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SUCCESS STORY

Improving access to HIV testing, care and treatment for key populations through an existing national health system: Lessons from Ghana

BACKGROUND

LINKAGES in Ghana

In Ghana, LINKAGES has found that ensuring access to HIV prevention, diagnosis, treatment, and care requires collaborating with the government, development and implementing partners, and key population communities (female sex workers and men who have sex with men); careful coordination between partners; and building confidence that services will be delivered without stigma or discrimination. The result is a system that encourages and enables clients living with HIV to receive care from professionals who do not discriminate against HIV-positive clients or members of key populations. Trust and collaboration also make it possible to monitor data on the care of individual clients, and to ensure that members of key populations living with HIV receive services through the national health system that are as comprehensive and of the same quality as the health services provided to the general population.

The U.S. Agency for International Development (USAID) in Ghana committed funds to a central mechanism, LINKAGES, for a period of 21 months, to continue delivering essential HIV prevention, care, and treatment services to key populations in that country. The LINKAGES program is led by FHI 360 in close collaboration with the Ghana Health Service (GHS), the National AIDS Control Program (NACP), and 11 local implementing partners.

The program's goals are to increase the availability of comprehensive HIV prevention, diagnosis, treatment, and care services for female sex workers and men who have sex with men, to increase demand for those services, and to strengthen the systems that ensure their quality.

LINKAGES operates in 32 districts within five regions that have the highest prevalence of HIV and the largest numbers of key population members in Ghana. Outreach is conducted directly by FHI 360 staff members, by peer educators recruited and supervised by the local implementing partners — and, crucially, by GHS health counselors trained specifically to work with these populations.

LINKAGES trained 350 HIV counselors to understand the particular issues faced by key population members, and to provide testing, counseling, and treatment in a non-discriminatory manner.

HIV SERVICES — free of stigma and discrimination

Training GHS's staff to offer services free of stigma and discrimination is a central pillar of the program. The LINKAGES team gained the support of the NACP, which instructed its regional coordinators to work with the LINKAGES implementing partners in each region to identify HIV counselors (health personnel) at each health facility — typically nurses who were already providing HIV testing services and antiretroviral therapy (ART) to members of the general population. The HIV counselors also received a three-day top up training on how to provide counseling on the phone to those who cannot be reached in person. LINKAGES provides refresher training, updates on HIV, and feedback meetings to keep HIV counselors informed and to help them see how their crucial work fits into the overall LINKAGES program and national goals.

MAKING CONTACT — reaching out and following up

The HIV counselors also work with local implementing partners and join peer educators in outreach activities. These activities may include visiting areas where key population members gather, such as drop-in centers. Counselors may do this two or three times each month in addition to their work in the public health facilities and staffing NACP-run phone helplines. In Jamestown,

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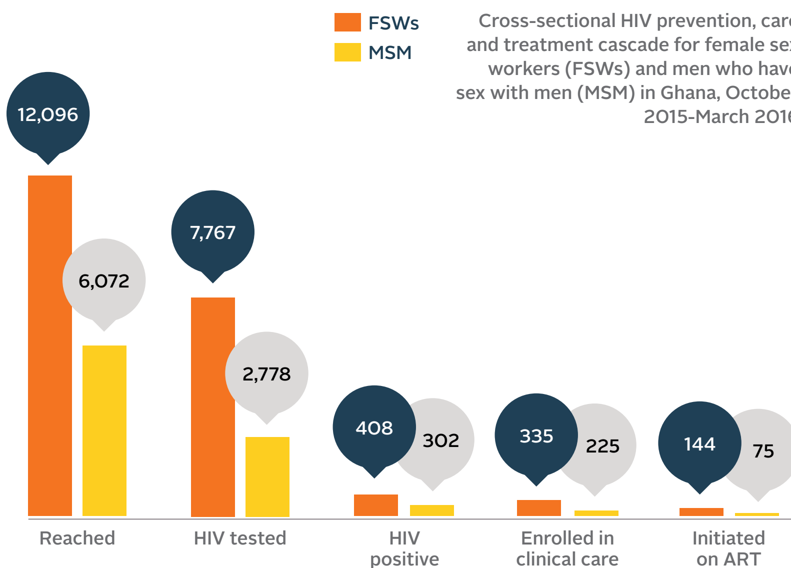
LINKAGES Across the Continuum of HIV Services for Key Populations

an area of Accra with a large community of men who have sex with men, a drop-in center is located within a public health facility and functions as a safe space where key population members can socialize or participate in group discussions, as well as receive HIV testing and counseling or ART.

This "hybrid" drop-in center owes its success in part to the training of the healthcare staff. "People freely want to go there," says Emmanuel, a case manager. "The nurse is very friendly and warm and really understands the issue. They feel comfortable seeing her and talking to her."

Clients may be brought to a health center or drop-in center for an HIV test by a friend, or they may respond to an informational flier. One of the HIV counselors explains that the essential first step is establishing a rapport with the client. They are helped to do that by the training they have received from FHI 360 (and in some cases, previously through the USAID-funded SHARP and SHARPER projects). "We encourage them to come to us so that if they have any health problems we can help them," says one counselor. "They have the right to have treatment, so whether they are MSM or FSW we need to encourage them to do so." Some HIV counselors have also sensitized their colleagues at the health facilities to ensure that clients will be treated without discrimination.

The HIV counselors and peer educators are persistent in trying not only to reach new clients — for example, they encourage people who test HIV positive to bring their sexual partners for testing — but also to ensure that clients remain on ART. If a client misses a scheduled ART appointment, the HIV counselor may call them, or try to contact their case manager or partner (if they have prior permission to do so), to encourage the client to come for an appointment. If a client is reluctant to visit the health facility on a scheduled ART clinic day, for fear of being identified as HIV positive or because of long waits, the counselor may suggest they come on another day. Implementing partners have funds so that an HIV counselor can help a client if transportation costs pose an obstacle to attending a clinic (a common problem); or the counselor may visit the client at home or wherever they want to be met. One HIV counselor says, "We make sure that we have data on them, that they are really on medication, and we follow up if not. Do they not have money? Have they moved or are they traveling?" In short, she says, we support them "in any way possible" to make sure they stay on the treatment and care continuum.



Cross-sectional HIV prevention, care and treatment cascade for female sex workers (FSWs) and men who have sex with men (MSM) in Ghana, October 2015-March 2016

DATA — tracking services and progress

Tracking the services delivered to each client is crucial to the program's success. Each client is assigned a unique identifier code (UIC) by the peer educator or counselor who initially referred the client for HIV testing and counseling. The UIC is a sequence of letters and numbers derived from the client's initials, gender, and year of birth. LINKAGES developed the code in consultation with local implementing partners and key population members. Clients arrive for testing with a UIC already assigned, and the code is entered in their individual clinical care register.

LINKAGES worked with GHS to develop this register, which is used for each key population member living with HIV. The register combines the basic data routinely gathered by clinical staff members for all patients and recorded in their GHS patient folder with additional information, such as the next appointment date, or whether a client has been lost to follow-up. Only HIV counselors have access to the clinical care register for key population members, ensuring the confidentiality of the client.

Initially, the HIV counselors had to be convinced of the importance of using tracking data to see whether clients really were in care, but now they report data from the clinical care register on a monthly basis to implementing partners or to FHI 360. The use of the UIC and the institution of regular reporting means that LINKAGES can track what service each client receives, and when, along the continuum of testing, diagnosis, treatment, and care — while giving key population members confidence that they remain anonymous within the health system. The data also revealed the collective achievements of the LINKAGES program (see chart). Indeed, during a short period of performance, LINKAGES identified 710 FSWs and MSM who were living with HIV (nearly 80% of whom were then enrolled in care at Ghana Health Service's facilities).

LESSONS — awareness and preparation

Emmanuel, the case manager, says that in Jamestown, men who have sex with men are now more widely aware of their own HIV status and where to access services, and they are aware of their right to health services and to be treated without discrimination. Mabel, a peer educator living with HIV, says that the visits and encouragement she received from HIV counselors since her diagnosis have given her confidence to continue her work as a peer educator, and the implementing partner has helped her understand that she does not have to bear all the financial burden of treatment herself. She uses her own experience as an example to encourage other sex workers to get tested.

For FHI 360 and its partners, implementing the LINKAGES program in Ghana has confirmed the importance of preparing the ground through dialogue, and of careful coordination between partners to ensure that services are delivered to key population members exactly as they are to members of the general population. Beyond this, it shows that programming with key populations is possible within a national health system, if the healthcare staff is trained and empowered to reach people where they are, to be flexible and creative, and to "do what it takes" to reach members of key populations and enroll and retain them in life-saving services.

As one HIV counselor says, "They are individuals, unique, with rights, and we must treat them accordingly."

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