

I-SURGE- A NEW IMPLEMENTATION STRATEGY TO OPTIMIZE HIV SERVICES IN LUANDA, ANGOLA

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Background

With an HIV prevalence of 2% and ART treatment coverage of 26%, Angola’s health system aims to improve efficiency and effectiveness of HIV service delivery towards epidemic control. ICAP at Columbia University implemented a novel strategy called I-Surge, a comprehensive multi-pronged approach to optimize health and human resources in clinics and communities.

Methods

In April 2018 ICAP, through funding and support from PEPFAR/CDC, collaborated with the Instituto Nacional de Luta contra a SIDA (INLS) in Angola to implement a novel strategy called I-Surge at two ICAP-supported sites. I-Surge uses a “pull-push-hold on” approach to enhance service delivery and avoid missed opportunities at each and every step of the HIV care cascade (Figure 1).

- “Pull” activities boost performance and strengthen linkage between health facility and community
- “Push” activities redesign testing and treatment interventions in communities to optimize the first step of the cascade
- “Hold On” interventions are aimed at boosting retention

Specific activities in the “Push-Pull-Hold On” approach included:

- Daily monitoring of key data elements
- Expanded index case testing
- Deployment of patient navigators
- Revised patient, lab, and pharmacy flows
- Expanded same-day ART initiation
- Engagement of outreach workers to conduct follow-up phone calls, home visits and retention support to those who have missed their appointments.

Targeted mentoring was maintained throughout implementation to ensure maximum quality was achieved.

To assess change, we compared routinely collected aggregate data from Q2: Jan-Mar to Q3: Apr-Jun 2018.

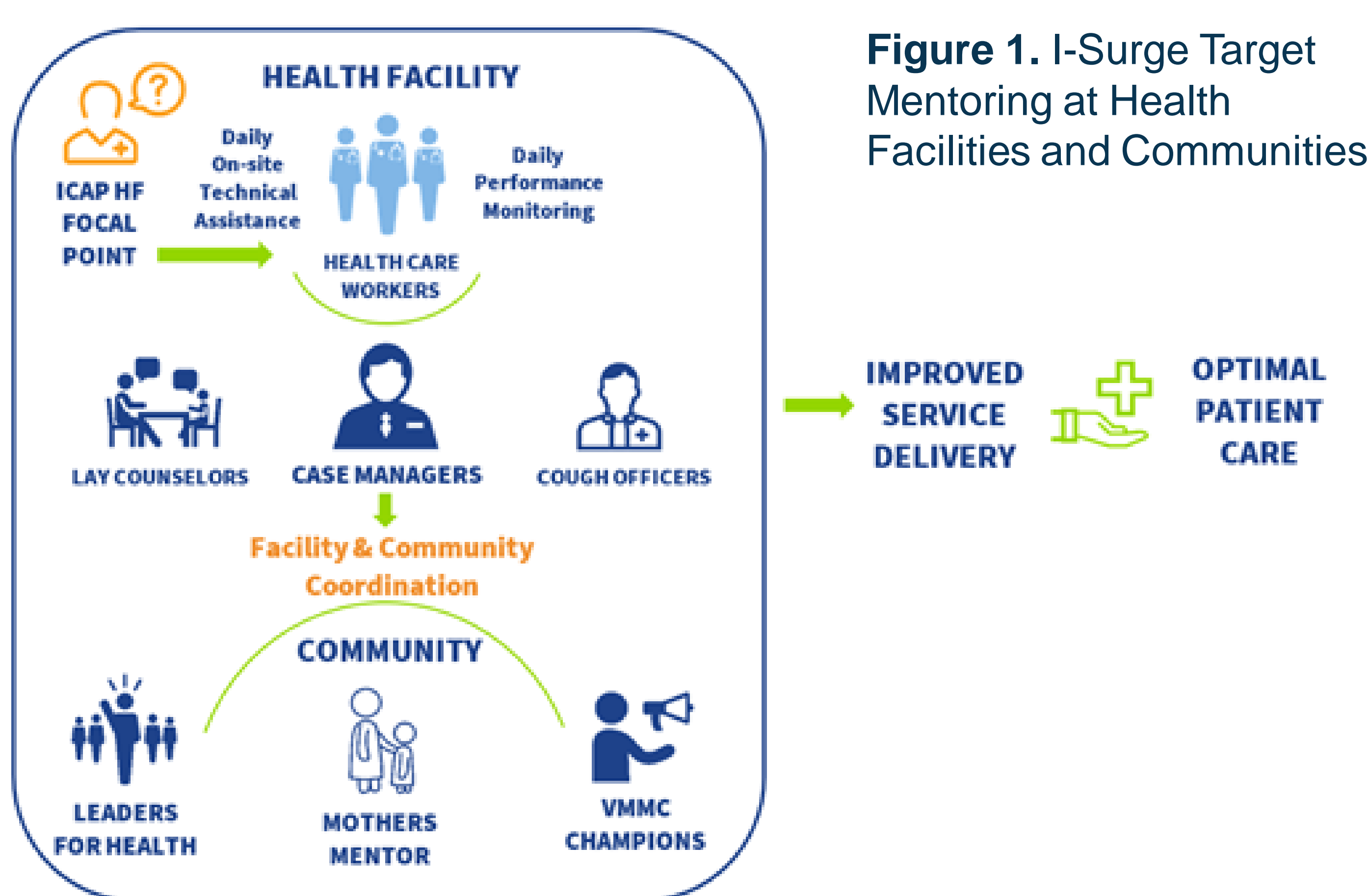


Figure 1. I-Surge Target Mentoring at Health Facilities and Communities

Results

Following implementation of the I-Surge strategy, the number of people tested for HIV increased 42% from 8,465 in Q2 to 12,045 in Q3, including a 68% increase in the number of children <15 tested (463 to 780) (Figure 2). There was a 125% increase in linkage to treatment among patients newly identified as HIV positive, from 32% in Q2 to 72% in Q3, and a 62% increase in the total number initiating ART (402 to 651) (Figure 4). The number of viral load tests increased by 85%, from 645 viral load tests conducted in Q2 to 1,192 conducted in Q3.

Figure 2: Clients tested for HIV, by age and sex, Q2 vs. Q3

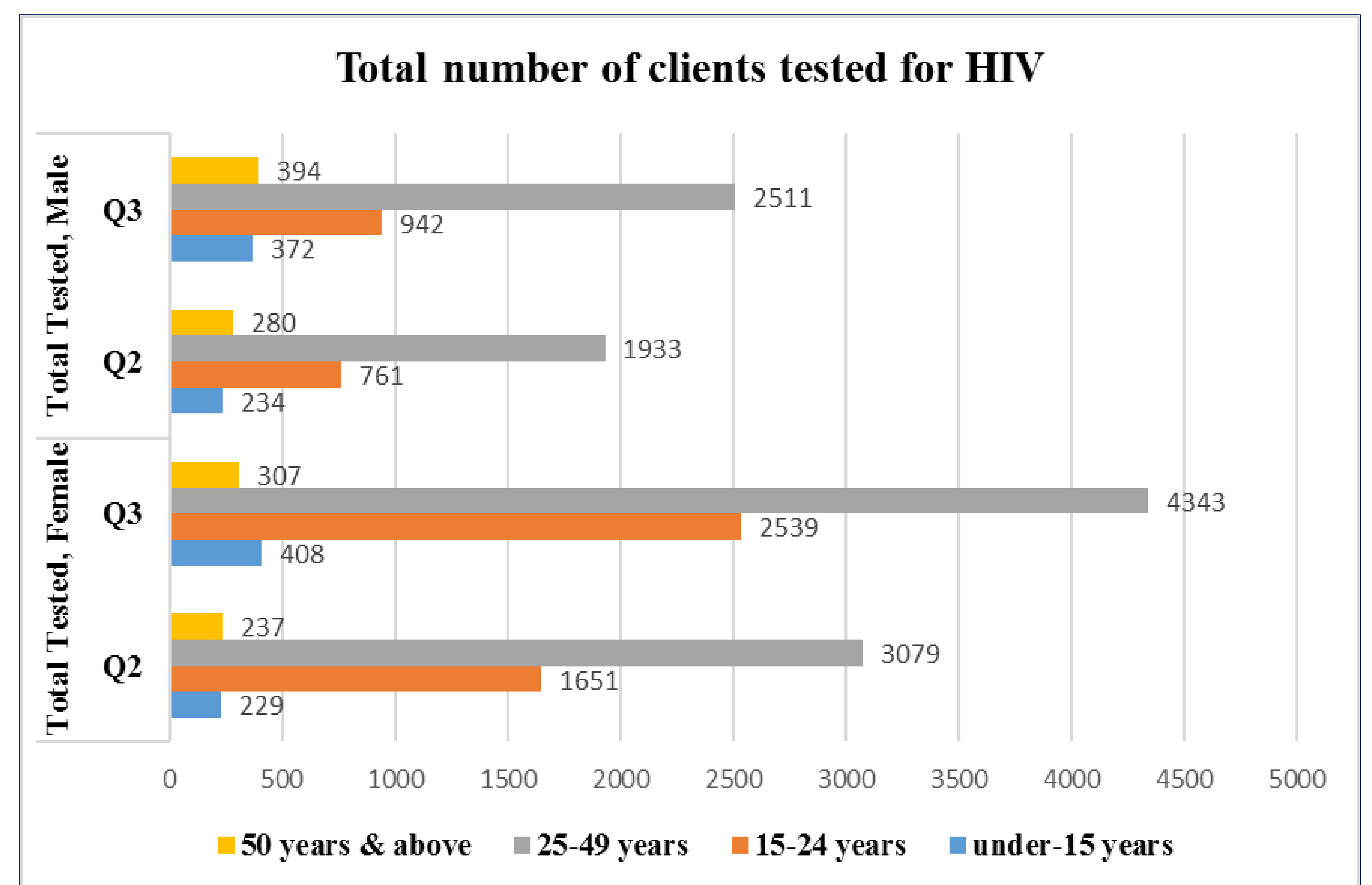


Figure 3: Clients initiated on ART, by age and sex, Q2 vs. Q3

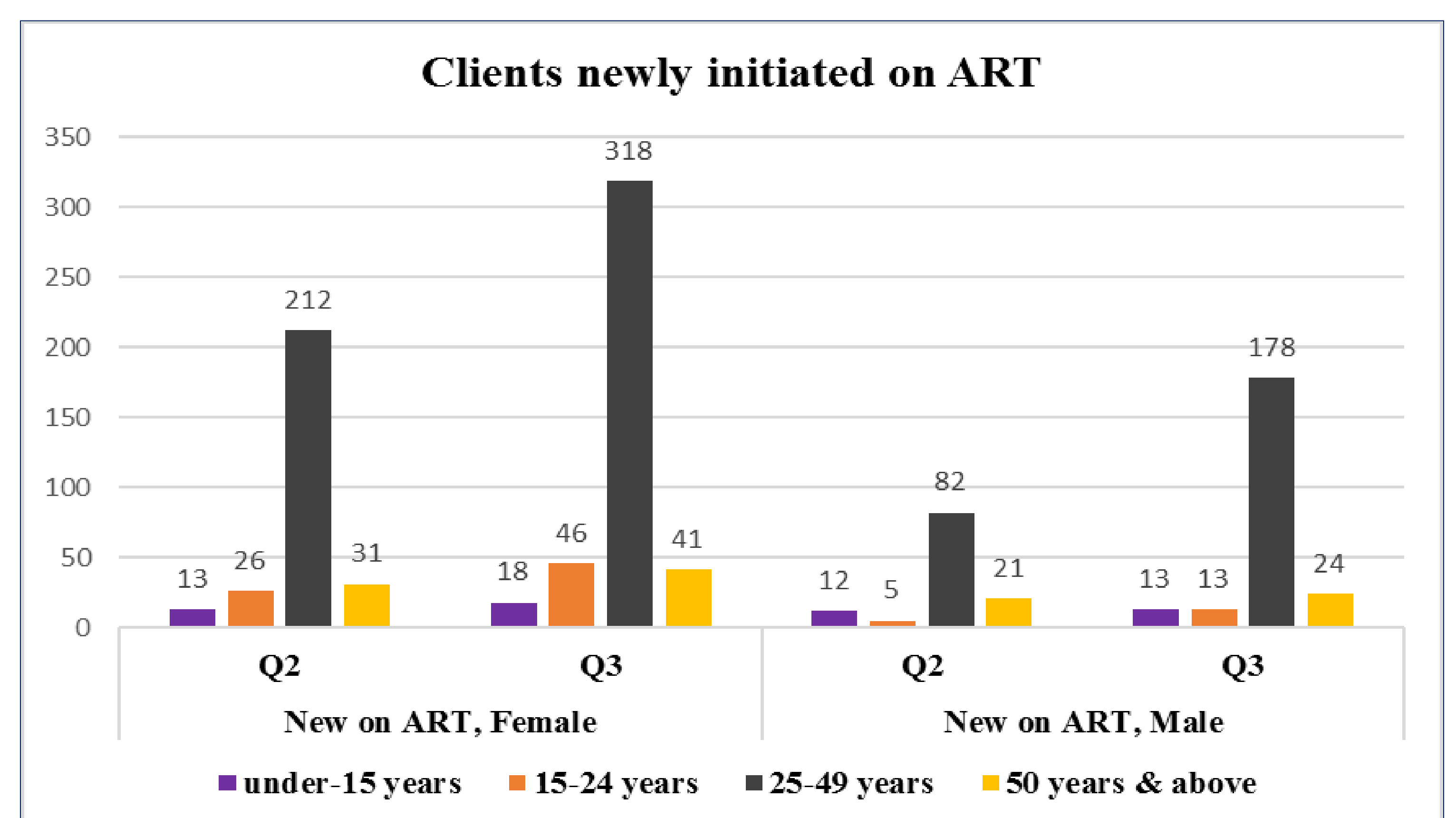
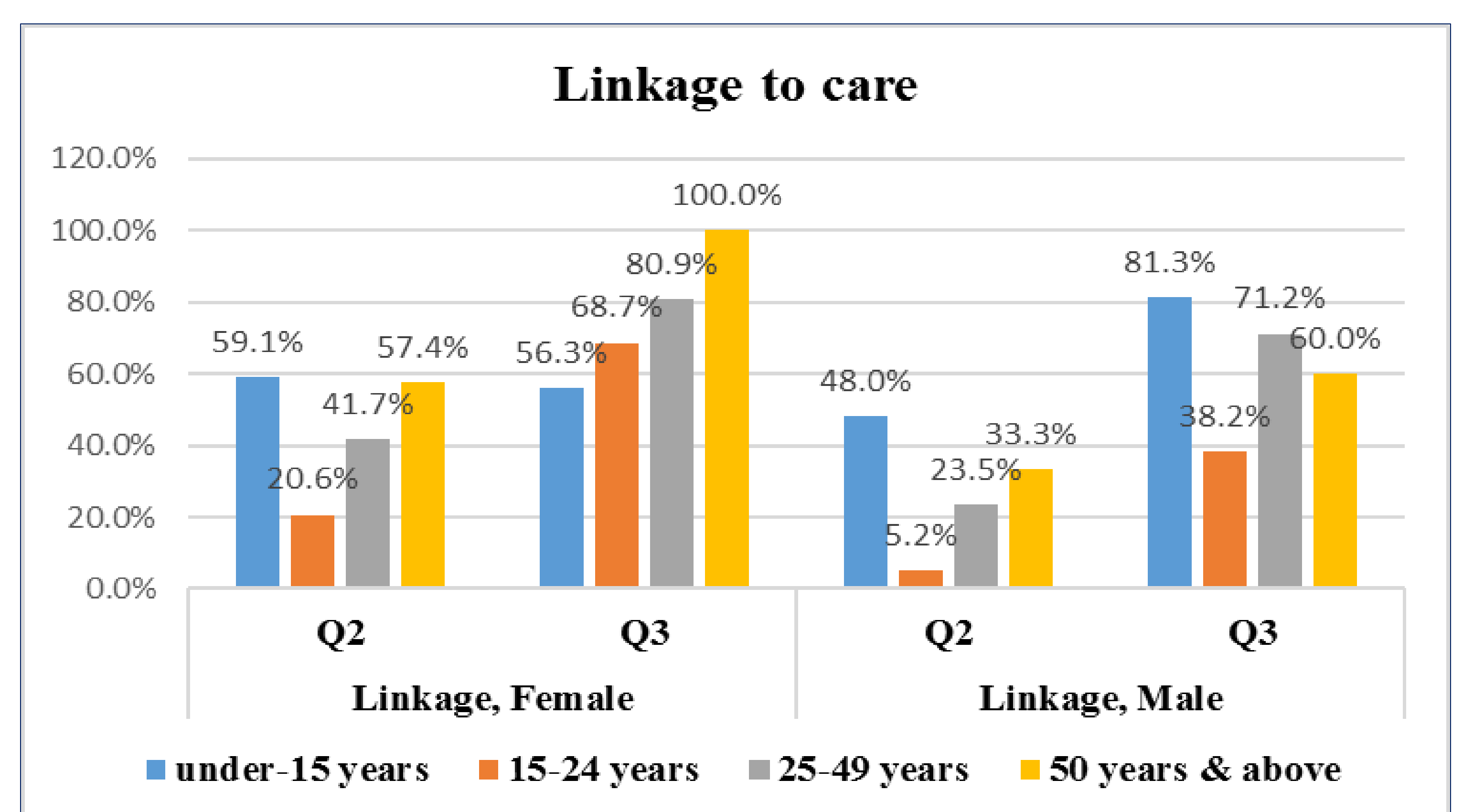


Figure 4: Linkage to care, by age and sex, Q2 vs. Q3



Conclusion

Early results of ICAP’s I-Surge strategy in Angola are encouraging. I-Surge implementation represents a paradigm shift in HIV service design, introducing more intense localized support to address gaps, bring efficiencies and highlight successes. I-Surge’s localized approach allowed immediate identification of missed opportunities to test, treat and retain, and immediate recognition and remediation of gaps in service delivery to achieve 95-95-95 goals. I-Surge contributes by identifying efficiencies across the major components of the health systems in order to provide more effective HIV services including access, coverage and quality of service delivery. ICAP continues to work with the Angolan government to bring I-Surge to scale.