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A Social Network Strategy to Increase HIV Counseling and Testing among Men Who Have Sex with Men

BACKGROUND

The 2011 Ghana Men's Study found an HIV prevalence of 17.5 percent among more than 1,300 Ghanaian men who have sex with men (MSM) who participated in the study.¹ However, subsequent data from the USAID/Ghana SHARPER project suggested that only 8.4 percent of the MSM who attended HIV testing and counseling (HTC) services through the SHARPER project were HIV-positive. Because these men were referred to the SHARPER project through peer education, questions were raised about the limitations of peer education for reaching MSM at the highest risk of HIV infection.

Testing and counseling of social networks, rather than of only individual members of a key population, has been used successfully to reach MSM who are at risk of HIV infection in the United States²⁻⁴ and to reach the general population in Africa.^{5,6} In 2013, FHI 360 began piloting a social network strategy to see if such a strategy could also be used to reach MSM at high risk of infection in Ghana.

SOCIAL NETWORK STRATEGY

The pilot study was conducted between July and October 2013 in eight governmental health facilities in the regions of Greater Accra and Ashanti. During

the study, MSM who were at least 18 years old and had not been exposed to peer educators in the past 12 months were recruited as "seeds." Each seed was offered HTC and asked to recruit three MSM friends from their social networks, who were also referred to HTC. These MSM friends became "peer recruiters" and were asked to recruit additional MSM from their social networks.

Counselors conducted face-to-face interviews with seeds and peer recruiters to collect information on demographics, social network size, HIV testing history and previous exposure to peer educators. A respondent-driven sampling analysis tool was used to identify key recruitment patterns.

SEEDS AND RECRUITERS

Twenty-five seeds (13 in Greater Accra and 12 in Ashanti) were selected for the pilot study, and 166 peer recruiters (52 from Greater Accra and 114 from Ashanti) were referred for HTC services. About 63 percent of the peer recruiters reported that they had not been exposed to peer educators in the past year; 62 percent said they had never been tested for HIV or

The findings from the pilot study highlight the importance of reaching diverse MSM social and sexual networks for HIV prevention.



had not been tested in the past year, and 33 percent were found to be HIV-positive. Among the peer recruiters who were HIV-positive, approximately 91 percent accepted referral for HIV care, support or treatment services.

In regard to recruitment patterns, peer recruiters with a particular HIV status or with a particular level of exposure to peer educators preferred to recruit MSM who shared that characteristic. For example, recruiters who were HIV-negative preferred to recruit their HIV-negative peers, and those who were HIV-positive preferred to recruit other HIV-positive MSM. Similarly, recruiters who had not been exposed to peer educators tended to recruit MSM who had not been exposed, and MSM who had been exposed to peer educators tended to recruit MSM who had also been exposed. These findings were statistically significant.

LESSONS LEARNED

The findings suggest that the social network strategy could be an effective and powerful tool for reaching segments of the MSM population who are at high risk for HIV but who have not yet been connected to HIV prevention services in Ghana. Although the pilot study did not aim to compare the social network strategy with the peer education strategy, monitoring and evaluation data from SHARPER's peer education program was collected from Greater Accra and Ashanti during the pilot study. During the three months of the study, 53 peer educators referred 546 MSM for HTC services—far more MSM than were referred through the social network strategy. However, MSM referred through the social network strategy were found to have a much

higher HIV prevalence—33 percent—than the MSM who were referred through peer education (10 percent).

The social network strategy should be considered a complementary approach to peer education and social media outreach for increasing uptake of HTC services and linking HIV-positive MSM to care, support and treatment. The findings from the pilot study may also be used to assess the effectiveness of alternative approaches for reaching this key population.

REFERENCES

1. Aberle-Grasse J, McFarland W, El-Adas A, et al. HIV prevalence and correlates of infection among MSM: 4 areas in Ghana, the Ghana Men's Health Study 2010-2011. [Abstract # X-175]. The 20th Conference on Retroviral and Opportunistic Infections (CROI 2013). Atlanta, Georgia, 2013.
2. Kimbrough LW, Fisher HE, Jones KT, et al. Accessing social networks with high rates of undiagnosed HIV infection: the social networks demonstration project. *Am J Public Health*. 2009;99(6): 1093-9.
3. Fuqua V, Chen Y-H, Packer T, et al. Using social networks to reach Black MSM for HIV testing and linkage to care. *AIDS Behav*. 2012;16(2): 256-65.
4. McCree DH, Millett G, Baytop C, et al. Lessons learned from use of social network strategy in HIV testing programs targeting African American men who have sex with men. *Am J Public Health*. 2013;103(10): 1851-6.
5. Ssali S, Wagner G, Tumwine C, et al. HIV clients as agents for prevention: a social network solution. *AIDS Res Treat*. 2012;815823.
6. Rosenberg NE, Kamanga G, Pettifor AE, et al. STI patients are effective recruiters of undiagnosed cases of HIV: results of a social contact recruitment study in Malawi. *J Acquir Immune Defic Syndr*. 2014;65(5): 162-9.

About FHI 360

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About SHARPER

Strengthening HIV/AIDS Response Partnership with Evidence Based Results (SHARPER), Contract Number GHH-I-00-07-00043-00, is a four-year initiative by USAID/Ghana that is designed to reduce HIV transmission among key populations, people living with HIV, and their sex partners. FHI 360 is implementing the project in collaboration with 25 partner organizations in 166 districts across Ghana.