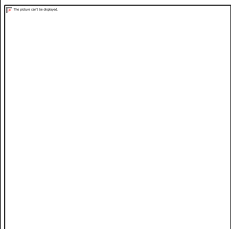


# DEMOCRATIZING HIV TESTING - TRANSITIONING TO COMMUNITY SETTINGS

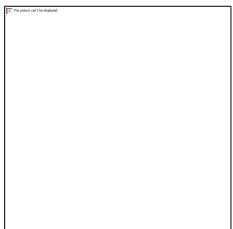
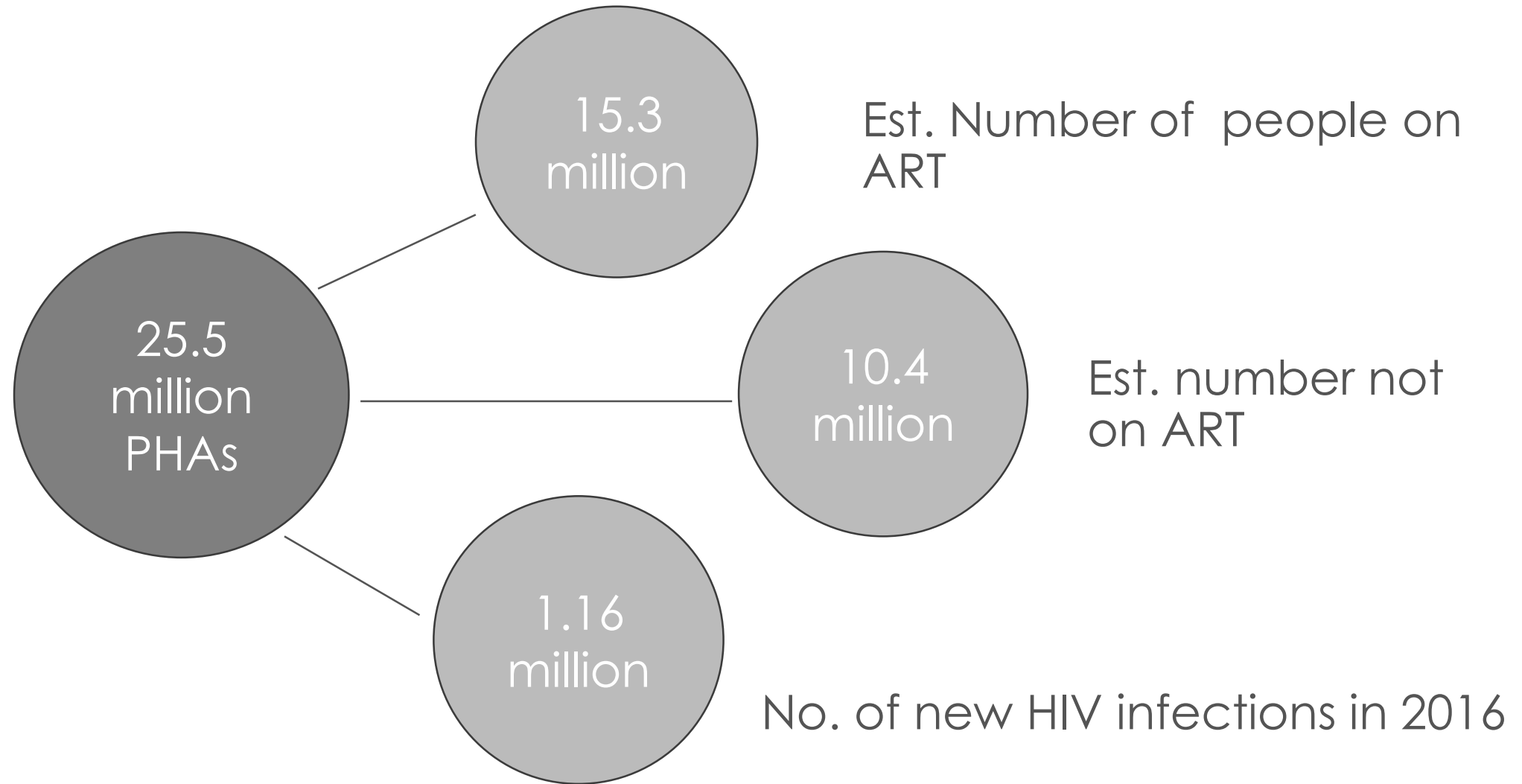
Penninah Iutung Amor – MD, MSC-ID



# Experiences from AHF Africa Bureau

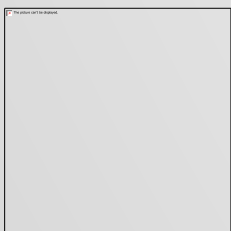


# The HIV Disease Burden in SSA



# Score card : Sub-Saharan Africa

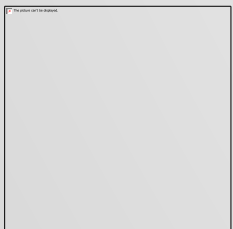
Scorecard	Eastern and Southern Africa ( 21 countries)	Western and Central Africa ( 25 countries)
<b>First 90 Score</b>		
<b>Knowledge of HIV status among all PHAs</b>	76%	42%
<b>Is community based testing and counselling and/ or lay provider testing available</b>		
a) Both available	13/21 countries	0/25 countries
b) Community based testing and counseling available, lay provider testing not available	6/21 countries	14/25 countries
c) lay provider testing available , community based testing not available	0/21 countries	1/25 countries
d) Neither available	1/21 countries	4/25 countries
<b>Is self testing available</b>		
a) Yes	9/21 countries	4/25 countries
b) Not reported as available	8/21 countries	6/25 countries
<b>Is assisted partner notification available</b>		
a) Yes	7/21 countries	2/25 countries
b) Not reported as available	13/21 countries	16/25 countries
<b>Second 90 score</b>		
Percentage of all PHAs who are on treatment	60%	35%
Adapted from UNAIDS Data 2017		



# HIV Testing services – Critical step to first 90

## Enabling Factors to reach the first 90

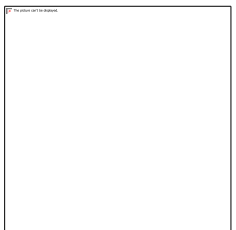
- i. Desire to know and knowledge of the HIV status of an individual,
- ii. Availability and easy access to HTS using a variety of strategies
  - Community Based Testing ( door to door, outreach testing, moonlight testing) ,
  - PITC,
  - HIV self testing
- iii. Support for HIV testing services and individuals – APN, linkage to care,
- iv. Enabling environment:
  - Policy and legal frameworks
  - Funding
  - Sociocultural and economic issues , stigma





# Success factors for Community Based Testing:

1. Community identification, engagement, mobilisation and Education:
  - mapping of key communities
  - Engagement of community leadership -
  - Peer mobilisation
  - Stigma reduction
  - Utilisation of local resources ( ownership and acceptance) – community halls, churches,



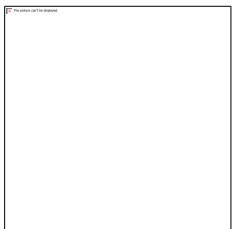
# Success factors for Community Based Testing:

## 2. Task shifting :

- Training lay providers & peer providers
- Engagement of CBOs ,FBOs NGOs at community level

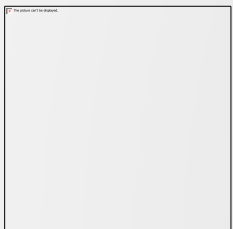
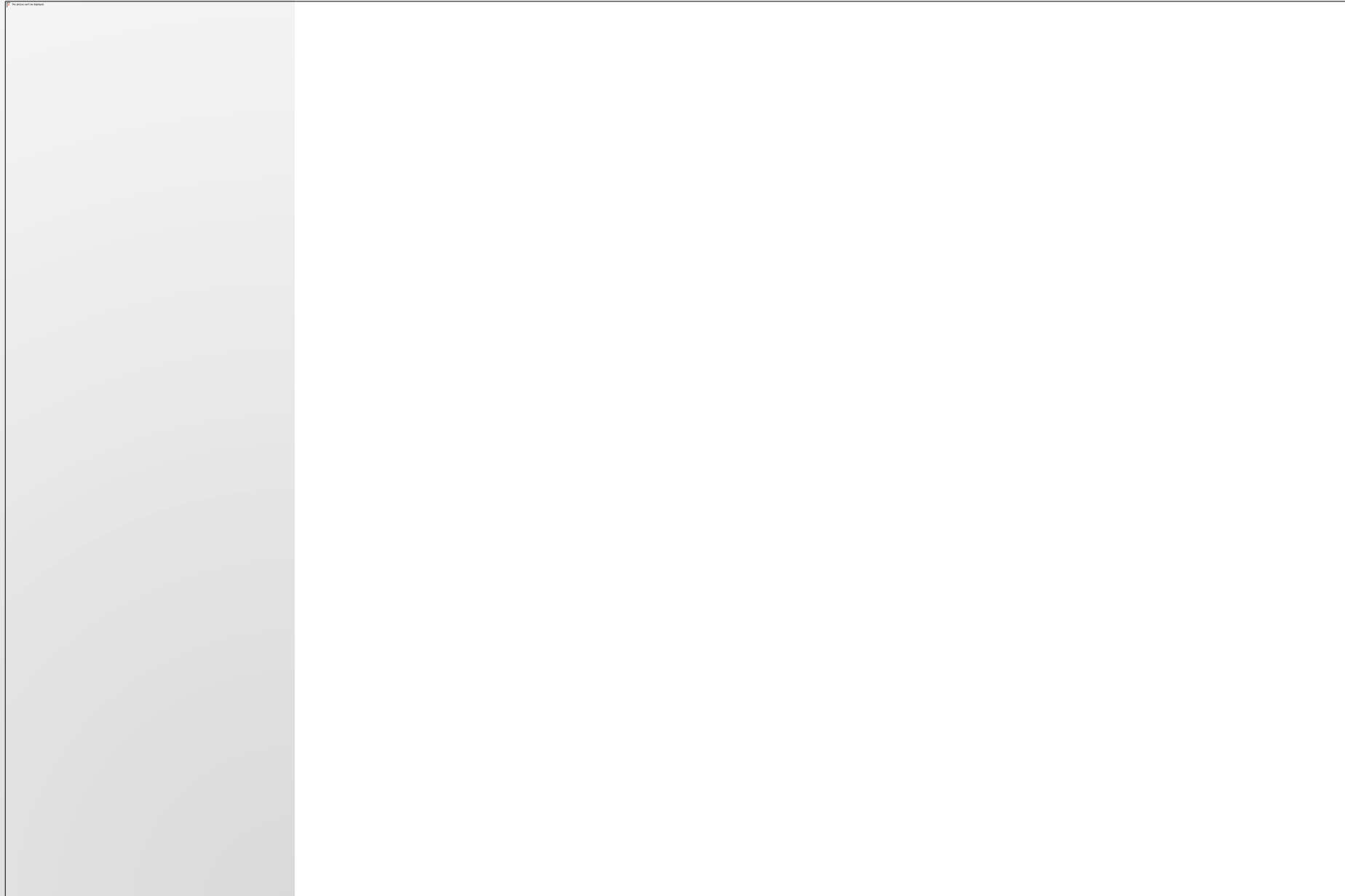
## 3. Flexibility and Convenience

- Reduced waiting times
- Reduced cost to the client
- Opportunities for hard to reach populations e.g. men

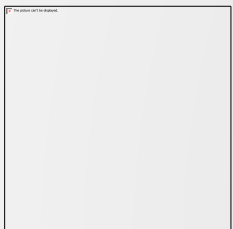




Peer mobilisation by  
market vendors in  
the largest market in  
East Africa - St.  
Balikuddembe  
Market.  
Kampala, Uganda



Services are  
conveniently taken  
to the community  
through this  
community  
outreach in  
Lesotho



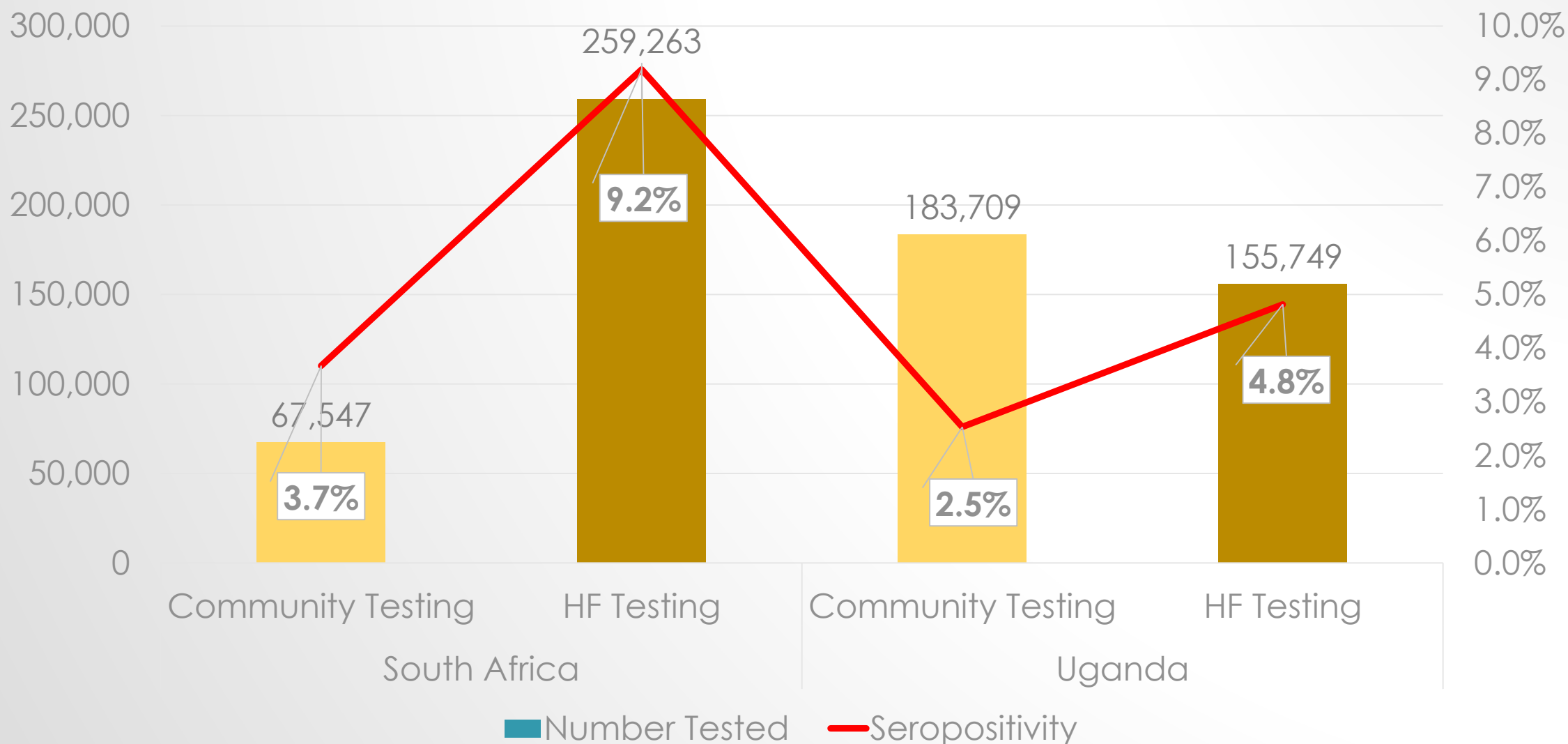


Guinness world  
record community  
outreach testing  
event .

Benue, Nigeria



## HIV Seropositivity among clients receiving HTS in the community vs & HF testing in Uganda and South Africa in 2017





# CBT: Strengths and weaknesses

Strengths	Weakness
Peer lead approach is beneficial for stigmatised and marginalised communities	Linkage is harder compared to HF testing unless community structures for follow up are strong
It provides an opportunity for individuals with low risk perception or individuals who rarely visit health facilities to take an HIV test.	More investment required. A larger team is required, equipment , field allowances , transportation , rental space e.t.c are all needed
Early HIV disease detection : For individuals who may have no illnesses enabling them to seek treatment early	Door-to-door approach has sometimes led to IPV ; the safety of staff in locations that are insecure may not be guaranteed
Improves access especially for PWDs and elderly	The yield of HIV positives is low compared to HF testing
Flexibility & convenience: Services can be taken to different locations in the community at convenient times to them: e.g. work settings, brothels, taxi ranks, or confines of KPs	A readily available, dedicated and flexible team is needed
Reduced crowding in HFs and reduced cost to the patient as services are taken to them , allowing more clients to receive testing.	

