Local Government Unit Community-Based HIV Screening (CBS) Model

Presenter: Darrel D. delos Santos
Philippines
• Total Population 3.09 million
• Largest City in Metro Manila
Key Population in Quezon City

- Estimated 41,000 MSM and TG
- 18,805 (46%) was reached and tested in 2016
Community-Based HIV Screening
Objectives

• To increase the number of HIV testing.

• To engage the high risk and hard to reach key population that are afraid to be expose and have to time to go to clinic.
QC Government hired CBS Motivators
4 Days Training on HIV Screening

- Trained 16 Peer Outreach Workers in 2018.
One-on-One HIV Screening

- One-on-one HIV Screening
- Non-laboratory setting
Community-Based HIV Screening Work Flow Process

**CBS OUTREACH/ In-reach**
- Provide condom and lubricants.
- Encourage for CBS

**B. PRE-MOTIVATIONAL DIALOGUE**
- Fill in CBS Risk Assessment Form

**PREPARING FOR HIV SCREENING (FINGER PRICK)**
- Client agrees
  - Fill in Consent Form
  - Get client’s signature

**ADMINISTERING THE HIV SCREENING (FINGER PRICK)**
- 1. Assemble HIV screening materials properly. Check completeness/appropriateness of materials in the CBS motivator’s kit
- 2. Wash hands or rub hand properly
- 3. Don gloves properly

- Collect specimen. Blood flow best when finger is held lower than the elbow.
  - A. Take 20 ul capillary pipette, press bulb, immerse open end in the blood drop and then release the pressure to draw blood into the pipette until blood reaches the black line.
  - B. Transfer specimen to the wall of test kit. Add 4 drops of assay diluent
  - C. Allow from 10 to 20 minutes for result. Cover test kit while waiting for result. Interpret result in 10 to 20 minutes. Do not read result after 20 minutes because reading too late may yield a false result.
  - D. Apply gauze pad or cotton ball to the puncture site until bleeding stops

- Doff (remove) glove properly

- For reactive result: Arrange referral form, set date with client and accompany him/her to the SHC
- For non-reactive result, provide commodities and encourage for the re-screening

Submit to SHC all used test kits, bag of hazardous waste and sharps together with your report
Results
QC HIV Testing in 2017
N-28,410
HIV Reactive in 2017
N:813

- CBS: 9%
- Other Testing: 91%
QC tested in 2018, N: 21,979

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<tr>
<th>Month</th>
<th>Other Testing</th>
<th>CBS</th>
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<tr>
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<td>449</td>
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<td>Dec</td>
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Reactive
N:849

- CBS 10%
- Other Testing 90%
CBS Motivators outreach activities
CBS Motivators outreach activities
Challenges

• Concerns on safety when meeting with clients.
• Transportation allowance are not provided.
• Difficulty of bringing and or convincing reactive clients to visit clinics for confirmatory testing.
• Some Motivators were not following cbs protocol.
Conclusions

• Community-Based HIV Screening can actually increase number of HIV testing by 20%.
• It contributed 10% of the total tested reactive or diagnosed PLHIV.
• CBS is strategic to reach high risk and hard to reach MSM and TG.
Recommendations

• To hire more Peer Outreach Workers and include community-based HIV screening training in their capacity building activities.

• To provide them transportation allowance.

• Conduct regular Quality Assurance Activity.