Promising practices & key operational considerations for community-facility linkages in the scale up of lifelong ART for pregnant and breastfeeding women

Research commissioned by UNICEF through the OHTA Initiative

Presented by Laurie Ackerman Gulaid, Consultant

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Methods

- Literature review from 2011
- Country visits
  - Malawi (July)
  - DRC (October)
- Stakeholder consultation (on going)

What is a community-facility linkage?

A formalised connection between a health facility and the communities it serves to support improved health outcomes.

What defines a practice as promising?

Evidence of an association with improved service uptake, adherence and/or retention (PMTCT, ART, MNH), preferably from more than one setting.

Guiding principles

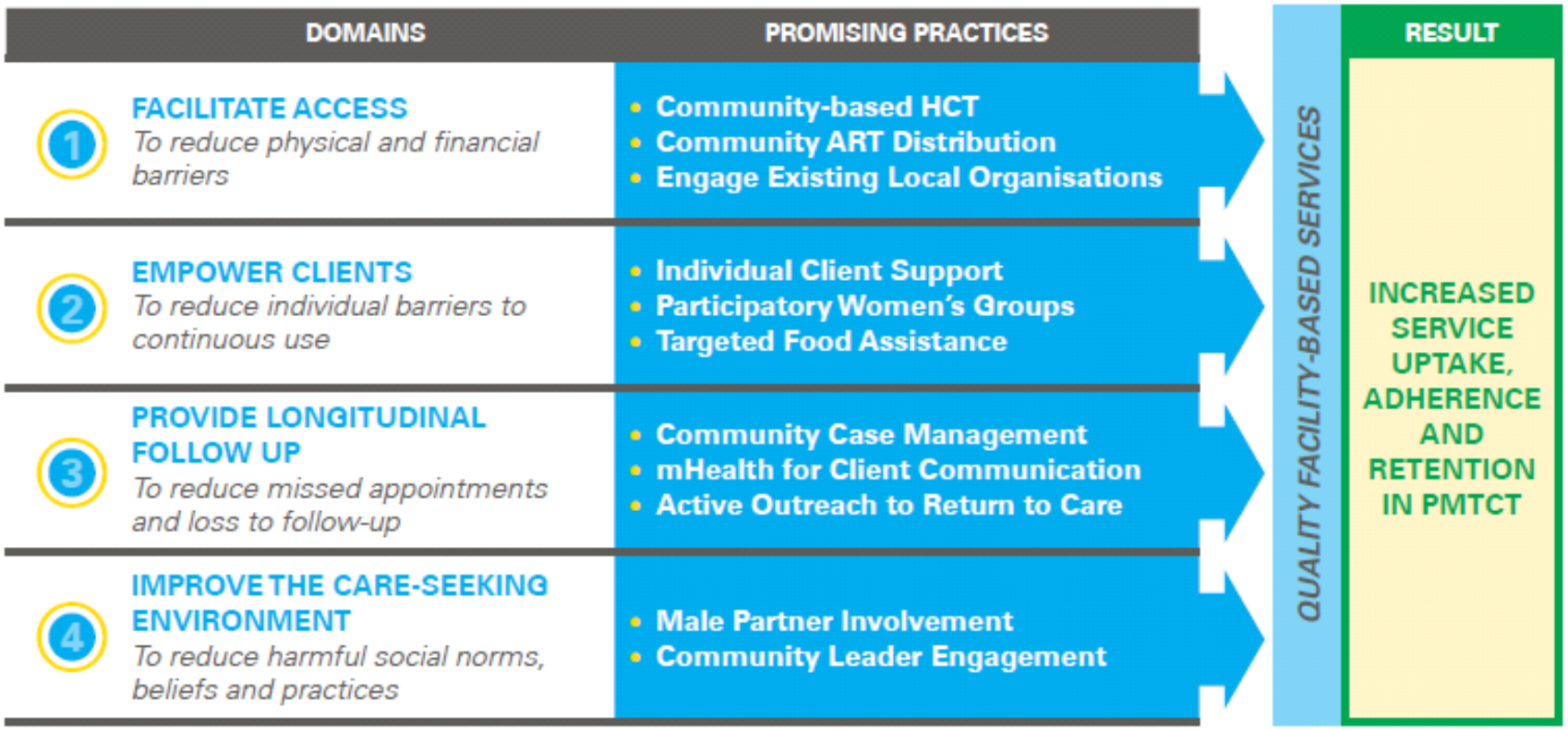
- No “one size fits all”
- Alignment with national plans
- Human-rights based approach
- Greater involvement of PLHIV
- Accountability
- Integration of services

Bottlenecks to PMTCT/lifelong ART

- Confidentiality, privacy and disclosure *
- Cultural social and gender barriers, including stigma *
- Distance and transport *
- Food insecurity and poverty *
- Human resources shortages *
- Inadequate counselling and support *
- Perceived poor quality of clinical care
- Poor tracking of mother-infant pairs *
- Stock outs of drugs and supplies
- Personal readiness for lifelong ART *
- Reduced adherence to ART after infant's 1st HIV test *

A conceptual framework

What do mother-infant pairs require to successfully enter and navigate the PMTCT continuum of care?


DOMAINS
PROMISING PRACTICES
1
FACILITATE ACCESS
To reduce physical and financial barriers
Community-based HCT
Community ART Distribution
Engage Existing Local Organisations
2
EMPOWER CLIENTS
To reduce individual barriers to continuous use
Individual Client Support
Participatory Women's Groups
Targeted Food Assistance
3
PROVIDE LONGITUDINAL FOLLOW UP
To reduce missed appointments and loss to follow-up
Community Case Management
mHealth for Client Communication
Active Outreach to Return to Care
4
IMPROVE THE CARE-SEEKING ENVIRONMENT
To reduce harmful social norms, beliefs and practices
Male Partner Involvement
Community Leader Engagement
QUALITY FACILITY-BASED SERVICES
RESULT
INCREASED SERVICE UPTAKE, ADHERENCE AND RETENTION IN PMTCT

PROMISING PRACTICES

Domain 1: Facilitate access

- **Community-based HCT**

  High acceptance rates (97% vs. 15%), feasibility and cost effective. Identifies HIV earlier and more discordant couples. Best for areas/groups with low testing rates.

- **Community ART distribution**

  Various models ranging from patient driven (adherence clubs) to more health system driven. Achieving higher retention (~97%) & cost savings.

- **Local NGO engagement**

  Formidable in HIV response, but not well documented. Examples include CBO referrals in Malawi, Networks in Uganda. Map, build on and create synergy with existing.

Domain 2: Empower clients

- **Individual client support**

  By peers, CHWs, "buddies" improves retention and self-efficacy (e.g., dose response of CHW home visits on infant feeding in South Africa). Recommended for all clients.

- **Participatory women's groups**

  Group membership alone has benefits, but these are facilitated purposeful groups that meet to identify and solve local problems. All seven trials reduced mortality.

- **Targeted food assistance and support**

  Associated with improved compliance, but needs to be paired with longer term solutions to food insecurity.

Domain 3: Longitudinal follow up

- **Community case management**

  Assigning mother-infant pairs to community workers. The Community Register Project and Tingathe Program improved service uptake, especially for infant follow up.

- **mHealth technology**

  Weekly SMS associated with improved adherence and viral suppression. Two-way SMS recommended for areas where women have individual phone access.

- **Active outreach for missed appointments**

  Especially through home visits improved retention in meta-analyses. Recommended for all programmes and quickly (Malawi says within a week).

Domain 4: Improve the care-seeking environment

- **Positive male involvement in ANC/PMTCT**

  Well documented benefits across the continuum and communities can substantially improve male involvement (85% vs. 36% couples HCT in Kenya). However, programmes must be vigilant about unintended consequences.

- **Community leader engagement**

  Meaningful and purposeful engagement throughout programme cycle. (e.g., using religious leaders' homes for service delivery in Northern Nigeria).

Real life: combined approaches

Zambia prevention, care & treatment partnership

Interventions by domain:

- *Access:* Outreach ANC and HCT in remote areas
- *Empower:* Adherence supporters, PMTCT motivators
- *Follow up:* Home visits for missed appointments
- *Care seeking environment:* Mobilized traditional & religious leaders; organized male peer support groups.

Findings:

- Significantly increased HCT acceptance (45% to 90%) and ARV adherence (29% to 97%).
- Ameliorated HW shortages and improved service quality.

KEY OPERATIONAL CONSIDERATIONS

(Under development)

Key operational considerations

PLANNING

- Engage stakeholders (MOH + PS + LG)
- Assess the policy and legal environment
- Assess community-level human resources for health
- Catalogue current community activities
- Select practices to scale up
- Determine capacity and cost requirements
- Develop communication messages
- Review and revise protocols (e.g., referrals)
- Design the scale up strategy

Key operational considerations

IMPLEMENTATION

- Engage local stakeholders
- Conduct community mapping
- Formalize working arrangements
- Ensure adequate training and support for CHWs
- Promote quality communication

Key operational considerations

MONITORING

- Identify indicators
- Document community-facility linkages
- Establish feedback mechanisms at all levels
- Conduct implementation research (urban areas, key groups, etc)
- Build capacity for monitoring and evaluation

Inputs and feedback welcome

Please send by Tuesday, December 16th

ohta_project@knowledge-gateway.org

Thank you so much