CHASS

Clinical & Community HIV & AIDS Services Strengthening

Increasing New Enrollment in HIV Care and Treatment

PROJECT OVERVIEW

Objectives: To contribute toward HIV/AIDS epidemic control in Mozambique, CHASS seeks to:

1. Increase coverage of anti-retroviral treatment (ART) to 90 percent.
2. Increase retention on ART to 80 percent and 70 percent at 12-month and 36-month follow-up, respectively.
3. Increase the average CD4 count at initiation of ART from 350 to 500 cells/mm^3.
4. Complete tuberculosis (TB) treatment for 90 percent of people living with HIV (PLHIV) diagnosed with TB.
5. Operationalize viral load testing.

Intermediate Results (IRs):

- IR1: Strengthened facility-based HIV services.
- IR2: Strengthened community-based HIV services.
- IR3: Strengthened referral and linkage systems between community and facility-based HIV services.

Start and End Dates: 2015–2019

BACKGROUND

The Clinical and Community HIV/AIDS Services Strengthening (CHASS) project, funded by the U.S. Agency for International Development (USAID), is designed to improve the quality, coverage and effectiveness of high-impact, evidence-based HIV/AIDS interventions in Manica, Niassa, Sofala, and Tete provinces. One aspect of the project's scope is to support health facilities (HFs) and community-based organizations (CBO) to strengthen HIV testing and counseling (HTC). This is accomplished through training/mentoring of staff on national HTC guidelines and standard operating procedures (SOPs) to ensure quality HTC services and effective referrals for individuals who test positive. In line with UNAIDS' 90-90-90 treatment targets, CHASS implements different activities aimed at ensuring that at least 90 percent of diagnosed people living with HIV/AIDS (PLHIV) are linked to clinical care and treatment services.

APPROACH

The CHASS project has pursued strategies aiming to increase new antiretroviral treatment (ART) enrollment by either 1. identifying HIV-positive individuals through HTC and linking them to care and treatment (C&T) or 2. identifying new enrollees from pre-ART registers who are eligible to begin ART. This technical brief documents CHASS's approach and key activities used to increase the number of new ART enrollees.

Increasing HTC

In total, CHASS supports 346 ART sites, 379 prevention of mother-to-child transmission (PMTCT) sites, and 388 HTC sites in 56 districts.[1] Table 1 lists the different HTC modalities the project supports and key recent activities.

1. These sites do not include PMTCT sites, all of which do HTC within PMTCT. They include sites that provide either VCT or PICT.

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TABLE 1 *Examples of Activities to Increase Number of Individuals Receiving HTC*

HTC MODALITY	HTC ACTIVITIES
Provider-Initiated Counseling and Testing (PICT)	• QI Initiative: PICT Workshops held in Manica and Sofala • Introduction of CHASS PICT counselors in 23 sites across four provinces
Voluntary Counseling and Testing (VCT)	• Counselors added in 21 VCT units across Manica, Sofala and Tete
Routine opt-out testing (ROOT)	• Implemented for children at a group of priority sites including Munhava in Sofala and all facilities in Chimoio City
Community HIV testing and counseling (C-HTC)	• Emphasize implementing and tracking index case testing in all four provinces

IMAGE 1. A psychosocial worker in Macurungo health center (Beira, Sofala) records information of an HIV-positive patient. The case manager also sits in the room to then escort the patient to a different unit (e.g. pharmacy).

QUALITY IMPROVEMENT (QI) INITIATIVE: During fiscal year 2017 (FY 17), the CHASS project undertook a QI initiative in Sofala (quarter 1) and Manica (quarter 2) that involved organizing workshops on PICT for staff from priority facilities and high volume sites. Performance was discussed and coverage targets for testing were established for patients who attend consultations or screenings, including emergency services. Now monthly meetings are held to review data, share lessons learned, and recognize high performing providers (reporting high volume and high positivity).

ADDITION OF CHASS COUNSELORS: In quarter 2 of FY 17, CHASS counselors were added in 21 VCT units across Manica, Sofala and Tete and CHASS PICT counselors were added in 23 sites across the four provinces. Adding CHASS counselors to selected facilities reduced the HTC gap in some facilities where service volume is too high for service providers to conduct HTC.

TARGETED HTC: The CHASS project has also been targeting HTC for populations and locations that are likely to yield high positivity rates. For instance, all CHASS CBO partners engaging in C-HTC were trained to focus on index case testing since it yields higher HIV positivity rates than mass testing activities (see Table 2).

Increasing New ART Enrollment

PATIENT ESCORTS: Plan-Do-Study-Act (PDSA) cycles were introduced in 2016 to improve patient flow for linkages from HTC to C&T in HFs. In this effort, patient escorts, usually case managers, were introduced to link patients from diagnosis to C&T. Moreover, CHASS facilitated the deployment of a "circulating case manager" in high volume HFs to physically escort patients to the appropriate medical consult area, either from the entry points or from the reception for returning patients. The strategy of using circulating case managers was adopted because static case managers are placed in fixed service delivery sites, and may find it difficult to leave.

PERFORMANCE MONITORING TOOLS: The CHASS National Task Force introduced performance monitoring spreadsheets to track new diagnoses and the number of new enrollees, linkages to care, and community follow-up (e.g., household visits for new patients).[2] CHASS then worked with sites to use these daily data to evaluate their performance on an ongoing basis to provide feedback to clinical staff. An informal system for tracking newly diagnosed patients was also introduced in select sites to encourage providers to follow patients through to C&T.

IDENTIFYING PATIENTS ELIGIBLE FOR ART: A significant source of new enrollees for ART are those individuals in pre-ART who became eligible to initiate ART because of changes made to ART guidelines in February 2016 (≤500 cells/mm^3 as the eligibility threshold for ART initiation). CHASS instructed provinces to work with HFs to trace such patients and prepare them for ART initiation. Additionally, CHASS supports the Ministry of Health (MOH) in rolling-out Test and Start (T&S) in a phased approach. CHASS is working with both T&S and non-T&S sites to review clinical charts to identify patients eligible to initiate ART.

2. These daily monitoring spreadsheets are currently being converted to an electronic tool to aid in review and aggregation of these data and to facilitate support from a distance. The application is currently being tested.

TABLE 2 *Testing Results by Entry Point in Quarter 1 and Quarter 2, FY 17*

ENTRY POINT	QUARTER 1			QUARTER 2			% CHANGE Q1 – Q2
	# tested	% positive	# positive	# tested	% positive	# positive	
Voluntary Counseling & Testing (VCT)	40,910	13%	5,144	44,814	12%	5,414	10%
Provider Initiated Counseling & Testing (PICT)	175,603	6%	9,972	240,852	7%	16,443	37%
Community HIV Testing & Counseling (C-HTC)	14,748	14%	2,317	15,456	14%	2,665	5%
Index Case	5,622	24%	1,371	6,928	23%	1,634	23%
Other C-HTC	9,126	10%	946	8,528	12%	1,031	-7%
Antenatal Care (ANC)	91,907	4%	3,829	96,829	4%	4,207	5%
Maternity	12,644	1%	124	13,013	1%	116	3%
High Risk Consultation for Children (<12 months)	5,668	5%	267	5,760	5%	278	2%
Tuberculosis (TB)	3,377	15%	495	2,874	14%	402	-15%
TOTAL	**344,857**	**6%**	**22,148**	**419,598**	**7%**	**29,525**	**22%**

RESULTS

Increasing HTC

In the second quarter of FY 17, CHASS tested 419,598 people for HIV, representing a 22 percent increase in the number of people tested from quarter 1 to quarter 2 (see Table 2). This increase was the result of the QI initiative CHASS undertook in Manica and Sofala. The specific impact of these initiatives was seen in the 37 percent increase in numbers tested via PICT and the 10 percent increase in the number tested via VCT. Other entry points/testing modalities without these initiatives saw much smaller growth in the number of individuals tested. Also, index case testing done through C-HTC had the highest positivity yield (23 percent) in quarter 2 when compared to all the other modalities.

QUALITY IMPROVEMENT INITIATIVE: Notably, of the six facilities that participated in the first PICT workshop in December 2016, four showed considerable improvements, for instance three increased the number of people tested in PICT by over 200 percent and one by 93 percent. As Figure 1 illustrates, there was a steep increase in number of individuals tested through PICT in Manica from quarter 1 to quarter 2 (FY 17) due to the QI on PICT in this province.

ADDING CHASS COUNSELORS: In some cases, the addition of CHASS counselors to minimize shortage of providers also contributed to gains in the number of people tested. For instance, CHASS counselors were added in 21 VCT units across Manica, Sofala, and Tete and in these sites, the number of people tested in VCTs increased by 24 percent relative to quarter 1, whereas in sites where no counselors were added, the number of people tested increased by just 3 percent. In the 23 sites where CHASS introduced PICT counselors, the number of people tested increased by 113 percent compared with quarter 1, versus a 21 percent increase in sites without additional counselors. In this case, the independent effect of these counselors could not be teased out, as all but one of the sites with new PICT counselors in Manica and Sofala also participated in the PICT QI effort.

FIGURE 1 *Number of Individuals Tested Through PICT*

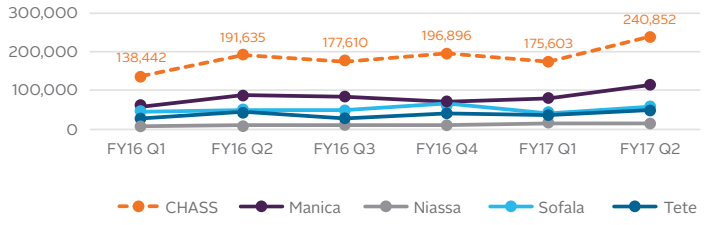
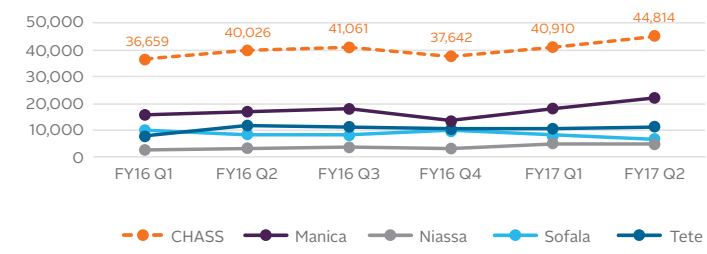


FIGURE 2 *Number of Individuals Tested Through VCT*



Increasing New ART Enrollment

The increase in ART enrollment in Figure 3 is the result of efforts to identify more people who are HIV-positive and did not know their status and to link those patients who tested positive to care.

ESCORTING PATIENTS: During the first quarter of FY 17, CHASS used the PDSA tools to evaluate whether the circulating case managers can make a significant contribution to strengthening linkages between diagnosis and treatment within the HF. The intervention showed impressive results within a month, as shown by Table 3. All sites that introduced circulating case managers showed a significantly higher proportion of patients enrolled in care and initiated on treatment. In subsequent quarters, CHASS will emphasize the importance of escorting by case managers within their integrated TA visits to ensure that it is a priority.

FIGURE 3 *Number of Patients Newly Enrolled in ART*

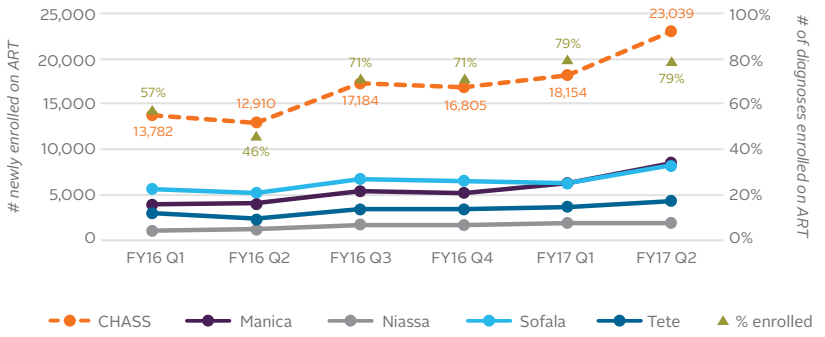


TABLE 3 *Results from a PDSA Cycle on Engaging Circulating Case Managers to Improve ART Initiation*

PROVINCE	HF	BASELINE	PDSA
Tete	C.S N°2	51%	82%
Manica	C.S Eduardo Mondlane	66%	80%
Sofala	C.S Ponta Gêa	60%	78%
	CS Chingussura	60%	93%
	CS Chota	77%	100%
	CS Chamba	52%	95%

LESSONS LEARNED AND NEXT STEPS

CHASS technical assistance providers have witnessed how showing service providers ART enrollment performance data and working with them closely on techniques for increasing ART coverage increases the service providers' motivation to improve. It is also important to note that the number of patients who enroll in ART may be affected by social-cultural factors. For instance, in some cases a woman needs to ask her husband for permission to start treatment. Engaging communities in addressing these social cultural barriers increases service uptake.

Using escorts to link patients to C&T does lead to significant increases in ART enrollment, but even with this escort system there are leakages, especially in high volume clinics where the ratio of patients to escort is high. Therefore, having a monitoring system in place is critical for ensuring that all individuals diagnosed as HIV-positive are linked to C&T by the escorts. Additionally, there needs to be a system in place (e.g. use of mobile texts) for service providers to notify HF escorts on when they need to pick-up an HIV-positive patient from a specific unit to escort to another unit to receive C&T.

HTC and enrollment in C&T are key components of the continuum of care, but retention is also critical. Therefore, to capitalize on these important improvements and results in HTC and ART enrollment, the CHASS project has also developed a plan for improving retention that has been implemented in the four provinces.

ABOUT CHASS

The Clinical and Community HIV/AIDS Services Strengthening (CHASS) project, Cooperative Agreement Award No. AID-656-A-00-10-00113-00, is funded by the U.S. Agency for International Development (USAID) and FHI 360 is the prime partner of the consortium. The CHASS project is designed to improve the quality, coverage and effectiveness of high-impact, evidence-based HIV/AIDS interventions in the four provinces of Manica, Niassa, Sofala, and Tete by ensuring that the right HIV/AIDS interventions are implemented, at the right time and in the right places, so as to contribute to the desired goal of epidemic control in Mozambique. The project focuses on enhancing HIV case detection, ART initiation, retention in care and viral load testing.

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