

Optimizing Linkage to Treatment in Eswatini: The CommLink Initiative

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CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop

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Presentation Outline

- Background and problem statement
- Recommendations to overcome linkages barriers
- Commlink implementation in Eswatini
- Commlink results
- Challenges and recommendations
- Acknowledgements

BACKGROUND AND PROBLEM STATEMENT

- Eswatini had an estimated HIV prevalence of 31% among people aged 18–49 years^{1,2}
- Two thirds of PLHIV diagnosed in community settings delayed being linked to treatment especially 15 – 29 years old and men³.
- The standard triplicate referral system was not effective
- To help improve early HIV diagnosis and ART initiation in Eswatini, a community-based HIV testing and peer-delivered, linkage case management program (**CommLink**) was launched in 2015
 - Following WHO guidance
 - Included index testing

¹ Swaziland HIV Incidence Measurement Survey (SHIMS), 2011 report

² Bicego GT, Nkambule R, Peterson I, Reed J, Donnell D, et al. (2013) Recent Patterns in Population-Based HIV Prevalence in Swaziland. PLOS ONE 8(10): e77101.
<https://doi.org/10.1371/journal.pone.0077101>

³ Parker LA, Jobanputra K, Rusike L, Mazibuko S, Okello V, Kerschberger B, Jouquet G, Cyr J, Teck R. Feasibility and effectiveness of two community-based HIV testing models in rural Swaziland. Trop Med Int Health. 2015 Jul;20(7):893-902. doi: 10.1111/tmi.12501. Epub 2015 Apr 2. PMID: 25753897; PMCID: PMC4672714

CommLink followed CDC and WHO recommendations to overcome linkages barriers

Recommended services	CDC ³ 2014	WHO ⁴ 2016	Commlink 2015-18
Integrate HIV testing and counselling with HIV care services	✓	✓	✓
Provide on-site or immediate CD4 testing		✓	✓
Transport or escort clients to HIV care(first visit)	✓	✓	✓
Provide treatment navigation services	✓	✓	✓
Provide brief case management services	✓	✓	✓
Conduct telephone follow-up, reminder calls, or text messaging	✓	✓	✓
Have HIV-positive peers provide support & linkages services	✓	✓	✓
Provide informational/motivational counselling on benefits of ART	✓	✓	✓
Support disclosure, partner and family member testing	✓	✓	✓
Assess and resolve barriers to HIV care and ART treatment	✓	✓	✓
Systematically track and evaluate enrolment in care outcomes	✓	✓	✓

³ CDC, HRSA, NIH, IAPAC (2014). Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States.

⁴ WHO (2016). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.

INTERVENTION

Partnerships

- Implemented by MoH in collaboration with Population Services International (PSI) & CDC Eswatini

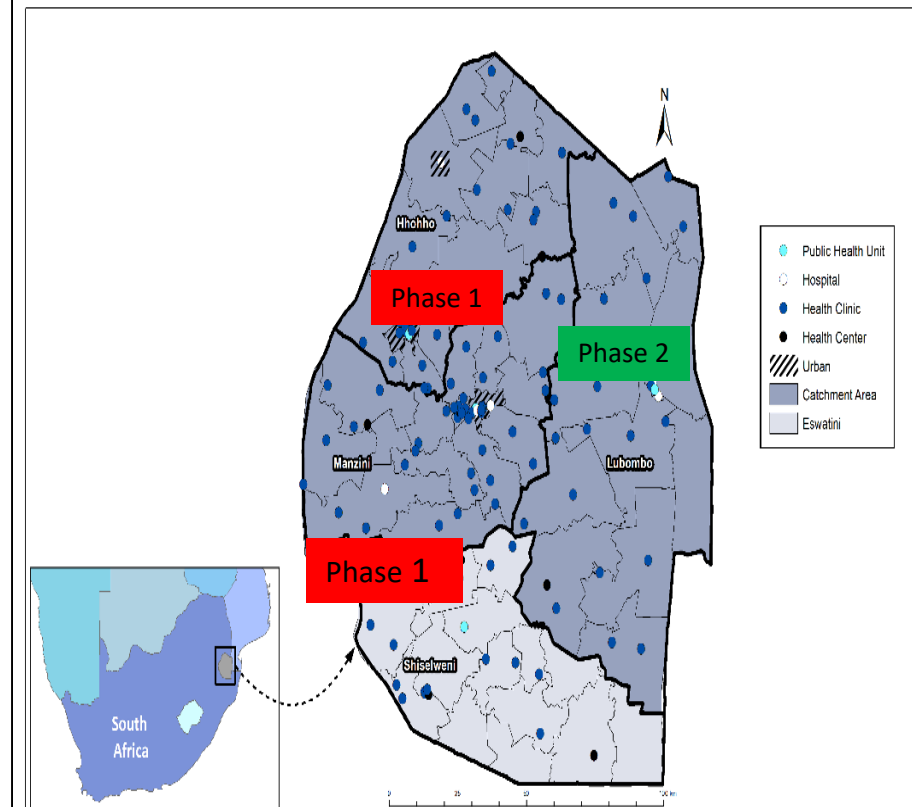
Phases

- **Phase I:** (June 2015 - March 2017): two regions, 2 mobile-unit teams
- **Phase II:** (April 2017 - Sept 2018): three regions, 4 mobile-unit teams

Services provided

- Individualized services (psychosocial support & motivational counselling)
- Escorting & Treatment navigation
- Follow up support calls
- Integrated Index testing
- Support disclosure

CommLink Phase I & II Operating Areas and ART Facilities, Eswatini (June 2015 – Sept 2018)



COMMLINK (ESWATINI LCM) MODEL



Community-based HIV Testing Services

- Homesteads, high-traffic venues, bars, etc.
- All HTS clients informed about CommLink

Appointed Treatment Navigation

- Call clients to ensure appointment are kept
- Orient clients to sequence and stations of care
- Stay with clients for the duration of the 1st visit to provide psychosocial and info. support

HIV+ Client



Expert Client (EC)

LCM Session 1

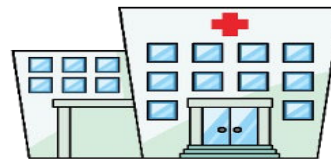
- Explains role and scope of CommLink
- Discloses status, Tx history, and conveys importance of early enrollment and ART

Nurse



Point-of-diagnosis Clinical Services

- Medical assessment, WHO staging, CD4 testing, TB and STI screening, CTX



Transportation

- If requested and possible
- 1st visit only



LCM Sessions 4-5 (if needed)



LCM Session 3



LCM Session 2

Follow-up LCM Sessions

- Sessions conducted at healthcare facilities, homes, or other locations
- Often occurred at facilities during medical appointments
- Provide psychosocial, informational, and ART adherence support

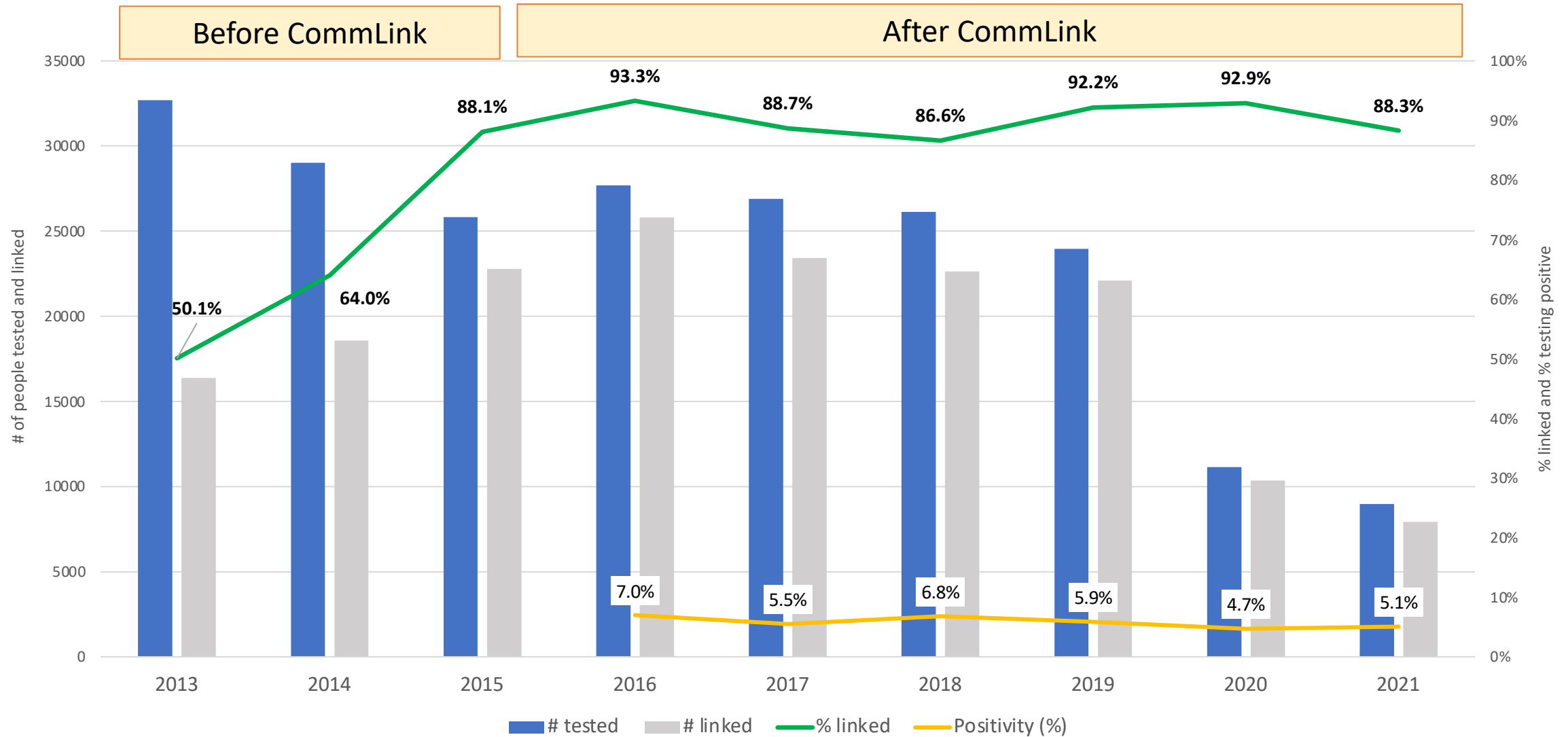
Follow-up LCM Sessions (Cont.)

- Encourage, plan, and facilitate disclosure
- Support index testing for partners, family members, and associates
- Identify, and mitigate or resolve barriers to enrollment and retention in care
- Support other ECs on challenging cases

COMMLINK RESULTS

ART eligibility period & Commlink clients characteristics	Total clients n	Enrolled in HIV care n(%)	Initiated ART n(%)	Received >1 ART refill N (%)
Total	1250	1215 (97%)	1120 (90%)	1051 (94%)
ART eligibility periods				
June 2015-Nov 2015 (CD4 <350)	137	127 (93%)	90 (66%)	78 (87%)
Dec 2015-Sept 2016 (CD4 <500)	289	285 (99%)	235 (81)	214 (91%)
Dec 2016-Sept 2018	824	803 (97%)	795 (96%)	759 (95%)
Sex				
Male	699	676 (97%)	623 (89%)	576 (92%)
Female	551	539 (98%)	497 (90%)	475 (96%)
Age groups				
15-24 years	207	202 (98%)	185 (89%)	170 (92%)
25-34 years	541	521 (96%)	474 (88%)	446 (94%)
>34 years	502	492 (98%)	461 (92%)	435 (94%)

Linkage Trends



Limitations and Recommendations of COMMLINK

Limitations

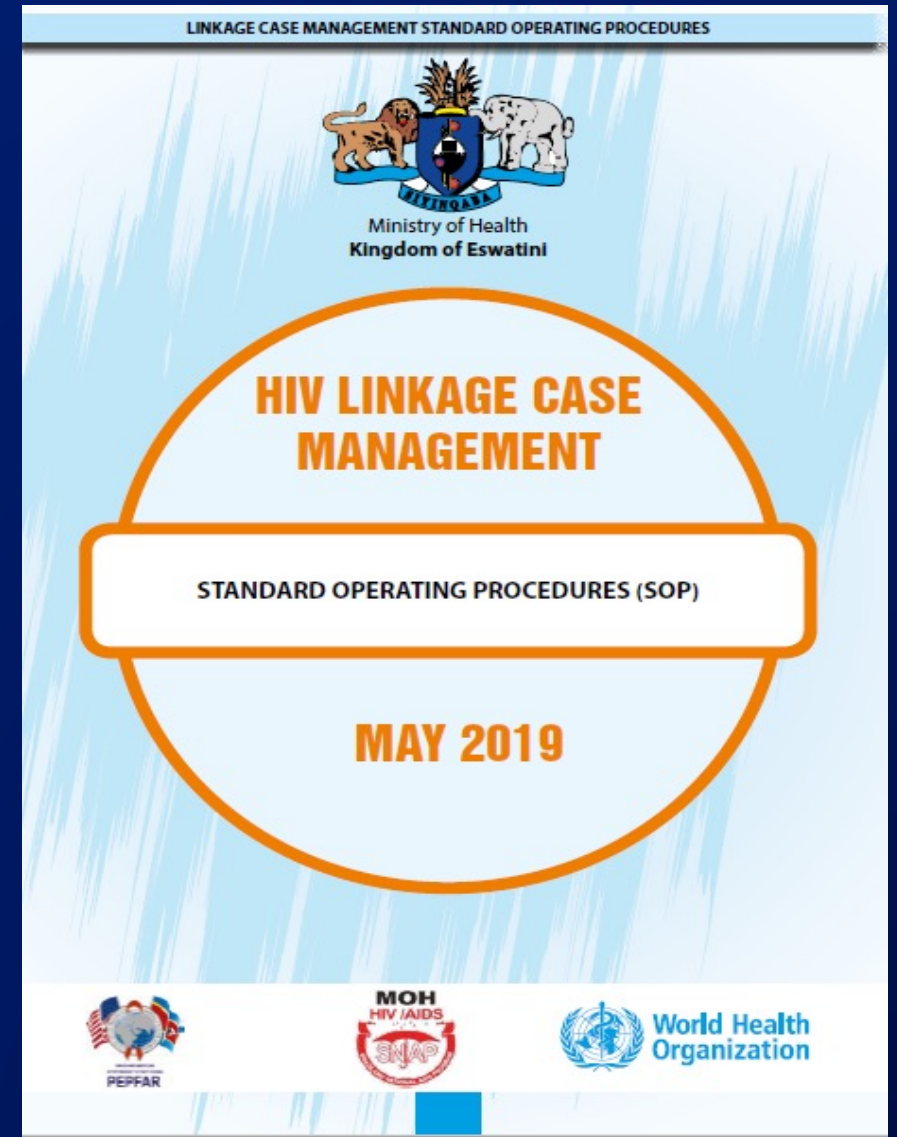
- Outcomes were restricted to contacts reached and had consented
- Transport reimbursement not sustainable as it was costly
- Gender-based violence and harm associated with testing partners and family members was not measured and is unknown
- Clinical data abstracted from patient healthcare cards is subject to documentation and data abstraction errors
- Community health care workers unable to verify clients on real time

Recommendations

- COMMLINK should be scaled up to health facilities
- Implementation of index client testing at community level contribute to effective strategies to improve case finding and ART coverage among PLHIV.
- Tracking of index client testing outcomes be done at all levels
- Countries approaching the UN targets of 95 95 95 should use Linkage Case Management to identify the remaining 5%, previously diagnosed and disengaged clients
- Collaboration between facilities and community health care workers is important in improving linkages

SCALING UP OF COMMLINK IN ESWATINI

- Eswatini Ministry of Health approved peer-delivered, linkage case management in 2019 as the national standard of care for all newly diagnosed PLHIV both at community and facility levels
- Implementation of collaborative meeting between facilities and community health care workers
- Appointment of focal persons at both facility and community level to improve linkages
- Pairing of PLHIV with expert clients
- Tracking of LCM outcome and linkages to services during MDT's and TWG meetings



COMMLINK TEAM



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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery



Thank you

