

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

CASE STUDY

Streamlining Health Facility-Based Testing to Increase Identification and Initiation of HIV Positive Individuals on ART: *The Jinja Regional Referral Hospital Experience*

Background

In February 2018, Jinja Regional Referral Hospital (Jinja RRH), a USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) partner facility, was achieving only 50% of its weekly HIV treatment initiation (TX_NEW) target of 14 individuals. Jinja RRH was also testing a high volume of individuals leading to a poor HIV positivity yield of 2% (46/2,126). Working with USAID RHITES-EC, Jinja RRH staff determined the low performance was attributed to:

1. Lack of knowledge about TX_NEW weekly and annual targets among health workers and subsequent low motivation to screen and identify newly identified people living with HIV (PLHIV);
2. Low proficiency level among health workers in using the HIV testing eligibility screening tool;
3. Limited onsite supervision of health workers involved in HIV testing to reinforce the targeted screening criteria for different categories of individuals eligible for HIV testing; and,
4. Long waiting times at the HIV clinic leading to newly identified PLHIV declining same-day initiation on antiretroviral therapy (ART).



A counselor conducting pre-test counseling before HIV testing.

Interventions

USAID RHITES-EC and the Jinja RRH team implemented a comprehensive set of interventions to address the low performance and improve HIV case identification and timely initiation of newly identified PLHIV on ART.

1. **Improved health facility staff awareness and acceptability of TX_NEW targets and HIV testing eligibility:** USAID RHITES-EC oriented the Jinja RRH

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board, administration, and hospital staff on the facility's annual (672 individuals) and weekly (14 individuals) TX_NEW targets. The team also solicited support from the hospital administration to hold weekly TX_NEW performance review meetings to assess data collected and summarized by data clerks for accuracy and to address gaps leading to poor performance.

2. **Increased use of the HIV testing eligibility screening tool:** Jinja RRH designated health workers as HIV Testing Services (HTS) supervisors to oversee HIV testing across Jinja RRH units (e.g., outpatient department – OPD, inpatient wards) to increase use of the HIV testing eligibility screening tool to screen patients. As part of their role, the HTS supervisors conducted health education at adult and pediatric OPD triage points to help patients identify and assess their risk factors for HIV infection and volunteer for HIV testing. They also oriented testers at each unit on the screening criteria and categories of individuals to test, especially where repetitive screening throughout the year is required (e.g., pregnant and lactating women, other key populations). This orientation ensured individuals were screened/re-screened appropriately to minimize waste and reduce missed opportunities.
3. **Streamlined patient flow in OPD to include HTS:** Jinja RRH streamlined patient flow at OPD clinics to ensure everyone who passed through the triage point attended the health education talk and was screened for TB/HIV before moving to different service points, such as being attended by a clinician. Additionally, to reduce waiting time for screened individuals, Jinja RRH reinforced OPD testing units with three volunteer testers. This improved acceptability of HTS among individuals at OPD because it did not interfere with their primary reason for seeking health care.
4. **Promoted same-day ART initiation for newly tested PLHIV:** Jinja RRH deployed experienced HIV counselors to support health workers engaged in HIV testing at OPD. The deployed counselors also modified education and pre- and post-test counselling messages to encourage same-day initiation on ART for those who tested HIV positive.

5. **Re-organized patient flow in the ART clinic to prioritize newly identified PLHIV:** USAID RHITES-EC supported Jinja RRH to reorganize patient flow to reflect a clear, fast-track system for receiving and serving newly identified PLHIVs. This included adding a volunteer to physically escort newly identified PLHIV from the testing unit to the ART clinic to ensure complete linkage to care. At the clinic, the patients met with a counselor for re-testing, enrollment in care, and pre-ART counselling. The counselor then escorted the patient to the clinician for clinical evaluations and ART initiation.
6. **Increased HIV case identification through index testing:** Jinja RRH increased case identification by enlisting and testing family members and sexual contacts of each individual who tested positive and consented to HTS (e.g., index testing and assisted partner notification – APN). This was achieved by orientating health workers involved in HTS on index testing and APN and then having them confidentially elicit names and contact information for partners and children of newly identified PLHIV who have yet to be tested. The health workers then created weekly lists of partners and children to be followed-up for testing, either at the facility or in the community.
7. **Improved HTS data documentation:** RHITES-EC supported Jinja RRH's hospital teams to implement a set of data quality interventions to ensure data consistency and accuracy across the 22 testing units. at Jinja RRH. This included an HTS data focal person to update the HTS register using approved source documents (e.g., HTS cards) from the various testing units. The HTS data focal person regularly presented feedback during weekly performance review meetings to address documentation gaps identified from individual HTS cards from different testing units. The focal person also triangulated details in the HTS register with the ART register to improve documentation of patients linked to care. The HTS data focal person then prepared weekly reports which was discussed in-depth at TX_NEW performance review meetings. This report was thereafter submitted to the various reporting platforms, including DHIS2, HIBRID, and TX_NEW Surge reporting platform.



Figure 1: Performance against weekly TX_NEW target achieved (Baseline- Week 14)

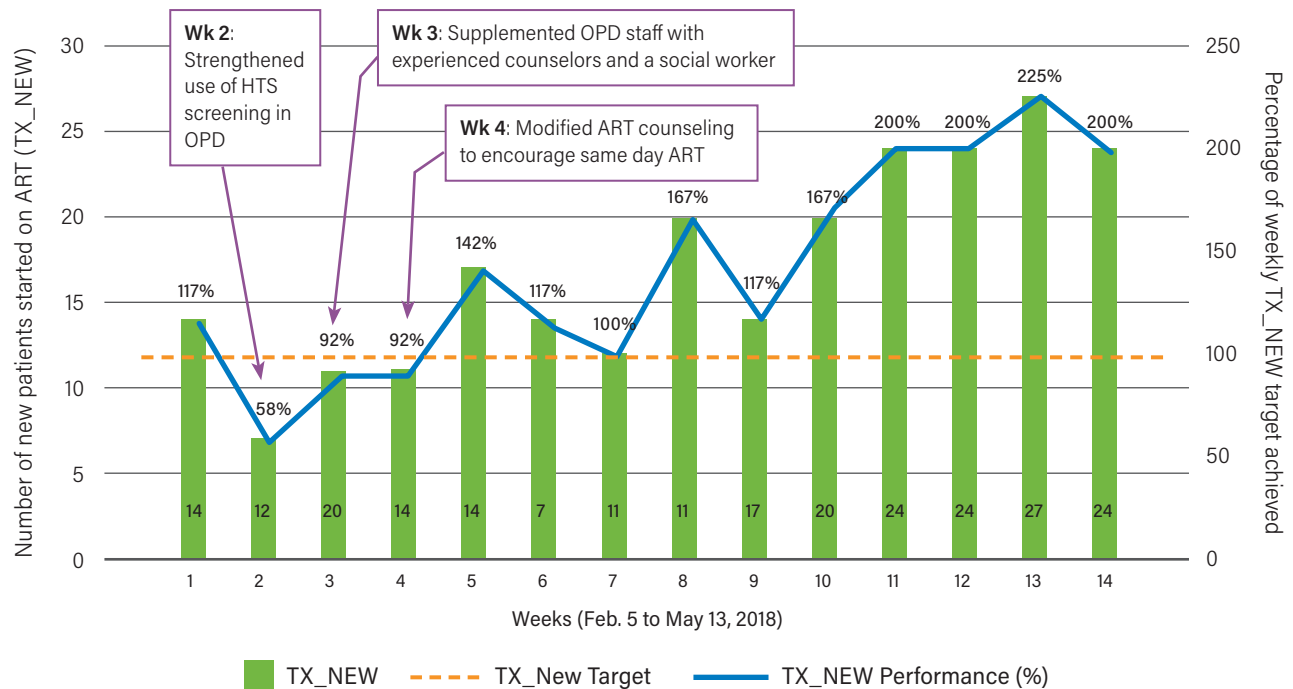
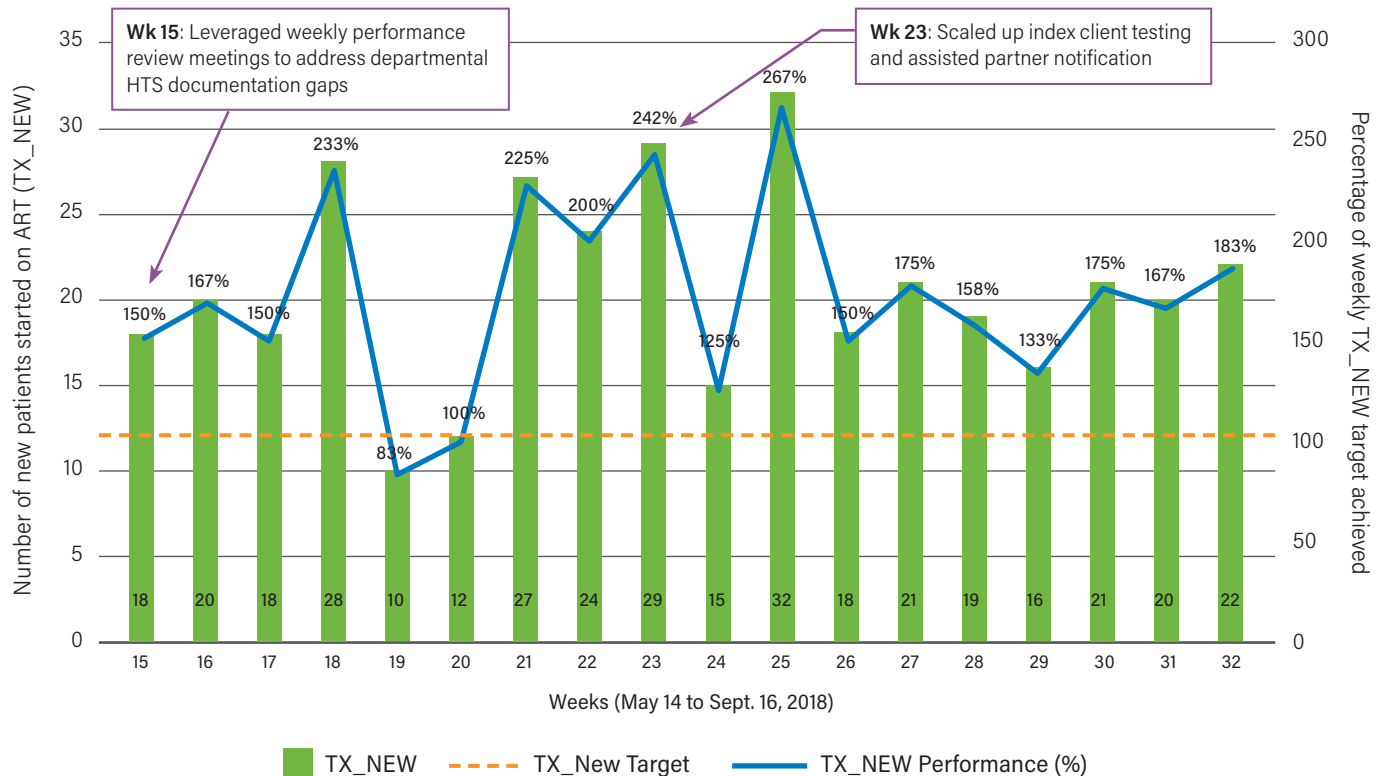


Figure 2: Performance against weekly TX_NEW target achieved (Week 15- Week 32)



Results

Jinja RRH exceeded its weekly TX_NEW target of seven individuals (50%) to over 14 individuals (above 100%) during the eight-month long intervention period (February to September 2018), as shown in **Figures 1** and **2**. Implementation of the set of seven facility-based interventions improved initiation of new HIV-positive individuals on ART from 10 individuals in week 1 (February 2018) to 22 individuals in week 32 (September 2018). Jinja RRH surpassed its annual TX_New target with 619 new HIV-positive individuals initiated on ART (156% of its annual target). As a result of Jinja RRH's success, the RHITES-EC project scaled up the set of interventions at the other ART sites in the EC region to increase the number of newly-enrolled patients on ART. Overall, the project also successfully supported accelerating initiation of new HIV positive individuals on ART (TX_NEW) from 10.4% (2,934 out of 28,246 annual target) in Q1 (October – December 2017) to 80.5% (22,747 out of 28,246 annual target) by Sept. 2018.

Lessons Learnt

Implementation of the comprehensive set of interventions described above can help ART sites, like Jinja RRH, increase the number of HIV cases identified and initiated on ART. This package of seven facility-based interventions includes orienting health facility staff on TX_NEW targets and to test family members and sexual contacts of each individual who are tested positive and consented to HTS (e.g., index testing and assisted partner notification - APN); supporting supervision to ensure use of the HTS screening tool to improve HIV testing yield; re-organizing patient flow to prioritize new patients to reduce waiting time and allow more time for new patient counseling; modifying counselling messages to encourage same-day ART initiation; and, improving HTS data documentation by assigning a site HTS data focal person, holding regular TX_New performance review meetings, and offering onsite mentorship.

This comprehensive package is easily adaptable to the HIV program or health care setting. In adapting this package, in part or as a whole, it is important to consider the underlying facility specific challenges impeding HIV testing yield and timely ART initiation. Regular performance reviews provide a platform for reviewing progress and to consider additional adaptations to the interventions or develop new ones to address potential new challenges.

