



SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

PEPFAR



**HEALTH
SYSTEMS
TRUST**

Linkage to HIV Treatment (Linkage Officers and Linkage Initiatives)

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

Jackie Smith
Health Systems Trust



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

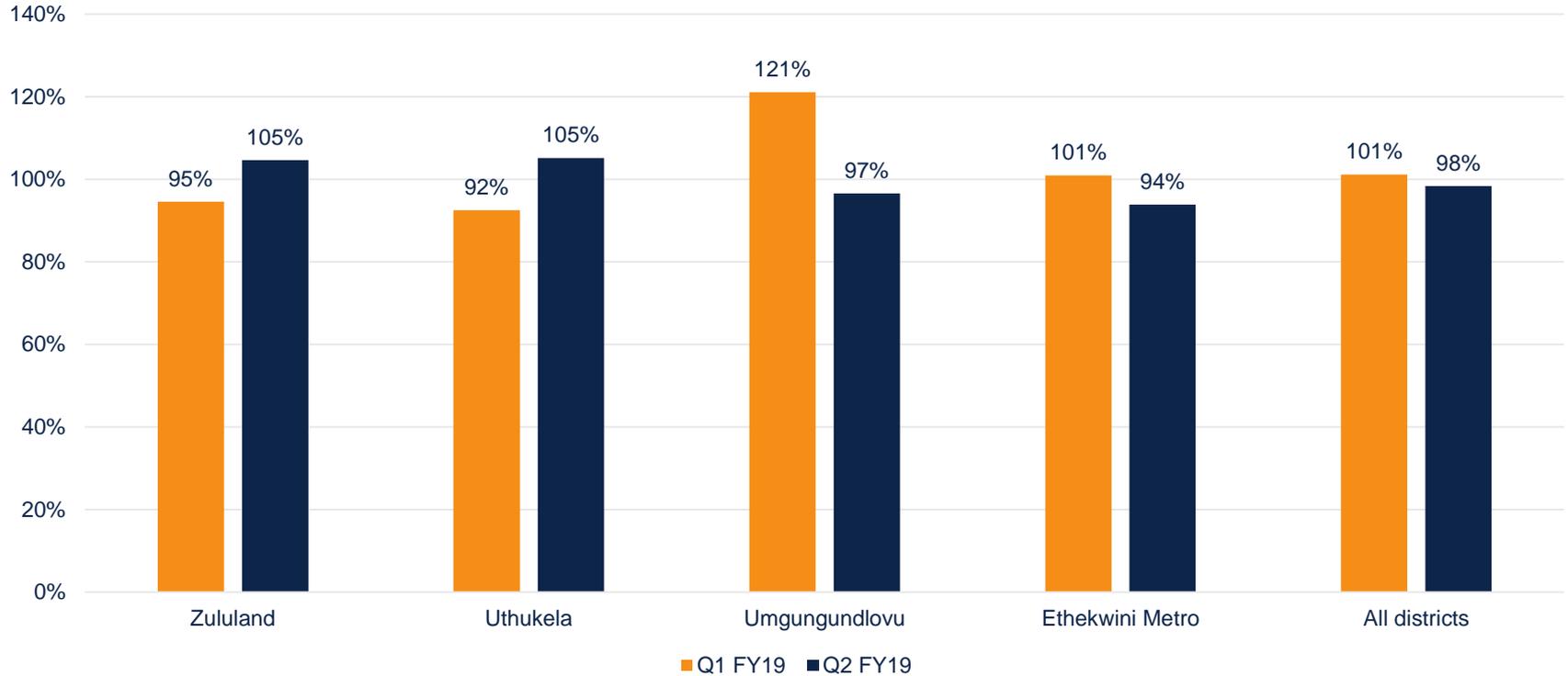
Human resources and equipment



- 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



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?
