

KEY POPULATIONS TAKING THE LEAD

“Nothing about us without us” — originally the rallying cry of the disability rights movement — is more than just a motto for key populations disproportionately affected by HIV. It has become a guiding principle in the campaign to end the global public health threat of AIDS by improving access to the full cascade of HIV prevention, care, and treatment services.

That campaign cannot achieve its goals — that by 2030, 90 percent of people living with HIV know their status, 90 percent of those who test positive receive antiretroviral therapy (ART), and 90 percent of those on treatment have suppressed viral loads — without reaching key populations. Yet members of these populations are often the least likely to receive such services due to stigma, discrimination, and the threat of violence and arrest.

In many countries, however, men who have sex with men, sex workers, transgender people, and people who inject drugs are taking the lead to ensure that their peers receive the services they need. This issue of *The Link* highlights some of these efforts as it examines the promise of peer-led and peer-assisted interventions designed to increase

IN THIS ISSUE

- 1 | KEY POPULATIONS TAKING THE LEAD
- 3 | VIETNAM'S HARM REDUCTION STORY
- 5 | REDLACTRANS NETWORK
- 6 | DROP-IN CENTERS IN MALAWI
- 7 | HEALTH4MEN — A CONTINENT OF CARE
- 8 | IN FOCUS: LINKAGES IN GHANA
- 9 | THE PEOPLE @ LINKAGES
- 10 | NEW RESOURCES



Photo Credit: © Marcela Nieves for the Alliance

Gladys Armulo Mosquera, an outreach worker (left), talks to sex workers in Ecuador.

access to and uptake of HIV prevention, care, and treatment services.

Peer mentoring and other dedicated support from community members and caregivers proved particularly effective in encouraging uptake of services in a World Bank-led evaluation of community responses to HIV in 12 countries. The evaluation found that interventions led or assisted by communities affected by HIV produced significant results, including improved knowledge and behavior and increased use of HIV services; two studies showed reductions in HIV or other sexually transmitted infections.¹

Trusted peers can help programs reach those at greatest risk of HIV infection and advocate for the most needed services. In Vietnam, for example, the clients of a methadone maintenance therapy (MMT) program have achieved high rates of successful referrals for HIV testing among injecting drug users and their intimate partners. By sharing their inspiring stories about how treatment for opioid addiction has changed their lives, MMT clients have also played an important role in advocacy that has transformed Vietnam's response to HIV among people who inject drugs (see page 3).

ARTICLE CONTINUED ON PAGE 2



The Global Men’s Health and Rights Study (GMHRS), a biennial, multilingual online survey of men who have sex with men, has highlighted positive, statistically significant associations between community engagement and access to different HIV services. In the 2014 GMHRS, men who reported being connected in various ways to the gay community were more likely to have access to HIV prevention programs, condoms, lubricants, HIV testing, and treatment for HIV.²

Drop-in centers (DICs) run by and for key populations have been shown to promote such community engagement, providing safe, convenient spaces

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for socializing and discussion of issues as well as provision of health services. An article on page 6 of this issue describes how one of LINKAGES’ partners in Malawi, the Pakachere Institute for Health and Development Communications, promotes meaningful participation of sex workers in every aspect of the center’s programs and operations. Similarly, men who have sex with men work with LINKAGES and civil society organizations in Ghana to plan and carry out outreach to their peers

(page 8). And REDLACTRANS, a regional network of trans-led organizations in Latin America and the Caribbean, is building the capacity of its members to advocate for the human rights of trans people across the region (page 5).

Many HIV programs, like those in Malawi and Ghana, rely on partnerships between key populations and health services. The World Health Organization’s *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* recognize the value of such partnerships.³ But the

first two of four tools created to support implementation of the guidelines also suggest that programs work toward reversing that relationship, empowering KP-led organizations to become employers of health care providers and outreach workers rather than key population members solely being employees or volunteers.⁴

One example of this approach is the Health4Men Initiative, part of the Anova Health Institute, a LINKAGES partner in South Africa. The initiative has grown from a small, peer-led group founded in Cape Town in 2008 to a large, established organization serving key populations across Africa. Glenn de

Swardt and Andrew Tucker describe the initiative’s efforts to build the capacity of community-based groups to lead HIV programs for key populations on page 7).

Anova’s Kevin Rebe and representatives of other community-based organizations will discuss the strengths and challenges of key population-led approaches to service delivery during a satellite session at the International AIDS Conference (AIDS 2016) in Durban, South Africa in July. Sponsored by LINKAGES, this session on “Repairing leaks in the HIV service cascade: key populations taking the lead” will also examine progress toward rolling out the key population implementation tools and what is needed to translate their guidance into more widespread practice.

Noting that organizations and networks of key populations are often underfunded and undervalued, the implementation tools call for greater investment and more sustained support for these groups. Members of the UNAIDS-*Lancet* commission, convened

to chart the response to HIV in the era of the sustainable development goals, agree. They conclude that national systems can become more responsive to the needs of people with and at risk of HIV — and therefore more effective — by ensuring the meaningful involvement of affected populations.⁵

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VIETNAM'S HARM REDUCTION SUCCESS STORY

Estimates vary widely, but in 2015, Vietnam was home to as many as 336,000 people who inject drugs (PWID) according to the Ministry of Health.¹ For a host of reasons, PWID are subject to considerable stigma. Confucian norms — which hold that the self should be considered last after family and country — have been shaping Vietnam's society for centuries and cast those with addictions as self-centered and spoiled.² Criminalization of injecting drug use has made Vietnam a dangerous place for PWID to risk revealing themselves by accessing health services.

Exponentially compounding stigma and discrimination against them is the fact that since the 1990s, the HIV epidemic in Vietnam has largely been fueled by the sharing of needles and other injecting equipment among PWID.

In the early 2000s, Vietnam began offering prevention interventions to reduce the spread of HIV among PWID, mostly through needle and syringe programs. However, the most common form of “rehabilitation” was mandatory treatment centers, prisons in effect, which offered little actual treatment and resulted in high rates of recidivism.

Then, in 2008, the Vietnam Authority of HIV/AIDS Control (VAAC) opened two pilot methadone clinics, one each in Hai Phong and Ho Chi Minh City.³ Methadone is a synthetic drug that mimics the effects of opioids without creating dependency. Methadone maintenance therapy (MMT) is a treatment program that involves the long-term prescription of methadone as well as counseling, case management, and health services.

FHI 360 and partners, with support from PEPFAR, conducted a study in 2009 of the pilot MMT clinics to test the efficacy of MMT and determine whether it could be successfully implemented and scaled up in Vietnam. The study results were overwhelmingly positive: heroin use decreased from 100% of participants at the study's start to 14.6% in the Hai Phong site and 22.9% in the Ho Chi Minh City site after 24 months. The findings persuaded policymakers to expand MMT and, as of 2015, MMT was being offered in 162 clinics across Vietnam.³

In addition to its positive effects on opioid addiction, MMT has been shown

to reduce HIV risk behaviors (sharing needles, exchanging sex for drugs or money) and increase adherence to antiretroviral therapy among PWID who are living with HIV.⁴ Because fear of stigma and arrest can discourage KPs from accessing health care, programs must find ways to make health services safe and accessible for them. Services delivered by KP-led/assisted organizations and by KP community members themselves hold promise as an effective way to engage and retain KPs in health services. In fact, MMT clients who are already retained in care can be used to encourage testing among those who may be HIV positive but are unaware of their status.

For example, one successful model of KP-assisted services in Vietnam is the *Fansipan Challenge*, a mobile-phone-based team game named for Vietnam's highest mountain, *Fan-Xi-Pang*. *Fansipan* was created by FHI 360 under the USAID-funded project Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance (SMART TA). Project staff recruited MMT clients to bring friends or sexual partners for HIV testing. Those testing positive were enrolled in care and treatment and recruiters were rewarded for referrals with points and phone credit. Between June and November 2013, 62% of 656 injecting drug users and their intimate partners reached through *Fanispan* tested for HIV after a single contact. Approximately 71% of these individuals were first time testers; 17.8% were diagnosed as HIV positive.⁵

USAID/SMART TA also developed *Get Out and Go On*,⁶ the first multimedia campaign in Vietnam specially designed to sensitize the public about the benefits of MMT and to advocate for increased Government of Vietnam financing of MMT scale-up. The campaign, developed in part based on insights of PWID themselves, includes a photo exhibition, documentary film, campaign video, brochure, and frequently asked questions.

Over a two-month period, more than 30 broadcasts, 46 articles, and the *Get*



Photo Credit: © Smart TA project/FHI 360 Vietnam

An MMT client in Vietnam.

Out and Go On TV spots highlighted methadone as a “smart solution” that provides health for patients, hope for families, and safety for communities. The messages resonated with many members of the public: 3,396 likes were recorded on the *Get Out and Go On* Facebook fan page and 500 individuals signed on to endorse the campaign messages.

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On January 6, 2014, the Government Office facilitated a multisectoral dialogue among Government of Vietnam agencies about solutions for expanding and sustaining MMT. *Get Out and Go On* materials provided the scientific data that highlighted the benefits of MMT expansion. A VAAC follow-up consultation on January 21, 2014 ensued with concrete decisions to accelerate the procurement of methadone to

meet expansion requirements, approve guidelines for MMT satellite clinics, and nominate additional local MMT mentors.

Forty-eight new MMT clinics were opened between February and April 2014. And on June 20, 2014, Deputy Prime Minister Vu Duc Dam issued Decision 1008, establishing provincial quotas for the number of patients who

must have access to methadone in each province.

Another video, *Give my Friend a Chance*, features stories of MMT clients in Hanoi that illustrate the positive changes that methadone has brought to the lives of heroin users. It sends a message to policymakers that MMT is effective in changing lives and it advocates for the scale up and support of clinics nationwide.⁶

This kind of advocacy, for and by this population, was a first in Vietnam, and by September 2015, there were 37,063 PWID nationwide on MMT.³

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Photo Credit: © Smart TA project/FHI 360 Vietnam

A health care provider at an MMT clinic in Vietnam counsels a client about condom use.

REGIONAL TRANS-LED NETWORK STRENGTHENS MEMBER ORGANIZATIONS IN 15 COUNTRIES

Staff of REDLACTRANS, a trans-led organization working across Latin America and the Caribbean, recently discussed its work in advocacy, research, policy-making, and securing human rights for trans people across the region. What follows is an edited version of the interview, which was conducted in Spanish.

What is REDLACTRANS?

The Latin American and Caribbean Network of Transgender People (REDLACTRANS) is a regional network, founded in 2004, that represents the transgender community with the objective of enabling its members to effectively exercise and fulfill their human rights through advocacy, visibility, and participation and strengthening of our organizations in health, education, and justice. Currently, REDLACTRANS works in 15 countries in the region: Argentina, Belize, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, México, Panama, Paraguay, Peru, the Dominican Republic, and Uruguay.

The network is not affiliated with governments, political parties, religious groups, cooperative agencies, or other networks.

What does the organization do?

The network promotes principles of inclusion and nondiscrimination of any kind, with particular emphasis on gender equality, respect for all ethnic groups, all expressions of gender identity, age, country of origin, and cultural and economic status.

REDLACTRANS works hard to achieve human rights and better treatment of transgender people. In its various research activities and published reports, the network has demonstrated the violation of numerous basic human rights of transgender people, such as the lack of right to choose one's gender identity and lack of access to health, education, and livelihood resources. And of course there is the grave HIV epidemic that particularly affects members of the trans community.

In order to really achieve human rights for trans people and improve their quality of life, one of the main tasks of the network is to generate opportunities for institutional or organizational strengthening for the member organizations that work in each country so that they

have the best tools and resources to appeal to their governing states to guarantee their health and human rights.

Also, the network participates in political advocacy among various organizations such as the United Nations and the Organization of American States. Our participation at high-level meetings, press events, and public hearings amplifies the critical issues facing members of the trans community.

Are there data that demonstrate the success of the network? Any publications or articles?

The lack of information and documentation of precise data is one of the largest problems that those who try to defend the rights of members of the trans community have. It's because of this that the network has participated in the publication of articles, reports, and research in order to strengthen and empower the activists and defenders of the human rights of trans people.

In January 2016, we presented the report "Violations of the Human Rights of Trans Women in Costa Rica, El Salvador, Guatemala, Honduras y Panama" to the offices of the Organization of American States in Washington D.C. This report was generated after much effort to systematically document cases of abuse and human rights violations of trans women in each country where the project took place. Representatives from the United States and the President of the InterAmerican Human Rights Commission also participated in the presentation.

What are the network's future plans?

Currently, the network is working hard to build the capacity of national trans-led organizations. We are also starting a project to document human rights abuses faced by trans people in 13 of the countries in which the network operates. The goals are to develop empowering advocacy tools, give strength to our legislative demands, and offer technical support to help develop laws and public policies that are based on the advocacy done by our member organizations.



Photo Credit: © Daniel Cima

REDLACTRANS presents during a hearing on the human rights of transgender people in Panama.

DROP-IN CENTERS MAKE HEALTH SERVICES SAFE AND ACCESSIBLE TO SEX WORKERS IN MALAWI

Drop-in-centers (DICs) are stigma-free spaces where female sex workers (FSWs) can access basic health care services; HIV counseling and testing; STI screening and treatment; family planning information; and some contraceptive methods, including condoms, oral contraceptives, DeproProvera, and implants. Just as importantly, the centers also offer a safe place for FSWs to gather, socialize, and receive potentially life-saving information from trained peers.

In March 2016, LINKAGES Malawi-based partner Pakachere Institute for Health and Development Communications opened its first of five DICs. LINKAGES will have a total of 17 DICs in Malawi — four will serve MSM and will be run by another implementing partner, CEDEP; six will be run by the Family Planning Association of Malawi (FPAM); and the last two by Youth Net and Counseling Organization (YONECO). Pakachere's DIC in Mangochi is located near several rest houses where FSWs rent rooms and is also close to "hotspots," or areas that

are frequented by male patrons. Just 600 meters away lies the district hospital, where FSWs are sometimes referred for services that are not provided at the DIC.

One key factor in the success of DICs as a service delivery model has been the meaningful engagement of the key populations they serve. While a DIC manager with a clinical background is responsible for the provision of health care services and the facility's routine administrative tasks, the manager is supported by outreach workers, who are predominantly FSWs. Outreach workers create demand for the center's services and encourage their peers to attend. Trained FSW peer educators hold monthly sessions to discuss health and safety issues, and FSWs serve on the committee responsible for the center's ongoing operations. The DIC's clients determine their priorities for use of the space. As a result, the DIC has been home to activities as varied as dance classes; discussions on gender-based violence; movie showings; and

meetings about the FSWs' economic empowerment activities such as village savings and loans, where they pool money and borrow from the fund.

In the coming months, Pakachere will focus on further increasing the number of FSWs using the DICs. Pakachere

One key factor in the success of DICs as a service delivery model has been the meaningful engagement of the key populations they serve.

plans to encourage FSW clients to refer their peers to the center and also to link the center's activities with those of community-based peer educators.

Simon Sikwese, Pakachere's executive director, credits the Ministry of Health for its role in the establishment and growth of the DICs. "The partnership we have with MOH through the district health offices has been key for our success in setting up these DICs," he says. "The district health officers in Blantyre and Mangochi have supported the DICs' operations by providing all necessary medical supplies and technical staffing support. We're so grateful that they have truly embraced the aim of the LINKAGES project."

*Grace Kumwenda-Pakachere, BAH, MA
IHDC Program Manager*



Photo Credit: © Pakachere

The DIC manager (center), meets with outreach workers at a drop-in center in Malawi's Mangochi District.

HEALTH4MEN AND A CONTINENT OF CARE FOR KEY POPULATIONS

The Health4Men Initiative, part of the Anova Health Institute (a LINKAGES partner) in South Africa, has more than eight years of experience addressing the health needs of men who have sex with men (MSM) and, more recently, those of other key population (KP) groups including transgender people, sex workers, and people who inject drugs. Started by a small group of dedicated health workers from within the MSM community in Cape Town in 2008, the initiative has now grown into one of the largest KP service organizations in Africa.

Health4Men's work has included collaborating with the South African Department of Health to train more than 200 public health care clinics in MSM competency, running Centres of Excellence in MSM health care in Cape Town and Johannesburg, providing community-based HIV prevention initiatives and HIV counseling and testing, undertaking the largest HIV information campaign for MSM in Africa, and offering the first pre-exposure prophylaxis demonstration project for MSM in South Africa. Now Health4Men is offering its expertise to health workers and community groups across the continent, including through a LINKAGES-supported south-to-south mentoring activity in Malawi.

From its beginning, Health4Men has been guided by a set of principles that are fundamental to all its work. A close-up look at two of these principles follows.

An affirming approach

Discrimination can cause people to feel ashamed, guilty, and depressed, making it far harder for them to look after their own health. The fear of judgmental or disapproving health care workers can also hinder their desire to access health care. All Health4Men's work therefore starts from a conviction that discrimination and judgmental attitudes must be challenged and confronted. Health4Men's training program for South African public health care clinics, for example, devotes a day to exploring where discrimination against KPs comes from in society, what harm it causes, and what health care workers can do in their daily work to mitigate against it.

Equally, Health4Men's outreach programs for MSM are premised on the need to acknowledge and address homophobic discrimination because of the clear links it found between experiencing homophobia and the likelihood of engaging in condomless sex. This work has now carried forward to the new national HIV information campaign, *We the Brave*, for MSM in South Africa, supported by the Elton John AIDS Foundation. This campaign highlights and celebrates how MSM have been remarkably brave in the face of social stigmas—and how such bravery can also translate into courage to look after their own sexual health.

Curiosity leads to innovation

Curiosity is not simply the desire to know something. It is also the acknowledgment that something is currently unknown. Health4Men's curiosity has led it to identify and address gaps in information regarding the groups it serves, which in turn helped it to define innovative solutions to these issues.

For example, Health4Men's investigation into overlooked health concerns such as the high prevalence of asymptomatic STIs among MSM led to the proactive treatment of STIs at its Centres of Excellence. The discovery of high rates of hepatitis C among drug-using MSM encouraged Health4Men to offer the first harm reduction needle exchange for MSM in South Africa and to help create a new fast tracked referral system to link hepatitis C patients to treatment in Cape Town. Health4Men's partnership with sex worker advocacy groups, such as SWEAT, has helped it appreciate how certain communities, such as transgender sex workers, require tailored models of antiretroviral therapy (ART) provision. This led Health4Men to support the creation of a new affirming community space to deliver and monitor ART treatment for transgender female sex workers.

Over the past eight years, Health4Men has been able to develop an approach and a set of resources to assist groups that were historically marginalized in HIV responses. As a result, Health4Men, as part of the Anova Health Institute, is supporting KP groups across Africa. It has done this recently in partnership with organizations such as the International HIV/AIDS Alliance in East Africa. In addition, USAID selected Health4Men to become part of the EQUIP consortium—five South African and Malawi-based organizations tasked with providing technical support to countries across Africa, with a particular focus on the new 90-90-90 goals. As it moves ahead, Health4Men hopes to continue making sure KPs across the African continent are listened to, that their needs are met, and that they are assisted in the most productive ways possible.

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Photo Credit: © Health4Men

IN FOCUS: ENGAGING MEN WHO HAVE SEX WITH MEN AS OUTREACH WORKERS IN GHANA

Some providers of sexual and reproductive health services require that patients disclose their sexual orientation. But for men who have sex with men (MSM), this simple act can worsen the stigma and discrimination they already face on a regular basis. For more than a year LINKAGES has been providing outreach to Ghanaian MSM who may, for these reasons, be apprehensive to seek the HIV-related health services they need.

One way LINKAGES is addressing this apprehension is by engaging MSM themselves as outreach workers. MSM are involved in planning the outreach activities and locating community centers, pubs, and other hotspots where MSM typically meet. They are also trained to identify men at these sites who could benefit the most from the outreach, and to provide education on human rights, HIV, and gender-based violence.

With support from LINKAGES and local civil society organizations, these outreach workers collaborate with

health care providers who screen MSM for sexually transmitted infections (STIs) and gender-based violence, and who provide HIV counseling and testing on site. HIV-positive MSM are then referred to local hospitals run by the Ghana Health Service, which provides services that are known to be friendly toward MSM and other key populations.

“Successfully collaborating with the Ghana Health Service to enroll and maintain HIV-positive MSM in HIV care and treatment services is one of the most important aspects of this work,” says Robert Amofo, a technical advisor and key populations liaison for LINKAGES in Ghana. “There are so many myths about MSM, and having MSM die from AIDS only solidifies the misconceptions. Preventing the spread of HIV will also prevent the spread of these misconceptions.”

The outreach activities are part of a larger collection of LINKAGES interventions reaching MSM. Through social network testing, MSM who have received HIV testing or care are

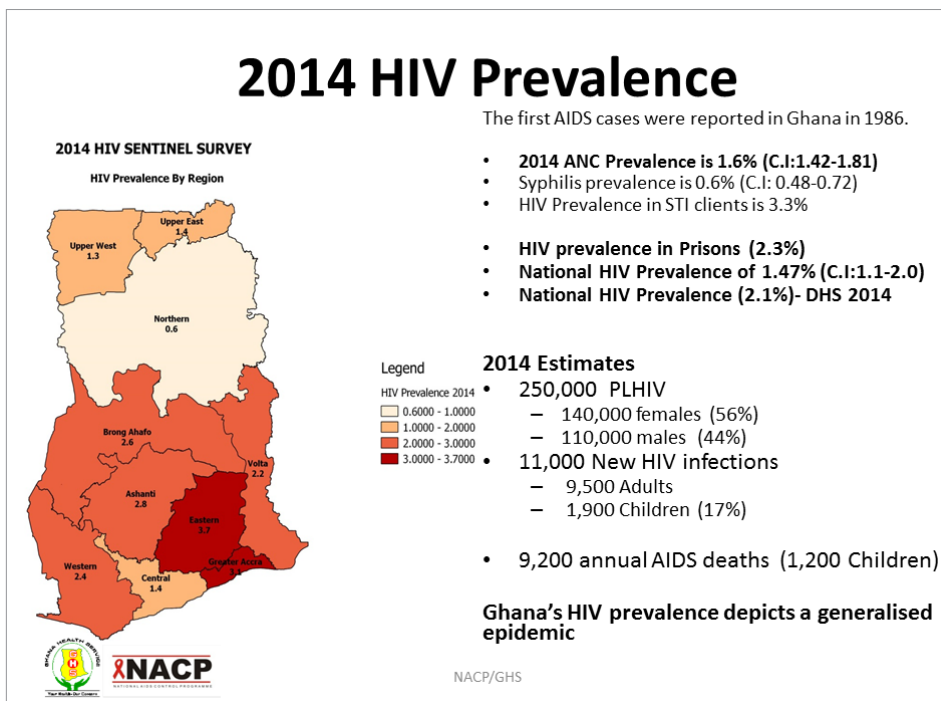
encouraged to refer their friends to the same services. A successful mobile health program offers a helpline through which trained counselors refer MSM to peer-friendly service providers in their geographic areas. MSM can also receive weekly text messages on positive behavioral change related to HIV prevention and care, on the importance of adhering to antiretroviral therapy, and on how to report cases of stigma and discrimination.

What is common to all of these interventions is the involvement of MSM — as outreach workers, friends, and counselors. “When MSM are involved, it makes it easier to reach many more MSM, especially harder-to-reach older MSM who have been facing stigma and discrimination the longest,” says Amofo. “Through this type of outreach, we can really build trust in the services being delivered.”

Between December 2014 and March 2016, LINKAGES reached 13,363 MSM with HIV prevention interventions and 5,547 MSM were tested for HIV and received their results. Approximately 620 MSM received care, and 252 are currently active on antiretroviral therapy.

“The ultimate goal is to increase demand for and uptake of HIV and STI services among MSM and extend the lives of those who are HIV positive,” says Amofo. “Thankfully that is what we see happening.”

*By Kerry Aradhy, MS, ELS
FHI 360*



MAP of Ghana indicating the high prevalence regions where LINKAGES works: Greater Accra, Ashanti, Western, Eastern, and Brong Ahafo.

THE PEOPLE @ LINKAGES: PAULA SEBASTIAO

Paula Sebastião is a technical advisor for organizational development who has been working with LINKAGES in the Angola office since January. Here she shares some thoughts about life and working with LINKAGES.

About herself . . .

I'm a 28-year-old Angolan woman who loves to dance and sing . . . everywhere. I love "Theater of the Oppressed" and interactive games. You will often find me at some cultural event in the city. But sometimes, I just read a book or listen to music by myself. My passion is to talk about and learn more about gender and LGBTI issues. Any interactive forum that helps me to address these issues is always a good learning experience for me.



Photo Credit: Paula Sebastião

About LINKAGES . . .

It's one of those amazing projects that make you understand how you can start having some impact in your society. It sounds a little cliché, but it shows you how it is possible to make a difference — especially for those who are voiceless and usually invisible — to create a space where they have a say and can finally become visible.

What is LINKAGES doing in Angola with key populations?

We provide HIV services to key populations, including counseling, treatment, and continuous health care. And we offer tools so that members

of key populations can secure a sustainable way to access HIV services. Despite focusing primarily on health, this program has a huge cross-cutting role in human rights — which are so fundamental to empowering local organizations.

Please describe a typical day at work.

We are a small, enthusiastic, and dynamic team of seven. We are a collaborative group and we learn much from each other. These days I'm working on ideas with our local partners, the Angola National Institute against HIV and AIDS, and the health centers, to create a friendly environment for key populations. So, we are addressing issues such as stigma, discrimination, sexual orientation, gender identity, humanization at the health centers, and the importance of vocabulary.

I also visit our local partners to help them plan activities, follow up on results, and make sure that they have a good relationship with the health centers. I also go to monthly meetings with the local health centers and attend meetings with other strategic partners, such as the National HIV and AIDS Institute.

What has LINKAGES accomplished in Angola?

In a short period of only 5 months, we provided HIV awareness to at least 696 MSM and 2,219 sex workers. And we conducted HIV rapid tests at hotspots for 310 MSM and 1,657 sex workers. We also created a drop-in center for the local LGBTI organization at one of the major LGBTI locations, and we assist them with any organizational issues.

What challenges have you encountered?

Getting key populations included in HIV programs is always a challenge. Even so, the National Institute for the Fight against AIDS has been a really good partner, and some doors are opening for key populations on health issues. There is also a shortage of material and supplies, including the proper machines to conduct CD4 tests and medications. The tests and medications

are expensive, so some people give up on treatment because they cannot afford it. We are still trying to figure out a good strategy with the health centers, the Institute, and other local partners. It has also been a challenge to create a good system to follow up on test results with our partners.

What excites you the most about your work?

I don't have a background in HIV work, so LINKAGES is amazing because every day I have the opportunity to learn about key populations and get to know organizations that are pushing the envelope on issues related to HIV. Together we can come up with better solutions.

I also enjoy the freedom we have to link new interactive activities with our program. We learn about previous activities and curricula (about gender, key populations, sexual orientation, gender identity, stigma, and discrimination) to better address these issues with our local partners and others relevant strategic partners.

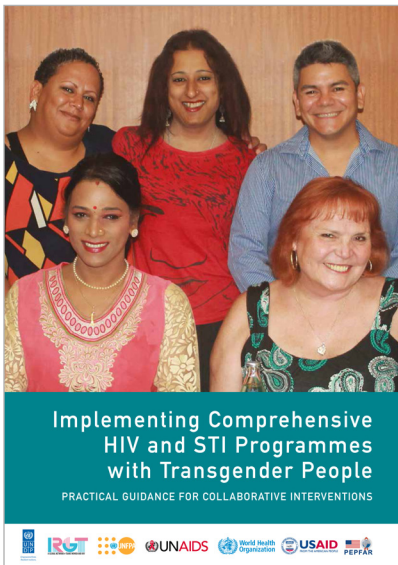
What do you wish for key populations?

I wish that:

1. The term "key population" won't exist some years from now because people who currently qualify as a key population will have no risk, or a lower risk, of HIV.
2. Public discussions would include all the issues that affect the LGBTI community. Advocacy would extend beyond health services to the public recognition of their rights. And we would have structures to fight stigma, discrimination, and gender-based violence so that they would finally have a more visible space and voice in the society.
3. Sex workers are recognized with the same rights (such as social security) as anyone in another line of work.

These wishes will only come true if we work to attain a society that is free of stigma and discrimination. It's a three-level fight: health, policy, and cultural change.

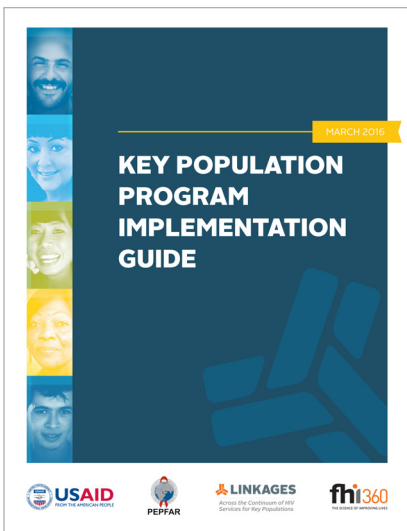
NEW RESOURCES



IMPLEMENTING COMPREHENSIVE HIV PREVENTION PROGRAMMES WITH TRANSGENDER PEOPLE (TRANSIT)

<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/implementing-comprehensive-hiv-and-sti-programmes-with-transgend.html>

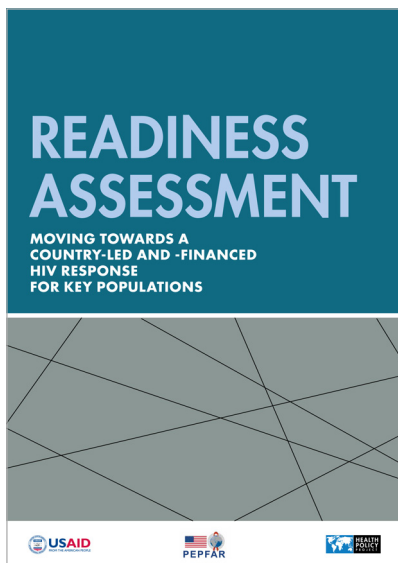
The TRANSIT is a new tool offering practical advice for implementing HIV and STI programming with transgender people. Highlights include strategies for capacity building for transgender-led organizations, addressing violence, stigma, and discrimination, and delivering trans-competent care. This is the third in a series of tools for program implementation with key populations and is based on recommendations in the *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*, published in 2014 by the World Health Organization.



KEY POPULATION PROGRAM IMPLEMENTATION GUIDE

<http://www.fhi360.org/resource/key-population-program-implementation-guide>

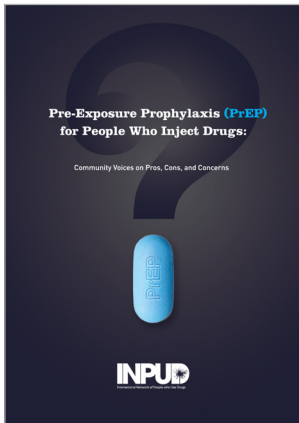
This *user-friendly* and *easy-to-apply* tool developed by LINKAGES includes step-by-step guidance for delivering a comprehensive package of health services for key populations at scale. Elements include population size estimation and mapping, key population engagement and empowerment, structural interventions, peer outreach, clinical services, program management, monitoring and data use. The guide will soon be available in French and Portuguese.



READINESS ASSESSMENT: MOVING TOWARDS A COUNTRY-LED AND -FINANCED HIV RESPONSE FOR KEY POPULATIONS

http://www.healthpolicyproject.com/pubs/462_SIDChecklistfillableinreader.pdf

This new guide from the USAID- and PEPFAR-funded Health Policy Project is a flexible tool for assessing the readiness and ability of country stakeholders (including government, development partners, and civil society) to sustain HIV epidemic control among key populations when donors transition to different levels and types of funding.



PRE-EXPOSURE PROPHYLAXIS (PrEP) FOR PEOPLE WHO INJECT DRUGS: COMMUNITY VOICES ON PROS, CONS, AND CONCERNS

<http://www.inpud.net/sites/default/files/INPUD%20PrEP%20-%20Community%20Voices.pdf>

From the International Network of People who Use Drugs, this report summarizes recent research on the knowledge, beliefs, and opinions of people who inject drugs about the pros, cons, and concerns of PrEP for people who inject drugs.



MOST IMPACTED, LEAST SERVED: ENSURING THE MEANINGFUL ENGAGEMENT OF TRANSGENDER PEOPLE IN GLOBAL FUND PROCESSES

<http://msmgf.org/14394/>

Commissioned by The Global Network of Transgender Women and HIV (IRGT), this report documents findings from the examination of relevant literature and from semi-structured interviews (with transgender community activists, civil society organization representatives, and officials from major donors) on the remaining barriers to addressing the HIV related needs of transgender people, as well as good practices for engaging key donors (such as The Global Fund).



THE CASE FOR A HARM REDUCTION DECADE: PROGRESS, POTENTIAL, AND PARADIGM SHIFTS

http://www.ihra.net/files/2016/03/10/Report_The_Case_for_a_Harm_Reduction_Decade.pdf

Commissioned biennially by Harm Reduction International, this report summarizes the international harm reduction response, including recommendations for actions to increase harm reduction on a global scale.

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LINKAGES, a five-year cooperative agreement 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. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

The contents of The LINK do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

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Thank you to the following for submitting photos for the LINKAGES banner: FHI 360's Asia-Pacific Regional Office (Ian Taylor and Mr. Naysokhim); Global Forum on MSM & HIV; Global Network of Sex Work Projects; and the International Network of People who Use Drugs.

