



EXPANDING ACCESS TO CRITICAL HIV SERVICES IN DEMOCRATIC REPUBLIC OF THE CONGO

PROJECT SUMMARY

From April 2010 - September 2015, with PEPFAR funding obtained through the Centers for Disease Control and Prevention and in partnership with the Ministry of Health of the Democratic Republic of the Congo (DRC), provincial authorities, and health zone management teams of Kinshasa and Katanga provinces, ICAP worked at the national, provincial, health zone, and health facility level to expand, integrate, and strengthen HIV prevention, care, and treatment services. In addition, ICAP collaborated with partners to strengthen the laboratory networks, human resources, and monitoring and evaluation systems that support the delivery of HIV services in DRC.



BACKGROUND

In 2010, critical HIV services had started being scaled up in DRC, but access to prevention, care, and treatment services remained limited. Antiretroviral therapy (ART) was only available in one-third of DRC's health zones and only 12.4 percent (35,000) of the adults and children in need of ART were receiving it. Access to prevention of mother-to-child transmission of HIV (PMTCT) services was even more restricted: only 11 percent of pregnant women were tested for HIV and a mere six percent of infants born to known HIV-positive mothers received antiretrovirals (ARVs) for PMTCT. A severely stressed and underfunded health system, chronic shortages of trained health workers, poor roads, and inadequate lab infrastructure constrained the pace of HIV service scale-up and the quality of services, making it difficult to enroll and retain patients on treatment.

WHAT WAS ACHIEVED

- ICAP expanded its support from **20** to **246** health facilities in Kinshasa and Katanga provinces, where a total of **17,971** patients were initiated on ART (including **1,432** children) and nearly **21,500** new patients were enrolled in HIV care (including nearly **1,850** children).
- Through ICAP's combined prevention and HIV testing and counseling interventions, **852,346** people were tested and counseled for HIV and received their test results.
- A total of **5,180** female sex workers and men who have sex with men received HIV testing and counseling at health facilities ICAP helped equip to provide specialized services to key populations. Of these, **289 (5.6 percent)** tested positive and were referred to HIV care services.
- In total, **96 percent** of the HIV-positive pregnant women who were tested for HIV at an ICAP-supported facility (or who were already aware of their HIV-positive status) received ARVs to reduce the risk of transmitting HIV to their babies.
- ICAP worked with health facilities to transition more than **550** pregnant and breastfeeding women from Option A to Option B+, a model where all HIV-infected pregnant women are initiated on lifelong ART, and to initiate an additional **2,134** women directly on Option B+.
- In total, **84 percent** of all patients in HIV care or treatment at ICAP-supported facilities were screened for TB, and the screening rate rose consistently from **70 percent** in 2011 to **96 percent** in 2015.
- ICAP trained and mentored **420** peer educators, contributing to a **17 percent** increase between 2012 and 2014 in the number of patients retained on ART 12 months after treatment initiation at an ICAP-supported health facility.

Figure 1
Increase in the Total Number of Patients Receiving ART at ICAP-supported Health Facilities, 2010-2015

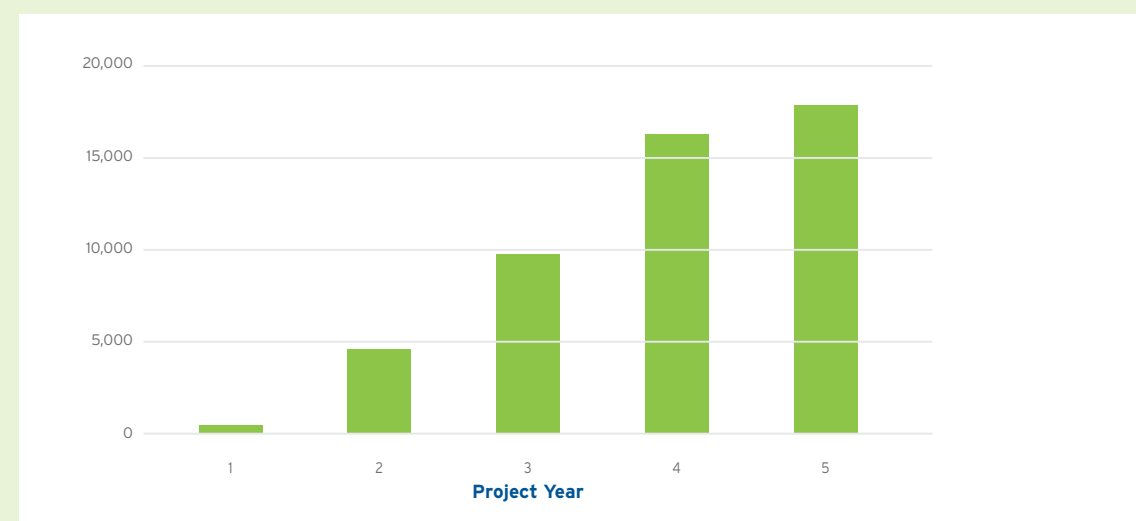


Figure 2
Map of DRC



CORE PROJECT APPROACHES

Building on its experience supporting the rapid scale-up of HIV prevention, care, and treatment services in resource-limited settings throughout sub-Saharan Africa, ICAP employed a multi-pronged approach to expand access to and improve the quality of these services in two of DRC's most populous provinces—Kinshasa and Katanga—while also strengthening critical aspects of the health system.

National-level Technical Assistance

- Through its participation in HIV-related technical working groups, ICAP made important contributions to the design and revision of national HIV guidelines and data collection and reporting tools, including those used to guide the expansion of Option B+ for PMTCT.
- As the lead PEPFAR implementing partner for TB infection control in DRC, ICAP led the revision of the national TB infection control policy, guidelines, and training modules.
- ICAP worked in collaboration with the National AIDS Reference Laboratory to strengthen HIV laboratory network planning and sample transportation systems, to decentralize lab functions, to standardize lab equipment and systems, to introduce new HIV-related lab technologies, and to strengthen laboratory quality assurance and quality control systems.

BOX 1: ICAP's Methods of Building Health Facility Capacity

- Conducting facility assessments and collaboratively developing facility-level work plans
- Developing and distributing clinical job aids—including reference manuals and standard operating procedures—and patient education materials
- Supporting minor facility renovations to improve service quality
- Supporting continuing medical education, including basic and refresher trainings by technical area
- Implementing regular 'standard of care assessments' as part of a continuous quality improvement cycle
- Providing health workers with ongoing clinical mentorship and supportive supervision



Working Hand-in-Hand with Health Facilities to Expand, Integrate, and Strengthen HIV Services

By 2015, ICAP was providing support to 246 hospitals and health centers in Katanga and Kinshasa provinces, using the methods summarized in Box 1 to build capacity for the delivery of comprehensive, family-focused HIV prevention, care, and treatment services. This included providing support across a spectrum of HIV-related services:

Increasing the Number of People Accessing HIV Testing and Counseling:

To help extend lifesaving services to as many people living with HIV as possible, ICAP deployed high-yield, family-friendly HIV testing and counseling strategies tailored to the structure of the local health system in DRC. ICAP:

- Instituted provider-initiated testing and counseling in outpatient and pediatric wards of all supported facilities and supported systematic testing of the family members of patients enrolled in care using a family testing tree form.
- Strengthened linkages between HIV testing and counseling services and HIV prevention, care, and treatment by providing ongoing mentorship to health workers on post-test counseling, referral processes, and proper documentation.

Improving Health Outcomes of Mothers and Children through PMTCT:

To increase access to PMTCT services and support optimal health outcomes for HIV-positive pregnant and breastfeeding women and their infants, ICAP:

- Supported 231 hospitals and health centers to integrate PMTCT, family planning, and maternal and child health services to ensure that all pregnant women and children have access to the full range of commodities and services they require.
- Set up intra- and inter-facility referral systems to better integrate hospitals and health centers, and strengthened linkages with community-based organizations to promote the uptake of antenatal care, PMTCT, and family testing services.
- Collaborated with the National AIDS Control Program and UNICEF to launch PMTCT Option B+ in DRC, starting with 28 sites in Katanga and scaling up to 232 sites by 2015.

Integrating TB and HIV Services:

DRC has the ninth highest TB burden in the world and the eighth highest number of deaths due to TB/HIV coinfection. To maximize access to integrated services for HIV and TB at multiple entry points, ICAP:

- Helped integrate TB and HIV services by building capacity of TB clinic staff to provide a comprehensive package of HIV care and treatment using a “one-stop shop” approach.

- Supported 65 TB clinics to offer systematic provider-initiated HIV testing and counseling to TB patients and to ensure that those testing positive for HIV receive cotrimoxazole, enroll in care, and initiate ART promptly.
- Provided technical assistance to ensure systematic TB screening of all patients in HIV care—both at enrollment and at routine follow-up visits—and prompt provision of TB treatment to those found to have TB.

Enhancing Adult and Pediatric HIV Care and Treatment Using a Multidisciplinary Approach:

To establish and sustain high-quality HIV care and treatment services in the context of DRC’s overburdened health system, ICAP used a multidisciplinary approach characterized by collaboration and continuous knowledge transfer. This included:

- Supporting health facilities to provide coordinated, multidisciplinary services and building the capacity of teams of clinicians, nurses, counselors, pharmacists, laboratorians, and peer educators through a combination of training, supervision, and clinical mentorship.
- Supporting the delivery of comprehensive HIV care and treatment services, including cotrimoxazole prophylaxis, TB screening, nutrition assessment and counseling, opportunistic infection and sexually transmitted infections (STI) screening and management, and psychosocial support.
- Supporting service integration and quality-of-care improvements by working with health facilities to implement patient adherence assessments, patient appointment/tracking systems, co-scheduling and co-location of appointments, the use of family tree forms, patient support and disclosure counseling services, and peer support groups.



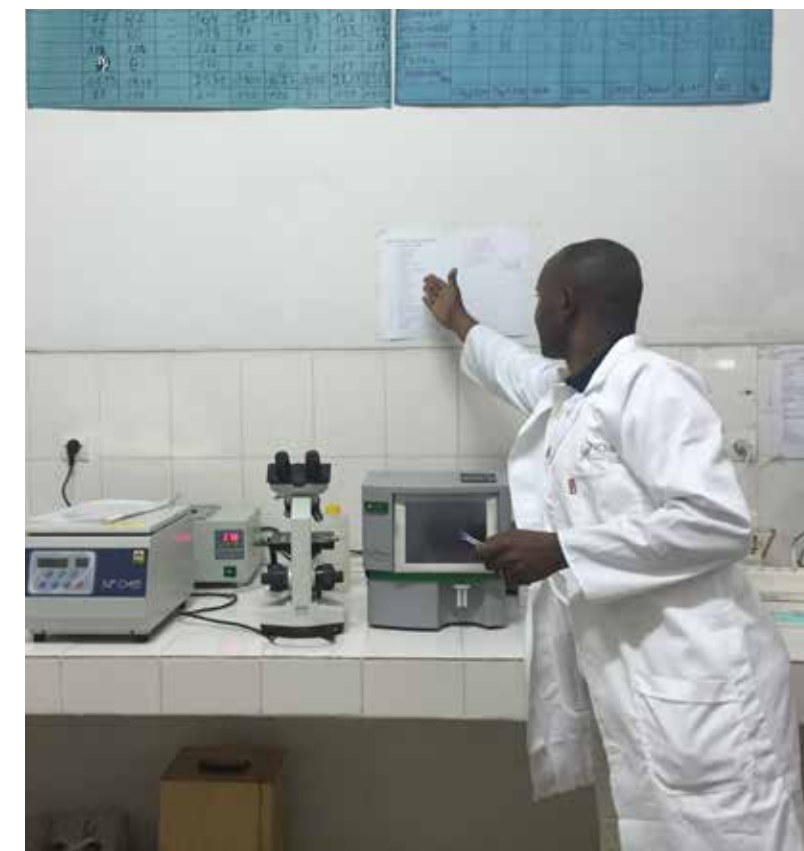
BOX 2: Leveraging Peer Navigators to Increase Access to HIV Services among Key Populations

To increase access to HIV services among key populations of FSW and MSM, ICAP helped introduce special outreach and support services using peer navigators. Specifically, ICAP trained FSW and MSM peer navigators to raise awareness about HIV and other STIs by meeting with individuals or small groups of their peers in low-profile settings, including private homes, hotels, bars, and discos. Peer navigators distributed condoms and lubricants to clients and encouraged them to access HIV and STI testing services at new, key populations-friendly health facilities.

Establishing Specialized Services for Key Populations:

To enable key populations to access specialized HIV services in a friendly, stigma-free environment, ICAP:

- Supported the establishment of six key populations-friendly facilities in areas frequented by men who have sex with men (MSM) and female sex workers (FSW), providing a full range of services that include HIV prevention, HIV testing, STI screening and management, HIV care and treatment, family planning, and gender-based violence prevention.
- Recruited, trained, and equipped MSM and FSW “peer navigators” to raise awareness about HIV and other STIs among their peers (see Box 2).



Building the Capacity of Professional and Lay Health Workers to Provide High-Quality HIV Services:

Rapidly increasing access to high-quality HIV services requires a capable and motivated health workforce that can reach clients in health facilities as well as their home communities. ICAP prepared professional and lay health workers in DRC with the knowledge, skills, and confidence to effectively deliver HIV prevention, care, and treatment services by:

- Providing health workers with multidisciplinary training, supportive supervision, and on-the-job mentorship to transfer the knowledge and skills needed to provide quality HIV services and introducing standardized tools and processes to continuously improve the quality of services.
- Supporting service decentralization and task shifting for the provision of ARVs, as per national standards.
- Training and mentoring more than 420 peer educators to provide adherence counseling, psychosocial support, and home-based visits to reach patients lost to follow-up.
- Sponsoring and convening professional exchange meetings for HIV service providers and peer educators, enabling them to learn from each other's experiences, challenges, and successes.

Establishing Peer Support Programs to Improve Patient Outcomes:

To ensure that people living with HIV have access to an ongoing source of psychosocial support, ICAP:

- Provided technical and material support to establish and maintain peer support groups for HIV-positive adults, adolescents, and children at all supported HIV care and treatment sites.
- Established a program whereby peer educators work in health facilities and in the community to connect people living with HIV to services. Peer educators are also trained to provide adherence support to existing PMTCT and HIV clients.

Strengthening the Building Blocks of DRC's Health System:

To reinforce critical components of the health system infrastructure that underpins the delivery of HIV services in DRC, ICAP:

- Renovated and outfitted eight general hospital laboratories with HIV and opportunistic infection disease monitoring capacity, supplied 33 health facilities with PIMA machines needed to perform CD4 tests, and helped prepare three laboratories for international accreditation.
- Strengthened 40 networks of provincial and zonal reference laboratories and facilities to expand ART laboratory monitoring (including CD4 point of care and viral load monitoring), TB diagnostics, and quality assurance for HIV tests. This included setting up a system for lab sample transportation, shortening turn-around time for lab results, and improving HIV disease monitoring in Kinshasa and Katanga provinces.
- Contributed to the design and revision of national data collection and reporting tools for HIV; strengthened health care worker capacity in monitoring and evaluation through trainings and professional exchange meetings; and supported health zones with the training and use of the national Monitoring, Evaluation and Surveillance Interface (MESI) electronic reporting system.
- Implemented an innovative performance-based financing strategy to improve service quality and increase rates of data reporting at ICAP-supported health facilities.



LESSONS LEARNED

- The roll-out of PMTCT Option B+ and the corresponding decentralization of HIV care and treatment services—accompanied by systematic task shifting or task sharing—can help ensure that pregnant and breastfeeding women, their family members, and other HIV-positive patients are effectively linked to and enrolled in HIV care and treatment.
- Scaling up HIV services in the context of a fragile health system requires intensive technical support through continuous quality assessment and performance-based financing to bolster service quality and staff motivation.
- To build and maintain human resource capacity in the context of chronic human resource shortages and high staff turnover, routine, on-site mentorship is a critical and effective means of transferring and updating necessary knowledge and skills.
- Decentralizing laboratory capacity by installing CD4 point of care machines at health facilities was integral to reducing CD4 turnaround time and improving quality of care for patients enrolled in HIV care and treatment.
- The combination of knowledgeable and proactive peer navigators, health workers sensitized to the unique needs of key populations, and dedicated health facility hours was essential to increasing HIV testing and referrals to care and treatment among FSW and MSM populations.



THE WAY FORWARD

Over the past five years, access to HIV services in DRC has expanded significantly. By the end of 2014, 101,324 people living with HIV were receiving ART—nearly a three-fold increase since 2010. ICAP has contributed to this expansion by dramatically increasing access to HIV prevention, care, and treatment services in Kinshasa and Katanga provinces and by measurably improving the quality, scope, and effectiveness of HIV services. Service coverage and accessibility continue to be major challenges at the national level, however. ART services are available in only 61 percent of DRC's 516 health zones; supply chain interruptions limit the availability of key commodities like HIV test kits; and social stigma remains a substantial barrier to access, particularly for key populations like FSW and MSM. Going forward, ICAP will continue to partner with DRC's Ministry of Health to support family-friendly HIV services, with a special focus on increasing access to services among hard-to-reach populations, children, and adolescents; continuing to expand Option B+ for PMTCT; and scaling up targeted prevention interventions for key populations.

ABOUT ICAP

ICAP was founded in 2003 at Columbia University's Mailman School of Public Health. Now a global leader in HIV and health systems strengthening, ICAP provides technical assistance and implementation support to governments and non-governmental organizations in more than 21 countries. ICAP has supported work at more than 4,328 health facilities around the world. More than 2.3 million people have received HIV care through ICAP-supported programs and over 1.4 million have begun antiretroviral therapy.

Online at icap.columbia.edu

This project is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention under the terms of #U2GPS001526. The contents are the responsibility of ICAP and do not necessarily reflect the views of the United States Government. • October 2015

