



ENHANCING THE QUALITY OF HIV CARE AND TREATMENT IN CÔTE D'IVOIRE



PROJECT SUMMARY

From October 2011 to March 2017, with PEPFAR funding through the Centers for Disease Control and Prevention (CDC), ICAP provided intensive technical assistance and logistical support to 192 health facilities in four regions of Côte d'Ivoire (Worodougou-Béré, Lôh-Djiboua, Agnéby-Tiassa-Mé, and Abidjan 2) and two tertiary care facilities in Abidjan city (Cocody University Teaching Hospital and the Pasteur Institute of Côte d'Ivoire). ICAP support under the project measurably increased uptake and quality of HIV prevention, care, and treatment services—gains that were achieved through a dynamic partnership with the Ministry of Health, capacity strengthening of decentralized health management teams and multidisciplinary teams of health care workers, and direct engagement of people living with HIV in the design and implementation of health services.



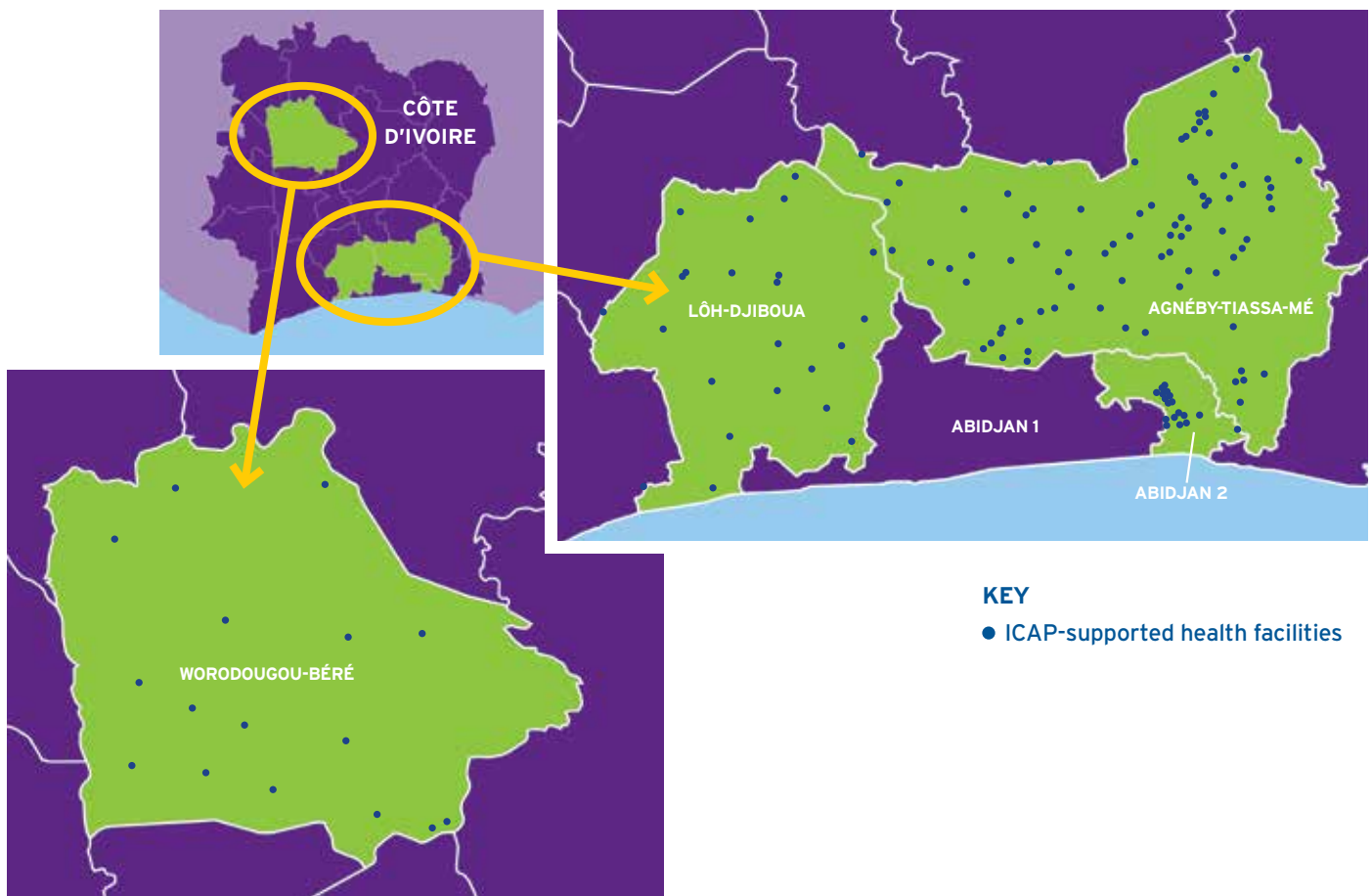
PROJECT BACKGROUND AND OVERVIEW

Côte d'Ivoire's 2010-2011 post-electoral crisis destabilized logistical and financial systems and severely disrupted the delivery of basic health services to the Ivorian population. Despite formidable progress expanding clinical HIV services prior to the crisis, only 93,000 (40%) of 230,000 eligible people living with HIV in Côte d'Ivoire were receiving antiretroviral therapy (ART) in 2011.¹ Additionally, weak performance on quality-of-care indicators, such as 12-month retention in HIV treatment services, limited the impact of expanded HIV services on individual- and population-level health outcomes.

Building on its experience supporting the scale-up of HIV prevention, care, and treatment in Côte d'Ivoire since 2003, ICAP initiated a new project in 2011 to strengthen the capacity of the local health workforce and health systems to provide quality HIV prevention, care, and treatment services at 49 health facilities in Worodougou-Béré and Loh-Djiboua. In 2013, PEPFAR initiated a geographic realignment of clinical implementing partners that more than tripled the number of health facilities supported by ICAP, from 49 in September 2013 to 174 facilities (in Loh-Djiboua, Agnéby-Tiassa-Mé, and Abidjan 2) by October 2013 (see figure). Following this shift, ICAP re-structured its model of district and facility support to increase its presence at high-volume service delivery points, strengthen patient follow-up and support services in partnership with three community-based organizations, and intensify mentorship and capacity building support to the health workers at the front line of the national HIV response. These enhancements, in combination with ICAP's novel, evidence-based approaches to capacity building and quality improvement, led to marked increases in both the uptake and quality of HIV prevention, care, and treatment services at ICAP-supported health facilities.

Several important advances in the global HIV response transpired during the project period, including a sharpened focus on enhanced patient monitoring and treatment outcomes ushered in by the UNAIDS 90-90-90 targets.² ICAP worked hand-in-hand with Ministry of Health counterparts at all levels of the health system to tailor emerging global standards and recommendations to the Ivorian context and to apply them in alignment with national policy, resulting in more effective and sustainable approaches.

Figure: Map of ICAP-supported Health Facilities in Côte d'Ivoire



¹ Statement of the Government of Côte d'Ivoire on the 25th annual World AIDS Day.

Ministry of Health Website. <http://www.sante.gouv.ci/index2.php?page=aud&ID=4>. Published November 26, 2012. Accessed March 30, 2017.

² Targets are that 90% of all people living with HIV know their HIV status; 90% of all people with diagnosed HIV infection receive sustained ART; and 90% of all people receiving ART have viral suppression.



KEY ACHIEVEMENTS

The support ICAP provided in Côte d'Ivoire from October 2011 to March 2017 resulted in:

- A total of 1,100,947 people accessing **HIV testing and counseling services**. This led to the identification of 38,048 people living with HIV, including 1,501 children under 15, 36,547 adults, 7,341 pregnant women, and 1,014 TB patients.
- The establishment of **one-stop TB/HIV services** at 27 ICAP-supported facilities, ensuring systematic HIV testing for all patients with confirmed or presumptive TB. This resulted in the identification and linkage to care of 579 additional people living with HIV.
- The enrollment of 23,266 newly identified HIV-positive clients **in care** and 19,923 **on ART**
- An increase in **12-month retention** among patients on ART from 55 percent in 2012 to 90 percent in 2017 across ICAP-supported health facilities
- The development and implementation of a phased rollout plan for **routine viral load monitoring**, which resulted in the expansion of viral load testing to 48 health facilities. A total of 7,221 patients on ART received viral load monitoring, 75 percent of whom were found to have suppressed viral load.
- Stronger engagement of health providers and managers in **quality improvement**, as evidenced by improved performance of ICAP-supported health facilities and district health management teams on site improvement management system (SIMS 2.0) assessments, and the participation of 39 health facilities in newly initiated quality improvement collaboratives
- A **strengthened continuum of care** and enhanced provision of convenient, patient-centered services for people living with HIV, including community-level support through home visits and support groups

CORE PROJECT APPROACHES

ICAP achieved these results through rigorous application of national policies, responsiveness to emerging global evidence and guidance, and a continuous focus on optimizing treatment outcomes among people living with HIV.

To increase uptake and quality of HIV services, ICAP:

- Supported patient-centered prevention, care, and treatment services for children, adolescents, and adults living with and affected by HIV. Approaches included couple- and family-focused testing (e.g., community-based family testing days); mother-to-mother support for pregnant women living with HIV; dedicated spaces, staff, and consultation days for adolescents enrolled in HIV care and treatment; psychosocial and peer support groups tailored to the needs subpopulations, including pregnant women and adolescents; and one-on-one peer support from treatment partners for patients initiating ART
- Introduced systematic HIV testing for all patients with presumptive TB at ICAP-supported health facilities and TB clinics, in accordance with international guidance
- Implemented a targeted, multi-layered strategy to increase patient adherence to treatment and retention in care, consisting of intensified adherence and treatment literacy counseling, active appointment reminders and follow-up by social workers, rigorous monitoring and evaluation, and the provision of holistic care, including nutritional support, condoms, water purification kits, and bed nets
- Reorganized patient flows in health facilities to support coordinated and integrated care of mother-infant pairs from the first antenatal care visit through to determination of the infant's HIV status; strengthened referrals and linkages for mother-infant pairs; expedited laboratory services for early infant diagnosis; and built provider capacity to closely monitor early infant diagnosis data and conduct needed follow-up
- Partnered with three local community-based organizations to mobilize 89 community counselors and eight mothers2mothers mentors to provide family-focused psychosocial and peer support to children, adolescents, and adults through peer education, group sensitization, community support groups, and home visits



To **strengthen the underlying capacity and systems** that support effective uptake and quality of HIV services, ICAP:

- Reinforced the care capacity of multidisciplinary teams of health workers through continuous on-site training and mentorship, provision of decision-making support tools and processes, and implementation of collaborative, data-driven quality assurance
- Adapted and implemented tools and processes to support the active management of HIV services, including a standardized site support grid, site visit reports, remedial action plans, and monthly and quarterly planning sessions
- Designed data dashboards to track site performance on key care metrics and developed individualized improvement plans in collaboration with teams of health workers at underperforming sites
- Honed its health facility support strategy to ensure optimal impact by tailoring intensity and frequency of site support and mentorship based on facility needs and patient volumes
- Equipped and empowered regional and district health management teams to oversee the decentralized HIV response through: participation in the PEPFAR above-site improvement management system (SIMS 2.0) assessments; collaborative development, implementation, and monitoring of district-specific improvement plans; and direct engagement of district health management teams and clinical focal points in routine site support, monitoring and evaluation, and data quality audits
- Strengthened routine use of data for clinical and programmatic decision-making by designing and deploying a data collection and reporting system that captures all PEPFAR and national indicators, and by providing routine feedback to health facilities and districts via data validation meetings, coordination meetings, and publication of the ICAP in Côte d'Ivoire Info Bulletin
- Supported quarterly program review meetings to help multidisciplinary teams of health care workers track progress toward targets, discuss bottlenecks and challenges, and identify key action items



"I would like to express my satisfaction with the support ICAP provided to the Lôh-Djiboua region during the last five years. When I look back at the enormous improvement in the care and treatment of people with HIV, I see that ICAP's support is cross-cutting and benefits the entire health system, including strategic information, infrastructure, equipment, and human resources."

Dr. Miezan Egnankou
Lôh-Djiboua Regional Director

LESSONS LEARNED

- It is important to incorporate country and regional context—for example, sociocultural norms, household economics, and the organization and financing of HIV vis-à-vis other health services—into the planning and design of service delivery approaches. HIV service guidelines, which often originate at the global level, must be adapted to account for country-specific variables in order to achieve the intended effect.
- Cross-pollination between clinical and monitoring and evaluation systems and processes is critical to improving the quality of HIV care services, and successful strategies for increasing performance on specific metrics must focus concurrently on both of these elements.
- The introduction of SIMS assessments at the site and above-site levels cultivated greater involvement of central, regional, and district Ministry of Health counterparts in the planning and management of HIV services. By focusing all stakeholders on a common set of measures and processes for assessing performance, SIMS assessments created the opportunity for targeted, ongoing collaboration. Ministry of Health counterparts have embraced this opportunity by increasing their attention to and oversight of HIV programming.
- Quality improvement collaboratives—an approach whereby multidisciplinary teams of health care workers jointly identify a target area in which a large gap exists between actual and recommended standards of care, then develop and implement evidence-based approaches to close this gap—increased ownership of and accountability for high-quality HIV services at the health facility level.





THE WAY FORWARD

Since 2011, Côte d'Ivoire has effectively doubled the number of people living with HIV who are on treatment (from 93,000 to 179,045³) and has achieved 80 percent coverage among pregnant women living with HIV. Patient retention in care and treatment, a critical precondition for achieving the third 90 (90% of patients on ART are virally suppressed), has improved dramatically. There are indications of growing national commitment to and resources for the HIV response; for example, Côte d'Ivoire's recent adoption of the World Health Organization's "test and start" recommendation⁴ and the substantial growth in the national health budget.⁵ ICAP's technical leadership in the design and implementation of evidence-based HIV prevention, care, and treatment services, its responsiveness to evolving Ministry of Health and PEPFAR priorities, and its ability to translate global priorities and recommendations into effective improvements at the health facility level have been pivotal to these national advances.

As Côte d'Ivoire turns its full attention to the pursuit of the 90-90-90 targets and test and start recommendations, several key challenges remain, especially with respect to identifying and enrolling HIV-positive men and achieving timely viral suppression among ART patients. Nationally, the percentage of identified people living with HIV who are accessing ART is 44 percent⁶, but this statistic masks a large disparity in access between women (50% coverage) and men (36% coverage). Further, the rate of viral suppression among ART patients in Côte d'Ivoire is estimated at just 36 percent.⁷ Improving these metrics will require decisive action aimed at eliminating backlogs of viral load samples at reference laboratories, shortening turnaround times for viral load results, and strengthening provider capacity to use these results to optimize treatment for people living with HIV.

ICAP is committed to addressing these challenges through its continued partnership with the Ministry of Health and through wide dissemination of the lessons learned during its 14 years supporting the HIV response in Côte d'Ivoire. Immediate next steps for ICAP include supporting the rollout of test and start and differentiated care models, in accordance with World Health Organization and national guidelines; enhancing quality of care through further expansion of quality improvement collaboratives; and resuming efforts to transition health facility support responsibilities to the Ministry of Health and local non-governmental organization, Santé-Espoir-Vie Côte d'Ivoire (SEV-CI).

³ FY2016 country program results for Côte d'Ivoire.

⁴ PEPFAR Impact Website. <https://data.pepfar.net/country/impact?country=Cote%20d%27Ivoire&year=2011&yearTo=2016> Accessed March 30, 2017.

⁵ Côte d'Ivoire to offer antiretroviral treatment for all people living with HIV.

UNAIDS Website. http://www.unaids.org/en/resources/presscentre/featurestories/2017/february/20170214_cotedivoireART Accessed March 30, 2017.

⁶ Côte d'Ivoire Plan National De Développement Sanitaire, 2016-2020.

⁷ Côte d'Ivoire to offer antiretroviral treatment for all people living with HIV.

UNAIDS Website. http://www.unaids.org/en/resources/presscentre/featurestories/2017/february/20170214_cotedivoireART Accessed March 30, 2017.

⁷ Ibid.

ABOUT ICAP

ICAP was founded in 2003 at Columbia University's Mailman School of Public Health. A global leader in HIV and health systems strengthening, ICAP provides technical assistance and implementation support to governments and non-governmental organizations in more than 21 countries. ICAP has supported work at more than 5,200 health facilities around the world. More than 2.2 million people have received HIV care through ICAP-supported programs and over 1.3 million have begun antiretroviral therapy (ART).

Online at icap.columbia.edu

This project is supported by the U.S. President's Emergency Plan for AIDS Relief through the Centers for Disease Control and Prevention under the terms of cooperative agreement #5U2GPS001987. The contents are the responsibility of ICAP and do not necessarily reflect the views of the U.S. government.

Photography by Deidre Schoo

