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
**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 suboptimal.

- 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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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

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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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USAID Local Partners Meeting, November 2022

Are we really over-testing?

A QC evaluation of HIV testing eligibility in Malawi

K. Simon\textsuperscript{1,2}, S. Masiano\textsuperscript{2}, E. Kavuta\textsuperscript{2}, \textbf{R. Manyeki\textsuperscript{1,2}}, C. Cox\textsuperscript{1,2}, E. Wetzel\textsuperscript{1,2}, MH Kim\textsuperscript{1,2}, S. Ahmed\textsuperscript{1,2}

\textsuperscript{1} Baylor College of Medicine International Pediatric AIDS Initiative, Texas Children’s Hospital, Houston, United States of America (USA).
\textsuperscript{2} Baylor College of Medicine – Children’s Foundation Malawi (BCM – CFM), Lilongwe, Malawi
• No conflicts of interest to disclose
• 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.
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 Tingatethe 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

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary counselling and testing (VCT)</td>
<td>469 (66.1%)</td>
</tr>
<tr>
<td>A health worker referred me</td>
<td>231 (32.5%)</td>
</tr>
<tr>
<td>Someone else referred me</td>
<td>10 (1.4%)</td>
</tr>
</tbody>
</table>

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

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

Presenter: Duece Nkhayo Malava
14th November 2022
**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

Screening point
- Eligibility screening conducted at screening point focusing on men
- Client physically escorted to testing point

Testing point
- Fast tracking of men brought to HTS room - no waiting time
- Scheduling of testing services at convenient times if client is not able to test during regular working hours (after hours and on weekends)

Referral and linkage
- Fast track any men identified for linkage
- Active handover to male peer educator for psychosocial support
RESULTS (FEBRUARY TO MAY 2022)

- Number of men screened for eligibility: 209
- Number of men eligible for testing: 191 (91%)
- Number of men tested: 191 (100%)
- Number of men identified as HIV positive: 10 (5%)
- Number of men linked to treatment services: 10 (100%)
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