Linkage to HIV Treatment
(Linkage Officers and Linkage Initiatives)

PEPFAR Satellite Session: South African AIDS Conference
Durban ICC
June 11, 2019
Overview

• Background
• Problem statement
• Interventions
• Results
• Key findings
• Recommendations
• Acknowledgements
Background

- In 2018, South Africa (SA) had an estimated 7.52 million people of all ages living with HIV (PLHIV); 13.1% prevalence
- An estimated 4.4 million people on ART = a shortfall of over 3 million people infected but not on treatment
- The TROA in South Africa is fed through case-finding of new HIV-positive patients not yet on treatment and sustained through retaining those on treatment in care
Problem statement

• Lack of targeted testing
• Poor follow-up of pre-ART patients not initiated on same day
• Poor follow-up of missed appointments and defaulters has led to a flattening out of the trajectory curve of the TROA
Interventions – facility-based

- Targeted testing of index contacts
- PHC headcounts screened to identify potential at-risk patients
- Case management of pre-ART patients to ensure initiation on ART as quickly as possible (if not on same day)
- Pre-emptive calls and reminder messages sent by Linkage Officers to patients 1 week prior to, 3 days prior to, and on the morning of the appointment
- Patients testing HIV-positive linked through ‘handshake’ to the next provider
- After-hour consultations for repeat patients by appointment
Community-based

- Patients tested by the HST outreach team are initiated on ART in the community and the data were submitted to the facility for capture into TIER.Net. Follow-up of these patients and those who were not ready to be initiated on ART is carried out by the same HST outreach team or a DoH mobile team who visits that area.

- Community testing partners submit lists of HTS patients to the facility for capturing into TIER.Net, and are responsible for following up to ensure that HIV-positive patients are initiated on treatment.

- Community partners have aligned with the HST outreach Community ART teams to ensure that patients can be initiated in the community, e.g. CINDI in uMgungundlovu District
Human resources and equipment

• Linkage Officers are responsible for drawing lists from TIER.Net for pre-ART, daily appointments, missed appointments.

• Campaign Agents provide tracking and tracing activities for patients and index contacts.

• Outreach teams with Lay Counsellor and Professional Nurse to initiate ART

• Equipment:
  – Vehicles; clinical equipment; cell-phones with data and call capabilities
Results

Linkage to care Oct 2018 to March 2019

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1 FY19</th>
<th>Q2 FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zululand</td>
<td>95%</td>
<td>105%</td>
</tr>
<tr>
<td>Uthukela</td>
<td>92%</td>
<td>105%</td>
</tr>
<tr>
<td>Umgungundlovu</td>
<td>121%</td>
<td>97%</td>
</tr>
<tr>
<td>Ethekwini Metro</td>
<td>101%</td>
<td>94%</td>
</tr>
<tr>
<td>All districts</td>
<td>101%</td>
<td>98%</td>
</tr>
</tbody>
</table>
Key findings

- Patients appreciate the reminder messages: “It feels like for the first time that the clinic cares about me”
- Patients prefer an SMS to a call
- After-hours appointments cater for many patients who might otherwise default
- Clinics are not resourced with manpower or equipment to provide this service
- Outreach Community ART initiation needs to be followed up in the same community
Recommendations

• DoH begins to factor in the linkage/Case Management approach into HR planning
• All DoH mobile services should provide testing and ART initiation
• Case Management approach for pre-ART patients
• Active tracing of index contacts and ‘handshake’ to ART initiation for HIV-positive patients
Acknowledgements

- CDC South Africa and their team of technical leads
- Department of Health teams at all levels
- HST management and teams on the ground
- Other PEPFAR partners from whose work we have benchmarked and learnt good practices
- The PLHIV in all our supported communities
Questions?