USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

CASE STUDY

Engaging a Key Population Drop-In Center to Increase Uptake of HIV Self-Testing Services: *The Experience of Busia Health Center IV in East Central Uganda*

Background

The Ministry of Health revised the HIV Testing Services (HTS) Policy and Implementation Guidelines (2018) to include Oral HIV Self-Testing (HIVST) and assisted HIV partner notification services. The use of the Oral HIVST approach aims to increase uptake of HIV testing services among partners of HIV-positive individuals, particularly those reluctant to seek testing services from formal healthcare facilities. With HIVST, a person can collect his or her own specimen (oral fluid or blood), perform an HIV test, and interpret the result, either alone or with someone he or she trusts.

During the USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) fiscal year 2019 (FY2019), Busia Health Centre (HC) IV was one of 26 sites in the East Central region allocated PEPFAR targets for HIVST. However, by the end of March 2019, the HC had still failed to start providing HIVST services. USAID's RHITES-EC project conducted an HIVST mentorship to address bottlenecks to achieving HIVST targets. During the mentorship, Busia HC IV identified the following barriers to rolling out HIVST:

1. The HC team was unenthusiastic and lacked confidence about providing HIVST services.
2. The team had not engaged key population (KP) peer leaders to reach KPs and attain community targets.

A counselor from ATGWU trains peer leaders how to interpret HIVST results.

3. HIV-positive pregnant women and lactating mothers were hesitant to take the HIVST kits home because many had not disclosed their positive HIV status to their partners. They also lacked effective communication skills on how to discuss HIV self-testing with their partners.

Interventions

To improve HIVST uptake in target populations served by Busia HC IV, USAID RHITES-EC facilitated dialogue and collaboration between the HC team and Amalgamated Transport and General Workers Union (ATGWU). ATGWU is a community-based organization (CBO) that runs an HIV

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service delivery Drop-in Centre (DIC) in Busia town where mobile populations (e.g., long-distance truckers, workers in gold mines, female sex-workers-FSWs) and men who have sex with men (MSM) receive HIV testing and treatment services. The DIC, which is located at the Busia town border of Uganda and Kenya, is managed by a team of KP/PP peer leaders and members of the ATGWU who provide 'rapid response' HIV preventive and treatment services.

With support from USAID'S RHITES-EC, the ATGWU and Busia HC IV teams implemented and documented the following strategic interventions to improve HIV case identification using HIVST:

1. Engaged KP peer leaders to mobilized KPs for HIVST services: The Busia HC IV teams engaged and trained ATGWU staff on HIVST. ATGWU staff then engaged KP peer leaders, including FSWs and MSM, to mobilize new peers and sensitized them about HIVST services.
2. Provided HIVST tools to peer leaders: The Busia HC IV team also provided the FSW and MSM peer leaders with HIVST kits and instructional charts on how to conduct HIV self- testing. The peer leaders also received HIVST distribution logs to properly document distribution and accountability for HIVST kits.
3. Leveraged KP peer leaders to strengthen linkages to HIV services: The KPs leader physically escorted KPs whose HIVST results are reactive (positive) to the HC for HIV confirmatory tests to ensure effective linkage to treatment.
4. Conducted regular mentorships to reinforce skills and improve performance of peer leaders: The ATGWU and Busia HC IV teams conducted weekly onsite mentorships for the KP peer leaders to address challenges and performance gaps.

Results

Within a period of three months (April to June 2019), ATGWU distributed 179 HIVST kits (137% of Busia HC IV's annual HIVST target) with a total positivity yield of 18%. All 27 HIV-positive clients identified by ATWGU through this method were initiated on ART. The number of newly identified HIV positive KPs increased four-fold over a period of three months, resulting in 16 newly-identified HIV positive individuals.

Lesson learnt

Collaboration between health care facilities and KP-leaning CBOs can improve linkages to HIV services and HIV case identification using HIVST. Key to success is engagement of KP peer leaders through orientation and ongoing coaching and mentoring so that they are equipped to mobilize KPs to demand and access HIVST to know their status and start antiretroviral treatment. It is also important to make sure that the peer leaders have the right tools (HIVST kits, instructional charts, and HIVST distribution logs) so that they can properly conduct the community-based testing activities and document their work.

Figure 1. Distribution of HIVST kits from April to June 2019