

# EPIC GUYANA

## Summary of Achievements

*October 2019–June 2020*

The Meeting Targets and Maintaining Epidemic Control (EpiC) project was implemented in Guyana in collaboration with two local civil society organizations (CSOs): Artistes in Direct Support (AIDS) and Guyana Trans United (GTU) with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The project, focused on Region 4, worked to reach men who have sex with men (MSM), female sex workers (FSWs), transgender individuals, and their partners with a comprehensive package of HIV prevention, care, and treatment services. A range of strategies was introduced to improve program performance and meet the differentiated needs of key population members including the Enhanced Peer Outreach Approach, index testing, and use of online platforms for outreach and case management. In addition, gender-based violence prevention and response services were integrated into the project's core package delivered by local CSO partners. This brief summarizes the achievements of EpiC Guyana.

## BACKGROUND

Between 2001 and 2014, HIV prevalence in Guyana declined from 2.4% to 1.4% in the general population. However, key populations (KPs) remain disproportionately affected by the epidemic. UNAIDS estimates that the HIV prevalence is 6.1% among sex workers, 4.9% among men who have sex with men (MSM), and 8.4% among transgender individuals in Guyana.<sup>1</sup>

The Meeting Targets and Maintaining Epidemic Control (EpiC) project was implemented in Guyana from October 2019 to June 2020. Project activities were confined to Region 4, the most densely populated of the 10 administrative regions and the area most affected by the epidemic, accounting for 75.4% of all new HIV infections. The project was led by FHI 360 in collaboration with two local civil society organizations (CSOs): Artistes in Direct Support (AIDS) and Guyana Trans United (GTU). Over the nine months, FHI 360 and its partners worked to reach MSM, female sex workers (FSWs), transgender individuals, and their partners with a comprehensive package of HIV prevention, care, and treatment services.

## Highlights

- Tested a total of 2,685 individuals for HIV, which included 895 FSWs, 825 MSM, and 41 transgender people
- Newly diagnosed 27 individuals with HIV, 93% of whom were key population members (12 FSWs, 14 MSM, and one transgender individual)
- Successfully introduced index testing, achieving a case-finding rate of 21.7% among contacts tested
- Reached new networks of key population members with HIV testing services for the first time through the [Enhanced Peer Outreach Approach \(EPOA\)](#)
- Trained 36 health care workers and auxiliary staff from four high-burden health facilities in provision of quality HIV services free from stigma and discrimination
- Modernized HIV services for key populations in Guyana with the introduction of virtual outreach, QuickRes, and other online service delivery strategies

## KEY PROGRAMMATIC ELEMENTS

The EpiC Guyana project delivered a comprehensive package of services for KPs across the HIV cascade of services, including prevention interventions, HIV testing, linkages to and retention in care, psychosocial support, and efforts to address human rights barriers within health settings.

This combination approach formed the backbone of program efforts to deliver high-impact interventions through its partner organizations, led and supported by KP members. Innovative, evidence-based, and cost-effective solutions were tailored to meet the needs of populations at risk of HIV in Region 4. The core package of services designed for FSWs, MSM, and transgender people and implemented through EpiC Guyana included:

- Robust community mobilization, condom promotion and distribution
- Peer-led education and risk reduction planning
- Assessments to determine HIV risk profiles (low, medium, high) and differentiate services for more targeted HIV testing and other interventions
- Targeted mobile HIV testing and counseling at community events, in hard-to-reach areas, and at hot spots
- Facility-based testing by two partner organizations
- Implementation of innovative case finding strategies, including online outreach and referral for testing services; the Enhanced Peer Outreach Approach (EPOA); and index testing
- Community-led support for linking HIV-positive persons to treatment (peer navigation)
- Violence screening and referral to medical, protection, and legal services
- Community-based support groups
- Training in stigma and discrimination reduction for individuals in health facilities



## SERVICE DELIVERY IMPACT

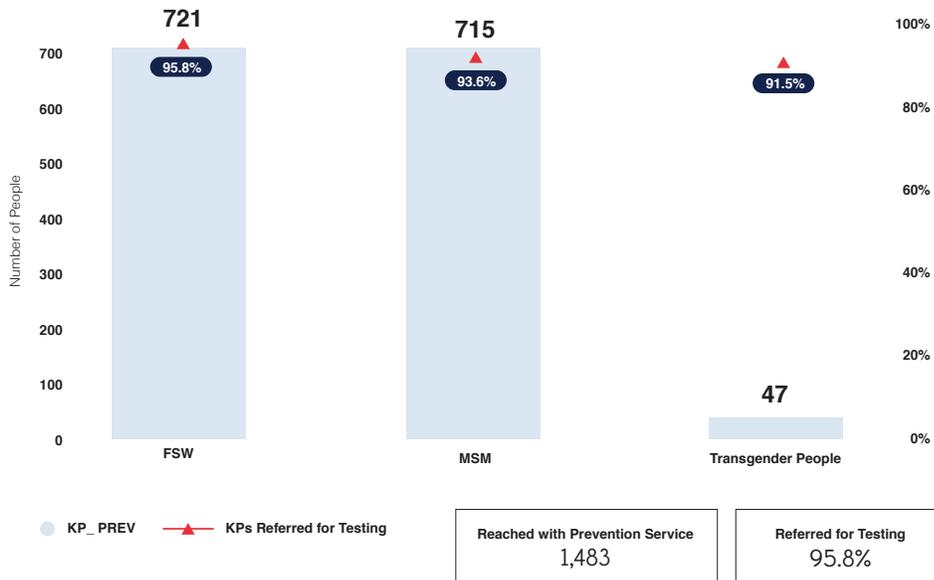
Over the nine months, EpiC reached 1,483 individuals from KP communities (721 FSWs, 715 MSM, and 47 transgender people) with prevention services, including the provision of HIV education, risk assessment, condoms and lubricants, and referrals for HIV testing and other services (Figure 1). Of those reached with prevention services, more than 90% were eligible and referred for HIV testing (95.8% FSWs, 93.6% MSM, and 91.5% transgender people). Some (4.6%) declined (27 FSWs, 40 MSM, and one transgender individual), and 0.8% were known positives (three FSWs, six MSM, and three transgender people). Those who declined testing were provided with information on the benefits of testing, risk reduction counseling, and a directory of testing sites in case they decided to be tested later.

A total of 1,761 KP individuals (895 FSWs, 825 MSM, 41 transgender people) were tested for HIV with an overall case detection rate of 1.5% and a population specific rate of 1.3% for FSWs, 1.7% for MSM, and 2.4% for transgender people (Figure 2).

EpiC’s partners implemented innovative case-finding strategies to target and successfully reach KP individuals who were not being served through traditional programming. However, case-detection rates decreased over the life of the project, due in large part to the COVID-19 pandemic. In March 2020, the

pandemic significantly altered the project dynamics. Quarantine, social distancing, and community containment measures implemented in Guyana to control the spread of COVID-19 reduced access to KP hot spots and routine HIV testing, which in turn challenged the overall achievement of project goals.

**Figure 1.** KPs reached with prevention services FY20



**Figure 2.** HIV case finding by KP group FY20



## TECHNICAL HIGHLIGHTS

The EpiC Guyana team adopted a range of strategies to improve program performance and meet the differentiated needs of KP members in the country.

### Innovations in HIV Case Finding

#### Enhanced Peer Outreach Approach (EPOA)

In January 2020, EpiC Guyana introduced EPOA through a campaign called PASS ON. EPOA is an incentivized, peer-led, coupon-based referral network strategy used to identify members of hard-to-reach populations who are not met by traditional HIV service approaches. The aim of the PASS ON campaign was to reach new KP members, promote uptake of HIV testing services, and support linkage to care for those living with HIV.

The campaign focused on Region 4 and used peer educators and community advocates as peer mobilizers (PMs), also called “seeds.” PMs, in turn, reached out to their social and sexual networks and encouraged them to get tested for HIV and seek other services. PMs went through an introductory session with CSO partners to explore which networks would more likely result in higher HIV case finding.

In two months of implementation, the program reached individuals who had never been reached with HIV services. Six PMs were identified, each receiving three coupons; they referred eight people who accessed HIV testing. All tested HIV negative, but none had previously been tested. The results were small but demonstrated the benefits of engaging community advocates to identify KP members who are at risk for HIV and have not been met with services.

#### Index testing

The EpiC project in Guyana also scaled up index testing to improve HIV case finding by inviting KP individuals living with HIV to refer their sexual partners and biological children for HIV testing.

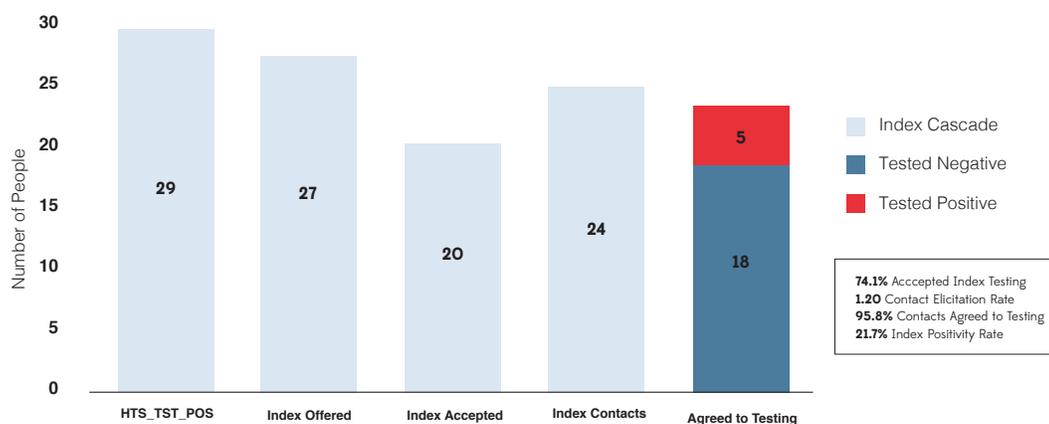
Index testing was initiated at the beginning of November 2019. However, from late December to March index testing was suspended due to a moratorium issued by PEPFAR. After resuming the approach, 28 individuals were offered index testing services; eight refused and 24 contacts were elicited, 12.5% of whom were biological contacts. All but one of the contacts elicited were tested for HIV. Five were newly diagnosed with HIV—a case-finding rate of 21.7%—and all were linked to treatment (Figure 3).

The majority of individuals agreeing to use index services were previously known to the providers who offered it, suggesting that an established relationship and trust between clients and providers is an important aspect of this approach.

### Gender-Based Violence

In Guyana, experiences of gender-based violence (GBV) are common among KP community members. A 2014 survey found that one-quarter to one-third of sex workers had experienced rape (25.2% male, 25.1% female, and 31.1% transgender individuals).<sup>2</sup> A combination of entrenched gender norms, laws that criminalize sex work and same-sex relationships, and HIV-related stigma drive the perpetration of violence against KP members and hinder access to HIV prevention, treatment, and support services.

**Figure 3.** Index testing cascade all populations FY20



Recognizing the intersecting risks of GBV and HIV among KP communities in Guyana, EpiC integrated violence prevention and response services into the project's core package delivered by local CSO partners. The activities included screening for violence and

making referrals at HIV intervention points, connecting survivors to a comprehensive network of services for recovery, building a network and linkages among primary providers and community-based services, and conducting active follow-up with survivors.

### Gender-Based Violence Screening among Key Populations under EpiC Guyana

**132** Persons screened for gender-based violence (GBV)

**15%** Of all individuals experienced some form of violence

**56%** FSWs

**15.5%** FSWs experienced some form of violence in last 12 months

**36%** MSM

**10.4%** MSM experienced some form of violence in last 12 months

**8%** Transgender women

**20%** Transgender individuals experienced some form of violence in last 12 months

### A First: Going Online

In March 2020, EpiC Guyana began expanding its reach through Going Online approaches. The goal was to leverage social media platforms such as Facebook, WhatsApp, and Instagram to engage KP individuals who are not readily reached by traditional face-to-face HIV outreach and services.

The project designed and launched an online survey to better understand the HIV risks and service preferences of KP individuals who could be reached online including through ads on Facebook and Grindr and through online outreach workers from implementing partners. A total of 301 responses were collected during a two-week period; the information was used to guide project implementation.

A team of eight peer educators was trained to conduct virtual outreach, which included posting educational messages and information about HIV services on social media and dating apps that may reach at-risk men and women. For interested clients, they then completed HIV risk assessments, provided prevention information, offered HIV testing, facilitated appointment bookings, and provided supportive follow-up. The EpiC team also engaged social influencers—select individuals with a large social media following—to promote the local CSO partners' services and social media advertisements directed toward at-risk individuals online.

EpiC-supported CSOs became partners of [QuickRes](#), a multicountry online platform that facilitates risk assessments, clinic appointment management and reporting, and case management for HIV-related care. The platform can be accessed from any smartphone, tablet, or laptop, enabling remote support to current and prospective clients during and after the COVID-19 pandemic. A series of webinars was delivered to local partners to demonstrate QuickRes, which they now use for routine follow-up and case management.

Two cohorts of online outreach workers benefited from a south-to-south exchange with EQUALS, an EpiC local implementing partner based in Barbados. EQUALS shared lessons and good practices for Going Online, having used this approach to reach new clients for almost three years. Through this experience, Guyana's CSOs received useful engagement techniques and guidance on interacting with clients while observing ethical practices. EQUALS also shared how they have used online promotional content to stimulate discussions and demand for HIV services. At the end of this exchange, CSOs prepared a brief action plan for how they will adapt some lessons into their online programs, which will continue even after the EpiC project ends.

## Navigating the challenges of the COVID-19 pandemic

The emergence of COVID-19 at the beginning of March 2020 had a significant impact on the EpiC Guyana project. The public health threat and the unpredictable nature of the outbreak resulted in the national government instituting measures that restricted movement and gathering of persons. As a result, prevention outreach was curtailed, KPs' movement was restricted, hot spots were closed, and social gatherings prohibited.

In response to these disruptions, EpiC's partner CSOs supported their frontline providers to work remotely, developed new social media platforms to disseminate HIV program messages including those related to COVID-19, used their peer educators and community advocates to support and establish community distribution points for condoms and lubricants, and promoted different options for testing such as appointments at CSOs and home-based testing by HIV counselors. Nevertheless, the project observed a steady drop in service uptake as the pandemic unfolded. For example, in Q1, 1,366 individuals were tested for HIV; in Q2, 850; and, in Q3, only 469 were tested.

## FUTURE DIRECTIONS

Over the short life of this project, EpiC Guyana has supported the Ministry of Public Health to advance toward the UNAIDS 95-95-95 targets. The project introduced and scaled up innovations to improve KP individuals' access to high-quality HIV services, including approaches designed to reach "hidden" individuals and their partners, and transferred unique skills to civil society partners.

The project demonstrated that approaches such as peer-led support, index testing, differentiated prevention services, EPOA, and virtual outreach are effective for engaging previously unreached KP members with HIV services. Given the concentration of HIV among KPs in Region 4 of Guyana and the mobile nature of KP communities, more work remains to achieve epidemic control. The approaches and lessons learned from EpiC will inform the national HIV response going forward and serve as a catalyst for modernizing the country's HIV program.

The Meeting Targets and Maintaining Epidemic Control (EpiC) project is a global cooperative agreement funded by PEPFAR and USAID. Led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group, EpiC provides strategic technical assistance and direct service delivery in 40 countries to achieve HIV epidemic control and promote self-reliant management of national HIV programs.

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