

Thematic rooms

ROOM 1: Paediatric and Adolescent Testing

Facilitator: Irene Njuguna



- **Arnold Sadio:** Access to self-testing and prevalence of HIV infection and its associated factors in a vulnerable population: The case of ADOlescents in the Streets of Togo (STADOS Study)



- **Alain Amstutz:** Secondary distribution of oral self-tests during home-based HIV testing among adolescents in Lesotho



- **Sarah Skeen:** Integrating an evidence-based intervention component to promote HIV testing of young children into community-based parenting programmes



- **Tamsin Phillips:** Routine Electronic Mother-Infant Data (REMIInD) to support retention in postpartum HIV treatment and early infant diagnosis services in South Africa



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Pediatric AIDS Foundation
Fighting for an AIDS-free generation



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Pediatric AIDS Foundation**
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Access to self-testing and prevalence of HIV infection and its associated factors in a vulnerable population: The case of ADOlescents in the Streets of Togo (STADOS Study)

Arnold Sadio



Access to self-testing and prevalence of HIV infection and its associated factors in a vulnerable population: The case of adolescents in the streets of Togo

Arnold J. Sadio, MD, *2020 Cipher Grantee, Francophone*

African Centre for Research in Epidemiology and Public Health (CARESP), Lomé, Togo

University of Lomé, Public Health Department



Université
de Lomé

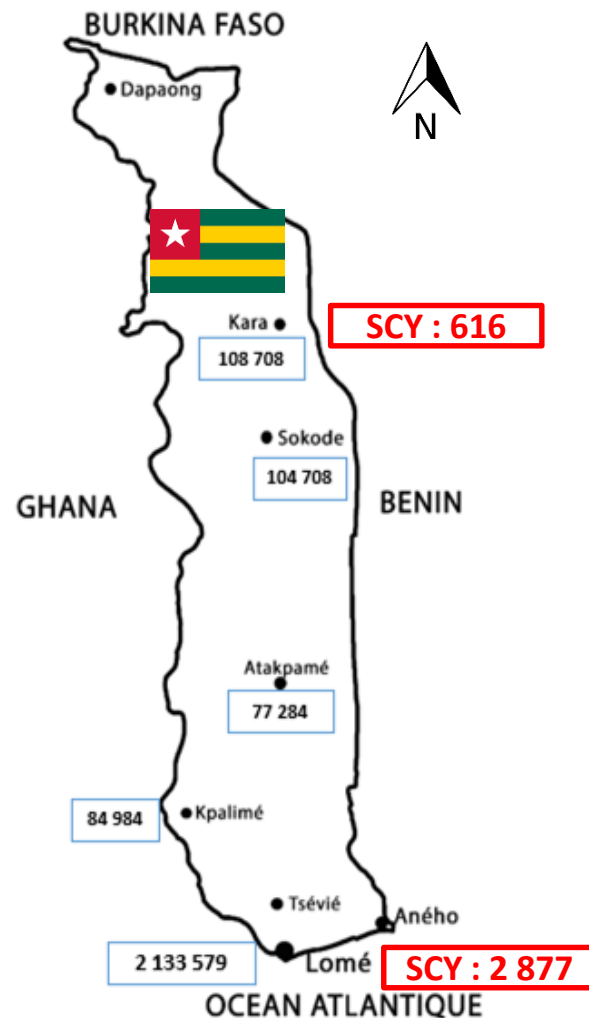




Background (1/2) CIPHER

PAEDIATRIC HIV MATTERS

- Togo
 - West African country
 - Population: 7.3 million
 - HIV prevalence (UNAIDS, 2018)
 - General population 15 - 49 years: 2.3 [2.1 - 2.5] %
 - MSM: 22.0%; SW: 13.2%
- **Street Children and Youth (SCY):**
More than 5500 of which 51% in Lomé
(*UNICEF, 2016*)



Population of the 5 most populated cities
(Adapted from www.populationdata.net/pays/togo/)



Background (2/2) **CIPHER** PAEDIATRIC HIV MATTERS

- Street adolescents are vulnerable to HIV and have limited access to sexual and reproductive health (SRH) services and HIV testing
- In 2016, **only 14.8% of street adolescents in Togo reported ever having received HIV testing** (no prevalence was estimated during this study)
- Despite evidence that **self-testing significantly improves access to HIV testing for vulnerable populations**, self-testing has never been proposed or evaluated in Togo



Objectives



- **Main objective**

- To describe the acceptability and feasibility of HIV self-testing among street adolescents in Togo

- **Secondary objectives**

- To describe the level of knowledge of street adolescents about HIV, STIs and sexual and reproductive health
- To estimate the prevalence of HIV in this population
- To describe the factors associated with HIV infection



- **Study design and location:** Two-stage cross-sectional study in most populated cities of Togo
 - Lomé: city located in the south and capital of Togo
 - Kara: second largest city in Togo, located in the North
- **Population:** 500 street adolescents aged 13 to 19, selected using TLS method



- **Timing**

- **Phase 1: January to March 2021**

- Description of street adolescents' level of knowledge about HIV, STIs and sexual health
 - Description of the acceptability and feasibility of two HIV self-testing using Oraquick® (Oral test) and HIV 1/2 STAT-PAK® (finger prick) self-tests
 - Estimating HIV prevalence among street adolescents using SDBIOLINE HIV/Syphilis Duo® and First Response® HIV 1-2-0

- **Phase 2: July to September 2021**

- To explore and describe the perceptions and experiences of street adolescents on self-testing
 - Estimating HIV prevalence / HIV testing of adolescents who tested negative in Phase 1



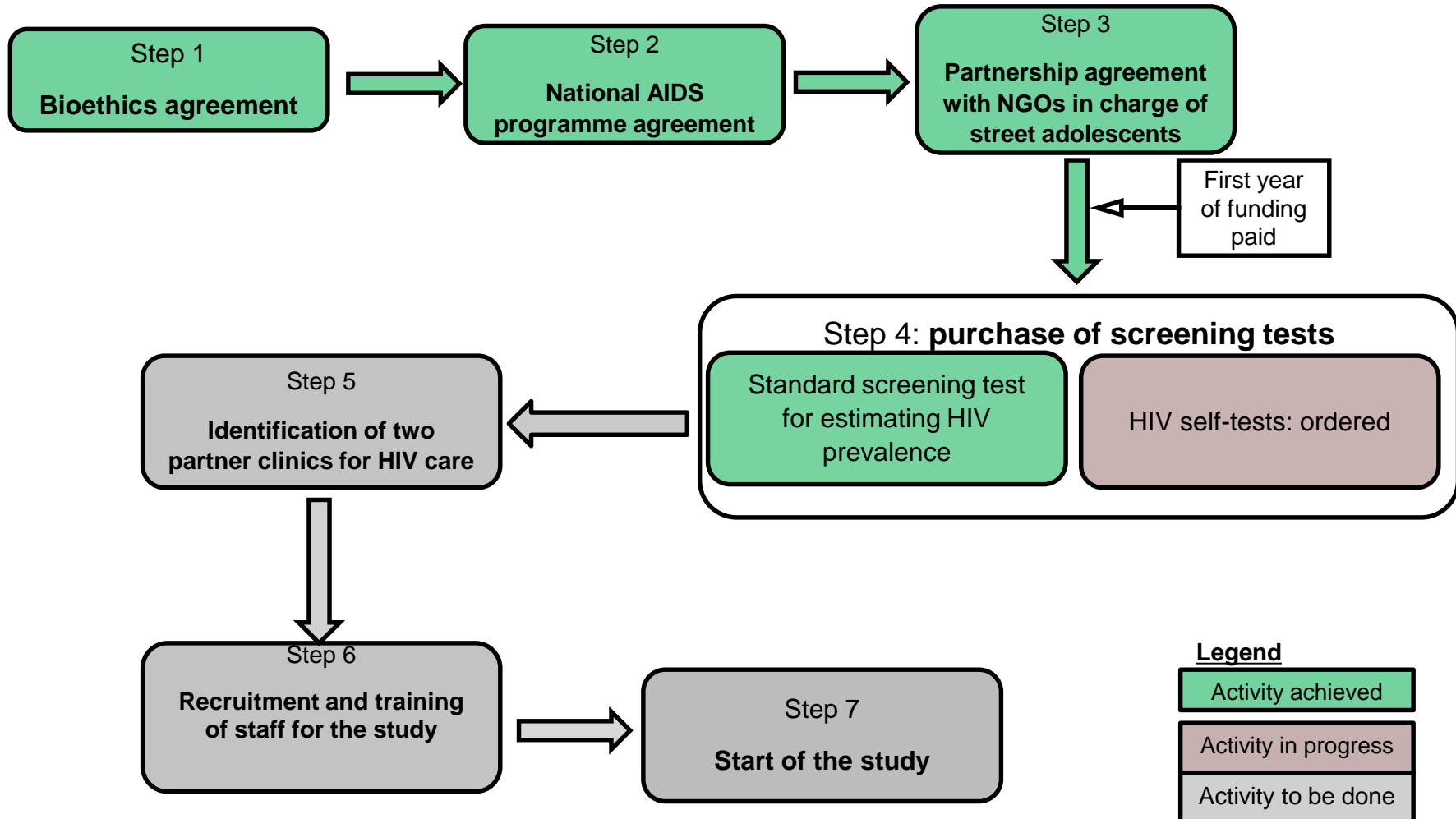
- **Outcomes**

- Acceptability of HIV self-testing: number of participants who took the test out of the total number of those to whom the test was proposed
- Feasibility of HIV self-testing: total number of tests with a valid result out of the total number of those who took the test or attempted to take it
- Prevalence of HIV: number of street adolescents tested positive for HIV among the total number of participants



- **Ethical considerations for minors**
 - In addition to their consent, which will be necessary, persons in charge of adolescents (in this case NGOs) will be asked to sign consent to participate in the study
- **Follow-up of adolescents who will eventually test positive for HIV**
 - Link with a partner clinic for HIV care
 - If there is sufficient reason to doubt their ability to follow and monitor their treatment, NGO staff will be called upon to accompany them until they become autonomous
- **Administrative considerations and sustainability**
 - Partnership with the national AIDS program was needed
 - Partnership with local NGOs in charge of street adolescents

Project status





Impact of project



- Enable street adolescents to have a **gateway into the health system using HIV self-testing**
- Also, the participation of street adolescents in HIV prevention and **testing interventions will be improved**
- The results of this project will benefit local NGOs working with street adolescents for the implementation of successful evidence-based sexual and reproductive health interventions



Thanks

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PAEDIATRIC HIV MATTERS

LOMÉ, TOGO





Secondary distribution of oral self-tests during home-based HIV testing among adolescents in Lesotho

Alain Amstutz



ADORE study

Secondary distribution of oral self-tests
during home-based HIV testing among
adolescents in Lesotho

Alain Amstutz, MD, CIPHER grantee 2018
Swiss TPH, Switzerland
SolidarMed, Lesotho

**SOLIDAR
MED**
Swiss TPH







Home-based HIV testing



2014: cluster RCT
Home-based testing uptake >90%, but coverage low (~60%)

Labhardt ND, Motlomelo M, Cerutti B, Pfeiffer K, Kamele M, Hobbins MA, Ehmer J. **PLoS Med** 2014

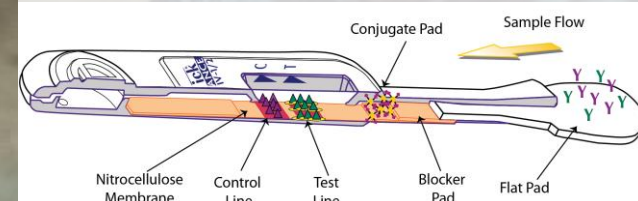
2016: observational
Catch-up visits on the weekend increased coverage by 9%

...but: 2x higher costs with USD 20.- per person tested

Labhardt ND, Ringera I, Lejone TI, Amstutz A, Klimkait T, Muhairwe J, Glass TR. **BMC Pub Health** 2019

2018: cluster RCT
(HOSENG trial)
Can secondary distribution of oral self-tests increase coverage?

Amstutz A, Lejone TI, Lefu K, Muhairwe J, Bresser M, Kopo M, Kao M, Labhardt ND, Glass TR. **The Lancet HIV** 2020



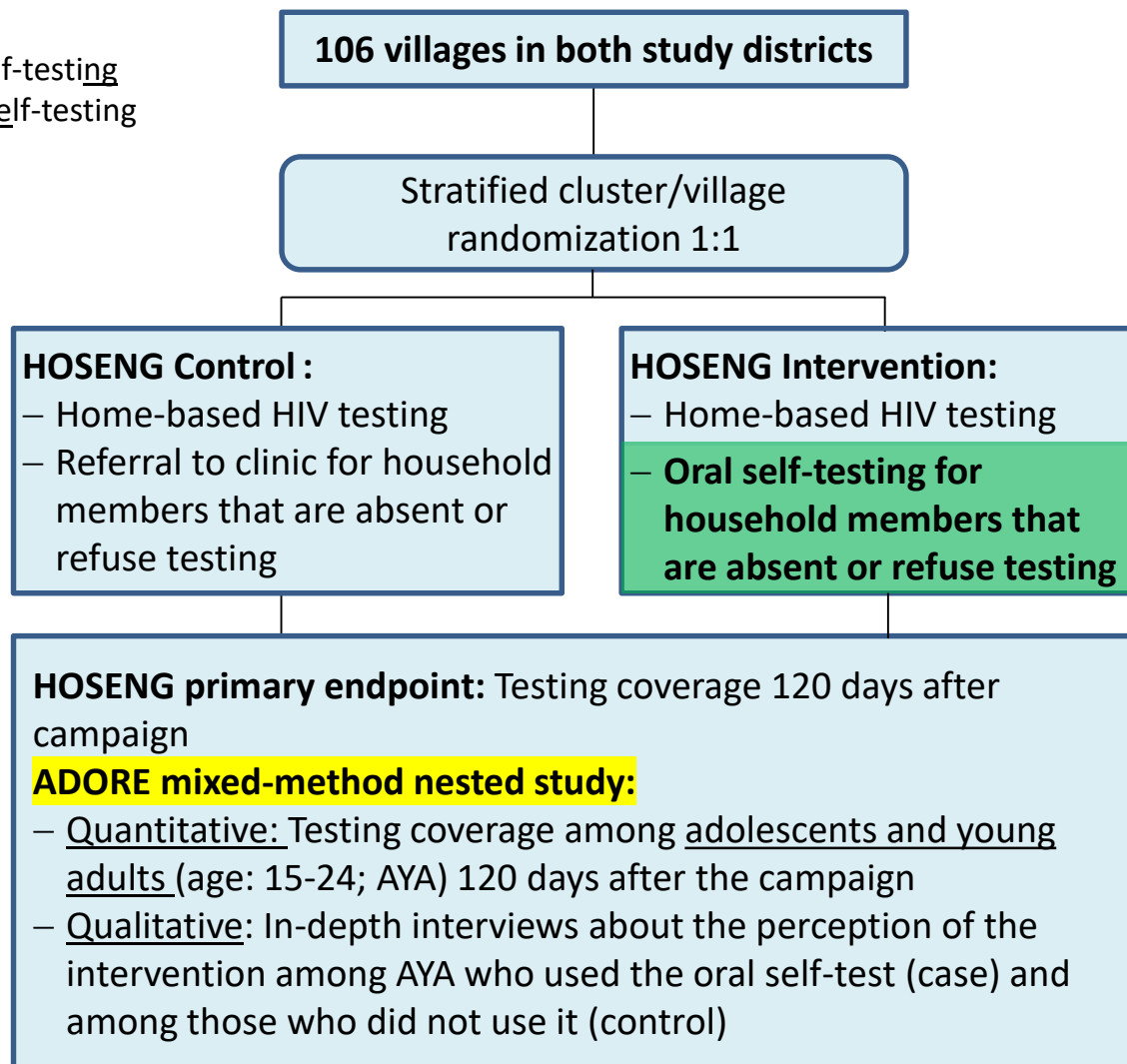


HOSENG / ADORE



HOSENG: Home-based self-testing

ADORE: Adolescent oral self-testing











The Lancet HIV & JIAS



Articles

Home-based oral self-testing for absent and declining individuals during a door-to-door HIV testing campaign in rural Lesotho (HOSENG): a cluster-randomised trial



Alain Amstutz, Thabo Ishmael Lejone, Lefu Khesa, Josephine Muhairwe, Moniek Bresser, Fiona Vanobberghen, Mathebe Kopo, Mpho Kao, Bienvenu Lengo Nsakala, Katleho Tlali, Thomas Klimkait, Manuel Battegay, Niklaus Daniel Labhardt, Tracy Renée Glass

Summary

Background In sub-Saharan Africa, home-based HIV testing is validated and accepted, but coverage is low because household members are often absent during home-based testing campaigns. We aimed to measure the effect of a secondary distribution of oral-fluid HIV self-tests on coverage during home-based testing in rural Lesotho.

Lancet HIV 2020

Published Online
October 9, 2020
[https://doi.org/10.1016/S2666-3615\(20\)30167-2](https://doi.org/10.1016/S2666-3615(20)30167-2)

102/jia2.25563



RESEARCH ARTICLE

"If it is left, it becomes easy for me to get tested": use of oral self-tests and community health workers to maximize the potential of home-based HIV testing among adolescents in Lesotho

Alain Amstutz^{1,2,3§} , Mathebe Kopo⁴, Thabo I Lejone⁴, Lefu Khesa⁴, Mpho Kao⁴, Josephine Muhairwe⁴, Tracy R Glass^{1,2} and Niklaus D Labhardt^{1,2,3} 

[§]**Corresponding author:** Alain Amstutz, Department of Medicine, Clinical Research Unit, Swiss Tropical and Public Health Institute, Socinstrasse 57, 4051 Basel, Switzerland. Tel: +266 5 860 4300. (alain.amstutz@swisstph.ch)

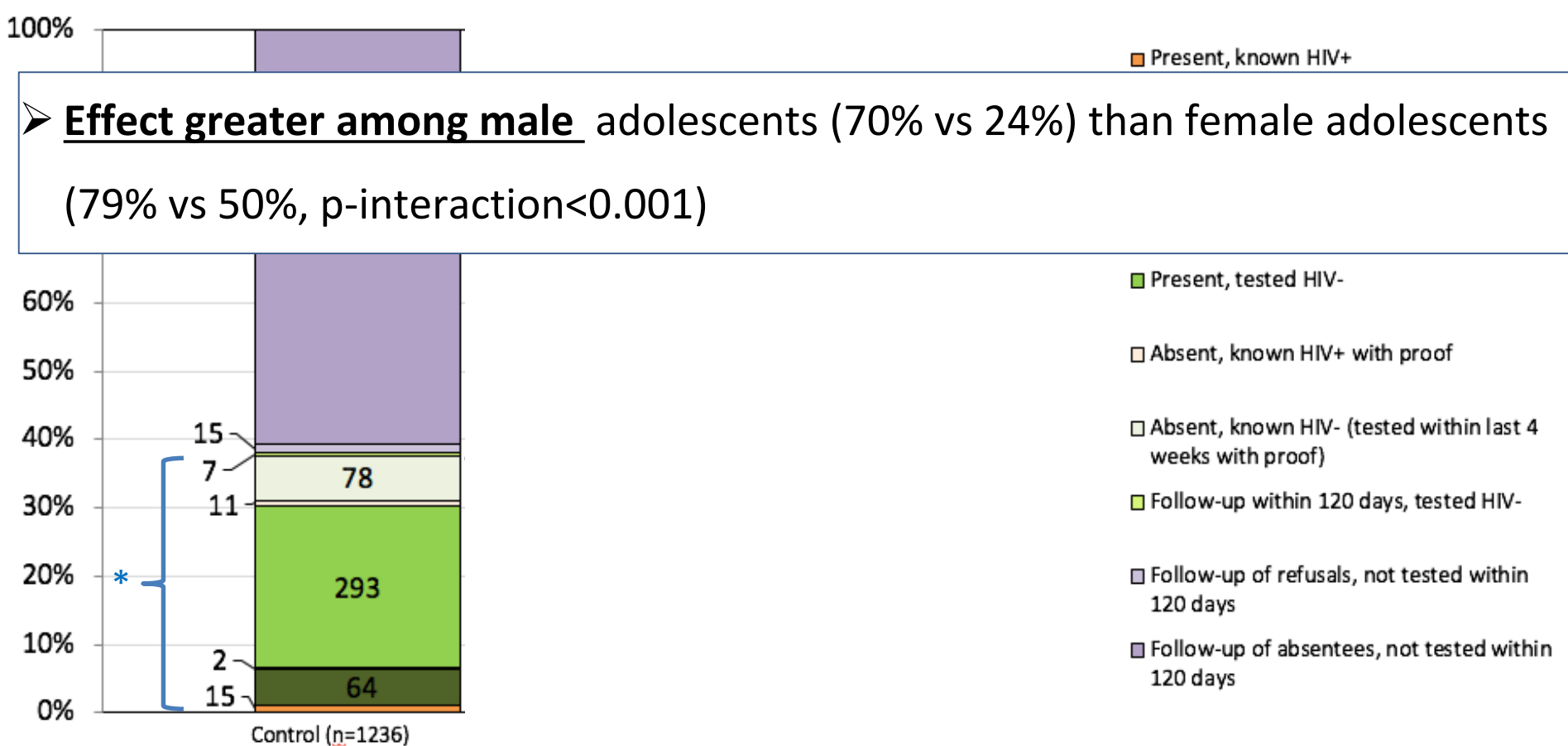
Clinical Trial Number: NCT03598686 (clinicaltrials.gov).



ADORE - Results



Enumerated >3000 consenting households with 2681 adolescents and young adults (AYA)



* Testing coverage on the day of the campaign



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PAEDIATRIC HIV MATTERS



ADORE - Results



- 21 interviewees: 11 did not use the self-test and 10 used the self-test
- AYA expressed mixed views about the secondary distribution of oral self-test, weighing:

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– co

- In-per

key qua

“I think it [secondary distribution of oral self-test] is a good thing because I do not go to the nurse, so I do not have many opportunities to get tested so when it is left it becomes easy for me to get tested.”

(female participant, age 18)

s a



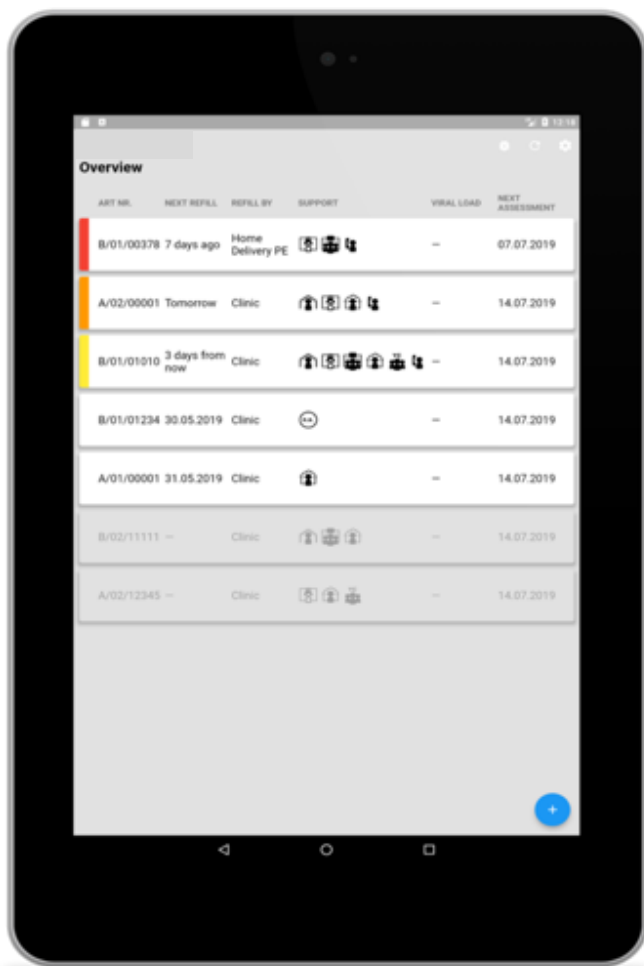
Impact / Discussion



- **Policy perspective:** CHWs are available in most other African countries & international push for more CHWs. Same for HIV self-testing.
- **Policy influence:** How to translate this into policy?
 - Evidence published in 2 high-level peer-reviewed papers, News coverage in [science podcast](#) (The Lancet HIV), [University news](#), [Twitter](#), [NGO news](#), shared at district & national level in Lesotho
- **Cost-effectiveness:** With a simple intervention (secondary distribution of oral self-tests) home-based HIV testing becomes more effective, but is it more cost-effective, i.e. outweighs higher costs of self-test?
- **Consent process:** Coercion to test with secondary distributed self-tests
- **Improvement of intervention:** Help of audio/video, availability/price of self-tests, less campaign more permanent community presence,...



PEBRA – cluster RCT



Study protocol: **Lejone Thabo Ishmael et al. BMC Trials 2019.**

Project webpage: www.pebra.info

Kea leboha!





Acknowledgements



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- **SolidarMed:** Thabo Lejone, Lefu Khesa, Mpho Kao, Mashaete Kamele, Laetitia Tanka, Josephine Muhairwe, Peter Phofu, Lerato Lepholisa, Thakane Mojaje, Lehlohonolo Kele, Lineo Thebe, Fallang Kou, Lindiwe Ndebele, Nthati Motloli, Mpho Ts'oeu, Lebohang Maseli, Mathato Koloj, Berlina Masena, Mapholoho Hlaoli, Mamakhotla Makhotla, Limpho Motsamai, Manhlapho Sebehela, Kelebhone Tsoeunyane, Khahliso Lesia, Isaac Koloko, Mapuseletso Sootho
- **Ministry of Health of Lesotho:** Mathaha Makoe, Lebohang Sao, Kabelo Matjeane
- **All participating health center staff and all study participants**
- **Funding:** International AIDS Society (CIPHER) & Swiss National Science Foundation





Integrating an evidence-based intervention component to promote HIV testing of young children into community-based parenting programmes

Sarah Skeen



Promoting HIV testing of young children through community-based parenting programmes.

Sarah Skeen
Stellenbosch University



Project overview



The Khwezi Lokusa Project aims to adapt the existing HIV intervention content from the Mphatlalatsane Project, which took place in Mokhotlong, Lesotho, for use in Khayelitsha, South Africa



The adapted content will be embedded into the SinoKids parenting programme, for parents of children aged 2-5 years. SinoKids is one of the Parenting for Lifelong Health core programmes, a global WHO parenting initiative



Progress to date



- Phase 1 (Optimisation)
 - Gathered stakeholders' opinions on a range of issues relating to parenting in the context of HIV and contextual issues that will influence the content and delivery of the intervention to promote testing
 - Spoke to parents (including new mothers), community workers, parenting programme facilitators, HIV experts
 - Currently developing an adapted set of intervention materials



Phase 1 results



General concerns of parents

Safety, exposure to violence, poverty, lack of access to quality health and integrated HIV care, burden on female caregivers

Identified needs

Age appropriate information on child health and development, parenting (including for fathers), improved social support networks, improved relationships with partners/ex-partners for co-parenting

HIV-specific themes

Need for information on how children can be infected, why/how exclusive breastfeeding can protect children, lack of community knowledge about exclusive breastfeeding (only moms targeted), many concerns about stigma (affecting testing, disclosure, and adherence)



Key messages



HIV AFFECTS ALL OF US

We all might not be infected, but we all are affected by HIV

Just as HIV affects adults, so HIV affects children as well

YOUNG CHILDREN CAN BE INFECTED

Children can be infected during pregnancy, birth, or after birth

Even if mom has had PMTCT they should still test their child



Key messages



IMPORTANCE OF HIV TESTING

Testing is important for everyone: adults and children

The sooner someone gets tested, the sooner they can get the medicine they need, which will keep them healthy

HOW HIV TREATMENT WORKS

When adults and children take their medication every day, they will get better.



Key principles



**Group as supportive, learning
space**

Not only information sharing

**Focus on problem solving
approach**

Use of participatory methods



Proposed intervention



SinoKids Programme		Integrated Content
Session 1	One-on-One Time with Your Child	
Session 2	Talking About Feelings	Introduction to Child Health
Session 3	Sunshine of Positive Attention	Keeping Your Child Healthy
Session 4	Helping Your Child Follow Instructions	HIV content
Session 5	Things We Do Every Day	HIV content
Session 6	Dealing with Tantrums and Other Negative Attention Seeking and Demanding Behaviour	HIV content
Session 7	Using Consequences to Support Compliance	HIV content
Session 8	Keeping the Sunshine of Positive Attention Shining	



Expected impact



- Next step: pilot project
- If successful, further roll out and evaluation
- Link with Parenting for Lifelong Health initiative for roll out and testing in other settings
 - Open access, non-commercialised parenting programmes in low-resource settings
 - Currently in 20 LMIC settings
- Potential for further content development for HIV+ parents



Routine Electronic Mother-INfant Data (REMIInD) to support retention in postpartum HIV treatment and early infant diagnosis services in South Africa.

Tamsin Phillips



Routine Electronic Mother-Infant Data (REMInD) to support retention in postpartum HIV treatment and early infant diagnosis services in South Africa

Tammy Phillips, PhD, CIPHER grantee 2020
University of Cape Town, South Africa



School of Public Health and Family Medicine
Isikolo Sempilo Yoluntu kunye Namayeza Osapho
Departement Openbare Gesondheid en Huisartskunde

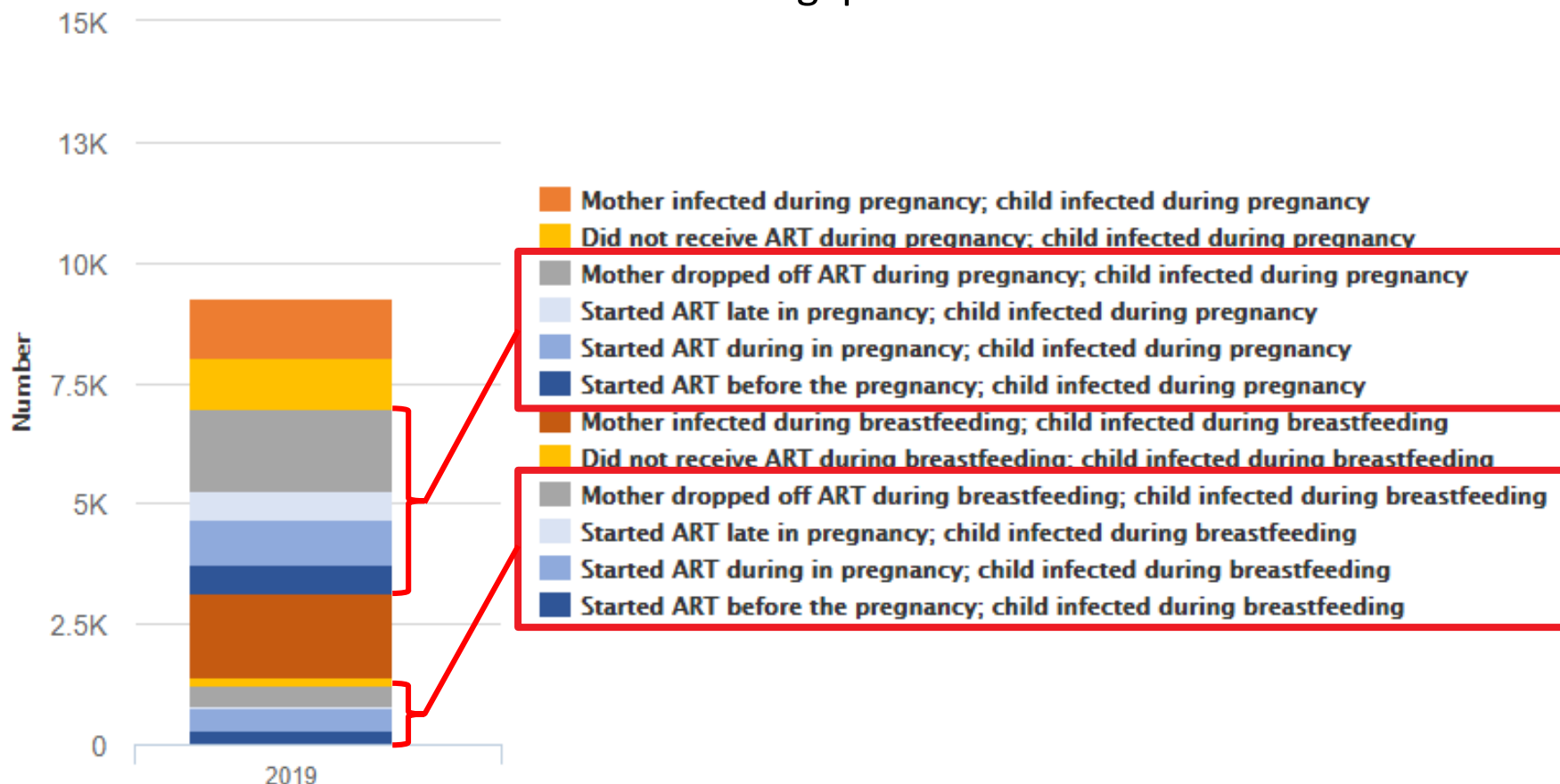


UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA - UNIVERSITEIT VAN KAAPSTAD



Background

New child infections due to gaps in PMTCT in South Africa



Source: UNAIDS epidemiological estimates, 2020



Overall aim



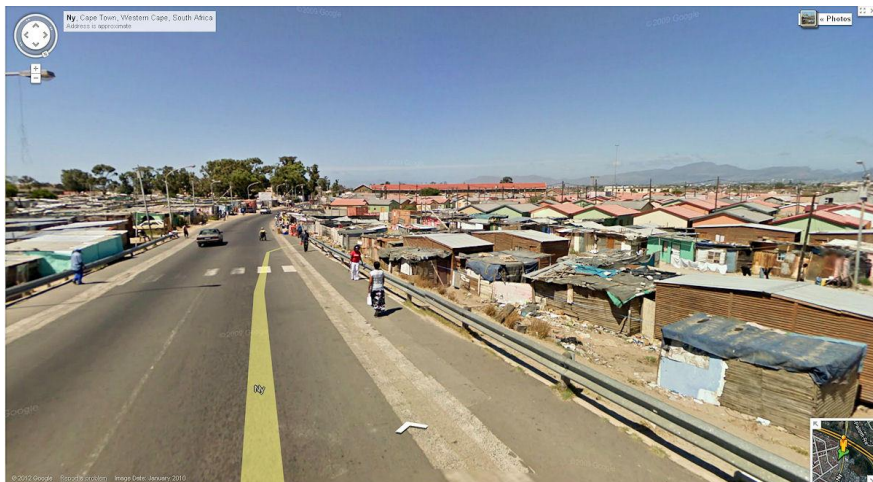
- This project aims to use existing routine electronic medical record data to prospectively identify and trace mothers living with HIV and their HIV exposed infants who have gaps in routine PMTCT services up to 9 months postpartum



<https://www.cdc.gov/hiv/effective-interventions/respond/data-to-care>



Setting: Gugulethu, Cape Town, South Africa



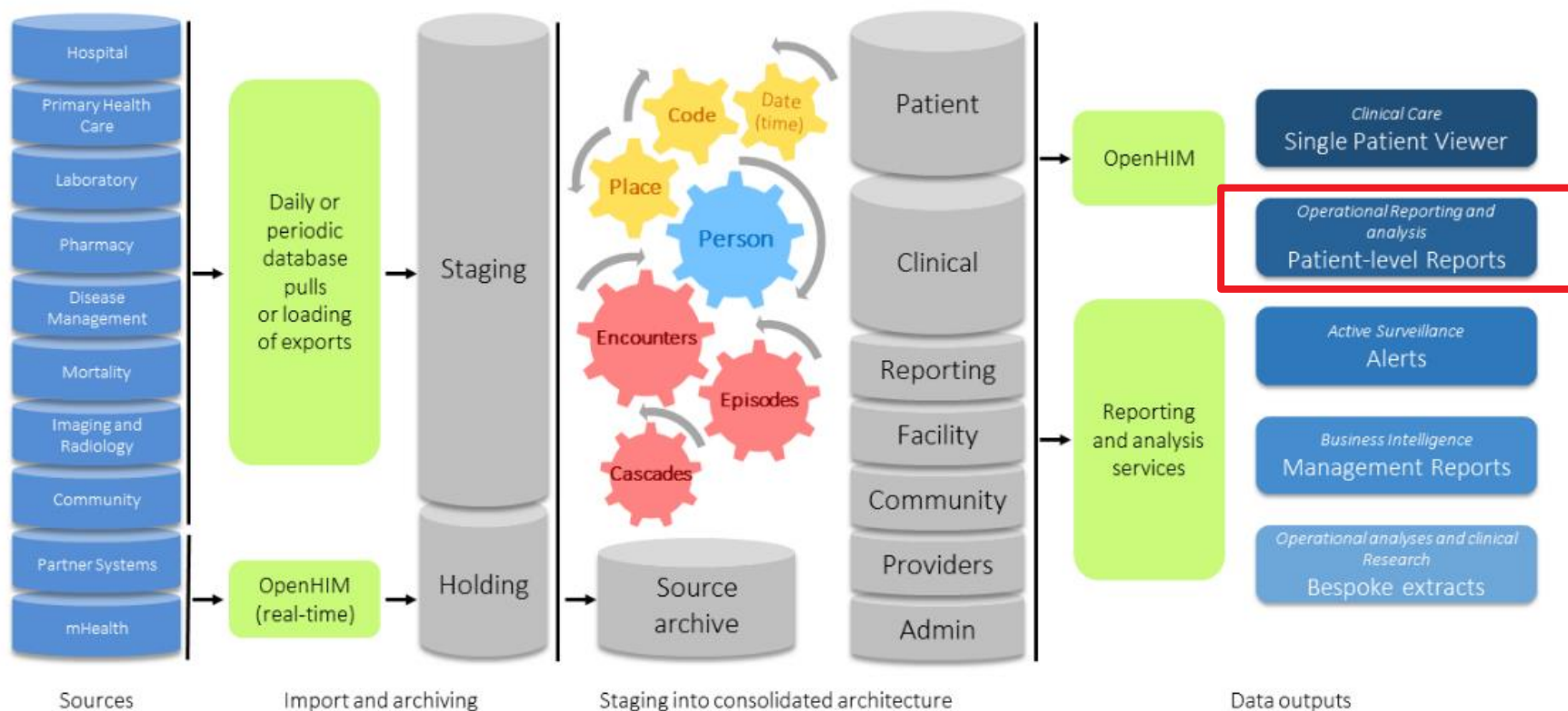
- Population $\pm 400\,000$
- High levels of unemployment ($\sim 40\%$) and poverty
- Antenatal HIV prevalence $\sim 25\%$ in 2017
- Free public sector primary health care including HIV treatment services







The Provincial Health Data Centre (PHDC)



Unique patient identifier

Western Cape Provincial Health Data Centre – high level architecture

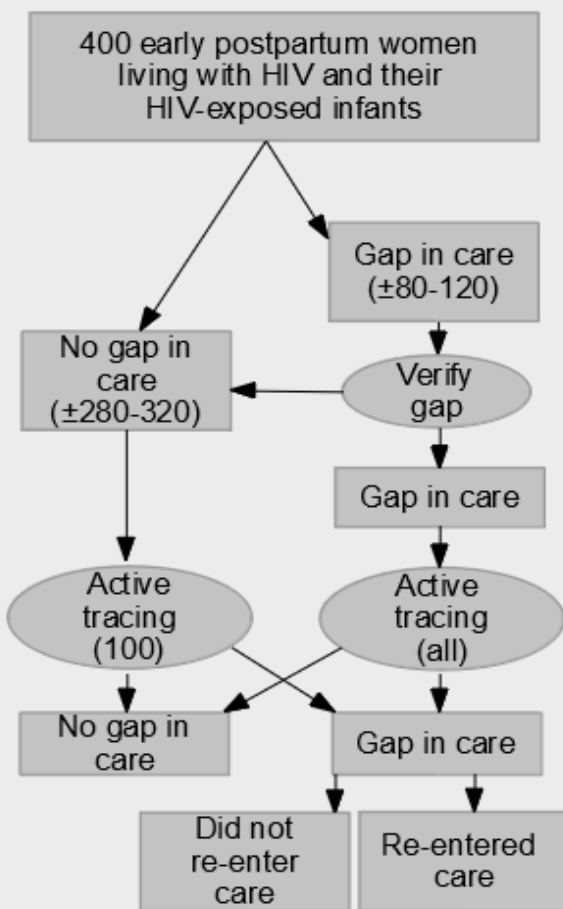
Source: Boulle et al. Data Centre Profile: The Provincial Health Data Centre of the Western Cape Province, South Africa.

International Journal of Population Data Science 2019. 4(2)



Methods

Study flow



Specific aim 1

Follow all mother-infant pairs in the existing routine electronic health data through at least 9 months postpartum

Weekly routine data reports on gaps in:

- Completion of 10-week infant HIV PCR
- Completion of 6-month infant HIV PCR
- Maternal linkage to postpartum HIV care
- Maternal viral load for >3 months
- Infants diagnosed with HIV linked to care

Validate gaps identified in electronic data using clinic records:

- Identify misclassification of gaps
- Identify overlap of mother and infant gaps

Specific aim 2

Trace mothers and infants with gaps in care:

- Record the tracing outcome
- Identify reasons for gaps and barriers to accessing care
- Facilitate linkage to care

Verify linkage to care after tracing

Specific aim 3

Explore opportunities and challenges related to implementation using the CFIR framework

In-depth interviews with mothers and key stakeholders combined with data from specific aims 1 and 2 on:

- Challenges with routine reports
- Reasons for misclassification of gaps in the routine reports
- Challenges and successes with patient tracing
- Barriers to care access
- Strategies used to assist linkage to care



Progress



- Received ethics approval in October 2020
- Waiting for final provincial approval and finalizing access to electronic reports
- Working with DoH on final tracing plan
- Plan to begin recruitment in January 2021



Potential impact



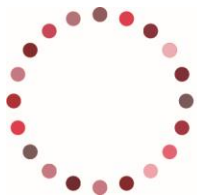
- Streamline existing tracing procedures
- Improve individual and program outcomes along the PMTCT cascade
- Identify barriers and facilitators of using routine data to identify and trace patients with gaps in PMTCT
- Strengthen routine data through positive feedback loops
- Refine a routine report to facilitate use of this approach in other parts of the Western Cape



Thank you



- Primary mentor
 - Landon Myer, University of Cape Town
- Scientific advisors
 - Mary-Ann Davies, WCG and University of Cape Town
 - Elaine Abrams, ICAP at Columbia University
- Western Cape Government DoH
 - Provincial Health Data Centre
 - Klipfontein-Mitchell's Plain substructure



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BETTER TOGETHER.



Q&A

Please introduce yourself and briefly ask your question through

- The chat box – note if direct at one specific speaker
- By raising your hand and waiting your turn



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THANK YOU



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