

Reaching 90:90:90

The Promise of Differentiated Service Delivery

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Why differentiated HIV testing?

- The UNAIDS 90-90-90, and Test & Start aim to
 - achieve HIV epidemic control &
 - Improve the quality of life of PLHIVs
- HIV testing is a critical entry point, yet if limited to facilities, HTS largely reach people only in late HIV disease
 - Race towards zero new infections requires effective community testing interventions

BUT.....

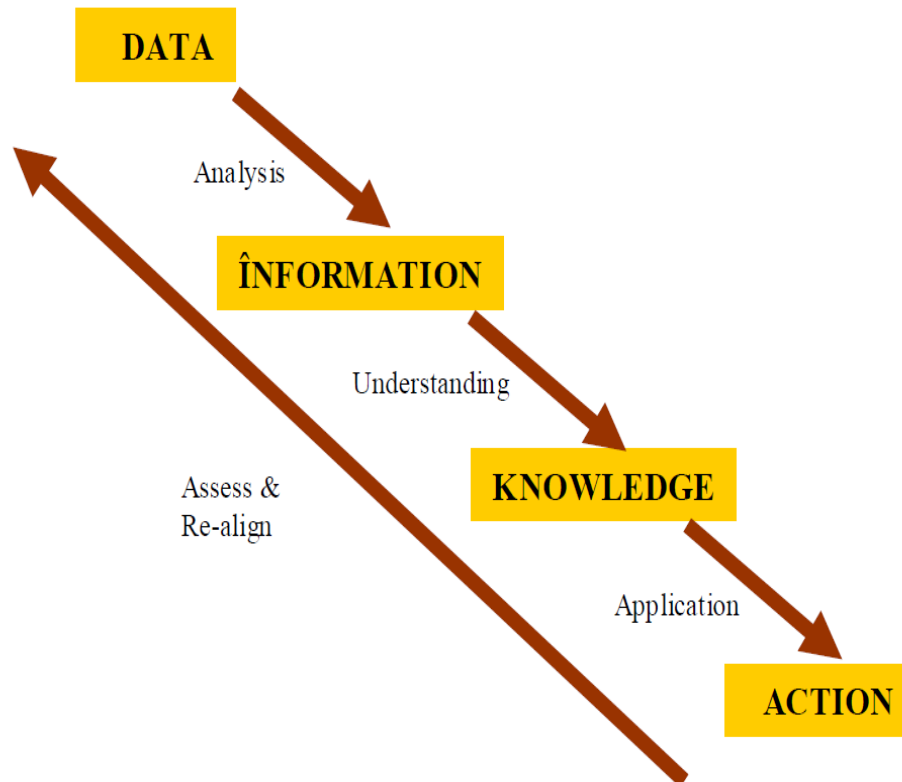
- Beyond-facility testing requires innovation and efficiency
- Every good HTS program must be tailored to needs of the population being targeted (differentiated testing)
 - The DSDM for testing differs from that for treatment
 - In Treatment, differentiation modality is along a patient's journey
 - In Testing, it is tailored approach to who the target is (risk) & how they prefer to be reached (HCD process)

Hence.....

- Typology of who you want to reach matters.
 - ✓ SWs who are recurrent testers (plug & play) = light touch = KP_prev sessions.
 - ✓ SWs who are first-time testers require a peer-led algorithm
 - ✓ SWs class (hassler vs establishment vs street vs home-based)
 - ✓ MSM (closet vs bitchy vs normal vs high end)
 - ✓ And so is the case with priority populations too
- Modality of reach matters too.
 - ✓ HIVST to feel the gap
 - Modality of distribution

What does it take?

- At PSI, the HIV/TB department has been robustly innovating and realigning:
 - We use a six-step algorithm for improved HIV case finding at the community level



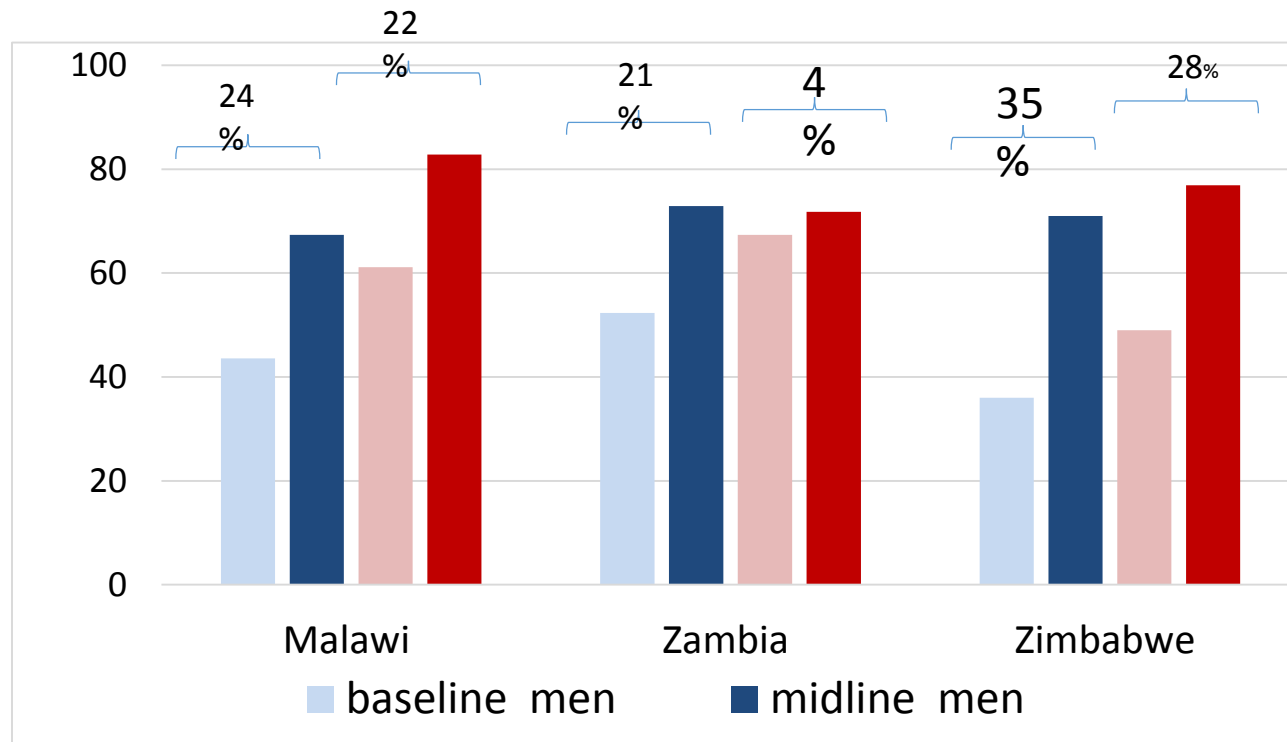
Six-step algorithm to HTS



The result of PSI's approach?

- Yield in Myanmar among MSM improved from ~ 5% in early 2016 to an average of 13% consistently since then to date
- In Nigeria, our HIV case yield increased from 2.4% to an average of 11% in our KP program
- From ~5% to 15% in certain sites in South Africa (Thembisa)
- Similar trends in Ethiopia for FSWs, and more recently in Cote D'Ivoire

Proportion of men and women >16 years reporting testing for HIV in the past 12-months before and after community-based distribution of HIV self-tests (2016-2017)



BUT, a cautionary approach..

- HIV testing is just an initial step along a continuum of services
- When not executed well, it impacts linkage
 - ✓ Strengthen (train/retrain system) Pre- & Post-test counseling
 - ✓ Robust referral systems (engaging client)
 - ✓ Strong relationships with treatment partners
- A successful linkage program must also be very data-driven
 - ✓ Where feasible, systems track individuals across the continuum of services (data sharing at community/facility)
 - ✓ Myanmar & Nigeria >92% linkage
 - ✓ 87% in Cote D'Ivoire under DOD
 - ✓ Lesotho <60% & >95% when paired with EGPAF