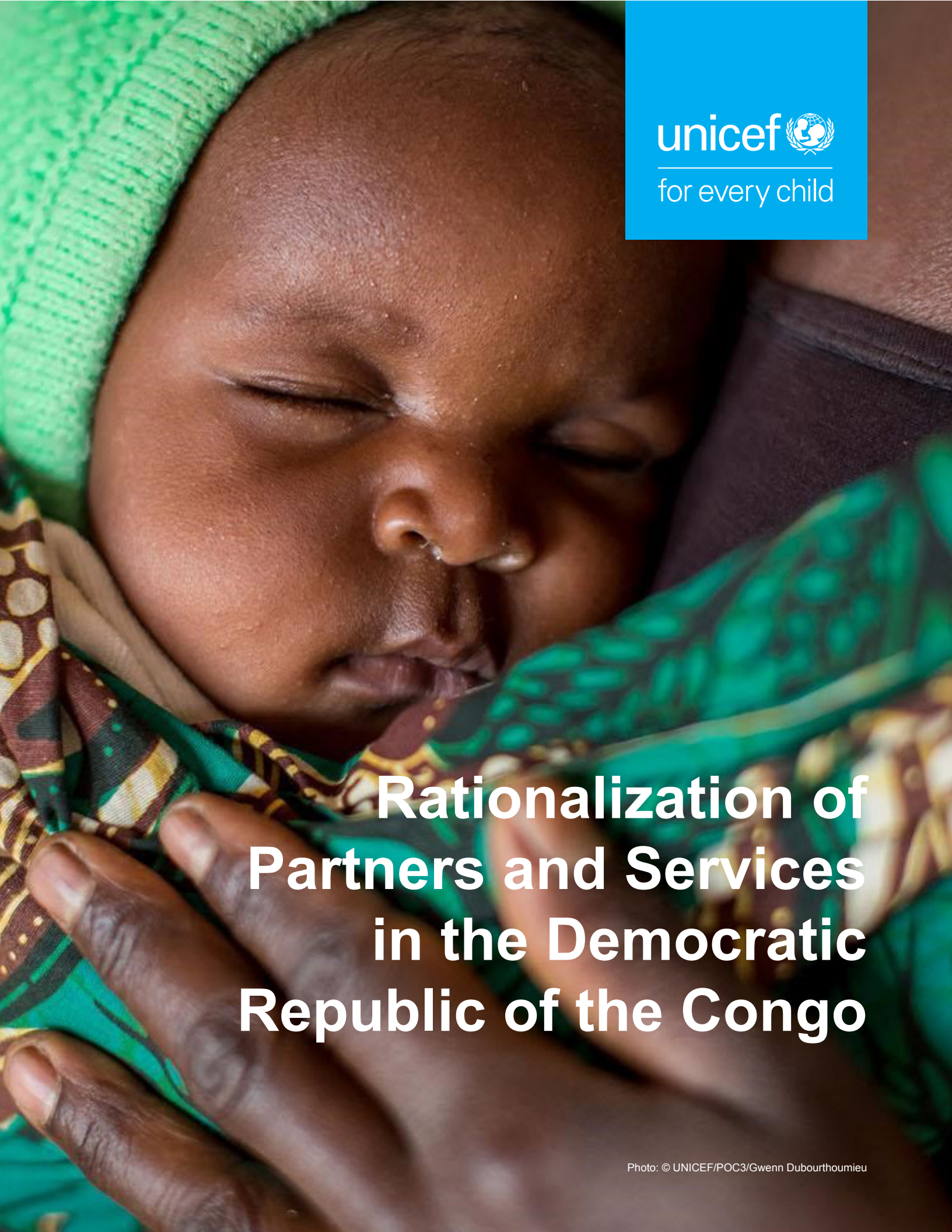

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Rationalization of Partners and Services in the Democratic Republic of the Congo

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Background

The Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative, funded by Sweden and Norway through UNICEF, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, Democratic Republic of the Congo (DRC), Malawi, and Uganda. The Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative, funded by Sweden and Norway through UNICEF from 2013-2017, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, Democratic Republic of the Congo, Malawi, and Uganda.[1] The OHTA Initiative's primary focus was to strengthen the capacity of the primary health-care system to deliver life-long HIV treatment to pregnant and breastfeeding women; increase demand for, uptake and timely utilization of and retention in prevention of mother-to-child transmission (PMTCT) programs; and strengthen monitoring and evaluation for decision making to improve service delivery.[2]

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To achieve universal access to life-long ART for people living with HIV, innovative approaches to strengthen service delivery and improve uptake of, adherence to and retention in care are essential. Health initiatives that aim to strengthen coordination among HIV programs have been found to improve opportunities for multisectoral participation, political commitment and transparency.[4] Therefore, the OHTA Initiative in the Democratic Republic of the Congo selected and engaged various partners to work together to reduce duplication of efforts, increase coordination of PMTCT interventions and ensure effective implementation of Option B+. This rationalization of partners and services—that is, the application of management practices to a particular organization or field in order to achieve a desired result, such as increased efficiency—was implemented in six health zones in Katanga and six health zones in Nord- Kivu. Lessons learned from the rationalization of partners and services under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to life-long ART.

Crucial progress has been made in recent years in scaling up treatment and PMTCT in the Democratic Republic of the Congo. Over the last six years, new HIV infections and AIDS-related deaths have decreased in the country by 38 per cent and 48 per cent, respectively.[3] There has also been a 64 per cent decline in the number of children acquiring HIV.[3] However, in 2016 there were 13,000 new HIV infections among the general population and 2,800 AIDS-related deaths among children 0 to 14 years old.[3] Additionally, although 70 per cent of pregnant women living with HIV were receiving ART, approximately 2,900 children were newly infected with HIV in 2016 alone and only 21 per cent of infants living with HIV were diagnosed early—at four to six weeks of age.[3]

What Is the Rationalization of Partners and Services?

Prior to OHTA's involvement, health zones in the Democratic Republic of the Congo faced several challenges with implementing PMTCT programs, including limited coverage across zones and absence of a comprehensive package for maternal, newborn and child health (MNCH), including HIV services. To address these challenges and effectively and efficiently implement Option B+ in the health zones, OHTA first conducted a situation analysis to identify health zones, pinpoint specific service gaps and determine the current activities that implementing partners were conducting within each zone, including an assessment of the various services provided and competencies of these partner organizations. After identifying the partners working on HIV prevention and PMTCT within the selected zones, OHTA and representatives from the Ministry of Health invited them to attend a coordination and planning workshop with the National AIDS Control Programme to coordinate strategies for improved PMTCT and MNCH programming. The partners were motivated to attend the workshop in order to prevent duplication of efforts, improve efficiencies and provide more comprehensive services to their clients.

The specific purpose of the workshop was to facilitate the creation of an integrated service delivery approach among the implementing partners to ensure appropriate coverage and quality of HIV, PMTCT and MNCH interventions in each zone. During the workshop, participants mapped the various partners currently working in each zone and the relevant interventions offered. They then discussed and negotiated resource shifts and partner coverage of the zones to ensure all health zones and catchment areas were covered with services and that the intervention packages provided in each catchment area were comprehensive, responding to the needs of the target population, primarily mothers and children. These discussions and negotiations occurred on a routine basis in follow-up meetings and over email and phone until all organizations were satisfied with the outcome.

> *"We succeeded because everyone was on board and implicated in coordination. There is a respect of the protocol d'accord."*
>
> - Ministry of Health Official, the Democratic Republic of the Congo

The outcome of the rationalization process and the workshop was a detailed national-level protocol to which all partners agreed. The protocol delineated partner roles and division of labor and outlined a strategy to achieve integrated and sustainable programs at the national level. All the partners signed the protocol to indicate their commitment. The strategy ensured political leadership and commitment for the adoption of universal treatment as an approach for the delivery of PMTCT services for pregnant and breastfeeding women.[2]

Outcomes of the Rationalization of Partners

The rationalization of partners and services to ensure effective implementation of universal treatment increased the number of facilities offering PMTCT services, from 24 facilities at the start of the program to 123 facilities at the end.[5] Additionally, the rationalization of partners and services:

- Created a national-level protocol of agreement among partners implementing HIV, PMTCT and MNCH programs, thereby improving coordination of programs
- Developed a national-level strategy to achieve integrated and sustainable HIV, PMTCT and MNCH programs
- Engaged political stakeholders invested in the objectives of the OHTA Initiative
- Increased access to HIV, PMTCT and MNCH services in the OHTA health zones
- Streamlined the management of commodities
- Strengthened partners' ability to meet the needs of those requiring treatment
- Created synergies among interventions

Essential Components and Factors for Success

Several factors were identified as essential to the success of the activity including:

Organizational:
- Motivation of partners and donors to develop a coordinated strategy improved PMTCT outcomes and coverage of Option B+

Community:
- Agreement protocol decreased duplication of efforts at the community level and increased efficiencies in meeting clients' needs

Facility:
- Streamlined commodity management decreased waste and improved service delivery

Structural:
- High-level political engagement yielded an agreement protocol signed by all implementing partners and donors, which identified overlaps and gaps in services and paved the way to reducing duplication of effort and addressing service gaps

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Considerations for Scale and Sustainability

The OHTA Initiative helped to facilitate the rationalization of partners and PMTCT services in the DRC, improving the ability of organizations to serve those requiring treatment. Several factors should be weighed when considering replicating or scaling up this practice nationally or in other settings.

- **Communication:** Communication between health zones and partners should be frequent and streamlined to ensure all health zones and partners receive the same information and understand their roles and responsibilities.
- **Commitment:** New partners should be orientated to the protocol of agreement and asked to sign it in order to ensure an understanding of roles and responsibilities as well as maintain the efficiencies gained.
- **Negotiation:** Negotiations regarding roles and responsibilities for each organization were ongoing and continuous throughout this process. The interests of each partner organization should be considered and addressed to ensure sustained motivation and commitment.

> *"We decided we need to cover no less than 90% of zones. We presented a cartography of the intervention to ensure more coverage and decrease waste of commodities and increase our results."*
>
> - Ministry of Health Official, the Democratic Republic of the Congo

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Methodology for Documenting the Rationalization of Partners and Services Promising Practice

The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA documents, including annual reports, partner reports and presentations. Site visits—conducted by CCP and OHTA staff—were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health and program implementers. For more information about the OHTA Initiative, visit **http://childrenandaids.org/optimizing%20HIV%20treatment%20access**.