

LINKAGES DRC

Summary of Achievements

October 2015 – September 2020

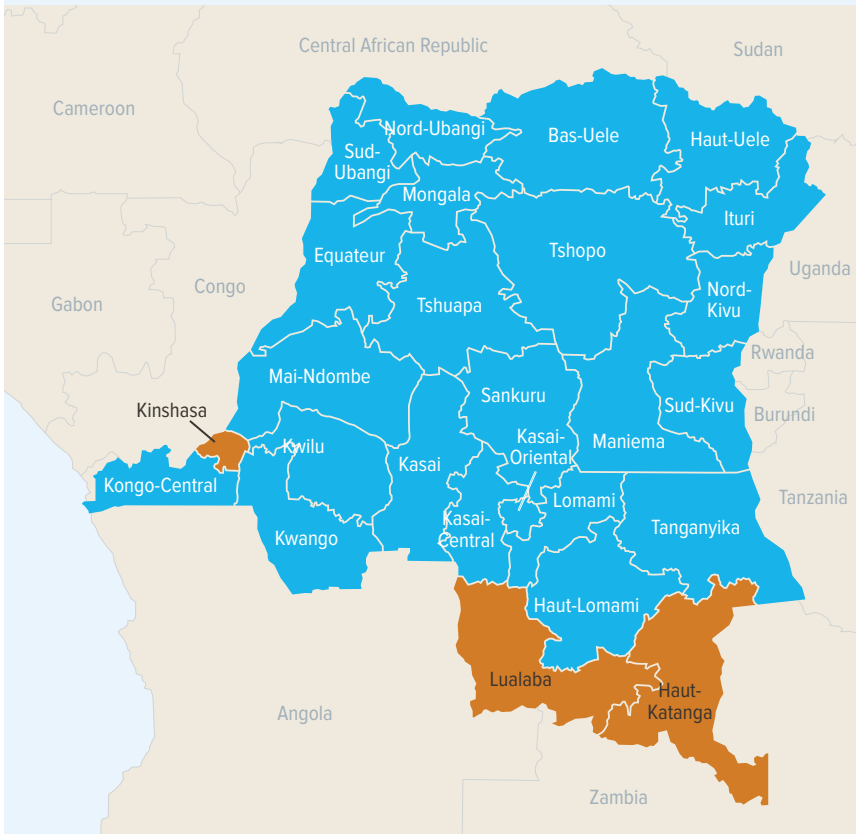
The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Democratic Republic of the Congo (DRC) in partnership with key population (KP)-led community-based organizations (CBOs), government stakeholders, and public sector health facilities, with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Between October 2015 and September 2020, LINKAGES DRC implemented a robust and innovative portfolio of activities designed to improve outcomes and measure progress along the entire cascade of HIV services for men who have sex with men (MSM), female sex workers (FSWs), and clients of sex workers. The FHI 360-led LINKAGES DRC team successfully demonstrated that approaches such as peer education and navigation, enhanced peer outreach, index testing, HIV self-testing, and community-based PrEP and treatment services all help to engage and serve previously unreached KP members and link them to high-quality HIV services. Over the life of the project, LINKAGES DRC was dedicated to sustainability, contributing to policies and guidelines that favor KPs and helping establish two new KP-led CBOs. This brief summarizes the achievements of the LINKAGES project in DRC.

BACKGROUND

In DRC in 2019, 54% of people living with HIV (PLHIV) knew their status, and 53% of them were on antiretroviral therapy (ART).¹ The number of new infections in the country has declined by 36% since 2010, and the percent change in people who died from AIDS-related illnesses decreased by 61% over the same period. While the country is making progress, a large disparity exists between the HIV prevalence rates of adults in the general population (0.8%) and those of sex workers (7.5%) and MSM (7.1%).² From October 2015 to September 2020, the LINKAGES project implemented programming in DRC to reach three key groups—FSWs, MSM, and clients of FSWs—with a comprehensive package of HIV prevention, care, and treatment services. The project partnered with the DRC Programme National de lutte contre le SIDA (PNLS), four local implementing partners (Projet Santé Sans Prix [PSSP], Bread and Knowledge in Congo [BAK Congo], FARADJA, and LAMUKA), and public sector health facilities supported by USAID's clinical partners in the country to provide services in 15 health zones in three provinces (Kinshasa, Haut Katanga, and Lualaba) (Figure 1).

Highlights

- Secured approval from the government to introduce community-based ART initiation and refills at KP-friendly community ART distribution points, thereby expanding access to treatment for KPs
- Led the introduction of PrEP for KPs in DRC, enrolling more than 1,000 individuals on PrEP in FY20 and exceeding the annual target
- Successfully introduced differentiated HIV testing modalities including index testing, HIV self-testing, and the enhanced peer outreach approach (EPOA). Index testing and HIV self-testing produced case-finding rates of 41% and 36%, respectively, over the life of project
- Newly diagnosed 7,868 people living with HIV
- As part of local partner capacity development efforts, helped establish two KP-led organizations—one for FSWs and one for MSM

Figure 1. LINKAGES DRC geographical coverage

KEY PROGRAMMATIC ELEMENTS

LINKAGES implemented a comprehensive package of services designed to (1) accelerate case finding through index testing, HIV self-testing, EPOA, and use of online and mobile platforms; (2) improve links to treatment through peer navigation and community-based ART initiation; and (3) measure progress across the entire cascade. The project's four community-based organization (CBO) partners conducted peer education, peer navigation, and other community-based outreach, testing, and treatment initiation services, and they collaborated with 31 health facilities for the delivery of clinical services.

The program also established four drop-in centers for KPs and one service delivery point for FSW clients that provided PrEP, HIV testing, psychosocial support, STI screening and treatment, family planning, ART initiation and refills, tuberculosis (TB) screening, and viral load sample collection. HIV prevention commodities such as condoms and lubricant were available at the DICs and KP engagement and empowerment activities also took place at the DICs. Key elements included:

1. ENGAGEMENT OF KEY POPULATIONS IN POPULATION SIZE ESTIMATION, MAPPING, AND PROGRAM PLANNING

- Local-level population size estimation and mapping
- Hot-spot-level population size estimation and mapping
- Selection and identification of peer educators
- Training of implementing partner (IP) staff and peer educators
- Microplanning

2. KEY POPULATION EMPOWERMENT AND ENGAGEMENT IN PROGRAMS

- Staffing of programs and teams by KP members
- Establishment and management of drop-in centers
- Capacity development and organizational strengthening for KP groups
- Organization of KP group savings and loan associations (GSLAs)
- Fostering oversight of clinical services and other services by the KP community

3. STRUCTURAL INTERVENTIONS

- Training IP staff and community workers (peer educators and peer navigators) on violence prevention and response
- Training health care providers on stigma reduction and clinical competency
- Strategies for reducing stigma in health care settings
- Implementation of community-based violence response mechanism

4. PEER OUTREACH AND SUPPORT

- Peer outreach and education including through the EPOA
- Condom and lubricant promotion and distribution
- Peer navigation to promote treatment adherence, retention in care, and viral load testing among KP members living with HIV
- Online reservation app introduced to reach KP members through virtual platforms and connect them to HIV services

5. CLINICAL SERVICES

- Pre-exposure prophylaxis (PrEP)
- HIV testing and counseling, including index testing and HIV self-testing (HIVST)
- Community-based HIV treatment initiation and HIV treatment
- Community-based viral load testing
- Enhanced retention and adherence counseling for viral suppression
- Screening and treatment of sexually transmitted infections (STIs)
- Prevention, screening, and management of common infections and coinfections
- Family planning services
- Post-exposure prophylaxis (PEP)

SERVICE DELIVERY IMPACT

Over the life of the project, LINKAGES DRC contributed to the national HIV response by testing 113,022 individuals, including 70,952 FSWs, 21,291 MSM, and 20,779 FSW clients. Of those, 7,868 were newly diagnosed with HIV, an overall case-finding rate of 7 percent. A total of 6,718 (85%) of those diagnosed were initiated on ART (Table 1).

Case finding among FSWs (Figure 2) and MSM (Figure 3) improved steadily over the course of the project due to the introduction of a variety of testing modalities, in particular, EPOA, community-based testing, HIVST, and index testing. The introduction of peer navigation helped improve and, ultimately, sustain a high ART initiation rate among both FSWs (Figure 4) and MSM (Figure 5).

Table 1. Cumulative case-finding cascade over life of project (key indicators) in DRC

Key indicators	KP_PREV	HTS_TST	HTS_TST_POS	TX_new verify
FSWs	76,696	70,952	5,501	4,670
MSM	22,985	21,291	1,029	844
FSW clients	23,088	20,779	1,338	1,204
Total	122,769	113,022	7,868	6,718

About half of clients eligible for viral load testing over the life of project were tested. Of those who received their results, 92% were virally suppressed (Figure 6).

Figure 2. Life-of-project trends in uptake of testing and HIV case finding among FSWs in DRC

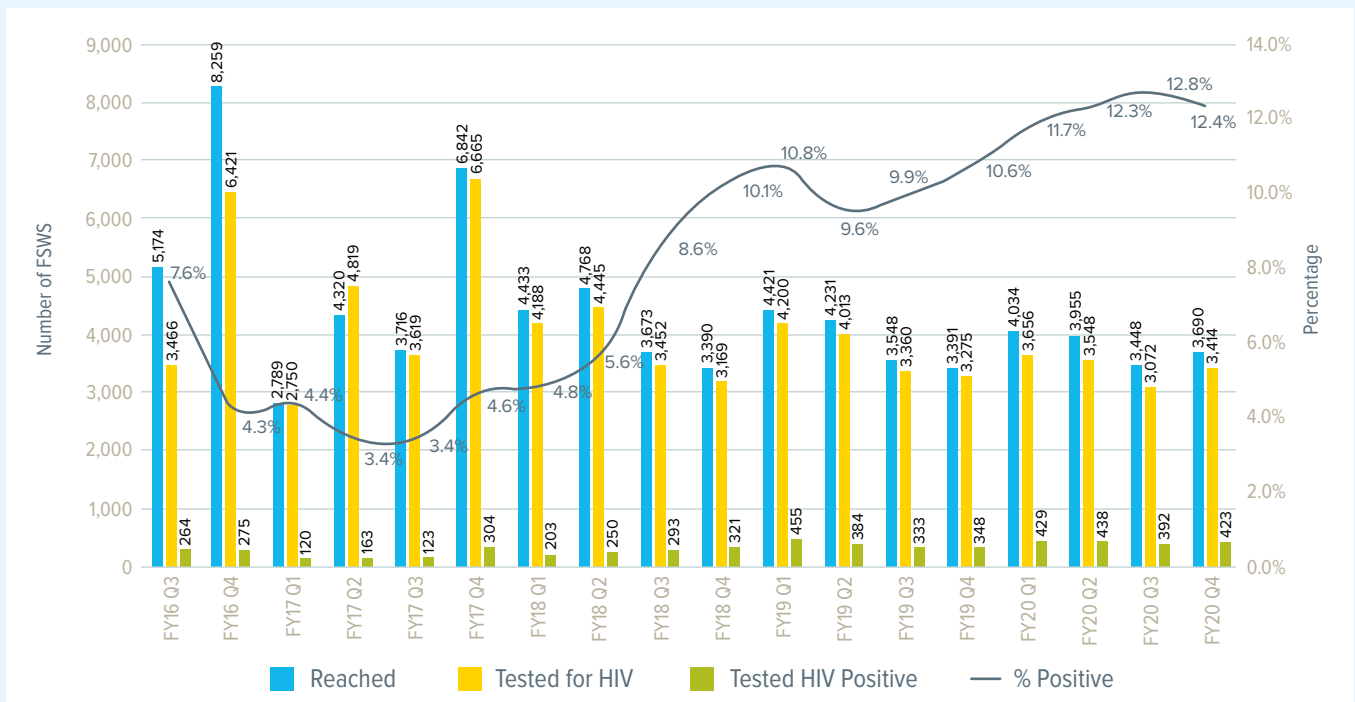


Figure 3. Life-of-project trends in uptake of testing and HIV case finding among MSM in DRC

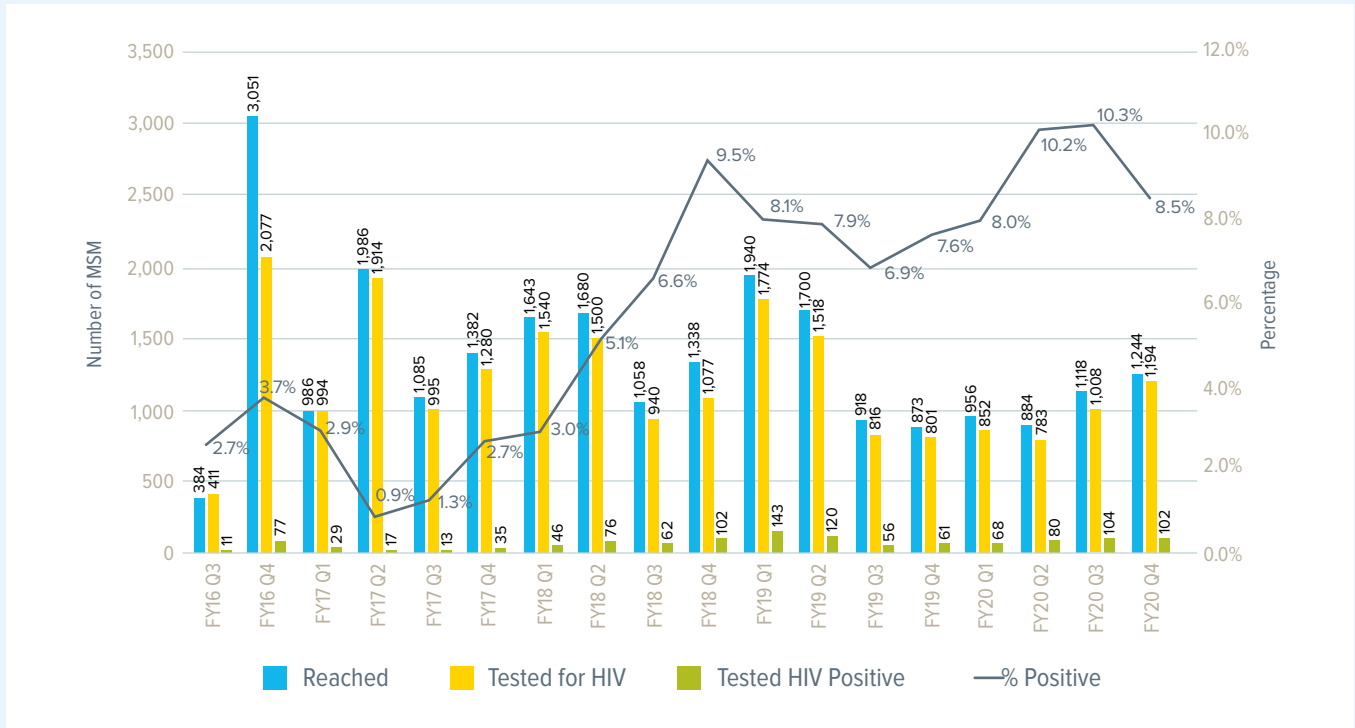


Figure 4. Life-of-project trends in case finding and ART initiation among FSWs in DRC

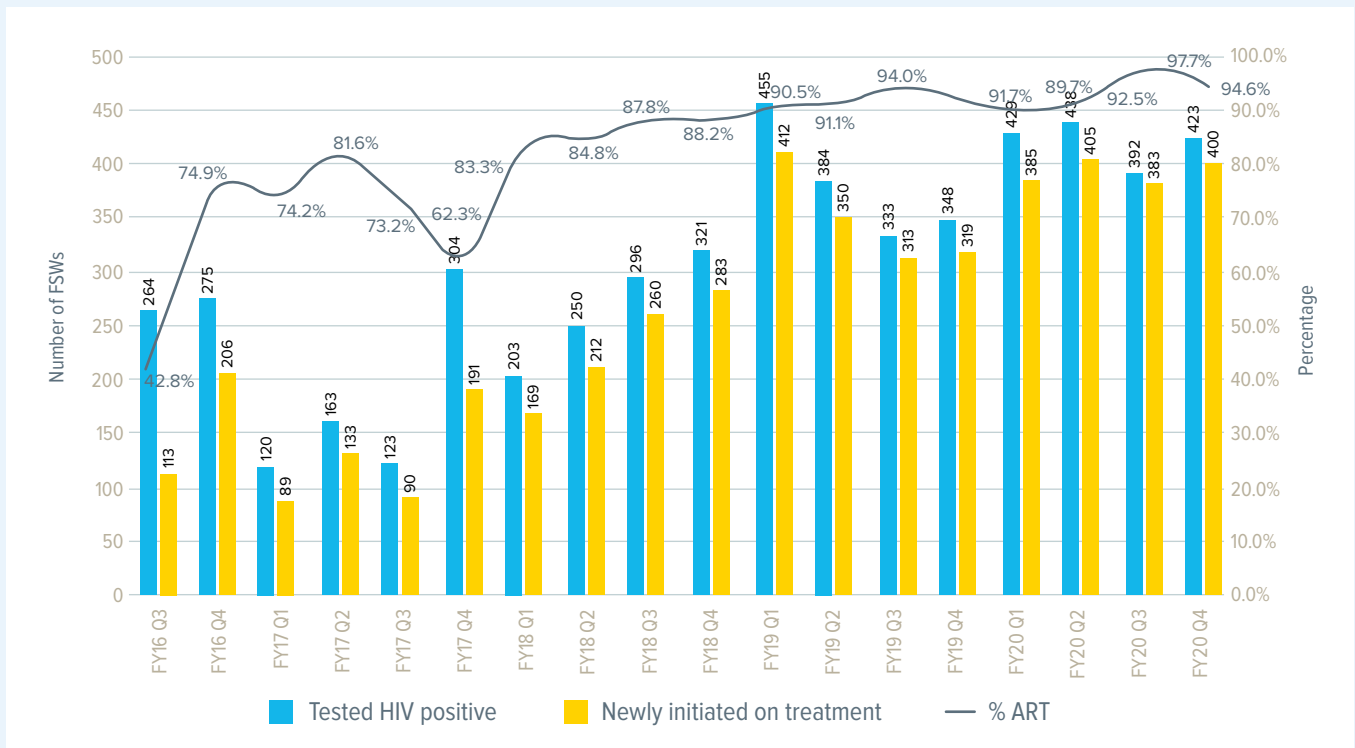
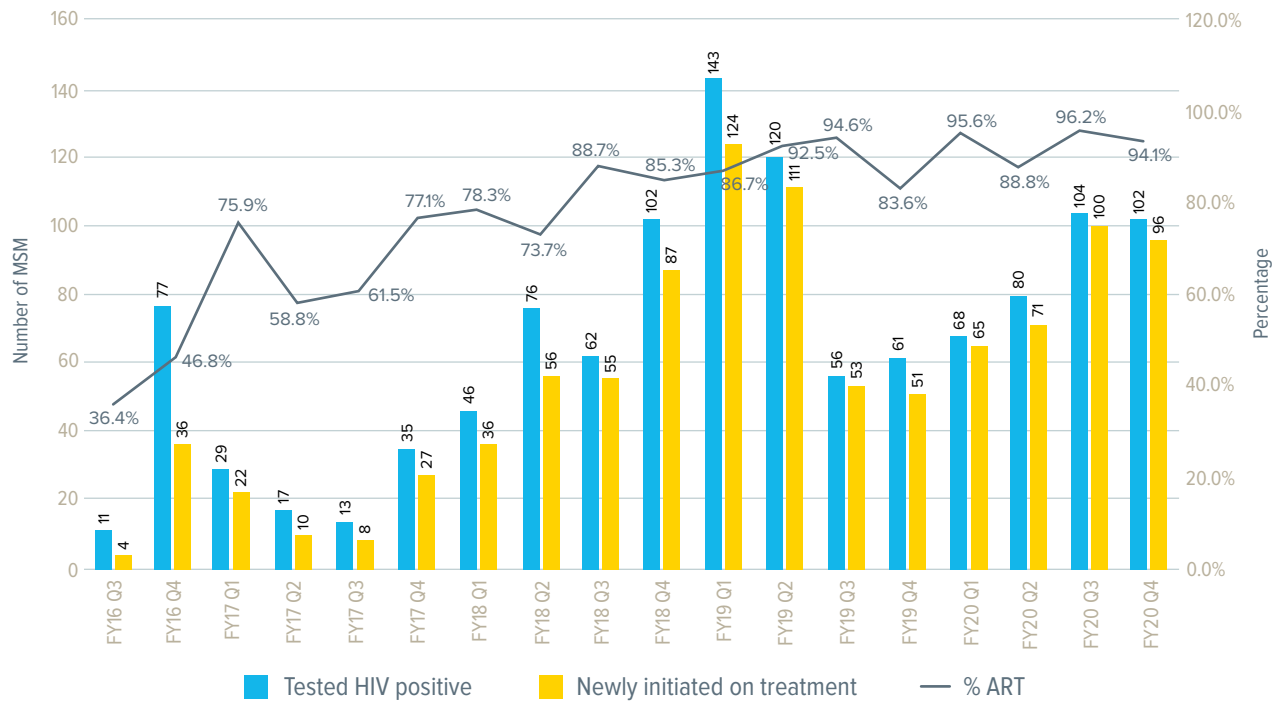
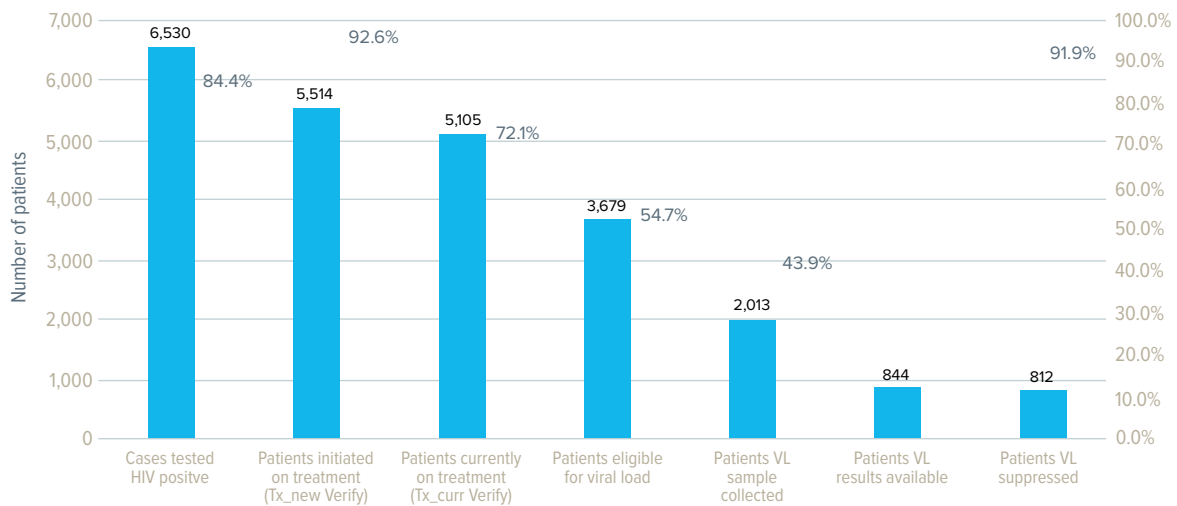


Figure 5. Life-of-project trends in case finding and ART initiation among MSM in DRC**Figure 6.** Viral load cascade among MSM, FSWs, and FSW clients in DRC

TECHNICAL HIGHLIGHTS

EXPANDING TARGETED CASE-FINDING STRATEGIES

The DRC program introduced a set of interventions throughout the project to improve case finding. Initially, testing was done primarily through mobile outreach, but the project later introduced more targeted case-finding approaches, including EPOA, HIVST, index testing, and risk network referral (RNR). The case finding from these interventions proved to greatly increase case finding and in the last year of the project, almost half of all case finding came from these testing modalities despite being a smaller volume (27%) of all testing. Case finding from index testing and self-testing was 34% and 25%, respectively, compared to just 10% case finding from mobile outreach testing (Figure 7).

COMMUNITY-BASED ART SERVICES

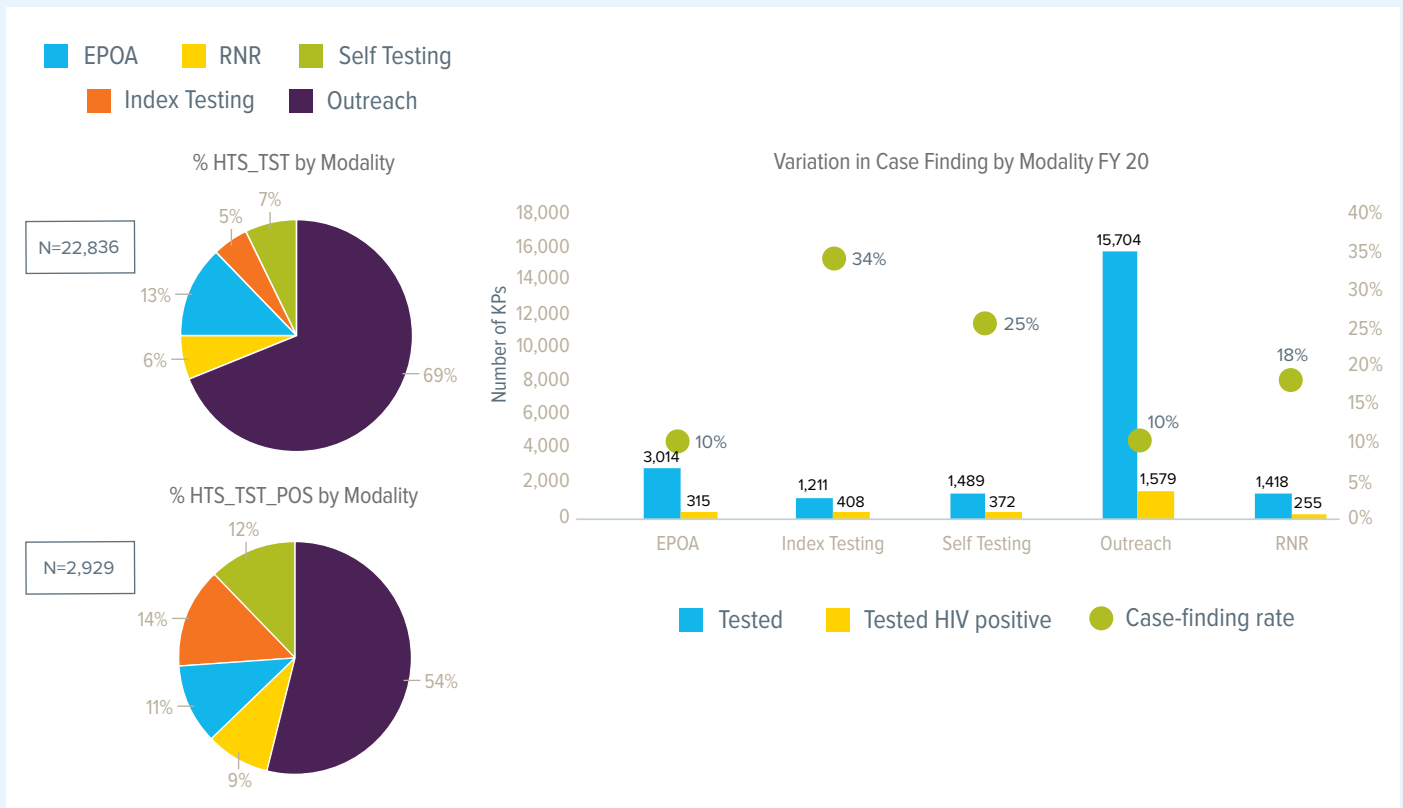
LINKAGES DRC began providing community-based ART refills and initiation in May and July 2017, respectively, by attaching community ART distribution points (known as PODIs - points distributions in French) at KP-friendly drop-in centers (DICs) and at service delivery points

targeting clients of FSWs. While PODIs for the general population existed in DRC prior to LINKAGES, the project worked closely with the DRC PNLs to introduce the KP- and FSW-client-focused models. Four PODIs, including two in Kinshasa province and two in Haut-Katanga province, offered ART to KPLHIV and initiated newly diagnosed KP members on ART. The DICs and service delivery points with the PODIs offered a range of services including PrEP, provision of condoms



Health provider counsels KP member at the drop-in center

Figure 7. Optimizing case finding among all populations: positivity rate by testing modality and volume, in DRC, FY20



and lubricant, HIV testing, psychosocial support, STI screening and treatment, family planning, ART initiation, ART refills, TB screening, and viral load sample collection. During the LINKAGES implementation period, a total of 368 individuals (224 FSWs, 69 MSM, and 75 FSW clients) were initiated on ART at the PODIs.

PREP

In October 2019 (FY20), LINKAGES DRC began supporting implementation of PrEP services for KPs. The project trained community workers on PrEP service delivery and exceeded the annual FY20 target for newly enrolled PrEP clients (910), initiating 1,029 individuals on PrEP (205 MSM, 772 FSWs, and 52 FSW clients) (Figure 8). Community workers generated demand for PrEP and conducted PrEP screening and referral to DICs and other



Peer educators, peer navigators, and health care staff at PrEP training in Lubumbashi

health facilities. At the end of September 2020, 80% of PrEP clients (819) had continued taking PrEP.

HIV SELF-TESTING

HIVST was introduced to improve testing uptake among KPs, especially those who had been difficult to reach through traditional outreach methods and provider-initiated testing. Assisted self-testing was introduced in October 2018 (FY19) for FSWs, MSM, and FSW clients. Peer educators (PEs) were trained to offer OraQuick HIVST kits only to peers who, based on a risk assessment, had never tested before and who had refused testing by any other means (mobile, DIC, facility). First-time testers were also prioritized for mobile and DIC-based testing. HIVST was assisted and done in the presence of the PE. Peers with reactive tests were referred or accompanied to confirmatory testing and ART initiation. By the end of FY20, 2,379 OraQuick self-test kits had been distributed in an assisted manner by PEs; 855 were reactive, representing a positive screening rate of 36%. Of those, 709 (83%) presented for confirmatory testing. A total of 672 individuals (95%) were confirmed HIV positive, and 642 (96%) were initiated on treatment (Figure 9). Unassisted self-testing was implemented later once beneficiaries understood the self-test screening process and the importance of having a confirmatory test done at a health facility if they had a reactive result.

Figure 8. PrEP cascade for all populations in DRC, FY20

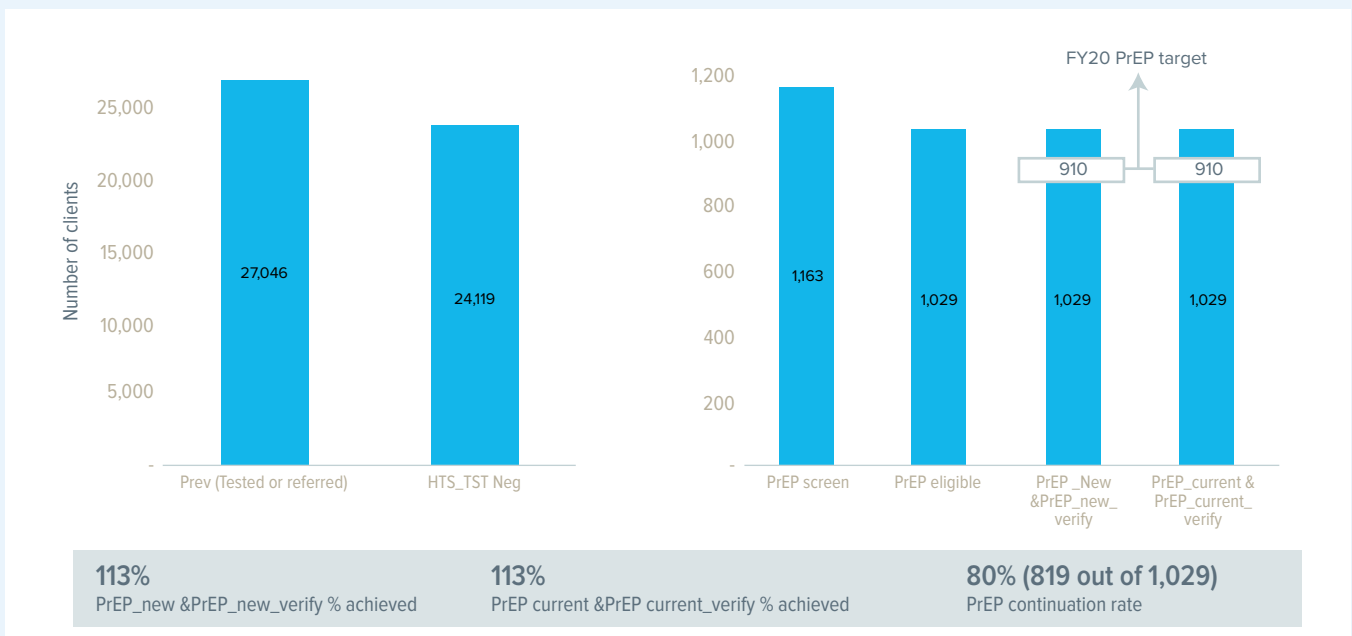
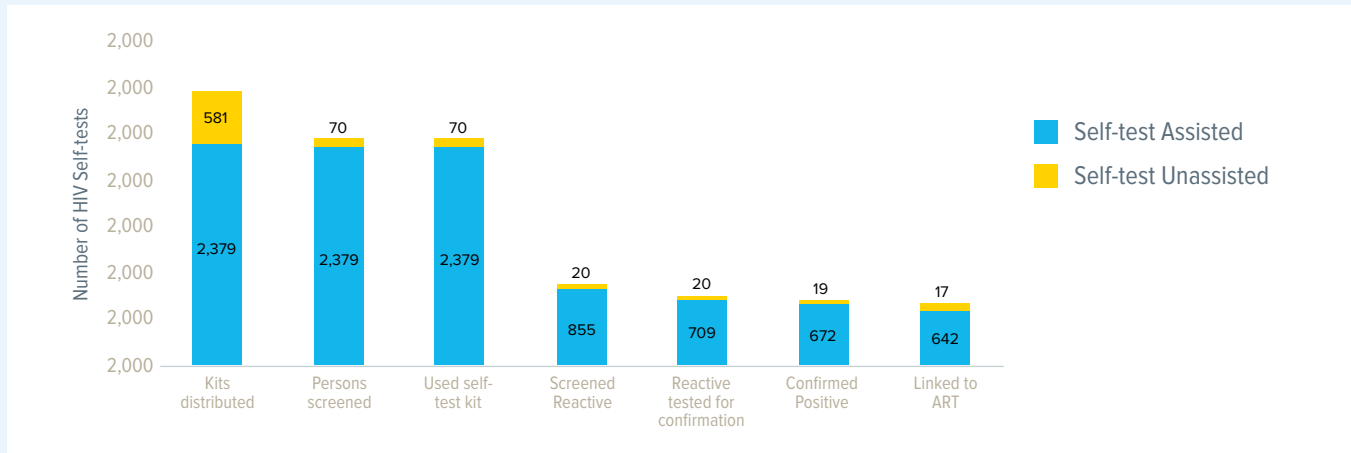


Figure 9. HIV self-testing cascade all populations, DRC, FY19–FY20

Clients conduct assisted HIV self-test.

ABOVE-SITE ACHIEVEMENTS

POLICY CHANGE FAVORING KEY POPULATIONS

In addition to reaching more KP members, especially hard-to-reach populations, with HIV prevention, care, and treatment services, LINKAGES DRC contributed to sustainable improvements through strategic partnerships and by effecting change at the policy level. In 2018, USAID/DRC requested that LINKAGES DRC participate in a joint technical support visit with The Global Fund, the U.S. Centers for Disease Control and Prevention (CDC), and the DRC Programme National de lutte contre le SIDA (PNLS) to assess the strengths and weaknesses of the HIV prevention, treatment, and care cascade among MSM and FSWs in the country. This joint cascade assessment was carried out in three provinces and served to: (1) align geographic areas, technical approaches, sets of services, reference networks, and surveillance systems; (2) identify opportunities for capacity building and community engagement for KPs and civil society organizations; and (3) create a strong advocacy vehicle for national programs that support KP HIV programs and innovations related to service delivery. Some of the priority recommendations that emerged from the assessment and were addressed by the LINKAGES DRC team in collaboration with PNLS included:

- Drafting a standardized PE approach that became national guidelines, including alignment of incentives and use of microplanning at all sites
- Implementing differentiated models of HIV testing to improve case finding
- Harmonizing data collection tools across partners and donors

REACHING AND TESTING CLIENTS OF FSWs THROUGH DIFFERENTIATED SERVICE DELIVERY APPROACHES

LINKAGES DRC implemented multiple strategies to reach, test, and retain clients of FSWs on care and treatment, including index testing of FSWs targeting their clients; service delivery points tailored specifically for men who purchase sex; targeted mobile testing in well-known locations with high volume of FSW clients including mining sites, truck and car parks, and other hot spots; and EPOA. For EPOA, the project mobilized existing FSW peer educators and navigators to distribute coupons for HIV services to both FSWs and men who purchase sex, and then asked those individuals to distribute the coupons further to more peers. Through this campaign of multiple strategies to reach and test clients of FSWs, the program reached 2,235 of these men in one quarter, making up 27% of the total number of people tested in Q4 FY20 through the project. Among FSW clients tested in Q4, 196 (9%) were newly diagnosed, contributing to 24% of total case finding that quarter.

In addition, many innovations introduced by LINKAGES DRC were endorsed by the national government and incorporated into relevant national policies and guidelines. For example, the LINKAGES DRC team contributed to the development of a national minimum package of services for KPs, which included strategies such as EPOA. The project also secured government approval to introduce HIV treatment initiation and refills at KP DICs and service delivery points for FSW clients, and played a key role in supporting the government to introduce and scale up PrEP, HIVST, and peer navigation for KPs.

REINFORCEMENT OF DATA COLLECTION, ANALYSIS, AND REPORTING WITH THE DHIS2 SYSTEM

With the support of a consultant from IntraHealth, a core partner in the LINKAGES consortium, 34 staff members from the LINKAGES DRC team and the local IPs were trained on web-based District Health Information Software (DHIS2). DHIS2 allows the collection, validation, analysis, and presentation of aggregate data or individual cases across the HIV cascade. This software strengthened project monitoring and evaluation, enabling the IPs to enter their data into the system and use it for analysis, processing, and reporting. DHIS2 was used to manage and analyze individual data, and produce and share aggregate data on key indicators with PEPFAR and PNLS.

DEVELOPMENT OF LOCAL PARTNER CAPACITY

As part of its focus on developing capable local partners, LINKAGES DRC helped establish two KP-led organizations—one for FSWs (AMAP: Apprends-Moi à Pecher) and one for MSM (VAG: Vision de l'Aigle). These two organizations have since partnered with another local nongovernmental organization, AFEMDCO (Association des Femmes pour le Développement Communautaire), to submit a winning proposal to be IPs in FY21 for the follow-on project to LINKAGES.

FUTURE DIRECTIONS

Despite the difficult working conditions that characterize DRC, such as long distances between sites making supervision visits and technical assistance to IPs expensive, as well as political instability and security challenges, LINKAGES DRC made great progress toward expanding access to comprehensive, KP-friendly HIV services in DRC. LINKAGES contributed to diversifying strategies to reach and better serve KPs, and helped revise the KP national guidelines to include some of

these strategies. However, much work remains to help the country achieve epidemic control. USAID and PEPFAR approved the continuation of LINKAGES' work in DRC through the Meeting Targets and Maintaining Epidemic Control (EpiC) Project, also led by FHI 360, effective October 1, 2020. Under EpiC, the project will continue to improve the design and delivery of services that meet the needs of KPs in DRC.

REFERENCES

1. UNAIDS. Democratic Republic of the Congo. Geneva: UNAIDS; 2020. Available from: <https://www.unaids.org/en/regionscountries/countries/democraticrepublicofthecongo>.
2. Ibid.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations—sex workers, men who have sex with men, transgender people, and people who inject drugs—and to improve their enrollment and retention in care.

This report is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Suggested citation: LINKAGES. LINKAGES Democratic Republic of Congo (DRC): Summary of Achievements October 2015–September 2020. Durham (NC): FHI 360; 2021.