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Innovations in HIV Testing

4th Annual USAID Global Health Local Partner Meeting

Moderator:

Kristina Bishop

Senior HIV Testing Services Advisor, USAID/HQ

SESSION OBJECTIVES

- Illustrate innovative strategies used by local partners in case finding and testing for HIV
- Share lessons learned that partners can consider if they want to adapt and replicate



Today's presenters

Nelson Mahulo, *Uganda Protestant Medical Bureau*

Leveraging Faith Community Initiatives (FCI) to optimize HIV services in Uganda: The experience of Uganda Protestant Medical Bureau.

Rachael Manyeki, *Baylor Malawi Tingathe Outreach*

Are we really over-testing? A QC evaluation of HIV testing eligibility in Malawi

Duece Nakhayo, *Fahari ya Jamii*

Effectiveness of "Red Carpet Services" in increasing facility-based uptake of HIV testing services and case identification among men in Kangemi, Nairobi, Kenya



Local Service Delivery for HIV and AIDS Activity (LSDA)

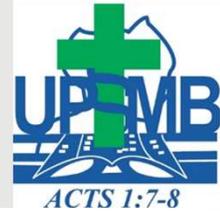
Leveraging Faith Community Initiatives (FCI) to optimize HIV services in Uganda: The experience of Uganda Protestant Medical Bureau.

Nelson Mahulo¹, Michael Mugweri¹, Rachel Kikansa¹, Edgar Tusubira¹, Hillary Alima¹, Brenda Nalwadda¹, Andrew Ogei¹, Robinah Takwaza¹, Johnson Masiko¹, Tonny Tumwesigye¹

¹- Uganda Protestant Medical Bureau, Kampala



USAID LOCAL SERVICE DELIVERY FOR HIV/AIDS ACTIVITY PROGRAM DESCRIPTION



Goal: To support the achievement of the Government of Uganda and PEPFAR goals of reaching and maintaining HIV epidemic control and ending AIDS by 2030 by providing managerial, financial and technical assistance to PNFPs including Faith Based and NGO Health Facilities, and CSOs.

• **Objectives:**

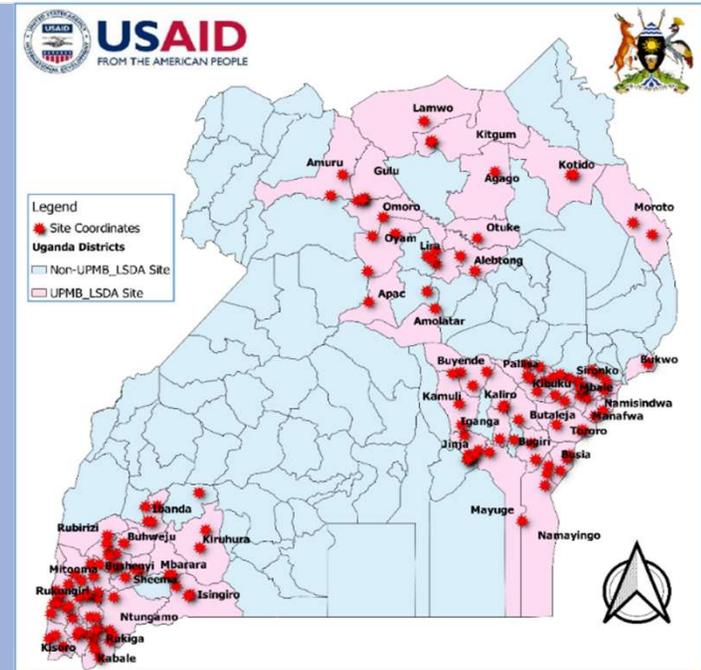
1. New HIV Infections prevented.
2. 95% of Target Populations Living with HIV know their HIV Status.
3. 95% of Target populations Living with HIV are on Treatment.
4. 95% of Target populations on Treatment Have Suppressed Viral Loads.
5. Select PNFPs have institutional capacity to sustain epidemic control & maintenance.

Coverage

- 57 districts
- 187 Health Facilities
- 34 Sub-granted Facilities
- 25 CSOs

Total Estimated cost
\$50,000,000

Life of Project/Timeline
12th August 2020-
11th August 2025





Background



- In Uganda only 80.9% of people living with HIV (PLHIV) aged 15 years and above know their HIV status (UPHIA, 2020).
- A growing proportion of PLHIV with unknown HIV status especially men feel healthy therefore not motivated to access a clinic for HIV testing or treatment until they experience symptoms. This has led to poorer health outcomes. Access to testing for children at risk of acquiring HIV equally remains sub optimal.
- Faith communities often have a deeply established and trusted community presence
- Uganda's population comprises 82% Christians and 14% Muslims (Population Census, 2014) who regularly attend religious services
- Therefore, robust faith structures can be effective venues for reaching many people
- Uganda Protestant Medical Bureau (UPMB), a not-for-profit faith-based Organization is leveraging faith structures to optimize HIV services.

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Preferred Christian Health Care Partner For Sustainable Services

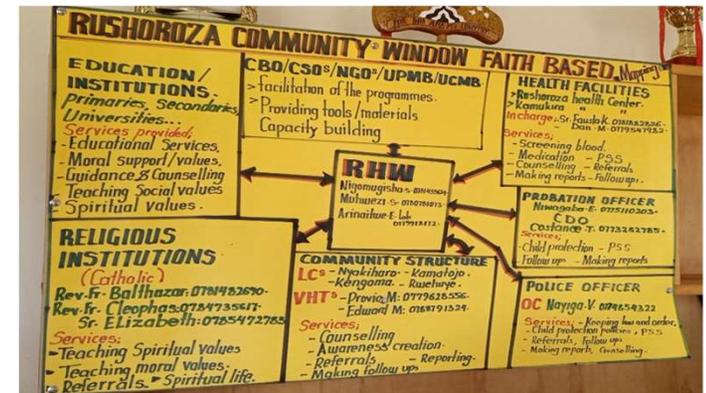
Methods



- 951 trained in basic HIV curriculum
- 45 health Windows (community health posts set up at places of worship) established in 24 districts across six regions of Uganda.
- Faith leaders provide basic HIV/AIDS education, mobilization, distributed HIV self-test (HIVST) kits and link individuals to health facilities.
- Routine Mentorship and support supervision of faith leaders
- Regional Coordination through WhatsApp groups
- Data captured in customized HIVST Kit distribution logs – later transferred to health facility register



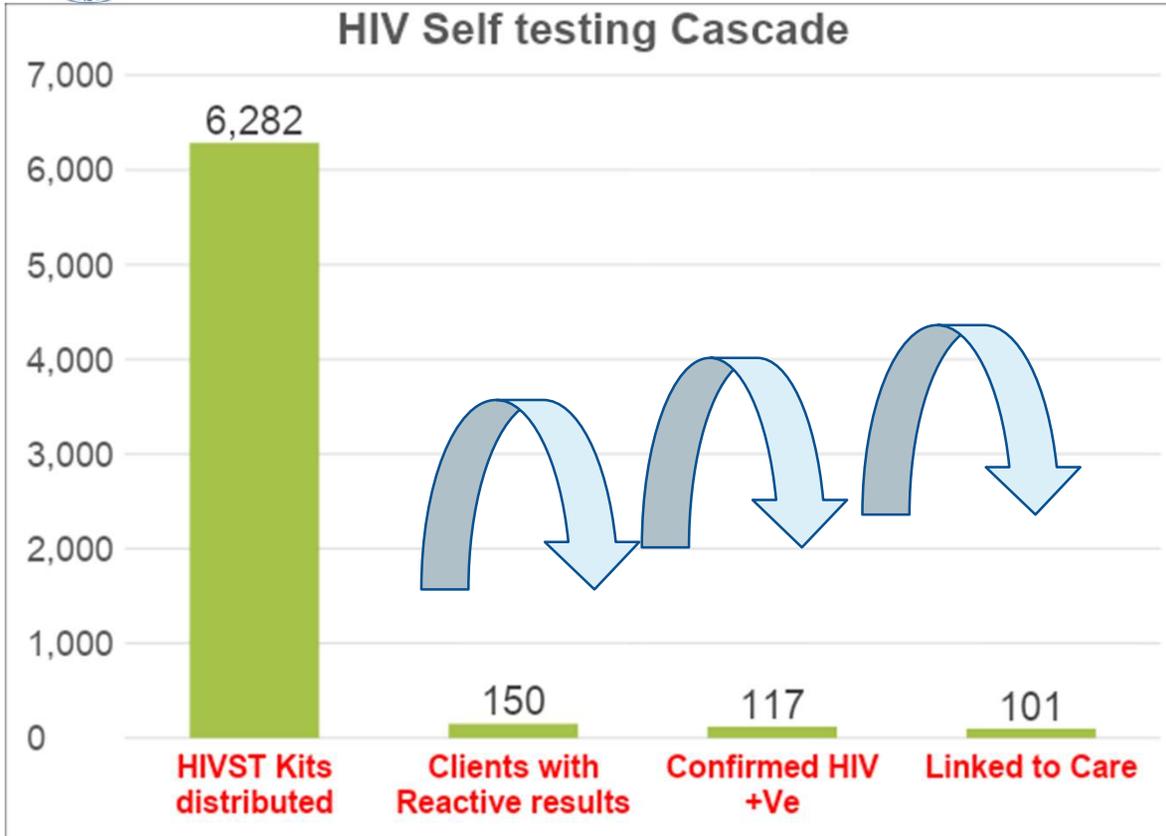
Demonstration of HIVST by Faith leaders



Rushoroza Health window referral map

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Results



- 4,741 individuals received HIV Messages of Hope
- 6,282 HIVST kits were distributed, 150 (2.3%) clients with reactive self-tests were identified and reported to health facilities for confirmatory testing
- 117 were confirmed HIV positive, 101 (86%) were linked to health facilities and initiated on antiretroviral therapy (ART)
- FCI Contributed 117/266 (44%) of all new HIV positive individuals identified through HIVST and 6,282/27,174 (23%) of total HIV self-test kits distributed.

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Lessons learnt



- Church-led interventions can aid in reaching individuals who rarely interact with the healthcare system.
- Health Windows can serve as advocacy and support platforms for HIV services.
- Targeted distribution of HIVST kits by faith leaders is effective and should be scaled up

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Preferred Christian Health Care Partner For Sustainable Services



USAID Local Partners Meeting, November 2022

Are we really over-testing?

A QC evaluation of HIV testing eligibility in Malawi

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2. Baylor College of Medicine – Children's Foundation Malawi (BCM – CFM), Lilongwe, Malawi



- 
- No conflicts of interest to disclose

Introduction

- HIV testing allows people at risk of HIV infection to
 - Make decisions about their risk behaviors
 - Access HIV prevention services
 - Access HIV treatment services
- Concerns about ‘overtesting’ have created pressure to reduce HIV testing volumes, however **documenting and quantifying unnecessary testing has not been done.**

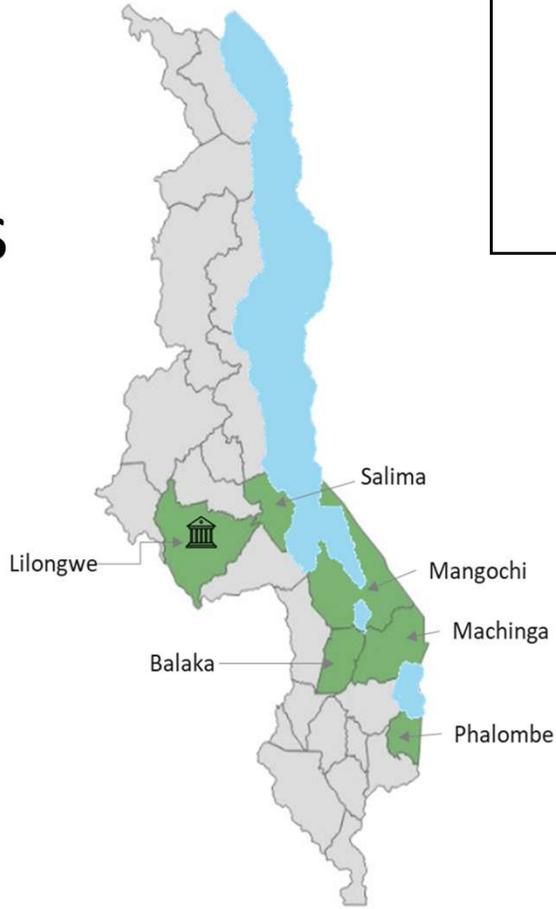
Intervention

- We conducted a **quality control (CQI) exercise** to assess the reasons clients seek HIV testing and to clarify if any inappropriate HIV testing was taking place
- All sites assessed are supported by Baylor Malawi Tingathe Outreach program
- HIV testing and counselling provided by lay HIV Testing counsellors



Methods

5 high-volume health facilities in 5 districts in Malawi



710 clients queried about reasons for testing

1 week
(Feb 28-Mar 4 2022)

Clients' reasons for accessing testing were grouped and assessed

Inappropriate Testing

- People already known to be living with HIV and taking ART
- People who had received a recent negative HIV test
 - HIV- within the past month
 - No new HIV exposure
 - not enough time elapsed to recommend retest
- No HIV exposure

Appropriate Testing

- People who had previously tested HIV negative with a new exposure
- People seeking VCT for any reason
- Confirmation of positive HIV self-test
- Referral for HIV testing from a health worker, partner, or other
- Medical indication for PITC

Results

710 persons accessing
HTS



M 37%



W

63%

Mean age 30y (13-70y)

Most clients came on their own for HIV testing services

Referral Source	Frequency (%)
Voluntary counselling and testing (VCT)	469 (66.1%)
A health worker referred me	231 (32.5%)
Someone else referred me	10 (1.4%)

10 of the people referred for HTS by health workers were HIV+ on further screening and identified as inappropriate referrals

Top Reasons for seeking HTS services

HTS reason	Frequency	percent
I just want to know my HIV status	330	46.5%
I have been sick too much	151	21.3%
I don't know, I was just sent to have this test	60	8.5%
I have a sexually transmitted infection	49	6.9%
My partner's HIV status is unknown, so I get tested regularly	33	4.6%
I had unprotected sex with someone I don't know much about or someone who is HIV positive	25	3.5%
My partner is HIV positive, so I get tested regularly	19	2.7%

98% of people presented with appropriate reasons for testing

- 89% of people had previously tested for HIV
 - Men (16%) were more likely to be tested for the first time than women (8%)
- Only **10** people presented with unnecessary reasons for testing
 - All had previously received an HIV+ diagnosis

Conclusions

- **98%** of people accessing HIV testing during the QI period presented appropriate reasons for testing under current Malawi HIV Testing Services guidelines
- If a reduction in HIV testing volumes is desired, changes to HIV testing eligibility in national guidelines will need to be made

ACKNOWLEDGEMENTS

- People in care at our supported facilities
- Tingathe Program Team
- Malawi Ministry of Health
- USAID
- 2022 Local Partner Meeting Organizing Committee
- Baylor College of Medicine Children's Foundation Malawi staff

Zikomo

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Effectiveness of "Red Carpet Services" in increasing facility-based uptake of HIV testing services and case identification among men in Kangemi, Nairobi, Kenya

**Presenter: Duece Nakhayo Malava
14th November 2022**

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USAID FAHARI YA JAMII

GOAL

1

To improve county-level institutional capacity and health service delivery

PROJECT PURPOSE

2

To increase the equitable access and use of quality county-led health services in Nairobi and Kajiado Counties

BACKGROUND

Kangemi HC is situated in Westlands Sub County, Nairobi County

Services offered: Outpatient, MCH, HIV testing, Comprehensive care clinics, special clinics, maternity services

Retrospective program data on HIV testing from October 2021 to December 2021 shows:

- *Uptake of facility-based HIV testing for males is low at 31% compared to females at 69%.*

Attributed to:

- *Busy schedules among men hence no time to access services*
- *the lack of male-friendly spaces in facilities hence the need for a different approach.*

CHANGE IDEA: RED CARPET SERVICES

Objective: to increase HIV case identification among men.

Method:

- *Introduction of a fast-track (no queueing) approach for men accessing services at all SDPs:*

eligibility screening desk, OPD, ANC and counselling & testing rooms

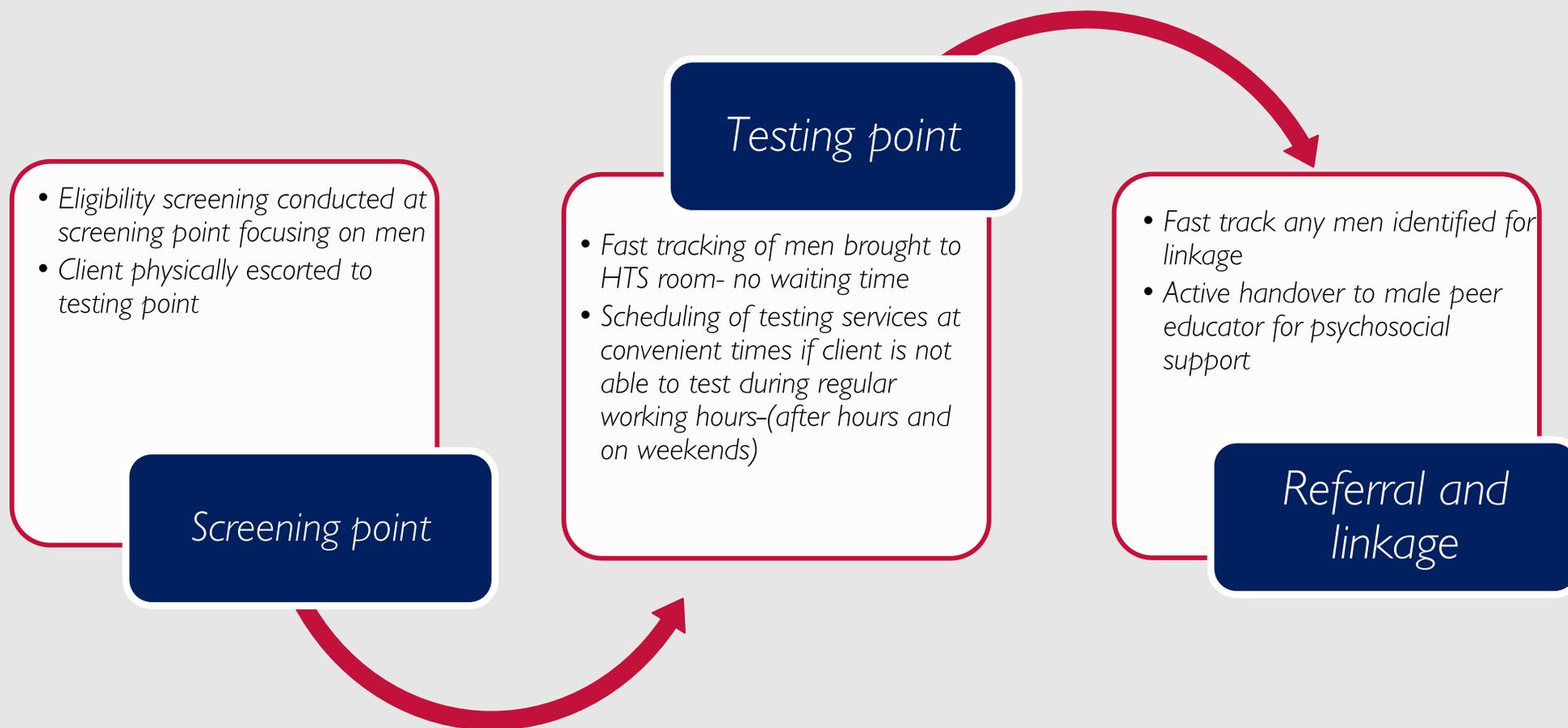
- Screeners actively approached men at the different SDPs and offered testing services

- *Scheduling of convenient testing appointments for those unavailable to test during regular working hours, including evenings and weekends*
- *Daily health talks at all service delivery points to sensitize patients on the benefits of male testing and participation in family health matters*
- *Assigning of male peer educators for provision of continuous psychosocial support to newly identified males*

Implementation period

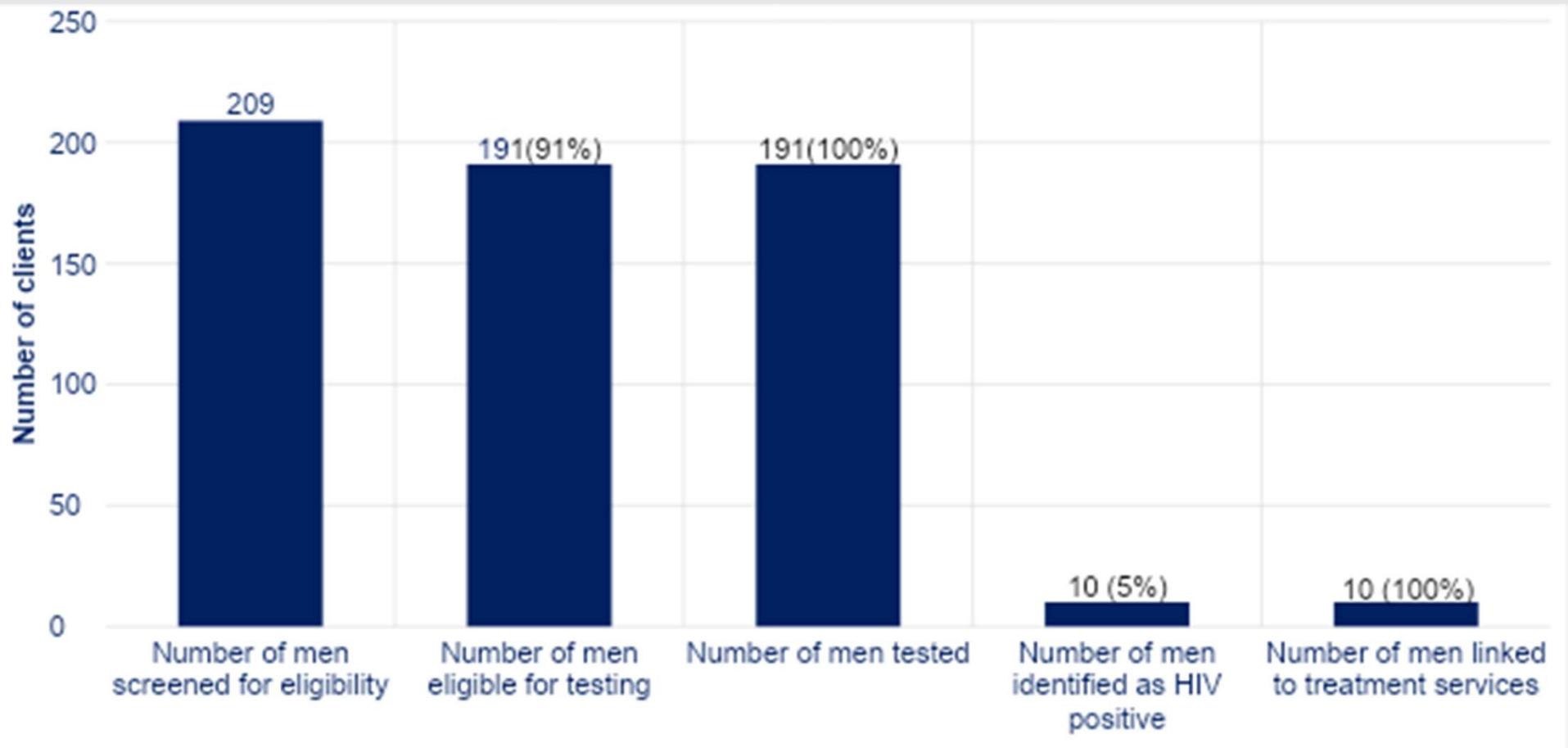
- *From Mid February to end of May 2022*

RED CARPET TREATMENT PROCESS

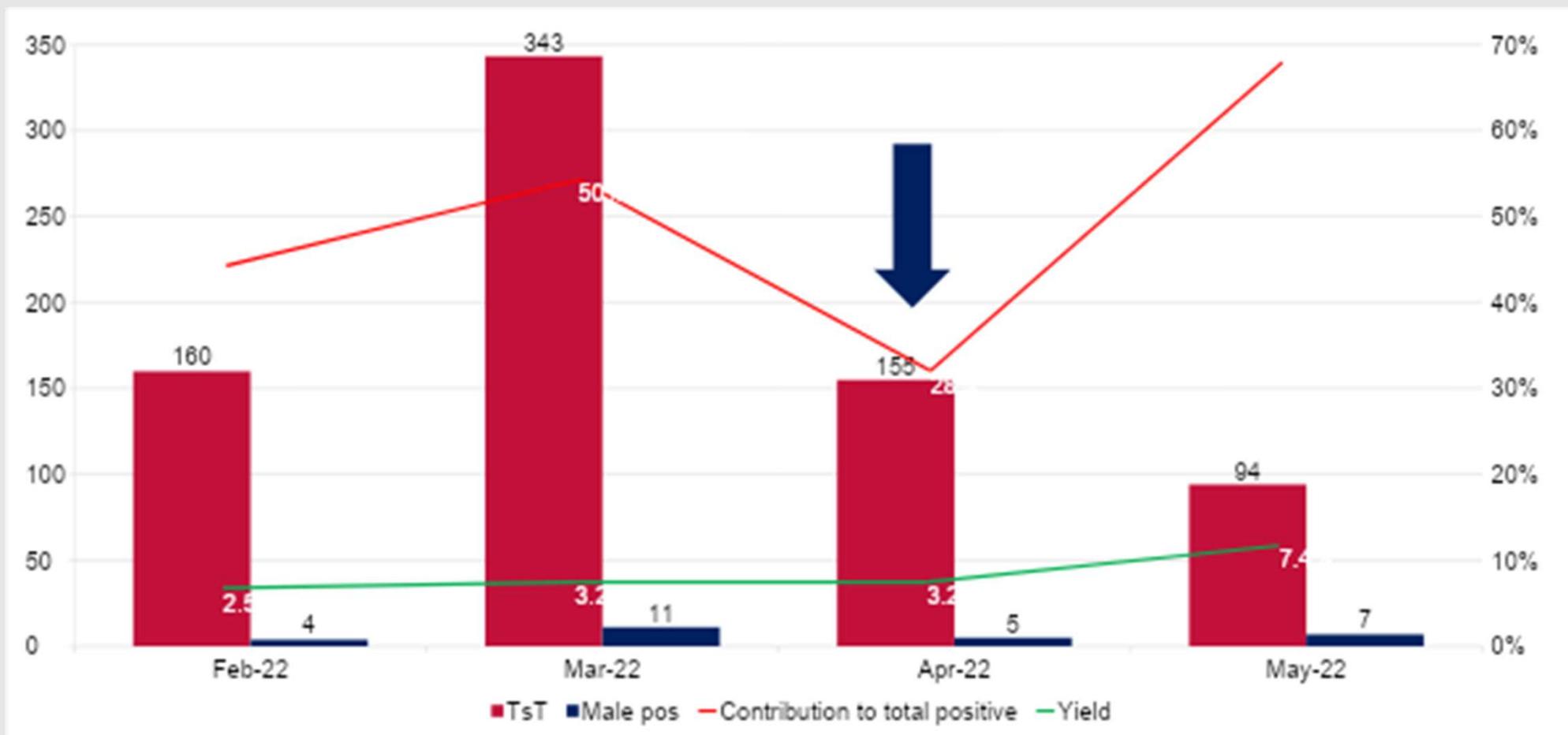


RESULTS (FEBRUARY TO MAY 2022)

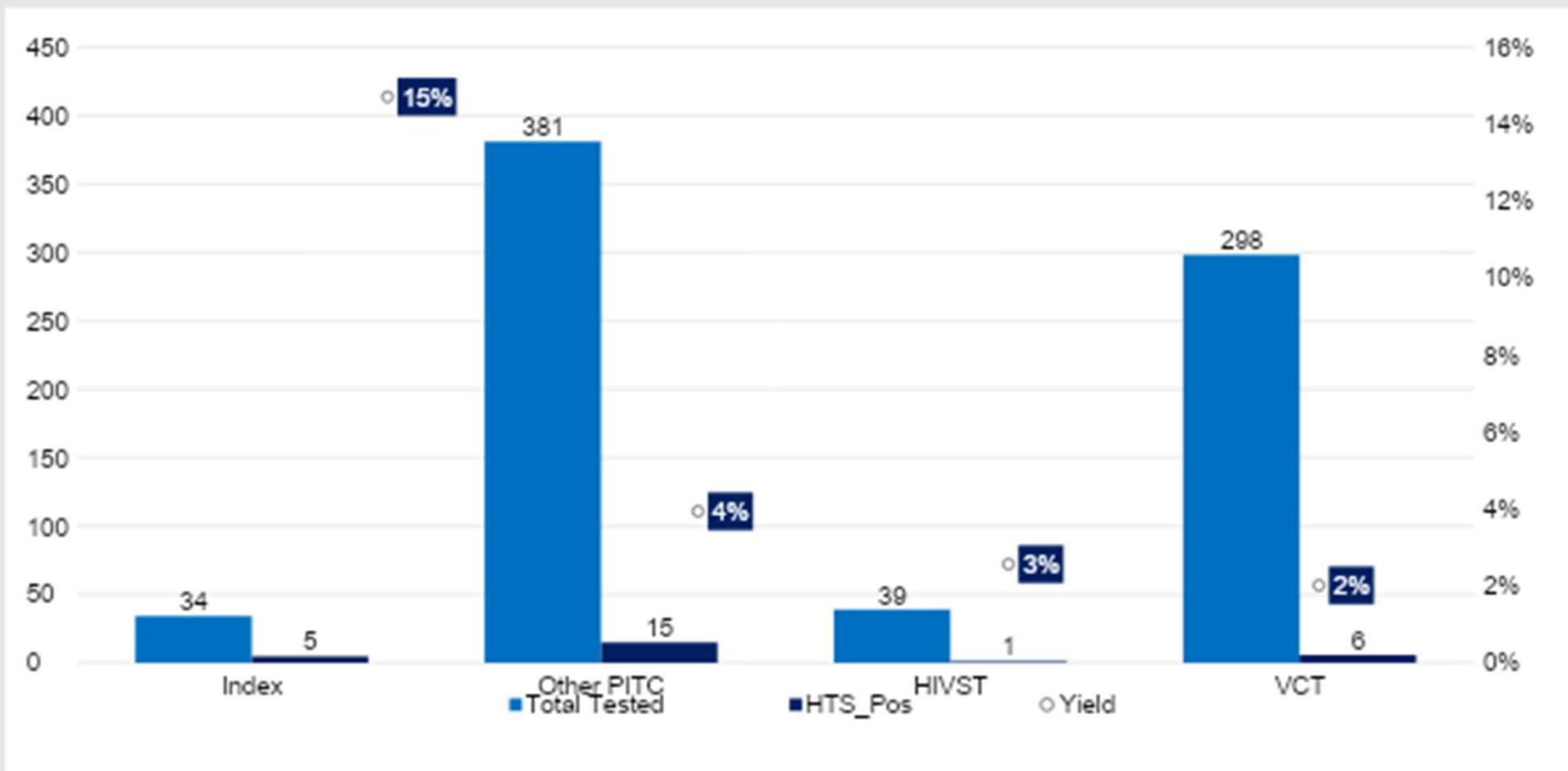
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HTS CASCADE FEBRUARY - MAY 2022



MALE CASE-FINDING STRATEGIES (FEBRUARY - MAY 2022)



CHALLENGES AND LESSONS LEARNT

Lessons learnt (Opportunities)

- Men are impatient and thus need to be given priority at the facility.
- Prioritization of men for service at the facility is a motivation to other men who come seeking the same.
- Men are busy during the day and week thus need to organize flexi hours and days to target them.
- Continuous information giving through health talks encourages men to be involved in family health issues

Challenges

- Working past hours is an issue for the HTS providers due to security concerns
- Working on weekends and public holidays to reach out to more men required continuous support for the HTS providers
- Space to target men only was an issue; men prefer being served at a private site thus men friendly site would work better.

CONCLUSION

Application of 'Red-carpet services' provided an avenue to reach men with HIV testing services and increase case identification.

Other key strategies included the provision of flexi-hour services, male peer support, and continually engaging men in their care.



THANK
YOU!

Discussion and Q&A

Thank
You

