

HIV TESTING AND LINKAGE TO CARE



FAST-TRACK CITIES INITIATIVE



- Worldwide movement that seeks to use the unique potential of local communities to accelerate progress towards achieving HIV epidemic control
- More than 300 cities worldwide
- Primary partners:
 - UNAIDS
 - International Association of Providers of AIDS Care (IAPAC)
 - UN-Habitat
- Fast-Track Cities Website: www.fast-trackcities.org

GOALS OF THE FAST-TRACK CITIES INITIATIVE



FAST-TRACK
CITIES

- Optimize the HIV care and prevention continua towards attainment of the global 90-90-90 targets
- Increase utilization of combination HIV prevention services
- Operationalize global and local treatment policies at the city clinic level
- Reduce to zero the negative impact of stigma and discrimination
- Establish a common, web-based platform for real-time monitoring of progress

LEARNING OBJECTIVES

The purpose of this module is to summarize...

Recommendations made by WHO for HIV testing and linkage to care

After completing this module, you will be able to...

1. Explain the importance of early diagnosis of HIV and linkage to care as key steps to improve the health and well being of people living with HIV and reduce the number of new HIV infections
2. Identify key factors that impede early HIV diagnosis & linkage to care
3. Understand what differentiated HIV testing services are
4. Describe how emerging HIV testing and linkage to care best practices can increase early HIV diagnosis and linkage to care

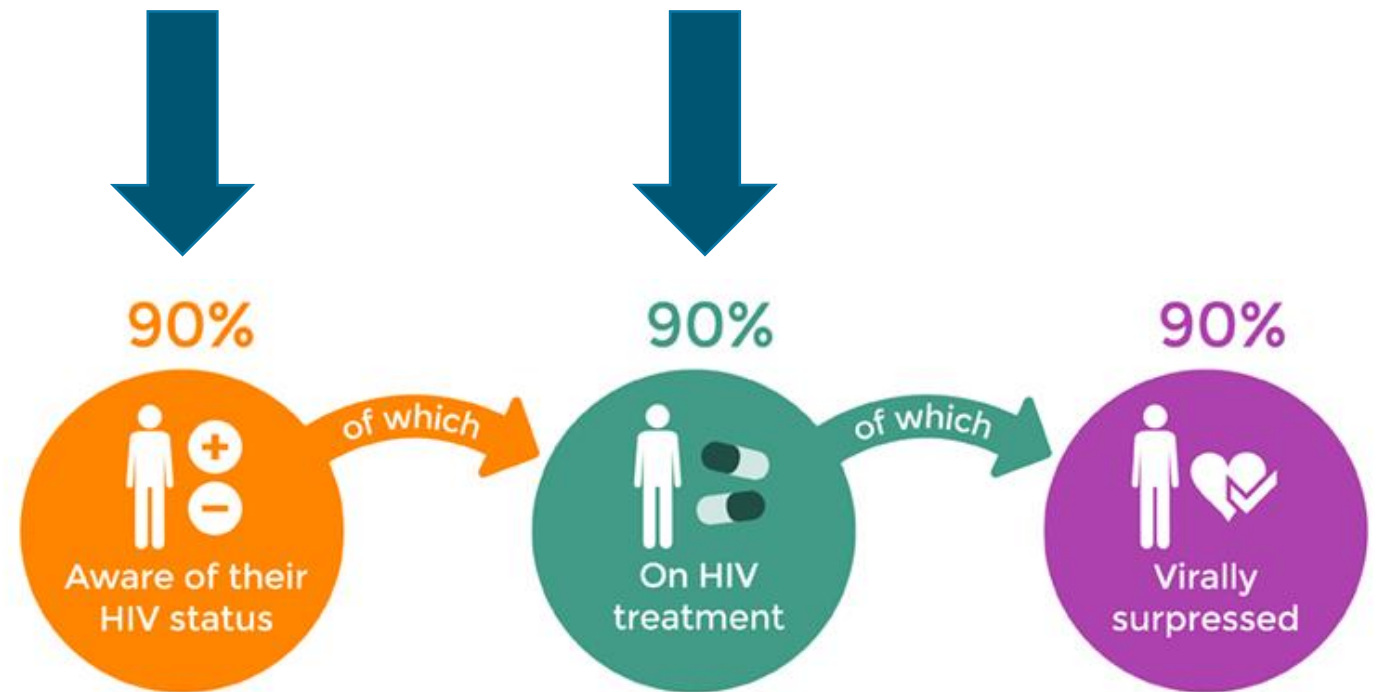
SECTION 1
RECOMMENDATIONS FOR
HIV TESTING

HIV TESTING and LINKAGE to CARE



This module addresses first two 90s

- At least 90% of all people living with HIV (PLWH) are aware of their status
- Linking at least 90% of all PLWH to treatment

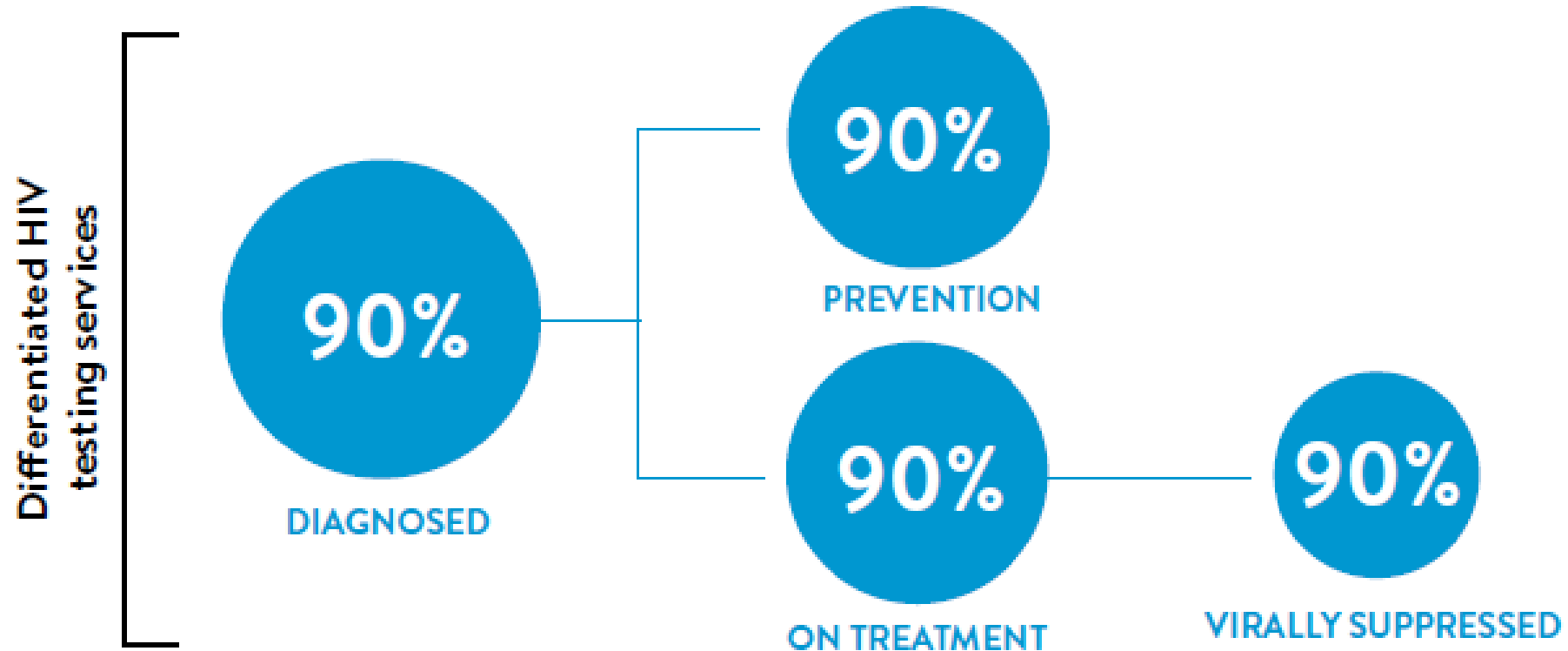


Populations with Particular Testing Challenges



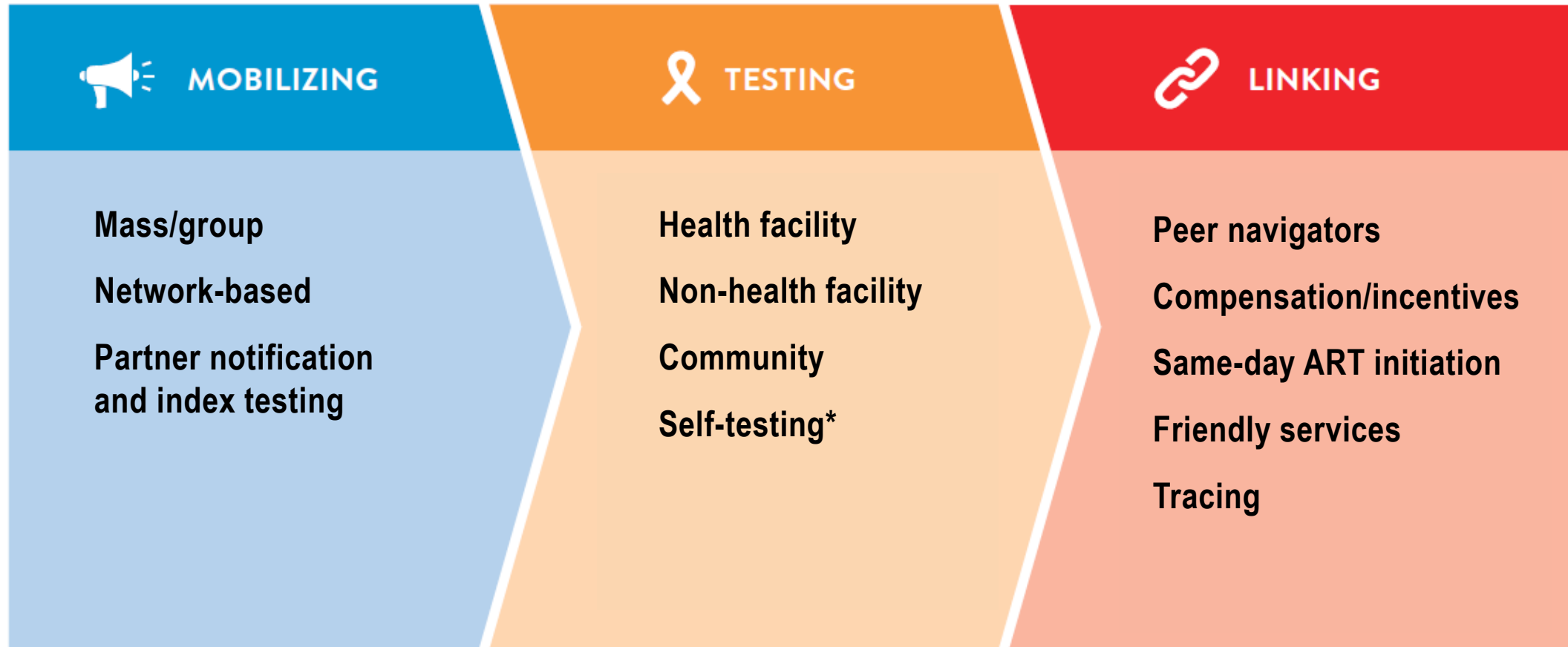
- Men of all ages are less likely than women to know their HIV status
- Adolescents and young adults are less likely to know their HIV status than adults
- Only about half of children born to HIV+ mothers receive early infant diagnosis within the first two months of life
- Key populations are less likely to know their HIV status
- Stigma and discrimination deter many key populations from learning their HIV status

Differentiated HIV Testing Services



Source: Differentiated Service Delivery for HIV: A Decision Framework For HIV Testing Services
Published by: International AIDS Society (IAS) Amsterdam, the Netherlands. July 2018.

Three components of differentiated HIV testing services

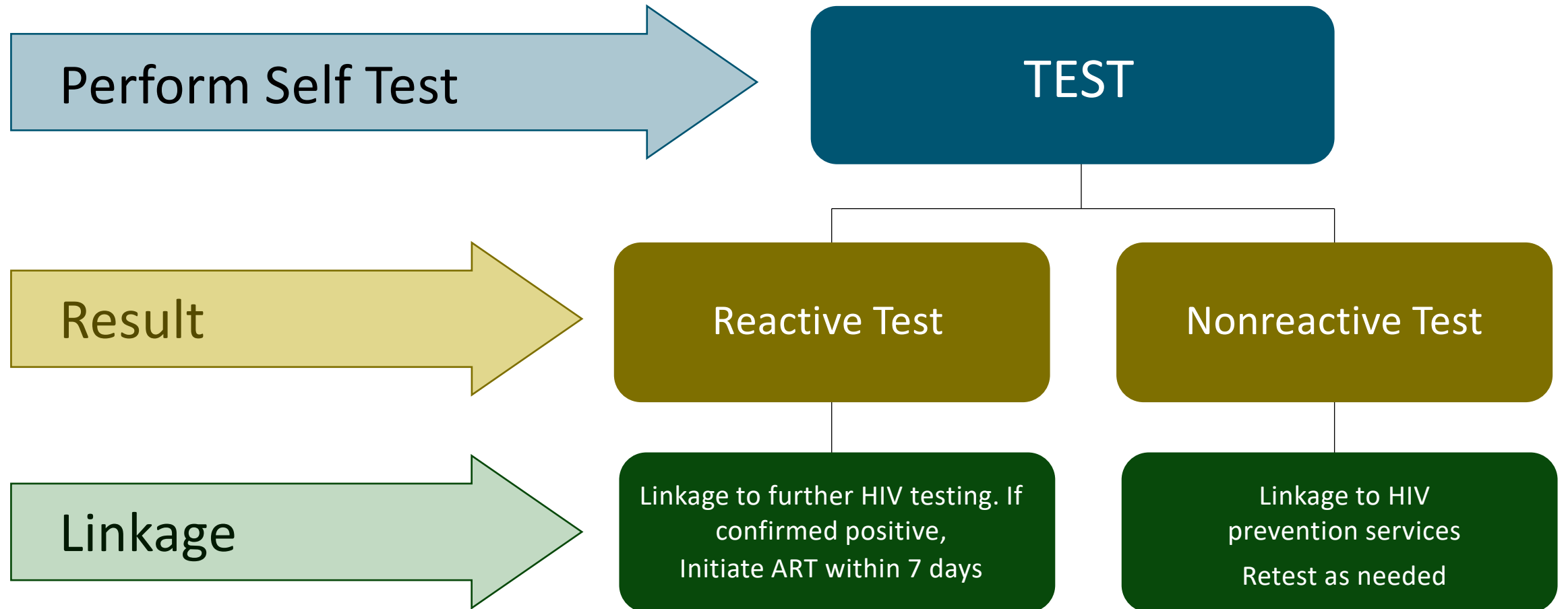


HIV Self Testing

- HIV Self Testing
 - Complements existing HIV testing services
 - Creates demand
- Facilitates couple and partner testing
- Reach those who do not know their status
- Self testing
 - Increases uptake and frequency of testing
 - Populations not reached by mainstream testing services
 - Key populations, men and young people
 - Stigma and discrimination

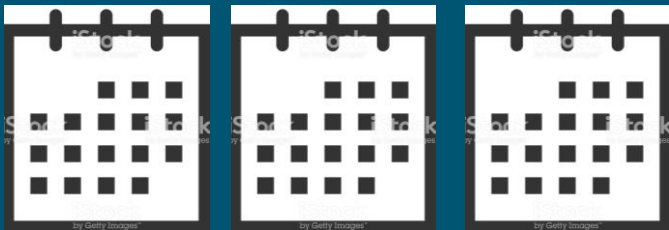


HIV Self Testing

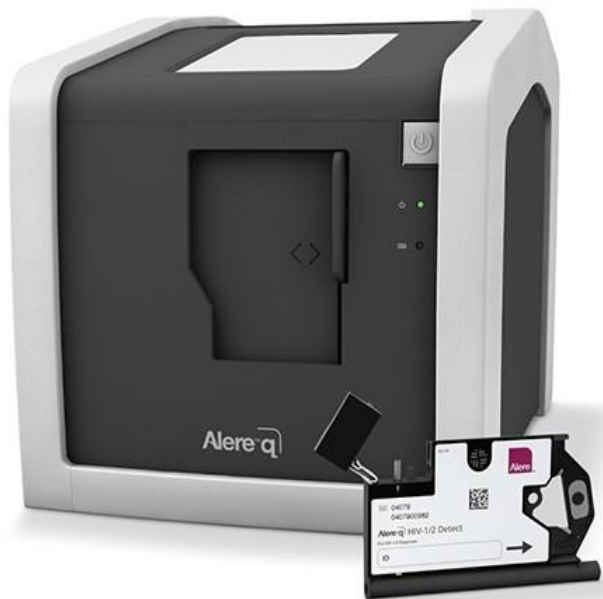


HIV Self Testing and the Window Period

- Potential HIV exposure in the preceding 12 weeks
- Non-reactive self-test result
- Repeat self-testing again in 14 days
- Or seek testing at a facility or community testing place



Point-of-care Early Infant Diagnostic Testing



- Centralized labs for early infant diagnosis (EID) is inadequate
- Multiple POC EID products are available and pre-qualified by WHO
- WHO recommends use of POC EID for diagnosis of HIV in newborns
- The proportion of HIV+ infants initiating antiretroviral therapy within 60 days of sample collection
- 90% for POC EID compared to 13% for traditional EID

WHO. WHO list of prequalified in vitro diagnostic products. Geneva: World Health Organisation; 2018 25 June.

Moving Testing into the Community

Multi-disease
mobile testing



Home testing



Partner notification
(index testing)





Multi-Disease Testing

- HIV testing alongside screening for hypertension, diabetes, malaria, cervical cancer, tuberculosis
- Multi-disease screening can achieve very high levels of knowledge of HIV status
- SEARCH achieved population-level knowledge of HIV status exceeding 90%

Chamie G et al. A hybrid mobile approach for population-wide HIV testing in rural east Africa: an observational study. *Lancet HIV*. 2016;3(3):e111-e9.

Home Testing



- Home-based testing is highly effective in achieving high levels of knowledge of HIV status
- Home-based testing is especially effective in reaching children and people who have never tested
- Home-based testing less effective in reaching men and adolescents
- Home-based testing in the PopART trial in Zambia
 - Very high levels of knowledge of HIV status among women (greater than 90%)
 - Lower levels (78%) among men

Partner Notification (Index Testing)

- WHO recommends incorporation of partner notification in HIV programs
- Sexual or drug-using partners only, or all household family members
- Several approaches to partner notification are possible
 - Assisted
 - Health workers contact partners or household members to provide testing
 - Passive
 - Health workers advise HIV+ individuals to disclose their status to their partners
- Contract notification
 - Agreement between provider and the positive client
 - Inform partners
 - Client receives training on disclosure



- Partner notification strategies significantly increase HIV testing among partners of people who are HIV+ and facilitate linkage to care for HIV+ partners
- Assisted partner notification is more effective than passive partner notification
- All forms of partner notification must be voluntary
 - Only trained health workers should undertake partner notification
 - No involvement of law enforcement is appropriate
- Social harms associated with partner notification
 - Intimate partner violence, proven to be rare
 - Can be minimized by careful attention to the social and legal environment

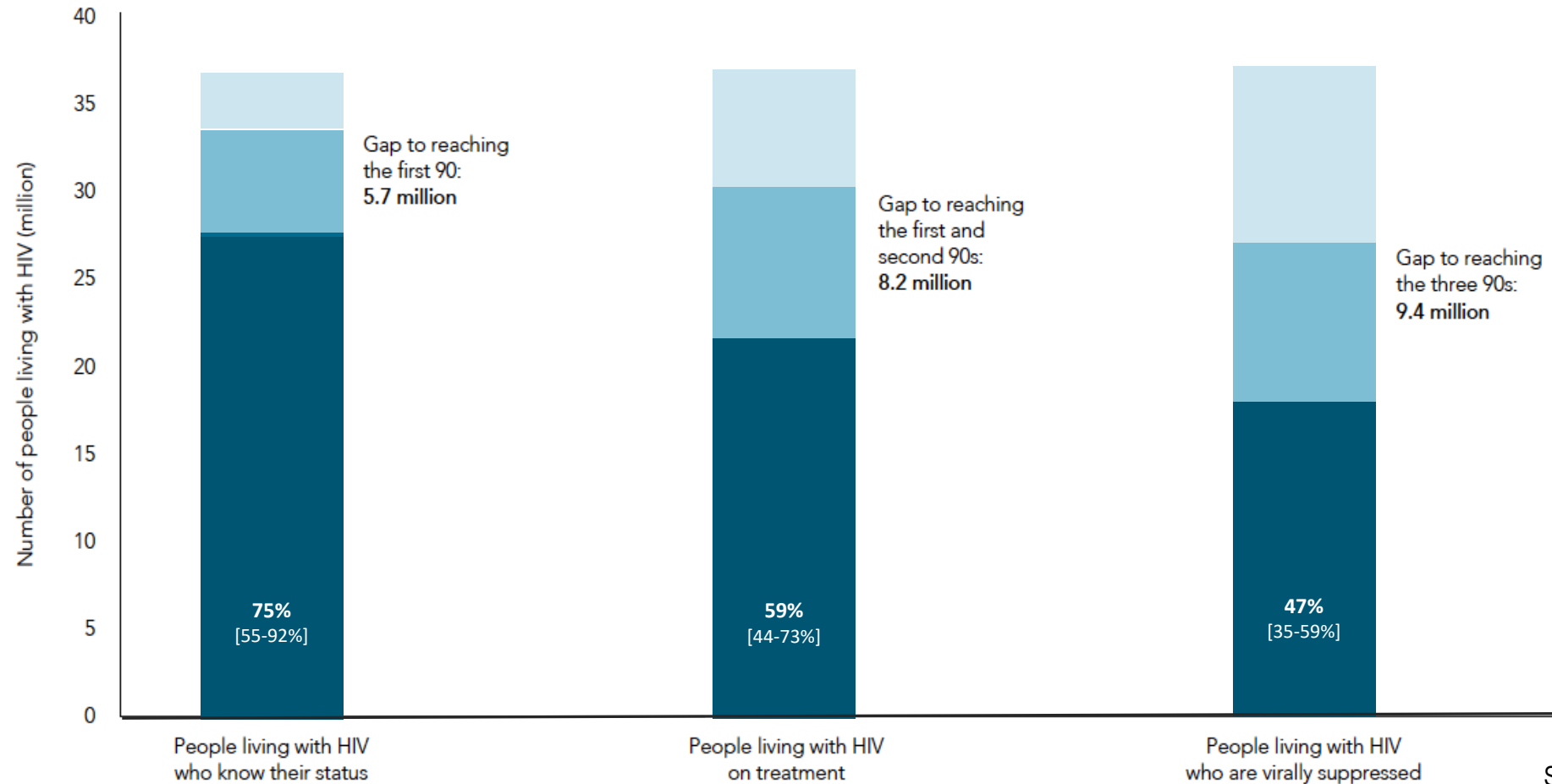
Partner Notification (Index Testing)



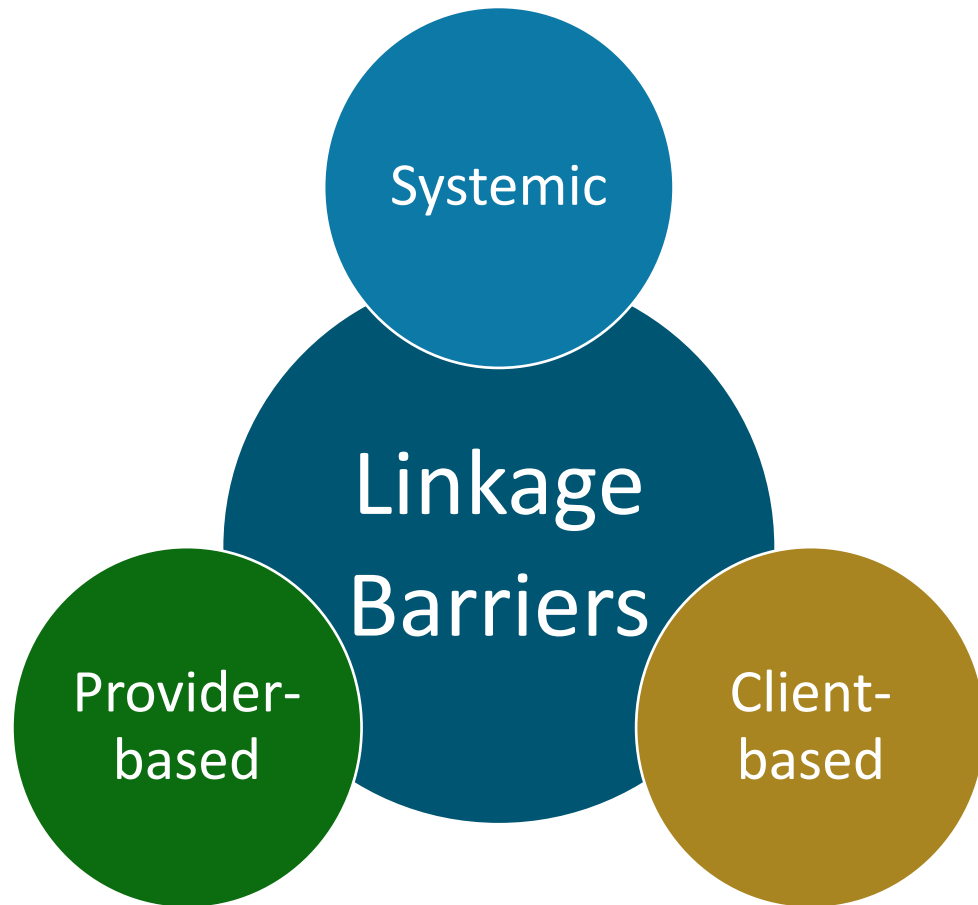
SECTION 2
RECOMMENDATIONS FOR
LINKAGE TO HIV CARE

Inadequate Linkage to Care

HIV testing and treatment cascade, global, 2017



Barriers to Linkage to Care



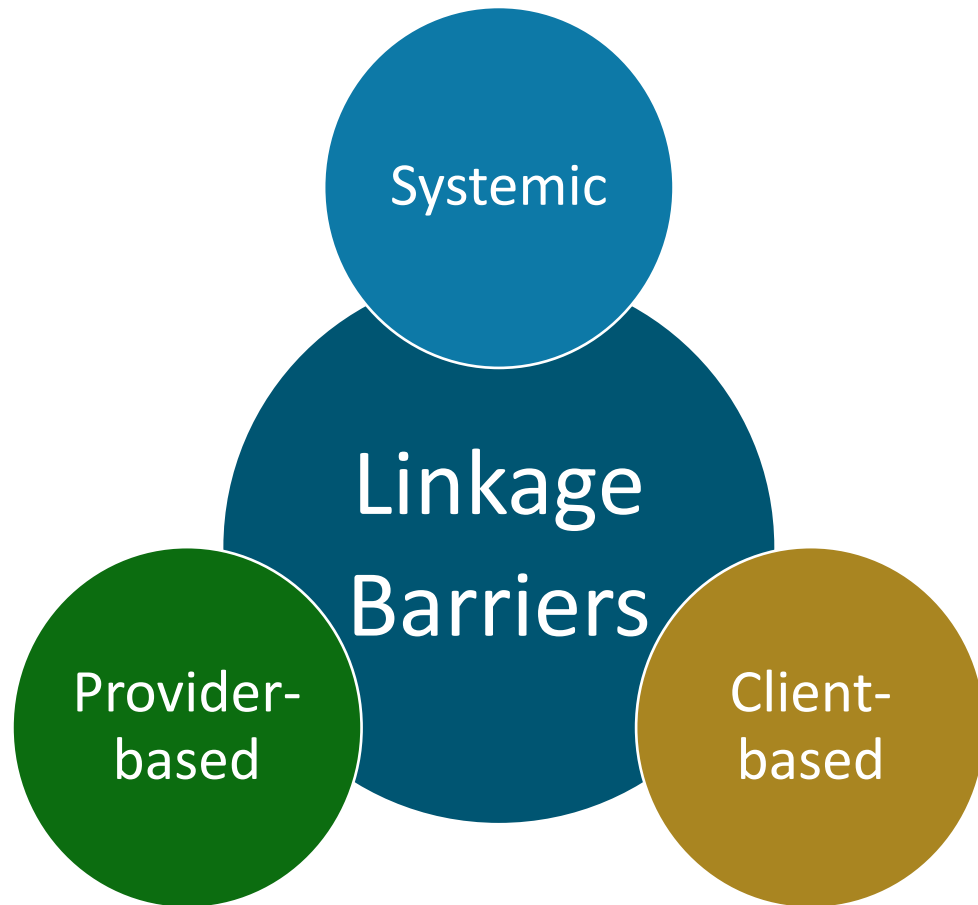
Systemic

- Availability and accessibility based
- A person in a remote area who has to travel to get HIV treatment
- Failure to implement a treat-all approach can lead to:
 - Uncertainty and confusion about when to start treatment
 - PLHIV to fall out of care for extended periods

Tso LS et al., Facilitators and Barriers to Linkage to Care Interventions: A Qualitative Evidence Review, AIDS 2017;30(1):1639-1653.

Thompson MA et al., Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel, Ann Intern Med 2012;156(11):817-833.

Barriers to Linkage to Care



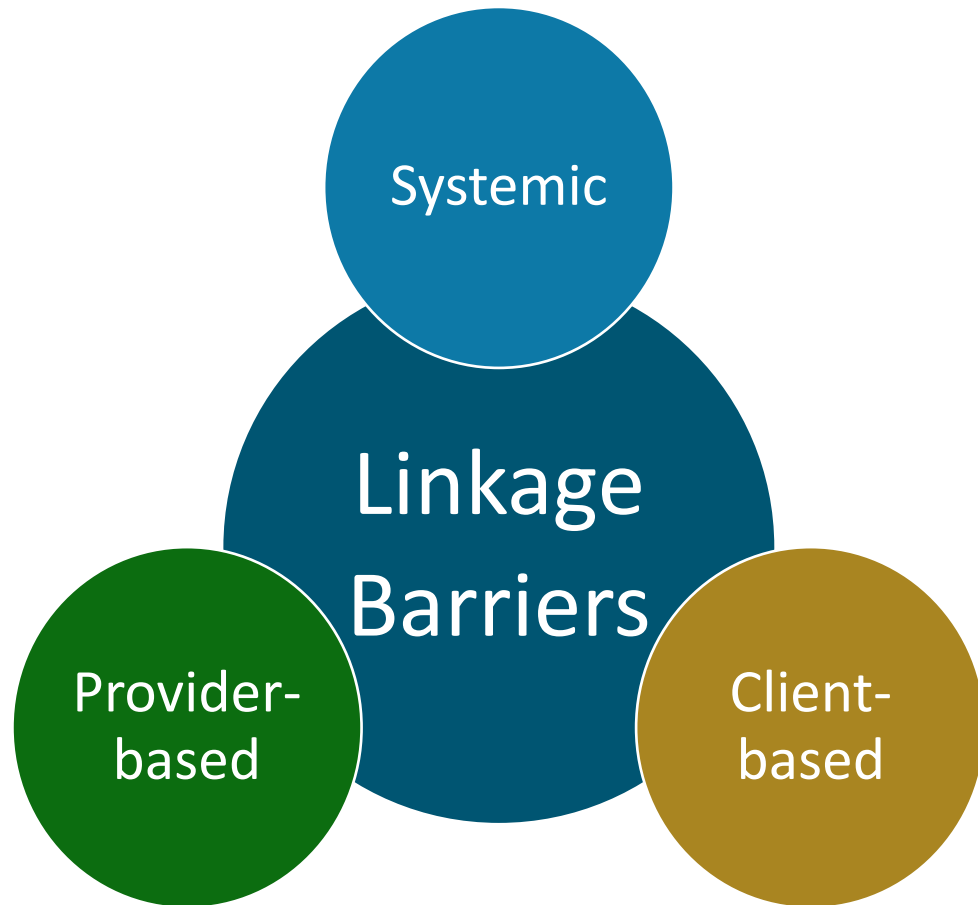
Provider-based

- No systems in place to follow up if that person fails to keep the appointment
- Clinics may not have functioning linkages with community testing programs
- Stigma and discrimination

Tso LS et al., Facilitators and Barriers to Linkage to Care Interventions: A Qualitative Evidence Review, *AIDS* 2017;30(1):1639-1653.

Thompson MA et al., Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel, *Ann Intern Med* 2012;156(11):817-833.

Barriers to Linkage to Care



Client-based

- Fear and/or internalized stigma
- Treatment literacy
- Acceptability of provider
- Confidentiality
- Trust

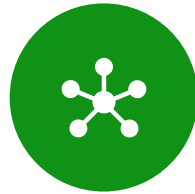
Tso LS et al., Facilitators and Barriers to Linkage to Care Interventions: A Qualitative Evidence Review, *AIDS* 2017;30(1):1639-1653.

Thompson MA et al., Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel, *Ann Intern Med* 2012;156(11):817-833.

Best Practices for Linkage to Care



Home-based HIV testing and home-based ART initiation



Integrated services



Assistance with transport



Decentralized ART provision



Peer navigators



Community outreach to find people lost to follow-up



Communication technologies

Reflection Points

Let's reflect upon the content of this module:



1. Why do 1 in 4 people living with HIV globally not know their HIV status?
2. What are the key barriers to HIV testing?
3. How can differentiated HIV testing services increase knowledge of status?

Reflection Points

Let's reflect upon the content of this module:



4. What other innovative testing modalities can be used?
5. What are three main barriers to swiftly linking people to care
6. What are the evidence-based interventions that can improve timely linkage to care?