



## **Best Practices: Identifying Approaches to Long-term and Effective Engagement in HIV Health and Support Services**

### **Case Study: AMPATH – Find Link Test Retain (FLTR) Model**

#### **Executive Summary**

The Academic Model for Providing Access to Healthcare (AMPATH) is a partnership between Moi University in Eldoret Kenya and a consortium of academic institutions in the United States led by Indiana University. The program provides HIV care and treatment for people in eight counties in Western Kenya with a catchment population of 3.5 million people. Key innovations in the Find Link Test Retain (FLTR) model of care are demand creation (finding positives through home-based testing), task shifting (testing and care in communities), the provision of integrated services, and the use of information technology (electronic data entry in the field linked to facility electronic medical records).

#### **Program Overview**

In 2007, 85% of people in AMPATH's catchment area of then 1.8 million people did not know their HIV status. The perpetual home-based counseling and testing (PHCT) program trains local counselors who are assigned to go door-to-door providing HIV testing and linkage to treatment services. Rather than travel from town to town, PHCT counselors are assigned to their own designated location indefinitely. PHCT counselors counsel and test for HIV, screen for tuberculosis, diabetes and elevated blood pressure, treat children for intestinal worms, provide information on safer sex practices, and distribute condoms. They take responsibility for linking to care all those who might need it, including those who test positive for HIV. In 2013, a total of 127,064 people (58,475 males and 68,589 females) were tested for HIV during the year through PHCT and mobile VCT approaches. And 96% of households approached accepted entry by a counselor and 98% of eligible people accepted HIV testing.

FLTR integrates HIV prevention and care services with primary health care and non-communicable diseases testing (diabetes, mental health, cancer, and hypertension). FLTR employs peer navigators to guide newly diagnosed HIV positive people from testing to treatment and care navigators at facilities, who are stable and adherent PLHIV, to provide treatment education and adherence to others. Between April 2011 and December 2012 70% of newly diagnosed positives in the HBCT program were linked to care. Linkage from testing to care for HIV positive pregnant women is more than 90%. Community health care workers collect data on handheld devices which are then synchronized with the AMPATH open medical records system (open MRS). AMPATH has started linking the (now separate) HIV testing and HIV treatment databases.



### Program Statistics at a Glance

<b>PATIENT NUMBERS</b>	<b>KOSIRAI</b>	<b>BUNYALA</b>
Total Catchment Population	68,000	67,669
Total Catchment Targeted in 2013	22,667	22,556
<b># of Individuals reached</b>		
<b>% Reached of Total 2013 Target</b>	3,223 14%	11,640 52%
<b># of Total Households reached</b>		
<b>Average # of Individuals Per Household</b>	967 3.3	2,778 4.2
<b># of Individuals Eligible</b>		
<b>% Eligible of Total Reached</b>	2,010 62%	7,258 62%
<b># Tested or Previously Known HIV+</b>		
<b>% Tested or Known Status of Reached</b>	2,006 62%	7,769 67%
<b># Tested</b>		
<b>% Tested of Total Eligible</b>	1,981 99%	7,102 98%
<b># HIV+ (including Previously Known)</b>		
<b>Positivity Rate</b>	32 2%	788 10%
<b># Total HIV+ and Linked</b>		
<b>% of HIV+ Patients Linked</b>	18 56%	686 87%
<b># Newly Tested HIV+ and Linked</b>		
<b>% of Newly Tested HIV+ Patients Linked</b>	7 100%	44 36%

### Costing Overview

To better understand the resource implications of the PHCT program, the study team reviewed costs associated with the program in Bunyala and Kosirai. These catchment areas were chosen for their differences rather than their similarities. Bunyala has an adult HIV prevalence of 8.3 percent and the PHCT program in the area focuses solely on HIV counseling and testing. Kosirai, on the other hand, has low adult HIV prevalence, at less than 1 percent, and in 2012, diversified its PHCT service delivery package to include testing for certain NCDs in addition to HIV testing.

Analysis suggests that AMPATH's home-based HIV testing program does not require significant resources per person tested. At a basic level, the cost of the program ranged from \$5.46 per person tested in Bunyala to \$15.41 per person tested in Kosirai. Costs in Kosirai are higher because fewer overall people were tested through the program. When considering cost per HIV+ person identified, however, the cost differences between the two catchment areas is much larger, moving from \$50 in Bunyala to \$955 in Kosirai,



where, given low prevalence, many more people have to be tested to identify one HIV+ patient. Finally, due to lower overall linkage rates in Kosirai, the area saw a much higher cost per person HIV+ **and linked** at \$1,698, compared to \$58 in Bunyala.

**BUNYALA (HIV PREVALENCE 8.3%)**

**KOSIRAI (HIV PREVALENCE < 1%)**

PROGRAM-LEVEL COSTS	COST PP TESTED	COST PP HIV+ (TESTED OR ID)	COST PP HIV+ / LINKED	PROGRAM-LEVEL COSTS	COST PP TESTED	COST PP HIV+ (TESTED OR ID)	COST PP HIV+ / LINKED
<b>Primary Cost Categories</b>				<b>Primary Cost Categories</b>			
Personnel	\$3.84	\$35.23	\$40.47	Personnel	\$13.23	\$820.00	\$1,457.77
Labs	\$1.21	\$11.06	\$12.70	Labs	\$1.52	\$93.90	\$166.93
Other Costs	\$0.18	\$1.66	\$1.91	Other Costs	\$0.42	\$26.09	\$46.38
<b>Supplementary Cost Categories</b>				<b>Supplementary Cost Categories</b>			
Programming Costs	\$0.11	\$1.00	\$1.15	Programming Costs	\$0.24	\$14.74	\$26.21
Demand Generation	\$0.12	\$1.10	\$1.27	Demand Generation	\$0.01	\$0.46	\$0.82
<b>Total Cost</b>	<b>\$5.46</b>	<b>\$50.05</b>	<b>\$57.50</b>	<b>Total Cost</b>	<b>\$15.41</b>	<b>\$955.18</b>	<b>\$1,698.10</b>

**Why this is a best practice**

- >90% of people in HBCT communities know their HIV status
- Linkage from testing to care is 70% overall and >90% for HIV positive pregnant women
- CD4 count at HIV diagnosis was 323 for those testing through HBTC compared to 217 for VCT, 190 for PITC and 136 for those tested in a TB facility