

Social network strategy: An innovative approach to reach hard-to-reach people who inject drugs in northeast states in India

Bitra George,¹ Prabuddhagopal Goswami,² Kelly Perry³

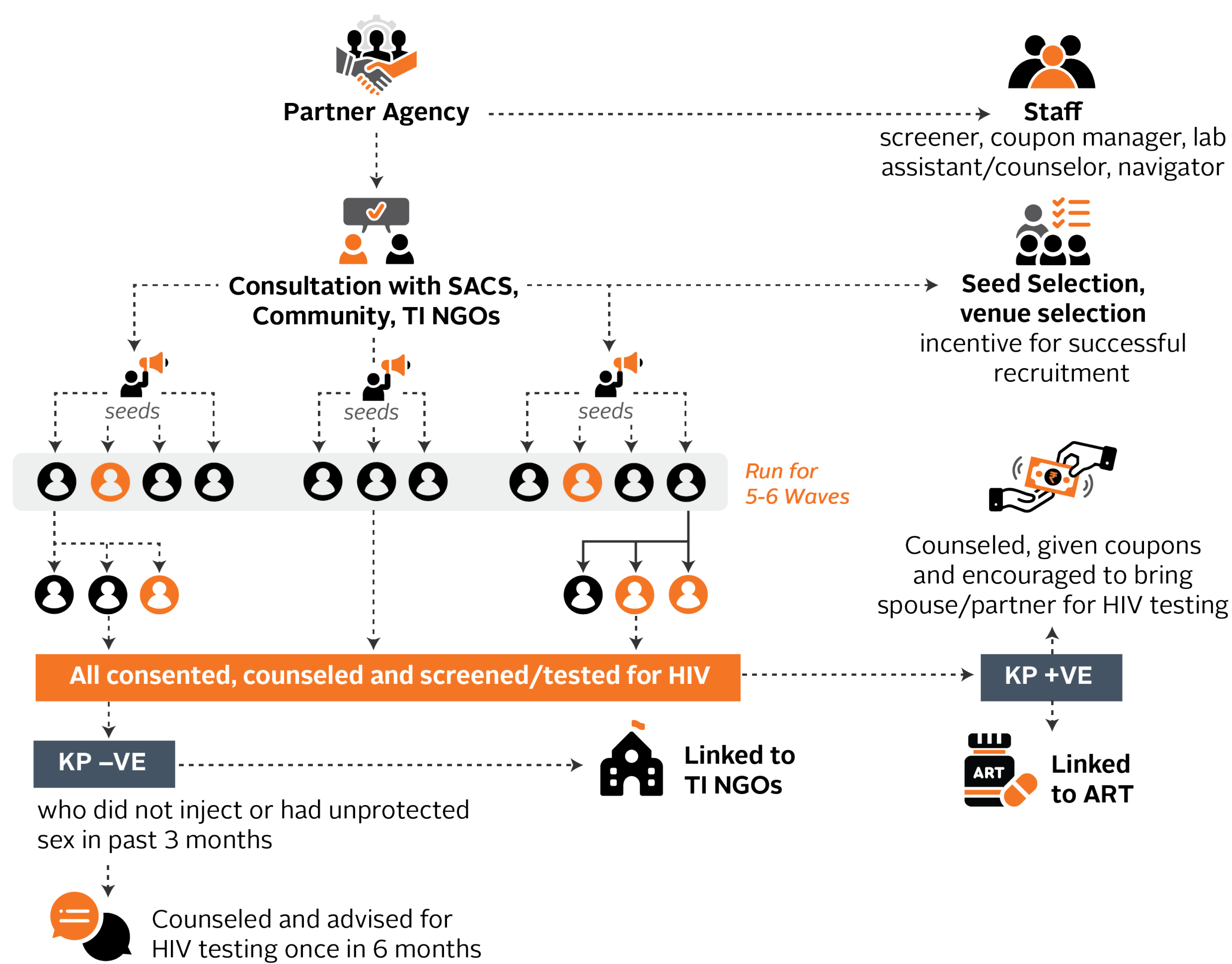
EPC345

BACKGROUND

India has a concentrated HIV epidemic, with an estimated 2.3 million people living with HIV (0.22% adult prevalence). Key populations (KPs) are disproportionately affected, with HIV prevalence among people who inject drugs (PWID) at 6.26%. High HIV prevalence in the northeast states of Mizoram (2.3%), Nagaland (1.45%), and Manipur (1.18%) is driven by

injecting drug use. Under the PEPFAR- and CDC-supported Project Sunrise, FHI 360 implemented a social network strategy (SNS), an innovative approach to provide HIV prevention, testing, and treatment services to hard-to-reach PWID in these three states from June 2019 to March 2020 (Figure 1).

FIGURE 1. Social network strategy activities among key populations in three northeastern states of India



LESSONS LEARNED

SNS can strengthen the ability of CBO networks to penetrate hard-to-reach networks using minimal additional human resources. Early community involvement with SNS processes, including the discussion of incentives, was critical to the strategy's effectiveness. Information from robust referral networks, including network size, syringe services, and injection environment, improved identification of undiagnosed PWID. Enrollment of spouses and sexual partners through SNS was challenging.



Recruitment of a PWID client for SNS

CONCLUSION/NEXT STEPS

SNS implementation effectively reached unreached populations and provided communities with increased access to HIV services. Based on the results of SNS implementation, the National AIDS Control Organization included SNS in expanded outreach interventions to reach new KP individuals. Such network-based referral strategies, including both SNS and index testing services, should be scaled up and integrated to increase case finding to accelerate progress toward achieving the UNAIDS 95-95-95 goals.

AUTHOR AFFILIATIONS

¹ FHI 360, India

² Independent consultant, India

³ FHI 360, Asia Pacific Regional Office

CONTACT INFORMATION FOR LEAD AUTHOR

Bitra George, Country Director, FHI 360/India, BGeorge@fhi360.org

This work was made possible by the generous support of the American people through the Centers for Disease Control and Prevention (CDC) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of the CDC or the United States Government.

DESCRIPTION

Community-based organizations (CBOs) hired peers as seed participants and used a chain-referral recruitment strategy and social network connections to reach, test, link, and treat hard-to-reach PWID in six sites in the three states. Using 139 initial seed participants (14 HIV positive, 125 HIV negative), 3,495 PWID and their injecting and sexual partners were recruited and tested for HIV. SNS participant characteristics included predominantly male (95%), young (44%

younger than 25 years), unmarried (59%), completed basic school (56%), and unemployed (55%). Of these, 300 (8.6%) tested HIV positive, of whom 208 (69%) were initiated on antiretroviral therapy. A total of 930 (29%) HIV-negative participants were linked to harm reduction programs. Twenty-one (7%) of the 300 HIV-positive clients were females. We had a 19% case-finding rate among PWID in Aizawl, Mizoram. See Figure 2 for an example flow chart.

FIGURE 2. SNS among PWID in Mizoram, Manipur, and Nagaland (n=6 sites)

