

# Differentiated Linkage-Rwanda

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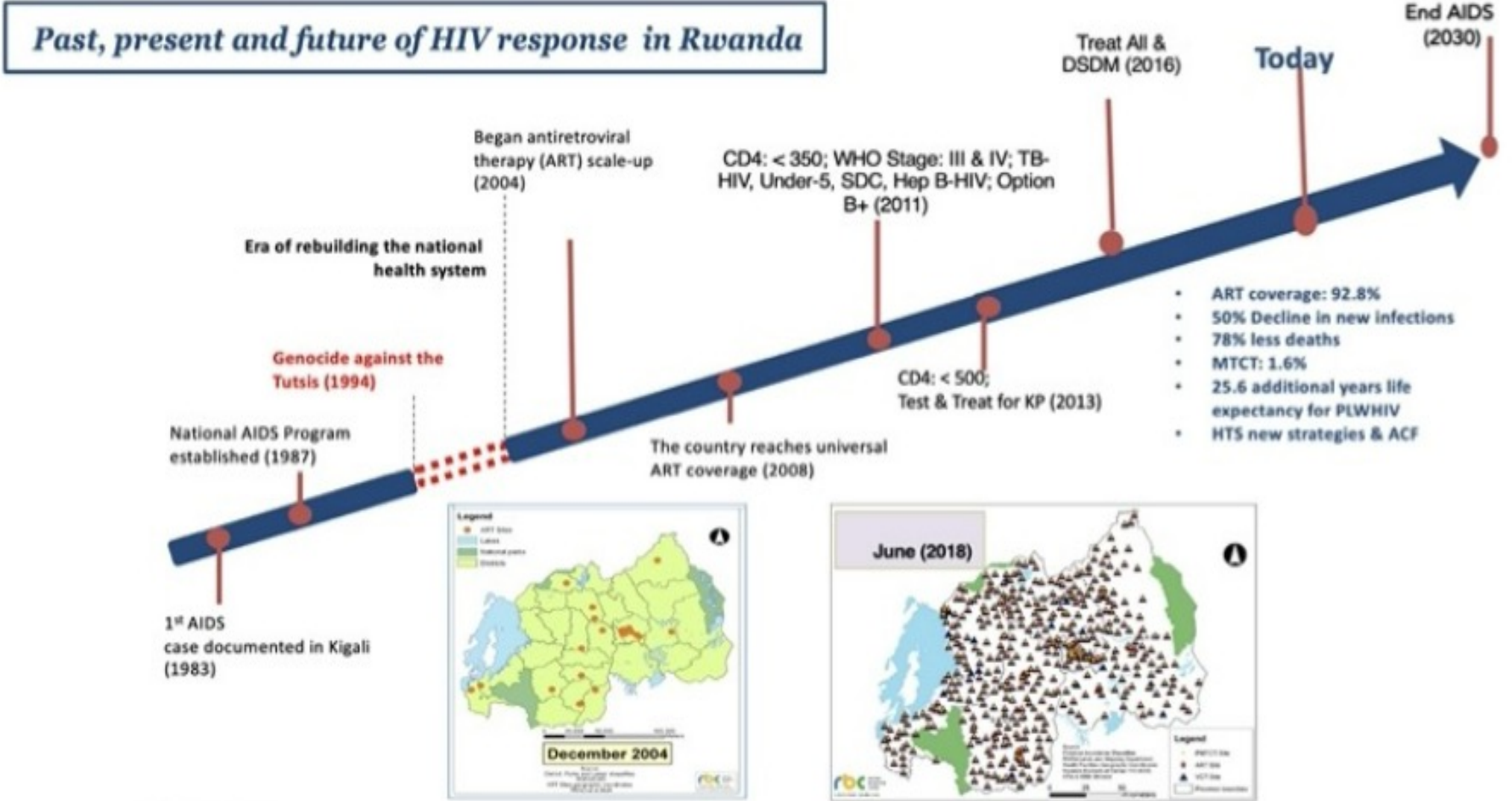
# Background

- Rwanda has maintained HIV prevalence at 3% for the past decade.
- Despite the tremendous work done to control the HIV epidemic; Weak Linkages to Preventive and ART services remained a setback for the program: With linkage as low as <70% in 2017 (predominantly in young people and men)

## Issues:

- Delayed ART initiation
- Early loss to care after initiation of ART
- Limited knowledge in counseling (treating all clients in the same fashion; a one-size-fits-all approach)

# National HIV response journey



Adapted 2018, RBC

# Linkage trends 2014-2017

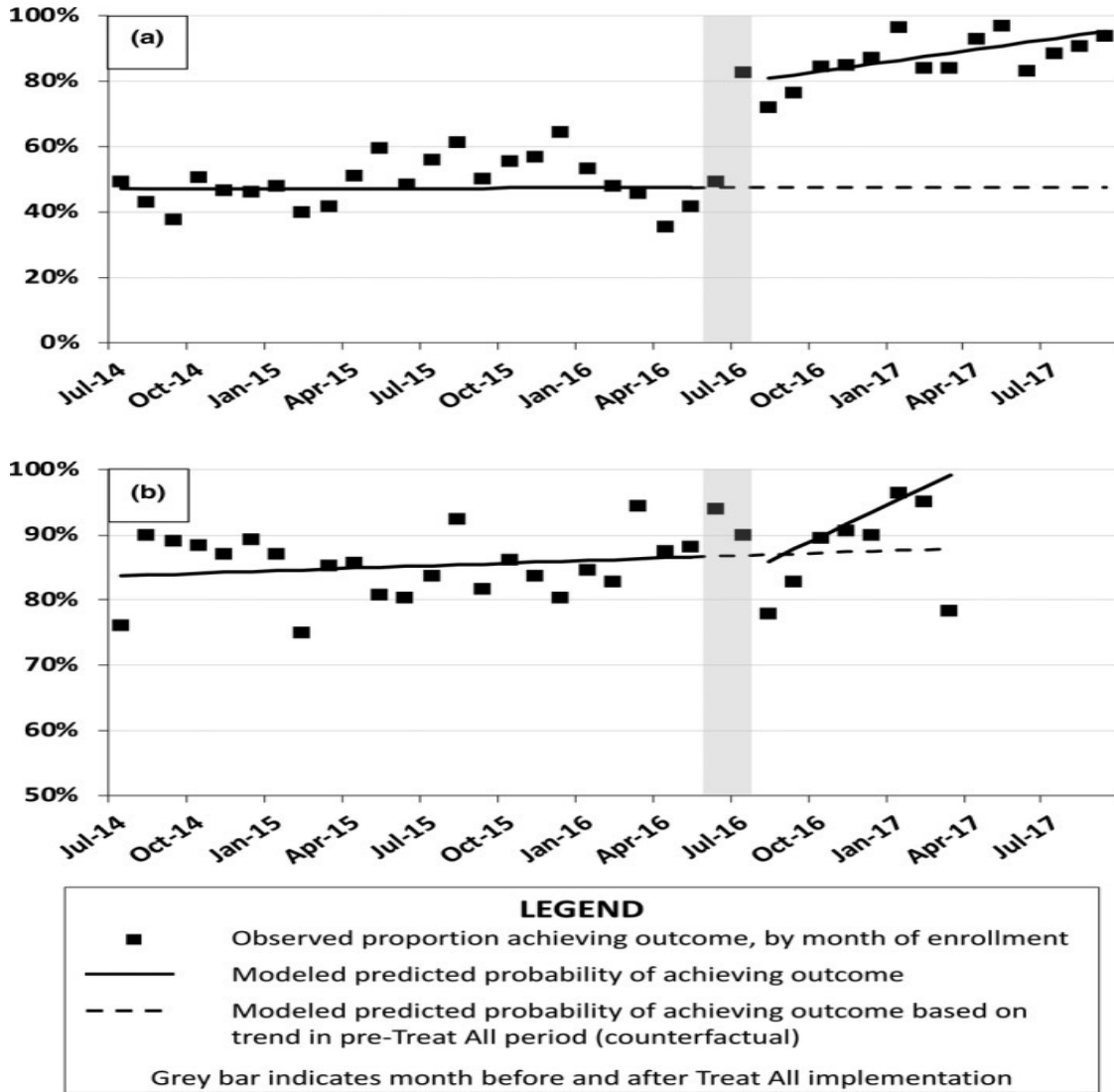
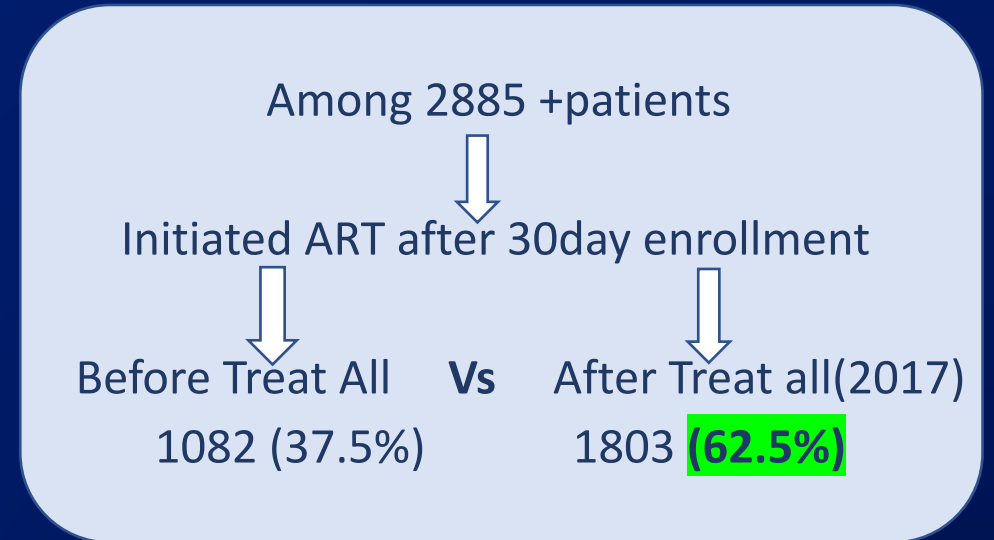


Figure 1: Proportion of patients (a) initiating ART within 30 days of enrolment and (b) retained in care 6 months after enrolment in 10 health centers in Rwanda, 2014 to 2017.

## Observational study: Early outcomes after implementation of treat all in Rwanda: an interrupted time series study July 2014-Sept 2017



- Treat All implementation increased the predicted probability of 30-day ART initiation by **31.3%** (95% CI 15.5, 47.2) and 47.8% points (95% CI 8.1, 87.8) at the end of the study period. (+1.1 every additional month)
- 30-day ART initiation and 6-month retention were less likely among patients 15 to 24 versus >24 years.

# Linkage to Care and Treatment

## Why Linkage?

- Knowledge of HIV status allows people to make **informed decisions** about HIV prevention and treatment.
- **Strong linkages** to effective HIV prevention, treatment, care and support services are essential if people are to carry out these decisions.

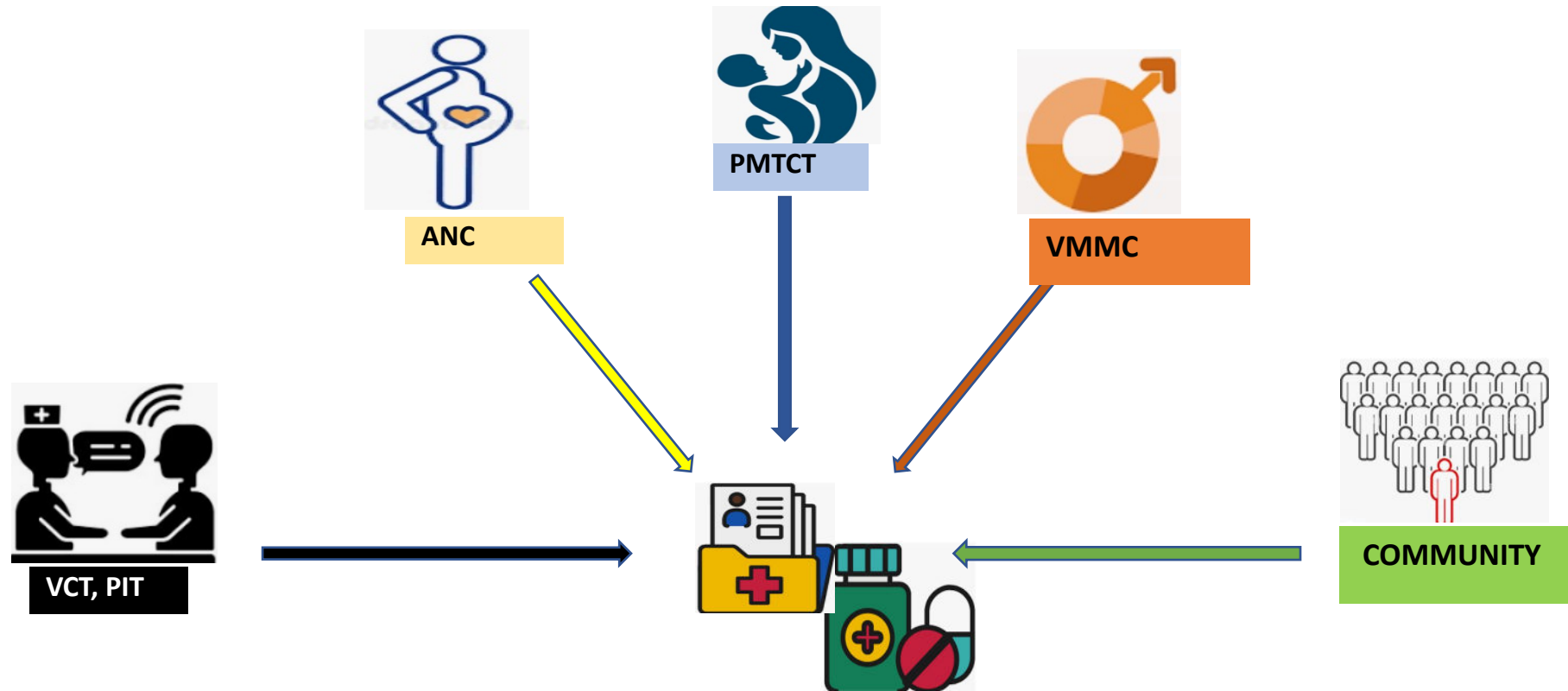
## The How?

- The MoH, partners and the civil society meet to address linkage challenges (2017);
- Starting with strategies to address challenges around Linkage to ART and later extended these efforts to prevention strategies

# Strategies for Strong Linkage

- **Referral to ART:** where and how to obtain ART.
  - Assigning a nurse/social worker/community peer navigator to ensure enrollment into ART service.
  - Providing clear Information: benefits of ART.
  - Developed Linkage Register (slide 17-18)
  - Enhance Referral and counter-referral mechanism.
- **Same-day enrollment and Same-day ART initiation:** This is critical for linkage to minimize loss to follow-up, further dx progression and transmission.
  - Early ART initiation (same day and not > 7 days)
  - Improve the quality of Pre -ART counseling to facilitate same-day ART initiation
  - Flexible/extended clinic hours (after working hours/weekends).

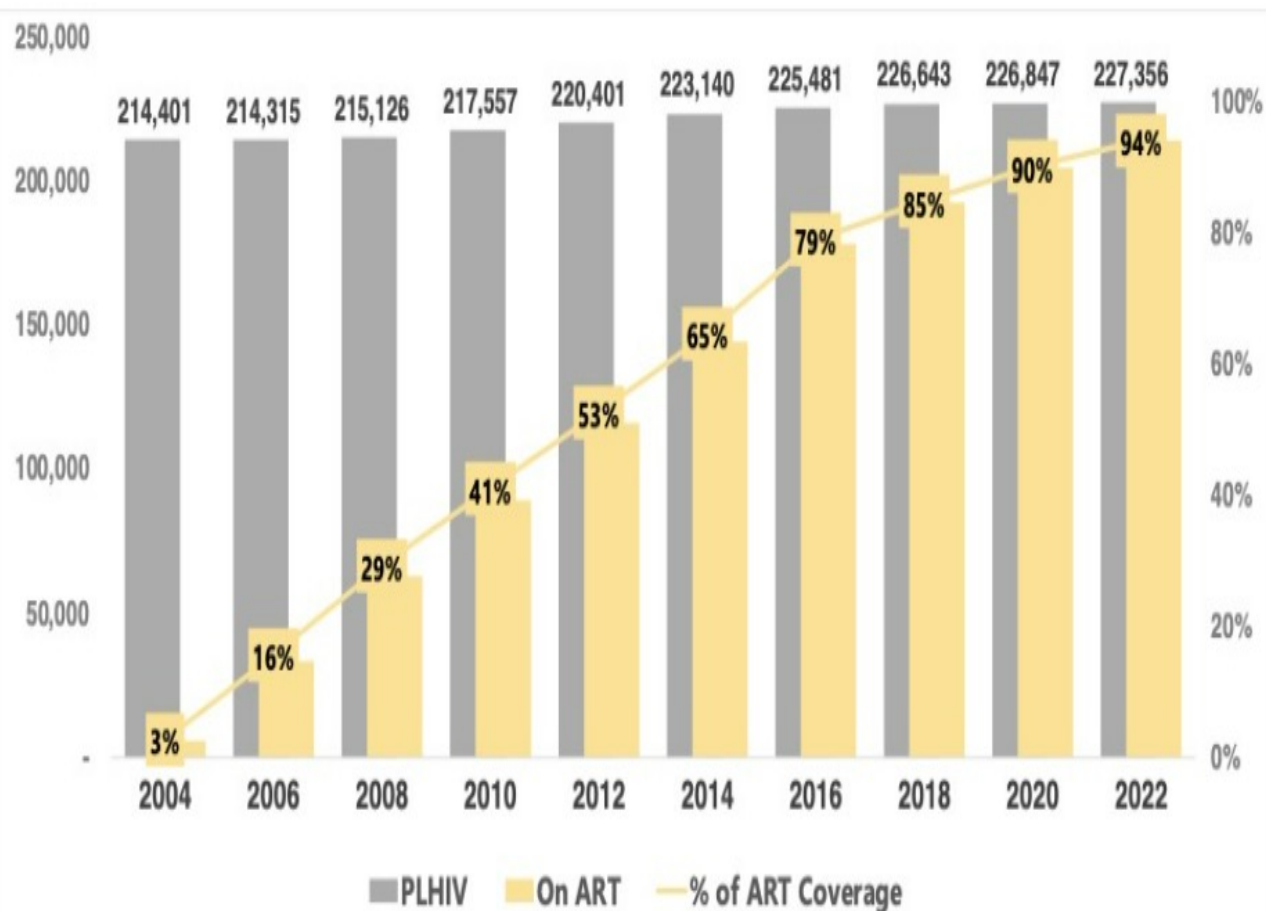
# Strategies for strong linkages: Multiple Points of Entry



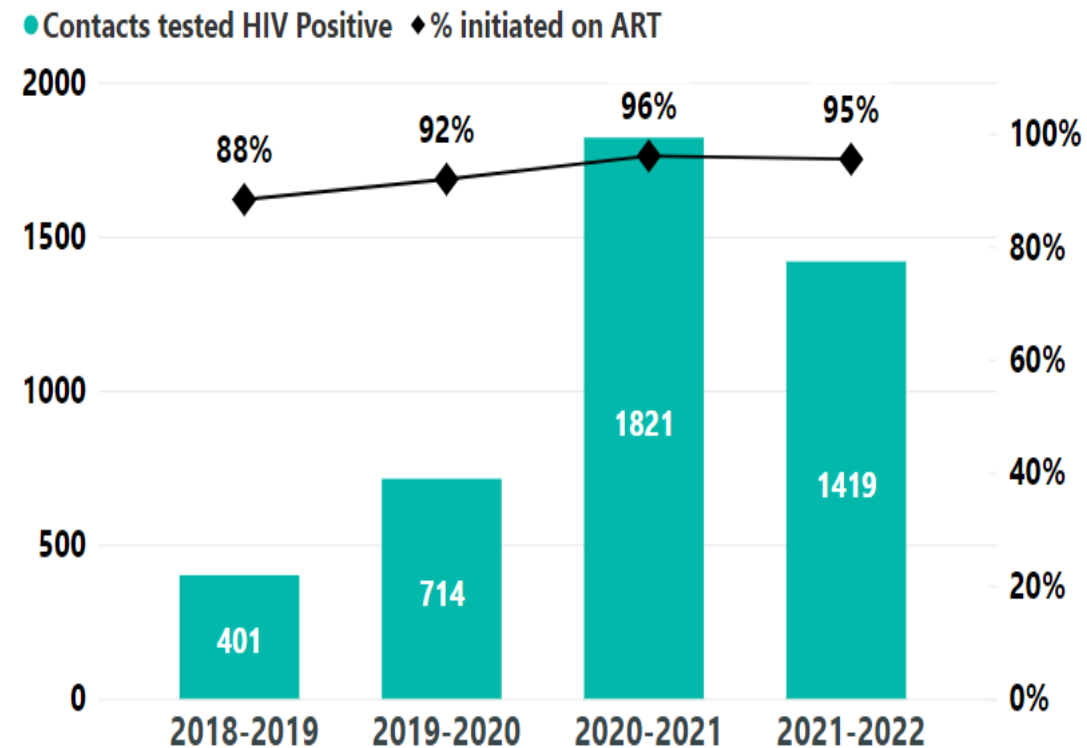


# Trend of PLHIV on ART (2004-2022)

There is a gradual increase in ART coverage. More than 94% of PLHIV were on HAART by end of 2021



Source: UNAIDS Estimates 2021

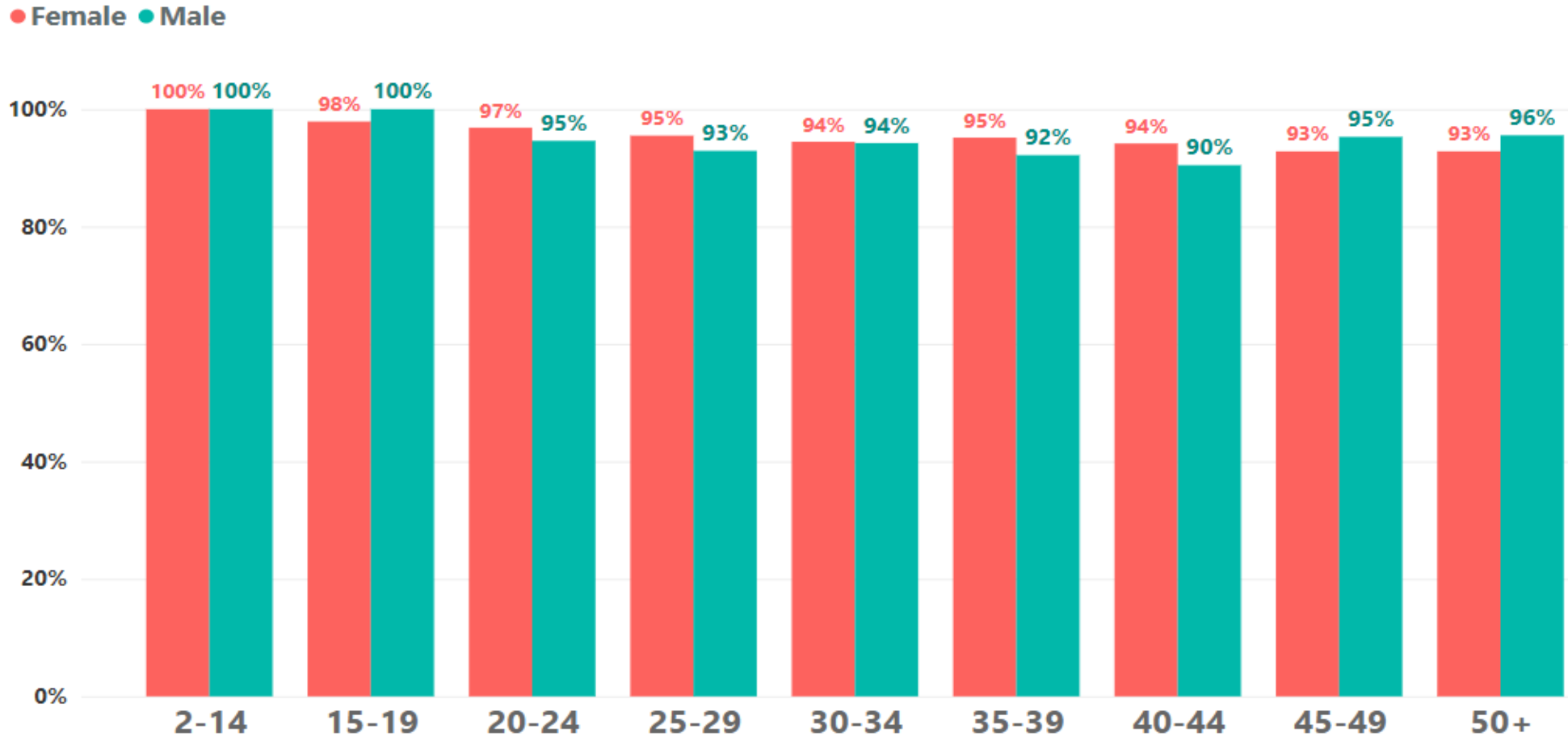


Source: CBS Model data 2021

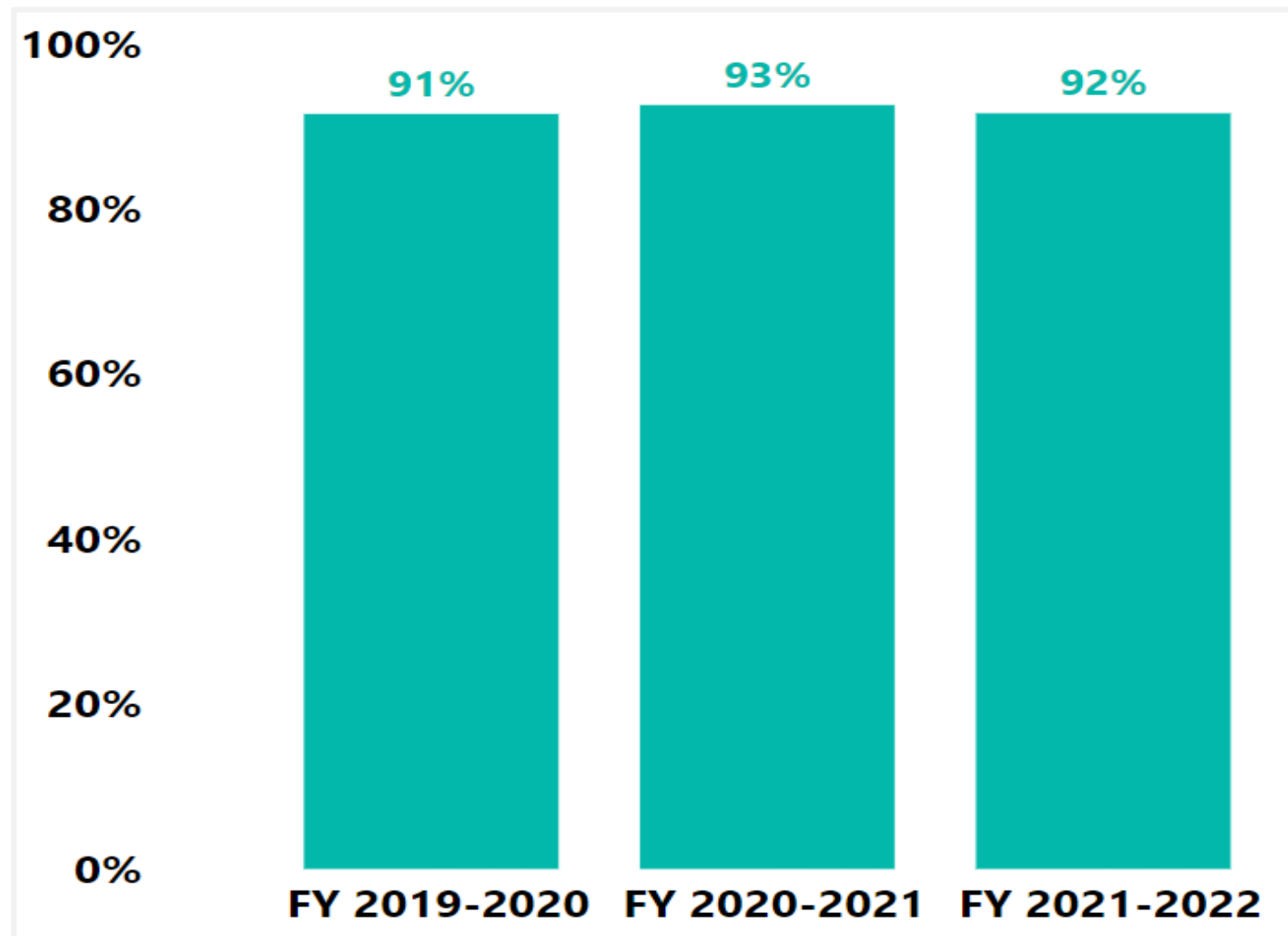


# Differentiated linkage trends 2019-2022

## Linkage of Positive contacts of HIV index by age (CBS Data)



## Linkage to ART-PMTCT



*(RHMIS data 2019-2022)*

# Latest Strategies to address Linkage challenges\_2

- **Active referral/Accompaniment:** In active referral, the tester makes an appointment for the client or accompanies the client to an appointment (time and date), including an appointment for co-located services, and enrolment into HIV clinical care.
- In case, client is not initiated on the same day, *e.g.*, facilities without PMTCT.
  - + clients are enrolled >> transferred to a facility offering ART >> Follow-up call to access tracknet >> ART initiated (<7days)
- **Out-of-facility risk assessment and referral for testing and linkage:**
  - CSOs coordinate with HFs in the catchment area >> mobilize population in hotspots/events to test>> utilize facility ART tools: to enroll and link to the facility.
- **Recovery of none linked clients:** through Phone calls, SMS and home visit.
- **Providing friendly services** to high-risk groups including KP, youth and men.

## PWP (Prevention with Positives) Summary of activities:

HIV-positive patients are given key prevention messages during each visit;

- Evaluation of Adherence to treatment at each visit.
- Screening for S&S of STIs at each visit.
- Checking for pregnancy and patient intention/desire to have a child; opportunity to offer contraception.
- Providing condoms and lubricants to the patient when needed.
- Assess for specialized care needs and refer patients to the appropriate services.

# Linkage to Further HIV Prevention for Individuals testing HIV Negative

**Routine care:** comprehensive and integrated HIV prevention, care and treatment strategy

## **Prevention services for HIV-positive persons:**

- Behavioral and biomedical interventions reduce risk of transmission to HIV-neg partners and infants. E.g: condoms, contraception, lubricants and guidance on their use.
- HIV negative partners in sero-discordants couples access HIV prophylaxis to reduce chance of HIV transmission.
- Partner notification services: Focus is on HTS of partners/couples, newly diagnosed individuals go through partner notification process and linked to HIV prevention and treatment services.

# Linkage to Further HIV Prevention for Individuals testing HIV Negative

HIV-negative individuals and sero-concordant negative couples; HTS provides preventive services:

- Emphasis on the importance of knowing the HIV status of sexual partner(s)
- Information about the availability of partner and couples testing services
- Referral and linkage to relevant HIV prevention services, including VMMC for Neg men, PrEP and PEP
- Education on methods to prevent HIV acquisition and provision of preventive commodities.

For adolescents in particular, provide information and education about healthy behaviors, such as:

- ✓ Consistent condom use, referral to VMMC contraception services.
- ✓ Reduction of risk-associated behaviors,
- ✓ Retesting if they have new sexual partners

# Good practices that were adopted to improve linkage to care

- Integrated HIV testing and counseling care services;
- Community involvement: Peer educators support in identifying people lost to follow-up;
- Digital reach, such as mobile phone sms for follow-up.



# Linkage to enrollment in care register

Enregistrement et Information du Patient <i>Patient Registration Information</i>														
No	Tracnet number/ <i>UPID Number</i>	Date de diagnostic positif date of HIV positive diagnosis <i>(dd/mm/yyyy)</i>	Code de confirmation de labo	Date d'enrôlement dans le programme ARV <i>Enrollment date in ART program</i> <i>(dd/mm/yyyy)</i>	Nom et Prénom Name in Full <b>En haut:</b> Nom Upper space: Surname <b>En bas:</b> Prenom/ Lower space: given name	Date de naissance <i>Date of Birth</i> <i>dd/mm/yyyy</i>	Sexe Sex  (M/F)	Contact et adresse <i>Contact &amp; address</i>		Adresses physiques/ <i>Physical address</i>				
								Telephone	Optional tel	Umudugudu	Akagari	Umurenge	Akarere	ID number



**Dates: +result, Lab confirmation, and Enrollment Date in ART program**



**Identification, location, contact address: For tracking if lost**

# Linkage to enrollment in care register

<b>Mode d'admission</b> <b>Admission mode</b> <small>(PMTCT, VCT, TB TT, TI transfer-in, HIV-exp-Infant Follow up, PIT, -Hospitalization, ARV)</small>	<b>Viral Hepatitis</b>  <b>screening (N/P)</b>	<b>Screening des maladies opportunistes</b> <i>OIs screening</i>		<b>Information si le client est prêt pour débiter les ARV après l'enrôlement</b> <i>/ ART initiation readiness information after enrollment</i>		<b>Observations/ Comments</b>
		<b>TB Screening (N/P)</b>	<b>STI Screening (N/P)</b>	<b>Prêt pour débiter les ARV</b> <i>Ready for ART initiation (O/N)</i>	<b>Si oui, Date de début des ARVs (Transférer au registre ARV)</b> <i>Date ART started (transfer to ART register)</i>	

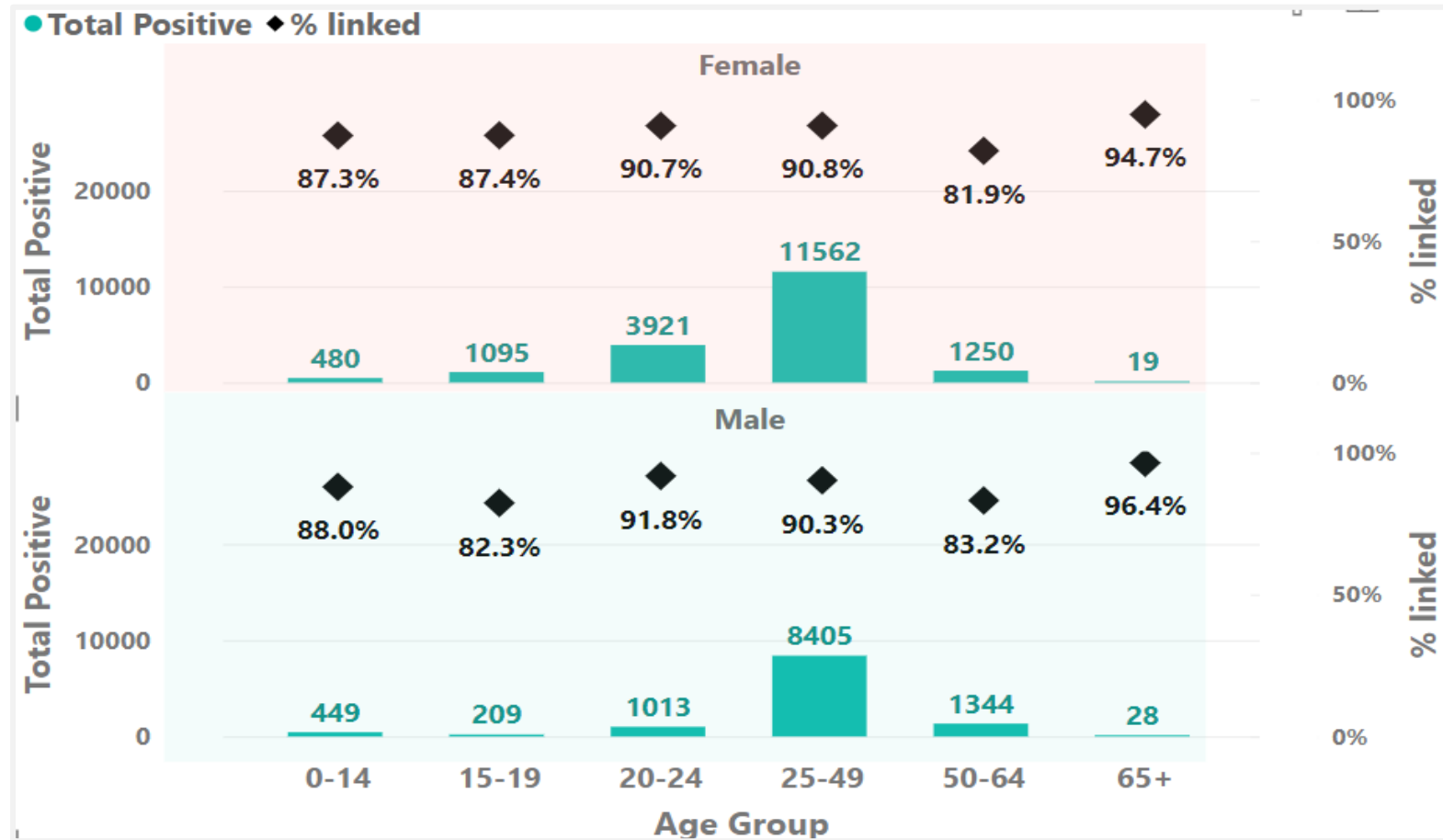
**Integration: Screening Hep, TB, STIs**

**Readiness after enrollment >> Date of ART initiation**

Regime ARV initial (Spécifier)	Régime de 1ère Ligne 1st line Regimen	Régime de 2ème Ligne 2nd line Regimen	Régime de 3ème Ligne 3rd line Regimen	Patient categorisation (DSDM)	Pharmacy refill Year.....					
	Substitutions Upper: Date En Haut: Date Lower: Reasons /Regimen (Code) En Bas: Reason/Regime (Code)	Changement Switches Upper: Date En Haut: Date Lower: ART Regimen (Code) En Bas: Regime (Code)	Changement Switches Upper: Date En Haut: Date Lower: ART /Regimen (Code) En Bas: Regime (Code)	A) Stable A <sub>1</sub> B) Stable A <sub>2</sub> C) Stable B D) Unstable	Mois J	Mois F	Mois M	Mois A	Mois M	Mois J
				Category.....						
				Date...../...../.....						
				Category.....						
				Date...../...../.....						

**DSD models and MMP**

## Gaps: Linkage for young people



(RHMIS data 2019-2022)

# Limitations

Limitations	Next steps/Solutions
<p>➤ <b>Gap in positives vs those on ART:</b></p> <p>Anticipated discrepancy because some clients after being tested positive may check-in other facility for a confirmatory test where they are received as new positive cases.</p>	<p><b>Unique Identifier</b></p>
<p>➤ <b>Stigma:</b> Client-provider relationship</p>	<p><b>Service integration</b> <b>User-friendly services;</b> client care preferences</p>
<p>➤ <b>Delayed ART initiation</b> for out-of-facility diagnosed Clients</p>	<p><b>Out-of-facility ART initiation</b> Accessibility of Preventive commodities and ART at community dispensing points.</p>

# References

- National guidelines for prevention and Management of HIV and STI:  
[https://rbc.gov.rw/fileadmin/user\\_upload/guide/SIGNED%20ENGLISH%20%202016%20VERSION.pdf](https://rbc.gov.rw/fileadmin/user_upload/guide/SIGNED%20ENGLISH%20%202016%20VERSION.pdf)
- National HIV guidelines 2020
- Annual HIV Report 2022 <https://www.rbc.gov.rw/index.php?id=188>
- RHMIS data <https://hmis.moh.gov.rw/>
- CBS data
- HIV division team: C&T unit, Prevention Unit
- Partners: CDC, Pefpar, Global Fund, CSOs

Thank you!

