



GOING ONLINE

TO ACCELERATE THE IMPACT OF HIV PROGRAMS





USAID
FROM THE AMERICAN PEOPLE



LINKAGES

*Across the Continuum of HIV
Services for Key Populations*



LINKAGES, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is the largest global project dedicated to key populations—sex workers, men who have sex with men, people who inject drugs, and transgender people. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

RECOMMENDED CITATION:

FHI 360, LINKAGES Project. 2019. A Vision for Going Online to Accelerate the Impact of HIV Programs. Washington, D.C., U.S.: FHI 360.

This document was 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.

WHAT'S INSIDE

1. WELCOME	4
2. OUR VISION	5
<i>Broader Inclusion</i>	5
<i>Client-Centered Differentiated Services</i>	6
<i>Improved Efficiency</i>	6
<i>Safe and Confidential Access</i>	7
<i>Checklist for Planning Safe and Confidential Access to Online HIV Services</i>	9
3. FRAMEWORK	10
<i>Part 1. Learn and Plan</i>	11
<i>Part 2. Reach and Link</i>	20
<i>Part 3. Engage and Support</i>	28
<i>Part 4. Assess and Improve</i>	30
4. MOVING FORWARD	35
5. MORE	37

WELCOME

Going Online is a vision and evolving framework for how HIV programs can use online and mobile platforms to accelerate impact toward meeting their HIV education, prevention, testing, and treatment objectives. The USAID- and PEPFAR-funded LINKAGES project developed this vision to help populations facing the greatest HIV risks to make connections to life-affirming and life-saving services in an increasingly connected world. Our vision will also be helpful to other stakeholders in the HIV response, including governments and community organizations seeking to modernize and diversify approaches to reach and engage people in HIV services in ways that meet their needs and preferences.

The document is segmented into two parts. First, we explain four principles guiding our vision for online HIV programs. Second, we offer a four-part framework explaining how HIV programs can consider using this approach—which sets the context for detailed guidance the project will release soon.

Our vision largely speaks to the digital generation who are young, urban, and keen consumers of social media. For the HIV programs serving people who search on Google for their sex education and use Instagram and WhatsApp for socializing and dating, this vision is for you. We hope that this vision will speak to the preferences and lifestyles of those aspiring to have a better future, despite facing sexual health risks today.

This vision helps us at LINKAGES appreciate the diversity of people we need to engage in HIV services to reach the ambitious global goal to end AIDS by 2030 and the ever-expanding potential for online platforms to accelerate these efforts. We hope you also find value in this vision and help shape it through continued adaptation and implementation.

OUR VISION

It is becoming increasingly clear that online solutions are well positioned to address four principles that are critical to epidemic control.

Broader Inclusion

Harnessing online platforms to expand access to previously unreached individuals facing high risks, and more conveniently reaching existing program beneficiaries who already use online and mobile platforms.

For a long time, HIV programs focused on engaging people through physical networks or in “hot spots” using face-to-face communication. Individuals who experienced risks for HIV but steered clear of these hot spots in the interests of privacy or security were considered “hard to reach” or “hidden.” This is not the case today, with internet and mobile penetration reaching over 50% in most global regions¹ and many people finding their sense of community and social

networks online.² We believe we can broaden inclusion in HIV services by opening new channels to reach and support them through online and mobile platforms. When our [online survey results](#) across several countries found a large proportion of respondents who were at risk for HIV were neither reached by HIV programs nor received HIV services recently, we created a new model for HIV outreach called “[generations of HIV outreach](#).” This model presents the history of HIV outreach approaches and how programs have successively used more sophisticated technologies in outreach, and in turn, broadened their reach to new populations with HIV education and awareness, prevention, testing, and links to treatment. Read on to learn about LINKAGES’ online outreach methods and how they can be implemented within an HIV program.



Client-Centered Differentiated Services

Providing focused, prioritized, person-centered support and a range of options for engaging in HIV services that better meet individual preferences and needs including discreet virtual services and self-guided options.

Providing more options and entry points through which people can engage in HIV services will make HIV programs more accessible, relevant, and useful. However, to offer truly differentiated options that satisfy the preferences of a broader range of people, HIV programs need to create several pathways for clients to engage in HIV services that begin with outreach and extend

through education, counseling, referral, and uptake of biomedical HIV services.³ To achieve this, we start by better understanding the populations we want to engage and their unique characteristics. We adapted a model used by the International AIDS Society (IAS)^{4,5} to show three elements that can help us develop client-centered online HIV programs: health status characteristics, population/demographics, and outreach context—which can be the client's virtual or physical setting and their relative needs for support. See our “[population segmentation for online HIV outreach](#)” model described in the next section. Read on to learn how we understand and segment online audiences and examples of how we differentiated our services to better meet their needs.



Improved Efficiency

Leveraging efficiencies of virtual communication, automated systems, and rich user data to bring the right information and services to the right people.

There is a commonly held—but scantily evidenced—perception that online and mobile solutions must be expensive because they rely on technology. Historically, when programs have tried to introduce virtual and online approaches, resource constraints have often required them to do so on a shoestring budget, and on the margins of existing programming. As a result, the scale of implementation has typically been limited. Nevertheless, due to the relatively low costs of engaging people online versus face-to-face interaction, as well as the

ability to engage previously unreached people at high risk, programs are beginning to document efficiency gains through virtual engagement.^{6–8} Bringing these innovations to scale will involve mobilizing additional resources to support new types of activities like engaging content creators, developers, and new voices from the population segments that can be reached online. It will also entail supporting the adoption of innovations through documentation and knowledge-sharing, advocacy with donor agencies and government stakeholders, and community engagement and leadership. Read on for practical examples of how LINKAGES programs are beginning to monitor their online outreach efforts, show improved efficiency, and share these results for scale-up and sustainability.



Safe and Confidential Access

Building trust and protecting service users and providers through a secure online environment for confidential access to HIV information and services.

Many believe online platforms are more anonymous than face-to-face communication. For instance, those connecting through social media or messaging apps can create a new virtual identity and may distance themselves from unwanted in-person confrontation or violence. Indeed, online HIV outreach may be better suited for people who are more willing to connect online or from the privacy of their phone or computer. However, online and mobile platforms have become increasingly sophisticated in data collection and use, and our assumptions about their anonymity may not be warranted. Program staff and beneficiaries may be less aware of how online platforms can monitor and use data and how other users might do harm to them.⁹ Additionally, the scale and centralization of data collection from online outreach may lead to data security vulnerabilities that have the potential for more disastrous fallout, if there is a breach or if client data are handled improperly.

HIV programs should “proceed with extreme caution”¹⁰ when considering the use of online and mobile platforms for outreach and service delivery. Recent examples of online advertising malpractice¹¹ and data breaches by a wide range of apps and databases^{12,13} reveal worrisome vulnerabilities

for going online. HIV programs should seek to understand, minimize, or avoid these vulnerabilities, which may affect some populations more than others. Key populations most affected by HIV are commonly criminalized and experience social stigma that may increase the risks they face when connecting with HIV services online. In some settings, key populations are pursued by the law through state and nonstate actors who actively seek to identify key populations online and use their online engagement against them.^{14,15}

Carefully consider with affected communities whether the risk of online outreach outweighs the possible benefits. Programs will need to consider community-specific risks by engaging community members and tailoring this vision and framework to the country and audience context. Another method to circumvent some vulnerabilities is to design an online outreach brand and service delivery strategy that are broad and do not require people to disclose their status as a member of a criminalized or vulnerable population (see more in [developing an online brand and content](#)).

The safety and privacy of beneficiaries and staff, and their trust in the program, are critically important for all HIV programs. As such, online and mobile platforms require new safeguards and heightened awareness. As a starting point, you can use our [checklist](#) to help you consider important factors for planning safe and confidential access for online HIV services.

CHALLENGES WHEN GOING ONLINE

Despite this optimistic vision for going online, some challenges will persist, and new ones will emerge, thereby setting a learning agenda for us as we move through implementation. Examples of these challenges include

- Broader reach but lower conversion of clients to uptake services because of using more impersonal modalities to connect and communicate with clients
- A steep learning curve involved in the more sophisticated use of technologies and online platforms in program implementation
- New safeguards for communities and beneficiaries as a result of increased public exposure of the HIV program and new modalities for communication, data collection, and use
- Balancing the program's pressure to reach more people online, while respecting the online spaces and communities who may not have HIV as a primary topic of interest (such as avoiding intrusive online outreach and maintaining respect for safe online community spaces)
- The need to (1) ensure equity and inclusion among beneficiaries reached through online approaches and (2) continue diversifying both online and offline outreach so that the most vulnerable are not left out
- Upward (donor-oriented) and external advocacy and knowledge-sharing of approaches and results to formalize approaches in the design and monitoring of future HIV programs

CHECKLIST FOR PLANNING SAFE AND CONFIDENTIAL ACCESS TO ONLINE HIV SERVICES

This checklist can be used as a starting point for enhancing the safety and confidentiality of online HIV services. Considerations at each stage of LINKAGES four-part framework for Going Online comprise this checklist. Additional considerations important to the community, target audiences, and HIV program should be included and the entire list should be reviewed together to come to consensus on whether each consideration has been

duly addressed. Many contextual factors will impact the salience of each consideration and will impact how programs plan to address them in their programming. The checklist focuses on protecting clients engaging with the online HIV program; however, some considerations are relevant for individuals, such as online outreach workers, providing such services. Click on the magnifying glass icon Q to learn more about each consideration.

1  LEARN & PLAN	1	Online HIV outreach has clear benefits for the target audience's health service access and outweighs risks 	✓	?	X
	2	Stakeholders and experts are engaged to guide safe online outreach 	✓	?	X
	3	Local legal context reviewed and used to inform online HIV program 	✓	?	X
	4	Data collected to guide the program is secured and not individually identifying 	✓	?	X
2  REACH & LINK	5	Branding and content for the online HIV program is broad enough for the target audience to comfortably access services and protect providers 	✓	?	X
	6	Staff are prepared to provide safe and confidential services to clients through online and mobile platforms 	✓	?	X
	7	Secure communication channels with clients 	✓	?	X
	8	Clients provide informed consent before their data are collected 	✓	?	X
	9	Online service directories protect the privacy and discretion of physical sites, where necessary 	✓	?	X
	10	Staff at clinical referral facilities are trained to provide inclusive and competent care to target audiences, including key populations 	✓	?	X
	11	Communicate the importance and processes for ensuring safety and privacy through the program's online presence 	✓	?	X
3  ENGAGE & SUPPORT	12	Clients can communicate with a real person for support 	✓	?	X
	13	The program ensures that clients are followed-up discreetly to avoid inadvertent disclosure 	✓	?	X
	14	Clients refer their friends and partners to uptake services without sacrificing either's confidentiality 	✓	?	X
4  ASSESS & IMPROVE	15	Databases with client information are secured 	✓	?	X
	16	Limit collection of identifying information and use unique identifying codes 	✓	?	X
	17	Clients can report issues and provide feedback on outreach, referral, and clinical services 	✓	?	X
	18	Clients view/edit their personal data collected by the program 	✓	?	X
	19	Data sharing and presentation are secured 	✓	?	X

FRAMEWORK

The online space can be a bewildering environment. HIV programs need a strategic framework to guide implementation of online outreach to meet their objectives across the [HIV services cascade](#), including HIV prevention, care, and treatment. At LINKAGES, we use a simple four-part framework (**Figure 1**) that follows a program planning cycle to plan, implement, support, and improve online HIV services. Within the scope of HIV services, this framework has primarily supported HIV testing objectives and links to treatment for people diagnosed HIV positive. Each stage is briefly described below, and the following sections will explain each of their associated approaches and examples of how they have been used in various contexts. [Another version](#) of this figure, at the end of this document, shows more granular detail of the client flow and data collection and use processes.

FIGURE 1. A framework for Going Online

CLICK TO NAVIGATE





PART 1.

LEARN AND PLAN

Well-targeted HIV programs begin by getting to know their target audience. This first phase provides inputs for planning online outreach, including how and where to reach people with relevant services through online platforms.

The first part of the framework is called “learn and plan” and refers to better understanding and engaging the populations at risk for HIV that can be reached online. Learning and planning includes using online surveys, hosting focus groups, engaging communities, and collecting other forms of data. These can be categorized into two kinds of activities: (a) “social listening” approaches that help the program learn more about their audiences’



Digital Development Principles

At their start, HIV programs should consider how their proposed online solutions will build on local capacities, fit local contexts, and be expanded and sustained in the long run. See the [Principles for Digital Development website](#) for more considerations for digital solutions.

technology use, risk behaviors, and preferences and (b) “mapping approaches,” used to learn where audiences can be reached via online and mobile platforms. HIV programs use learning and planning data to design and refine their online outreach approaches, referral mechanisms, and service options to meet their audience’s needs and preferences.



Understanding Diverse Populations

A LINKAGES CONCEPT

LINKAGES uses the figure on the next page ([Figure 2](#)) to guide us as we learn about populations at risk for HIV. This entails understanding our target audiences’ demographics and other population details, their client characteristics (related to health status), and the outreach context that makes the most sense for them. Each of these dimensions are described below with examples of the relevance for the design of programs.

Subpopulations

Subpopulations are distinguished by gender, age, risk level, and socioeconomic context. An individual’s socioeconomic level, for example, helps determine the level of support he or she may require from outreach staff and his/her ability to pay for more convenient HIV service delivery options like private or home-delivered services. It is important for HIV programs to compile and offer a package of services for different subpopulations and deliver services through a variety of inclusive and competent providers.

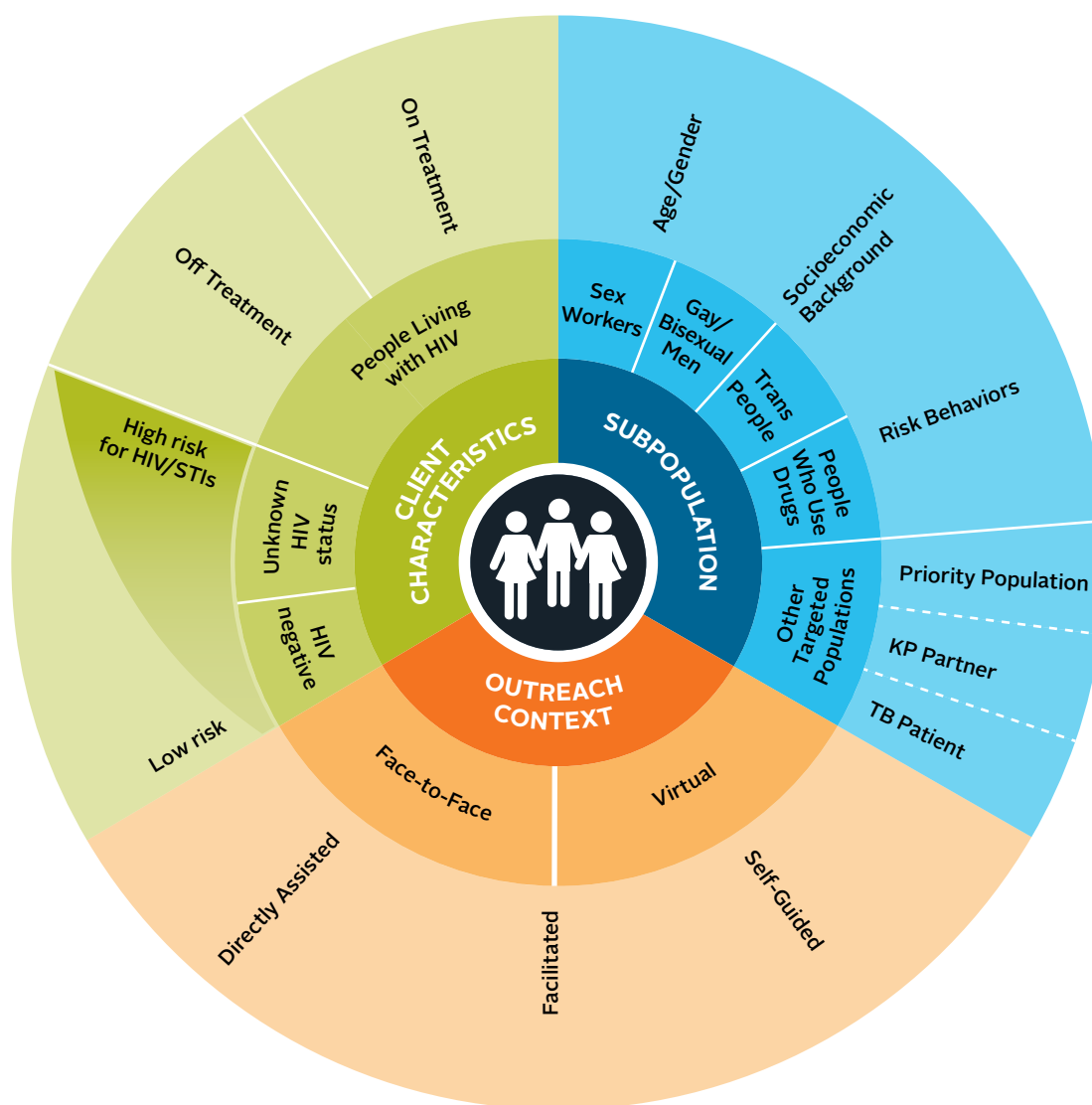
Client characteristics (related to health status)

Client characteristics refer to a client’s health or HIV status. HIV programs should provide services across the HIV services cascade and diversify their skills and referral options to be prepared to provide the right kind of services for people who are HIV negative or have an unknown HIV status, people living with HIV (PLHIV) who are not receiving HIV treatment, and PLHIV who are in care and on treatment.

Outreach context

The outreach context considers where people can most conveniently be reached, including a mix of physical and online options. HIV programs can segment people at risk for HIV by their physical or virtual context and provide tailored services based on the level of support they require. Some people prefer or need more hands-on assistance through peer education, knowledge-building, and navigation to testing and other clinical services (shown as “directly-assisted”). Other people just need some facilitation. Then there are those who are already actively health-seeking or prefer to find information and services on their own (shown as self-guided).

FIGURE 2. Population segmentation for online HIV outreach



Social Listening Approaches

The term “social listening” has become well-known in online marketing. It refers to the process of keeping track of online conversations to understand what people say about a brand or industry.¹⁶ At LINKAGES, we do not eavesdrop on people’s private conversations, but we do engage communities and online audiences in a variety of voluntary and volitional ways to ask them directly what they think about HIV services. The point of these activities is to build our HIV program and service delivery strategies based on their insights and continued engagement. We use the approaches listed below to learn more about populations at risk for HIV that can be reached online. Each of these can be implemented before designing the online HIV program and used again over time to update or re-align the program for additional components/features or population segments that will be targeted by the program.



Online Survey

Quick online surveys administered with informed consent help us to better understand populations at risk for HIV who can be reached online. These surveys do not rely on large research teams like biological and behavior studies and they are agile and flexible. They range from a 15-minute, 30-question survey to shorter versions in the form of an HIV risk estimator or game that takes just 5 minutes. The survey can be circulated through online ads on social media and through existing networks of community service organizations (CSOs) or it can be implemented after gathering more insight from focus groups and social media mapping (which give additional entry points for posting the survey). We can learn about survey takers’ technology use, HIV risk, and HIV service delivery preferences. An online survey should be used before designing the online outreach approach and can be updated every few years or before a program plans to add new segments into its target audience. An online survey can help

determine the package of services to be offered and guide the overall client flow within the HIV program. It also provides inputs to help determine which online outreach approaches, such as popular sites and apps used by the target audiences, outreach workers should prioritize. The survey can also give cursory insights into target audiences’ topics and people of interest on social media, which helps guide interest-based targeting for social media ads and selection of influencers to engage for promoting the program.

EXAMPLE

Online Surveys for Broader Inclusion

Online surveys can help programs make the case that going online can expand outreach to previously unreached populations. See some example findings below from programmatic online surveys:

- **INDIA** — 62.2% of respondents disclosing as men who have sex with men did not receive HIV or sexual health services in the past year (N=328).
- **KENYA** — 60% of respondents disclosing risk behaviors in the past 6 months were not contacted in the past 6 months by a nonprofit or community organization in Kenya about HIV prevention or referral for HIV testing (N=384).
- **CAMBODIA** — 39% of respondents disclosing risk behaviors in the past 6 months were last tested for HIV beyond 6 months ago, and 34% of them had never been tested (N=611).
- **SRI LANKA** — 20% of respondents disclosing risk behaviors in the past 6 months were last tested for HIV beyond 6 months ago, and 48% of them had never been tested (N=330).
- **TRINIDAD & TOBAGO** — 51% of respondents disclosing inconsistent condom use were last tested for HIV beyond 12 months ago, and 9% of them had never been tested (N=446).
- **COTE D’IVOIRE** — 26% of respondents disclosing risk behaviors in the past 6 months were last tested for HIV beyond 6 months ago, and 50% of them had never been tested (N=217).

**SEE OUR TECHNICAL BRIEF FOR USING
[QUICK ONLINE SURVEYS](#)**

EXAMPLE

Using an Online Survey to Plan Online HIV Outreach for At-Risk Men in Kenya

To broaden outreach to additional populations at risk for HIV, the LINKAGES program in Kenya used a quick online survey on Survey Monkey in July 2018 to better understand this audience. They advertised the survey through Facebook targeted advertising and online promotions by existing community partners and collected responses from 347 men at risk for HIV (those with HIV risk behaviors in the past 6 months). The results show there was a sizable population that could be reached online that were not being reached by existing HIV programs, and these clients typically preferred accessing HIV information and services online or through their phone and did not mind paying for HIV services.

FIGURE 3. How do you want to learn about HIV?
Select all that apply.

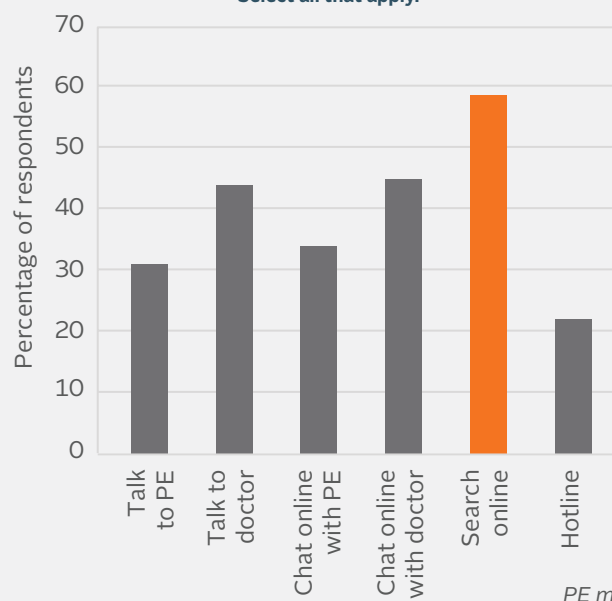
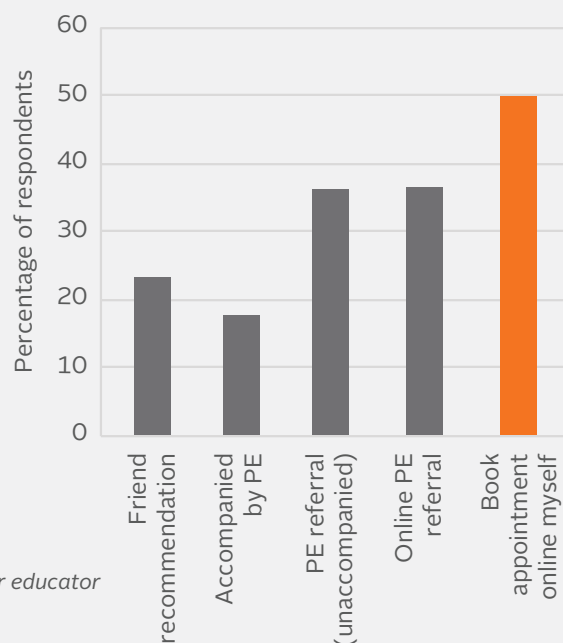


FIGURE 4. How do you prefer to find HIV and sexual health services?
Select all that apply.



The program responded by developing a broadly-appealing website where clients can assess their risk for HIV and book appointments for HIV services, including at existing CSO drop-in centers as well as at a selection of private providers. The program also engaged a creative agency to develop the public-facing social media campaign that would be used by online outreach workers, in online ads, and by social media influencers. The campaign is called “I am 1 in 3” and seeks to raise awareness about HIV risk and lead people to booking HIV tests on the website. One in three Kenyans knows their HIV status, and the “I am 1 in 3” campaign leverages this statistic as a call to action for others to know their status, take an HIV test, and be part of the one in three.

The creative campaign was developed to meet the target audiences’ preferences. Examples of this content are shown at right.

**Example of
teaser campaign**



**Example of
campaign reveal**



**Example of engaging content
to post on social media**





Focus Groups

Focus groups provide opportunities to engage potential audiences in small-group discussions to gather richer information than could be collected through surveys. Focus groups are good places to learn about your audiences' lifestyle interests, aspirations, challenges, and preferences—in general and in relation to HIV services. This information can help to segment audiences into more similar groupings that can be used to inform the service delivery strategies that will best meet their needs and preferences. Focus group data can also be used to target ads on social media and to develop messages and content to present to these audiences that will be more interesting, relevant, and motivating to them. Focus groups should be held before implementing online outreach and can meet every few years or when the program wants to engage new audience segments or discuss specific program functions with target audience members.



Community Advisory Teams

For more meaningful and long-term engagement, it can be useful to invite potential audience members to join a community advisory team. Members of community advisory teams should be carefully selected to include a wide range of people who feel comfortable meeting together physically or virtually to advise the HIV program. Teams should be organized before initiating online outreach and meet quarterly to plan outreach strategies, co-develop safety and security plans, review implementation progress, and troubleshoot challenges together. Members of community advisory teams should be allowed to anonymously provide advice and/or take an active role in program implementation, including organizing events, networking with others, and attending events/conferences.

Mapping Approaches

Unlike physical outreach, online outreach does not require listing and visiting physical “hot spots” or venues where target audiences are assumed to meet and congregate. However, the online space requires a new set of skills and approaches to ensure that outreach will be targeted to the people who need HIV services and can physically access these services offered by the program. Below are a few approaches that can help HIV programs map and prioritize online places for future outreach. Programs should implement these approaches before starting online outreach and update data gathered every year because of the high rate of turnover and change in the use of online platforms.



Social Media Mapping

Social media mapping allows HIV programs to identify online places or personalities that are popular among audiences at risk for HIV. This includes Facebook groups and pages, WhatsApp or other group chats, and even popular people on social media (called “influencers”) with followers who are part of the target audience. The goal of social media mapping is to provide HIV program staff, like outreach workers, with a list of (1) social media pages and groups and (2) people with many followers, who may be influential to the target audience and can be engaged to promote the HIV campaign to broader audiences. In either case these pages, groups, and “influencers” are first invited to participate in the HIV campaign and consulted on how best to engage with members and followers. This mapping exercise should be implemented before starting online outreach and should be repeated annually.

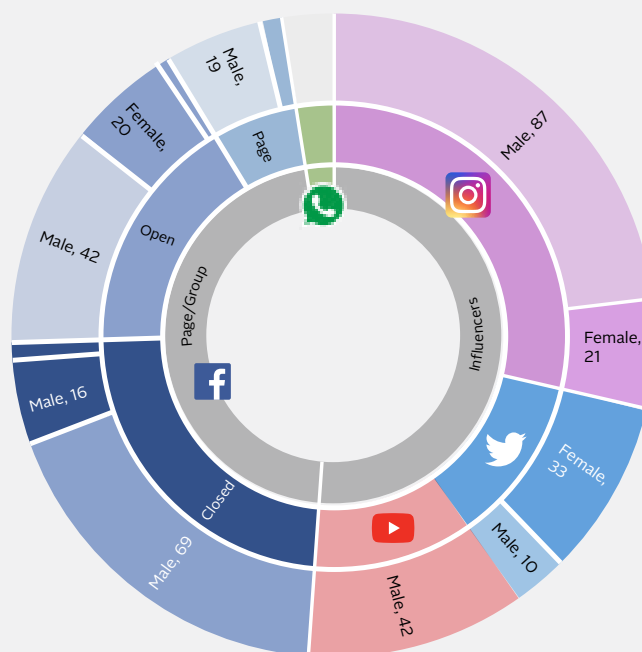
**SEE OUR TECHNICAL BRIEF FOR USING
[SOCIAL MEDIA MAPPING](#)**

EXAMPLE

Social Media Mapping for Populations at Risk for HIV in Jakarta

In 2017, the LINKAGES project in Jakarta worked with CSOs to list Facebook groups and pages, social media influencers, and WhatsApp group chats to inform their later online outreach efforts. Outreach workers based at these organizations now go to these Facebook groups and pages and WhatsApp chats and first engage with the admin and community leaders, and then work with them to provide support to members and link them to updatestatus.id—a website for users to assess their HIV risk and book appointments for services. The Jakarta program’s community advisory team helped prioritize the list of influencers, and the program later reached out to several to plan promotions.

Categorization of Social Media Mapping Results in Jakarta



The chart shows a categorization of the Facebook groups and pages, WhatsApp group chats, and Influencers with members or followers among the target audiences of men or women at risk for HIV



Collaborate with Dating Apps

Many young people at risk for HIV are using dating apps to socialize and find partners. HIV programs can reach out to these dating apps to understanding their potential audience size on the apps, popular times of app usage, and general user characteristics to better plan outreach on those apps. These data are best used to optimize ads on the apps (see “[Social Profile Outreach](#)” on page 23 in [Part 2. Reach and Link](#)). HIV programs can contact the apps directly through

their advertising/marketing department or social/health liaison. The level of data dating apps provide depends on security of that data and the value offered to the app by the HIV program, such as the social cause, relevance for users, or commercial value. While the apps would never share individual user data, they may provide simple aggregate user data or suggestions on popular times of app usage. Programs may also reach out to dating apps to collaborate on an in-app survey of users to find out more about their specific interests.

Planning an Online Outreach Program

Learning about and engaging with the people you want to reach online will inform how to realign or even reinvent the HIV program and service package. All efforts should be made to meet the audience's preference while remaining feasible for the program's budget, timeline, and capacities. Compared to offline HIV outreach, online HIV outreach relies less on personal connections and influence and more on a strong value proposition. That is, the value of your services should be better than other available options and better than not going for HIV services at all. This means offering more convenient options, higher quality testing services, more confidential or trustworthy providers, a more compelling and trendy campaign, or stronger community value/purpose.

These learning activities will help the program plan the client flow from prioritizing online outreach channels, to selecting an appropriate linkage/referral mechanism, and finally to the service delivery site and services offered at those sites. Figure 5 compares various online or mobile platforms through which programs can implement online outreach; this information can be used in combination with results from social listening and virtual mapping to plan channels for online outreach and the outreach approaches that would be used on each. Figure 6 summarizes approaches that can be used along this client flow and includes illustrative metrics to compare the relative benefits of each approach. Throughout this process of designing and concept testing, existing community partners—including focus groups or community advisory teams of the online audiences—will help ensure that the program is designed and implemented optimally.

In the following sections, we explain these approaches to reach online audiences and link them to HIV services, support their routine engagement, and assess and improve these approaches over time. These approaches would be planned in accordance with the program, country, and population context. Some considerations for program planning include:

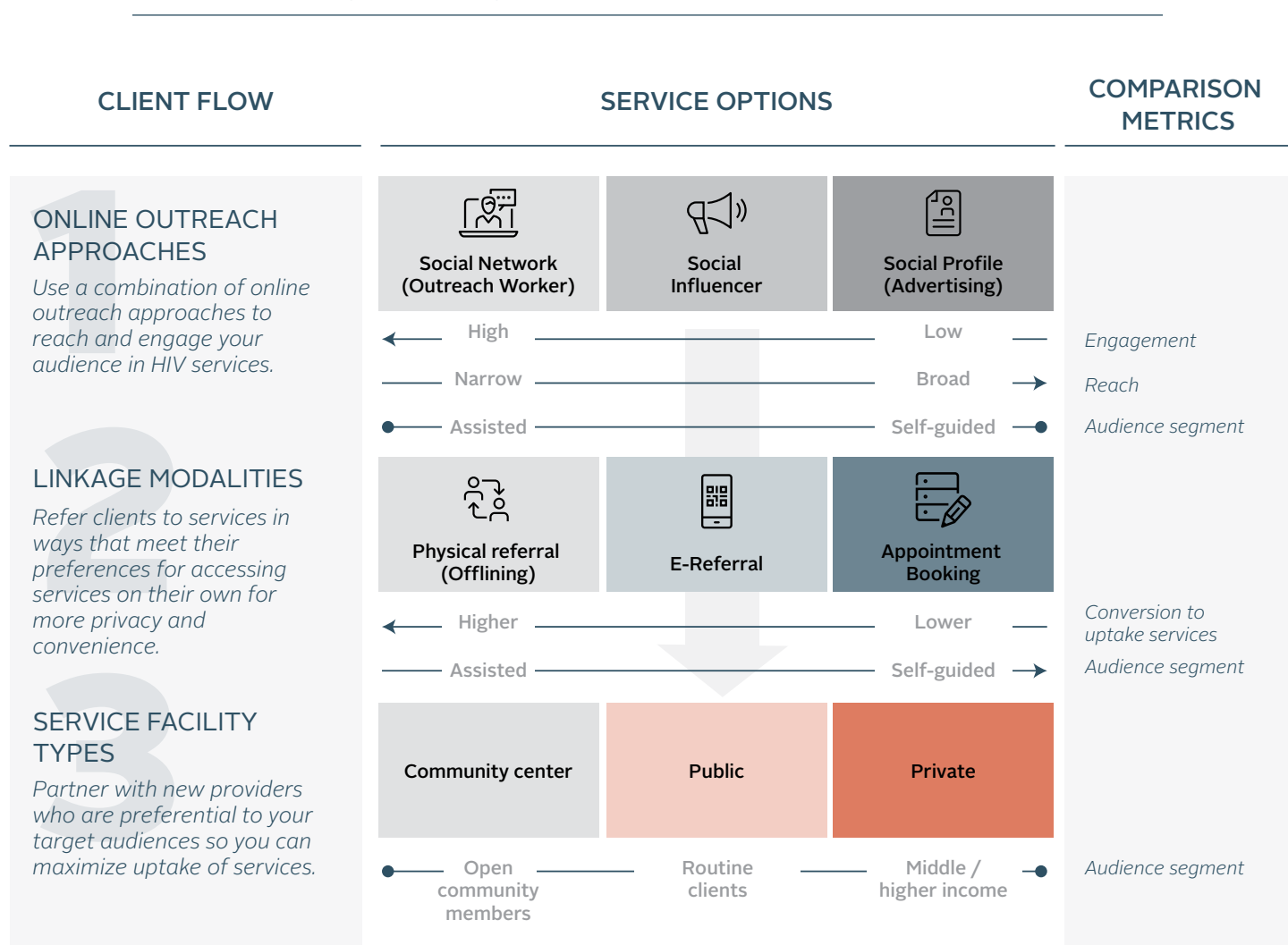
- What are the program's objectives for going online (i.e., the online HIV approaches)? Objectives may include HIV education/awareness, HIV prevention, HIV testing, and linking people who know they are HIV positive to treatment or support services, among other possible objectives. (For reference, this vision was primarily used by LINKAGES programs to support HIV testing objectives for previously unreached populations and linking people who know they are HIV positive or those diagnosed HIV positive to HIV treatment).
- What kinds of human and financial resources do I have to implement online outreach?
- How do I prepare for online outreach implementation, monitoring, and management?
- How long will my online outreach program last and what is the scale of implementation?
- What do I need to implement my online outreach program (for example capacity development, infrastructure/devices, outside creative content support, government approvals)?
- See this [checklist](#) with a list of considerations for planning and implementing confidential online HIV services.

FIGURE 5. Online and mobile platforms compared

ONLINE AND MOBILE PLATFORMS COMPARED

DESCRIPTION		 Social Network Outreach (Online Outreach Workers)	 Social Influencer Outreach	 Social Profile Outreach (Online Advertisements)	 Engage & Support
Reference this table to learn about online and mobile platforms and how they can support an HIV program's online outreach and engagement activities. Each outreach and engagement activity is described in the following sections. This is a simplified reference guide that would need further adaptation for specific populations at risk for HIV.					
SOCIAL MEDIA		✓	✓	✓	✓
Great all-around platforms for all kinds of outreach and continued engagement and support. These social networking platforms allow programs to reach at-risk populations either through a social network or influencer approach. They also offer advertisers rich user data for targeting advertisements to audiences. Videos posted to YouTube can reach broad audiences through popular established voices and channels or can be a repository for educational videos shared on other platforms. YouTube also connects with Google Ad Words for targeted ads.		✓	✓	✓	✓
		✓	✓	✓	✓
		✓	✓	✓	✓
			✓	✓	✓
		?		✓	
DATING APPS		?		✓	
		?	✓	✓	
		?		✓	
		?		✓	
OTHER WEBSITES		✓		✓	
A variety of other websites can be used to reach and engage people, including other dating websites, personals, or other blogs. Programs should find and prioritize these other sites/apps and contact the administrators to explore if outreach workers can engage users directly or arrange ads to post for users.					
AD PLATFORMS				✓	
Google AdWords is the most powerful browser-based advertising platform. Ensure that your HIV information, services, and campaigns reach relevant audiences and within searches for related content on the most popular search engine Google.					
MESSAGING APPS		✓			✓
Perfect for continuing a conversation with clients reached originally on other platforms and providing remote counseling and support. However, because these platforms do not have embedded social networks, it is challenging to use them to reach new people, except WhatsApp, which is commonly used to join group chats linked together through individuals' phone contacts, or WeChat, which can be used to find other nearby users.					✓
					✓
		✓			✓
					✓
					✓
OTHER MOBILE PLATFORMS					✓
While phone calling and SMS are not online platforms, they offer virtual options to engage clients after they have been reached through online platforms.					✓

FIGURE 6. Providing options along the client flow





PART 2.

REACH AND LINK

Art meets science as HIV programs implement tailored strategies to reach people online and link them to HIV services integrated with motivational messaging and interesting content.

Developing an Online Brand and Content

The HIV program's first impression online is its client-facing brand and associated content used in online outreach. By brand, we mean the look of the HIV program as it is expressed online and the feeling or emotion viewers have as a result of viewing or interacting with your online HIV services. Branding includes a logo, tag line, and color scheme, but also your value proposition for clients and how you communicate that value to your audiences. Developing a fit-for-purpose and client-centered online presence takes careful consideration.

The HIV program will need to develop content for each outreach approach, including the key messages and graphics used by online outreach workers, social media influencers, or online ads. Each outreach approach will then link clients to

an online place (for example, website or social media page) where clients can learn more about HIV or sexual health, find HIV services, or book/pay for services and products directly. Offline HIV service delivery sites may also integrate this online brand or campaign into their physical clinics to help transition online clients to clients of in-person health services. Content should be branded to fit a recognizable campaign style and adapted to the country and population context. All messages should present clear and accurate information about HIV or sexual health and should be informed by community insight. This insight is particularly important when deciding whether the HIV brand should specifically speak to the target audience, or if a broader, more inclusive brand would work better. For instance, discreet populations may want to access services without disclosing their HIV status, sexuality, or other factors that may affect their experience of stigma—so a more general HIV campaign might work better for them.

To develop an online presence with attractive and fresh content, programs will benefit from a variety of social listening approaches (described in the prior section) and support from social and behavior change experts and marketing firms and creative agencies.

A LINKAGES CONCEPT



Generations of Outreach

HIV programs have progressed and innovated over the years by continually using new online and virtual platforms and implementing them with increasing levels of sophistication. In Figure 7, we categorize online outreach approaches into cumulative generations of outreach. This framework helps us identify where our audiences (and programs) are in terms of technology use, where we can go in the future, and the considerations we need to take into account when introducing new online outreach approaches that can broaden our reach.

Outreach 1.0

Traditional physical outreach where HIV program staff, such as community outreach workers, go to physical locations to reach members of the target audience or use a snowballing-like method that leverages the physical networks to reach those outside these spots. This is the first generation of outreach methods and remains the bedrock of most HIV programs today.

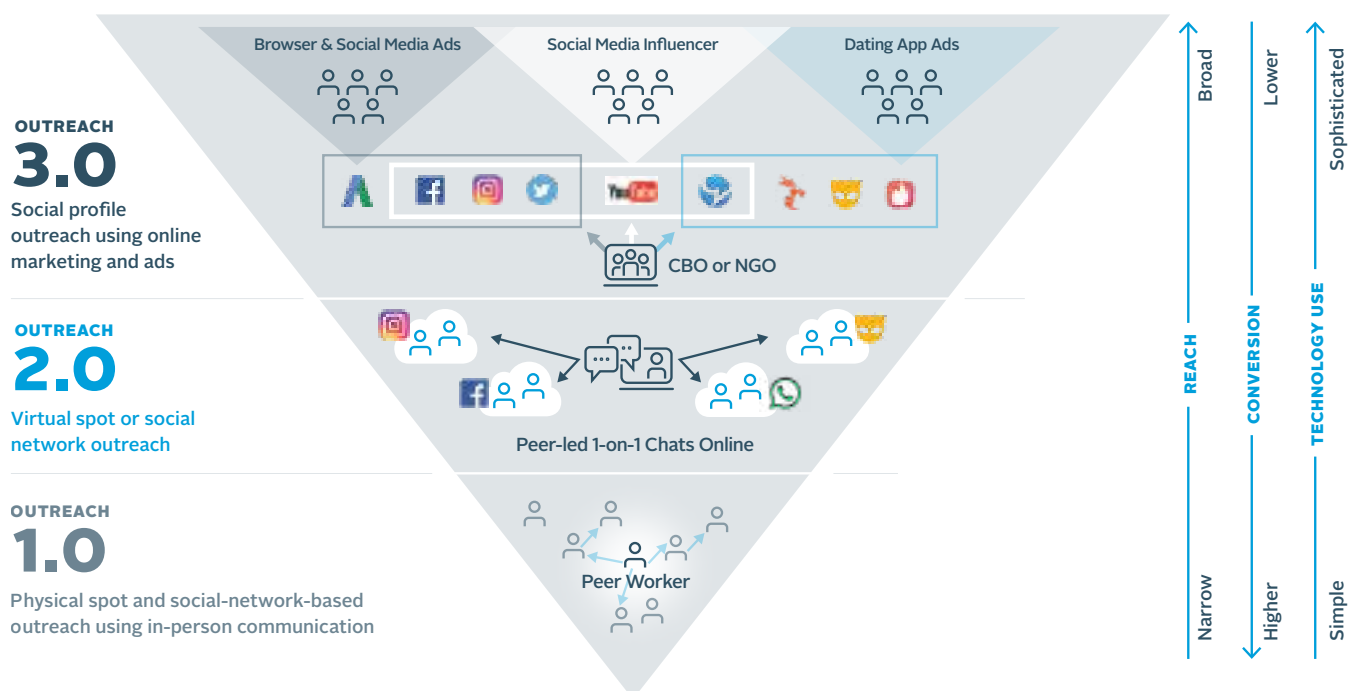
Outreach 2.0

Online outreach where HIV program staff log on to online platforms and navigate to virtual locations (for example, Facebook groups or pages or WhatsApp groups) or engage their virtual network to find people at risk for HIV online and engage them in one-on-one chats that eventually lead to offline uptake of HIV services. This is a second-generation outreach approach that has become increasingly common over the past 10 years in many global regions.

Outreach 3.0

Outreach 3.0 extends the program's reach beyond one-on-one connections (physical or virtual) and has the potential to reach larger segments of the target audience through online targeted advertising and promotions by personalities on social media (called social media influencers) with large followings among the target audiences. With broader reach, HIV programs may be exposed to new and even unintended audiences and therefore should carefully plan with community partners and introduce appropriate safeguards. This third-generation approach is now being tested and refined among a few HIV programs by mimicking the approaches of large- and medium-sized businesses. Programs using these approaches in high-stigma environments typically do so under a broadly appealing HIV campaign not limited to any specific at-risk population.

FIGURE 7. Generations of HIV outreach



Online Outreach Methods

LINKAGES categorizes online outreach into three methods—social network outreach, social influencer outreach, and social profile outreach—each of which is described below. Ideally, these approaches should be used in combination with varying levels of intensity based on the relative value of each approach and its impact on reaching program targets. For example, the LINKAGES project in Jakarta uses all three approaches to better reach and engage different population segments, as shown in Figure 8.

In each of these sections we talk about how we apply modern online marketing and advertising approaches to HIV outreach and service delivery. Some of these approaches may be best suited for large HIV programs because they require more sophisticated use of online advertising platforms and relationships with technology partners.

Further adaptation and support may be required for community organizations to safely and effectively leverage these approaches.



Social Network Outreach

Use online networks to reach and engage populations at risk for HIV through one-on-one chats on online or virtual platforms. This approach can be implemented by training existing or new outreach staff to contact their peers and additional networks online or through untrained community members who can mobilize their online friends to uptake HIV testing with incentives.

SEE OUR TECHNICAL BRIEF FOR USING
[SOCIAL NETWORK OUTREACH](#)

EXAMPLE

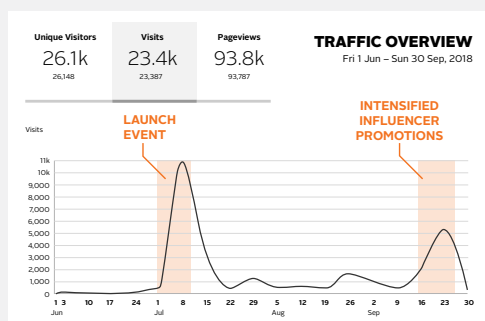
Social Influencer Outreach in Jakarta

The LINKAGES program in Jakarta uses three online outreach approaches to promote an online reservation system that helps link clients to HIV services (see [updatestatus.id](#)). Since the launch of Update Status in July 2018 social media influencers have helped establish the online presence of the campaign and reach people at high risk for HIV. CSOs and a community advisory team helped select and invite 50 influencers to an event where they learned about the program and promoted the website to their followers. After the event, two influencers launched additional promotions. The outcomes of these influencer promotions are evident by the incoming website traffic, where a spike is found near the event on 8 July and during the influencer campaigns in late September. Of all 11,840 completed risk assessments on Update Status (from July through September 2018), 4,840 were found to be high risk HIV negative and 2,626 were originally reached by an influencer.

Andrea Gunawan's promotional video using Update Status to book and visit a clinic for HIV testing



Web traffic of Update Status (Jun–Sep 2018)



Social Influencer Outreach

Engage influential, credible, and well-connected individuals as important partners in online outreach. Influencers include the “instafamous” and powerful trendsetters, established campaigns and pages that have the capacity to offer instant trust among target audiences, or online gatekeepers who can provide access to large private or closed online networks of populations at risk for HIV.

**SEE OUR TECHNICAL BRIEF FOR USING
[SOCIAL INFLUENCER OUTREACH](#)**

Social Profile Outreach

Use online advertising across social media, dating apps, websites and search engines to reach populations at risk for HIV with increasing precision based on their demographics, interests, and the content of their online activity. Use the built-in analytics of social media platforms to track how specific subgroups respond to different targeted messages and how frequently they act by getting tested and entering treatment.

TABLE 1. Each online outreach approach compared


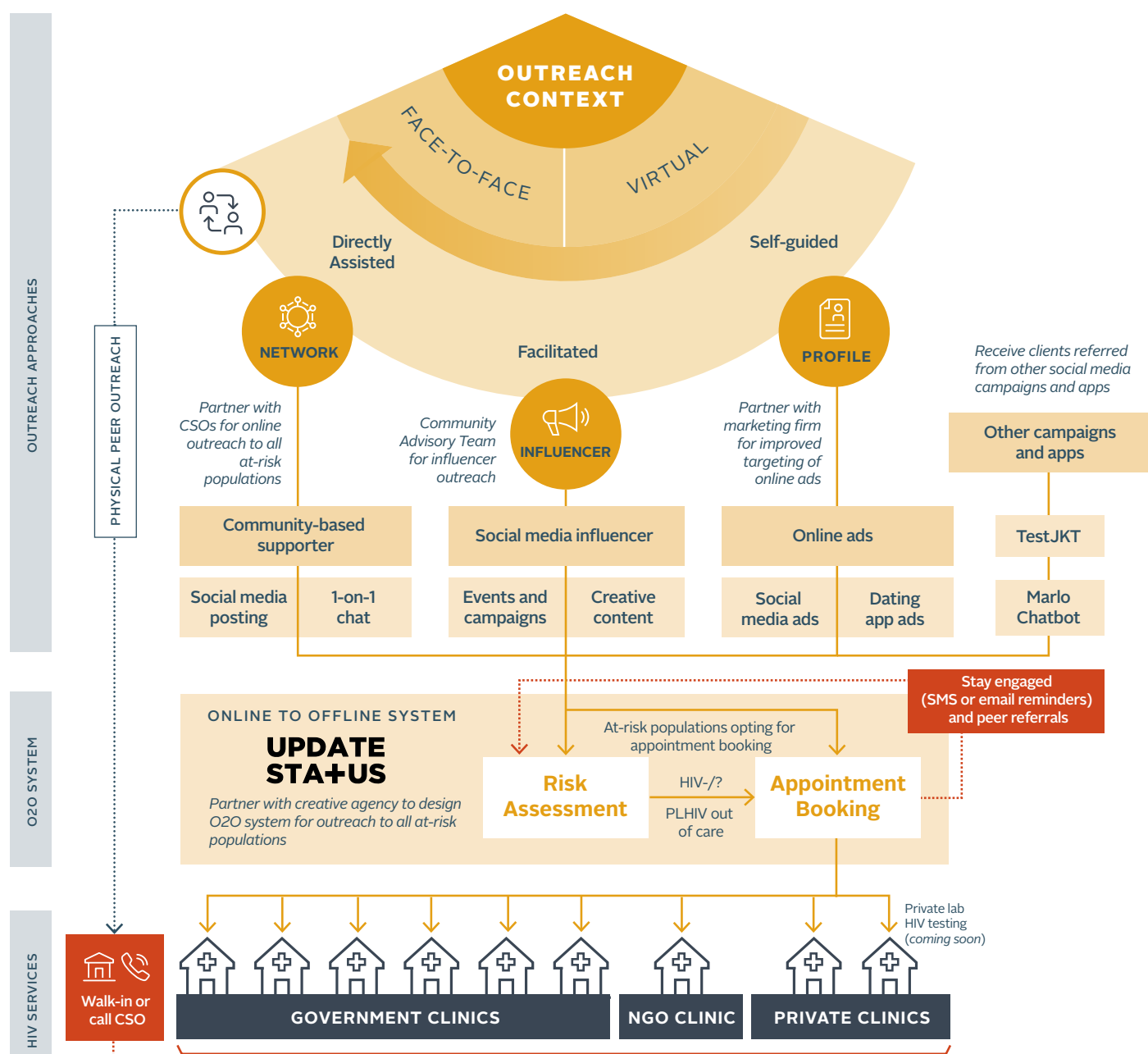
 Social Network Outreach	 Social Influencer Outreach	 Social Profile Outreach
FEATURES		
<ul style="list-style-type: none"> • High engagement with clients • Contributes to high conversion to uptake of HIV services • Limited in reach • Effectiveness depends on outreach workers' skills and existing networks 	<ul style="list-style-type: none"> • Low to medium engagement with clients • Effective for breaking down complex topics for broad audiences • Effective for establishing brand identity and trust among broader target audiences • Effectiveness depends on authenticity, dedication, reach, and skill of influencers 	<ul style="list-style-type: none"> • High reach, low engagement with clients • Effective for attracting clients outside known networks • Can support brand awareness and credibility • Effectiveness depends on pre-existing knowledge about HIV and demand for HIV services
INPUTS		
<ul style="list-style-type: none"> • Social media mapping results showing where audience members can be reached online • Survey results of popular apps and websites • Density mapping showing locations and times of popular dating app use 	<ul style="list-style-type: none"> • Social media mapping results listing influencers with large followings among audiences • Time for the program to follow and engage relevant influencers and develop trust 	<ul style="list-style-type: none"> • A social profile for each target audience, developed through focus group discussions and community advisory teams • Partnership with dating apps to learn how best to place ads on their platform
ACTIVITIES		
<ul style="list-style-type: none"> • Develop creative content that can be shared through social networks (videos, memes, quotes) • Train outreach workers to conduct online outreach through targeted social media postings and one-on-one chats with clients (requires a message matrix) • Create content to share among audience that encourages people to use services 	<ul style="list-style-type: none"> • Pay per post for influencers with established brand and price list • Develop creative campaign content for interested influencers to post (pro bono) • Host meet-up to engage influencers and secure support for campaign • Pair influencers with proven social marketing skills as consultants to HIV clinics interested in improving their social media image and attracting more clients 	<ul style="list-style-type: none"> • Schedule ads on dating apps to users in your program's coverage area • Target ads on dating apps to areas where there are many online users to advertise nearby services • Use social profiles to input topics and attributes into social media ad managers and send ads to target audience • Link internet users' related search terms to ads for HIV services or clinics (using Google Ad Words)

FIGURE 8. LINKAGES' model to reach and link at-risk populations to HIV services online in Jakarta, Indonesia

The LINKAGES project in Jakarta, Indonesia developed an online outreach model offering clients multiple ways to engage in HIV services that meet a wider range of preferences. The **population is segmented** based on their preference for assisted, facilitated, or self-guided access to services and an appropriate online outreach approach is paired with each preference. For example, populations preferring more assistance through knowledge-building and counseling are reached through an online community-based supporter using social network outreach. Populations preferring to self-guide through HIV services can be reached with an advertisement that allows them to access services on their own. All outreach approaches link to updatestatus.id – a website where clients can quickly assess their risk for HIV and book an appointment for HIV services at a range of government, private, and public clinics.



Linkage: Online-to-Offline Systems

For most HIV service delivery programs, measures of uptake of HIV services are among the most important indicators for assessing success. Therefore, online HIV programs will need a robust system to link clients who are reached online to uptake offline services and also monitor that exchange. Linkage and referral systems help clients more fluidly access services and make it

possible for programs to assess the results of their online outreach efforts and make improvements over time. LINKAGES highlights three methods for linking clients to HIV prevention, testing, and treatment services (Table 2). Each of these methods offers a different value for the program and client. Furthermore, these linkage approaches have implications for the quality and completeness of monitoring offline uptake of services.

TABLE 2. Online-to-offline systems compared

 Meet in person <p>A simple method to link people to services can be to continue the conversation offline. This process, also called “offlining,” may be best suited for social network outreach where an outreach worker can counsel clients through a virtual chat and ask the client to meet physically in a safe setting to complete counseling, provide prevention services, and make a referral, or provide navigation support, to clinical services.</p>	 Online or eReferral <p>An online referral can occur simply through a one-on-one chat with an online peer worker who may send details to the client of a clinic’s location and appointment time with the unique code. Clients will present or scan these eVouchers at service points to confirm successful referrals. Clinics will need to record the referral code from incoming clients and provide this information back to the HIV program to connect with original outreach data to monitor the outcomes of their efforts.</p>	 Appointment booking <p>Clients can use a website or app to complete their own HIV risk assessment, find nearby HIV services, and book an appointment. Clients are linked to an appointment booking tool using unique links that are captured on the online reservation application (ORA) backend, which allow the program to categorize and monitor each of their online outreach streams separately. Upon arrival at the facility, clients should mention their referral for the staff to mark the client as “arrived” on the reservation system.</p>
FEATURES		
<ul style="list-style-type: none"> • Easy to implement for programs with existing offline referral systems (low technology use) • Requires fewer changes to existing monitoring systems • Works well for social network outreach (implemented by program staff such as outreach workers) • May lack granular tracking of results for social profile and influencer outreach • Ideal for clients who prefer to meet in person before accessing services 	<ul style="list-style-type: none"> • Entails moderate changes to program referral system including digitizing referrals • Requires additional tasks for clinic staff to monitor and record e-referrals • Works well for social network outreach (implemented by program staff such as outreach workers) • May lack granular tracking of results for social profile and influencer outreach • Ideal for clients who prefer to receive online support but would like to visit clinics on their own 	<ul style="list-style-type: none"> • Requires tech/developer support to set up the system • Requires additional tasks for clinic staff to confirm and/or mark clients as “arrived” on reservation system • Works well for all online outreach approaches and can be expanded to include clients reached through traditional physical outreach (when using smartphones) • Use of unique links allows granular tracking of results for all outreach approaches from reach to appointment booking • Ideal for clients who want to access services directly without an intermediary to ensure more privacy

EXAMPLE

Using an Online Reservation System in India

Yes4Me.net is a website for people who want to access HIV testing (and other services) anonymously and from the convenience of their smartphone. Clients landing on the website can assess their current risk for HIV and other STIs, receive a tailored recommendation, and then can book an appointment for discounted HIV and syphilis testing at private labs or talk to a counselor for HIV treatment services. Clients can book appointments at any of 58 private lab locations in Mumbai, Thane, and Pune. An online client support team implements passive and active outreach to help people book appointments, and professional counselors provide phone counseling and treatment navigation. When clients arrive for their appointment at the private lab, they will need to mention their Yes4Me referral and show the lab receptionist their confirmation to receive the promotional rate offered by the lab to Yes4Me clients (currently 90% discount the market rate of the total test package). Preliminary results of India's Yes4Me online HIV program show that online outreach workers performed better than other outreach approaches at converting clients from booking an appointment to receiving an HIV test.

Yes4Me.net appointment booking website



Assess current risk for HIV or other STIs with simple 6-question tool and receive custom recommendation for services.

Select a private lab location to receive HIV testing services among 58 locations in Mumbai, Thane, and Pune.

Receive appointment confirmation and SMS with link to pretest counseling video.

Lessons from Using an Online Reservation System with a Private Lab

- When partnering with a clinic services network for online appointment booking, start with only a selection of the most engaged and convenient locations and streamline the process before expanding to additional sites.
- Negotiating a reduced rate for Yes4Me clients who access HIV testing at the private labs ensures that clients will disclose their referral and result, thus leading to complete tracking of the client across the cascade.
- Because website and outreach messages are broadly relevant to young people and referrals are made to private labs (where a variety of non-HIV services are offered), clients can uptake HIV services without implicitly or explicitly disclosing their sexuality or risk behaviors.
- Provide a community-led training of private lab staff to highlight the importance of inclusive care to all populations. Explain that some, but not all, clients referred by the HIV program may be from a stigmatized population and staff should ensure that all clients are welcome and their confidentiality maintained.
- Virtual/phone follow-up support from trained counselors is essential when referring clients to private labs, which are not always equipped to provide post-test counseling and links to continuous prevention, care, and treatment services.
- A close relationship between the HIV program and the private lab is essential to troubleshoot challenges in handling specific cases and communicate client feedback to the lab for improved services.



PART 3.

ENGAGE AND SUPPORT

Client-centered and tailored approaches engage people in HIV services and support their fluid movement into care and treatment or continuous prevention based on their needs and preferences.

At LINKAGES, engaging and supporting clients involves following up with people previously reached and referred for HIV services and continuously building relationships with them. While ongoing case management and cohort-style prevention outreach are trademark approaches for many HIV programs, we have started to adapt these for the online space. New options should be provided to clients reached online, particularly differentiated services and opportunities for more convenient and private follow-up and re-engagement. Some of the online engagement and support services that we are using are described below.



Virtual Education and Support

Online outreach staff can often perform the role of educators, community-based supporters, case managers (for example, peer navigators), or counselors (depending on training and skill level). In these roles, online outreach staff build on “reach and link” services, with a focus on specific risk-reduction, clinical navigation, or counseling needs, including those related to structural barriers to HIV services like stigma, discrimination, and violence. A few of these roles can also be

programmed into an interactive chatbot that will provide the requested information to clients on demand. Critical areas of client flow where virtual education and support are important are during outreach and follow-up on successful referrals. Clients reached by an online advertisement or through influencer promotion may need additional support understanding their sexual health needs or service options, or those reached by an outreach worker may require counseling support for psychosocial issues or treatment navigation (for known PLHIV). For those accessing HIV services from a previous referral, a human interaction, if even virtually, can (1) help clients understand their test results and next steps and (2) assist in collecting client feedback on the services they received (for example, [LINK – electronic client feedback systems](#)).



Virtual Reminders

Virtual reminders involve the use of messaging platforms (like SMS reminders programmed on RapidPro or WhatsApp broadcast messages) to send simple notifications to clients of upcoming events (like quarterly HIV testing reminders) or appointments, or reminders supporting medication adherence and other healthy behaviors. These can be automated or sent manually by an outreach team or counselor. Clients should always provide consent for their contact details to be used by the program to send reminders, and the messages sent should be based on what is acceptable for the client (for instance avoid using explicit language that may put the client for accessing HIV services).



Peer and Partner Referrals

Clients who receive HIV services may also be engaged to refer their friends and partners. There are a variety of approaches to support these kinds of referrals, but they are only successful if the original clients are pleased with their experience accessing HIV services and feel comfortable referring others. There is enormous potential for this approach to support HIV programs in the last mile of achieving their targets, when they are beginning to face a declining return on investment on traditional outreach approaches. HIV programs

can implement peer referral online by providing simple messages that clients can pass on to their friends and partner(s), which can be used by clients regardless of their HIV status. These messages recommend that friends/partners check out the HIV program's website to book an HIV test or find more information. This can also be adapted for people living with HIV through a "treat and test" model, which refers to helping HIV-positive clients access HIV treatment and, in the process, providing voluntary and safe options for them to refer their partners and other members of their social and risk networks to HIV testing, treatment, and other services.





PART 4.

ASSESS AND IMPROVE

Assess and improve online outreach with an agile approach to testing and tweaking new ideas, dropping ineffective approaches, and scaling what works.

Throughout the client flow, online HIV programs can practice adaptive management to use data rapidly and iteratively to gain a better sense of and control over project outcomes and results. This approach helps program managers focus on the activities that contribute to results and learn how to manage and optimize online HIV programs. Here we highlight three approaches to assess and improve; these are most relevant for HIV programs whose objectives include HIV testing and links to treatment but can be adapted for HIV education, prevention, and PrEP initiation and retention, among other objectives.



Real-time Monitoring

Online systems can be used to collect data on uptake and quality of HIV services accessed by clients; gain insights from data by understanding cascade progress; and identify which methods

are more effective than others. There are several levels of data collection and use for online HIV programs, including for outreach efforts, referrals, uptake of services, and re-engagement. Staff managing online outreach efforts will monitor several different data sources, such as the social media analytics on Facebook or ad managers, feedback from influencers promoting the program, and the daily activity trackers from online outreach and counseling staff. Much of these data are real-time and can be used daily to engage with program staff and discuss challenges and troubleshoot methods to improve results.

Indicators for online outreach

Introducing new online outreach or enhancing existing approaches requires measurable objectives and monitoring systems for continuous quality improvement. We measure progress toward these objectives by using clear and accurate indicators to help the program assess the impact of different kinds of approaches and even to determine resource allocation for online versus offline outreach. Examples of key performance indicators are provided in Table 3, and described using the example from Jamaica.

TABLE 3. Sample indicators for online HIV outreach

Outreach		Referral	Service uptake	
Clicks	Chats	Reach/Referral	Test	Link to Treatment
Number of interactions with public content posted by the campaign or program (such as likes, comments, shares, video views, etc.)	Number of 1-on-1 engagements with clients on the topic of HIV	Number of unique individuals who have been counseled on their HIV or sexual health needs, provided targeted HIV services, and referred for HIV testing or other services based on their needs (such as appointment booking)	Number of individuals who received HIV testing services and received their test results	Number of PLHIV linked to an antiretroviral treatment regimen

EXAMPLE

Social Network Outreach in Jamaica

In Jamaica, the National Family Planning Board and CSOs support outreach workers to reach populations online and appropriately link them to services. They use both passive (public posts) and active (one-on-one) online outreach to influence clients to meet physically with outreach staff in a safe place before being referred or accompanied to available HIV services. Passive outreach includes creating and posting HIV-related content on social media—such as ads, memes, and videos promoting HIV testing. The use of passive outreach is meant to attract the target audience to interact with the content, share it with friends, and lead to higher awareness of the HIV program so that people can contact the outreach team when they need services. Active outreach includes one-on-one conversations between clients and outreach staff, which can be initiated by the outreach team or client.

The Jamaica program has implemented this social network outreach and has achieved the following results between December 2017 to September 2018:



6,642 Clicks

Online audiences interacted with posted content 6,642 times.



942 Chats

942 people have engaged in individual one-on-one conversations with an online outreach worker on the topic of HIV.



113 tests, 5.3% HIV case-finding

113 people received HIV testing and counseling, with a 5.3% HIV case-finding, compared to 0.3% HIV case-finding from the standard HIV outreach model.

Example of social media posts used by CSOs in Jamaica to engage audiences in HIV services



Data Used for Decision-Making

- Click and chat indicators (as shown above) generate data that can be used to refine the online outreach strategies. For example, the CSOs implementing this approach keep track of limitations or gains and make necessary adjustments to the style and delivery of social media posts and messaging in one-on-one conversations. Outreach workers will also have an idea of which platforms to scale up efforts or decrease engagement.
- By measuring the conversion rate (from online to offline), outreach teams set expectations and monthly targets for the number of people they should meet and navigate to services. This also helps with planning for offline interventions such as parties. In a context affected by stigma and discrimination, the conversion rate also helps estimate the average time required to build trust with clients online before they are ready to uptake HIV services.
- Site-level data on the clients who uptake HIV services also help establish profiles of the population segments less interested in uptaking the services offered versus those who offline and uptake quickly. This information can be used to validate the extent and reach of traditional outreach programs. In Jamaica, the Ministry of Health has expressed that 78% of the estimated number of people living with HIV (34,000) know their status. Clients offlined are asked about their testing history and interaction with HIV programs to understand if the online outreach program is bringing in clients who have not been reached by previous approaches.
- Supervisors use tools to assess the quality of online outreach engagements, note missed opportunities and incorrect information, and propose adjustments. Client tracking tools help outreach workers to monitor their own engagements and appropriately follow up with clients across the cascade of services.

Learn more about LINKAGES' supported online outreach approach project in Jamaica on [LINKAGES' blog](#).

Data use and visualization

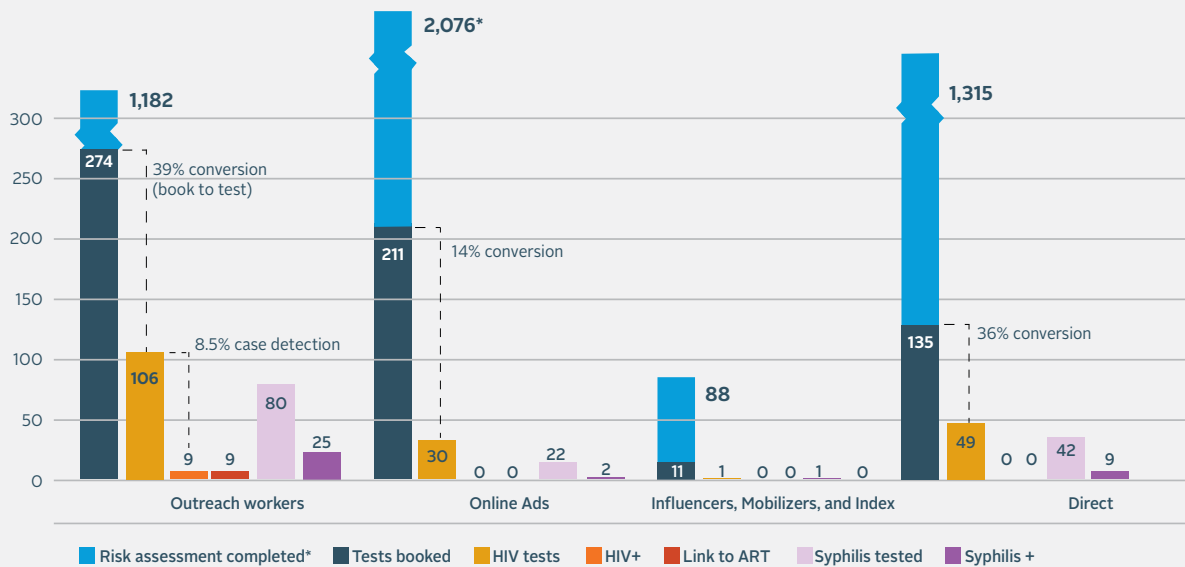
Granular and real-time monitoring of referrals and results for uptake of HIV services, however, depends largely on the linkage/referral mechanism. For example, the online appointment booking systems used by LINKAGES can help monitor real-time results and disaggregate by outreach source because each method (for example each influencer, outreach worker, and online advertisement) uses its own unique link sending clients to the appointment booking site. An e-referral or physical referral system, however, may not be real-time if clinics record referral codes on paper forms or collect paper referral slips to be entered later by the program.

Using an online appointment booking system makes it relatively easy to aggregate and visualize the results from various online outreach approaches. See [Figure 9](#), an example from India's online appointment booking system. These dashboards can guide discussions about program improvement and help program managers and staff direct efforts and resources most effectively. Periodically, it will be useful to bring all sources of data together to understand the flow of clients from outreach, to referral, to uptake of services. The frequency of data collection and use should reflect program needs and allow enough time between reviews that previous changes in program implementation can be seen having an impact on results.

EXAMPLE

Visualizing Results of Online Outreach in India

FIGURE 9. Results of Yes4Me online outreach approach segmented by online outreach approach (May–December 2018)



*Includes Yes4Me users completing risk assessments and bookings multiple times. Number of tests and linkage to treatment reflect unique individuals.

The LINKAGES team in India uses the graph above to visualize the flow of clients from online outreach toward uptake of HIV services. Client flow is segmented by the original outreach approach used, which is determined by the unique link the client clicks to go to the Yes4Me appointment booking website. These approaches include social network outreach (shown as “outreach workers”), social profile outreach (shown as “online ads”), and people who landed directly on the website without clicking on a unique tracked link. The resulting data are used to explore gaps in conversation between each step of the client flow and plan improvements with the program staff overseeing the respective outreach approaches. We describe the results of Yes4Me in more detail on the [LINKAGES blog](#).

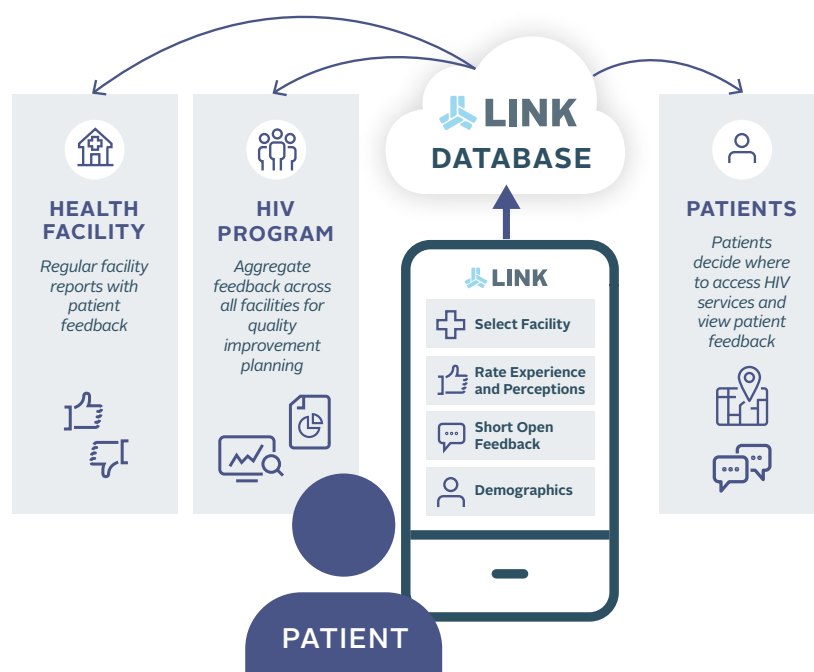


Client Feedback

A positive client experience is critical for ensuring the uptake of health services, including clients’ regular re-engagement in HIV programs over time and referral of their peers. Client feedback mechanisms available throughout the user’s journey help programs not only respond to the feedback but also assess whether they can improve clients’ experiences as a result. Feedback

can be collected by online outreach workers and counselors as they interact with clients, it can be self-reported by clients on an online reservation website, or staff can follow up with clients who have accessed clinical services to assess their experience and recommendations. LINKAGES has developed its own adaptable feedback approach called “LINK – Electronic Client Feedback” (see Figure 10) which has been implemented in seven countries.¹⁷

FIGURE 10. LINK conceptual framework for client/patient feedback



SEE OUR TECHNICAL BRIEF FOR [LINK — ELECTRONIC CLIENT FEEDBACK](#)



Crowdsourcing

Crowdsourcing is the practice of obtaining information or input by enlisting the services of a large number of people, typically via the internet. Crowdsourcing solutions for HIV programs can expand the creative dialogue by making the programs more inclusive and democratic.

This practice therefore offers a unique opportunity to develop ideas that have more community relevance and support. Potential advantages of crowdsourcing include the development of truly innovative approaches, the generation of expanded ownership or “buy-in” to foster and sustain implementation, and the achievement of efficiencies in generating results by engaging an expanded set of actors.

4

MOVING FORWARD

At LINKAGES, this vision supports our programs and partners across Asia, Africa, and the Caribbean in their efforts to expand their outreach, provide new options to clients, and improve efficiency through online approaches in safe and confidential ways. This vision is typically used as reference point for more detailed country- and population-level planning and implementation. Globally, it has mobilized many stakeholders in the HIV response to test new approaches to modernize outreach and service delivery in order to better engage young people and a broader online audience.

The application of this vision helped to accelerate the scale and speed at which these approaches were implemented by LINKAGES—from only one program in September 2017 to nearly 17 countries by December 2018. These include several tailored online solutions that are being piloted in Jamaica, Trinidad and Tobago, Kenya, India, Nepal, and Indonesia. Moving forward, we will document and share the lessons, best practices, and tools from this portfolio of approaches. Please see some resources listed under the list of citations and related reading, which will be updated periodically.

Contact us

Contact LINKAGES to learn more about any of the approaches described in this document, provide feedback, or receive technical assistance to plan and implement targeted online HIV programming.



CONTACT LINKAGES

GoingOnline@fhi360.org

Partners and Specialists

In planning online services, we engaged several partners from the community, technology, and creative fields to gain insights and optimize our use of online and mobile platforms in safe and community-supportive ways. We are grateful for the time and thoughtful guidance provided by our partners. Their inclusion below does not imply endorsement of this vision.

COMMUNITY

A Global Network of Trans Women and HIV (IRGT)	International Network of People who Use Drugs (INPUD)	APCOM Foundation (Asia regional)
The Humsafar Trust (India)	Aastha Parivaar (India)	LINKAGES Community Advisory Team (Jakarta)
Blue Diamond Society (Nepal)	Federation of Sexual and Gender Minorities in Nepal (FSGMN)	HOYMAS (Kenya)

CREATIVE

Verge (Kenya)	Percolate Galactic (Indonesia)	M&C Saatchi February (India)	Love Frankie (Thailand)
Creative Conscience (Indonesia and Angola)	Marie-Noelle Belot (Global consultant)	Online Coachcentrum (Suriname)	The Teocah Dove Foundation (Trinidad & Tobago)

TECHNOLOGY

Grindr for Equality (Global)	Google for Non-profits (Global)	TechSoup (Indonesia)	SurveyMonkey (Global)
------------------------------	---------------------------------	----------------------	-----------------------

OTHER

Building Healthy Online Communities (BHOC)	United National Children's Fund (UNICEF)	PemaPartners
--	--	--------------

LINKAGES PROJECT CORE PARTNERS

FHI 360	IntraHealth International	University of North Carolina at Chapel Hill	Pact
---------	---------------------------	---	------

Checklist for Planning Safe and Confidential Access to Online HIV Services

This checklist can be used as a starting point for enhancing the safety and confidentiality of online HIV services. The checklist addresses considerations at each stage of [LINKAGES' four-part framework for Going Online](#). Programs should adapt the checklist to also include considerations that are specific to the community and target audiences with whom they work, and the entire list should be reviewed by all relevant stakeholders to reach consensus on whether each consideration has been duly addressed. Contextual factors will affect the salience of each consideration and how programs plan to address them. The checklist focuses on protecting clients who engage with an online HIV program; however, some considerations are relevant for individuals, such as online outreach workers, who provide these services.

	LEARN & PLAN CONSIDERATIONS	CHECK
	<p>1 Online HIV outreach has clear benefits for the target audience's access to health services and outweighs risks</p> <p>Details: Engage proposed online audiences and community networks to explore their vulnerabilities, concerns, and service needs; determine whether online outreach and service delivery is desired; and assess whether benefits outweigh risks. Invite technology experts to help stakeholders understand the risks of various platforms and potential safeguards.</p> <p><i>Examples:</i> Use online surveys, focus groups, and community advisory teams to help make these determinations and weigh relative risks and benefits of online outreach.</p>	<p>✓ Proceed with caution.</p> <p>? Gather more data to make an informed decision.</p> <p>✗ Wait until context changes to start planning online outreach.</p>
	<p>2 Stakeholders and experts are engaged to guide safe online outreach</p> <p>Details: Engage community members and new stakeholders to advise the program on appropriate and safe online outreach approaches given the country context and needs of the target audiences. New stakeholders can include admins of Facebook groups/pages, WhatsApp groups, social media influencers, and apps used by the target audiences (such as collaborating with dating apps).</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> Identify new stakeholders using social media mapping. Collaborate with dating apps used by the target audience. Invite stakeholders to join the campaign and advise the program on how best to engage their networks, followers, and users safely. Engage stakeholders by forming a community advisory team or developing relationships with individuals for continuous feedback and advice. 	<p>✓ Proceed with stakeholders engaged.</p> <p>? Invite more stakeholders and continue discussions.</p> <p>✗ Wait until stakeholders are engaged.</p>



3 Local legal context is reviewed and used to inform the online HIV program

Details: Staff should review the legal context on topics that may affect their online HIV programming and target audiences. Information to review includes legal status of key populations (including [criminalization or lack of protections for sex workers](#), LGBT populations, drug users), age of consent, child sexual exploitation and trafficking laws, age when clients can go for HIV testing on their own, local consumer data protection and privacy laws (such as the General Data Protection Regulation), copyright laws (for sharing content online), cybercrime laws, and other regulations on the use of online and mobile platforms.¹⁸ Assess the results of the legal review in light of the broader social and political context, which may greatly affect the extent to which laws are pursued or ignored.

Examples:

- Use [focus groups](#) with stakeholders to review the political and legal environment and develop appropriate programmatic responses and safeguards.
- Talk to other companies and organizations that have previously implemented similar kinds of interventions to learn how they understood and overcame legal challenges.
- Engage a lawyer who can help the program consider the legal context and avoid legal issues for clients or program staff.

- ✓ Proceed and monitor legal context.
- ? Consider engaging a lawyer to help assess the legal context.
- ✗ Wait until legal context is more favorable or expert legal counsel has minimized risk.



4 Data collected to guide the program are secured and not individually identifying

Details: Individually identifying information includes a user's name, social media profile name, GPS location or address, phone number, email, or any kind of official identification number.

Examples:

- Do not include individual identifiers in [online survey results](#) and feedback collected through [focus groups](#).
- When presenting data, do not disaggregate to the point that individual users can be identified.
- Safeguard [social media mapping](#) results by removing identifying information from these data and/or removing the sensitive data associated with the list (such as any information about key population followers or members). Lists should be password protected, kept in a secure location, and available for access only by essential program staff.

- ✓ Proceed with caution.
- ? Review data for vulnerability.
- ✗ Remove sensitive information.



REACH AND LINK CONSIDERATIONS

CHECK



5 Branding and content for the online HIV program are broad enough for the target audience to comfortably access services and protect providers

Details: The creative brand, including visuals and messaging used across outreach approaches, should be targeted to the audience but broad enough to avoid exposing clients' sensitive health or key population status. The brand should also to maintain a positive image of community and clinical partners in society. This consideration is highly context-dependent. See related considerations when [developing an online brand and content](#), as discussed earlier in this document.

Examples:

- HIV programs may decide to purposively use a creative brand that clearly speaks to a stigmatized population like gay and bisexual men. Such campaigns can be useful for increasing visibility and strengthening communities as part of HIV service delivery.
- In environments where increasing visibility for affected populations may do more harm than good, programs might use a more inclusive brand to allow members of that target audience to participate in the campaign and access services without implicitly exposing their membership in a stigmatized population and to avoid undue secondary stigma experienced by providers of clinical services.

- ✓ Proceed with caution.
- ? Continue discussions until decision is made about branding.
- ✗ Stop and revisit target audiences and brand.



6 Staff are prepared to provide safe and confidential services to clients through online and mobile platforms

Details: Train staff who provide online outreach, counseling, and referral services on client confidentiality, the consent process, data collection and reporting, harm and risk reduction tailored to the local legal context, and staff privacy and burnout.

Examples:

- Deliver comprehensive training to on-board new staff and provide continuous supervision and support.
- Staff conducting online outreach should clearly communicate their professional purpose on their profile and be able to validate their affiliation to the HIV program. This is especially important if outreach is conducted in online places where the target audience may be criminalized and staff need to be protected.
- Staff should have clear boundaries and communications strategies they can use to prevent and handle sexual advances from clients.

- ✓ Proceed but monitor issues that arise and troubleshoot.
- ? Assess gaps in staff training and provide new training or refreshers as needed.
- ✗ Stop and wait until staff are trained.



7 Communication channels with clients are secure

Details: Use secured internet, devices, and apps for staff communicating with clients online and accessing client data. [Security In a Box](#) has more detailed guidance for consideration.

Examples:

- Password-protect devices such as a smartphone or laptops that are used to communicate with clients. Create a strong password that is not shared with others.
- Remind staff to log out of devices that they use that are not their own and lock devices when stepping away from the device to prevent unauthorized access.
- Staff should use a secured, private WiFi connection or mobile data to communicate with clients. Avoid using public, café, or other sources of WiFi not maintained by the HIV program.
- Acquire an [SSL certificate](#) for any web-based online tool collecting data from clients (e.g., an online risk assessment or appointment booking tool).
- Staff should also operate from a safe physical location where bystanders cannot oversee conversations.
- Outreach staff can connect with clients on platforms used by the target population but should inform clients of potential data privacy risks of communicating on the platform. Try to move toward platforms that are more secure and private, such as WhatsApp (which uses end-to-end encryption) and Telegram or Signal, which can delete messages after they are viewed by the recipient.

- ✓ Proceed with caution.
- ? Invite a technology expert to audit security of client interactions.
- ✗ Wait until secure communication channels are established.



8 Clients provide informed consent before their data are collected

Details: Present clients with informed consent clauses that describe the kinds of data the program collects from clients, why the data are collected, and how data are safeguarded. Clients need not disclose sensitive information in order to access services unless there is a medical reason for collecting this information and the client understands this purpose.

Examples:

- Online outreach workers may send clients a message asking for consent along with a graphic that shows what data they collect, the purpose, and how data are safeguarded.
- When clients use an online booking system, ask them for consent from the beginning and show them the data use policy/terms of service. Try to [make your terms of service useful and simple for clients](#).
- Include explanations in an online risk assessment or appointment booking tool about why certain information is requested from the client and describe how responses are safeguarded.

- ✓ Proceed with outreach and data collection.
- ? Review outreach approaches to ensure that informed consent is adequately covered.
- ✗ Wait until informed consent processes have been introduced and staff trained.



9 Online service directories protect the privacy and discretion of physical sites, where necessary

Details: In some settings, the physical location of community or clinical providers should be safeguarded from unintended online audiences who may do harm to service sites or clients accessing services at those sites. In these circumstances take additional precautions.

Examples:

- Do not show the location information (e.g., address, GPS location, or images); instead, allow clients to contact the program by phone or chat to learn more.
- Secure the electronic files containing location information of sensitive service sites with password protection.

- ✓ Proceed with your team and monitor issues.
- ? Review plans with providers to ensure their comfort and safety.
- ✗ Wait until sensitive information is concealed from online directories.



10 Staff at clinical referral facilities are trained to provide inclusive and competent care to target audiences, including key populations

Details: Staff at clinical referral sites, such as community service organizations, drop-in centers, public health services, and private labs and providers, should be trained on the clinical and social skills required to serve clients from online outreach, including key populations.

Examples:

- At a minimum, orient facility staff about the online HIV program, the populations that will be referred for services, expectations for how to serve clients, and proper use of tools to report outcomes confidentially.
- This can extend to include a larger training on quality health services to address gaps in clinical competency for the target audience or stigma and discrimination that may affect clients (see LINKAGES' [Health4All](#) training guide).
- Develop a positive and collaborative relationship with facilities to proactively address client feedback and jointly plan quality improvement activities over time.

- ✓ Proceed and monitor client feedback and address with facility over time.
- ? Assess feedback from providers and clients to determine if there are training needs.
- ✗ Wait until staff are trained and ready to receive clients.



11 The importance of and processes for ensuring safety and privacy through the program's online presence are communicated broadly

Details: Safe and confidential access is a principle that should be built into the ethos of the HIV program and its online outreach brand. Key messages used in online advertising should mention how clients can access services safely and how data are kept confidential.

Examples:

- Outreach workers and influencers promoting services should have talking points on how the program ensures data privacy and client confidentiality.
- On the program's social media page or website, provide a full description of how the program allows clients to access services safely while ensuring their confidentiality.

- ✓ Proceed.
- ? Review online outreach flow, identify where assurances of confidentiality can help clients stay engaged, and add language.
- ✗ Wait until language is added.



ENGAGE AND SUPPORT CONSIDERATIONS

CHECK



12 Clients can communicate with a real person for support

Details: Clients accessing online HIV services should have easy options provided to them for contacting a person for support, such as getting in contact with an outreach worker, counselor, doctor, or nurse. These support services allow clients to address emergencies, gain access to psychosocial support, or report issues of safety or confidentiality that require more immediate action.

Examples:

- Add trained outreach staff to the HIV program's Facebook page to address incoming messages.
- Include live chat functions on an online appointment booking website or contact/hotline numbers to call or message.
- Set appropriate expectations for clients who want to get support. Consider programming an automatic reply on Facebook messenger or posting notice on the program's website with the working hours for staff and when a reply can be expected.
- Develop a referral network for online client support staff who need to refer clients experiencing legal issues or gender-based violence to appropriate service providers. The referral network should include phone number/contact information of the referral organization, hours of operation, and physical location.

- ✓ Proceed.
- ? Review online outreach flow, identify where clients should have the option to contact a person, and add.
- ✗ Wait until client support channels are open.



13 The program ensures that clients are followed-up with discreetly to avoid inadvertent disclosure

Details: Post-test counseling and prevention and treatment services should have in place procedures to ensure that they do not “out” clients’ sensitive information to others.

Examples:

- Automated SMS or WhatsApp [testing reminders](#) should use vague language to avoid revealing to the clients’ family or friends that they are engaged in an HIV program for testing.
- Online counselors who call clients for post-test follow-up services should be careful to ensure that they are speaking to the actual client and allow the client to guide the conversation about test results and next steps.

- ✓ Proceed with caution.
- ? Host mock trials of communication strategies to identify potential issues and revise strategies accordingly.
- ✗ Wait until issues of confidentiality are identified and addressed.



14 Clients refer their friends and partners to services without sacrificing the confidentiality of either

Details: Clients can refer their friends to the HIV program for services or ask a health professional to reach out on their behalf while maintaining the referring client’s anonymity. HIV programs do not reveal to clients the test result of contacts they referred, nor whether the person they referred accessed services.

Examples:

- If incentivizing clients to refer their contacts (such as using [LINKAGES Enhanced Peer Outreach Approach](#) [EPOA]), provide the same incentive for all referrals (and avoid providing a higher incentive for those referred who tested positive).
- Avoid listing contact information and names of people referred to the program by other clients, or record this information only after the referred clients have provided their informed consent.

- ✓ Proceed with caution.
- ? Host mock trials of referral systems to identify potential issues of confidentiality.
- ✗ Avoid offering referrals until issues of confidentiality are identified and addressed.



ASSESS AND IMPROVE CONSIDERATIONS

CHECK



15 Databases with client information are secured

Details: Databases containing client information may have sensitive data such as client names, phone numbers, HIV status, and other client characteristics. These databases include client support trackers in Excel, Google Sheets, or other software and online applications for clients to book HIV service appointments and for referral clinics to record arrivals and testing numbers. Often these data are required for staff to provide quality support services and to monitor programs; however, they also require strong data security procedures.

Examples:

- Protect database files with a [strong password](#), control access to passwords, securely back up database files in the cloud or in a remote location, have a process for reviewing who has access to sensitive files, and change passwords with staff turnover.
- If client data are entered through an app or website and into an online database, add [Transport Layer Security](#) to secure the connection and prevent anyone from being able to intercept the transmitted data.
- If conducting large-scale implementation of online databases of HIV services, hire a friendly hacker (e.g., [HackerOne](#)) or conduct [conventional penetration testing](#) to test the website security and provide recommendations to improve security.

- ✓ Proceed with extreme caution.
- ? Involve an expert, developer, or friendly hacker to assess or test the security of client databases/websites and resolve vulnerabilities.
- ✗ Wait until the program can secure databases and engage experts to validate security.



16 The program limits collection of identifying information and uses unique identifier codes

Details: What's the least amount of information an HIV program can collect about someone and still have enough data for programming and client support? Each program will have to answer that question based on what is suitable for clients in the given context.

Examples:

- Encourage clients to use a pseudonym when a real name is not essential.
- When it is necessary to ask clients for their contact information (for instance to provide post-testing counseling by phone), be flexible in allowing the client to provide a few different kinds of contact information (like email, social media profile, or another method) because phone numbers are unique and may be used to identify them.
- Particularly where the target audiences may be criminalized or highly stigmatized, de-link or obscure contact information and key population status from identifying information.
- Consider using a unique identifier code (UIC) in referrals to protect the identity of the client while allowing the program to ensure that the client uptakes services across providers. Similar codes can be used to track peer and partner referrals when clients share with their peer and partners a hyperlink to an online appointment booking tool that has embedded the referrer's UIC.

- ✓ Proceed with caution.
- ? Host mock trials of outreach, client data collection, and referral systems to identify any unnecessary data collection and potential issues of confidentiality, then revise as needed.
- ✗ Wait until issues of confidentiality are identified and addressed.



17 Clients are able to report issues and provide feedback on outreach, referral, and clinical services

Details: Develop client feedback loops at various points in service delivery to allow for feedback and reporting of any problems related to safety or confidentiality.

Examples:

- Ask feedback questions as part of the chat flow with outreach workers and counselors. Provide space for feedback on the online appointment booking platforms. Develop feedback mechanisms to gather input on clinical services accessed.
- See [LINK – Electronic Client Feedback](#) for an example of how to collect this feedback systematically to be used in quality improvement planning.
- Maintain open communication channels that allow clients to contact a person at any time to report immediate issues.

- ✓ Proceed.
- ? Review online outreach flow, identify where clients should have option to contact a person, and add.
- ✗ Wait until client support channels are open.



18 Clients are able to view/edit their personal data collected by the program

Details: Allow clients the ability to directly view and delete their data collected by the program or provide an easy option for clients to contact program staff and have their records reviewed and deleted. If clients are going to be allowed to view data, collect identifying information that can later be used to validate the clients' identity before data are shared with them upon request.

Program staff should be prepared to answer client questions about what parts of their data are visible to which staff and other parties (such as clinical providers).

If the HIV program is serving European Union (EU) citizens or hosts data in servers in the EU, it may be subject to the EU's [General Data Protection Regulation](#), which mandates the above consideration among others.

- ✓ Proceed.
- ? Review online outreach flow, identify where clients should have option to view and delete their data, and remind staff how to perform these functions.
- ✗ Wait.



19 Data sharing and presentation is secured

Details: Data sharing can occur for a few reasons, including for analysis and reporting, for client-level service delivery (e.g., referrals), and for optimizing and securing online outreach and systems.

Examples:

- Have protocols in place for data sharing among partners and donors.
- Aggregate data when reporting and do not disaggregate data to the point where they become identifiable.
- Remove identifiers of data used in presentations. In some settings, key population disaggregation may be removed to maintain the HIV's brand safety and confidentiality for future clients accessing services.
- When sharing data to support service delivery to clients, clients should provide informed consent for their data to be shared.
- In almost all cases, do not share individual-level data with third parties with which the client does not interact. There may be exceptions, but only with prior consultation and advice from a [community advisory team](#). Examples may include when a friendly hacker is hired to test the HIV program's databases for vulnerabilities or when client contact information is made anonymous and used in Facebook's advertising algorithm to target new ads to other Facebook users most similar to existing clients (see [lookalike](#) audiences).

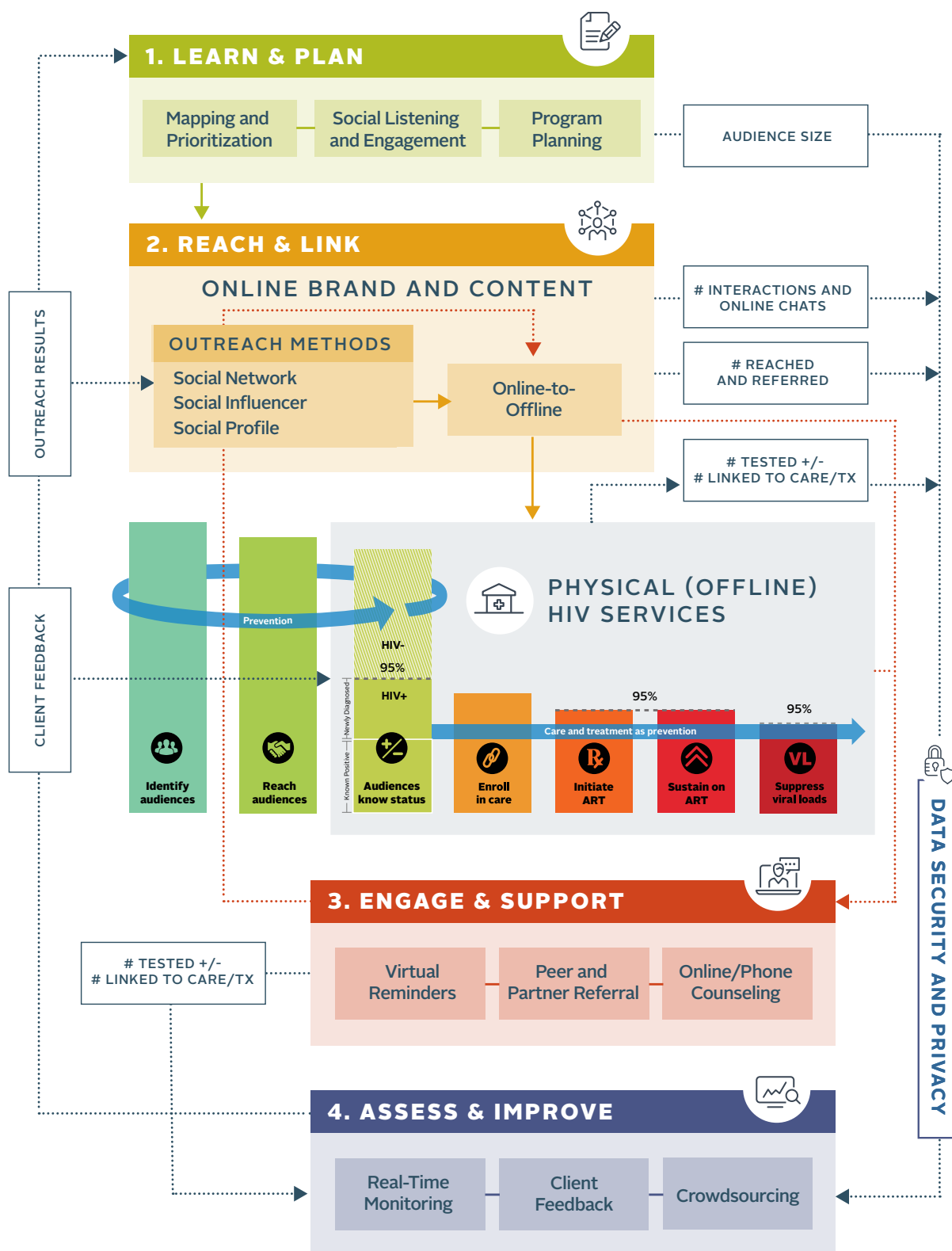
✓ Proceed.

? Review vulnerabilities and address.

X Wait.



LINKAGES' GOING ONLINE ACROSS THE CASCADE FRAMEWORK



Related Reading

APCOM (2018). [Thumb-Stopping and 15 other case studies on HIV-related behavior change communication.](#)

Ayala, G. et al. (2018). [Blue-Ribbon Boys: factors associated with PrEP use, ART use and undetectable viral load among gay app users across six regions of the world.](#) Journal of the International AIDS Society, 21(SS):e25130.

[Building Healthy Online Communities \(BHOC\). Resources for Public Health and Researchers.](#)

Cao, B. et al. (2017). [Social media interventions to promote HIV testing, linkage, adherence, and retention: Systematic review and meta-analysis.](#) Journal of Medical Internet Research. Vol 19 Issue 11.

European Centre for Disease Prevention and Control. (2017). [Use of Facebook for HIV prevention among men who have sex with men in the European Union/European Economic Area – An ECDC guide to the effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC; 2017.

European Centre for Disease Prevention and Control. [Use of Google AdWords for HIV prevention among men who have sex with men in the European Union/European Economic Area – An ECDC guide to effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC.

European Centre for Disease Prevention and Control. (2017). [Use of online outreach for HIV prevention among men who have sex with men in the European Union/European Economic Area - An ECDC guide to effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC.

European Centre for Disease Prevention and Control. (2017). [Use of smartphone application advertising for HIV prevention among men who have sex with men in the European Union/ European Economic Area - An ECDC guide to the effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC.

European Centre for Disease Prevention and Control. (2017). [Use of Twitter for HIV prevention among men who have sex with men in the European Union/European Economic Area – An ECDC guide to effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC.

European Centre for Disease Prevention and Control. (2017). [Use of YouTube for HIV prevention among men who have sex with men in the European Union/European Economic Area - An ECDC guide to effective use of digital platforms for HIV prevention.](#) Stockholm: ECDC.

European Centre for Disease Prevention and Control. (2017). [Utilising social media for HIV/STI prevention programmes among young people: a handbook for public health programme managers.](#) Stockholm: ECDC.

LINKAGES. (2017). [LINKAGES Enhanced Peer Outreach Approach Implementation Guide.](#)

NSWP (2016) [ICT and Sex Work: The Smart Service Providers Guide.](#)

Rockefeller Foundation and FHI 360 (2018). [Digital Technology for Resilience Planning and Due Diligence Tool.](#)

United Nations Children Fund (UNICEF). (2018). [Adolescent and Young Key Populations Toolkit — Beta Version.](#)

REFERENCES

- ¹ We are Social. (2018). [Digital in 2018: World's internet users pass the 4 billion mark.](#)
- ² Baral, S. et al. (2018). [Population Size Estimation of Gay and Bisexual Men and Other Men Who Have Sex with Men Using Social Media-Based Platforms.](#) JIMR Public Health and Surveillance 4(1).
- ³ See the [Differentiated Service Delivery](#) website by the International AIDS Society.
- ⁴ International AIDS Society (IAS). [Differentiated care for HIV: a decision framework for antiretroviral therapy delivery.](#) Durban, South Africa: International AIDS Society; 2016.
- ⁵ Huang E, Marlin RW, Young SD, Medline A, Klausner JD. [Using Grindr, a Smartphone Social-Networking Application, to Increase HIV Self-Testing Among Black and Latino Men Who Have Sex With Men in Los Angeles, 2014.](#) AIDS Educ Prev 2016 Aug;28(4):341-350.
- ⁶ Tang W, Han L, Best J, Zhang Y, Mollan K, Kim J, et al. [Crowdsourcing HIV Test Promotion Videos: A Noninferiority Randomized Controlled Trial in China.](#) Clin Infect Dis 2016 Dec 01;62(11):1436-1442.
- ⁷ Purvi Shah. (2018). [HIV programming goes online with the launch of Yes4Me in India.](#) LINKAGES Project Blog.
- ⁸ International HIV/AIDS Alliance and LINKAGES. (2018). [Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations.](#)
- ⁹ Matsakis, L. (2019). [Most users still don't know how Facebook advertising works.](#) Wired.
- ¹⁰ NSWP (2016) [ICT and Sex Work: The Smart Service Providers Guide.](#)
- ¹¹ Prokop, A. (2018). [Cambridge Analytica shutting down: the firms many scandals, explained.](#) VOX.]
- ¹² Gartenberg, C. (2018). [Twitter advising all 330 million users to change passwords after bug exposed them in plain text.](#) The Verge.
- ¹³ Bloomberg. (2019). [U.S. man blamed for Singapore data leak on 14,200 HIV+ patients.](#) Fortune.
- ¹⁴ Human Rights Watch. (2018). [Tanzania: Mixed messages on anti-gay persecution.](#)
- ¹⁵ Reuters. (2018). [Indonesian police arrest two men linked to LGBT Facebook page.](#)
- ¹⁶ Newberry, C. (2018). [What is social listening, why it matters, and 10 tools to make it easier.](#) Hootsuite.
- ¹⁷ Eveslage, B. (2017). [Zero Discrimination Day: LINKAGES uses SMS to collect feedback on health services for continuous program improvement.](#) LINKAGES Blog.
- ¹⁸ Dreyfuss, E. (2018). [Uganda's regressive social media tax stays, at least for now.](#) Wired.



MARCH 2019

