

# ENGAGING KEY POPULATIONS THROUGH PEER NAVIGATION:

## An effective strategy for contributing to the 90-90-90 Fast-Track Targets

**AUTHORS:** Benefour, Samuel<sup>2</sup>; Bruce, Egbert<sup>1</sup>; Nyanor, Angelina Kodua<sup>1</sup>; Bock, Ariella<sup>1</sup>; Bonnah, Isaac<sup>1</sup>; Mohammed, Mahamud<sup>1</sup>; Maher, Sean<sup>1</sup>; Tapsoba, Placide<sup>2</sup>; Tun Waimar<sup>3</sup>; Nagai, Henry<sup>1</sup>

<sup>1</sup>JSI Research and Training Institute, Inc., <sup>2</sup>Population Council, Ghana, <sup>3</sup>Population Council, Washington, DC

### ISSUES

While Ghana has made significant progress in stabilizing the HIV epidemic, analysis from 2014 shows that 27% of all new infections occur among key populations (KPs), including men who have sex with men (MSM), female sex workers (FSWs), transgender individuals, and their partners (National Strategic Plan [NSP] 2016-2020). The goal of the NSP is to achieve the 90-90-90 fast-track treatment targets by 2020 – 90% of all people living with HIV (PLHIV) will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART), and 90% of all people receiving ART will be virally suppressed. Ghana faces numerous hurdles in providing tailored HIV services to these populations since there are different segments of KPs. Reaching different typologies of KPs require segmentation and this calls for integrated and innovative approaches.

### DESCRIPTIONS

JSI Research & Training Institute, Inc., in partnership with the Population Council, is implementing the USAID Strengthening the Care Continuum Project which targets MSM, FSW, PLHIV and Transgender in five focus regions to address these challenges using funding from USAID. The ultimate goal of the project, in line with the global HIV epidemic control goals, is to have newly-diagnosed individuals supported in enrolling in treatment and remain within the service network to achieve viral suppression.

To achieve this, the project relies on peer educators and case managers to help their peers to navigate their way within the health facilities. As a KP and/or PLHIV, they are trained and familiar with the relevant health facility and community-based services available for their beneficiaries. Peer educators use peer-driven, innovative, and cross-cutting community initiatives such as sexual network testing, social media outreach, PLHIV Partner Testing, and events like “Love and Trust” or ‘Bring Your Partner I Do Not Know’ to reach different high-risk KP positives in different networks (e.g. artists, street guys, students, professional executives etc.) with the necessary support. Case managers assist HIV-positive KPs in enrolling in and accessing care and treatment services, while supporting them to identify and overcome barriers that interfere with achieving personal health-related goals.

In February 2017, the Project provided intensive technical assistance to 13 civil society organizations (CSOs) working with KPs in 21 districts to segment their populations into different networks and provide targeted testing services.

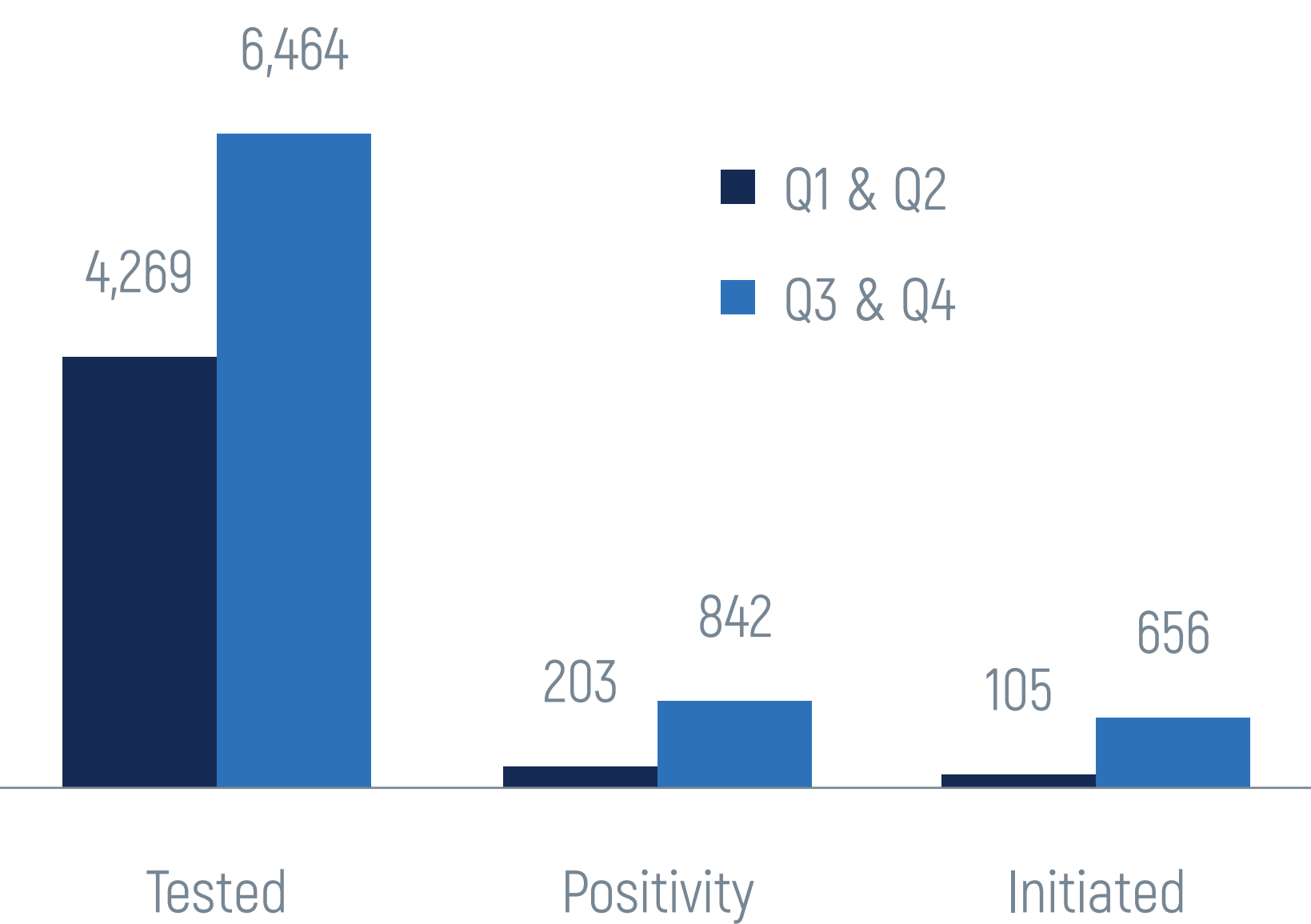
### KEY MESSAGES

Use of multiple peer navigation strategies through effective segmentation of KPs can result in focused targeting of KPs to improve HIV positivity yield.

### LESSONS LEARNED

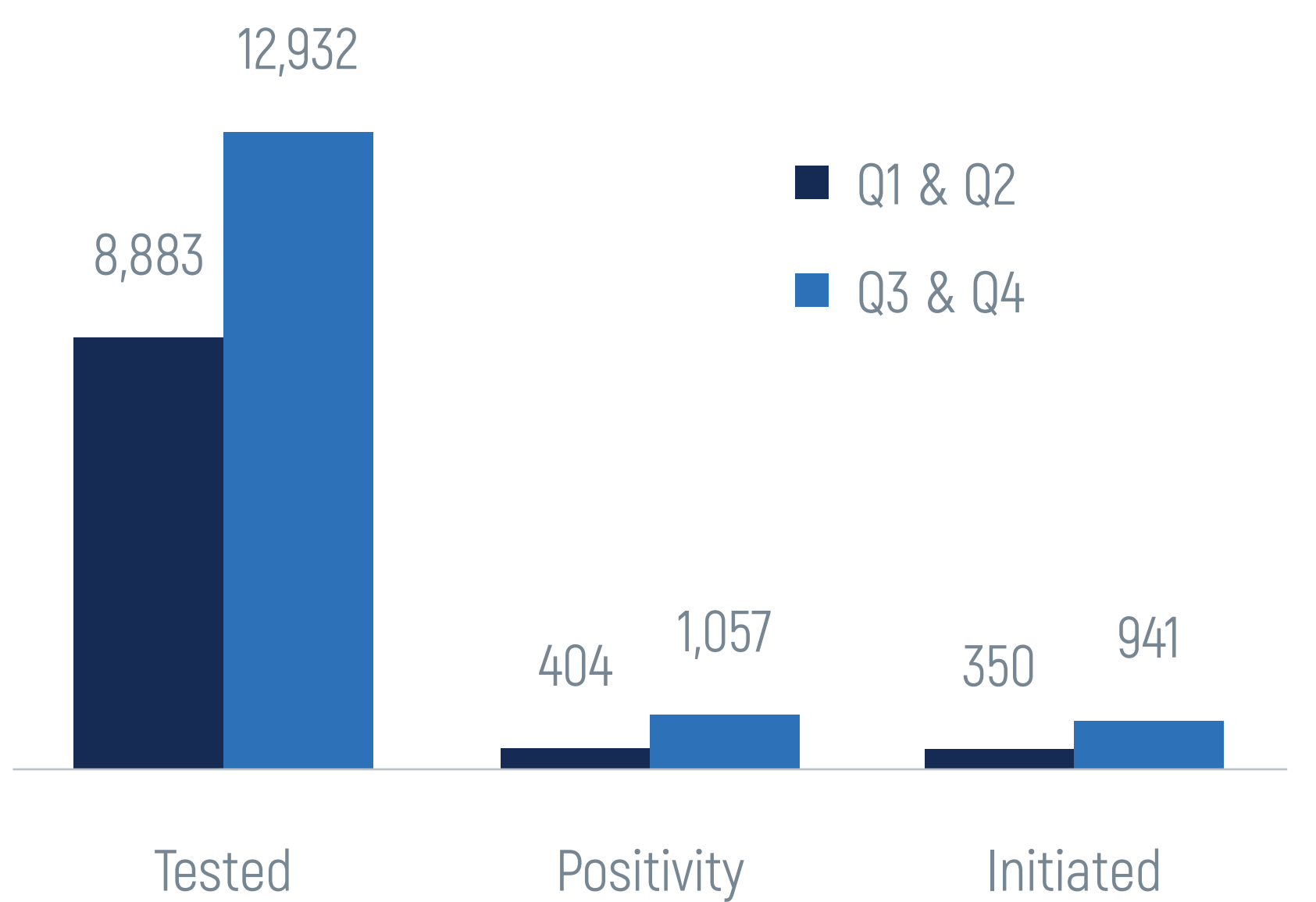
Local CSOs that adopt multiple peer navigation strategies through proper micro-planning and KP segmentation are well-placed in reaching new high-risk KPs.

During FY2017 Q1 and Q2, 4,269 MSM were tested and 203 were HIV positive (4.8%), with 105 initiated into treatment (51.7%). After the introduction of the interventions of KP segmentation (Q3 and Q4), out of the 6,464 KPs tested, 842 were HIV positive (13.0%) and 656 were enrolled into treatment (77.9%). [Figure 1]





**FIGURE 1:** MSM access to services before (Q1 & Q2) and after (Q3 & Q4) the introduction of peer navigation strategies

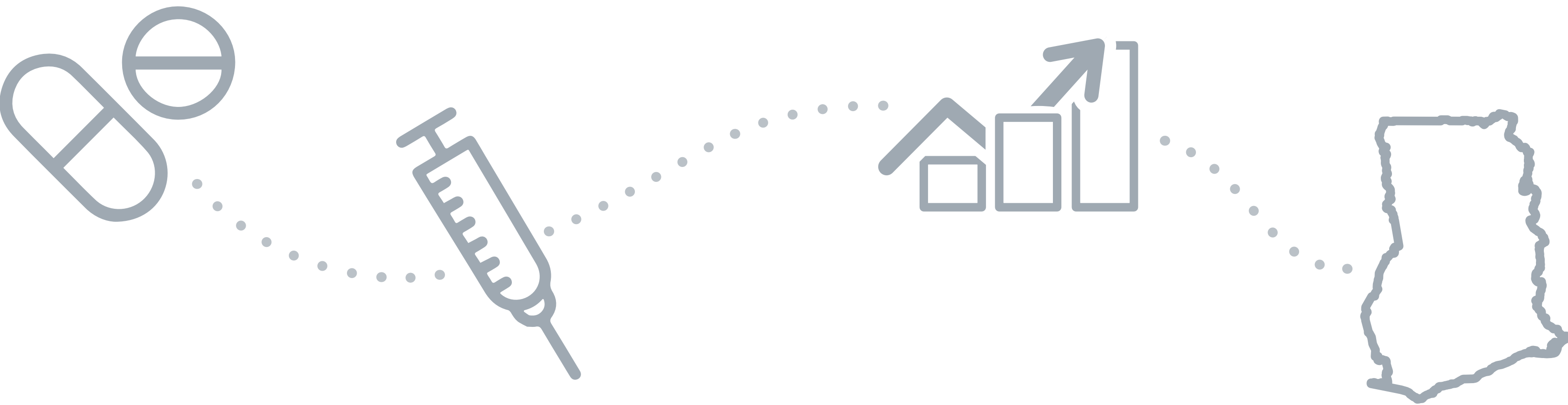
In the case of FSWs, before the intervention, of the 8,883 tested, 404 were HIV positive (4.5%) with 350 initiated into treatment (86.6%). After the introduction of the intervention, of the 12,932 FSW tested, 1,057 were HIV positive (8.2%) and 941 initiated into treatment (89.0%). [Figure 2]



**FIGURE 2:** FSW access to services before (Q1 & Q2) and after (Q3 & Q4) the introduction of peer navigation strategies

**78%**   
MSM Enrolled in Treatment

**89%**   
FSW Enrolled in Treatment



### NEXT STEPS

- Organise continuous supportive monitoring, supervision and mentoring of CSOs to help segment KPs.
- CSOs achieving low HIV positivity yield will visit those with high positivity yield for cross-fertilization of ideas on peer navigation strategies.