



Patient preference

Scaling up PoDi+ sites, fast track circuits, and ART support groups in the Democratic Republic of the Congo

INTEREST Workshop 2019

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PATH

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HIV in the Democratic Republic of the Congo

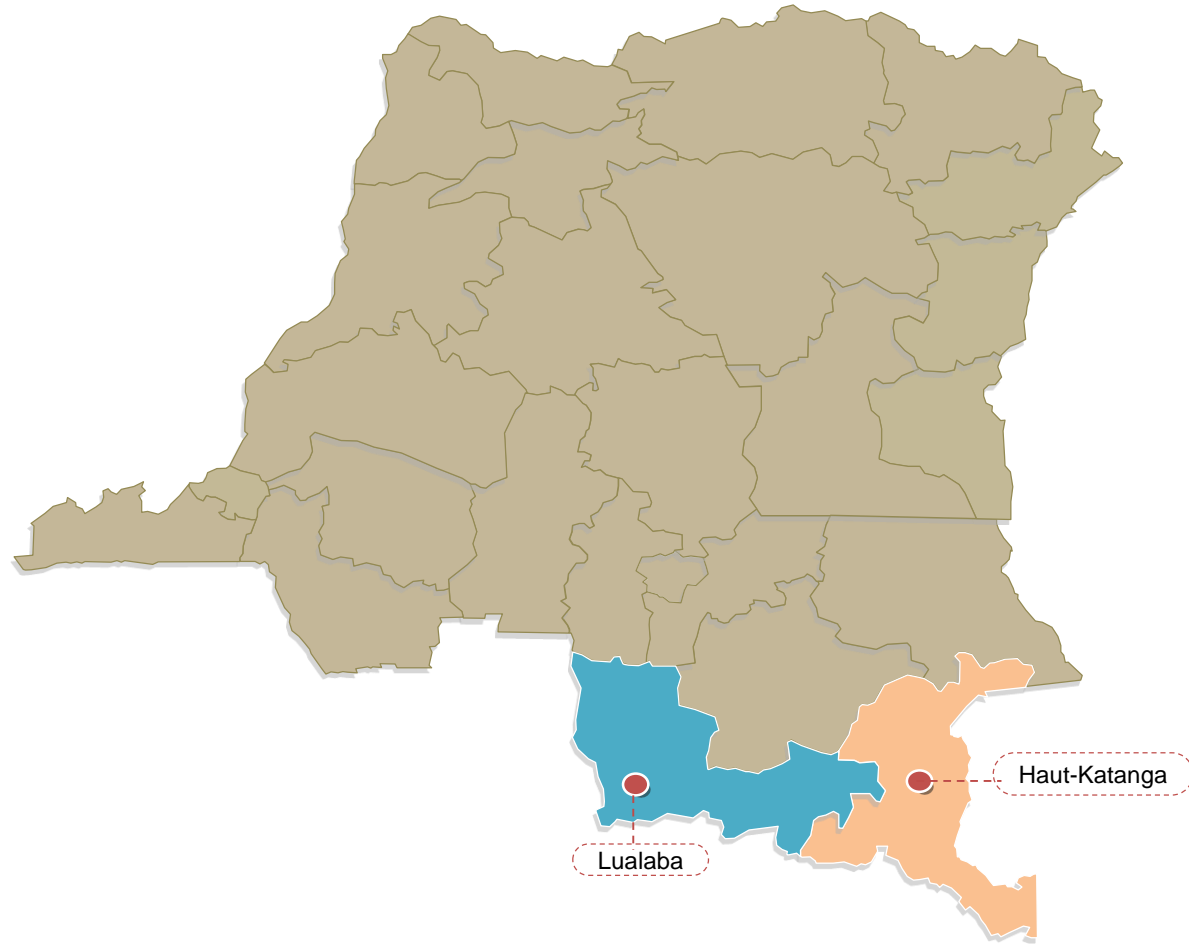
- Generalized HIV epidemic
 - 1.2% prevalence (*1.6%- women; 0.9% - men*).
 - Higher prevalence in urban areas and among priority populations (*miners, long-distance truck drivers, fishing communities*).
 - 86% of people who tested HIV-positive were unaware of their status.
 - 41% of people living with HIV (PLHIV) on treatment (*213,995 out of estimated 516,617*).
- Largely centralized health care system; primarily facility-based (*50% of 8,600 facilities are HIV treatment sites*).

Sources: 2013-2014 DRC Demographic Health Survey;
2017 National AIDS Program Surveillance Report
PEPFAR DRC 2018 Country Operational Plan



Overview of IHAP-HK/L

- The PEPFAR/USAID-funded Integrated HIV/AIDS Project in Haut Katanga and Lualaba provides technical assistance to improve provision of HIV services and achieve epidemic control in the Democratic Republic of the Congo (DRC).
- Operates in 18 health zones (9 urban; 9 rural) across two provinces in southeastern DRC.



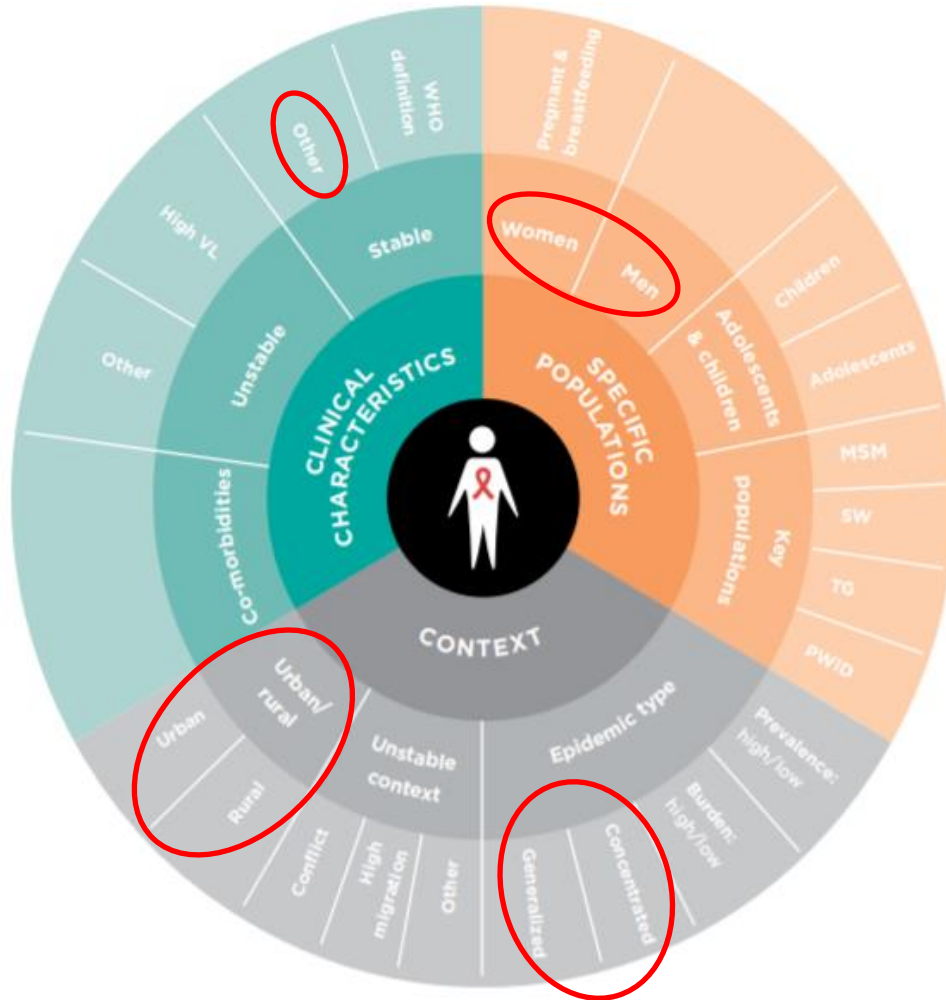


Challenges

- DRC introduced test-and-treat in 2017 to align with global efforts to advance epidemic control.
- Implementation of test-and-treat resulted in increased volumes of PLHIV accessing treatment services at facilities, leading to:
 - Overwhelmed facility workforce, with health care providers having less time available to provide high-quality services.
 - Increased wait times for PLHIV accessing care and treatment services.
 - Lower retention of PLHIV in treatment.



Who is intervention aimed at?



Eligibility criteria for stable PLHIV:

1. Suppressed viral load
2. 18 years of age or older
3. On antiretroviral therapy (ART) for more than six months
4. Adherent to ART regimen for past six months
5. No opportunistic infections in past six months
6. Not pregnant or breastfeeding



Differentiated care models

IHAP-HK/L introduced and is scaling up three differentiated care models (DCM) in Haut Katanga and Lualaba provinces:



Community-based points of ART distribution (PoDi+): Services provided in centrally-located building in high-volume health zones; first PoDi+ established in October 2016; three PoDi+ sites total.



Fast-track ART refill circuit: Rapid circuit established at high-volume; started March 2017; 32 facilities with fast-track circuits as of March 2019.



ART support groups: Treatment distribution during community-based support group meetings; started in March 2017; 108 ART support groups as of March 2019.



Building blocks of PoDi+ site



	ART refills	Clinical consultation	Support services
WHEN	Every three months	Every six months <i>(per national policy)</i>	Every three months
WHERE	At PoDi+ site	At health facility (HIV clinic)	At PoDi+ site or at home <i>(for those who miss appointments)</i>
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART, cotrimoxazole, and isoniazid <i>(as applicable)</i>	Clinical monitoring <i>(e.g. laboratory tests; family planning services)</i>	<ul style="list-style-type: none">• Adherence support/counseling• Routine TB screening• Routine nutritional screening and counseling



Building blocks of fast-track circuit



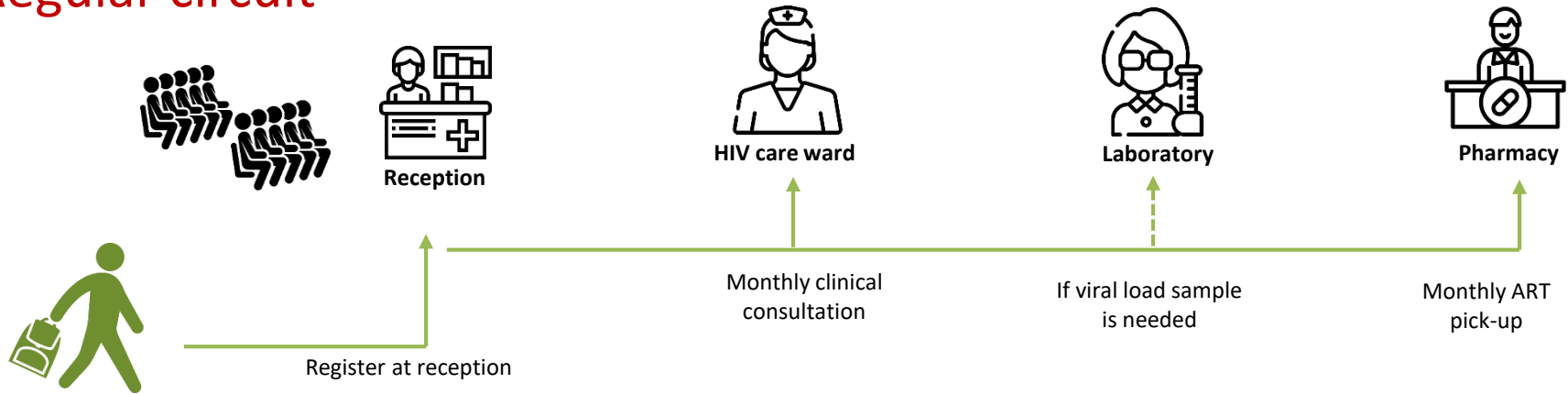
	ART refills	Clinical consultation	Support services
WHEN	Every three months	Every six months	Not systematic
WHERE	At health facility (HIV clinic)	At health facility (HIV clinic)	At health facility (HIV clinic)
WHO	Physician, nurse, or pharmacist	Physician or nurse	Physician, nurse, or peer educator
WHAT	Pre-packaged ART and cotrimoxazole	Clinical monitoring <i>(e.g. laboratory tests; family planning services)</i>	Adherence support/counselling



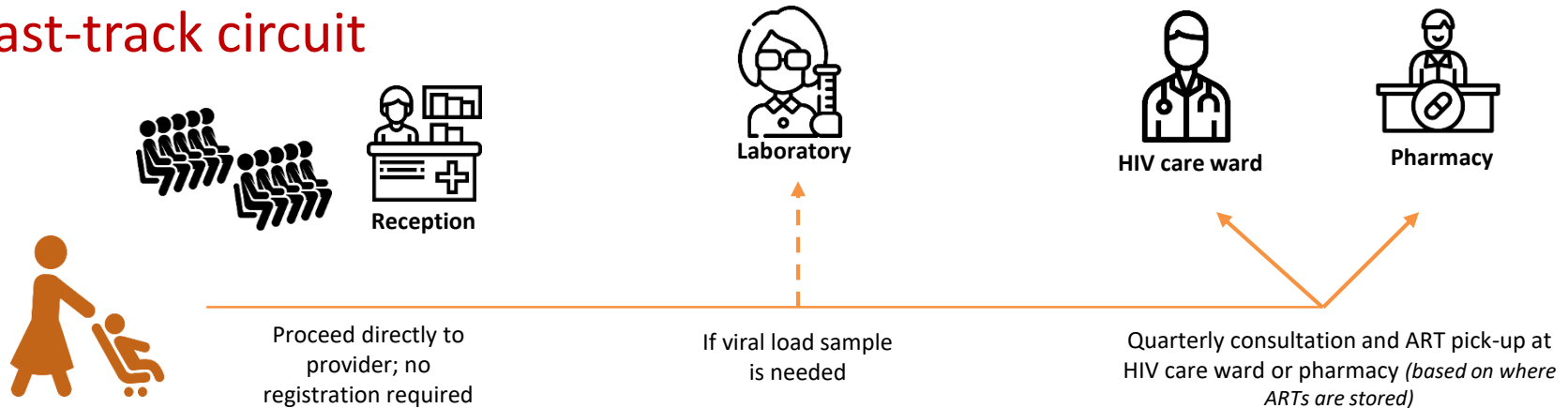
Patient flow at fast-track circuit



Regular circuit



Fast-track circuit





Building blocks of ART support groups

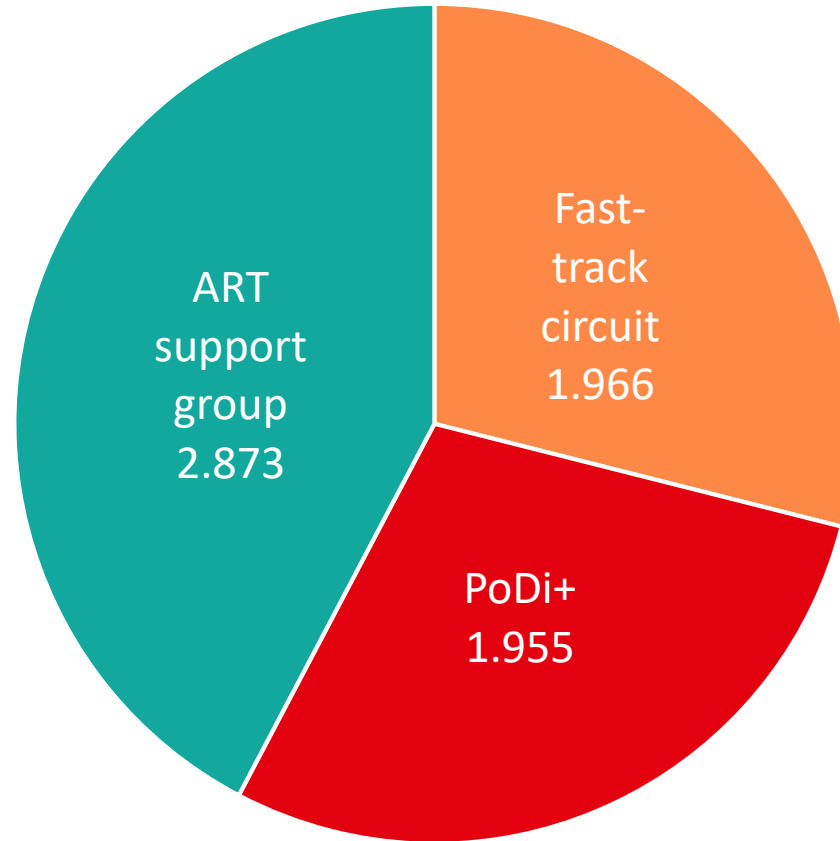


	ART refills	Clinical consultation	Support services
WHEN	Every three months	Every six months	Every three months
WHERE	During facility-based group meeting	At health facility (HIV clinic)	During facility-based group meeting or at home
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART and cotrimoxazole	Clinical monitoring	<ul style="list-style-type: none">• Adherence support/counselling• Routine TB screening• Routine nutritional screening and counseling



Impact: Enrollment in DCM

Distribution of stable PLHIV by DCM, March 2019



6,794 PLHIV enrolled in DCMs—32% of stable PLHIV.



Lessons learned: Benefits to health care providers



Peer educator staff standing outside the Kenya health zone PoDi+ site in Lubumbashi. PATH/D. Kamerhe

- PoDi+ sites reduced facility-based provider workload by 50% in less than six months.
- DMCs enable facility-based providers to focus on provision of treatment and care services to PLHIV newly enrolled on ART and those with unsuppressed viral loads.
- Peer educators are critical for implementing DCMs and providing HIV care and support to stable PLHIV, reducing facility-based provider burden.



Lessons learned: Cost-benefit analysis

- Annual operating costs
 - PoDi+ site: \$27,180
 - ART support group: \$1,200
 - Fast-track circuit: \$0
- Fast-track is the lowest-cost model, but support services for patients are not as comprehensive nor systematically provided.
- PoDi+ is the preferred model among patients when provided with the option to transfer to one of the three DCMs.



Impact



A couple, Mr. Leandre Nkulu and Ms. Julie Kamona, receiving counseling and their quarterly stocks of antiretroviral treatment and cotrimoxazole at the PoDi+ site in Kenya health zone. PATH/D. Kamerhe

« Nous sommes très satisfaits de services que nous recevons à notre PODI, car nous ne perdons plus des journées entières pour bénéficier des ARV, en moins de 15 minutes, nous sommes servis, et les nombres de nos visites ont sensiblement été réduites de 12 à 4 visites par an. »

“We are very satisfied with the services that we receive at our PODI because we no longer lose our entire day to get ARVs. In less than 15 minutes, we are served and our visits have been significantly reduced from 12 to 4 visits per year.”

- Leandre Nkulu
PLHIV enrolled at the Kenya PoDi+ site



Scale up & Sustainability

- IHAP-HK/L's plans for scaling up DCMs by September 2019 include:
 - Add 202 more ART support groups.
 - Extend fast-track circuits to 20 additional facilities.
 - Plan for six-month scripting under DCMs, to be piloted beginning October 2019.
- Sustainability of the PoDi+ model is a barrier to further scale-up due to higher operational costs.
 - Potential solution: Dedicating space at health zone offices for use by peer educators to provide differentiated care services in lieu of a separate PoDi+ office.



Acknowledgements

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