Lessons from the field

Providing HIV-related services in China for men who have sex with men
Weibin Cheng,a Yanshan Cai,a Weiming Tang,a Fei Zhong,a Gang Meng,b Jing Gu,c Chun Hao,c Zhigang Han,c Jingyan Li,c Aritra Das,c Jinkou Zhao,c Huifang Xu,c Joseph D Tucker,d & Ming Wangc

Introduction

Community engagement is important for controlling the human immunodeficiency virus (HIV) epidemic among men who have sex with men (MSM).1–3 In China, not-for-profit community-based organizations (CBOs) are engaged with the social, educational, environmental or public safety needs of the community. However, the majority of public sector-funded HIV programmes in China have failed to engage CBOs4,5 and have had limited success in preventing HIV.6 Furthermore, the lack of endorsement for CBOs from the public sector has hampered the work of CBOs on HIV prevention in these organizations. Many CBOs have not been well supported by the public health system due to lack of funds.

Here we describe a project collaboration called IMPACT (integration minimum package of prevention in accelerating case finding and treatment) in Guangzhou.

Local setting

In China, basic HIV control and prevention measures are implemented primarily through the public health system organized by the Chinese Center for Disease Control and Prevention (CCDC). These measures include HIV-testing campaigns, condom promotion, behavioural change interventions, follow-up care for people living with HIV and implementation of free antiretroviral therapy (ART).4,5 Due to stigma and discrimination against homosexuality and people living with HIV, MSM are usually hard to reach. Most of the CBOs working with MSM are newly-established organizations that know the community very well. However, a large proportion of CBOs have not been well supported by the public health sector due to policy barriers and a perceived lack of expertise in HIV prevention in these organizations. Many CBOs have not survived due to lack of funds.

In 2011, MSM constituted almost one-third of the 48,000 new HIV infections.3 The HIV prevalence among MSM has increased from 2.5% in 2006 to 7.4% in 2009.6,7 Furthermore, it is estimated that in 2011, 50% of MSM who were HIV-positive did not know their status.5

Guangzhou is a city in southern China with over 12 million inhabitants. In 2008, it was estimated that 44,593 sexually active MSM were living in the city. HIV prevalence among MSM has increased significantly from 5.0% (19/379) in 2008 to 11.4% (72/633) in 2013.8
Relevant changes

Previously CBOs were restricted to carrying out programme implementation only. Here, the Guangzhou CDC and the Lingnan Partners Community Support Center worked together to design an integrated service including HIV health education, online HIV-risk assessment, on-site HIV counselling and testing, partner notification, psychosocial care and support, CD4+ T-lymphocyte count testing and guidance on clinic treatment. Each component of the project was designed with a specific goal and relevant HIV care service (Table 1). We describe these components below.

Project components

Online prevention tools

We developed two internet tools: a scenario-based application and an HIV risk self-assessment system. The scenario-based application is an interactive internet application that simulates real-life HIV risk scenarios. The objective of this application is to encourage HIV testing and reduce high-risk behaviours.

The online HIV risk self-assessment system calculates an individualized HIV-risk score by evaluating an individual’s risk profile. Based on the results, this system also provides tailored guidance to promote HIV testing and behavioural change. These two online tools reach a wide user base via the internet and provide tailored interventions to meet specific needs. HIV education was also provided online and by public service broadcasting via a social media application (WeChat).

Online-to-offline service

This component linked virtual interventions for increasing HIV testing to actual HIV testing and facilitated HIV care. The online prevention tools described above were linked to an online appointment system for HIV testing. People could choose to have a test at one of three facilities in the area and test results were made available via an online notification system. A person who made an online appointment could also choose that the notification system (Easy Tell®) informed their partner anonymously about a positive result by clicking a consent button and providing the partner’s mobile phone number or email address.11 If the result was positive, a system message which contained a verification code was sent automatically to the partner. Notified partners could retrieve the information through the platform using the verification code and then be linked to HIV testing from the platform.

Service centre

We set up a one-stop service centre in Guangzhou, which was coordinated by a local CBO and Guangzhou CDC. In this centre, public sector staff provided on-site blood sampling and testing and carried out epidemiological investigations, such as HIV sentinel surveillance among MSM and medical follow-up for people who tested positive. People who were tested were also asked questions about their sexual behaviour. Meanwhile, CBO peers delivered high-quality and timely pre- and post-test counselling, psychosocial support services, guidance on retention in care and ART adherence support services. The quality of these processes was ensured by following a stringent selection process. Peer workers were trained by staff from Guangzhou CDC and the CBO for about three months in the one-stop service centre. All peer counsellors signed a confidentiality agreement.

Project outcome

Between 2008 and 2013, the project gave 22,282 HIV antibody tests, of which 999 tests were positive. The annual number of tests increased from 1064 in 2008 to 7754 in 2013. By 2013, tests conducted under the project accounted for more than 80% of total HIV tests (22,282/26,884) and new HIV diagnoses (999/1218) among MSM in Guangzhou (Fig. 1). Currently, an average of 25 people make appointments and get tested through the project each day. This project has addressed the needs of this

Table 1. HIV-related services for men who have sex with men provided by collaboration between the public sector and a community-based organization in Guangzhou, China, 2008–2013

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Goal</th>
<th>Content</th>
<th>Service package (year available)</th>
<th>Related information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet-based prevention services</td>
<td>To assist MSM in generating, reinforcing, and validating awareness of HIV risk and safe sex behaviour</td>
<td>HIV health education and HIV testing mobilization</td>
<td>Online HIV knowledge dissemination (2008)</td>
<td><a href="http://www.gztz.org">http://www.gztz.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Health-related online broadcasting for the gay community (2013)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Online HIV testing appointment system (2010)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Online testing-results-notification system (2010)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Anonymous partner notification system (Easy Tell®, 2009)</td>
<td></td>
</tr>
<tr>
<td>Online-to-offline service linkage</td>
<td>To increase connectivity between online and offline services and promote HIV testing among partners of newly diagnosed HIV individuals</td>
<td>HIV testing and counselling booking and result notification and counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offline one-stop shop service</td>
<td>To boost the confidence among MSM in receiving the service and to keep the person in care</td>
<td>On-site HIV counselling and testing, psychosocial care and support for HIV, ART support</td>
<td>HIV rapid testing (2011) CD4+ T-lymphocyte count and viral load testing, ART support (2010) One-on-one care support for newly diagnosed individuals (2009)</td>
<td><a href="http://www.gztz.org/May/UserStory">http://www.gztz.org/May/UserStory</a> NA</td>
</tr>
</tbody>
</table>

ART: antiretroviral therapy; CD4: cluster of differentiation 4; HIV: human immunodeficiency virus; MSM: men who have sex with men; NA: not applicable.
community and has been improving access to HIV services.

The project also ensured continuum-of-care services, including linkage to care, retention in care, ART initiation and ART adherence. Of the 999 HIV-positive people, it was possible to link 948 (95%) to care services, while 891 (94%) of those linked were successfully retained in care. Among those who were retained in care and met the criteria for receiving free ART (CD4+ count < 350 cells/μL), over 85% (353/415) initiated ART. Based on the percentage of people on ART, we assumed that approximately 75% of these people achieved viral suppression (less than 50 copies/mL).

**Challenges and lessons learnt**

The project had several limitations and faced several challenges (Box 1). One of the key limitations is that this project did not collect comprehensive pre-intervention data to demonstrate the effect of the intervention. Also, the project could recruit only a subset of MSM residing in the study area and found it difficult to reach out to some subgroups (e.g., older MSM and rural MSM). These hard-to-reach subgroups reportedly have lower levels of education, poorer HIV knowledge and fewer opportunities to access HIV-related services, making them highly vulnerable to HIV.

Despite the expanding scope of HIV services arising from collaboration between the public sector and the CBO, the relative absence of formal partnerships with treatment facilities limited the extent to which this intervention impacted clinical management and retention. Closer partnerships with clinical facilities may further enhance the project. Our annual HIV sentinel surveillance face-to-face survey showed that 80% (2081/2603) of respondents received some form of HIV-related service during the past year, HIV testing coverage remained relatively low (47%; 1227/2603) among MSM. This disparity indicates the need to strengthen the promotion of HIV testing. Other challenges included instability of peer workforce, lack of sustained funding and intervention information fatigue.

Despite the limitations, the high percentage of people who were retained in HIV care suggests that collaboration between the public sector and CBOs can be successful in providing high-quality HIV-related services. Internationally, task-shifting from health professionals to CBOs has proven to be effective in the provision of counselling, testing, care and treatment services for HIV. In the current project, the CBO engaged with the MSM community and the public sector agencies contributed technical proficiency and worked together to improve the quality of services offered. The key to this successful collaboration was the mutual trust between the public sector and the CBO. The role of the CBO was not restricted to programme implementation; it was also involved in the project development phases. The one-stop shop concept of providing a range of HIV services from a single location increased retention in HIV care.

The project may be usefully adapted to other places in China and perhaps other low- and middle-income countries, where opportunities for community engagement are limited. Finally, experience gained from the project can also inform decision-making in other public health domains, which is likely to benefit from increased collaboration between the public sector and community groups.

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Toward the epidemic of HIV among male men who have sex with men in China

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Médecins du Monde

Probléme
In China, the rise in the number of HIV cases among men having sex with men is a public health issue. The prevalence of HIV in this group is increasing, with a rise in new infections among young men. The Chinese government has taken steps to address this issue, including the development of a national HIV/AIDS strategy. However, the government's efforts have not been sufficient to fully address the problem.

Approche
An international organization and experts in the field of HIV prevention and control have developed a strategy to address the issue of HIV among men who have sex with men in China. This strategy includes the development of a national HIV/AIDS program, which involves the government and civil society organizations.

Environnement local
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Changements significatifs
The program has led to a significant decrease in the number of HIV cases among men who have sex with men in China. The government's efforts have helped to reduce the prevalence of HIV in this group, and the program has been successful in reducing the number of new HIV infections.

Lesions tirées
Internet can facilitate the prevention of HIV among men who have sex with men. However, the program needs to be improved in terms of accessibility and affordability of HIV services.

Résumé
Offre de services relatifs au VIH en Chine pour les hommes ayant des rapports sexuels avec d'autres hommes

Probléme
En Chine, la prévalence du VIH est en constante augmentation parmi les hommes ayant des relations sexuelles avec d'autres hommes. La prévention du VIH et le dépistage régulier sont essentiels pour contrôler la propagation du VIH dans cette population.

Approche
Un organisme communautaire et des experts du Centre de contrôle et de prévention des maladies de Guangzhou ont mis au point un programme de services en ligne pour les hommes ayant des relations sexuelles avec d'autres hommes à Guangzhou, en Chine. Ce programme a été développé pour faciliter le dépistage et le traitement du VIH.

Environnement local
La propagation de VIH chez les hommes ayant des relations sexuelles avec d'autres hommes est un problème de santé publique en Chine. Les mesures de lutte et de prévention du VIH sont principalement mises en œuvre par le système public. Seul un petit nombre d'organismes communautaires offrent des services en lien avec le VIH.

Changements significatifs
Le programme a été mis en place pour faciliter le dépistage et le traitement du VIH en ligne. Il a permis d'accéder à des services de dépistage et de traitement du VIH pour les hommes ayant des relations sexuelles avec d'autres hommes.

Lecons tirées
Internet peut faciliter la prévention du VIH chez les hommes ayant des relations sexuelles avec d'autres hommes. Cependant, il est nécessaire d'améliorer l'accès à ces services et d'augmenter leur disponibilité en matière de VIH.

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Resumen

Proporcionar servicios relacionados con el VIH en China para hombres que mantienen relaciones sexuales con otros hombres

Situación En China, el cuidado contra el virus de inmunodeficiencia humana (VIH) proporcionado por organizaciones de ámbito comunitario no está bien integrado con el sector público.

Enfoque Una organización de ámbito comunitario y expertos del Centro para el Control y la Prevención de Enfermedades de Guangzhou han desarrollado servicios en línea para hombres que mantienen relaciones sexuales con otros hombres en Guangzhou (China). Los servicios en línea estaban vinculados con servicios clínicos que ofrecían pruebas y tratamiento del VIH.

Marco regional La epidemia de VIH en expansión entre hombres que mantienen relaciones sexuales con otros hombres es un problema de salud pública. Las medidas de control y prevención del VIH se mantienen principalmente a través del sistema público. Únicamente un pequeño número de organizaciones comunitarias proporcionan servicios de VIH.

Cambios importantes El programa integró servicios comunitarios y del sector público para combatir el VIH, incluyendo educación sanitaria, evaluación de riesgos del VIH en línea, asesoramiento y pruebas del VIH en sitio, notificación a la pareja, cuidado y apoyo psicosocial, recuento de linfocitos CD4+ y guía de tratamiento.

Lecciones aprendidas Internet puede facilitar la prevención del VIH entre un subgrupo de hombres que mantienen relaciones sexuales con otros hombres mediante el aumento de la toma de conciencia, el uso de los servicios, la recepción de atención y el cumplimiento del tratamiento. La colaboración entre el sector público y el grupo comunitario fomentó la aceptación por parte de la población objetiva. El reparto de tareas entre los grupos comunitarios puede aumentar el acceso de este grupo en alto riesgo a los servicios relativos al VIH disponibles.

Referencias


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