Meet Alex

For 17-year-old Alex,* life in the city was fraught with problems. When Odail, a peer navigator with Jamaica AIDS Support for Life (also called JASL), met him, he had been sofa surfing for some four months and was, for all intents and purposes, homeless. He had sought refuge in Kingston, Jamaica after being outed in his home community as a gay man. His support system had dissolved as a result, from losing many long-time friends to suffering a strained relationship with his mother.

However, developing positive relationships had proven difficult in the city, and finding a stable place to live was more elusive than he had imagined. On multiple occasions, he was put out of his hosts’ homes after rejecting their sexual advances; nowhere did he feel safe. His previous problems, he was realizing, had only been replaced by new ones—and getting an HIV test was the last thing on his mind.

Odail, a peer navigator, first encountered Alex through routine and targeted peer networking. Odail shared the services JASL offered and assured Alex that he would be working with him. Alex became very hopeful that things would get better but was still hesitant to receive any services.

“Using counseling approaches [learned through JASL and LINKAGES Jamaica trainings], I was able to provide him with information and motivate him to complete our HIV and syphilis tests.” After learning that he was negative for HIV, together they identified some barriers to his ability to engage in protective behaviors. One of these was his lack of a stable, supportive home environment. In addition, recounts Odail, “While he was non-reactive to HIV, he was reactive to syphilis, so I am happy I was able to reach and refer him to our treatment team.”

In Jamaica, key populations bear the brunt of the HIV epidemic, with men who have sex with men (MSM) experiencing 32 percent of existing HIV infections, a prevalence rate that remains unchanged since 2011. Given the stigma and discrimination this key population already faces, including in some public facilities and often from providers, many of the men are understandably reluctant to come forward for HIV testing in public health facilities. Others are not interested in knowing their status. Situations like that of Alex are also not uncommon, which means that key populations’ efforts to meet basic human needs like food and shelter often come before attending to sexual health. But, although Alex and other peers may have tested negative for HIV, engaging HIV-negative key populations in regular testing is important.

* Pseudonym
Meet the peer navigators

Peer navigators like Odail are instrumental in addressing these challenges. Across Jamaica’s peer navigation programs for both civil society organizations and government facilities, peer navigators play many roles: HIV champions, friends, sounding boards, health educators, facilitators for health care, guides, coaches, advocates, case finders, and community resources. Given their membership or connections in the communities where they work, peer navigators see firsthand the barriers key populations face in accessing prevention, care, and treatment services and can connect them to the appropriate health care staff or services. They are often the first to interact with HIV-positive members of key populations after providing HIV testing, and are therefore indicated to help peers living with HIV maneuver through the treatment process. Sometimes HIV positive themselves, they often serve as role models for adherence to treatment medications by sharing their experiences with others in their community.

JASL, a community-based organization with its own treatment clinics in Kingston and Montego Bay, has been using peer navigators to reach MSM since its inception. Peers, they agree, are well positioned to provide this key population with the full spectrum of services related to HIV — from targeted HIV prevention education, to provision of commodities, to conducting HIV testing, as well as accompanying those who test positive as they access care and treatment services at JASL.

In 2015, JASL’s multidisciplinary care team, including its peer navigators, reached close to 3000 men who have sex with men with HIV prevention education, over 40 percent of whom were tested and received their results—but JASL wanted to increase these numbers. They knew there must be ways to expand their peer outreach approaches at hot spots, in homes, and at site interventions, as well as by expanding their peer networking models.

A fruitful partnership

That is where the partnership between JASL and LINKAGES Jamaica came in. One of the aims of LINKAGES Jamaica — part of the USAID- and PEPFAR-funded Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV project — is to encourage the standardization of peer navigation among JASL peer navigators and across Jamaica’s public health facilities more generally. First, the LINKAGES team conducted an assessment to understand the key challenges being faced among key populations, especially MSM and sex workers living with HIV, as well as among the health care staff. They then developed a training manual whose modules cover key skills and techniques, such as peer network mapping, adherence mentorship, and coaching.

Since April 2016, LINKAGES Jamaica has facilitated trainings of over 100 peer navigators, which has included peers from JASL, civil society organizations, and Jamaica’s four Regional Health Authorities — that is, most of the island’s new and experienced peer navigators.
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Since then, not only do the peer navigators have more skills to draw on, but the numbers of MSM being reached with HIV-related education and testing for HIV are rising. In 2016, the number of MSM reached and tested by JASL and its peer navigators increased by about 50 percent from the previous year.

Hanna, a targeted intervention officer with JASL, shares how LINKAGES’ trainings of peer navigators will help increase results: “We have expanded our idea of peer network mapping on top of what we were already doing at JASL. Our LINKAGES trainings in 2016 are a good complement to this. We expect to see even more growth in our ability to identify key populations and help them know their status.”

Expanding the model

The impact of the LINKAGES peer navigator training is evident not only at JASL, but also in the peer navigation program of the government’s regional public health services. Patricia Russell, a senior regional behavior change communication officer in the North East Regional Health Authority described the impact of the LINKAGES program on peer navigation at the national level of public health services: “LINKAGES ironed out for us what we conceptualized as peer navigation. My navigators in the North East Regional Health Authority have a better appreciation for the treatment process and their role in the treatment component of the cascade. They are strong on prevention as community peer educators, but peer navigation requires more. They didn’t have the exposure to treatment and medication and now, I believe they can appreciate why clients may not adhere and have been given strategies for how to retain them in care.”

LINKAGES Jamaica’s support of peer navigation to JASL and to Jamaica has been characterized by high attendance at consultations for HIV testing and treatment across the island. In addition, their assistance has enabled the government to roll out the peer navigation model across all 14 parishes. For their part, JASL’s navigators are now better able to find new key population individuals like Alex and reach them and their peers with education, testing, and treatment services, enhancing the work they had already been doing.

As the LINKAGES Jamaica project carries on, the team will continue to monitor and track peer navigation, with plans to fully evaluate the success of the peer navigation model in JASL’s community-based treatment site and potentially further scale up this model in facilities across the island.