HIV Learning Network
The **CQUIN** Project for Differentiated Service Delivery

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Understanding HIV Retesting Rates: Lessons from Ghana’s HIV Retesting Prevalence Study

Dr Raphael Adu-Gyamfi
DSD Coordinator, NACP-Ghana

Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services
March 13-16, 2023 | Nairobi, Kenya

Outline

- Background
- Methods
- Results
- Lessons learnt
- Way forward

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Background

- Ghana adopted the WHO recommendations to "TREAT ALL" in 2016 towards achieving UNAIDS targets of 90-90-90 by 2000
- Repeat HIV-positive testing is associated with delay in linkage to care[1] and has also been seen among recipients of care already receiving treatment[2]
- HIV programs need to understand and program for retesting for clients re-engaging in care: WHO 2021 Consolidated Guidelines (p 33) [2]

the test device, lot or testing site *(1)*. Retesting is common among people living with HIV who already know their status, including those receiving treatment. Motivations for retesting vary including doubts about the accuracy of a previous test, feeling sick or healthy or wanting to check on or come to terms with an HIV-positive diagnosis. Such retesting is not recommended and can provide incorrect results if the person living with HIV is receiving ART. For some people who know their HIV status but have not initiated or discontinued treatment, retesting is an important opportunity to initiate or re-engage in care and build trust and gain familiarity with health-care workers and the process of linking to care.

[1]Kulkarni S, Tymejczyk O, Gadisa T, et al. "Testing, Testing": Multiple HIV-Positive Tests among Patients Initiating Antiretroviral Therapy in Ethiopia. Journal of the International Association of Providers of AIDS Care (JIAPAC). 2017;16(6):546-554. doi:10.1177/2325957417737840

[2]Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Objectives

- Determine re-testing rates in Ghana
- Identify key reasons for re-testing
- Propose interventions to address re-testing and needs of re-testers

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Methods

- **Design**: Cross sectional (Quantitative & Qualitative)
- **Setting**: 120 purposively selected ART sites across 3 geographic zones of Ghana
- **Respondents**:

  PLHIV 18 years + on treatment as of March 2019

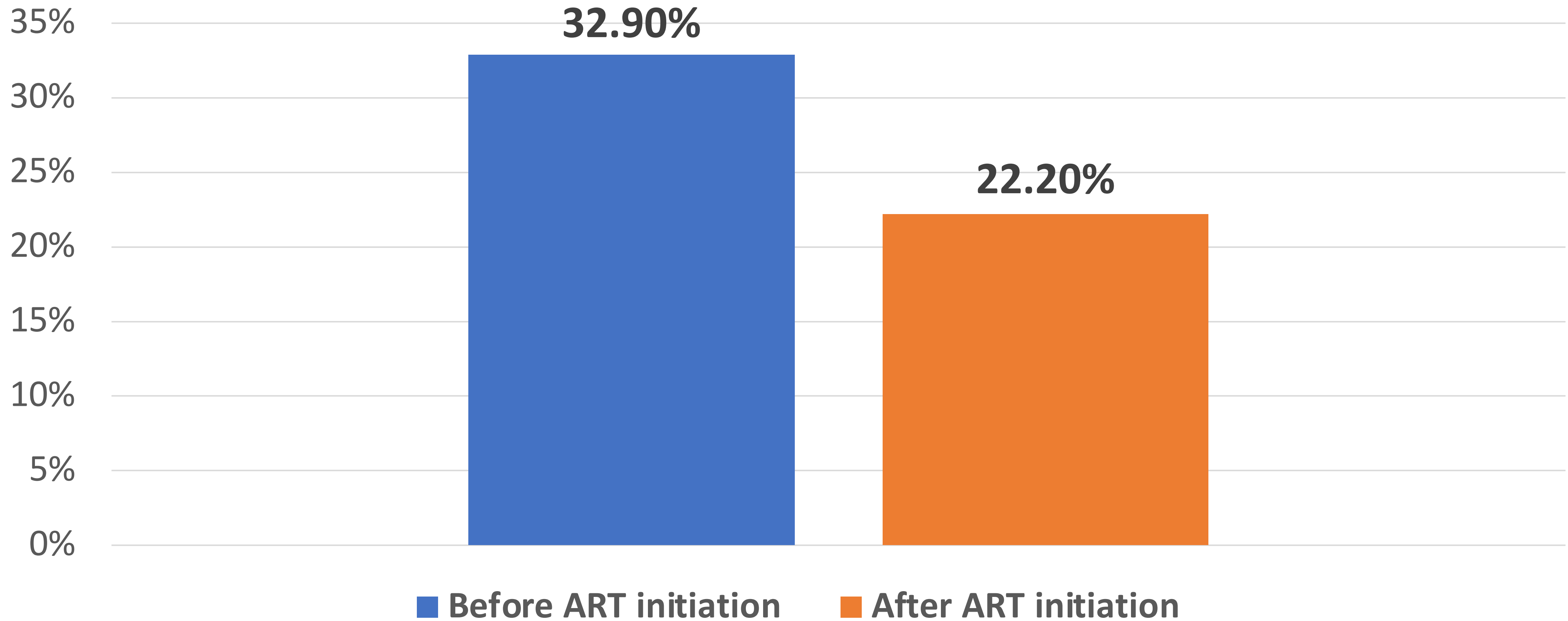
  Healthcare Workers
- **Data collection**: Questionnaire and FGD(6)
- **Period**: October-December 2019
- **Data analysis**: Stata V15-Quantitative, Inductive analysis for qualitative data

RESULTS

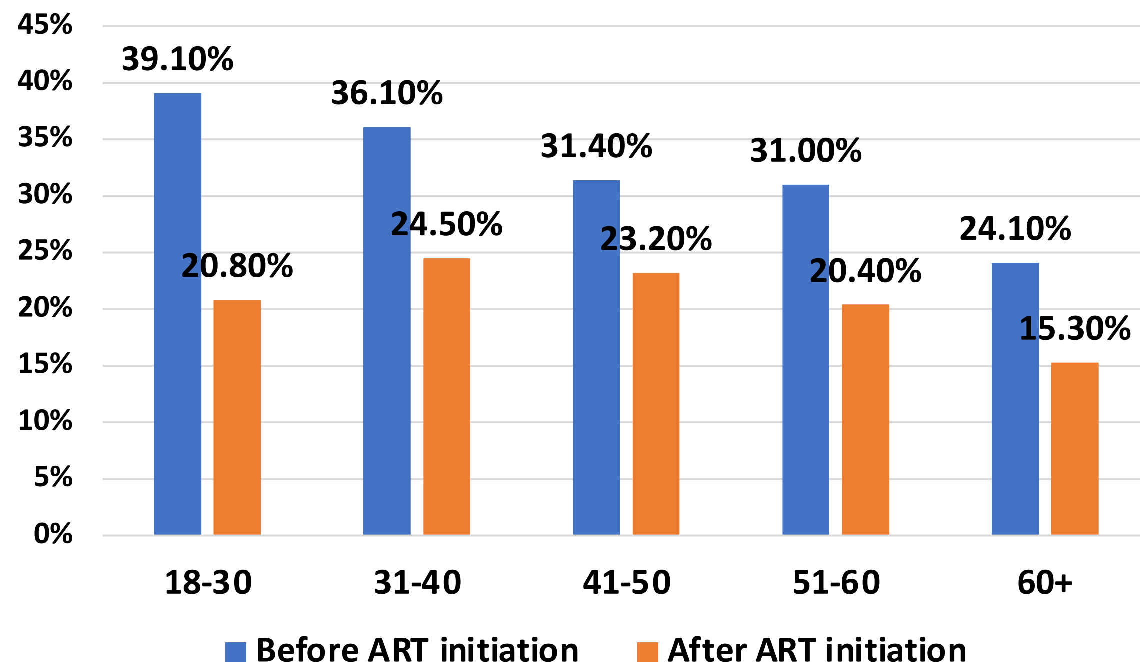
Results 1-Respondent Characteristics

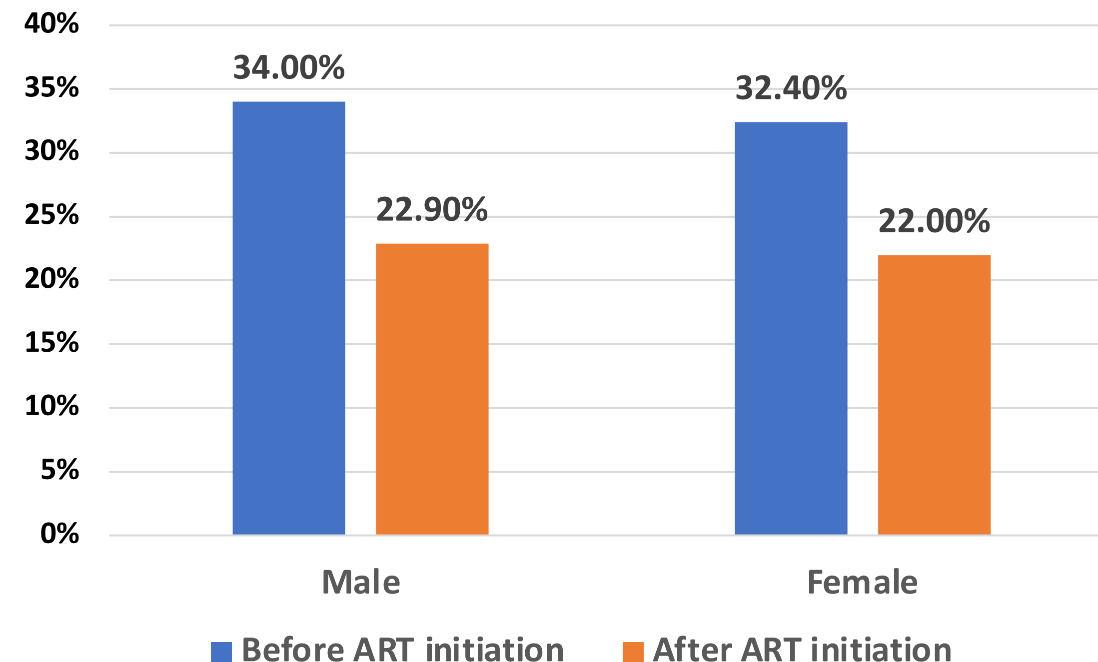
Respondent Characteristics		Distribution (N = 11,145)
Age	18-30	12.2%
	31-40	27.0%
	41-50	32.3%
	51-60	20.3%
	>60	8.2%
Sex	Male	25.7%
	Female	74.3%
Type of facility	Tertiary	42.8%
	Regional	43.4%
	District	11.2%
	Health Centre	2.6%
Zones	Northern	8.9%
	Middle	43.5%
	Southern	47.6%
Year of diagnosis	Before treat-all implementation	67.9%
	During treat all Implementation	32.1%

Results 2-HIV Retesting Rates



Results 3-Retesting Rates by Age and Gender





Among the re-testers who had not initiated ART, the majority were young re-testers (18-30yrs); while among re-testers who had already initiated ART, most were 31 -40 years of age

There was no significant difference in gender in both populations of re-testers who had not initiated ART, and re-testers who had already initiated ART

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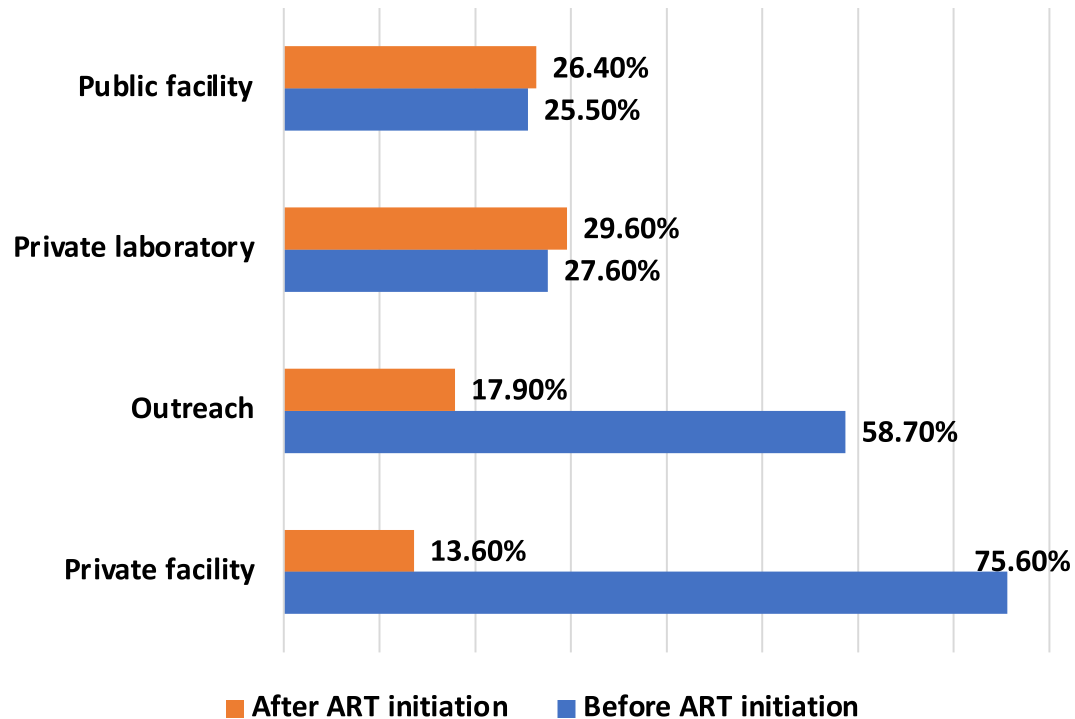
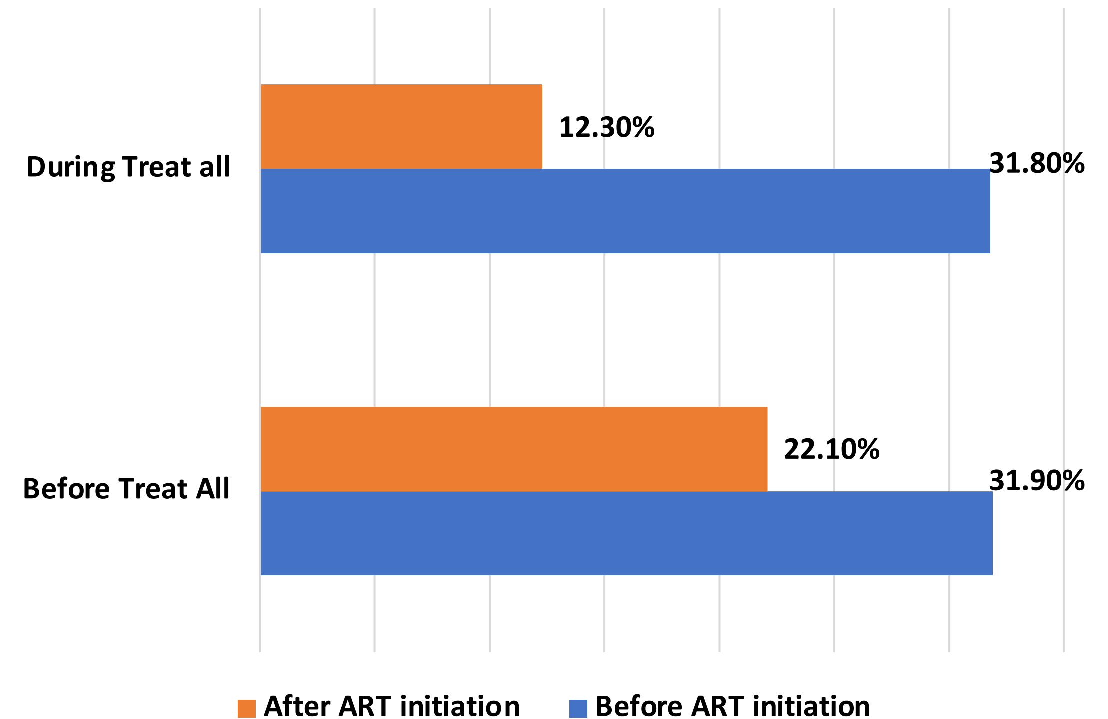
Results 4-Retesting Rates

Location of Initial Diagnosis



Among the re-testers who had not initiated ART, 76% were first diagnosed in a private facility; while among re-testers who had already initiated ART, most (30%) were first diagnosed at a private laboratory

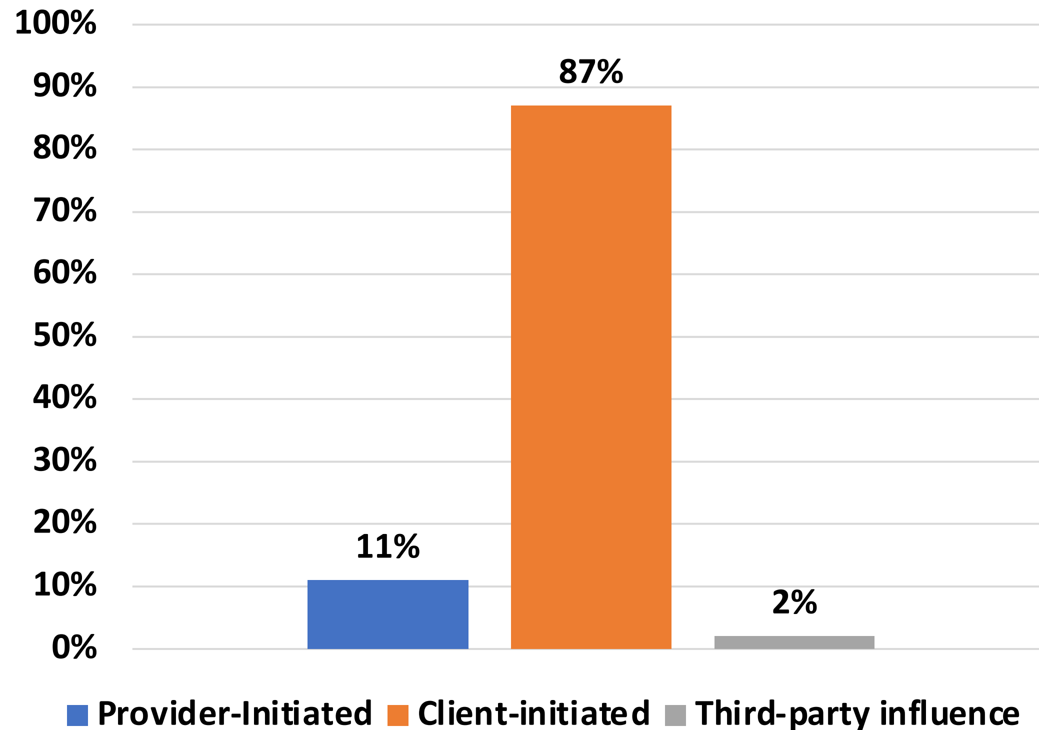
Period of Diagnosis



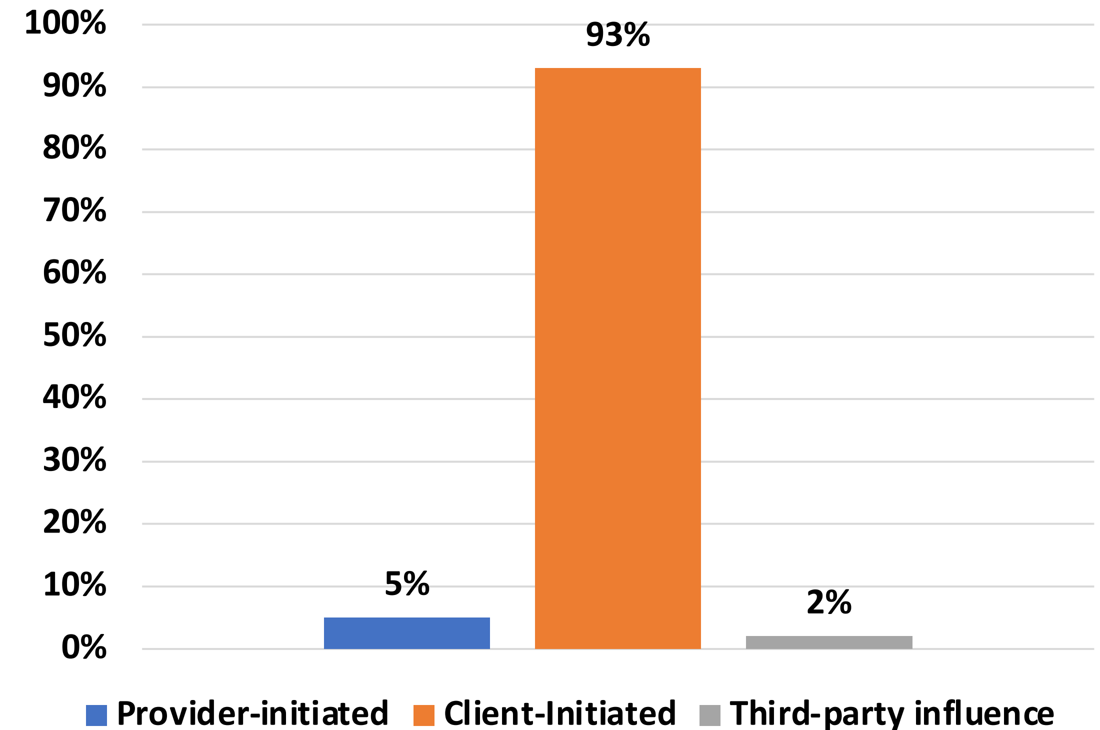
There was no difference in period of diagnosis among re-testers who had not initiated ART; but among those had already initiated ART there were more re-testers diagnosed before the treat-all period

Results 5-Reasons for Retesting among HIV positive Clients

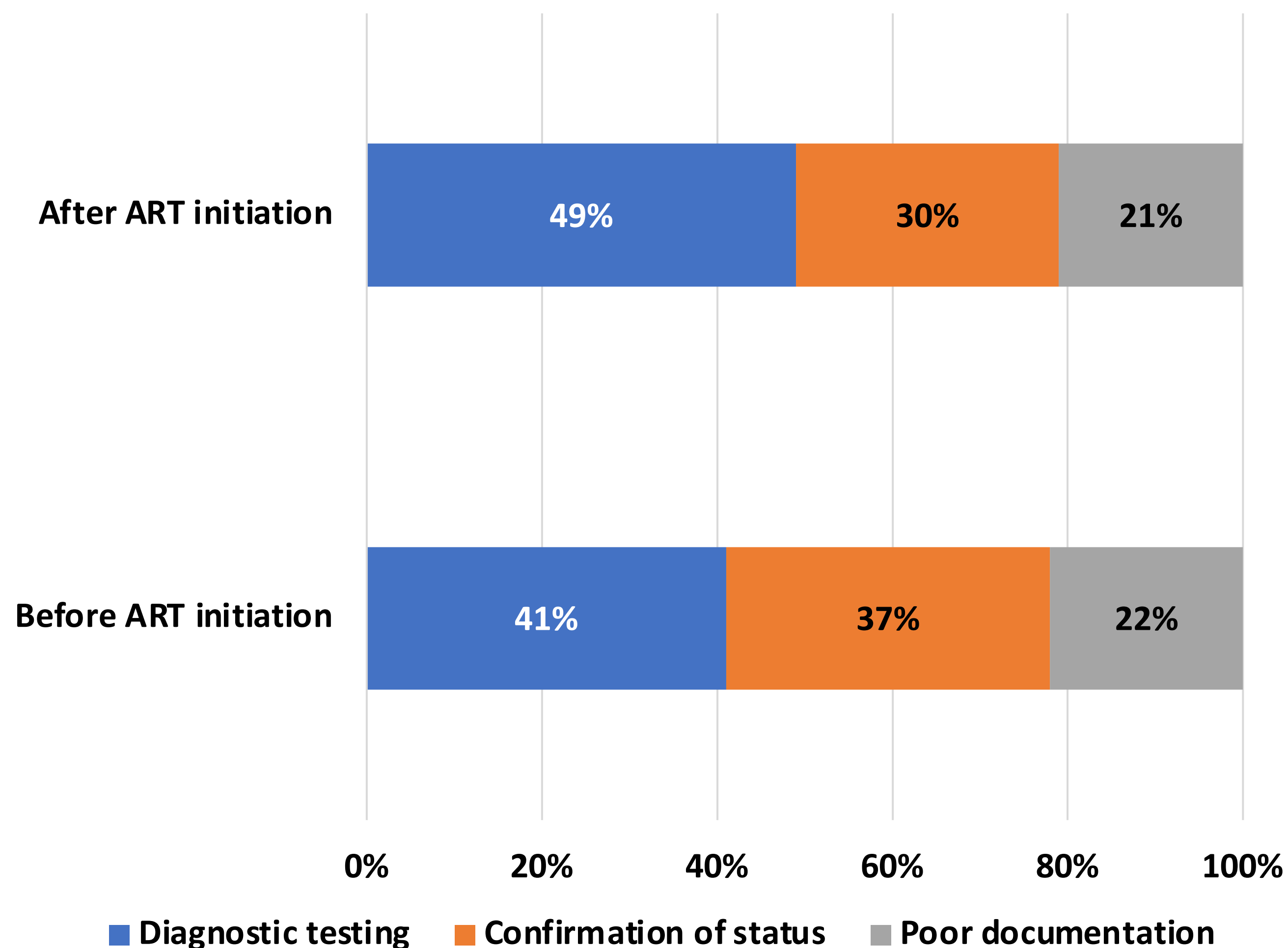
Before ART Initiation



After ART Initiation



Reasons for Provider-initiated Retesting



"Some of the retesting is from our part. They give them the referral without telling them why they are being referred to Korle-Bu. When they come, they hand over their referral letter and when you ask them why they were referred here, they will tell you I was asked to come here. When you open the letter, you will realize this person is positive client. Retesting comes in for you to be sure of the referral letter. In which I know is not the fault of the client"

(Health worker FGD – Southern Zone)

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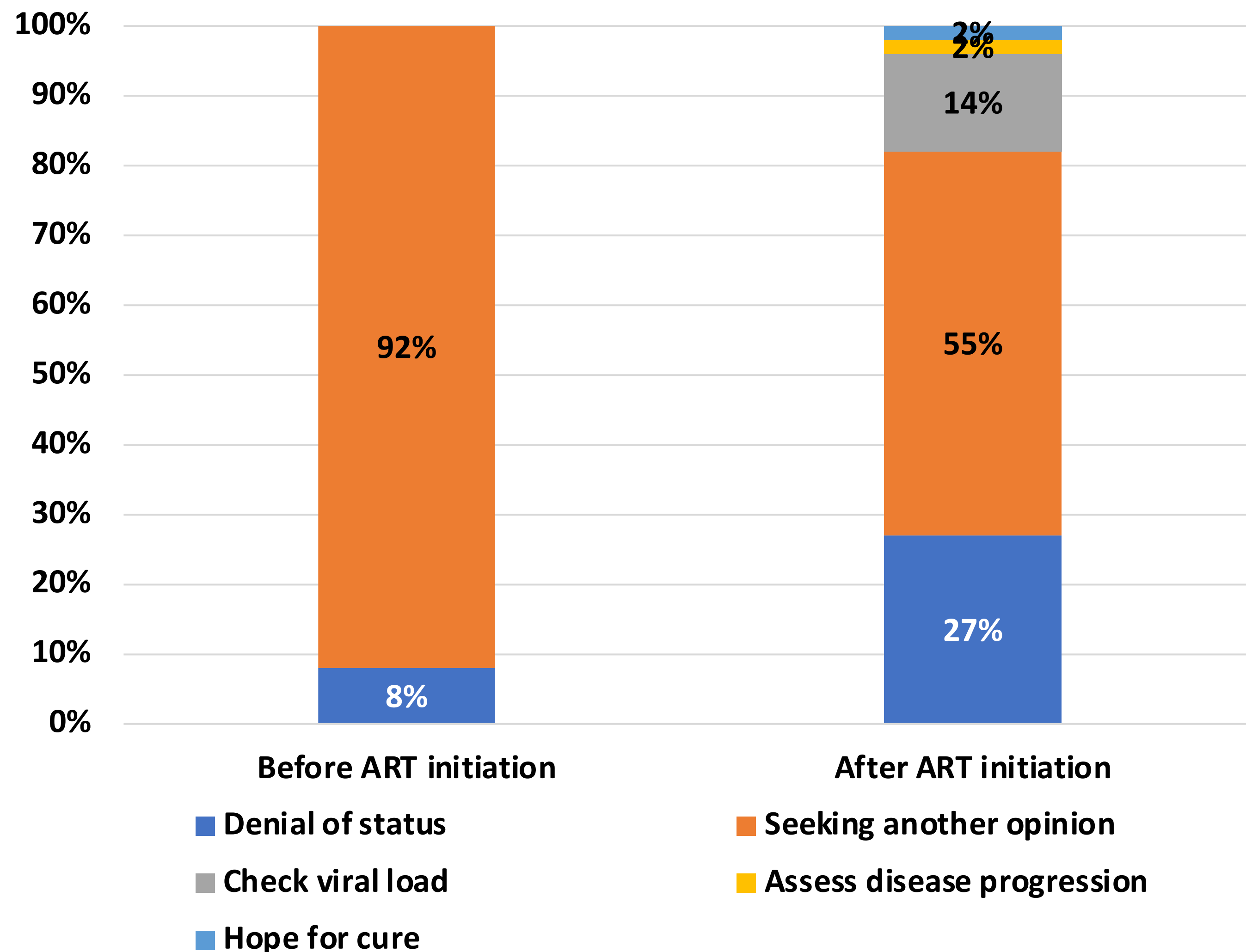
Reasons for Client-initiated Retesting



"Most people do not believe the results and some do not believe a disease like HIV can affect them. So, if they get tested and they are told the results is positive they have to go for retesting. Some people can retest as much as four time and at different place and still do not believe the results"

(Client FGD – Northern Zone)

"What I realized is that, those who test at the smaller facilities turn not to believe the results we tell them till they come to Korle Bu to confirm it"-

(Health worker FGD –Southern Zone).

"I have done retesting before. I did my first test in 2001. I did a second in 2003. Reason being that, I didn't accept the results of 2001 and in 2003, I was still strong so I chose to be retested. After I was again tested positive, I finally came to accept it" –

(Client FGD – Southern Zone).

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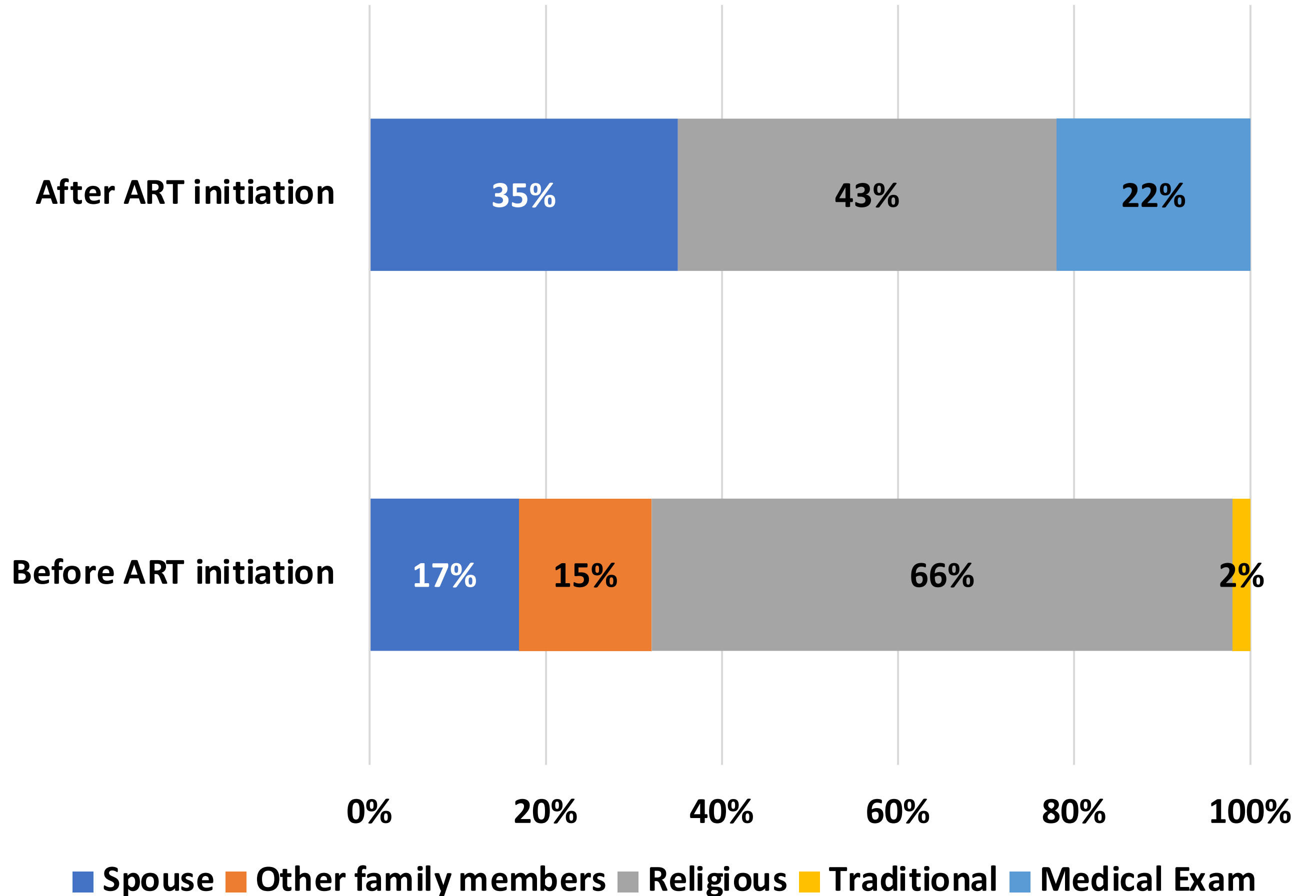
Third-party Influence on Retesting

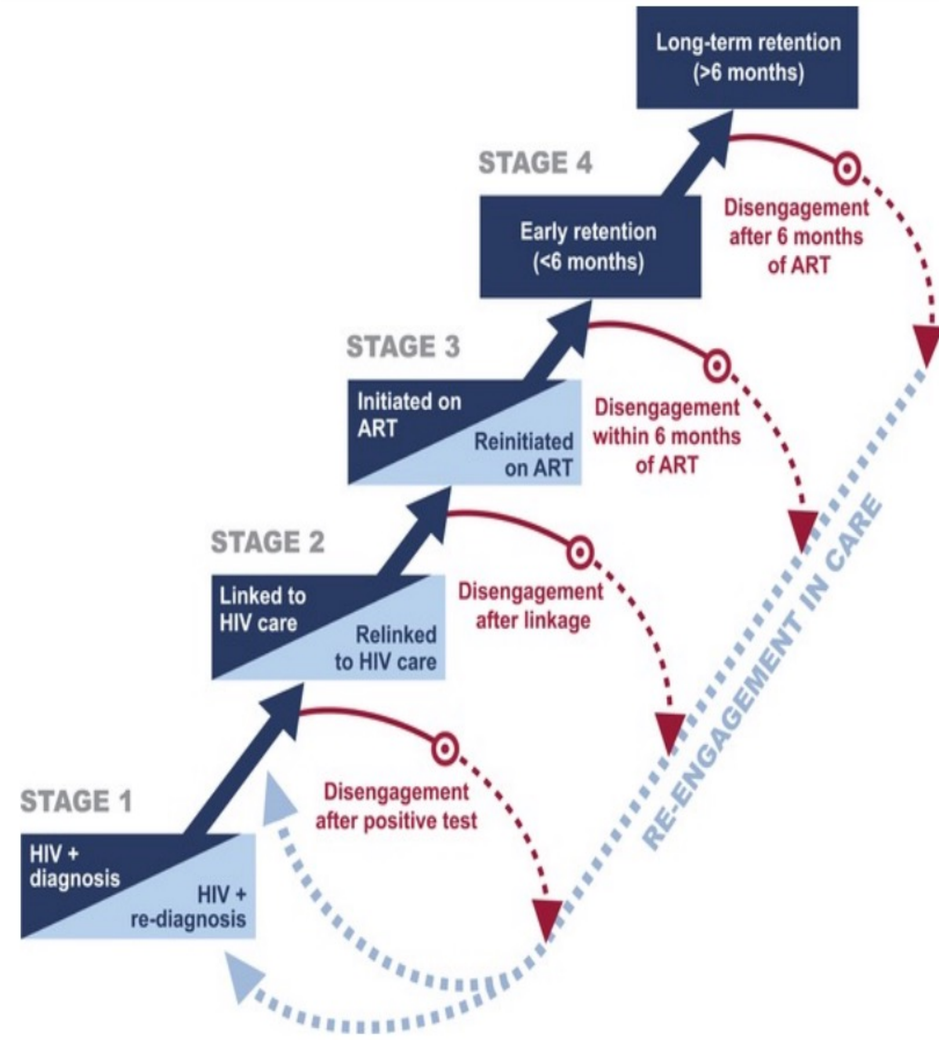


"Some pastors will advise that you ignore the results and adhere to prayer and fasting. I have been a victim here. I fasted for 40 days and still tested positive so I'll encourage anybody who is positive to be on medication. If you stick to medications, you can do any work that you want to do for as long as you want"

(Clients FGD – Middle Zone).

Lessons Learnt

1. Retesting rates higher among males, before ART initiation and treat-all and among testers in private settings and outreaches
2. Retesting behavior is an inherent demand creator for re-engagement
3. The major reasons for client-initiated repeat testing are potential reasons for client disengagement from care (all stages) and should be addressed at initial diagnosis



Ehrenkranz P et, PLOS 2021

Way Forward-1

- Build capacity in motivational counseling at all testing and ART sites
- Involve expert clients in the testing and counseling
- Leverage unique identifiers and introduce question on retesting in M&E systems to address documentation challenges (case-based surveillance)
- Build differentiated demography-specific welcome-back packages targeting re-testers to support re-engagement
  - correct information
  - counselling
  - support & adherence groups
  - navigators
  - community based-services

Way Forward-2

- Providing update messages on U=U in clinics and during community engagements for those diagnosed before treat-all
- Engaging faith and traditional leaders to bridge knowledge gap and support re-engagement
- Providing support services and ensuring accountability for clients in the first 6 months after diagnosis / re-engagement

Thank you!