

Improving outreach through the engagement of people living with HIV in Nepal

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With the expanded strategic engagement of people living with HIV (PLHIV) as peer mobilizers, partners experienced a tenfold increase in HIV case-finding rates. Successful referrals by PLHIV of their peers also resulted in relatively high rates of uptake of relevant HIV treatment or prevention services.

As COVID-19-related lockdowns in Nepal introduced new challenges to the safe and effective use of peer outreach to serve individuals at risk for HIV infection, community partners saw that it was time to ask some friends for help. Having already facilitated the linkage of hundreds of previously undiagnosed people living with HIV (PLHIV) to lifesaving HIV testing and treatment services, these community-based organizations turned to PLHIV for their insights and leadership in engaging other people facing similar risks. In the process, they transformed their perspectives on what outreach can accomplish and realized some of their greatest achievements to date.

With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), the Meeting Targets and Maintaining Epidemic Control (EpiC) project has been supporting community partners in Nepal to implement the [enhanced peer outreach approach \(EPOA\)](#) to close gaps in HIV service access through strategic peer referrals. Because the burden of HIV infection in Nepal is concentrated among key populations (KPs) such as men who have sex with men (MSM) and transgender women, implementation of EPOA has historically focused on engaging members of these groups to refer their peers to HIV testing, treatment, and prevention services. However, while EPOA has worked well to reach KP members at increased risk of HIV in both [Asia](#) and [Africa](#), partners in Nepal were experiencing lower than expected rates of new HIV case detection through EPOA — possibly because some of the peer mobilizers and network members engaged through this approach had already adopted preventive behaviors against HIV.

The partners needed a strategy to focus HIV testing services within even higher-risk networks, while simultaneously scaling back face-to-face delivery of these services to mitigate the risk of COVID-19 exposure among both clients and peer outreach workers.

Following the wisdom of PLHIV

In recent years, index testing — safe, voluntary PLHIV-led referrals of their sexual or injecting partners and their biological children — has emerged as a priority to achieve HIV epidemic control and improve the efficiency and impact of HIV testing services. Given that virtually all PLHIV became infected through risk contact with other PLHIV who had not achieved HIV viral suppression through adherence to HIV treatment, it is perhaps unsurprising that implementation of index testing consistently [results](#) in very high rates of new case detection. Among PLHIV who choose to voluntarily disclose their status to partners as part of index testing, there is also [evidence](#) of improved social support and treatment outcomes. Nevertheless, participation in index testing is still constrained in many settings and populations, often due to concerns about confidentiality, stigma, and discrimination. In Nepal, approximately 73 percent of PLHIV receiving support through the EpiC project between October 1, 2020 and September 30, 2021 were offered index testing services, 59 percent of whom agreed to participate. From all 5,485 participants, a total of 1,508 contacts were successfully referred to HIV testing services. Out of these, 326 individuals (21.6 percent) were newly diagnosed with HIV and linked to HIV treatment services.





A peer outreach worker shares HIV-related educational materials with a client in Nepal.

Photo credit: LINKAGES Nepal

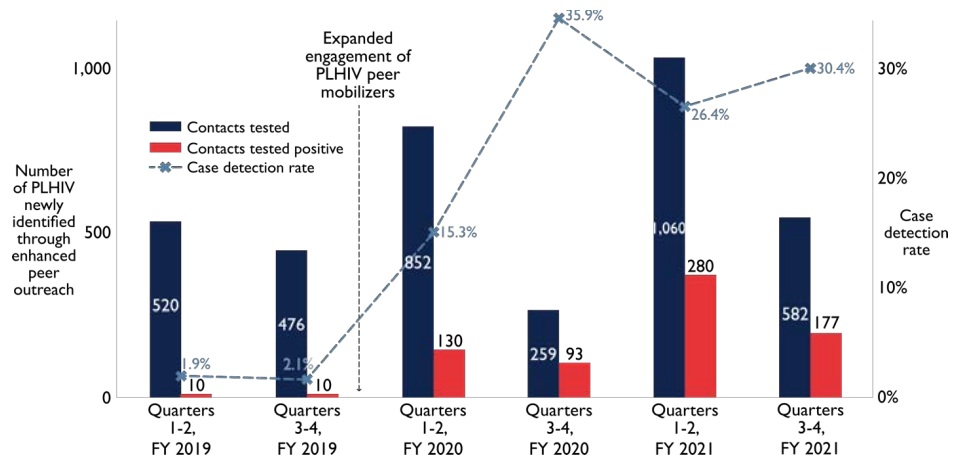
By helping community partners engage the leadership of PLHIV as peer mobilizers in EPOA implementation, the EpiC Nepal team saw an opportunity to complement index testing with expanded options for PLHIV to make peer referrals, while improving the focus of outreach in networks with higher risk of HIV infection.

The team had already started working with partners at the beginning of fiscal year 2019 (FY19) to engage PLHIV as EPOA peer mobilizers. The peer mobilizers were offered small incentives for successful referrals of members of their risk and broader social networks to HIV testing, treatment, and prevention services, including HIV pre-exposure prophylaxis (PrEP). With the onset of COVID-19 at the beginning of FY20, the team dramatically ramped up its efforts to identify PLHIV who were willing to serve as peer mobilizers. Around this time, the team implemented a strategic shift such that in many supported districts, the majority of newly engaged peer mobilizers were PLHIV. To facilitate continued scale-up over time while limiting risks of exposure to COVID-19, peer mobilizers were afforded opportunities to make service referrals — including to an online reservation application called [MeroSathi](#) — via text messages and social media.

Evidence of impact

With the expanded strategic engagement of PLHIV as peer mobilizers, participating partners experienced a tenfold increase in HIV case-finding rates through EPOA, from a baseline average of 2 percent of individuals tested, to a post-implementation average of 25 percent of individuals tested (Figure 1). Successful referrals by PLHIV of their peers also resulted in relatively high rates of uptake of relevant HIV treatment

Figure 1. Case-detection rates from EPOA in Nepal, before and after the engagement of PLHIV peer mobilizers





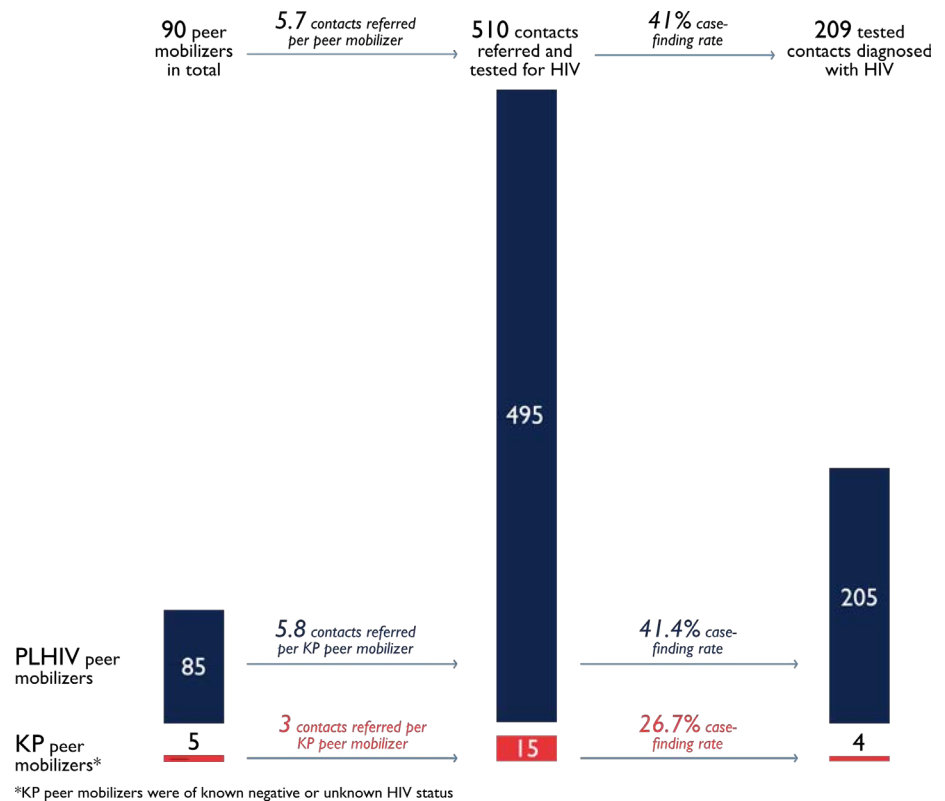
When a person meets another person with same problem, they share their problems and find a way out.

– Community-based supporter

or prevention services. Between October 1, 2020 and the end of September 2021, 1,642 individuals were successfully referred to and received HIV testing services through EPOA, 457 (28 percent) of whom received a confirmed HIV diagnosis. Among those diagnosed, 427 (93 percent) had already initiated HIV treatment services by mid-October 2021. Similarly, out of those screened negative, 650 individuals were referred for PrEP services and 370 (57 percent) of those referred initiated PrEP services through EpiC Nepal partners.

The contributions of PLHIV peer mobilizers were especially remarkable in the national capital of Kathmandu, despite considerable COVID-19-related lockdowns and movement restrictions in the previous year. During FY21, 90 peer mobilizers — 85 (94 percent) of whom were PLHIV — successfully referred 510 individuals to HIV testing services, and 209 (41 percent) of these individuals were diagnosed with HIV. Comparison of the results of referrals from PLHIV peer mobilizers vs. those of other KP peer mobilizers (Figure 2) shows that the PLHIV peers successfully referred a larger average number of contacts, and HIV case-detection rates among these contacts were substantially higher. By generating network maps (Figure 3) depicting the results of EPOA referrals, the team can gain insights into the contributions of different types of peer mobilizers and into risk networks with higher burdens of HIV infection.

Figure 2. HIV case finding through engagement of PLHIV peer mobilizers in Kathmandu (October 2020–September 2021)



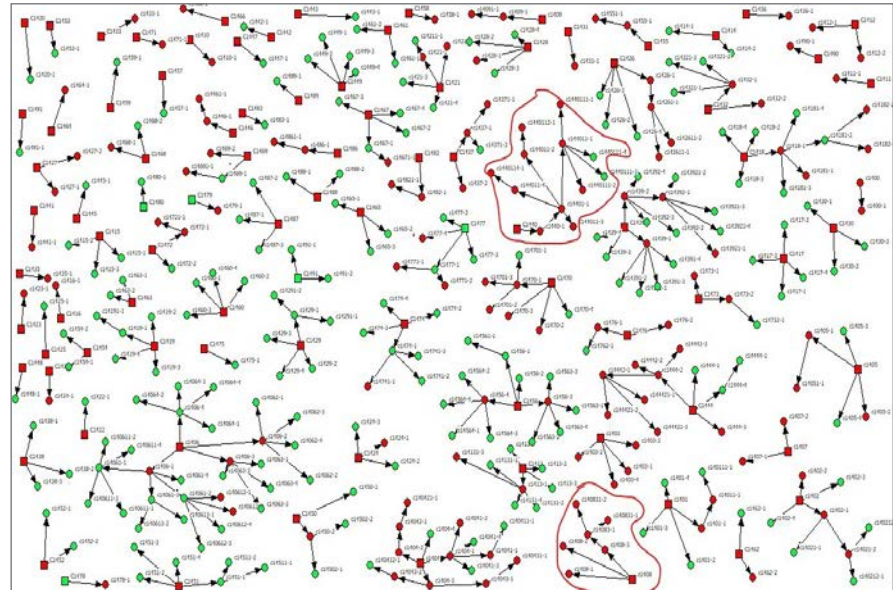
According to the partners, the lived experience of PLHIV makes them valued, trusted sources of information and inspiration, as well as vital leaders in the engagement of others. “When a person meets another person with same problem, they share their problems and find a way out,” said Shiva Prasai, a community-based supporter working with Sexually Transmitted Disease and AIDS Counseling and Training Services, or SACTS.

Figure 3. A network diagram highlighting HIV testing results among contacts referred by PLHIV peer mobilizers and other KP peer mobilizers of known negative or unknown status (October 1, 2020–September 30, 2021)

KEY

- PLHIV peer mobilizers
- Other KP peer mobilizers of known negative or unknown status
- Individuals with confirmed HIV-positive status
- Individuals with negative HIV test results

Circled areas indicate networks in which PLHIV peer mobilizers referred a relatively large number of individuals who received a confirmed HIV diagnosis following testing.



The PLHIV peer mobilizers have also expressed that their efforts, while challenging, can be quite rewarding. “After enrolling the HIV-positive clients on treatment, we have internal satisfaction, as we have helped them to live a better and healthy life,” said Biki Shrestha, a PLHIV peer mobilizer.

The team has already had success in establishing EPOA as a feature of Nepal’s National HIV Strategic Plan (NHSP) 2021-26, as well as a component of the nation’s [recommended HIV standard service package](#). Now, EpiC Nepal is working with community organizations and a broader set of partners and stakeholders — including those receiving Global Fund support — to expand opportunities to engage PLHIV as allies to help close gaps in service access. To generate more evidence to guide implementation, the team plans to add the capacity to embed unique referral codes that contain no personally identifying information in electronic referral messages sent by peer mobilizers. In doing so, successful referrals to MeroSathi and onward connections to physical services can be confidentially tracked and the incentives provided to the referring peers. In addition, the team plans to apply a similar recruitment approach for peer mobilizers to facilitate PrEP promotion, offering the expanding number of existing PrEP clients the opportunity to serve as credible peer mobilizers and refer members of their social and risk networks to services.

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