

Characteristics of Clients Re-testing in Eswatini

Pido Bongomin MD, MMed Internal Medicine
Deputy Country Resident Director
and
Chief Technical Officer
Georgetown University
Center for Global Health Practice and Impact
Eswatini

Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

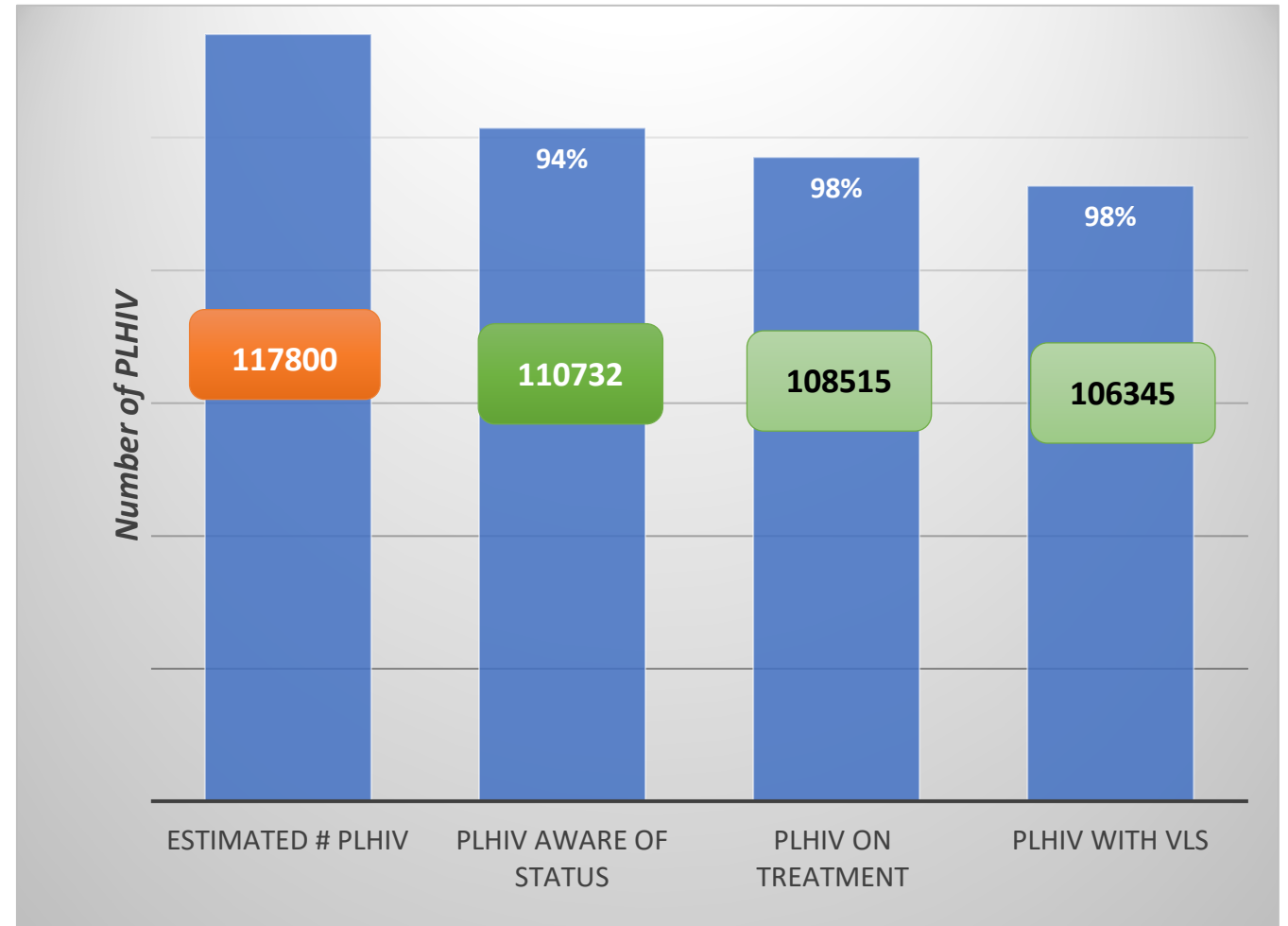
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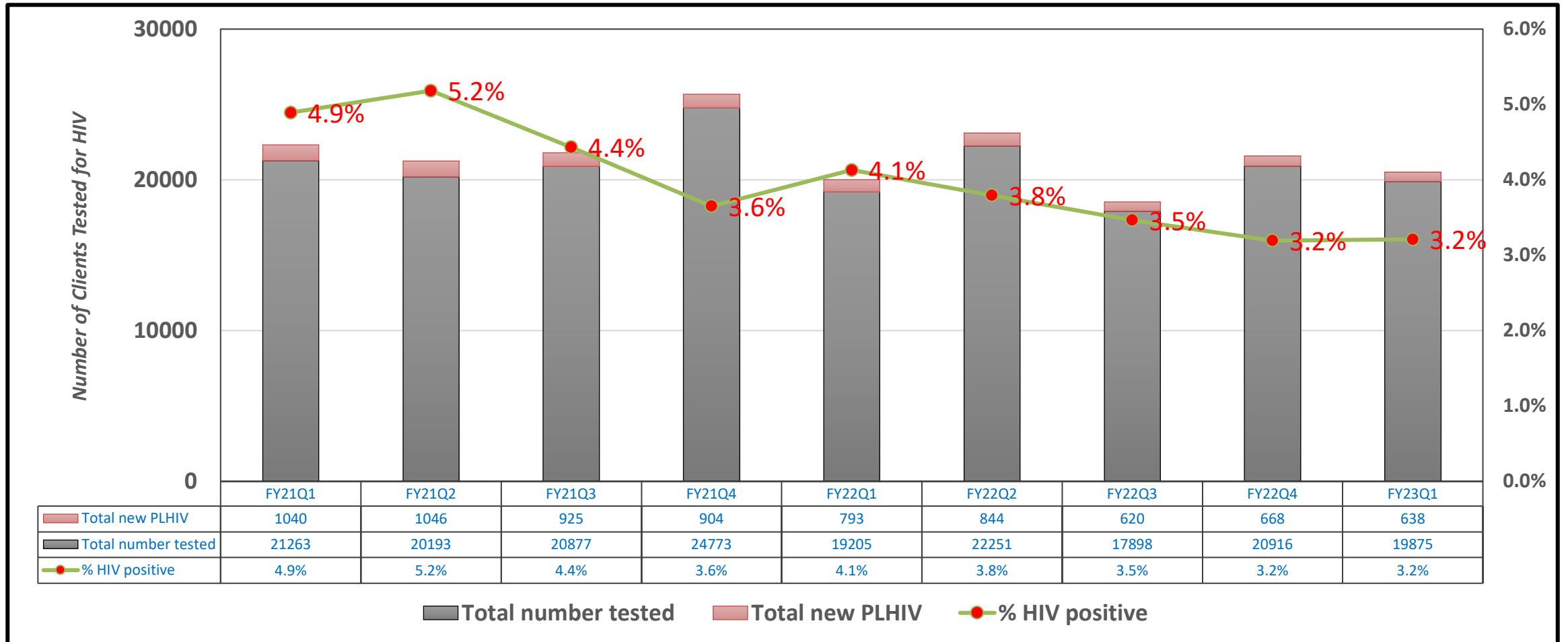
The Kingdom of eSwatini: Population of 1.1m



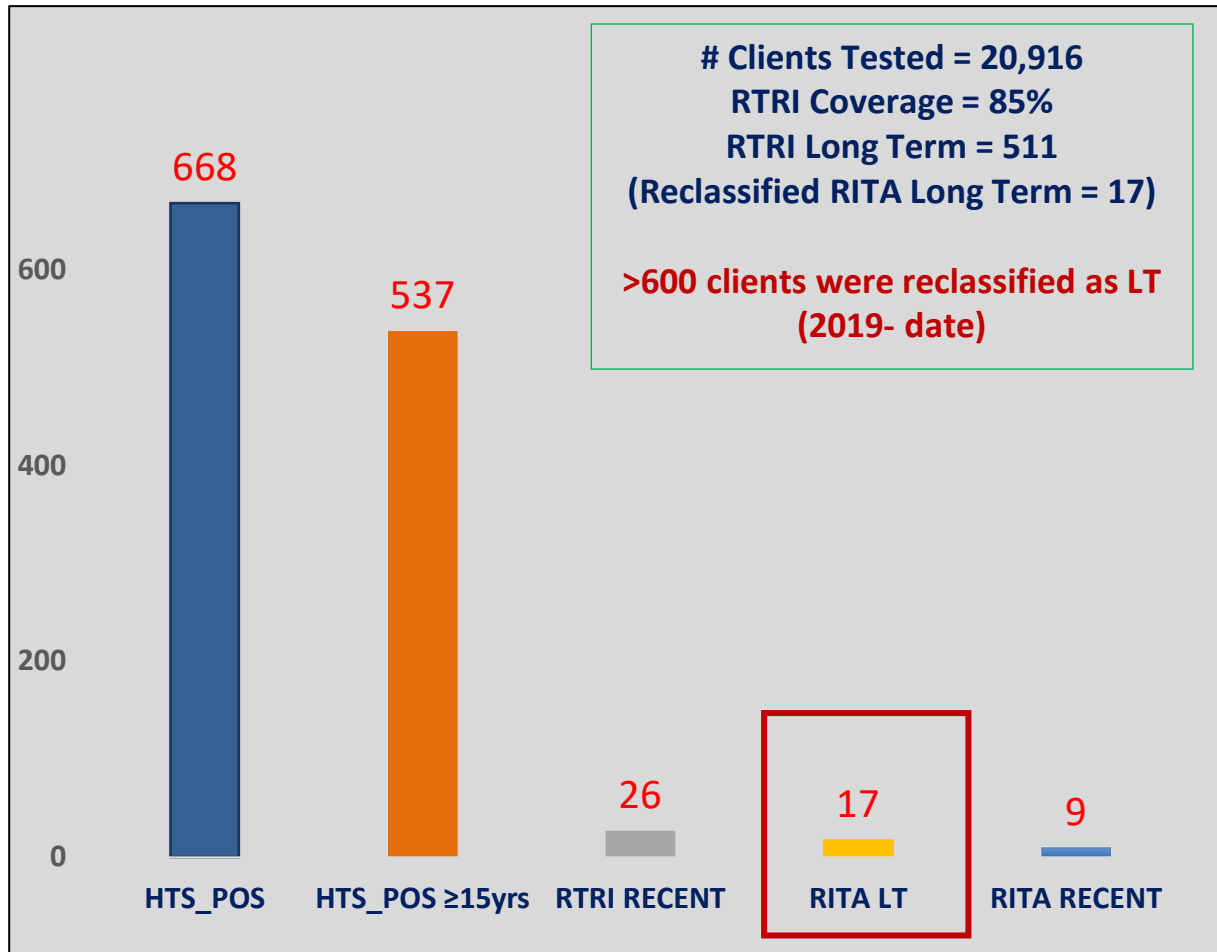
Manzini and Lubombo: 95.95.95 Cascade



HTS Trends October 2020 – Dec 2023



Manzini and Lubombo Recency Cascade: FY22Q4

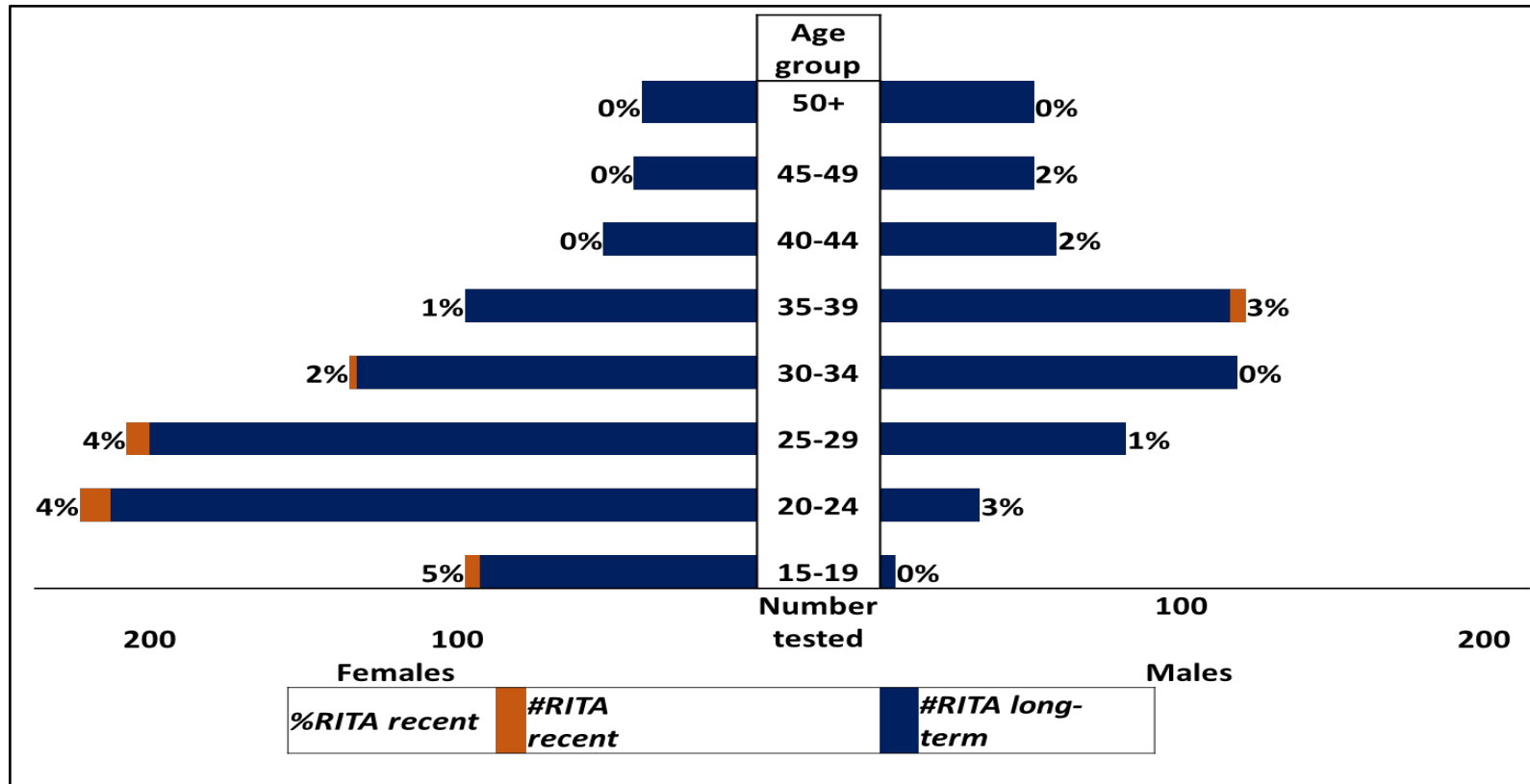


- 65% of RTRI Recent reclassified LT after being found suppressed VL testing
- Aggregate national program data >600 individuals have been re-classified since the beginning of RECENCY testing
- Viral load results <1000 copies/mL can be used to help reclassify individuals previously diagnosed and on ART and elite controllers as RITA-long-term)¹
- Emerging modelling estimates indicate that **>50% of individuals testing HIV+ in SSA have been previously diagnosed/on treatment².**

¹TRACE eLearning Hub

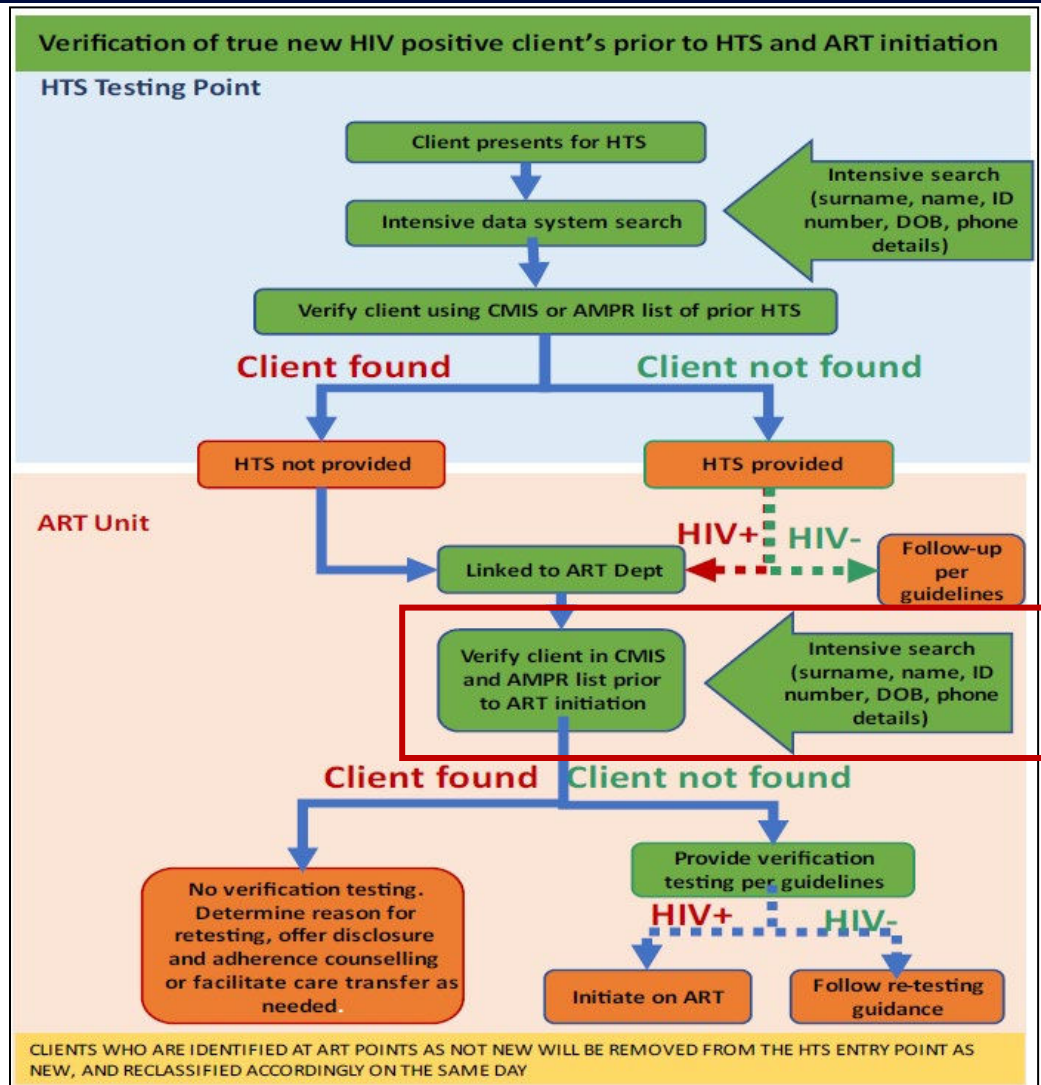
²Wilkinson L, July 2022. Session framing remarks: The Future of HTS, AIDS 2022.

eSwatini Needs to Identify Newly Infected Individuals Earlier



- From RECENCY data, 97% of new diagnoses are long term infections
 - Strategies must identify newly infected individuals earlier.


HIV Status Verification SOP



- HIV status verification SOP to screen “newly diagnosed PLHIV” for:
 - prior HIV diagnosis or
 - ART use through multiple data sources
- Ascertain true new HIV testing event through data systems verification:
 - APMR list
 - CMIS / CMIS lite
- Search the APMR list and CMIS / CMIS lite:
 - Clients’ full names,
 - Eswatini ID number,
 - Date of birth details and
 - Phone number.
- Determine next action pathway, informed by outcomes of verification

HTS Tally Sheet

Monthly HTS Tally Sheet, with reasons for repeat testing


 Tally Sheet for verification for true new positive SOP

Reporting month: DECEMBER 2022 Reporting Site: WUNYEGO VCT/OPD

Indicator		Found in CMIS		Found in other data sources	
		Below 15 years	Above 15 years	Below 15 years	Above 15 years
History of previous HIV diagnosis	Females	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000
	Males	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000
History of previous ART initiation/use	Females	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000
	Males	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000

Monthly summary

Indicator	Observations	Reasons for retesting
A Total HTS POS	7	- partner prayed 4 her 20 negative
B Total with History of previous diagnosis	0	- Was not convinced on initiation
C Total with History of previous ART use	3	- wanted to do self transfer
D Total number of repeat testers (B+C)	3	
E Total number of true new positive cases (A-D)	4	

Name of staff completing report: _____

- Populated daily, aggregated at the end of the month
- For all identified repeat testers:
 - Reasons for retesting
 - Non-judgmental counselling and health education
- Scaled-up to all health facilities
- Retrospectively abstracted data for the period Jan – Dec, 2022

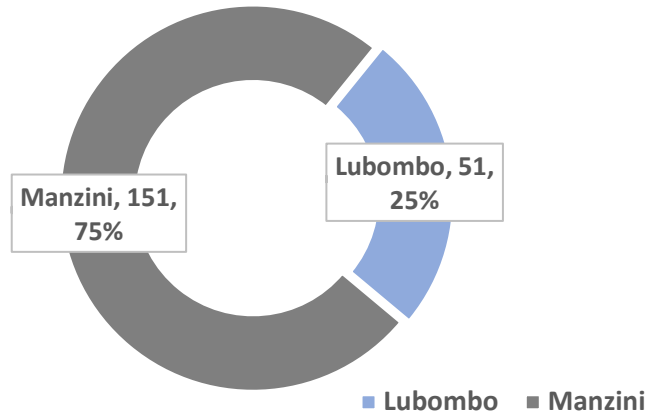
Summary Findings Jan-Dec 2022

Indicator		Manzini	Lubombo
A	• Total HTS_POS (A)	1,665	529
B	• Total with History of Previous Diagnosis (B)	74	33
C	• Total with History of Previous ART Use (C)	77	18
D	• Total number of repeat testers (B+C)	151 (9%)	51 (10%)
E	• Total number of true new positive cases (A-D)	1,514 (91%)	478 (90%)

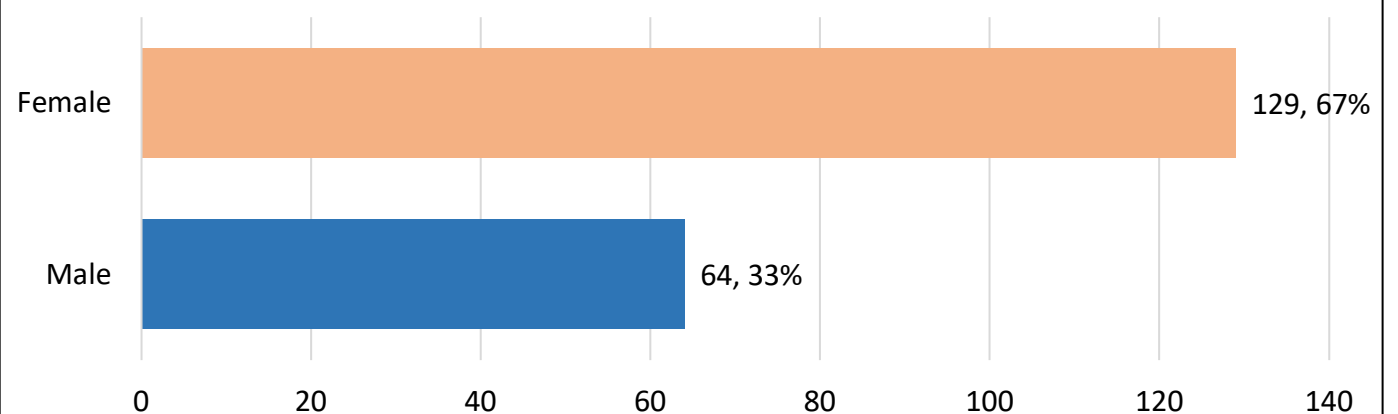
Number with reasons for retesting = 193 out of 202 (96%) repeat testers

Socio-demographic Characteristics of Re-testers

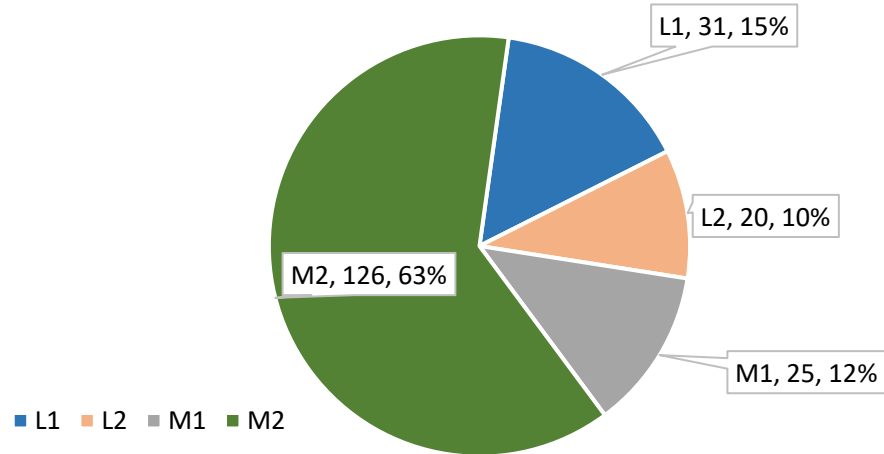
Retesting by Region Jan – Dec 2022



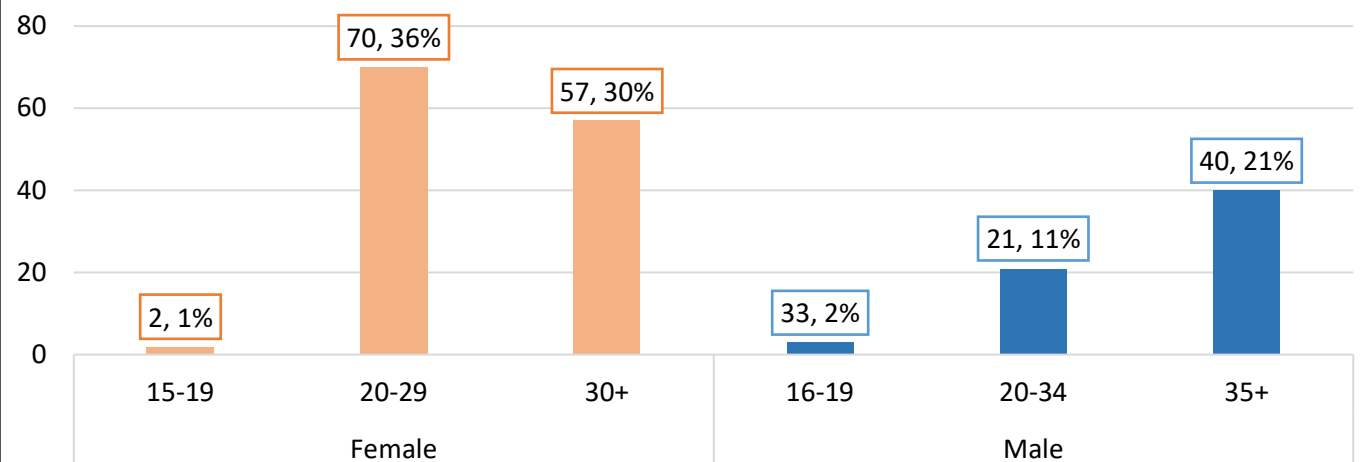
Retesting by Sex Jan - Dec 2022



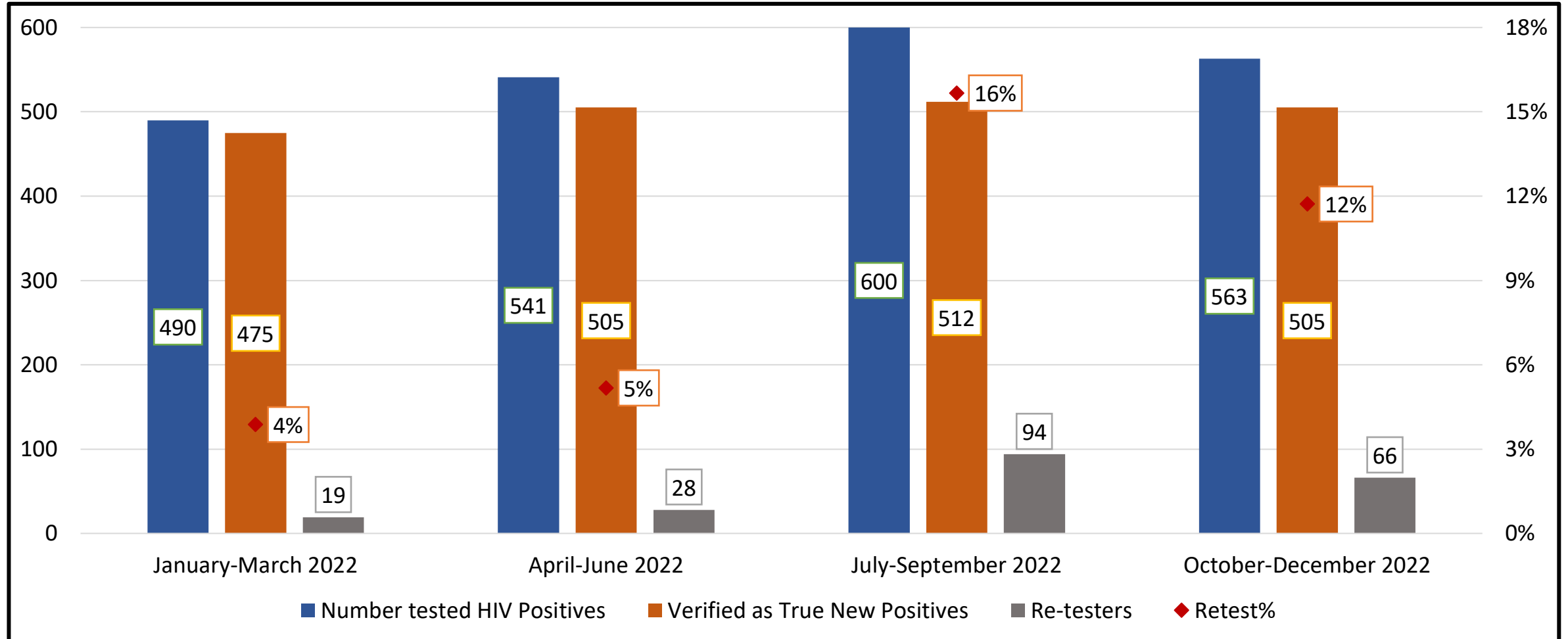
Retesting by Zones Jan – Dec 2022



Retesters



Re-testing trends in Lubombo and Manzini: Jan – Dec 2022



Reasons for Re-testing - Overall

Reasons for Retesting	Total	%
• Retesting to re-initiate/re-engage in care	68	35%
• Inability to obtain transfer letters from their original ART sites	36	19%
• Clients were taking ART in South Africa	12	6%
• To verify HIV status after Faith Healing by Pastor/Church	10	5%
• Came to re-test as a couple, to make disclosing to the spouse easier	9	5%
• Other: Clients were taking ART in South Africa	9	5%
• Tested in the community, not initiated on ART	9	5%
• Other: Afraid to disclose in the facility	7	4%
• To verify HIV status after initial diagnosis and ART use	6	3%
• To verify HIV status after initial diagnosis from elsewhere	6	3%
• Other: Did not feel comfortable taking ART from their Initial Facility /community clinic	4	2%
• To verify HIV status after initial diagnosis and ART use	4	2%
• Afraid to disclose in the facility	2	1%
• Came to retest because it is required by employer/condition to get employed	2	1%
• Clients denied the ID on CMIS	2	1%
• In denial from the initial test	2	1%
• Other: lost bag with clinic cards	2	1%
• Not ready for ART before	1	1%
• Other: Inpatient already on ART who never disclosed HIV status to family	1	1%
• Other: Not disclosed to as a child	1	1%
Grand Total	193	100%

Reasons for Re-testing by Age and Sex

Reasons for Retesting	Female				Male				Grand Total
	15-19	20-29	30+	Total	16-19	20-34	35+	Total	
Retesting to re-initiate/re-engage in care	-	26	15	41	2	14	11	27	68
Came to retest in a new facility because they could not get transfer letters from their original ART sites	-	21	9	30	-	-	6	6	36
Clients were taking ART in South Africa	-	1	7	8	-	1	3	4	12
To verify HIV status after Faith Healing by Pastor/Church	1	2	7	10	-	-	-	-	10
Came to re-test as a couple, to make disclosing to the spouse easier	-	-	3	3	-	-	6	6	9
Other: Clients were taking ART in South Africa	-	1	5	6	-	-	3	3	9
Tested in the community, not initiated on ART	1	6	1	8	-	1	-	1	9
Other: Afraid to disclose in the facility	-	4	3	7	-	-	-	-	7
To verify HIV status after initial diagnosis and ART use	-	4	-	4	-	2	-	2	6
To verify HIV status after initial diagnosis from elsewhere	-	3	-	3	-	-	3	3	6
Other: Did not feel comfortable taking ART from their Initial Facility /community clinic	-	-	2	2	-	-	2	2	4
To verify HIV status after initial diagnosis and ART use	-	2	1	3	-	1	-	1	4
Afraid to disclose in the facility	-	-	-	-	-	-	2	2	2
Came to retest because it is required by employer/condition to get employed	-	-	-	-	-	1	1	2	2
Clients denied the ID on CMIS	-	-	-	-	-	-	2	2	2
In denial from the initial test	-	-	2	2	-	-	-	-	2
Other: lost bag with clinic cards	-	-	1	1	-	1	-	1	2
Not ready for ART before	-	-	1	1	-	-	-	-	1
Other: Inpatient already on ART who never disclosed HIV status to family	-	-	-	-	-	-	1	1	1
Other: Not disclosed to as a child	-	-	-	-	1	-	-	1	1
Grand Total	2	70	57	129	3	21	40	64	193

Summary 1: Welcome Back Package

- Our data show that the top reason for repeat testing is:
Retesting to re-initiate/re-engage in care: 35%
- eSwatini has adopted a “**welcome back**” care package for RTT clients, which is personalized and attempts to understand the reason for disengagement

Welcome Back Package:

Re-engagement in care involves the following steps:

- Warmly welcoming the client, including congratulating them for choosing to come back (Avoid scolding or being judgmental)
- Pledging support: “I am here to support you through your ART journey”.
- Identifying the reason for treatment interruption
- Ascertain which drugs the patient was taking, and for how long, the reasons for stopping treatment, check if they had any side-effects.
- Reviewing chronic care/ green booklet to check last regimen and check viral documented suppressed viral loads.
- Refer client for further escalation counselling if necessary

Summary 2: Clinical Management

- Pre-treatment viral load
- Clinical management of individuals who re-engage after being out of care for one year:
 - CD4 testing as part of that return to care evaluation
 - Evaluate for AHD if CD4 $<200\text{cells/mm}^3$
- Individuals re-engaging after 3-6 months should be offered differentiated service delivery models that also integrate multi-month dispensing of ART:
 - Treatment Clubs, Peer Support, Automated Dispensing Lockers

Summary 3: Addressing Reasons for Repeat Testing

Healthcare Workers

- HTS is an important step in re-engagement to HIV treatment services
- National AIDS programs should therefore not discourage repeat testing, but instead encourage HCWs to provide enabling & friendly environment for repeat testers

Recipients of Care

- Encouraged to disclose previous diagnosis to ensure continuity of care and VL suppression
- We should use reasons for repeat testing to design human centered solutions for our recipients of care

Thank you!

