New and innovative approaches to reach MSM population in Central America

Valencia, Spain
November, 2015
HIV in Central America

- A concentrated epidemic:
  - HIV prevalence less than 1% in general population
  - Up to 10-20 times higher in specific key populations
    - Men who have sex with men (MSM): 7-14% HIV prevalence
- Stigma, discrimination and violence are common
  - Implies less open networks, less access to this population, increased interaction online and other discreet channels for socialization and interaction.
Overview of the Program

- The USAID Combination Prevention Program for HIV in Central America and Mexico began in October of 2010.
- Five year Program in Mexico and six Central American countries, extended to September 2016. (Program in Mexico ended in 2013)
- Implemented by Population Services International (PSI) and its local network member, the Pan American Social Marketing Organization (PASMO).
- Program partners
  - IPPF/WHR
  - Cicatelli Associates Inc.
  - Milk N’ Cookies
- Other key players
  - Local Ministries of Health, National AIDS Programs
  - Private sector (distributors, laboratories, etc.)
  - NGOs and civil society
  - Other organizations (for example, community-based and/or faith based organizations)

Support the USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by key populations (KPs).

Result 1: **Reduced prevalence of high-risk behaviors** among key populations (KPs) and people living with HIV (PHIV).

Result 2: Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.

Result 3: Increased access by KPs and PHIV to a **minimum package of essential prevention and health services** that includes but is not limited to access to condoms, HIV testing and counseling services and STI diagnosis and treatment centers, emphasizing the involvement of private health providers.

Result 4: **Strategic information** obtained through research and monitoring to design or modify prevention activities.

Target populations:
- People living with HIV (PHIV)
- Transgender women (TW)
- Men who have sex with men (MSM)
- Female sex workers (FSW)
- Men at-risk for HIV (MaR), including clients and potential clients of FSW
- Caribbean populations (Belize, Guatemala, Nicaragua, Panama)
Result 1: The program will increase the practice of positive health behaviors among KPs and PHIV through innovative and evidence-based behavior change techniques, using a mix of IPC, mass media, and interactive social media channels.

Result 2: Increased effective interventions implemented to decrease hostility in social environments that foment homophobia, stigma and discrimination attitudes related to sexual orientation, occupation or status.

Result 3: Increased access by KPs and PHIV to a minimum package of essential prevention and health services, emphasizing in the involvement of private health providers.

Result 4: Strategic information obtained through research and monitoring process, being used to design or modify prevention activities.
A combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities offers the best hope for successful prevention” (Merson et al, Lancet 2008)

**Essential or “minimum package”**

**Behavioral**
- BASIC / BEHAVIORAL COMPONENT
  - Behavior change communication activities (at least 3).
  - Access and promotion of water-based lubricant and latex condoms

**Biomedical**
- BIOMEDICAL COMPONENT
  - Voluntary counseling and testing for HIV (VCT)
  - STI diagnosis / screening

For persons living with HIV/AIDS:
- STI diagnosis and treatment
- Referrals to health services
- Referrals to ART programs
- Referrals for diagnosis of opportunistic infections (including TB)

**Structural**
- COMPLEMENTARY COMPONENT
  - Family Planning services and counseling
  - Referrals to support groups (stigma and discrimination, legal support, violence, nutrition for PLHA, among others).
  - Referrals to alcohol and drug treatment centers

Essential or “minimum package”, tailored by target population, that PASMO and partners provide under the Combination Prevention Program, as measured and tracked by the unique identifier code (UIC) and voucher referral system
Adaptation of “Combination Prevention for HIV” to online channels

Online outreach for behavior change

Referrals to biomedical and complementary/structural services

Monitoring system

¡Bienvenido!
Iniciar sesión para ingresar a Cyber Educadores
Behavior change

Online outreach for behavior change
Online outreach for behavior change

Prochaska & Diclemente
Stages of change
Online outreach for behavior change

Implemented by cyber-educators through social media channels used by MSM in CA.
Example of online outreach for behavior change

“Part of my job is to offer HIV tests, so you get a voucher that will give you free access…and if you would like, I can accompany you to take the test.”

“That is fine, but I’m scared”

“That is normal friend, but believe me that it is better that we know our status to protect ourselves better. I will give you the support you need.”
Other support tools for online outreach
¿QUÉ HACEMOS LOS HOMBRES?

www.quehacemoslosohombres.com

Es un hombre que valora mucho a su esposa y a su familia, para él, su familia es lo más importante, disfruta de los momentos que pasa con ellos, no le gusta pasar al lado de ellos, es alguien que le gusta estar con sus amigos y disfrutar de los momentos que pasa con ellos.

Antonio, Walter, Samuel y Carlos.
Storylines describe situations in which young men are faced with, and they are framed as incomplete dramas, presenting real life scenarios. Users choose how the story will end:

- **Risky sexual encounters**
- **HIV Education**
- **Condom negotiation**
- **Alcohol**
A website targeted to young men that addresses masculinity and HIV prevention from different perspectives.
Complements the “Mi Zona H” website

Provides information using Facebook’s interactive format.

More than 71,000 Fans

Capitalizes on the social media framework to reach a large audience with key health and prevention messages

Cyber-educators re-post and share content
Referrals to biomedical services

Referrals to biomedical and complementary / structural services
Online voucher with UIC for referrals to biomedical services

And, on a case-by-case basis, the cyber-educator may refer to complementary/structural services, if needed.
Online platform for monitoring

Monitoring system

¡Bienvenido!
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Online platform:

- Records outreach and UICs
- Creates personalized links for referrals
- Facilitates follow-up, generates reports and data
  - In 2015, 1891 voucher links sent to MSM, of which 1239 opened the link (66%), and 607 downloaded the voucher (32%)
- Exports UICs and data to PASMO’s MIS
- Motivation and healthy competition through a “gamification” strategy (leader board, stars and levels, medals, forum, directory, etc.).
Results and Lessons Learned
MI ZONA H

REPORTE ANUAL
OCTUBRE 2014 - SEPTIEMBRE 2015

FACEBOOK

71,026 FANS

183 PUBLICACIONES

REACH ANUAL

66,869,169 Personas alcanzadas.

VISITAS POR PAÍS

El Salvador 516
Guatemala 565
Costa Rica 288
Nicaragua 388
Panamá 87
Otros países 6,139

7,938 TOTAL DE VISITAS

TWITTER

15,930 NUEVOS FANS

109 SEGUIDORES

56 TWEETS

SECCIONES MÁS VISITADAS

Solo para hombres 5,282
Todo lo que los hombres deben saber de la circuncisión 1,308
¿Que tipo de hombre sos 5,506
Un hombre debe saber 1,842
¿Cuánto mide un pene normal 889

Relajado 196 Perfiles
Buscador 202 Perfiles
Apasionado 70 Perfiles
Poderoso 68 Perfiles
Protector 213 Perfiles
Enérgico 32 Perfiles

Resultados

- **+12,100** MSM reached online in 2015 with combination prevention for HIV
- Representing **41%** of all MSM reached by the Program
- **+25** cyber-educators (consultants, NGOs, and staff) in the region
Lessons learned and implications

• Online marketing and digital strategies can be applied and successfully used in the areas of public health.

• Partnerships with digital strategy agencies and private sector partners is key; however, public health professionals must transform and make these strategies “their own” for success.

• Cyber-education is an effective and low-cost intervention to reach unattended and “difficult-access” MSM in Central America with HIV prevention interventions.

• Given increased access to mobile phones and internet/social media, there is potential to increasingly reach transgender women.

• Cyber-education allows long-term relationship building with target populations, which in cases of someone who tests HIV positive, there are opportunities to provide ongoing support along the HIV continuum of care.
Pasión, innovación y programas de salud basados en la evidencia distinguen a PASMO

CONOCE NUESTRO TRABAJO INGRESANDO A:
www.asociacionpasmo.org