

A Systems Approach to Improving Delivery and Uptake of Facility-based HIV Testing and Linkage to Care in South Africa

Health facility-based HIV testing services (HTS) is a longstanding and important method for identifying individuals living with HIV. Compared to those diagnosed outside of a health facility, men and women who receive their HIV diagnosis at a clinic or hospital are more likely to continue into care. Moreover, health facilities are more likely to diagnose HIV-positive individuals than non-health facilities.

Unfortunately, facility-based HTS remains underutilized in South Africa—even in the context of opt-out testing. Additionally, even when people living with HIV are diagnosed, linkages to care (LTC) are often not made in a timely manner, limiting access to antiretroviral treatment and the possibilities of viral suppression.

Project SOAR is examining the current delivery of HTS and LTC services—including barriers, facilitators, and infrastructure—in Ekurhuleni District, which has the second-highest district-level HIV prevalence (14.3 percent) in the country. Based on these formative findings, we will develop and test tailored approaches to increase patient's uptake of HTS and subsequent LTC, if positive.

Research Partners: Aurum Institute

Location: Ekurhuleni District

Study Duration: 2016–2018

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This study will provide needed information for optimizing the role of facility-based HIV testing services as a critical public health tool in South Africa and elsewhere.

Understanding the dynamics of HTS across different types of health facilities and clinical settings and the key constraints to its optimal delivery will provide needed information for optimizing the role of facility-based HTS as a critical public health tool in South Africa and elsewhere.

Our Research

We will first conduct a formative study in eight primary care clinics and one secondary hospital. The formative research consists of five activities:

Valley stream mapping to document the time and inputs required for 80 patients in each of the care settings to go through the HTS and LTC processes. This information on patient pathways identifies system-level constraints from the time a person enters the clinic to when s/he leaves.

Client exit interviews to determine their uptake of HTS. Approximately 250 patients at each facility will participate in the interviews.

Expected Results

- Evidence of HTS coverage outside of antenatal care (e.g., acute care, chronic care, mental health, inpatient medical wards).
- Documentation of key systems-level barriers to HTS and LTC.
- Development, assessment, and cost of potentially generalizable clinic-level strategies to increase HTS delivery and assess LTC needs.
- Identification of the added value for implementation of scalable approaches to increase timely LTC following testing HIV seropositive.

Staff and patient in-depth interviews to gain a richer understanding of the barriers to and opportunities for HTS from different perspectives.

Counseling message assessment through audio-recording of 40 post-test counseling sessions conducted by different providers across the facilities to determine the quality of the counseling and how well it fosters LTC.

Facility assessment to characterize the staffing, space, and patient flow at each facility.

After the formative study, we will:

- Design and deliver a structured approach to HTS delivery in the facilities.
- Improve LTC communication.
- Evaluate effects of the strategies on HTS delivery/uptake and LTC.
- Assess the costs of HTS and LTC services.

Research Utilization

The key audiences of our findings are national, provincial, and district/subdistrict departments of health and health system implementing partners. These audiences include those closest to the ground—the health providers in the study health care facilities to the South African National Department of Health. Other specific audiences include the Ekurhuleni HIV/AIDS and Sexually Transmitted Diseases coordination body, the Ekurhuleni Health Services committee, the Ekurhuleni Research Committee, the Gauteng Provincial Ministry of Health, and representatives of civil society. We will reach these audiences and foster utilization by engaging them throughout the study period through 1) a study advisory committee; 2) interactive presentations; and 3) email updates.