

EPIC GUYANA

Summary of Achievements

May 2021–August 2022

The Meeting Targets and Maintaining Epidemic Control (EpiC) project was implemented in Guyana in collaboration with two local civil society organizations (CSOs), Artistes in Direct Support (Artistes) and Guyana Trans United (GTU), and with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The EpiC project in Guyana originally ran from October 2019–June 2020, but due to lack of funding the program was paused. In June 2021, the project was restarted for an additional 15 months. The project, focused on the geographic area of region 4 that includes the capital of Georgetown, worked on reaching men who have sex with men (MSM), female sex workers (FSWs), transgender individuals, and their partners. EpiC supported community partners to deliver a comprehensive and differentiated package of HIV prevention, care, and treatment services via structured interventions including the Enhanced Peer Outreach Approach (EPOA), index testing, and use of online platforms for outreach and case management. In addition, gender-based violence (GBV) prevention and response services were integrated into the project's core package delivered by local CSO partners. This brief summarizes the achievements of EpiC Guyana.

BACKGROUND

Guyana has a mixed epidemic that disproportionately affects KPs and vulnerable groups. Prevalence has plateaued at around 1.4% based on Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates.¹ According to the 2021, Integrated Behavioral and Biological Survey (IBBS), HIV prevalence is 2.2% among FSWs, 1.8% among MSM, and 11.8% among transgender individuals in Guyana.²

Region 4, Demerara-Mahaica, is the most densely populated of the 10 administrative regions and the area most affected by HIV, accounting for 75.4% of all new HIV infections. EpiC continued expanding services within KP networks by re-engaging partnerships with local organizations Artistes and GTU. EpiC and its implementing partners continued to reach MSM, FSWs, transgender individuals, and their partners to deliver efficient, affordable, results-based technical assistance (TA) and direct service delivery tailored to context and epidemiology.

Highlights

- Reached 2,729 people (1,561 FSWs, 901 MSM, 48 transgender individuals, and 219 from the general population) with prevention programs, 2,576 of whom were referred for HIV testing
- Tested 5,093 people for HIV, 57% of whom were key population (KP) members (1,760 FSWs, 1,113 MSM, and 58 transgender individuals)
- Newly diagnosed 100 people with HIV, 56% of whom were KP members (14 FSWs, 36 MSM, and six transgender individuals)
- Achieved 77% linkage to care of newly diagnosed cases (nine FSWs, 27 MSM, four transgender individuals, and 37 members of the general population)
- Trained 62 health care workers and auxiliary staff from three high-burden health centers on stigma and discrimination, sexual orientation, gender, and equality
- Collaborated with the Ministry of Public Health (MOPH) on the "Patient Return to Care" campaign, resulting in 261 clients (83 MSM, 13 FSWs, eight transgender individuals, and 157 members of the general population) with interrupted treatment regimen being reintegrated into the HIV care and treatment program

KEY PROGRAMMATIC ELEMENTS

Building upon the project's previous work, EpiC Guyana implemented state-of-the-art KP program approaches, as well as monitoring and evaluation (M&E) systems using custom indicators to facilitate generation and use of data to reach KPs most in need of services. Additionally, the project used a differentiated service delivery (DSD) model tailored to the unique needs and preferences of clients based on their health status and preferences. This model included the following activities:

- Optimized HIV case finding through index and network testing
- Increased treatment initiation and coverage for people living with HIV (PLHIV) diagnosed but not on antiretroviral therapy (ART) through peer navigation support
- Enhanced adherence and retention support for people on ART to increase viral suppression
- Increased awareness and understanding of GBV and human rights of KPs
- Adopted Going Online strategies to improve case finding and case management for HIV-related care

Many KP members have an increased likelihood of acquiring HIV and are underserved by traditional HIV services, often due to stigma or barriers to access. The following strategic approaches were implemented to facilitate reaching KPs with program activities:

- Conducting hot spot mapping by peer outreach workers using EPOA
- Integrating EPOA with risk network referral (RNR) and information and communications technology (ICT) to reach newly diagnosed KP members and increase case detection
- Strengthening capacity of peer educators and case managers to use QuickRes, a multicountry online reservation and case management application allowing clients to book appointments for HIV services, and case managers to track appointments attended and retention in treatment at referral sites



- Promoting index testing with a “treat and test” approach that prioritizes the health and well-being of PLHIV while supporting clients to refer their sexual and drug-sharing partners and biological children voluntarily and safely for HIV testing
- Strengthening linkage to care and treatment and re-engaging those who interrupt treatment through peer navigators and client advocates across the HIV care and treatment sites
- Enhancing the capacity of CSOs supporting PLHIV with a peer navigation model that provides monthly structured peer support group meetings with action planning, tailored psychosocial support, and referrals for economic, legal, food, and other support depending on client needs, including transportation to HIV services
- Strengthening CSOs and HIV care and treatment sites, including the National Care and Treatment Center, through collaboration, co-facilitating support groups, and sharing staff time. Peer navigators and client advocates were part of dedicated case management teams at treatment sites that provided client support and management through regular appointment reminders, defaulter tracking, treatment literacy, adherence and psychosocial support, and facilitation of links to other social support programs.

- Addressing stigma and discrimination in health care settings; offering six training sessions on violence, including physical, sexual, emotional, and economic, for health care workers and members of the KP community. Routine screening for GBV and intimate partner violence (IPV) was integrated into HIV services with the option of referrals to treatment sites for further care.
- Collaborating with the Ministry of Public Health (MOPH) and National AIDS Programme Secretariat (NAPS) to ensure EpiC’s activities were aligned with the Government of Guyana and complemented work of other partners

SERVICE DELIVERY IMPACT

Over the 15 months of implementation, 1,938 individuals were reached with HIV and other prevention services and packages—risk assessments, HIV education, information, education, and communication (IEC) materials, condoms and lubricants, and referrals to HIV and other services—through facility and community outreach programs. Of those reached, 1,825 were

referred for HIV testing, 38 declined, 46 had tested within the last three months, and 29 already knew their HIV status. The number of KP members reached totaled 1,738 (617 MSM, 1,098 FSWs, and 23 transgender individuals).

From May 2021 through August 2022, local partners provided 5,093 HIV tests with 1,931 people from the KP community being tested (1,760 FSWs, 1,113 MSM, and 58 transgender individuals). The overall case-finding rate was 2%. Case finding from mobile HIV services was 1%, voluntary counseling and testing facility services 3.1%, and index testing 20%. Through these services, 100 individuals were newly diagnosed with HIV, and 77 were linked to care and treatment services.

Although EpiC Guyana had been given targets for distribution of self-test kits, HIV self-testing (HIVST) activities were not possible during the period of performance. Self-testing had not been formally adopted by the MOH as a strategy for CSOs to implement during the EpiC project. HIVST training for community partners was conducted by NAPS in July 2022, and partners began offering self-test kits following NAPS protocols in September 2022, after the close of the EpiC program.

Figure 1. KP members reached with HIV prevention services, FY21 and FY22

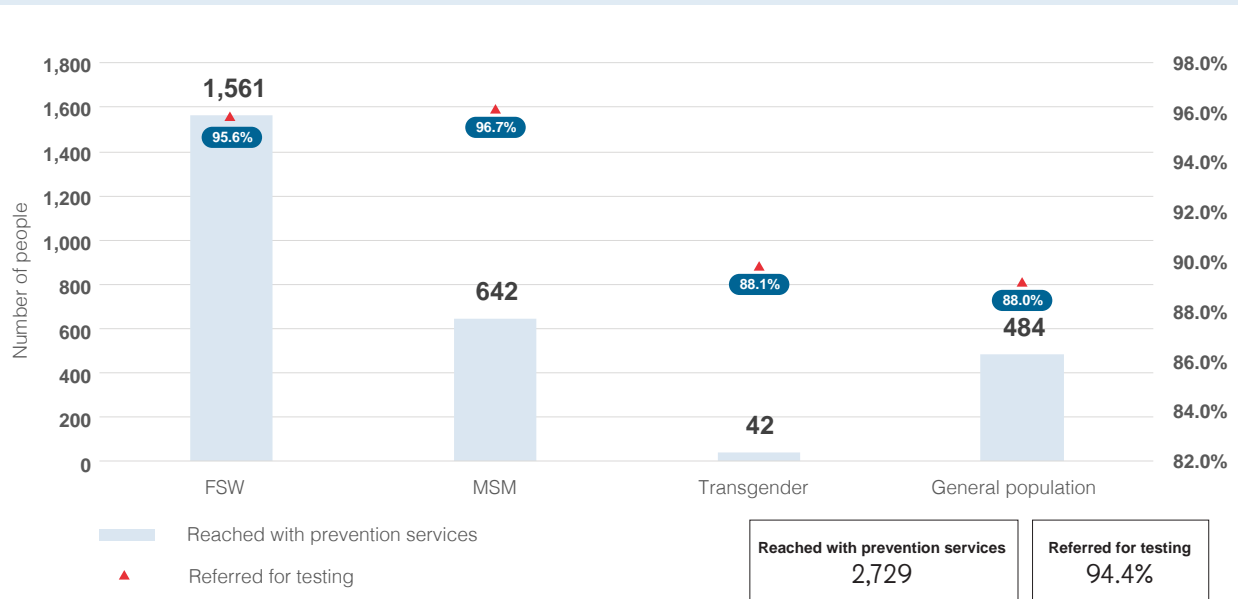
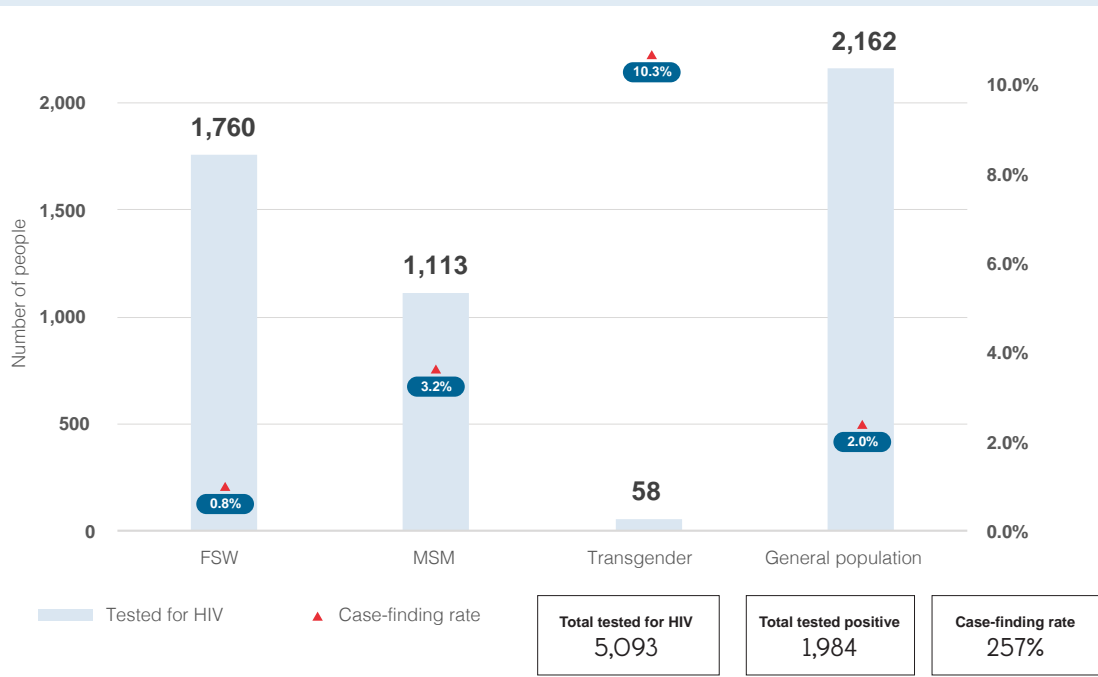


Figure 2. HIV case finding by population group, FY21 and FY22



TECHNICAL HIGHLIGHTS

The EpiC Guyana team adopted a range of strategies to improve program performance and meet the differentiated needs of KP members. EpiC Guyana also provided virtual and in-county trainings to local partners and NAPS staff on QuickRes, index testing, resource mobilization, development of capability statements, fundraising skills, motivational counseling, and data collection, quality, and management.

Community Outreach and Facility Testing

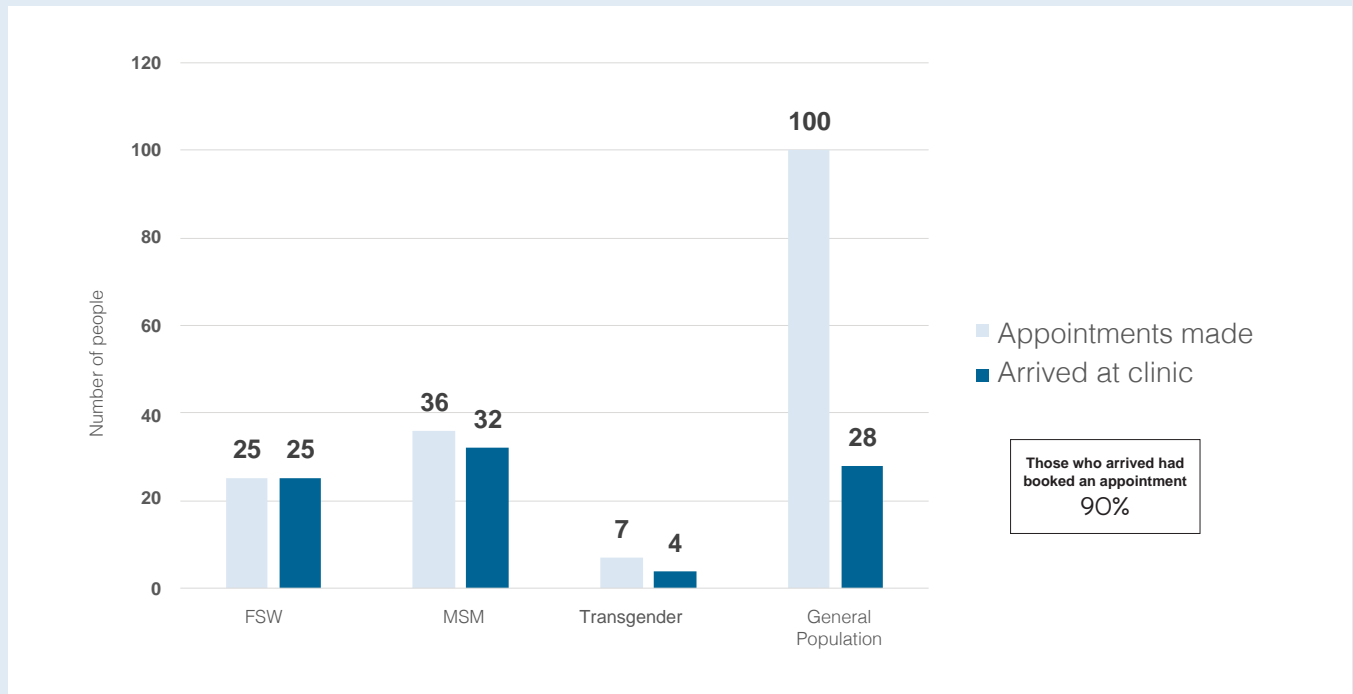
HIV testing services (HTS) were offered daily at local partners' facilities. Some MSM and most transgender individuals preferred receiving services at physical facilities which they felt offered a higher level of privacy than community outreach sessions. Most FSWs preferred accessing services at community outreach sessions as it was more convenient, and they had the option of being tested by a peer navigator. Members of KPs were instrumental in mobilizing people within the respective communities to receive HIV services being provided. Peer educators accompanied KP members to access services and provided basic HIV information, education materials, and risk assessments.

Going Online

Building on EpiC Guyana's previous support to local partners to extend the reach of HIV services online, the [QuickRes](#) app was relaunched in October 2021. EpiC trained outreach and case management staff among local partners to improve online outreach and leverage QuickRes to support risk assessments, clinic appointment management and reporting, and linkage to case management for HIV-related care.

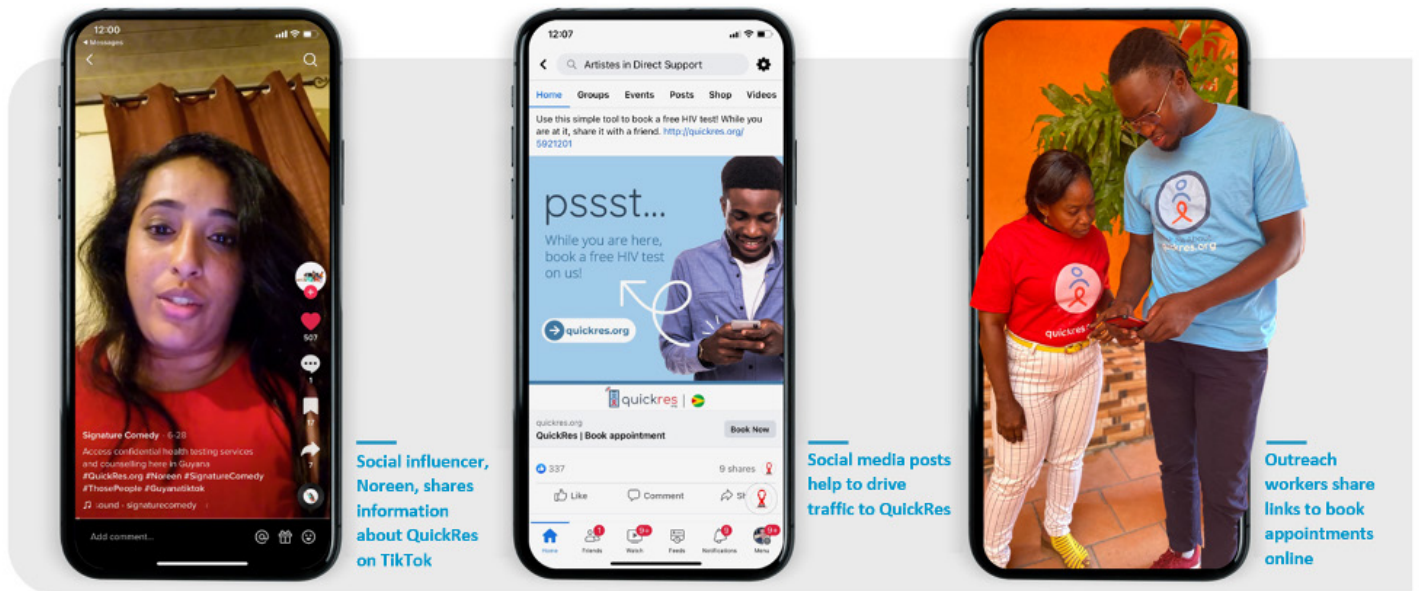
Initially, the adoption of QuickRes was slow. Additional in-person TA was provided in March 2022 to foster capacity development in online communication, improved online presence, and sustaining service demand through QuickRes. Uptake increased noticeably after the TA, and the demand for services through QuickRes also increased. Between October 2021 and September 2022, 168 appointments were made on QuickRes. About 40% of all appointments were booked by KP members: 15% FSW clients, 21% MSM, and 4% transgender individuals. Overall, about 53% of appointments were honored.

Figure 3. Going Online cascade and services provided for all populations, FY22



The EpiC team also engaged social influencers to promote local partners' services and social media advertisements directed at KP individuals. NAPS staff were introduced to QuickRes through a virtual

demonstration. Recognizing the merit of the app to promote self-testing and PrEP, NAPS has since indicated interest in supporting continuation of the app after EpiC closes in Guyana.



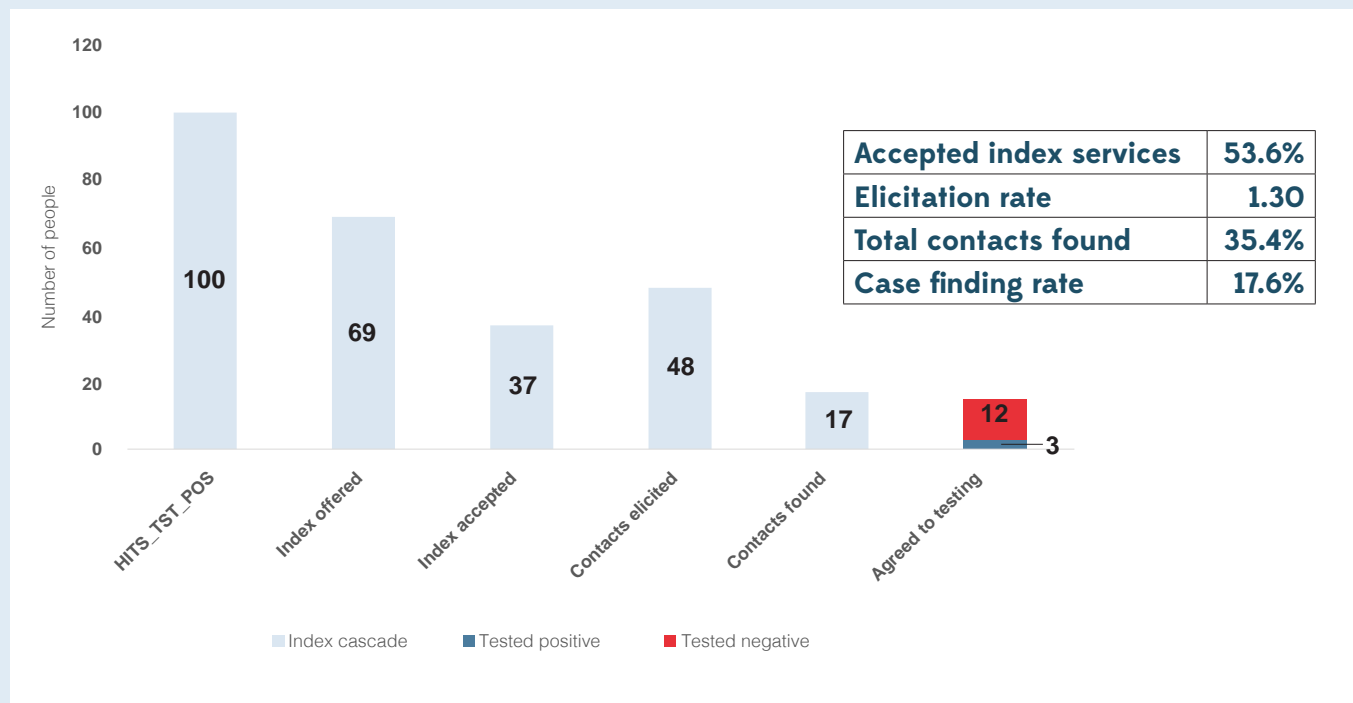
Online outreach supports demand creation in Guyana.

Index Testing

In February and May 2022, local partners received both virtual and in-person refresher trainings on index testing to facilitate scale-up and improve HIV case finding. A virtual training session was provided in March for NAPS staff and sample index testing training guidelines were shared. The trainings clarified definitions associated with index testing (index case, contacts of the index, index offered). PEPFAR Indicator reference sheets

were disseminated to local partners and data collection tools were also reviewed and revised. The support and guidance provided by EpiC Guyana contributed to an increase in the number of people offered index testing from eight (May 2021–March 2022) to 61 (April 2022–August 2022). During implementation, 37 people accepted the services, eliciting 48 contacts of whom 15 accepted testing and three new cases were found.

Figure 4. Going Online cascade and services provided for all populations, FY22



Capacity Strengthening

EpiC staff worked closely with GTU and Artistes over the 15 months of implementation to ensure they could implement technically sound programming at a consistently high level of performance. Both anticipated receiving social contracting funding from NAPS, based on completion of previous successful social contracting pilots in Guyana. In addition to social contracting, GTU expressed a desire to diversify funding sources. In January 2022, EpiC staff led key members of the staff through a virtual training on online fundraising, crowdsourcing, and using online platforms to promote fundraising efforts. In April, GTU presented their fundraising plan to EpiC staff and together they built an action plan and timeline.

In May 2022, NAPS advised that social contracting funds would not be available to the partners at the end of EpiC, as initially planned. Thus, in July 2022, EpiC staff conducted in-person training with both GTU and Artistes on assessing the funding landscape in Guyana, understanding donors' funding requests, and developing capability statements. EpiC staff worked with partners to brainstorm the information to use in each component of the capability statement and refine the data to be included. Through these trainings and other resources shared, EpiC worked with these local institutions to begin identifying sustainable financing options for their programming, outside of traditional, external donor funding.

Gender-Based Violence

Experiences of gender-based violence (GBV) among KP community members continues to be an issue in Guyana. A 2014 survey, the most recent conducted on GBV in Guyana, found that one-quarter to one-third of sex workers had experienced rape (25.2% male, 25.1% female, and 31.1% transgender individuals).² Although acceptance of KP members has improved, much still needs to be done on stigma and discrimination. GTU has led the way in raising awareness and sensitizing various communities and organizations on gender-related issues by collaborating with NAPS to conduct training sessions on GBV and sexual orientation, gender identity, and equality. The KP community has expressed little confidence in receiving redress for incidences of GBV and IPV reported to the police. In response, EpiC Guyana developed care plans for violence prevention and screening tools for capturing GBV, as well as creating partnerships with health facilities and social services for referrals of victims of GBV.

Gender-Based Violence Screening among Key Populations under EpiC Guyana, FY21 and FY22

43 people reported experiencing GBV

83.7% FSWs

13.9% MSM

Navigating Challenges of COVID-19 Pandemic

During the COVID-19 pandemic, both local partners remained open on a staff rotation basis and continued to provide services to KPs on a smaller scale. Challenges reaching KPs were further compounded by the national curfew and prohibitions of large gatherings. However, NAPS decided to extend the hours of operation of a few health centers to allow clients access to services. The partners were also successful in locating some of the new hot spots where KPs were gathering. While the partners initially faced challenges reaching FSWs as they normally operate late into the night beyond the hours of the national curfew, adjusting community outreach to an earlier time (5–7 p.m.) enabled some to access services and share the new locations where they could be reached with additional services.

During Q1 FY22, a sudden spike of COVID-19 cases resulted in an additional reduction of clinic hours at some health centers and closures during the extended hours (4–8 p.m.). Many transgender individuals and other KP members preferred to access care during the extended hours, so peer educators and nurse advocates worked to refer clients to other treatment sites. COVID-19 cases decreased in Q2, and the government lifted some restrictions. As a result, some regular KP hot spots reopened and outreach workers were better able to reach KP members in locations where they congregated. Both local partners have maintained infection control and prevention strategies at their offices, including outdoor sinks for washing hands and use of temperature monitors, sanitizers, and face masks by all persons entering closed spaces.

FUTURE DIRECTIONS

Throughout implementation in Guyana, the EpiC project collaborated with and supported the MOPH to advance toward the UNAIDS 95-95-95 targets. The project introduced and scaled up innovations to improve KP individuals' access to high-quality HIV services, including approaches designed to reach underserved individuals at increased risk for HIV and their partners, and transferred those skills to civil society partners. While these partners are not currently funded through social contracting in Guyana, they continue to collaborate with and play a critical role in advocating for HIV services for KP communities.

The project data demonstrate that CSOs play a pivotal role in reaching and providing HIV services to KP community members with strategies such as index testing, differentiated prevention services, EPOA, and virtual and community outreach. These strategies are effective for engaging previously unreached, underserved KP members with HIV services. Given the high rates of HIV among KPs in region 4 of Guyana and the mobile nature of KP communities, more work must be done to achieve epidemic control. The approaches and lessons learned from the EpiC project will inform the national HIV response going forward and serve as a catalyst for modernizing the country's HIV program.

The Meeting Targets and Maintaining Epidemic Control (EpiC) project is a global cooperative agreement funded by PEPFAR and USAID. Led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI), EpiC provides strategic technical assistance and direct service delivery in more than 30 countries to achieve HIV epidemic control and promote self-reliant management of national HIV programs.

This report was made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #7200AA19CA00002. The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Suggested citation: EpiC. Epic Guyana: Summary of Achievements May 2021–August 2022. Durham (NC): FHI 360; 2022.

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