What’s a lab got to do with it? Alliances with private laboratories enhance HIV-case finding among at-risk MSM and transgender women in Central America.

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INTRODUCTION

• The Pan American Social Marketing Organization (PASMO)
• Central American organization with offices and health programs in Guatemala, El Salvador, Honduras, Nicaragua and Panama.
• For more than 20 years, we’ve used social and behavior change communications and social marketing techniques to respond to several health challenges in the region.
• Health programs have focused mainly on sexual and reproductive health, including HIV and STI prevention, as well as gender-based violence prevention and new masculinities.
• Independent member of the global Population Services International (PSI) network.
HIV is a concentrated epidemic in Central America.

Since 2010, USAID’s Combination Prevention Program for HIV in Central America has focused on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by key populations (KPs) and persons living with HIV, with emphasis on engaging the private sector to increase access to HIV testing services.

The Program contributes to identifying, reaching, diagnosing, and linking vulnerable and at-risk KPs in the region.

GLOBAL 95-95-95 GOALS

- 95% Of PHIV know their HIV status
- 95% Of PHIV are linked to care and treatment
- 95% Of PHIV have suppressed viral load

Target populations:
- Men who have sex with other men (MSM)*
- Transgender women (TW)
- Persons living with HIV (PHIV)
- Sexual contacts and partners of PHIV

* Emphasis on “hidden”, and other “difficult-access” MSM, including bisexual men, and MSM who do not self-identify as gay or bisexual.
HOW?

- PASMO counselors and “cyber-educators” carry out offline and online one-on-one interventions and referrals to increase access to HIV testing services (HTS).
- HTS performed by mobile PASMO teams, or private laboratory partners.
- Generally, the public sector, some NGOs, and other community-based organizations provide free HTS. However, some “hidden” and “difficult to access” MSM and TW often express preference for private health services due to fear of stigma, discrimination, and concerns around confidentiality breaches in the public sector.
DESCRIPTION

MEASURING AND TRACKING

• PASMO uses a Unique Identifier Code (UIC) to track program participants from initial engagement through entry in care.

• The UIC is assigned by the counselor performing HTS and the information is documented in print monitoring forms.

• Print or online vouchers are used to refer to HTS.

• Vouchers received by private laboratory partners are collected by PASMO on a bi-monthly basis.

• On a monthly basis, PASMO enters the monitoring data into its MIS, allowing it to track the number of individuals reached, percentage of individuals who receive HTS, HIV-case finding yield (number of reactive cases identified per number of tests), and percentage linked to care.

*Confidential patient tracking through a UIC, as well as quality control systems and a Consumer Data Protection Policy that help protect the identity and information of KPs reached by the Program,
### REGIONAL RESULTS & LESSONS LEARNED

#### 2019 (October 2018 - September 2019)

<table>
<thead>
<tr>
<th></th>
<th>PASMO results</th>
<th>Private laboratory results</th>
</tr>
</thead>
<tbody>
<tr>
<td># of tests performed by PASMO</td>
<td>6,877</td>
<td>6,320</td>
</tr>
<tr>
<td># of reactive cases</td>
<td>298</td>
<td>422</td>
</tr>
<tr>
<td>HIV case finding yield</td>
<td>1 of 23</td>
<td>1 of 15</td>
</tr>
</tbody>
</table>

* 46 private laboratory testing sites across 5 countries

* Private labs identified 59% of all reactive cases in the year

#### 2020 (October 2019 - March 2020)

<table>
<thead>
<tr>
<th></th>
<th>PASMO results</th>
<th>Private laboratory results</th>
</tr>
</thead>
<tbody>
<tr>
<td># of tests performed by PASMO</td>
<td>2,094</td>
<td>3,160</td>
</tr>
<tr>
<td># of reactive cases</td>
<td>103</td>
<td>202</td>
</tr>
<tr>
<td>HIV case finding yield</td>
<td>1 of 20</td>
<td>1 of 16</td>
</tr>
</tbody>
</table>

* 76 private laboratory testing sites across 5 countries

* Private labs identified 66% of all reactive cases

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#### Additional Information:

- **2019 (Oct 2018 - Sep 2019)**
  - # of KPs reached: 17,897
  - # of KPs who received HTS: 12,152
  - # reactive cases: 720
  - HIV case finding yield: 1 of 17

  - # of KPs reached: 9,824
  - # of KPs who received HTS: 5,072
  - # reactive cases: 305
  - HIV case finding yield: 1 of 17
CONCLUSIONS & DISCUSSION

• The partnerships with **private laboratories play a significant role in HIV case finding** among the KPs reached by our program in Central America, with an improved yield versus mobile HTS provided by PASMO staff in the field or at PASMO offices, and they are helping expand the access to quality and KP-friendly HTS throughout the region.

• Private laboratories are often receptive and see a “**win-win**” as they too can acquire new clients who they can offer additional services.

• **Users also perceive multiple benefits** in visiting private labs for HTS (extended hours, anonymity, discounts for other services, etc.)

• Partnerships with private services providers can be effective and they engage the private sector in national HIV/AIDS responses.
  – More recently, this Program’s private labs are offering at-home HTS amid COVID-19.

• **Sensitization and training** in issues of gender, sexual diversity, HIV, stigma and discrimination are very important, as well as coordination with National AIDS Program to ensure private labs report cases to the national systems.