

BACKGROUND

The UNAIDS developed a set of goals to help ending AIDS globally, which include the delivery of HIV testing services (HTS) to 95% of people infected with HIV.

95% of people tested have known HIV positive status

95% of HIV positive people initiated on ART

95% of ART patients virally suppressed

In Haiti, women predominantly attend clinics and thus are more likely to be informed of their HIV status. There is no policy/legal requirement making HIV disclosure to sex partners mandatory, which makes index contacts testing (ICT) totally voluntary.



In regards to that reality, the National AIDS Control Program (French acronym: PNL) along with its partners collaboratively adapted the ICT national guidelines from WHO's SOP on ICT (Fig.1). However, fear of stigma/discrimination and possible intimate partner violence (IPV) remain a major barrier to effective ICT.

Fig.1: ICT National guidelines



We present here the outcomes of an intervention aiming at increasing ICT contribution to overall HIV testing services (HTS) and positivity rate at selected health facilities in Haiti.

DESCRIPTION

Following a literature review we adapted an IPV-risk assessment questionnaire (Fig.2) that uses an introductory script and standardized questions and integrated it as part of the elicitation process of ICT. The questionnaire written in Haitian Creole was administered to all index-patients/clients.

The findings helped address the concerns expressed regarding potential domestic violence related to ICT procedures. We then advised index-patients/clients on the most appropriate contacts' tracing options to prevent potential adverse events directly related to index testing.

Fig.3: ICT procedures' training jointly with the MoH/PNL

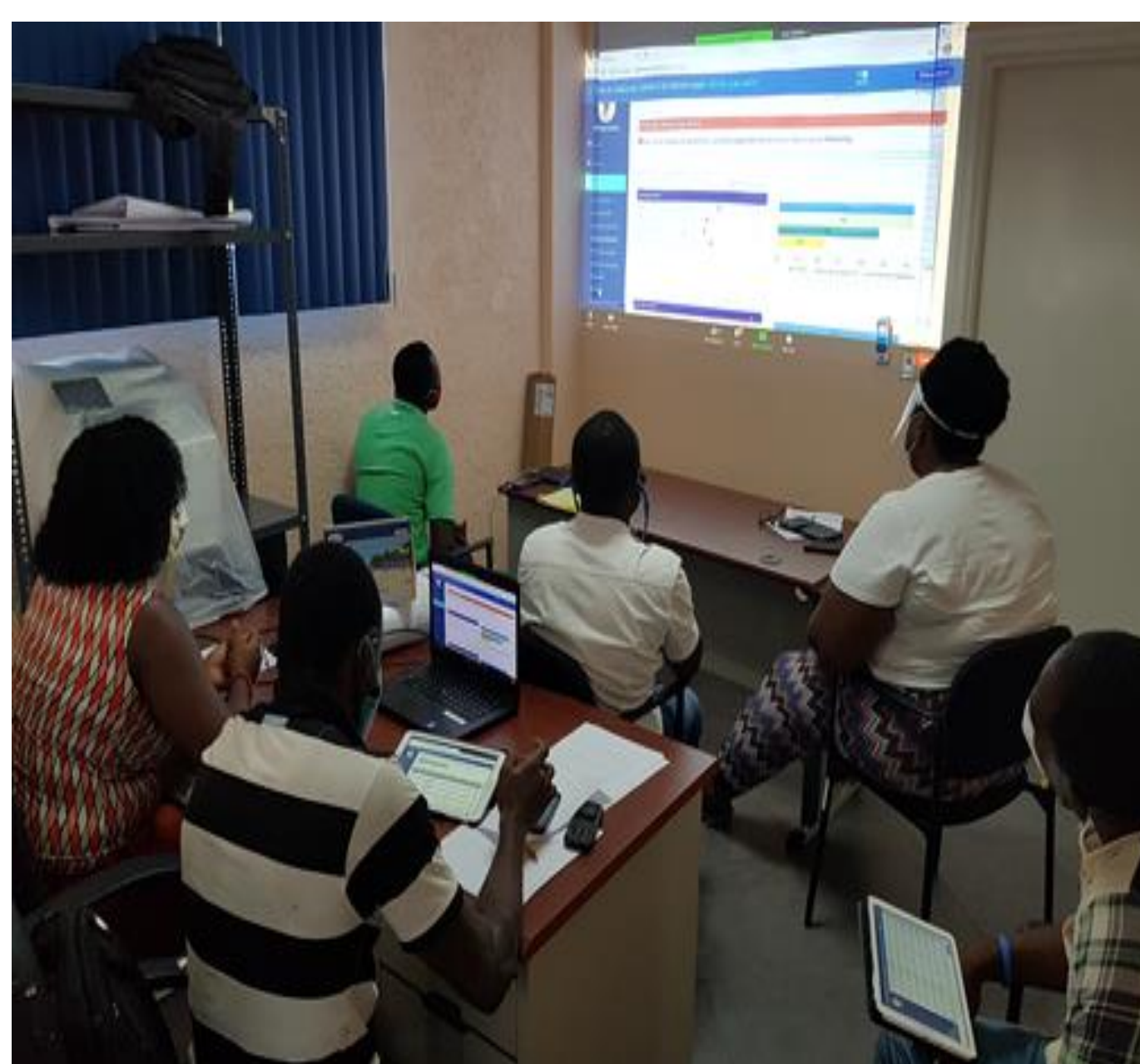


Photo credit: ISPD/BRIDGE Team

Furthermore, providers and community health workers (CHWs) received training (Fig.3) and weekly technical assistance to ensure the implementation of the national ICT App (Fig.4), which allows timely monitoring/tracking of contacts eligible for tracing and HIV testing notably those unaware of their status.

Additionally, our weekly review of ICT data has helped monitor progress on ICT App and address challenges timely.

Graph.1: Increased proportion of contacts who get to know their HIV status versus Contacts listed by Index-patients

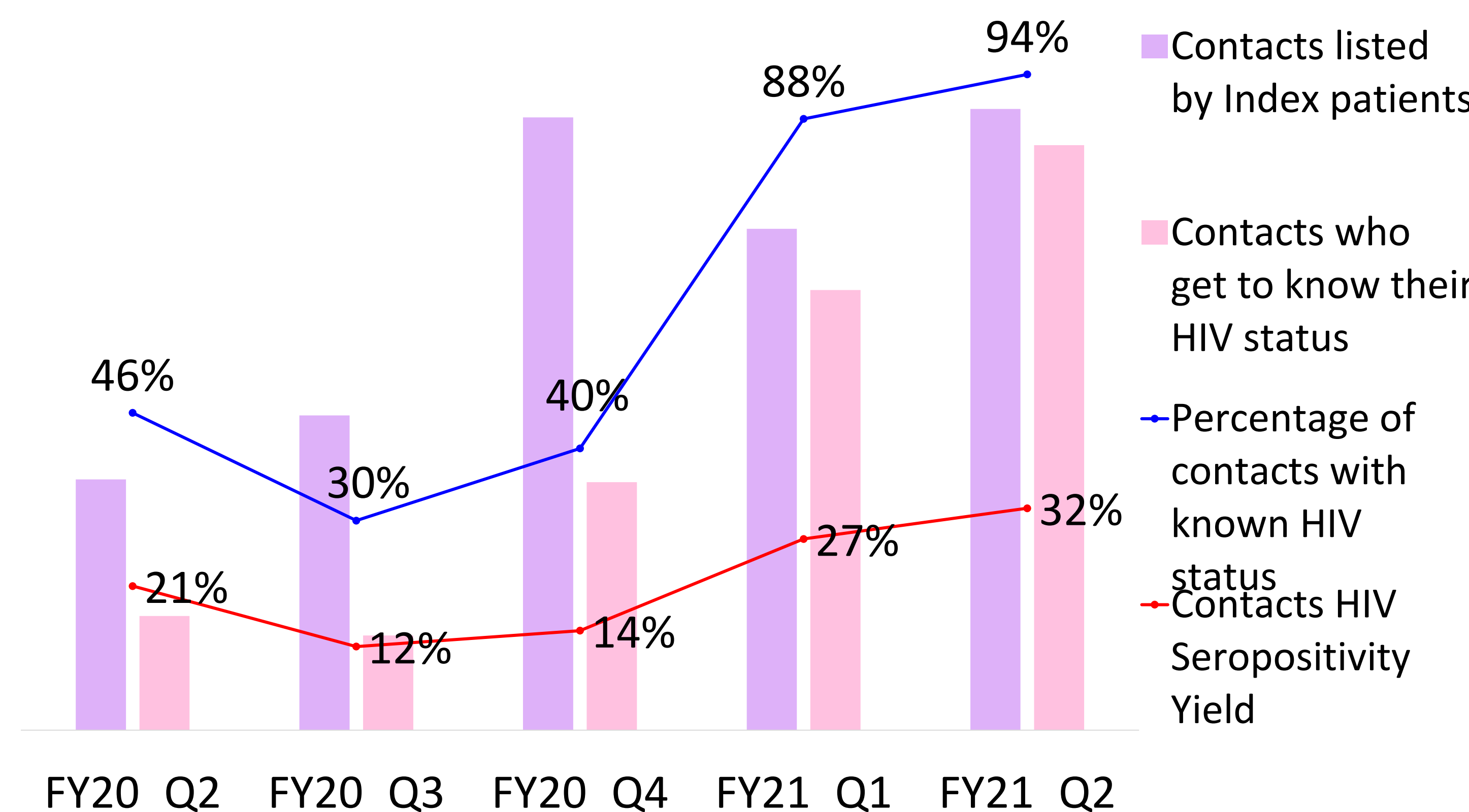
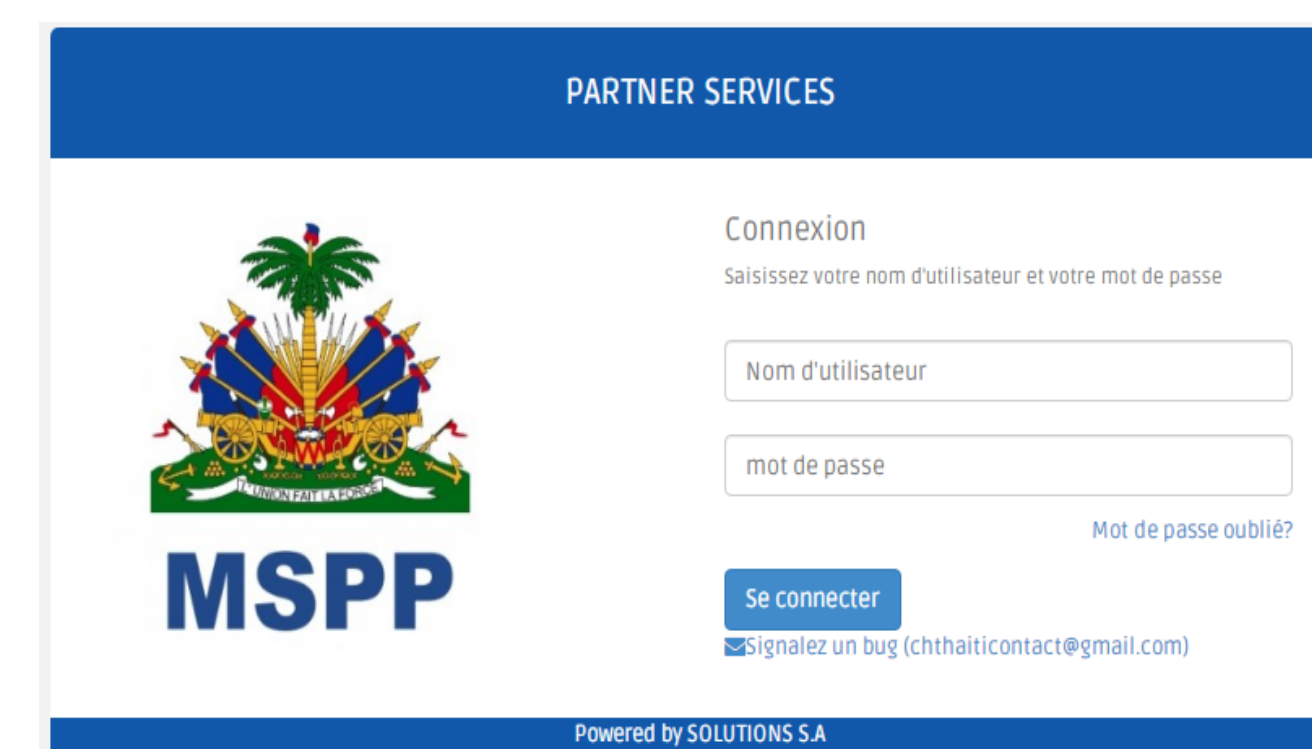


Fig.2: IPV-risk assessment tool

Fig.4: Haitian National ICT Application



LESSONS LEARNED

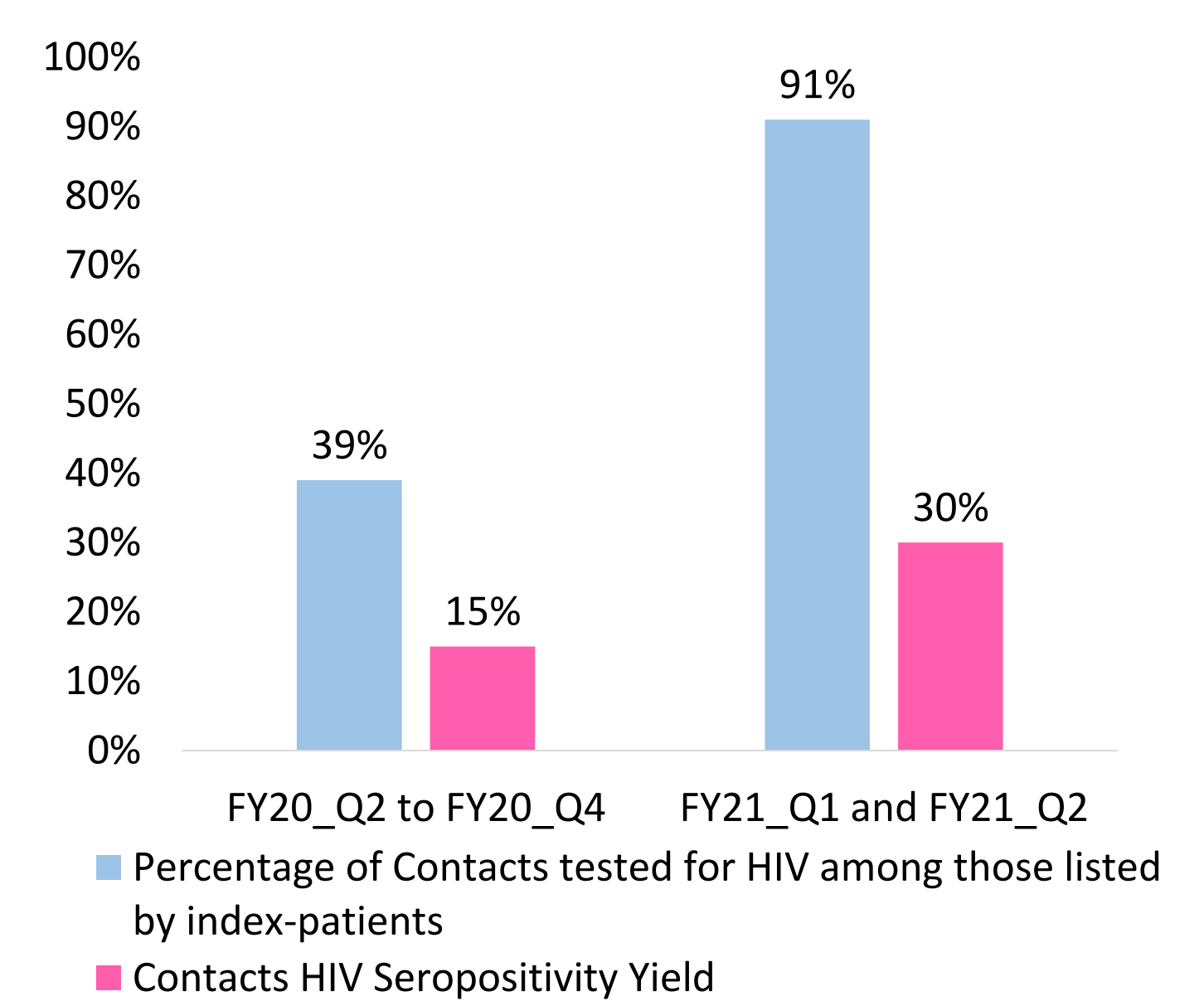
During the FY20 quarters (Q2 and Q4), the proportion of contacts tested for HIV among those listed by index-patients was low (Graph.1). For the period, a total of 164 contacts knew their status among 423 listed (39%) with a positivity rate of 15% (n=25/164).

Following the implementation of the IPV-risk assessment questionnaire combined with the use of ICT national App, in the FY21_Q1 and Q2, the proportion of contacts tested for HIV significantly increased to reach 91% (n=368/403) for this all period including a HIV-positivity rate of 30% (n=111/368). Furthermore, we had no reported IPV cases related to ICT.

CONCLUSION

When comparing the periods FY20 Q2 to Q4 versus FY21 Q1 to Q2, we observed that the Contacts HIV seropositivity yield has significantly increased (n=15% to 30%) as well as the percentage of contacts with known HIV status (n= 39% to 91%) (Graph.2).

Graph.2: Improvement of ICT performance following the key interventions



The adapted IPV-risk-assessment questionnaire along with training on ICT procedures and technical assistance to effectively implement the ICT national App have contributed to improve ICT at the selected facilities and led to an increase in HIV positivity rate among contacts with known HIV status while no domestic violence was reported; such strategy may help the National AIDS Control Program of the Ministry of Health improve HTS nationally.

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CORRESPONDING AUTHORS

Marie Lina Excellent, MD, MPH
excellentmdmph@gmail.com

Emmlyne Emmanuel, MD, MPH
emmanuel@ispd-haiti.org