

dHTS and Linkage to Treatment at the community level: A Case Study from the RISE Project in Nigeria

Prince Obinna Anyanwu
ICAP in Nigeria

Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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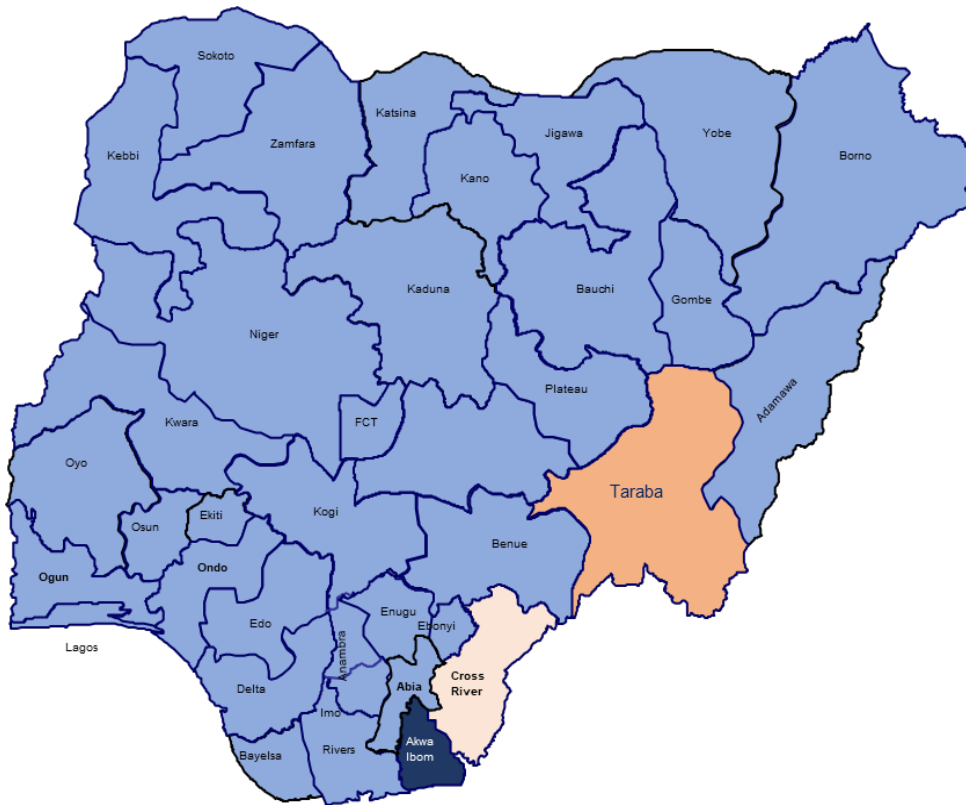
Six minimum HTS Linkage Service Package

06

Lesson from Community-based Treatment

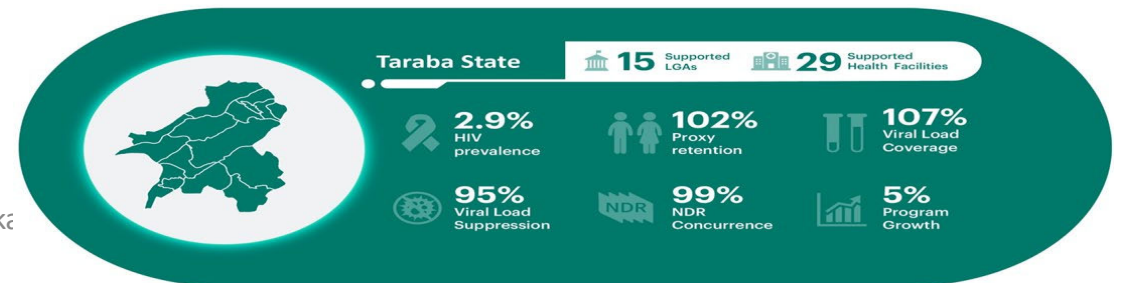
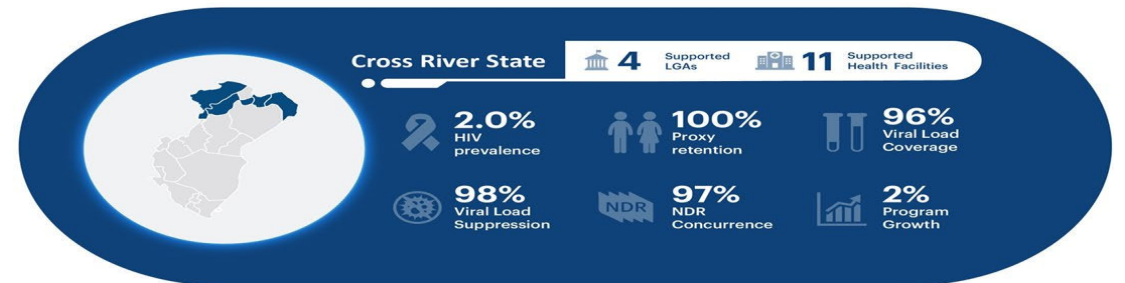
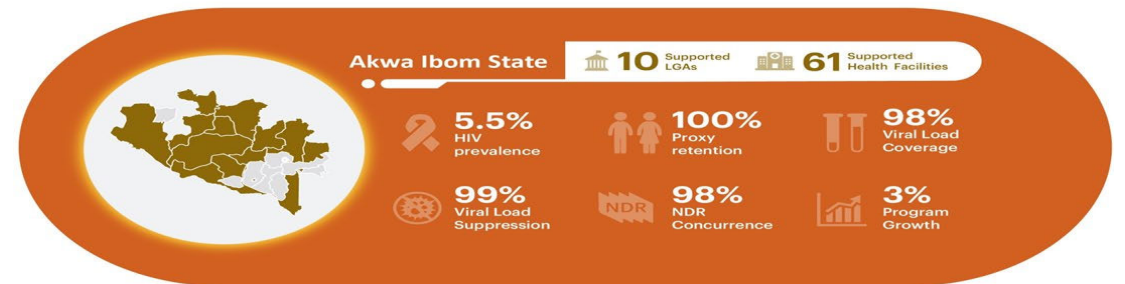
Background: RISE Nigeria

Reaching Impact, Saturation and Epidemic Control (RISE) -5-year comprehensive HIV care and treatment project with funding from PEPFAR through USAID



RISE Supported States at a Glance

October to December 2022



Community HIV Testing Modalities

01

Combined Mobile Testing Approach

Conducted by trained Counsellor Testers

- Hotspot Community mobile Testing
- Weekend, Early Morning and Moonlight testing

Target Population:

- Communities with index elicitation >10%
- Men at their gathering points e.g. alcohol joints, sports betting centers, barbing saloons, clubs
- Active age group at work during the daytime e.g. factory workers, commercial drivers, farmers, etc.

Third party testing models (Clinical Platform)

02

Conducted by trained Counsellor Testers at the clinical platforms

- Private labs
- Community pharmacies
- Patent Medicine
- Traditional Birth Attendants

Target Population:

- Patrons of clinical platforms

03

Camping and Riverine community testing

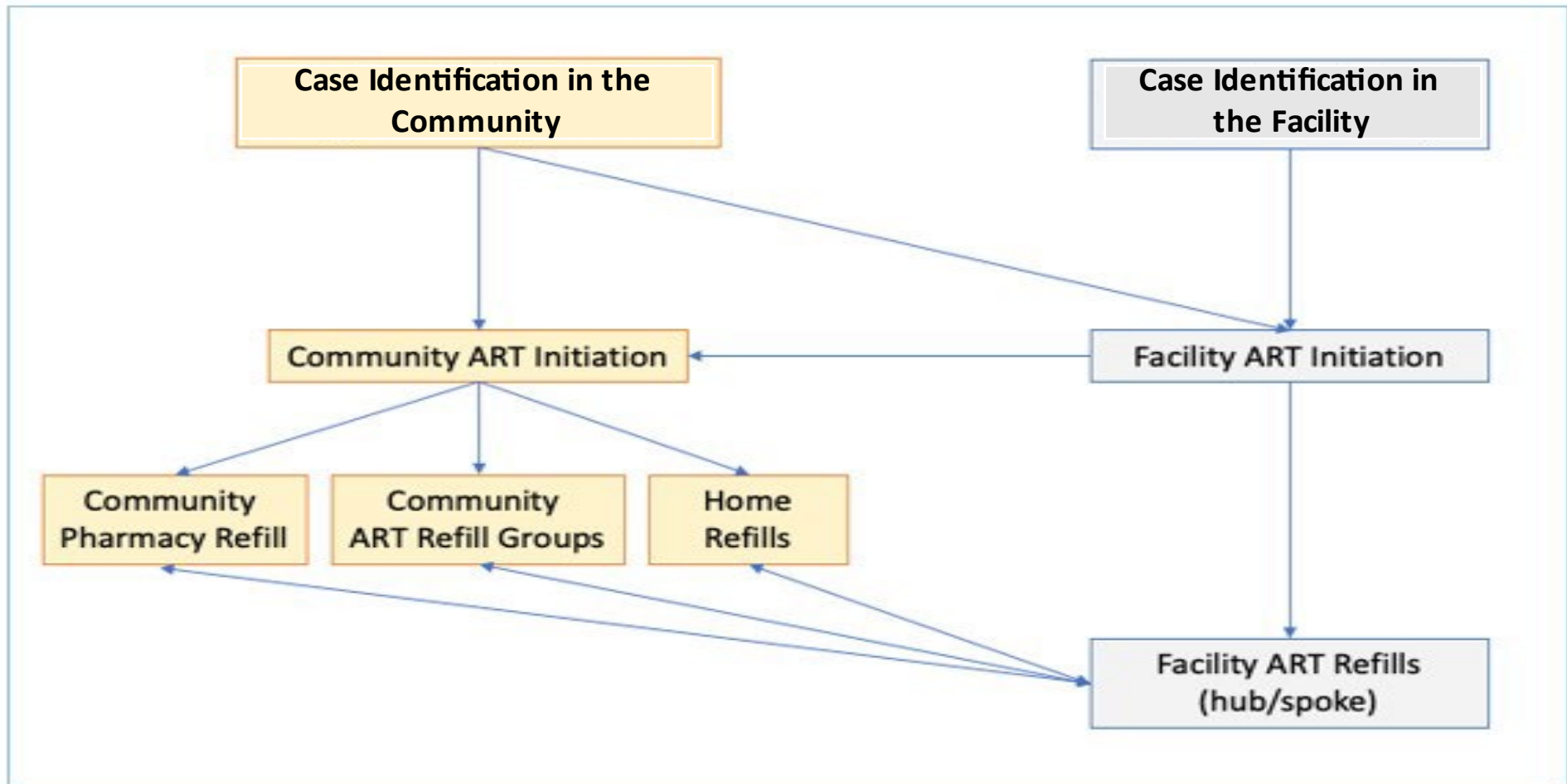
Conducted by Supported Community-based Organizations

Target Population:

- Partners of index RoCs
- Residents of Riverine and insecure communities

The RISE Model for ART Linkage

ART initiation and treatment models are flexible and based on client preference



Innovative Strategies for Improved Linkage to ART



Innovative Strategies for Improved Linkage to ART



Integrating ART adherence counselling into pre-HTS counselling

- Effectiveness of ART on improving the health and well-being
- Treatment as prevention



Implementation of the Test-And Start Strategy

- ART initiation at point of testing (community, facility) or same-day referral
- Offering multi-month ARV starter pack
- Adherence support from experienced beneficiaries of care (MMD3)



RISE Linkage to ART TEAM



Clinician: Provides technical and operational leadership to the team including HIV treatment services for HIV positive clients.



Pharmacist: Manages Regimen optimization and ARV logistics.



HIV Counsellor – testers: Conducts HIV counselling and testing



Case Managers: Provides adherence and treatment support to Recipients of care



Nurse Lead: Treatment Support and Coordinates the various community activities.



Lab Focal Person: Ensures logistics support & QC for RTKs commodities for the team.



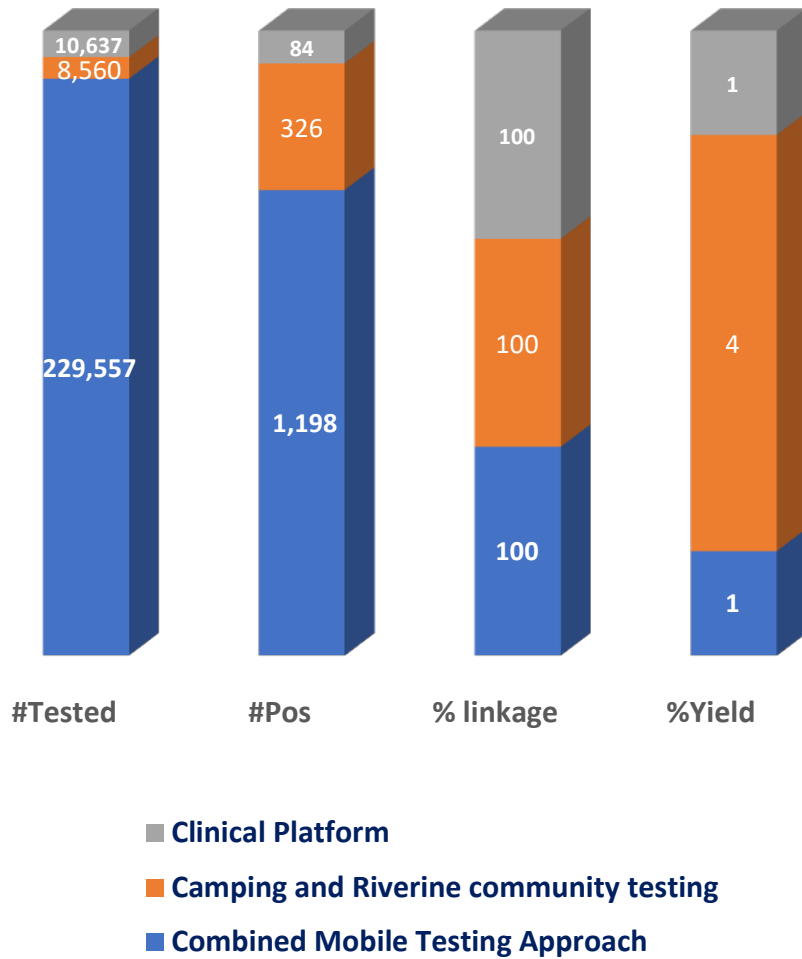
Data Entry Clerks: Ensures the proper documentation and biometric capture.



Community Mobilizers: Facilitates community entry for the various community surge activities

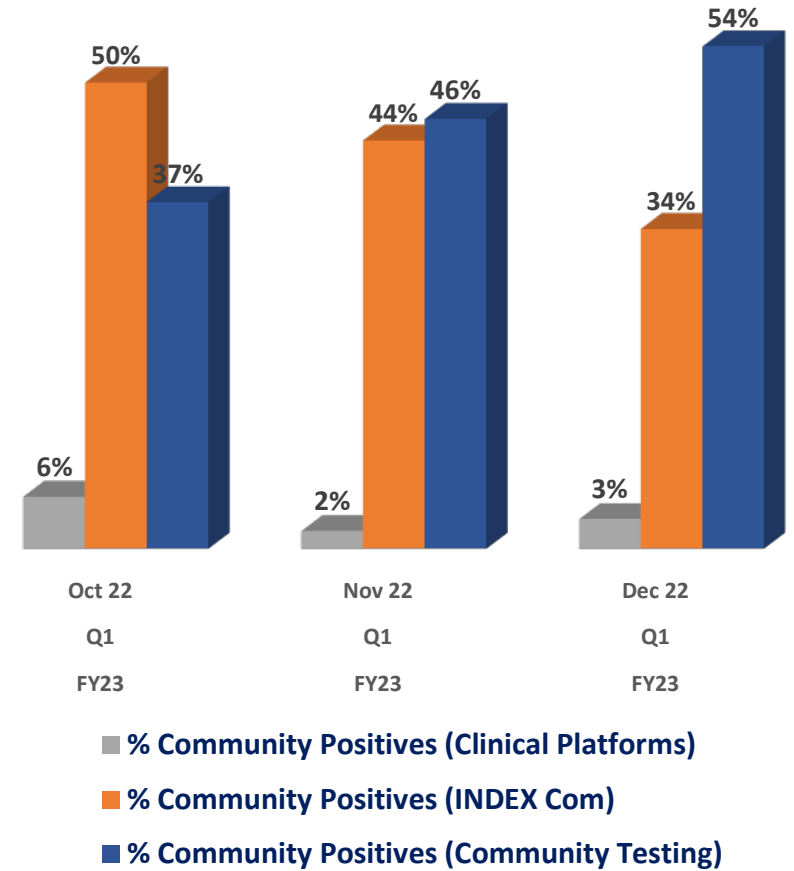
Community HTS Cascade

Q1 FY23 Community HTS Cascade



100% Continuity on Treatment

Q1 FY23 %Contribution of Community HTS to case identification

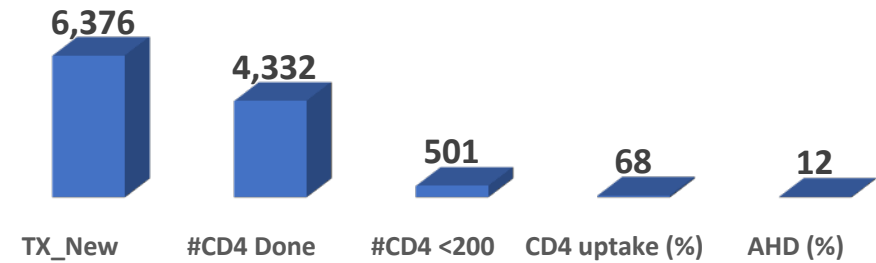


Six minimum HTS Linkage Service Package

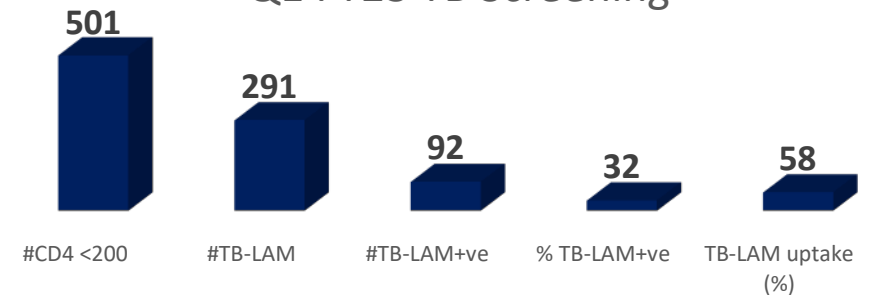
Minimum Package of Care for Newly Identified HIV-positive Persons

- 01 Re-testing for verification
- 02 Clinical review – Adult (Pediatric) Initial Clinical Evaluation forms
- 03 CD4 testing
- 04 Biometric capture into the LMIS
- 05 Screening for TB , TPT and CTX prophylaxis
- 06 COVID-19 Vaccination

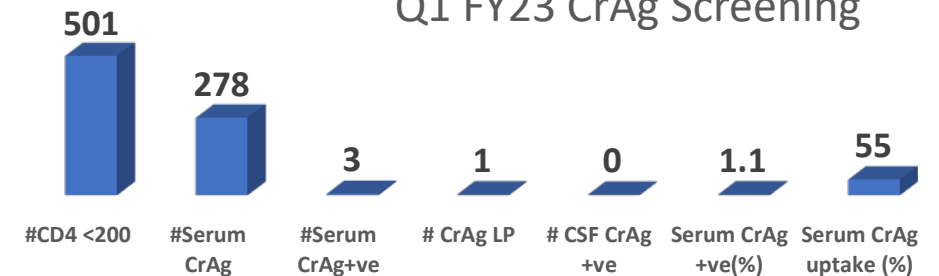
Q1 FY23 AHD Screening



Q1 FY23 TB Screening



Q1 FY23 CrAg Screening



HTS Quality and Confidentiality

Modifications to the 5Cs to optimize linkage to ART		Combined Mobile Testing Approach	Third party testing models (Clinical Platform)	Camping and Riverine community testing
	Consent, Confidentiality, Counselling, Correct test results and connection to HIV prevention, treatment and care	<ul style="list-style-type: none"> • Providing HTS at people preferred alternate sites (e.g. farm, church, the village square, market, community pharmacy, etc.) • Contacting elicited partners of index recipient of care to obtain consent for testing prior to home visits. • Providing confidential phone lines to partners of index recipient of care for reporting HIVST results. 		
		Providing audio-visual privacy e.g. use of covered tents in community settings	Discrete utilization of pre-packed medicines so contents cannot be identified	Offering HIVST kits to partners of index recipients of care
HTS Quality	Maintaining the Quality of HTS	<ul style="list-style-type: none"> • Quality controls are run on test kits every morning before the start of Testing • Counsellor undergo regular proficiency test. • Reactive results and re-tested before ART initiation • Training and retraining of counselor testers 		

Lesson from Community-based Treatment

- Improved linkage to treatment leading to increase uptake of ART
- Reduces the risk of missed treatment opportunities from incomplete community-facility referrals
- Removes barrier to treatment due to transportation costs to the facility
- Offered opportunity for ROCs to get ARV refills at their convenient locations
- Reduced workload on service providers, especially those at the health facility
- Integrated approach to the provision of HTS and treatment services at the community level gives better results
 - Multi-disciplinary teams providing community care
 - Support the understanding of how the different units can cooperate to achieve a good outcome
 - Strengthen community-facility linkage and referral services

Thank you!

