Linking the Community to the Facility: Strengthening Services for People Living with HIV through Community Counselors in Angola

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Background

Angola has a population of 31,615,575 (2019, UN estimates), with a relatively low adult HIV prevalence of 2.0%¹ and an estimated 310,000² people living with HIV (PLHIV). While Angola has made progress toward achieving the UNAIDS 95-95-95 goals, major challenges remain in identifying PLHIV and linking them to HIV treatment and care services. Every year in Angola, an estimated 12,000 women aged 15 and over and 3,600 children aged 14 and under are newly infected with HIV.³ Lack of awareness and education about HIV results in low levels of demand for HIV testing services. Those who are tested and learn they are infected will often face rejection or abandonment by their spouse and other family members. Infected women are especially vulnerable when their status becomes public.

Angola has developed a national strategic plan for HIV, viral hepatitis, and other sexually transmitted infections.⁴ Through the plan, which covers 2019–2022, the Government of Angola aims to increase the early diagnosis of HIV, viral hepatitis, and syphilis by 15%, prioritizing key and vulnerable populations. To better meet the unique needs of PLHIV and increase the uptake of services across the continuum of care for HIV, including testing, treatment initiation and adherence, and viral load suppression, the Angola HFA project trained and deployed community counselors in Luanda.

Approach

HFA works in support of the Government of Angola’s strategic plan to accelerate early HIV diagnosis and linkage to care through implementation of the Busca Activa Consentida Através do Caso Índice (BACCI) or index case testing and tracing (ICTT). ICTT is an effective approach that increases the early identification of PLHIV to ensure timely enrollment in HIV care and treatment services and improve coverage of counseling and referral to prevention services.

Health for All Project

In January 2017, USAID launched the Projecto de Saúde para Todos (Health for All [HFA]) in Angola to support the government’s efforts to increase quality health service delivery in the country. The five-year project targets major improvements in health through sustainable approaches and increased country ownership.

HFA is led by Population Services International (PSI) and is implemented in partnership with Management Sciences for Health (MSH) and local partners Rede Mulher Angola and the MENTOR Initiative. The project is delivering a package of health interventions to bring malaria, HIV/AIDS, family planning, and reproductive health services to select municipalities and provinces throughout the country, reaching the poorest and most vulnerable citizens of Angola.

MSH contributes to strengthening Angola’s health system, promoting sustainability, scaling up proven solutions, and maximizing efficiencies in investment. MSH’s responsibilities include establishing a sustainable model for providing high-quality HIV and AIDS services through the prevention, care, and treatment continuum in support of the government’s efforts to maintain the country’s relatively low HIV prevalence.
services among HIV-negative contacts. The BACCI strategy was first introduced as a pilot in 2017 in three health facilities in Luanda (Viana Health Center I, Rangel Health Center, and Divina Providencia Hospital). As of June 2019, BACCI is being implemented by the National Institute for the Fight Against AIDS (INLS) and HFA in six health facilities in Luanda—Divina Providencia Hospital, David Bernardino Pediatric Hospital, Kilamba Kiaxi Maternal and Child Specialized Hospital, Viana Health Center I, Rangel Health Center, and Luanda TB Dispensary.

To optimize HFA’s BACCI approach, the project maintains contact with index cases in their communities through community counselors. Frequent home visits by community counselors help to ensure a deep understanding of the context in which newly diagnosed patients live, the tailoring of services and counseling to their specific needs, and the development of trust with patients, ultimately resulting in cases and contacts agreeing to initiate antiretroviral treatment at health facilities.

### Intervention

The primary responsibility of a community counselor is to identify people living with HIV through the BACCI approach and to link them to care at the nearest health facility. Following the identification of an index case (IC) at a health facility, health workers offer the BACCI approach to the IC. If the IC accepts, a community counselor is matched to the IC and provides support by explaining the overall process, gathering personal contact information, and scheduling a date and time for a home visit.

Community counselors visit the homes of the ICs to meet with immediate relatives, including spouses, partners, and children. During the home visit, the community counselor discusses diseases such as malaria and tuberculosis, basic sanitation, and how to live positively with HIV. The community counselor also conducts preventive health education talks in the community on a variety of topics, including HIV, in an effort to prevent inadvertent public disclosure of the IC’s HIV status and any potential discrimination. Finally, the community counselor visits other contacts referred by the IC (e.g., extramarital partners).

A community counselor administers an HIV test during the home visit if the contacts provide consent. A contact who is found to be HIV-positive is considered a new IC, and the community counselor will repeat the process with the new IC’s immediate relatives and partners. Through this process, community counselors play a crucial role in index case finding.

Following identification of new cases, the community counselors link the newly diagnosed people to care. If needed, the community counselor will accompany contacts to the nearest health facility and pair them with patient assistant facilitators (PAFs). PAFs and community counselors serve as permanent points of reference for the patient and ensure retention in care.

Over the life of the project, HFA recruited and trained 10 community counselors to provide services. In addition to training, HFA provides community counselors with the tools needed to deliver services, such as rapid testing kits for HIV and airtime to call ICs and their contacts. The deployment of community counselors helped alleviate some of the medical staff shortages that plague many health facilities in Angola and allows professional cadres, such as nurses and clinicians, to spend their time on patient clinical management.

### Results and Achievements

HFA introduced BACCI as a pilot project in three health facilities (Divina Providencia Hospital, Viana Health Center I, and Rangel Health Center) in June 2017, with five community counselors supporting contact tracing in the community. By October 2017, the project scaled up the intervention and began full implementation in six health facilities with 10 community counselors.

Between June 2017 and December 2018, HFA identified 3,560 ICs and community counselors identified 4,911 contacts (spouses, sexual partners, and children), 1,315 of whom tested positive for an HIV positivity rate of 26.8%. This positivity yield is much higher than that of traditional testing modalities during the same period, which was around 10%. Approximately 80 to 90% of the newly identified positive cases were linked to treatment—a rate that is higher than that among cases identified through facility-based testing modalities. The success of BACCI in Angola is largely due to the excellent work of the community counselors and their strong coordination with health facility staff.
Lessons Learned

- The introduction of cadres such as community counselors is a task sharing strategy that helps to alleviate medical staff shortages by allowing professional cadres, such as nurses and clinicians, to focus on clinical case management. As a result, more clients and patients can be reached and provided with services.

- Community counselors serve as an essential nexus between the health facility and the community and contribute to improved case finding and linkage to care.

Conclusion

The success of the BACCI strategy under Angola HFA relied heavily on the work of community counselors. By providing high-quality, community-based HIV testing services and linking patients to care, they contributed significantly to case finding and linkage to treatment. Their coordination with PAFs, case managers, and health facility staff ensured that patients were supported along the HIV continuum of care and received the right services, in the right places, and the right time. Community counselors should be prioritized for continued investment as a key strategy to contribute to the National Strategic Plan target of increasing the early diagnosis of PLHIV and linkage to care.

Endnotes

1. Instituto Nacional de Estatística, Ministério da Saúde, Ministério da Planeamento e do Desenvolvimento Territorial, and ICF. Key Findings of the 2015–16 Angola IIMS. 2017
2. UNAIDS Country Factsheets, Angola 2017