

LINKAGES MALI

Summary of Achievements

October 2016 – September 2019

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Mali from October 2016 through September 2019 in partnership with civil society organizations, government stakeholders, and key population (KP) and priority population individuals, with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). LINKAGES Mali implemented innovative programming designed to increase the impact, quality, and efficiency of HIV services for members of KPs (men who have sex with men [MSM] and female sex workers [FSWs]) and priority populations (clients of FSWs), who face the greatest risk of HIV. The FHI 360-led LINKAGES team successfully demonstrated that approaches such as the enhanced peer outreach approach, risk segmentation, index testing and risk network referral, peer navigation, and online outreach offered new and impactful ways to engage previously unreached KP and priority population members and link them to high-quality HIV services. In addition, the monitoring of clients was facilitated by the introduction of unique identifier codes, while the use of dried blood spot samples increased viral load monitoring. Over the life of the project, LINKAGES Mali worked to introduce and scale these innovations, as well as to reduce the stigma and discrimination that have hindered efforts to achieve epidemic control. This brief summarizes the achievements of the LINKAGES project in Mali.

BACKGROUND

In Mali, HIV prevalence is 1.1% among the general population but 24% among FSWs and 13% among MSM. Given the high HIV prevalence among these two groups, USAID funded LINKAGES to implement an HIV program targeting them, as well as clients of FSWs, who are considered a priority population.

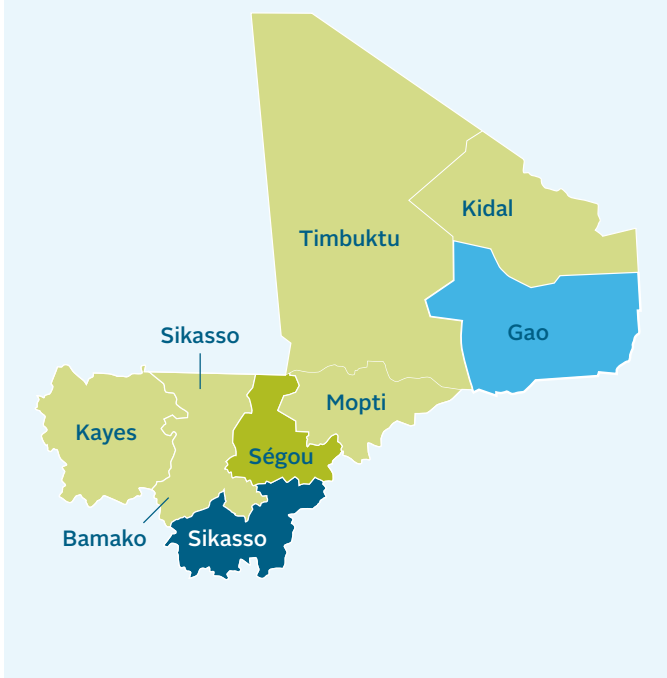
From October 2016 through September 2019, LINKAGES Mali conducted programmatic activities in 23 health districts in four regions — Bamako, Ségou, Sikasso, and Gao (Figure 1). Implementation at the field level was done by four local subaward partners: Association de Recherche, de Communication, et d'Accompagnement à Domicile des Personnes Vivant avec le VIH et le SIDA (ARCAD-SIDA); Association pour la Protection et la Promotion de la Famille (APPF); Initiative Malienne D'Appui

Highlights

- Substantially increased identification of new KPs living with HIV over life of project, from 122 FSWs in Year 1 to 672 in Year 3 and from 32 MSM in Year 1 to 141 in Year 3
- Increased overall case-finding rate for key and priority populations from 2% to 4.3%, with 13.7% case finding among FSWs using the enhanced peer outreach approach
- Improved case-finding rate for MSM to 30.4% through online outreach in last quarter Year 3, representing 14.5% (7/48) of case finding among MSM
- Improved linkage to ART each year: from 0% to 28% in Year 1, from 28% to 80% per in Year 2, and from 80% to 100% in Year 3
- Identified only 67 clients lost to follow-up over life of project using “peer navigation plus” — a 95% success rate for the monitoring approach
- Assisted with development of the *National Toolkit of Service Delivery Packages for Key and Prison Populations in Mali*, which will inform annual and strategic planning

Figure 1.

LINKAGES-supported regions in Mali



au Développement Local (IMADEL); and SOUTOURA. Each partner provided HIV prevention, care, treatment, and support interventions to FSWs, MSM, and FSW clients in their assigned health districts.

Bordered by seven countries, Mali constitutes a major crossroads for many migrant populations in the West African subregion and sub-Saharan Africa as a whole. Societal stigma and discrimination toward MSM and FSWs remain high in the country and are firmly entrenched among health care workers in health facilities, resulting in reduced access to health services for KPs.

KEY PROGRAMMATIC ELEMENTS

Since 2012, Mali has experienced serious social and political conflict in the project regions, particularly in the central and northern areas of the country. Despite the backdrop of unrest, LINKAGES Mali developed and implemented numerous innovative approaches to build a strong HIV prevention, care, treatment, and support program focusing on FSWs, MSM, and FSW clients, as outlined in Table 1.

SERVICE DELIVERY IMPACT

Over the life of the project, LINKAGES Mali contributed to the national HIV response by testing 44,055 FSWs, MSM, and FSW clients for HIV. Of those, 1,908 were found to be living with HIV, 73% (1,401) of whom were initiated on antiretroviral therapy (ART) (Figure 2). In addition, 1,075 patients who were initiated on ART were retained on treatment.

Thanks to the use of the approaches and innovations outlined in Table 1, the LINKAGES Mali team progressively increased its numbers across the cascade for all three groups, including increasing its overall case-finding rate from 2% to 4.3%. Figures 3–5 show the trends in reach, testing uptake, case finding, and linkage to treatment for the individual groups (FSWs, MSM, clients of FSWs). Notably, despite stigma, discrimination, and gender-based violence toward MSM,

“ My participation in the meeting [held at Soutoura’s clinic] completely turned my behavior upside down, because I am young and growing up in an environment (MSM) where I didn’t know all the risks. It helped me learn what behavior I should adopt to prevent STIs and HIV, about gender-based violence in a high-risk context like ours, and also about treatment of STIs at the first symptoms thanks to the STI services the clinic offers. [...] After benefitting from all this information, I feel well equipped to live a sexual life without risk of getting STIs or HIV, and I help my peers to benefit from the same services as I do. ”

20-year-old MSM, client at Soutoura, Bamako

Figure 2. Cumulative data for LINKAGES Mali indicators, life of project (October 2016–June 2019)

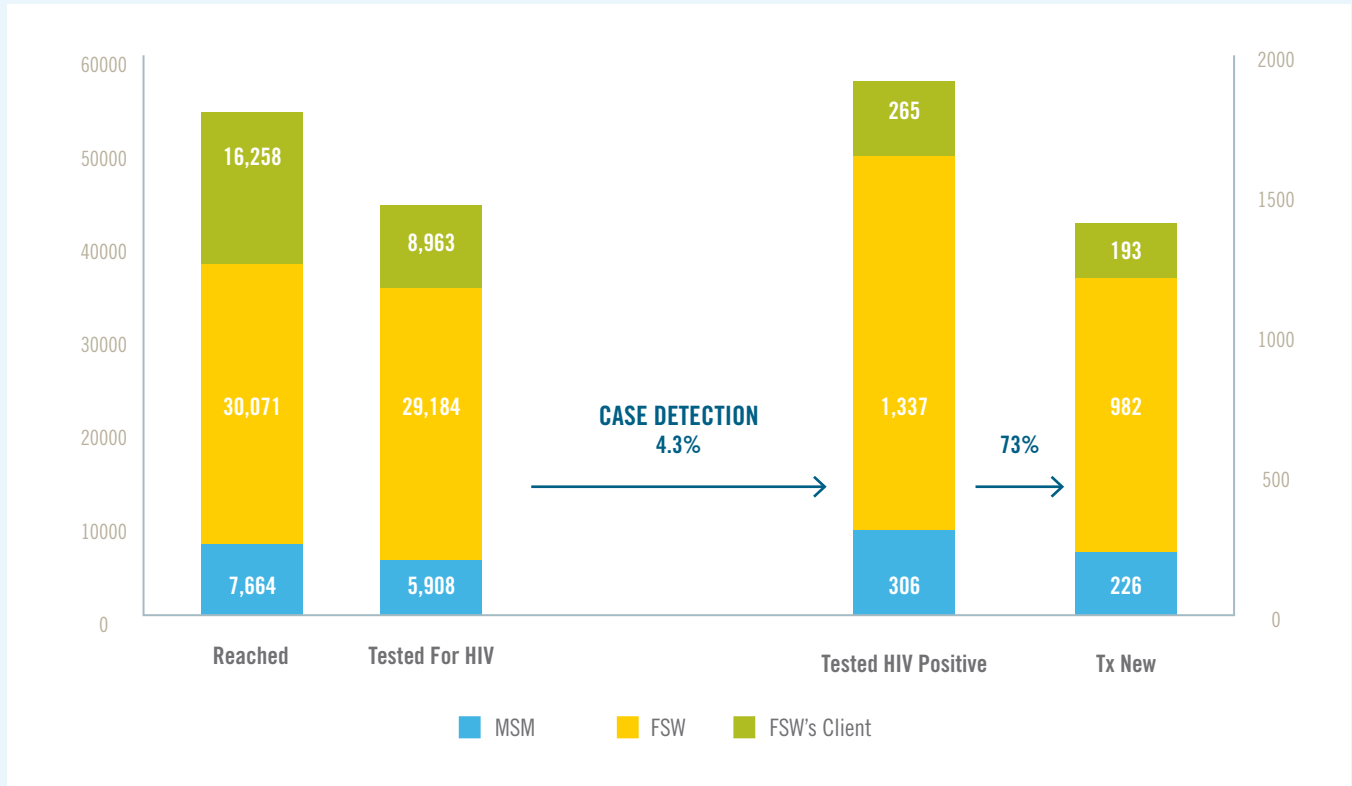


Figure 3. Trends in prevention, testing uptake, case finding, and linkage to ART among FSWs in Mali (October 2016–June 2019)

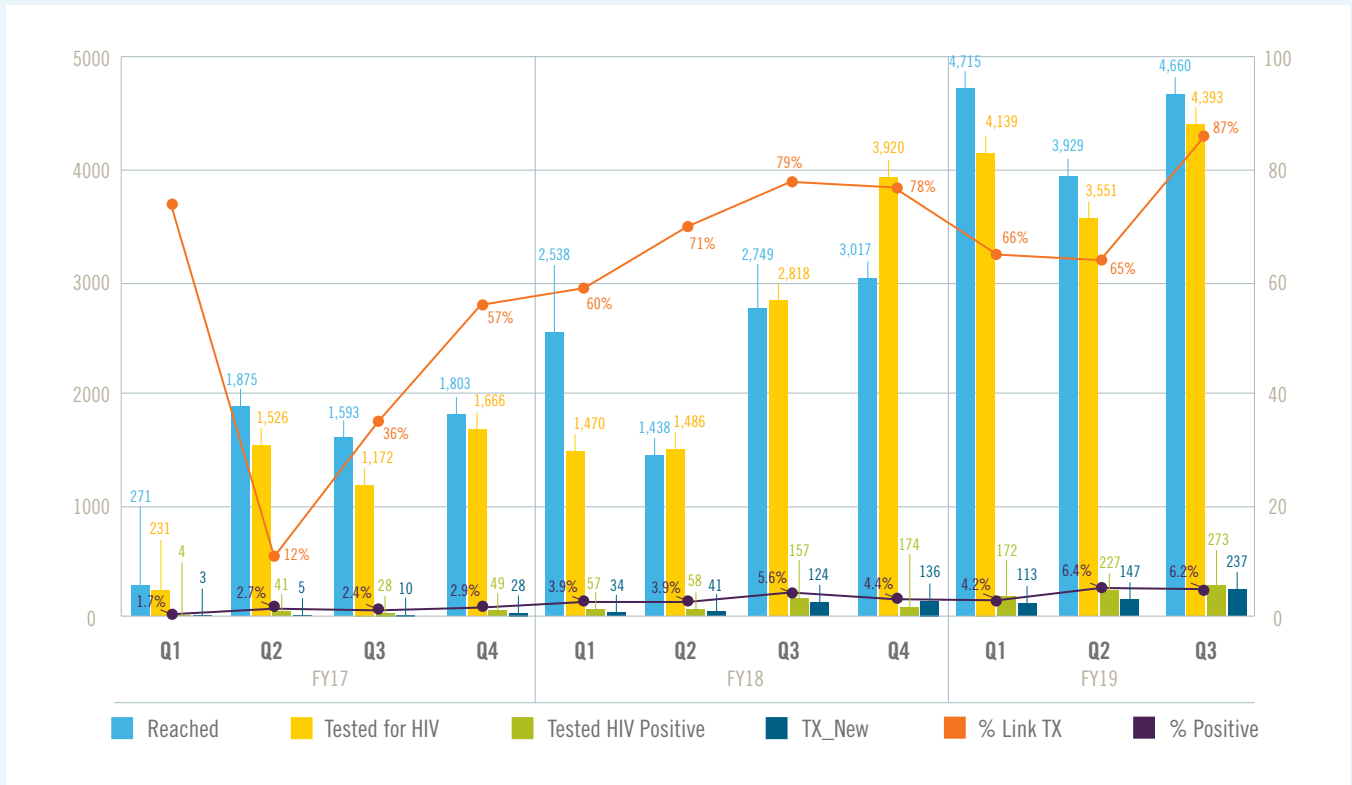


Table 1. Approaches used by LINKAGES Mali to build and support key and priority population programming

Areas	Approaches
Health Policy	Direct technical assistance to the Mali Ministry of Health (MOH) through the Mali National High Council to Fight AIDS (HCNLS) and the national HIV program (Unit for the Fight against HIV/AIDS [CSLS])
Technical	<ul style="list-style-type: none"> • Microplanning and routine mapping • Enhanced peer outreach approach (EPOA) • Risk segmentation • Index testing, including risk network referral (RNR) • Peer navigation plus • Use of dried blood spot samples to increase viral load testing and monitoring in order to track and support viral load suppression
Data Management and Decision-Making Tools and Systems	<ul style="list-style-type: none"> • Unique identifier code (UIC) for service users • Peer outreach tools using a simplified paper-based system • Reporting system to track data weekly, monthly, and quarterly • Decision-making using programmatic data and evidence-based approaches • Dissemination of programmatic results and best practices • Development of individual service user DHIS2 tracker
Virtual Initiatives	<ul style="list-style-type: none"> • Online-to-offline outreach approach • Interface Voice Response (IVR) platform to assess quality KP-friendly service delivery from community partners and government clinics
Organizational Strengthening	<ul style="list-style-type: none"> • Use of Organizational Performance Index (OPI) to strengthen program management capacity of the four local subaward partners • Regular training coupled with formative field support supervision to reinforce learning and build expertise

the project team improved linkage to ART each year: from 0% to 28% per quarter in Year 1, 28% to 80% per quarter in Year 2, and 80% to 100% per quarter in Year 3 (Figure 4).

TECHNICAL HIGHLIGHTS

HIV RISK ASSESSMENTS FOR TARGETED INTERVENTIONS

Peer educators were trained to conduct HIV risk assessments to determine risk profiles (low, medium, and high) and differentiate services according to profile,

allowing for more targeted HIV testing and informed decision-making for targeted interventions.

ENHANCED PEER OUTREACH APPROACH (EPOA)

EPOA¹ — 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 the privacy of KP members — was also used with much success. LINKAGES Mali conducted the EPOA to increase reach into new KP networks in the Ségou, Tominian, and Bamako regions, particularly in areas where the annual target

Figure 4. Trends in prevention, testing uptake, case finding, and linkage to ART among MSM in Mali (October 2016–June 2019)

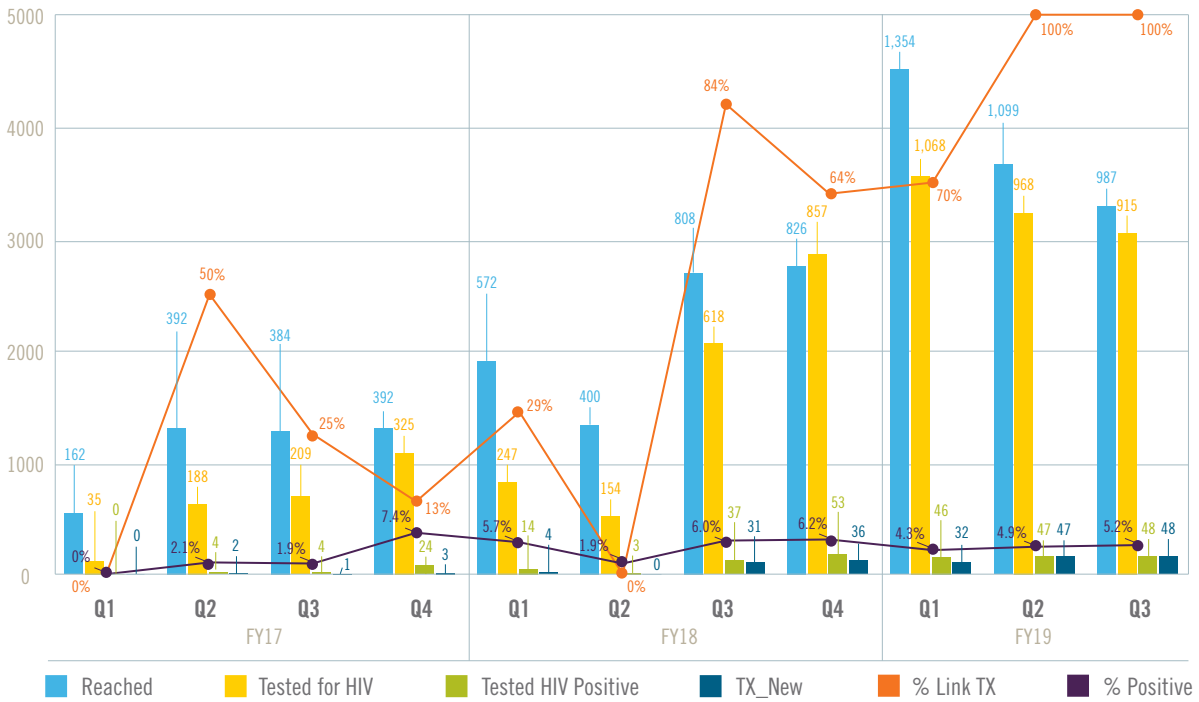


Figure 5. Trends in prevention, testing uptake, case finding, and linkage to ART among clients of FSWs in Mali (October 2016–June 2019)

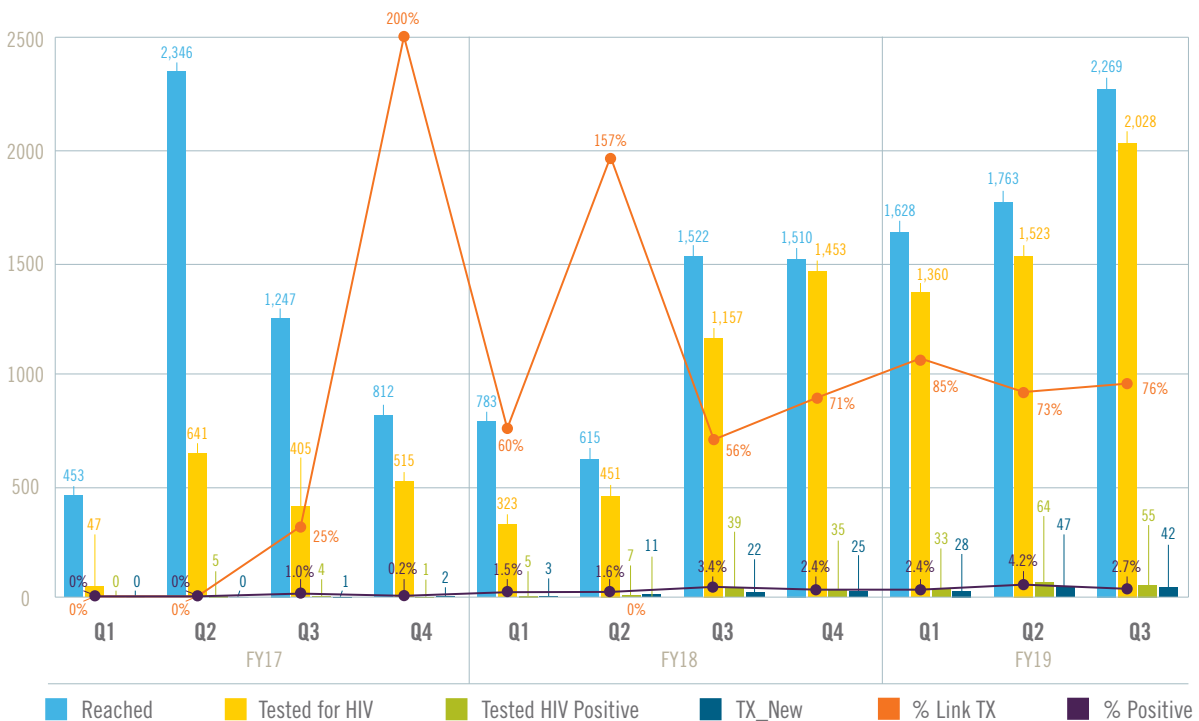


Figure 6. Index testing cascade (April–June 2019)

achievement was below 75%. The result was the overall HIV case-finding rate of 9.7% (13.7% among FSWs, 1.8% among MSM).

INDEX TESTING AND RISK NETWORK REFERRAL (RNR)

To increase HIV case finding, LINKAGES Mali used two additional approaches, index testing and risk network referral (RNR). Index testing is when providers work with index clients — individuals living with HIV — to elicit their sexual or injecting partners, biological children, or biological parents (if the child is the index client) for HIV testing and counseling. RNR is when providers offer people living with HIV additional, self-guided options to informally extend links to HIV testing and other services to a broader set of social- and risk-network members who have an elevated risk of HIV infection. Index testing was expanded to all project sites and service delivery structures and was conducted on a routine basis, while RNR was launched at sites having at least 25 clients living with HIV. Figure 6 shows the cascade related to index testing, which made up 30% of all HIV case finding during the quarter represented (April–June 2019).

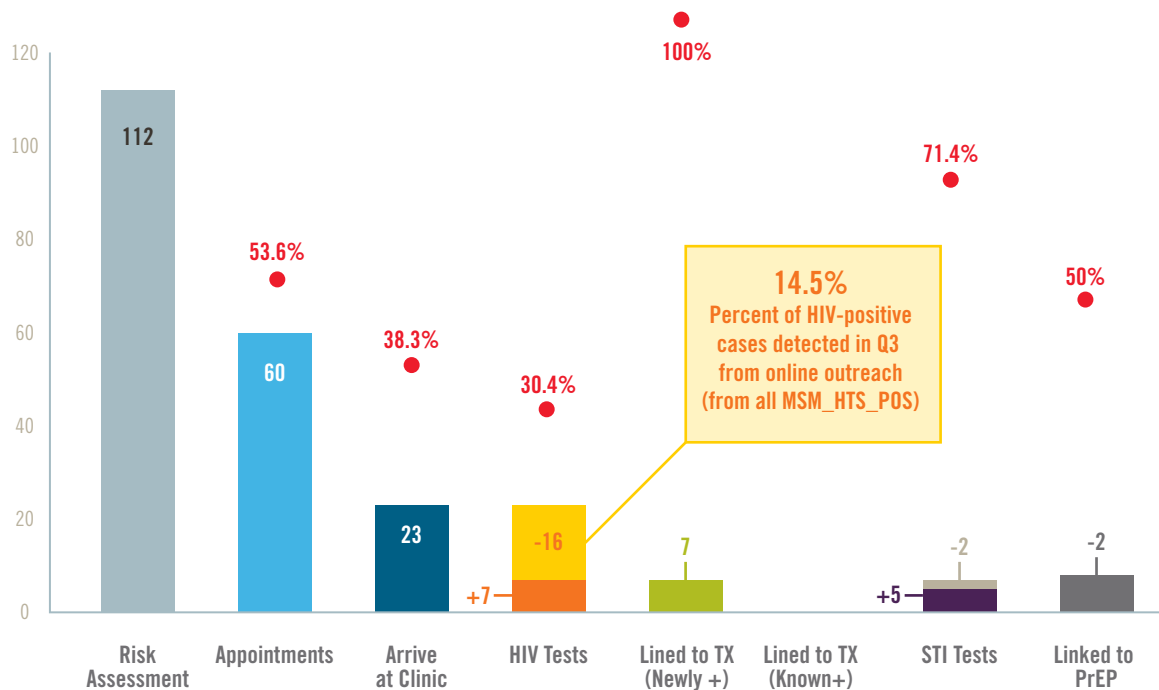
PEER NAVIGATION PLUS

Peer navigation plus provides support to community or public health systems to enroll clients in care and initiate treatment and help them remain treatment adherent.² Implementing this strategy enabled LINKAGES Mali to improve retention of patients on ART and increase

“ The LINKAGES project provided great momentum to the NGO partners working with key populations. The human resources of this project were implicated in all the activities of the key populations through their expertise and contributions to reaching the national objectives. ”

MOH of Mali

Figure 7. Overall online HIV service cascade in Mali (April–June 2019)



“ The LINKAGES project contributed on a global scale to the decrease in gaps in the cascade of HIV care among key populations. Thanks to the different intervention strategies, the identification of the most hidden groups is easier. The project made it possible to improve our practices related to effective targeting of the high-risk groups. ”
ARCAD SIDA program manager

access to viral load testing. An individual client tracking process enabled program monitoring of clients on ART, with clients not on ART categorized as either having stopped treatment, died, became lost to follow-up, or transferred in or out. Only 67 clients were identified as lost to follow-up during the life of the project, showing a 95% success rate for the monitoring approach.

Also, as part of peer navigation plus, both peer educators and peer navigators were trained to collect dried blood spot (DBS) samples for viral load testing. Using both the transportation system of CSLS and the national reference laboratories for transport of samples and results, LINKAGES Mali achieved improvements in overall numbers of viral load tests conducted. It also achieved a substantial reduction in turnaround time; district health care teams received viral load results in less than two weeks. At the national level, LINKAGES Mali conducted viral load assessments on a routine basis for members of KPs, thanks to strong collaboration among staff at the community, government health facility, and national referral laboratory levels.

ONLINE OUTREACH

To expand the reach of the project to KP members who were not readily reached by peer outreach workers, the LINKAGES team developed an online outreach approach using social media, particularly Facebook, WhatsApp, and Instagram. Three online peer educators were trained to conduct virtual outreach activities “including risk assessments, facilitating appointments for HIV testing, and supportive follow-up for PLHIV. HIV case finding through this approach was 30.4%, representing 14.5% of overall HIV case finding among MSM (Figure 7).

ABOVE-SITE ACHIEVEMENTS

POLICY IMPACT

The LINKAGES Mali team worked jointly with local and international collaborators: the MOH (HCNLS, CSLS, and National Institute of Public Health Research [INRSP]), USAID implementing partners (Johns Hopkins University, Palladium, Chemonics), Global Fund (Plan Mali International), Solthis (ATLAS project), United Nations organizations (UNAIDS, UNICEF), and the World Health Organization (WHO). In particular, the project was supported by UNAIDS and CSLS in its use of all technical approaches and was included as a key player in the development of the national KP program implementation manual, *National Toolkit of Service Delivery Packages for Key and Prison Populations in Mali*. This toolkit will enable the MOH to provide appropriate supervision in the field for all HIV KP programs and will inform national annual and strategic planning. In addition, the project team led discussions in the national technical working group on national adoption of the UIC model³ for implementation by all KP program partners.

LINKAGES Mali also contributed to the development and/or review of numerous national guidelines and protocols—the national HIV testing strategy, revision of the national HIV protocol, and a virtual system to assess stigma and discrimination in facilities through client feedback, to name a few.

“ When I participated in a chat session facilitated by a peer educator, I learned that all that time I had been taking enormous risks, so I didn’t hesitate to take my HIV test. The result was positive. All of a sudden my life was totally upended, and I told myself I was just waiting to die. But the peer educator supported me and put me in contact with a peer navigator, who supported me psychologically and helped me adhere quickly and confidentially to ARV treatment. My 12-month-old baby also tested positive and was able to benefit from ARV treatment thanks to LINKAGES. ”

27-year-old FSW, client at Soutoura, Bamako



FUTURE DIRECTIONS

As LINKAGES Mali transitions to the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project, a number of strategic approaches and activities are planned. New approaches to facilitate coordination between community and health facility interventions are being developed for a more comprehensive HIV prevention, care, treatment, and support structure.

The EpiC project will also ensure the effective transition of all patients currently on ART to the new antiretroviral regimen — tenofovir, lamivudine, and dolutegravir (TLD) — as soon as the drug becomes available in country (tentatively November 2019). KP programming will focus on increasing HIV case finding by expanding index testing and the EPOA, reinforcing peer navigation, and developing strategies for stronger case management. Prevention efforts at the community level will involve access to pre-exposure prophylaxis (PrEP) and self-testing, including continuing to work with the ATLAS project to provide self-testing kits to KPs and priority populations.

Electronic data collection and reporting through the DHIS2 tracker “KoloChi” platform (<https://dhis-epicmali.fhi360.org/dhis-web-commons/security/login.action>) will reduce paper-based data collection and human error in data entry and aggregation, and increase rapid decision-making at the field and central levels. Lastly, online outreach will be improved through an app (<https://ibadon.com/>) for booking appointments and conducting a self-assessment for HIV risk.

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 Mali: Summary of Achievements October 2016–September 2019. Durham (NC): FHI 360, 2019.

1. For more information about EPOA, please see the LINKAGES [Enhanced Peer Outreach Approach Implementation Guide](#).
2. For more information on peer navigation, please see the [LINKAGES Peer Navigation Implementation Guide](#). In peer navigation plus, peer navigators provide additional support to clients that goes beyond standard navigation, such as tracking clients who are lost to follow-up and bringing them back into treatment, or strengthening a monitoring and evaluation system to enable same-day follow-up calls for missed appointments.
3. For more information on the UIC model, see [Unique Identifier Codes Create Continuity and Improve Client Tracking for LINKAGES Mali](#).

