

# Improving HIV testing services at selected USAID-funded sites in Haiti: strategies, lessons learned and implications for the National AIDS Control Program results from EQUIP (<http://www.equiphealth.org>)

M.L. Excellent<sup>1</sup>, D. Lauture<sup>1</sup>, F. Jean Louis<sup>1</sup>, E. Emmanuel<sup>1</sup>, J.W. Domercant<sup>1</sup>  
<sup>1</sup>EQUIP-MatCH Haiti, Petion-Ville, Haiti

## Background

EQUIP is a consortium led by five Africa-based partners, delivering technical assistance (TA) (Fig.1) and services to the Ministry of Health and local implementation partners (IPs) with a simple mission to help countries expedite their UNAIDS 90-90-90 targets. In Haiti, EQUIP collaborates with local USAID IPs through technical assistance and mentoring. EQUIP also conducts quarterly joint site mentorship visits with IPs.

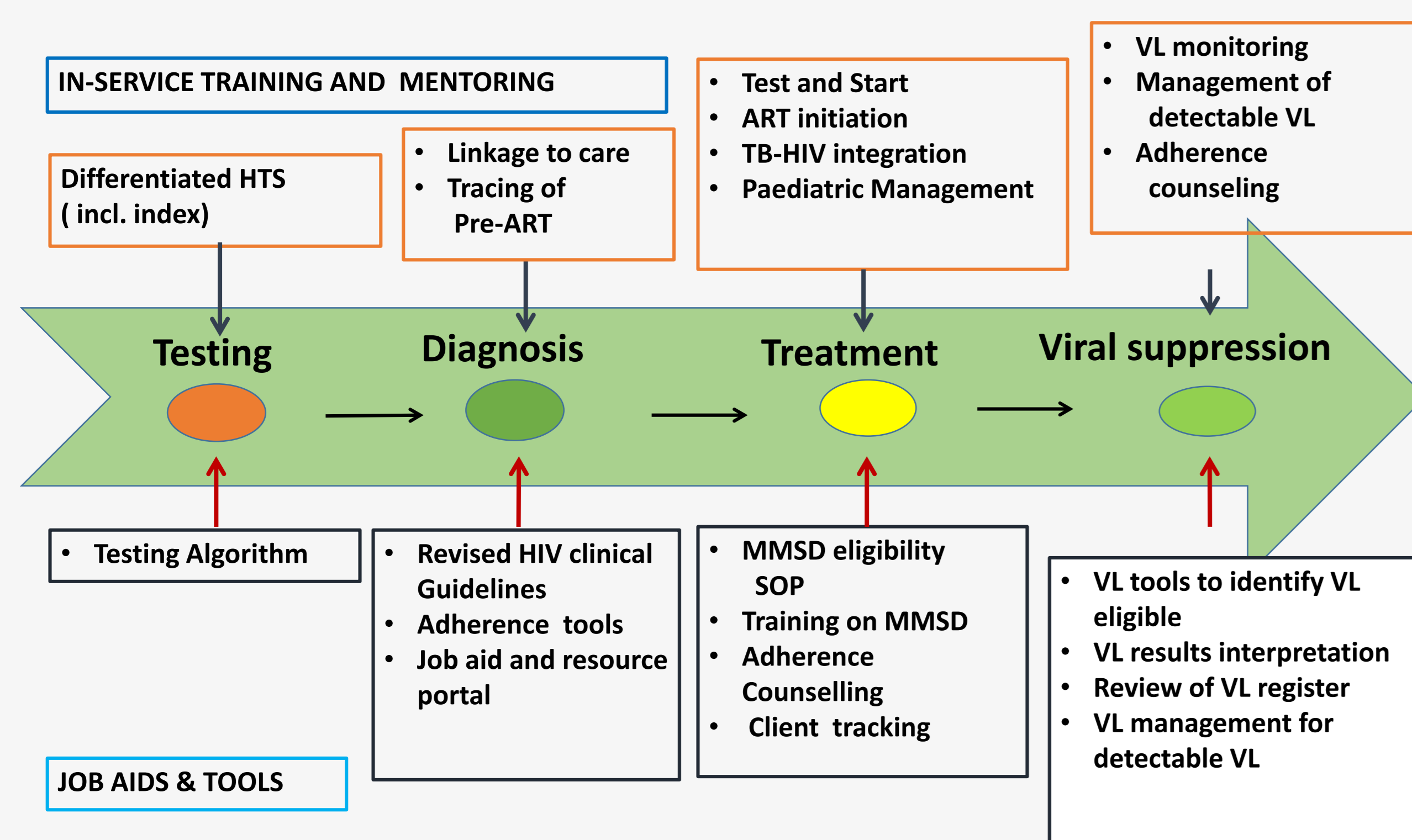


Fig 1: Areas of Technical Assistance provided by EQUIP in support to the Service Delivery Project

## Context

Targeting high-risk populations for HIV testing services (HTS) can potentially increase yield. *Provider-initiated testing and counseling (PITC)* can foster uptake of HTS and facilitates access to HIV services. Barriers to *PITC program success*, include lack of training and mentorship for healthcare providers, and monitoring and evaluation. In Haiti, HTS are primarily reported as voluntary counseling and testing (VCT); PITC is underreported and capacity for data disaggregation by testing modalities is limited.

In this poster we aim to showcase the contribution of EQUIP to the improvement of HIV testing services at selected USAID-funded sites in Haiti as a support to the strengthening of the National AIDS Control Program of the MOH.

## Methods

EQUIP-Haiti assisted the MOH in revising the national HTS algorithm and in updating registers for data disaggregation into different HTS modalities: VCT, index case testing, and PITC.

Working session with the technical working group for the revision of the national HTS algorithm.

EQUIP-Haiti conducted a training needs assessment at 39 sites nationwide.

EQUIP conducted 2 training sessions for 54 healthcare providers in 38 sites.

The trainings covered HIV counseling and testing with emphasis on targeted testing and the tools for HTS reporting per modalities.

Following the trainings onsite mentoring was conducted at all sites.



Photo credit: Vega Management Group

The number of people tested for HIV per modality of HTS was assessed pre and post training. The impact of HTS training and onsite mentoring on HIV positivity yield was assessed

## Results

Two training sessions were conducted and 54 providers were trained for the first time. The core competencies strengthened during the training include: standardized filling of registers and notification card, pre- and post-HIV test counseling

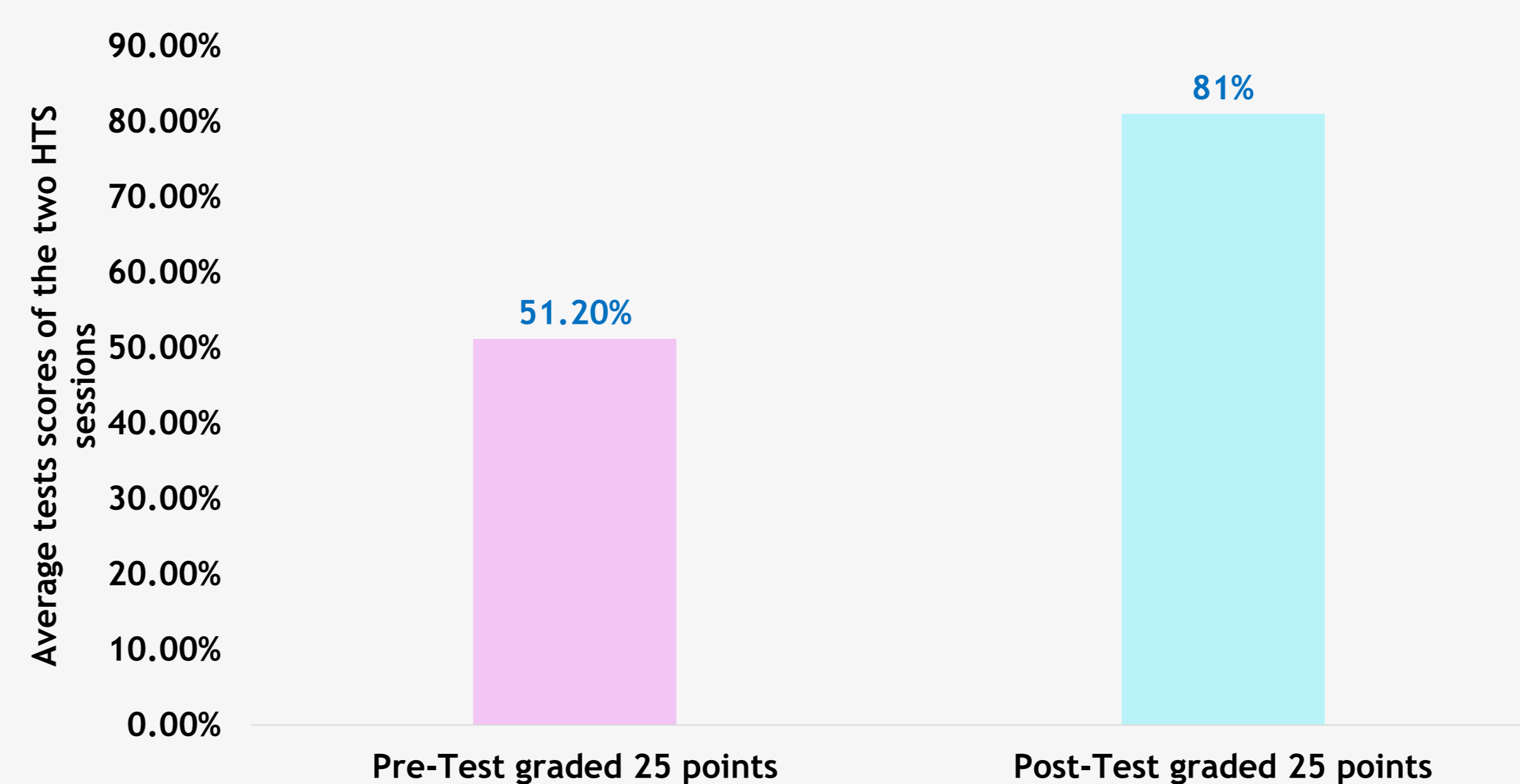


Fig. 3: Improvement of HTS providers' competencies by 30% on average from HTS training sessions Sept-Oct, 2017 (n=54)

## Results (continued)

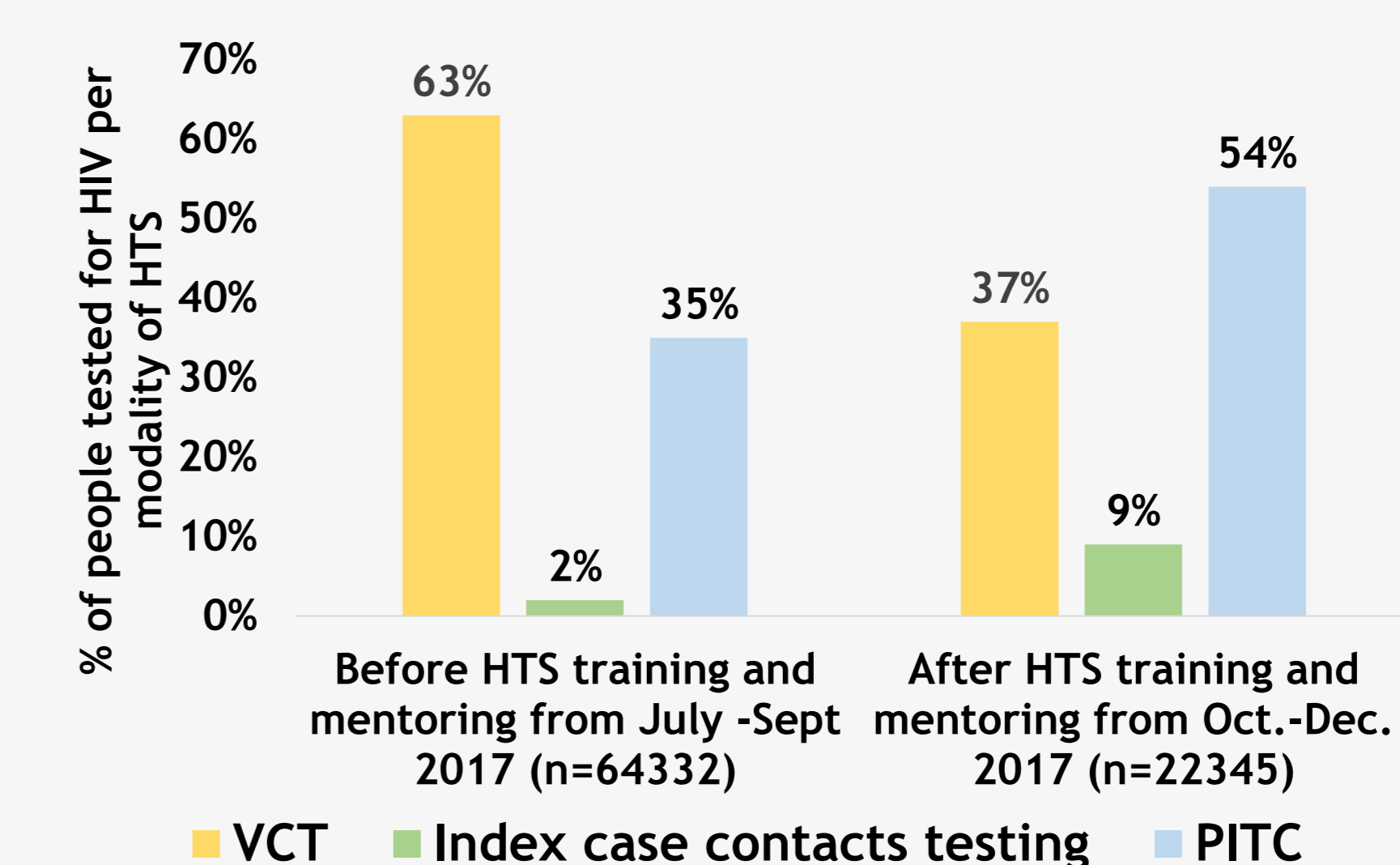


Fig. 4: Improvement of targeted HIV testing per modality of HIV Testing Services (HTS) for all USAID funded health facilities

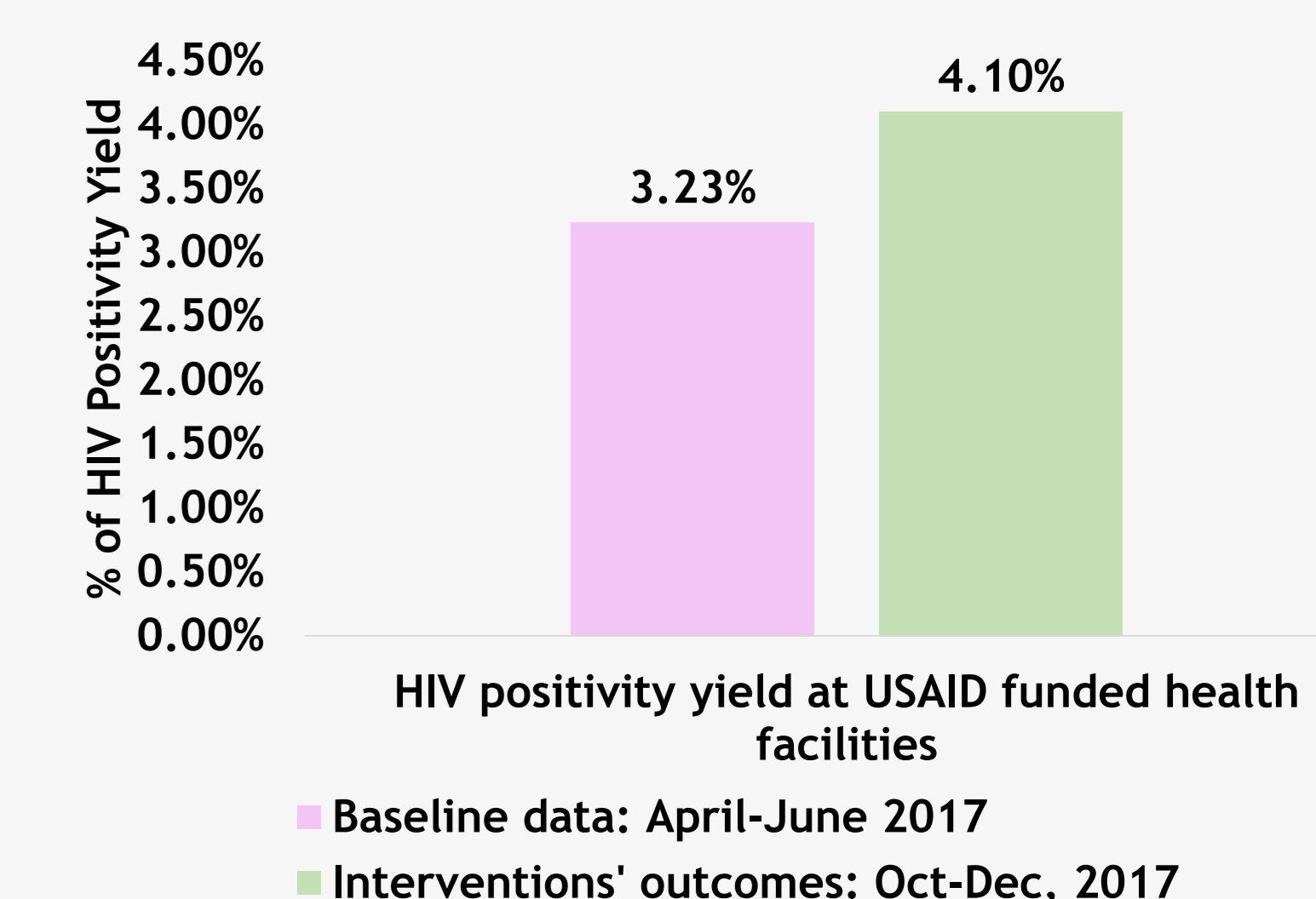


Fig. 5: Improvement in HIV positivity yield reported by USAID funded healthcare facilities on the implementation of targeted HIV Testing Services (HTS)

## Lessons learned

The need assessment helped tailor HTS training package to provider's training needs; The revision of the national HTS algorithm and data collection tools facilitates monitoring and supervision; Training sessions to strengthen providers' competencies reported 30% increase of median score, which represented a milestone, while onsite mentoring is critical for standardized HTS implementation; Revision of HTS registers to integrate testing modalities led to improved data disaggregation

## Conclusion

Tailored trainings and on-site mentoring of providers markedly improved HTS yield. Improving HTS data quality and reporting will help the MOH in HTS strategic and programmatic decisions towards reaching the goal of testing 90% of people living with HIV in Haiti. Team work and committed partnership with the Ministry of Health lead to sustainable results for targeted HTS.

## Acknowledgements

We gratefully acknowledge all patients and providers who participated in this project. We are thankful to the implementing partners [SSQH; Linkages; HTW] for the collaboration. This research was made possible with support from PEPFAR through USAID-Haiti under the terms of Grant No. AID-OAA-A-15-00070 .

### References

<http://www.equiphealth.org/about-us>  
<http://www.unaids.org/en/regionscountries/countries/haiti>

**Disclaimer:** This presentation is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of MatCH and do not necessarily reflect the views of USAID or the United States Government.