



ICAP provided mentorship and job aids to health workers to ensure that eligible patients are initiated on HIV treatment in a timely manner. Photo: Jake Price

ACCELERATING PATIENT ENROLLMENT IN HIV CARE AND TREATMENT SERVICES IN LESOTHO

Project Overview

From 2013 to 2015, with funding from the Centers for Disease Control and Prevention, ICAP at Columbia University implemented a multi-pronged set of interventions in Berea, Leribe, Quthing, and Qacha's Nek districts of Lesotho to increase the enrollment and retention of patients in HIV care and treatment services.

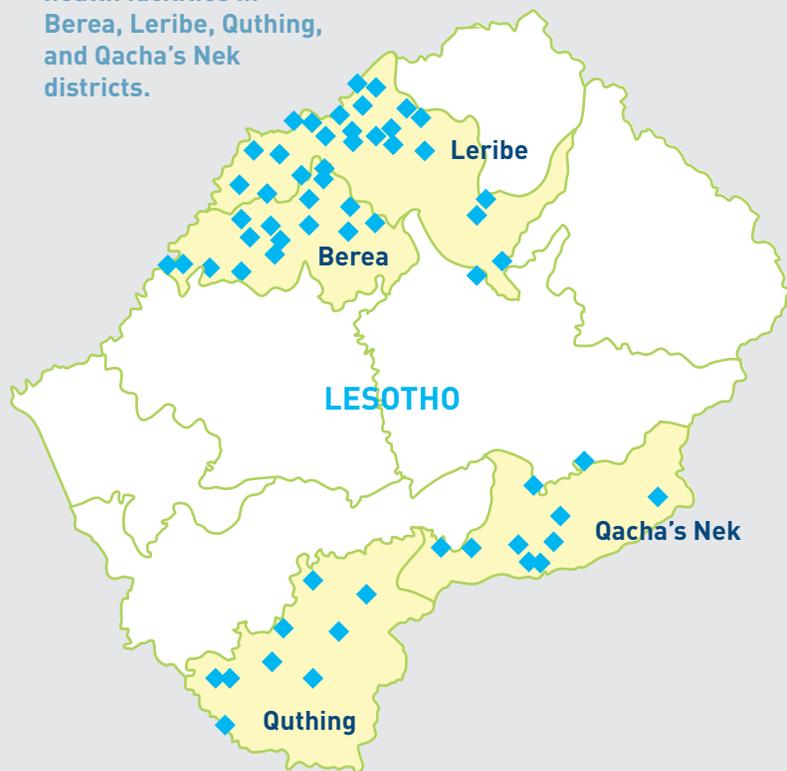
With the goal of assisting the Government of Lesotho in getting closer to a “tipping point” in its HIV epidemic, ICAP supported the expansion of provider-initiated HIV testing and counseling in health facilities, helped standardize linkage and retention processes, increased access to services to prevent mother-to-child transmission of HIV, and supported health worker training in pediatric HIV testing, care, and treatment. ♦

Background

In 2013, UNAIDS reported that a global “tipping point” had been reached in the fight against HIV, with the number of people newly initiated on antiretroviral therapy (ART) exceeding the number of people newly infected for the first time. However, this tipping point has yet to be achieved in Lesotho. In 2012, it was estimated that there were over 26,000 new infections in the country, while there was only a net increase of 12,367 new patients started on treatment that year.

A mountainous country with many remote, hard-to-reach communities, Lesotho has been particularly hard-hit by the HIV epidemic. HIV prevalence in the country is approximately 23 percent—the second highest in the world—and adult treatment coverage is estimated to be only 29 percent. Sub-optimal HIV testing rates are a major impediment to reaching higher treatment coverage, with an estimated 25 percent of HIV-positive women and 41 percent of HIV-positive men having never been tested for HIV. ♦

MAP | ICAP-support health facilities in Berea, Leribe, Quthing, and Qacha's Nek districts.



Core Project Approaches

Building on its history of working hand-in-hand with the Ministry of Health in Lesotho since 2005, in October 2013 ICAP mobilized rapidly to implement targeted interventions that would increase the number of people accessing HIV counseling and testing—and the number enrolling in HIV care and treatment—in the four target districts of Lesotho. In each district, ICAP first conducted a rapid assessment of each step in the HIV “care cascade,” which encompasses HIV counseling and testing, linkage to HIV care, initiation on ART, and, finally, patient retention in care and treatment services. ICAP then worked with District Health Management Teams (DHMTs) and facility-level staff to implement interventions to address gaps in the care cascade, providing ongoing technical leadership, training, clinical mentorship, and supportive supervision throughout implementation. Below is a description of key gaps identified and solutions implemented.

Gap 1: ICAP found that uptake of HIV counseling and testing was less than 10 percent in hospital outpatient departments across the four districts. This was largely a result of clients having to request HIV counseling and testing in these clinics, as opposed to health providers systematically recommending HIV testing to all patients.

Solutions Implemented:

- Working with the Ministry of Health, ICAP supported a **revision of the national HIV testing protocol**, instituting a shift from the voluntary counseling and testing approach traditionally used in outpatient departments to a provider-initiated approach.
- In close collaboration with DHMTs, ICAP supported the **training of 266 health workers** on the new HIV testing approach. In addition, ICAP recruited and trained **94 lay HIV counselors** to support testing and counseling services in **64 health facilities**.
- By 2015, ICAP had supported the **integration of provider-initiated HIV testing and counseling in the outpatient departments of 66 high-volume health facilities**.
- To **address recurrent stock-outs of HIV test kits**, ICAP enhanced the capacity of DHMTs and health facilities to consistently forecast supply needs, place timely orders, and monitor test kit inventory—virtually eliminating the occurrence of HIV test stock-outs.

Gap 2: ICAP found low levels of patient linkage between HIV testing and counseling services and HIV care and treatment, along with low retention rate (as low as 40 percent) at three months after initiation of ART.

Solutions Implemented:

- ICAP supported the Ministry of Health to develop national **standard operating procedures** on patient linkage, retention, and follow-up in HIV care.
- ICAP implemented a **minimum package of care** for patients not yet eligible for ART, who in many cases were not being regularly monitored or supported by health workers. In addition, ICAP developed and implemented a **mentorship package** and **job aids** for health workers that focus specifically on care for pre-ART patients.
- ICAP worked with DHMTs to **set targets for patient enrollment in HIV care**, both at the district and health facility level, in order to set clear expectations and increase accountability among health workers.
- ICAP improved the collection of data related to clinic attendance, patient follow-up, and retention in services by supporting each health facility to implement an **appointment system** and **chronic care card filing system**. These systems enable staff to track all patients accessing services, as well as those who have missed appointments or have been lost to follow-up. ICAP also supported facilities to conduct a **comprehensive review of all patients ever enrolled in care** in order to determine and document their current status. Recognizing the additional work associated with these activities, ICAP supported the recruitment of **64 new ‘clinic clerks’** to work at the health facility level.



ICAP supported District Health Management Teams in leveraging an existing network of village health workers to track patients lost to follow and conduct community outreach. Photo: Jake Price

- ICAP supported the DHMT in each target district to **leverage the existing network of village health workers** to systematically track patients lost to follow-up and conduct community outreach, with the aim of returning these patients to care. In addition, village health workers were engaged in health facilities themselves to enhance linkage between services, providing peer support to newly diagnosed patients and escorting them to the HIV clinic to enroll in care and treatment.
- ICAP worked with DHMTs to establish a **partnership with the Lesotho Network of People Living with AIDS (LENEPHWA)** to strengthen community-based support groups for people living with HIV. These groups are a source of essential peer support, helping to mitigate the pernicious effects of HIV-related stigma, increasing demand for HIV testing, and promoting members' enrollment and retention in HIV care and treatment services.

Gap 3: Only an estimated 59 percent of HIV-infected pregnant women were accessing services to prevent mother-to-child transmission of HIV, due primarily to low uptake of antenatal care services and low numbers of women delivering at health facilities.

Solutions Implemented:

- ICAP worked with DHMTs in the four target districts to assess the readiness of 62 health centers to conduct deliveries and then built their capacity by **conducting refresher trainings for nurses and procuring needed supplies**, including care packages for expectant mothers and their babies (“mama packs”).

- ICAP collaborated with DHMTs to **engage village health workers** to conduct community-based health education and identify pregnant women in the community in order to refer them to health facilities for antenatal care and to encourage a facility-based delivery.
- A system was also implemented in **48 facilities**, whereby each pregnant woman is **assigned to a village health worker** who serves as her care supporter, providing her with community-based support and follow-up.
- ICAP supported **outreach by health center nurses** to hard-to-reach areas in order to increase patient access of local pregnant women to antenatal care services.

Gap 4: Only an estimated 15 percent of HIV-infected children under the age of 15 in Lesotho are receiving HIV treatment.

Solutions Implemented:

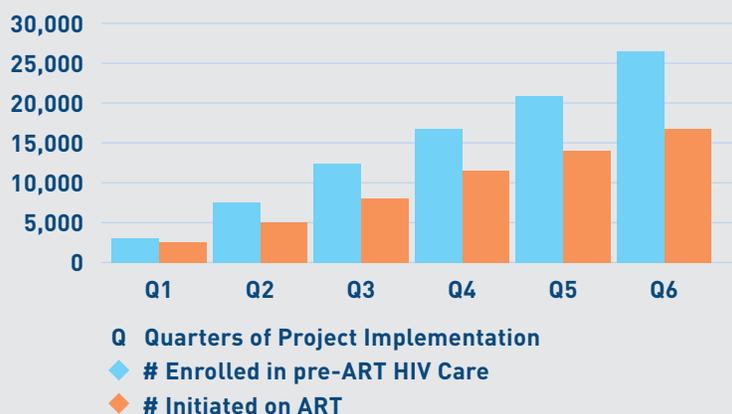
- In partnership with Baylor International Pediatric AIDS Initiative, ICAP offered on-site training and mentorship to nurses in the four target districts on providing comprehensive HIV care and treatment to infants, children, and adolescents. This included training on identifying HIV-exposed and infected children in health facilities and communities, and on how to increase HIV testing rates among HIV-exposed children.

FIGURE 1
People Who Received HIV Counseling and Testing at ICAP-Supported Facilities



FIGURE 2

People Who Received HIV Counseling and Testing at ICAP-Supported Facilities



to track patients lost to follow-up, and to conduct community outreach is an innovative and effective approach to bolster the capacity of existing health staff and increase access to critical HIV testing, care, and treatment services.

The Way Forward

This project demonstrated that a multi-pronged approach addressing specific gaps in the HIV care cascade can significantly increase rates of HIV testing, enrollment in HIV care, and patient initiation on ART. Maintaining these rates will require ongoing oversight and management of the key interventions described in this brief. In addition, to achieve population-level impact, the activities will need to be scaled up nationally.

Several of these interventions rely on the active and ongoing involvement of lay health workers. To make their important contributions sustainable, it is important for the Ministry of Health to absorb all existing lay HIV counselors into their human resources system and to put in place strong systems that enable effective management and supervision of Lesotho's extensive network of village health workers. These cadres of health workers could prove to be particularly instrumental in addressing the ongoing challenge of long-term patient retention in HIV care and treatment services. ♦

Key Achievements

From 2013 to 2015:

- Cumulatively, over **230,682 individuals** accessed HIV counseling and testing services at the **66 supported health facilities** (see Figure 1).
- Over 26,340 people were enrolled in HIV care and over 16,730 people were initiated on HIV treatment (see Figure 2).
- A total of **4,486 pregnant women were initiated on ART** to prevent mother-to-child transmission of HIV.
- A total of **5,325 HIV-exposed children received early virological testing** within the first 12 months of birth.

Lessons Learned

- Provider-initiated HIV testing and counseling can be rolled out quickly in health facilities and is an effective way to rapidly increase the number of patients aware of their HIV diagnosis.
- A standardized protocol and pre-ART package—as well as ongoing follow-up by professional or lay health workers—are critically important to ensuring that HIV-positive patients are successfully linked to and retained in HIV care and treatment services.
- Setting enrollment targets for HIV care and treatment at both the district and health facility level can go a long way in setting expectations—and thereby encouraging—appropriate follow-up by health workers.
- In settings with limited human resources for health, training lay workers to provide HIV testing and counseling services,

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 3,380 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

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