# Mapping Global HIV Capacity Development to the HIV Care Continuum: The International AETC Experience

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# Continuum of Care

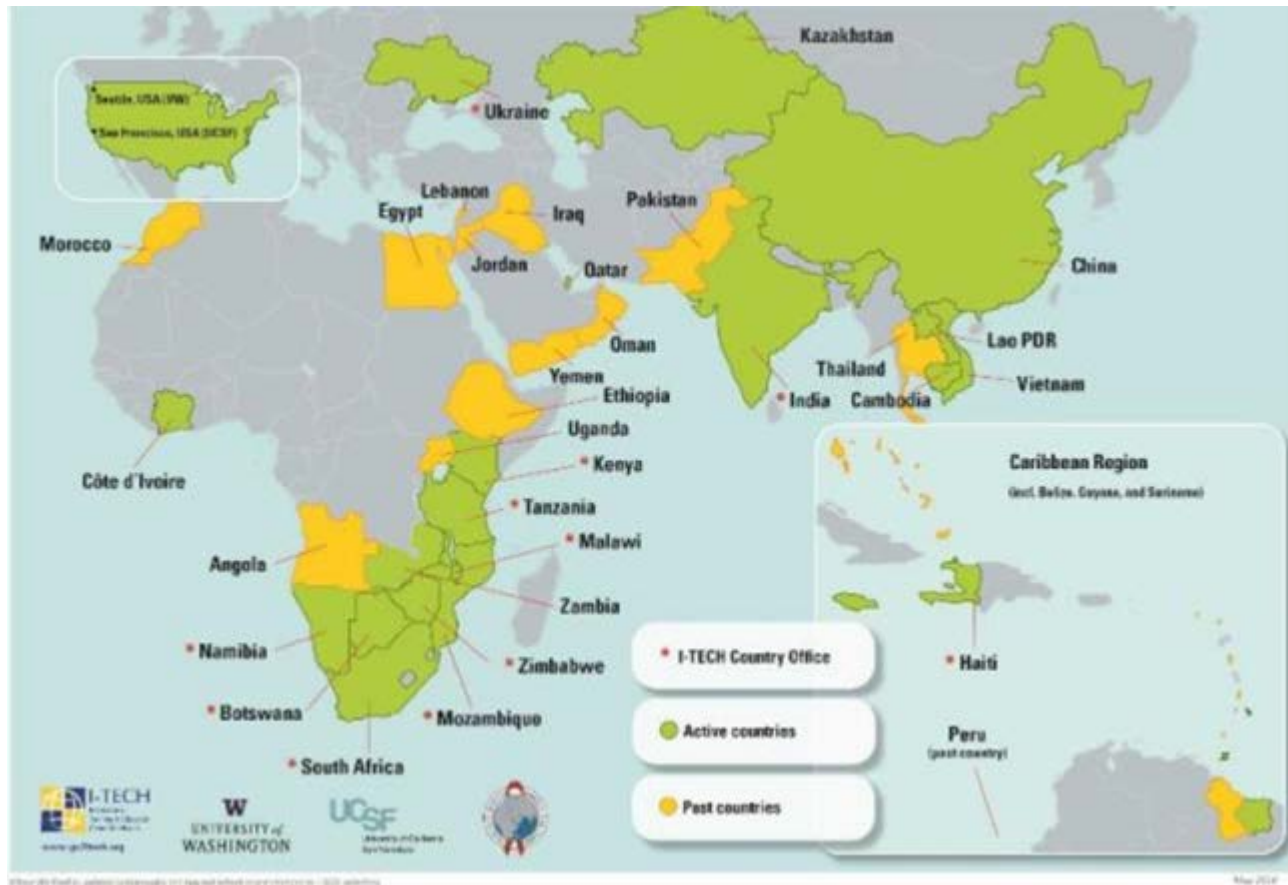**Mapping I-TECH's programs & interventions along the HIV Care Continuum**

# Session Overview

- Who we are

- I-TECH Care Continuum Document

- Purpose and use of this document/tool

- Share country examples

  - Caribbean Program

  - Botswana HIV Testing and Counseling Program

# I-TECH's Founding and History

# Where I-TECH Works

# International AIDS Education Training Center (IAETC) Award

**Goal:**

Improve health outcomes and wellness for people living with HIV along the HIV treatment cascade by building sustainable health systems, including a global workforce with the right skills, mix, and distribution to respond to HIV and other population health priorities in countries in sub-Saharan Africa, the Caribbean, Central Asia, and Eastern Europe with significant or increasing HIV and other infectious disease incidence rates.

# IAETC Program Objectives

- Identify, pilot, evaluate, and scale up new approaches to effective and efficient HIV service delivery

- Strengthen evidence-based comprehensive prevention approaches by targeting key populations including adolescent girls and young women; and

- Improve diagnosis, linkage, treatment, retention and viral suppression
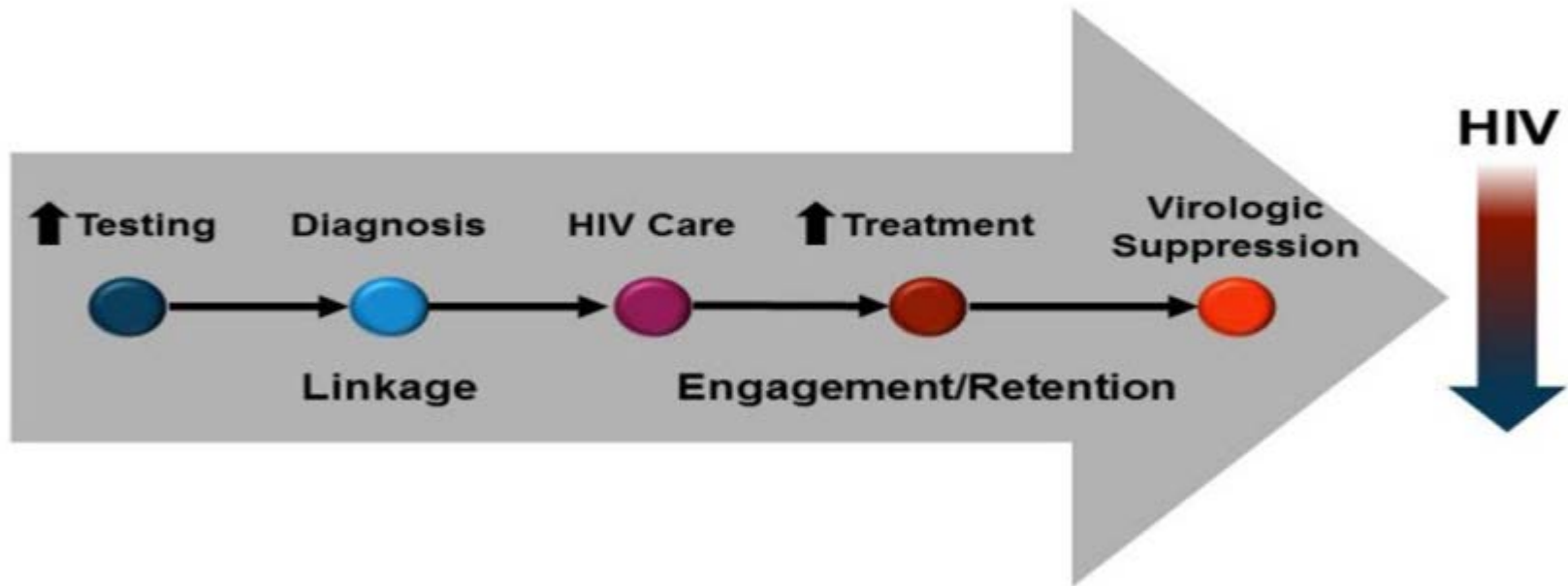
# I-TECH TA FRAMEWORK
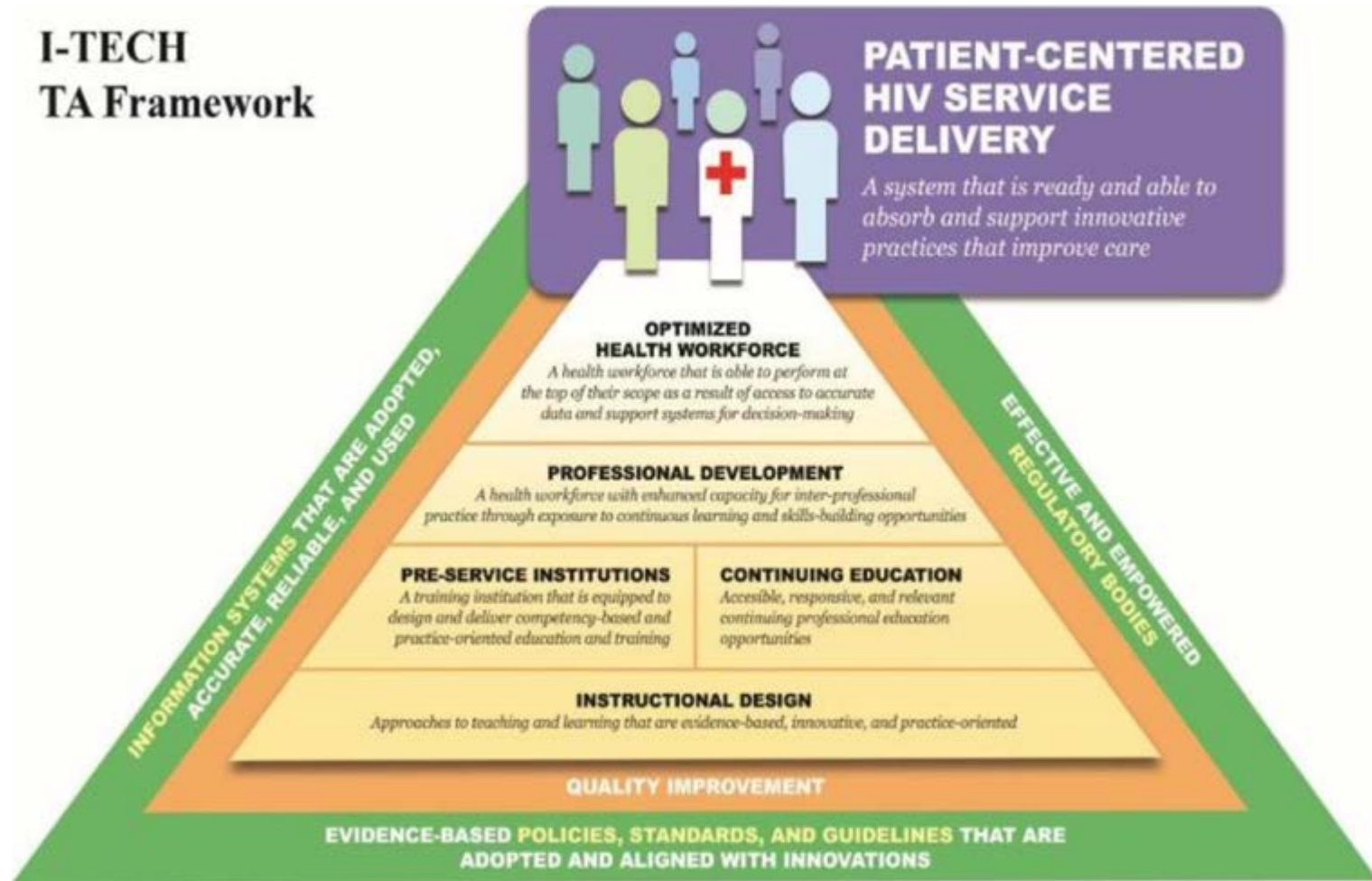
# HIV Continuum of Care



Implementation Cascade for the Continuum of Care

# Why Map I-TECH Programs along the Continuum

- Help gauge progress towards national and regional goals and direct HIV prevention and treatment resources effectively

- Identify obstacles (individual and service) that contribute to poor engagement in HIV care and develop strategies to improve engagement in care and outcomes for people living with HIV.

- Accelerate efforts to better address drop-offs along the continuum, and increase the proportion of individuals in each stage along the continuum

- Answer and help us think through strategic questions

- Framework for telling the I-TECH story

- Replicate effective interventions

# Controlling the Epidemic:
# Telling the I-TECH Story

# I-TECH and the Continuum of Care

| | Program Area | 90% diagnosed | 90% On treatment | 90% virally suppressed | Contribution to Continuum of Care | Countries |
|---|---|---|---|---|---|---|
| **Direct Service Provision** | **HIV Testing and Counseling (HTC)** Increase HIV testing rates. **Strategies include:** 1) QI initiatives at facility level to address identified gaps in TC and linkages; 2) assisted partner services; 3) community engagement activities to increase demand for TC and establish linkage between testing and ART initiation; 4) improved competencies of HCW on the provision of HTC services; 5) quality assurance of HIV rapid testing; 6) development and implementation of clinical mentoring strategies to address systems issues affecting TC uptake and linkage to care; 7)Procurement of HIV test kits; 8) deployment of TC staff at high burden facilities with inadequate HR | X | X | | 1) Increased uptake of testing and counseling (TC); 2) Improved linkages to care for patients testing HIV positive; 3) Increased number of HCW with the knowledge, skills to deliver high quality HIV counseling and testing services; 4) Customized on-site training developed to address and improve gaps in TC; 5) Improved use of routine data to inform decision making and identify patients not counseled and tested and/or linked to care; 6) Improved TC services through targeted clinical mentoring and/or supportive supervision addressing gaps identified though QI strategies/interventions | Botswana Mozambique Kenya Zimbabwe Haiti Namibia |

# Caribbean Program

# CQI Collaborative: JaQIC and CaReQIC

In 2013/14, I-TECH supported the Jamaica QI Collaborative (JaQIC) and the Caribbean Regional Quality Improvement Collaborative (CaReQIC).

**The 2015-2016 Aim of CaReQIC is to:**

By September 2016, increase to 70% the percentage of patients on ART for at least 6 months whose VL is <1000 copies/ml.

# CQI: Approach

CQI is facilitated via quality improvement collaboratives (QIC).
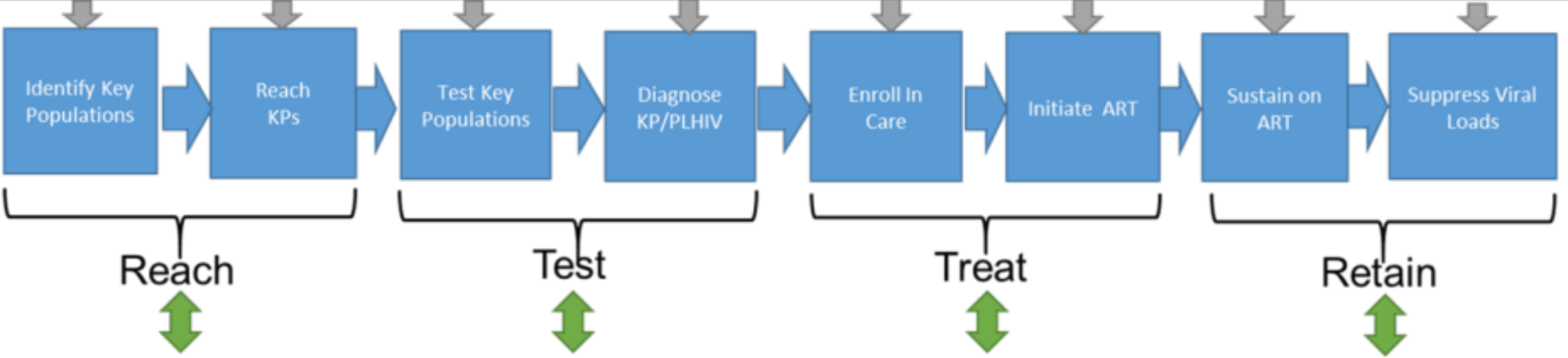
An <u>Improvement Collaborative</u> is:

- an organized network of a large number of sites

- that work together for a specific period of time

- to rapidly achieve significant  improvements in a focused topic area through shared learning and intentional spread methods.

# CQI: Focus

- In support of the Collaborative Aim, QI teams test changes that address the primary drivers of virologic suppression:
  - Reducing loss to follow-up
  - Increasing retention in care
  - Appropriate lab monitoring
  - Adherence to ART

- I-TECH supports the creation and maintenance of highly functioning teams and sustainable CQI programs.

- I-TECH provides TA in the use of data at the site level for program monitoring and improvement.

# Jamaica, Suriname, Trinidad and Tobago, Barbados – Prevention, Care and Treatment

| Identify Key Populations | Reach KPs | | Test Key Populations | Diagnose KP/PLHIV | | Enroll In Care | Initiate ART | | Sustain on ART | Suppress Viral Loads |

**Reach** — **Test** — **Treat** — **Retain**

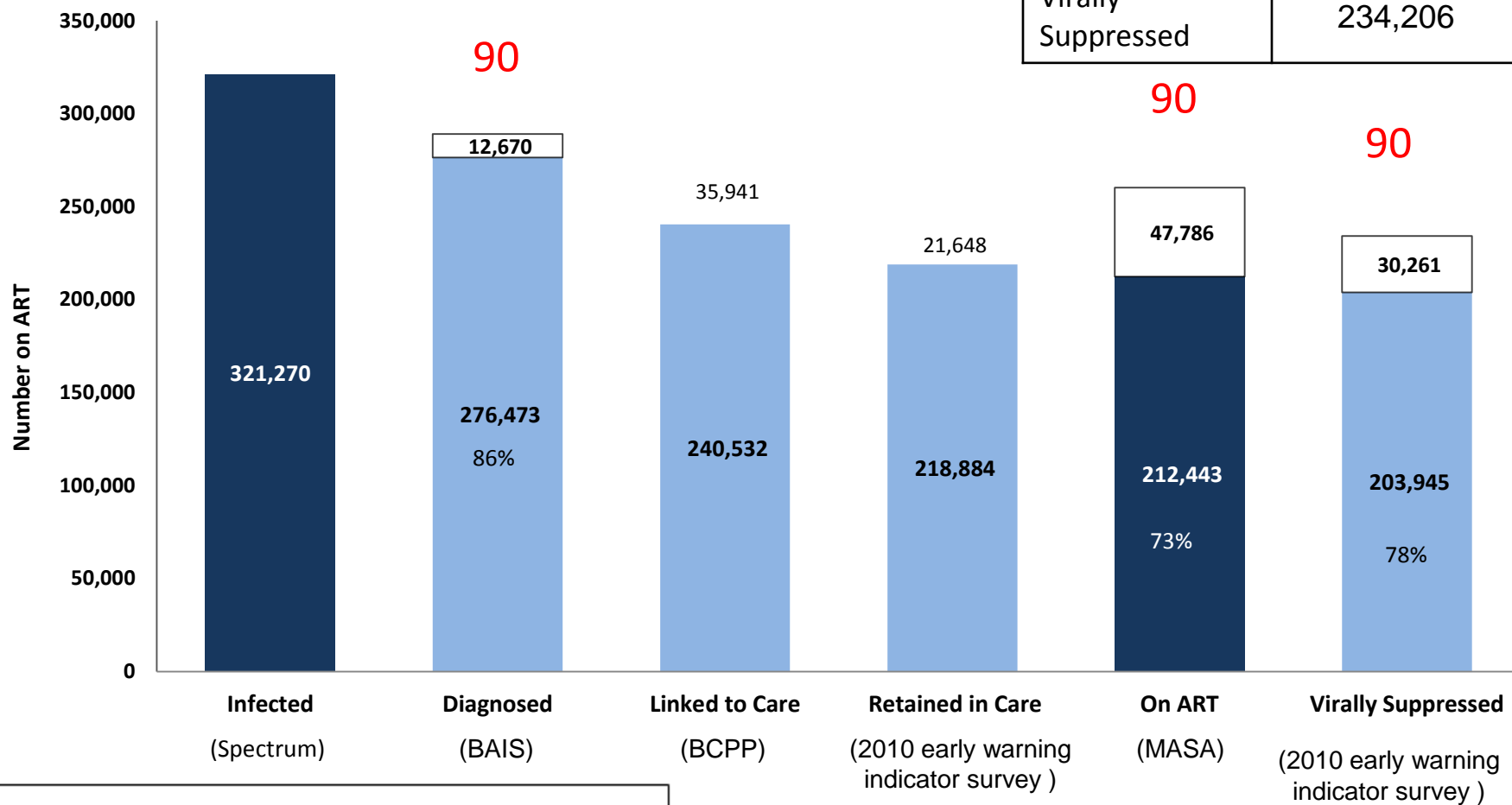| USAID IPs | CDC IPs | **CQI Collaborative** |
|---|---|---|
| | | • Identify strategies to effectively engage PLHIV and KPs in the improvement process |
| | | • Train and coach frontline facility staff in improvement methods |
| | | • Support sites to track & use data for improvement |
| | | • Facilitate data sharing, improvement methods and successes between sites |
| | | **Clinical Mentoring and KP Preceptorships** |
| | | • Mentor HCWs to better serve the health needs of KPs through use of expert clinical mentors and patient preceptors |
| | | • Identify and reduce the challenges to enrollment in care, retention in care and initiation of ART with an emphasis on KPs |
| | | • Build capacity to manage complicated cases |

# Results

- All 10 of the initial JaQIC sites significantly increased lab monitoring of HIV.
  - CD4 testing increased from 35% to 58% over the 9 month period and
  - Viral load testing increased from 40% to 60% over the same period.
- Patients attending learning sessions and participating in QI activities leads to testing of differentiated models of care.
- Patients also share concerns related to stigma and discrimination.
- PDSAs were developed and implemented by QI Teams to address identified gaps in care continuum: loss to follow up, adherence, retention, and lab monitoring.
- During the program evaluation of CaReQIC, QI team members reported that participating in the QI Collaborative improved communication and teamwork.

# Botswana HIV Testing and Counseling

# Botswana- Current Gaps in the Treatment Cascade

| 90-90-90 TARGETS | Number |
|---|---|
| Diagnosed | 289,143 |
| On ARVs | 260,229 |
| Virally Suppressed | 234,206 |



**90**                          **90**        **90**

Chart — Number on ART:

- **Infected (Spectrum):** 321,270
- **Diagnosed (BAIS):** 276,473, 86%, +12,670
- **Linked to Care (BCPP):** 240,532, +35,941
- **Retained in Care (2010 early warning indicator survey):** 218,884, +21,648
- **On ART (MASA):** 212,443, 73%, +47,786
- **Virally Suppressed (2010 early warning indicator survey):** 203,945, 78%, +30,261

Legend:
- UNAIDS and program data
- Projections based on best available data
- Additional patients needed to reach 90.90.90

*Source: PEPFAR Botswana 2015*

# Real Time Reporting for Quality Improvement

In response to gaps identified in the treatment cascade, I-TECH, working closely with the MOH and in collaboration with UCSF, developed and implemented a system for real-time monitoring of key indicators necessary for reaching epidemic control of HIV.

- Weekly emergency operating committee meetings are held consisting of all relevant partners to review the incoming data for action.

- The system also tracks indicators such as the number of patients being enrolled in ART and HTC tests conducted.

- The project was rolled out to the 63 high-burden focus facilities in November 2015, with two-thirds successfully submitting their data in the first week.

# Q & A