

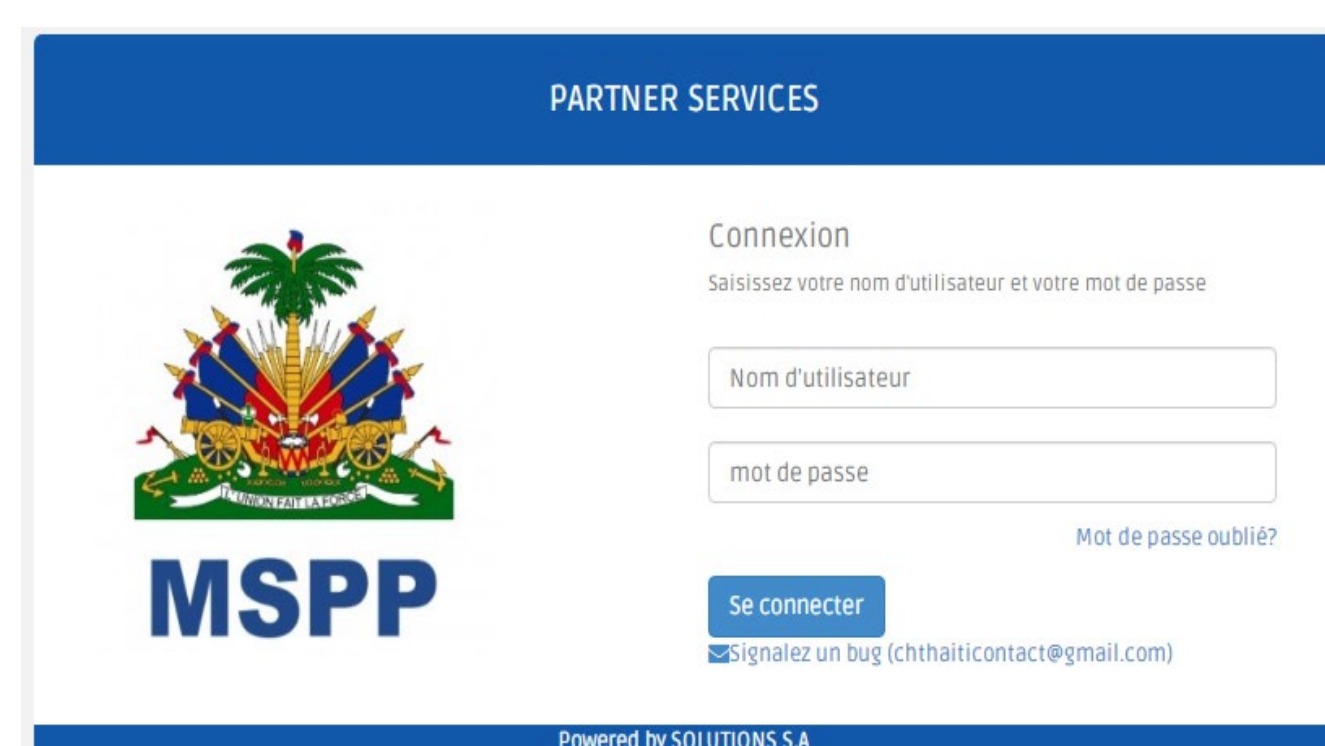
BACKGROUND

To achieve the first 95 of the UNAIDS goals, the Ministry of Health (MoH) implemented index-contacts testing (ICT) according to WHO guidelines (Fig. 1) in 2020 with limited results. In response, MoH collaborated with key partners to develop an electronic Application to monitor ICT (Fig. 2), aimed at improving HIV-testing services (HTS) process for indexes' partners.

Figure 1: ICT National Guidelines manual



Figure 2: ICT National App



Between January 2020 and December 2021, ISPD through BRIDGE project has implemented the ICT-App at its seven (7) affiliated sites, which are located in 4 of the 9 departments in Haiti: West, Grand- Anse, North and Northeast (Fig. 3).

Figure 3: Distribution of ISPD/BRIDGE sites



It is worth noting that in Haiti, there is no policy/legal requirement making HIV disclosure to sex partners mandatory, which makes index contacts testing (ICT) voluntary. Below is a glance at how ICT works (Fig. 4).

Figure 4: ICT mechanism at a glance

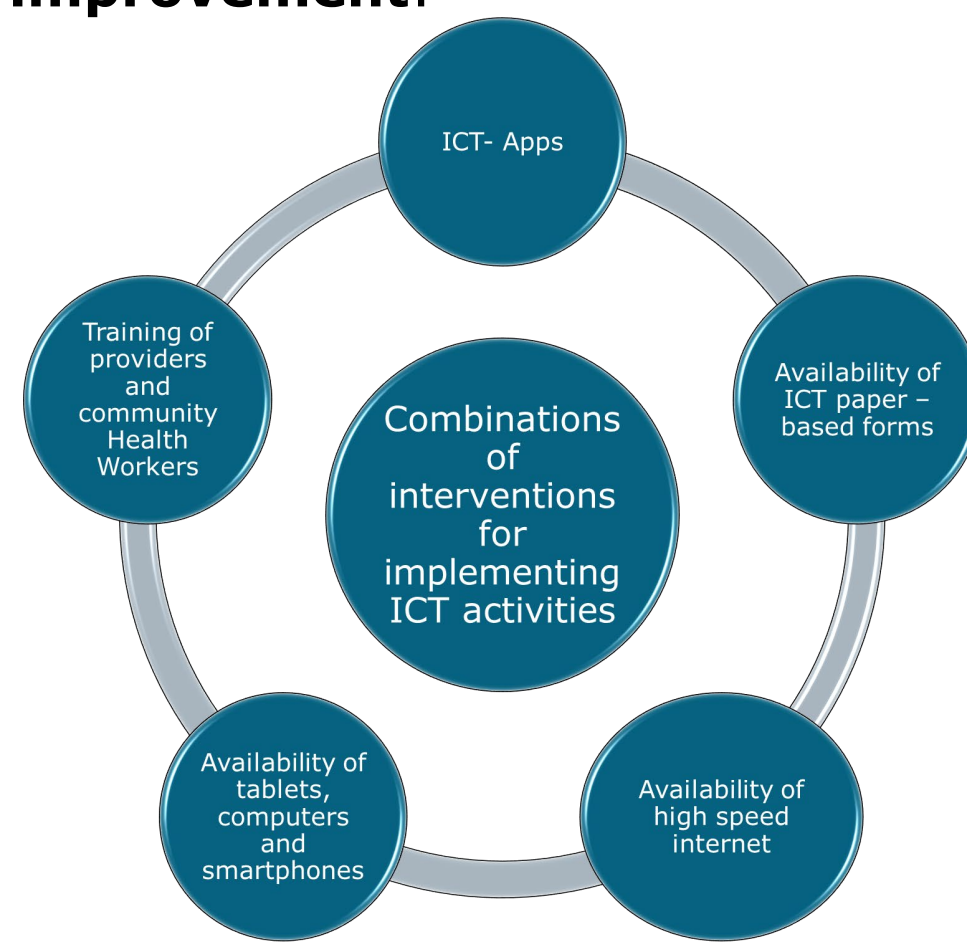


We present here the results of our interventions combined with the ICT-App that help increase the proportion of contacts accessing HTS.

DESCRIPTION

For the project first semester, 2 sites were using ICT paper-based forms. In the second semester, providers and community health workers (CHWs) received ICT-App training.

Summary of the key interventions implemented following the ICT-App Training for improvement:

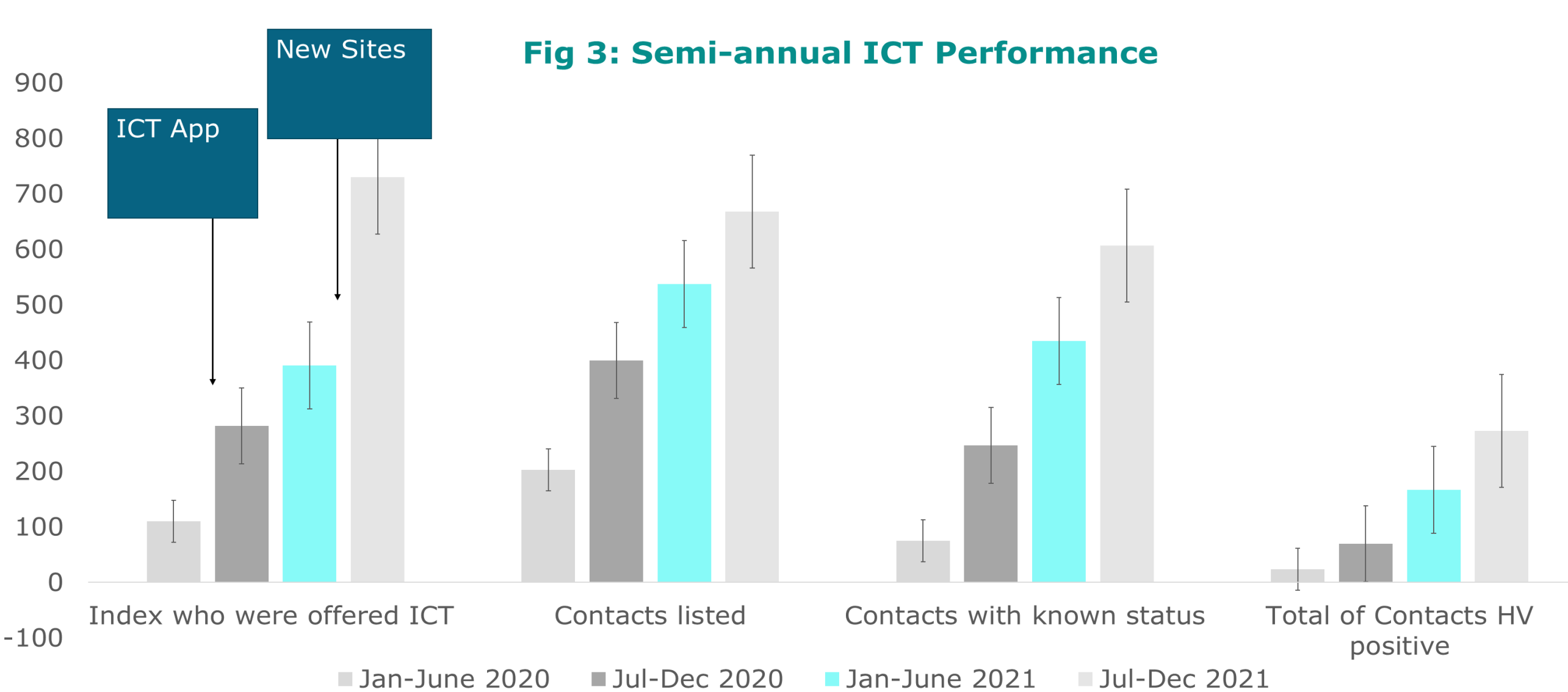


Additionally, we provided weekly mentoring and we monitored closely the data collected daily on the ICT-App, compared them with HTS/Laboratory registers and prompt feedback for timely mitigation. Two other sites started implementing ICT in the third semester and three others the fourth semesters. The app was introduced right away for the new sites.

RESULTS

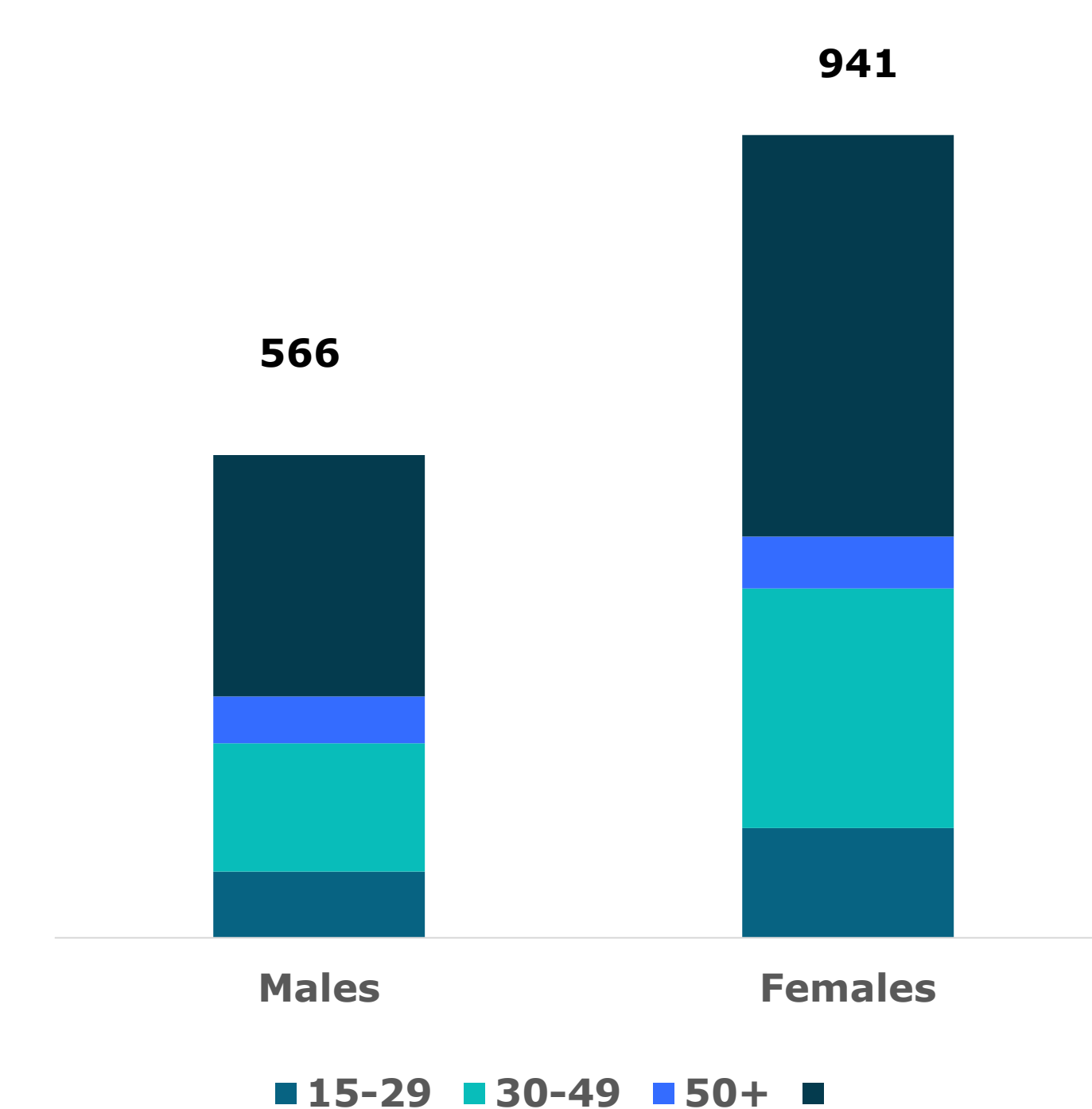
A continuous improvement was reported from January 2020 to December 2021 (Fig. 5). From January to June 2020, from the 203 contacts identified by 106 index-patients, only 37% (N=75/203) knew their HIV status including 60 who were newly tested from whom 15% (N=9/60) were HIV-positive and linked to care. Following adoption of ICT-App in July 2020, an improvement was reported for the following semester (July-December 2020), showing 247 contacts tested out of the 400 listed (62%) including 230 newly tested for HIV with a seropositivity yield of 23% (N=53/230).

Figure 5: ICT improved performance over time



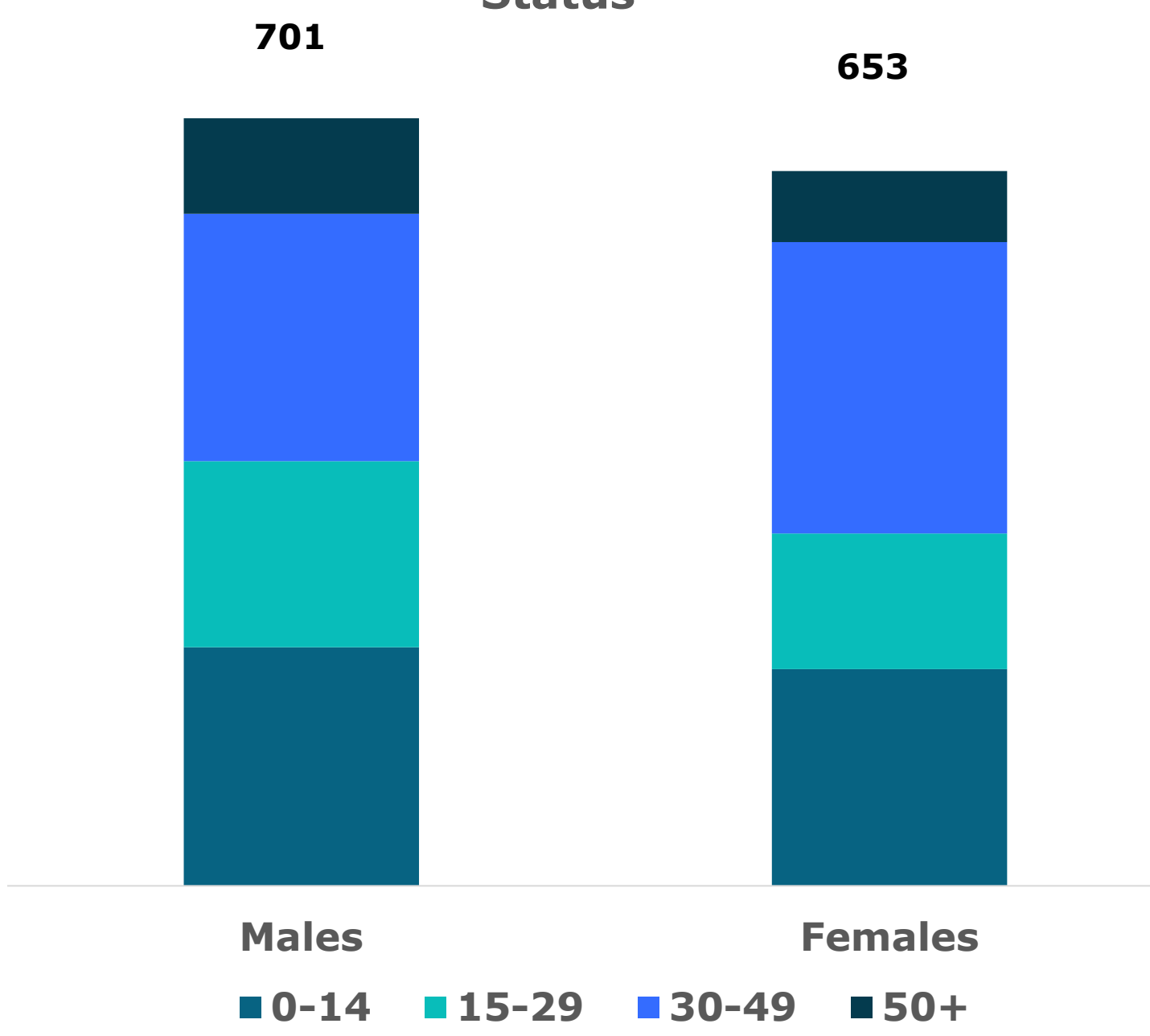
More female indexes were counseled for ICT (62% females vs 32% males) (Fig. 6), however from the total number of contacts who accepted HTS and received their HIV results, men represent 52% and women 48%(Fig. 7).

Figure 6: Index who received ICT offer



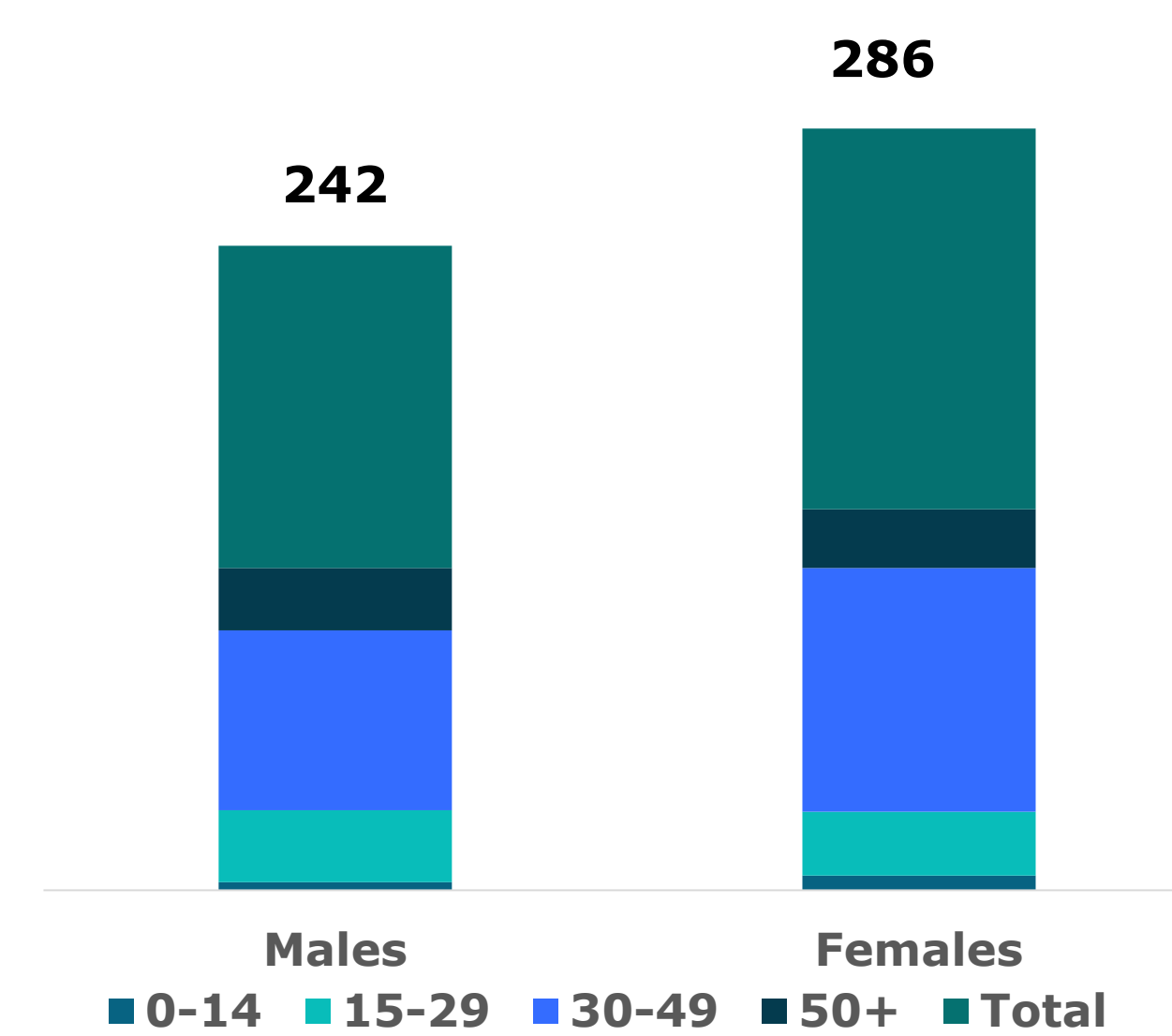
RESULTS

Figure 7: Contacts with HIV known Status



Pediatric population represent 31% of this group but has the lowest positivity rate of 4%. Positivity rate was higher for men (35%) than for women (44%) and for the adults 30-49 years old (65%). (Fig. 8)

Figure 8: Contacts HIV Positive



CONCLUSION

ICT-App training and implementation led to increase the proportion of contacts identified and newly diagnosed with HIV without stigma. The collaborative work with PNLS of the MoH is critical for effective and sustainable implementation of ICT nationwide (Fig. 10). We recommend wider use of ICT-App to help achieve the first 95 of UNAIDS goals.

Figure 10: ICT App training in partnership with PNLS/MoH



Photo credit: Vega Management Group

DISCLOSURE

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LESSONS LEARNED

The use of national ICT-App (Fig. 9) by trained/mentored providers led to substantially improve contacts' access to HTS (75_607) and identify new HIV cases (9_253) while protecting confidentiality.

Contacts male were the most tested in using ICT services in affiliated sites because basically "Men" are one of targeted populations by ISPD/BRIDGE (Fig. 7).

Illustrations of the ICT App for ISPD/BRIDGE sites

Figure 9: Dashboard of ICT National App (www.mesi.ht)

