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Strengthening Services for People Living with HIV: Integrating HIV/FP Services in Angola

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Background

Improving access to family planning (FP) helps women living with HIV in Angola meet their fertility needs and reduce vertical transmission of HIV.[1] Although the overall adult prevalence of HIV in Angola is relatively low, the unmet need for FP is high at 28.5%.

For many years, HIV and FP services have been delivered separately, resulting in missed opportunities for linking patients to services, reducing overall quality of care, and hindering progress to achieve key health outcomes. Evidence suggests that linking FP with HIV services is feasible, beneficial, and cost effective.[2] Furthermore, results from the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study trial did not find a significant difference in HIV risk among women using the three contraception methods studied.[3] The integration of HIV and FP services improves health outcomes by offering comprehensive sexual and reproductive services to women and couples who are affected by HIV and at risk for unintended pregnancy. Integrating FP and HIV services provides many benefits to overall population health by providing a one-stop, comprehensive service delivery point where clients can access both services in the same place.[4] Integration also supports clients to achieve their fertility intentions among people living with HIV (PLHIV) who wish to delay, space, or limit their pregnancies. Finally, Finally, for women living with HIV who do not wish to become pregnant, FP is a cost-effective and evidence-based strategy for preventing unintended pregnancies and for reducing vertical transmission and new pediatric infections. However, gaps in practical strategies to integrate these services still exist in many low and middle income countries.

Approach

HFA works in partnership with the Government of Angola to integrate provider-initiated HIV testing services (HTS) into FP services in health facilities. Previously, HTS in Angola was provided solely at HIV service delivery points in accordance with the National HIV Program, and thus health centers had only one testing point. However, in 2018, the National Institute for the Fight Against AIDS (INLS) changed the national policy and requested to have other national programs (maternal and child health, TB, FP) involved in HIV testing facilities. As a result, health centers now have several testing points.

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.

REPÚBLICA DE ANGOLA
GOVERNO DA PROVÍNCIA DE LU ANDA
GABINETE PROVINCIAL DE SAÚDE DE LUANDA

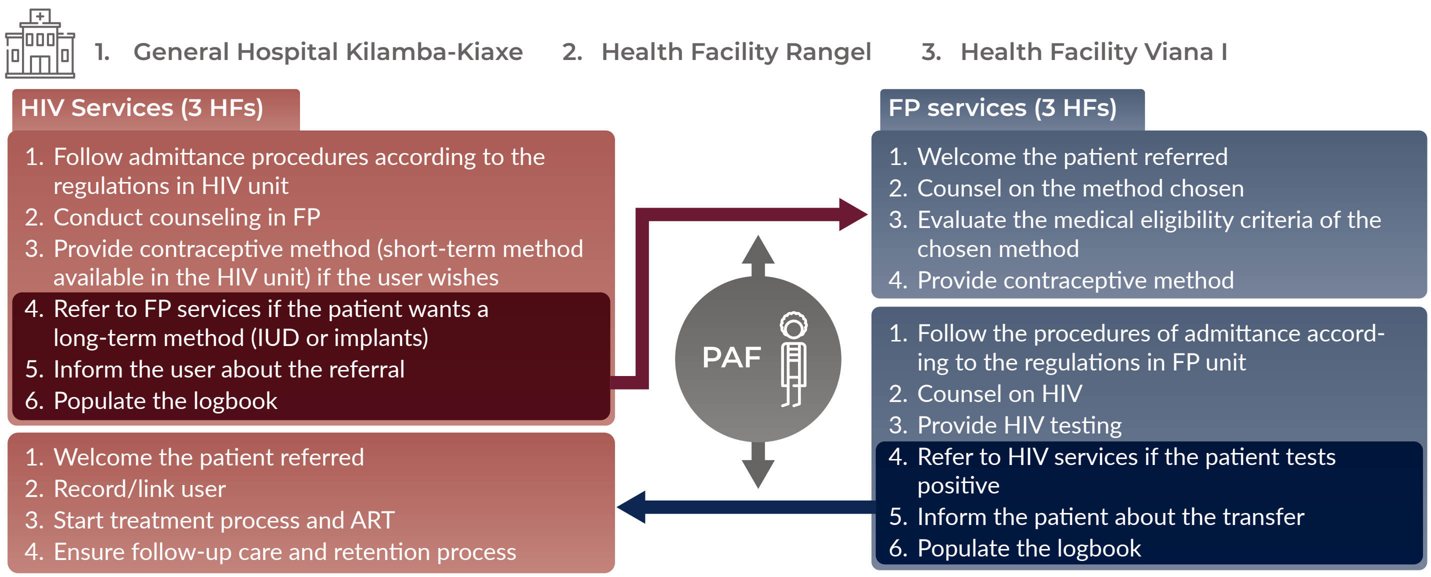
Starting in FY19, HFA collaborated with 19 health units in Luanda to integrate FP services and information to HIV model sites supported by PEPFAR by developing a model to improve patient flow between HIV and FP service points in health facilities. HFA mapped out which facilities have the capacity to provide one or both services and developed referral protocols for three scenarios depending on health facility services:

- Scenario 1: Health facility (HF) provides both FP and HIV/AIDS services (3 HFs)
- Scenario 2: HF provides only FP services (19 HFs) and refers for HIV services
- Scenario 3: HF provides only HIV/AIDS services (4 HFs) and refers for FP services

To support the integration of FP and HIV services through these three referral scenarios, HFA developed standard operating procedures (SOPs) based on each clinical intervention, job aids, and checklists and provided training to FP/sexual and reproductive health providers and patient assistant facilitators (PAFs) from health units in gender-based violence and integration of both services. Through this approach, HFA supported health units to provide FP counseling and service provision for PLHIV and their spouses, safe conception and pregnancy counseling, and integrated reproductive health communication messages

Intervention

HFA developed a model for integrating HIV and FP services across 19 health units in Luanda that offer HIV services, FP services, or both and supported institutionalization of the model through the development of SOPs and job aids and capacity building of providers and PAFs



1st Scenario—Intra-referral System—Health facilities that have HIV and FP services

The first referral model for HIV and FP services was developed as an intra-referral system for the three health units that offer both HIV and FP services (Viana, Rangel, and Kilamba Kiaxi). Patients who attend the health facility for HIV services are admitted per the procedures and regulations in the HIV unit and are offered counseling in FP services by a trained provider. If the patient requests a short-term method available in the HIV unit, the method is provided on the spot. If the patient requests a long-term method, such as an IUD or implant, the referral is noted in the HIV unit logbook and the patient is accompanied by a PAF to the FP unit, where she is counseled on and receives her chosen method.

Patients who visit the facility to receive services from the FP unit are admitted per the procedures and regulations of the FP unit and receive counseling and testing on HIV. Patients who test positive are referred to HIV services, the referral is noted in the FP unit logbook, and they are accompanied to the HIV Unit by a PAF on the same day. The HIV unit records the referral in its logbook and links the patient to antiretroviral treatment (ART) services. Patients are initiated on treatment, and PAFs follow up with them to ensure they are retained on treatment.

1. Hospital Divina Providência 2. Dispensário Anti-TB 3. Hospital Esperança 4. Hospital David Bernardino

Health facilities specializing in HIV (4 HFs)

1. Follow admittance procedures according to the regulations in HIV unit
2. Offer balanced counseling in FP
3. Provide a contraceptive method (short-term method available in the HIV unit) if the user wishes
4. Referral to FP unit if the user wants a long-term method
5. Inform the user about the transfer/referral
6. Populate the logbook

Health facilities with FP (19 HFs)

1. Welcome the referred patient
2. Advise about the method chosen
3. Evaluate the medical eligibility criteria of the chosen method
4. Provide contraceptive method

PAF and FP supervisor (QA)

1. Carefully monitor the referral process (clinical process, referral form, and log book)
2. Accompany the user to one of the 19 HFs with FP and vice versa (contact the FP supervisor if transportation is needed)
3. Ensure the safe return of the referral form and other documents to the unit of origin

2nd Scenario—Referral System (HIV for FP)—Health facilities that only have HIV services

The second referral model for HIV and FP services was developed as a referral model from the four health facilities offering only HIV services (Divina Providencia, Dispensario Anti-TB, Esperanca, and David Bernadino) to the 19 health facilities offering only FP services. In this scenario, patients are admitted to health facilities specialized in HIV according to admittance procedures and regulations, offered balanced counseling in FP, and provided a short-term contraceptive method available in the HIV unit if requested. If the patient requests a long-term FP method, such as an IUD or implant, she is logged as a referral and accompanied by a PAF to one of the 19 health facilities with FP services. PAFs are responsible for ensuring the safe return of the referral form and other documents to the unit of origin. Upon arrival at the health facility offering FP services, patients receive counseling on their chosen method, are evaluated for medical eligibility, and are provided their chosen method.

Health facilities with FP (19 HFs)

1. Follow the procedures of admittance according to the regulations in FP unit
2. Counsel on HIV
3. Provide HIV testing
4. Refer to HIV services if the user tests positive
5. Inform the user about the transfer
6. Populate the logbook

HFs specialized in HIV (4 HFs)

1. Welcome the patient referred
2. Record/link user
3. Start the treatment process and ART
4. Ensure that follow-up of HIV care and retention process is understood
5. Return to the FP unit if it is reviewed

FP supervisor (QA)

1. Carefully monitor the referral process (clinical process, referral form, and log book)
2. Accompany the user to one of the 19 FP HFs and vice versa (contact the FP supervisor if transportation is needed)
3. Ensure the safe return of the referral form and other documents to the unit of origin

3rd Scenario—Referral System (FP for HIV)—Health facilities that have FP services

The third referral model for HIV and FP services was developed as a referral model from the 19 health facilities offering FP services to the 4 facilities specializing in HIV. In this scenario, patients are admitted to health facilities offering FP services according to the regulations in the FP unit, counseled on HIV, and provided with HIV testing. A patient who tests positive for HIV is are informed about the transfer to a specialized HIV unit and noted in the logbook as a referral. The FP supervisor at the unit carefully monitors the referral process (clinical process, referral form, and logbook) and personally accompanies the patient to the nearest facility offering HIV services. The FP supervisor ensures the safe return of the referral form and other documents to the unit of origin. Upon arrival at the HIV unit, the patient is initiated on ART and linked with a PAF to ensure follow-up of HIV care and retention.

HFA trained 44 staff (including 10 PAFs) on both FP and HIV/AIDS, including orientation to SOPs on each clinical intervention, job aids, and checklists. Training topics included long- and short-term contraceptive methods and their efficacy, individual and couples FP counseling, and gender and health decision making.

Lessons Learned

Since implementing the referral/clinical pathway models in FY19, the HFA project has learned important lessons to support the integration of HIV and FP services in Angola, including:

- Integrating FP and HIV services helps to meet client desires and demand. HFA took a collaborative approach to find pathways for FP/HIV service integration, allowing for a one-stop shop of comprehensive health care services where clients could receive FP services at the same place where they access HIV services or receive an immediate referral to another health facility, if necessary.
- The index case testing and tracing strategy developed by HFA has proven to be a high-yield strategy for identifying PLHIV and linking them to ART services. Integrating HIV and FP services into this strategy has increased the number of testing points and opportunities to identify new cases and link them to treatment.

Conclusions

While growing evidence suggests integrating HIV and FP is a cost-effective and evidence-based strategy for preventing unintended pregnancies and for reducing vertical transmission and new pediatric infections, the process for integrating those services requires deliberate collaboration, understanding of patient pathways, and development of SOPs.

Through collaboration with INLS and the Government of Angola, lessons learned by the HFA project supports the feasibility and benefits of integrating FP services and HIV care and treatment through the development of SOPs and clinical referral pathways. By increasing the number of testing points in facilities providing HIV services and establishing clear referral mechanisms in facilities providing only FP services, Angola can decrease the number of missed opportunities for identifying new cases and linking to treatment.

Endnotes

[1] World Health Organization, United Nations Population Fund (2006) Sexual and reproductive health of women living with HIV/AIDS: Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings. Geneva.

[2] https://www.fhi360.org/sites/default/files/media/documents/fp-hiv-evidence%20based%20practices%202013.pdf

[3] Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium, HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial (2019) Lancet June 13, 2019 S0140-6736(19)31288-7

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516228/

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