

# Strategies to identify HIV-infected children and adolescents

## *Lessons from the Paediatric and Adolescent Scale-up Project (PASP), Johannesburg, South Africa*

Dr Nomathemba Chandiwana,  
WITS Reproductive Health and HIV Institute  
2<sup>nd</sup> November, 2017

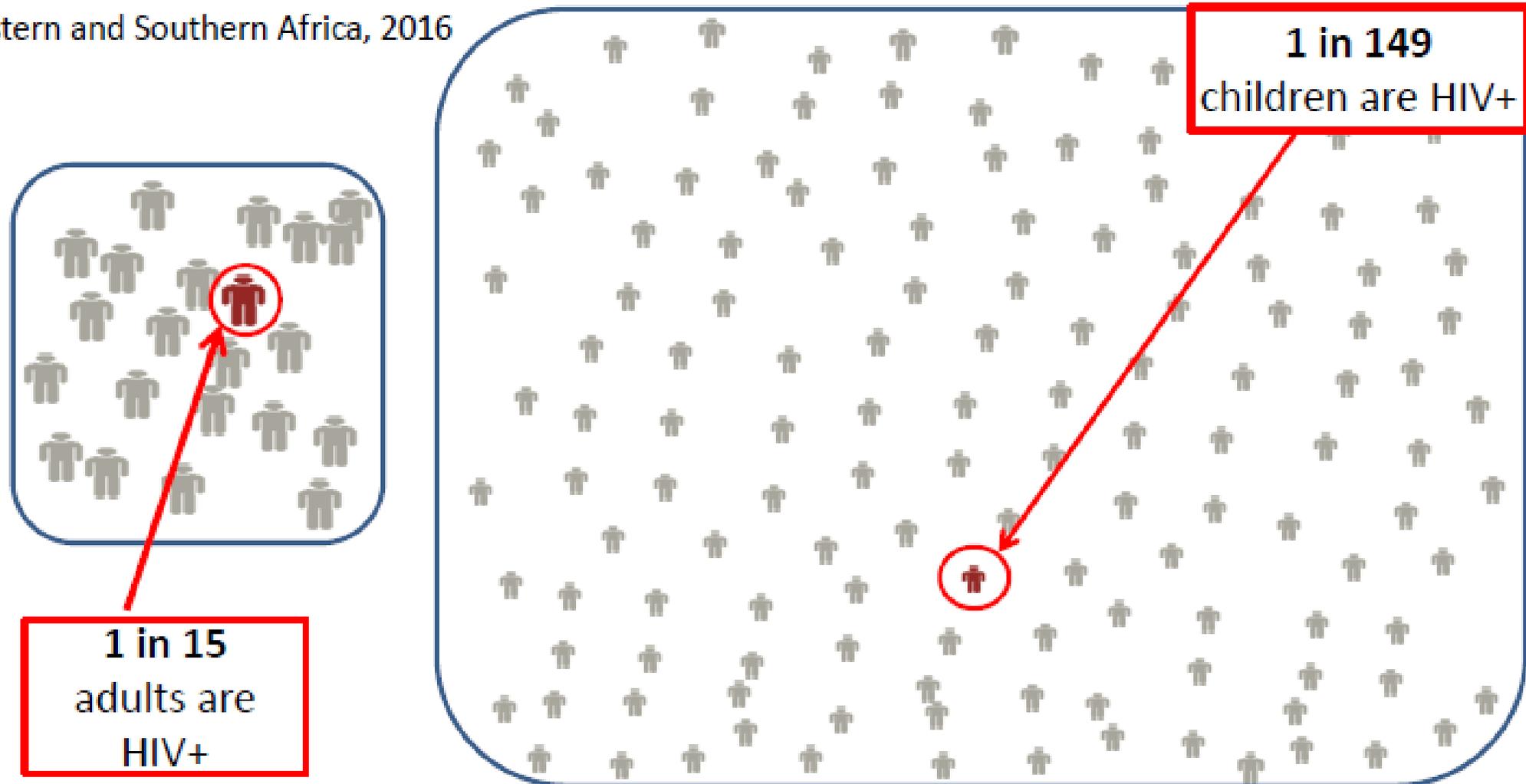


# Background

- South Africa has made remarkable progress to scale-up PMTCT services
- Despite this, older children and adolescents still lack access to diagnosis and treatment
- Beyond PMTCT there limited entry points for children
- Identifying and diagnosing children as HIV-infected is the first step in the continuum of paediatric care and treatment

# Finding HIV+ positive children is harder

Estimated HIV Prevalence for adults and children  
Eastern and Southern Africa, 2016



# Barriers to HIV testing for infants and children

Few testing opportunities outside of PMTCT

Patient level barriers



Health care workers barriers

Health care system barriers

# Paediatric and Adolescent Scale-Up Project (PASP)

- “Unfinished business” initiative using a QI approach
- To accelerate 90-90-90 goals for HIV-positive children and adolescent
- Multi-partner collaborative led by the Department of Health
- PASP is the Johannesburg collaboration supported by Wits RHI, Anova Health Institute, Right to Care and HIVSA
- The funding supports a dedicated team including, clinicians QI advisors, psychosocial, linkage officers, M&E
- Focuses on high volume facilities in the seven sub-districts

# PASP Project objectives

- 1** Improve earlier diagnosis of children and adolescents with HIV by increasing testing, screening, case-finding and linkages to treatment/support.
- 2** Increase access to quality HIV treatment for children and adolescents.

# Overview of HIV Testing Strategies

- Children aged 18 months-19 years, were offered facility or community-based PICT
  - 57 PASP supported sites in the City of Johannesburg between June 2016 and July 2017.
- Facility testing strategies
  - Child health sites
  - Family planning
  - Adolescent and youth friendly services
  - Testing children of adult HIV index cases
- Community strategies
  - CBOs
  - OVCY sites
  - Community testing events

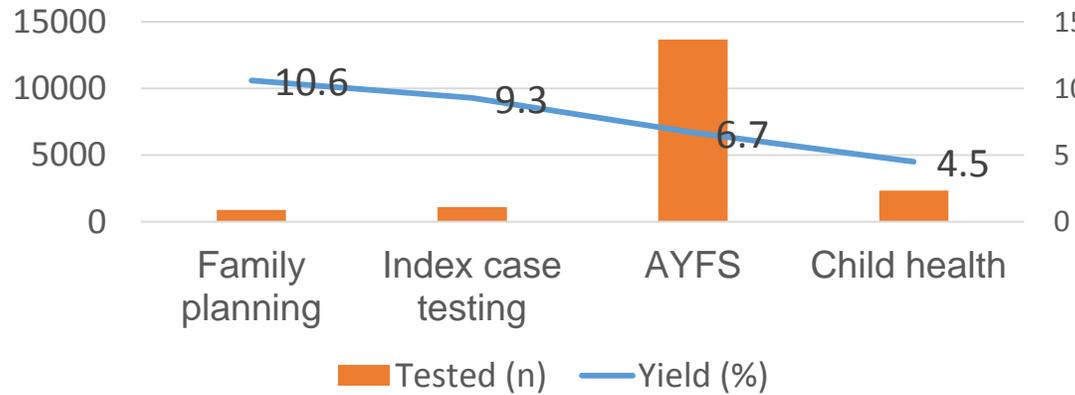


# Key Results

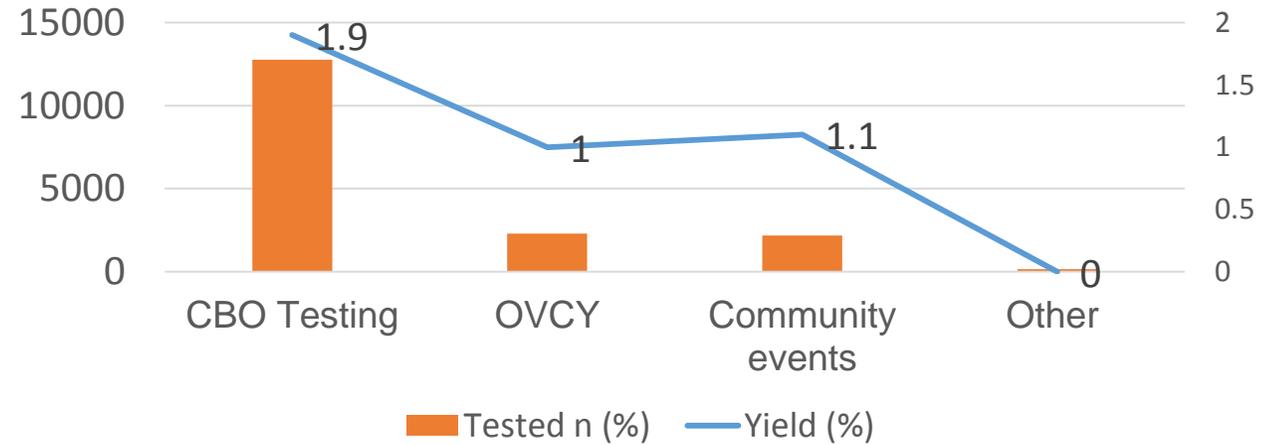
Facility-based testing n= 18, 081			Community-based HIV-testing n=17, 381		
Strategy	Tested n (%)	HIV+ yield n, (%)	Strategy	Tested n (%)	HIV+ yield n, (%)
Family planning (13-19 years)	896 (5%)	95 (10.6)	CBO Testing	12764 (73.4)	246 (1.9%)
Index case testing (18 months- 19 years)	1109 (6.1%)	103 (9.3)	OVCY	2296 (13.2)	24 (1.0%)
AYFS (15-19 years)	13669 (75.6)	917 (6.7)	Community events	2174 (12.5)	25 (1.1)
Child health (18 month-9 years)	2344 (13%)	105 (4.5)	Other	147(0.8)	0 (0)

# Key Results

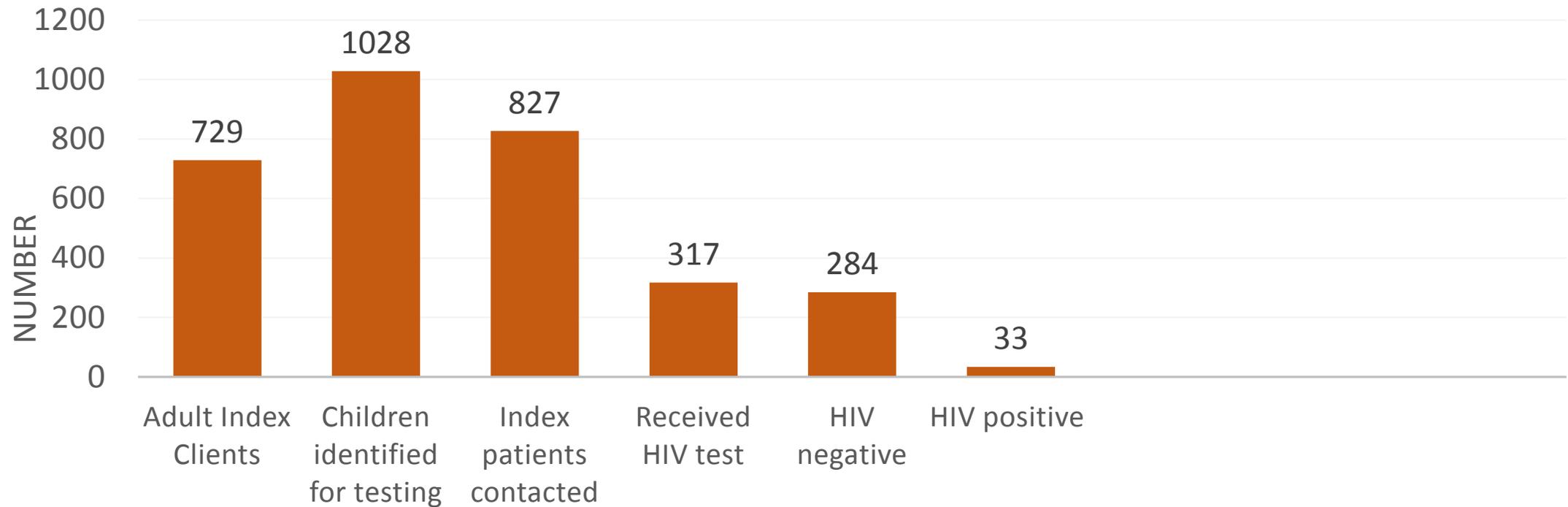
## Facility Based Testing n=18,018



## Community Based Testing n=17,381



# Case finding Through Adult Index Clients



# Scalability



- HIV case finding particularly at health facilities is a feasible and effective way of identifying HIV-infected older children and adolescents in high HIV prevalence setting.
- However, scale-up requires dedicated staff to drive testing strategies.

# Conclusions and Recommendations

- Targeted testing improves testing opportunities beyond PMTCT
- Higher HIV positivity yield at facilities vs community based testing
- Targeted testing at FP, AYFS and child health entry points are simple, feasible and effective strategies
- Focused strategies at community sites could improve case finding.
- Index case finding is more complex but allows for testing of at risk children
- Dedicated staff are needed in identifying HIV-infected children and adolescents



# Acknowledgements

- USAID and ELMA philanthropies
- PASP teams Wits RHI, Anova Health Institute, Right to Care, HIVSA and DoH
- Dr Jackie Dunlop
- Dr Carol Tait
- Dr Lee Fairlie
- Mr Andrew Munemeri
- Ms Anne Magege
- Dr Nombuso Madonsela