100% Access, District-wide, Door-to-Door, Home-based HIV Counselling and Testing in Rural Uganda

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Background

- AIDS in Uganda & Africa first recognized in Nov 1982 at 2 fish landing sites in Rakai District, SW Uganda and as we prepare to mark the Silver Jubilee of the HIV/AIDS epidemic, only about 11% of men and 13% of women know HIV status!
- 6.3% of Ugandans aged 15-59 are infected with HIV and prevalence among women (7.3%) is higher than among men (5.2%)
- In Uganda, 80% of those infected (77% F, 85% M) do not know their HIV status

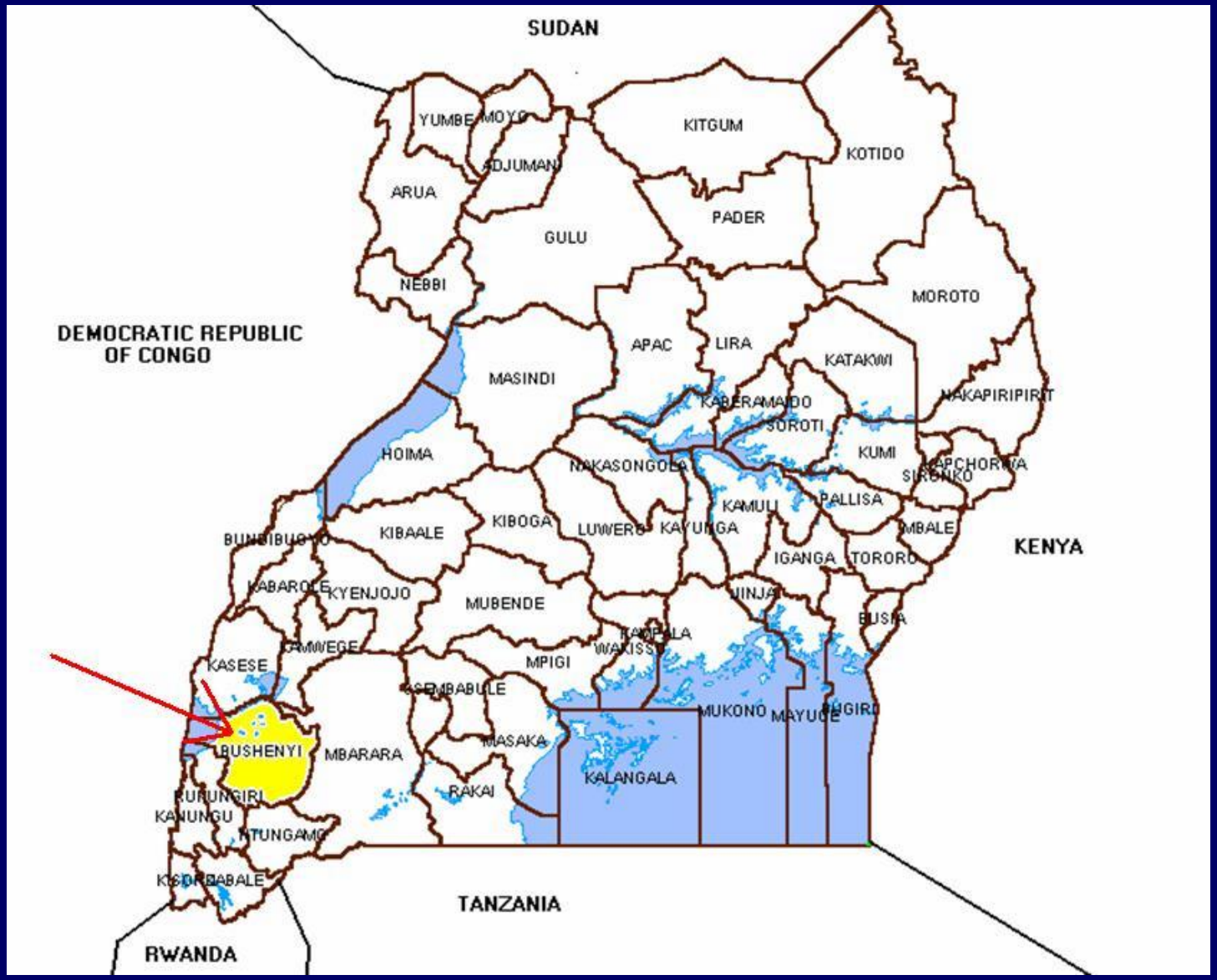
Background

- MOH estimates – 14 million to be tested in 5 yrs
- Most VCT services- urban based (12% of popn)
- Facility-based VCT programs have low coverage and the popn denominator is often unknown
- Households are the primary producers of health & home-based / family centred approaches increase access to care and improve health outcomes.
- Home-based VCT can increase coverage and is now part of the HCT policy in Uganda

Background

- In October 2004, CDC funded ICOBI a local NGO to implement a Full Access, District-wide Home-Based Voluntary Counselling and Testing program in Bushenyi district, Uganda
- Major Goal: To implement 100% Full Access HB-VCT and offer basic care to those HIV positive
- Less than 10% of Adult population in the district had ever been tested for HIV
- HIV prevalence among 26,406 pregnant women tested by ICOBI in a PMTCT program was 8.2%

Background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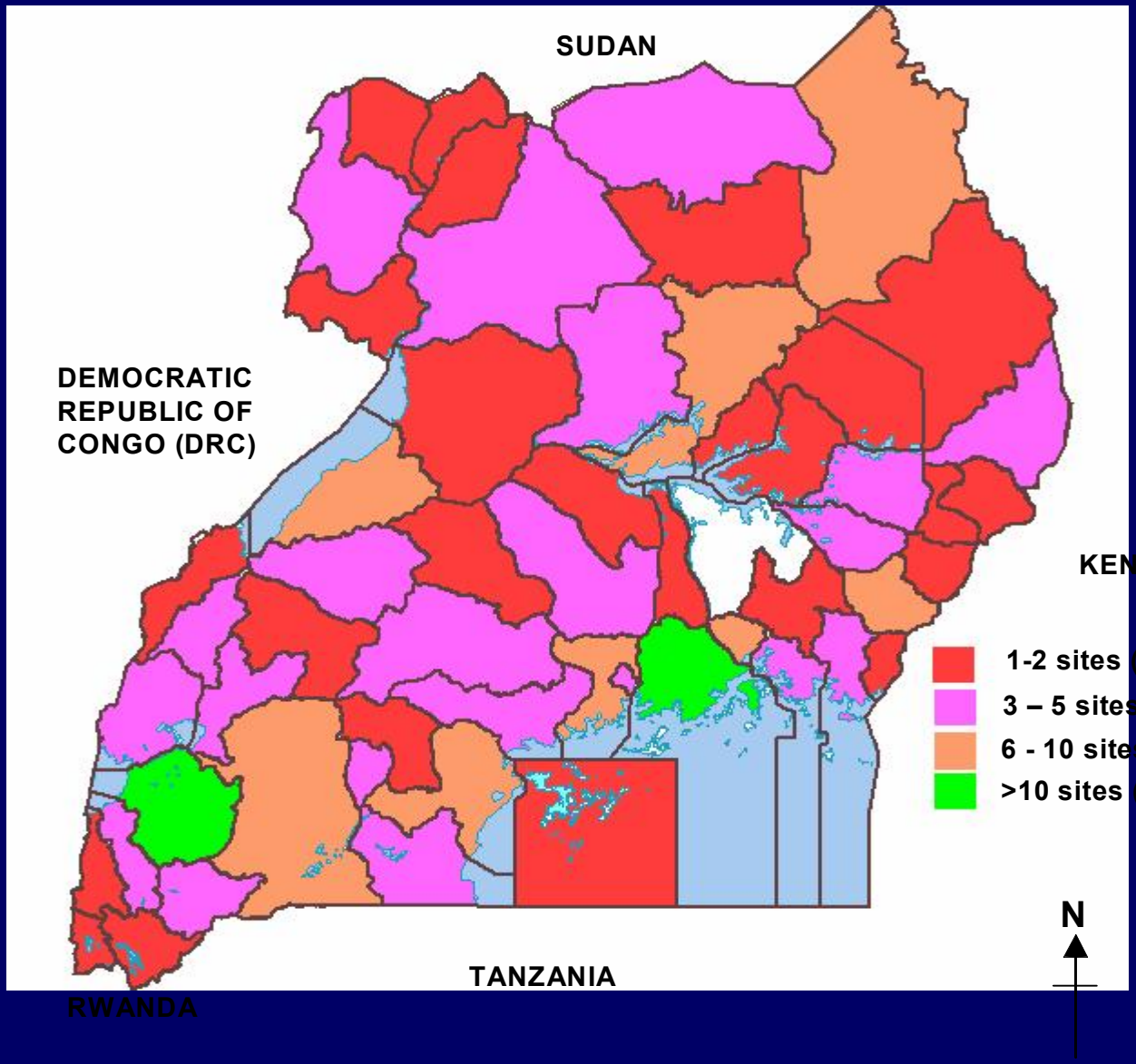
PMTCT Coverage: No. of sites per district, Nov '04



Bushenyi District Profile

- Population: 731,392 Males - 48%, Females- 52%
- Ages 0-14 = 363,678 (49.7%)
- Ages 15-60 = 332,516 (45.5%), Over 60 = 4.8%
- Villages : 2034, Parishes: 170, Sub-counties: 29
- Popn growth rate: 2%, Popn density 191/ Km^2
- Only 5% of the population living in urban areas
- Mean household size is 5.1persons
- 61% households own a radio, 36% word of mouth

Expected Outcomes

- About 300,000 counselled & offered HIV test
- A home-based HCT system established
- At least 250,000 tested for HIV in 2 years
- 12,000 HIV positive people identified and referred to service providers
- 8,000 access post-test services for PHAs
- All adults in the district & beyond more aware than before on HCT, basic facts on HIV/AIDS

Methods

- Development and production of tools
- Trained 80 central & field staff and 170 Resident Parish Mobilisers (RPMs) in counselling skills. Trained 69 central/field staff in lab testing as well.
- Trained 312 health workers, 58 sub-county teams, 170 RPMs & 40 peer educators in HIV basic care
- 64 health workers chosen by District Directorate of Health Services were trained in comprehensive HIV/AIDS management and treatment

Methods

- HBVCT implemented from Jan 2005 to Feb 2007
- Each of the 2034 villages has a local council leader who assisted in village mobilization.
- Each of the 170 parishes in the district had one Resident Parish Mobiliser (RPM) who carried out community mobilization (@ one bicycle), provided basic care items and made appointments for sub-county based outreach VCT teams
- Each of the 29 sub-counties had a lab asst & counselor as the outreach VCT team traveling on one motorcycle to move from village to village

Mobilisation by Resident Parish Mobilisers

Methods

- The 29 out-reach VCT teams moved systematically from home to home (door-door), offering AIDS education, pre- & post test counseling and HIV testing to all eligible – those aged 13 and above as well as at risk children 12 and below (mother deceased or HIV infected).
- Team filled household census and client forms
- VCT teams provided rapid HIV testing using a serial three-test algorithm (Determine – Screening, Statpac – confirmatory and Unigold – tie-breaker).

Methods

- HIV positives were given basic care package (Cotrimoxazole prophylaxis, mosquito nets, safe water vessel, information leaflets), were referred to 86 health units (private & public) for care & treatment. Later ART eligibility assessment CD4 samples collected and results provided at home
- HIV+ were encouraged to join Post-Test clubs initiated in their communities and Positive Prevention Officers (PPOs) and peer educators gave follow-up support

Resident Parish Mobilisers, introduces Team of Counselor and Lab. Assistant to a family

Team of counselor and lab assistant give health education to a family

Another team of Counselor and Lab. Assistant inside a home

Results - Demographics

Characteristic	N(%)
Sex	
Male	123,501 (46.6)
Female	141,465 (53.4)
Marital Status	
Married/Cohabiting	138,910 (52.4)
Divorced/Separated	10,245 (3.9)
Widowed	14,503 (5.5)
Single	97,618 (36.8)
Others	3,690 (1.4)
Type of Counseling Session	
Individual	195,222 (73.5)
Couple	70,512 (26.5)
Age‡	26 (19-36)

‡ In Years; Median, Inter-Quartile Range

Results

- 296,431 eligible (both present & absent at home) identified, 265,734 (89.6%) present & counselled
- 264,966 (uptake - 99.7%, coverage – 89.4%) consented to HIV testing and nearly all received results at home, 95% of these had never tested
- Overall 11,359 (4.3%) were HIV-infected
- Downward trend in prevalence (Feb 2005 - 7.0% (222/3172) Feb 2006 – 4.5% (438/9671), Feb 2007 – 3.1% (328/10651). Mean prevalence in 2005 was 5.3% and in 2006 was 3.7%

Summary of HIV Test results

Indicator	N (%)		
	Male	Female	Total
Number Eligible for HIV Testing	147,664	148,767	296,431
Number Tested for HIV	123,501	141,465	264,966 (89.4)
Number who received HIV Test Results	123,491	141,462	264,953 (99.9)
Number HIV Positive	4,042 (3.4)	7,317 (5.2)	11,359 (4.3)
Individuals in Discordant Partnerships	860	925	1,785

HIV prevalence by age

Age Group	Total Tested	Male % +ve	Fem % +ve	Total % +ve
< 5	1,747	8.0	7.2	7.6
5-9	3,292	5.1	5.2	5.1
10-14	21,910	0.7	0.7	0.7
15-19	50,536	0.3	1.4	0.9
20-24	43,742	1.5	4.8	3.3
25-29	33,455	3.8	8.1	6.2
30-34	26,684	6.1	9.6	8.0
35-39	21,414	7.2	9.5	8.4
40-44	16,857	7.9	8.3	8.1
45-49	12,300	6.4	5.3	5.8
50-59	15,932	4.2	3.4	3.8
60+	16,208	1.7	1.4	211.6

HIV prevalence by marital status

Status	Tested	HIV+	%
Married/ cohabiting	138,910	5,820	4.2
Divorced/ Separated	10,245	1,580	15.4
Widowed	14,503	2,230	15.4
Single	97,618	1,615	1.7
Others	3,690	114	3.1
Total	264,966	11,359	4.3

HIV prevalence by highest level of education

Highest education	Tested	HIV+	%
None	40,911	2,240	5.5
Lower Primary 1-4	59,659	2,747	4.6
Upper Primary 5-7	116,527	4,771	4.1
Secondary	40,121	1,346	3.4
Post Secondary	4,891	147	3.0
Others /not stated	2,857	108	3.8
Total	264,966	11,359	5.2

Couple Rapid HIV-Test Results

Result	N (%)
Concordant Negative	34,124 (95.2)
Concordant Positive	576 (1.6)
Discordant	**925 (2.6)**
Not Applicable ¶	208 (0.6)
Total	35,833 (100)
Discordance Rate	**61.6%**

¶ Individuals in which 1 of the partners declined to test for HIV

HIV Test Results of Discordant Individuals (N=1,785)

	N (%)		
	Male	Female	Total
Sex	860	925	1,785
HIV Test Results			
HIV Positive	477 (55.4)	305 (33.0)	782
HIV Negative	383 (44.5)	620 (67.0)	1,003

Results

- All 11,359 HIV positive were referred for services
- 110 post test clubs initiated at parish level
- 7,957 basic care kits distributed to HIV+ families
- 10,851 referred HIV+ assessed, initiated on septrin
- 2085 CD4 samples collected at home, tested at KCRC and results delivered to HIV+. Of these 607 identified ART eligible (CD<200)
- Mean CD4 – 492.9
- Median CD4 -432 (IQR 223.5 -591.5)

Lessons Learnt – Surprises During Implementation

- High uptake (number tested/eligible and present) and readiness of people to take HCT in households
- Willingness of clients to share results with community resource persons (RPMs, LC officials)
- Concordance (99%) of test results in a home with CDC reference laboratory (often using lay people)
- Acceptance to receive care and support in homes
- Rapid reduction in HIV prevalence
- High male participation (constitute 48% of district population and 47% in the Door-Door HCT prog)

Lessons Learnt – What we would not do again

- Engaging Communities without mapping (need mapping the clients before start of implementation rather than doing a census the very day of testing)

- Underestimating challenges of supply chain management- need good commodity projections and reliable suppliers

- Targeting young people aged 10 to 19 (? Except females 15-19, married or at risk teenagers)

Lessons Learnt – Critical steps/tools/processes we would do again

- Using resident and community selected / owned resource persons to mobilize households
- Involving PHAs, peer educators & post-test clubs
- Multiple strategies for community mobilization
- Using trained lay persons to counsel & test
- Linkages between the households & health facility
- Flexible working hours e.g., evenings & weekends
- Provision of post test services e.g., basic care kits

Conclusions

- The proportion ever having received an HIV test increased rapidly from 10% to 90%
- Home-based HCT is feasible in this setting, has high uptake and supports linkage to care.
- Overwhelming majority of individuals who are HIV infected had not been tested before and did not know their HIV status

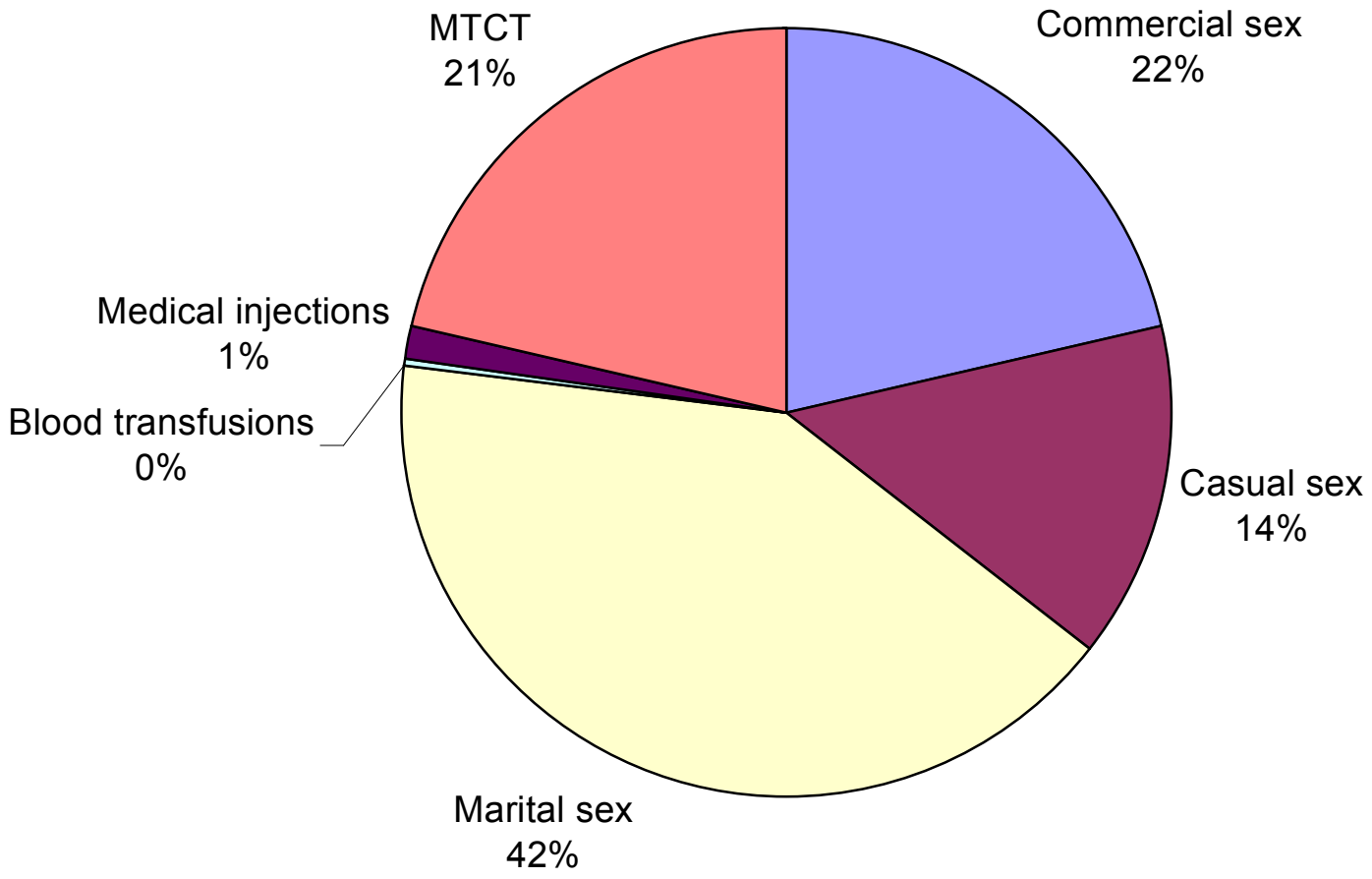
Conclusions

- There are more cohabiting/married partners who are discordant for HIV than there are cohabiting / married partners who are both infected thereby highlighting the unmet HIV prevention need

- Males in discordant partnerships are more often HIV infected than females

- Condom use in discordant partnerships is low

Uganda new infections by source, 2005



Recommendations

- Home-based door– door approach can be used to reach many couples and men more easily & fast and to promote disclosure of HIV results.
- An integrated home-based door– door approach using resident CORPS can be utilized to deliver HCT, PMTCT/RH, basic /palliative care, ART, malaria, TB, HIV prevention, and other services to improve health outcomes for people in rural areas
- More HIV prevention strategies in addition to condom use need to be strengthened to protect the uninfected in partnerships and the population

Recommendations

- The downward trend in prevalence calls for research to estimate behaviour change and extent of prevention effects found in individuals and couples receiving home-based VCT
- Intensify HIV prevention among 10-19 and scale up PMTCT for those joining reproductive age group to see the dawn of an HIV free generation
- 100% access to HCT using door-door HBHCT should be promoted to achieve universal access to prevention, treatment, care and support by 2010

Acknowledgements

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- Bushenyi district leaders, health staff and people

THANK YOU!

Fighting HIV is like running a race against time but we hope we can all be winners although it is a race where the end-point marking victory is not clear!