Finding the missing children: Proven Strategies for Increasing Identification of HIV+ Children

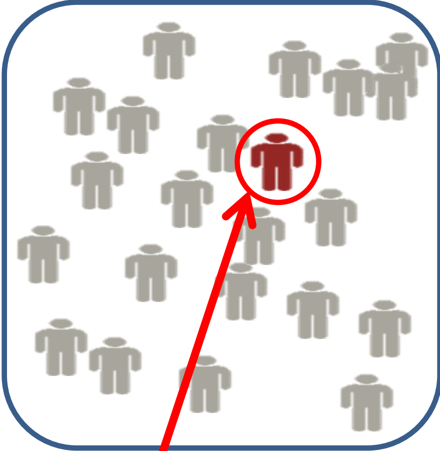
October 2017

Agenda

- **Background**
- Results to date
- Lessons learned and reaching the 1st 90

Finding HIV+ children is relatively harder given low prevalence

Estimated HIV Prevalence for adults and children
Eastern and Southern Africa, 2016



1 in 15
adults are HIV+

1 in 149
children are HIV+

In resource-limited settings, prioritizing and targeting case finding can help

Source: CHAI analysis using World Bank Population Data, ESA countries only, and PLHIV from UNAIDS 2017 Gap Report

WHO guidelines clearly state where to offer pediatric testing…

WHO Testing Guidelines

In all settings:

- ✓ Presenting with sign and symptoms that suggest HIV
- ✓ Attending TB clinics and malnutrition services
- ✓ Exposed infants born to HIV-positive mothers

High prevalence settings:

- ✓ With parents or siblings receiving any HIV service
- ✓ Attending pediatric inpatient health services
- ✓ Receiving orphan and vulnerable children services

…but *how* can countries implement these guidelines?

Agenda

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CHAI has generated evidence on several pediatric testing strategies

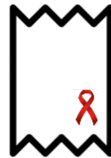
1

Zimbabwe
OPD Screening

OPD screening among children aged 5-19 using 5 questions

2

Malawi
Index Case Testing



Family referral slips provided to children and sexual partners of HIV+ clients for testing

3

Zambia
Pediatric PITC

Piloting of different community based testing approaches

4

Lesotho
Community based testing

PITC in inpatient, outpatient, nutrition, and TB wards

5

Uganda
Partner Consortium

Coordination and M&E support for IPs to roll out peds testing strategies

1 Zimbabwe: OPD Screening
Overview

Guidelines

- HTC should be offered to all children

Barriers

- Testing of children in OPD is low due to high volumes and limited test kits and HR
- No operational guidance on testing strategies

Intervention (16 facilities)

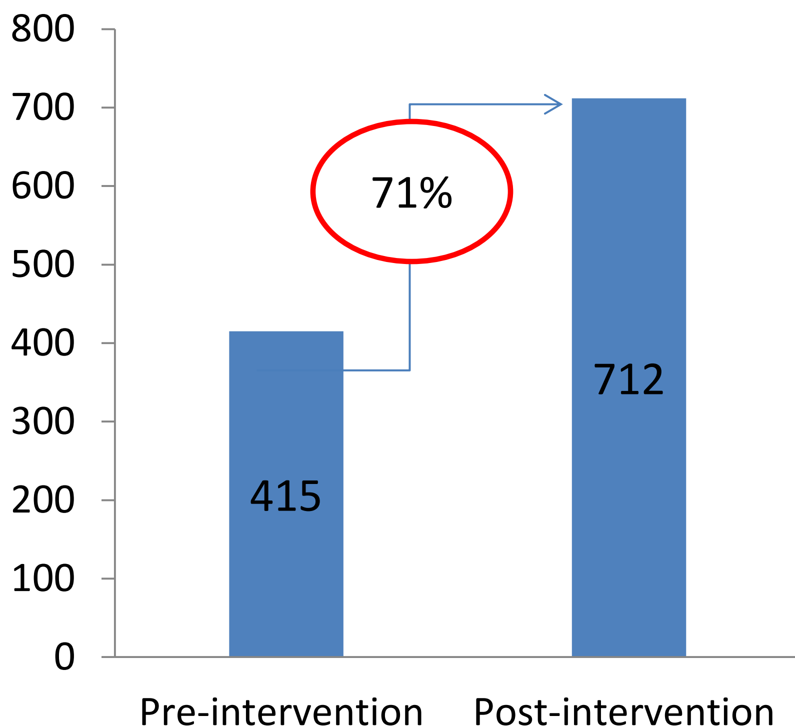
- HCWs trained to administer a 5-question algorithm to clients, aged 5-19, attending OPD
- Clients responding yes to 1+ questions were offered a test

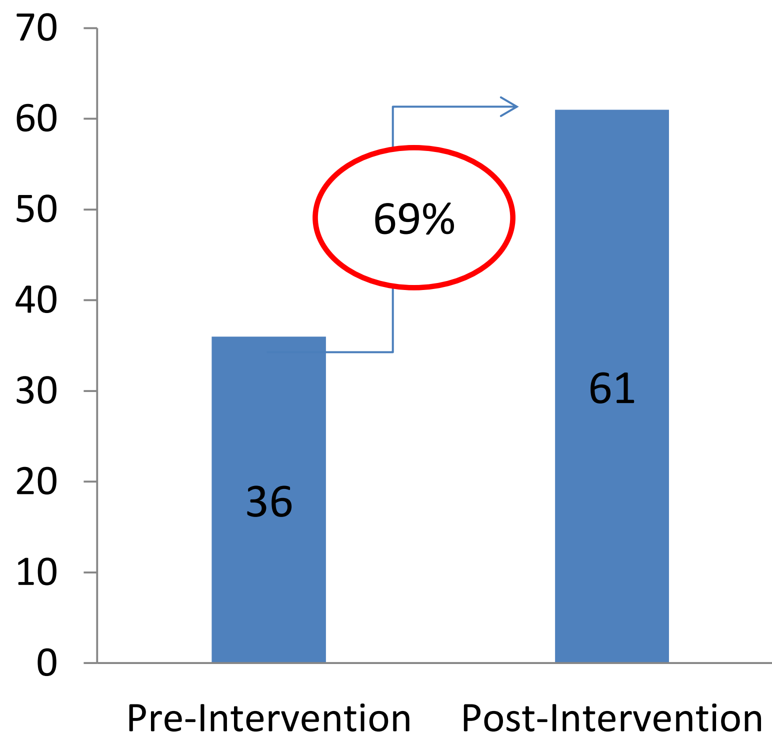
For **children and adolescents aged 5 – 14 years**, ask:	YES	NO
1. Has the child ever been admitted to hospital?		
2. Has the child had recurring skin problems?		
3. Has 1 or both of the child's natural parents died?		
4. Has the child experienced poor health in the past 3 months?		
Only for **adolescents aged 15 – 19 years**, also ask them:	**YES**	**NO**
5. Have you experienced any symptoms and/or signs of an STI, such as vaginal/urethral discharge or genital sores?		

Zimbabwe: OPD Screening

1

Results: 71% more children tested & 69% more children identified





The HIV Screening Algorithm has now been adopted in the National Operational and Service Delivery Manual and HTS Guidelines

Pre-Intervention: Dec'15- Feb'16 (Phase 1); Mar '16- May' 16 (Phase 2)
Post-Intervention: May'16- Jul'16 (Phase 1); mid-Oct'16 – mid Jan'16 (Phase 2)

2 Malawi: Index case testing
Overview

Guidelines

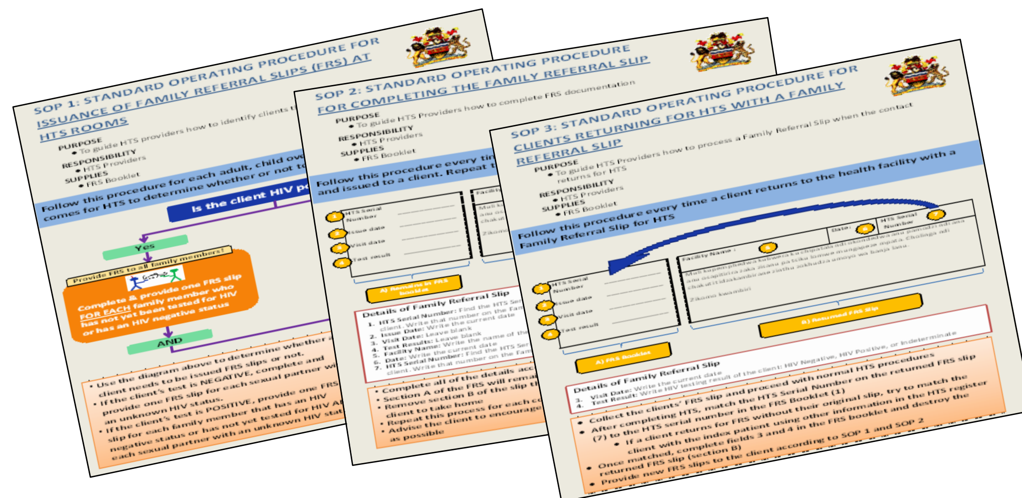
- All HIV+ patients should be given a FRS for all children and partners with unknown status
- HIV-positive PW who have other children should be given FRS for all their children

Barriers

- Poor understanding by HCWs of when to issue FRS for index case testing
- Low return rates of children coming for testing after being issued FRS

Intervention (84 facilities)

3 different SOPs rolled out on issuance, documentation of the slip, and matching the slip with current records once a patient returns for testing



Malawi: Index case testing

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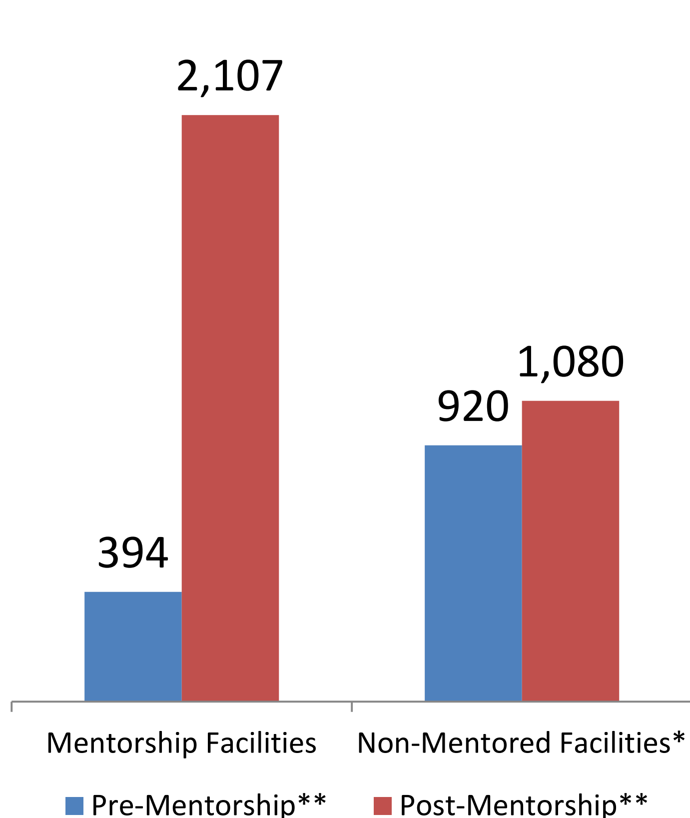
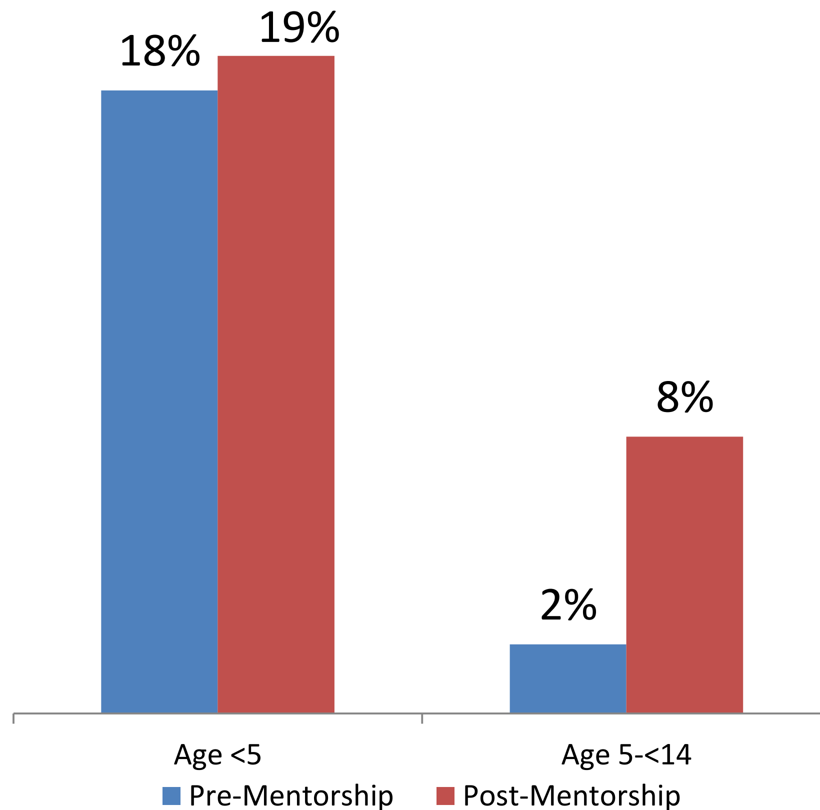
Results: FRS testing increased 5.5x in facilities that received SOPs





The FRS SOPs have been adopted into the current HTS curriculum

*All facilities in the country except mentorship facilities **Pre-mentorship: Oct 2016, Post Mentorship: Dec 2016

3 Zambia: Pediatric PITC
Overview

Guidelines

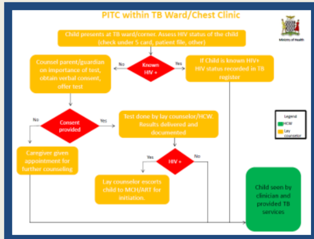
- PITC guidelines from 2009 state that every child should know their HIV status but the key challenge was implementation

Barriers

- Training on pediatric PITC was insufficient and not scaled
- Weak guidance on how to operationalize PITC
- Registers did not emphasize PITC
- Lack of national PITC reporting tools
- Infrastructure and human resource constraints

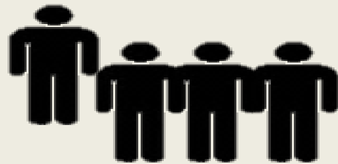
Intervention (30 facilities)

Operational guidance



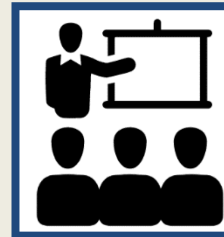
SOPs on conducting PITC at each entry point

Extra HR Capacity



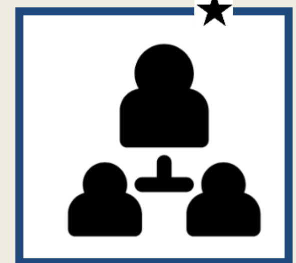
3-4 lay counselors per facility to test children

Training



One-time training conducted for HCWs on pediatric PITC

Mentorship



Routine mentorship conducted

Zambia: Pediatric PITC

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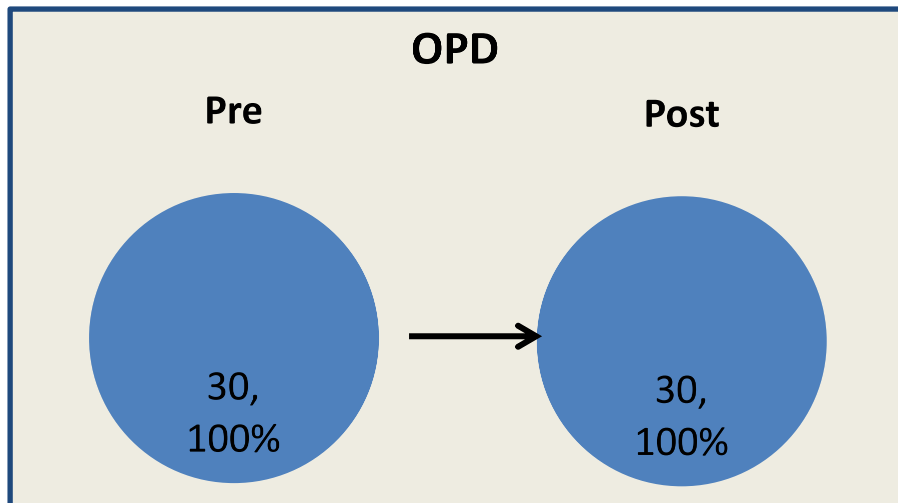
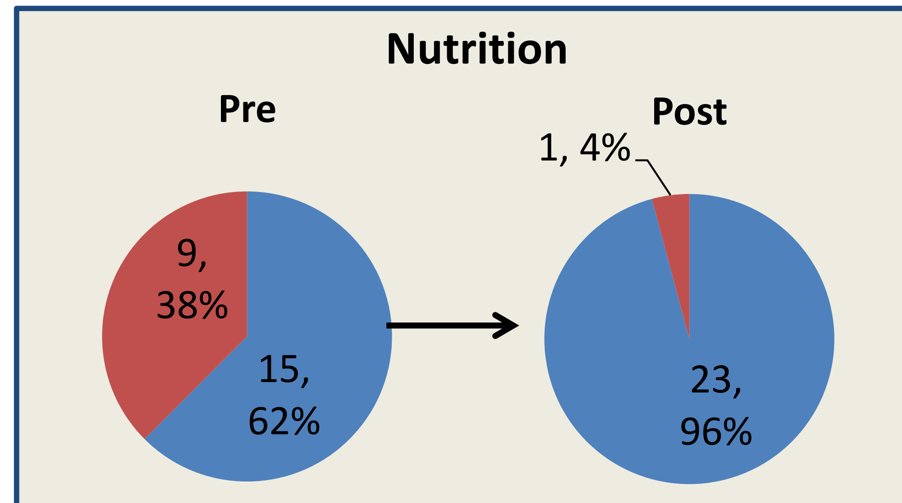
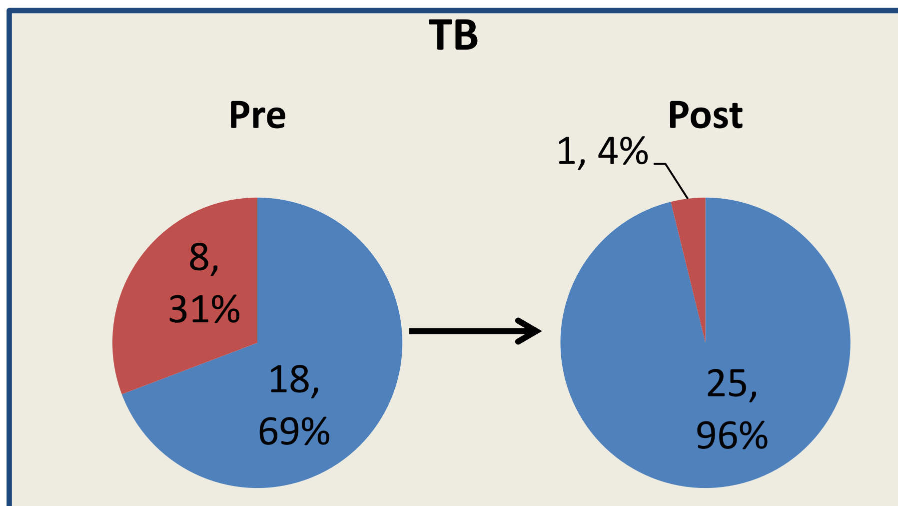
Results: After 8 months, close to 100% entry points are now testing

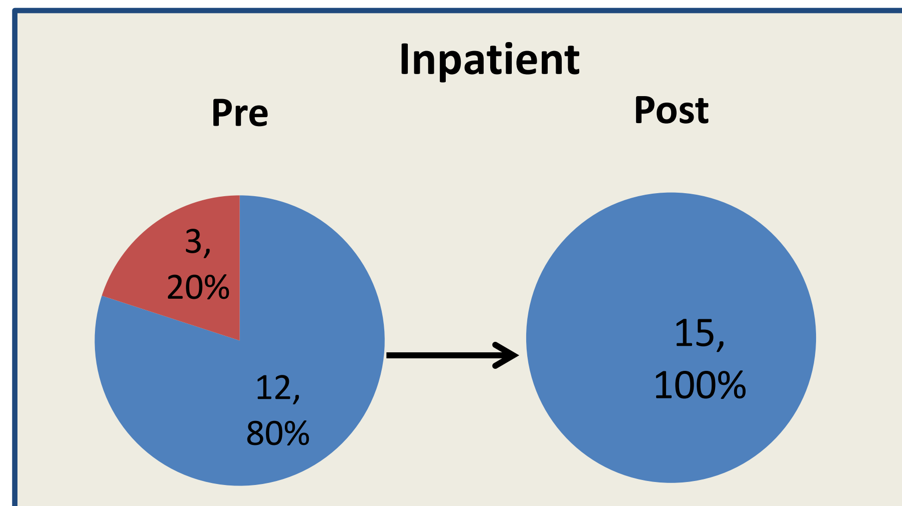
Proportion of entry points conducting testing; 30 facilities

Pre-Intervention: August 2015 – April 2016; Post-Intervention: May– December 2016









Testing   Not Testing

4 Lesotho: Mobilizing HIV Identification and Treatment (M-HIT) Overview

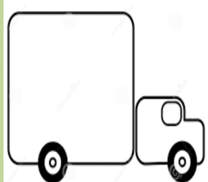
Barriers

- Significant gaps found in the continuum of care for children with no consistent alternatives to facility testing

Intervention (2 districts)

- The M-HIT project commenced in October 2015 and will end in March 2018
- Operating in 2 of the 10 districts with the highest HIV prevalence and unmet HTC needs
- 6 community-based testing strategies deployed to specifically target children:

Mobile Outreach Clinic



Targeted Testing

Community Testing

Facility Index Testing

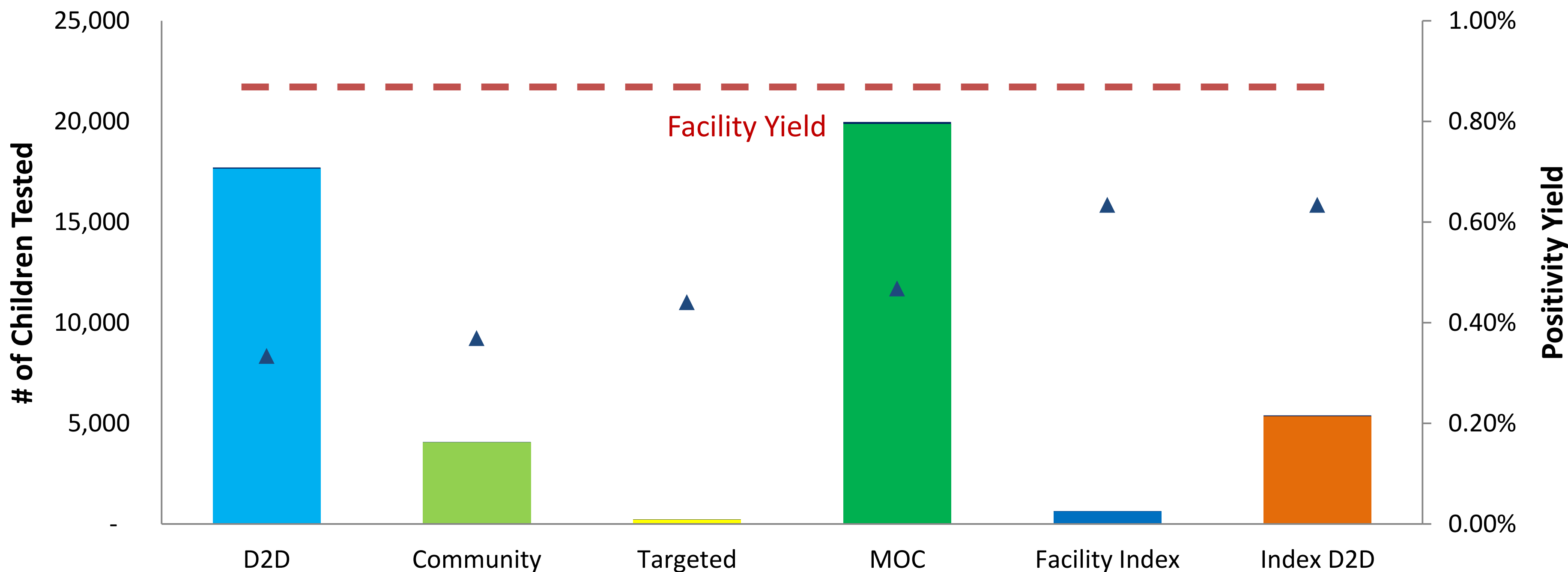
Door to Door (D2D) Testing

Door to Door Index Testing

Lesotho: Mobilizing HIV Identification and Treatment (M-HIT)

4

Results: 47,823 children were tested, with a 0.43% positivity yield



- **Facility yields were only slightly higher at 0.85%** in the same districts between January 2016 and March 2017
- **MOCs** account for **48%** of all identifications
- **Majority** of children found HIV+ **had no previous testing history**
- **64%** of children were **in age group 5-14.**

*MHIT Strategies began implementation in Oct 2015, with the exception of Targeted Testing, which began in Mar 2016

5 Uganda: Unfinished Business partner consortium

Overview

Barriers

- Children generally were not being prioritized at facilities

Intervention (21 districts)

- Unfinished Business program runs from October 2015 - March 2018
- Program operated by 4 IPs in 21 districts that were found to hold 53% of Uganda's total pediatric scale-up potential
- CHAI's role is to provide coordination, M&E, and reporting support
- A package of interventions rolled out to improve pediatric and adolescent identifications:

Peds HTS Training Curriculum
guidance for pediatric PITC and index case testing

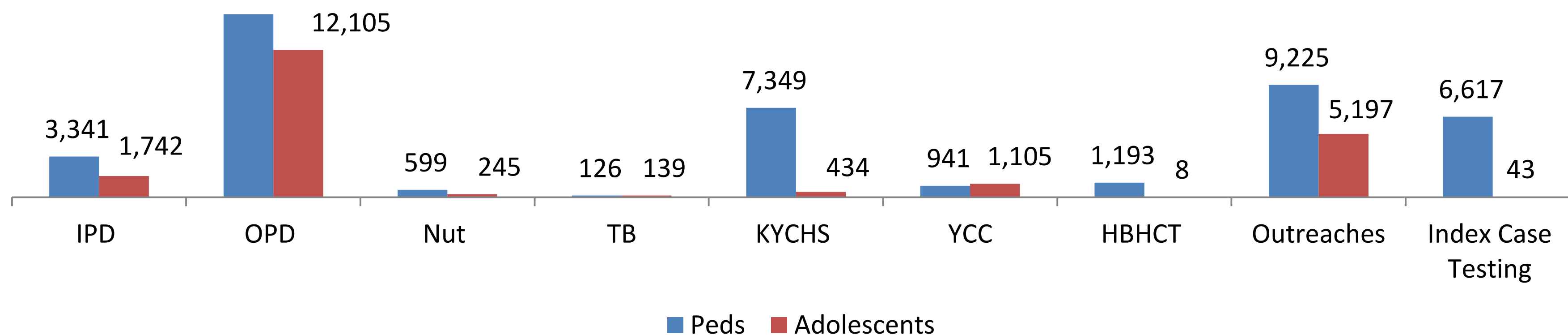
Additional HR Capacity
testing volunteers strategically placed in key entry points

Other testing strategies
evening/weekend HTS, home-based HTS, KYCS campaigns

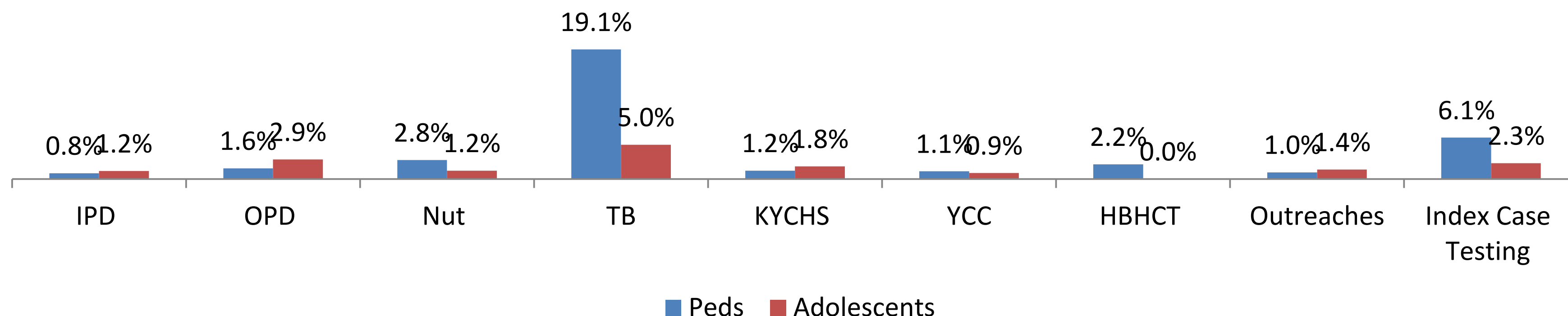
Uganda: Unfinished Business partner consortium

Results: A combination of strategies to find HIV+ children

Average Testing Volumes through UB Strategies – Peds and Adolescents
Apr 2016 to Mar 2017



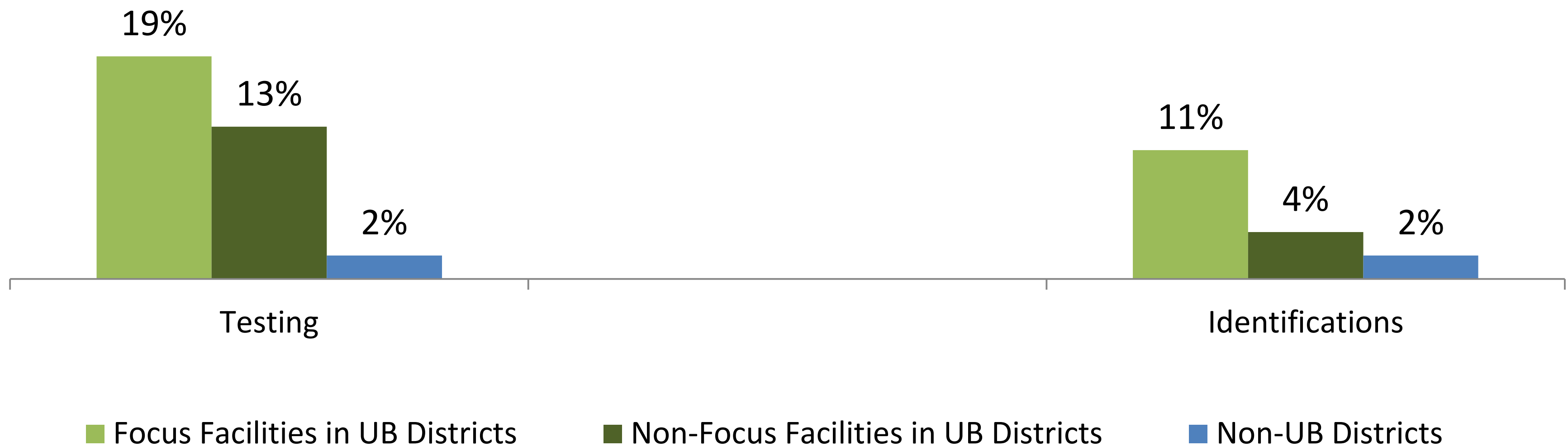
Average Yields through UB Strategies – Peds and Adolescents
Apr 2016 to Mar 2017



*Year 2 = Apr 2016 to Mar 2017

Uganda: Unfinished Business partner consortium

5 **Results:** UB focus facilities are showing faster growth than non-UB facilities



- Unfinished Business **focus facilities only represent 6%** of Uganda's facilities
- **UB facilities are testing and identifying more children** relative to rest of country
- **UB focus facilities show higher growth in testing and identification volumes**, compared to non-focus facilities within UB districts and non-UB districts

*Source: DHIS2; Year 2 = Apr 2016 to Mar 2017

Agenda

- Background
- Results to date
- **Lessons learned on reaching the 1st 90**

We have identified several lessons learned through our work…

- ✓ **Testing strategies can be prioritized based on country context:** in lower prevalence settings, it may make sense to start with facility-based strategies. In higher prevalence, a combination of targeted facility and community strategies.
- ✓ A **comprehensive approach** is needed to activate entry points for pediatric testing: HTS policy, clear operational guidance, training, mentoring, tracking.
- ✓ **Institutionalizing pediatric testing takes time**: shorter in lower volume settings like TB, but more time in relatively higher volume settings like inpatient wards.
- ✓ A **targeted testing approach in OPD** can help optimize time and limited resources.
- ✓ **Index case testing** is a powerful tool and can be implemented through simple trainings; however more community level follow-up is needed.
- ✓ **Community-based testing** may result in lower identification rates, but can be useful to find children who would not otherwise show up at a facility.

Thank you

Thank you to the Ministries of Health and partners for their collaboration in implementing this work and to the CHAI country teams for their dedication.

Ministries of Health:
- Malawi, Uganda, Zambia, Zimbabwe and Lesotho

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- EGPAF
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