

The Global Technical Assistance Project: Advancing Innovations to Achieve HIV Epidemic Control



About ICAP

A global health leader since 2003, ICAP was founded at Columbia University with one overarching goal: to improve the health of families and communities.

Together with our partners—ministries of health, large multilaterals, health care providers, and patients—we strive for a world where health is available to all. Our roots are in comprehensive, family-focused HIV services and high-performing health systems strengthening initiatives that provide quality and affordable health care. Today, we tackle the world's most pressing health threats and implement sustainable solutions to meet the health needs of individuals, communities, and nations. Through pioneering research and thought leadership, we promote innovative, effective, and ethical programs. By enhancing health information systems, improving health service quality, and developing human resources for health, we build capacity and efficiency in the world's most challenging, resource-limited settings. To date, we have addressed major public health challenges and the needs of local health systems by providing support to more than 6,000 health facilities across 30 countries.

Acknowledgements

The ICAP team would like to extend our sincere gratitude to each ministry of health for its support and partnership over these six years. We also express our appreciation to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the American people for the funding support, and to the U.S. Centers for Disease Control and Prevention (CDC) teams for their technical and funding support.

We express our thanks to the national programs of the ministries of health and to regional and district health authorities for their dedication in coordinating and implementing HIV services at ICAP-supported facilities.

We also thank the managers and staff of the health facilities, community-based organizations, and other PEPFAR partners with whom we worked.

We gratefully acknowledge ICAP staff in New York and our country offices, whose dedication and support made this project a success.

Finally, we would like to acknowledge the individuals living with HIV, along with their families and communities, for their courage, creativity, and humanity. It is you who inspire us to do this work.

The Global HIV Epidemic: Where Are We?

There are nearly 38 million people living with HIV around the world, including 1.7 million children (per 2018 UNAIDS estimates). Many countries most affected by the epidemic have made great strides improving access to, and uptake of, services to prevent, test for, and treat HIV. New HIV infections have been reduced by 40 percent since they peaked in 1997, and more than 23 million people living with HIV are now accessing antiretroviral therapy (ART)—up from 7.7 million in 2010.

And yet, in 2018 alone, 1.7 million people newly acquired HIV (including 160,000 children) and only 53 percent of all people living with HIV were virally suppressed. Young women and key populations, including men who have sex with men, female sex workers, people who inject drugs, and transgender women and their sexual partners, are disproportionately affected by HIV, experiencing high rates of new infections and poorer health outcomes.¹

Global Priorities to Reach HIV Epidemic Control

There is a strong consensus that the foundational tools—including effective HIV prevention and treatment interventions—now exist to end the AIDS epidemic as a global health threat. Current global priorities focus on advancing epidemic control by achieving what are known as the “Fast Track” targets in high-burden settings by 2030.²

¹ Global HIV & AIDS statistics – 2019 fact sheet. Geneva: UNAIDS; 2019.

² Fast track – ending the AIDS epidemic by 2030. Geneva: UNAIDS; 2014.



GLOBAL TARGETS

HIV PREVENTION



<200,000
new infections
annually among
adults (by 2030)



<20,000
new infections
annually among
children (by 2020)



<100,000
new infections
annually among
adolescent girls
and young women
(by 2020)

HIV TREATMENT



95%
of all people living
with HIV will know
their status (by 2030)



95%
of all people with
HIV will be receiving
ART (by 2030)



95%
of all people on
ART will have
viral suppression
(by 2030)



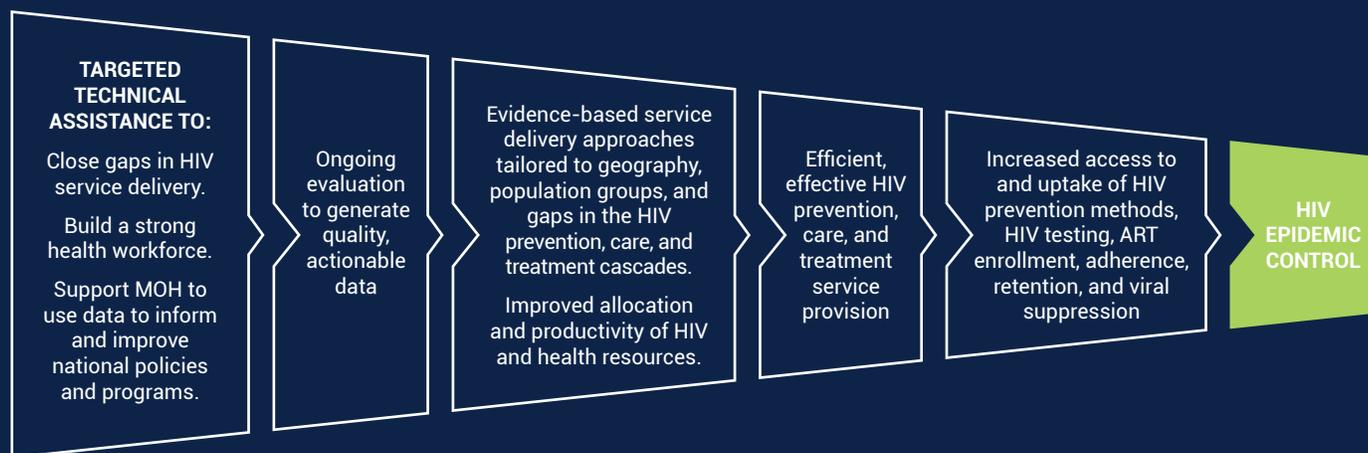
Innovation and Collaboration Are Key to Reaching Global Goals

With a cross-cutting focus on generating and using actionable data, ICAP believes that targeted technical assistance (TA) to ministries of health (MOH), implementing partners, and other stakeholders to close gaps in HIV service delivery, strengthen the health workforce, and support MOH to collect and use strategic information to inform national policies and programs will successfully drive progress toward HIV epidemic control (see Figure 1).

Through the **Global Technical Assistance Project**, ICAP supported TA recipients to explore optimal approaches and innovations to HIV service delivery, evaluate those approaches, and inform practices that improve health outcomes for specific populations. There is a long road ahead to achieving the 2030 targets; however, through the Global TA Project, ICAP and its partners distilled key learnings and identified effective, evidence-based innovations and service delivery approaches that, when scaled more widely, will help countries advance toward epidemic control. This report aims to share a sample of these innovations and learnings.

Figure 1
Conceptual Framework

Better-aligned, more productive human resources for health, together with better-targeted HIV service approaches – which are mutually reinforcing – produce more efficient and effective HIV services, which improve key metrics that drive progress toward epidemic control.



Global Technical Assistance Project Snapshot

The Global TA Project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC), was an ambitious, multi-year project that began in 2014. Working in close collaboration with CDC, ICAP leveraged its deep expertise and experience as a TA and capacity-building innovator across the spectrum of HIV technical domains and service areas to advance innovations toward epidemic control.

ICAP provided responsive, cost-effective, and data-driven TA to MOH, implementing partners, and other stakeholders in PEPFAR- and Global Fund-supported countries in the following areas:

- Pediatric and adult HIV care and treatment
- HIV testing
- HIV prevention
- Health systems strengthening
- Human resources for health
- Strategic information and surveillance
- Laboratory

Partnerships are at the core of ICAP's approach to technical assistance.

We believe in meaningful partnerships that support knowledge and technology transfer and create pathways to self-reliance and sustainability, where outside TA is no longer needed. ICAP maintained flexibility so that we could respond nimbly and effectively to our partners' evolving TA needs. For example, in 2016, ICAP responded to a request to support The National AIDS and STI Control Programme (NASCOP) in Kenya to pilot "Test and Start" at health facilities in two regions of the country. Soon after, NASCOP set an ambitious goal to roll out Test and Start nationally. ICAP quickly pivoted, in the course of just a few months, to focus our TA at the national level, working hand-in-hand with NASCOP to distill lessons from the pilot and rapidly design an evidence-based Test and Start model of care, training curricula, and clinical and monitoring and evaluation (M&E) tools.



"With each Global TA partnership begins an iterative process of learning from each other, sharing with each other, and innovating to create solutions to the most pressing health challenges."

– Elaine Abrams, ICAP's senior research director and principal investigator of the Global TA Project



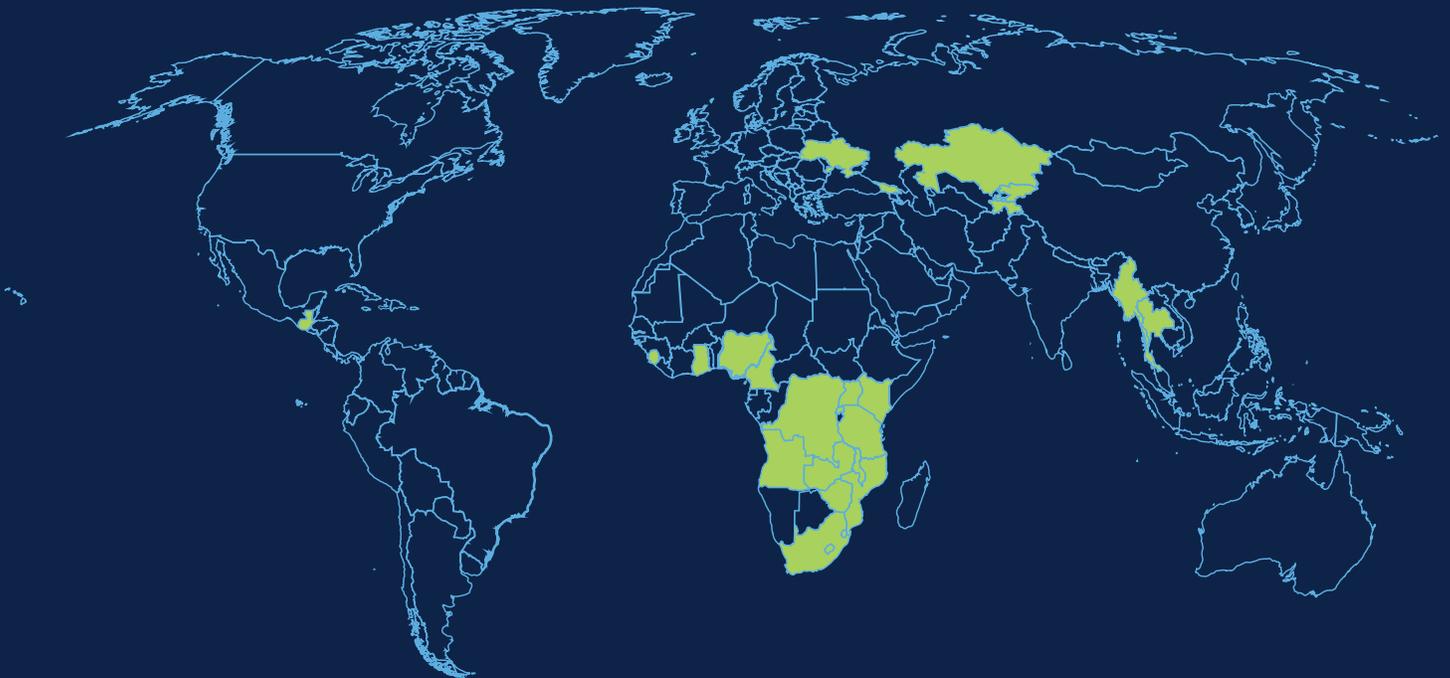
By the Numbers

6
years

62
projects

24
countries

4
continents



Global TA Project Pillars and Highlights

The Global TA Project included 62 unique projects implemented across 24 countries. What follows are descriptions of representative projects undertaken during the last six years, organized under three key themes:



Pillar 1

Closing gaps in HIV service delivery



Pillar 2

Building a strong health workforce



Pillar 3

Supporting MOH to use data to inform and improve national policies and programs



Pillar 1

Closing Gaps in HIV Service Delivery

Many countries have made progress scaling up HIV services and identifying remaining gaps in the HIV prevention, care, and treatment cascades. MOH, implementing partners, and other stakeholders now face the challenge of adapting services, strategies, and infrastructure to effectively and efficiently reach those left behind—including key populations and most vulnerable groups—to close gaps and achieve epidemic control. Through the Global TA Project, ICAP supported partners to develop, implement, and evaluate service delivery approaches and models of care to successfully address existing challenges, and offered approaches that can be applied to ongoing challenges in meeting global targets and achieving epidemic control.

Birth Testing for HIV-Exposed Infants in Eswatini

Eswatini (formerly Swaziland) has the highest HIV prevalence among pregnant women globally, but has achieved high coverage of services to prevent mother-to-child transmission of HIV. An estimated 79 percent of pregnant women living with HIV receive ART and 78 percent of infants exposed to HIV are tested by eight weeks of age.³ Testing infants at birth helps identify those with *in utero* infection and accelerates access to lifesaving ART. As such, the Eswatini MOH was interested in exploring even earlier identification of infants with HIV.

In 2017–18, ICAP supported the Eswatini MOH to pilot and evaluate HIV testing at birth in two large maternity facilities: Mankayane and Raleigh Fitkin Memorial hospitals. ICAP trained nurses in the postnatal wards and provided on-site mentoring to implement birth testing, support data collection, and ensure timely delivery of test results and follow-up with mothers living with HIV. Over 15 months (from October 2017 to December 2018), 3,757 infants received birth testing, representing approximately 93 percent of all infants born to mothers living with HIV who were admitted to the postnatal wards during this period. Both facilities continue to implement routine birth testing and maintain high testing coverage of infants exposed to HIV. Experiences and data from the pilot have informed planning for national rollout of birth testing across Eswatini.

³ Start free. Stay free. AIDS free. 2019 Report. Geneva: UNAIDS; 2019.



Integrating Postpartum Retesting into Child Health Services in Mozambique

Mozambique continues to face challenges reducing mother-to-child transmission of HIV (MTCT)—in 2018, the MTCT rate was estimated to be 15 percent. While national data show that MTCT is steadily decreasing during pregnancy, labor, and delivery, postnatal MTCT (from six weeks of age until the end of breastfeeding) is increasing.⁴ Mozambique’s national guidelines recommend HIV retesting for HIV-negative pregnant and breastfeeding women every three months; however, this recommendation has not been fully integrated into all service points (especially immunization clinics).

ICAP provided TA to the Mozambique MOH to integrate HIV retesting for postpartum women at child immunization

clinics and other child health services at 10 high-volume health facilities (five urban and five semi-urban) in Nampula Province. Training and supportive supervision to nurses, lay counselors, and mentor mothers focused on increasing access to and uptake of retesting for women when they bring their babies for immunizations or at-risk health consultations (e.g., for malnourished children). The project addressed key challenges, such as lack of space for HIV testing in immunization clinics and gaps in monitoring tools to collect eligibility and retesting data. Services were designed to ensure that all mothers and infants know their HIV status and, if positive, are immediately linked to care and treatment. Routinely collected program data on the number of women who are eligible, the number of women tested, and the positivity rate—along with information about staffing and space needs—are informing ongoing discussions in Mozambique about the retesting of HIV-negative women.

⁴ Start free. Stay free. AIDS free. 2019 report. Geneva: UNAIDS; 2019.





Innovating a Model of Care to Support Migrant Miners in Lesotho

Tuberculosis (TB) is the most common opportunistic infection and one of the leading causes of death among people living with HIV in low- and middle-income countries. The Kingdom of Lesotho has the highest TB incidence and second-highest HIV prevalence in the world; and 70 percent of people with TB in Lesotho are co-infected with HIV. The country's vast number of migrant mine workers are particularly at risk, but miners have limited access to TB and HIV services as a result of working in South Africa and returning to Lesotho mostly on weekends. In 2013, ICAP, the Lesotho MOH, and The Employment Bureau of Africa (TEBA) formed a unique public-private partnership to provide miners from Lesotho and their family members with TB services. Under this partnership, points of care were established in three regional TEBA offices in Lesotho where TB screening, diagnosis, and treatment services were being provided to 20,000 miners, ex-miners, and family members. Point-of-care services were subsequently expanded to include HIV testing and counseling, reaching more than 3,000 individuals.

Through the Global TA Project, ICAP built on this work to support accreditation of the three TEBA points of care as HIV care and treatment sites by the Lesotho MOH. ICAP's training, on-site mentorship, and support for health workers helped extend comprehensive HIV care and treatment services to miners and their family members through the points of care. The project also established a cross-border email and mobile phone notification and referral system, called *Dimagi CommCare*, to ensure that miners complete their TB treatment. The Lesotho MOH has received World Bank funding to continue the model of care developed through this Global TA Project, which is being heralded as a successful model for curbing the TB and HIV epidemics among migrant miners.

Using Patient Feedback to Improve Quality of Care in Diverse Settings

ICAP believes in the meaningful engagement of patients as partners in the effort to improve HIV service accessibility and quality. Under the Global TA Project, ICAP used various technologies to collect patient feedback about interactions with health care workers and about the acceptability of new types of services to inform program improvements, reduce barriers to care, and contribute to improved retention across different clinical settings and populations. Survey participation was voluntary and no personal identifiers were collected. Allowing for anonymity helped overcome the impact of stigma, which often acts as a barrier to meaningful patient engagement and feedback.

- In **Myanmar**, satisfaction surveys with members of key population groups accessing HIV testing, care, and treatment revealed overall satisfaction with services, as well as high levels of stigma and shame, concerns about confidentiality, and a desire for more convenient services with shorter wait times.
- In the **Democratic Republic of Congo (DRC)**, surveys with clients from key population groups enrolled in pre-exposure prophylaxis (PrEP) services indicated high satisfaction with PrEP services (85%), but also revealed low self-reported adherence (with only 64% of respondents indicating that they had taken all of their PrEP doses in the last seven days).
- In **Eswatini**, women attending antenatal care completed surveys about their interactions with health workers. To reduce literacy barriers, the surveys were given on tablets with audio-assisted self-interview questions and symbolic response options. Monthly quality improvement sessions were held with health workers to review patient responses. While pregnant women reported being highly satisfied with patient-provider interactions, 44 percent of women who self-identified as living with HIV reported that health workers treat women living with HIV worse than their HIV-negative peers.



“I cannot imagine returning back to individual care since I have made friends here with whom I share my deepest concerns. We remind each other that we are together in this journey and I have not missed any clinic appointments because I look forward to these group sessions.”

– Young mother and Project HOPE participant

Reorganizing Care for Adolescent Mothers in Western Kenya

HIV remains one of the leading causes of death among adolescents worldwide and, at each step in the HIV care cascade, adolescents fare worse than adults and children. Working in close collaboration, ICAP and the Kenya MOH designed a differentiated service delivery model tailored to the needs of pregnant and postnatal adolescent and young women living with HIV. Project HOPE was launched in 2017 at seven health facilities in western Kenya’s Kisumu and Siaya counties to improve adolescent and young women’s retention in antenatal and postnatal care, to improve their adherence to medication, and to support young mothers to keep their babies healthy and HIV-free.

The youth-friendly, differentiated service delivery model reorganized care for pregnant and postnatal women living with HIV and under 25 years of age. Rather than scheduling individual clinic visits, young women attended monthly group sessions that included all of the recommended care per Kenya’s national guidelines, as well as support group sessions led by mentor mothers (who were also young mothers living with HIV). New mothers brought their babies to the postnatal group sessions for testing and care, with immediate ART initiation for babies with HIV. The group sessions also included a self-care component as a way to more actively engage young women in their own and their babies’ care. During pregnancy, young women took their own weight and blood pressure measurements and assessed each other’s ART adherence. Postnatally, women brought their infants to weigh them and review developmental milestones, in addition to assessing their own health status.

More than 400 young women participated in antenatal and postnatal groups, where they experienced newfound peer support, across the seven health facilities. Improved, two-way engagement between participants and clinic staff has led to a deeper understanding of the challenges faced by young pregnant women and new mothers living with HIV. ICAP is now evaluating whether the introduction of this unique, differentiated model of care for pregnant and postnatal adolescent and young women can improve PMTCT and ART retention.



Expanding Access to Pre-Exposure Prophylaxis in DRC, Uganda, and Guatemala

PrEP is a powerful addition to the continuum of HIV prevention services, yet considerable implementation challenges need to be addressed to take PrEP to scale. Under the Global TA Project, ICAP developed a generic PrEP Package that features a training curriculum for health workers and an adaptable suite of clinical and M&E tools available in English, French, Portuguese, and Spanish.⁵ ICAP worked with MOH and implementing partners in multiple countries to support planning and implementation of PrEP services for key population groups, including adaptation of PrEP Package components. With capacity and readiness to support PrEP at different stages in each location, ICAP adapted its TA to best inform pilots and eventual planning for national scale-up.

- In the **DRC**, ICAP supported the country's first PrEP services. Working closely with the MOH, ICAP assisted in the development of national PrEP guidelines and adapted the ICAP PrEP Package to the DRC context. ICAP also trained and mentored health workers and peer educators on PrEP service delivery at seven health facilities in Kinshasa and Lubumbashi that primarily serve men who have sex with men and female sex workers. The project also included a survey on the feasibility and acceptability of PrEP for HIV prevention among key population groups. Results showed that, among the 356 individuals who initiated PrEP during the pilot, there were no documented new HIV infections. There was high demand for PrEP among clients who identified as

members of key population groups and high levels of early continuation, with 62 percent of clients started on PrEP retained at one month and 82 percent retained at three months. These results have provided critical information as the DRC MOH revises its national HIV prevention strategy.

- In **Uganda**, ICAP supported the national rollout of PrEP by working closely with the MOH to adapt ICAP's PrEP training materials and tools to the Ugandan context. The training materials have since been used to train staff at all PEPFAR-supported facilities across Uganda and the M&E tools have been adopted nationally.
- In **Guatemala**, ICAP supported the only Guatemalan organization with an active PrEP program, Colectivo Amigos Contra el SIDA (Friends' Collective against AIDS, known by its Spanish acronym, CAS). This community-based organization in Guatemala City provides advocacy and preventive health services for men who have sex with men and other sexual minorities. ICAP developed clinical readiness tools and worked with CAS to integrate an adapted version of the ICAP PrEP Package to enhance its existing program. This project helped build national momentum to make PrEP more widely available and the materials adapted with CAS are now being used for national PrEP training.

"PrEP offers a way for me to take control of my life and stay HIV-negative."

– PrEP client in Kinshasa

⁵ ICAP's PrEP Package is available for download at: https://icap.columbia.edu/tools_resources/icap-pre-exposure-prophylaxis-prep-package-2/



Building a Strong Health Workforce

Since 2003, ICAP has led diverse and innovative capacity-building efforts, specializing in data-driven approaches to strengthen human resources for health policy and planning. Under the Global TA Project, ICAP provided country programs with support to prepare diverse health worker cadres and managers to deliver quality HIV services to different population groups across varied settings. ICAP's support encouraged programs to move beyond training and take a broader view of human resources for health policies, including task-shifting/sharing and institutionalization of new health worker cadres. Human resource innovations included development and adaptation of participatory training materials, toolkits, and other resources; health worker mentorship and other on-the-job capacity building; distance learning and sharing of promising practices; and quality improvement initiatives.

“The development of education and training curricula has historically been a cumbersome process, with updates only every five to 10 years. But the ever-evolving HIV and TB landscape requires more dynamic and rapid updates to curricula. Working closely with our partners in Eswatini, we challenged the status quo and demonstrated that a rapid, competency-based update and rollout of curricula is feasible and practical.”

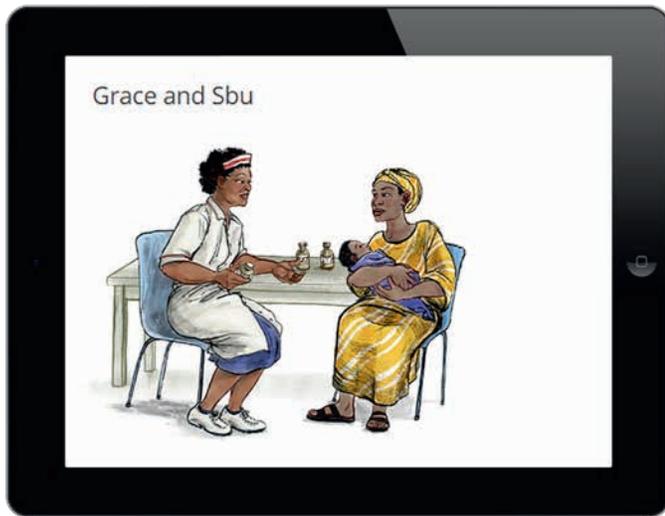
– Susan Michaels-Strasser,
ICAP's senior implementation director and
associate director for nursing programs



Improving Nurse Pre-Service Training in Eswatini

Nurses in sub-Saharan Africa deliver an ever-increasing range of HIV care as services become more decentralized and as differentiated service delivery models are adopted. Under the Global TA Project, ICAP built on its existing partnership with the Swaziland Nursing Council (SNC) to update the pre-service HIV and TB curricula of the four nursing schools in Eswatini. In collaboration with SNC and the nursing schools, ICAP reviewed and updated the existing curricula to meet international and local guidelines and standards. A total of 13 competency-based modules were developed and piloted, all of which integrate HIV and TB knowledge and skills and include both adult and pediatric care. Following the pilot, ICAP supported each nursing school to review their curricula and integrate TB and HIV competencies into their teaching, with the goal of harmonizing teaching hours (rather than increasing the total hours of instruction). Teaching how to care for children with TB and HIV were critical additions to the curricula, as was information on how to manage multi-drug resistant TB.

The integration of TB and HIV competencies into pre-service nursing curricula has improved both teaching and learning in Eswatini. Nurses will now graduate with the requisite TB/HIV information and skills, and faculty have received assistance to appropriately integrate the modules into their teaching. The continuous engagement of stakeholders in the process assured buy-in and successful implementation of the curriculum integration, and also established a process by which the curriculum can be reviewed and updated as guidelines change in the future. Complementary to the pre-service training work, ICAP partnered with the MOH and SNC to establish a national continuing professional development database to better manage information on nurse registration, license renewal, and training.



Case studies enable learners to apply their knowledge and include stories of illustrative clients such as Sbu, an 18-month-old infant exposed to HIV.

Equipping Nurses to Confidently Care for Children Living with HIV Infection

Nurses play a central role in curbing the HIV epidemic, including supporting enrollment, treatment, and retention of children living with HIV. Evidence shows that pediatric care and treatment by nurses is both safe and effective; however, many nurses still lack the skills and confidence to do this critical work. To help build nurse capacity, ICAP and the Columbia Center for Teaching and Learning developed an e-learning course on pediatric HIV care and treatment, which is available for free to users in both English and French.⁶ As of mid-2019, the course has been accessed by more than 2,000 people (68% female) from 136 countries.

The e-learning course equips frontline nurses and midwives in low-resource settings with the skills they need to provide quality clinical care to children living with HIV. Taught by leading experts in pediatric HIV clinical care, nursing, and global health, the competency-based course includes seven sessions: early infant diagnosis; pediatric HIV case identification; pediatric HIV care and treatment; caring for adolescents living with HIV; pediatric TB and opportunistic infections; psychosocial support and counseling; and adherence and retention. The interactive course is self-paced to accommodate individual schedules, learning styles, and needs.

⁶ Sign up to access the e-learning course at this link: https://icap.columbia.edu/tools_resources/icap-elearning-courses-pediatric-hiv-nursing/

Launching a Nurse Home Visiting Program in the Central Asia Republics

Since 2014, ICAP has provided financial and technical support to PEPFAR-supported HIV care and treatment facilities in Kazakhstan, Kyrgyzstan, and Tajikistan. While access to HIV care and treatment in these Central Asian countries is widely available, the proportion of patients on ART with suppressed viral load remains well below the desired 95 percent. Challenges include stigma and discrimination, opportunity costs related to health care, and factors such as depression, opioid-dependence, and alcohol abuse.

Although HIV care in Central Asia is traditionally the role of doctors, nurses often have the most direct contact with patients, and home-based care from nurses may reduce barriers to treatment adherence. In 2018, ICAP developed and launched a structured, nurse-led intervention called SUPPORT4HEALTH to improve adherence and retention, which is now implemented at 28 ART sites. Nurse home visits focus on patients starting or restarting ART, and those on ART for more than six months with unsuppressed viral load. ICAP developed and conducted training for nurses, followed by weekly clinical mentoring and case review. As of September 2019, 2,594 people had completed SUPPORT4HEALTH—a high proportion of whom had a history of injecting drug use. Viral load suppression at endline was achieved among 78 percent of people who completed the program. Given high demand for and the positive results of SUPPORT4HEALTH, governments in Central Asia are exploring the potential to expand nurse-led, home-based interventions in similar settings.





Supporting Ministries of Health to Use Data to Inform and Improve National Policies and Programs

Strategic information is a cornerstone of ICAP's work and the backbone that gives direction to HIV programs. The Global TA Project supported capacity building of national and local partners in M&E, data use and dissemination, health information systems, public health surveillance, and implementation science. This enabled partners to better:

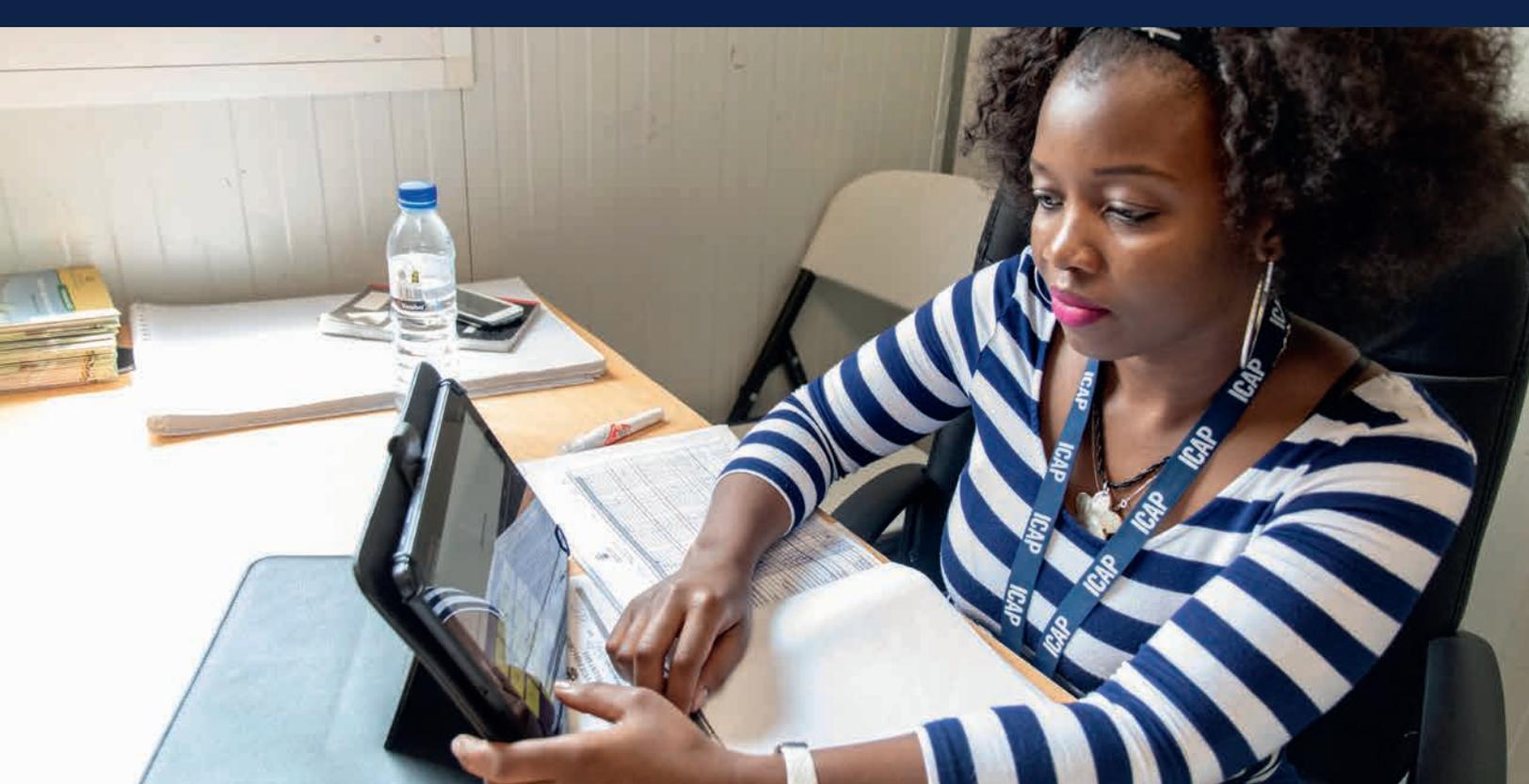
- Capture information to inform planning, monitoring, and improvement of HIV programs
- Support expanded monitoring and assessment of new models of prevention and treatment, including differentiated service delivery models and community-based services
- Link data across the HIV prevention, care, and treatment cascades to optimize patient outcomes



Building MOH and Lab Capacity to Conduct HIV Drug Resistance Surveillance in Eswatini and Lesotho

Eswatini and Lesotho have the highest HIV prevalence in the world. Although the proportion of patients on second-line ART is low, the number of people living with HIV who require second-line drugs will increase as Eswatini and Lesotho continue to scale up ART services while maintaining thousands of patients on treatment. In order to contribute to the availability of population-level data on HIV drug resistance and viral load suppression, ICAP collaborated with the CDC, MOH, and national laboratories in Eswatini and Lesotho to develop systems for HIV drug resistance surveillance among adults and children.

With ICAP's technical assistance, national drug resistance technical task forces were formed and protocols were developed and implemented according to World Health Organization (WHO) guidance for measuring rates of pre-treatment and acquired drug resistance mutations among adults living with HIV. The resulting drug resistance surveillance data provided a window into each country's progress toward the "third 95" (retention and viral load suppression among people on ART) by regimen. Surveys in each country confirmed increasing rates of both pre-treatment and acquired drug resistance in adult populations. In Eswatini, data were reported to the MOH and have informed the decision to adopt the new, preferred first-line ART regimen containing Dolutegravir (DTG). Findings were also shared with WHO and are now part of global surveillance for HIV drug resistance. In Lesotho, the survey has been completed and findings are forthcoming.



Taking the eRegister to Scale in Lesotho

Electronic health record systems can improve the quality of care patients receive and can aid in the reporting and use of program data. Building on its successful partnership with the Lesotho MOH to roll out District Health Information Software (DHIS2), ICAP provided TA to introduce and scale up a patient-level, electronic platform known as the eRegister. The eRegister is an online data collection platform used at health facilities to track individual patients over time—from HIV testing and entry into HIV care, to ART initiation, through regular, lifelong clinical monitoring and care. Before the eRegister, health facilities maintained multiple, unlinked paper registers, which were time-consuming and cumbersome for staff and often resulted in multiple entries for individuals when they accessed different points of care or different health facilities. With the eRegister, each patient receives a unique identification number that can be used across different services and facilities.

ICAP provided touchscreen laptops, tablets, and WiFi modems to health facilities and has trained and mentored more than 400 facility staff, including nurses, record assistants, data clerks, and counselors. The eRegister, which is now in place at 45 clinics, is working to improve patient flow, reduce wait times, support clinical decision-making, and improve retention through its robust appointment scheduling and tracking capabilities. Reporting has also been made easier, as facilities can select and generate reports from a range of variables across patient records. By 2020, the eRegister will be rolled out to all 172 PEPFAR-supported health facilities in Lesotho, where more than 90 percent of people living with HIV in the country receive services.

“The eRegister is not only improving data quality through validation rules, it is persuading providers to capture data on the paper tools. The eRegister has also significantly improved the ART filing system. If a patient file is lost, the patient receives services without needing to create a duplicate file with a different, unique identification number, which is what we used to do before the eRegister.”

— Record Assistant
at Loretto Health Center,
Lesotho

What's On the Horizon?

As the ambitious, six-year Global TA Project comes to a close, ICAP reaffirms our commitment to tackling the world's most pressing health needs as we strive for a world where health is available to all and the HIV epidemic is no longer a global threat. Our belief in the power of meaningful partnerships to support sustainable innovations and improvements in health systems and programs remains steadfast. ICAP looks forward to continuing work with our existing partners across three continents, as well as forming new partnerships to disseminate and scale more broadly the innovations developed under the Global TA Project.

Together with our partners, we will continue to apply and adapt these innovations to current and emerging HIV program challenges on the ground and use the lessons learned to inform practices that improve health outcomes for the people, families, and communities most in need.



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