

Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV

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

Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA), a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered treatment with antiretrovirals for life regardless of their CD4 count.¹

The OHTA Initiative's primary focus was to strengthen the capacity of the primary health care system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at preventing mother-to-child transmission (PMTCT), increasing uptake and timely utilization of PMTCT programmes by women, and retaining women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.² The OHTA Initiative was implemented between 2012 and 2017 through in-country implementing partners.

Better service delivery and improved uptake, adherence, and retention in care are essential to the achievement of universal access to lifelong antiretroviral therapy (ART) for people living with HIV, and innovative approaches are often required. Health initiatives that aim to strengthen coordination among HIV programmes 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 implementing partners to work together to reduce duplication of efforts, increase coordination of PMTCT interventions and ensure effective implementation of universal treatment. This rationalization of implementing 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 the Katanga province and six health zones in the North-Kivu province. Lessons learned from the rationalization of implementing partners under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.



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Crucial progress has been made in recent years in scaling up treatment and PMTCT in the Democratic Republic of the Congo. From 2010 to 2016, new HIV infections and AIDS-related deaths have decreased in the country by 38 per cent and 46 per cent, respectively.³ There has also been a 65 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 30 per cent of children living with HIV were on treatment.³

What Is the Rationalization of Implementing Partners and Services?

Prior to the OHTA Initiative, health zones in the Democratic Republic of the Congo faced several challenges with implementing PMTCT programmes, including limited coverage across health 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 universal treatment in the health zones, partners in the OHTA Initiative conducted a situation analysis to identify the health zones where PMTCT coverage was most limited, pinpoint specific service gaps, and determine the current activities that implementing partners were conducting within health zones, including an assessment of the various services provided and competencies of these implementing partners. Once the implementing partners working on HIV prevention and PMTCT within the health zones were identified, they were invited by the Ministry of Health to

attend a coordination and planning workshop with the National AIDS Control Programme to coordinate strategies for improved PMTCT and MNCH programming. The implementing 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 health zone. During the workshop, participants mapped relevant interventions offered in each health zone. They then discussed and negotiated the allocation of resources and partner interventions within the health 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 implementing partners 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 implementing partners agreed. The protocol delineated partner roles and division of labour, and outlined a strategy to achieve integrated and sustainable programmes at the national level. All the implementing 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 Implementing Partners and Services

The rationalization of implementing partners and services to ensure effective treatment coverage increased the number of facilities offering PMTCT services, from 24 facilities at the start

of the programme in 2012, to 123 facilities at the end in 2017.⁵ Additionally, the rationalization of implementing partners and services:

- Created a national-level protocol of agreement among implementing partners implementing HIV, PMTCT, and MNCH programmes, thereby improving coordination of programmes
- Developed a national-level strategy to achieve integrated and sustainable HIV, PMTCT, and MNCH programmes
- Engaged political stakeholders invested in the objectives of the OHTA Initiative
- Increased access to HIV, PMTCT, and MNCH services in the health zones
- Streamlined the management of commodities
- Strengthened implementing 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 rationalization of implementing partners and services including:

Organizational:

- Motivation of implementing partners and donors to develop a coordinated strategy improved PMTCT outcomes and coverage of universal treatment

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-Up and Sustainability

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

- **Communication:** Communication between health zones and implementing partners should be frequent and streamlined to ensure all health zones and implementing partners receive the same information and understand their roles and responsibilities.
- **Commitment:** New implementing partners should be oriented 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 implementing partner were ongoing and continuous throughout this process. The interests of each implementing partner should be considered and addressed to ensure sustained motivation and commitment.

“We decided we need to cover no less than 90 per cent of health zones. We presented a cartography of the intervention to ensure more coverage, 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 Implementing Partners and Services as a 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 Initiative documents, including annual reports, partner reports, and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health, and programme implementers.

For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF's HIV and AIDS programme, visit childrenandaids.org.

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