Southern African HIV Clinicians Society
3rd Biennial Conference
13 - 16 April 2016
Sandton Convention Centre
Johannesburg

Our Issues, Our Drugs, Our Patients

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TAKING CARE OF THE VOICELESS AND VULNERABLE GROUPS: CORRECTIONAL SERVICES

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DIRECTOR, PUBLIC HEALTH DIVISION
THE AURUM INSTITUTE

SESSION 16C          FRIDAY 15TH AT 15H50          COMMITTEE 4
Outline: HIV and TB care in DCS

• 1. Background to DCS
• 2. Recent assessments
• 3. Interventions in collaboration with DCS
  – Programmatic
  – Research
1. BACKGROUND TO DCS
Overview of DCS

• South Africa has the 10th highest detention rate
• 300 000 inmates pass through per year (static population 153 482 in Dec 2012)
  – 30% awaiting trial
  – 97% male
  – 50% go back to community every year
    • Many have short duration of stay
    • Parole generally half way through sentence

• 242 facilities
## Geography

<table>
<thead>
<tr>
<th>Management regions (6)</th>
<th>Management Areas</th>
<th>Centers &amp; clinics</th>
<th>Average p/a</th>
<th>Over-crowding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauteng</td>
<td>8</td>
<td>25</td>
<td>39,011</td>
<td>162%</td>
</tr>
<tr>
<td>Limpopo, Mpum. NWP (LMN)</td>
<td>8</td>
<td>38</td>
<td>21,986</td>
<td>116%</td>
</tr>
<tr>
<td>KwaZulu-Natal (KZN)</td>
<td>8</td>
<td>41</td>
<td>26,594</td>
<td>124%</td>
</tr>
<tr>
<td>Free State (FS), Northern Cape (NC)</td>
<td>8</td>
<td>48</td>
<td>21,372</td>
<td>112%</td>
</tr>
<tr>
<td>Western Cape (WC)</td>
<td>10</td>
<td>42</td>
<td>26,195</td>
<td>142%</td>
</tr>
<tr>
<td>Eastern Cape (EC)</td>
<td>6</td>
<td>42</td>
<td>18,324</td>
<td>142%</td>
</tr>
</tbody>
</table>
Terminology

• Internationally, the term “prisons” is accepted as are the terms “prisoners” and “incarcerated”

• However in 1994 South Africa adopted a fundamental philosophy of “corrections”

• The term “inmates” includes
  – Awaiting trials/ on remand detainees
  – Sentenced offenders

• Use the term “detained” rather than “incarcerated”
Critical challenges

• Linkage and retention in care
  – No unique identifier
  – Significant movement between facilities and court
    • Not detained near home
    • From other countries
    • Released without referral to health centre
    – Up to 80% recidivism
• ART initiation not done in most facilities
  – Lack of regulatory framework
• Data management and M&E
2. RECENT ASSESSMENTS
2A. ATTRITION BETWEEN TB AND HIV TESTING AND LINKAGE TO CARE IN SOUTH AFRICA’S CORRECTIONAL FACILITIES

Zishiri V et al., (2015). "Oral presentation, 18th ICASA conference. Session Title: TB and HIV tango: are we winning the battle?"
Background

• Aimed to quantify the proportion of inmates diagnosed with TB and HIV who entered care
• Record review of programme data between January and December 2014 in 5 centres in 4 provinces
Results

Study population
N = 40,869

Gender: 95% male
Median age: 29 years [IQR: 25 – 35]

TB symptoms
N = 9,170 (22%)

TB positive on Xpert MTB/Rif
N = 165 / 7,922 (2%)

Rif resistant TB
N = 10 (6%)

Tested for HIV
N = 21,773 (53%)

HIV-positive result
N = 2,596 (12%)

TB/screened: 0.4%
Results: TB care

- **TB+ on Xpert MTB/Rif**: 165 (2%)
- **Received results**: 86%
- **Initiated on Rx**: 100%
Results: HIV continuum

• 38% (999/ 2596) of newly diagnosed HIV cases did not receive their CD4 result
  – 47% (468/999) did not have blood drawn for CD4 testing
  – 51% (504/999) released prior to receiving CD4 result
  – 2% (21/999) no record

• Long turn-around time with off-site CD4 testing (The median time to CD4 result was 5 days [IQR: 2 – 8])

• Of 62% with CD4 result only 73% entered in pre-ART or ART registers
2B. TB AND HIV IN GAUTENG CORRECTIONAL FACILITIES

TB/HIV in correctional facilities

- 4 centres in Gauteng
- Record review of inmates that started TB treatment between April 2013-June 2014
Results

• 218 inmates with TB
  – HCT was offered to 212 (97%)
    • 156 (72%) of inmates were co-infected with TB and HIV
      – 103 (66%) initiated CPT
      – 102 (65%) initiated ART

• Reasons for not initiating ART included
  – 5 (13%) died
  – 4 (11%) did not return from court
  – 2 (5%) discharged
  – 9 (24%) transferred to another centre
3. INTERVENTIONS IN COLLABORATION WITH DCS
3A.PROGRAMME IMPLEMENTATION IN COLLABORATION WITH DCS PEPFAR CDC GFATM
# Funding Matrix

<table>
<thead>
<tr>
<th>Activities</th>
<th>Global Fund (NDOH)</th>
<th>Global Fund (RTC)</th>
<th>CDC (Aurum) All MAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kick TB/HIV</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Digital radiography</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lay counselors - HCT and TB screening</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Data capturers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Infection control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peer education/Condoms</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Training</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NHLS - GeneXpert</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Health systems strengthening</td>
<td></td>
<td></td>
<td>X</td>
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</tbody>
</table>

****Seamless Grant Implementation****

<table>
<thead>
<tr>
<th>Right to Care</th>
<th>TB/HIV Care Association</th>
<th>Aurum</th>
</tr>
</thead>
<tbody>
<tr>
<td>• KwaZulu-Natal</td>
<td>• Western Cape</td>
<td>• Gauteng</td>
</tr>
<tr>
<td>• Free State/Northern Cape</td>
<td>• Eastern Cape</td>
<td>• Limpopo/Mpumalanga/North West</td>
</tr>
<tr>
<td></td>
<td>• KwaZulu-Natal - 2 MAs</td>
<td></td>
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</tbody>
</table>
PEPFAR CDC Health Systems Strengthening grant

• 5 Year grant, started 01 April 2014
• Across all 242 Facilities in South Africa
• Sub-recipients
  – Right to Care / TB HIV Care Association (TBHCA)
  – National Health Laboratory Service
  – SA Partners
Capacity building through QUALITY IMPROVEMENT.

- HIV/TB Clinical Care & Management
- Data Management, M&E, CQI
- HIV/TB Prevention
- HR Support & Health Service Management
- Surveillance & Program Evaluation
- Project Monitoring & Reporting
- Project Financial Control & Governance

SUSTAINABLE IMPROVED HEALTH OUTCOMES
Implementation highlights

• 1213 health care workers trained in TB & HIV
• 957 non-clinical DCS staff, inmates trained in TB & HIV
• All regions trained on MSM/WSW, substance dependence programmes, STEPS and IACT
• 907 trained on data recording systems
  – 63% implementing appropriate ART Tier
  – 96% completing TB registers
• 1128 staff members trained on QI
  – 13 clinical mentoring and 5 QI sessions/mentor/month
Implementation highlights cont.

• 52 DCS managers participating in 1 year Management Development Programme
• 43% of facilities were trained on SOPs for lab practices
• 68% trained in QA for point of care testing
GFATM (Oct 2013-Sept 2015)

- 243,320 accepted HIV testing
  - 23,966 (9.9%) HIV positive

<table>
<thead>
<tr>
<th>TB screened</th>
<th>GeneXpert (GXP)</th>
<th>MTB+</th>
<th>TB prevalence (%MTB+ / screened)</th>
<th>Started TB treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>657,617</td>
<td>110,625 (17%)</td>
<td>4,525 (4.1%)</td>
<td>0.7%</td>
<td>3,576</td>
</tr>
</tbody>
</table>
Cumulative X rays (Oct 2013-Sept 2015)

X-Ray screening services offered in all SA Correctional facilities by Aurum, Right to Care & TB HIV Care Association funded Partners
(Number of inmates screened - Cumulative)

19 110 (14%) abnormal
National Task Team

- Convened by DOH and DCS
- Includes partners and civil society
- Meet quarterly
- 4 Working groups
  - Clinical
  - M&E/ Research
  - Lab and Infection Control
  - Human Rights, Advocacy and Communications
3B. RESEARCH STUDIES IN COLLABORATION WITH DCS
TB AND HIV TREATMENT CONTINUITY AMONG OFFENDERS AND AWAITING TRIAL DETAINNEES AFTER PAROLE OR RELEASE FROM CORRECTIONAL CENTRES IN GAUTENG, SOUTH AFRICA: PROGRAMME IMPLEMENTATION AND EVALUATION (I-THUBA LINKAGE-TO-CARE STUDY)

Principal Investigators: Salome Charalambous, Christopher J. Hoffmann
DCS internal guide: Gloria Lekubu
Study Manager Tonderai Mabuto
Research Questions

Phase 1

i. What proportion of released inmates enter care within 90 days?
ii. How long does it take released inmates to enter care?
iii. What proportion experience treatment disruptions after release?
iv. What are the barriers and facilitators to entry-into-care?

Phase 2

i. Does an optimised post-release linkage programme:
   • Increase the proportion of released inmates who enter care?
   • Reduce the time to entry into care?
   • Minimise treatment disruption?
ii. How much does it cost to link a single participant to care in this programme?
TREATMENT AS PREVENTION (TASP) IN CORRECTIONAL FACILITIES

Is treatment as prevention (TasP) a feasible HIV prevention strategy for correctional facilities in Southern Africa?

South Africa and Zambia
Methods

- 3 facilities: 1 in Zambia and 2 in South Africa
- Using existing service delivery platforms
  - Universal HIV testing within 2 months of facility entry and annually
  - Access to ART for all inmates testing HIV-positive
  - Accelerated ART initiation after diagnosis
  - Clear integration of TB screening and treatment
  - Scaling-up inmate peer supporters and support groups
  - Enhanced laboratory monitoring
  - Improved continuity of care for inmates initiating ART
Conclusion

• Inmates are a high risk population
• Together with DCS, DOH, funders and multiple partners significant progress has been made
• Urgently need official sanction of NIMART
• Potentially 3 years of grant implementation left
  – Strengthen the health system, including linkage to care
  – Sustainability
Acknowledgements

Department of Correctional services  
Department of Health  
The Global Fund against TB and Malaria  
PEPFAR, CDC  
Partners: RTC/THCA/NHLS/SA Partners and others  
London School of Hygiene and Tropical Medicine  
Johns Hopkins University