

PART 2:

BEST PRACTICES IN THE PROVISION OF DIGITAL AND REMOTE MEDICAL AND SOCIAL HIV SERVICES

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This report describes best practices based on the mapping of digital (online) and remote medical and social services for representatives of key populations in the CEECA region, which was initiated by the Eurasian Regional Consortium (ERC) as part of the project “Thinking Outside the Box: Overcoming challenges in community advocacy for sustainable and high-quality HIV services”, implemented with the support of the Robert Carr Fund for Civil Society Networks (RCF).

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INTRODUCTION

This material is the second part of the study “ONLINE CARE: Mapping digital and remote medical and social services for key populations in relation to HIV in the region of Central and Eastern Europe and Central Asia”. The first part was focused on mapping services that are increasingly provided online or remotely during the COVID-19 pandemic, while the second part groups the most common services and describes their methodology.

In this guide, you will find practical examples of services currently provided by public, private, and governmental organizations in the region of Central and Eastern Europe and Central Asia, as well as practical recommendations and the contacts of developers.

In this document, you will also find a description of 9 interventions that can be useful for your organizations and, of course, for key populations.

LIST OF ABBREVIATIONS

ART/ARV	Antiretroviral therapy
CEECA	Central and Eastern Europe and Central Asia
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
EHRA	Eurasian Harm Reduction Association
ERC	Eurasian Regional Consortium
EWNA	Eurasian Women’s Network on AIDS
HIV	Human immunodeficiency virus
HR	Harm reduction
KP	Key populations vulnerable to HIV
LGBT	Lesbian, gay, bisexual and trans* people
NGO	Non-governmental organization
NPO	Non-profit organization
NSP	Needle/syringe program
OST	Opioid substitution therapy
PCI	Prevention and control of COVID-19 infection
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis for HIV
PUD	People using drugs
PUID	People using injecting drug
STI	Sexually transmitted infection
TB	Tuberculosis
TG	Transgender person
TPI	Treatment and prevention institution

REMOTE HIV TESTING

WHAT IS THIS?

HIV testing at home, both with the remote support of a consultant, and without it.

PRECONDITIONS FOR ITS EMERGENCE:

The rapid development of the COVID-19 pandemic and the related anti-epidemic measures taken, including social distancing requirements, self-quarantine, interrupted transport links and other quarantine measures on the one hand, as well as the need to maintain HIV testing coverage on the other, have led to an intervention that allows anyone to get tested for HIV without putting themselves and their loved ones at risk of contracting the SARS-Cov-19 virus.

This became possible primarily due to the availability and popularization of oral HIV tests, which make it possible to obtain a result with an accuracy of 99% within 15 minutes while avoiding contact with potentially infected bio-material, and without the need to pierce a finger and dispose of the test and scarifier with blood residue.

TARGET GROUP:

All key populations, including MSM, trans* people, PUID, sex workers, as well as bridge groups and the general population. This intervention is especially popular among MSM.

HOW DOES THIS WORK?

A client wishing to take an HIV test fills out a registration form on the website; many sites allow you to pre-assess your risk of infection by going through a short screening questionnaire. The service provider assembles a parcel with a rapid HIV test, which the client can receive by mail, at automated post boxes, or by courier service, or which they can pick up at the organization on their own. The client can then take the HIV test at a time convenient for him, by watching a video with instructions for performing the test and interpreting the results (for example, as presented on the website <https://oraltest.org.ua>),

or in countries where self-testing is not encouraged in law, by resorting to the services of a testing consultant who will provide support in this process through a video call on any dedicated application (WhatsApp, Viber, Messenger, Skype, MSTeams, Zoom, etc.). All of these models include post-test support.

NECESSARY RESOURCES:

Infrastructure:

computer, smartphone, internet, website, platform for collecting applications (online forms), program for protecting personal data, warehouse, availability of a sufficient number of tests and prevention materials, packaging, established postal/courier delivery.

Human resources:

manager, website administrator/IT specialist responsible for security of personal data, web designer, testing consultant (in some countries, this must be a medical specialist according to legal requirements), administrative staff, case manager or social worker for post-test support.

Additionally:

financial costs associated with the delivery of tests, payment for content, advertising and promotion of the service (for example, on mobile applications, in social networks). Well-established cooperation with a medical institution for diagnosis of HIV infection and subsequent treatment.

RESULTS

The service became very popular during the period of quarantine restrictions as a safe and convenient way to test for HIV.

The organizations that conducted the analysis claim that this approach is highly effective for providing services. According to the NRPO “Humanitarian Project”, during the 6 months of project implementation, every 10th person contacted ordered a test, and 91.6% of those who received a test package contacted a counselor. When comparing indicators of remote testing with face-to-face testing in a test-mobile among different key populations, it was shown that remote testing was 3 times more in demand among MSM (at the same time, the detection rate is higher: 7.8% remotely vs. 6.9% in the test-mobile). For people who use drugs and the general population, face-to-face testing is still

preferable (people who use drugs used the test-mobile services 2.5 times more often). Meanwhile, on average, both services were evenly in demand among the partners of PUID.

Client feedback:

“Go to the “New Post Office” with your passport, you don’t even have to pay anything. You receive the package, go home, take the test... That’s it! You don’t stand in line, you don’t look anyone in the eye – you are alone with yourself. This is really important. People often feel uncomfortable or embarrassed... Everything is thought out.”

“If it weren’t for the opportunity to get a test through the mail, I would have gone years without knowing that I have HIV.”

program client, Ukraine

“In just one month, we sent 150 saliva tests. And we do not just send a test, we also offer a consultation. The guys often follow the instructions on their own. Usually I say: “When you’re ready, call me, and I will counsel you remotely”. For some people, it’s easier this way. Clearly, we try to collect the results if possible. Of course, not all of them... Sometimes they send a photo themselves to make sure that they read the result correctly. We have already had several people with positive results that we know about, and have directed to therapy.”

Social worker of the NGO “Alliance.Global”,
Dnipro, Ukraine

ADVANTAGES AND AREAS FOR DEVELOPMENT

Contactless access to HIV counseling and testing for KP and the general populations allows coverage of testing services to be maintained during the period of quarantine restrictions, and ensures access to segments of key populations that were previously poorly covered; for example, people who prefer distanced forms of work/people who do not have the time or opportunity to receive services in person. This ensures that the service is quite viable in the post-COVID era. According to a study carried out in the summer of 2020 by the ICF “Alliance for Public Health”, among MSM over the age of 35 (a group that uses in-person HIV services less often), the overwhelming majority of respondents noted that receiving testing services remotely using self-tests would be preferable for them¹.

1 Чоловіки, які мають секс з чоловіками: портрет зрілої та старшої групи (35+) / М. Касянчук, М. Корнілова, О. Трофименко, М. Варбан.— Альянс громадського здоров’я.— Київ, 2021.— 84 с.— URL: https://aph.org.ua/wp-content/uploads/2021/01/MSM-35__05.01.2021.pdf

PROTECTION OF PERSONAL DATA

The presence of an SSL certificate for a web resource is a guarantee of a secure connection.

Anonymity when registering on the site (generating a unique code; in the case of postal delivery, this is not always possible, postal services often ask for an ID when a parcel is delivered, plus a mobile phone number is indicated, as well as an address in the case of courier delivery).

ACCOUNTING

The ability to generate a unique code when registering the data for ordering a test allows you to determine the number of unique clients, and the use of this code during subsequent consultations allows you to determine the number of consultations conducted with each client. The ability to track deliveries/receipts allows you to verify the number of distributed tests.

In addition, sites that allow you to undergo preliminary screening can track the number of completed screening questionnaires and, accordingly, the number of interested users.

One problem is the analysis of test results, since the client is not obliged to inform the provider about the result obtained. Even if the service provides counseling support during the testing process, the client can always perform the test himself by following the instructions, or may change his mind about taking the test.

BARRIERS AND RISKS

Risks related to the dissemination of personal data (although minimal personal data is collected during registration, there is a potential risk that a client's phone number or delivery address may be disclosed. Therefore, staff with access to the mailing database with names and addresses must sign an agreement on the nondisclosure of personal data).

Financial constraints related to the need to pay for deliveries, and the constant need to promote the service.

WHAT TO CONSIDER:

It is preferable to send tests in an opaque box without any markings. Remember, most clients do not want to “stand out”.

Quick response. The client orders the test and receives it in a couple of days. If they have to wait for a long time, interest in the service might decrease to nothing.

LEARN MORE (EXPERIENCE IMPLEMENTING THE SERVICE IN DIFFERENT COUNTRIES):

<https://friendlydoctor.org>

<https://oraltest.org.ua>

<https://test4life.ru/>

<https://demetra.lt>

WEB OUTREACH

WHAT IS THIS?

Web outreach is a method for finding, establishing contact with, and involving the target group in HIV-service programs using social networks, messengers, forums, online platforms, etc., including in virtual spaces where the target group hangs out.

WHAT TARGET GROUPS IS THE INTERVENTION FOR?

The majority of the experience gained in the field of online outreach has been among people who use drugs and men who have sex with men. This is mainly due to the fact that these groups have clearly defined online spaces. PUD can be found on the DarkNet or on Telegram channels where drugs are sold; MSM can be found on online data apps. But you do not need to limit yourself to just these two categories. Having information about where in the online space you are most likely to find representatives of key populations allows you to engage in outreach work there.

HOW IS THIS DONE?

The intervention can be carried out in the form of passive posting of information: in particular, banner advertising on dating sites with information about the creation of individual topics in forums, information bots (programs that notify users about certain events, for example, the schedule of a test-mobile in the city) on Telegram.

Impressions of a client:

"I heard about this organization. They offer services on dating sites. They offered services to me more than once, but I refused. I thought that I didn't need them. And I really didn't want to stand out, let's say. Someone will see and go around town... But this time, I wrote them myself, and went to them."

MSM, Ukraine

In this case, it is the client that initiates the communication. The advantage of a passive approach is that it is more acceptable to users. The fact that communication begins with an already interested person is also a positive aspect; his need for information is satisfied. Accordingly, the chances of attracting and retaining such a client in the service increases. On the other hand, such an approach requires constant resources for promotion, and the need to constantly be in contact, since the user needs a qualified answer there and now.

Another approach is to actively send information (for example, about where and how to get tested for HIV, how to order a safe box, etc.) to users of the platform. The advantage of active mailing is the wide coverage of users, who, without this, may never have thought about the issue of HIV. On the other hand, such an approach carries a high risk of being blocked for spam and non-compliance with the terms of use of the platform.

Information from the provider

From materials of the webinar “Web outreach in the context of harm reduction” / A. Lakhov, CO “Humanitarian Action”, Saint Petersburg:

"...there are a lot of chats that are just for chatting or advertising for shops, there are thematic chats... but there are drug addicts everywhere. In these chats, I share news about the foundation, provide the bus schedule. I counsel people that were interested in the posts. In some of the channels and chats, there is a signature saying that I am the “Blue Bus”, a doctor, and provide help. Because of this signature, many people write personal messages with questions".

NECESSARY RESOURCES

Infrastructure:

smartphone or tablet, uninterrupted internet access, VPN or TOR browser, if you intend to work on the DarkNet. For organizing outreach work on dating apps, it is a good idea to have a paid account.

Human resources:

outreach workers with online counseling skills (at a minimum, they should be able to write text messages in messengers competently and quickly, and have the skills to initiate online communication), ability to engage consultants to answer questions asked by clients that are beyond the competence of the outreach worker.

Aside from consultations, it is important to have additional motivational tool that can be offered to the client in addition to information: for example, a test and/or prevention package that a client can receive by mail or by contacting a prevention program, or counseling with a relevant specialist (in particular, a surgeon, narcologist, lawyer, or psychologist).

PROTECTION OF PERSONAL DATA

Ensured by the provider of the web resource and is no different from protecting the data of other users.

ACCOUNTING

The results can be recorded by the number of clicks, the number of unique users in a Telegram channel or chat, the number of users who have made contact (i.e. those with whom a chat was initiated), the number of referrals by outreach workers to other specialists, the number of consultations carried out, as well as by the number of new virtual clients who received HIV services offline (testing, prevention materials, etc.). Given that requests for offline services usually occur after referrals by outreach or social workers, program monitoring can be organized so as to take into account the number of referrals and the number of clients actually reached.

BARRIERS AND RISKS

Not all owners of online platforms welcome the posting of information about third-party services or services provided by other organizations on their platform. So, if you do not have a preliminary agreement, be prepared for the fact that you may be blocked at any time. In addition, when actively sending messages, users of the resource may regard your activity as spamming, complain about the spam to administrators, and leave negative feedback, which, in turn, can also lead to you being blocked or having your account deleted. In addition, this may negatively affect your organization's reputation as a service provider.

A significant barrier is the fear on the part of the user that the confidentiality of his conversation with the outreach worker will be violated, and that his name and contact information will be disclosed to third parties. This fear is inherent to all key populations, but there may be fears of harassment from law enforcement agencies on the part of people who use drugs. For example, the experience of "Humanitarian Action" directly shows that such a fear may be so great that users are afraid to disclose not only their name, but even general information such as area of residence, age, or gender, and, when asked to talk on the telephone, users stop communication completely.

In addition, a long wait for an answer to a question asked or a request sent may lead to negative consequences and the loss of a potential client.

The problem of incorrectly describing the situation is quite common. For example, in cases of overdoses, clients themselves often cannot classify what drug they used, and when asked about the client's history, they give incorrect information about the drug, the dose taken, and the number of days of use.

Impressions of a client:

"All these guys write me, well, okay, it's just some dude from Hornet. It's great that you are doing tests, but everything is clear with you. This is not a person that you can meet and have sex with. He's there for a different purpose, it's his job. I have one interest, and he has a different interest, and our interests are different."

MSM, Ukraine

ADVANTAGES AND AREAS FOR DEVELOPMENT

Web outreach provides the opportunity to continue prevention work during the period of quarantine restrictions, and also allows you to reach new segments of key populations, who would never have been reached without web outreach. This type of work certainly has areas for development, as online technologies and social networks play a more and more important role in our lives.

If there are sufficient resources, it is possible to reach other subgroups (trans* people, sex workers, adolescents).

WHAT SHOULD BE EXPECTED, AND WHAT SHOULD ABSOLUTELY NOT BE DONE

Do: before the implementation of the intervention, contact the administrators of the web platform, tell them about your activities, goals, objectives, and form of work. Support from administrators is one way to secure productive activity on the resource and prevent negative consequences, such as being banned, blocked, deleted, etc.

Create a recognizable name (username or name of the Telegram bot, avatar), which immediately indicates what information your content is providing.

[@overdosehelp.bot](#) – it’s pretty obvious that

[@SYNYIAVTOBUS_INFO](#) – information about the work of the “Blue Bus”

Do not: provide a personal phone number/e-mail, link to personal accounts on social networks. If you are working on dating apps, you should not indicate sexual preferences or other statistics about contacts with users in the profile of the outreach worker.

Exactly the same ethical principles apply to web outreach workers as to offline outreach workers. It is prohibited to enter into financial relationships with clients, or to buy and/or use drugs together. It is prohibited to engage in sexual relations with them, to promote your religious and/or political views, or to disseminate false information. Of course, just as with offline outreach work, it is prohibited to engage in outreach activities while under the influence of alcohol or drugs.

It is strongly recommended to not refer clients to paid resources or paid content.

WHO TO CONSULT WITH

CO “Humanitarian Action” (web outreach among PUD)

<https://haf-spb.org/>

CF “GenderZ” (web outreach among MSM)

<https://genderz.org.ua/>

“Friendly Doctor” Initiative

(web outreach among MSM and other LGBT people)

<https://friendlydoctor.org/>

Center for information and counseling on reproductive health

“Tanadgoma” (PUD, MSM, general population)

<https://new.tanadgomaweb.ge/>

VENDING MACHINES FOR DISTRIBUTING PREVENTION MATERIALS

WHAT IS THIS?

This is the contactless delivery of necessary prevention materials to clients: syringes, needles, naloxone, condoms, and oral tests.

WHY IS THIS SERVICE RELEVANT DURING THE COVID-19 PANDEMIC?

Due to the rapid spread of COVID-19 and the quarantine restrictions that followed, many syringe exchange points and community centers were closed, as they were not included in the list of vital services. Vending machines have remained as one of the few ways to deliver prophylactic consumables directly to clients. Naturally, such a service was available only where such machines were already installed, however, they were not available everywhere, particularly in places providing vital services (in particular, in pharmacies or in TPI).

WHAT TARGET GROUPS IS THE INTERVENTION FOR?

People using drugs, MSM, trans* people, sex workers, and youth.

WHO DOES THIS WORK?

The principle of operating a vending machine that dispenses syringes or condoms differs from a standard one that sells, for example, cola or coffee, only in that the client does not need to pay for the prevention materials.

There are at least two successful examples of such an intervention in the region.

In the case of vending machines that dispense syringes, needles, naloxone, and condoms to clients of harm reduction programs in Georgia, it is sufficient for the client to scan their plastic card in the vending machine and receive what they came for.

Vending machines that dispense condoms and oral tests in Ukraine work using QR codes, since their clients are not limited to existing ones. Anyone can get an oral test and/or a box of condoms through these machines. It is sufficient to generate a QR code by visiting the website <https://safelove.org.ua/>, answering several short questions (sex, age, who are you taking it for (yourself or your partner), and how many), scanning the code in the vending machine, and that is all! The instructions are located on the machine itself, and the generated QR code allows the client to save the addresses of all vending machines, the contacts of social workers, and instructions for using the oral test on their mobile device.

NECESSARY RESOURCES

This service, although very attractive and modern, is quite expensive. First, you need a vending machine itself with software for reading codes or cards, the cost of renting space for its placement and service (often the supplier company provides service for free only during the warranty period). It is necessary to provide for the costs of transporting and moving the machine (for example, from a location closed during the quarantine period to one that is open).

An online resource with a landing page to generate codes and create reports on the delivery of materials to clients is also needed.

You must also provide for a stock of consumables, packaging, informational stickers for tests and machines, and logistical costs.

The dissemination of information, advertising, and PR services also require investment.

Minimum human resources include a manager who takes over the organization of the entire process and is responsible for dealing with any problems that emerge, as well as a social worker with basic technical literacy to supervise the activity (filling the machine, logistics, accounting).

PROTECTION OF PERSONAL DATA

Personal data of clients is not collected, and the answers of clients to questions after scanning the QR code are not personalized, so there is no need for a complex data protection system.

ACCOUNTING

For accounting, you can count the number of clients who received the service (by QR or scanned client card), or the number of materials distributed.

BARRIERS AND RISKS

One of the main barriers is the financial aspect, since the intervention requires significant investments both at the beginning, and to maintain it.

An unsuccessful installation of the machine (somewhere in plain sight) will be a deterrent factor for the client.

Machine breakdowns are a big problem, since they require time-consuming repairs, which can be significant (for example, if the machine cannot be repaired on site and must be delivered to the factory).

In addition, a lack of materials or failure to refill the machines on time can be a significant barrier.

A broken vending machine is the worst advertisement for the service!

ADVANTAGES AND AREAS FOR DEVELOPMENT

The free distribution of needles, syringes, condoms, and oral tests is certainly a promising area. It allows you to expand both the hours of operation of the prevention program (the machine can operate 24/7), as well as the target group. There is a significant segment of key populations who do not have the time to visit HIV-service organizations or “do not want to stand out”. However, they would happily receive materials remotely, including through vending machines, since this is convenient and anonymous.

WHAT SHOULD BE EXPECTED, AND WHAT SHOULD ABSOLUTELY NOT BE DONE

It is necessary to employ a responsible approach to the selection of a contractor, to stipulate in the contract the requirement to ensure regular site visits of a repairman, and conduct briefings by the manufacturer for employees who will be involved in servicing the machine (stocking materials, taking read outs).

You should also be extremely careful when choosing a transport company for the transportation of the machine: there have been cases of machine failure after unsuccessful transportation.

The installation location should be chosen very carefully. It should be comfortable, and as “private” as possible, even if the materials are distributed in non-transparent packages.

The machines cannot be placed on the street, but rather only indoors, since a certain temperature and safety must be maintained.

If tests are distributed through the machines, information about providers of HIV services, who can be contacted in case of a positive result, must be indicated on the packaging. Ideally, this should be the phone number (or messenger) of a social worker who is able to conduct post-test counseling remotely and refer the client elsewhere to confirm the result.

LEARN MORE

Addiction Research Centre – Alternative Georgia

<https://altgeorgia.ge/>

Center for information and counseling on reproductive health «Tanadgoma»

<https://new.tanadgomaweb.ge/>

ICF “Alliance for Public Health”, HealthLink project

<http://aph.org.ua/en/our-works/ukraine/the-healthlink-project-accelerating-ukraine-s-efforts-to-end-hiv/>

ART FOR PEOPLE WHO ARE UNABLE TO LEAVE A FOREIGN COUNTRY

Since March 2020, tens of thousands of citizens of the EECA region have been stuck in the territory of foreign countries, and have not been able to return to their own countries due to restrictions related to the COVID-19 pandemic and the interruption of transport links between countries. Many were unable to return home for several months. Of course, people living with HIV were also among those stuck. Stocks of ARV drugs tend to run out, and obtaining new ones for non-residents becomes problematic, especially since the provision of ARV drugs is not insured, and is not covered by standard travel insurance.

In response to this, several patient organizations, for example the “Treatment Preparedness Coalition” and the “Eurasian Women’s Network on AIDS” organized a search for people, organizations, and communities that could help people in need of ARV drugs to receive them.

HOW DOES THIS WORK?

A person who finds himself in such an emergency situation with an inadequate supply of ARV and with an unknown timeframe for returning home contacts one of the organizations via e-mail, instant messenger, or by filling out a Google form online (Life4me or on the website of the Eurasian Women’s Network on AIDS) and indicates the location of their stay, the name of the drug(s) needed, how many days they have left in stock, and their contact details. The assisting party, after processing the application, begins a search through its network of organizations or communities in the relevant country, communicates with local volunteers/social workers/activists about the possibility of providing ARV therapy to the client, then connects the service provider and the client.

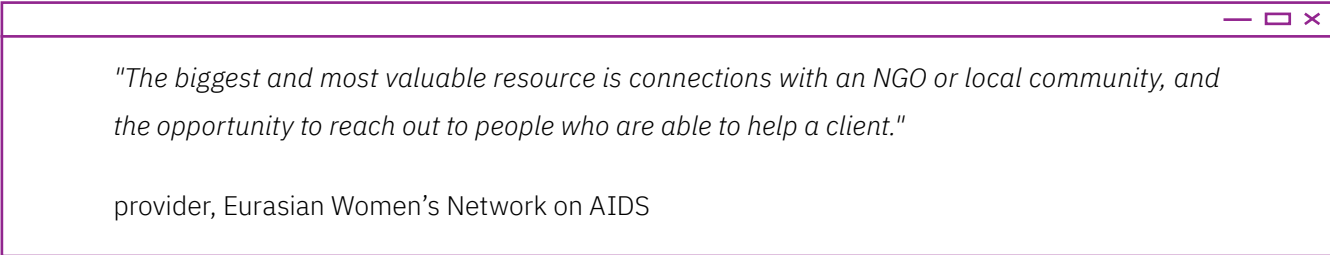
TARGET GROUP:

people living with HIV.

NECESSARY RESOURCES

Infrastructure:

PC/laptop, internet connection, smartphone with ability to install instant messengers. Website and social media pages that make it possible to more widely disseminate information about the service. Existing databases of organizations abroad with up-to-date contact information, extensive contacts with communities of PLH, and patient and medical organizations in other countries.



"The biggest and most valuable resource is connections with an NGO or local community, and the opportunity to reach out to people who are able to help a client."

provider, Eurasian Women's Network on AIDS

Human resources:

At least one staff member with knowledge of English, and well-developed communication and counseling skills.

ACCOUNTING

Number of applications received, number of completed cases.

PROTECTION OF PERSONAL DATA

Personal information about the client is not kept. After the issue of receiving ART is resolved, all correspondence is deleted. The database of requests is in a password-protected file.

BARRIERS AND RISKS

The biggest barrier is the lack of necessary contacts abroad. The client can be anywhere, and there is not always information about who in the country is able to assist him. A language barrier can also play a significant role, the level of English on either end may not be sufficient.

An additional barrier on the part of the client is the lack of information about the service, lack of knowledge of the language, as well as fear of persecution, especially if the client is in the country illegally.

If a person does not have the right to receive medical care in the host country, then obtaining the drug, even through a friendly NGO, can be difficult.

AREAS FOR DEVELOPMENT

As part of an immediate crisis response, this intervention certainly matters. For its successful implementation, it is necessary to establish links between HIV service organizations not only within the region, but also globally, because clients can be “stuck” in any country in the world.

LEARN MORE

Eurasian Women’s Network on AIDS Arthelp19@mail.com

“Coalition on Treatment Preparedness”

office@itpcru.org и <https://life4me.plus/ru/help>

CHAT BOTS

WHAT IS THIS?

A chat bot is a program that conducts correspondence with a client and imitates the behavior of a consultant.

HOW DOES THIS WORK?

It all depends on the complexity of the bot. The simplest bots are able to collect the basic needs/complaints of clients, make an appointment, conduct an initial sorting and transfer the client to a relevant specialist, depending on the client's request. Chat bots have also proven themselves as excellent screening tools for determining needs related to testing and the provision of materials. This allows you to automate the process of collecting basic information about the client and his reasons for seeking services, thereby relieving staff from routine work.

Complex self-learning bots that use machine learning capabilities can, in standard situations, replace a counselor to a certain extent by using typical algorithms and semantic connections. In this case, the counselor only steps in in difficult or unusual situations.

For example, a bot can tell about the risks of HIV and STI infection, conduct an initial screening to determine if a client faces such risks, refer them to testing services (sign up for in-person testing or register to receive an oral test by mail), and then provide support for conducting a self-test. A “smart” chat bot is able to help provide first aid, for example, in the case of overdoses. In the context of the COVID-19 pandemic, they can consult on symptoms of a possible coronavirus infection and issue an algorithm for seeking further medical assistance.

TARGET GROUP:

people using drugs, MSM, trans* people, youth, general population, people living with HIV.

NECESSARY RESOURCES

Infrastructure:

uninterrupted internet, PC, smartphones with ability to install messengers (Telegram), when working on the DarkNet, a VPN or TOR browser is needed, funding for an annual subscription on the platform on which the bot will be placed (for example, Telegram).

Staff:

IT specialist for program development and support, experts to fill the bot content, and counselors with whom the program will connect clients for further assistance.

ACCOUNTING

This can include the number of contacts, or the number of consultations conducted. Statistics can be kept automatically if the bot is configured accordingly.

PROTECTION OF PERSONAL DATA

Chat bots are not secure. Due to their popularity, they do not go unnoticed by hackers. Of course, the client can always use a nickname, and, in Telegram, he can hide his phone number. However, this will not be a 100% guarantee of confidentiality. Service providers also lack the tools to provide anonymity and privacy beyond what is guaranteed by the developer of the platform on which the bot is hosted.

BARRIERS AND RISKS

The main barrier is the fear of clients of leaving an “electronic trail” in relation to the topics of drug use, HIV infection, etc.

Risks may also stem from the client himself if he enters incorrect information into the program. For example, if a client indicates the wrong symptoms, or the wrong name of a drug or the dose administered to a bot for helping with overdoses, then the recommendations for first aid will not have the desired effect.

ADVICE FROM DEVELOPERS

It is very important to make the bot as human as possible. It should speak naturally, and, at the same time, use gender neutral speech, free from stigma. The bot needs to be constantly improved, filled with information depending on the changing reality (for example, the changing drug scene). In addition, video materials and links to useful resources should also be used in addition to text.

LEARN MORE

Telegram channel for first aid in case of overdoses

[@overdosehelp_bot](#) and [@OverdoseHelpBot](#)

HIV testing screening bot (for all)

[@HIV_TEST_bot](#)

Chat bot for TG on HIV self-testing [@hivst_bot](#)

Eli, HIV and STI counselor for youth

<https://elibot.info/>

DELIVERY OF PREVENTION MATERIALS AND ART

One of the biggest problems faced by patients and representatives of key populations is the inability to receive life-saving treatment during the period of strict quarantine measures. Transport restrictions and the subsequent skyrocketing taxi prices have made travel to ART providers almost impossible. While prevention materials such as syringes and condoms are available at nearby pharmacies, antiretroviral drugs for HIV infection or pre-exposure prophylaxis (PrEP) are usually not sold at local pharmacies. Moreover, in most cases, medicines on hand at places providing ART can only be obtained personally by the patient or his authorized representative.

This problem was solved in several ways:

- | Delivery of prevention materials (syringes, condoms, oral tests) and drugs (where permitted by law) through the post or to post boxes;
- | Targeted delivery of materials and/or drugs by courier service or an organization's own transport, and often by employees' personal transport;
- | Paying for a client's taxi ride to receive treatment drugs or PrEP (for example, PrEP taxi);
- | Use of mobile clinics.

HOW DOES THIS WORK?

It begins with the client sending a request (online or by phone). In the case of prevention materials, the provider creates a prevention package depending on the needs of the client. This can include syringes, needles, alcohol wipes, ointments for veins, naloxone, condoms and lubricants, an oral HIV test (or all of this together). This is then delivered by mail or courier service, or the organization itself delivers it. In terms of drugs, the work is carried out in tandem by a medical worker and social worker. The client's data is checked against the database of those receiving ART or PrEP, a package with a stock of drugs is created, and delivered to the addressee using one of the three delivery methods. This scheme was used by the overwhelming majority of organizations providing HIV services.

There are a couple of unique initiatives that merit special attention. They are not widespread, but may nevertheless be interesting and useful for providers of HIV services.

For example, there is the "PrEP-taxi", operating in Kiev, Kharkov and Dnipro. This service is designed for MSM clients receiving PrEP, and aims to ensure that the clients' use of PrEP is not interrupted, and even contributes to the retention of these clients in the program. If a client is running out of PrEP drugs, he can leave a request on the website, <https://prep.com.ua>, and a taxi will come for him at the agreed time and take him for free to the place where he can obtain PrEP drugs, and then back home after he has completed all procedures and successfully received the drugs. The trip is carried out in compliance with all anti-epidemic measures: the client receives a respirator, latex gloves, antiseptic and, as a bonus, a three-month premium Hornet account.

Another useful resource was the mobile clinics used pre-COVID as mobile testing sites. In the context of the pandemic, they have become much-needed comprehensive case management providers, where, using the "one window" method, a client can receive the entire range of HIV services practically at their place of residence. For example, the ICF "Alliance for Public Health" uses such mobile clinics in remote settlements, where, even at best, the availability of HIV services was low, and under the COVID-19 pandemic and related quarantine restrictions, the provision of such services completely stopped. These mobile teams are able to detect and confirm HIV infection on the spot (according to the national algorithm for three positive rapid tests). Since the mobile team includes a medical specialist from the center providing ART, he can prescribe and issue ART immediately after the detection and confirmation of HIV infection, collect and deliver blood samples to the laboratory to test for viral load and CD4 count, conduct a medical examination, provide all necessary medical recommendations, and provide counseling on the specificities of living with HIV. Meanwhile, a social worker ensures further support for treatment and adherence.

WHAT MUST BE DONE?

Infrastructure for ensuring delivery:

postage or courier costs, availability of cars and fuel costs, funds to pay for a taxi for clients, or the availability of a mobile clinic.

Infrastructure for collecting and processing applications:

computer, smartphone, internet, website, platform for collecting applications (online forms), fees for telephone services, program for protecting personal data, warehouse, availability of a sufficient amount of prevention materials and drugs.

Human resources:

activities manager, administrator for collecting applications, IT specialist responsible for the protection of personal data, courier, social worker, driver (for mobile clinics), case manager, and medical worker.

Very important:

well-established cooperation with a medical institution that treats patients with HIV, or with a center providing PrEP.

PROTECTION OF PERSONAL DATA

SSL certificate for the website collecting online applications.

The client database with telephone numbers for communication and the delivery address must be password protected; a very limited number of the organization's staff can have access to it. Of course, the best solution would be to depersonalize such a database, but postal services require a full name and phone number for delivery, and courier services also require a delivery address. Employees with access to the customer database must be properly instructed and sign an agreement on the non-disclosure of client data.

ACCOUNTING

Accounting is carried out according to the number of applications and the number of completed deliveries/services provided.

BARRIERS AND RISKS

Risks related to the leaking of personal data.

In many countries, employees of HIV-service NGOs are not considered as critical workers. Therefore, traveling to work when there are restrictions on movement and transportation is also problematic for them.

Financial constraints related to the need to pay for shipping.

WHAT TO KEEP IN MIND

Drugs or prevention materials, especially in the case of delivery by mail or courier, are strongly recommended to be packed in an opaque package without inscriptions or logos.

It should be noted that, during the current period of restrictions on transportation, transport can be very difficult, and delivery may take longer than usual.

In some countries, postal operators are not allowed to legally accept medicines for shipment. Check this in advance with the postal operator directly.

AREAS FOR DEVELOPMENT

Obviously, this is an emergency and temporary initiative. Delivery of drugs and prevention materials to a client is convenient, but expensive, and may not be economically justifiable after lockdown ends. However, some elements are quite viable and can be successfully used in the future. For example, mail delivery of PrEP and other prevention materials and tests will find its niche among customers who do not have time to regularly visit service delivery sites, but who are willing to receive services remotely. For many, it is easier to pay for delivery and undergo the tests necessary to continue PrEP in the nearest commercial laboratory, than to find time to visit sites where the drug is dispensed. The same goes for the delivery of prevention materials and tests.

LEARN MORE

PrEP taxi (MSM) <https://prep.com.ua/blog/51>

Delivery of ARV drugs, including for the prevention of mother-to-child transmission of HIV, CO “Positive Women”

<http://www.pw.org.ua/>

Delivery of prevention materials (syringes, needles, condoms, lubricants) for KP – Center for information and counseling on reproductive health Tanadgoma <https://new.tanadgomaweb.ge/>

Mobile clinics (PUID), P.O.R.T. project, ICF “Alliance for Public Health”
<https://aph.org.ua>

REMOTE COUNSELING

Of all the forms of HIV services that exist and are currently available, counseling has probably turned out to be the most adaptable to the context of the global and prolonged pandemic. Telephone and online counseling has been around since the pre-COVID era, with early HIV hotlines and online forums. The COVID-19 epidemic has only expanded the range of issues addressed through remote counseling, the audience, and how remote counseling is conducted.

WHAT IS THIS?

Remote counseling is the provision of highly specialized informational, psychological, and professional (for example, consultation with a medical specialist, lawyer, or social worker) assistance remotely using electronic forms of communication (Internet, telephone).

WHAT TARGET GROUPS IS THE INTERVENTION FOR?

The intervention is designed for all groups, including the general population.

During the coronavirus pandemic, the number of remote counseling clients has expanded. Previously, counselors were mainly approached by clients who needed either psychological support or information on HIV and existing services. Now, they have supplemented this and provide consultations on medical, legal, and social issues, support for the self-testing process, and topics related to mental health. The demand for crisis counseling has also increased.

HOW IS THIS DONE?

Two methods of communication are used for remote counseling:

Real-time communication is when the counselor and client are communicating simultaneously on the phone or through an online messenger (Zoom, Skype, Telegram, WhatsApp, Viber, etc.) via video or audio communication.

Asynchronous communication is counseling carried out primarily online: via forums, blogs, social networks, communicator programs that save information, or e-mail.

Each method has its own advantages and disadvantages. The advantage of the first method of communication is that it maintains the sense of personal presence and live communication. There is some, albeit reduced, ability to perceive and interpret verbal signals. However, it is impossible to be in touch 24 hours a day, seven days a week, so if a client urgently needs counseling, the right specialist may not be available.

In asynchronous communication, each participant in the dialogue responds when he is ready to talk. There is time "to think", to search for additional information, to analyze a problem in more depth or for requests, which allows for high-quality feedback. You can analyze the process of interaction, and return to what was said earlier. However, this format is not suitable if immediate information or support is needed. It is also not the best way to provide psychological assistance. It is not possible to interpret body language, you have to rely on verbal information. It is not always possible for people to describe their feelings and thoughts in writing; sometimes it is much easier for the client to speak.

WHAT IS NEEDED FOR THIS?

Infrastructure:

A sufficient number of technical devices is needed (smartphones, PCs – based on the number of specialists involved in counseling), payment for high-speed internet and telephone communications, an online platform for counseling (for example, a paid Zoom account), the development of a chat bot for automated recording and distribution of requests, or online appointment forms (if a counseling service is offered by qualified professionals, such as psychologists or doctors), a sufficient number of quiet, isolated workplaces for counselors.

Human resources:

counseling specialists on the areas for which counseling is carried out, administrator to distribute incoming calls and online requests, analyst to analyze call statistics, quality control specialist

Additionally, funds are needed for trainings on new skills (remote counseling, working on online platforms) and for a campaign to inform potential clients about the available types of counseling services.

PROTECTION OF PERSONAL DATA

Since, during counseling, the client may share personal stories and experiences, and information about his health with the counselor, it is necessary to ensure that confidentiality is maintained. To do this, counselors sign a standard agreement on the nondisclosure of information about the client. Databases, registration forms, and preliminary appointments for counseling should be password-protected, and access to them should be strictly limited. If registration is done through the organization's website or the client's personal account, the site must have at least a standard security certificate.

Safety for the counselor — not using a personal phone or personal nicknames, turning off their phone outside of working hours (to prevent burnout and other risks for the counselor).

ACCOUNTING

Data accounting is possible according to the number of calls and online requests, the number of consultations on various topics, or by the number of referrals to other organizations or other services (both online and offline). It is also useful to collect information on requests for which advice could not be provided due to the lack of qualified specialists, or the relevant knowledge or skills. This information will be useful for the further development of the counseling service.

One of the features of providing counseling services is the need for continuous quality control and supervision. If specialists provide inaccurate information or poor counseling, there is harm from such an intervention for both clients and the organization's reputation as a whole. Focus groups with clients, and the use of various types of feedback forms and online questionnaires can serve as quality control tools.

BARRIERS AND RISKS

For organizers, barriers may include a lack of necessary knowledge and skills, an insufficient number of counseling specialists, a lack of space for counseling (for example, extraneous noise during a conversation with a client, or the presence of strangers during a video call). Counselors may be subject to the risks of burnout, stress, and fatigue.

Barriers for clients include a lack of knowledge about existing services, and the fear of asking for help.

WHAT SHOULD BE EXPECTED, AND WHAT SHOULD ABSOLUTELY NOT BE DONE

Compile a work schedule for counseling specialists with advance booking. This will streamline the process of providing the service, and allow the specialists to prepare.

Never, under any circumstances, give out the counselor's personal phone number, email address, or profile on social networks!

No matter how trite it sounds, maintain a good work-life balance. Do not take work home, and try to prevent professional burnout.

It is necessary to ensure a good quality internet connection. There is nothing worse than an interrupted connection or a frozen picture right in the middle of a call.

Preliminary training of counselors on remote counseling skills is essential.

Do not try to work with people with severe psychopathologies. In these cases, even qualified psychiatrists and psychotherapists cannot employ remote methods of work.

WHO TO CONSULT WITH

National hotline for HIV and tuberculosis in Ukraine

<https://www.helpme.com.ua/ru/main/>

“School of life with HIV” for women and adolescents living with HIV in Ukraine, as well as members of their families, CO “Positive Women”

<http://www.pw.org.ua/>

Estonian Network of People Living with HIV. Psychological, social, and peer counseling, family therapy <https://ehpv.ee/?lang=ru>

Public organization “Solar Circle”. Counseling on all aspects of life with HIV (social, psychological, medical, and legal)

<https://sun-org.od.ua/ukhod-i-podderzhka-lzhv>

Odyseus Family Counselling, Slovakia. Mental health, substance abuse, HIV on-line counselling <http://www.odysseycounseling.org/>

EDUCATIONAL ONLINE GAMES

The COVID-19 pandemic and the constantly alternating periods of total and partial lockdowns have become a barrier to outreach activities, but have also opened up new, previously insufficiently mastered ways to reach key audiences. For HIV services, traditionally limited in resources for conducting expensive advertising and PR campaigns in the media, the online space can become such a niche.

Educational video games have become one of the innovative approaches to communicating information about HIV infection. The idea was born in the context of a sharp reduction in contacts with the outside world for the majority of the population, a lack of entertainment, universal Internet “withdrawal”, and, at the same time, the need to find new non-trivial formats for communicating information about HIV prevention in a way that can keep the client's attention.

TARGET GROUP:

men who have sex with men.

HOW DOES THIS WORK?

The format of working with clients through online games is just beginning to be mastered by HIV-service organizations, so there is no universal recipe. Nevertheless, the authors of this publication express the hope that the experience presented in this material will be interesting and useful.

Online game “Seducer” — <http://spokusnyk.org.ua>

The format of the game is an online quest focused on MSM. There are four scenarios, of which the player chooses one. Each scenario has three difficulty levels. As a result of completing the quest, the player receives the necessary information about HIV prevention and safe sex, practical advice on how to resolve conflicts with homophobic opponents, and, in the end, skills to establish relationships. So, in an unobtrusive game format, the client receives several types of useful information at once. The motivation for completing the maximum number of levels in the game are gifts that the client receives after successfully completing each of the levels. The more difficult and higher the level, the more valuable the gift.

RESULTS

It is, of course, too early to judge the effectiveness of this approach. However, within the first month of the launch of the game, 382 players registered, of which 163 completed the first level (i.e. at a minimum, they received information about HIV prevention), while 43 completed all three levels.

BARRIERS AND RISKS

The limiting factors are naturally geography and language. As a rule, most of the interventions are aimed at meeting domestic demand, and the international delivery of motivational gifts is unlikely to fit into an NGO's budget. Of course, players from other countries can participate, but the only bonus they receive will be the prevention information acquired in the process of playing the game.

In terms of risks, when it comes to online services, leaks of client data are always possible. To receive a motivational gift, the player must provide his contact information (full name and phone number). Accordingly, each connection requires the provision of a security certificate, and the gift distribution database must be kept under a username and password. Only a very limited number of users who have signed an agreement on the nondisclosure of client data can have access to it.

ACCOUNTING

Accounting can be carried according to the number of registered users, or the number of players who have completed each of level of the game (coverage of certain information).

RESOURCES

Such a project is undoubtedly resource intensive. It is necessary to involve a designer and screenwriter to develop the game, an IT specialist to create and maintain the game, and an administrator to keep records, collect statistics and send motivational gifts.

Necessary material resources include: domain, maintenance and support costs, security certificate, purchase and distribution of gifts and branded products, promotion, and PR on the Internet.

TIPS

Representatives of the key population, in this case, MSM, must be involved in the development of the game scenario and testing it before launch. It should be possible to refine and/or change the game scenario in accordance with the feedback received from users and service providers.

LEARN MORE

<http://spokusnyk.org.ua>

TELEMEDICINE

WHAT IS THIS?

Telemedicine is the provision of medical advisory services through telecommunication technologies. It may include diagnosing and treating diseases, monitoring a patient's health status and the treatment process.

WHAT TARGET GROUPS IS THE INTERVENTION FOR?

For everyone. The intervention is especially relevant when the client is far from traditional medical institutions or medical specialists, when there is no opportunity to get an in-person appointment, and/or when a consultation with a medical specialist is urgently needed. The method has proven itself well under quarantine restrictions. This is a patient-friendly form of remote home care.

HOW IS THIS DONE?

There are two common methods of remote medical consultations: delayed consultations and real-time consultations.

A delayed consultation allows you to identify your problem, send the results of laboratory and/or instrumental studies to a medical specialist by e-mail or in a messenger, and wait for a consultation. This method allows for consultations with patients who does not require urgent medical attention. For example, this can replace a planned visit to a specialist for patients receiving ART or PrEP.

A real-time consultation is an online appointment with a doctor through a telecommunications platform (via Zoom, Skype, etc., or any other application that allows you to organize a video conference). After registering on the resource, the patient chooses a doctor according to their specialization, or the platform helps the patient choose based on their complaints. Scheduling and organizing a virtual consultation with a specialist then occurs. Thus, the doctor has the opportunity to review the patient's medical history, conduct a visual examination, if necessary, refer the patient to related specialists, and consult other doctors.

NECESSARY RESOURCES

Infrastructure:

online resource (website), a PC/laptop with a good camera, uninterrupted access to high speed internet that allows you to maintain a videoconference, a program for protecting personal data, a friendly clinic to which patients can be referred for offline consultations, and additional examinations (if necessary).

External factors:

supportive legislation allowing medical specialists to provide consultations and prescribe treatment remotely, availability of laboratories and instrumental examinations (ultrasound, X-ray)).

Human resources:

website administrator, medical specialists with skills in conducting remote consultations.

Financial resources:

costs required for the development and promotion of the site, internet connection, program for protecting personal data, payment for consultations by specialists, training to development online counseling skills.

PROTECTION OF PERSONAL DATA

SSL certificate for web resources as a guarantee of a secure connection.

Anonymity when registering on the website (generating of a unique code).

ACCOUNTING

Accounting is possible based on the number of consultations carried out by each specialist involved, the number of clients (a personal code is entered for each client), the number of referrals to related specialists and consultations with other physicians, or the number of completed cases (cured patients). It is possible to keep statistics on the main issues faced by clients, and to introduce a rating system for specialists (to monitor the quality of services provided).

BARRIERS AND RISKS

One of the main barriers is legislation. Medical legislation in most countries in the region prohibits a doctor from prescribing treatment without an in-person consultation and examination of the patient.

Another significant barrier is the client's fear that the confidentiality of his conversation, and information about his health, test results, or HIV status will "leak" into the network and be made public to third parties.

In addition, a long wait for an answer to a question asked or a request sent during a delayed consultation leads to negative consequences and the loss of a potential client.

ADVANTAGES AND AREAS FOR DEVELOPMENT

In the countries of the EECA region, the development of telemedicine is still at an early stage, mainly due to legal restrictions. However, the experience of other countries shows that the potential for remote provision of medical services is very, very significant. For chronic conditions that do not require complex treatment and diagnostic manipulations, or regular review and adaptation of the treatment regimen, this approach allows patients to minimize contacts with medical institutions when receiving ART or PrEP. This method is less resource-intensive than traditional medical services, which reduces the burden on medical institutions and provides assistance in a situation when a patient cannot get an appointment. With further development and integration with the eHealth system, a significant part of planned medical services can be converted to teleformat.

In addition, remote counseling by medical specialists works well with hard-to-reach key populations (for example, consulting a surgeon about vein health for people who use injecting drugs).

WHAT SHOULD BE EXPECTED, AND WHAT SHOULD ABSOLUTELY NOT BE DONE

Do: compile a schedule of medical consultants, streamline work on the platform, introduce an electronic registration system and personal accounts for patients, where their medical history will be stored. This will make it easier to see a doctor for repeated and subsequent visits. Provide a chatbot that helps the patient to choose the right specialist.

Do not: provide the personal phone number/e-mail of the doctor.

WHO TO CONSULT WITH

ICF “Alliance for Public Health”, HealthLink project

<https://help24.org.ua>