key stakeholders and duty bearers. All partners provide programme data on a monthly basis. Partners also conduct an annual behavioural and client satisfaction survey that uses an anonymous self-administered questionnaire in addition to questions about having had an HIV test, serostatus and satisfaction with community based organizations and health services.

In 2013, HCPI supported 18 community based organizations in eight provinces to provide services to over 14,000 clients; 6,000 clients also obtained services at 103 HCPI-supported government health centres and four government hospitals. Needle and syringe sharing has decreased progressively,

with 85% of people who inject drugs reporting in 2010 that they had not shared in the previous week, and 91% in 2013. The Ministry of Health is now taking responsibility for needle and syringe programmes, including the funding for the millions of needles and syringes required by the programme annually. The Ministry of Health increasingly provides most of the funding for opioid substitution therapy, ensuring its availability at a large number of government health services.

Opioid substitution therapy in prison.

Methadone maintenance treatment for incarcerated injecting drug users was pilot-tested in Kerobokan Prison, Bali, in 2005 after prison officials visited opioid substitution therapy programmes in Australian prisons. Accomplishments of the Kerobokan Prison pilot project include:

- Establishment of comprehensive harm reduction services (including opioid substitution therapy) and high levels of participation among prisoners with opioid dependence.
- Scaling-up of opioid substitution therapy, education and care, support and treatment services in 11 other prisons, detention centres and parole services; Kerobokan prison provides ongoing mentoring to many of these facilities.
- High levels of integration with other community health services in Bali, ensuring smooth transition from prison to community opioid substitution therapy programmes (and vice versa) and early or ongoing access to HIV treatment.
- HIV testing and treatment services now efficiently implemented in many prisons. More than 90% of high-risk prisoners have been tested, and a high proportion of those testing positive have begun antiretroviral therapy.

As part of mainstreaming this initiative, in 2013 the Ministry of Health and the General Directorate of Corrections signed a memorandum of understanding that the Ministry of Health would fully cover the cost of methadone. HCPI continues to provide training and limited financial support.

Training for positive prevention, self-acceptance and coping with discrimination.

HCPI supports training for positive prevention with the aim of empowering people living with HIV through improved self-esteem, confidence and ability to live healthier lives, with reduced exposure to infections for themselves and others.

A collaborative team of seven people from national networks of people living with HIV and key populations developed Positive Prevention facilitator training materials based on their own experiences and knowledge. Positive Prevention facilitators incorporate the information and skills they learn into routine activities of existing peer support groups and non-governmental organisations programmes. The materials target people who inject drugs and their partners; male, female and transgender sex workers and their partners; and men who buy sex and their partners. Four modules cover prevention of HIV and other sexually transmitted infections, disclosure of HIV status, adherence to antiretroviral therapy, and self-acceptance and coping with discrimination. External experts reviewed the modules, and they were field tested and launched in 2012.

A series of advocacy and socialization meetings with a broad range of stakeholders was critical for support and integration of Positive Prevention in the national programme through the efforts of the National AIDS Commission. Results of facilitator training evaluations showed that all learning and skills indicators had improved significantly. A simple survey for assessing post-training behavioural and attitudinal change was developed and distributed by the networks nationally in 2014.

Collaboration between countries and learning from each others experiences.

SOUTH-EAST ASIA

68. INDIA HIV/AIDS ALLIANCE | INDIA

<http://www.allianceindia.org>

Ensuring access to HIV services for men who have sex with men and transgender people in a constrained legal environment

India HIV/AIDS Alliance and consortium partners implement the Pehchan programme in 17 states. The aim of the programme is to build and strengthen the capacity of 200 community based organizations to provide HIV prevention programming for more than 450,000 men who have sex with men, transgender people and hijras (collectively, MTH).

Pehchan develops community based organizations to serve as implementing partners with the National AIDS Control Programme, fosters community-friendly services within the health system, and engages in advocacy to improve the lives and wellbeing of MTH populations in India. The programme leverages and complements the government HIV prevention strategy for MTH community members by providing a broad range of additional services that support an enabling environment that encourages healthy behaviours. Partnership with government is key to programming at national scale. Pehchan has filled critical gaps in community capacity necessary to support the government to achieve significant HIV prevention coverage for MTH populations. The active involvement of MTH community members as programme managers and technical advisors has also enabled Pehchan to rapidly build trust in environments that are often inhospitable and to create high levels of community ownership.

Societal attitudes against homosexuality remain significant in India and discourage MTH community members from accessing HIV and other health services. The re-criminalization of homosexuality in India in late 2013 created additional resistance and led to further stigma, discrimination and violence. Pehchan has developed Crisis Response Teams that work rapidly with victims of violence to ensure that police and other authorities respond appropriately. The programme has also initiated a national advocacy campaign to support decriminalization of homosexuality. HIV stigma within MTH communities is another challenge, and the programme's outreach and counselling include efforts to reduce it.

Pehchan has coupled a coherent, comprehensive and sustained effort of capacity building and systems strengthening with effective community mobilization tied directly to HIV prevention services. The programme approaches that have worked can be adapted to other contexts and countries where sexual minority communities are underserved by HIV interventions.

Bringing community based programmes to scale: 200 community based organizations providing services to 450,000 people from key populations.

69. KARNATAKA HEALTH PROMOTION TRUST | INDIA

<http://www.khpt.org/>

Addressing violence against sex workers through partnership with duty bearers, legal literacy training and engagement with the media

Karnataka Health Promotion Trust (KHPT) has been working on HIV prevention among sex workers for over 10 years. Violence against the community served by KHPT is a particular concern, and addressing this violence requires partnership among like-minded organizations. When sex worker community members strongly expressed the need to prevent and address violence, KHPT responded by working closely with law enforcement and justice officials, sensitizing them to the realities faced by the community and to their needs for protection and services, while advocating that those responsible for the safety and wellbeing of the public not perpetrate or condone violence against sex workers. In partnership with KHPT:

- The State's Women and Child Welfare Department made services addressing violence against women available to sex workers.
- Community based organisations worked with sex workers in 30 districts to alert them to their rights.
- The Alternative Law Forum and the National Law School of India developed and conducted legal literacy training for sex workers.
- The Centre for Advocacy and Research conducted media advocacy and trained sex workers as spokespersons to talk about the violence they face, their resilience and their actions to prevent and respond to violence.

SOUTH-EAST ASIA



Médecins du Monde - Myanmar



70. MÉDECINS DU MONDE | MYANMAR

<http://www.medecinsdumonde.org/>

Comprehensive services and support through outreach and a drop-in centre

Since 2005, Médecins du Monde (MdM) has implemented a programme to reduce the harms associated with unsafe sexual practices among key populations in Yangon, including female sex workers, men who have sex with men and transgender people. The programme was developed in close collaboration with the affected populations. It provides a comprehensive range of services, delivered through outreach and at a drop-in centre. Services include health education and behaviour change communication, condom promotion and distribution, HIV testing services, sexually transmitted infection testing and treatment, HIV care including treatment for opportunistic infections, antiretroviral therapy and psychosocial support.

Peer-led outreach engages with key populations in settings such as brothels, bars and nightclubs. Drop-in centre clients are free to access medical care, participate in support groups, recreation or social activities, or just relax. Other activities include health-oriented entertainment, meditation in dedicated areas, games, hairdressing and manicures. A tea shop, located near the drop-in centre and managed by a self-support group of HIV clients, provides drinks and

salads at low cost, while a free lunch is offered to clients attending the clinic or waiting for an HIV test result. All services are provided in a user-friendly, non-discriminatory, and sensitive atmosphere.

In 2014, 668 female sex workers and 637 men who have sex with men accessed HIV testing services at the Yangon drop-in centre; all newly diagnosed HIV-positive clients are referred for antiretroviral therapy. Historically, retention rates on antiretroviral therapy have been high in spite of the challenges experienced by these groups; the 24-month retention rate is 85% for female sex workers and 90% for men who have sex with men. More than 99% of clients testing at MdM since the programme began have received their test results and, as a result, more than 84% of all female sex workers and 90% of all men who have sex with men who attended the MdM drop-in centre know their HIV status. However, as many sex workers are still unable to access fixed-location facilities due to distance and time constraints as well as restrictions on travel, MdM planned to implement mobile HIV testing services in mid-2015.

71. NAYA GORETO | NEPAL

<http://www.nayagoreto.org.np>

| Peer involvement in tuberculosis case finding and partnership building

TB case-finding. In Nepal, many TB patients among PLHIV and other vulnerable populations are undiagnosed and untreated; even when diagnosed, the stigma and discrimination associated with HIV and TB can be a deterrent to accessing healthcare. In order to reach PLHIV and other TB-vulnerable populations, Naya Goreto, in collaboration with Nepal Tuberculosis Center and the Stop TB Partnership, launched Wave 4 TB REACH, a project to promote intensified TB case-finding and timely treatment.

The project is implemented in 10 districts where there are concentrations of key populations. Peer volunteers are trained to do early TB case-finding in their respective communities. Mobilization of volunteers is the major strength of the intervention, reaching populations neglected by the national TB program. In addition, volunteers conduct routine follow-up throughout the treatment process, setting a new standard for individual health management in project districts. Wave 4 TB REACH has been effective in expanding screening services and channelling key populations toward other national health-care services.

The TB screening target for the project was 7,050; by 2015, the number of people screened was 6,619, and 287 TB cases were identified. Participation of key populations in TB case finding has been an effective strategy for achieving the project target. Lessons learned have contributed to the development of a new approach to addressing TB/HIV co-infection in Nepal.

Support for people who inject drugs. Recognizing the lack of specific laws or policies in Nepal to support people who inject drugs and the lack of services at the community level, Naya Goreto implemented Bridging the Gap: Health and Human Rights Programme for the Key Population. The programme aims to engage stakeholders across the spectrum, from parliamentarians to local councilors, public health officials to health volunteers, on issues of concern to people who inject drugs. Naya Goreto emphasizes the meaningful participation of people who inject drugs at all levels of the programme. More than 200 people from the

community were trained to lead activities ranging from situation analysis to advocacy campaigning and programme monitoring. Empowerment activities have included advocacy in small-group environments; linking people who inject drugs with experts and other concerned stakeholders for information on programmes and budgets; mobilization of community representatives to participate in consultation meetings with government officials; lobbying duty bearers for the health and human rights of the injecting community.

Naya Goreto has catalyzed strong partnerships, creating a sense of solidarity to collectively address the issues that affect the injecting community. Those issues are now included in the yearly action plans of local government and civil society organizations; annual budgets are provided by local government bodies to conduct drug awareness programmes; and a member of the injecting community now sits on the District AIDS Coordination Committee. Overall, there is greater community awareness of issues that affect people who inject drugs.



Naya Goreto, Nepal

SOUTH-EAST ASIA

72. SAVE THE CHILDREN FUND | THAILAND

www.savethechildren.org/site/c.8rKLIXMGlpI4E/b.6234243/k.C392/HIVAIDS.htm

Using mobile and online channels to strengthen outreach to young key populations

Save the Children uses information and communication technologies (ICT) to enhance HIV prevention outreach to young men who have sex with men and transgender people in Chiang Mai, a major destination for sex tourism that has large numbers of migrants from minority ethnic groups and from Myanmar.

The project provides information on HIV prevention, treatment, care and support by tapping into social media most commonly used by the young men who have sex with men and transgender people. These include Facebook, Line (a mobile phone application) and other websites and forums frequented by young men who have sex with men. Research indicated that non-HIV related content such as personal grooming, religious instruction and topical news would be an effective way to engage the target populations. Content is devised by project staff based on discussions with men who have sex with men and transgender people, and it is changed regularly to keep it fresh and topical. Outreach

workers promote Mplus Chat, an app developed by a local non-governmental programme working with men who have sex with men; the educators then use this to establish a relationship with the young men who have sex with men and young transgender people. Outreach workers use tablet computers to engage the attention of young men who have sex with men and transgender people and make communication easier in noisier environments like bars and clubs. The tablet is used to show the project website, to provide content for discussion and to record contact details for later follow-up. After initial contact is established, ICT platforms are used to disseminate information on HIV prevention, treatment, care and support, and to promote accompanied referrals to free HIV testing. Young men who have sex with men and young transgender people value continued online contact as a way to establish a trusting relationship with a counsellor while maintaining a degree of anonymity.

Young men who have sex with men and young transgender people value continued online contact as a way to establish a trusting relationship with a counsellor while maintaining a degree of anonymity.

73. SOCIAL AWARENESS SERVICE ORGANIZATION | INDIA

| Scaling up community distribution of naloxone

Since 2000, the Social Awareness Service Organization (SASO) in Manipur has provided, among other services, opioid overdose management with free naloxone, through outreach (e.g. at shooting sites) and at drop-in centres. Through small meetings, individual contacts and counselling, SASO also provides information and education about drug overdose and its management to people who inject drugs and their family members.

The programme was scaled up and strengthened in 2008–09 to ensure wider coverage by involving key stakeholders to facilitate community distribution of naloxone. Ethical concerns about non-medical staff dispensing a medication to people who inject drugs have been overcome through demonstration of the life-saving nature of overdose management. Between 2004 and 2012 more than 450 overdoses were managed at five centres, and over 90% of those lives were saved. In addition, more than one-third of overdose clients have increased access to drug treatment and other health care, such as HIV and hepatitis C testing and antiretroviral therapy.

74. THAI RED CROSS | THAILAND

<http://en.trccarc.org>

| Increasing uptake of HTS through online 'edutainment'

The Men's Health Clinic in Bangkok provides comprehensive and friendly services to men who have sex with men. One tool the clinic uses to increase uptake of HIV testing services is the first bilingual (Thai/English) educational entertainment 'edutainment' website for men who have sex with men, called Adam's Love, launched in 2011.¹²

The website encourages regular HIV testing for men who have sex with men. To link website visitors, a section titled 'HIV Testing Site Near You' offers information about how to obtain HIV testing services in Bangkok and in other provinces. Demand creation for HIV testing also includes mass media and targeted media activities such as regular columns in gay magazines, peer-driven interventions and celebrity meet-and-greet HIV testing events.

The number of clients who have engaged with services increased almost 5-fold between 2008 and 2012, from 967 to 4,371. The Adam's Love website attracted more than 500,000 visitors in two years and has its own Facebook page as well, with more than 15,000 fans. Twenty-five per cent of Men's Health Clinic clients report seeking HIV testing services because of the site.

12 <http://www.adamslove.org>

WESTERN PACIFIC

75. 1+N | CHINA

<http://www.weibo.com/tongle2002>

The community-based HIV testing programme, 1+N, focuses on men who have sex with men in Chengdu. Since 2007, collaboration between the Chengdu Tongle Counselling Service Centre and the local Centres for Disease Control (CDC) has facilitated access to high quality HIV testing services for men who have sex with men including rapid HIV testing, pre- and post-test counselling, confirmatory testing and initial follow-up visits and referrals for HIV-positive individuals.

In addition to daily on-site service delivery, 1+N also offers mobile HIV testing services in four gay saunas and near escort services. The programme recruits peer volunteers to become counsellors; they are trained to provide rapid HIV testing anonymously, at convenient and free locations for men who have sex with men, minimizing stigma and discrimination. To recruit clients, men who have sex with men are approached through outreach at gay venues, online recruitment, and word of mouth. Close collaboration with the Chengdu CDC ensures that all individuals with a reactive HIV test are linked to confirmatory testing, as well as prevention and care and treatment services depending on their serostatus.

The annual number of 1+N clients increased from 243 in 2007 to 4,762 in 2013. By the end of 2014, 1+N had provided community-based HIV testing services to 18,683 men who have sex with men. The programme diagnoses approximately 250 HIV-positive cases annually, and retains 85% of those in care for more than one year. The 1+N programme owes its success to the dedicated work of community-based organizations and stakeholders in the community and long-term, close collaboration with Chengdu CDC.

Collaboration between community based programmes and the government Centre for Disease Control has rapidly increased the reach and uptake of HIV testing services in men who have sex with men.

76. AIDS CONCERN | CHINA

www.AIDSconcern.org.hk

AIDS Concern primarily provides services to men who have sex with men, clients of female sex workers, and youth at high risk for HIV infection in Hong Kong SAR. HIV testing services are provided in collaboration with the owners of gay bars, escort services and youth centres, where services take place. HIV testing is also offered through mobile outreach to remote areas. In addition, the Department of Health provides technical support to the services. To enhance awareness of HIV, and to create demand for and increase uptake of HIV testing services, AIDS Concern uses social media, offers online appointment scheduling, and has launched multi-media campaigns. As a result, the service is now the largest non-governmental HIV testing programme in Hong Kong SAR. Anonymous surveys, conducted during delivery of HIV testing, collect data on client characteristics, HIV testing behaviour, and condom use. Based on survey findings, services offered can be adapted and improved, and additional services can be developed as needed.

In 2014, AIDS Concern conducted over 4,000 rapid HIV tests. Individuals diagnosed HIV-positive were referred for follow-up services, including emotional support, HIV treatment and disclosure counselling. The infection rate among clients who test through AIDS Concern ranges from 1.0% to 2.9% annually, with most infections concentrated among men who have sex with men (MSM). The success of this programme is due to strong engagement with community stakeholders and the additional training that is provided to HIV testing services workers to increase capacity and sensitivity. Despite the programme's success, barriers to HIV testing remain, including strong stigma associated with HIV and behaviours of young men who have sex with men, many who do not believe they are at risk for HIV infection.

77. CAMBODIAN WOMEN FOR PEACE AND DEVELOPMENT | CAMBODIA

www.cwpd.net

| Training entertainment workers as peer providers

In 2008, a new law with the aim of suppressing human trafficking and sexual exploitation was introduced in Cambodia; consequently, sex work and associated acts became illegal. As a result, many women who had been working in brothels are now working in 'entertainment establishments'.¹³ To reach this population, Cambodian Women for Peace and Development (CWPD) began offering HIV testing services in urban entertainment establishments or through freelance services in homes and counselling centres.

Selected entertainment workers are trained to work as peer providers. In 2013, training for CWPD peer providers and staff was provided by the National Centre for HIV and AIDS,

Dermatology and sexually transmitted infections. Peer providers are trained to perform rapid HIV testing, pre- and post-test counselling, risk-reduction counselling, community mobilization and demand creation. CWPD supplies each peer provider with a service kit that includes a rapid HIV test, a rapid syphilis test kit, condoms, and referral slips, which are discreetly managed to maintain confidentiality of test results. Programme coordinators conduct job refresher trainings to maintain and improve the quality of HIV testing services, emphasizing the importance of client consent, appropriate counselling, friendly attitudes of providers, reduction of stigma and discrimination, and confidentiality of clients.

13 Venues known as 'entertainment establishments' include massage parlours, bars, karaoke parlours, beer gardens, restaurants and other private or street-based locations.

WESTERN PACIFIC

78. CEBU PLUS ASSOCIATION | PHILIPPINES

<http://cebuplusorg.com/home/>

Outreach education and services to reach young men who have sex with men

In 2012, 41% of reported cases of HIV in the metropolitan area of Cebu were among young people. In response, Cebu Plus Association created a youth wing, Re-You, which runs a community-based mobile education programme offering education, HIV testing services and sexually transmitted infection screening to young key populations. The majority of those served are young men who have sex with men (aged 15–24 years).

Supported by Youth LEAD, the programme uses a minivan to reach young people with services in areas such as cruising sites and other places where young men who have sex with men gather. Outreach staff are men who have sex with men, and services are usually offered at night, when young men who have sex with men are easier to contact.

Some of the challenges faced by the programme include the cultural stigma associated with seeking professional help, and concerns about confidentiality. These have been addressed by securing referral agreements with HIV-proficient physicians and social workers at government clinics and other health-service providers. Re-You observed that most young men who have sex with men lack knowledge about available services, especially for sexually transmitted infection management, while others were afraid to take an HIV test, doubting their ability to cope with a positive diagnosis. Re-You works to gain their trust by emphasizing that testing is voluntary and offering referrals to support services.

79. LINGNAN PARTNERS COMMUNITY SUPPORT CENTER | CHINA

<http://www.gztz.org/>

Accessing HIV prevention services online in a high-volume area

Established in 1998, Lingnan Partners Community Support Center (LPCSC) provides HIV testing and, health services and health education primarily to men who have sex with men and transgender people in Guangdong Province. Since 2008, with support and collaboration from Guangzhou Centre for Disease Control and Prevention, HIV testing services have been offered in eight locations across five cities in southern China.

Due to the high volume of clients, LPCSC now provides online HIV prevention services to clients. These services incorporate interactive interventions including an online HIV risk self-assessment system, and HIV service platforms such as a 24-hour online HIV test scheduler and Easy Tell[®], an anonymous partner notification system. Since 2014, HIV self-testing online support has been available. Through this service, a client receives a home test kit and online testing support, including pre- and post-test counselling, testing guidance, referral to confirmatory testing for individuals reporting a reactive test result, and information on where and how to seek additional support services. The affiliated website, GZTZ.org, is the first in China and the most widely known and used men who have sex with men and transgender website. The platform provides health education and conducts surveys among the target populations.

In a period of five months, LPCSC has sold 199 kits with a refundable deposit upon submission of feedback. Of the 199 self-testers, 174 submitted feedback online, and six clients sought on-site follow-up care at LPCSC. Annually, the programme website receives over 500,000 unique visits and has retained 100,000 registered members.

From January 2008 to December 2013, 22,282 men who have sex with men in Guangzhou accessed HIV testing services through this programme, representing 80% of the estimated men who have sex with men in the city. From 2008 to 2014, 999 HIV-positive cases among the men who have sex with men in Guangzhou were detected through this programme, accounting for 57% of HIV-positive cases among men who have sex with men. Among these positive cases, 95% of clients were linked to the national HIV care and support programme, of which 89% were retained in care receiving regular follow-up and CD4 testing biannually.

In 6 years this key population specific programme was able to detect 57% of new HIV infection cases. 95% of these clients were linked to national care and support programme, of which 89% were retained in care.

WESTERN PACIFIC

80. LOVE YOURSELF | PHILIPPINES

<http://www.loveyourself.ph/>

| Promoting self-acceptance and uptake of HTS

Founded in 2011, Love Yourself is a non-governmental organisation in Manila, supported by the Research Institute for Tropical Medicine (RITM). Love Yourself seeks to promote self-acceptance among men who have sex with men and to mobilize them to use HIV testing services at the RITM satellite clinic. All services are provided free of charge.

The clinic offers rapid HIV testing, pre- and post-test counselling and syphilis and hepatitis B testing. If two consecutive rapid HIV tests are reactive, clients are referred for clinical assessment and confirmatory testing at the RITM hospital. Individuals diagnosed HIV-positive are followed by volunteers and given support for treatment adherence. Love Yourself also offers a discreet service that provides HIV testing in a private location at a convenient time for the client. A staff member performs the test and provides results and appropriate referrals on the same day.

From June 2011 to September 2014, 14,662 men were tested and 2,451 were diagnosed HIV-positive. Of those diagnosed HIV-positive, 2,113 (86.2%) were enrolled in antiretroviral treatment and care. Adherence counselling has contributed to an 85–90% retention rate. A long-term goal of Love Yourself is to open a resource centre for youth and men who have sex with men as another source of education and counselling.

In three years a total of 14,662 men were tested and 2,451 were diagnosed HIV-positive. Of those diagnosed HIV-positive 86.2% were enrolled in antiretroviral therapy with a 85–90% retention rate.

81. RIVER OF LIFE INITIATIVE | PHILIPPINES

<http://www.projectpage.info/my-river-of-life>

Behaviour change through self-assessment of risk behaviours and engagement with peer outreach workers

River of Life Initiative (ROLi) is an HIV risk reduction programme that uses a self-assessment toolkit, workshops and peer group work to help young men who have sex with men assess and reduce their risk behaviours. The majority of the population that ROLi serves are young men aged 13–24 years. Approximately 50% are out of school and 90% live in poverty. Almost all of them sell sex and use drugs as a means of livelihood and coping, and almost all identify as straight (heterosexual).

Because young men who sell sex are highly stigmatized and difficult to reach, the programme uses several peer outreach channels. One-on-one interactions and group activities take place through community-based activities, including on the street and in areas where men seek sex with young men. They are given the opportunity to take a risk self-assessment on the spot—using the ROLi Young Key Population Scorecard Process—or to sign up for a workshop held at a partner health facility. Peer outreach workers also make contact with members of their social and peer networks through text messaging and private chats. Programme participants can join Facebook groups for moderated peer-to-peer discussions about behaviour change. In addition, peer groups organize campaigns showcasing inspiring stories of change through forums, film viewings and discussions, and awareness-building activities take place around festivals and World AIDS Day events. Government-run clinics that partner with ROLi also provide one-on-one counselling and other services.

ROLi combines various methods of learning to influence changes in individual and group risk behaviours and to strengthen the engagement of young key populations with law enforcement and health providers. The programme has now been adapted to serve other young key populations, including young women who sell sex and young people who inject drugs. ROLi has reached 10,000 young people with interventions that allow them to assess their HIV risk and take actions to reduce it.



River of Life, Philippines

WESTERN PACIFIC



SMARTGIRL, Cambodia

82. SMARTGIRL | CAMBODIA

<http://blog.usaid.gov/2012/07/smartgirl-empowers-women-in-cambodia>

A branded programme addressing the health risks faced by female entertainment workers

SMARTgirl, a national HIV and sexual and reproductive health programme, aims to prevent and mitigate the impact of HIV and improve the sexual and reproductive health of the estimated 35,000 entertainment workers nationwide, many of whom are sex workers. Among some groups of entertainment workers, HIV prevalence is as high as 14%.

The programme seeks to create loyalty, to provide easy access to referrals and to be recognized as a source of trustworthy information delivered through trained peers. Through individual and group-level outreach, SMARTgirl peers provide HIV prevention information, commodities and referrals. Lay counsellors also provide community-based HIV testing and some locations benefit from mobile sexually transmitted infection screening and HIV testing services, and family planning services. Recognizing the overlapping risks of many entertainment workers, SMARTgirl also supports harm reduction approaches including counselling and linkages to opioid substitution therapy and needle and syringe programmes for entertainment workers who inject drugs. Since 2009, SMARTgirl has also been working to reduce stigma and discrimination by giving entertainment workers a voice at the national and local level through its health and social network. MHealth strategies are another approach that SMARTgirl uses to reach entertainment workers; these

include a dedicated branded website and Facebook page as well as an interactive voice-response system. These technologies allow the program to reach beyond the bounds of non-governmental organisation operational areas, providing information and services to women across the country.

SMARTgirl directly reaches more than half of all entertainment workers in Cambodia. In the year up to September 2015, 14,370 entertainment workers received HIV testing services, 20,877 received sexually transmitted infection screening and testing and 5,866 received family planning and sexual and reproductive health services.



SMARTGIRL, Cambodia

83. TRANSGENDER COLORS INC. | PHILIPPINES

<http://colorphilippines.org>

Peer educators reducing stigma and increasing access to services for transgender women

TRANSGENDER COLORS Inc. (COLORS) is a non-profit organization working for the development and equality of transgender people in Cebu City. The organization collaborates with the Cebu City Health Department's Social Hygiene Clinic and barangay officials.¹⁴ In 2013, the Femina Trans programme was launched by COLORS to reduce stigma towards transgender people, to educate the community on HIV issues and to generate demand for HIV prevention, treatment and care services.

Peer educators offered group lectures and individual education sessions in selected barangays with HIV testing offered to participants afterwards. Most clients were between 15 and 34 years old, and the largest group of participants was between 19 and 24 years of age. Adolescents needed consent from parents or guardians to receive HIV testing. Clients were advised to return for their results and for post-test and psychosocial counselling. Referral to a physician was provided for those with HIV, syphilis or other reactive results.

From March until June 2014, Femina Trans reached 508 transgender women through peer education. Of these, 317 accepted HTS and syphilis testing, and 12 clients were diagnosed HIV-positive. In a client satisfaction survey, 99% were satisfied with the service and agreed that peer educators, counsellors, medical technologists or staff were supportive and that they were comfortable asking them questions.

Collaboration between peer educators and public health providers can facilitate access and uptake of HIV services in many settings.

¹⁴ Barangay' is the smallest administrative division in the Philippines and is the native Filipino term for village, district, or ward.

WESTERN PACIFIC

84. VIET NAM AUTHORITY ON HIV/AIDS CONTROL | VIET NAM

<http://www.vaac.gov.vn/>

Decentralization of HIV testing services to increase access for people who inject drugs

To integrate services into the primary health-care (PHC) system, HIV testing services are decentralized from district PHC to commune health stations (CHS) in several provinces. Although this has increased access to HIV testing services for many people, access to CHS in remote districts can be difficult. In response, the Viet Nam Authority for HIV/AIDS Control and the Ministry of Health piloted outreach HIV testing services. The goal was to increase the uptake of HIV testing among people who inject drugs and their partners in high-burden provinces.

Bi-monthly HIV testing services were offered in villages where there were large communities of people who inject drugs. The outreach team included two CHS staff, one village health worker and one peer-educator. People who inject drugs and their partners were invited to a convenient location, counselled on HIV testing and offered rapid HIV tests. Reactive test results were sent for confirmatory testing and clients with a confirmed HIV-positive diagnosis were counselled and linked to clinics for treatment and care.

From September 2014 to January 2015, 8.9% of people tested were newly diagnosed HIV-positive. This is approximately four times higher than the positivity rates



Viet Nam Authority on HIV/AIDS Control, Viet Nam

observed at the district PHC facilities. The results of this pilot programme suggest that community-based HIV testing services are a feasible and efficient method of increasing knowledge of HIV status in people who inject drugs and their partners, as well as other key populations. Peer educators and village health workers were instrumental in reaching the target population. This model will inform development of national guidelines on community-based HIV testing services.



Viet Nam Authority on HIV/AIDS Control – Viet Nam

MULTI-REGIONAL PROGRAMMES

85. LINK UP | AFRICA AND SOUTH-EAST ASIA

<http://www.link-up.org>

Training providers to deliver integrated services that meet the needs and preferences of young key populations

The Link Up project aims to improve the sexual and reproductive health and rights of young people living with and affected by HIV with a focus on increasing access for young key populations to integrated sexual and reproductive health and rights (SRHR) and HIV services. The programme does this by linking peer educators and their clients with community- or clinic-based integrated services. The project is implemented in five countries—Bangladesh, Burundi, Ethiopia, Myanmar and Uganda—by a consortium of community-based and service-delivery organizations, led by the International HIV/AIDS Alliance.

Consultations with young key populations identified stigma by service providers as one of the main barriers to accessing services. In response, Link Up implemented a 5-day basic training programme on SRHR and HIV integration for service providers in each country, with the objective of sensitizing them to the needs of young people who sell sex, young people living with HIV, young men who have sex with men and transgender people (aged 10–24), thereby decreasing stigma and increasing client satisfaction. Members of young key population communities were involved at the country level to review the training material. Topics included service integration and linkages, as well as gender, sexuality,

stigma and discrimination. Young people participated in the trainings and helped lead different sessions, including a lively panel discussion where they shared their experiences. This particular session had a great impact on providers, all of whom had worked with young people, but not necessarily with young men who have sex with men or young people who sell sex. The participants learned that they must take time to hear and understand the experiences of young key populations, and they appreciated the opportunity to address any feelings of discomfort about working with them.

Link Up has organized further capacity building for peer educators, social workers, midwives, nurse counsellors and clinical officers. A facilitator's guide—Integration works!¹⁵—enables participants to explore the benefits and challenges of integrating SRHR and HIV. Safeguarding the rights of children and young people is addressed to increase the confidence of peer educators, social workers, midwives, nurse counsellors and clinical staff to address children's and adolescents' rights and protection. All of these trainings include components on youth participation and gender and sexuality to ensure that services are youth- and key population-friendly and non-stigmatizing.

MULTI-REGIONAL PROGRAMMES

86. YOUTH LEAD | SOUTH-EAST ASIA AND WESTERN PACIFIC

<http://www.youth-lead.org>

| Leadership training for young key populations

In 2011, Youth LEAD, a regional network of and for young key populations in 20 countries across Asia and the Pacific, created NewGen Asia, a 5-day leadership course for young key population leaders. A technical working group, supported by young key populations, leaders of Youth LEAD, academic experts and UN partners developed the course over a period of a year.

The NewGen curriculum uses a range of participatory activities to build capacity to understand the personal, familial, institutional, structural and cultural influences that lead to HIV vulnerability; to improve personal leadership strengths and skills for teamwork; to develop presentation and public speaking skills on sexual and reproductive health, HIV and related issues; and to understand and use data and evidence to inform advocacy.

More than 200 young key population members have participated in the NewGen training in Bangladesh, Brunei Darussalam, Indonesia, Myanmar, Philippines and Sri Lanka.

More than 50 trainers have been trained regionally, and NewGen courses are planned for Cambodia, China and Thailand.

All stages of programme development were evaluated through multiple methods, including rapid feedback through video interviews of consenting participants; focus group discussions; in-depth interviews; and pre- and post-course evaluations. The Indonesia National AIDS Commission has adopted NewGen to train peer educators nationwide, and the International HIV/AIDS Alliance has integrated the training into its Link Up programme for young key populations on sexual and reproductive health. New community networks of young key populations have since been established in several countries, including Myanmar, and social media are used to sustain connections and support for participants.

87. YOUTH VOICES COUNT | SOUTH-EAST ASIA AND WESTERN PACIFIC

<http://www.youthvoicescount.org>

Promoting self-acceptance, self-confidence and health-seeking habits among young men who have sex with men and young transgender people

Loud and Proud is a regional advocacy campaign led by Youth Voices Count, addressing the issue of self-stigma and highlighting its links to the HIV vulnerabilities faced by young men who have sex with men and young transgender people in Asia.

Through the campaign, Youth Voices Count aimed to draw attention to the need for more timely services that tackle psychosocial issues and promote self-acceptance, self-confidence and health-seeking habits for young men who have sex with men and young transgender people. The campaign took place in four countries—Indonesia, Mongolia, Philippines and Viet Nam—and featured a series of in-country activities, community-friendly events and the production of four short videos. Loud and Proud built the capacity of young men who have sex with men and young transgender people to do advocacy using multimedia platforms and to leverage high-tech and social networks to reach their target audiences. The campaign was launched to coincide with the International Day against Homophobia and Transphobia. It was disseminated online using e-list servers and social media including Facebook, as well as through national partners. The videos were also displayed at a number of community events and international conferences.

**Regional advocacy by
and for key populations**

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