

LINKAGES HAITI

Summary of Achievements

September 2015 – January 2020

From September 2015 to January 2020, the LINKAGES project — funded by the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) — was a flagship for addressing the HIV epidemic among key populations (KPs) in Haiti. The project enabled unprecedented access to KP-led and KP-friendly HIV prevention, care, and treatment services for female sex workers (FSWs) and men who have sex with men (MSM). By successfully implementing case-finding innovations such as the enhanced peer outreach approach (EPOA) and index testing, supporting the government to introduce HIV self-testing and pre-exposure prophylaxis (PrEP), and decentralizing access to antiretroviral therapy (ART), the project contributed meaningful progress toward epidemic control in Haiti. In addition, the needs of KPs received greater recognition in national HIV policies and guidelines through the project's efforts. This brief summarizes the achievements of the LINKAGES project in Haiti.

BACKGROUND

Haiti has the highest HIV prevalence (2.2 percent) in the Caribbean region, and this rate has remained relatively stable for the past 10 years for the general population.¹ Though the initial introduction and spread of the virus was concentrated among MSM, since 1985 the primary means of HIV transmission in Haiti has been heterosexual intercourse.² Prevalence has been recorded to be slightly higher in urban areas (2.4 percent) compared to rural areas (2.0 percent)³ and higher among women (2.7 percent) compared to men (1.7 percent). The gender disparity is even more pronounced in youth aged 15 to 24 years, where HIV prevalence among young women is estimated at 1.3 percent as compared to young men at 0.4 percent.³

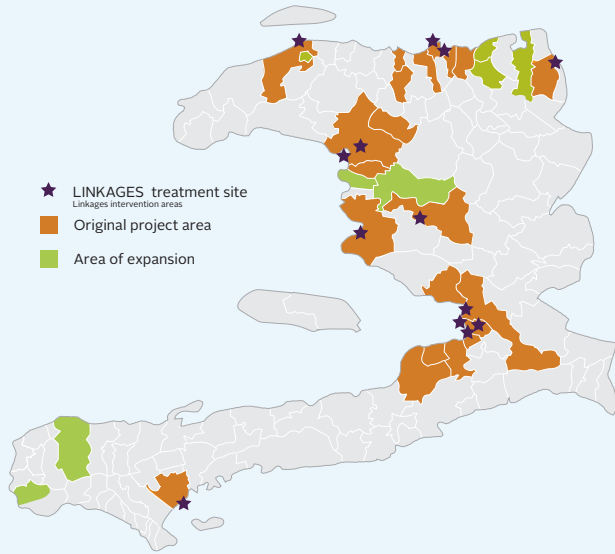
MSM and FSWs are at extremely high risk for HIV transmission in Haiti, and they have historically been underserved by HIV prevention, care, and treatment activities. According to the 2014 Integrated Biobehavioral Survey (IBBS) report, HIV prevalence is estimated to be 12.9 percent among MSM in Haiti and 8.7 percent among FSWs.⁴ The 2017 PLACE study found that STIs are also common among MSM. For example, 10.2 percent of the MSM tested had STI symptoms, including 4.2 percent who had syphilis. The estimate of the size of the MSM population in Haiti is 38,300 people, based on the 2017 PLACE study.²

Highlights

- Strengthened the national health information system through technical assistance (TA) to the government to complete the national KP size estimation, map high-risk hot spots in the country's 10 geographic departments, and harmonize national data collection tools
- Supported civil society organization (CSO) partners to establish 10 drop-in centers (DICs)—seven for FSWs and three for MSM and transgender people—and five hybrid sites, and gradually expand service offerings
- Newly diagnosed 6,845 individuals living with HIV and initiated 5,421 (79 percent) on treatment
- Negotiated the provision of antiretroviral therapy (ART) at local partner-run DICs and supported the first KP-led treatment site
- Provided TA to the Ministry of Public Health and Population (MOPHP) to develop critical policy support and program roll out for pre-exposure prophylaxis (PrEP) and HIV self-testing (HIVST) among KPs
- LINKAGES package of services for KPs was adopted by the National AIDS Commission as the standard KP service package and was included in the national HIV prevention strategy
- Supported local partner Fondation SEROvie (SEROvie) to grow into an independent nongovernmental organization now qualified to receive direct funding from the U.S. Government

Figure 1.

Geographic coverage of LINKAGES Haiti



From September 2015 to January 2020, the LINKAGES project implemented programming in Haiti designed to reach FSWs, MSM, and priority populations (clients of FSWs) with HIV prevention, testing, and treatment services. The project covered 29 communes within eight of the country's 10 geographic departments and included major cities and urban centers where the HIV epidemic is higher than the national average (Figure 1).

Throughout the life of project, LINKAGES partnered with nine local CSOs (Table 1). In addition, LINKAGES collaborated closely with the Ministry of Public Health and Population (MOPHP), particularly the national HIV/AIDS program: Programme National de lutte contre le VIH/SIDA (PNLS), working with their representatives to create an enabling environment for the delivery of services tailored to KPs.

Table 1. LINKAGES Haiti local implementing partners (IPs)

Subaward partner name	Population(s) served	Number of sites
1. Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF)	FSWs and clients of FSWs	6 sites (DICs)
2. SEROvie	MSM	4 sites (DICs)
3. Centre de Promotion des Femmes Ouvrières (CPFO)	FSWs and clients of FSWs	1 site (DIC)
4. Zanmi Lasante (PIH or ZL)	MSM, FSWs, and clients of FSWs	2 sites (medical centers)
5. Groupe Haïtien d'Étude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO)	MSM, FSWs, clients of FSWs	2 sites (medical centers)
6. Kouraj Pou Pwoteje Dwa Moun (KOURAJ)	MSM	No sites; specific activities held by central office
7. Fondation Esther Boucicault Stanislas (FEBS)	FSWs and MSM	1 site (DIC)
8. Association Nationale de Protection des Femmes et Enfants Haïtiens (ANAPFEH)	FSWs	No sites; specific activities held by central office
9. Panos Caribbean (PANOS)	MSM	No sites; specific activities held by central office

KEY PROGRAMMATIC ELEMENTS

The LINKAGES project in Haiti delivered a comprehensive package of services across the entire HIV cascade including prevention interventions, HIV testing, linkage to and retention in care, initiation and adherence to ART, and viral load (VL) monitoring (Table 2). These services were delivered through CSO-led DICs catering to KPs and “hybrid” sites in which KP-competent and KP-friendly services were integrated into general population services at health

facilities. Over the life of project, LINKAGES supported the CSO partners to establish 10 DICs — seven for FSWs and three for MSM — and gradually expand their service offerings, as well as five hybrid sites. Initially, services at the DICs consisted of HIV testing and counseling (HTC), sexually transmitted infection (STI) screening and management, post-exposure prophylaxis (PEP), and referrals to ART. Family planning and gender-based violence (GBV) screening and response were later added as the capacity of staff was built. In 2016, LINKAGES began integrating ART provision at the DICs, as well as tuberculosis (TB) screening and prophylaxis.

Table 2. LINKAGES Haiti’s core package of services for FSWs and MSM

Reach, Test, and Prevent

- Peer education, risk assessment, counseling, risk reduction planning
- Condom use promotion; distribution of condoms and lubricant
- HTC including index testing and HIV self-testing (HIVST)
- Violence screening, PEP services, and referral to medical, psychosocial, and legal services
- Family planning services for FSWs (education, counseling, screening for risk of unintended pregnancy, provision of short-acting methods, and referral for long-acting and permanent methods)
- Syndromic screening and referral for STIs
- PrEP services

Care and Treatment

- Link to care and treatment services, including ART initiation and re-initiation
- Peer navigation to support treatment initiation and adherence
- Viral load testing and monitoring
- Tuberculosis (TB) screening and referral for treatment
- Assessment for STIs and other opportunistic infections (OIs) and referral
- Referral for prevention of mother-to-child transmission (PMTCT) services for FSWs who are pregnant
- Index testing
- People living with HIV (PLHIV) support groups for psychosocial support and to improve ART adherence
- Multi-month dispensing (MMD) of ART for stable clients
- Transition of stable clients to the tenofovir, lamivudine, and dolutegravir (TLD) regimen

Health Information System Strengthening

- TA to complete the national KP size estimation
- Mapping of high-risk hot spots in the 10 geographical departments
- Alignment of size estimates with program needs and surveillance activities with routine program monitoring
- Harmonization of KP-focused data collection tools (e.g., psychosocial support forms and testing forms) within the MOPHP’s tools for the general population
- Regular data use workshops with the MOPHP to translate evidence into service delivery planning and action

SERVICE DELIVERY IMPACT

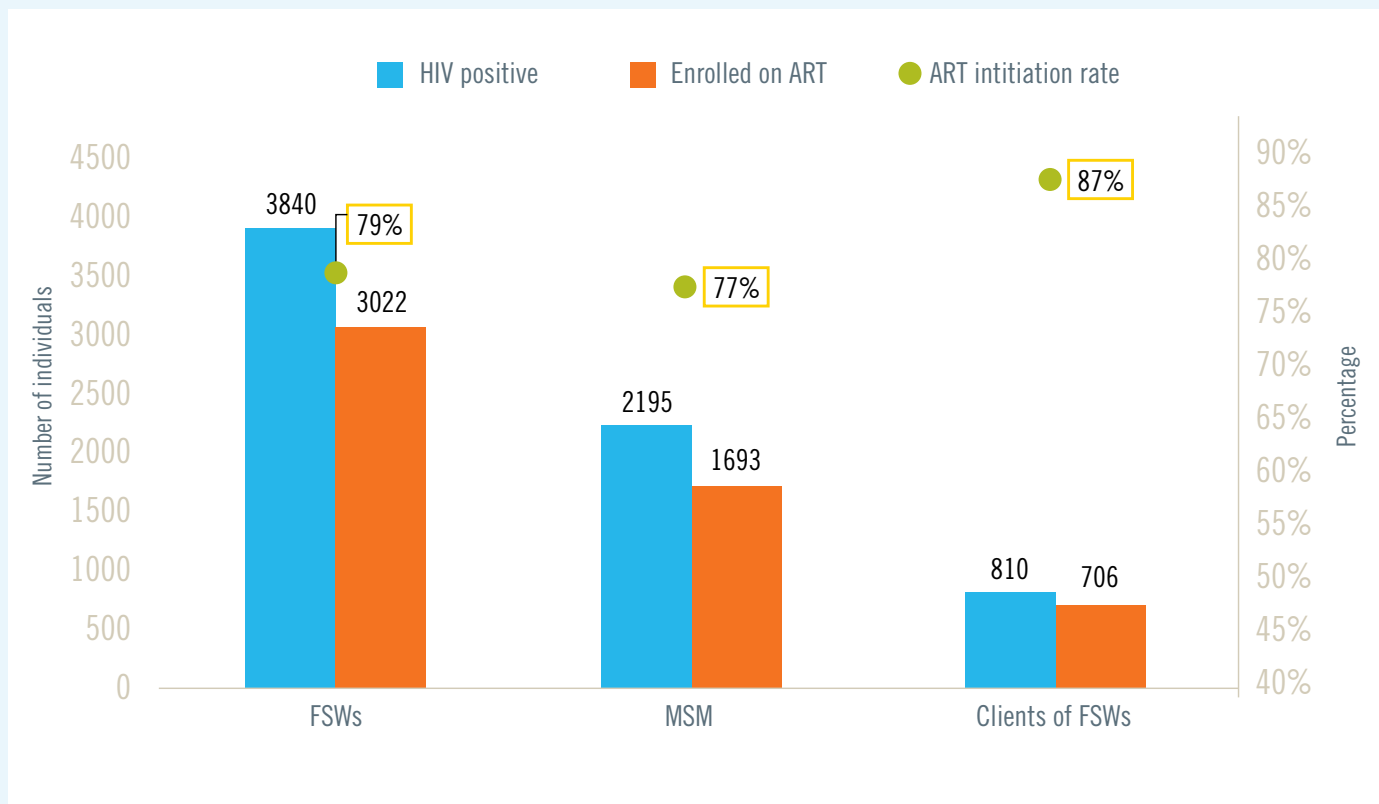
Over the life of project, LINKAGES Haiti reached 230,311 individuals and tested 119,397. Of those tested, 6,845 were diagnosed HIV positive, resulting in a case-finding rate of 5.7 percent. Of those diagnosed, 5,421 (79 percent) were initiated on treatment. Notably, older

MSM and FSWs were more likely to be HIV positive (the case-finding rate was 20 percent and above for the 45–49 and 50–plus age groups). They were also more likely to be enrolled in treatment; the ART uptake was 95 percent among those groups. Table 3 and Figure 2 provide a snapshot of LINKAGES Haiti's cumulative performance across the HIV cascade for MSM, FSWs, and clients of FSWs.

Table 3. Cumulative figures from Q1 FY16–Q1 FY 20

	KP_PREV	HTS_TST	HTS_TST_POS	TX_NEW	TX_CURR	TX_PVLS
MSM	57,575	32,821	2,195	1,693	1,452	962
FSW	135,224	72,493	3,840	3,022	2,159	1,372
FSW Clients	37,512	14,083	810	706	565	351
Total KP	230,311	119,397	6,845	5,421	4,176	2,685

Figure 2. Cumulative uptake of ART by KP subgroup, Q1 FY16–Q2 FY20



Initially, the project faced difficulties finding new HIV-positive cases among FSWs and MSM. To address these challenges, subaward partners started to extend their interventions in new areas based on mapping outcomes, which resulted in improvements. In addition, in FY18, the project introduced the enhanced peer

outreach approach (EPOA), which enabled reaching into new networks of FSWs and MSM and increasing the case-finding rate for both groups (Figures 3 and 4). The variation observed in FY19 was due to budget constraints, which led to the subaward partners not being able to provide support in all the geographic areas needed.

Figure 3. Life of project trends in case-finding rate among FSWs in Haiti, Q1 FY16–Q2 FY20

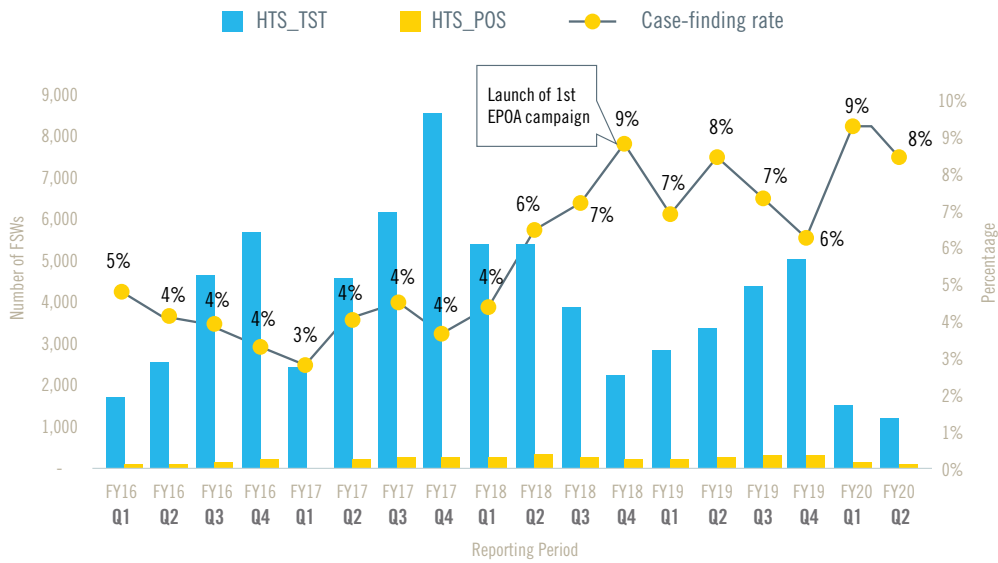
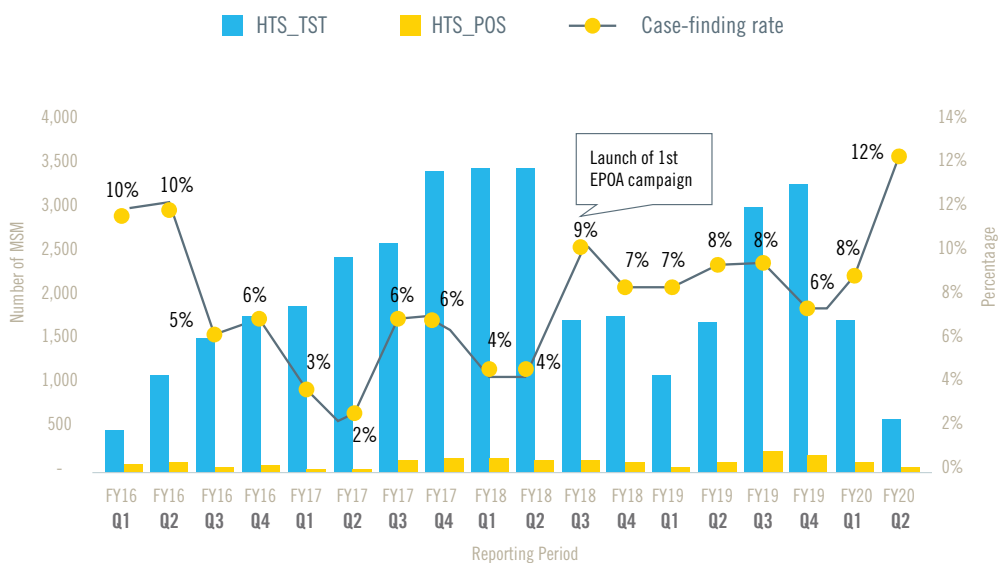


Figure 4. Life of project trends in HIV case-finding rate among MSM in Haiti, Q1 FY16–Q2 FY20



Prior to LINKAGES, ART was not offered at KP-friendly DICs. HIV-positive KP individuals had to be referred to other public and private clinics for ART, and the percentage initiated on treatment was low. With support from LINKAGES, ART services were established at the six FOSREF-run DICs serving FSWs and three of the DIC sites operated by SEROvie for MSM. Before the addition of ART services at the FOSREF sites, ART initiation rates among FSWs were

less than 17 percent. After the addition of ART services, the ART initiation rate increased considerably, ranging between 78 percent and 100 percent during the last 12 quarters of the project (Figure 5). After the addition of ART services at the SEROvie sites in Q4 FY16, the ART initiation rate among MSM increased from less than 9 percent to more than 70 percent, and even reaching 100 percent in one quarter (Figure 6).

Figure 5. Life of project trends in ART initiation among FSWs in Haiti, FY16 Q1–Q2 FY20

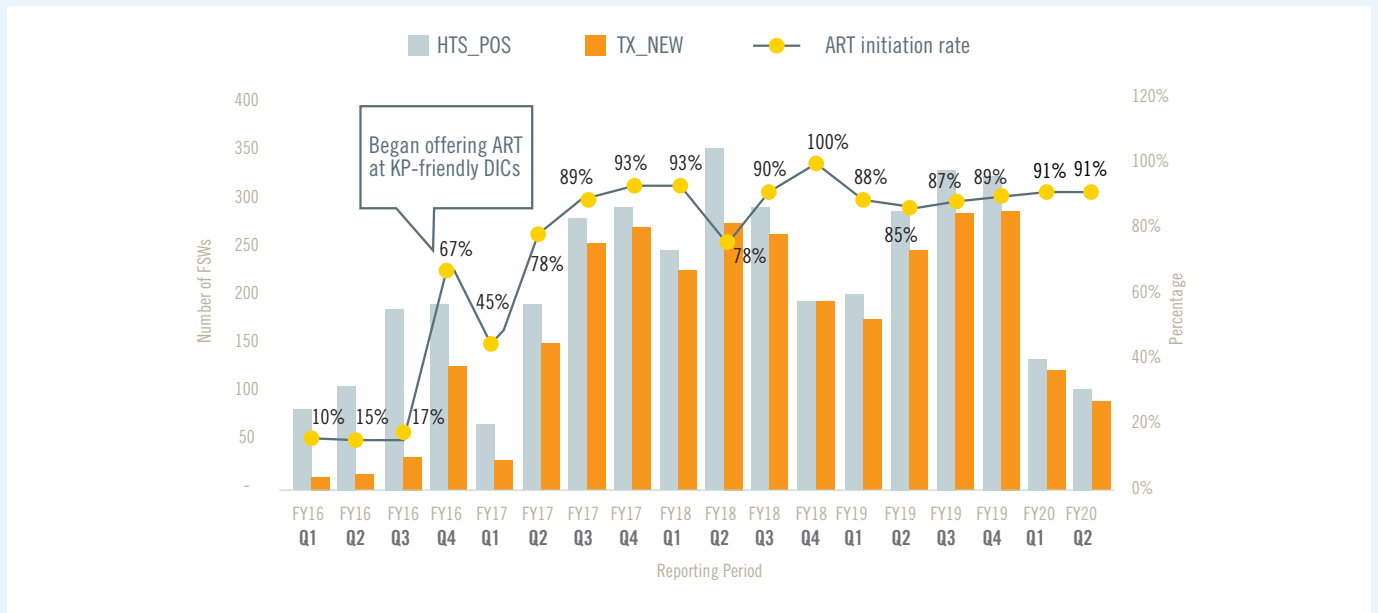
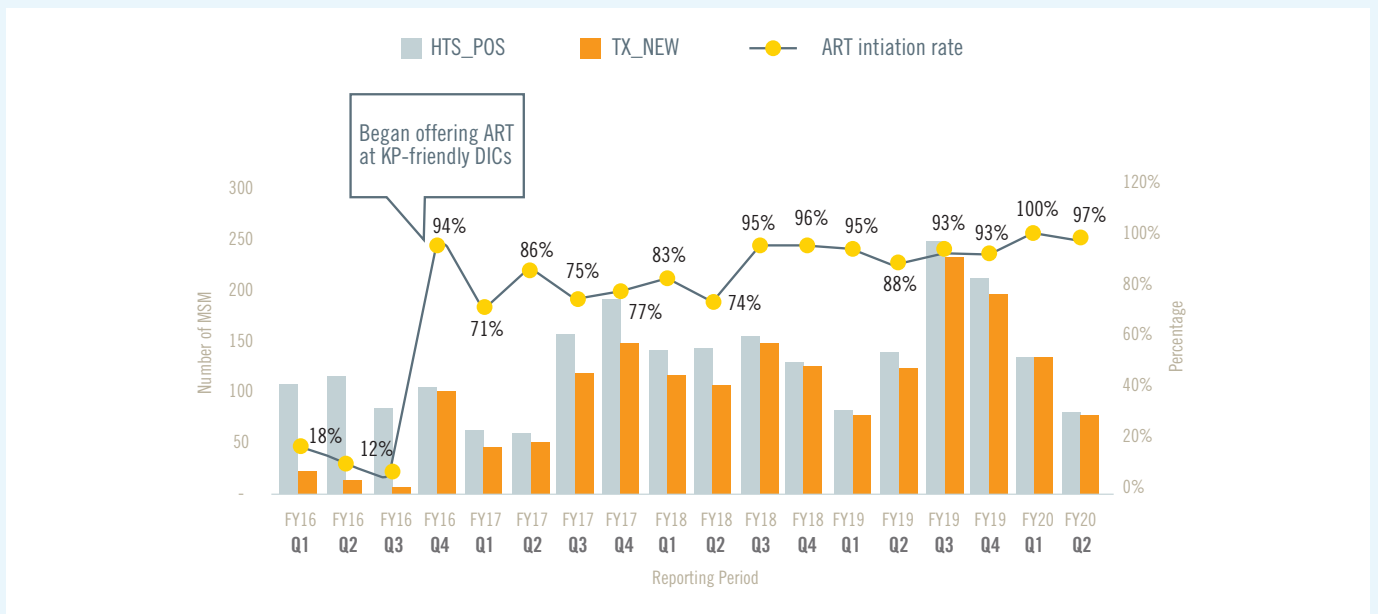


Figure 6. Life of project trends in ART initiation among MSM in Haiti, FY16 Q1–Q2 FY20





TECHNICAL HIGHLIGHTS

The LINKAGES Haiti team worked in a state of perpetual innovation and self-improvement. In addition to delivering a core package of HIV prevention, care, and treatment services, the team introduced new technical strategies to strengthen program performance and modernize KP programming in the country. Some of the project's most important technical contributions include:

1. Implemented differentiated service delivery (DSD) models to offer more service options to KPs including the introduction and expansion of HIV treatment provision at KP-led and KP-competent sites
2. Introduced index testing and social network-based testing approaches, such as EPOA, to increase case finding
3. Collaborated with the MOPHP to introduce PrEP and HIVST for KPs in Haiti for the first time
4. Used peer navigation to improve linkage to treatment
5. Made improvements in VL testing systems and linkage from the community to clinics
6. Collaborated with the MSPP to reduce KP-related stigma and discrimination in health facilities
7. Worked with the police to prevent and respond to violence among KPs
8. Held data use workshops with the partners and MOPHP, and conducted regular data quality assessments at the IP level

DIFFERENTIATED ART SERVICES

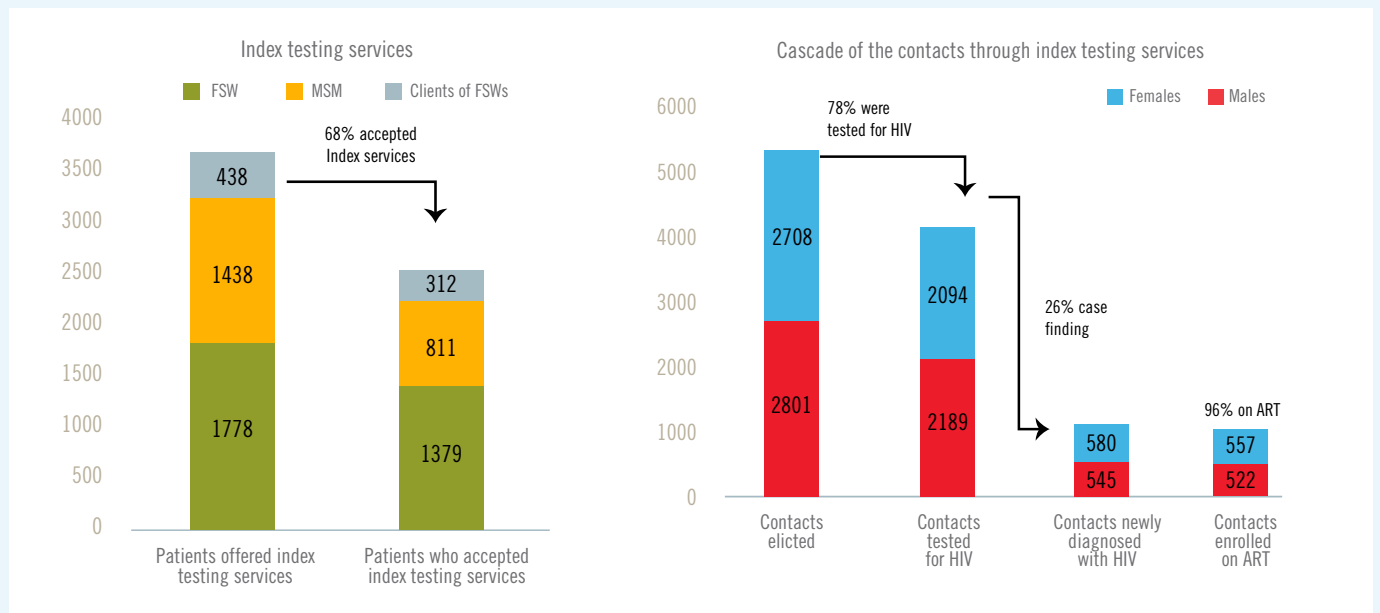
One of the most significant achievements of the LINKAGES project in Haiti was to establish the provision of ART at the local partner-run DICs. One of SEROvie's DICs became the first KP-led site to provide ART in Haiti. Providing ART to KPs in these KP-competent and KP-friendly spaces, coupled with the use of peer navigators to support treatment initiation and adherence, was critical in increasing ART uptake and promoting community engagement and empowerment. At the end of the project, all 10 DICs were providing ART on site and more than 1,400 KP members were accessing ART services at the DICs.

ENHANCED PEER OUTREACH APPROACH (EPOA)

EPOA⁵ is a peer-led, coupon-based referral network strategy used to access hard-to-reach networks of KPs to offer HIV prevention, testing, and treatment services in ways that ensure their privacy. LINKAGES Haiti started implementing EPOA in Q2 FY18 with the goal of increasing the HIV case-finding rate among FSWs and MSM. Through EPOA, the project was able to (1) identify new KP networks and enroll additional KP members into the LINKAGES program, and (2) improve the HIV case-finding rate for both FSWs and MSM. Over the course of the project, six EPOA campaigns were implemented with FSWs and seven EPOA campaigns with MSM. The case-finding rate among FSWs increased from 3 percent prior to the introduction of EPOA to 9 percent. For MSM, case finding ranged from 7 to 12 percent after EPOA compared to 2 to 6 percent previously.

INDEX TESTING

In addition to EPOA, index testing was one of the most impactful methods for identifying new HIV-positive cases, contributing to one-third of the overall case finding since its introduction. Full implementation of the index testing approach began in Q3 FY18, and since then, 2,502 enrolled patients have provided 5,509 contacts (including 2,801 men and 2,708 women) among whom 78 percent were tested for HIV. A total of 1,125 KP individuals (545 men and 580 women) were found HIV positive, which represents 26 percent of the case-finding rate. The project also achieved a linkage-to-ART rate of 96 percent with patients reached through index testing (Figure 7).

Figure 7. Life of project index testing results, Q3 FY18–Q2 FY20

INTRODUCING PREP IN HAITI

Beginning in February 2019, LINKAGES supported the MOPHP to introduce PrEP to KPs and clients of FSWs. This included making PrEP services available at three DICs in the West department. LINKAGES staff trained DIC clinicians in PrEP service provision as per MOPHP guidelines, and peer outreach teams were also trained in PrEP demand creation. In the short timeframe and limited geography in which the project supported PrEP implementation, 73 FSWs, 51 MSM, and 31 FSW clients were initiated on PrEP.

VIRAL LOAD MONITORING

A major challenge the LINKAGES Haiti team encountered was a widespread lack of awareness among KP members about the importance of VL monitoring and achieving VL suppression, as well as limited access to VL testing services.

A multipronged strategy was used to improve VL monitoring. First, the team trained DIC clinical staff and worked with public facilities to conduct dried blood

spot (DBS) testing among KPs living with HIV who were due for VL testing in the DICs and outreach clinics. Second, the team collaborated with a private sector company endorsed by the MOPHP to ship samples to VL testing sites to be processed. Third, the project conducted routine active identification of clients due for VL testing, and held periodic campaigns to collect samples from those who missed testing appointments or were lost to follow-up (LTFU). Finally, the team worked with peer navigators to generate demand for VL testing during PLHIV support groups and one-on-one adherence support for KP members on ART.

Uptake of VL testing gradually improved over time, but critical gaps in coverage remain. Among those KP members whose VL was tested and results returned through LINKAGES, viral suppression ranged from 61 percent in Q1 FY18 to 83 percent in Q2 FY20 among FSWs (Figure 8); from 77 percent in Q1 FY18 to 97 percent in Q2 FY20 (Figure 9) for MSM; and decreased from 91 percent in Q2 FY18 to 87 percent in Q2 FY20 for clients of FSWs (Figure 10).

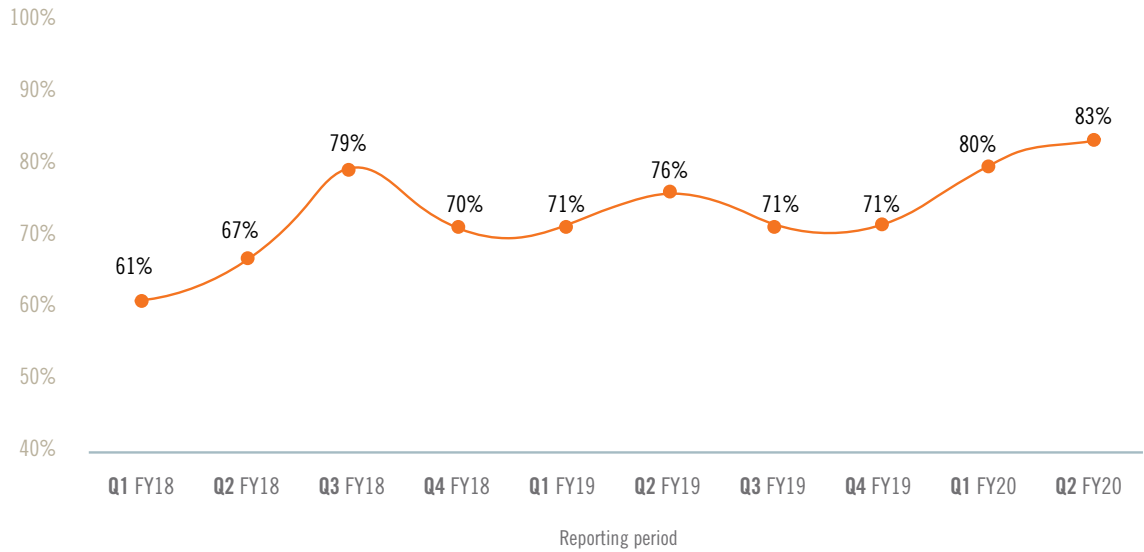
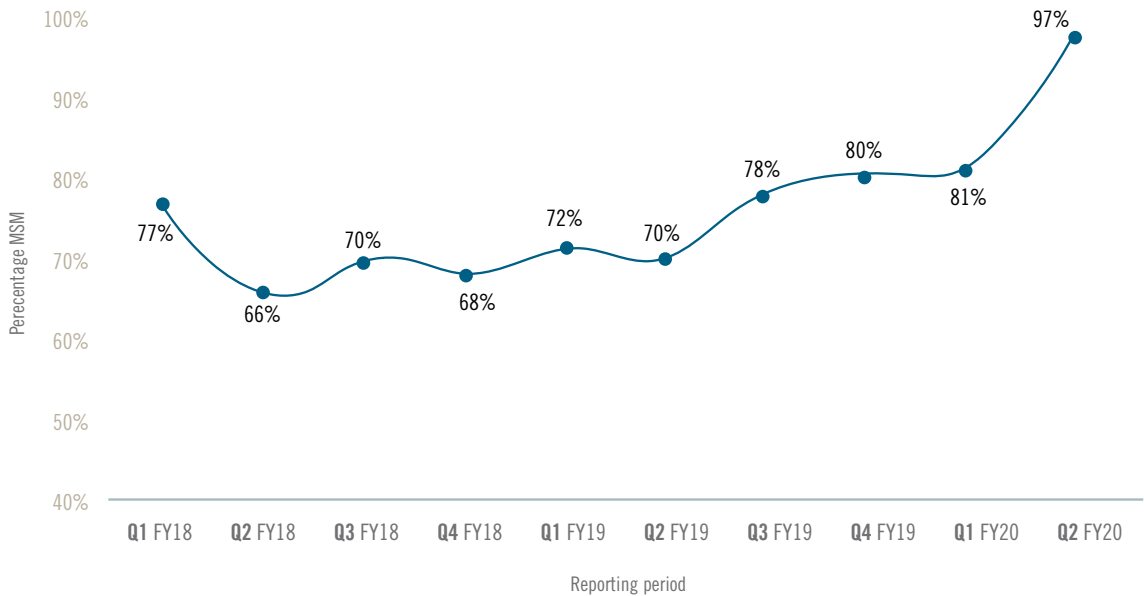
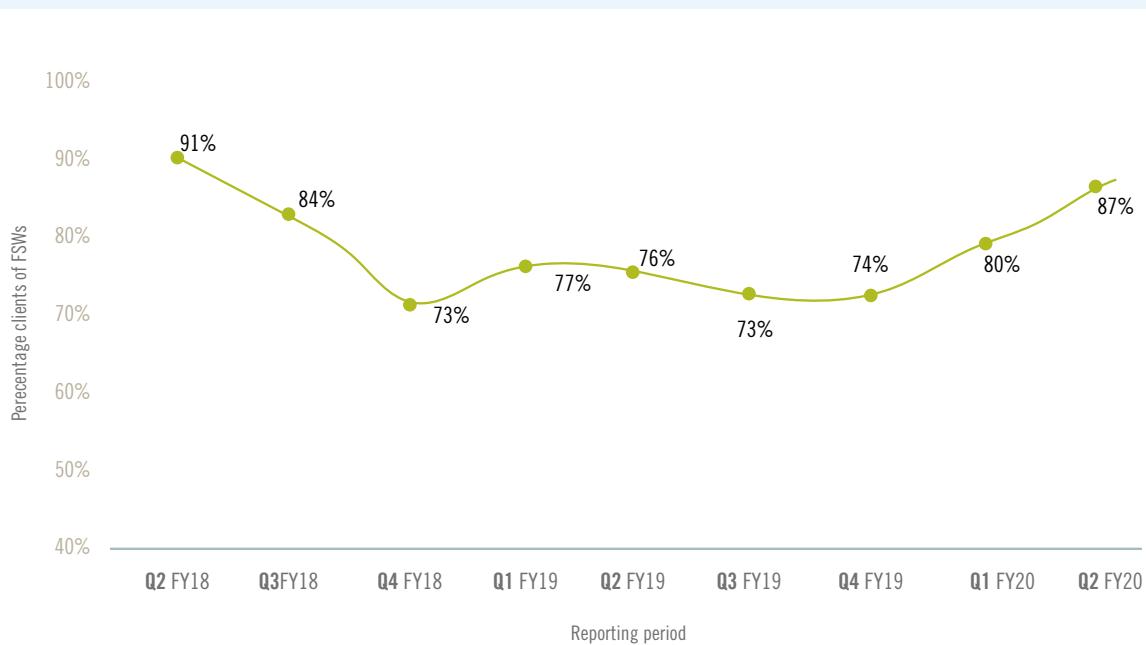
Figure 8. Viral load suppression rate among FSWs in Haiti by quarter, Q1 FY18–Q2 FY20**Figure 9.** Viral load suppression rate among MSM in Haiti by quarter, Q1 FY18–Q2 FY20

Figure 10. Viral load suppression rate among clients of FSWs in Haiti by quarter, Q2 FY18–Q2 FY20

TACKLING STIGMA AND DISCRIMINATION IN PUBLIC HEALTH FACILITIES

LINKAGES worked to address stigma and discrimination toward KPs in public health facilities by training health care workers (HCWs) using the Health4All curriculum.⁶ From 2016 to 2020, 219 HCWs received training on providing stigma- and discrimination-free services, and “mystery clients” were used to assess KP service quality and friendliness. Through this approach, an anonymous KP individual who is not a client of the project and has knowledge of HIV prevention presents at a health facility to assess the quality of the services provided to KPs (e.g., if services are delivered to KPs without stigma and discrimination). The MOPHP and PNLs continue to ensure these health facilities provide services that are free of stigma and discrimination toward KPs by conducting regular supervision and qualitative assessments using the mystery client approach. In addition, the MOPHP added a clause in all HCWs’ contracts that they must sign indicating they are committed to creating a stigma-free environment for KPs in the facilities.

POLICY IMPACT

In addition to expanding access to high-quality services among KPs, the LINKAGES Haiti team worked closely with the MOPHP to develop evidence-based policies and guidelines inclusive of KPs.

Key contributions of the LINKAGES Haiti project to the policy environment included:

- Adoption (in April 2018) of the LINKAGES package of services provided to KPs by PNLs as the standard KP service package and inclusion in the national HIV prevention strategy
- Technical assistance to the MOPHP to write and disseminate the National PrEP Protocol, PrEP National Implementation Plan, and PrEP Standard Operating Procedures



- Development assistance for the National HIV and AIDS Strategic Plan 2020–2025, ensuring appropriate focus and evidence-based recommendations for KPs
- Support to the MOPHP to update the Haiti Guidelines for Syndromic Management of Sexually Transmitted Infections in 2017 to include a chapter on the management of anal STIs and other syndromes relevant to KPs

STRENGTHENING OF LOCAL PARTNER CAPACITY

Throughout the project, the LINKAGES team provided TA to its local IPs, not only to improve program performance but also to develop their organizational capacity. Through training and mentorship, LINKAGES built sustainable project management systems with the IPs, better positioning them to support the long-term HIV response in Haiti. LINKAGES also supported local IPs in addressing challenges that would hinder the project's performance, such as lack of electricity to keep services running at least eight hours daily, poor usage of the patient tracking system (PLR), disruption in interventions due to delays in disbursements from IPs' central offices to the sites, and confidentiality issues. Support included:

- Provision of additional energy supply through fuel, generators, inverters, and solar panels to reduce disruption of services in the sites
- Provision of laboratory equipment and electronic devices such as tablets and additional laptops to reinforce the patient tracking system, the electronic medical records (EMR), and fingerprinting
- Provision of financial support for the implementation of the microplanning approach, EPOA, and back-to-care campaigns to re-initiate those LTFU on treatment
- Trainings on peer education and peer navigation approaches, the MOPHP's HIV care and treatment norms and protocols, reducing stigma/discrimination and maintaining confidentiality, PrEP, HIVST, psychosocial support, and FHI 360 and USAID financial policies and procedures.
- Signature by all IPs' staff of a stigma/discrimination protocol included in their contracts

The provision of technical and organizational capacity development support helped improve the IPs' performance and the quality of service delivery to KPs. Notably, with support from LINKAGES, local IP SEROVie has grown into an independent local NGO now qualified to receive direct funding from the U.S. Government. USAID began to fund SEROVie directly in February 2020.

FUTURE DIRECTIONS

LINKAGES has been a flagship project for KPs in Haiti, enabling unprecedented access to HIV services for FSWs, MSM, and clients of FSWs. In addition, the project has brought greater recognition of the needs of KPs in national HIV policies and guidelines and, for the first time, provided the country with quality, KP-specific program data. By targeting these populations with comprehensive services, the project has supported Haiti's progress toward its 95-95-95 targets. However, more work remains to achieve epidemic control in Haiti

Much of the work supported by LINKAGES Haiti will continue under the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project. Through EpiC and, specifically, the Key Population Investment Fund (KPIF), FHI 360 and local partners CPFO and SEROVie will expand access to differentiated services that meet the needs and preferences of KPs and other priority populations; engage communities, providers, and policymakers to dismantle structural obstacles to progress; and continue to support an effective, locally led, data-driven response to achieving and maintaining epidemic control.



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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.

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