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NIGERIA PREVENTION AND ORGANIZATIONAL SYSTEMS - AIDS CARE AND TREATMENT PROJECT

Photo by Gwenn Dubourthoumieu

IMPROVING RETENTION IN HIV TREATMENT PROGRAMS IN NIGERIA: THE STRIDE STRATEGY

Background

Linking and retaining people living with HIV (PLHIV) in HIV care and treatment programs to improve health outcomes and control the epidemic is a priority under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Despite the expansion of HIV treatment services and improvements in coverage, program data indicate that PLHIV often encounter multiple barriers that impact retention.[1] Challenges to retention in HIV care are common across Africa and include both supply- and demand-side barriers that result in loss to follow-up (LTFU) or attrition.[2] Identifying innovative, cost-effective approaches for improving client retention is critical to the long-term sustainability of treatment efforts in resource-limited settings.[3]

ABOUT PRO-ACT

The Prevention and Organizational Systems - AIDS Care and Treatment (Pro-ACT) project is a seven-year project (2009-2016) funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH) in five Nigerian states: Niger, Kwara, Kebbi, Sokoto, and Zamfara. Pro-ACT strengthens the capacity of Nigeria's public, private, and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated within the health system.

Pro-ACT worked with facility-based multidiciplinary teams to develop, deploy, and implement five innovative approaches and tools that comprise the STRIDE strategy. To improve retention, STRIDE addresses key system barriers, including patient tracking and adherence support counseling for ART clients.

Since 2009, the Prevention Organizational Systems - AIDS Care and Treatment (Pro-ACT) project, funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH), has been supporting 41 comprehensive care and treatment (CCT) health facilities in Nigeria with over 88,6560 clients enrolled in care and 32,000 on life saving antiretroviral medication (ARVs). These health facilities are located in rural and hard-to-reach communities in five states: Niger, Kwara, Kebbi, Zamfara, and Sokoto.

In its Annual Program Results (APR) report for PEPFAR's Fiscal Year 2015 (FY15), Pro-ACT reported a suboptimal cohort retention rate of 62%, which was well below the 95% target. In order to address existing gaps and improve retention across the supported facilities in five states, Pro-ACT initiated a "Retention Drive" in October 2015. The project team developed and deployed the Strengthening Retention through Improved Documentation and Evidence (STRIDE) strategy as the foundation of the Retention Drive. This brief outlines the key components of STRIDE and early results.

- **Missed appointment** is defined as a scheduled clinical appointment for which an HIV+ patient does not show up.
- **A defaulter** is defined as an HIV+ patient who had been on ART treatment and missed two or more monthly clinical appointments.
- An HIV+ client is defined as being **LTFU** if 180 days or more have elapsed since the last clinic visit and after three unsuccessful tracking attempts.

Intervention

Pro-ACT worked closely with facility-based multidisciplinary teams to develop and implement five innovative approaches and tools that comprise the STRIDE strategy to improve retention. These STRIDE components address key system barriers, including patient tracking and adherence support counselling for ART clients.

Retention Calendars

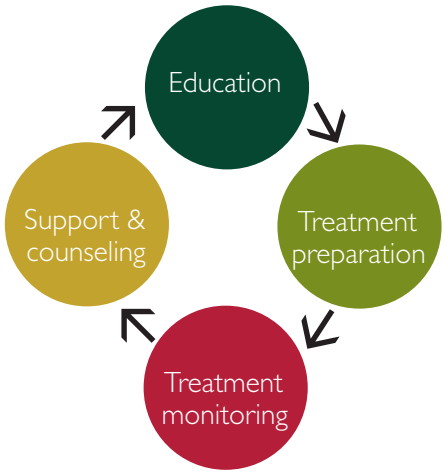
As part of the Retention Drive, Pro-ACT developed and deployed retention calendars at all partner health facilities in April 2016. The retention calendar is a low-cost and user-friendly tool that can be used to track antiretroviral therapy (ART) clients over a period of 12 months. It includes information on drug pick-up dates, CD4 results, viral load, appointment attendance, and adherence patterns for cohorts of clients who commence ARVs in the same time period. This tool is updated by Records Officers and synchronizes clients' pharmacy, counselling, and clinic care activities. It has been deployed across all of Pro-ACT's 41 CCT sites.

The retention calendar supports the management of ART clients by providing an at-a-glance, pictorial view of patients' adherence-to-care performance. This allows service providers to easily identify clients with poor adherence. Pro-ACT established a process for bi-weekly monitoring and triangulation of PLHIV data between pharmacies, laboratories, and ART registers which allows the project team to verify and update PLHIV data and identify clients for follow up.

Peer2Peer Patient Education

Pro-ACT established the Peer2Peer Patient Education model in 2009, which provides ongoing treatment education and psychosocial support from the time of enrollment in care to commencement of ARVs and is critical for improving understanding of the expectations and implications of missing clinic appointments, particularly

Figure 1. Peer2Peer Patient Education Model



among patients on life-saving ARVs (Figure 1). As part of the Retention Drive in 2016, the team re-trained over 83 Adherence Counselors at its 41 partner health facilities to provide services on-site to clients on a one-on-one basis or in groups at designated hospital units and in private settings. Topics covered during these sessions include: the benefits of medication adherence, side effects of ARVs, stigma, disclosure, linkages to community-based programs such as those offering Income Generating Activities (IGAs), benefits of Peer Support Groups, feasibility of home visits, and any barriers that may impact on patients' ability to adhere to clinic appointments. Counselors were also oriented to the new tools developed as part of the Retention Drive.

The Adherence Counsellors, often PLHIV themselves, provide additional psychosocial support through counselling and help new clients deal with anxiety and other issues around being newly diagnosed with HIV. Key success factors for this approach include identification of highly motivated individuals, non-financial incentives such as recognition certificates, provision of job aids, and ongoing training and support.

Patient Appointment Cards

A Patient Appointment Card is a hand-held card given to a patient during first enrollment contact at the Records Unit and is utilized to document all clinic appointments. As part of the Retention Drive, counselors and clinicians were instructed to include information about upcoming appointment dates in Patient Appointment cards to help clients remember their next appointment and enable service providers to remind patients of upcoming appointments via phone or text. Pro-ACT helped to make Patient Appointment Cards readily available at an affordable cost by supporting one-off printing at select facilities. Facilities were able to sell the cards at a reduced cost to clients (less than 50 cents) and use funds generated from the sales for future printing.

Appointment Diary

Pro-ACT developed and deployed Appointment Diaries in 2009, which are used to document all patient appointments on a daily basis. Housed at the Record Unit, the Appointment Diary enables Record Officers to generate a list at the end of each clinic day of patients who missed an appointment, with information including client's name, hospital number, and the date of the next clinic visit. As part of the Retention Drive, Pro-ACT re-oriented Record Officers on the use of Appointment Diaries. Depending on the volume of clients enrolled in the facility, the number of patients scheduled for follow-up clinic visits can range from 20-70 per day. A list of clients who missed appointments is compiled and shared with the Records Unit and Defaulter Tracking Teams (DTT) for tracking purposes. Hospital folders of patients who are seen on that clinic day are also retrieved, and their next clinic visit is documented in the Appointment Diary. Figures from the Appointment Diary are reviewed at the end of each month and shared with the Quality Improvement Team.

Tracer Cards

Pro-ACT designed and deployed the use of Tracer Cards in 2010 to address the challenge of poor tracking outcomes due largely to the lack of street addresses in

Figure 2. Sample Tracer Card and Retention Calendar

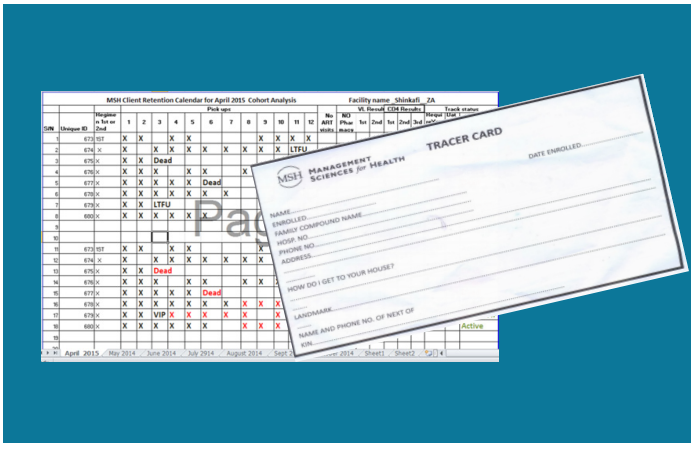
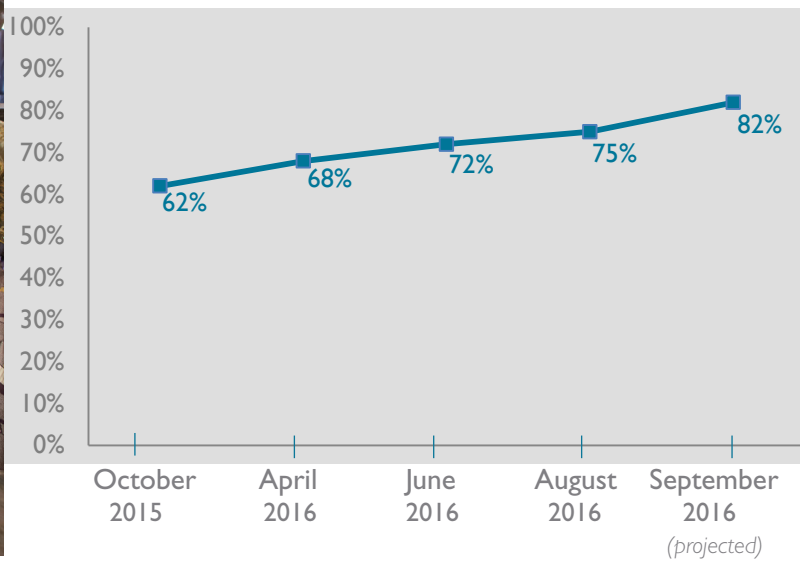


Photo by Gwenn Dubourthoumieu

Figure 3. PLHIV Retention in Treatment



rural communities and incorrect or incomplete addresses. The Tracer Card provides a descriptive capture of clients' addresses, including landmarks close to clients' homes provided by the client. A tracer card also details the name, hospital enrollment number, unique ID, phone number, and next of kin. It is attached to an individual client folder and referenced by the DTT in the event of a clinic visit default by the patient. The Tracer Cards have enabled healthcare workers and volunteers to better track clients who default on their appointment and have resulted in improved tracking outcomes observed in most of the MSH-supported health facilities. As part of the Retention Drive, Pro-ACT re-oriented facility staff and DTTs on the use of Tracer Cards to ensure their effective and regular use.

Results

Pro-ACT has already begun to see improvements in retention as a result of the STRIDE strategy used in its Retention Drive. Since October 2015, cohort retention has improved steadily each quarter, from 62% at the end of FY15 to 72% by the third quarter of FY16. Pro-ACT expects that cohort retention rates could rise by an additional 10%, reaching 82% by the end of September 2016 (Figure 3).

Conclusion

Strengthening health information and community systems can optimize patient retention in large HIV treatment programs in resource constrained settings. However, it requires a multi-pronged approach and a multidisciplinary team of service providers that work closely together. To successfully address the challenges of poor client retention, an evaluation of the causal factors that are unique to each context should be explored. This will enable program managers to adapt or deploy a combination of the innovative STRIDE strategy tools and approaches outlined in this technical brief. In facilities with adequate resources, the establishment of an electronic tracking system (ETS) for all clients in HIV care should be considered to facilitate synchronized record-keeping and timely tracking and follow up. Furthermore, for a fairly consistent approach to evaluating and reporting program gaps, there may be a need to define LTFU for non-ART patients, as monitoring adherence and retention outcomes for all HIV+ patients will enable program managers to take the next step of utilizing the information at the patient, facility, program, and country level to improve quality of care and patient outcomes. ■

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