

HIV CLINICIAN'S SOCIETY CONFERENCE

ENTRY AND RETENTION IN CARE: CORRECTIONAL SERVICE TO COMMUNITY

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25 September 2014
15h30-17h00



Outline

1. Overview of DJCS
2. TB and HIV in DJCS
3. Entry and retention in care
 1. Current situation
 2. Proposed solutions
 1. ITUBA-link research study
4. Additional Support for DJCS



1. OVERVIEW OF DJCS



Overview of DJCS

- 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



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Geography

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

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”



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2. TB AND HIV IN CORRECTIONAL SERVICES



Prevalence of TB and HIV in JHB CF: 2010

- Cross sectional survey of 981 inmates (46% newly sentenced)
- TB Screening
 - TB symptom screen
 - Smear and culture
 - Digital CXR
- HIV testing
 - anonymous urine tests (Maxim HIV-I Urine EIA) and HCT
- Follow up at one month

Telisinghe L, et al, PLoS ONE, 2014



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Results: TB and HIV prevalence

- High TB prevalence among offenders
 - Prevalence of active TB 3.4%
 - Prevalence of undiagnosed active TB 2.4%
 - 4.3% had MDR-TB
- High HIV prevalence: 25.3%
- A combination of CXR and cough >2wks seems the most useful screening tool to identify TB patients

Telisinghe L, et al, PLoS ONE, 2014



ART assessment: JHB CS

- From March 2007 through March 2008
- 565 on ART
 - Median age: 33 years
 - Median CD4 count at start: 155 cells/mm³
 - Still in care at 6 months
 - 95% had an HIV RNA <400 c/mL
 - By 6 months 45% of cohort was lost
 - **40% released**
 - 31% transferred to another facility
 - 9% died
 - 20% did not attend clinic but were recorded as still in the facility

Telisinghe L, et al, IAS, 2011



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TB and HIV cont.

- Study from United States
 - 95% of released ART patients had a lapse in treatment
 - 30% obtained ART within 60 days of release

Baillargeon J *et al.* *JAMA* 2009; **301**(8):848-857



TB and HIV cont.

- Detention is an opportunity to
 - Diagnose HIV
 - At a higher CD4
 - Access to men
 - Provide IPT
 - Diagnose TB



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3. ENTRY AND RETENTION IN CARE



Current situation in DJCS

- Inmates may use different names and identity numbers while detained
- “Admission number”-reassigned to other inmates
- Each centre has unique policies for parole / return to community
 - Mostly unemployed
 - Up to 80% recidivism
- Inmates may be detained/ moved far from home
 - Cross- border
- Information is anecdotal



Current situation cont.

Awaiting trial/ remand detainees

- NB fall under South African Police Services
- May be released directly from court
- Sentenced
 - May be moved to another centre (due to overcrowding, level of security, rehabilitation required)



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Current situation cont.

Sentenced Offenders

- Movement between centres (day's notice)
- Correctional health clinic notified on day of release
 - Clinic provides a referral letter if they get the opportunity, often released through administration
 - No medication provided
 - No linkage



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Additional Linkage to Care: Challenges

- Not all facilities use routine DOH clinical stationery/ registers (this is improving)
- Not all facilities initiate ART; records are kept at referral clinic
- M/XDR-TB- inconsistent, may be in correctional services, or outside



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Additional Linkage to Care: Challenges cont.

- IT access (connectivity and hardware) very poor
- Very few data capturers
- Although data from some facilities feeds into DHIS, Tier and ETR.net; Correctional Services sites are not all specified; cannot be disaggregated
 - National Task Team is addressing this
 - Suggestion that remand detainees and offenders are separate sites



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Proposed solutions

- Digital fingerprinting
- Strengthen collaboration with DOH and DJCS
- Common reporting platform
 - ETR, EDR.web, Tier, DHIS
 - DJCS facilities unique
- Preparation for release
 - Administrative processes
 - Peer educators
- Linkage to care models



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I-THUBA LINK

TB and HIV treatment continuity among offenders and awaiting trial detainees after parole or release from correctional centres in (5 CS in Gauteng)



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Overview: 5 facilities in Gauteng

- Randomized assessment of a community-based linkage system vs standard of care to sustain HIV or TB treatment following release
- Key objective: To determine the proportion of inmates linking to HIV or TB care within 7, 30, or 90 days of release
- Participants: All inmates (sentenced and awaiting trial) receiving HIV or TB treatment



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Intervention

- To maximize contact following release, 3-pronged strategy
 - Released inmate initiates contact:
 - Educated to telephonically contact research staff
 - Immediately following release; 15, 30, 60, and 90 days post-release
 - Case worker initiates contact
 - Case workers liaise with authorities to contact if no contact is made by ex-inmate
 - Case worker will work with the DJCS (who have contact details for parole purposes)



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Intervention

- Case worker will be available for questions, general supportive counselling, and *ad hoc* counselling sessions at the request of the inmate
- Case worker will also assist ex-inmates to access appropriate community-based re-integration services (usually provided by NGOs and CBOs)



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Progress to date (72 enrolled, 52 released)

	N=72
Inmate category	(%)
Awaiting Trial Detainee	9 (13)
Sentenced	63 (87)
Gender	
Males	62 (86)
Females	10 (14)
Treatment category	
On ART only	38 (53)
On TB treatment only	13 (18)
On ART and TB treatment	5 (7)
On pre-ART	16 (22)

Conclusion

- Detention provides an opportunity for excellent TB and HIV Care
- Linkage during detention and from detention to release is critical
 - Communication between DOH and DJCS is critical
- More information is needed
- Significantly increased support to DJCS is now available
 - PEPFAR, CDC
 - Global Fund grants



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Acknowledgements

**Department of Justice and
Correctional services**

PEPFAR, CDC

**London School of Hygiene and
Tropical Medicine**

K Fielding, AD Grant

Johns Hopkins University

C Hoffmann

The Aurum Institute

G Churchyard

S Charalambous

C Hoffman

T Mabuto

L Telisinghe

G Gresak

J Lethoba



Thank you

