

Provider-Initiated Testing and Counseling: Botswana's Experience

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Overview

- Background on Botswana's policy
- Data from population-based study in 2004
- More recent data on:
 - Testing and treatment uptake
 - Concerns with implementation
- Conclusions and unanswered questions

Background

- 24% of adults in Botswana with HIV*
- Free ART established 2002
- “Routine HIV Testing” (RHT) introduced 2004

Policy versus Practice

- Key features of Botswana's RHT policy:
 - Right to decline
 - Pre-test information sessions
 - Informed consent
- Initial lack of detailed guidelines or monitoring
- In practice, unclear whether “opt-out”, “routine offer” or “opt-in”

Concerns with Routine Testing

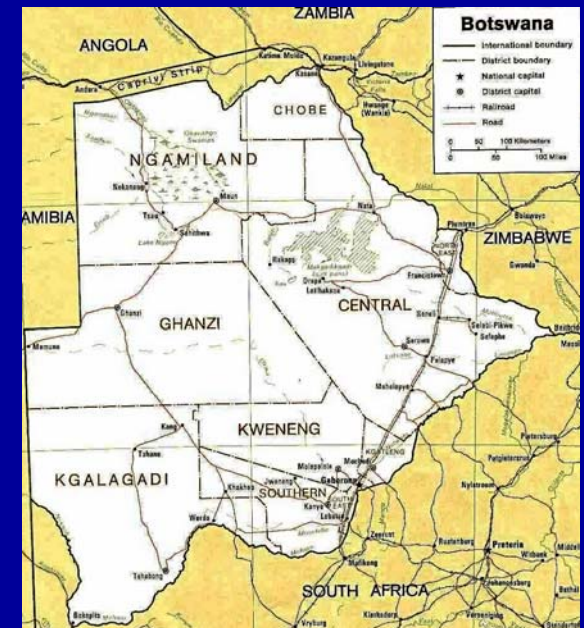
- Community Concerns:
 - Potentially coercive
 - Reduced counseling
 - Avoidance of clinics for fear of being tested
 - Increased testing-related partner violence
- Botswana as test-case for expansion of routine testing

Population-based Study, 2004

- Determine prevalence and correlates of HIV testing
- Assess knowledge of and attitudes towards routine testing
- Compare experiences with routine testing to VCT

Methods and Sample

- Cross-sectional population-based study in 5 districts of Botswana in Nov-Dec 2004
- Stratified 2-stage probability design
- 1268 completed survey
- 89% response rate
- 52% women



Correlates of Testing* (N=1268)

Testing Prevalence (VCT or Routine) = 48%

	AOR	95% CI
Education \geq HS	2.0	1.5 - 2.7
MD visits \geq 3 times in last year	1.9	1.3 - 2.7
Female gender	1.5	1.1 - 1.9
Inconsistent condom use	1.5	1.2 - 2.0
Stigmatizing attitudes about PLWA	0.7	0.5 - 0.8
Fair or poor health status	0.7	0.5 - 0.9

* Also adjusted for age, income, rural versus urban residence, HIV knowledge, perceived access to ARVs, and depression

Weiser, PLoS Medicine, 2006

Reasons for Not Testing (*N*=664)

		n
Afraid to know status	49%	328
No reason to believe infected	43%	281
Would need to change sexual practices	33%	220
Perceived lack of access to testing	22%	145
Concerns about confidentiality of test	18%	120
Concerns about lack of social support	16%	107
Fear of stigma at testing site	14%	94

Routine Testing: Knowledge, Attitudes and Practices

- 54% had heard of routine testing
- 81% very much or extremely in favor of policy
- 15% tested by routine testing



Routine Testing: Attitudes (N=1268)

<i>Agree that routine testing:</i>		n
Increases access to treatment	93%	1162
Makes it easier to get tested	89%	1120
Decreases discrimination towards PLWA	60%	761
Decreases violence towards women	55%	685
Will cause people to avoid doctors	43%	541
Increases violence towards women	14%	174

Experiences: VCT vs. Routine Testing

	VCT	RHT
Pre-test counseling	97%	93%
Post-test counseling	91%	91%
Found out results	95%	92%
Encouraged others to test	93%	89%

Negative Testing Experiences

	VCT	RHT
Felt could not refuse test	68%	65%
Poor treatment from others	2%	6%
Confidentiality breach	5%	6%
Regret testing	2%	3%
Partner violence	2%	0%

More Recent Studies

- Cockroft, BMC Health and Human Rights, June 2007
- Creek, JAIDS, May 2007
- Steen, JAIDS, April 2007

Awareness and Support of RHT

- Increasing awareness of RHT:
 - 79% heard of RHT in mid 2006
- Persistent support for RHT:
 - 94% in favor or strongly in favor of RHT
- More people tested by RHT:
 - 50% of people that tested had tested via RHT

Testing Uptake

- Increasing rate of RHT 2004-2006:
 - 36/1000 persons tested by RHT in 2004, 95/1000 in 2005, and 104/1000 in 2006
- Fewer people opting out:
 - 11% in 2005, 7% in early 2006
- HIV diagnosis at earlier stages of disease:
 - New HIV diagnoses with CD4 <100: 49% in 2003, 34% in early 2006

Treatment Uptake

- Significant increase in PMTCT uptake:
 - 79% of pregnant HIV+ women received PMTCT interventions in 2005 compared to 37% in 2003*
- Significant increase in numbers on ART:
 - 84,900 individuals on ART by March 2007 compared to 17,500 in January 2004
- Many factors contributed to high uptake†

* Creek, JAIDS, 2007

† Jürgens, OSI paper, 2007

Avoiding Clinics?

- 76% visited government health facility in past year*
- RHT in antenatal clinics not associated with decrease use of prenatal care, or proportion receiving results†

*Cockcroft, BMC Health and Human Rights, 2007

† Creek, JAIDS, 2007

Lower Testing Uptake among Men

- Men comprise less than 1/3 tested by RHT*
- Less likely to visit government health facilities†
- Less likely to be offered test: 42% of men offered test compared to 54% of women†
- More likely to opt-out when offered *†

* Steen, JAIDS, 2007

† Cockcroft, BMC Health and Human Rights, 2007

Violence and Discrimination Against Women

- Among 52 women tested by RHT in ANC clinics, none reported DV after disclosure*
- No association between having been tested over previous 12 months and reporting partner violence†
- No further data on discrimination

* Creek, JAIDS, 2007

† Cockcroft, BMC Health and Human Rights, 2007

Confidentiality and Informed Consent

- 10% that visited government health facilities not comfortable that health information confidential
- Informed consent unclear for 8% that tested

Lessons from Botswana

- Reasons for optimism
 - Gains in testing and treatment uptake
 - Widespread support for RHT in Botswana
- Areas of concern
 - Informed consent, confidentiality
 - Voluntary nature of test unclear (VCT and RHT)
- Important role for monitoring

Unanswered Questions

- Is opt-out or opt-in approach most effective?
- What type of pre-test information adequate for informed consent?
- What measures needed to ensure protection from violence and discrimination?
- Can results be generalized to other settings?

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