

Optimizing HIV Testing for Case Finding and Treatment Through an Integrated Community Model in Uganda

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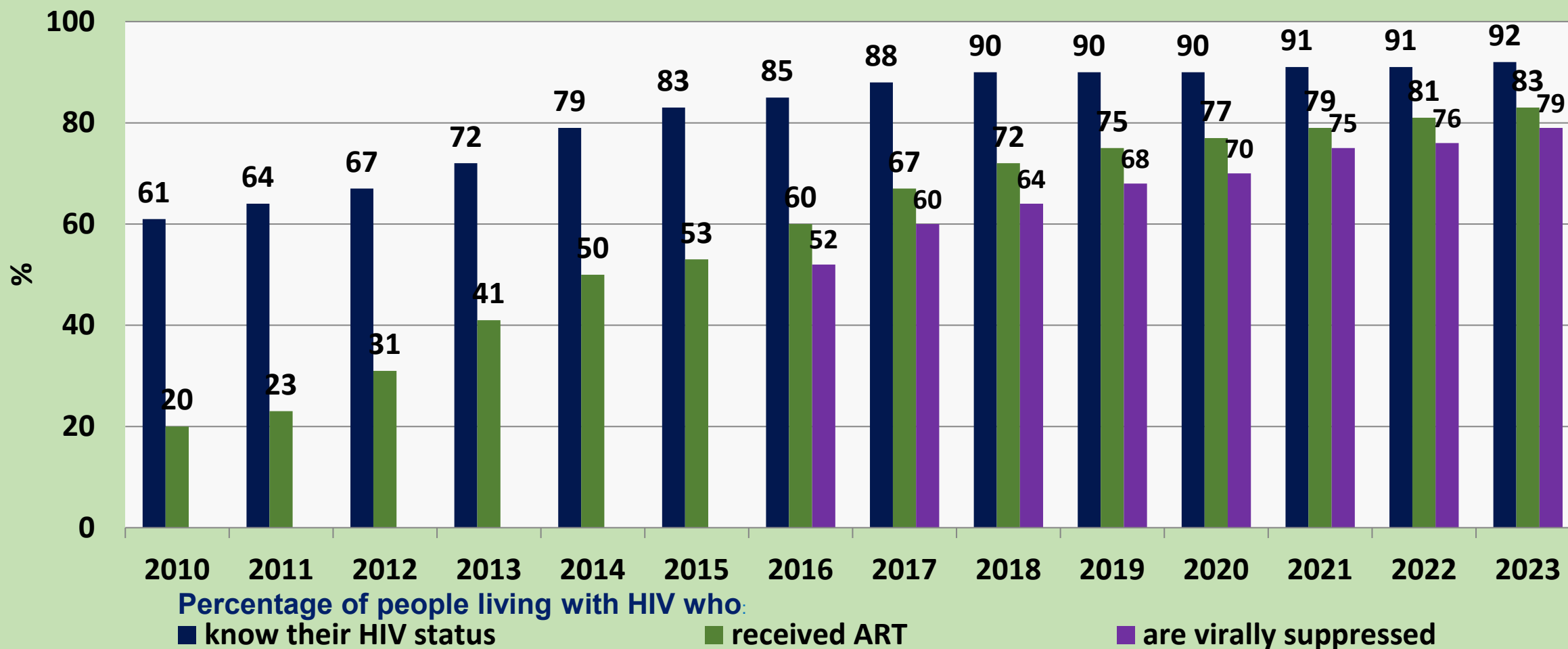
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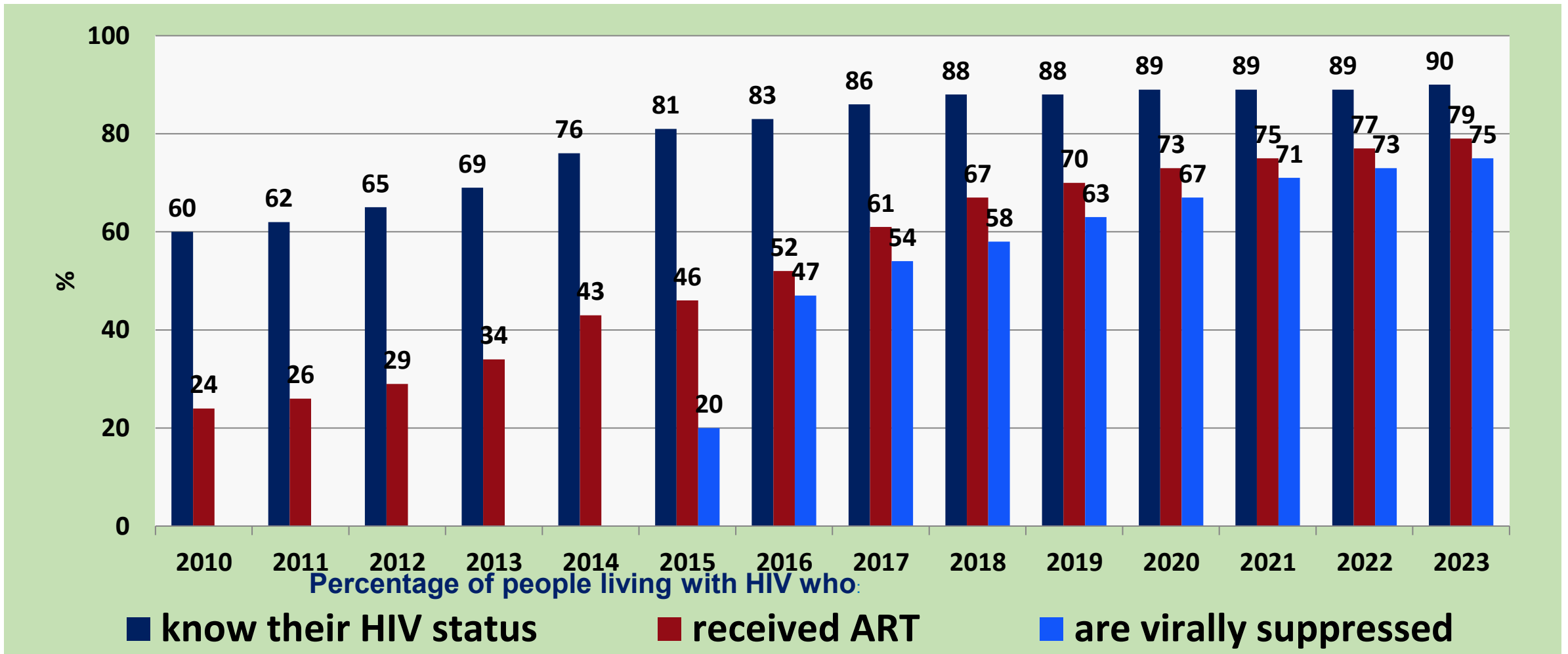
Outline

- National Cascade Performance**
- Background and Context
- Intervention package of services
- Implementation modalities of the Intervention
- Early results for Case identification and Viral load suppression
- Lessons Learned

Overall HIV Testing , Treatment and Viral load suppression population cascade All Ages 92 83 79 : Spectrum 2024



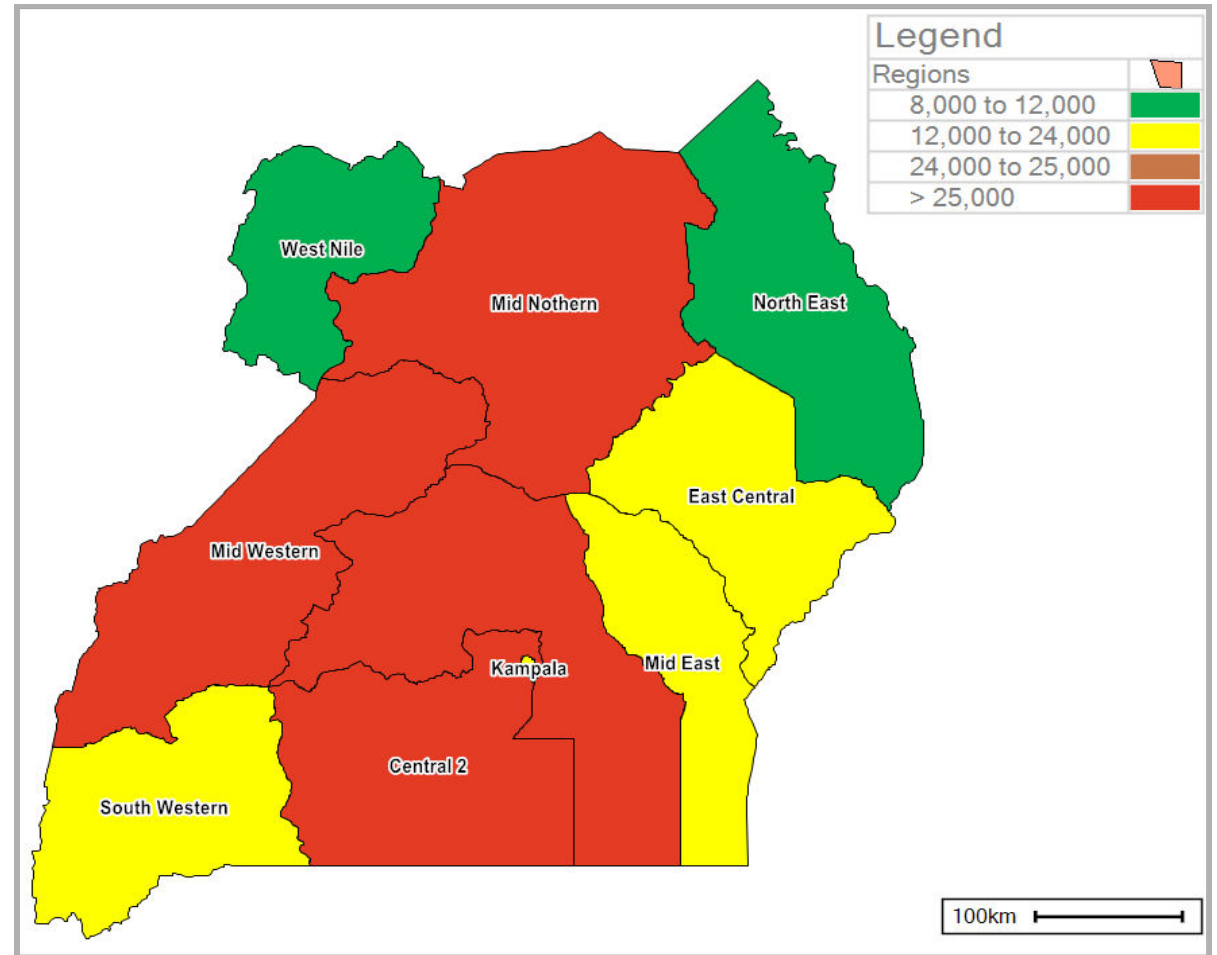
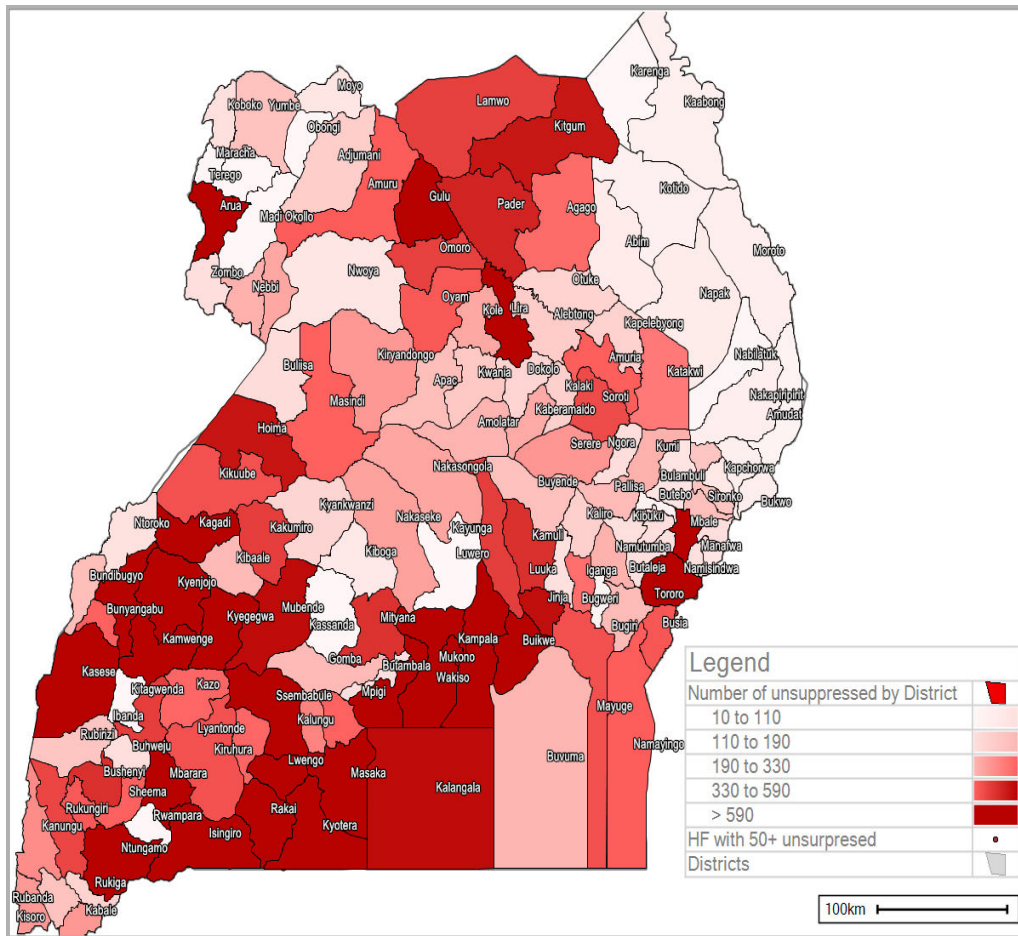
Uganda's HIV population Cascade: Men 90 79 75



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We analyzed data and identified a striking correlation between the distribution of non-suppression and undiagnosed cases

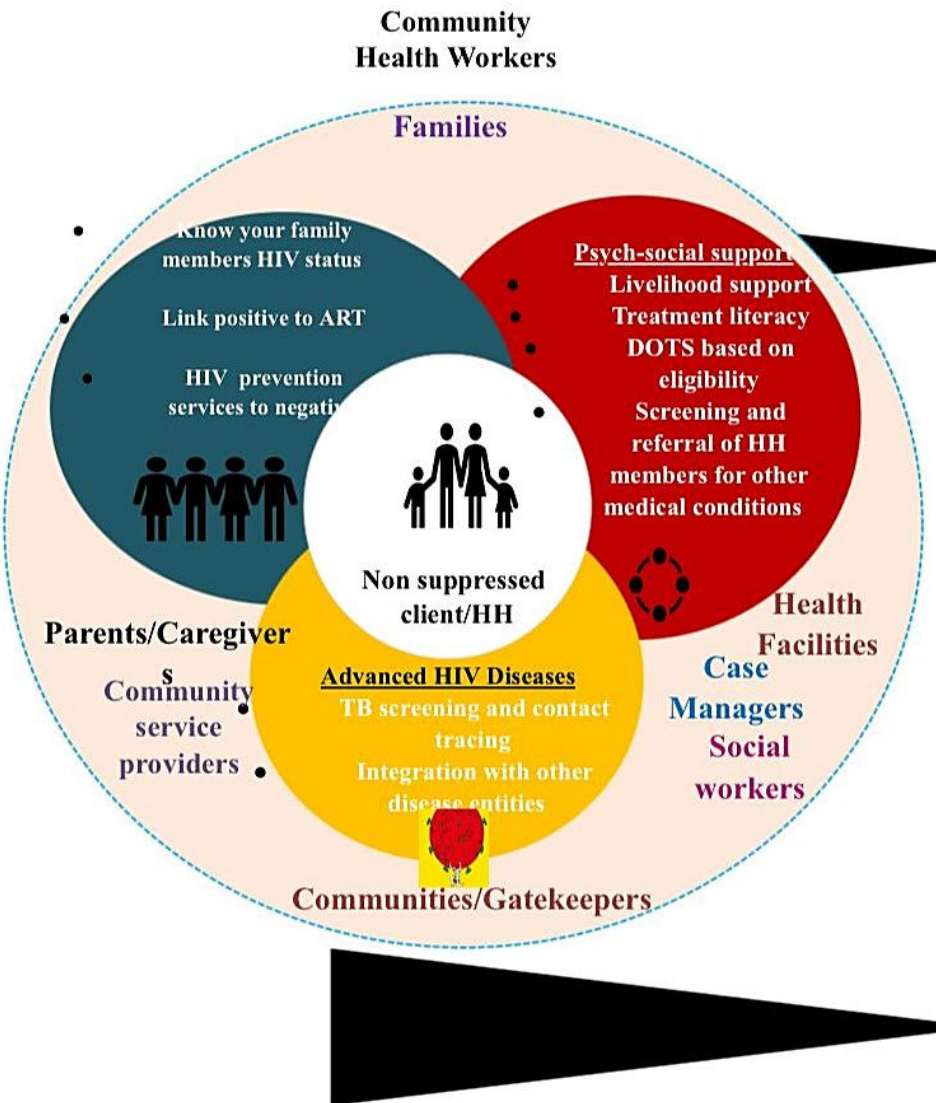


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Inputs

- Mapping CHWs by Sub county and Village
- Map non suppressed clients and PBFW by sub county and village
- Attachment of non suppressed and PBFW to CHWs based on village proximity
- Follow up for service provision at house hold level
- Onsite technical Assistance & Coordination to partners
- Bi weekly accountability meetings
- Effective use of audit tool
- collaboration, coordination meetings among all stakeholders



Outcomes

- Improved case identification
- Improved suppression rates
- Improved well being of household members

MOH-Led Community Model:

We developed an **theory of change** where non-suppressed clients were a key **pathway to case identification, contact tracing, linkage and integration of care**

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We built a **competent, empowered community health workforce**

It all starts and ends in the community



- Training curriculum, literacy handbook
- SOPs to guide process of mapping and consent
- Training of community workers
- Reorganized workstation back to community
- Assigned caseloads to CHWs

Mapping non-suppressed Recipients of Care and assigning case load to CHW - from October 2022

Viral load	Recipients of Care on ART	# Non suppressed <20 yrs	# Non suppressed ≥20 yrs	# Non suppressed Key Pop	# CHW supporting <20 yrs	# CHW supporting ≥20 yr	#CHWs supporting KP	CHW to <20 yr attachment ratio	CHW to ≥20 attachment ratio	CHWs to KP attachment ratio
VL ≥1000 copies/ml (High viremia) – Dec'22	42403	936	2583	3	161	506	18	01:04	01:05	01:01
VL ≥200 copies/ml (low viremia) Apr'23	42403	1518	10098	12	161	506	18	01:09	01:19	01:01

Mapping of non-suppressed ROC by village, parish, and sub-county

Mapping of community health workers (CHWs) by village, parish, and sub-county

Attachment of NS ROC to CHWs within proximity of residence

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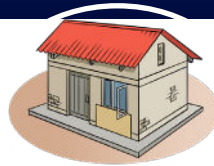


2



3

A peer led **Service package** for the integrated community model includes **household** and **safe space** components



Service Package at Household



Assessment of determinants of vulnerability using 5A's



Treatment literacy/Health education for disease prevention and promotion



HIV testing and linkage to ART and prevention



Psychosocial support including DOTS



Advanced Disease screening and referral



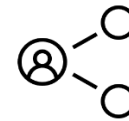
Social livelihood support



Integration with other services like FP, SRH, Screening for NCD



Service Package in a group/safe space



Mapping of service providers and high burden areas and development of directories



Social - economic support (VSLA, PDM and other)



Integrated clinical services (ART, FP, VL bleeding, immunization, EID, NCDs) leverage on CLDDP



Referral and linkage to post test services

Implementing an integrated DSD approach at facility and community levels

Safe spaces identified by RoC



Cohort 1 - Index testing on **children of non-suppressed adults** and **siblings of non-suppressed children/adolescents** through the integrated community model (Jun 2024)

Index testing **among Children** <20 of NS adults (Jun 2024) – Cohort 1

District	NS adults in Cohort 1	Number of biological children <20 elicited	Proportion of biological children offered HIV testing	Number of biological children diagnosed with HIV >20	Proportion of biological children diagnosed with HIV and initiated on ART
Acholi	2441	2936	98%	112	100%

- Reached **2,877 (98%) biological children** of NS adults in Cohort 1 with HIV testing services
- 112** children diagnosed with HIV and started on ART, Yield of **3.9%**

Index testing **among siblings** <20 of NS C/A (Jun 2024) – Cohort 1

District	NS CALHIV in Cohort 1	Number of siblings elicited	Proportion of siblings of CALHIV offered HIV testing	Number of siblings diagnosed with HIV	Proportion of siblings diagnosed with HIV and initiated on ART
Acholi	877	1085	99.8%	62	100%

- 1,082 (99.8%) siblings** of NS CALHIV in Cohort 1 reached with HIV testing services
- 62** diagnosed with HIV and started on ART, High Yield of **6%**

Cohort 2 - Index testing on *children of non-suppressed adults* and *siblings of non-suppressed children/adolescents* through the integrated community model (Jun 2024)

Index testing among Children <20 of NS adults (Jun 2024) – Cohort 2

District	NS adults in Cohort 2	Number of biological children <20	Proportion of biological children offered HIV testing	Number of biological children diagnosed with HIV >20	Proportion of biological children diagnosed with HIV and initiated on ART
Acholi	2260	2942	98.6%	89	100%

- Reached **2901 (98.6%) biological children** of NS adults in Cohort 2 with HIV testing services
- **89** children diagnosed with HIV and started on ART, Yield of **3.1%**

Index testing among siblings <20 of NS C/A (Jun 2024) – Cohort 2

District	NS CALHIV in Cohort 2	Number of siblings	Proportion of siblings of CALHIV offered HIV testing	Number of siblings diagnosed with HIV	Proportion of siblings diagnosed with HIV and initiated on ART
Acholi	899	1190	96%	71	100%

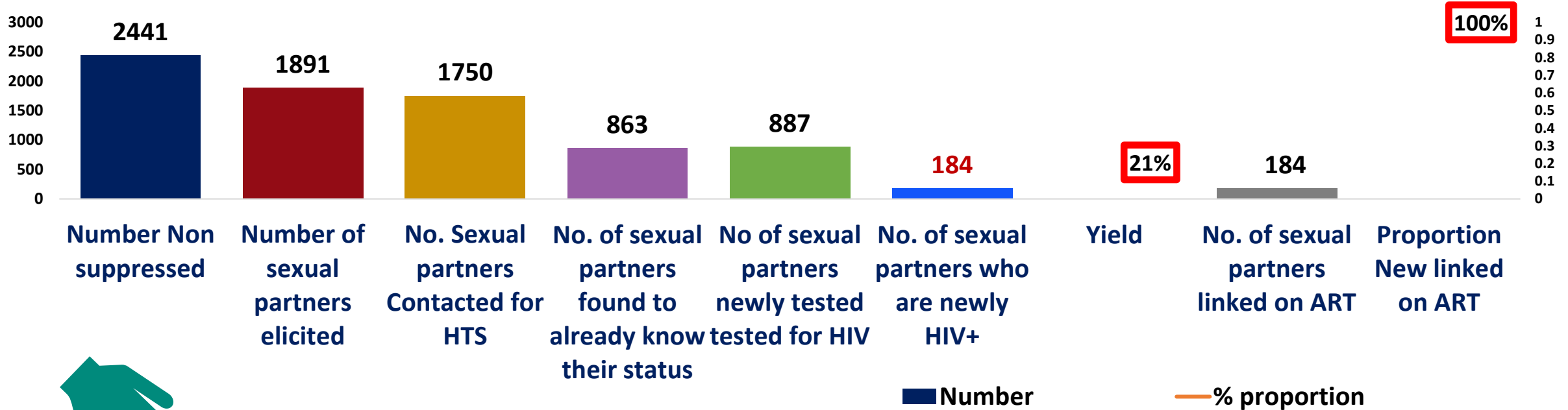
- **1,142 (96%) siblings** of NS CALHIV in Cohort 2 reached with HIV testing services
- **71** diagnosed with HIV and started on ART, High Yield of **6.2%**

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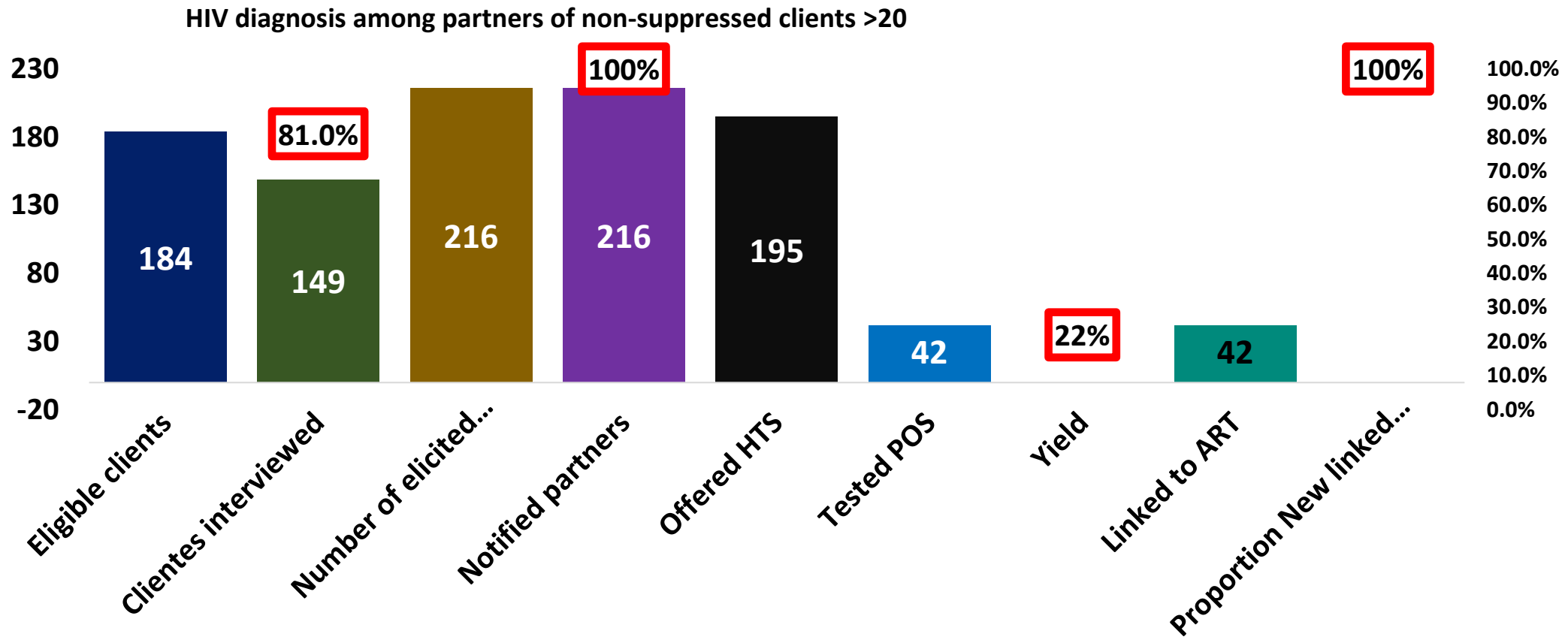
Cohort 1 - index testing for the Partners of Non-Suppressed Adult Recipients of Care

HIV diagnosis among partners of non-suppressed clients >20



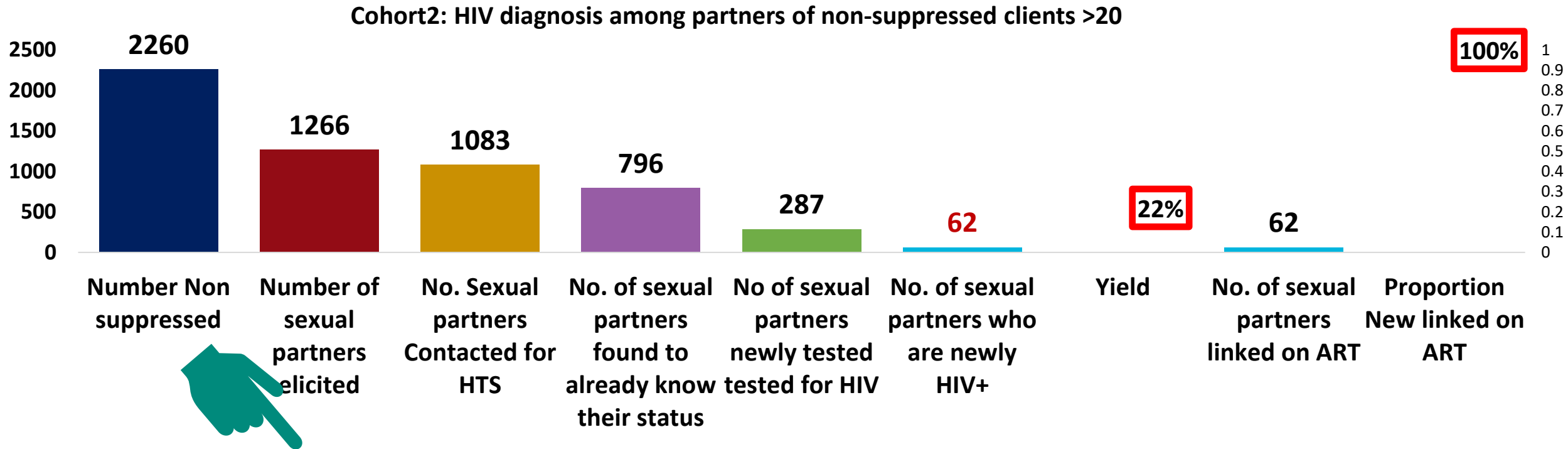
- Reached **1,750 (93%) partners** of NS adult ROC with HIV testing services using the APN approach
- **887** contacts newly tested for HIV
- **184** adults diagnosed with HIV and started on ART
- Yield of **21%**

Cohort 1 – Reaching secondary contacts through a snowballing approach



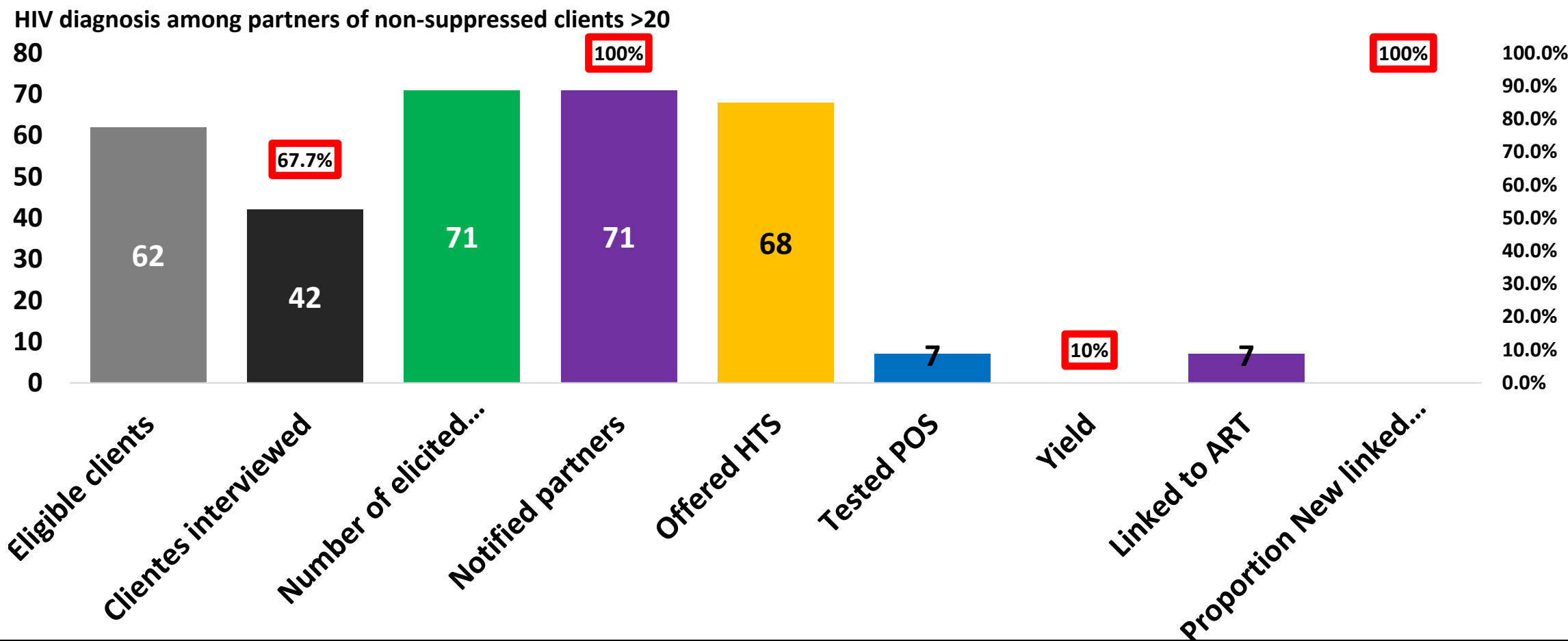
Index testing provided through the APN approach to partners of newly diagnosed RoC of non-suppressed ROC, identifying **42** new positive clients out of **195** tested (**22%**)

Cohort 2 - index testing for the Partners of Non-Suppressed Adult Recipient of Care



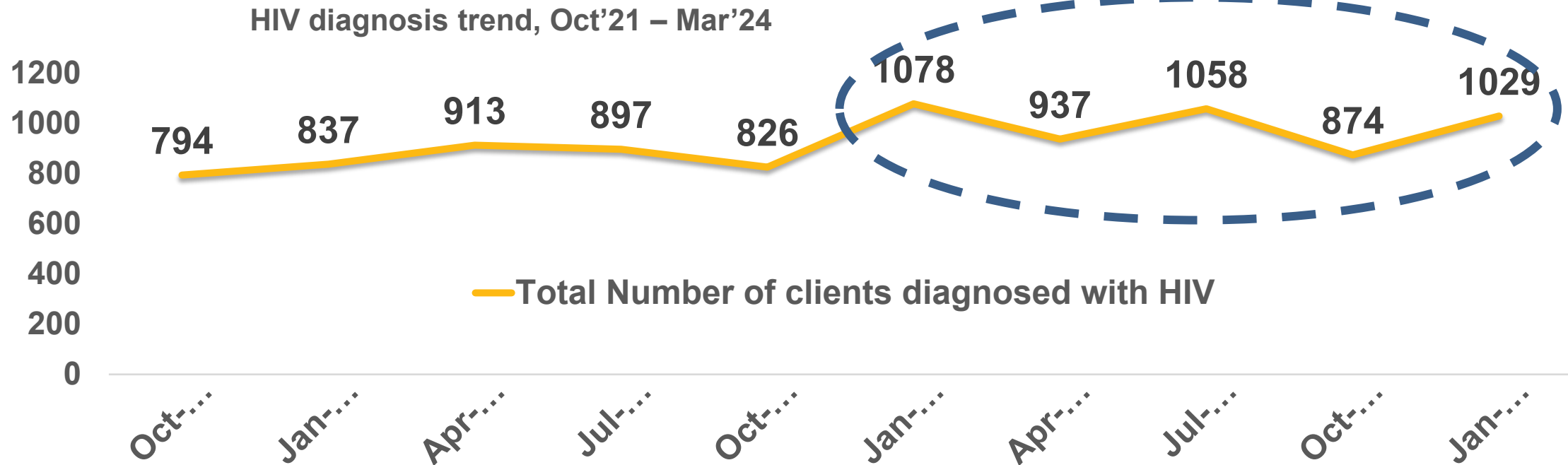
- Reached **1,083 (86%)** partners of NS adult ROC with HIV testing services using the APN approach
- **287** contacts newly tested for HIV
- **62** adults diagnosed with HIV and started on ART
- Yield of **22%**

Cohort 2 - Reaching secondary contacts through a snowballing approach



Identified 7 new positive clients out of 68 tested (Ongoing)

Impact - Improved overall HIV diagnosis through the integrated community model (Oct'21 – Mar'24)



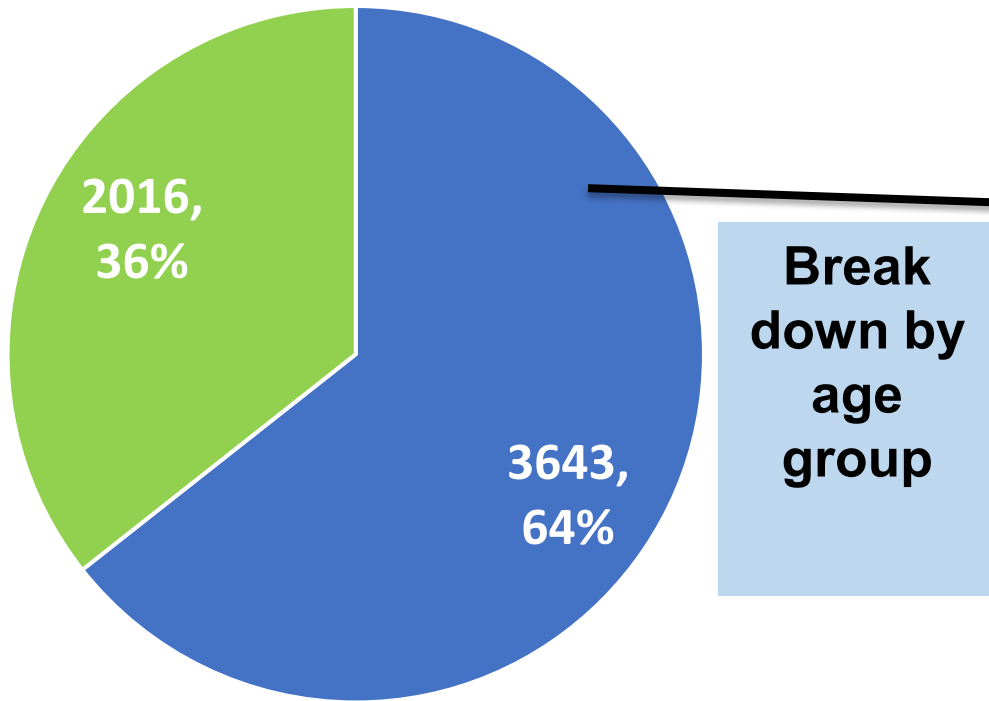
802 more clients diagnosed : FY22 (Apr'21-Sept'22 - 5000) compared to FY23 (Oct'22-Sept'23 - 5802). So far for FY 23 there is good case identification

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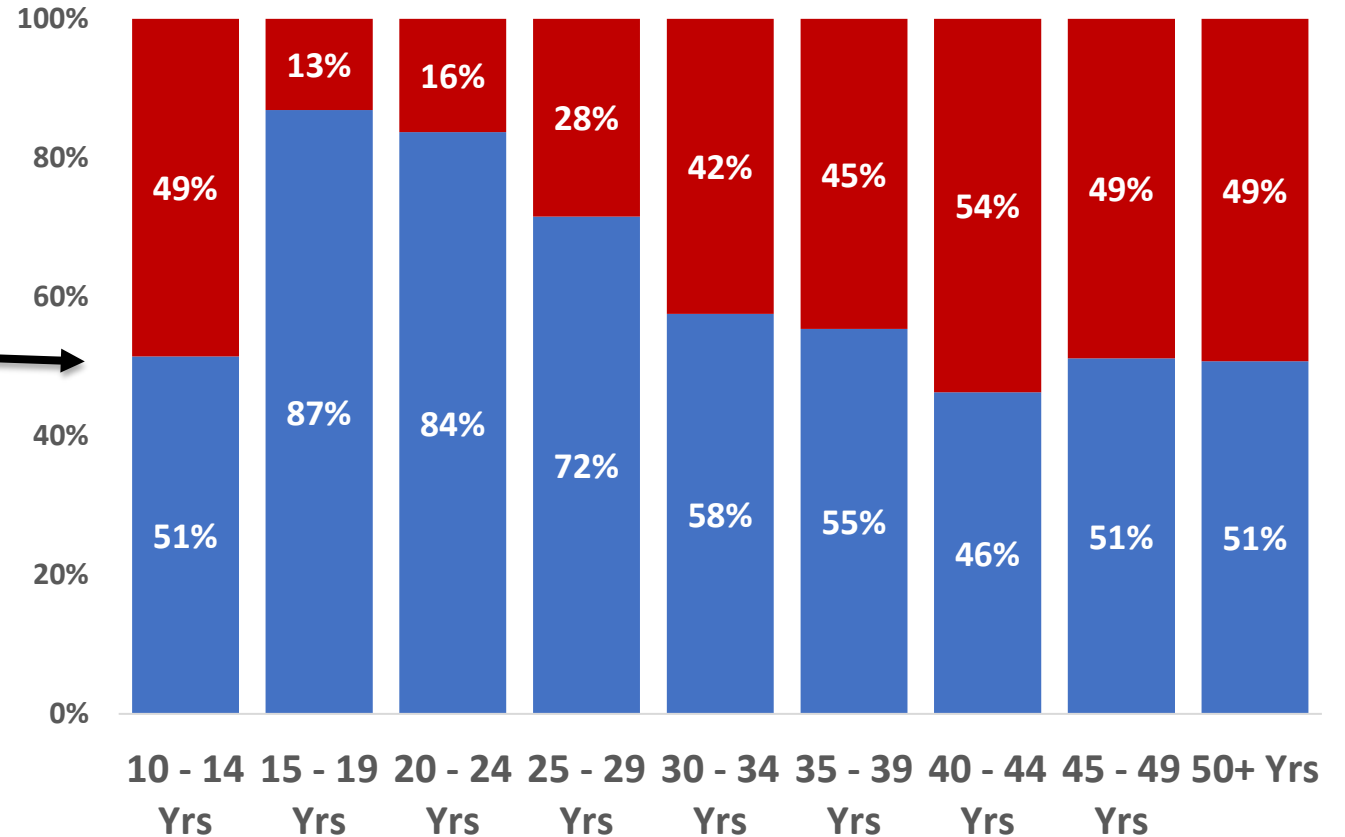
1. More young girls, women and men diagnosed with HIV (Oct'22 – Mar'24)

Sex disaggregated HIV diagnosis
(excluding below 10 years (n=5,659))



■ Female ■ Male

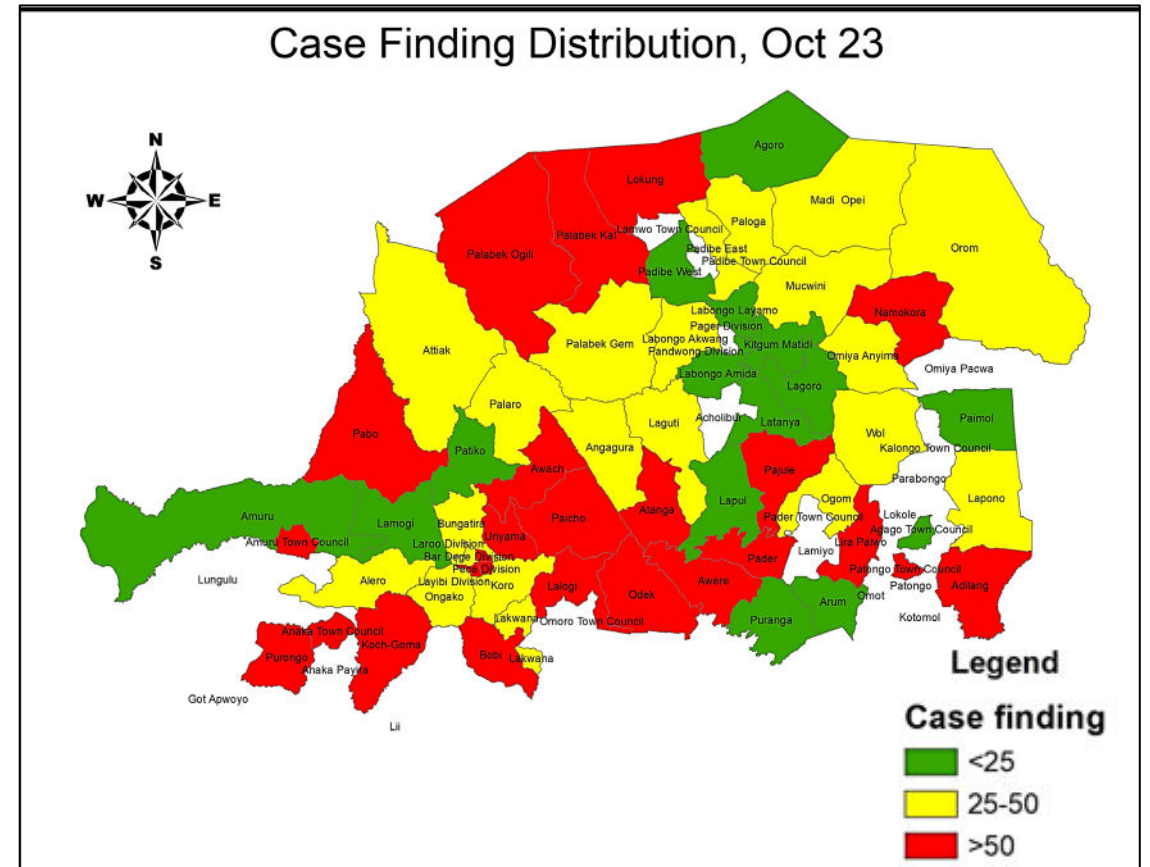
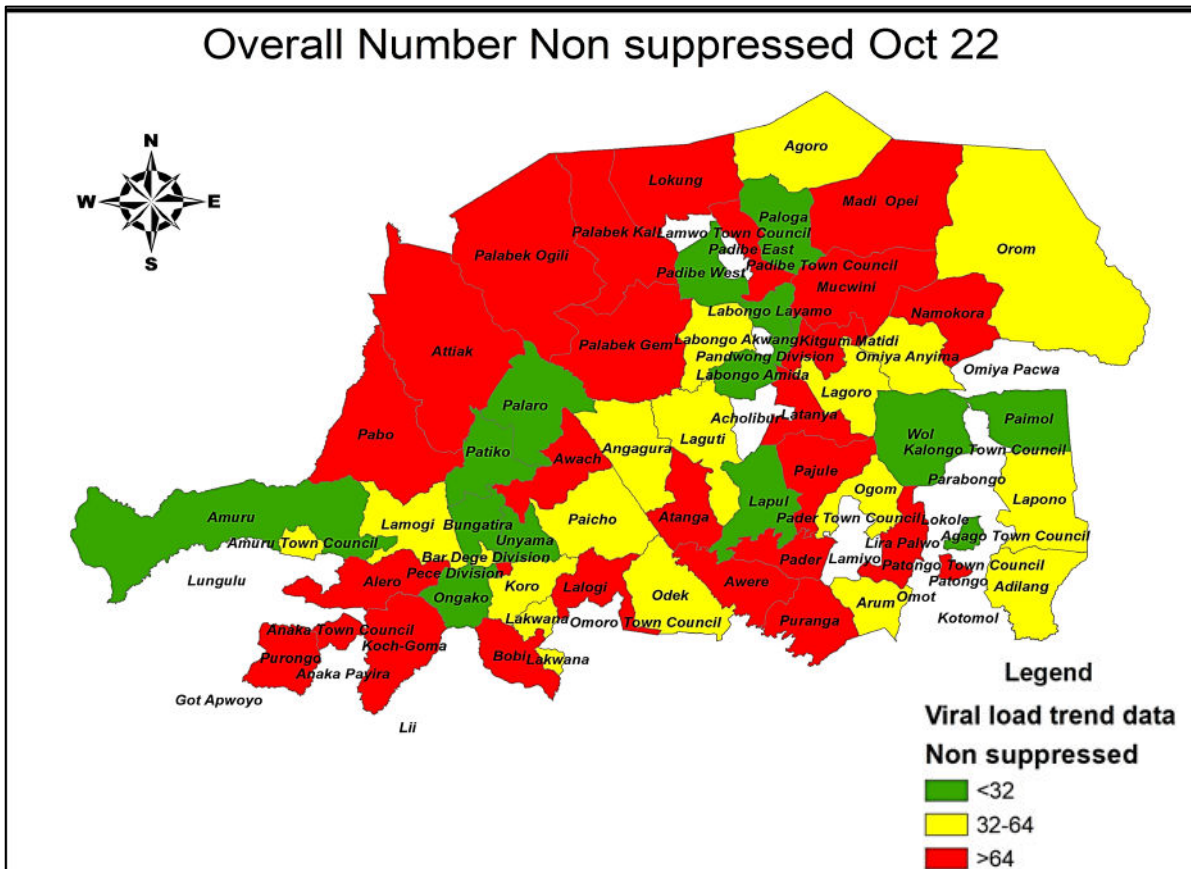
Age and Sex disaggregated HIV diagnosis (n=5659)



■ Male ■ Female

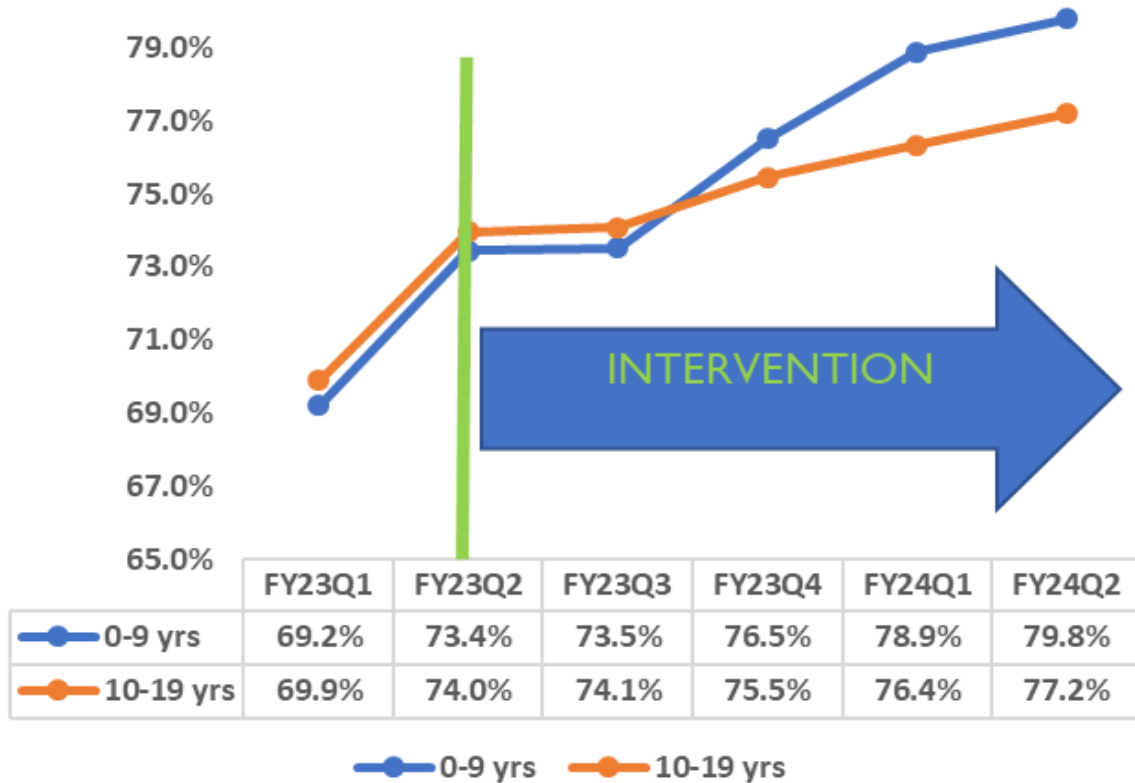
2. Data is key: mapping of overall non-suppressed with positivity

Comparison of non-suppressed in October 2022 to geographical case finding positivity in October 2023

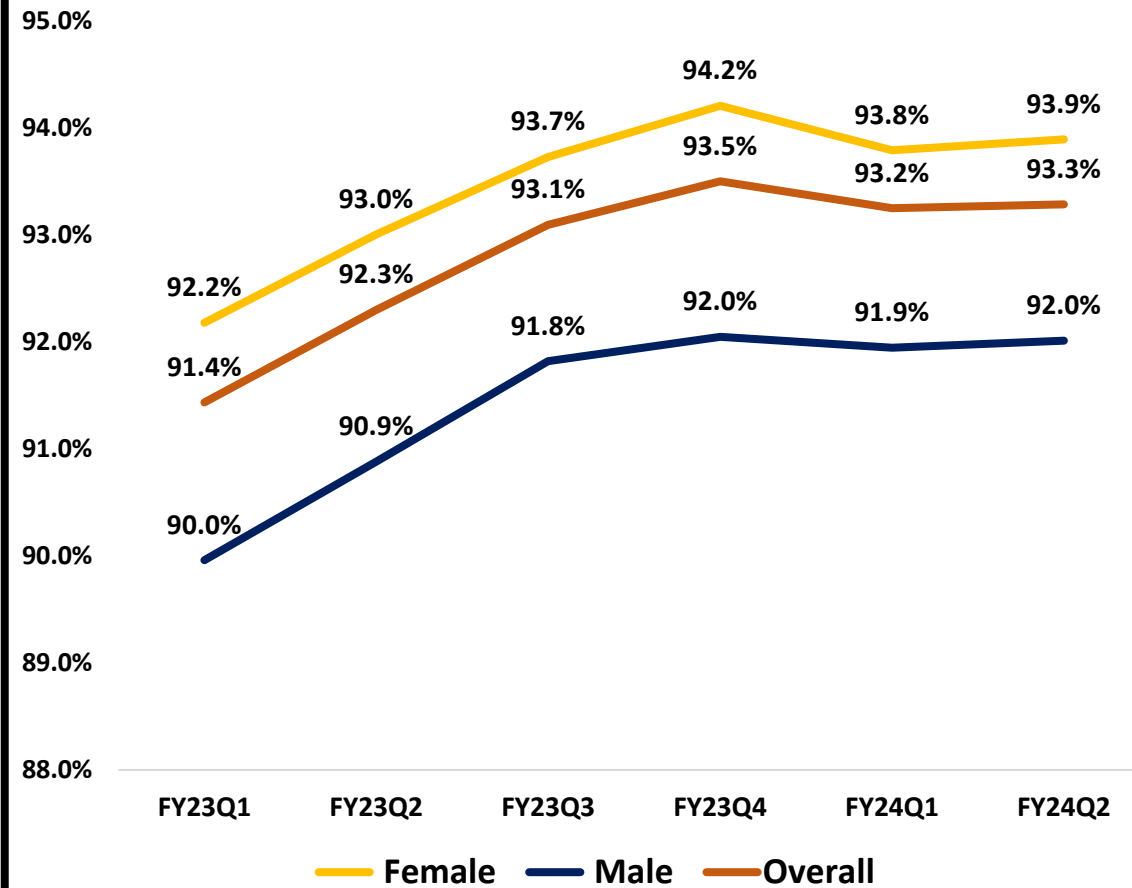


3. Better VL suppression after the intervention commenced

VLS for children and adolescents in Acholi region

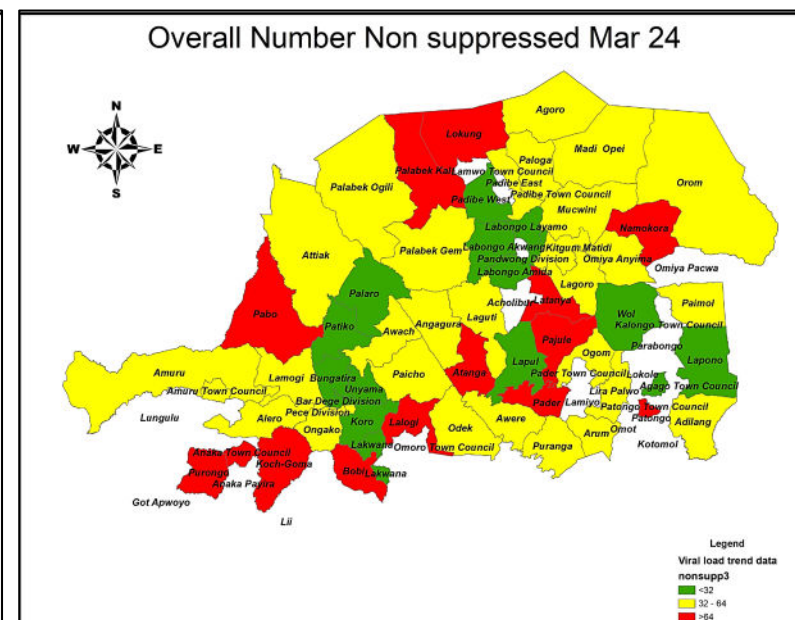
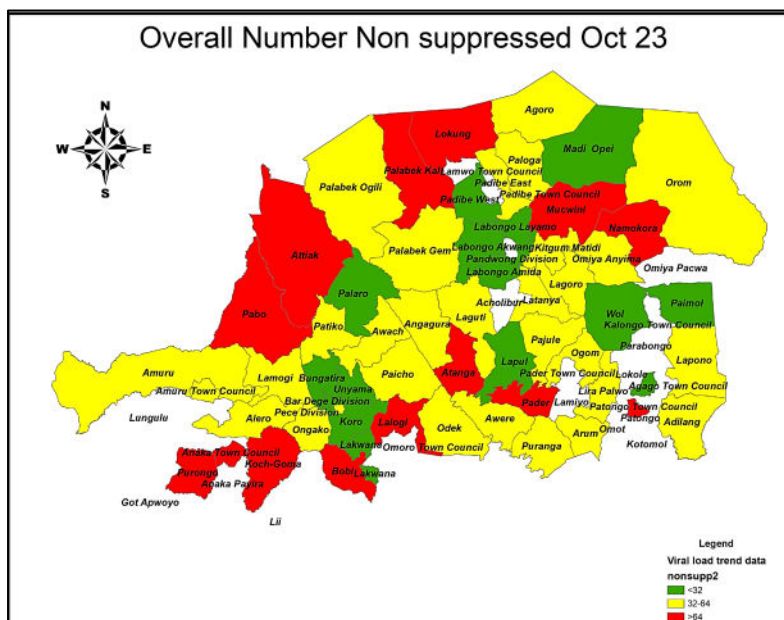
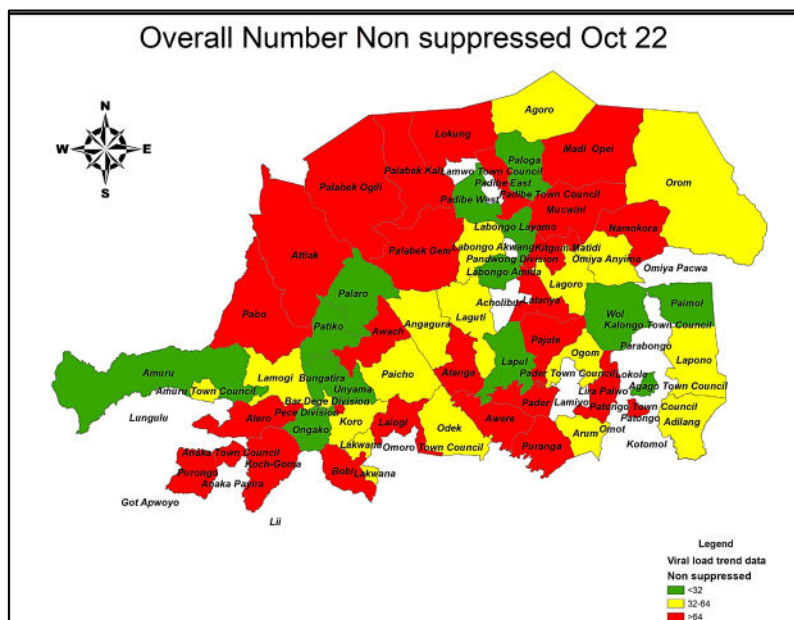


VL Suppression, 20 + by Gender



4. Data is key: Monitoring performance using data visualizations

Trends in number non-suppressed over time – October 2022 to March 2024

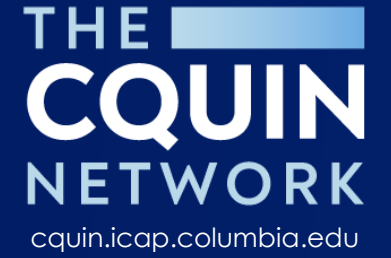


Lessons Learned; Summary

- ❑ **Virally Non-Suppressed State:** critical and optimized pathway to case identification, linkage to ART and suppression
- ❑ **Integrated differentiation in the community is possible:** It addresses client needs and vulnerabilities affecting epidemic control
- ❑ **Demonstration of optimization of the community workforce to deliver integrated services.** Timely achievement of results
- ❑ **Regional surveillance and data** is key
- ❑ The state of **being non-suppressed is a key vulnerability** but also a low hanging fruit in ending the epidemic

Acknowledgements

- **MOH**
- **PEPFAR**
- **WHO**
- **UNICEF**
- **UNAIDS**
- **TASO**
- **CHAI**
- **EGPAF**
- **GLOBAL FUND**
- **ICAP-CQUIN**
- **DISTRICT LOCAL GOVERNMENTS IN ACHOLI SUB-REGION**
- **COMMUNITIES IN ACHOLI SUB-REGION**



Thank you

