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BACKGROUND

- Eswatini is on the brink of achieving all 95-95-95 UNAIDS HIV epidemic control targets for all sub-populations.
- There is therefore a need to assess cost-efficient measures to inform selection of a strategic mix of HIV testing services (HTS) approaches for different population sub-groups with the biggest gaps in case finding.
- Eswatini National AIDS Program introduced a risk-based HIV screening tool (HIVRST) in 2021. However, program results showed that the HIVRST was screening out HIV-positive clients.
- To address this challenge, Georgetown University started a Quality Improvement Collaborative (QIC), using HIV self-tests (HIVST) as a screening tool for HTS eligibility.

IMPROVEMENT AIM

- To increase HTS coverage for eligible clients from 84% in August 2022 to 100% by September 2023 in 4 high volume outpatient departments (OPDs) using HIVST as a screening tool
- To increase the quarterly average number of newly diagnosed HIV clients from 18 in 2022 to 100 clients by September 2023 in 4 high-volume OPDs.

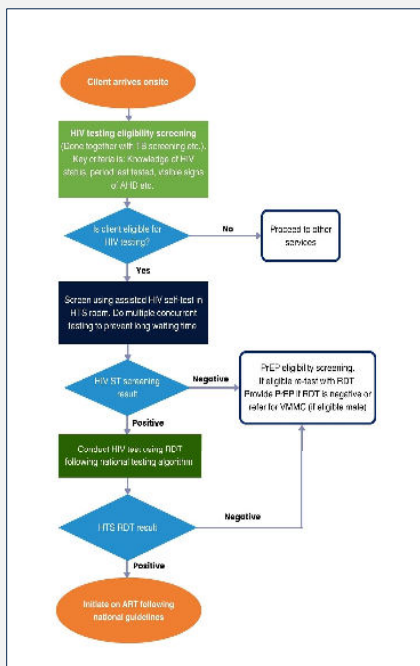
ROOT CAUSES

- High ratio of clients eligible for testing to number of HTS counsellors, therefore not all eligible are tested
- Not all eligible OPD clients are screened due to gaps in patient flow
- HTS perceived as a role confined to HTS counsellors
- Delayed results if HIVST is unassisted
- Referring clients to HTS room increases waiting time and opt outs

PROCESS FLOW

Process flow for using the HIVST as a screening tool:

- HTS provider screens client for HTS eligibility
- Offer assisted, multiple concurrent HIVST
- Record results
- Do confirmatory rapid test for HIVST positives

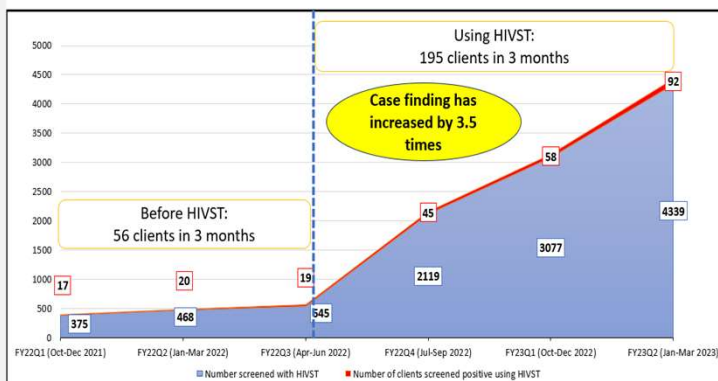


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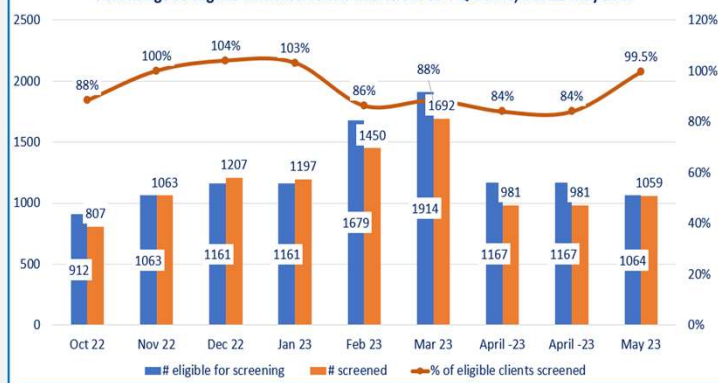
- Refresher training of service providers
- Conduct HTS eligibility screening together with TB and COVID-19 screening
- Conduct HTS eligibility screening by nurses at triage for those missed at screening
- Introduce use of assisted, multiple concurrent HIVST to assess for rapid diagnostic test (RDT) eligibility
- Conduct HIVST at point of screening (do not refer to HTS room)
- Document at all stages in the screening and testing process

RESULTS

HIV Case Finding Trends Before and After HIVST in OPD settings among QIC Sites: FY22Q1-FY23Q2



Percentage of eligible clients screened with HIVST at 4 QIC sites, Oct 22-May 2023



LESSONS LEARNED

- HIVST as a screening tool **tripled the absolute number of new HIV cases identified** in the OPD.
- For HIVST to work as a screening tool, client flow must be revised to close all the leakages. Previously, we were missing clients in the OPD who would avoid the HIV screening point.
- Involvement of the entire hospital staff in data review improved motivation and buy-in for this initiative.
- HIVST does increase HTS coverage for eligible clients in OPD. However, screening all clients attending the OPD can human resource intensive.

ACKNOWLEDGMENTS

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