

HIV case identification and linkage to treatment in low prevalence settings: Strategies, best practices, and challenges

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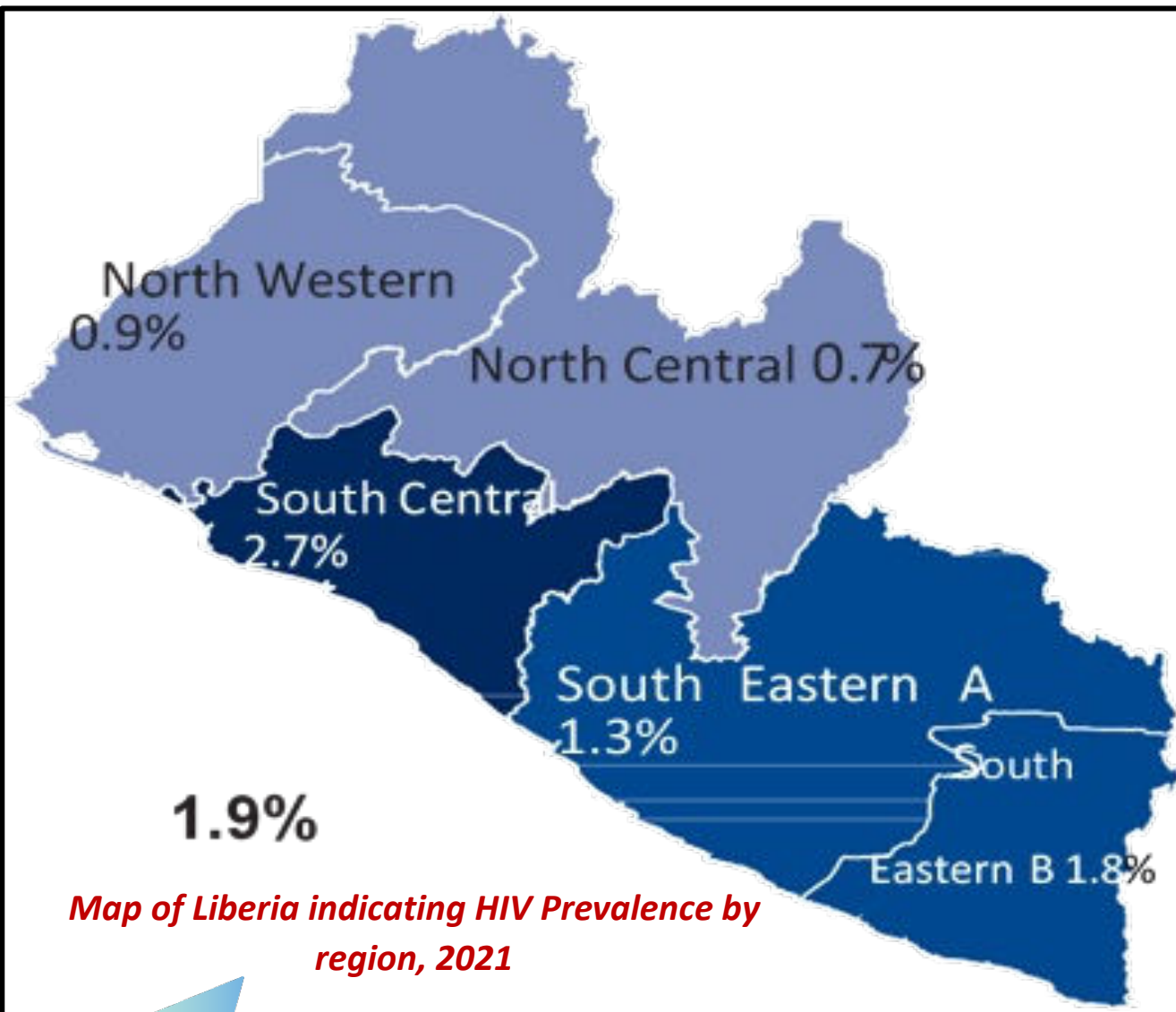
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Outline

- Overview of the HIV situation in Liberia
- Targeted HIV testing: Case identification strategies in Liberia
- Strategies for linking people to HIV post test services
 - Facility to facility linkage
 - Community to facility linkage
- The role of CSOs in case HIV identification and linkage
- Challenges
- Recommendations

Overview of the HIV situation in Liberia-1/2



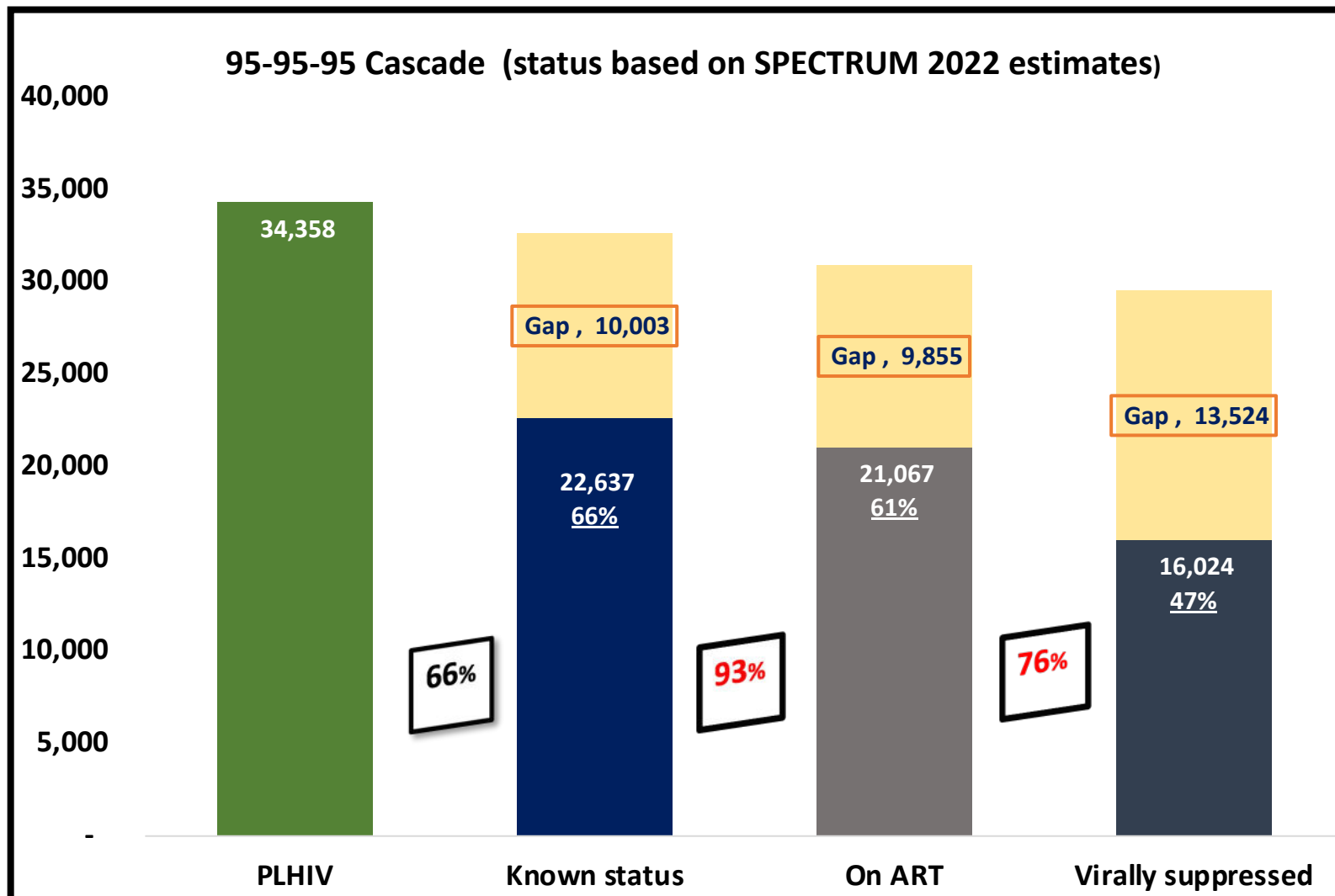
Map of Liberia indicating HIV Prevalence by region, 2021

Liberia's HIV demographics:

- **Total population: 5 million**
- **Estimated PLHIV: 35,000**
- **HIV prevalence: 1.9%**

The HIV epidemic in Liberia is heterogenous, concentrated in key and priority populations

Overview of the HIV situation in Liberia-2/2



66% of PLHIV have been identified:

- 61% of PLHIV are on ART
 - 93% of those identified
- 47% of PLHIV are virally suppressed
 - 76% of those initiated on ART

HIV Case identification strategies in Liberia 1/5

With a prevalence of 1.9%, and the epidemic being concentrated in key and priority populations, Liberia employs “**Targeted HIV testing**” approaches to reaching these populations

Targeted testing approaches used:


- **Facility-based testing approaches**
 - ❖ Multi-modal testing using the risk screening tool for efficiency at all service delivery points
 - ❖ Testing at prioritized entry points such as STI clinic, TB/HIV, Family planning, Inpatient departments etc.
- **Community-based approaches**
 - ❖ Outreach testing to hot spots for key population leveraging with community members as peer testers
 - ❖ Index testing:
 - Piloted in 4 counties and 21 facilities, with an average yield of 9%
 - ✓ Country is preparing to scale up
 - ❖ HIV self testing (HIVST)
 - For prioritized populations including KPs, Men and AGYW

HIV Case identification strategies in Liberia 2/5


Risk screening before testing

- Risk screening targets all people at the OPD using the **Risk assessment intake form**
- Performed by clinicians and is **integrated**:
 - Concurrent screening for HIV risk, TB and STIs
- The purpose is to **screen-in** individuals (decide who to test based on self reported risk of exposure)
- All screened-in clients are provided with **opt-out HIV counseling and testing**
- Yield with risk screening ranges between **5-7% Vs 2%** without screening
- **High risk negative** people (screened in but test negative) are linked to combination HIV prevention services
 - PrEP eligibility
 - Condoms , etc.





HIV COUNSELING AND TESTING: RISK ASSESSMENT/CLIENT INTAKE FORM



County: _____ District: _____ Facility Name: _____

Client's Name _____	Age _____	Date of visit _____
Client's Code _____	Sex _____	First time visit <input type="checkbox"/> [No] <input type="checkbox"/> [Yes]
State _____	County _____	
Marital status _____	No. of own children <19 years [<input type="checkbox"/>]	No. sexual partners [<input type="checkbox"/>]

MARK Y for Yes and N for No. Any yes qualifies for HIV testing

HIV Risk Assessment	
Blood transfusion in last 3 months	[1] [0]
Unprotected sex with someone of unknown HIV status in last 3 months	[1] [0]
More than 1 sex partner during last 3 months	[1] [0]

Clinical TB screening	Syndromic STI Screening
Cough of any duration [1] [0]	<i>Female:</i> Complaints of vaginal discharge or burning sensation when urinating, lower abdominal pains, vaginal discharge, genital ulcer [1] [0]
Weight loss (unexplained) [1] [0]	<i>Male:</i> Complaints of urethral discharge or burning sensation when urinating, scrotal swelling and pain, genital ulcers, swollen inguinal glands [1] [0]
Fever [1] [0]	If a male, has anal sex with another man within the past 6 months [1] [0]
Night sweats [1] [0]	Exchanged sex for money/goods/favours in the last 6 months? [1] [N]
<i>(calculate the sum of the answers above) TB screening score:</i> <i>If score >=1, test for HIV and test for sputum AFB or refer to TB service</i>	<i>(calculate the sum of the answers above) STI screening score:</i> <i>If score >=1, test for HIV and follow syndromic STI management guidelines or refer</i>

HIV test result negative [<input type="checkbox"/>] positive [<input type="checkbox"/>]	Post-test counseling done <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] Risk reduction plan developed <input type="checkbox"/> [Yes] <input type="checkbox"/> [NO] Post-test disclosure plan developed <input type="checkbox"/> [Yes] <input type="checkbox"/> [NO] Counsellor to bring partner(s) for HTS <input type="checkbox"/> [Yes] <input type="checkbox"/> [NO] Counsellor to bring biological children <19 years for HIV testing <input type="checkbox"/> [Yes] <input type="checkbox"/> [NO] If HIV negative and HIV Risk Assessment Score =>1, refer to PrEP services, recommend re-testing after 3 months
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Client referred to other services [Yes] [No] Services referred to: _____

Informed consent for HIV testing given [No] [Yes]
 Client pregnant [No] [Yes] (if yes, refer to PMTCT)

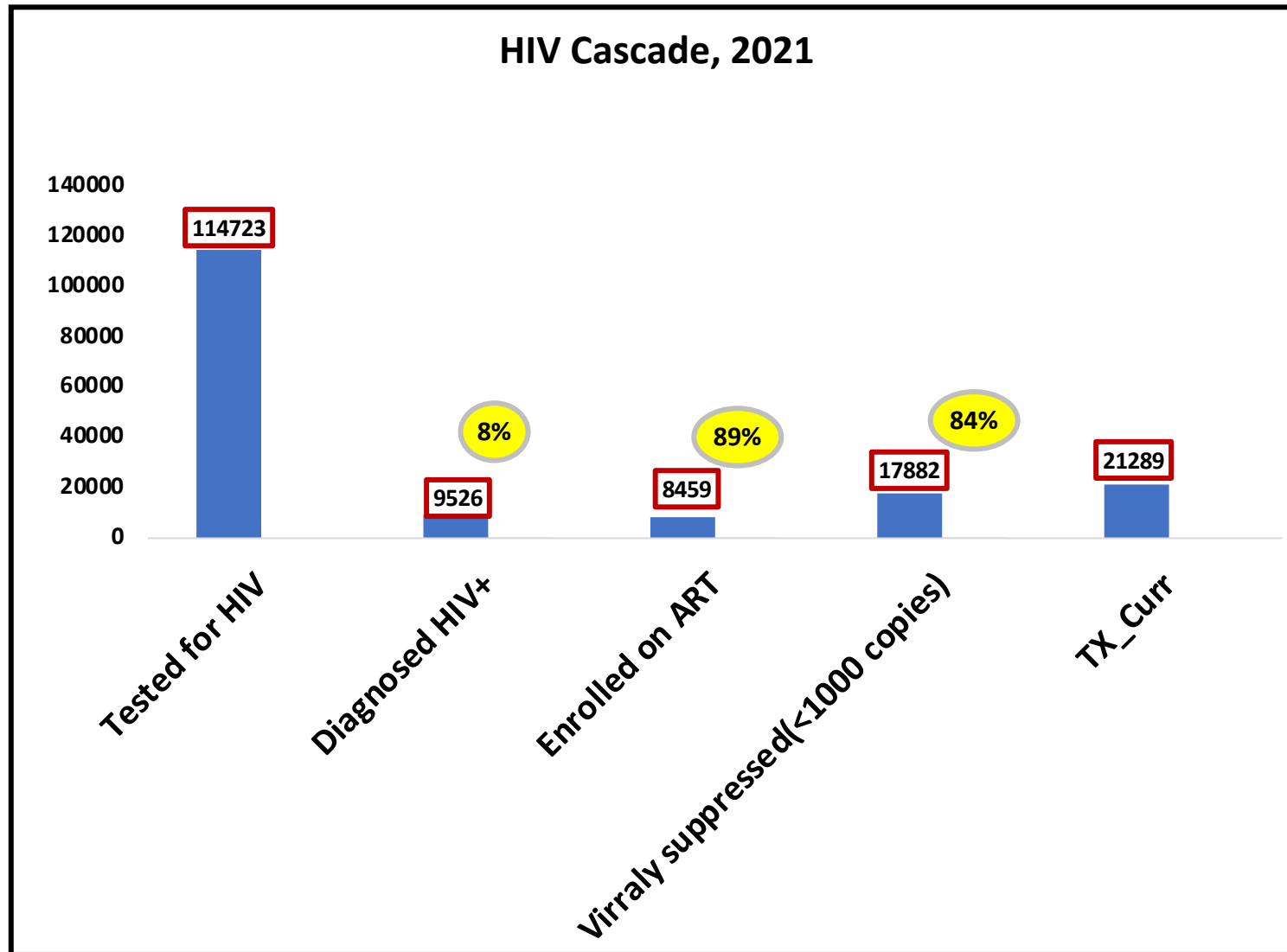
HIV Case identification strategies in Liberia-3/5

Testing Approaches for high-risk populations

- **Workplace testing**
 - **Testing at Mining sites:** Performed by health care workers
 - **Testing at Security hubs and communities around hubs:**-working with facilities and Armed Forces of Liberia HIV program
- **Targeted outreaches**
 - AGYW community outreach testing using CSOs and CBOs
 - Outreach testing to hot-spots for less advantaged youth leveraging with community members as point of contact

No routine community outreach testing: only ***prioritized*** groups are targeted during outreaches

HIV Case identification strategies in Liberia-4/5

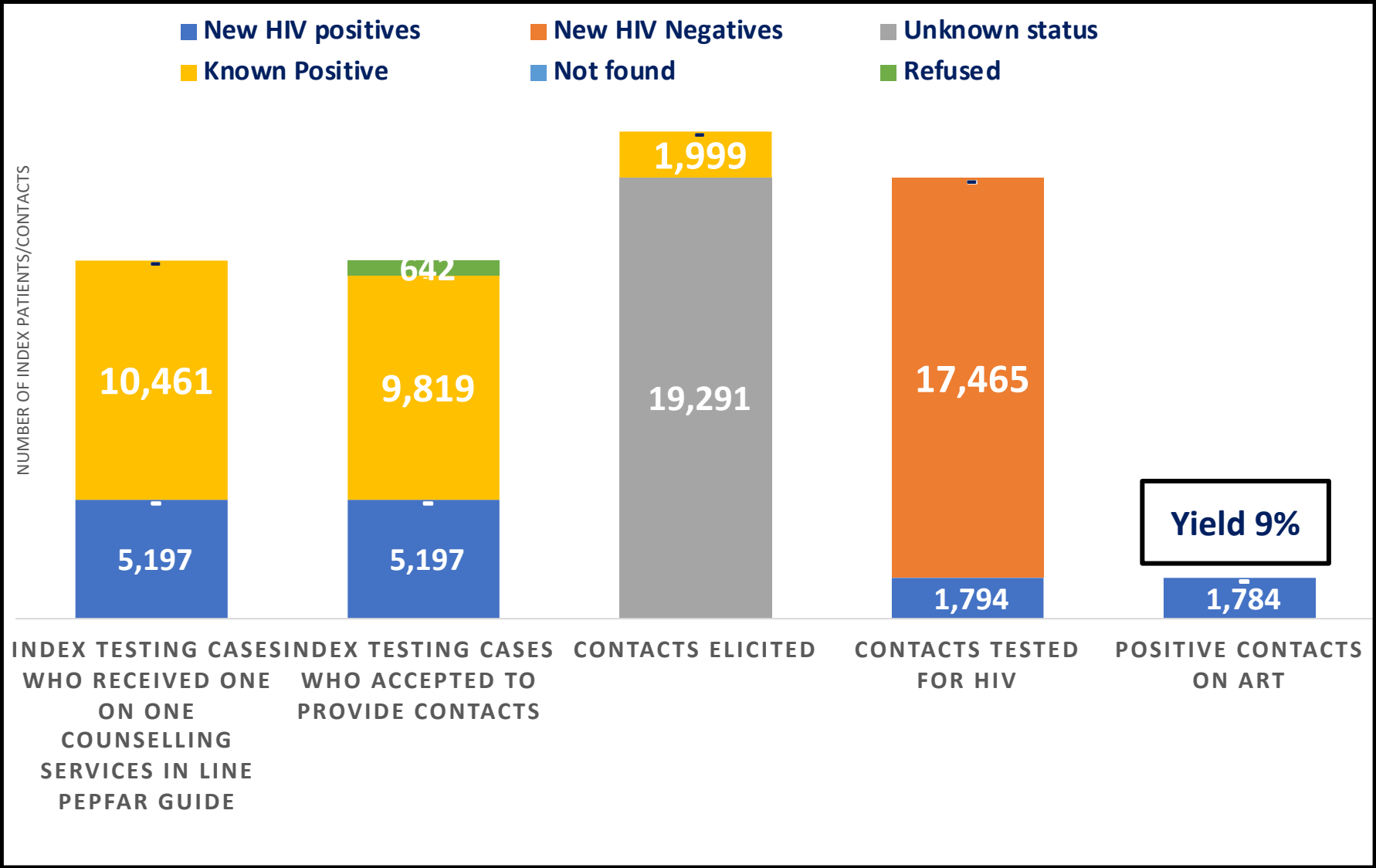


In year 2021, targeted HIV testing was intensified.

- 114,723 people were tested for HIV:
- 8% (9,526) tested HIV positive (Positivity rate)
- 89% (8,459) of the positive were enrolled on ART (Linkage proxy)

HIV Case identification strategies in Liberia-5/5

Cumulative Cascade for Index Testing (Oct.1 2021- Sept 21, 2022)



Index testing is a key strategy in identifying both HIV positive and high-risk HIV negative people

Linkage to treatment strategies

A mix of strategies are used to link people to post test services (differentiated linkage)

- **Inter facility linkage:** Escorted referral to ART clinic
- **Facility to facility Linkage**
 - **“People first”**-We refer newly identified positive people to health facilities of their convenience
 - We follow up with the preferred facility to track linkage
- **Community to facility linkage**
 - Facility linkage is done based on client priority using peer navigators
- **Linkage for key and priority populations**
 - Linkage done with support of `Linkage and retention Coordinator` (LRC)
 - ❖ **LRCs are facility HCW who create a safe and friendly corridor for KP clients to access HIV treatment services in the facility.**

The role of CSO in case identification and linkage

- CSO'S are very important in HTS; they are strong partners with MOH and clients are engaged in various ways:
- **Social network-based testing (SNS)**
 - This is mainly done with KP CSOs
- **Integrated disease screening**
 - HIV testing creates an opportunity for screening some NCDs (BP, DM)
- **Community ART initiation:**
 - Liberia is planning community ART initiation using the `case manager` strategy (a system of assigning a health worker to initiate and follow up clients from the community, and to the facility until they are stable on ART)
- **Index testing:** CSOs are involved in index testing, serving as bridges between providers and contacts of index clients

Challenges of case identification and Linkage in low prevalence settings: Liberia's case

- HIV related stigma which includes self stigma
- Mobility of contacts and populations targeted for testing
- Intimate partners violence (IPV), partly related to high level of stigma in the population
- Human resource for health shortage
- Limited funding to engage other priority populations: mobile traders and long-distance transport workers

Recommendations

What can other countries in low prevalence settings do to enhance case identification and linkage?

- **Recipients of services are key:**
 - Identify HIV key and priority populations
 - Develop policies and strategies that allow you to work with those population
- **Wide stakeholder engagement yields results**
 - Engage all stakeholders and mobilize them to act
- **Use community members** (PLHIV, CSOs/CBOs and key populations) to support testing, linkage and re-engagement
- **“Targeting” is key** given the low prevalence

Thank you!

