



THE AURUM
INSTITUTE

WHO WE ARE **&** **WHAT WE DO**

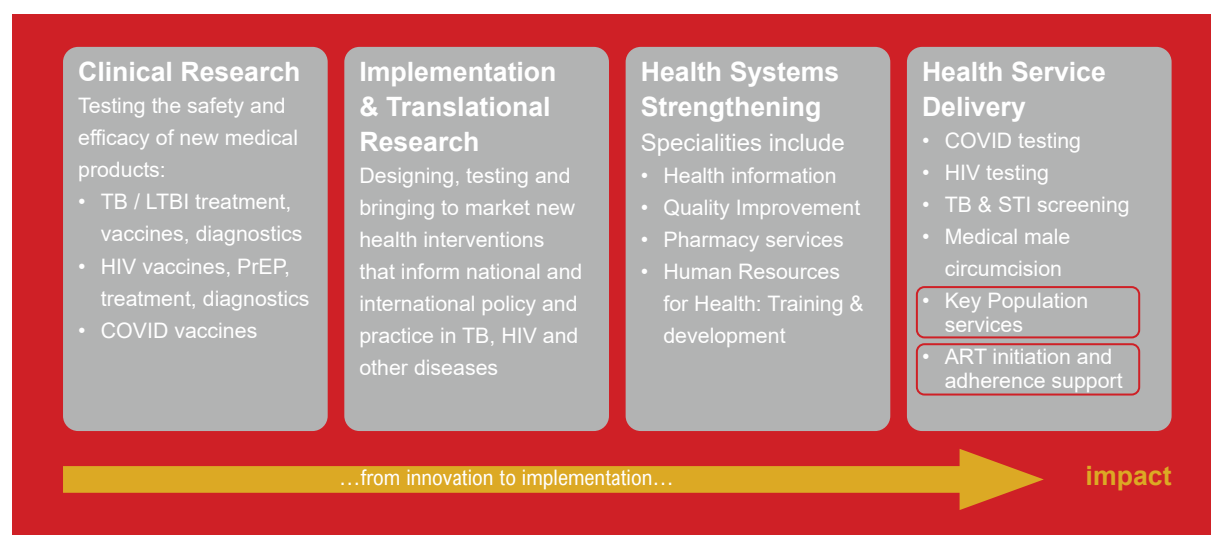
KEY POPULATIONS



Key Populations

Aurum's work spans the cascade of health care from innovation to implementation, as illustrated below:

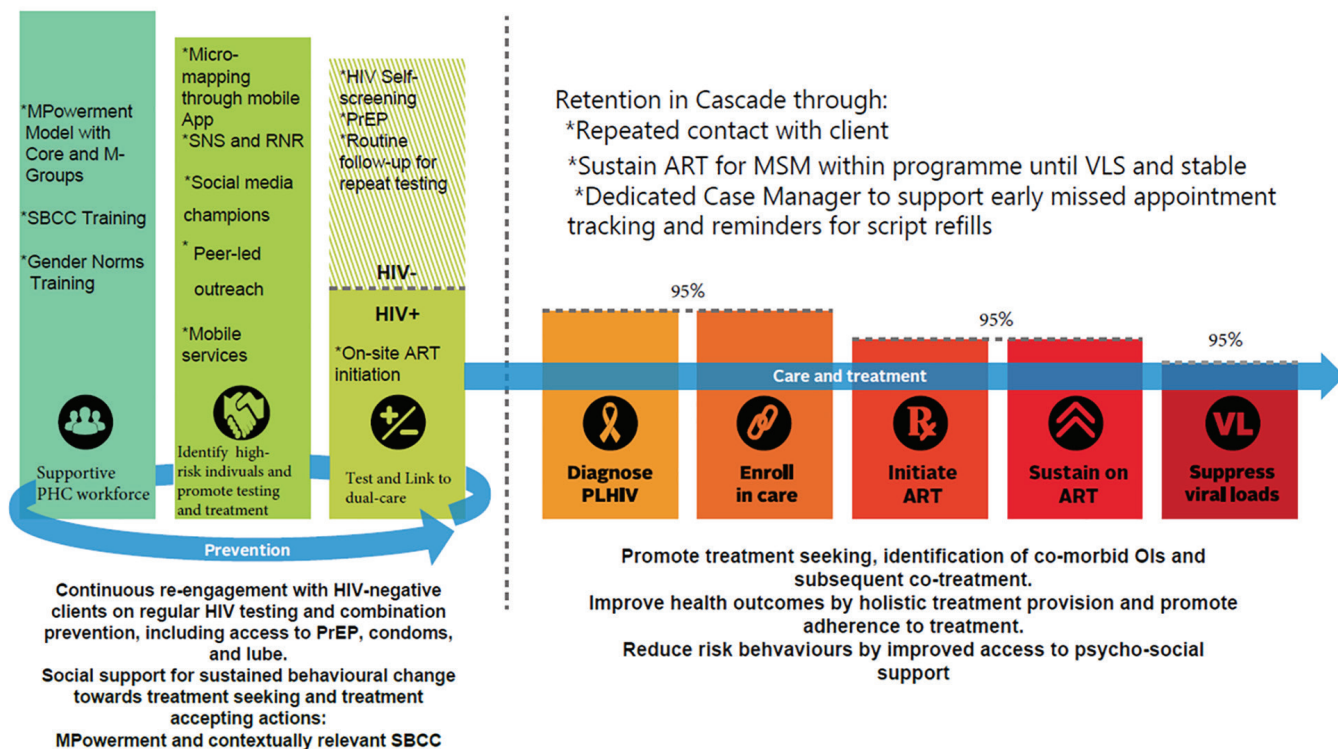
Our Model: Bridging the worlds of research, policy and implementation for impact



Aurum's Key Populations¹ (KP) programme aims to reduce HIV incidence and mitigate the impact of HIV among Men who have Sex with Men (MSM) and Transgender Women (TGW).

We achieve this through a practical **differentiated service delivery model** providing a comprehensive package of **client-centred** services along the HIV prevention and treatment cascade.

¹Key populations are defined groups who, due to higher-risk behaviours, are at increased risk of HIV irrespective of local epidemic trends. They include male and female sex workers (SWs); men who have sex with men, including men in prisons and in other closed settings (MSM); people who use and/or inject drugs, (PWUD, PWID); and transgender people (TG)



A. Our Technical Expertise

The Aurum KP programme is informed by project advisory groups drawn from the local community, and is led and implemented by peers through dedicated Aurum KP community clinics and mobile units, or in collaboration with local community-based organisations.

An Advisory Board of leading key population advocates informs the programme's strategic direction based on local priorities and global best practices. Aurum's KP programme leads also serve on the South African national Key Populations Technical Working Group to provide input on policy and advocacy strategies.

1. Demand Creation

Aurum promotes ART access and adherence through multiple and repeated media and community campaigns focusing on U=U (Undetectable = Untransmittable) to embed understanding of the advantages of early ART initiation. Using an MSM- and TGW-led **social network strategy**, coupons with nominal incentive amounts are provided to partners of recruiters to present at project spaces. The strategy

targets chains of recruits from higher risk seeds or "index" MSM and TGW.

The Aurum POP INN brand has been particularly powerful in attracting new clients through mass community campaigns, and extensive use of social media "celebrities" on WhatsApp, Instagram, Facebook, Twitter, YouTube, TikTok and Grindr to promote mobile services, their location schedules, and advertise events with short video clips. Messaging is developed by "INN" groups, which ensures that it is socially relevant and constantly active and engaging. POP INN hosts many local events including Pride and PrEP campaigns to improve the visibility of the KP community and their needs.

Data evidence has proven these platforms to be particularly effective in retaining clients in care during the COVID lockdown.



2. Prevention

The objective of the Prevention programme is to reach HIV negative MSM and TGW and maintain their negative status through repeat HIV testing and provision of condoms, lubricants and pre-exposure prophylaxis (PrEP) for HIV negative clients. This is achieved on the foundation of the **Mpowerment** programme, a proven socio-behavioural change model specifically designed to address structural barriers, including stigma and discrimination. Peer-led outreach teams disseminate suitably branded and flavoured **condoms and lubricants**, along with targeted messaging and promotion of **health screening** uptake. Trained health care providers offer screening for HIV, TB, STIs and psychosocial issues.

HIV negative clients are initiated on **PrEP** by a nurse trained in ART provision, and followed-up monthly to monitor for adverse drug reactions and correct cycling on and off PrEP, promote safe use, and provide routine follow-up HTS screening. Each PrEP client is allocated a **Case Manager**, who ensures that they receive SMS reminders of their next appointment date and follows up any missed appointments. PrEP is also delivered to clients at their homes or preferred locations.

3. Care and Treatment

KP-friendly health facilities remain an elusive entity, as it is difficult to overcome the personal values and beliefs of individual health workers. To reduce the risk of stigma and loss to follow up, clients who test positive are offered **same-day ART initiation** (and treatment for STIs if needed) *within project* services for 6 months or until virally suppressed. To aid retention, all ART clients are allocated a **case manager**, who ensures they receive SMS appointment reminders and follows up missed appointments. ART is also delivered to clients through our home-based delivery model, to avoid clinic congestion and facilitate adherence in the context of COVID-19.

Aurum also offers **HIV positive clients HIV self-screening (HIVSS)** test kits for tracing contacts of index cases in the MSM and TGW community.



Key to the program's success is its management team, who being members of key populations themselves, ensure that services are KP-friendly and therefore sought after by target groups. The team maintains close **relations with DOH** services in *Ekurhuleni, Tshwane, eThekweni and uMgungundlovu*, which supply condoms, lubricant, ART and test kits to provide services at project sites; and allow access to TIER for data capture.

4. Psychosocial Support

In collaboration with various university schools of psychology, qualified psychologists provide psychosocial support to clients. Weekly therapy sessions are scheduled as 1:1 or group counselling sessions for our clients.

5. Programme Management & Monitoring

Aurum uses Qode for field teams to upload client information directly onto a project specific database, foregoing a paper-based capturing burden. A mobile App also tags team locations using GIS and collects the number of MSM and TGW reached and tested, and the yield. Results are displayed on a satellite map providing immediate feedback to program managers on KP density and high transmission areas. The information collected is used to prioritize subsequent outreach activities.

B. OUR EXPERTS

Jacqueline Pienaar, Technical Director and CEO of the Centre for HIV-AIDS Prevention Studies (CHAPS), is a public health specialist with extensive experience in conceptualising and implementing large public health interventions and programmes. She has a background in research, specifically managing large consortium HIV, TB and Microbicide clinical trials (SAPIT, START, AACTG, IPM, HVTN), sexual and reproductive health research, and in biomedical HIV prevention, bio-ethics and research statistics. Ms Pienaar also completed a fellowship from Columbia University for Leadership in HIV Prevention.



She is a Wits-accredited 'Good Clinical Practice and Ethics' trainer in the sphere of public health, research and clinical trial interventions. Currently, her roles include leading multiple Aurum and CHAPS prevention programmes funded by CDC-SA and the National Department of Health, and leading the CDC-funded Aurum KP Programme, which comprises combination prevention (including PrEP) and treatment modalities for MSM and TGW across 5 districts in SA.

Ms Pienaar's public health experience includes serving the US Government in the capacity of both CDC VMMC Lead and USAID Biomedical Prevention Specialist, managing the implementation and policy directives of USG public health programmes. She also served as the Key Populations Lead at CDC-SA for 2013, where she implemented several key population strategies for the USG-SA programme. She was Chief of Party of Jhpiego's VMMC programme as well as providing technical support to the MDR-TB studies in KwaZulu-Natal, in collaboration with the Johns Hopkins University. Coupled with strong analytical and epidemiological skills, Ms Pienaar has been contracted to UNAIDS as a strategic information specialist to provide technical assistance in the design and implementation of the 90-90-90 process and tools for use in South Africa. Additional positions include Technical support to UNFPA, international support to EQUIP across several countries in conceptualising the provision of ART to Key Populations and introducing HIV Self-Testing in Haiti and health information systems re-design in Ghana. Ms Pienaar also served as the WHO Technical Advisor on HIV drug resistance surveillance, where she trained and implemented the Early Warning Indicator process across 48 districts in SA. She is currently undertaking her PhD in this field.

Matshidiso (Tshidi) Chabane, Key Populations Programme Manager and Master Trainer, is an experienced Clinical Associate with Advanced HIV Clinical Management, and is currently pursuing her honours degree. She heads up our Men who have Sex with Men (MSM) and Transgender Women programme in South Africa. Tshidi has worked within the HIV prevention programmes for over 5 years and is a member of the South African HIV Clinicians Society and Key Populations Task Working Group. She provides direct support to the clinics to ensure that the clinics are capacitated to deliver and monitor high-quality HIV prevention care and treatment services for key populations.



Happy Phalang, POP INN Project Coordinator, is responsible for social media, demand creation and stakeholder liaison. Happy has worked on various community-based programmes including OUT LGBT WELLBEING, Love life Trust and Latitude Global, a UK based programme, as a SA team lead for the 2015 cohort. Happy has also served as Assistant Researcher with the University of Columbia in 2016. Happy was the LEAD SA HERO in 2016 and was nominated and selected as a hero for standing up for LGBTI rights in his community, through social safe space interventions. Happy is very passionate about rural community development and information dissemination and currently uses his photography skills to share information and create awareness.



C. OUR PROJECT EXPERIENCE

Project name	Programmatic Implementation and Technical Assistance for HIV/AIDS & TB Prevention, Care & Treatment Services throughout the Health System in South Africa under PEPFAR		
Funder	PEPFAR-CDC	Funder ref. no.	NU2GGH001981
Funding period	Oct 2016 – Sep 2021	Funding amount	\$ 227,363,170 (at Sep 2020)
Overall Project Goal: To contribute directly to HIV and TB/HIV epidemic control by providing technical assistance (TA) on HIV prevention, care and treatment; and in select programs, direct service delivery (DSD) for targeted, priority, and key populations at facility and community levels.			
Key Populations work: The main objective of the KP programme is to reduce HIV incidence and mitigate the impact of HIV among MSM and TGW. The programmes 67 staff have achieved the following: <ul style="list-style-type: none"> • 71 000 Reached with Prevention programmes • 22 000 HIVSS kits distributed • 58 000 clients Tested for HIV • 12 000 Initiated on PrEP • 5600 Initiated on ART 			
Project name	Bio-behavioral Survey with Population Size Estimation using Respondent-driven Sampling among MSM in Johannesburg, Cape Town, Mahikeng		
Funder	PEPFAR-CDC	Funder ref. no.	NU2GGH001981
Funding period	Oct 2018 – Sept 2019	Funding amount	\$1 700 000
Project Objectives are to <ol style="list-style-type: none"> 1. Estimate HIV prevalence among MSM and the proportion of recent infections among HIV-positive MSM 2. Measure key indicators of engagement in the continuum of HIV care among MSM (i.e. proportion living with HIV who are aware of their status, on ART, and virally suppressed) 3. Identify risk behaviours for HIV among MSM 4. Estimate the population size of MSM 5. Assess access to and utilisation of health and social welfare programmes among MSM 			
Project name	Bio-behavioral Survey with Population Size Estimation using Respondent-driven Sampling among Female Sex Workers (FSW) in Johannesburg, Cape Town, and Durban		
Funder	PEPFAR-CDC	Funder ref. no.	NU2GGH001981
Funding period	Oct 2017 – Sept 2018	Funding amount	\$1 700 000
Project Objectives are to <ol style="list-style-type: none"> 1. Estimate the prevalence of HIV and viral load suppression among FSW 2. Measure key indicators of engagement in the continuum of HIV care among FSW (i.e. proportion living with HIV who are aware of their status, on ART, and are virally suppressed). 3. Identify risk behaviours for HIV and STIs among FSW 4. Estimate the population size and distribution of FSW 5. Assess current prevention/treatment programme utilisation among FSW 			

Contact us

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Key Populations

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"To seek, to find, to share, to care."

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