

NOVEMBER 2018

# SUCCESS STORY

Vanguard for the Health Needs of Key Populations in Trinidad

***“We need to develop service delivery models that can support those most affected. The LINKAGES navigators have brought a unique quality to our national response in-country.”***



*A photo shoot for a website to conduct online outreach to reach key populations  
Photo Credit: LINKAGES Trinidad*

In 2016, the USAID- and PEPFAR-funded Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Trinidad project began engaging with members of key populations (KPs) to encourage them to get tested for HIV, enroll in care and treatment if found to be living with HIV, and stay on antiretroviral therapy (ART) in order to achieve viral suppression (i.e., when the HIV virus is no longer detectable in the blood, and hence, no longer transmissible to others). KPs in Trinidad include female sex workers (FSWs), men who have sex with men (MSM), and transgender (trans) people. Risk factors for HIV among all of these groups are high rates of unprotected sex and drug use, sex work, and experiences of violence.

## **Peer Navigation in LINKAGES Trinidad**

LINKAGES reaches and supports members of KPs living with HIV in Trinidad via its outreach and navigation team, currently comprised of seven peer health navigators, three peer educators, and one social mobilizer. Health navigators form an essential part of the team. According to the LINKAGES Peer Navigation Guide, peer navigators ideally “work full time as part of a case management team to assist HIV-positive service beneficiaries 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.”

Challenges to KPs' use of HIV services in Trinidad include stigma and discrimination; inconvenient opening hours; a lack of sensitivity among health care workers to the needs of KPs; and intake, assessment, and surveillance forms that do not provide for gender-non-conforming categories relevant for MSM and trans people. In addition, since the community-based HIV testing and counseling formerly provided to LINKAGES by a nongovernmental organization ceased in January 2017, the project has had to rely on the public health system to provide HIV testing and identify

new cases of HIV; yet, most health care workers in the public health system have either limited training in and experience with serving KPs, or none at all. This can translate into KP individuals experiencing discrimination and consequently refusing or being reluctant to return to the public health site.

In the LINKAGES approach, the peer health navigators accompany each KP member reached “from testing to viral suppression,” if found HIV positive. In this way, peer health navigators operate as a vanguard on behalf of the KPs in Trinidad. For the period October 2016–September 2018, approximately 753 members of KPs were tested for HIV and screened for other sexually transmitted infections. One-third of these persons would not have been able to overcome the challenges described above without the assistance of the peer health navigators.

### Peer Health Navigators at Work

Makini Tyson has worked with LINKAGES in high-crime areas of east Port of Spain, Trinidad since August 2017. When Makini was first invited to train with LINKAGES to become a peer health navigator in the area of HIV, she knew very little about what she would be asked to do. During the training, she was pleased to learn that she would be working with the populations with whom she already socialized and worked. This was an appealing idea, she says, but “when I got to the depth of what was left to be done, I was sold [on becoming a peer health navigator].”

Makini is a natural in this role, which she describes as an auspicious one. Her approach is to build on trust she has already established by using “gatekeepers who I am familiar with the majority of the time, because trust is very hard to gain, especially with the downlow MSM and FSWs. Selected persons share with me the intricate depth of their lives. Engaging someone is my main strength. In the initial contact upon introduction, I tend to create a relaxed atmosphere so that they don't feel overwhelmed, and a certain amount of trust sets in.”

The experience of Kevin,\* a gay man, and Kwasi Gill, the peer navigator who has accompanied him, speaks to the success of the peer navigation approach in helping individuals who might otherwise remain unidentified as living with HIV and, consequently, get left untreated.

Kevin reached out to Kwasi after hearing about the work he was doing as a peer health navigator with other gay men in the community. Once they discussed Kevin's sexual history and went through the risk assessment, they set a date to meet for him to get tested for HIV in late October 2017. He tested positive and, in Kwasi's words, “This was where the real work began. After some time of sharing more information about the virus and what it was, and the difference between HIV and AIDS, he started taking medication, namely Atripla. During the past year of navigating him through the systems of the medical research facility, the doctor, in the presence of him and me, reported that he had become virally suppressed, which meant that the virus was undetectable in him. This happened in the month of June 2018.” He adds, “I can also report that so far, he is still on medication and continues to be undetectable.”

Dr. Ayanna Sebro, the technical manager of the National AIDS Coordinating Committee in Trinidad, finds the LINKAGES peer health navigators to be instrumental in the nation's ability to reach its HIV goals. “The civil society outreach allows for the community to provide a link directly to services, as only members of the community can [help us to] reach the [UNAIDS] 90-90-90 targets. We need to develop service delivery models that can support those most affected. The LINKAGES navigators have brought a unique quality to our national response in-country.”

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This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.