

SSQH Program Brief

HIV/Tuberculosis (TB)

February 2019

www.mcsprogram.org

Goal

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haïti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.

SSQH is working with the MSPP's HIV department (*Programme Nationale de Lutte contre le VIH/SIDA* or PNL) toward the "90-90-90" goals adopted by UNAIDS and reinforced by the US President's Emergency Plan for AIDS Relief (PEPFAR): that 90% of persons living with HIV (PLHIV) know their status, 90% of those diagnosed with HIV receive antiretroviral therapy (ART), and 90% of those on ART achieve viral suppression. SSQH began supporting HIV activities in northern Haiti in July 2015 and expanded to the Central/South Region in October 2016.



Pierre Tenor, an HIV/AIDS Peer Educator, provides education and basic health services in the community, including distribution of lifesaving antiretroviral drugs (ARVs) and condoms. Photo credit: Karen Kasmauski/SSQH

Program Approaches

- Addressing HIV/AIDS at the facility level:** SSQH supports HIV services in 46 health facilities (targeted HIV rapid testing in all facilities and ART in 42 facilities). People who receive HIV-positive results are also screened and provided treatment for TB, and patients are counseled on the importance of partner notification and testing for children who are also at risk. Newly diagnosed HIV-positive clients are linked with treatment services and initiated on ART in line with the national Test and Start Policy, which states that all clients who test HIV-positive are eligible to begin treatment and no longer need to pass a certain threshold for count of their CD4 cells (white blood cells that are an essential part of the immune system). Facilities work with community health workers (*Agents de Santé Communautaires Polyvalents* or ASCPs) to trace patients who are lost to follow up (LTFU) and bring them back to the facility to be re-engaged in HIV care and treatment. SSQH supports these efforts by providing training and clinical mentoring to facility staff. The project also provides viral load (VL) testing for all patients on ART and supports the use of biometric fingerprinting and electronic medical records to track patients across facilities. Gender-based violence (GBV) screening and care are integrated with HIV services, and as of September 2017, SSQH had trained 117 providers from 23 sites on the institutional case management of GBV and coached 129 providers from 34 sites

on GBV and child protection (CP) standards and practices. The program also supports quality improvement (QI) of service delivery using the MSPP- and PEPFAR-endorsed HealthQual approach. This approach enables health facilities to evaluate standard health indicators to identify quality gaps and then form committees to create and implement action plans that address root causes of deficiencies in care.

- **Addressing HIV/AIDS at the community level:** SSQH supports the MSPP to provide education and raise awareness in the community and recruit clients to attend facilities for services. SSQH organizes mobile health clinics in hard-to-reach or underserved areas, providing HIV testing, TB screening, and other health services. The project also provides training to ASCPs and peer educators (PEs), who provide a package of health services, including community follow-up of ART patients and community ART distribution with multi-month dispensing of ARVs. Multi-month dispensing is promoted for clients who meet eligibility criteria based on national guidelines, as it helps to reduce the burden of frequent facility visits on both facilities and patients and encourages adherence and retention. Some of these community-based interventions (e.g. community-based distribution of ART) support the national Test and Start Policy, and SSQH reinforces these interventions with home visits, support groups, and mobile clinics. To enable vulnerable members of the population, including HIV-positive clients, with limited financial resources to generate revenue for increased self-sustainability, the *Centre de Développement de Santé* (CDS), an SSQH sub-grantee, established seven mutual solidarity funds (MUSOs). SSQH also provides support for orphans and vulnerable children (OVCs) by hosting events that provide the opportunity for HIV testing and counseling. As of September 2017, SSQH had provided support to 8,812 OVCs, 7,287 of whom have an HIV-positive status. In addition, the program works within community structures such as law enforcement and judicial systems to address GBV and trains ASCPs on the proper care of GBV and child victims. As of September 2017, SSQH had trained 126 ASCPs on GBV and CP standards and practices.
- **Using mHealth technologies to reach HIV clients in communities:** In the catchment areas for 26 priority PEPFAR sites, SSQH is working with the firm Dimagi to further develop an mHealth application based on their CommCare platform that currently allows ASCPs, PEs, and health care providers to better serve the needs of HIV-positive clients, their families, and other key vulnerable populations in the community. CommCare, once finalized, will provide a questionnaire for ASCPs and PEs to use when conducting home visits, distributing drugs, or reaching out to clients who have been LTFU. Patient data in the CommCare application is available through a dashboard that displays and uploads key indicators that will be connected to the national patient records database (ISanté). SSQH provides training to ASCPs, PEs, and health care providers on how to use the tool and provides the phones and internet time required to use the application.

Key Results and Findings

Results

- **Made progress towards the UNAIDS 90-90-90 goals:** In the 46 SSQH-supported health facilities, from October 1, 2016, to September 30, 2017, a total of 256,656 people were tested for HIV and received their results, and 3,999 people were newly diagnosed as HIV-positive. In the 42 SSQH-supported facilities providing treatment, 4,454 people were enrolled on ART, including some who were LTFU and re-engaged. A total of 11,776 people are currently enrolled on ART in project-supported health facilities, and all these clients receive adherence support both in the health facilities and at the community-level, through the ASCPs and PEs.
- **Advanced Haiti's Test and Start Policy:** Haiti introduced the Test and Start Policy in July 2016. At that time, across 22 SSQH-supported sites in northern Haiti, approximately 1,297 clients were considered to be “pre-ART,” as their CD4 counts were not low enough to start treatment under pre-existing policies. Likewise, when SSQH started in southern and central Haiti in September 2016, 1,789 clients were considered “pre-ART.” To date, all of these clients have either been re-engaged in care and placed on treatment or identified as either LTFU or having a duplicate record.
- **Supported biometric fingerprinting:** SSQH has supported installation of biometric fingerprinting technology in 41 high-priority health facilities. This technology helps to detect patients who are enrolled in HIV care and treatment at multiple facilities, and PNLS is currently developing an action plan for the analysis and remediation of these duplications.
- **Introduced VL testing:** SSQH has introduced VL testing in 42 health facilities. All HIV-positive clients receive a VL test after they have been on ART for 6 months and are monitored until their VL is undetectable, after which they

are tested annually. SSQH is building capacity of health care providers to understand the importance of VL testing for existing patients and to ensure timely use of VL results for patient management.

Findings

- **Targeted testing with a focus on partner notification services leads to a high yield of newly-diagnosed HIV-positive persons.** From October 2016 to September 2017, a total of 3,999 clients tested HIV-positive in 46 health facilities. In northern Haiti, from October 2016 to March 2017, 519 clients (88%) accepted counseling for partner testing, and 112 (22%) of those agreed to refer their partners to the facility for testing. Sixty-one partners came to the facilities and were tested, 30 (49%) of whom were HIV-positive. This rate is substantially higher than the positivity rate (yield) among all persons tested in SSQH-supported facilities during the same period (1.5%). Currently, most clients elect to notify their partners on their own (passive referral), although SSQH-supported facilities also offer provider-assisted approaches.
- **Strong linkages between community- and facility-based services are essential for ensuring implementation of the Test and Start Policy and tracing patients who are LTFU.** ASCPs and PEs played a key role in tracing “pre-ART” patients who became eligible for treatment when the MSPP adopted the Test and Start Policy in July 2016. They received patient contact information from the health facilities and used their networks within the community to trace patients, educate them about the policy change and their eligibility for treatment, and re-engage them in facility-based HIV care and treatment services. Some patients could not be traced; ASCPs and PEs made three attempts to reach patients by phone and one home visit before determining that a client was LTFU. The establishment of biometric fingerprinting in health facilities will also help reduce the number of patients LTFU, since some may enroll in treatment at facilities other than those at which they were diagnosed.
- **Active follow-up of patients who are on ART can promote adherence and reduce LTFU rates.** ASCPs and PEs work closely with health facilities to proactively follow-up with patients who are on ART to support adherence and retention. They conduct enhanced counseling, which involves educating clients on the availability of treatment, how treatment works, community ART distribution options including their multi-month dispensing eligibility, the importance of receiving VL testing and achieving viral suppression, methods for preventing transmission of HIV to others (which includes ASCPs and PEs distributing condoms to patients), and the importance of linking their partners and children with facilities for HIV testing. ASCPs and PEs also trace patients in the community who miss at least one appointment to minimize LTFU. This active engagement and partnership between facilities and communities is essential for achieving successful patient outcomes.

Recommendations

- **Strengthen targeted testing in health facilities by providing guidance on who should and should not be tested.** Both PEPFAR and Haitian national policies state that HIV testing should target high-risk clients; this targeting is crucial to ensure better-quality HIV testing services and enable HIV-positive patients to access treatment and care more quickly. To respond to high test and low yield rates in health facilities, SSQH developed a screening tool with guidance for providers on identifying the highest-risk persons (using indicators like time since last test and participation in behaviors identified as highest risk by HIV epidemiology). The tool will be piloted by providers in one health care facility in November 2017, and if it improves yield results, SSQH will recommend that it be rolled out across all facilities.
- **Expand provider-assisted approaches for partner notification services.** SSQH is continuing to support providers in ensuring the safety of both HIV-positive clients and their HIV-negative partners. Patients need multiple options for referring partners, such as those recommended by the WHO to reduce the burden on clients to disclose alone (e.g., provider referral [anonymous disclosure by providers to partners] and dual referral [provider-supported disclosure either in the facility or at home]). These options are not currently integrated into health facility practices. SSQH is planning a pilot study in 2018 in partnership with the national HIV program to assess the efficacy of strengthened partner notification services and supervised home-based self-testing to improve identification of undiagnosed PLHIV in the community. The pilot will include training for providers on how to support clients with disclosure, with further training to be considered after lessons learned have been synthesized. Future programs should also provide post-training, on-the-job mentorship for providers and the development of guidance on clear roles and responsibilities regarding leadership of different types of notification services. Furthermore, future programs should engage ASCPs and PEs to trace partners and children in the community and link them with

facilities, using monitoring and evaluation tools to capture client-level data and the stipends to fund home visits and phone calls.

- **Increase focus on the quality of HIV testing services.** HIV testing providers should focus on proactive and continuous activities to meet QI standards (i.e. ensuring proper storage of test kits, ensuring that timers are available in each site and that providers use them to read test results correctly, conducting routine quality controls, and participating in national proficiency testing) and strengthening partnerships with laboratories to increase collaboration and knowledge sharing. Future programs should support these activities through capacity building, mentorship, and supportive supervision of facility staff. Providers should also ensure implementation of the national policy on retesting for verification of an HIV-positive diagnosis before or at the time of treatment initiation, which has been clarified in recent PNLs HIV testing policies as a result of SSQH advocacy. Future programs should support policy implementation by reinforcing the policy during supportive supervision visits.
- **Continue to support community ARV distribution and multi-month dispensing for eligible patients.** Additional support will be needed from future programs to improve patients' understanding of treatment availability, benefits of treatment, and eligibility for multi-month dispensing. Future programs should also support facilities in identifying additional strategies for ensuring adherence.
- **Strengthen implementation of VL testing.** VL testing is now available in all health facilities that provide ART. The current practice is to prioritize patients for testing who have been on treatment for six months (or four months for pregnant women); however, it is more important to prioritize patients who have been on ART for many years, as some may have never received a VL test. Furthermore, additional efforts are needed from health care providers to ensure VL test results are returned quickly, that patients understand their results, and that the results are used for patient management and care. SSQH helped to implement a strategy for improved VL result turnaround times by coordinating with facilities to activate email accounts and request that the LNSP send results to facilities electronically ahead of the hard copy required for official patient records. Future programs need to continue to work with providers to overcome logistical challenges that result in long test-to-result timeframes and reinforce in provider trainings that results should always be returned to patients (i.e. not just filed in the patient record to be discussed if and when the patient next attends the clinic).
- **Continue to expand the reach and capacity of mHealth technologies.** Once the CommCare system is fully functional, future programs should continue training health care providers, ASCPs, and PEs. Programs should work with technology implementation partners to ensure connectivity with other national electronic medical record systems to enable patient tracking across sites. Future programs should also improve dashboard functionality to make data visually appealing and readily accessible by health care providers, ASCPs, and PEs alike.