



# Southern African HIV Clinicians Society 3rd Biennial Conference

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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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**SESSION 16C**

**FRIDAY 15<sup>TH</sup> AT 15H50**

**COMMITTEE 4**



**2016**

# 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



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# Overview of DCS

- South Africa has the 10<sup>th</sup> 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

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”

# 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



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# 2A. ATTRITION BETWEEN TB AND HIV TESTING AND LINKAGE TO CARE IN SOUTH AFRICA'S CORRECTIONAL FACILITIES

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



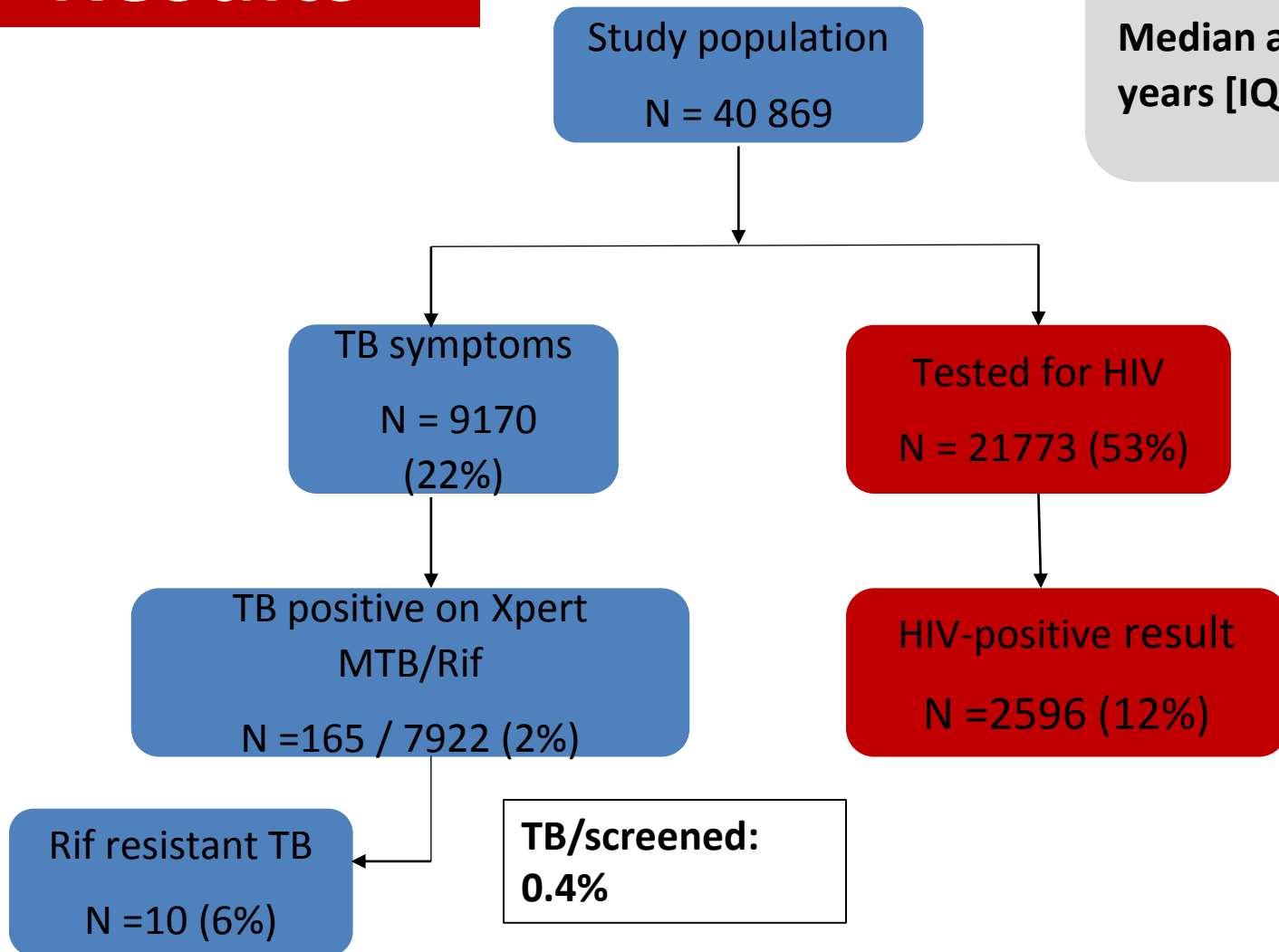
2016

# Background

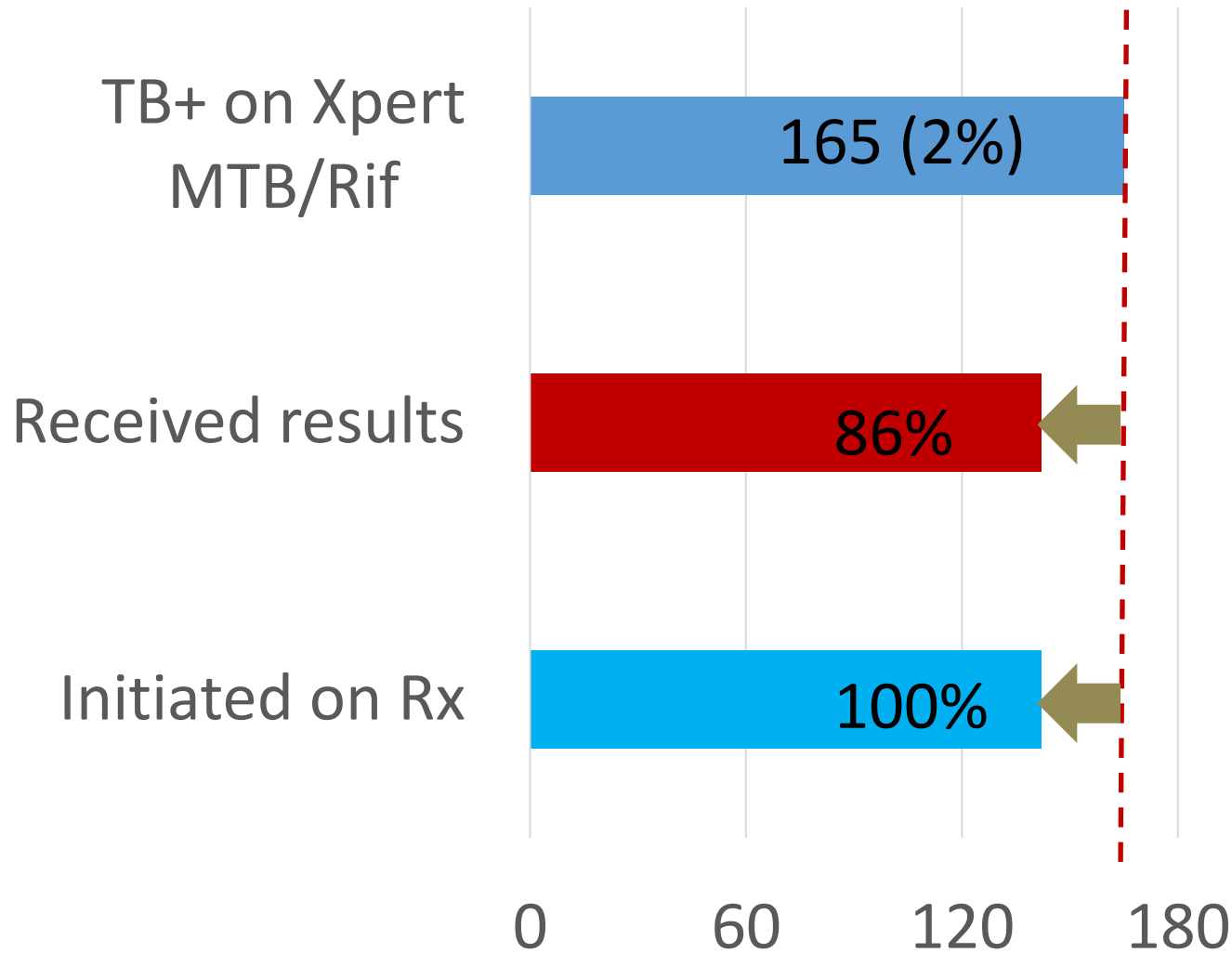
- Aimed to quantify the proportion of inmates diagnosed with TB and HIV who entered care
- Record review of programme data between January and December 2014 in 5 centres in 4 provinces

# Results

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



# Results: TB care



# 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

Zishiri E et al., (2015). Poster discussion, 46th  
Union World Conference on Lung Health. Session  
Title: Inside the belly of the beast: TB in  
correctional settings



2016

# 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**



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# **3A.PROGRAMME IMPLEMENTATION IN COLLABORATION WITH DCS PEPFAR CDC GFATM**



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# Funding Matrix

Activities	Global Fund (NDOH)	Global Fund (RTC)	CDC (Aurum) All MAs
<ul style="list-style-type: none"> <li>•Kick TB/HIV</li> <li>•Digital radiography</li> </ul>	X		
<ul style="list-style-type: none"> <li>•Lay counselors - HCT and TB screening</li> <li>•Data capturers</li> <li>•Infection control</li> </ul>	X	X	
<ul style="list-style-type: none"> <li>•Peer education/Condoms</li> <li>•Training</li> </ul>		X	
NHLS - GeneXpert	X	X	
Health systems strengthening			X
****Seamless Grant Implementation****			
<p>Right to Care</p> <ul style="list-style-type: none"> <li>•KwaZulu-Natal</li> <li>•Free State/Northern Cape</li> </ul>	<p>TB/HIV Care Association</p> <ul style="list-style-type: none"> <li>•Western Cape</li> <li>•Eastern Cape</li> <li>•KwaZulu-Natal - 2 MAs</li> </ul>	<p>Aurum</p> <ul style="list-style-type: none"> <li>•Gauteng</li> <li>•Limpopo/Mpumalanga/Nor th West</li> </ul>	

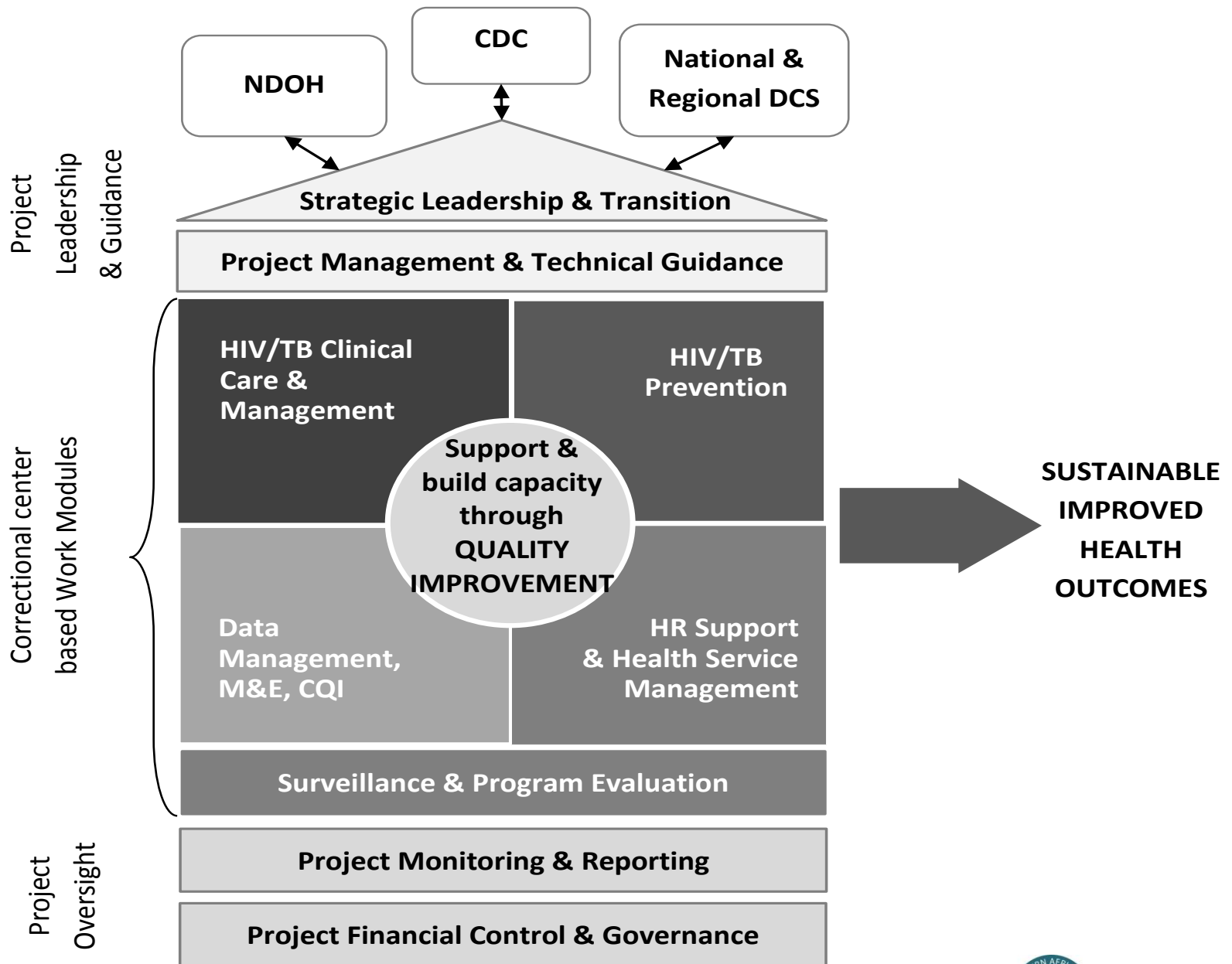
# PEPFAR CDC Health Systems Strengthening grant



- 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



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# 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

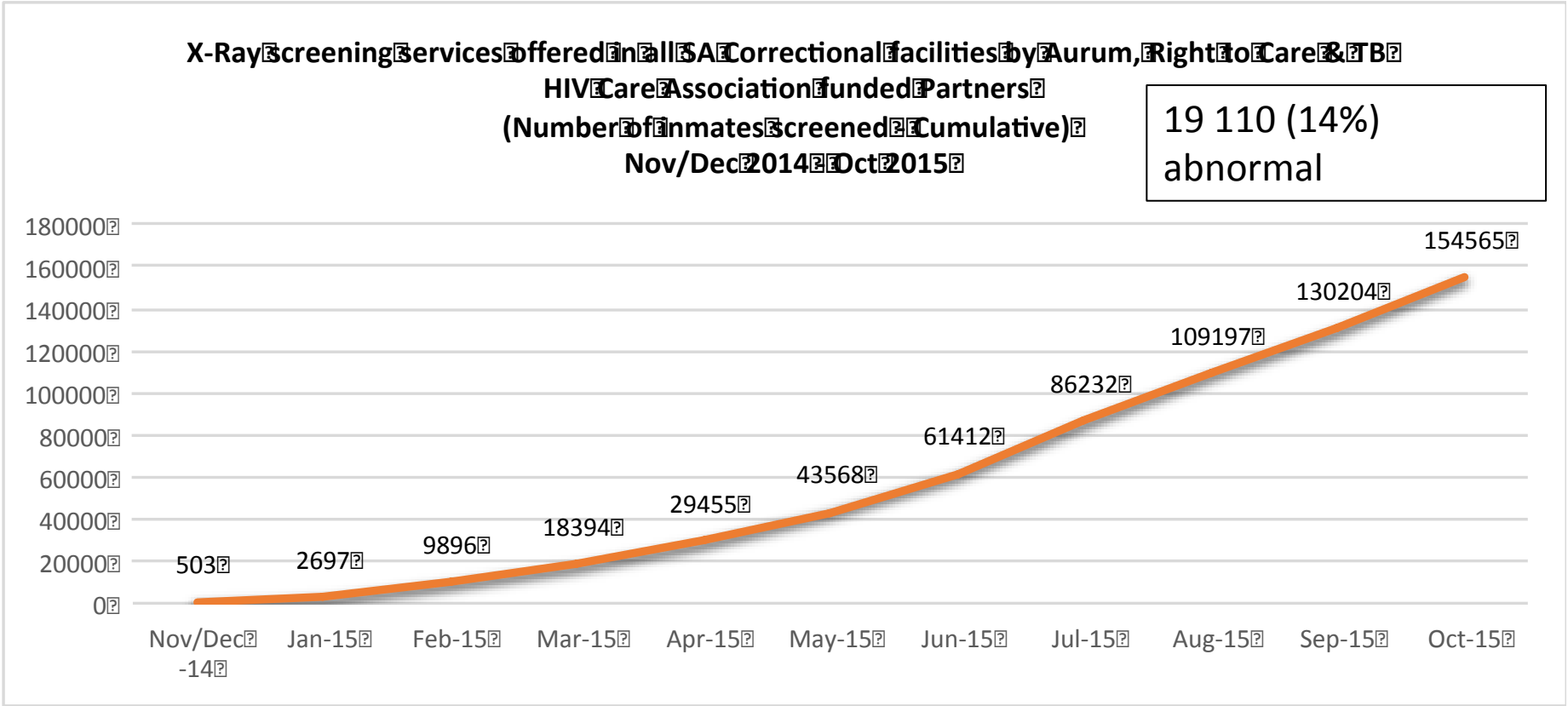
TB screened	GeneXpert (GXP)	MTB+	TB prevalence (%MTB+/s creened)	Started TB treatment
657 617	110 625 (17%)	4 525 (4.1%)	0.7%	3576

# Cumulative X rays (Oct 2013-Sept



**X-Ray screening services offered in all SAA Correctional facilities by Aurum, Right to Care & TB HIV Care Association funded partners  
(Number of inmates screened Cumulative)  
Nov/Dec 2014 to Oct 2015**

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**



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# TB AND HIV TREATMENT CONTINUITY AMONG OFFENDERS AND AWAITING TRIAL DETAINEES 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



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# 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



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Fostering partnerships between the United States & South Africa

