KNOWLEDGE SHARING SESSIONS ON HIVST LINKAGE TOOLS - LINKAGES AND OUTCOME MEASURES HIVST, MHEALTH SOLUTIONS

EXHIBITION HOT TALK
MONDAY, 6 JULY 2020
14:00 CAT | 05:00 PST
HIV Self-Screening mHealth and Digital Platform Progress

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mHealth studies and follow up strategies
Outcome measurements for HIVST

- **Uptake of the HIVST**
  - Reach and target groups – Age, Gender, Testing Status
  - Shared the test kit with the partner/s or network (secondary distribution)
  - Demonstration provided/not

- **Utilization of the test kit by**
  - Primary recipients
  - Secondary recipients

- **HIV test results**
  - Where Onsite testing is taken up (selected models for primary recipients)
  - Offsite testing (all models –primary and secondary recipients)
    - Through % follow up and mHealth tools

- **Linkage to care, where positives reported**
  - Confirmatory testing for HIV positives
  - Started ART
Follow up strategies

**CURRENT STANDARD STRATEGY: % TELEPHONIC FOLLOW UP**

1. HIV Self Screen Test Distribution
2. Obtain consent
3. Provide options for SP
4. Website
5. IVRS
6. WhatsApp
7. Web App
8. Back end Database

**ENHANCED STRATEGY: mHealth tool kit**
## Prioritising for impact

Follow-up surveys (as standard of care):

- **2 & 4 weeks post-distribution** consenting participants are called

- **Representative sample** selected per month
  - To achieve the 5% target, a higher number of calls needs to be completed.
  - **Only successful calls** are attributed towards the survey data target.

- **Standardised questionnaire** are as below:
  1. Did you **use** the test?
  2. HIV **Self-test result**?
  3. Did you request **confirmatory testing**?
  4. Did you get confirmatory testing?
     1. Rapid1 test result
     2. Rapid 2 test result
  5. Were you **linked to care**?
     1. Date linked to care
  6. Were you **linked on ART**?
     1. Date linked on ART

### Prioritising for impact

<table>
<thead>
<tr>
<th>Model</th>
<th>Follow-up &amp; linkage</th>
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<tbody>
<tr>
<td>Mobile integration</td>
<td>ALL self-test positives are fast tracked into on-site confirmatory testing &amp; linked to care using Wit RHI linkage officers</td>
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<tr>
<td>Fixed point no confirmatory</td>
<td>&gt;5% of primary recipients of HIVSS consenting to telephonic follow-up and providing their telephone number will be contacted at</td>
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<td>Fixed point with confirmatory testing</td>
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<tr>
<td>Workplace associated communities</td>
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<tr>
<td>Taxi Ranks</td>
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<tr>
<td>Workplaces (with poor HTS services) focus on mining, manufacturing, construction, petroleum and security sectors</td>
<td>Attempt to telephonic follow-up ALL clients consenting &amp; provide their telephone number at:</td>
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<tr>
<td>1st visit ANC</td>
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<tr>
<td>HIV+ index</td>
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<td>Sex Workers</td>
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</tbody>
</table>
**Standard Strategy: Telephonic Follow-up**

**Small volumes distributions**
- Models < 5,000
  - Facilities- ANC (Partners), PLHIV (Index partners)
  - Sex workers- Primary recipients, networks
- Follow up strategy
  - All recipients that provide consent
- Rationale
  - Logistically feasible

**Large volumes distributions**
- Models > 50,000
  - Community Fixed point
  - Workplaces
  - Taxi ranks
  - Follow up strategy
    - 5% random sample of the recipients that provided consent
- Rationale
  - Logistically challenging
Enhanced Strategy: mHealth tools to improve outcomes data

• **Objective:** to evaluate several tools and platforms that will aide in assessment of impact and enhancing yield data and facilitating linkage to confirmatory testing and self-reporting of HIVST kit distribution

• Various platforms currently under review:
  • Active telephonic follow up
  • WhatsApp for Business
  • Call back systems using Interactive Voice Response
  • SMS reminders
  • Progressive Web Apps
  • Mobile Applications
  • USSD
Self-reporting by Website and IVRS

Using Interactive Voice Response (IVR) technology, allowing for design of voice surveys, recording in local languages and collecting feedback from beneficiaries.

- Sample Size: Approx. 12000

- The primary outcome measure for this study is contact with the mHealth tool (online form, or IVR phone call) reporting use of the HIVST, WITH NO INCENTIVES and the secondary outcome measure the reporting of a positive or negative HIVST result and linkage to services.
HSTAR004 – Study Design

Test Kit Distributed
Capture: Age, Gender, Location, Mobile number

Day 3: Reminder SMS to self report using website or call back

Day 5: Reminder SMS to self report using website or call back

Day 7: IVR system calls participant

Participant may choose to self-report using website or call back system at any time before Day 7
Pilot Results

- **10698** TOTAL RECRUITED

- **9509** Registered unique numbers

- **2467** [25.9%] Total engagements
  i.e. Answered Q1 - Have you used the test

- **1933** [20.3%] Total number willing to self-report
  i.e. Answered Q2 - Are you willing to share your result

- **1602** [83.8%] Total that self-reported their result
  i.e. Answered Q3 - What was your result

- **313** [16.2%] Self-reported POSITIVE

- **204** [65.1%] Total that responded to Q4
  i.e. Have you been to a clinic or intend going (linked to care)

Self-report rate

Self-reported POS rate

Self-reported linkage
Self-reporting and support by Web App

• The self-test support tool is a mobile-phone based tool to support patients through self-testing and eventual confirmatory testing. It is a Progressive Web App (PWA), meaning that it is accessible as a mobi-site, but is also downloadable to a phone, where the full site contents and can be cached for offline browsing.

• This was a study to evaluate the ability of the Web App to effectively monitor and track HIV Self-Test users through testing, results interpretation and confirmatory testing; and comparing the information gathered against the existing tracking and monitoring that is in place in STAR’s current Fixed Point distributions.
Web App

01. FIND
Patient is guided by website, brochure or clinic staff towards online platform.

02. REGISTER
Patient registers and is explained their rights around data protections and anonymity.

03. LEARN
Patient is provided information on their condition and upcoming journey.

04. JOURNEY
Patients is guided through test and L2C by engaging with content and calls to action.

05. ENGAGE
The patient can at anytime access counselling by sending a message in-app for a call back.
PWA Results to date

22%
(167/752) of all study participants reported results

34%
(119/297) reported results in the second half of the study once distribution processes and training had stabilised

8%
(13/167) of reports were reactive and were followed up by Wits RIH counsellors.
PWA Outcome Analysis

**Videos**

59%  
(181/309) spent more than 1 minute on the “About Self-testing” video

61%  
(102/167) who reported their results spent more than 1 minute on the post-test counselling video

**Registration**

56%  
(238/423) completed registration in <2min
Timing and Usage Outcomes

55%

(96/167) of people report within 3 days of receiving their kit. However, reports can come as late as 30+ days later.

The sms reminder at 7 and 21 days does clearly prompt some users and drives overall reporting rates. Perhaps these prompts could come earlier or more frequently.
Telephone Survey Outcomes

46% (241/526) of the numbers dialled were answered the call while the rest did not answer or were not reached (incorrect number, voicemail, call rang through but not answered etc)

98% (46/47) respondents said they would refer a friend to use the app

14% (36/241) fully completed surveys

Overall, the feedback on the app itself was generally positive feedback but with clear desire to make the required actions easier to take.
Follow-up calls 2

194 respondents were asked why they didn’t use or why they stopped using the Ithaka app. To improve the experience and encourage engagement and reporting, their feedback indicates that the key areas to improve are:

1. Better communicating Ithaka’s usefulness and purpose; and
2. Creating a better experience with a more frictionless return log in.

To a lesser extent, better communicating (1) how to use the app and (2) that it is data free are also potential ways to improve uptake.
WhatsApp for Business

- WhatsApp usage and penetration is high in SA.
- WhatsApp allows for cheap, two way communication between programme and client.
- In field, we saw comparatively higher uptake of WA for self-report or reaching out to the study team than other methods.
- Therefore, we are proposing to standardise and structure this better.
Thank you for using the self-screening kit. Please use one of the options below to privately report your result

**Web App**

Get secure, FREE and convenient advice during and after testing by going to the following website: lthaka.datafree.co.za (this website is free of charge. No data? No problem!)

**WhatsApp “hi” to 081 563 0849**

WhatsApp “hi” to our chatbot support line at 081 563 0849 in order to be helped through taking the test and taking the next steps for your health (data charges apply)

**Free call**

Call 0800 983 400 FREE at any time to let us know your self-screening results. It takes less than a minute!
A live dashboard has been designed to provide real-time analytics on interactions with participants and self-screening results from the toll-free channel.
Plan to the end of the project...

1. User expresses interest, receives health talk, and is asked if they (1) have a phone and (2) consent to be followed up?
   - No: Complete DCF, give kit, no follow up done.
   - Yes: User is asked if they want support and to report via data-free website (PWA) or WA?

2. User is asked if they want support and to report via data-free website (PWA) or WA?
   - No: HCW completes DCF with phone number and gives user the kit.
   - Yes: HCW completes DCF with phone number and gives user the kit.

3. HCW completes DCF with phone number and gives user the kit.
   - No: PWA: User goes to URL, consents and selects PWA or WA.
   - Yes: WhatsApp: User registers by adding contact, saying “Hello” on WhatsApp and following instructions.

4. WhatsApp: User registers by adding contact, saying “Hello” on WhatsApp and following instructions.
   - No: DCF data uploaded daily and shared with Aviro.** Sms 24-48 hrs later prompting them to (1) following the embedded PWA link; or (2) add WA contact and saying “hello”
   - Yes: User enters OTP or pincode to confirm number and follows instructions, including getting SMS reminders.

5. User enters OTP or pincode to confirm number and follows instructions, including getting SMS reminders.
   - No: Follow up by WhatsApp at 1, 3 and 5 days
   - Yes: Receive follow up call from IVRS after 9 days

6. Follow up by WhatsApp at 1, 3 and 5 days
   - No: Send to partner (Opinion, Reaction Ezintsha) for telephone follow up.
   - Yes: Report via WhatsApp

7. Report via WhatsApp
   - No: Report via PWA
   - Yes: Receive follow up call from IVRS after 9 days

8. Report via PWA
   - No: Follow up by SMS at 1, 3 and 5 days prompting user to report results via SMS.
   - Yes: Report via SMS
NEXT SESSION

ATLAS PROJECT: HIVST IN WEST-AFRICA

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MONDAY, 6 JULY 2020
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