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**Our Issues, Our Drugs,
Our Patients**

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BEST PRACTICES IN HIV TREATMENT CASCADE

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14 April 2016

ICAP at Columbia University

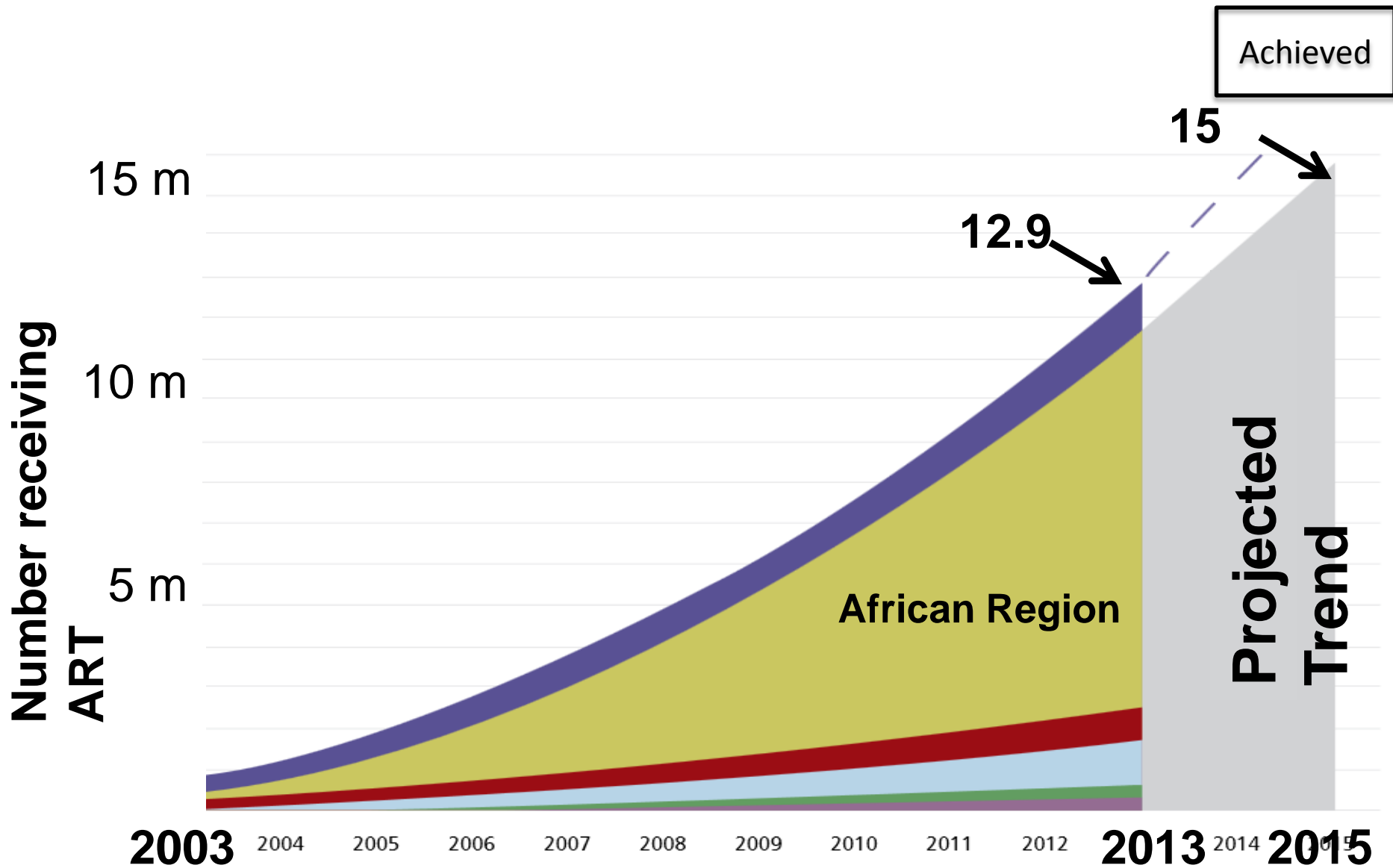


Presentation Outline

- Global Scale-up of HIV Treatment
- Effect of ART on Life expectancy
- HIV Cascade and causes of the leakage
- Who is ICAP at Columbia University?
- Targeted testing of index patients of pregnant women in DRC (1st 90)
- Increasing linkage to care in Kenya (2nd 90)
- Efforts to increase retention in Swaziland (3rd 90)
- Multiple interventions to decrease leakage in the cascade in Mozambique (Target all the 90s)
- Concluding remarks

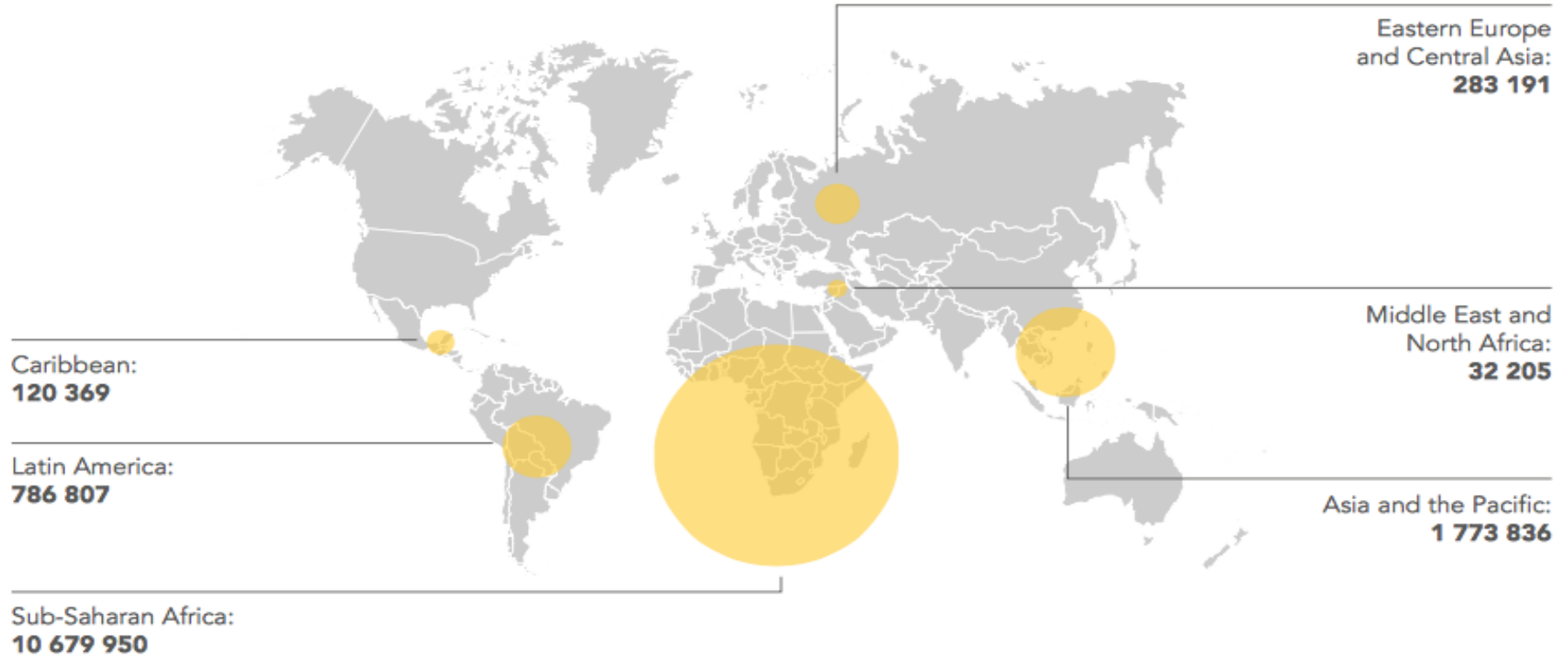


Global Scale-up of HIV Treatment



Source: Global AIDS Response Progress Reporting (WHO/UNICEF/UNAIDS)

Number of people receiving ART 2014

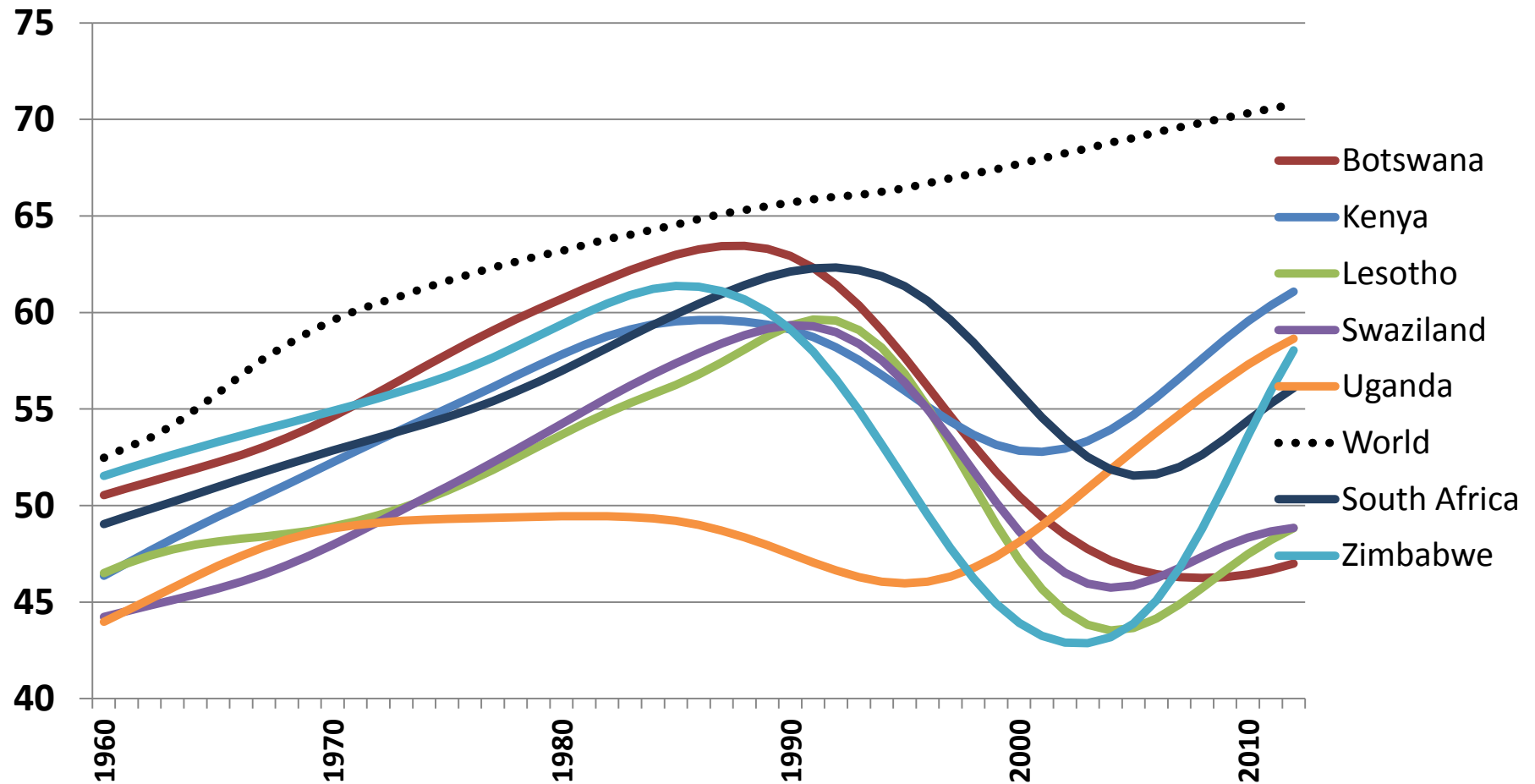


Source: UNAIDS, How AIDS changed everything — MDG6: 15 years, 15 lessons of hope from the AIDS response, Geneva 2015.



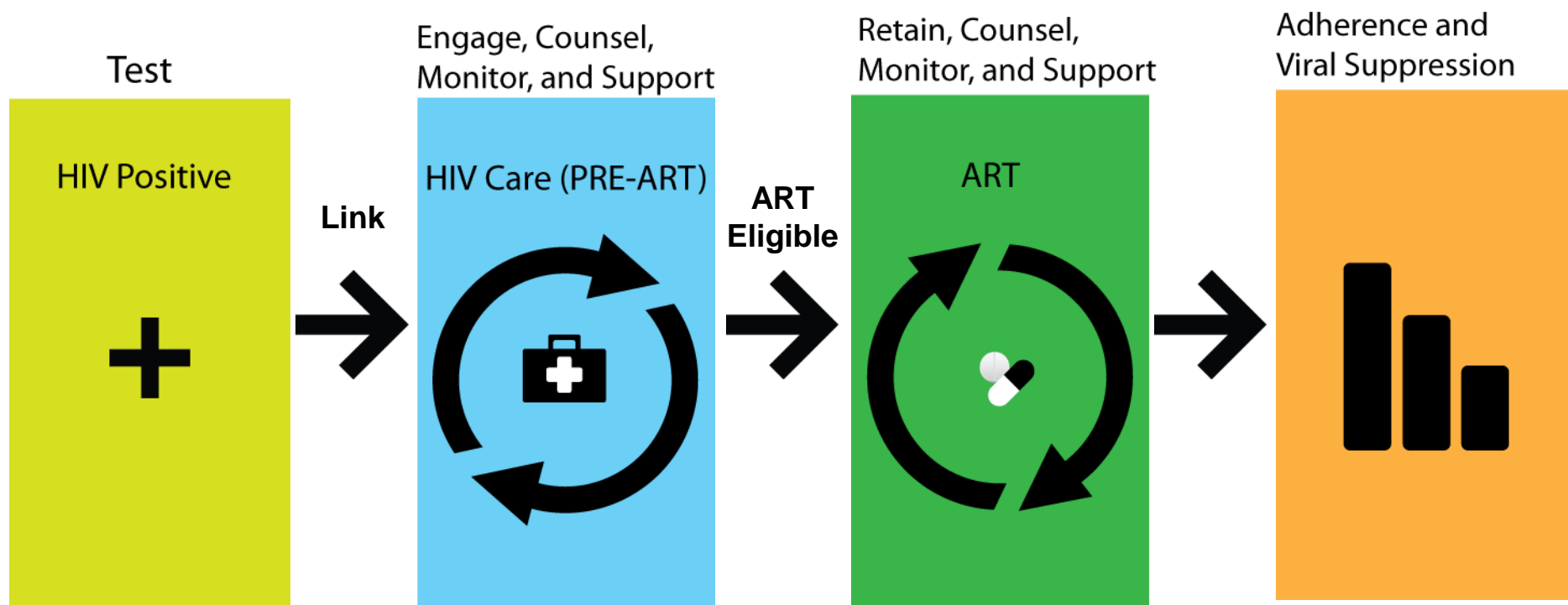
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Effect of ART on Life Expectancy

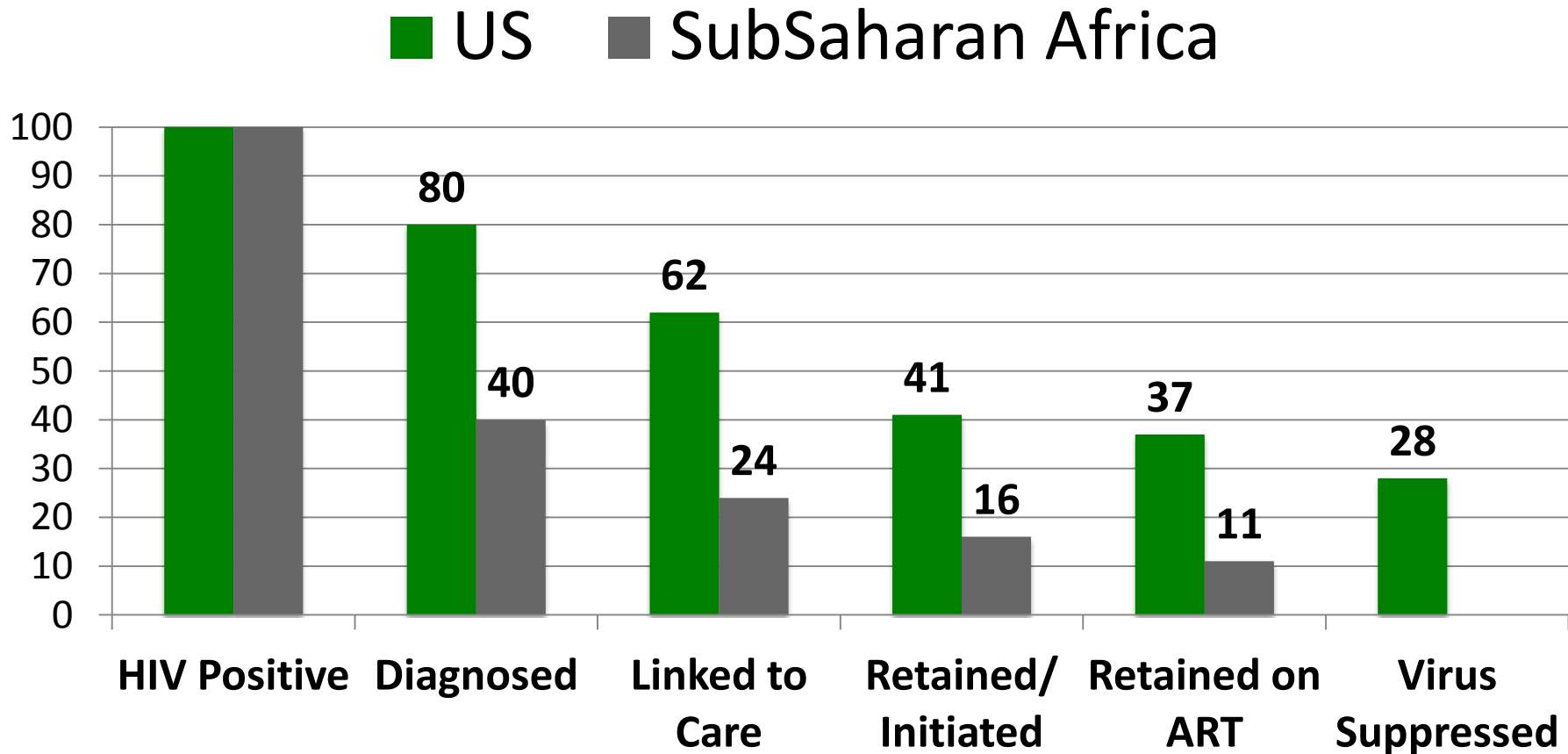


Source: World Bank, 2014

HIV Care Cascade/Continuum



Leakages in Continuum of HIV Care



Quality of Care Challenges



Unaware of HIV Status



Late Diagnosis of HIV Disease



Failure of HIV Positives to Link to Care



Late Initiation of ART



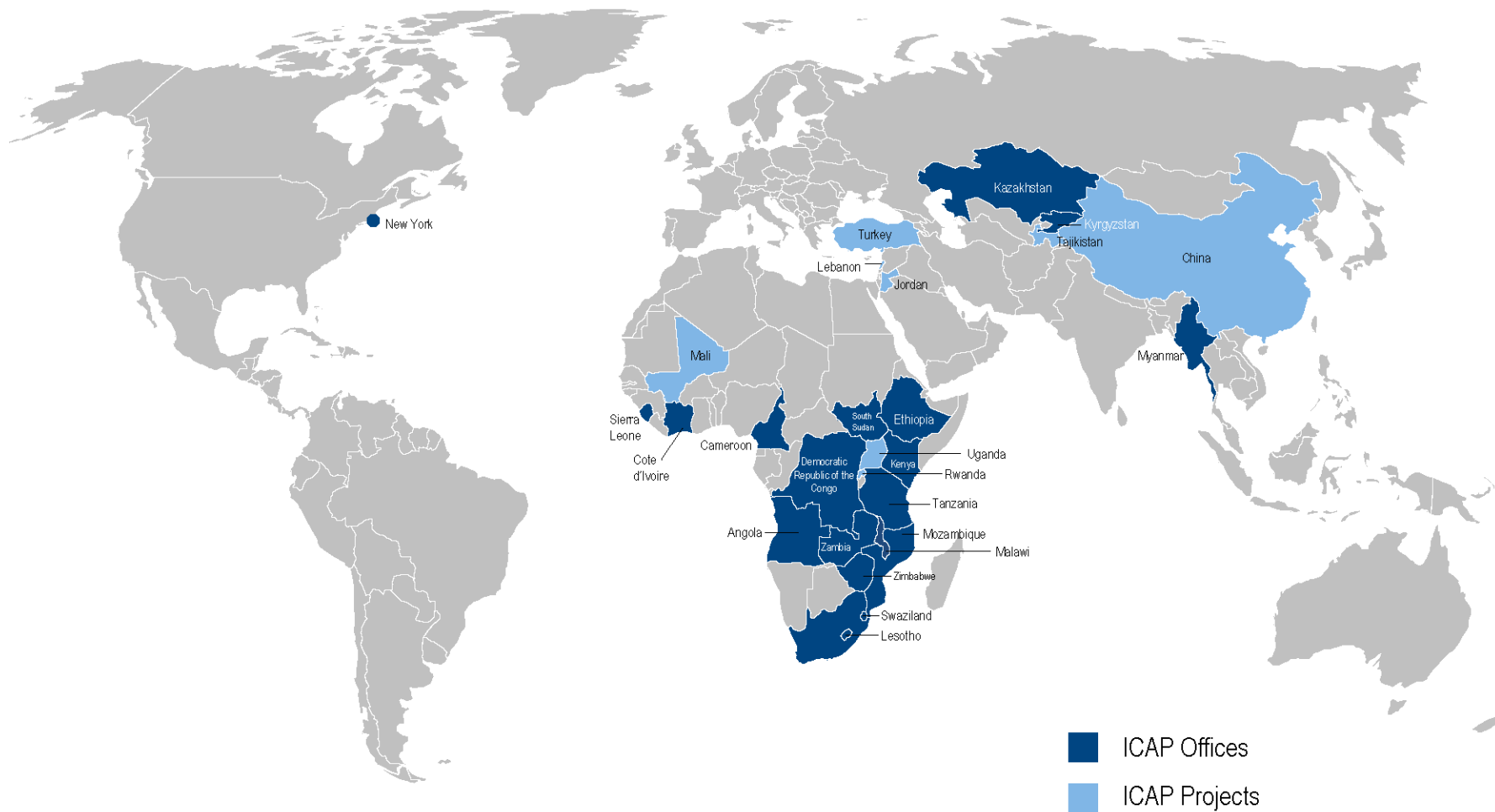
Inability to Achieve and Maintain Viral Suppression

ICAP AT COLUMBIA UNIVERSITY

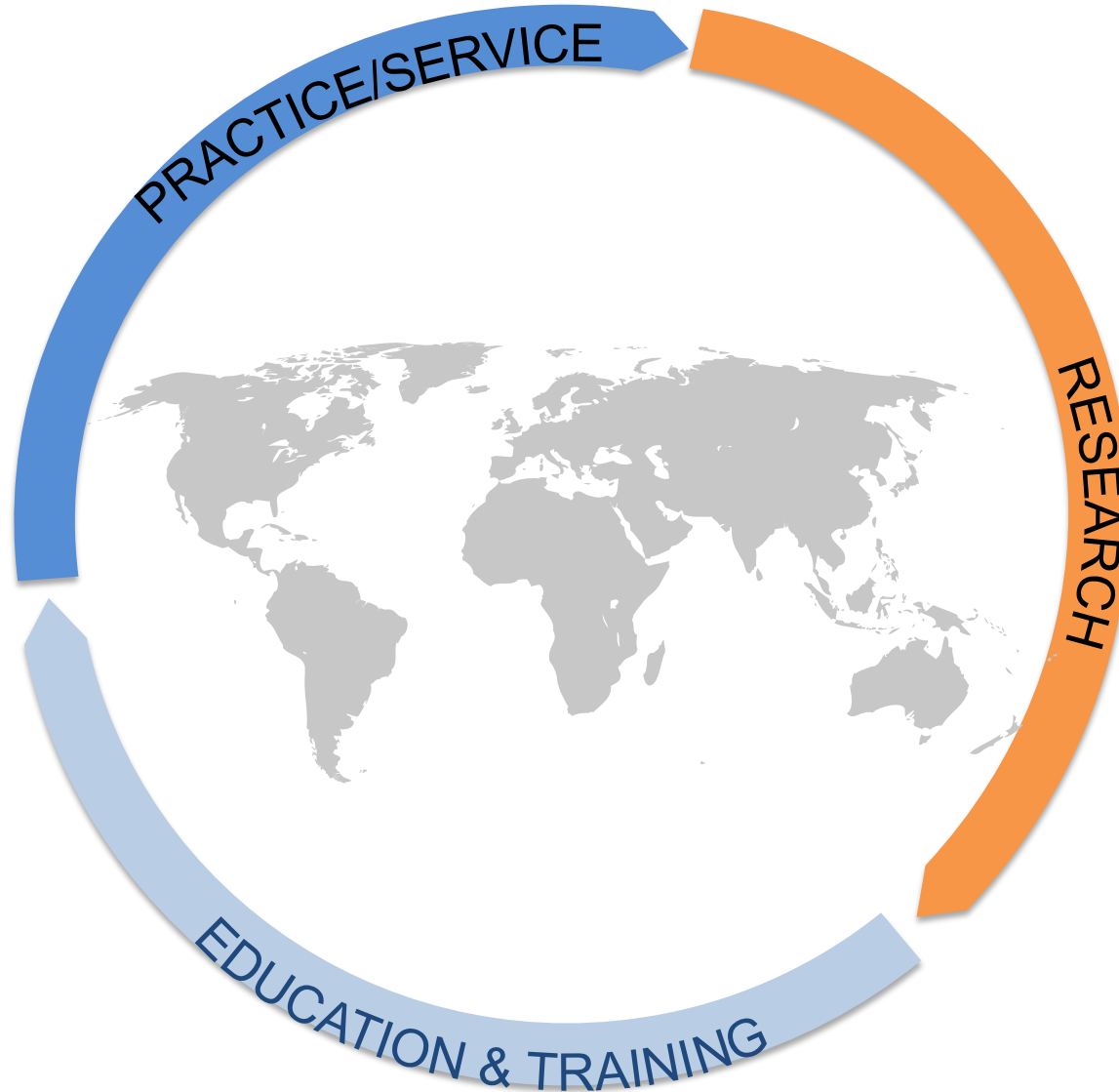
ICAP is affiliated with the Mailman School of Public Health, Columbia University, in the City of New York, United States.



Where ICAP Works



ICAP's Focus



90%

of all



living with HIV will
know their HIV
status

90%

of all



living with HIV will
receive sustained
antiretroviral
therapy

90%

of all



receiving
antiretroviral therapy
will have durable viral
suppression

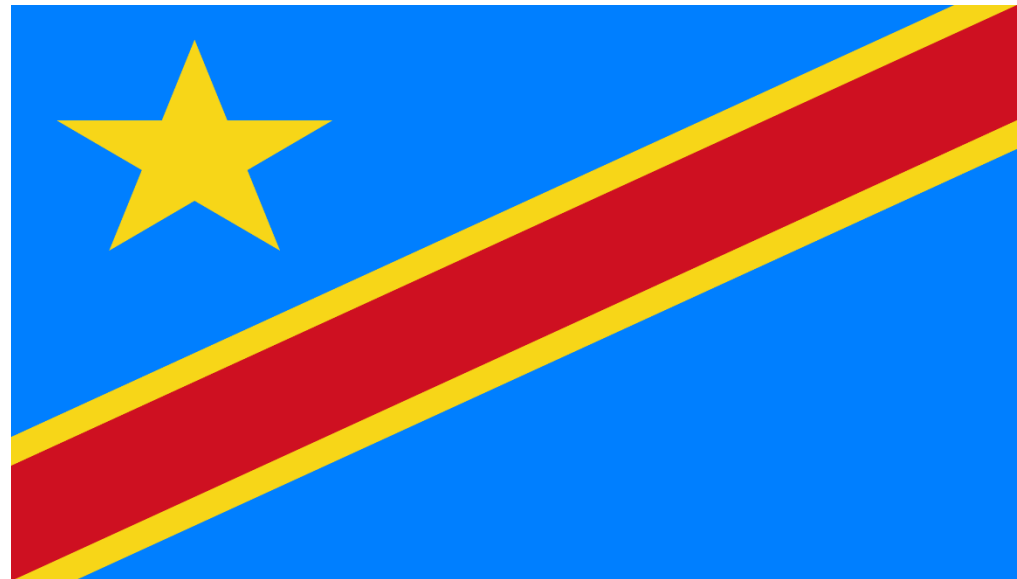
Promising practices to achieve 90-90-90
in ICAP supported countries



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Facility and home-based testing of partners of index patients

Democratic Republic of Congo

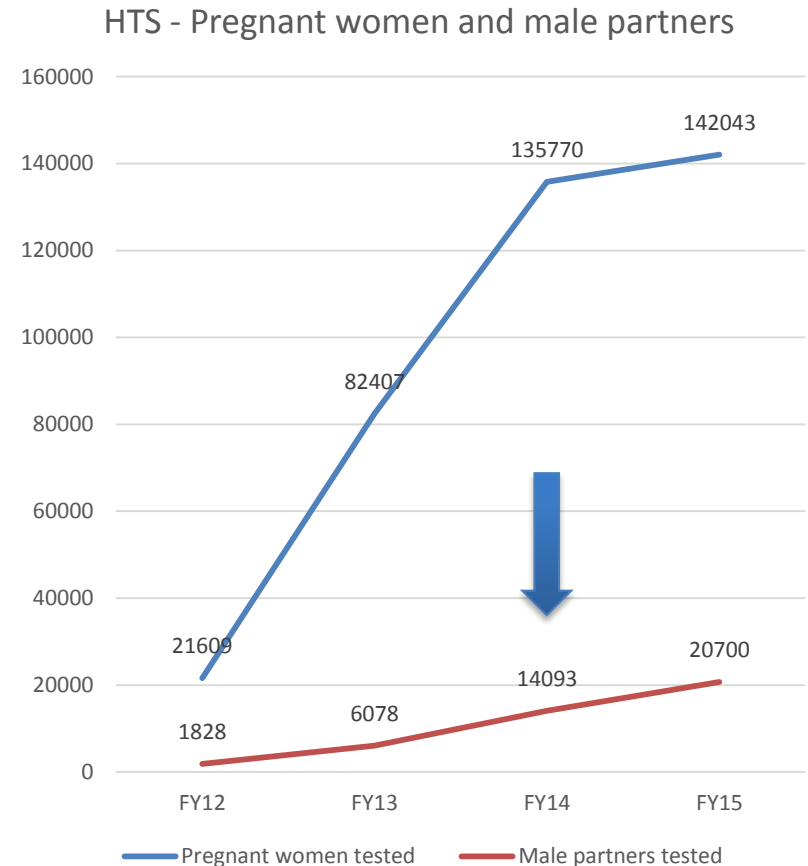


Background

- Low HIV prevalence: 1.2% [0.6% in men and 1.6% in women]
- Proportion of male partners of pregnant women knowing their HIV status about 10% in FY14
- Need to find innovative ways to increase HIV testing among male partners

Targeted facility based testing

- Invitation given to pregnant women for their partner to come during ANC visit
- HTS provided to male partners visiting their wives at the facility after the delivery
- FY14 10% male partners tested compared to 7% in FY13



Targeted community based testing

- In addition to targeted facility based testing, 2 new approaches aiming at improving male partner testing were developed:
 1. Sensitization with focus on HTS during week-ends at selected facilities
 2. Pilot Home-based testing in targeted health zones: Bumbu and Ngaba

Home-Based HIV Testing Pilot

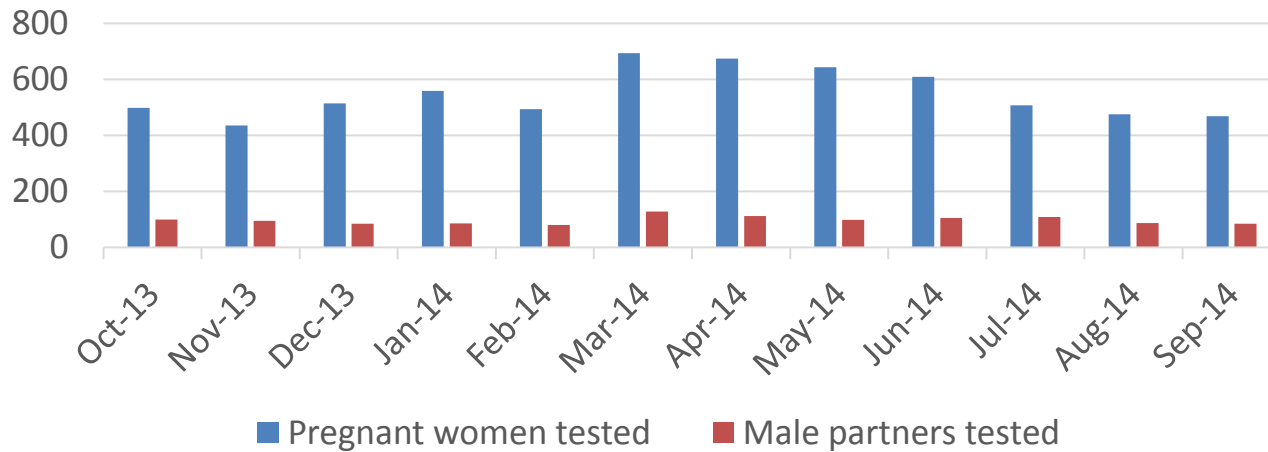
- Five facilities selected:
 - With at least 50 new pregnant women attending ANC each month
 - Located in 2 health zones (Bumbu, Ngaba)
 - Health care workers willing to go into the community
- Target
 - Male partners of Pregnant women HIV+ or HIV- with unknown HIV status and not coming at the facility

Approach

- Information given to pregnant and lactating women about the home-based testing pilot project during education sessions
- Further discussion with the women during pre-test counseling
- Home visit planning:
 - according to information provided by pregnant / BF women – i.e. best day/time to come at their home to reach their partner
 - per geographical areas
 - during week-ends
 - three nurses involved per facilities

Results

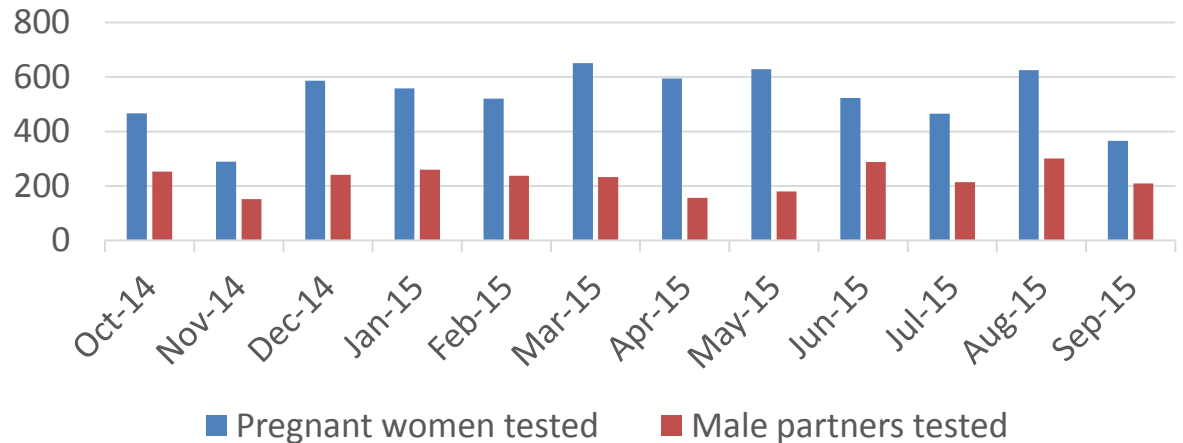
HTS – Pregnant women and male partners – FY14



In FY14, 17.7% male partners knowing their HIV status at the 5 selected HFs

HTS – Pregnant women and male partners – FY15

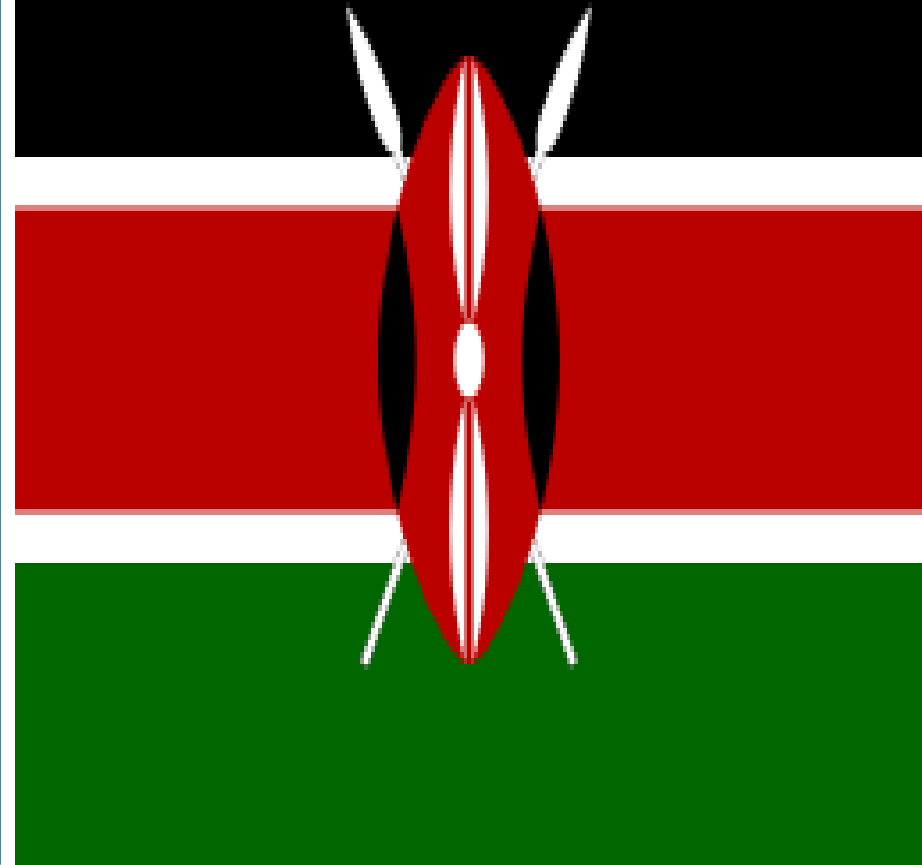
In FY15, 43.4% male partners knowing their HIV status at the 5 selected HFs



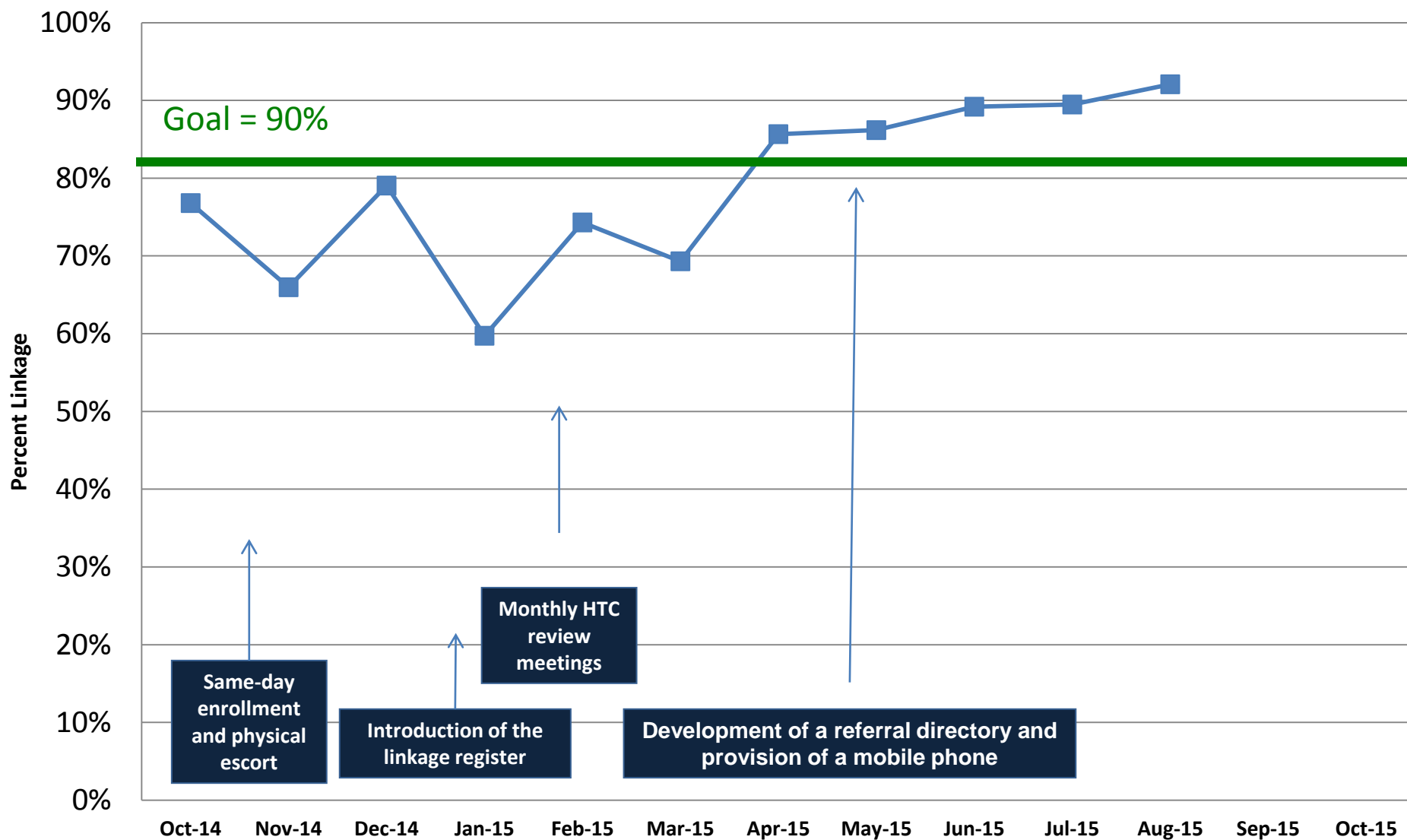
Challenges

- Male partners not present, unavailable
- Confidentiality – multiple families living in the same compound
- Geographic inaccessibility: remote areas, transportation issues
- Incorrect addresses
- Refusal by male partners to test

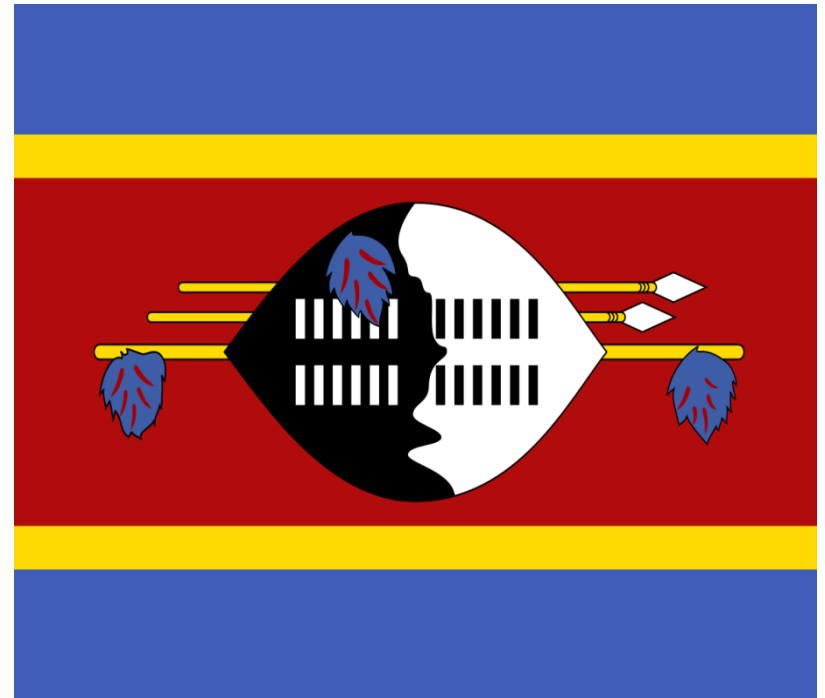
Intensified efforts to increase linkages to care in Kenya



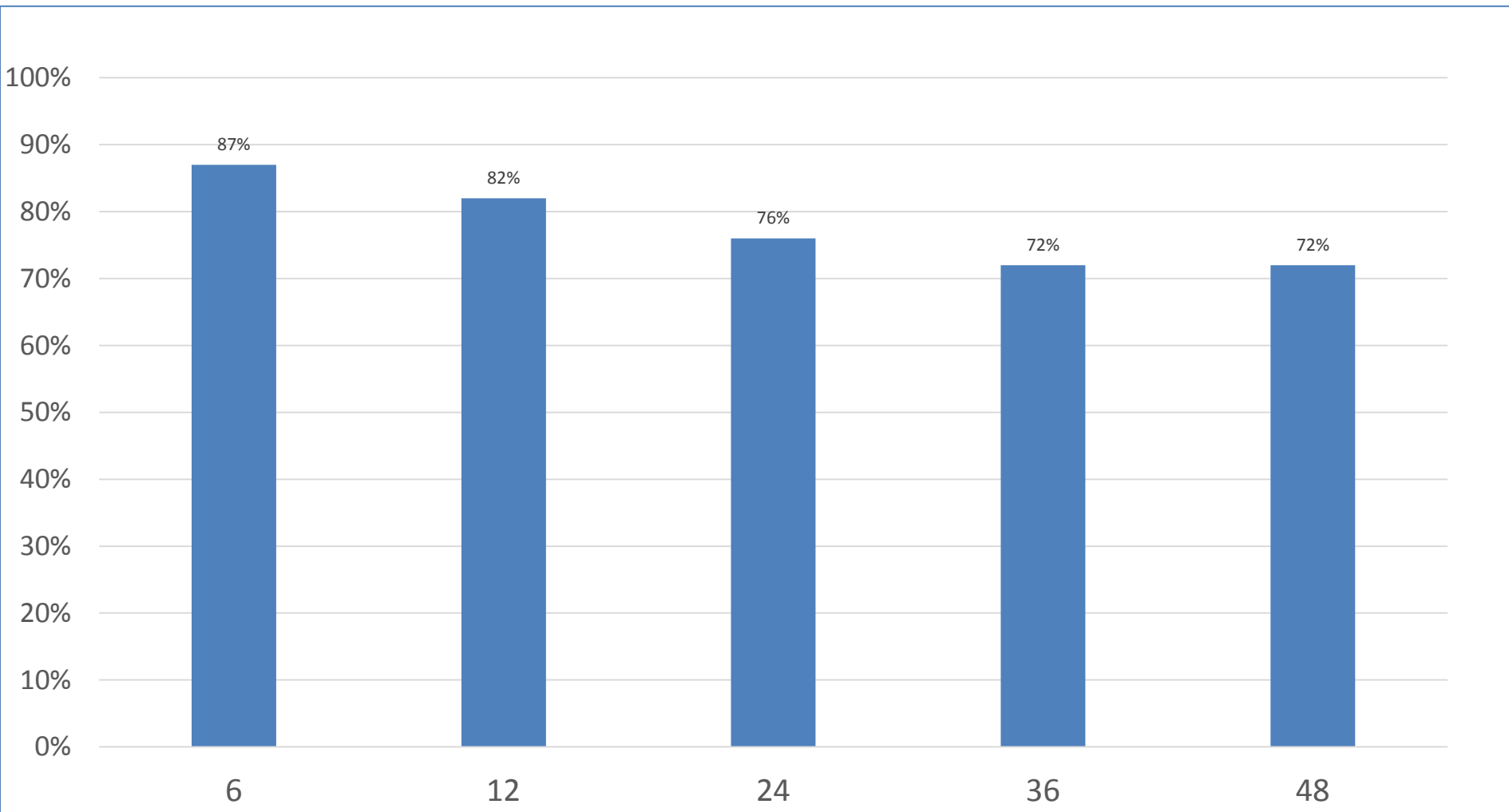
Linkage from HIV Testing to Care in Kenya



Intensified Efforts to Increase ART Retention in Swaziland



24 months retention: SNAP_E Evaluation report (national)



Months on ART



Interventions

- The Expert Client Program
- Linkages and Retention SOPs
- Patient Follow up
- Rural Health Motivators

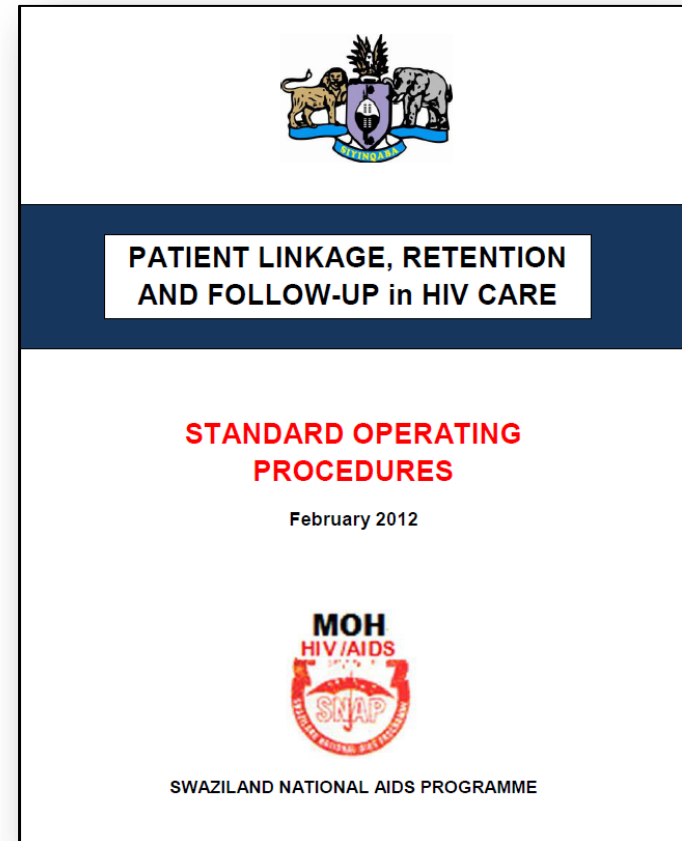
The Expert Client Program

- PLWH clients identified
- ICAP provides training and mentorship to EC
- EC became active MDT members.
- Annual Review meetings enable feedback from facilities on EC progress and recommendations to strengthen service delivery.



Linkages and Retention SOPs

- ICAP Supported the development of this SOP which greatly improved the performance of the Care cascades
- Provided TA to health facilities to *implement the SOP*
- Set up Defaulter Tracking Committees in all supported facilities



Patient Follow-up



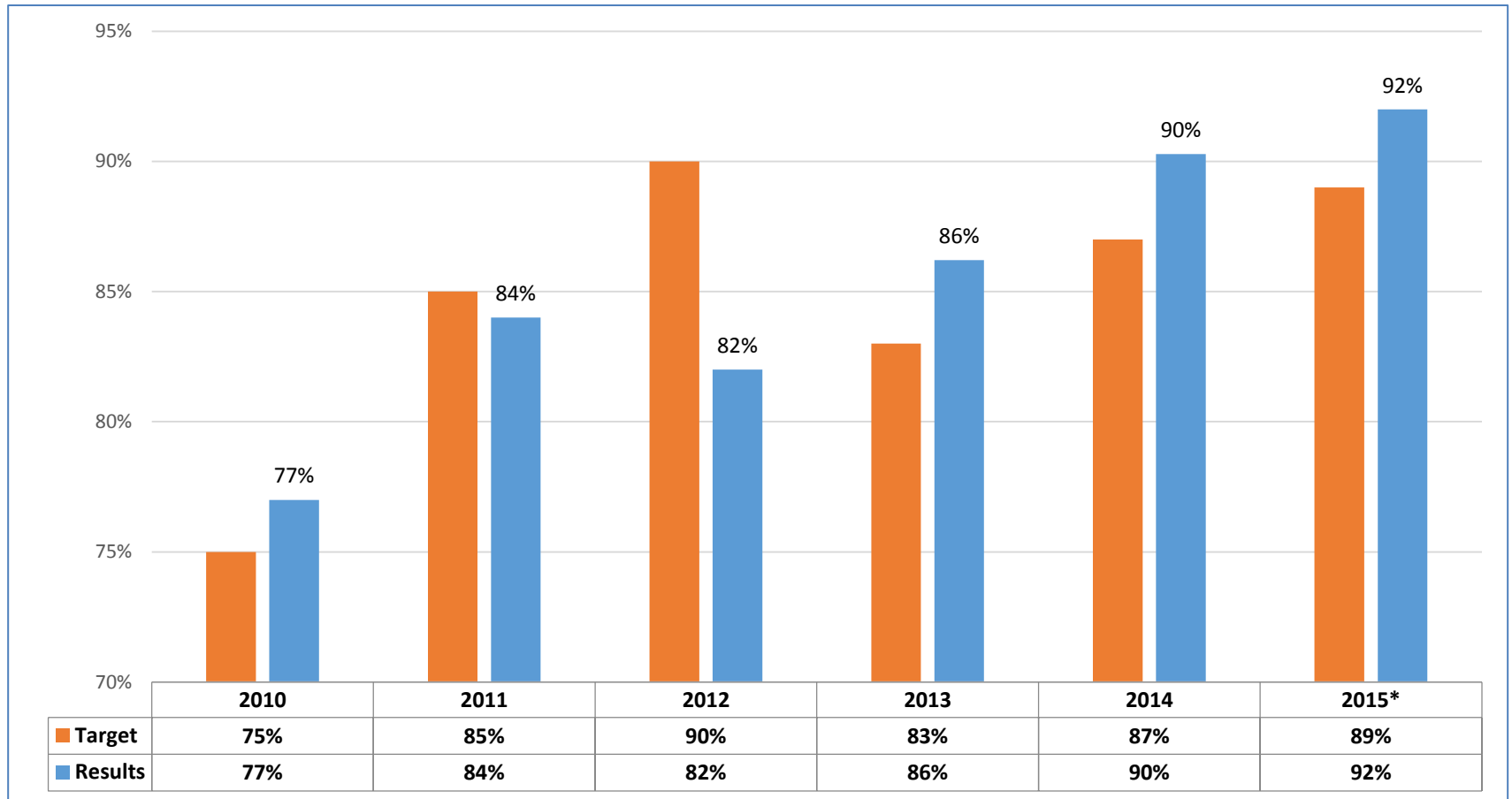
- Strengthened appointment system for patients
- Developed a “Call Register” used to follow-up clients who miss appointments.
- Tracks all cell phone calls made to clients who miss appointments.
- Outcome/result of the call is documented.
- Clients are then re-appointed in the appointment register.

Rural Health Motivators (RHM)s

- **Objective:**
 - To strengthen linkages of facilities and communities.
- **Trained Lead RHM)s in all facilities**
 - Patient Follow up,
 - supportive supervision
- **Developed and distributed RHM Face Pages and RHM Directories to all sites**
- **Paid through CBOs**



Results: Proportion of patients active on ART 12 months after ART initiation APR 2010 -2015



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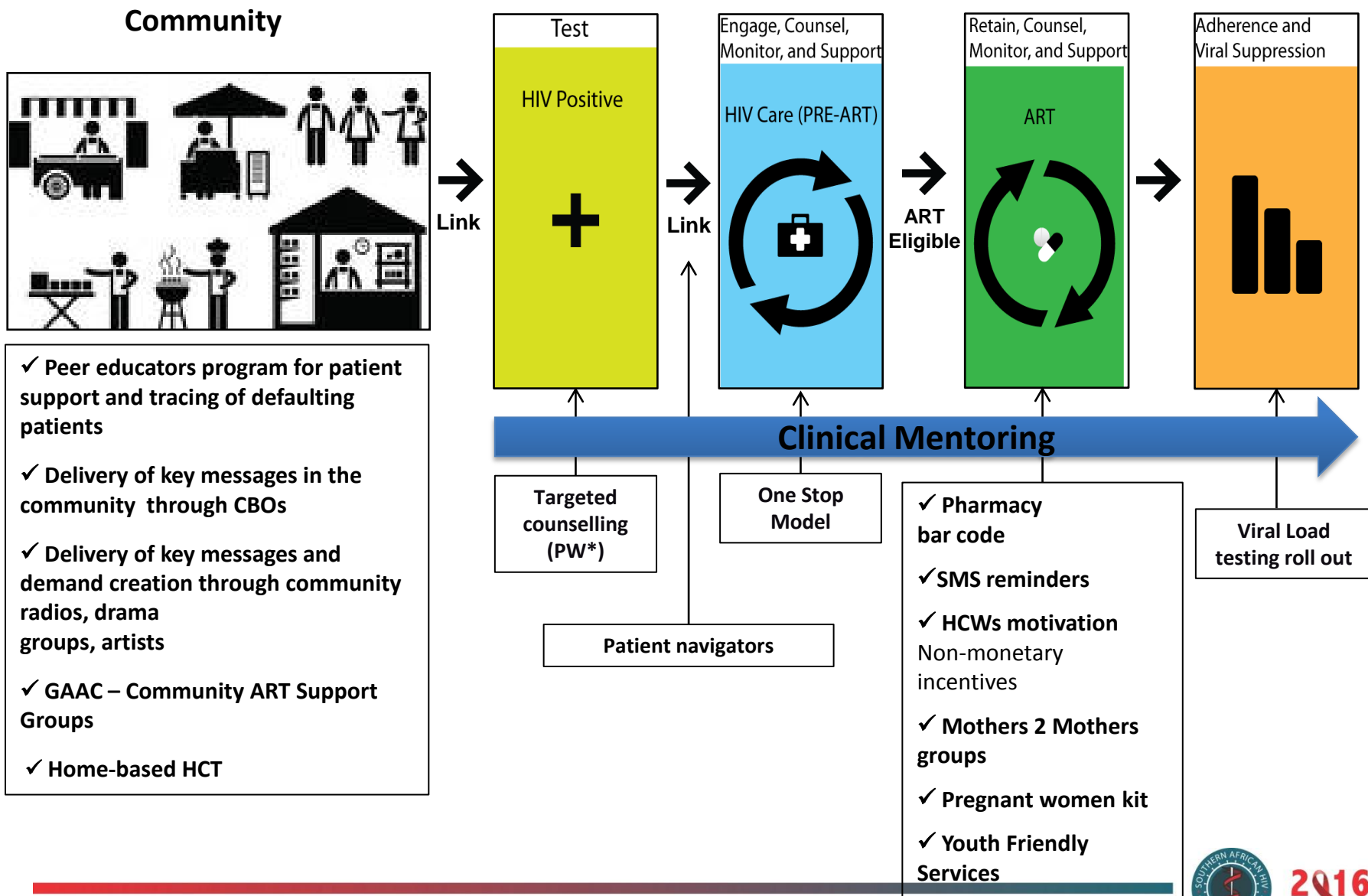
Challenges

1. Expert Clients are not part of the MoH workforce establishment
2. Cross border employment
3. Stigma for key pops: MSMs and FSWs are criminalized
4. Industrial Firms
5. High loss to follow-up of PMTCT B+ mother baby pairs

Interventions to enhance care continuum-Mozambique



Interventions throughout the cascade



Concluding Remarks

- Treatment cascade need specific interventions at specific points
- Interventions to be context specific (no size fits all)
- Quality to be ensured at all levels of cascade
- Interventions should be sustainable and replicable in similar settings
- We should also learn from bad practices as they are as valuable as promising practices

Acknowledgements

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Thank you for your attention

