Data analysis spurs intensified efforts to implement index testing

As part of the technical support for the West Africa Region on data use, DataFi supported an online data review meeting for Liberia in collaboration with the LINKAGES program. The virtual meeting took place August 5, 2020 and was attended by the LINKAGES team, USAID/Liberia, and members of the National AIDS Control Program. During the meeting, the LINKAGES team presented high-frequency reporting (HFR) testing data for September 30, 2019 to June 29, 2020, with a focus on the following areas:

- Performance against annual targets
- Testing and yield by district
- Index testing



Photo: A registered nurse in Liberia. Photo by Dominic Chavez, World Bank. Courtesy of Flickr Creative Commons

The data reviewed in this meeting covered seven health districts supported by LINKAGES.

DATA ANALYSIS REVEALS LOW-PERFORMING SITES

During the meeting, the teams reviewed the HFR testing data using a participatory approach. The data revealed that as of July 1, 2020 (77% of the year), the proportion of individuals tested for HIV stood at 87 percent of the annual target, while the proportion of newly diagnosed HIV-positive individuals reached only 51 percent of the annual target.

As expected, the index testing modality was more efficient in detecting newly HIV-positive individuals than other modalities; index testing at the six-month mark produced an 18 percent yield, in comparison with the overall 7 percent yield. Despite an established goal of 30 percent for the contribution of index testing out of overall testing modalities, only 2 percent of all HIV tests were conducted via index testing at that time.

The team chose the Somalia Drive District to focus the intervention on as a district with a high HIV burden¹ and relatively weak implementation of index testing.²







¹ Measured by number of HIV-positive individuals already receiving treatment.

² In comparison with central Monrovia, the capitol.

Figure 1. Index case testing yield by district

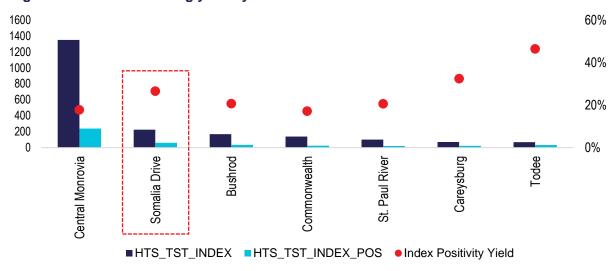
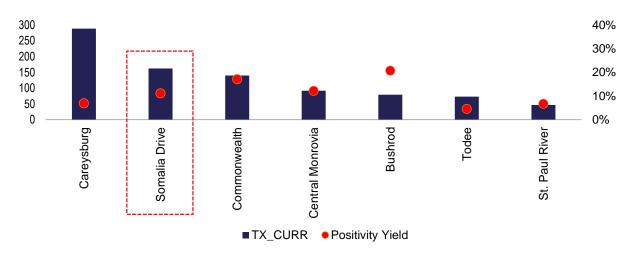


Figure 2. Clients on treatment and testing yield at the district level



ROOT CAUSE ANALYSIS

Figure 3. Contribution of index testing towards overall testing in the Somali Drive district



Teams on the ground determined that pervasive stigma faced by people living with HIV and key populations contributed to the difficulty implementing index testing. In addition, several weaknesses in service delivery were identified:

- A lack of formal training of HIV index testing counselors, which resulted in:
 - Inadequate counselling skills and methods for eliciting contacts
 - Difficulty establishing trust and credibility with index cases
 - Challenges ensuring safe and confidential referrals
- An insufficient number of HIV index testing counselors

SOLUTIONS IMPLEMENTED IN SOMALIA DRIVE

- LINKAGES provided numerous trainings to antiretroviral treatment (ART) teams and civil society organization partners on standard operating procedures for index testing.
- An innovative strategy to nominate index testing champions from within the existing pool of HIV counselors was proposed to health facility leadership to ensure buy-in and support.
- Subsequently, health facility leadership provided mentorship to index testing counselors, including motivational communications to help index testing champions address concerns that hinder people living with HIV from referring their sexual partners and biological children.
- Ongoing supportive supervision and weekly discussions with the index testing champions to identify the challenges and identify corrective actions.

RAPID RESULTS FOLLOWING INDEX TESTING COUNSELORS ROLLOUT

The strategies implemented resulted in an improvement of index testing contribution of nearly 2 percent per week.³ If these efforts are sustained, the contribution of index testing will continue to increase by 1.5 percent each week, on a trajectory to exceed the 30 percent target.

Figure 4. Contribution of index testing towards overall testing in the Somalia Drive district

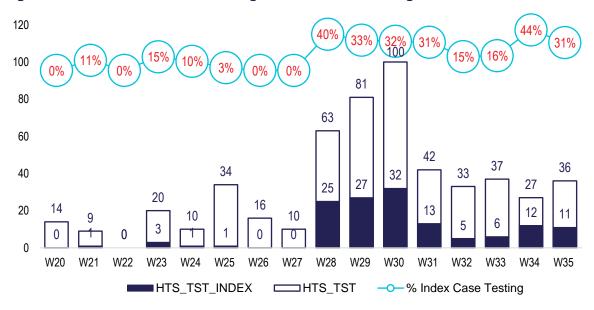
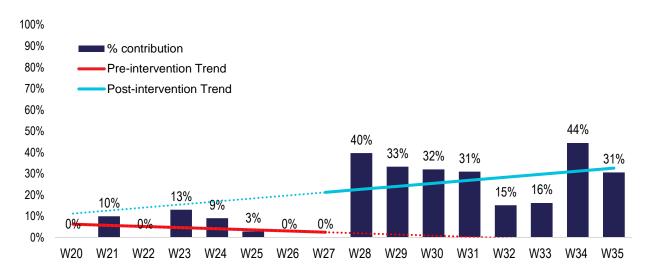


Figure 5. Pre- and post-intervention to increase the contribution of index testing in the Somalia Drive district⁴



PERSPECTIVES

While efforts were underway at individual facilities to establish index testing champions, broader efforts at the regional level also aimed to reinforce the National Ministry of Health index testing policies. As a result, considerable progress has been made toward attaining overall targets for diagnosing newly HIV-positive individuals. As of September 1, 2020 (85% of the year), the proportion of newly diagnosed HIV-positive individuals had reached 68 percent of the annual target.

DUC-20-29

Data for Implementation (Data.FI) is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development under Agreement No. 7200AA19CA0004, beginning April 15, 2019. It is implemented by Palladium, in partnership with JSI Research & Training Institute (JSI), Johns Hopkins University (JHU) Department of Epidemiology, Right to Care (RTC), Cooper/Smith, IMC Worldwide, Jembi Health Systems, and Macro-Eyes, and supported by expert local resource partners.

This publication was produced for review by the U.S. President's Emergency Plan for AIDS Relief through the United States Agency for International Development. It was prepared by Data.FI. The information provided is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. President's Emergency Plan for AIDS Relief, U.S. Agency for International Development, or the United States Government.

FOR MORE INFORMATION

Contact:

Emily Harris, Data.FI AOR emharris@usaid.gov

Jenifer Chapman, Data.FI Project Director datafiproject@thepalladiumgroup.com

https://datafi.thepalladiumgroup.com/

⁴ Pre-intervention trend = y = -0.0054x + 0.0681 | Post-intervention trend = y = 0.0142x + 0.0984