

Increasing Syphilis Screening and Treatment among Women attending ANC in Liberia

NACP, MoH

Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services March 13-16, 2023 | Nairobi, Kenya



Outline

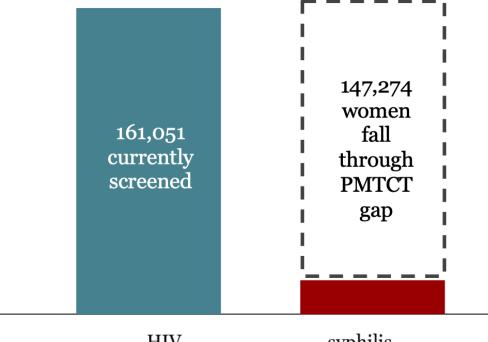
- Gaps in Syphilis testing
- Policy Development
- Policy implementation
- Pilot data
- ToT plan and implementation
- Testing and Treatment Cascade
- Scale up consideration



Testing gaps

By adopting the dual HIV/syphilis rapid test, over 100,000 pregnant women would have access to HIV/syphilis testing

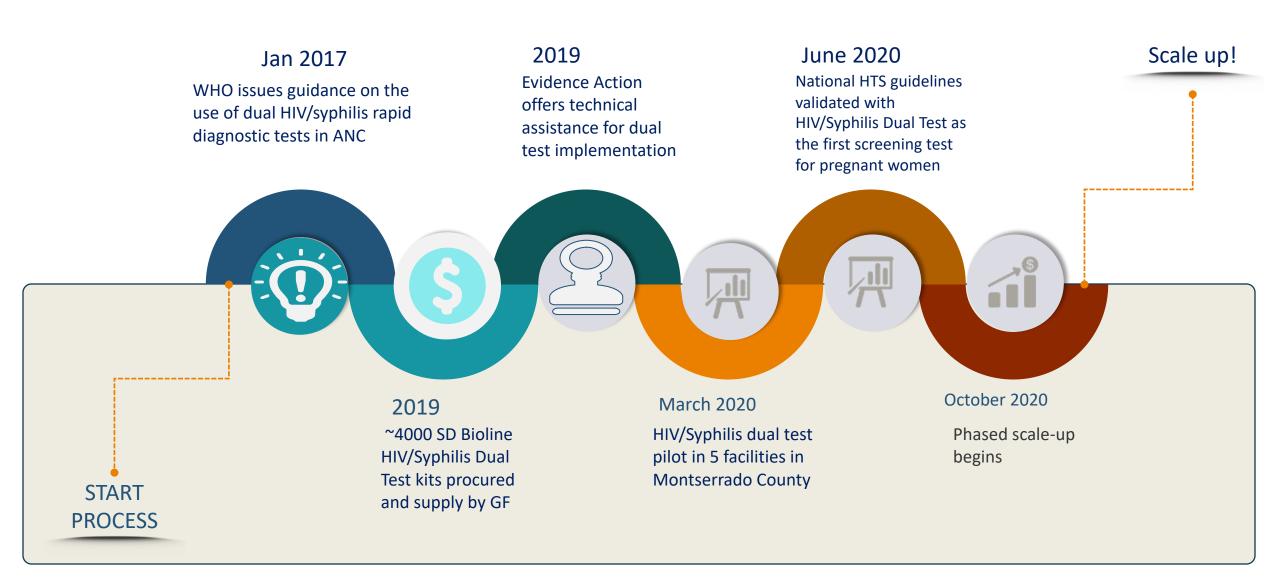
Before the rollout in September 2020



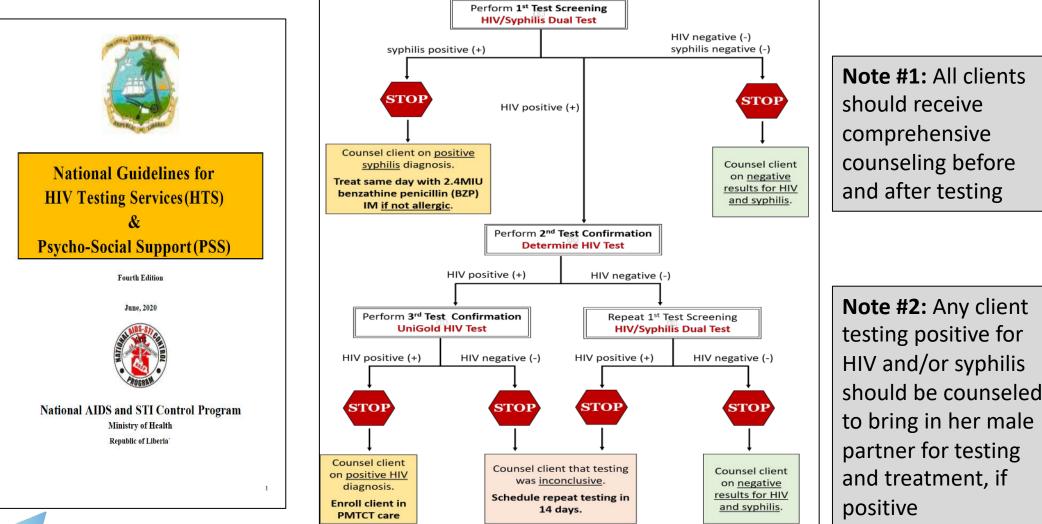
Gap between HIV and syphilis screening during ANC*



Policy Development



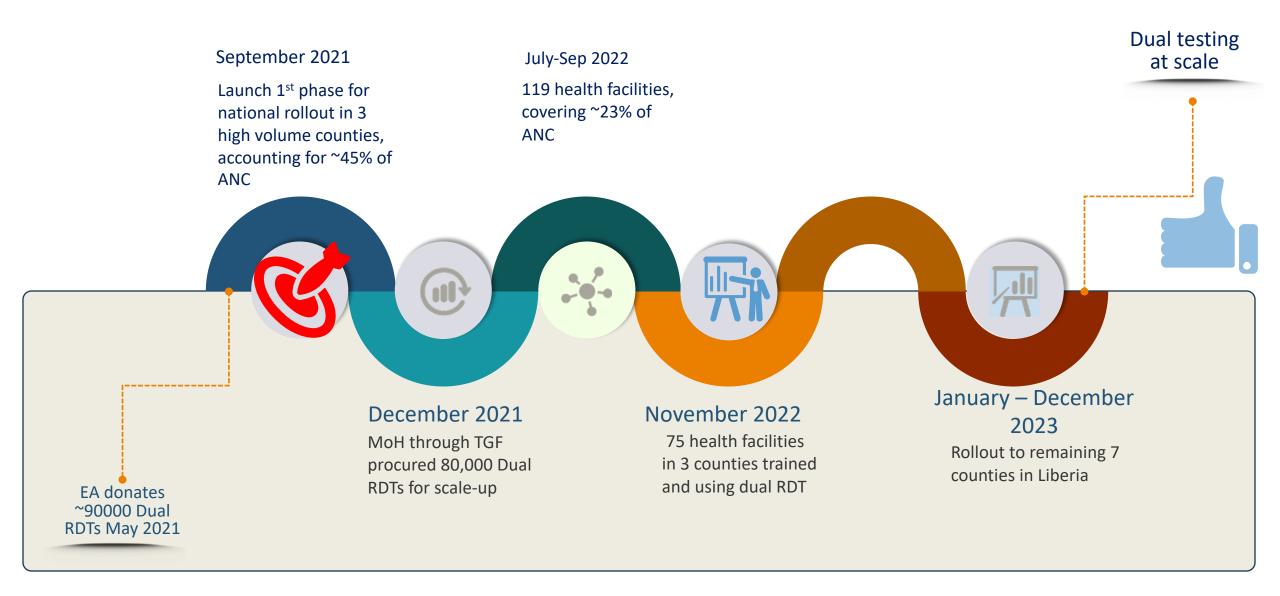
Policy Development





CQUIN Differentiated Testing & Linkage Meeting | March 13-16, 2023

Policy Implementation



HIV/syphilis dual test pilot

Pilot sites: 5 facilities providing PMTCT services

• PMTCT sites with different characteristics (location, ownership type, healthcare level, service fee)

Commodity availability: HIV/syphilis dual test and BPG procured through The Global Fund were directly supplied by the NACP on the day of training and throughout the pilot Training: ~2 hours of onsite training, including all providers involved in ANC service delivery

Supportive supervision:

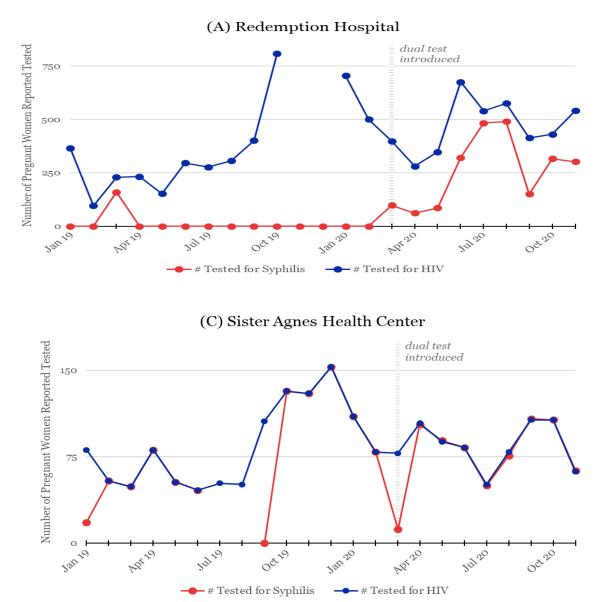
- NACP visited each facility a total of eight times, roughly every 2-6 weeks for the eight-month period.
- What the supervision entailed:
 - NACP collected the facility log sheets that recorded each usage of the HIV/syphilis dual test
 - NACP completed a supportive supervision reporting tool
 - Facilities were resupplied dual tests and benzathine penicillin as needed
 - NACP discussed successes and challenges with the healthcare providers.

Focus group discussions: Held with two facilities in October 2020 to record additional lessons from the pilot.



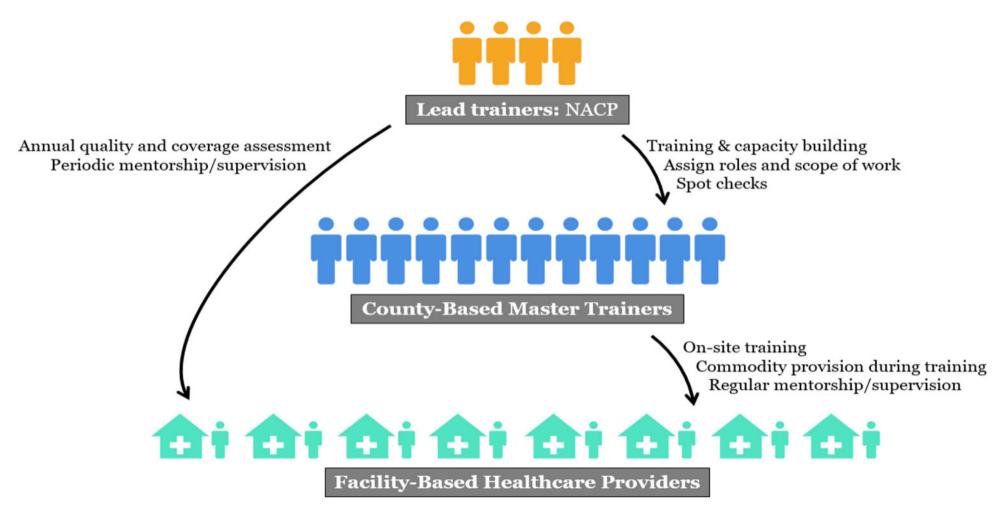
HIV Syphilis Dual Test Pilot Result

Facility Characteristics	Redemption	Sister Agnes
Facility ownership	public	public
Facility level	hospital	health center
Average monthly first	466	195
time ANC attendees		
Dual Test Indicators		
Num. of pregnant women	2,764	1,328
tested for HIV & syphilis	2,704	1,520
Num. of male partners	0	0
tested for HIV & syphilis		
Num. of clients who	18	2
tested positive for syphilis	10	2
(% among those tested HIV	(0.65%)	(0.15%)
& syphilis)	(0.0378)	(0.15%)
Num. of clients who were	28	23
positive for HIV (% among		
those tested HIV & syphilis)	(1.01%)	1.73%
Num. of clients who were	7	0
co-infected with HIV &	,	0
syphilis (% among those	(25.0%)	(0.0%)
who are HIV+)	(23.0%)	(0.0%)
Syphilis Treatment		
Outcomes		
Num. of syphilis+ clients		
who were treated with	13	2
benz. pen.(% among those		
who tested positive for	(72.2%)	(100%)
syphilis)		
Num. of syphilis+ clients	3	0
who rejected treatment	3	0
Num. of syphilis+ clients		
where treatment was not	2	0
recorded		





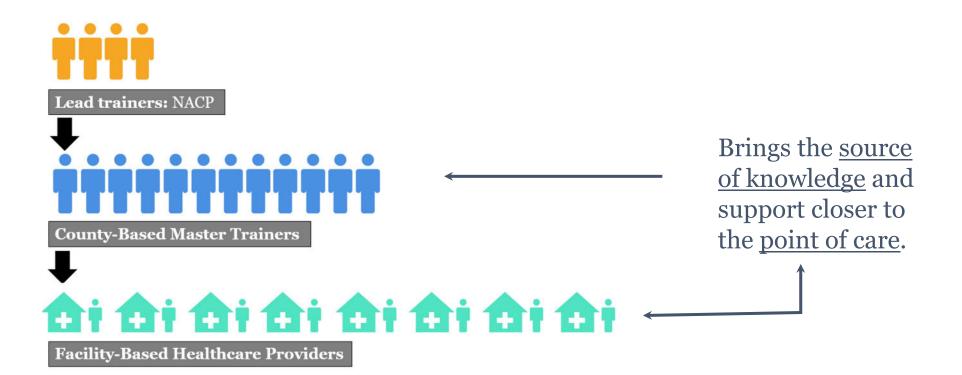
Training-of-trainers Model





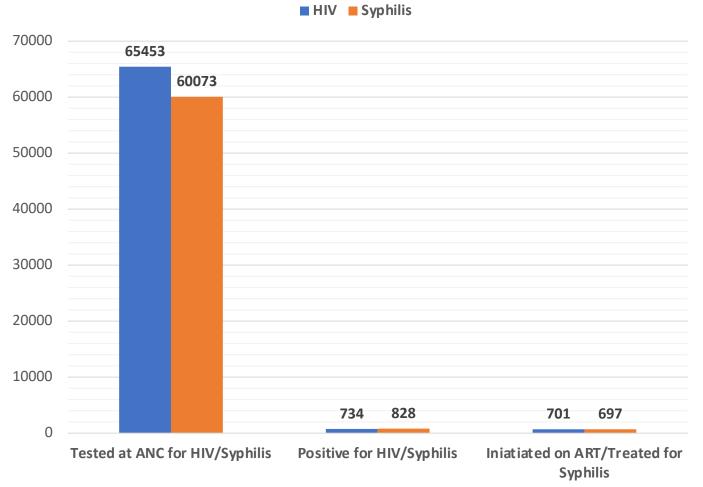
Benefits of the ToT Model

Decentralization of training strengthens the quality of the program and its ability to adapt to local needs





Pregnant women attending ANC who were tested for HIV/Syphilis and Placed on Syphilis Treatment/Initiated ART(Jul-Dec 2022)

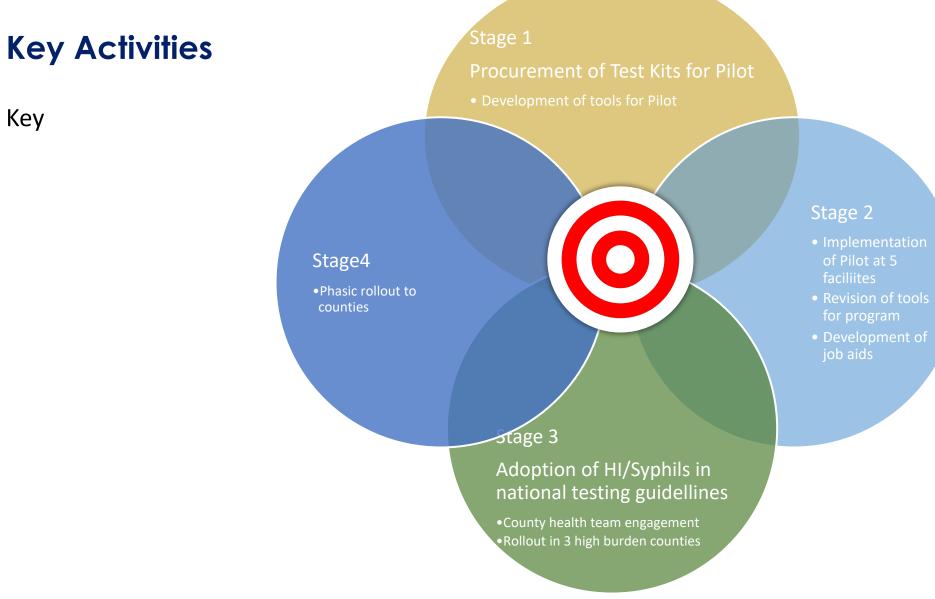


- the five(5) counties (Montserrado, Nimba, Grand Bassa, Margibi & Bong) implementing HIV/Syphilis duo testing for pregnant women.
 - About 1.4% of pregnant women tested for Syphilis were positive and 84% of the positive cases were treated with benzathine.

The graph accounts for data reported from

- Also 1% of pregnant women tested for HIV were positive and 95% of the positive cases were enrolled on ART
- There are some private health facilities in the those counties implementing HIV/syphilis duo testing that are procuring their own Syphilis test kit and stockout of HIV/Syphilis duo test kits, thus resulting to the variance of tested for HIV/Syphilis.







Consideration for Scale-up

Policy

- Adopting the dual test as first screening test for pregnant women attending ANC
- Incorporating testing algorithm in national HIV guidelines and national reporting tools HIV testing ledgers, monthly Health Management Information System(HMIS) and DHIS2
- Including dual test on electronic Logistic Management Information System (eLMIS) and stock requisition forms

Implementation

- Utilizing a ToT model builds capacity at sub-national level, creates ownership and sustains service provision
- Facilitation transportation allowances (amidst logistical constraints) for onsite training and in-person mentorship and supervision as well as communication for master trainers to provide virtual support and monitoring



Acknowledgement

The Global Fund

Evidence Action

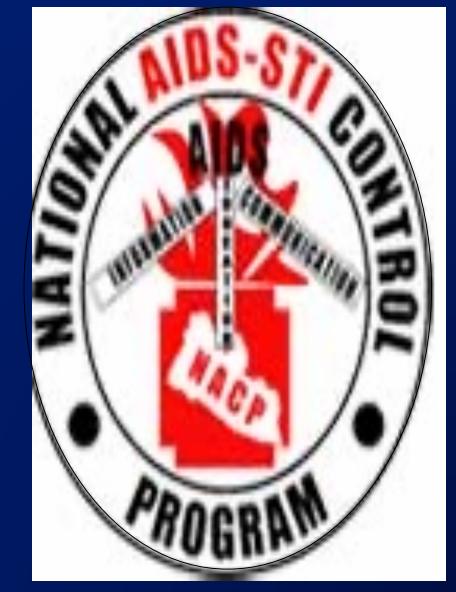
National AIDS Commission

Family Health Division-MOH Liberia

National Diagnostic Division-MOH

Central Medicine Store

Supply chain Management Unit-MOH Health Information System Unit-MOH





HIV Learning Network The CQUIN Project for Differentiated Service Delivery



Thank you!

