Aligning Botswana's national HIV testing services guidelines to the era of Treat All

N.Majingo[1], C.Petlo[1], S.Lesotlho[1], E.Mmatli[1], M.Ngombo[1], O.Phumaphi[2], S.Mawandia[2,3], J.H. Ledikwe[2,3]

[1]Botswana Ministry of Health and Wellness, HIV Testing Services Unit, Gaborone, Botswana

[2]International Training & Education Center for Health, Gaborone, Botswana

[3]University of Washington, Seattle, WA, USA

Republic of Botswana

MINISTRY *of* HEALTH AND WELLNESS

Background

To continue moving towards the achievement of the UNAIDS 90-90-90 targets, Botswana adopted "Treat All" in 2016, encouraging ARV initiation for all HIV-positive clients regardless of CD4 count. The Botswana HIV Testing Services (HTS) guidelines were revised to update HTS for implementing Treat All, address gaps in the existing guidelines, and ensure alignment with the 2015 WHO Consolidated Guidelines on HTS.

Figure 1: Pillars of the new guidelines

Key expectations from the new guidelines

The revision of the Botswana HTS Guidelines was led by the Ministry of Health and Wellness, which fostered strong collaborative partnerships with donors, implementing partners and stakeholders. Multiple changes were made to the guidelines. Quality standards were improved. Ethical guidance was aligned with the "3 C's" promoted by WHO. Innovative HTS approaches, such as HIV self-testing and partner notification, were presented to promote services for underserved populations in facility-based and community-based settings.

To promote cost-effectiveness, a serial-testing algorithm was adopted. Additionally, program monitoring and evaluation was strengthened by updating and standardizing recording and reporting systems. Standardized trainings were implemented to execute the revisions.

Figure 2: The new HTS guidelines consolidates adult and adolescent guidelines into one

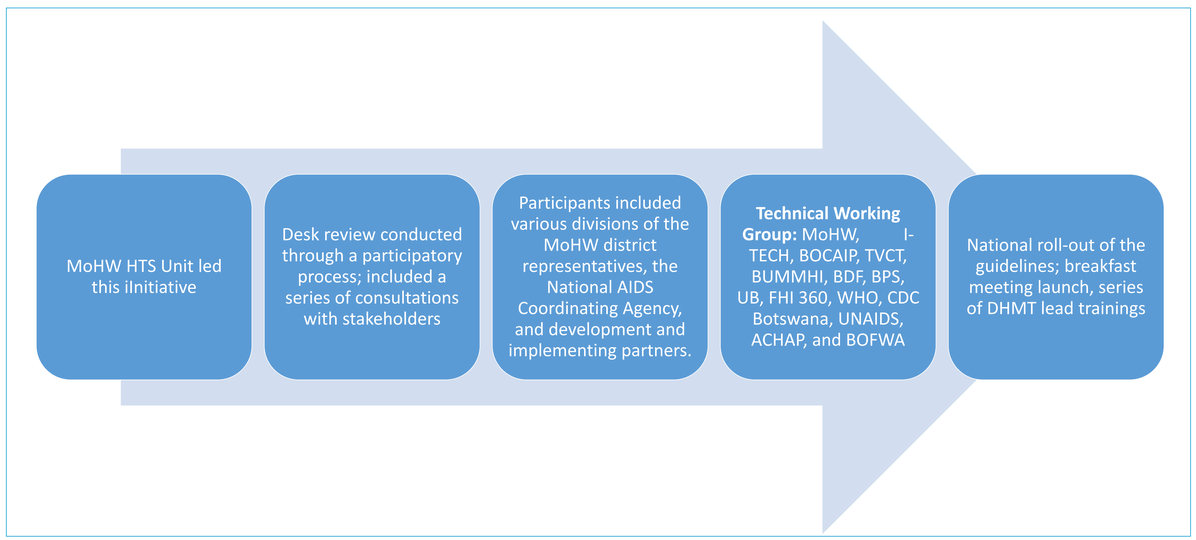

Figure 3: Guideline development process

Lessons Learned

Active participation of a wide group of stakeholders leveraged expertise from a variety of sectors to ensure development of sound, comprehensive guidelines that met international standards while tailored to the local context, while ensuring support for rapid implementation (Figure 3).

Strengthening quality guidance decreased discordant results to 0.3%. As the revised guidelines were implemented strategies to provide services for hard-to-reach populations were identified. For example, the provision of facility-based extended-hours testing increased HIV case identification among men.

Shifting from a parallel to serial algorithm required intensive coordination by training and supply chain management teams. Implementation of these policy changes standardized service delivery at facility- and community-based testing sites, integrated HTS across primary care, led to the development of Linkage to Care and Partner Notification policies and ultimately reduced HTS burden at health facilities.

Key changes and approaches incorporated in the new HTS guidelines

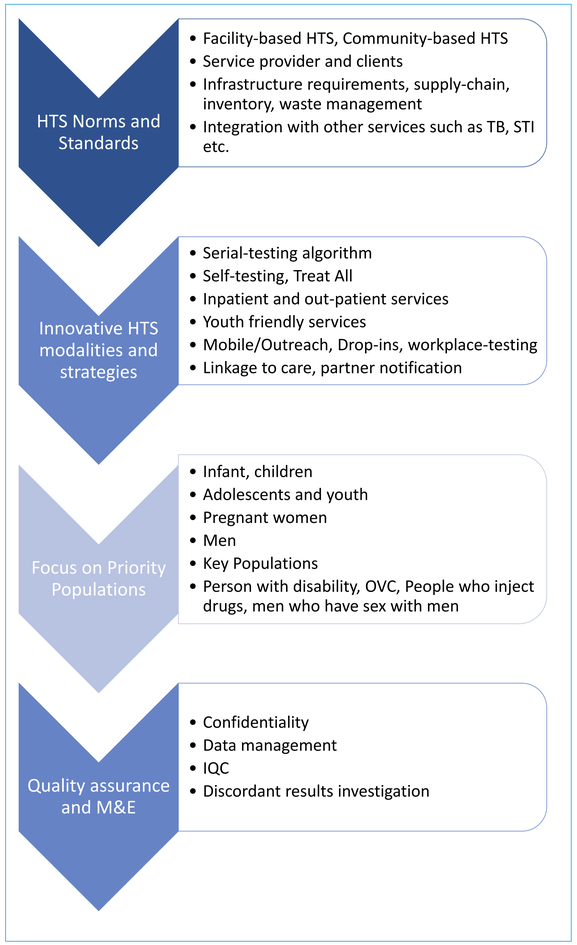

Figure: 4 Key changes in the new HTS guidelines

Conclusions

Botswana's experience of adapting the WHO HTS Guidelines to the local context is a significant step in reaching epidemic control of HIV, demonstrating the nation's commitment to rigorous strategies that ensure all Batswana know their status and have timely access to prevention and treatment services. Lessons learned from this process will benefit other countries implementing Treat All.