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

Effect of ART on Life Expectancy

Source: World Bank, 2014
HIV Care Cascade/Continuum

- Test
  - HIV Positive
  - Link
- Engage, Counsel, Monitor, and Support
  - ART Eligible
- Retain, Counsel, Monitor, and Support
  - ART
- Adherence and Viral Suppression

McNairy & El-Sadr AIDS 2012
Leakages in Continuum of HIV Care

- **US**
- **Sub-Saharan Africa**

<table>
<thead>
<tr>
<th>Stage</th>
<th>US</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Positive</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Linked to Care</td>
<td>62</td>
<td>24</td>
</tr>
<tr>
<td>Retained/Initiated</td>
<td>41</td>
<td>16</td>
</tr>
<tr>
<td>Retained on ART</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td>Virus Suppressed</td>
<td>28</td>
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</table>

McNairy & El-Sadr AIDS 2012
• Limited access to effective antiretroviral treatment
• Barriers to adherence (e.g., substance use, homelessness, mental illness)
• Limited availability of adherence support, harm reduction services
• Lack of outreach services
• Limited access to treatment/waiting lists
• Limited treatment literacy and fear of side effects
• Provider attitudes regarding ART initiation for some patients
• Limited access to care services
• Barriers (e.g., poverty, substance abuse, homelessness, mental illness)
• Stigma (e.g., racial/ethnic, gender)
• Mistrust of the healthcare system
• Unaware of importance of HIV Care
• HIV testing not accessible or underutilized
• Providers and individuals unaware of HIV symptoms or risk
• Health services unwelcoming or punitive
• Unaware of individual risk for HIV
• Vulnerable and disenfranchised populations at higher risk
• Limited access to HIV testing in supportive environments
• Refusal of testing due to denial or stigma
• Provider practice of risk-based versus routine screening

Inability to Achieve and Maintain Viral Suppression
Late Initiation of ART
Failure of HIV Positives to Link to Care
Late Diagnosis of HIV Disease
Unaware of HIV Status
ICAP is affiliated with the Mailman School of Public Health, Columbia University, in the City of New York, United States.
Promising practices to achieve 90-90-90 in ICAP supported countries
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

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

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

Goal = 90%

- Same-day enrollment and physical escort
- Monthly HTC review meetings
- Development of a referral directory and provision of a mobile phone

Percent Linkage

Intensified Efforts to Increase ART Retention in Swaziland
24 months retention: SNAP_E Evaluation report (national)

Months on ART:
- 6 months: 87%
- 12 months: 82%
- 24 months: 76%
- 36 months: 72%
- 48 months: 72%
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 (RHMs)

- **Objective:**
  - To strengthen linkages of facilities and communities.

- **Trained Lead RHMs 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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<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Results</th>
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<tr>
<td>2010</td>
<td>75%</td>
<td>77%</td>
</tr>
<tr>
<td>2011</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>2012</td>
<td>90%</td>
<td>82%</td>
</tr>
<tr>
<td>2013</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>2014</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>2015*</td>
<td>89%</td>
<td>92%</td>
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</table>
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

**Community**

- Peer educators program for patient support and tracing of defaulting patients
- Delivery of key messages in the community through CBOs
- Delivery of key messages and demand creation through community radios, drama groups, artists
- GAAC – Community ART Support Groups
- Home-based HCT

**Clinical Mentoring**

- Targeted counselling (PW*)
- One Stop Model

**Test**

- HIV Positive

**Engage, Counsel, Monitor, and Support**

- Engage, Counsel, Monitor, and Support

**Retain, Counsel, Monitor, and Support**

- ART

**Adherence and Viral Suppression**

- Viral Load testing roll out

- Pharmacy bar code
- SMS reminders
- HCWs motivation
- Non-monetary incentives
- Mothers 2 Mothers groups
- Pregnant women kit
- Youth Friendly Services
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