Health systems, operational, social and economic research

PO - (8276) - COMMUNITY INDEX CASE APPROACH AND HTC FOR SEXUAL PARTNERS OF HIV+ PATIENTS LOST TO FOLLOW-UP: EXPERIENCE OF WORLD VISION, MOZAMBIQUE

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Background: HIV+ patients lost to follow-up (HP-LTFU) represent a challenge for HIV/AIDS control efforts as are associated with higher risk of HIV transmission to their sexual partners, low viral load suppression and higher risk of morbi-mortality than adherent patients. The SCIP-Ogumaniha program implemented by World Vision, has been utilizing the “index” case approach together with systematic home-based HIV testing and counseling (hHTC) since August 2016 in 7 districts of the Zambezia province. This abstract outlines an evaluation of the contribution of this approach to HIV/AIDS care and treatment (HACT) of sexual partners of HP-LTFU in alignment with the 1st and 2nd 90 of the UNAIDS strategy.

Methods: The study involved HPLTFU and returned to HACT between October 2016 and September 2017. These patients reported to have sexual partners who had not been HIV tested and provided informed, written consent for joint hHTC with these individuals. The hHTC package for sexual partners was offered by World Vision project counselors and those tested HIV+ were referred to HACT.

Results: Of 7.084 patients returned to HACT and reported to have an untested sexual partner, 63% (4,471) provided informed, written consent for joint hHTC. Of 4,264 sexual partners found and tested 52% was female, 64% was in the 15-34 age groups and 88% have never been tested for HIV. About 28% (1.205/4.264) was HIV+, 56% of the sexual partners who tested HIV+ were female and 98% of these were successfully referred to HACT.

Conclusion: The index case approach together with hHTC has contributed to the early diagnosis of 28% of new HIV infections among sexual partners of HP-LTFU and 98% of them ensured timely linkage to the HACT. Therefore, broader promotion and adoption of this approach would make a significant contribution to achievement of the 1st and 2nd 90 of the UNAIDS strategy.