Routine HIV Testing, Botswana 2004-5

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Botswana, background

- Population 1.7 mill
- GDP per capita USD 4750
- HIV prevalence pregnant women: 33.4% (2005)
- HIV prevalence general population 15-49 years: ♂ 20%, ♀ 29.4% (2004)
• PMTC available from 2000/2001, initially low uptake
• Also fairly low attendance at VCTs
• ART available from 2002, but many pts. came with advanced disease
• Discussions on testing policy 2003
• Study in pregnant ♀ showed high support for change to opt-out-strategy
• Discussion in Nat. AIDS Council October 2003
• Presidential Directive effective from January 2004
• No formal pretest counseling, “opt-out-policy”
Objectives

- Make more people aware of their status
- Facilitate supportive counseling, behavioral change
- More people on preventive treatment
- Early assessment for ART
- Early access to home based care
- Stigma reduction
Indications

- Symptomatic patients, including TB
- Pregnancy
- Sexually transmitted infection
- Attendance for general medical examination
- Rape
- Needlestick injury
- Patient’s own wish
Implementation of RHT

• Presidential directive
• Public informed through media and health talks at facilities
• Training of “lay counsellors” through PMTCT programme 2003-4
• Introduction of rapid HIV tests in mid-2004, now available in virtually all health facilities
## Main results, 2004-5

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
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<tbody>
<tr>
<td>Offered test</td>
<td>177,831</td>
<td>121,635</td>
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<tr>
<td>Females</td>
<td>60,846</td>
<td>157,894 (88.8%)</td>
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<tr>
<td>Males</td>
<td>56,196</td>
<td>49,792 (31.5%)</td>
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<tr>
<td>Tested positive</td>
<td>25,462 (41.8%)</td>
<td>49,792 (31.5%)</td>
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<tr>
<td>Females</td>
<td>17,021 (40.3%)</td>
<td>33,320 (30.4%)</td>
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<tr>
<td>Males</td>
<td>8441 (45.6%)</td>
<td>16,472 (34.2%)</td>
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RHT results by age and sex, 2005
Reported testing methods, 2005

- Rapid: 80%
- ELISA: 10%
- PCR: 2%
Name of District:                                   Name of reporting facility:
Year:              Month:                  Date:

Reasons for testing:  fill in the total number in boxes below

**Clinical suspicion**  **PMTCT**  **Med Exam**  **STI**  **VCT**  **Rape**  **Needle/ TB**  **Surgical injuries**

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<th>1-4</th>
<th>5-14</th>
<th>15-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60&amp;&gt;</th>
<th>TOTAL</th>
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<td>AGE: IN YEARS</td>
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<td>SEX: (M=male; F=Female)</td>
<td>M</td>
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<td>M</td>
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<td>Number offered HIV test</td>
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<td>Number tested</td>
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<td>Number positive</td>
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</table>

3. Total HIV tests performed:  ELISA  RAPID TEST  PCR
Reporting Officer:  Designation:
The report should be sent to AIDS/STD Unit:  Ministry of Health on the first week of the following month.
Reported reasons for testing, 2005

- VCT: 50%
- PMTCT: 25%
- Med.Exam.: 10%
- Clin.susp.: 5%
- STI: 3%
- Rape: 1%
- TB: 1%
- Needlestick: 2%
- Other: 10%

%
Reasons for testing, contd.

• TB: Approximately 10,000 new notifications 2005
• 7000-8000 were tested for HIV, but only 602 reported as TB on monthly reporting form
• Clinical suspicion (& TB) under-reported, or reported as VCT/other?
RHT testing rates

• Testing rates (RHT) 2004-2005:
  • 2004: 36/1000
  • 2005: 93/1000
  • (2006 Jan-April: 137/1000)

• DHAPC target: 70% of sexually active population should know their status by 2008
Conclusions/lessons learned

• Rapid scale-up 2004-2005
• High acceptance
• No formal complaints to Min. of Health
• VCT attendance has increased in parallel to RHT introduction
• Has contributed to stigma reduction
Conclusions/lessons learned

• Consultations at different levels prior to decision
• Presidential leadership
• Availability of PMTCT/ART facilitated introduction/acceptance
• Decentralized testing/use of rapid tests allowed rapid scaling-up