

Harnessing the impact of mobile phones to improve Key Populations HIV programming

Background

The HIV/AIDS prevention and care project in West Africa (PACTE-VIH) is a five-year cooperative agreement (2012-2017) between USAID/West Africa and FHI360. The goal of the project is to support governments' efforts in Togo and Burkina Faso, and those in other West African countries, to address the critical gaps in key populations programming across the region by strategically targeting interventions that build government political will and resources to engage key stakeholders to support programs that are evidence-based, adaptable, replicable and transferrable throughout the region. Key populations in the context of the project refers to men who have sex with men (MSM), female sex workers (FSW) and their clients.

Data from the International Telecommunication Union (ITU) indicates that access to and use of mobile telephones in sub-Saharan Africa has dramatically increased over the past two decades. As at 2009, 60% of the population in sub-Saharan Africa had mobile phone coverage with Africa as a whole having 246 million mobile cellular subscriptions. At the end of 2011, global mobile-cellular subscription had reached almost 6 billion with developing countries accounting for more than 80% of the 660 million new subscriptions added in 2011. As the banking sector seized on this unexpected opportunity to maximize client reach, other sectors including the health sector have followed suit. Mobile technology is revolutionizing healthcare delivery particularly in the developing world.

Successful practices abound to justify the growing interest in and use of mobile phones in the provision of health services. FHI 360 has harnessed SMS to promote healthy behaviors in a range of African settings. Examples include the award-winning Mobile for Reproductive Health (m4RH), providing family planning/reproductive health (FP/RH) information via SMS in Kenya and Tanzania. In Ghana, FHI 360 launched an integrated project in 2010 to increase utilization of HTC/STI and other HIV/AIDS related health services among KPs. The project targeted MSM, FSW and their partners as well as PLHIV, under the Flash Me! Text Me! Call Me! Initiative, a helpline counselling service.

The delivery of HIV prevention and ART adherence messages to KPs using mobile phones is one of the key strategies identified in the PACTE-VIH Communication Strategy. This approach seeks to increase coverage in providing HIV prevention services among KPs and also serve as an alerting system for ART adherence via short message services (SMS) sent directly to the beneficiaries' mobile phones. This sensitization strategy has been aptly named mHealth4KPs. It provides KPs with reminders and messages tailored to promote desirable HIV prevention and care behaviors. This innovative approach initiated in November 2015 in Togo and February 2015 in Burkina Faso, saw the systematic enrollment of phone numbers of KP and PLHIV.

Description

In close collaboration with key stakeholders such as the NACPs and representatives of KPs, short and clear messages were developed and pre-tested among beneficiaries and caregivers in Togo and Burkina Faso. PACTE-VIH contracted the services of an SMS service

provider to facilitate the delivery of customized messages via an online platform. mHealth4KPs is intended to use SMS text messages to remind and alert KPs essentially:

- To take ARVs as prescribed

- To systematically use condoms and lubricants anytime they have sexual intercourse

- To check their HIV status every 3 months

The messages also invite KPs to patronize HTC services and seek early treatment for STIs. Currently, reminder messages are sent out daily at 7am to PLHIV and behavioral change messages sent to KP and PLHIV at 6pm on Friday and Saturday nights each

week. The timing of the weekend messages are so as to provide promptings on safe sexual behaviors before peak social interactions anticipated to occur during that period.

The methodology involved the following:

- Involving KPs in designing short messages and in determining the most effective times to send out the SMS.

• Engaging country coordinating bodies in designing the campaign. For example, the national AIDS control program of Burkina Faso (PSSLS), validated the messages prior to adoption and made constructive inputs into tailoring the SMS being sent out to PLHIV, FSW and MSM target populations. They also agreed to the use of the sender name “Ministry of Health” thus signifying an endorsement of the mHealth campaign in Burkina Faso by the health authorities. Similarly in Togo, an mHealth committee has been established by the national AIDS control program (PNLS) to oversee activities related to this campaign.

Sample SMS targeting PLHIV

Ma vie est précieuse, je prends mes médicaments chaque jour pour garder la forme

“My life is precious; I take my medicines every day and I am fit”

- The SMS platform is managed directly from Accra, Ghana, outside the countries of the beneficiaries, thereby protecting confidentiality and reducing the fear of stigma and discrimination.

• Two categories of messages have been developed: Healthy Living messages which are focused on HIV preventive behaviors for all the target groups and are sent out twice a week with a different message in each instance. Example: “Protect yourself and your partner. Always use condom and lubricant anytime you have sexual intercourse”. Lifeline messages are reminders for ART adherence to PLHIV. Messages are sent out on a daily basis. Example: “My life is precious; I take my medicines every day and I am strong”.

Sample SMS targeting MSM

Protège-toi et protège ton partenaire. Utilise toujours le condom et le gel à chaque rapport sexuel

“Protect yourself and your partner. Always use a condom and lubricant anytime you have sexual intercourse”

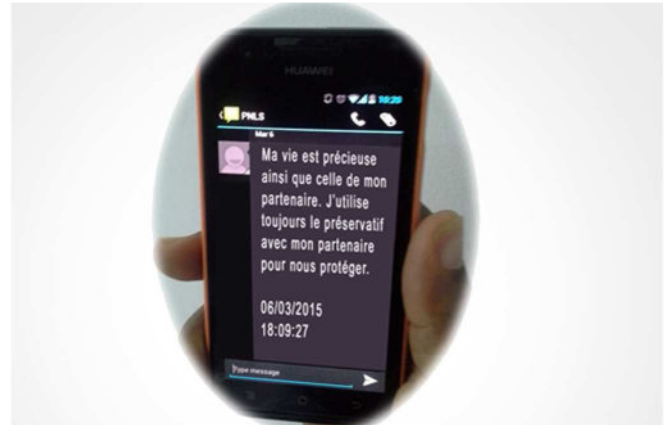
Outcomes

The mHealth campaign has been characterized by the systematic addition of phone numbers to the platform between the 1st and 2nd year of implementation.

Starting with an initial total number of 206 beneficiaries, the enrollment on the platform has increased steadily and currently stands at 3,200 beneficiaries. Currently,

beneficiaries enrolled on the platform are as follows: Burkina Faso has 21 PLHIV, 37 MSM and 1,434 FSW and Togo has 1,071 PLHIV, 257 MSM and 380 FSW. Overall, the number of people included in the mailing list and who receive messages increased by 65% across both countries between the end of the first year of implementation and the subsequent year. During the course of the first year of implementation, 369,848 messages were sent out to target populations in both countries. In Burkina Faso, 18,299 messages were sent and in Togo, 351,549 messages were sent out to beneficiaries of the campaign. In the second year of implementation, 657,698 messages were sent to beneficiaries, 104,047 in Burkina Faso and 553,651 in Togo. Additionally, preliminary meetings towards ownership in Togo as well as advocacy for country ownership in Burkina Faso has been ongoing to ensure a smooth transition once the project ends to ensure its continuity.

The project has also embarked on a collaborative



research study with E4D (a partner USAID-funded project) to determine the impact of these messages on beneficiaries over time.

As demonstrated by the declarations below, several testimonies from beneficiaries of this service reflect the level of satisfaction both in Burkina Faso and Togo:



- "We receive every day the messages sent by PNLs. Thank you very much for this initiative which really reminds me to take my medicines."
- **PLHIV in Lomé, Togo.**



- "The messages over the weekends remind me to always use a condom and a lubricant to be safe. They are really good reminders."
- **MSM in Bobo-Dioulasso, Burkina Faso.**

In building on earlier successes, a Phase II of this campaign is being developed and is presently in the design stage. This phase will seek to make the mHealth system more interactive by which beneficiaries of the messages will be able to provide feedback to the system. In reaction to in-bound messages, there will be the option of a case manager

calling a recipient upon request in order to provide personalized advice or direct them to specialized services. Thus, the feedback provided will be used to create a more interactive system where recipients can receive tailored information specific to their present needs.

Challenges

The main challenge involved with this campaign is systematically providing additional phone numbers for inclusion on the platform. In most countries in West Africa, SIM cards are required to be registered with a national ID card. Due to fear of stigmatization, KP continue in their reluctance to provide phone numbers for fear of being tracked by their IDs which are linked to

their SIM card registrations.

Another challenge lies in the fact that KPs frequently change phone numbers for various reasons. The affordability and easy access to new SIM cards means some phone numbers become redundant on the platform after some time of active use.

Lessons Learned and Recommendations

Key lessons learned include the fact that involvement of key stakeholders is essential at inception to promote buy-in and pave the way for transition and effective ownership. With the involvement of the PNLs in both countries during the message development and piloting phase, not only has it promoted a smooth implementation but has also inspired ownership at the country level.

Another key lesson involves the selection of an SMS platform which provides the best results for message delivery. SMS messages terminating in countries other than the country of origination comes with associated challenges and added cost. Although, cost may be a

factor to consider, in determining a campaign targeted at beneficiaries in other countries, it is imperative to select a platform which is able to provide consistent successful terminations to mobile phone numbers both within and outside of countries of origination of the SMS.

A campaign with objectives such as the mHealth4KPs may not yield optimum results if run as a stand-alone strategy. Executed as an integral part of existing face-to-face behavioral interventions, such a campaign will act synergistically to augment the desired results of behavioral change.

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