THPED376

Interactive Voice Response (IVR) HIV Intervention for Key Populations in Cambodia

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BACKGROUND

Physical outreach has been the main prevention approach to reaching key populations (KPs) in HIV programs, but it is often costly and limited in its capacity to reach geographically dispersed, criminalized, stigmatized, or otherwise "hidden" KPs. In light of the challenges associated with reaching all KPs via physical outreach, different technological approaches should be considered to fill the gap. Currently, the use of mobile and Internet technologies is a promising approach for young, tech-savvy users with Internet access. However, conducting virtual outreach among KP individuals with low literacy or limited social media or Internet access remains challenging. The use of telephone-based interactive voice response (IVR) systems may help overcome these barriers by supporting keypad-based interactions that require no advanced knowledge on the part of end users and can be accessed from virtually any location by mobile phone. By extending access, IVR-based interventions can expand the reach and improve the effectiveness of HIV response. The system described here provides KPs with HIV-related information, counseling, and requested services/ medication reminders, according to their preferences.

PROCESS

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project and the Flagship Project, both funded by USAID and PEPFAR, provided technical support for both the technology and content used in this IVR approach. A four-digit call number (1295) that was easy to remember and free of charge was linked to the Verboice system, a free and open-source IVR. The hotline was promoted through leaflets and social media targeting KPs. Via a self-guided menu, callers could select content tailored for different KP groups that was based on USAID-branded programs from a previous HIV project in Cambodia: SMARTgirl was for female entertainment workers (FEWs), MStyle was for men who have sex with men (MSM), and SreySros was for transgender (trans) women. Once callers selected a program most relevant to them, a variety of services were made available, including health information communicated through quizzes and short messages; edutainment using mini-dramas, songs, and testimonials; and online live counseling. The system also provided an option for callers to register to receive monthly HIV-related voice message reminders (**Figure 1**).

Figure 1. IVR diagram

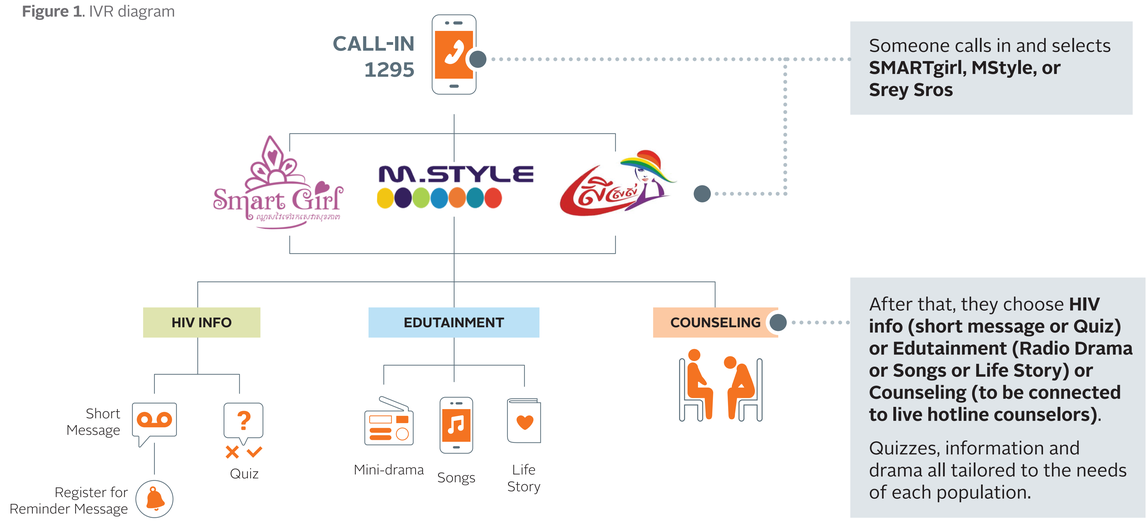
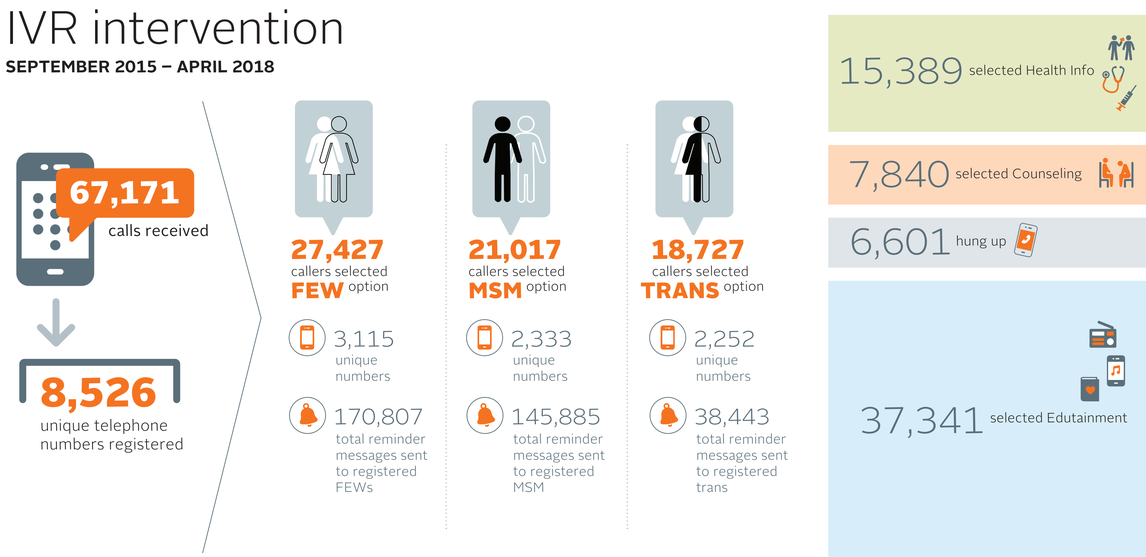


Figure 2. IVR intervention results



FINDINGS

From September 2015 through April 2018, 67,171 calls were received from 8,526 unique registered telephone numbers. These included 27,427 (40.83%) calls from 3,115 unique phone numbers whose users opted to receive content relevant to FEWs; 21,017 (31.29%) calls made from 2,333 unique phone numbers whose users selected content relevant to MSM, and 18,727 (27.88%) calls from 2,252 unique phone numbers whose users selected content relevant to trans people. Edutainment was the most popular service selected, accessed 37,341 times, or during 55.59% of the total calls. Approximately 15,389 users (22.91%) chose health information, and online counseling was accessed by 7,840 users (11.67%). For a total of 6,601 calls (9.83%), users hung up without selecting any available options. In addition, during the same period, 170,807 reminder messages for HIV counseling and testing, Test and Treat, and family planning and HIV integration (for FEWs) were sent to numbers registered under the FEW option; 145,885 for MSM; and, 38,443 for trans people (**Figure 2**).

CONCLUSIONS

IVR systems are a viable approach to provide KPs with essential HIV-related information and to bridge the digital divide. However, when adopting IVR, it is also essential to establish online-to-offline referral systems to facilitate and document the connections to HIV testing and treatment services needed to accelerate control of the epidemic.

AFFILIATIONS

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