



## Rapidly Bringing HIV Treatment to All People Living with HIV

### The Challenge

In the early years of the global HIV response, antiretroviral therapy (ART) was reserved for the people living with HIV thought to need it most—namely, those with advanced disease. Amid mounting evidence that early ART initiation reduces morbidity and mortality and lowers risk of HIV transmission, the global norm has shifted toward ART initiation for all people living with HIV. While this “Test and Treat” approach marks an important step toward achievement of epidemic control, its adoption ushers in a new set of clinical challenges. Health workers in countries most affected by the HIV epidemic are faced with an unprecedented number of individuals newly eligible for ART.

These health workers must navigate new processes, such as conducting retesting for verification of HIV infection among newly diagnosed individuals and locating, counseling, and initiating ART among those who began HIV care when ART eligibility was more restricted. While preparing for ART used

to occur over several visits, health workers are now expected to counsel individuals on their HIV diagnosis and ready them to start ART as soon as possible, ideally on the same day they are diagnosed.

The implementation of Test and Treat holds great promise. To ease the transition, however, health workers on the front lines require clear guidance and tools for assessing clinical needs of people living with HIV, selecting an appropriate package of care, and ensuring timely initiation and follow-up across increasingly diverse and fluid health care settings. At the same time, ministries of health must adopt intensified logistics, monitoring, and evaluation processes that ensure antiretroviral drug supplies are adequate to meet surging demand, and that programmatic data are rigorously monitored and used to refine service delivery approaches.

## Technical Approach

ICAP's approach to Test and Treat is part of a comprehensive, patient-centered model of care that adapts services to the needs and preferences of people living with HIV. The approach brings together three key elements:

### 1 Rapid ART Initiation

The algorithm shown in Figure 1 is used by providers to verify HIV status, provide ART initiation counseling, perform clinical assessments, and determine eligibility and readiness for same-day ART initiation. ICAP supports rapid, **facility-based ART initiation** for all clients. This includes those with advanced disease, who receive the WHO-recommended package of care designed to reduce the risk of early morbidity and mortality. Clients who test HIV-positive outside of the clinic are offered **community-based ART initiation** through on-site verification testing, education, and counseling, as well as ART "starter packs." Community-initiated clients also receive tuberculosis symptom screening, blood draws for baseline laboratory assays (as required), and referral to and scheduling of clinical follow-up at a nearby facility. Successful linkage is supported by proactive follow-up of clients by community health workers and systematic, two-way information sharing between community and health facility providers.

### 2 Enhanced Clinical Follow-Up and Viral Load Monitoring

Clinical follow-up focuses on providing patient-centered care that achieves high rates of adherence, retention in care, and viral load suppression. Health workers are supported to implement tailored follow-up packages for asymptomatic clients, individuals presenting with advanced disease, clients with deferred ART initiation, and infants, children, and adolescents. Clients stable on ART are referred to differentiated service delivery models that are carefully tailored to the needs of specific client groups and the country context.

### 3 Rigorous Monitoring and Evaluation

Electronic and paper-based data systems and processes are adapted to support timely ART initiation and linkage for all HIV-positive clients. Effective monitoring and evaluation of Test and Treat involves assignment of a unique identifier or two-way communication systems with triangulation of identifying information to track linkage to services; development and use of indicators and tools to track successful linkage to health facilities; linkage of monitoring and evaluation systems for HIV testing and ART to measure time from testing to ART initiation; integration of relevant information on retesting for verification into patient files and registers; and active tracking of clients who defer ART.

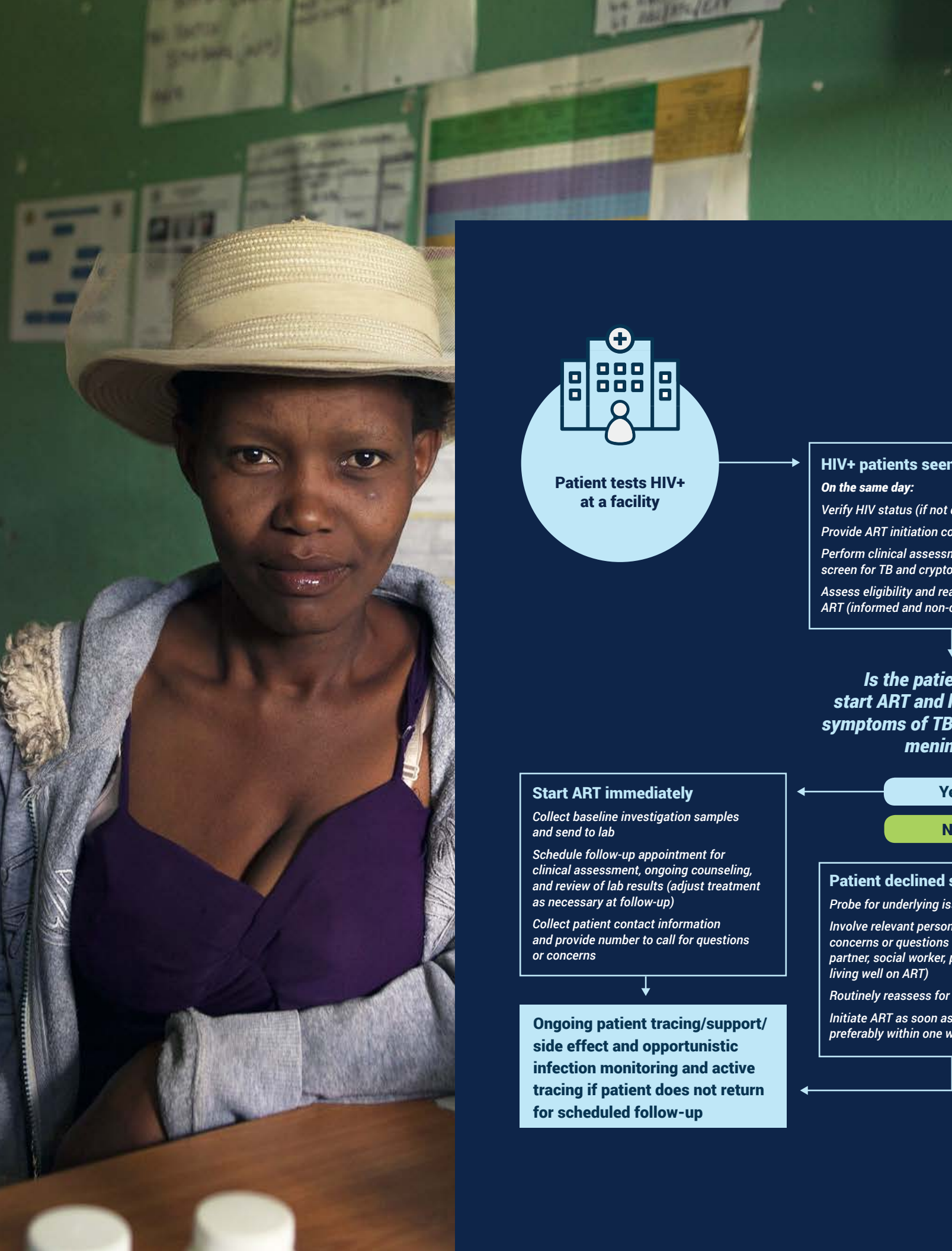
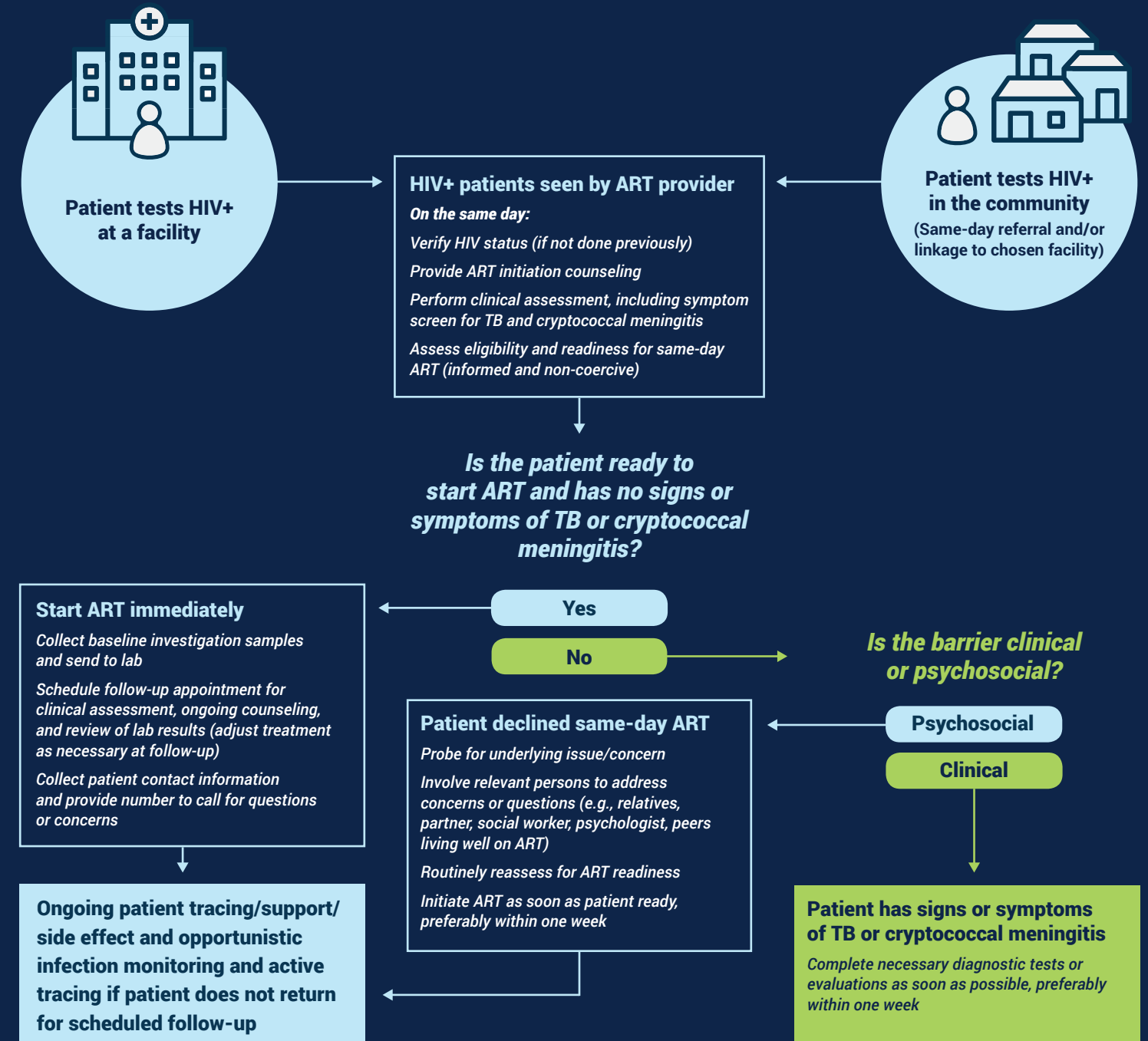


FIGURE 1  
ICAP Algorithm for Rapid ART Initiation





## Case Study

### Accelerating the Transition to Test and Treat in Côte d'Ivoire

#### Context

In early 2017, Côte d'Ivoire's national HIV program adopted new policies supporting both Test and Treat and differentiated service delivery. For front-line health workers, this represented a major paradigm shift.

#### Approach

To support a successful transition to Test and Treat in Côte d'Ivoire, ICAP developed a comprehensive package of support:

**At the regional and district levels,** ICAP worked with local authorities to prepare for and manage the transition. ICAP first supported introductory meetings to orient regional health authorities on Test and Treat and differentiated service delivery. ICAP then assisted district health teams to organize quarterly Test and Treat coordination meetings to share data, discuss program progress, and address identified gaps for all pertinent service areas, including Option B+, ART, and community and psychosocial support. A presentation template was developed to guide the structure of quarterly meetings and promote active review of all key indicators—from yields of different HIV testing modalities to rates of ART retention and viral load testing.

**At the health facility level,** ICAP site support teams provided mentorship and wide-ranging logistical support to health worker teams at 86 facilities. At Divo Regional Hospital, for example, ICAP provided mentorship and hands-on assistance to systematically locate existing pre-ART clients in the facility database and encourage them to initiate ART. Clients who could not visit the facility were reached through home visits. To ensure immediate ART initiation for newly diagnosed

*"ICAP has helped us put a system in place that works for everyone. We have support from additional counselors who help us get patients started on ART. We are comfortable assessing viral load and the stickers we put on patient files help us easily identify which patients are stable and can be fast-tracked, and which need more regular follow-up."*

- Dr. Kodji Florent, Divo District



clients, ICAP supported two strategies: mobilization of social workers to escort clients from community testing points to ART providers and organization of one-stop services whereby social workers provide HIV testing services alongside ART providers.

ICAP also introduced color-coded stickers to ART patient files to assist providers to rapidly discern whether index testing has been completed and whether a client is eligible for "fast-track" services (i.e., multi-month prescriptions and twice-annual clinical visits) or other differentiated service delivery models. During the transition to Test and Treat, some clinicians expressed reluctance to immediately initiate clients on ART. In these cases, ICAP shared data and evidence on the benefits of immediate ART initiation and integrated these messages into its ongoing mentoring activities.

The need to identify and locate pre-ART clients as part of Test and Treat implementation created an opportunity to review patient databases and ensure that all client records were up-to-date. ICAP also leveraged this opportunity to make additional

improvements to site-level data systems. Electronic data collection tools were revised to accommodate additional information, like testing location and index testing status, and reporting features were enhanced to generate reports organized by entry point.

#### Outcome

In the first quarter of 2017, 71 percent of clients testing HIV-positive at ICAP-supported sites initiated ART within one month. By October 2018, **95 percent were initiating ART the same day and 98 percent were initiating ART within one week.**



## Considerations for Implementation

Several considerations for implementing Test and Treat are offered below:

### Human Resources for Health

Because Test and Treat increases the volume of clients accessing care and treatment, its implementation is made easier by national task-shifting policies that empower nurses to initiate and manage patients on ART, and that empower lay counselors to perform patient monitoring.

- Task-shifting policies should be accompanied by training that prepares front-line health workers at facilities and in the community to recognize and manage advanced disease, conduct appropriate screening, perform diagnostic testing, and provide prophylaxis for opportunistic infections to ensure that all people living with HIV receive a comprehensive package of care.
- Clear protocols and job aids for expedited ART initiation, appropriate adherence support and patient literacy, routine viral load monitoring, and reporting of adverse events assist health workers as they take on new or enhanced tasks associated with Test and Treat.
- The simultaneous rollout of Test and Treat and differentiated service delivery approaches requires health workers to significantly modify the way they provide care, both in health facilities and in the community. Learning networks that promote sharing of best practices and tools, such as the ICAP-supported HIV Coverage, Quality, and Impact Network (CQUIN), can support ministries of health to manage the transition to a more streamlined, patient-centered model of care and to scale up these models successfully.
- Retention of community health care workers is critical to sustaining Test and Treat. Strategies to bolster retention include: financial and in-kind incentives (including subsidized education or training); personal and professional growth, development, and networking opportunities; supportive supervision and recognition; and a safe, supportive working environment.

### Involvement of People Living with HIV

- People living with HIV need to be educated on the rationale behind guideline changes, as well as the benefits of those changes and the ways they will influence service delivery norms.
- Engaging people living with HIV as lay health workers (as counselors, peer educators, social workers) allows them to share personal experiences that can encourage reluctant individuals to test for HIV and link to needed care.

### Antiretroviral Drug Optimization

- National policies that support the adoption of effective, tolerable, low-cost ART regimens like tenofovir lamivudine dolutegravir (TLD) have benefits both at the systems level—in the form of increased financial and infrastructural feasibility of Test and Treat—and at the point of service—through simplified, harmonized regimens that are easier for health workers to prescribe and monitor.

### Procurement and Supply Management

- Concurrent implementation of Test and Treat and differentiated service delivery heightens demands on national procurement and supply chain management systems, and requires enhanced capacity for forecasting, ordering, storing, and distributing commodities.
- New or expanded storage spaces for HIV test kits, ART starter kits, and monitoring tools may be needed. Because Test and Treat increases the total number of clients receiving ART, it also requires additional storage space for antiretroviral drugs at regional warehouses.

### Monitoring and Evaluation

- Test and Treat heightens the importance of integrated monitoring and evaluation systems that connect HIV testing, verification, and linkage data across health facility and community settings, especially for clients diagnosed in the community who opt out of same-day initiation. Unique identifiers should be assigned (ideally at the point of testing) and data systems should be linked so clients can be tracked seamlessly over time and across multiple points of service.
- Together, routine program reviews and periodic program evaluations can provide the breadth and depth of information needed to identify context-specific successes and challenges, and to guide program adjustments to meet ART initiation, retention, and viral load suppression targets.





# ICAP Publications and Resources

## Test and Treat

ICAP Compendium of Test and Treat Resources.

*Includes:*

- *ICAP Approach to Strategic HIV Testing*
- *ICAP Approach to Starting Antiretroviral Therapy in the Era of Treat All*
- *ICAP Approach to Differentiated Service Delivery*
- *ICAP Approach to Implementation of Routine Viral Load Monitoring*

Available at:

<http://icap.columbia.edu/ptb-hiv-testing>

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**ARV Transition Readiness Assessment for Country Program Managers.** New York: ICAP at Columbia University; 2018.

Available at:

<http://icap.columbia.edu/ptb-readiness>

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**Considerations for the Introduction of TLD in National Programs: Guidance on Developing Clinical and Programmatic Recommendations.** New York: ICAP at Columbia University; 2018.

Available at:

<http://icap.columbia.edu/ptb-intro-tld>