



Scaling Up Universal Test & Treat (UTT) through Targeted HIV Case Finding at a Regional Hospital in KwaZulu-Natal, South Africa

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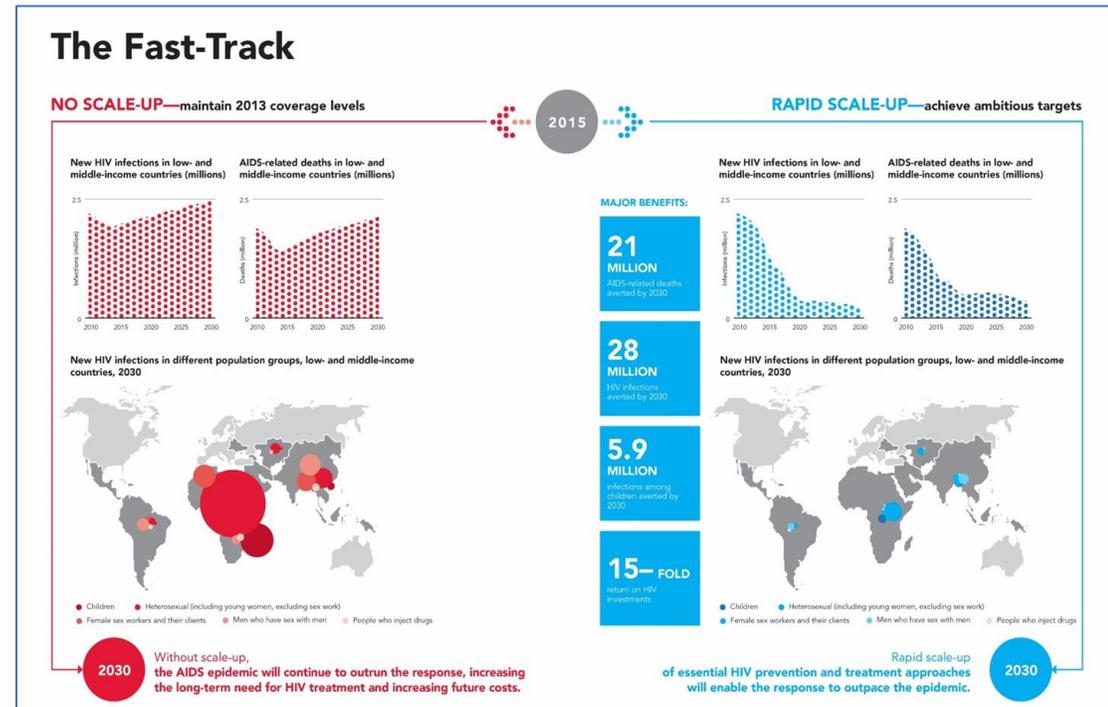
Background

- MatCH is the PEPFAR/USAID District support partner for HIV & related programmes in eThekweni District, KwaZulu-Natal
- Our main objectives are:
 - **Sustainable health systems strengthening** through innovative QI-based models of support
 - Optimising patient pathways and the **cascade of care**
 - Attainment of **UNAIDS 90-90-90 targets**
- Universal Test and Treat (**UTT**) has been implemented by DOH since September 2016. There is a need to optimise facility- level implementation at priority facilities



Problem Statement

- Historically, testing for HIV was done at Voluntary Counselling & Testing (VCT) service points by HIV Lay counsellors at health facilities
- With roll-out of UTT, there was a need to scale-up Provider Initiated Counselling & Testing (PICT) to meet increased client load



Source: UNAIDS

Rationale

- Achievement of 90-90-90 targets is dependent on successful linkage to care and UTT
- PICT allows for Health Care Workers to **identify** populations 'at **risk**' as part of all routine consultation
- We present here a focussed PICT health system strengthening QI project implemented at a regional hospital in eThekweni over a 3-month period to **optimise PICT** and promote **active case-finding**



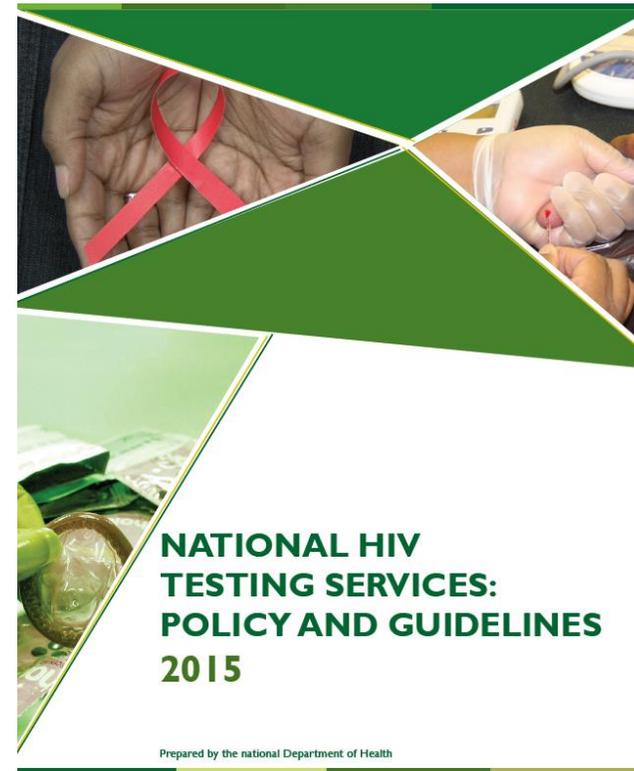
Methodology

- **Entry point analysis** of PICT was conducted at the facility
- Meetings were held with relevant stakeholders to **allocate space and commodities** for HIV testing
- An **assessment** was conducted of the **staff allocation** in the different departments/ 'entry points'
- Junior categories of staff (EN's, ENA's) were trained on **PICT & TB screening of** all clients (inpatient, outpatient) and linkage to care
- Relevant systems and tools were introduced
- Data was reviewed 3 months pre- and post- training

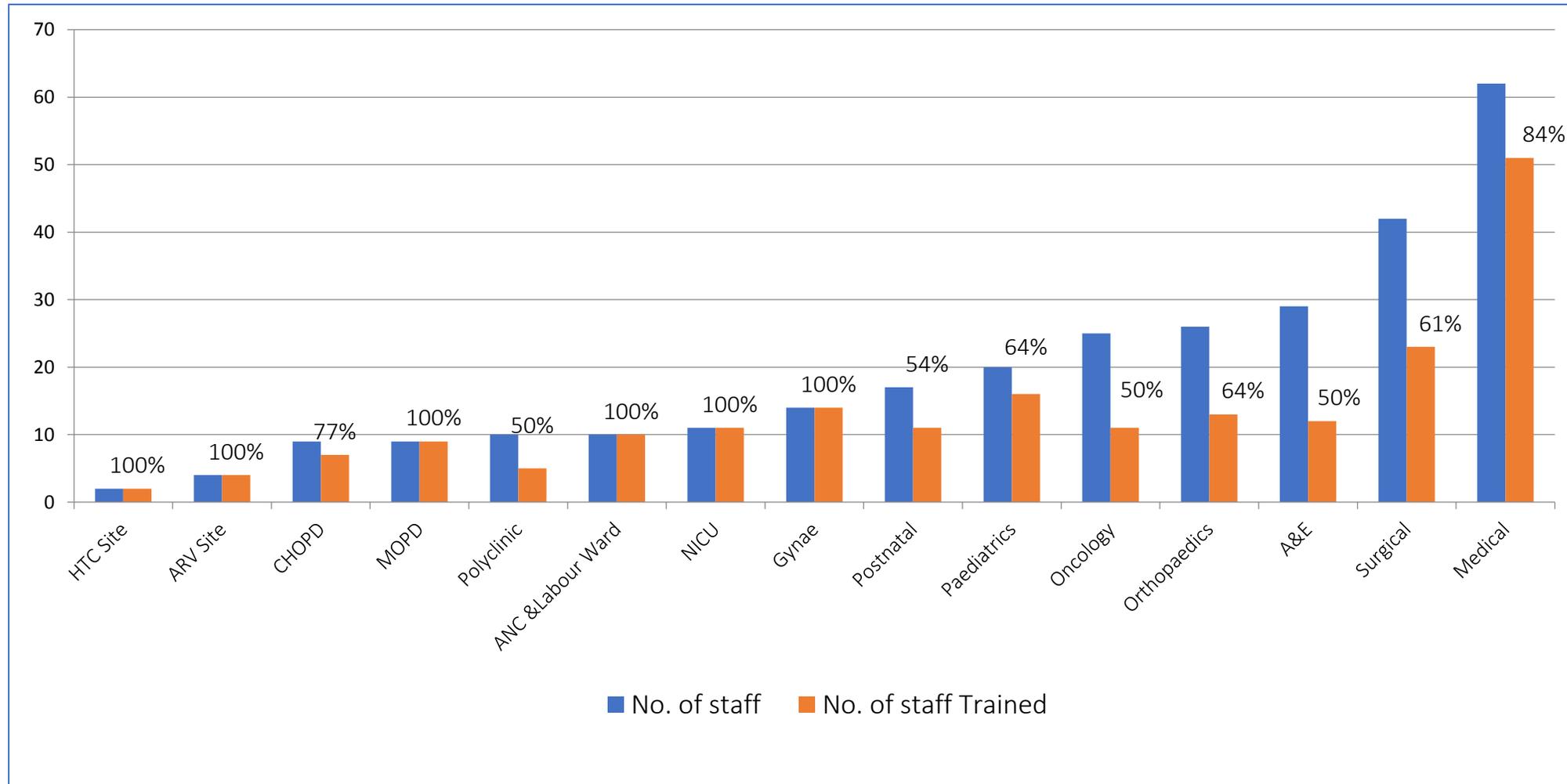


Training & Tools

- Of the 286 staff allocated to the various entry points, **201** were **trained** and **mentored** on PICT.
- **HTS registers** were provided at each entry point for recording and data collection.

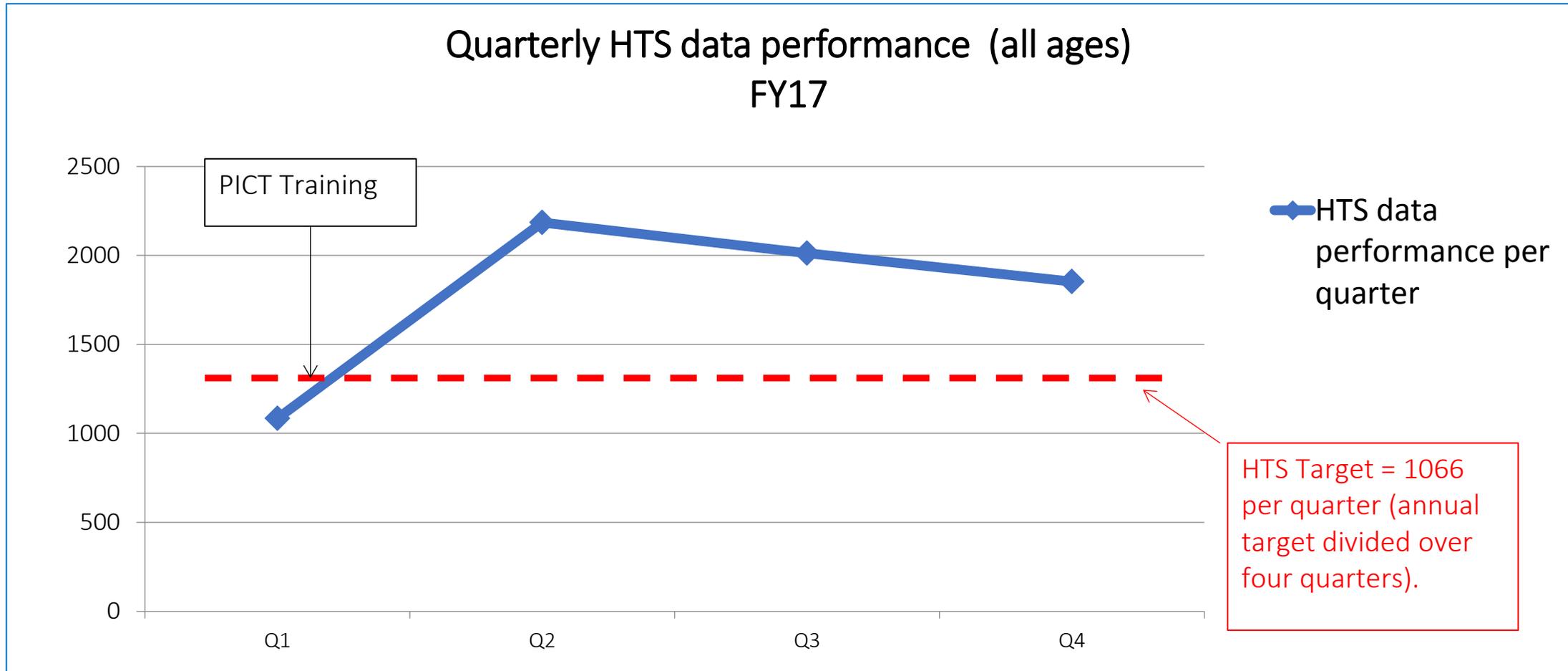


Results: PICT Training Output



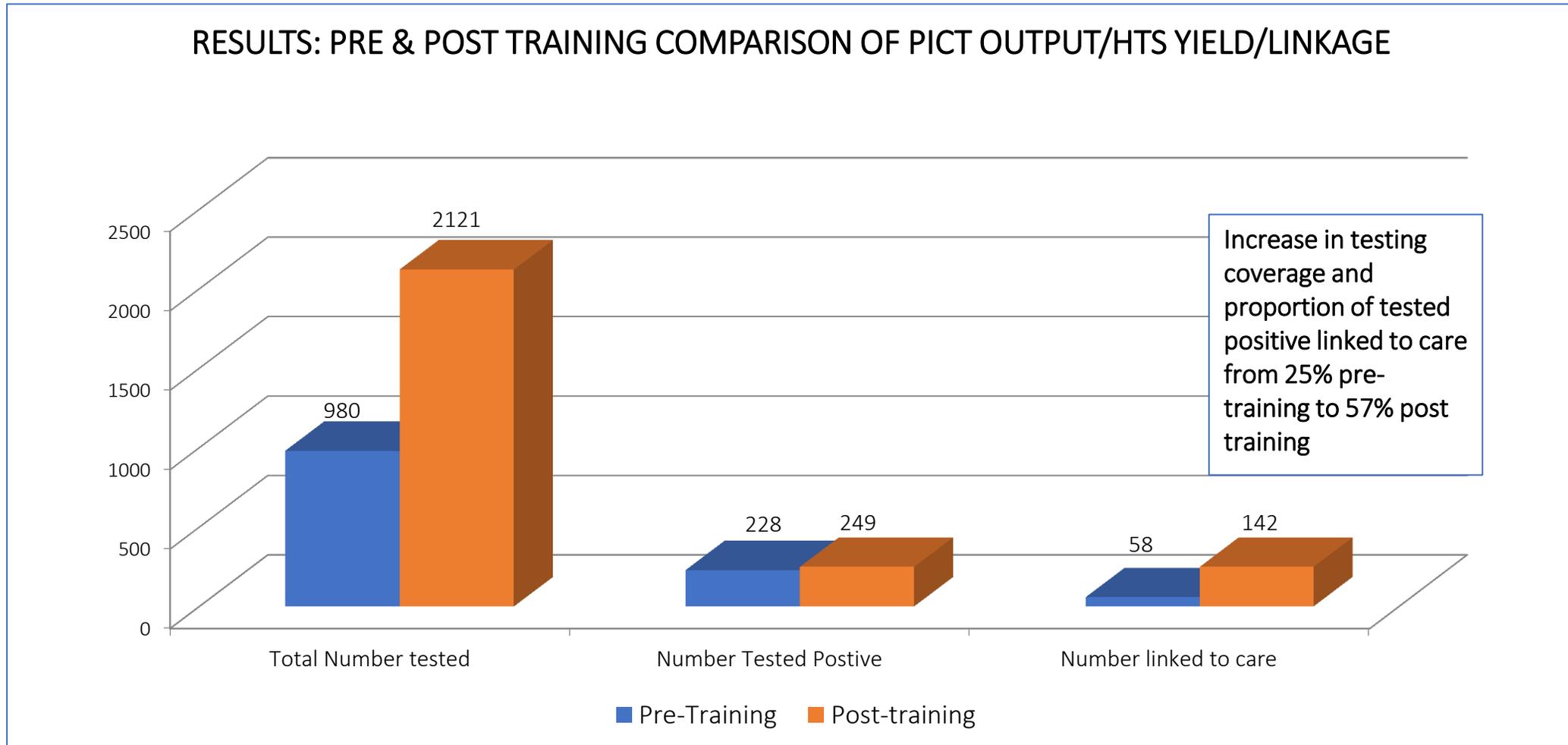
Results:

Impact of PICT Training on reaching HTS Target



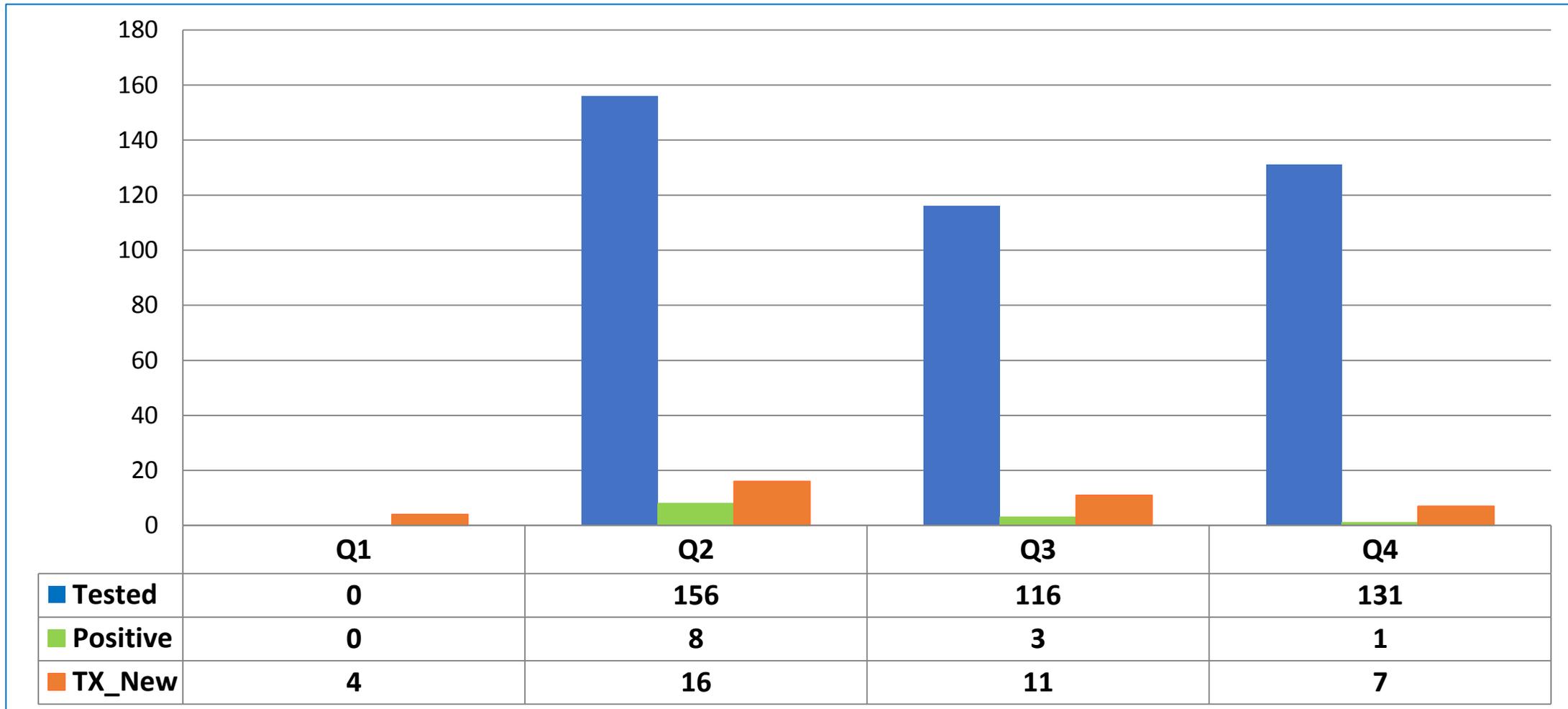
Results:

Pre & Post Training Comparison of PICT Output / HTS Yield / Linkage



Results:

Paediatric HTS_Pos and Linkage to Care (FY17)



Challenges

- **Gynaecology Clinic:** routine PICT was not being offered at this site even post- training due to insufficient **staffing**. MatCH has allocated staff to assist. Results show a high positivity rate, especially in adolescents
- **Linkage to care:** hospitals **refer** patients on discharge to local clinics for linkage to care. Tracing these patients and ensuring retention in care is difficult



Recommendations

- QIP: All hospital admissions should have **TB Screening** and PICT done at the respective entry points
- **Patients triaged** as green and yellow code in Casualty but not admitted should be considered for PICT. Careful planning is required to **identify opportunities** for testing during patient **waiting times**
- Patients who test HIV Positive must be **linked to care at Hospital level** and down-referred or transferred thereafter, as appropriate. This is to limit patients becoming Lost to Follow up (LTFU)



Recommendations

- **PICT training** should be offered on a regular basis to relevant healthcare workers to accommodate for staff changes and high staff turnover
- **Capacitating staff** will ensure stability of the programme and accountability of all relevant staff
- **Monitoring** of the programme is imperative
- The **use of registers** for data collection and record-keeping is crucial
- **Collaboration** between partner organisations and facilities is essential for the success of the programme



Key Messages

1. Identify key entry points where HIV-related disease and asymptomatic HIV infection are more likely
2. Given that PITC is a key entry to HIV care and treatment, significant efforts need to be made to ensure that those who test positive are effectively linked to care and treatment.
3. To enhance successful implementation, onsite mentorship support is vital, evidenced by the improvement in health outcomes in facilities where this was provided.



Acknowledgements

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- KZN DOH

- MatCH:

- Dr A Ramkissoon
- MatCH Program Managers
- MatCH Facility Teams





Thank you | Ngiyabonga