Improving HIV Case Finding – First 95

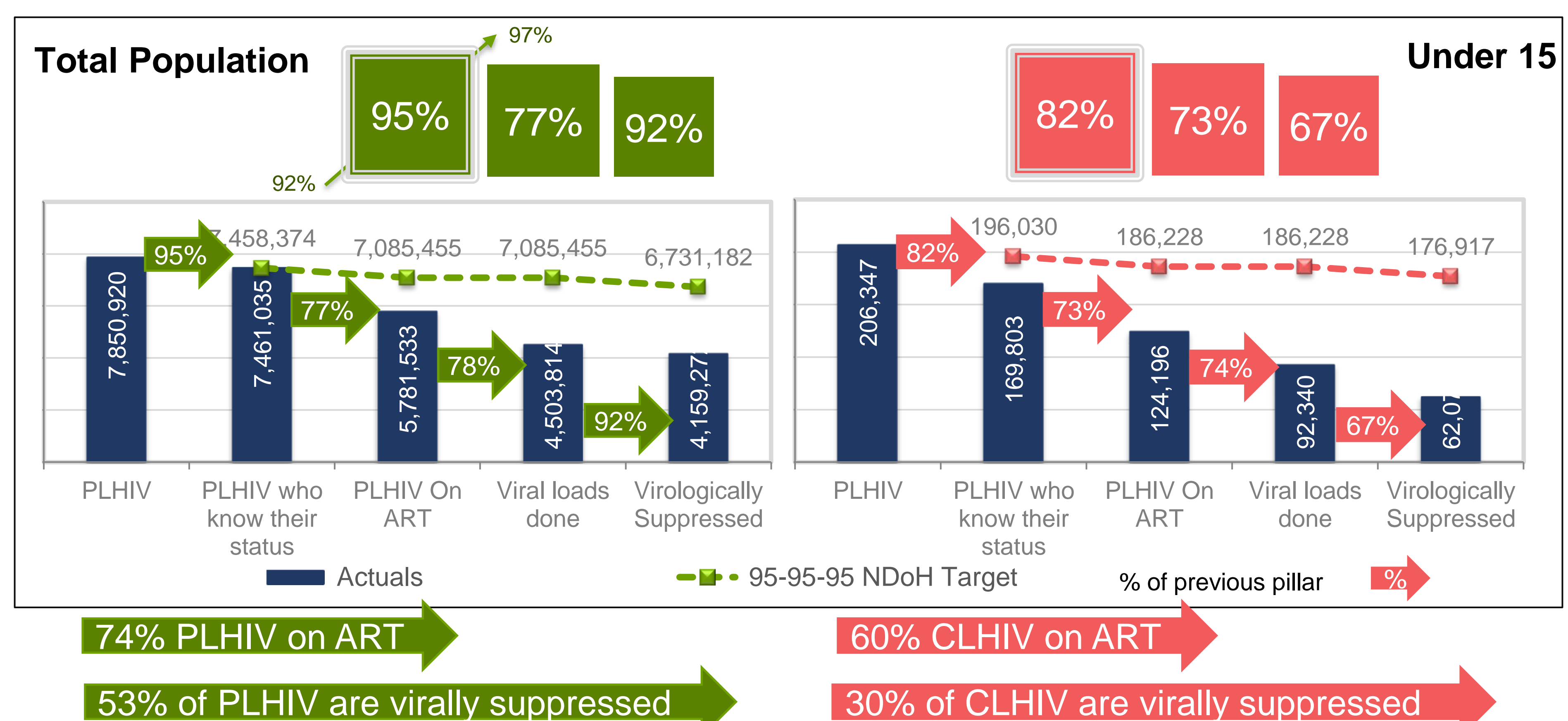
Dr Claire Serrão

Durban, 20 October, 2023

NOTICE: THE CONTENTS HEREOF CONSIST OF CONFIDENTIAL AND PROPRIETARY INFORMATION THAT IS THE PROPERTY OF BROADREACH.
THE CONTENTS HEREOF MAY NOT BE USED OR DISCLOSED WITHOUT EXPRESS WRITTEN PERMISSION OF BROADREACH.

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

SA Progress to 95-95-95 - May 2023



Impact of Closing the Gap on the 1st 95 on Testing Efficiency

	2003	2008	2013	2018	2023
* Prevalence	9%	11%	12%	13%	13%
* % PLHIV diagnosed	23%	48%	81%	91%	95%
Undiagnosed % population	7.2%	5.2%	2.3%	1.2%	0.7%
Number Needed to Test (NNT) (random testing to find 1 undiagnosed PLHIV)	14	17	43	84	153
NNT to find 1 undiagnosed CLHIV	63	55	101	240	493

*Thembisa 4.6

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Challenges ➡ Need for Different Approaches

158

Number Needed to Test (NNT) to find one undiagnosed if we rely on random testing is very high

Mostly those seeking healthcare due to illness, those inclined to come for a test only are likely part of the 95%

Community testing: usually 1/2 the positivity of facility testing; seemingly costly

Some sub-populations remain under-diagnosed for varying reasons

BROADREACH™

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

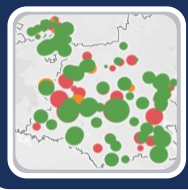
More Efficient Case Finding Strategies

PICT in high yield streams

HIV Self- Screening

Targeted PICT

Social Network Testing


Targeted Community Testing

Index Testing Services

Testing of Confirmed and Presumptive TB clients

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Understand the Gaps:

Interrogate Data Discuss with Implementers & Managers Interrogate Client Reasons

Key reasons for diminished testing coverage, including PICT

Key reasons for not giving greater priority to the higher yield modalities: eg Index

Why is HIVSS not maximised to increase our efficiency in finding new positive cases?

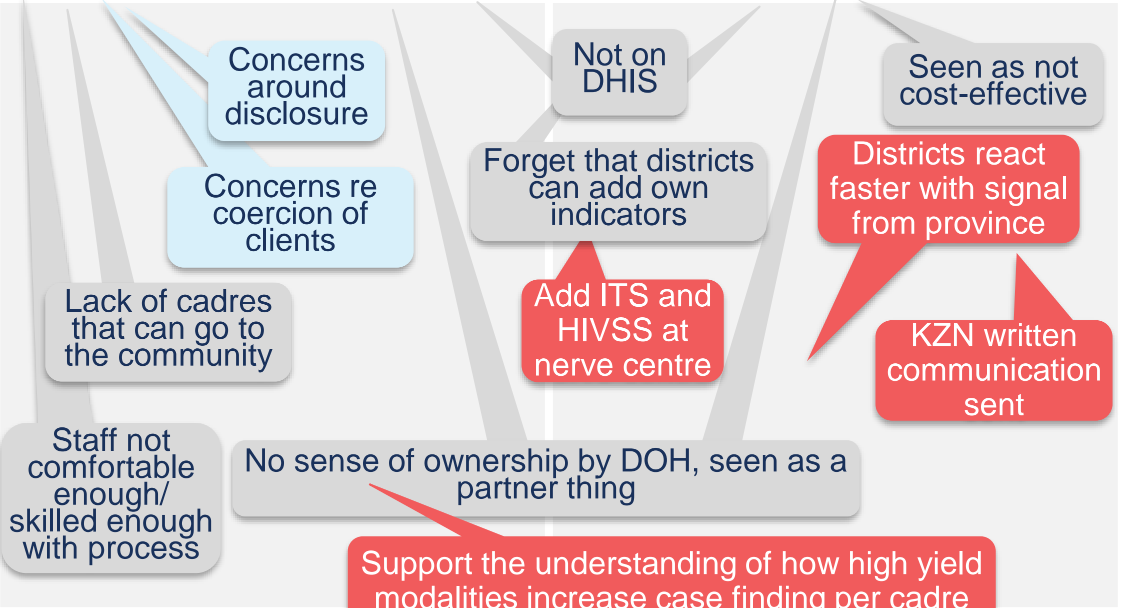
Are our supervisors and managers adequately equipped to drive efficient case finding?

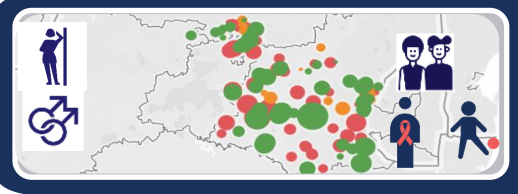
Reduction in lay counsellors across districts

Available HRH vs targets

Low PN targets 2 HTS

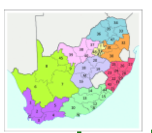
Focus on 2 index vs 2 random





Targeted Community Testing

Community Testing in specific pre-identified geographies and amongst pre-identified sub-populations to reach PLHIV not frequenting facilities.



- Districts and sub-districts where HIV testing uptake is low
- Sub-districts and wards high positivity rates in community and facility testing and low viral suppression rates

- Certain sub-populations less likely to be found in-facility:
  - Key Populations
  - Men
  - Youth
  - Children

- Potential for Stigma

Link to care both diagnosed positive and identified high-risk clients

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Testing of Presumptive and Diagnosed TB clients and TB contacts

HIV case finding amongst Diagnosed TB clients and their contacts, and presumptive TB clients

- High yield. Approximately 60% of clients in SA with a confirmed TB diagnosis are also HIV positive.
  - TB-negative presumptive clients also have high positivity rates (>20%)
  - Contacts of TB index client have double digit positivity rates
- Easy and efficient access: Clients are in care; >95% tested.
- Monitoring and Evaluation: partially implemented

- Majority of TB clients are undiagnosed
  - Switch from symptomatic screening alone to testing all high-risk people (TUTT) slow

Individual goals
Facility- & district-level monitoring

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

HIV Self-Screening

Process in which a person collects his or her own specimen (oral fluid or blood) and then performs a screening test and interprets the result, often in a private setting, either alone or with someone he or she trusts

- Improve HTS among historically HIV under-tested, test-averse and hard-to-reach groups
- Easy couples testing among pregnant and breastfeeding women
- Facilitates regular repeat HIV testing in high-risk populations
- Privacy possible

- Secondary distribution, unassisted HIVSS → poor linkage to confirmatory HTS
- Opinion that it is an expensive option
- Concerns around human rights issues
- Concerns around quality of kits

Provide assisted HIVSS
Provide evidence showing savings in HCW time & costs
Provide available evidence

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Social Network Testing

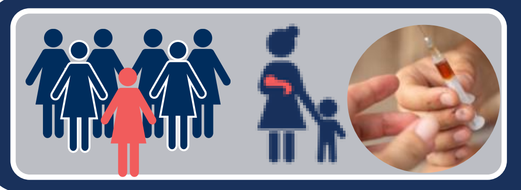
An approach to identify, engage and motivate people with undiagnosed HIV infection, through their social contacts, to accept HIV testing.

- People in the same network may share same behaviors and risk
- People in the same network know and trust each other

- Addresses people's confidentiality concerns
- Extends the reach to social contacts, accessing more test averse clients
- Successful in reaching Key populations, Youth, Men
- Although resource-intensive, can be cost-saving in undiagnosed PLHIV

- Incentives may be unaffordable or unallowable
- Incentives may result in repeat testing amongst associates

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).



Index Testing Services

Exposed contacts (sexual partners, biological children, needle sharing partners) of an HIV-positive person (index client) are elicited and offered HIV testing services.

- High positivity yield amongst contacts
  = lower numbers to test to find one positive
- Experience in conducting, SOPs, tools

- Extremely low contact testing rates when relying on client referral.
- Time taken to contact/track contacts if provider is responsible for this.
- If there is Partner Notification: potential for IPV, fear of partner knowing
- Potential for Patient Confidentiality breaches

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Index Testing Services

Referral Methods

Index clients choose a mode for each of the contacts they provide.

Client Referral

Client tells the contact about his/her HIV status & encourages the contact to go for HTS

Dual Referral

HCP sits with the index client and partner to provide support as the index client tells the partner about his/her HIV status and the benefits of testing.

Disclosure is better for support and adherence

Contract Agreement Referral

Client is encouraged to talk with the partner/s within 7 days. After this, the counsellor will trace the partner/s and inform them about the National HTS Campaign and the importance of testing. after getting consent.

Provider Referral

HCP calls and/or visits the index contact. No information about the index client shared.

Provider tracing gives better contact rates

Index Testing Services

Index Testing Cascade Example

Offer rate: 60% → Acceptance rate: 80% → 1 : 2.5 Elicitation → Contact test rate 50% → Positivity rate 21%

	Newly Diagnosed	uVL	Total
Index Pool	300	700	
# clients offered index services	280	320	
# index clients accepted			480
# index contacts elicited			1,200
# index contacts tested			600
# index contacts test positive			128

■ Newly Diagnosed ■ uVL % vs previous pillar

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Index Testing Services

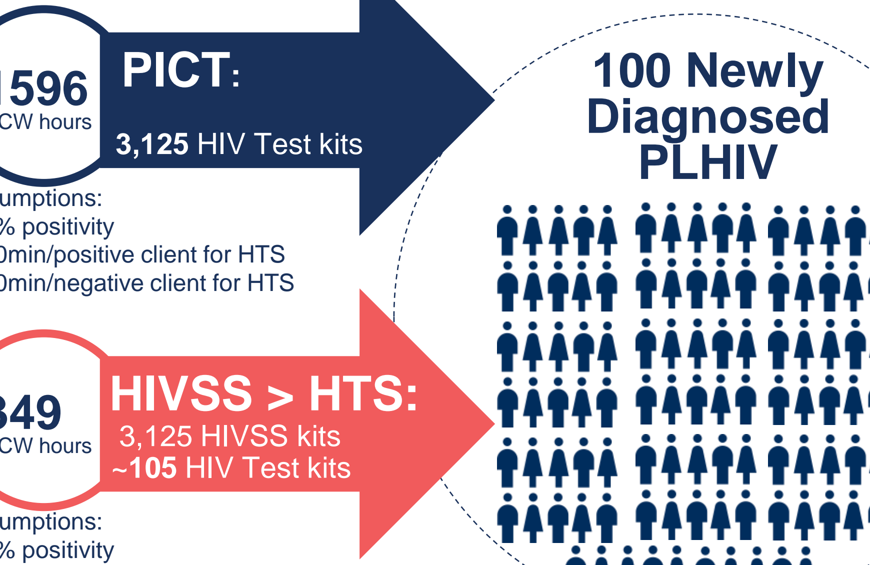
When Index Testing Services Could Under-deliver

Issue	Result	Recommendation
HCPs rely on clients to bring/ send contacts	High elicitation rates. Low contact test rates.	Recommend provider referral. Assure confidentiality, mention "helicopter" approach.
Concern about IPV	Low elicitation rates and/or elicitation of children only. Low contact test rates	IPV screening for each contact > NO further action if contact screens positive
Concern about Confidentiality		Strict SOPs, training. Reassure re confidentiality. No HCP "partner notification"
Focus on early part of cascade	High offer rates. Low contact test rates	Give facility targets for contact testing not just for offer.
Push to meet offer targets: offering to suppressed clients on ART	High offer rates. Low positivity rates	Discount clients not newly diagnosed or virally unsuppressed

Case Finding Efficiency

High dependence on PICT is high resource and low output due to:

- Low positivity rates (>90% PLHIV know their status)
- Long HCW time needed even for negative tests



Assumptions:
- 3% positivity
- 50min/positive client for HTS
- 30min/negative client for HTS

Assumptions:
- 3% positivity
- 50min/positive client for HTS
- 30min/negative client for HTS
- 5 mins/client for assisted HIVSS
- 95% specificity

Index Testing –minimal tracing

823 HCW hours

1000 HIV Test kits

Assumptions:
- 10 mins client elicitation
- 5 min to offer ITS
- 10 mins to call a quarter of the contacts

Index Testing – telephonic & physical contact tracing

346 HCW hours

400 HIV Test kits

Assumptions:
- 5 min to offer ITS
- 10 min to trace on average (mostly telephonic 5 min), few physical

Index Testing – with dedicated physical contact tracing

165 HCW hours

185 HIV Test kits

Assumptions:
- 5 min to offer ITS
- Tracing average 2.5min (only 25% traced for 10min)

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved
© 2022 BroadReach Healthcare PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Healthcare PTY (Ltd)

Public Health Depends on Winning over Hearts and Minds

It's not Enough to Just Have a Good Policy, You Have to Convince People to Actually Follow it.

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd).

Thank you for your time.

BroadReach Health Development
Ground Floor, The Business Exchange
3 Bridgeway, Bridgeway Precinct,
Century City, Cape Town, South Africa

Phone: +27 21 514 8300 | Fax: +27 21 511 5292

© 2023 BroadReach Health Development PTY (Ltd). All Rights Reserved. Confidential Information of BroadReach Health Development PTY (Ltd)