

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

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## BACKGROUND

The Meeting Targets and Maintaining Epidemic Control (EpiC) project is implementing HIV services to support the Government of Nepal's effort to achieve sustainable HIV epidemic control with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). The project partners with local community-based organizations to implement the enhanced peer outreach approach (EPOA) to improve HIV testing, prevention, and treatment service access through strategic peer referrals and support. EPOA implementation initially faced challenges closing gaps in HIV diagnosis and in extending services to individuals with the greatest needs in the face of COVID-19-related lockdowns and movement restrictions. These challenges inspired the project and its community partners to explore new approaches to optimize EPOA to improve performance while minimizing COVID-19 exposure risks.

## DESCRIPTION

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. However, through a series of consultations with people living with HIV (PLHIV), the project and its partners learned that many PLHIV were willing and able to undertake greater roles in referring and navigating their peers to HIV services. Facilitating safe, voluntary PLHIV-led referrals of their sexual or injecting partners and their biological children — known as index testing — has emerged as a global priority because it consistently results in very high rates of new case detection.<sup>1</sup> Nevertheless, participation in index testing is constrained in many settings and populations, often due to concerns about confidentiality, stigma, and discrimination. In brainstorming

together, the project and its partners came up with a plan to expand PLHIV referrals and improve EPOA outcomes by offering PLHIV opportunities to serve as EPOA peer mobilizers. The team also came up with a plan to minimize COVID-19 exposure risks associated with face-to-face outreach by creating opportunities for individuals to make online referrals through social media and text messages to the MeroSathi (<https://merosathi.net>) online health service reservation platform.

<sup>1</sup> Katz DA, Wong VJ, Medley AM, Johnson CC, Cherutich PK, Green KE, Huang P, Baggaley RC. The power of partners: positively engaging networks of people with HIV in testing, treatment and prevention. *Journal of the International AIDS Society*. 2019; 22(S3): e25314.

## LESSONS LEARNED

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% of individuals tested, to a post-implementation average of 25% of individuals tested. From October 1, 2020, through September 30, 2021, 1,642 individuals were successfully referred to HIV testing services through EPOA, 457 (28%) of whom received a confirmed HIV diagnosis (Figure 1). Among those diagnosed, 427 (93%) had initiated HIV treatment services by mid-October 2021. Similarly, out of those screened negative, 650 individuals were referred for HIV pre-exposure prophylaxis (PrEP) services, and 370 (57%) of those referred initiated PrEP services through EpiC Nepal partners. The team also learned that PLHIV peer mobilizers were making more successful referrals as well as eliciting a larger number of contacts at high risk for HIV.

In Kathmandu, new HIV diagnosis rates among the successfully referred contacts of PLHIV were substantially higher than those among the contacts of KP peer mobilizers (Figure 2). By generating network maps depicting the results of EPOA referrals, the team also gained valuable insights into the contributions of different types of peer mobilizers and into risk networks with higher burdens of HIV infection (Figure 3). According to the community 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 the 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.



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

## CONCLUSIONS

This successful implementation experience helped EPOA become a core component of the nationally recommended HIV service standard package. EPOA is also featured in Nepal's National HIV Strategic Plan (NHSP) 2021–26, as a high-impact intervention to support the national objective of achieving sustained HIV epidemic control. EpiC Nepal is now working with community organizations and stakeholders such as those implementing Global Fund grants to increase PLHIV engagement in peer referrals and expand the use of online platforms to improve and track access to HIV services through Nepal's national HIV program.

## AUTHOR AFFILIATIONS

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

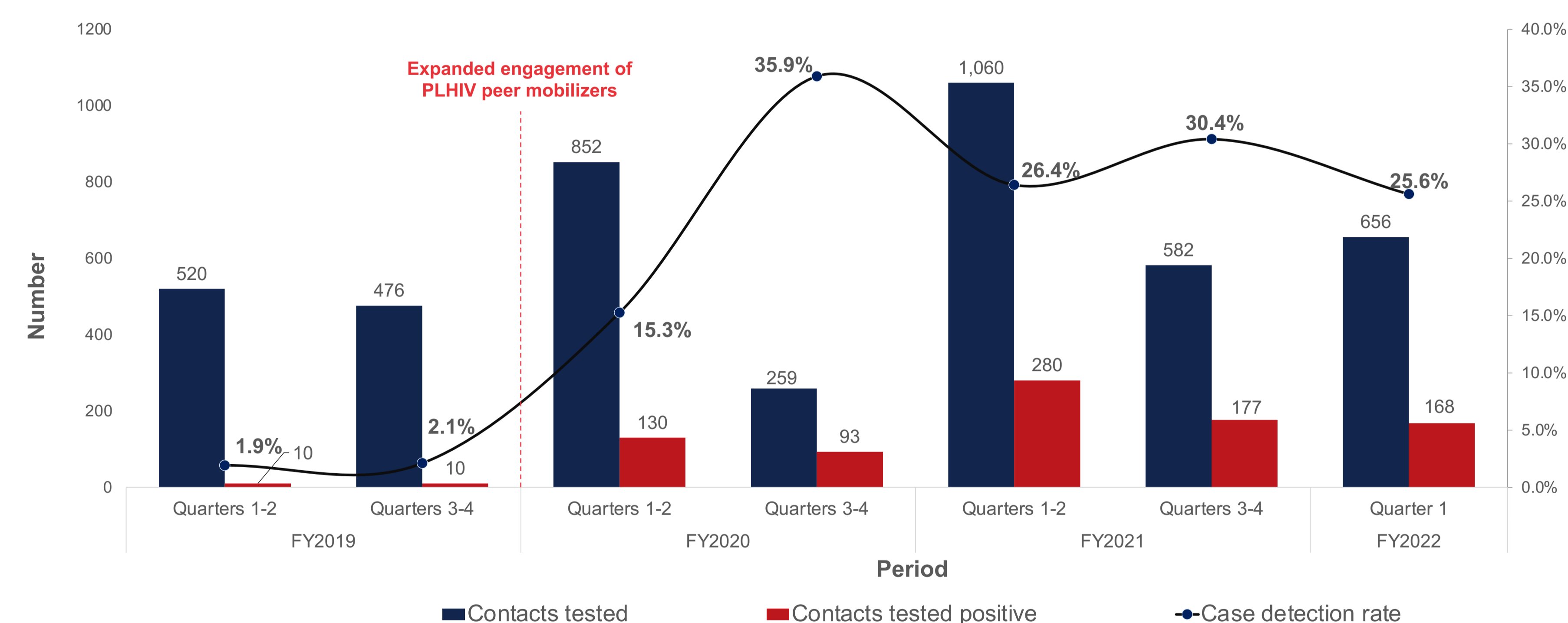


FIGURE 2. HIV case finding through engagement of PLHIV peer mobilizers in Kathmandu (Oct 2020–Sep 2021)

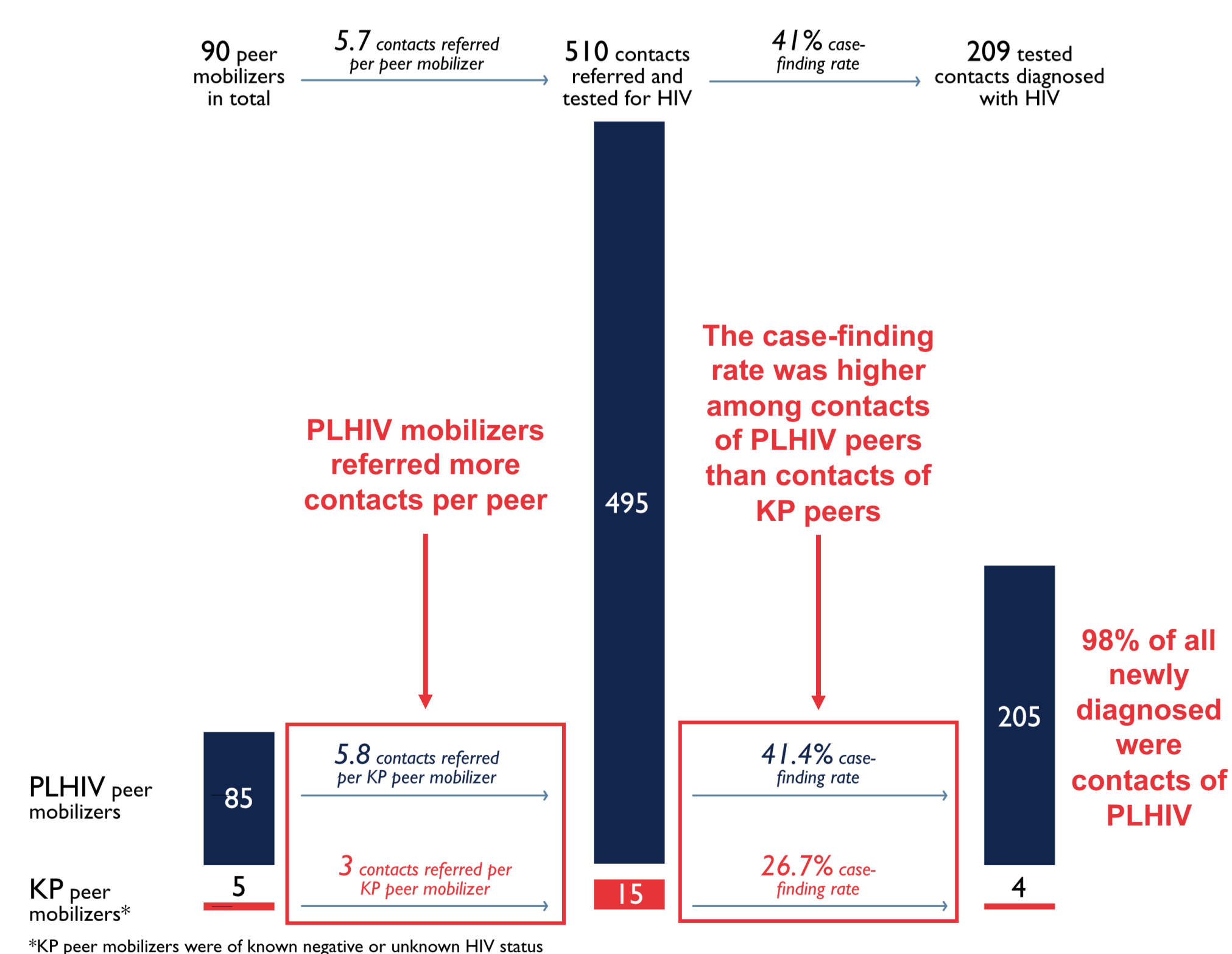


FIGURE 3. A network diagram highlighting HIV testing results among contacts referred by PLHIV peer mobilizers and other KP peer mobilizers of known negative or unknown HIV status (October 1, 2020–September 30, 2021)

