



HEALTHFORALL



Living Positively with HIV in Angola: The Role of Patient Assistant Facilitators in Improving Case Finding and Adherence to Antiretroviral Treatment

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Background

Angola has a relatively low adult HIV prevalence of 2.0%,¹ with significant variations in prevalence across different population groups and geographically. Women are more than twice as likely to be infected with HIV—prevalence in women is 2.5% compared to 1.2% in men. Prevalence rates are high in the southern and eastern provinces of the country (Cunene: 6.1%; Cuando Cubango: 5.5%; Moxico: 4%; Lunda Sul: 3.9%; Lunda Norte: 3.4%), while the HIV prevalence in Luanda province is estimated at 1.9%.

While Angola has made progress toward achieving the UNAIDS 95-95-95 goals, case finding to ensure that 95% of people living with HIV know their status remains a challenge. The disparities in HIV prevalence by age, gender, and geographic distribution make the provision of one-size-fits-all interventions inadequate and demand tailored solutions that meet the unique needs of different populations. This priority is reflected in Angola's National Strategic Plan for HIV, Viral Hepatitis, and Other Sexually Transmitted Infections, 2019–2022, which aims to increase the early diagnosis of HIV, viral hepatitis, and syphilis by 15% by prioritizing key and vulnerable populations.

To accelerate progress in early diagnosis and linkage to treatment of people living with HIV, the Angola HFA project trained and deployed 16 patient assistant facilitators (PAFs) across seven health facilities in Luanda.

Approach

In support of the Government of Angola's (GoA) strategic plan to accelerate early diagnosis of HIV, HFA supports initiatives to ensure that people living with HIV are initiated and retained on antiretroviral treatment (ART). Through implementation of the *Busca Activa Consentida Através do Caso Índice* (BACCI) or index case testing approach, HFA has extended the reach of the health system into communities, helping people to adhere to treatment,

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 LUANDA
GABINETE PROVINCIAL DE SAÚDE DE
LUANDA

live positively, and achieve viral suppression. PAFs play an important role in this process by supporting newly diagnosed people living with HIV to enroll in treatment at a nearby facility and adhere to their ART regimen.

To secure GoA support for the utilization of PAFs, the HFA team developed a business case for the Ministry of Health, the National Institute for the Fight Against AIDS (INLS), hospital management, and the Provincial Directorate of Health to demonstrate their effectiveness and role as a component of human resources for HIV services. Between April 2017 and March 2019, the HFA project trained and supported 16 PAFs across seven health facilities in Luanda to strengthen Angola's capacity to deliver high-quality care and treatment for HIV and AIDS.

Intervention

The primary responsibility of PAFs is to link HIV-positive patients to care and support patients to remain adherent to ART. PAFs play a role in each step of the continuum of HIV care, starting with counseling and testing.

PAFs accompany index case contacts for HIV testing and provide counseling and support to people living with HIV, helping them to build the skills that they need to cope with the illness and continue to lead productive lives. PAFs are para-professional cadres trained on the provision of HIV counseling and testing using the national curriculum. In the past, trained nurses or clinicians who had other responsibilities at the facilities and in the communities provided counseling and testing. As part of HFA's approach to index case testing, PAFs also provide quarterly refresher trainings on HIV care and treatment services at testing points in each of the seven health facilities, leading individual and group sessions before and after counseling to ensure quality services are provided.

Following confirmation of a positive HIV test, PAFs help link patients to care at the health facility, enroll HIV-positive patients on ART as prescribed by a doctor, and consequently provide follow up and guidance on the patient's adherence to and retention on treatment. PAFs actively search for a client on the day that an appointment is missed to produce the maximum contribution to adherence and retention of patients and improve viral suppression. In coordination with HIV focal points, PAFs conduct active searches to identify self-transfer patients and deaths to ensure that registration was initiated. To improve patient retention and adherence to treatment, HFA developed and instituted a Defaulters Form with support from PAFs and personal follow-up with patients.

In addition to supporting adherence and retention activities, PAFs also play a role in family planning (FP)/HIV integration activities. PAFs provide patients with counseling on a full mix of FP methods to reduce the risk of pregnancy and coordinate with health facilities to have adequate stocks of commodities.

Quality improvement was ensured through continuous training and supervision of PAFs and other health workers in the health facilities on the HIV continuum of care, on the HIV continuum of care, including HIV counseling and testing, adherence to ART and retention, active search, viral load testing, and integration of HIV into FP and tuberculosis (TB) services. Through routine supportive supervision, HFA also ensured adherence to norms and protocols for quality improvement developed by the Ministry of Health and INLS.

Results and Achievements

As a result of the work of PAFs and other HFA-supported staff, Angola has seen a dramatic increase in the identification of HIV-positive individuals and in linking them to care and treatment—significant progress toward reaching the 95–95–95 goals. Between April 2017 and March 2019, PAFs and other HFA-supported staff contributed to the project's success in reaching more than 152,000 people with HIV testing services; identifying more than 12,000 new HIV-positive cases; initiating nearly 7,600 newly identified cases on ART; and supporting nearly 17,000 to adhere to their medication and nearly 9,000 to achieve viral suppression.

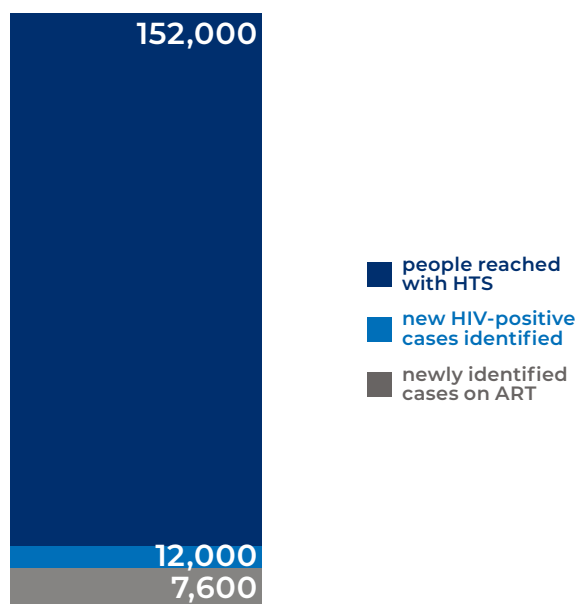


Figure 1. Results of individuals supported by PAFs (April 2017–March 2019)

Lessons Learned

- As a peer educator, the PAF is an example for all HIV-positive patients and best suited to accompany and advise patients, support adherence and retention, and understand the emotional experience and needs of newly diagnosed people living with HIV.
- PAFs greatly contributed to linkage and adherence to care by following up with patients to initiate ART as soon as they learn their status and following up on the same day as a missed appointment to ensure adherence. Same-day ART initiation can be made available by ensuring that lay counselors, such as PAFs, initiate ART pre-initiation counseling immediately after a patient receives a positive test result and escort the patient to the ART clinic.
- The introduction of lay health workers such as PAFs helps to alleviate some of the health staff shortages that are predominant in many facilities in Angola, allowing professional cadres, such as nurses, to focus more on clinical management. As a result, more clients can be reached.

Conclusions

After three years of program implementation, periodic refresher trainings, and constant supervision, the PAFs are very well trained, with excellent knowledge of the both the needs of people living with HIV and the entire clinical cascade of services. They are well-positioned to train and mentor new PAFs to ensure that these critical services are provided to the HIV community.

Under HFA, the success of the BACCI strategy in case finding relied heavily on the PAFs and their coordination with case managers and community counselors to link index case contacts to treatment and follow up with clients to ensure retention on treatment and support viral suppression. PAFs were also instrumental in ensuring high rates of adherence to ART and viral suppression. Based on the successful experience of HFA, PAFs should be prioritized as a key investment strategy to contribute to the GoA's target of increasing linkage to and retention in care in Angola as part of their goals to achieve epidemic control.



Living Positively in Angola: Success Story

As a PAF trained under the HFA project, Manuela dos Santos accompanies couples for HIV testing and provides counseling and support to people living with HIV. She helps them build the skills they need to cope with the illness and continue to lead productive lives.

After 10 years of adherence to ART, she is an example and mentor to her peers, with an undetectable viral load for 6 years, and a partner who remains HIV negative. “I feel happy—and realized: sharing my story helps people cope with a positive HIV diagnosis and get the treatment they deserve and need to fulfill their lives,” Manuela said.

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