



DOH/PEPFAR BEST PRACTICES MEETING: HIV PATIENT LINKAGE AND RETURN BACK TO CARE

**Southern Sun Hotel, Pretoria
28 March 2019**



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Linkage



- All clients who tested HIV positive to be initiated on ART within a week or same day if possible
- Community testing , link clients to care and follow up
- Follow up clients who were not initiated on same day



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Return to care



- Train HCWs to be welcoming to clients
- Create a friendly atmosphere in health facilities



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Welcome Back Campaign



Welcome back campaign aim is to:

- Find clients who were diagnosed with HIV and TB and were never initiated on ART or TB treatment
- Find HIV and TB clients who defaulted
- Reintegrate patients back to care
 - initiate patients on treatment and
 - provide non-judgmental care and support to returning patients.

OBJECTIVES OF THE CAMPAIGN



- To reduce loss to follow up ART patients to less than 10% by March 2020
- To reduce loss to follow up of TB patients to less than 3% by March 2020



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INTERVENTION PLANS



- Review TIER.Net printouts , identify the clients who tested HIV positive and were not initiated on ART
- Reinforce implementation of the LTFU remedial plan (in phases)
 - Focus on facilities with LTFU rate $> 20\%$ hosting facilities with TROA ≥ 3000 and high priority for TB.
 - Focus on facilities with LTFU rate $< 20\%$ hosting facilities with TROA ≤ 3000 and medium priority for TB

PROPOSED ACTION STEPS



Community Based

- Social mobilisation (Communities, Community leaders, Traditional leaders, NGOs/Civil Society). And integrate Adherence messages in the Health Wellness campaign
- Use of print and electronic media to reach out to the patients in Community on adherence benefits and retention in care
- Outreach Team Leaders(OTLs) to plan sub district based community activations for the health campaigns
- Allocate OTLs defaulter list on a daily basis.

Facility based

- Implement strategies to improve linkage to care, retention in care and adherence to treatment
- Strategies in place to ensure all patients traced and linked back into care are welcome
- Provide staff training on attitudes and communication skills to promote an easier re-entry into care
- Engage hospital and clinic committees in all communication regarding this campaign



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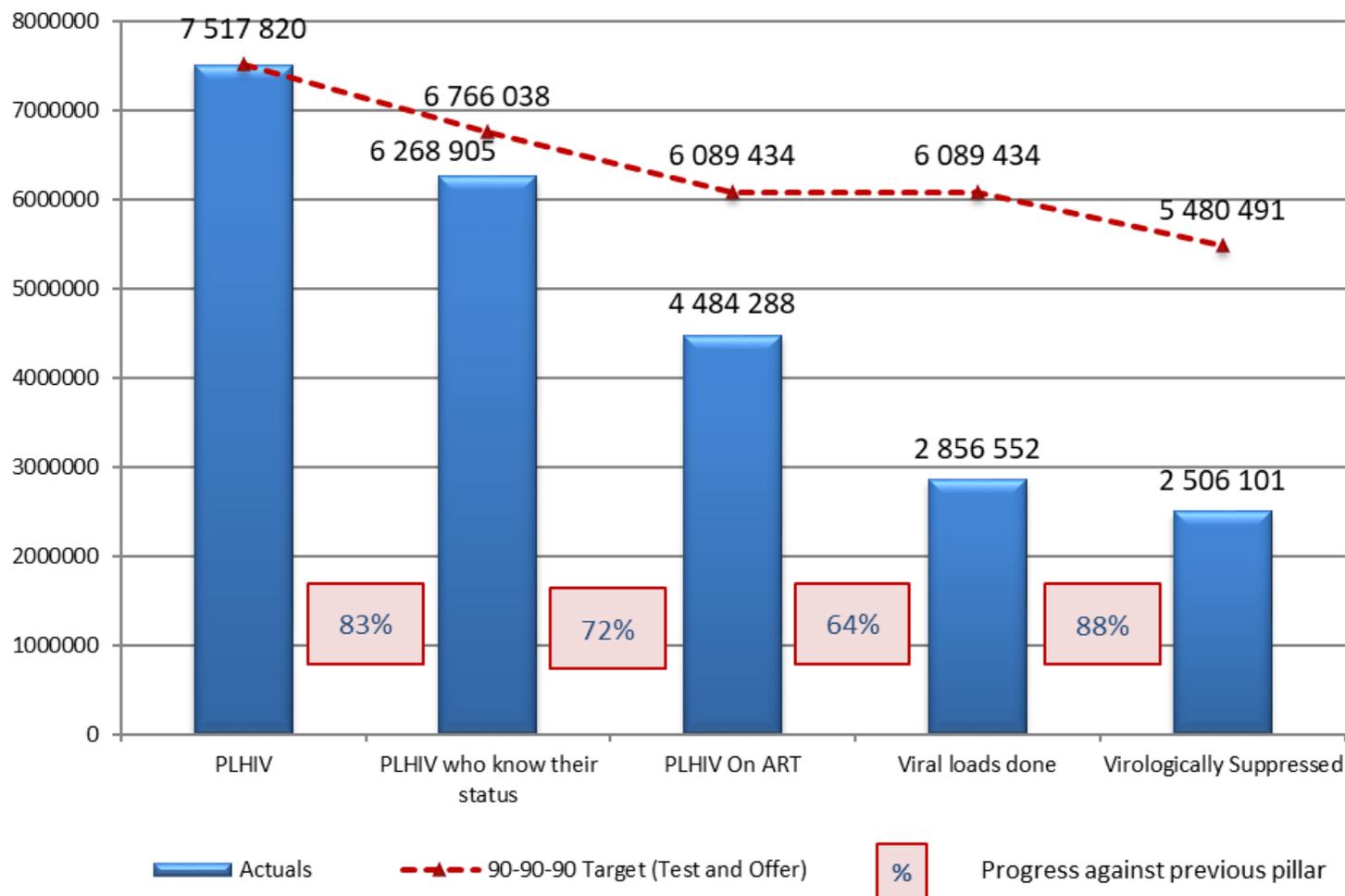
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National 90-90-90 Cascade

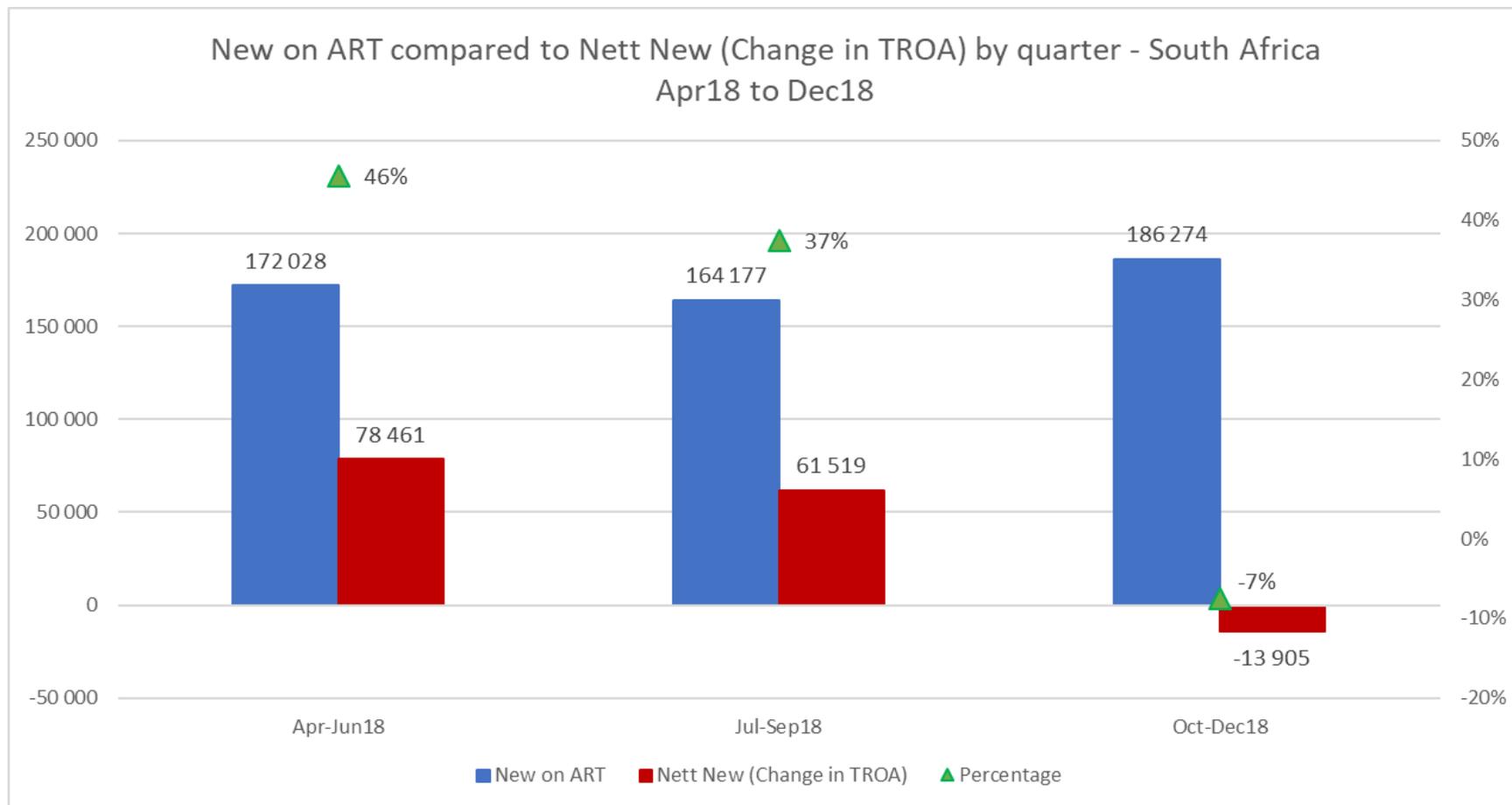


90-90-90 Cascade - Total Population
(Dec 2018 - South Africa)



Data from public sector only (300,000 from private sector not included)

The health system continues to lose patients on ART



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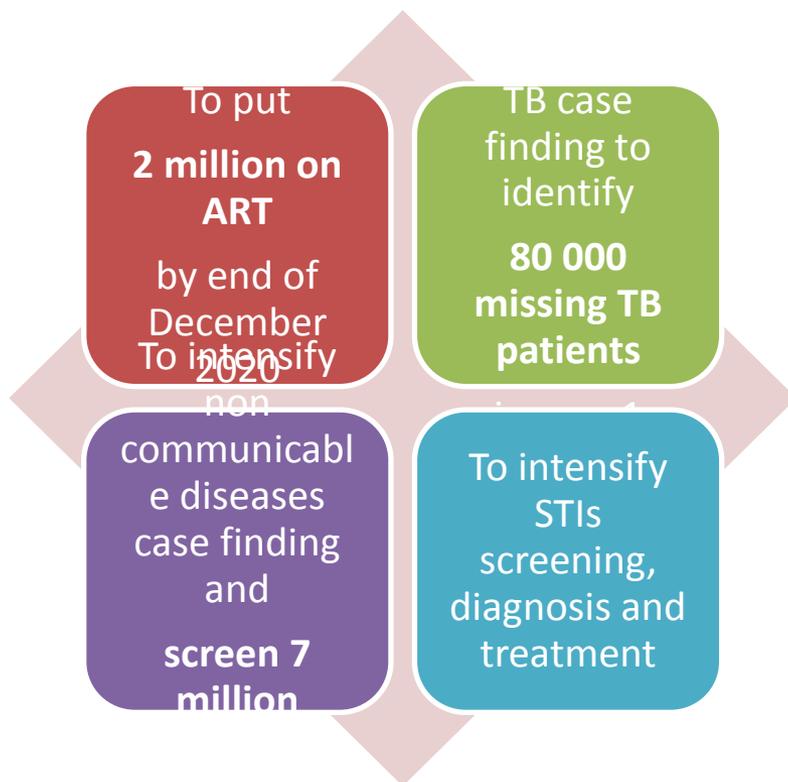


Wellness Campaign

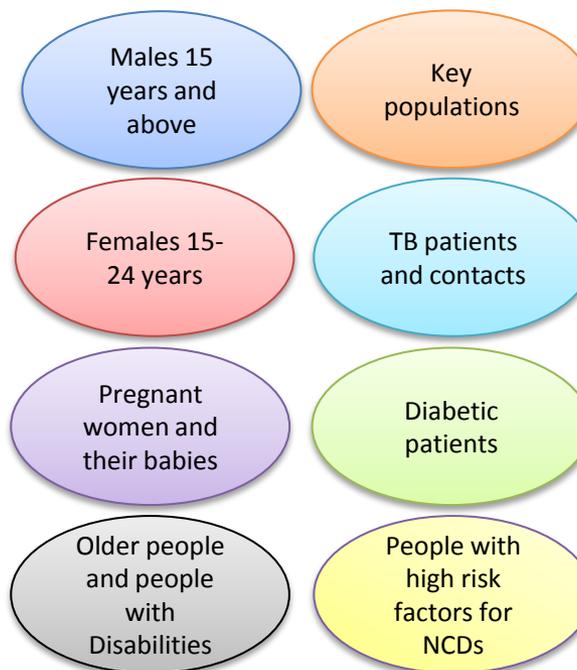


- The Deputy President launched the National Wellness Campaign: *Cheka Impilo* on 19 October 2018
- The *Cheka Impilo* campaign has been rolled out to all provinces with provincial launches held in the Eastern Cape and Limpopo. Activations have also been held in high burden HIV districts in KwaZulu-Natal, Gauteng and North West provinces.
- Between October and December 2018 a total of 3 476 071 HIV tests were conducted against a quarterly target of 3 496 303
- In addition, 18 391 patients with TB were found (as part of the case finding of ‘missing patients’).

National Wellness Campaign: Primary Objectives and Target populations



In order to achieve objectives, we have to target certain populations



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Commitment to scaling HIV testing and linkage to care



Cheka Impilo National Campaign



- Checka Impilo Campaign is a national commitment to scale up HIV testing and linkage to care as a central component.



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Integration of Information Systems



- (i.e. Data Centers as an effort to better monitor linkages across facilities)
- HPRS : Generation of HPRN (Master Patient Index)
- HPRN can be used to link with different systems
 - Tier.Net (has more functionality)
 - NHLS
 - e Prescription
 - CCMDD
 - Any system that captures data



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Information Hub Model



Data elements:

- Patient-level data
- Facility

Utility to epidemic control:

- UID
- Longitudinally tracks services (quality, coverage) at individual level
- Patient management
- Patient movement (true measure of retention, LTFU)

Data elements:

- Indicator data
 - Facility->National
- ## Utility to epidemic control:
- Program coverage e.g. 90 90 90, trend over time
 - Linkage to other health programs, systems, services
 - Facility target-setting/monitoring

Data elements:

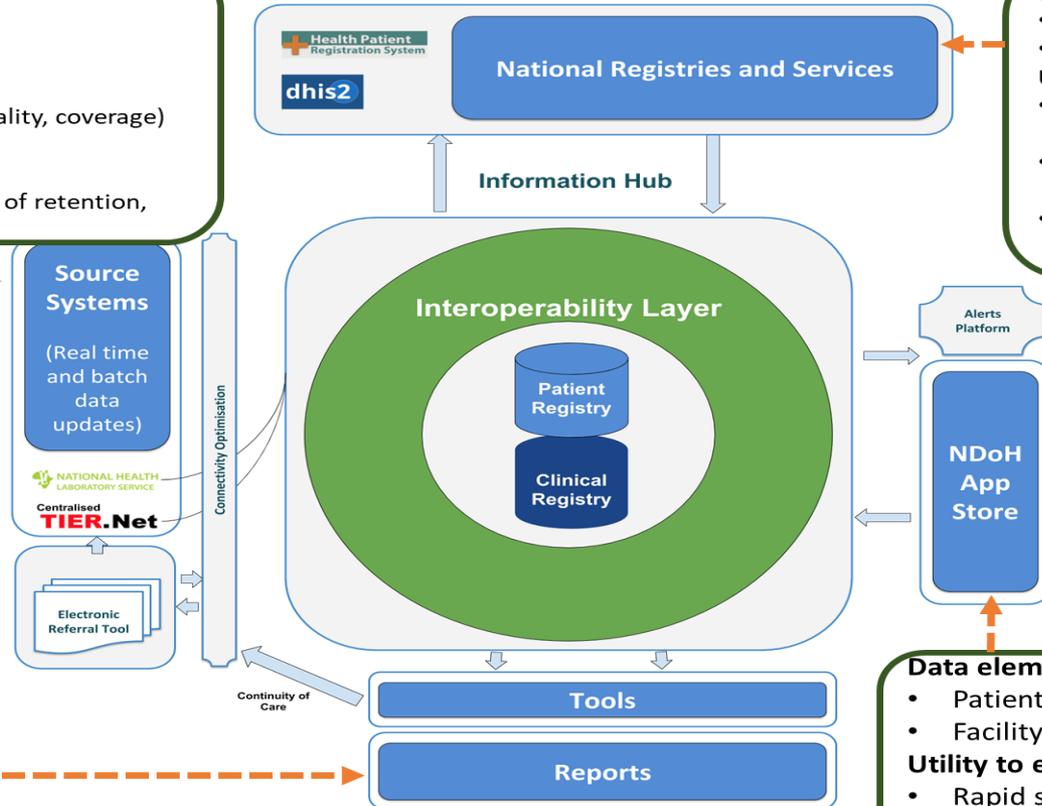
- Patient-level data
- Provincial

Utility to epidemic control:

- Case-based reporting
- Tracking of cascade of 'sentinel events' e.g. new diagnoses
- Real-time epi response

Data elements:

- Patient-level data
 - Facility
- ## Utility to epidemic control:
- Rapid sharing of patient data e.g. treatment failure to patients and HCWs, TB referral



Implementing national HIV treatment and prevention policies with fidelity



National policies
implemented to
site level

- PEPFAR-supported implementing partners immediately report when policies are not implemented at facilities level to enable NDoH to take rapid corrective action (Frenzy/Blitz).



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Commitment to improving VL results management



VL Optimisation

- NDoH working with DSPs to improve file flow process, reduce duplication of files, and decrease patient waiting time due to difficulty in file retrieval
- Improved data flow processes will allow clinicians to receive VL results more quickly and improve overall clinical care of PLHIV



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Mapping CHW to increase impact



	Number of CHWs (Current)	Required number of CHWs	GAP
52 districts	44,539	55,894	11,355
27 PEPFAR-supported districts	30,843	39,905	8,194

- NDoH working to model the need for CHWs by district and facility, based on the priorities identified in the CHW scope of work.
- There is a need to recruit additional CHWs in certain areas, but also to redistribute existing CHWs which may take a longer time.
- Engagement will be required between NDoH, Provinces, and PEPFAR on final numbers for CHW recruitment



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