

HIV Re-testing for Re-engagement

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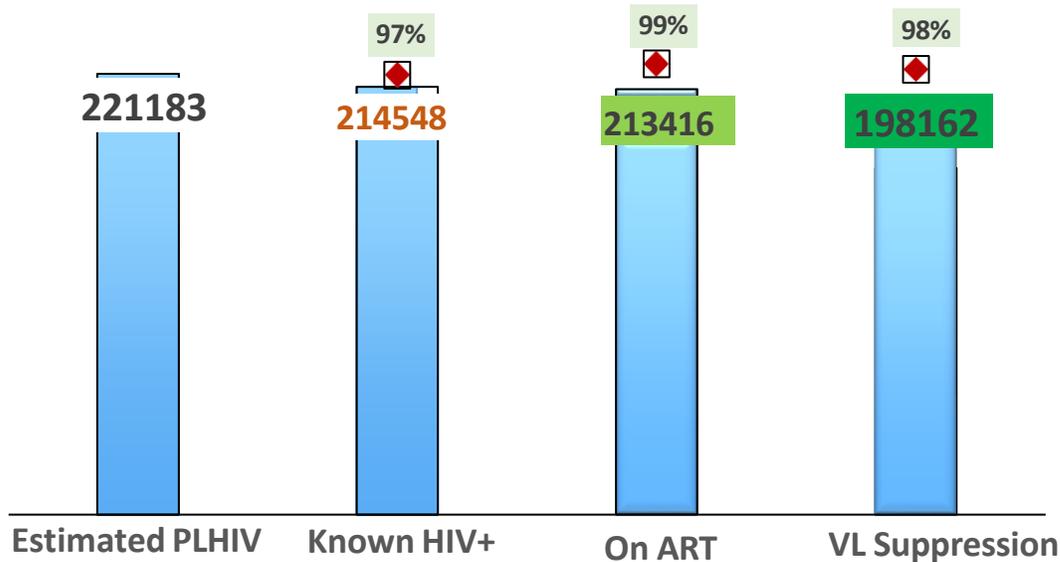
Presentation Outline

- 1. Eswatini: Current 95-95-95 HIV Cascade**
- 2. Retesting for HIV in Eswatini**
- 3. Reasons for Retesting for HIV**
- 4. Characteristics of Re-testers**

Eswatini Current 95-95-95 Cascade

Eswatini 95-95-95 Cascade, 2023: ALL AGES

MoH Program Data



- Women: 95-98-96; Men **92-96-97**
- Unaware of HIV status: Women 15-24: **16%**; Men 25-34: **25%**
Men: 13% aware not on ART
- VLS: Lowest among women aged **15-24 (76.1%)**, and Males **25-34 (62.9%)**.

Eswatini has achieved great success implementing dHTS:

Continuously improving the quality of Index Case Testing

Maximization of HIVST coverage in high volume entry points

Increased HTS coverage among Pregnant and Lactating Women

Workplace testing and targeted community outreach efforts

Increased HTS coverage in DREAMS and KP platforms

HTS targeting Men, including the Uniformed Forces

The Support Eswatini Achieve and Sustain Epidemic Control Project (SEASEC)

The *Georgetown University Center for Global Health Practice and Impact* is funded by CDC/PEPFAR to implement *SEASEC*, in the Manzini and Lubombo Regions of Eswatini (2020-2025).

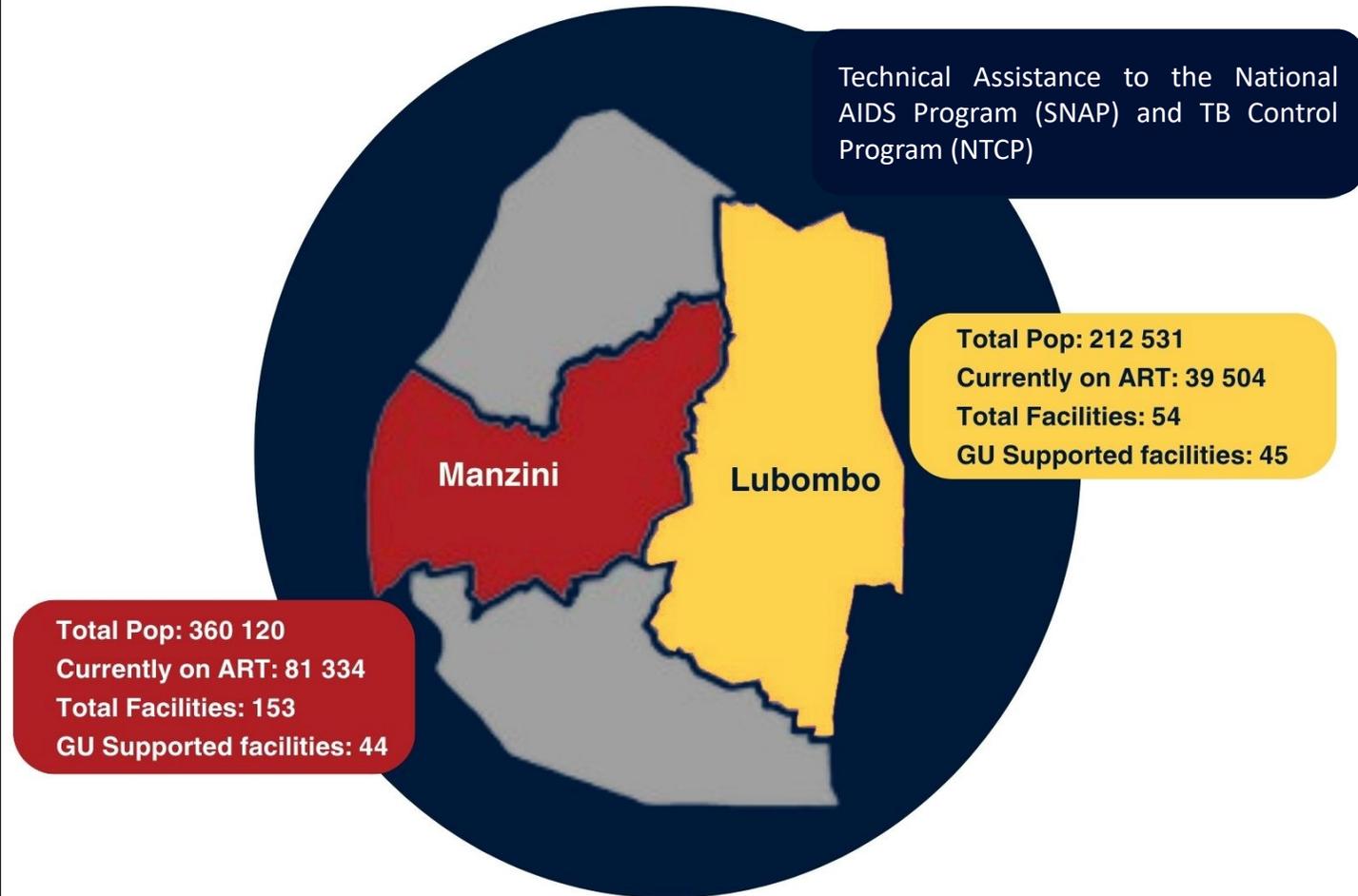
4 Objectives:

Objective 1: Support the MoH to deliver effective, efficient, patient centered, and human rights-based quality comprehensive TB & HIV clinical services.

Objective 2: Develop capacity of facility managers to implement national guidelines with fidelity.

Objective 3: Support HIV/TB related SI to routinely monitor and review HIV outcomes at all levels.

Objective 4: Work with the MOH to assure sustained HEC by the KoE public health system and support transition of technical and programmatic oversight.



1. HIV Case Finding has become more difficult in the context of Epidemic Control!



325,064
Total number of HIV Tests conducted so far under SEASEC

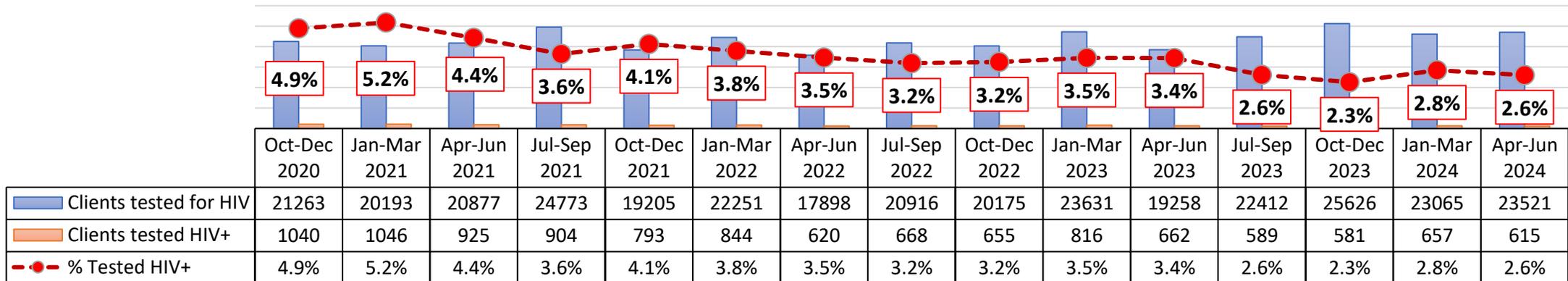


Year	New PLHIV
FY21	3,915
FY22	2,925
FY23	2,722
FY24	1,853



11,415
Total number of new PLHIV identified under SEASEC

Quarterly trend in case finding and positivity rate



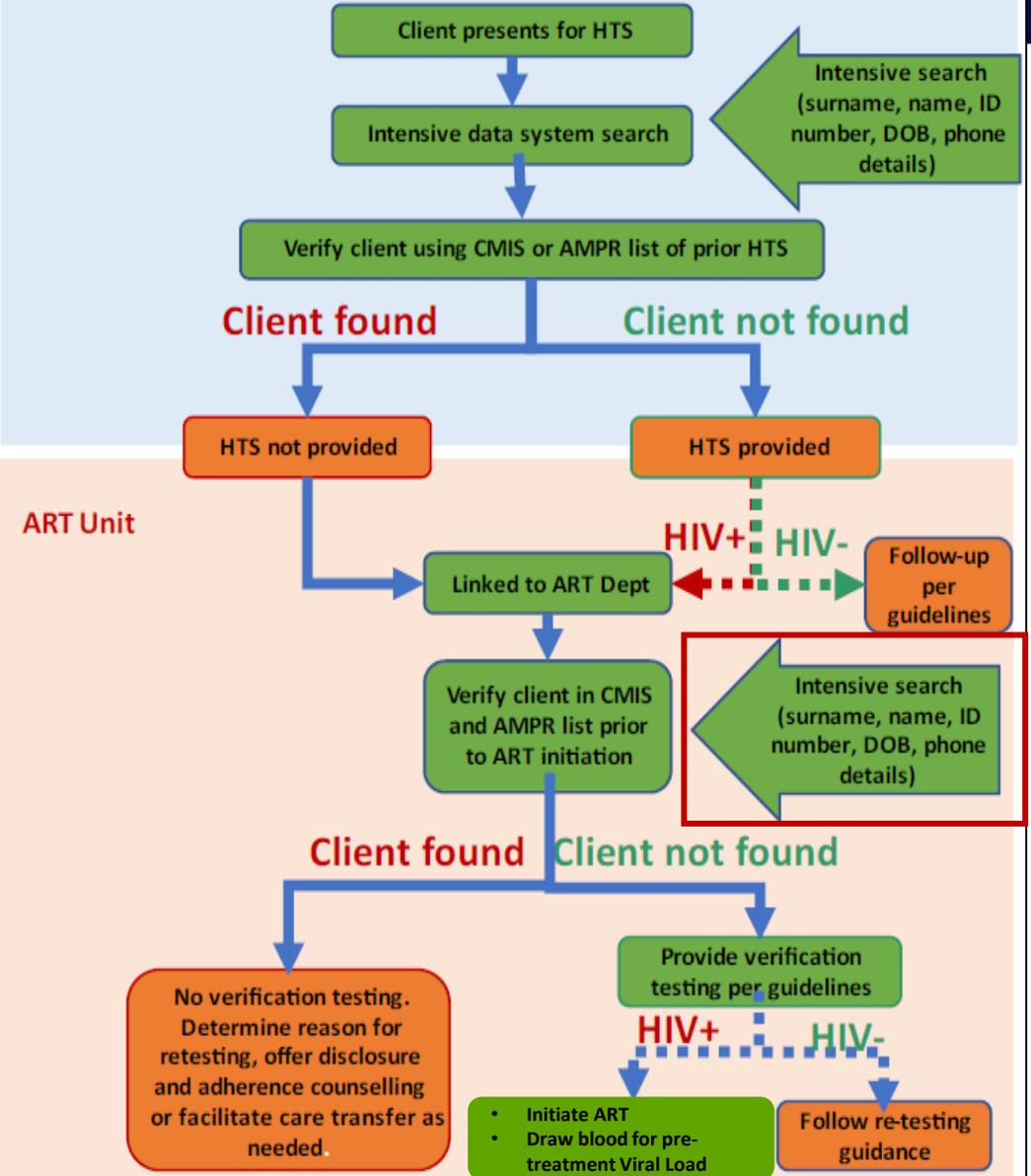
2. Verification of True HIV Cases

From Recency Data and Quarterly Monitoring of Treatment Growth, we observed a disconnect between Treatment Growth and TX-NEW:

- Hence the development of an HIV status verification SOP to screen clients accessing HTS for:
 - prior HIV diagnosis and/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.
- Used along with Pre-Treatment Viral Load Testing**

Verification of true new HIV positive client's prior to HTS and ART initiation

HTS Testing Point



CLIENTS WHO ARE IDENTIFIED AT ART POINTS AS NOT NEW WILL BE REMOVED FROM THE HTS ENTRY POINT AS NEW, AND RECLASSIFIED ACCORDINGLY ON THE SAME DAY

3. Verification of True HIV Status SOP:

Monthly HTS Tally Sheet, with reasons for repeat testing


 Tally Sheet for verification for true new positive SOP

Reporting month: DECEMBER 2022 Reporting Site: LUYENGO VCT/OPS

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	●●000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000
	Males	00000 00000 00000 00000 00000 00000	●0000 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			
	Males	00000 00000 00000 00000 00000 00000			

Monthly summary

Indicator	Observations	Reasons for retesting
A Total HTS POS	7	- Person 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: _____

- The tally sheet is a national MoH tool, populated daily, but aggregated at the end of the month.
- It is used to record the outcome of the verification described in the previous slide.
- For all identified repeat testers:
 - Reasons for retesting
 - Non-judgmental counselling and health education
- Scaled-up to all health facilities
- These data are reviewed monthly in MDT meetings and during quarterly HTS Community of Practice meetings

4. Modest Rates of Retesting Among PLHIV in Eswatini

Findings Jan-Dec 2022 (Manzini & Lubombo Regions)	
• Total HTS_POS (A)	2194
• Total with History of Previous Diagnosis (B)	107
• Total with History of Previous ART Use (C)	95
• Total number of repeat testers (B+C)	202 (9%)
• Total number of true new positive cases (A- [B+C])	1,992 (91%)

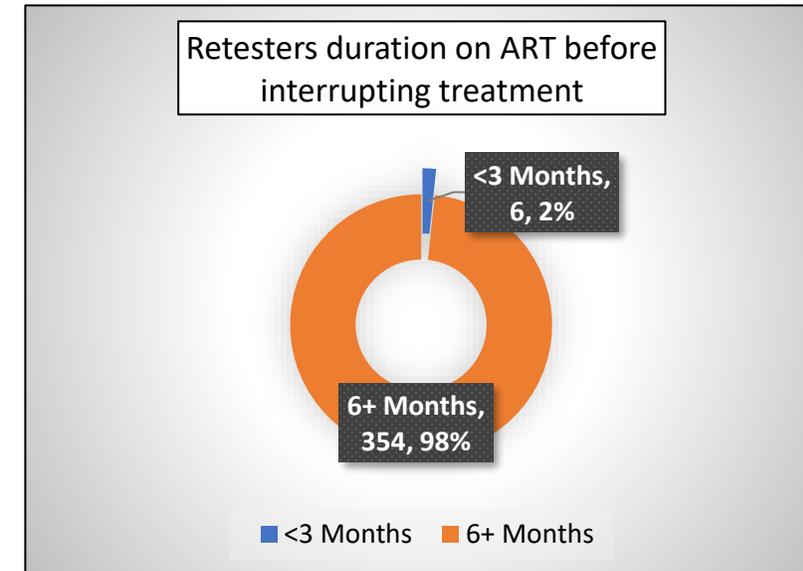
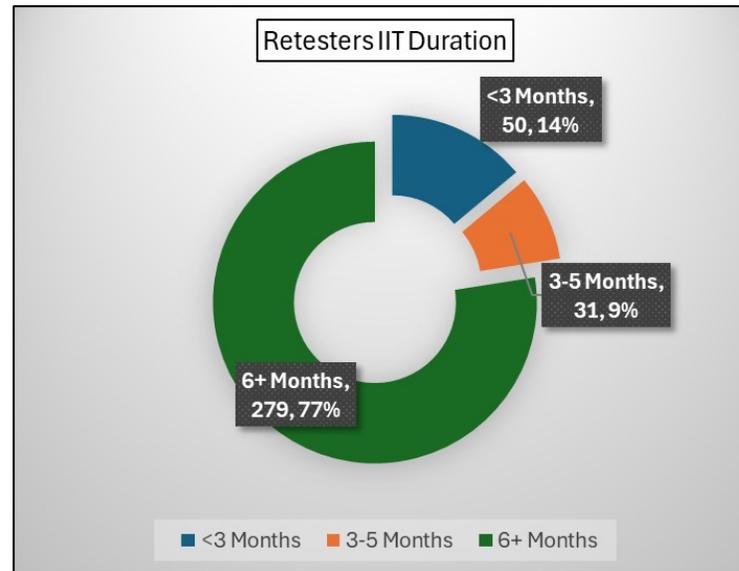
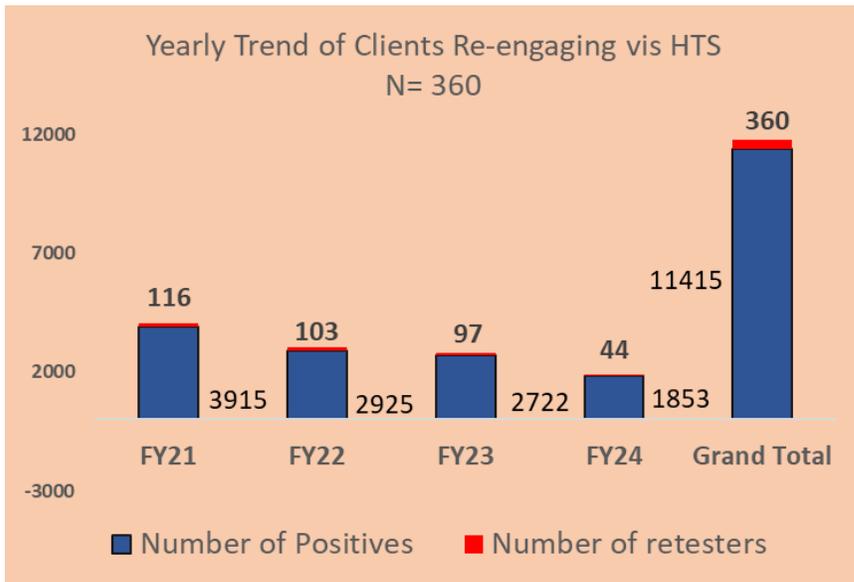
Several studies estimate that up to 30% of PLHIV will experience treatment interruptions at some point due to a mix of personal, structural, and systemic barriers.

Our findings confirm that PLHIV in Eswatini with ART interruptions or prior diagnosis do seek HTS for re-engagement in HIV care and treatment services, and for other reasons.

5. Reasons for Re-testing - Overall

Reasons for Retesting	Total	Percentage
<ul style="list-style-type: none"> Retesting to re-initiate/re-engage in care: <ul style="list-style-type: none"> Was ITT, opted to re-engage vis HTS to avoid having to explain anything to the provider Could not get transfer letters from parent Health Facility Clients were taking ART while working in South Africa, back home for a break Tested in the community, not initiated on ART Was not ready to initiate ART after the initial HIV test. 	68 36 21 9 1	70%
• To verify HIV status after Faith Healing by Pastor/Church, including after initially testing HIV positive from a different facility	28	14%
• DISCLOSURE: Afraid to disclose to family (11) or to spouse (came to test as a couple, 9)	20	11%
• STIGMA: Did not feel comfortable taking ART from their Initial Facility clinic	4	2%
• Came to retest because it is required by employer/condition to get employed	2	1%
• Clients denied the ID on CMIS	2	1%
• Other: lost bag with clinic cards	2	1%
Grand Total	193	100%

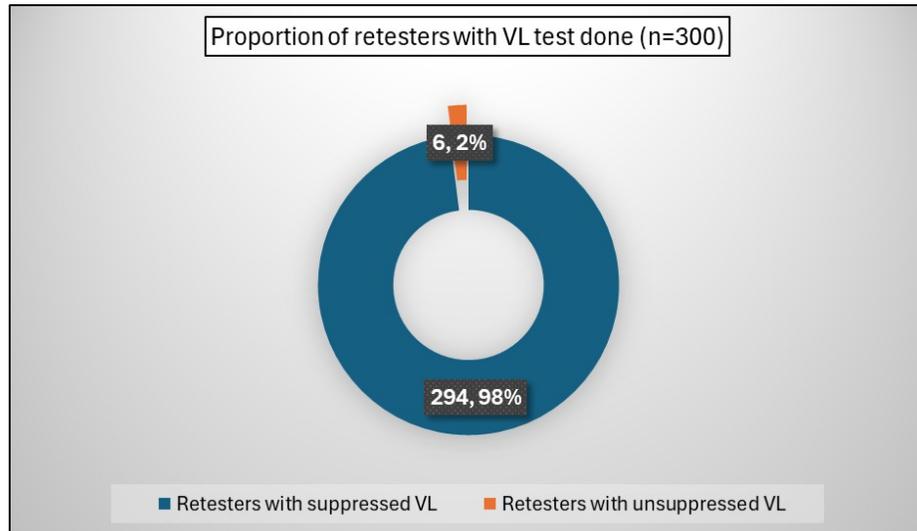
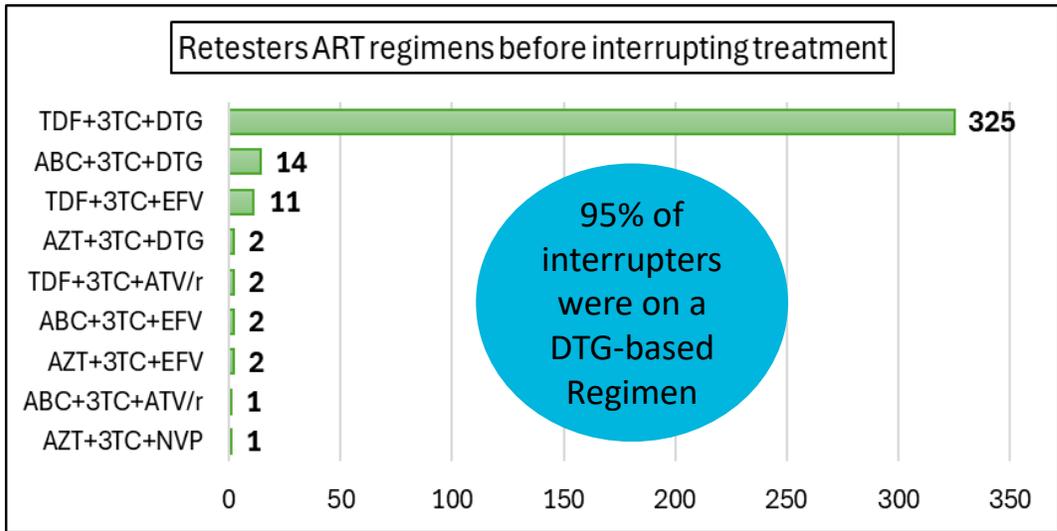
6. Characteristics of Clients who Accessed HTS solely to facilitate Re-Engagement (N = 360)



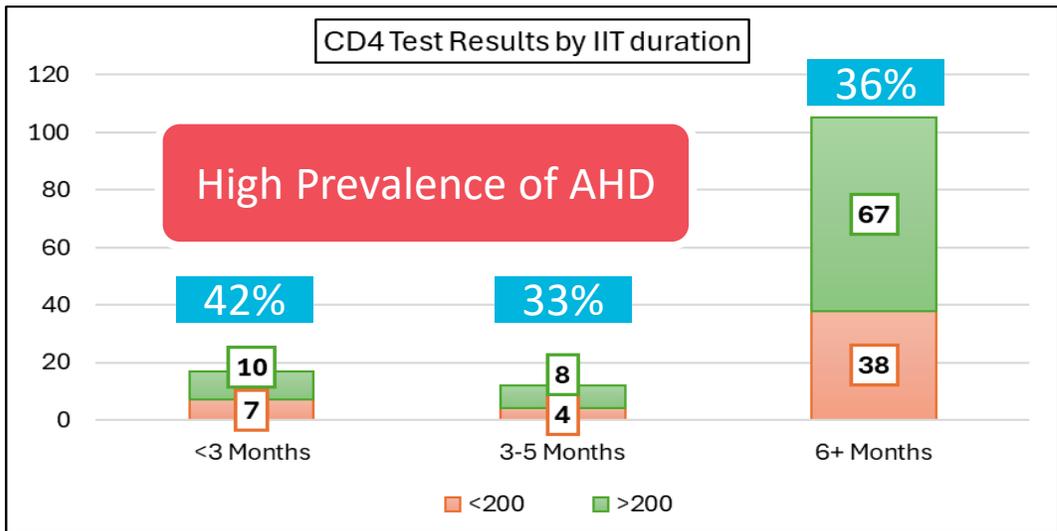
Key Observations:

- Gradual reduction in numbers of clients re-engaging in care through HTS, aligned to case finding trends.
- Very few clients disengaged in the first three months: Scale-up of Enhanced Linkage Case Management to >6mo
- The duration of dis-engagement is more than 6mo for > 70% of clients

6. Characteristics of Clients Re-Engaging through HTS



98% of Treatment Interrupters virally re-suppressed after Re-engagement



Key Observations:

- Despite a long duration of dis-engagement of >6mo in 70% of interrupters, 98% of them re-suppressed.
- May underscore the benefits of INSTI-based regimens for treatment.

Conclusion

- HTS is an important step in re-engagement to HIV treatment services
- Re-testers constitute about 10% of all clients presenting for HTS in Eswatini.
- The commonest reason for HIV retesting was to re-engage in care (2 out of every 3 three re-testers)
- In our data set used in this analysis, very few clients disengaged in the first three months: We attribute this to a currently very strong implementation of Enhanced Linkage Case Management in the first >6mo of ART.
- While 98% of those who had interrupted treatment were able to virally get re-suppressed (?DTG), we also observed high rates of AHD at the time of ART re-initiation.
- From our program data, we recommend providers not to discourage repeat testing, but instead provide enabling & friendly environment for repeat testers by implementing a meaningful “WELCOME BACK PACKAGE”.

Acknowledgments:

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Thank You!

