



IAS 2019



10TH IAS CONFERENCE ON HIV SCIENCE

Mexico City, Mexico  21-24 July 2019



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System redesign to improve linkage and ART initiation rates in Angola – “I-Surge”

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“Sticky Linkage”: Latest evidence and strategies satellite

Sunday, July 21



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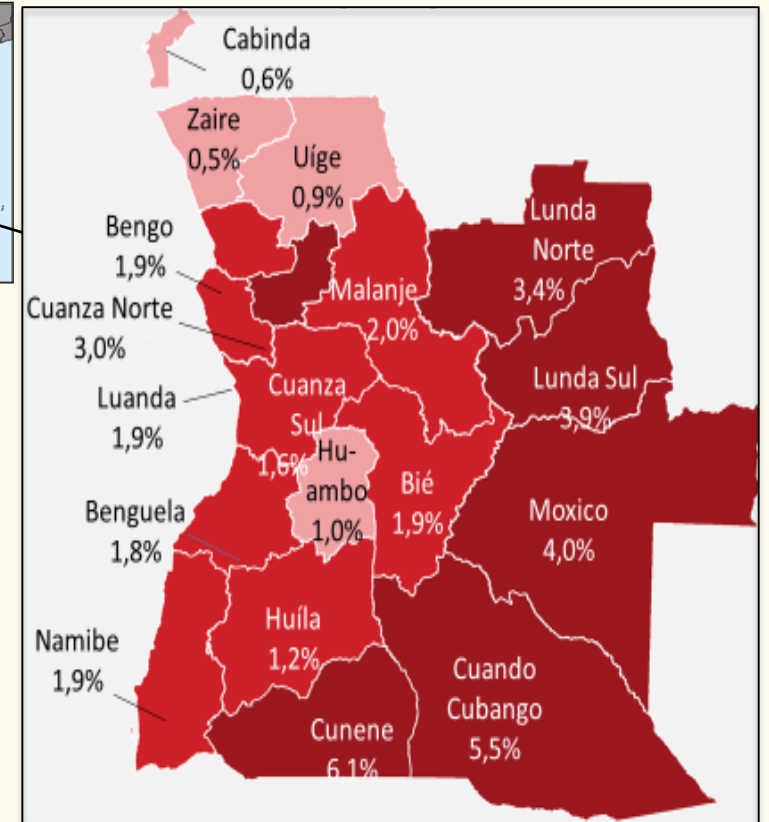
ICAP

Empowering Health

Columbia University
Mailman School of Public Health

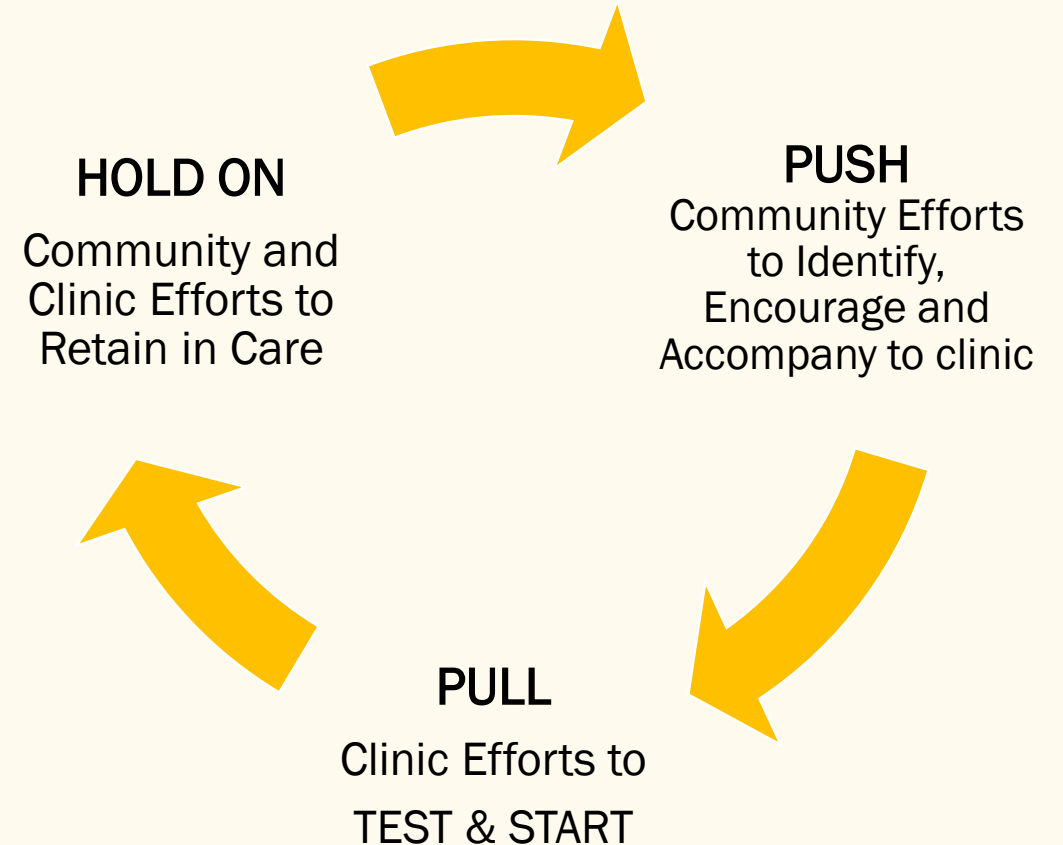
Angola progress towards 95-95-95

- Population: estimated 30M (2019)
- HIV prevalence gen. pop. 15-49 yrs.: 2.0%
(2.6% ♀ - 1.2% ♂)
- HIV prevalence FSW: 8.0%
- **MTCT: 26% (21,000 women get pregnant/year without knowing their HIV status)**
- ART coverage gen. pop.: 27%
- ART coverage pregnant women: 45%
- HIGH TB incidence: 359/100,000; TB/HIV: 61/100,000
- **TB/HIV ART coverage: <10%**



I-Surge Transforming Site Support

- Hyper-focused strategy to eliminate missed opportunities to test, treat and retain HIV+ patients at supported clinics in Luanda, Angola
- Set daily routine of “must do’s” to address known service level gaps.
- Focus on Service Optimization All Day/Every Day
 - immediate identification and rapid response to performance barriers and missed opportunities
 - Real time data collection and use
- Implemented in April 2018



I-Surge Pull and Push

Transforming Site Support

PULL Strategy

- Deployment of staff to be based at specific health facilities
- Focus on facility performance
- Clinic staff implement PULL strategies, focusing on increased coverage for HIV testing, ART initiation, VL testing and VLS

Transforming Community Support

PUSH Strategy

- Focused message on retention, adherence, demand for viral load and viral suppression
- Focus on outcomes among assigned group of patients
- Community health workers (CHWs) drive PUSH activities generating demand for HIV services and efforts to track patients who missed visits and to motivate retention and adherence



Technical Approach for I-Surge

1st 90

Health Facility

- Patient card completed on arrival
- Daily PITC rounds to all wards and out-patient departments
- Family testing at every patient encounter
- Daily monitoring of HIV testing coverage and index case testing

Community

- Community surge team offer daily home-, self-, hot spot, workplace, and weekend testing
- Promotion of family, home, self-, and re-testing for those who test HIV-negative
- Testing for all pregnant women previously tested negative or status unknown
- Structured home visits to all pregnant women, routine family testing, self-testing, and EID

2nd 90

Health facility

- Appointment reminder calls
- Routine/ same-day Test & Start
- Same day FU of missed appointments
- Daily monitoring of ART initiations



Community

- Home visit to all newly enrolled clients within 7 days
- Community, workplace, and hotspot campaigns to discuss benefits of ART and (U=U)
- Structured home visits to all pregnant women, with record of each visit that tracks status and treatment

3rd 90

Health facility

- Appointment reminders calls
- One-on-one adherence counseling at every visit
- Patient card/file alert when due for viral load testing
- Defaulter card created on same day as missed appointment, with immediate notification of community surge group
- Daily monitoring of viral load coverage
- Proactive patient education on community resources

Community

- If patient defaults, supportive home visit provided within 7 days
- Community-based support groups/adherence clubs
- Structured home visits to all ART patients and pregnant women for adherence counseling



1st 90 Technical Approach



Health Facility

- Patient card completed on arrival (includes unique patient identifier, contact details, HIV risk assessment, HIV test offer and outcome, etc.)
- Daily, provider-initiated testing and counseling rounds to all wards and out-patient departments
- Family testing encouraged at every patient encounter
- Daily monitoring of HIV testing coverage and index case testing (# eligible/# tested)



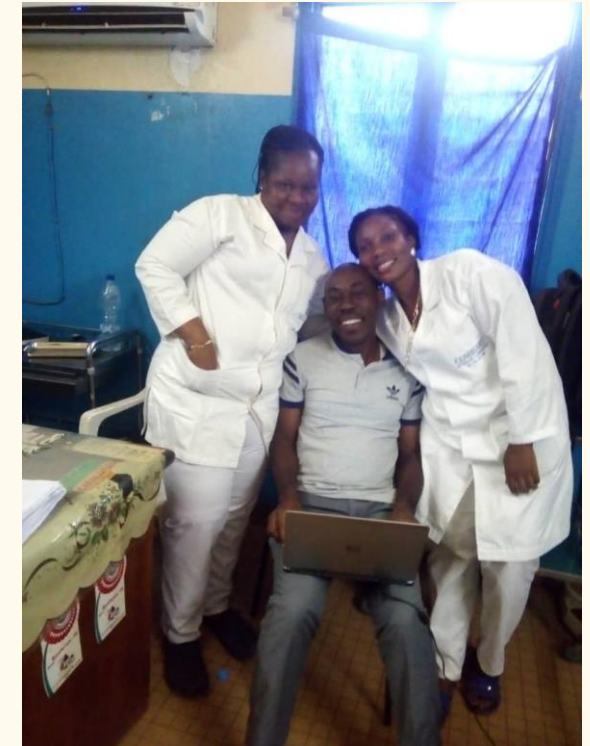
Community

- Community surge team in place offering daily home-, self-, hot spot, workplace, and weekend testing
- Promotion of family, home, self-, and re-testing for those who test HIV-negative through community campaigns and home visits
- Testing encouraged for all pregnant women who previously tested negative or do not know status
- **Structured home visits to all pregnant women, with record of each visit that tracks status (if patient agrees), routine family testing, self-testing, and early infant diagnosis**



Specific linkage to treatment strategies

- Linkage of all HIV-infected patients tested at sites to prompt ART Initiation
 - Patient navigation/
physically escort patients
 - Revise and supervise patient flow between HTS and ART services
- Daily phone call with Community NGOs on patients tested positive in the community and their linkage to prompt ART initiation at the health facility (data exchange)



2nd 90 Technical Approach



Health Facility

- Appointment reminder calls
- Routine, same-day Test and Start
- If appointment missed, same-day follow-up call made, community surge team notified via WhatsApp group, and patient defaulter card created
- Daily monitoring of number of patients initiated on ART (# initiated/# eligible)



Community

- Home visit to all newly enrolled clients within 7 days of initiation
- Community, workplace, and hotspot campaigns at varying hours and days to discuss benefits of ART and that undetectable equals untransmittable (U=U)
- Structured home visits to all pregnant women, with record of each visit that tracks status (if patient agrees) and treatment



3rd 90 Technical Approach



Health Facility

- Appointment reminders calls
- One-on-one adherence counseling at every visit
- Patient card/file alert when due for viral load testing
- Defaulter card created on same day as missed appointment, with immediate notification of community surge group
- Daily monitoring of viral load coverage (# eligible/# tested)
- Proactive patient education on community resources, including community adherence clubs



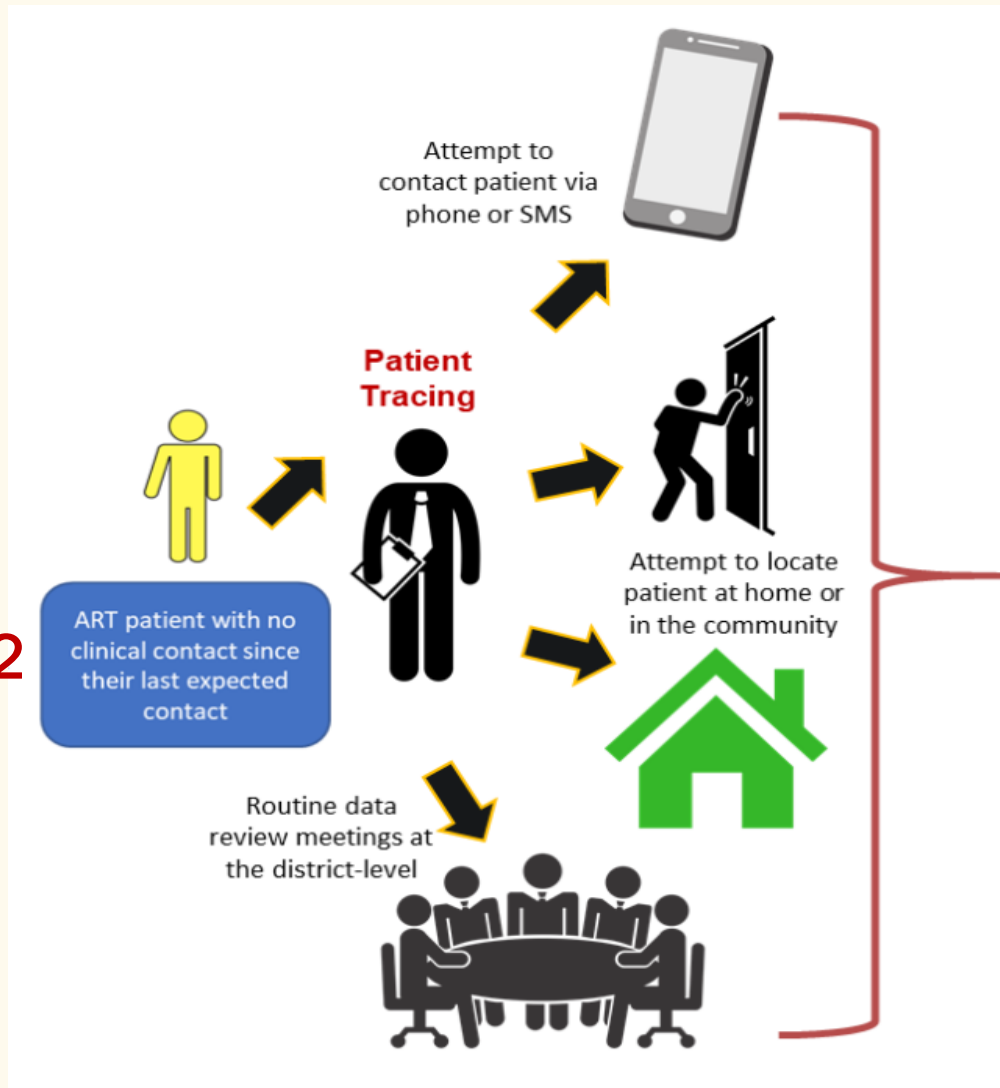
Community

- If patient defaults, supportive home visit provided within 7 days (if viral load due, benefits of viral load testing discussed)
- Community-based support groups/adherence clubs
- Structured home visits to all ART patients to provide ART counseling and supportive messaging
- Structured home visits to all pregnant women to provide adherence counseling



I-SURGE Angola results

1,202



100%
patients
traced

PATIENT OUTCOME

33 (2.6%)
Died

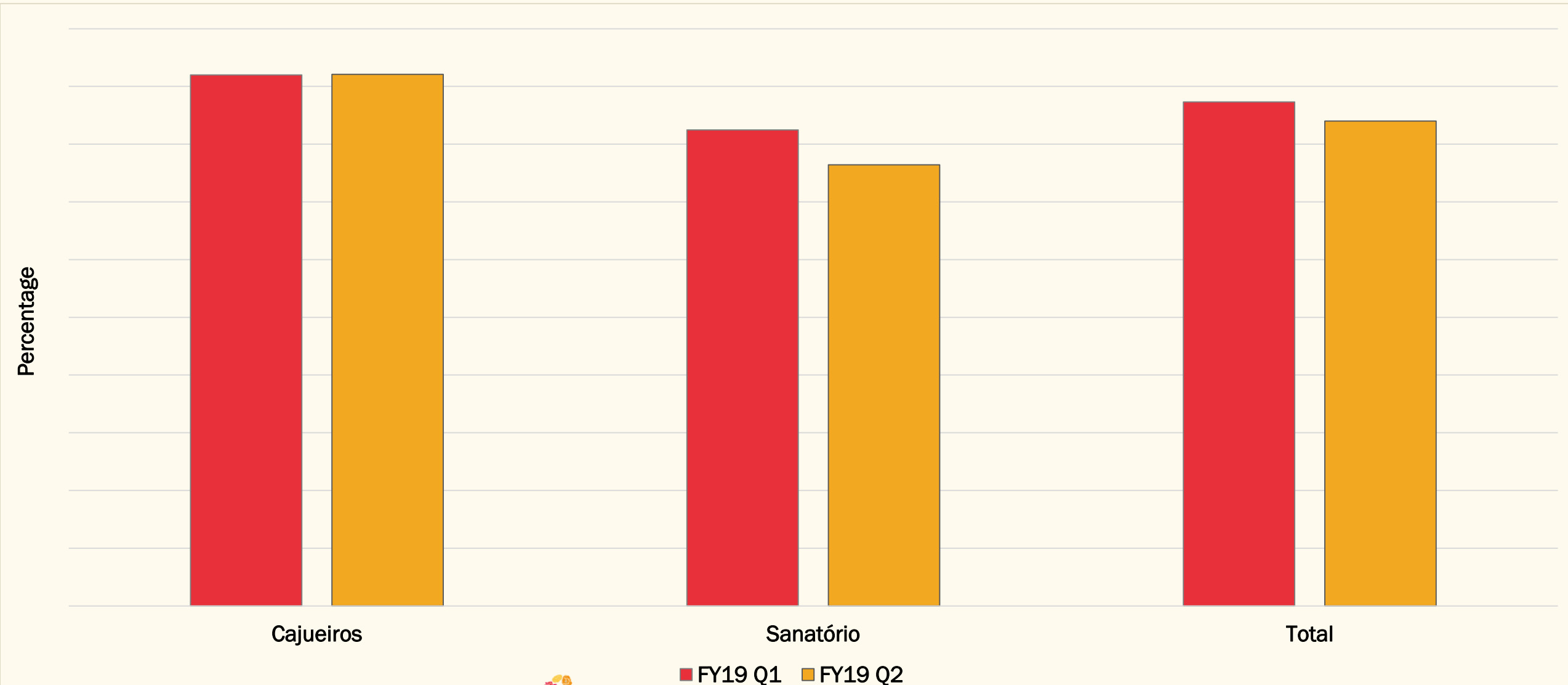
620 (51.6%)
Undocumented "silent"
transfers

549 (45.7%)
Attempted to trace but
unable to locate

0
Did not attempt to
trace

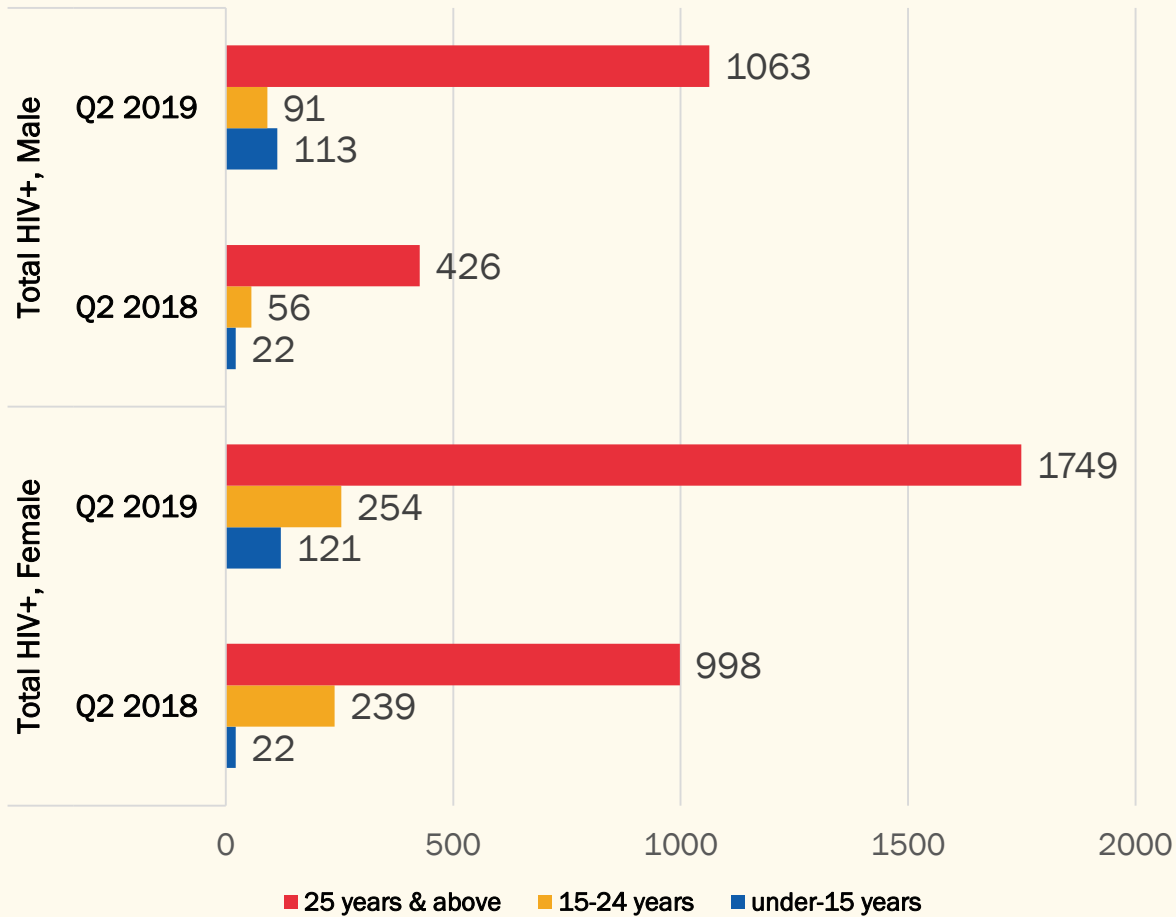


I-SURGE: Angola results

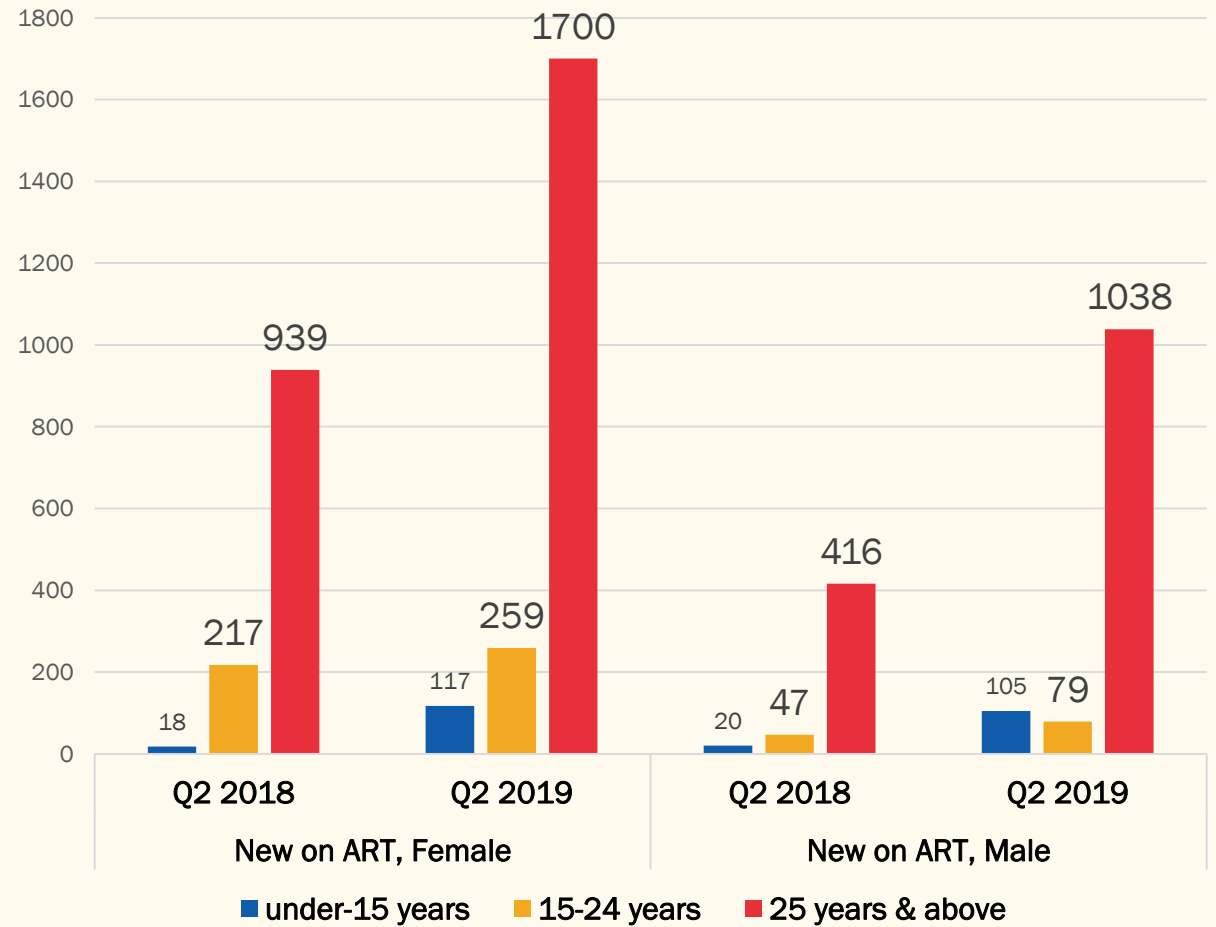


I-SURGE Results in DRC

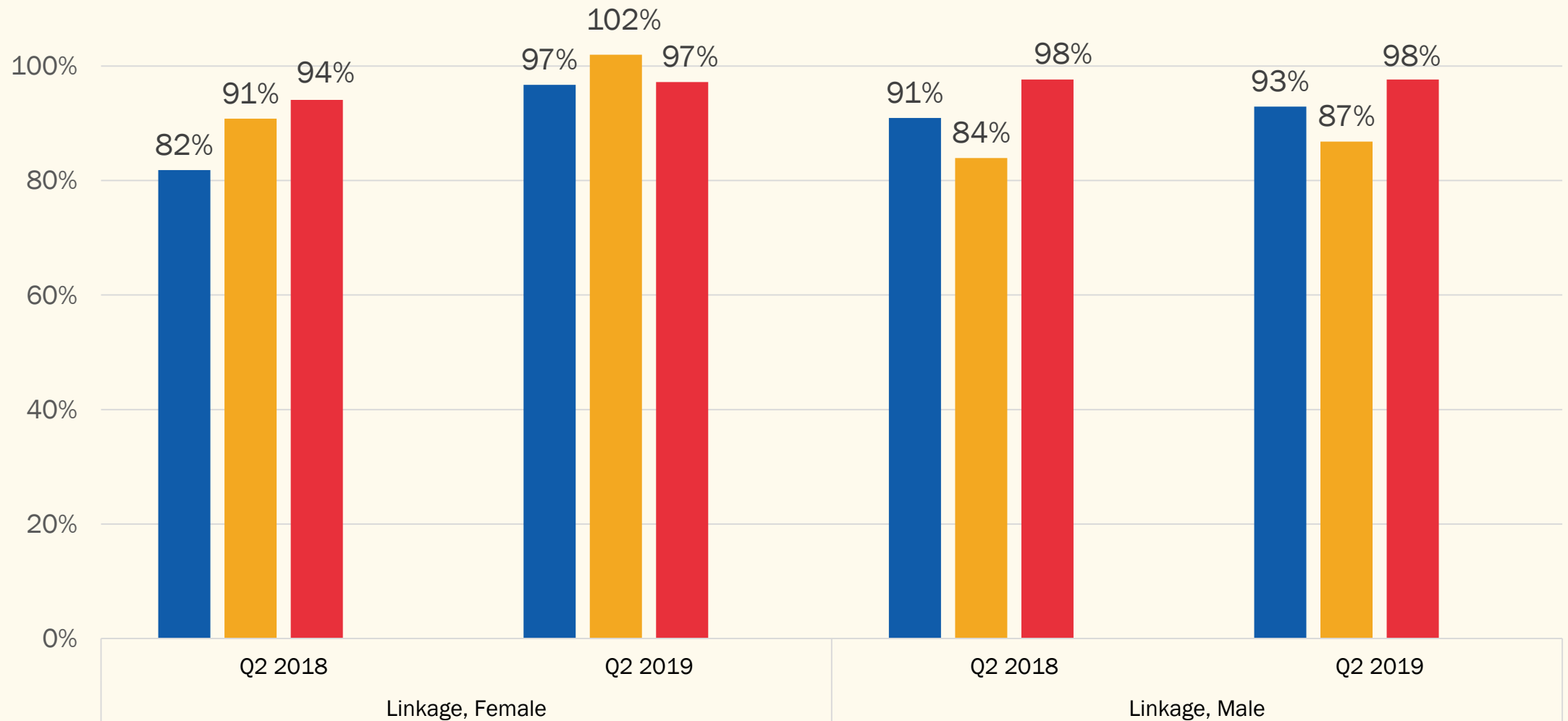
Identification of HIV+ Clients



Clients newly initiated on ART



I-SURGE Linkage results in DRC



■ under-15 years ■ 15-24 years ■ 25-49 years

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Conclusions

- I-Surge is a new way of working, a paradigm shift
 - Primary focus of everyone's support is the site and maximizing the patient encounter
- Providing support at both the health facility (pull) and community (push) levels is necessary
 - No Partial Credit
- I-Surge results showed sustained, positive trends in HIV linkage across all the components of the care cascade, including re-engagement of patients in care.



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