Accelerating Support to Advanced Local Partners (ASAP) 2021 Webinar

USAID HIV TESTING SERVICES (HTS)

May 20, 2021
USAID/OHA HTS Team
Blessing Falade, Chelsea Douglas, Jessica Rose & Liz Manfredini
MEET THE OHA HTS TEAM!

You can reach the entire team at htsteam@usaid.gov

13 individuals across OHA

- 3 FTE HTS Advisors - 5 Individuals supporting OUs
- Collaborate with Missions, IPs, the interagency and other orgs (ie WHO, etc)
- Liaise with pediatrics, ‘finding men’, recency, etc

SI, SCH, EA all represented

<table>
<thead>
<tr>
<th>Countries</th>
<th>HTS POCs</th>
<th>Email</th>
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<tbody>
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<td>Angola</td>
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<td><a href="mailto:chdouglas@usaid.gov">chdouglas@usaid.gov</a></td>
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<td>Rwanda</td>
<td>HTS is CDC Only; no USAID HTS</td>
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<td>South Africa</td>
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</table>
Session Agenda

- HTS FY21 Q1 Highlights
- HIV Self-Testing
- Safe and Ethical Index Testing
- Best Practices for Data Sharing
- Local Partner Highlights & Best Practices
HTS
FY21 Q1
HIGHLIGHTS
Meeting Testing Targets

Globally, USAID at 31% for TST and 23% for TST_POS in FY21Q1. HTS_SELF achieved 21%.

- 24 OUs (TST) and 19 OUs (POS) are on or close to target
- Overall underperformance (TST & TST_POS <15%) in 3 OUs (Côte d’Ivoire, Ethiopia, Western Hem)
- Underdiagnosing (TST_POS < TST%) in 5 OUs
- 12 OUs currently overtesting
- 15 OUs are on or close to target for HTS_SELF

Note that USAID Global testing targets fell 34% (496K) from FY20 to FY21

<table>
<thead>
<tr>
<th>Country</th>
<th>HTS_TST</th>
<th>HTS_TST_POS</th>
<th>HTS_SELF</th>
</tr>
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<tbody>
<tr>
<td>Angola</td>
<td>48%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Asia Region</td>
<td>114%</td>
<td>28%</td>
<td>33%</td>
</tr>
<tr>
<td>Botswana</td>
<td>21%</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Burundi</td>
<td>36%</td>
<td>39%</td>
<td>13%</td>
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<tr>
<td>Cameroon</td>
<td>30%</td>
<td>46%</td>
<td>21%</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>13%</td>
<td>13%</td>
<td>49%</td>
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<tr>
<td>DRC</td>
<td>19%</td>
<td>30%</td>
<td>47%</td>
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<tr>
<td>Dominican Republic</td>
<td>38%</td>
<td>27%</td>
<td></td>
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<tr>
<td>Eswatini</td>
<td>49%</td>
<td>42%</td>
<td>4%</td>
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<tr>
<td>Ethiopia</td>
<td>13%</td>
<td>8%</td>
<td>21%</td>
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<tr>
<td>Haiti</td>
<td>56%</td>
<td>94%</td>
<td>123%</td>
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<td>23%</td>
<td>15%</td>
<td>7%</td>
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<td>22%</td>
<td>44%</td>
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<td>23%</td>
<td>59%</td>
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<td>13%</td>
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<tr>
<td>Namibia</td>
<td>18%</td>
<td>75%</td>
<td></td>
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<tr>
<td>Nigeria</td>
<td>39%</td>
<td>76%</td>
<td>3%</td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>South Africa</td>
<td>25%</td>
<td>17%</td>
<td>17%</td>
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<tr>
<td>South Sudan</td>
<td>16%</td>
<td>11%</td>
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<tr>
<td>Tanzania</td>
<td>25%</td>
<td>18%</td>
<td>9%</td>
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<tr>
<td>Vietnam</td>
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<td>33%</td>
<td>63%</td>
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<td>West Africa Region</td>
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<td>22%</td>
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<td>Western Hemisphere</td>
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<td>5%</td>
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<td>Zambia</td>
<td>35%</td>
<td>27%</td>
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<tr>
<td>Zimbabwe</td>
<td>46%</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>31%</td>
<td>23%</td>
<td>21%</td>
</tr>
</tbody>
</table>

FY21 Percent Achievement USAID
Other PITC Continues to be Modality w/ Most Testing...

Followed closely by PMTCT ANC, Community Mobile and VCT
...Other PITC Continues to be Driver of Case Finding

Followed closely by Community Mobile, Index (Facility), Index (Community) and VCT
USAID at **14%** for HTS via INDEX MODALITY

**INDEX TESTING CASCADE**

- **314,904** PVLS unsuppressed
- **222,398** HTS POS
- **308,878** Index Offered
- **253,993** Index Accepted
- **379,526** Index Contacts
- **41,495** Agreed to Testing

<table>
<thead>
<tr>
<th>Event</th>
<th>Value</th>
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<tr>
<td>Eligible to Offered (POS &amp; Unsuppressed)</td>
<td>58%</td>
</tr>
<tr>
<td>Eligible to Offered (HTS POS Only)</td>
<td>139%</td>
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<tr>
<td>Offered to Accepted</td>
<td>82%</td>
</tr>
<tr>
<td>Accepted to Contacts</td>
<td>1.5</td>
</tr>
<tr>
<td>Contacts to Agreed to Testing</td>
<td>81%</td>
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<tr>
<td>Index Positivity</td>
<td>20%</td>
</tr>
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</table>

**Index Testing Metrics Update:** Please note that OGAC has removed the previous benchmarks that applied across the index testing cascade (i.e. the 1.5 contacts listed per index, 80% offered to accepted, and 80% contacts listed to tested) from the MER Guidance, the COP Guidance and the index testing tools found on the PEPFAR Sharepoint.

**25%** of HTS_POS coming from index testing.
Community Index Testing More Effective Against Metrics
Q & A Break
Self Testing (HIVST)
USAID at 23% for HTS_SELF

### FY21 TARGET ACHIEVEMENT by Operating Unit

<table>
<thead>
<tr>
<th>Country</th>
<th>HTS_SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>86%</td>
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<tr>
<td>DRC</td>
<td>93%</td>
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<tr>
<td>Lesotho</td>
<td>62%</td>
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<tr>
<td>Vietnam</td>
<td>47%</td>
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<tr>
<td>Western He.</td>
<td>45%</td>
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<tr>
<td>Malawi</td>
<td>44%</td>
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<tr>
<td>Cote d’Ivoire</td>
<td>43%</td>
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<tr>
<td>Zimbabwe</td>
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<td>Nigeria</td>
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<tr>
<td>Grand Total</td>
<td>19%</td>
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- HIVSTs were most commonly unassisted (53%, 251,715)
- For optional reporting: Unassisted HIVSTs were distributed to sex partners (39%), self (45%) and other users (16%)
- FSWs (62.2%) were the most frequent recipients of KP distribution, followed by MSM (33.4%), PWID (2.3%), TG (1.7%) and people in enclosed spaces (0.3%)

**15 OUs are on or close to target for HIVST.**
USAID’s scale-up of HIV self-testing has continued, offering clients a safe way to access HIV testing, particularly during COVID-19 epidemic.

In Q1, 479,369 kits were distributed compared to 185,926 in Q1 last year.

HIVST was the only modality to not see declines overall during COVID lock-downs.
HIVST Minimum Core Package Framework

Must include HIVST kit plan, HIVST programming components, distribution strategy for target populations; M+E to show outcomes.

**HIV Self-Test Kits**
- Volume Forecasting
- Funding or clarity on where kits are coming from (GF etc)
- Procurement
- Assay choice
- Blood vs Oral Fluid
- Ensure Commodities at correct price point

**HIVST Programming**
- HIVST Communications
- Community vs. Facility Testing
- Unassisted vs. Assisted
- Primary vs. Secondary Distribution

**Target Populations and Gaps**
- MEN
- MSM
- FSWs
- TG
- PWID
- Private Sector
- Sexual Partners of PLHIV
- Social Networks
- Higher burden/vol facilities w/ low testing coverage

**HIVST Country Policies - Above Site Gaps**
- Distribution and Use
- Policies in Development
- No HIVST policy yet in place?
- HIVST Kits approved for use? Protocols Established?

**HIVST Outcomes**
- How are we measuring outcomes?
  - Strong Linkage
  - MER 2.4 + DISAGGGS!
  - Evaluations
  - Intake Questions
  - Increased diagnosis rates in target pops?
  - Increased tx uptake in target pops?
### HIVST products with WHO PQ

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Type</th>
<th>Approval</th>
</tr>
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<tbody>
<tr>
<td>Mylan HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>INSTI® HIV Self Test **</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(bioLytical Lab., Canada)</td>
<td></td>
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</tr>
<tr>
<td>OraQuick® HIV Self Test</td>
<td>Oral</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
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<td></td>
</tr>
<tr>
<td>SURE CHECK® HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
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<tr>
<td>(Chembio Diagnostic Systems Inc.,</td>
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<tr>
<td>USA)</td>
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- **Policy/commodities**

  - **Improvements happening:**
    - Diversification to blood based assays in COP21
    - Unitaid & PSI agreement w/ Viatris for $1.99 for Mylan HIV Self Test

- **HIVST pricing:**
  - US$1.99-3.10 - though prices increase based on local distributor costs or if procuring through an IP

- More information available from the GHSC-RTK team.
Q & A Break
Safe and Ethical Index Testing
Ensure Safe and Ethical Index Testing

Please see the [PEPFAR Safe and Ethical Index Testing Guidance](#) for a full training on providing Safe and Ethical index testing services and conducting an Intimate Partner Violence Risk assessment (IPV)
Safe and Ethical Index Testing Services

- All HIV testing services, including index testing, must meet WHO’s 5C standards: consent, counseling, confidentiality, correct test results, and connection to HIV prevention, care and treatment services.
- Index testing is a completely voluntary service offered to people living with HIV to assist them with getting their partner(s) and child(ren) tested for HIV. They are free to accept or decline this service.
- Index testing should be client-centered and focused on the needs and safety of the index client and his or her partner(s) and children.
- All recently testing HIV-positive or with recent unsuppressed viral loads must be provided with all available HIV prevention, care and treatment services, regardless of their decision to participate in partner notification services.
- Services MAY NEVER be withheld from clients and clients MAY NEVER be pressured into disclosing the names and contact information of their partner(s).

Source: PEPFAR Guidance for Implementing Safe and Ethical Index Testing Standards
Q & A Break
Best Practices for Data Sharing
# Principles in Data Sharing

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<tr>
<th>Step</th>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>IS THERE A NEED TO KNOW?</strong></td>
<td>- Is the requested data necessary for the organization to perform their work?</td>
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<tr>
<td></td>
<td></td>
<td>- If yes, proceed to next question. If no, stop.</td>
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<tr>
<td>2.</td>
<td><strong>WHAT DATA DO THEY NEED?</strong></td>
<td>- Be as specific as possible when:</td>
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<td></td>
<td></td>
<td>○ Describing what requestor needs</td>
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<td></td>
<td>○ What authority you have to share</td>
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<td></td>
<td></td>
<td>○ For what purpose</td>
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<td>3.</td>
<td><strong>HOW WILL THE RAW DATA &amp; OUTPUTS BE USED?</strong></td>
<td>- What is the intended use of the data?</td>
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<tr>
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<td></td>
<td>- Who is the audience?</td>
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<td></td>
<td>- Concerns over disclosing sensitive details?</td>
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<td></td>
<td></td>
<td>- Specific strategies to mitigate risks of data misuse?</td>
</tr>
<tr>
<td>4.</td>
<td><strong>CLEARANCE ON PUBLIC FACING PRODUCTS USING THE DATA SHARED</strong></td>
<td>- Output products that use data require clearance by respective data owners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If ownership is co-mingled, all owners must clear.</td>
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</table>
Get Agreements in Writing

Non-disclosure agreements must be signed by each person who will receive or use the data in question.

Data sharing agreements must be developed and signed by the owner of the data and the data requestor. The document must explicitly address the following aspects of sharing:

- Justification for sharing (aka “need to know”)
- The scope and granularity of the data to be shared
- What the data will be used for and who outputs will be shared with
- Restrictions & limitations on use of the data
Q & A Break
Local Partner Highlights & Best Practices
USAID HIV Prevention, Testing and Treatment Services for Key Populations – Amhara Region/Ethiopia

Beza Posterity Development Organization (BPDO)
FY21 Semi-Annual HTS Modality Report

May 20, 2021
Presented by: Israel Lemma
Chief of Party
Project Profile

- **Project Name:** HIV Prevention, Testing and Treatment Services for Key Populations – Amhara Region
- **Donor:** USAID
- **Project Period:** August 12, 2020 through August 11, 2023.
- **Implementation Sites:** 117 SNUs of Amhara Region, Ethiopia
- **Target Groups (Beneficiaries):** Key and priority populations
USAID Amhara KP Activity, ICT/PNS Cascade, October 2020-March 2021

- ICT offered: 2,454
- ICT accepted: 2,374
- Contacts elicited: 10,344
- Contacts tested: 7,533
- Linkage: 1,439

Yield 17%

Legend:
- Positive
- Known Postive
- Negative
- Not Tested
# USAID Amhara KP Activity, ICT/PNS Best Performing Sites, October 2020-March 2021

<table>
<thead>
<tr>
<th>Site Name</th>
<th>HTS INDEX</th>
<th>HTS INDEX POS</th>
<th>Yield (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dessie DIC</td>
<td>193</td>
<td>79</td>
<td>40.9%</td>
</tr>
<tr>
<td>Gondar DIC</td>
<td>241</td>
<td>72</td>
<td>29.9%</td>
</tr>
<tr>
<td>Debre Markos DIC</td>
<td>270</td>
<td>67</td>
<td>24.8%</td>
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<tr>
<td>Shewa Robit DIC</td>
<td>193</td>
<td>41</td>
<td>21.2%</td>
</tr>
<tr>
<td>Metema DIC</td>
<td>224</td>
<td>47</td>
<td>21.0%</td>
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<tr>
<td>Bahir Dar Liyu DIC</td>
<td>466</td>
<td>93</td>
<td>20.0%</td>
</tr>
</tbody>
</table>
Lessons Learned: ICT/PNS modality

- Fidelity to ICT/PNS microplanning tool and SOP
  - Safe and ethical ICT, 5 C’s and IPV
- Continuous engagement with index client result in more contact elicitation (1:4 ratio); contact elicitation never be a one time effort
- Adherence support groups play a key role in convincing index cases and sexual networks to come for HTS-INDEX
- ICT/PNS is culturally challenging, ICT lead providers are selected based on their commitment, diligence and communication skills.
- ICT requires teamwork
- ICT requires a supportive environment
  - Site level TA and mentorship to support the microplanning process
  - Provide adequate logistical support
ICT Corner in the DICs as a hub for ICT/PNS follow up
Thank You!
Q & A Break
Improving Efficiencies in HIV Testing Services for Key Populations in Malawi

LEAP/MALAWI
Presentation Outline

• Key Population Context in Malawi
• LEAP Activity Overview
• HIV Cascade Framework
• Service Delivery Models
• Best Practices in HIV Testing
• Acknowledgements
Key Population Context in Malawi

- Very high burden of HIV among KPs in Malawi
  - HIV prevalence among FSW – 62.7%
  - 17.5% among MSM
  - 8.8% among GP

- KP and partners account for high proportions of new HIV infections

- Poor access to HIV prevention, care and treatment services due to stigma & legal environment

- HIV testing services offers an opportunity to link KP to prevention and treatment services

- Critical need to implement innovative HIV testing strategies to reach the hard to reach populations and at the same time avoiding over-testing
LEAP Activity Overview

• Between July 2015 and September 2019, Pakachere was a sub-recipient to FHI 360 under the USAID/PEPFAR funded-LINKAGES project but transitioned to Local Endeavors for HIV/AIDS Prevention and Treatment (LEAP) in October 2019.

• The activity builds on the success and legacy of LINKAGES

• LEAP aims to improve access to and uptake of HIV prevention, care and treatment services amongst female sex workers (FSWs), most-at-risk adolescent girls and young women (AGYW) and their social and sexual networks

• It is being implemented in 4 districts in Malawi; Lilongwe, Blantyre, Mzimba & Mangochi
HIV Continuum of Prevention, Care, and Treatment Cascade for Key Populations

- Human rights, supportive laws, zero tolerance for violence

Continuous re-engagement with HIV-negative KPs on regular HIV testing and combination prevention, including access to condoms, lubricants, needles/syringes, and PrEP

Earliest access and adherence to ART for HIV-positive KPs upon HIV diagnosis and in support of treatment as prevention

Community mobilization and engagement

Source: FHI 360 EpiC
Core Service Package

- Peer education, risk assessment, counseling, risk reduction planning
- HIV Testing Services (HTS), including Index case Testing
- PrEP, ART and Viral Load services
- GBV: Screening & Post-GBV Services (clinical and legal through referral and linkage)
- Promotion of HTS for partners/clients
- Condom & lubricants distribution; promotion of use
- Sexually Transmitted Infection (STI) syndromic management and referrals
- Cervical Cancer Screening and Referrals
- Family planning education, counseling, screening for pregnancy risk, and provision of short-acting methods, including emergency contraceptives, and referral for long-acting and permanent methods.
- TB screening and referral
Best Practices: How are we improving HIV Testing efficiency among KPs?

• Tailoring HTS to the needs of key populations through differentiated service delivery for HIV testing
• Use of peer cadres to enhance active referrals for HIV testing services
• Use of HIV testing screening tool
• Optimizing HIV self-testing and index testing
• Implementation of innovating testing strategies, including Enhanced Peer Outreach Approaches (EPOA) & Risk Network Referrals (RNR)
• Targeted and data-driven planning for HTS
How are we improving HIV Testing efficiency among KPs?
Tailoring HTS Service Delivery to Key Population Needs

- Drop in Centers
- Outreach Clinics
- Referral to Public Facilities

HIV Testing Modalities
- Voluntary Counselling and Testing (VCT)
- Index Case Testing Services
- HIV Self-testing
Use of peer cadres to enhance active referrals for HIV testing services

Strategy:
1. Peer Educators reached FSWs with HIV testing messages
2. They made referral for all FSWs with unknown HIV test/with a possible risky exposure
3. They escorted FSWs in need of HIV testing to DICs for testing
4. 94% of all that were Eligible for HTS were tested
5. From the total tested, 2,599 FSWs were successfully referred by PE for HIV testing with 446 FSW diagnosed positive among those referred
Use of HIV Testing screening tool improved case detection

- High testing numbers from OCT_FEB FY21
  - Lower case detection of up 15%
- In March FY21
  - Optimized use of HTS screening Tool
  - Scaled up HIVST
  - Lowest HTS_TST numbers
  - Higher case detection of up to 34%
HIV Testing: Optimization of HIVST in March FY21

- Low HIVST conducted from OCT_FEB FY21
- In March FY21
  - Scaled up HIVST
  - Higher % (7%) of those screened positive as a result of targeting and use of data
Innovative HIV Testing Strategies

**High case detection in FY20Q4 after implementation of activities related to RNR**

- High-risk KP were requested if they would get referral slip for HTS for their peers (of similar risk characters)
- Outreach Workers followed up on referrals made
- Strategy helped to break into hard to reach networks e.g. home based
Acknowledgement

- Ministry of Health & District Health Offices
- FHI 360 EpIC- Our Technical Assistance Partner
Q & A Break
Turkana Community Integrated Health Service Delivery: Enhancing ART Uptake through Innovative HTS

Activity Dates: August – Nov 2020
Location of Turkana County: Kenya, East Africa

Turkana County
Key Rationale: Increase ART coverage

- **Slow growth** of ART treatment coverage; 34% of PLHIV on ART of 23,000 PLHIV
  - Urgency to identify and link infected persons for ART treatment services

- **Vastness of the region**, long distance to facilities of (~31 Miles) coupled with a highly mobile communities
  - hence need for a tailored community ART models for those identified

- **Poor healthcare seeking behavior** especially among men.
Methodology: Approaches & Steps

- MOH-led activity that engaged leadership at all levels for ownership and sustainability
- Household level screening and linkage for services
- Utilization of community strategy and local administration to mobilize households
- Continuous monitoring of activity implementation for quick learning and improvement of processes
- Preceded by training and deployment of HTS to conduct screening and provision of HTS
- Integrated health service approach to enhance service uptake and reduce stigma

Consensus on approaches County MOH team

Planning with Sub-county Ward Teams

Sensitization of Ward: Ward Admin, Chief, CHEWs, Chiefs

Community entry: Elders, CHVs, Asst. Chiefs,
Community Health Integrated Approach Defined

• Screening and provision of related health services to household level from a wider perspective: HIV Testing and linkage to care, TB screening, pregnancy screening and linkage for ANC, immunization status, circumcision status of men, priority population and linkage of population for appropriate health services.

• Integrated approach aimed to:
  – Reduce HIV-related stigma among households particularly among men
  – Improve overall health service delivery to households from increased number of referrals and service uptake
  – Avail services closer to the people because of huge distances to health facilities
Selection of Community Units

- Turkana County has 146 Community Units
- Focus on the 4 Community units (Kalokol, Namukuse, Longech & Kalimapus) in Turkana Central Sub-county Hotspots:
  - *Fishing/fisher folk population & priority population* - with both mobile and static population
  - *Fishing and business activities around Kalokol CHU*
  - *High population density*
Household Screening Coverage Per Unit: Sept – Nov 2020

- **Kalimapus**: 783 total HH, 460 HH reached, 59% coverage.
- **Kalokol**: 3255 total HH, 1789 HH reached, 55% coverage.
- **Longech**: 1180 total HH, 937 HH reached, 80% coverage.
- **Namukuse**: 1565 total HH, 907 HH reached, 58% coverage.

Legend:
- Blue: Total HH
- Red: HH reached
- Green: HH Coverage
Community Health Services Uptake: Sept – Nov 2020

- Priority Population: 802
- TB Services: 69
- Immunization: 186
- ANC services: 99
- VMMC: 183
- HIV Referrals: 179
- BTC: 46
HIV Positive Identification and Yield

- 57% of household members were screened and found eligible for HIV Testing
- Increased positivity to 2.4% from facility’s 0.9%
Activity Contribution to Total Positives – Turkana Central (Aug – Nov 2020)

- **35%** of total positives for the period were from the community activity
- They would not have been identified from the health facilities
- Total 34 community units
ART Treatment Coverage Trends in 3 Facilities: Mar 2020 –Nov 2020
Positivity by Testing History

- Those never tested had the highest positivity
ART Treatment trends from 2016 to Jan 2021
Lessons learnt

• Integrated health screening approach significantly enhances uptake of related health services
• Community approach significantly increases identification of positives resulting to increased ART coverage
• Entrench a system for community follow-up for those who were not reached
• MOH commitment and leadership is key for future implementation of community approach
• Engagement of leadership at all levels enhances acceptability of community health services
• CHVs and village elders are key stakeholders in determining the success of community activities
Recommendations

- **Hot spot community testing approach** is cost effective in identification and linkage of HIV infected persons in Turkana County context
- A proven strategy for **reaching men who are hard-to-reach** and those who have **never been tested**
- [AMPATH Screening and HTS Form V1.0- edited - Final.doc](#)
Field Experience
Q & A Break
QuickRes: Supporting online demand of HTS and Virtual Case Management
Background

- In Namibia lockdown restrictions have resulted in closure of hot spots, thereby impacting the routine delivery of HIV prevention and linkage to clinical services for Key Populations.

- To address gaps in service delivery during lockdown, QuickRes, a website online application was adapted to ensure continued delivery of HIV prevention interventions for key populations including linkage to antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP).

- QuickRes allows clients to book HIV services online and facility-based Case Managers to remotely monitor clients on ART and PrEP, provide phone-based support, track clients who are lost to follow-up, schedule and plan client refill appointments.

- QuickRes, was developed by fhi360 through Meeting targets and Maintaining Epidemic Control (EpiC) project. About 19 countries globally use QuickRes, including, Lesotho, Botswana and Malawi.
QuickRes Client Functions

- HIV and STI risk assessment
- Appointment booking (including HTS/STI testing)
- Client referral tool
- Live chat support
- COVID-19 self-screening
- SMS appointment reminders and follow-ups

QuickRes Provider Functions

- Clinic appointment management
- Reporting service provision
- Initiate WhatsApp chat/call with client
- Decentralized service referrals and tracking (DDD)
- Assign records to outreach and case manager staff
- Longitudinal ART and PrEP cohort tracking
- Track results from online campaigns and outreach
- Live data visualizations
- Send SMS blasts to client cohorts
- Programmable client notifications
How does QuickRes work?

1. quickres.org
2. Coastal Clinic
   - Services Offered: HIV self-testing, HIV testing, HIV treatment (ART), Viral load testing, Pre-Exposure Prophylaxis (PrEP), STI testing, STI treatment, Hep-C, Hep-B, TB, Post violence services, Family planning, Call me back, PEP.
   - Coastal Clinic Walvis Bay
   - Phone: 064 4106000
3. DRC Clinic
   - Services Offered: HIV self-testing, HIV testing, HIV treatment (ART), Viral load testing, Pre-Exposure Prophylaxis (PrEP), STI testing, STI treatment, Hep-C, Hep-B, TB, Post violence services, Family planning, Call me back, PEP.
   - DRC Clinic Erongo
4. Kuisebmond Clinic
   - Services Offered: HIV self-testing, HIV testing, HIV treatment (ART), Viral load testing, Pre-Exposure Prophylaxis (PrEP), STI testing, STI treatment, Hep-C, Hep-B, TB, Post violence services, Family planning, Call me back, PEP.
   - Kuisebmond Clinic Walvis Bay
5. Mondesa Clinic
   - Services Offered: HIV self-testing, HIV testing, HIV treatment (ART), Viral load testing, Pre-Exposure Prophylaxis (PrEP), STI testing, STI treatment, Hep-C, Hep-B, TB, Post violence services, Family planning, Call me back, PEP.
   - Mondesa Clinic Swakopmund
   - Date and Time Options:
     - Tuesday, 18 May 2021
       - Time Slots:
         - 01:15 PM
         - 01:30 PM
         - 01:45 PM
         - 02:00 PM
         - 02:15 PM
         - 02:30 PM
         - 02:45 PM
         - 03:00 PM
         - 03:15 PM
         - 03:30 PM
         - 03:45 PM
         - 04:00 PM
         - 04:15 PM
         - 04:30 PM
         - 04:45 PM
   - Wednesday, 19 May 2021
     - Time Slots:
       - 01:15 PM
       - 01:30 PM
       - 01:45 PM
       - 02:00 PM
       - 02:15 PM
       - 02:30 PM
       - 02:45 PM
       - 03:00 PM
       - 03:15 PM
       - 03:30 PM
       - 03:45 PM
       - 04:00 PM
       - 04:15 PM
       - 04:30 PM
       - 04:45 PM
How does QuickRes work?
Future benefits of QuickRes to KP-STAR

- Help to move away from paper-based case management to electronic case management.
- Improve efficiency in case management.
- Making data easily accessible and to ensure data security and client confidentiality.
- Extending the online application to MoHSS to get health workers on board, which can improve coordination of appointments at health facilities between health workers, clients and Case Managers.
- The online reservation helps and will continue to help with the decongestion in healthcare facilities and shortening the waiting time at the health facilities.
Thank you!
Q & A Break
THANK YOU FOR ATTENDING AND PARTICIPATING!

You can reach the entire team at htsteam@usaid.gov