

APRIL 2016

# SUCCESS STORY

## LINKAGES Thailand pioneering a new model for increasing uptake of HIV testing and counseling



### One peer mobilizer recruited 149 new clients for testing in just six months

Fewer than half of all men who have sex with men (MSM) in Asia know their HIV status. Part of the reason for this is that the prevailing model of outreach-based promotion of HIV testing and counseling (HTC) has achieved only low testing uptake and identification of HIV-positive individuals.

The USAID- and PEPFAR-funded LINKAGES Thailand program — implemented by FHI 360 in partnership with local community-based organizations Mplus Foundation and Caremat — has introduced an enhanced peer mobilizer model (EPM) to increase HTC and improve enrollment and retention of those who test positive in the HIV continuum of care. The key components of this model are:



Increased focus on targeted, one-on-one interpersonal communications between clients and trained, salaried community-based supporters (CBSs)



Shift of responsibility for client recruitment to an informal network of incentivized peer mobilizers (PMs) who recruit clients from within their social and sexual networks

*Over a six-month period, Number 10 successfully reached 149 new clients, of whom 93 percent received an HIV test. The majority of those tested had never before received an HIV test, and 18 percent of those tested were HIV positive.*

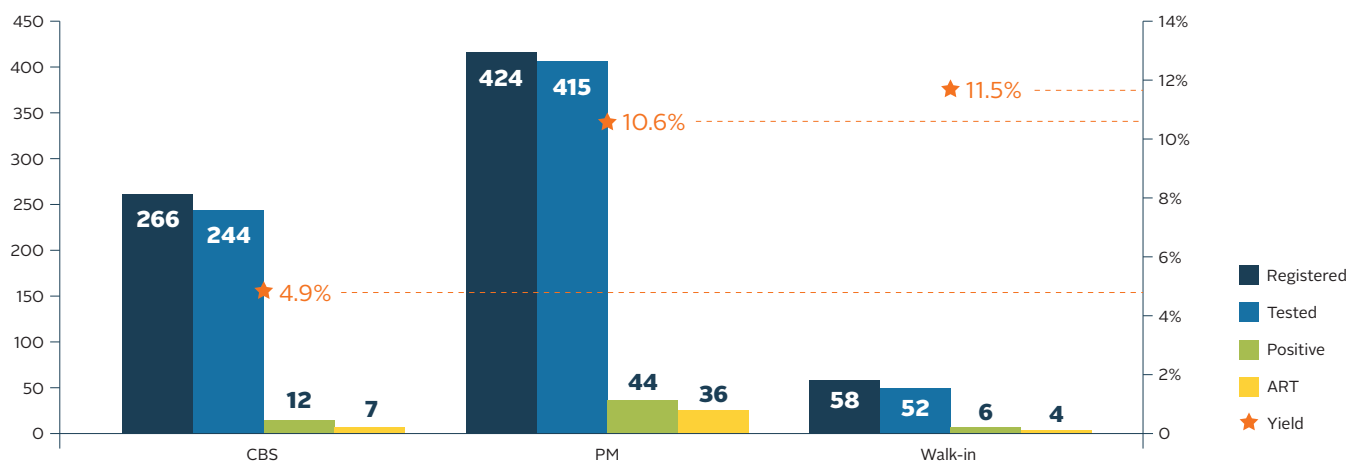
“Number 10” (a code name this person chose to protect his anonymity) is one of these unsalaried PMs who receive a small incentive payment (100 THB/ US\$2.85) for each eligible client they successfully recruit who receives an HIV test. When LINKAGES asked him to refer his friends, he developed a banner advertisement for the Facebook Fan Page that he administers. Fans who are interested in getting tested contact him directly, and he shares his personal testing experiences and links the clients to a CBS who then helps and encourages the client to access a LINKAGES-supported HTC site. Number 10, like other PMs, also has offline friends with risky behavior, whom he tries to persuade to get tested.

Number 10 considers EPM an effective model and says that the monetary incentive is a good “morale boost.” But, he says the money is not the main motivation for being a peer mobilizer. “To me, every time I refer one of my friends to get tested, it means that I have helped my friend to have better health — I feel delighted!”

All clients recruited into the LINKAGES program are given the opportunity to become PMs, though typically less than 20 percent accept. LINKAGES tracks “recruitment chains” to identify the PMs who do the best job of recruiting clients and identifying positive cases, so CBSs can proactively follow-up with those PMs. Like Number 10, many of the more successful PMs are well connected

via social media, which they use to rapidly disseminate information to a wide network of contacts. These PMs collect contact information from everyone willing to participate in LINKAGES and share it with CBSs, who can contact them directly. CBSs also strategically arrange meetings with these potential new clients to take place in venues adjacent to LINKAGES-supported, community-based HTC centers, so that if clients indicate a willingness to be tested, they can be immediately escorted across the street and registered at the clinic.

Implementing partners in Chiang Mai are finding that PMs significantly increase their project coverage. From July to December 2015, CBSs directly recruited 266 clients, while PMs recruited 424. They are also finding that, as PMs take responsibility for recruitment, the CBSs themselves have more time to focus on one-on-one communication, which results in higher rates of HTC uptake than does traditional, group-based education (72.6 percent versus 34.4 percent,  $p=0.00$ ) (see figure below).



Clients recruited by PMs do not differ significantly from clients directly recruited by CBSs with regard to self-reported risk behavior, but they are more than twice as likely to be HIV positive (10.6 percent HIV positive compared to 4.9 percent,  $p=0.01$ ) and, once identified HIV positive, are more likely to initiate HIV treatment (81 percent versus 58 percent,  $p=0.02$ ).

The story of Number 10 demonstrates that social network recruitment, through an informal pay-for-performance cadre that complements a standard outreach workforce, can improve HIV testing uptake, HIV case yields, and ART initiation. It is an outreach model that offers a more effective, more sustainable, and more cost-efficient approach to HIV testing and ARV treatment initiation than traditional outreach models. There are currently 48 CBSs and 605 PMs across 4 project sites in Thailand, though only 115 PMs successfully recruited at least one client.

There is interest in expanding this model to as many as 13 provinces in Thailand in the next fiscal year. The EPM model is also being implemented under LINKAGES in Laos, and LINKAGES partners in Cameroon, Suriname, and Trinidad and Tobago are receiving technical assistance to adapt this model to their own program context.