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  
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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?
1. **Facilitate Access**
   - To reduce physical and financial barriers
   - **Promising Practices**
     - Community-based HCT
     - Community ART Distribution
     - Engage Existing Local Organisations

2. **Empower Clients**
   - To reduce individual barriers to continuous use
   - **Promising Practices**
     - Individual Client Support
     - Participatory Women’s Groups
     - Targeted Food Assistance

3. **Provide Longitudinal Follow Up**
   - To reduce missed appointments and loss to follow-up
   - **Promising Practices**
     - 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
   - **Promising Practices**
     - Male Partner Involvement
     - Community Leader Engagement

**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 Tingatethe 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

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Thank you so much