

Strategies for Scaling Up HIV CT

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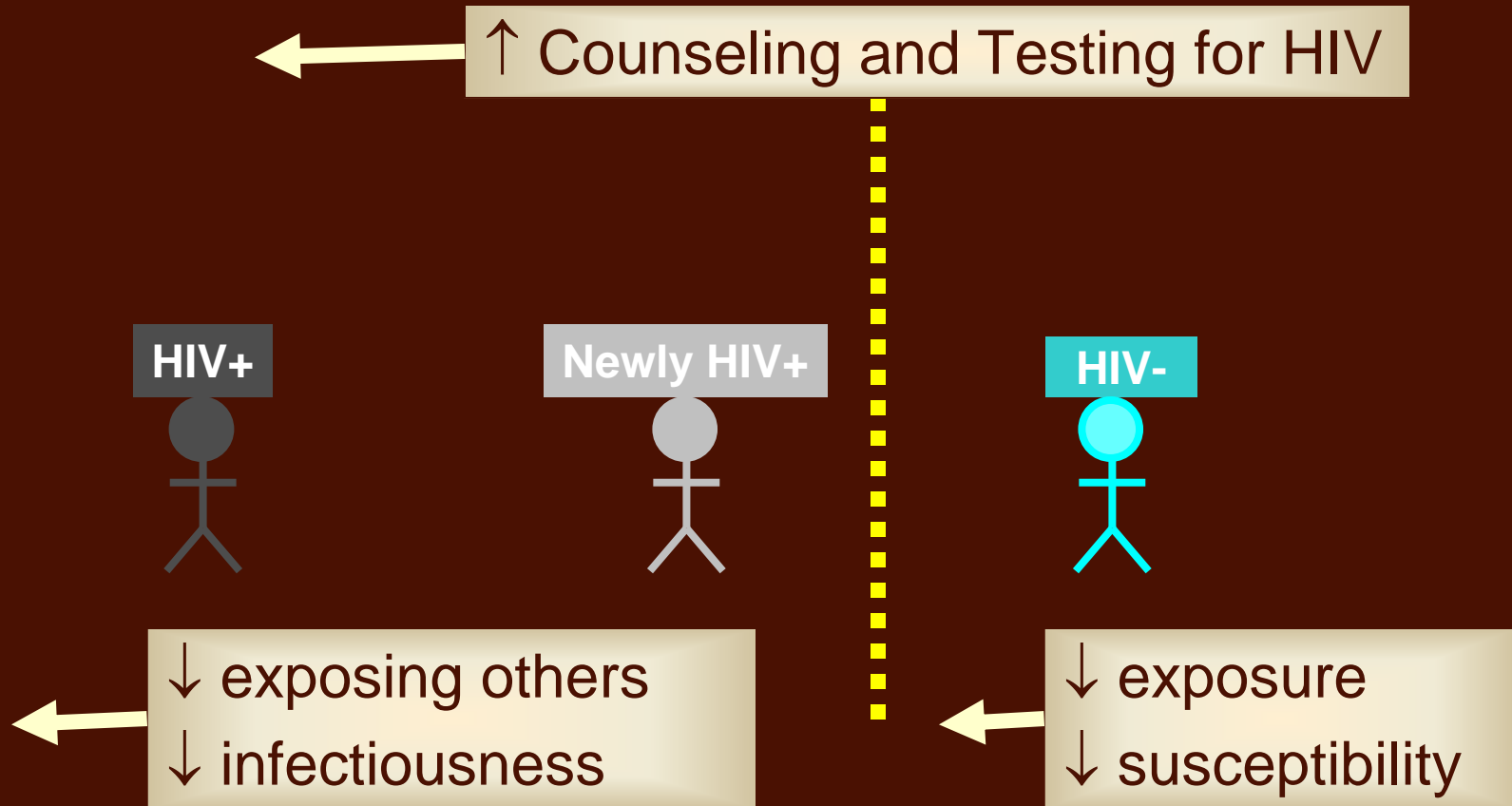
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Interventions to Prevent HIV



Combination Prevention

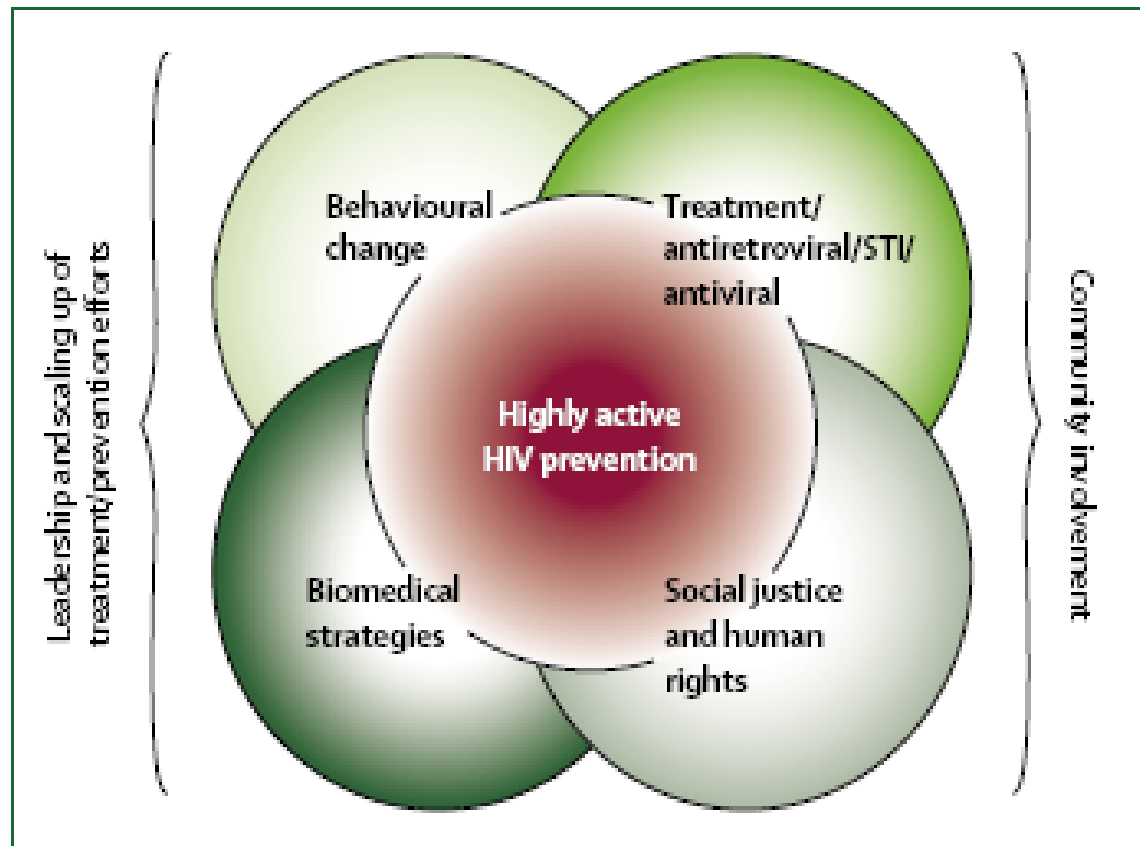


Figure 1: Highly active HIV prevention

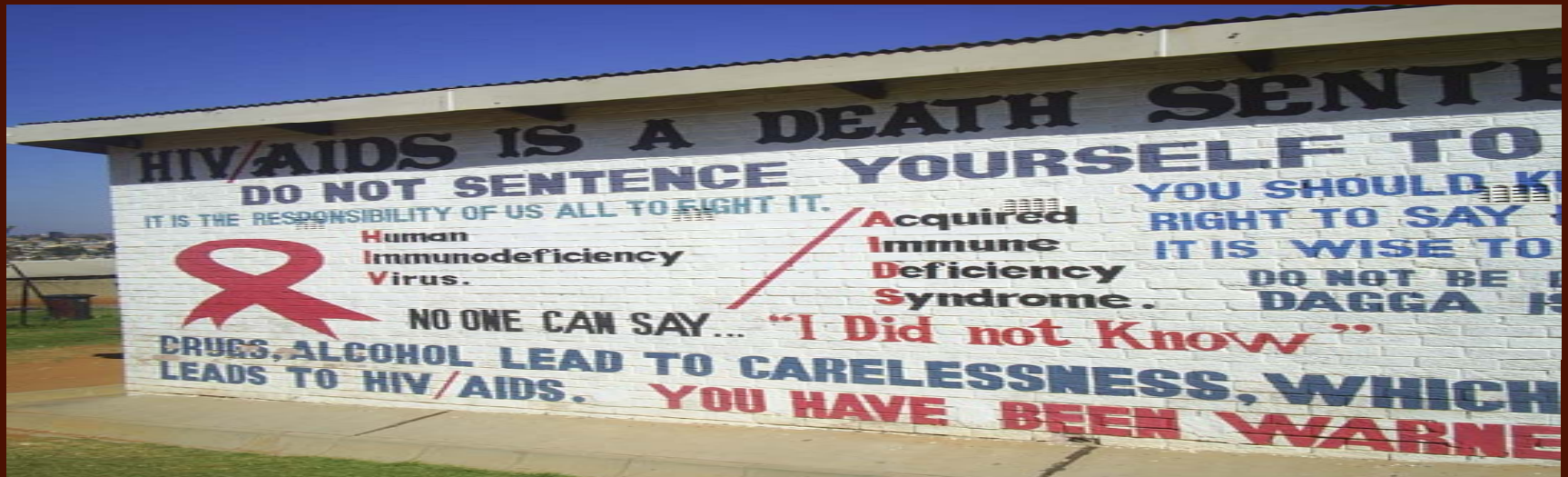
This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.³ STI=sexually transmitted infections.

HIV Voluntary Counseling and Testing and Behavioral Risk Reduction in Developing Countries: A Meta-analysis, 1990–2005

Julie A. Denison · Kevin R. O'Reilly ·
George P. Schmid · Caitlin E. Kennedy ·
Michael D. Sweat

- Meta analysis of studies in developing countries
- VCT recipients significantly less likely to engage in unprotected sex
- Changes more likely among HIV+ individuals
- Highly effective with serodiscordant couples
- Necessary for prevention of mother-to-child transmission

Why Don't People Test?



Why Don't People Test

- Stigma
- Fear of discrimination
- Implications
- Logistics—difficult and expensive to access
- Counseling, when offered is viewed as inadequate or judgmental
- Concerns about confidentiality

Why Don't People Test

“Many of our patients have told us that they prefer not to go to public clinics for an HIV test because they are afraid of being seen by people they know. Because we test for other diseases too, like diabetes and high blood pressure, the outside world does not know for what reason patients are walking through our door.”

--Liz Thebus, Tutu Tester Health Worker



What Are The Options?

- Rapid testing
- Provider initiated testing
- Removing policy barriers
- Campaigns
- Mobile/community testing
- Couples counseling and testing
- Home-based/family testing

Provider-Initiated Testing

- Screening is a useful public health tool and HIV meets all of the criteria for screening
- Serious disorder
- Effective treatment is available
 - Or at least becoming more so in more places
- Treatment is more effective when begun prior to symptoms
- Test is highly reliable and inexpensive

Routine HIV testing launched

- "I encourage you to accept being tested. It is in your interest to know. Knowledge of your HIV status will empower you to take care of your destiny"



President Festus Mogae
*Christmas and New Year
Message to the Nation December
23, 2003*

Two and a Half Years of Routine HIV Testing in Botswana

*Tore W. Steen, MD, PhD, Khumo Seipone, MD, MPH, Florindo de la Hoz Gomez, MD, PhD,
Marina G. Anderson, MD, MPH, Marble Kejelepula, MSc, Koona Keapoletswe, MSc,
and Howard J. Moffat, MD, FRCP*

TABLE 2. *Tebelopele* First-Time Attendees, 2000 Through June 2006

Year	Women	Men	Total
2000	1902	1732	3634
2001	6515	5750	12,265
2002	13,647	11,005	24,652
2003	24,607	18,367	42,974
2004	34,972	26,249	61,221
2005	39,587	32,432	72,019
2006 January–June	24,303	20,743	45,846

Many Documented Advantages

- Data from Uganda, Botswana, Zimbabwe, South Africa
- Acceptance is generally high (>90%)
- Increases uptake of PMTCT
- Reduces stigma and discrimination
- Identifies previously undiagnosed HIV
- Allows women access to VCT w/o partner permission
- Can refer clients to early HIV prevention
- People can seek treatment and care early

Mandatory Testing

- Always a temptation to move to mandatory
- Being considered in Mozambique and Malawi
- Not usually necessary if programs to reach people are effective
- May keep high-risk people away from services

Premarital Mandatory Testing

- Concern about mandatory pre-marital testing
- Demonstrated that voluntary VCT worked quite well in bringing forth people with HIV
- Concerns that people will avoid formal marriage
- Need guidelines or management of HIV+ and serodiscordant couples
- Calls for training and capacity building for religious and political leaders

AIDS Care, 2007, 19: 116-121

Community-Based VCT



Project Accept

(Supported by NIMH, HPTN, OAR)

- A community-level intervention designed to change discussion about HIV, disclosure when appropriate, community norms and reduce risk for HIV infection among all community members, irrespective of whether they participate directly in the intervention
- Uses 3 strategies:
 - Remove logistical barriers to VCT; provide rapid and 'routine' VCT
 - Engage the community through outreach; and
 - Provide post-test support.

Design

- **48 communities of about 10,000 each**
- **4 countries, 5 locations**
- **South Africa, Zimbabwe, Tanzania, Thailand**
- **Randomized to intervention and control**
- **Endpoint is prevalence of recent infection**
- **Determined on random sample of 18-30 year olds**
- **From entire community**

The Four Strategies of CBVCT

Community Meeting

- Community Meeting
- Supportive Environment
- Testimonials
- Event testimonials
- Linkage to services

Data Systems

- To ensure that targets for CM, VCT and PTSS are being met
- To ensure quality control

VCT

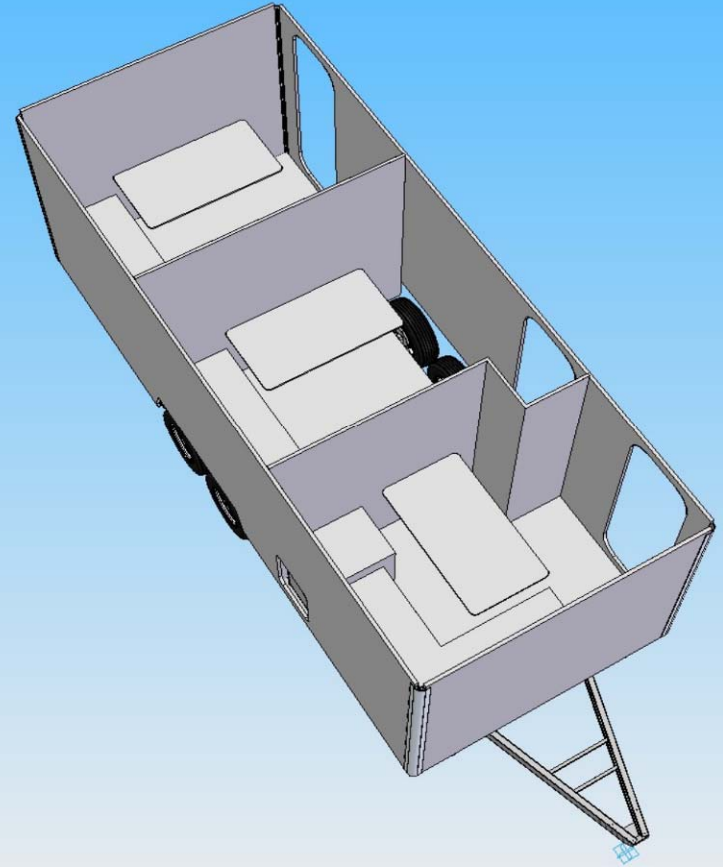
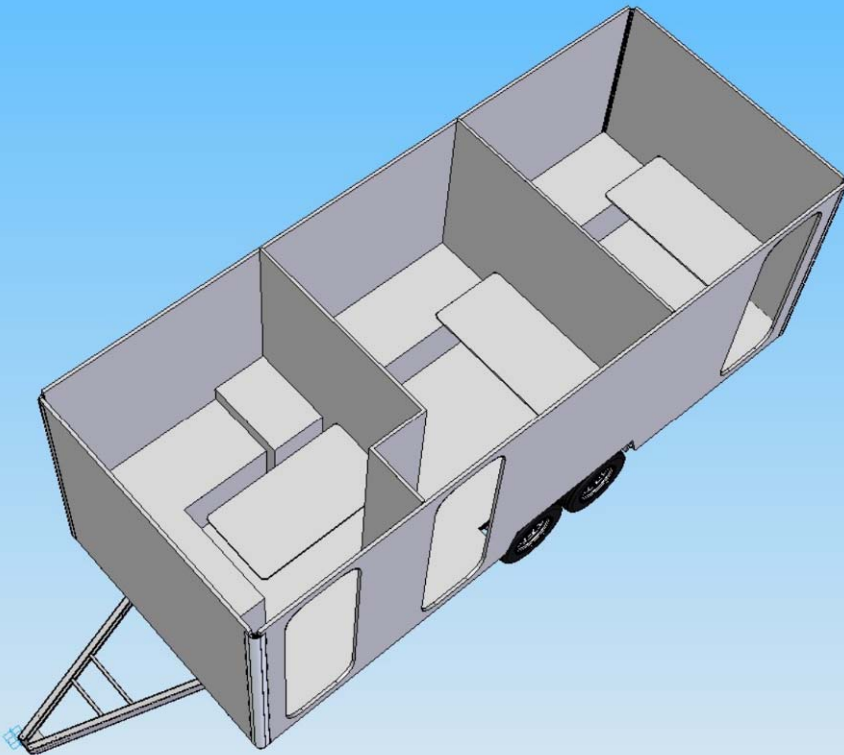
- Vans
- Meeting
- Counseling
- Decision
- Disclosure
- Partner Referral
- Linkage to Services

The Project Accept Caravan





Layout for mobile counselling unit



Counseling Spaces



Event Testing





Getting the support of traditional authorities

Key political leader tests

Mobilization – Bring A Friend

- Runs like a sale promotion
- Time bound
- Implemented across the three components
 - In VCT – encourage three friends and get a Project Accept T-shirt
 - In PTSS – encourage five friends to join the PTSS information session and get a wrist band
 - In CM recruit 8 of your friends or neighbours to participate in a dialogue and get a T-shirt

16-32 yrs

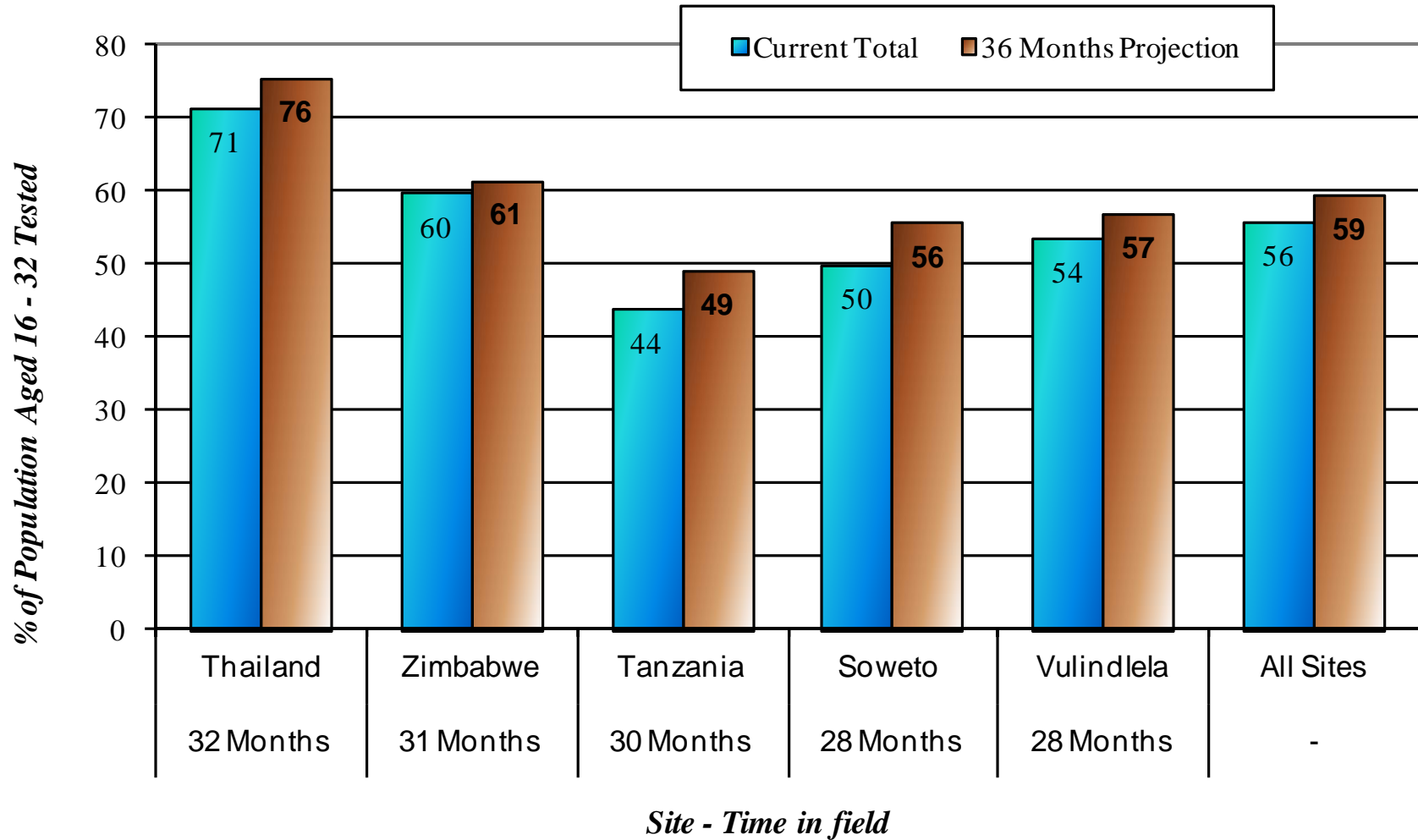


Figure 2.2: Median age across sites – CBVCT

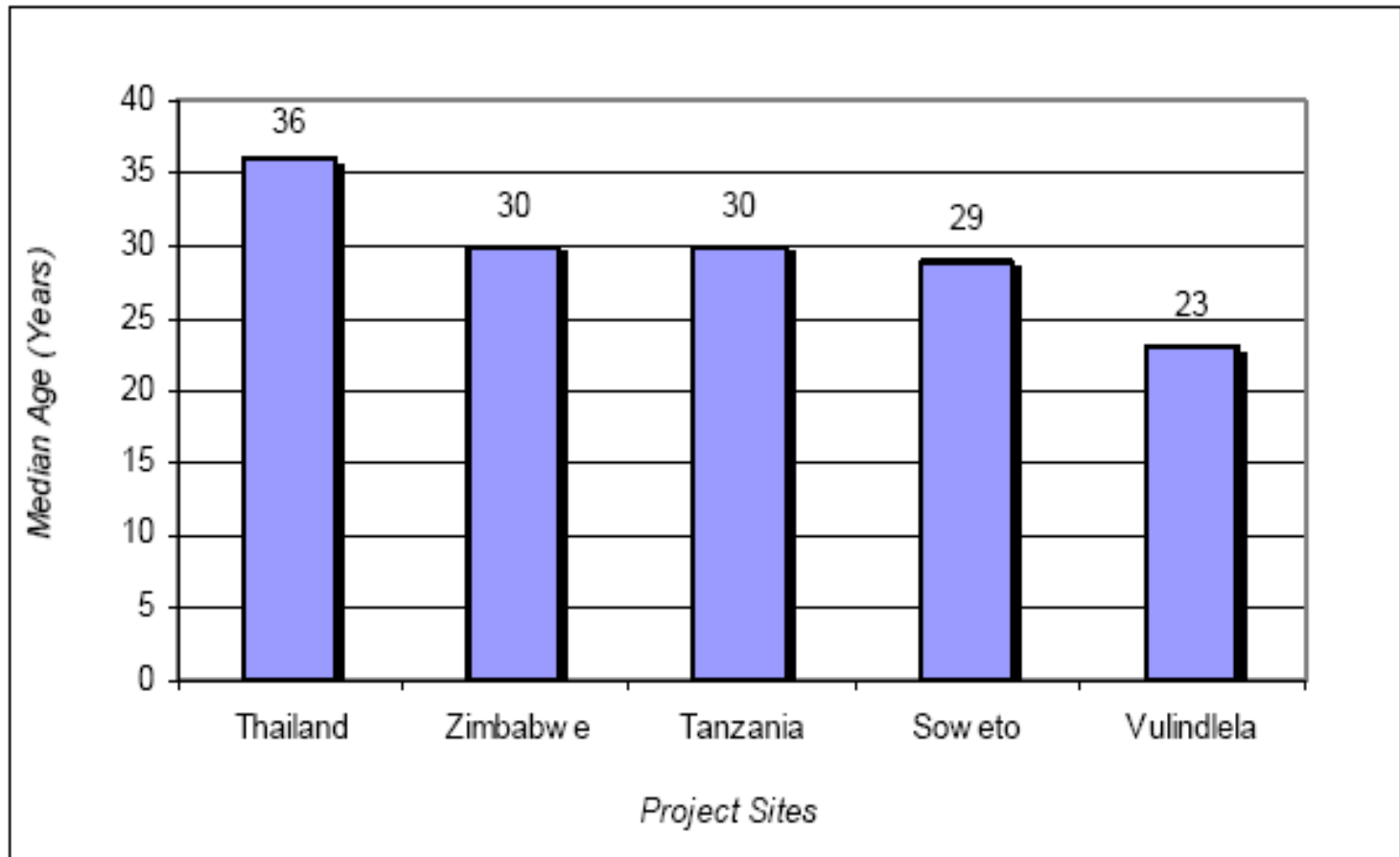
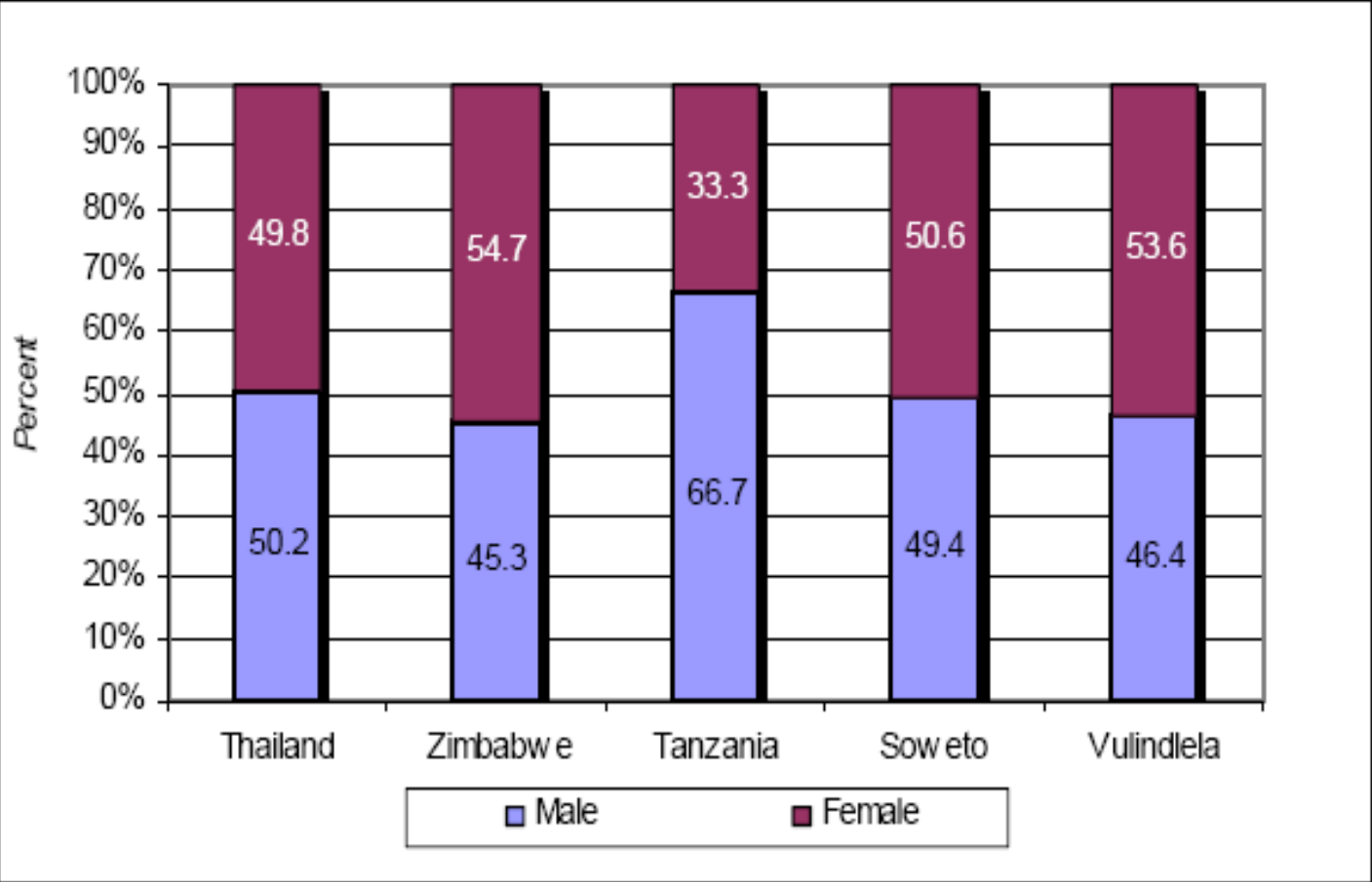


Figure 2.4: Gender distribution by site – CBVCT



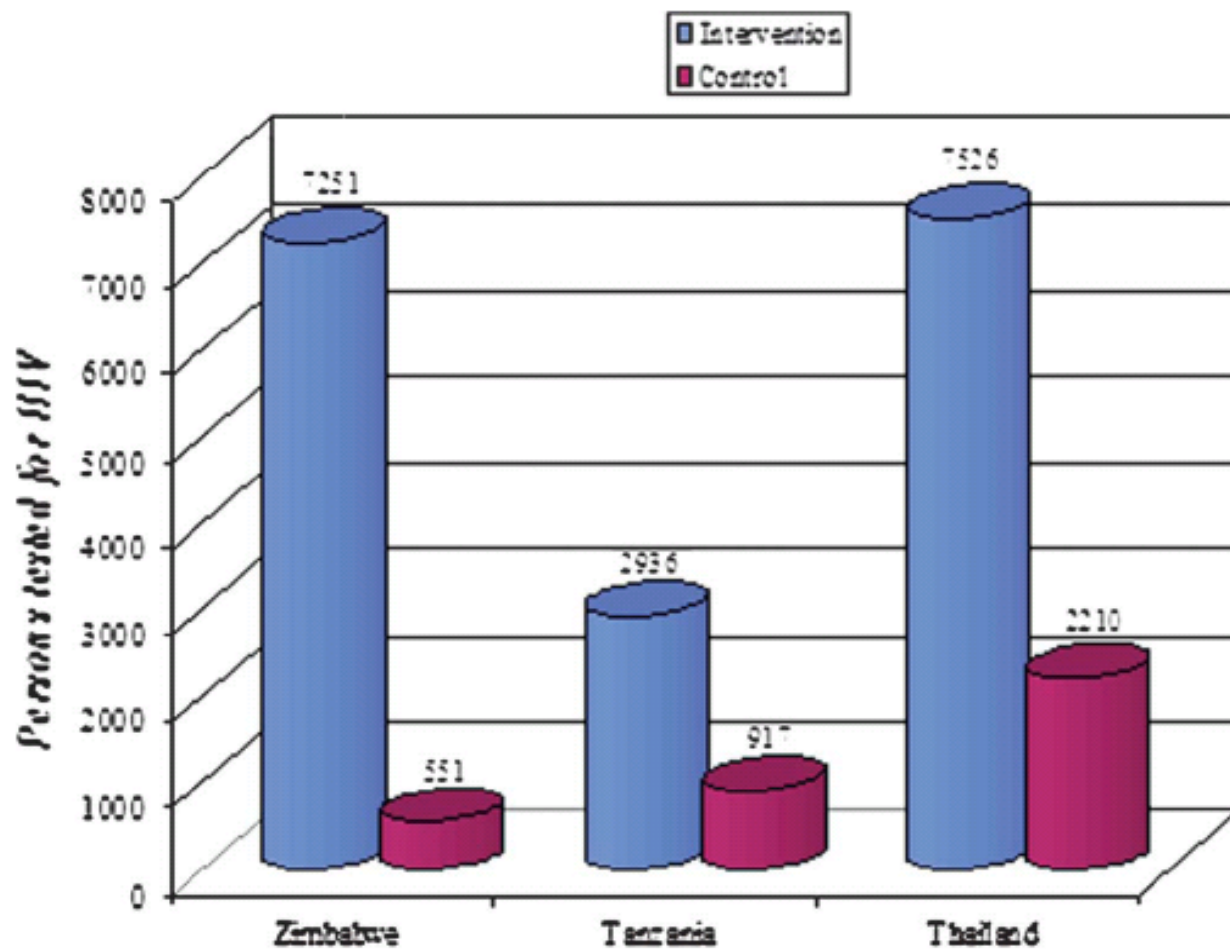


FIGURE 3. Uptake of HIV testing among residents by randomized community—Thailand, Zimbabwe, and Tanzania (initial 24 months).

Couples Counseling and Testing

- Dunkle et al (2008) estimated that a majority of HIV infections in Rwanda and Zambia occur among serodiscordant couples
- Allows the couple to disclose and have counseling right at the time of disclosure
- Specialized VCT: prevention and support messages; deal with sensitive issues when one or both partners have HIV
- Established efficacy in reducing HIV risk behavior and transmission

Couples Counselling Poster

We invite YOU and YOU to join the

Couples Counselling Study

Power of ²

WHO CAN JOIN THE STUDY?

Are you both between 18-45 years? YES!
Are you each others main partner? YES!
Have you been together for at least 3 months? YES!

3 x YES! GREAT -

YOU ARE JUST THE KIND OF COUPLE WE ARE LOOKING FOR

WHAT IS THE STUDY ABOUT?

Have your say!

We want to hear what couples in Vulindlela say about the way health and welfare services (such as family planning, fertility, HIV and STI services) meet their needs as a couple.

How can you help!

We hope that couples will suggest ways in which health and welfare services can be improved in this area.

WANT TO JOIN US?

Please contact any of the Project Accept staff at the mobile caravans who will be happy to tell you more about the project. Or call our couples team on 078 9748785, or you can send us an SMS on 078 9748785 with the word 'COUPLE' and we will call you back.

WHAT DOES THE STUDY INVOLVE?

Just your thoughts

If you and your partner agree to take part in the study we will first talk to you separately. Why do we do this? So that each person can have time to express themselves fully.

Now tell us together

Then we will talk to you together to hear your views on whether other couples would be interested in receiving relationship counselling, support services, couples VCT for HIV, family planning.

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1968-2008



HSRC
Human Sciences
Research Council



We can do it!
PROJECT • ACCEPT

- Aim: Feasibility and acceptability of a comprehensive couples-based intervention
- Sample: 20 Couples and 12 KI interviews
- Training and Recruitment: Through Accept and community venues

Couples Counselling Pamphlet

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Promoting Couples VCT

Couples Counselling Month



April 2008

KNOW YOUR HIV STATUS

Venue:

Date:

Time:

Enquiries:



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- Promote Couples VCT in April and May 2008 at MVCT
- Promotional material prepared for distribution at Mobile VCT venues
- Existing mobilisation strategies adapted for couples counselling promotion
- All staff re-trained in couples counselling

But What About Violence?

- Needs to be considered
- Higher among serodiscordant couples when the female is HIV+
- Predicted by a history of violence and alcohol use in the relationship
- Services and options should be available
- Counselors need to be trained

Serosorting is an Option?

- Limited data on efficacy in the developed world
- Unprotected intercourse with HIV- and HIV? person is as risky as unprotected intercourse from an HIV+ person in the US
- Requires that people test together and then avoid actions that might infect them in the future
- What about children for HIV+/HIV+ couples?

Implementing and Measuring Population-level Effectiveness of Combination HIV prevention Interventions

- To optimize HIV prevention & treatment uptake, need to
 - Scale up VCT to increase knowledge of HIV serostatus
 - Target and triage by HIV status & risk
- One way to do this: Home-based VCT (HB-VCT)
 - >200,000 adults (~60%) tested in 2 years in 2 districts in Uganda
 - Proportion ever receiving an HIV test increased from **10% to 90%**
 - Feasible & supports linkage to HIV care & prevention
- HB-VCT is being scaled up in 6 new Ugandan districts through CDC and PEPFAR funding in 2009
 - Provides a 'platform' for evaluation of combination HIV prevention & care on population HIV incidence

HB-VCT in Bushenyi district, Uganda: Pictorial Sequence



Courtesy of Dr. Stephen Asiimwe, Kabwohe Clinical Research Center (KCRC)



HB-VCT Results from Bushenyi District, Uganda

VCT RESULTS

	N (%)
Eligible for HIV Testing	296,431
Tested for HIV	264,966 (89.4%)
Received HIV Results	264,953 (99.9%)
HIV Positive	11,359 (4.3%)
Individuals in HIV-Discordant Partnerships	1,785

Courtesy of Dr. Elioda Tumwesigye, KCRC & Integrated Community Based Initiatives (ICOB)



Home and Family-Based VCT

- **Reduced cost in time and money**
- **Reduces stigma associated with testing**
 - **“No one can tell what is happening in your home so they cannot spread unnecessary rumours, but if they see you are going to a health centre they begin to suspect that you might be sick and to ask you questions”**
 - **Yoder et al, 2006**

Home and Family-Based VCT

- **Reduces problems associated with disclosure**
- **Everyone is tested and everyone discloses**
- **Allows early diagnosis and referral to prevention services, including PMTCT**
- **Requires adequate community preparation and post-test support services**

But There Are Still Many Challenges

- **Quality assurance remains a big issue—
easy to move to lecturing and away
from client-centered and risk reduction
approaches**
- **Sustaining outreach and refreshing it**
- **Ensuring linkage between CT and
prevention and care services**
- **Targeting at risk populations without
stigmatizing them**

Onto The Future!

