

Results from EQUIP

(<http://www.equiphealth.org>)

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Background

Haiti's paediatric HIV treatment coverage was only 49% according to 2016 UNAIDS Report. Provider-initiated HIV testing and counselling (PITC) is necessary to identify HIV-infected children. Clinical skills and competencies are critical for the treatment of these children. Despite the roll-out of revised HIV treatment guidelines, PITC has not been consistently implemented and providers remain reluctant to initiate children on ART.

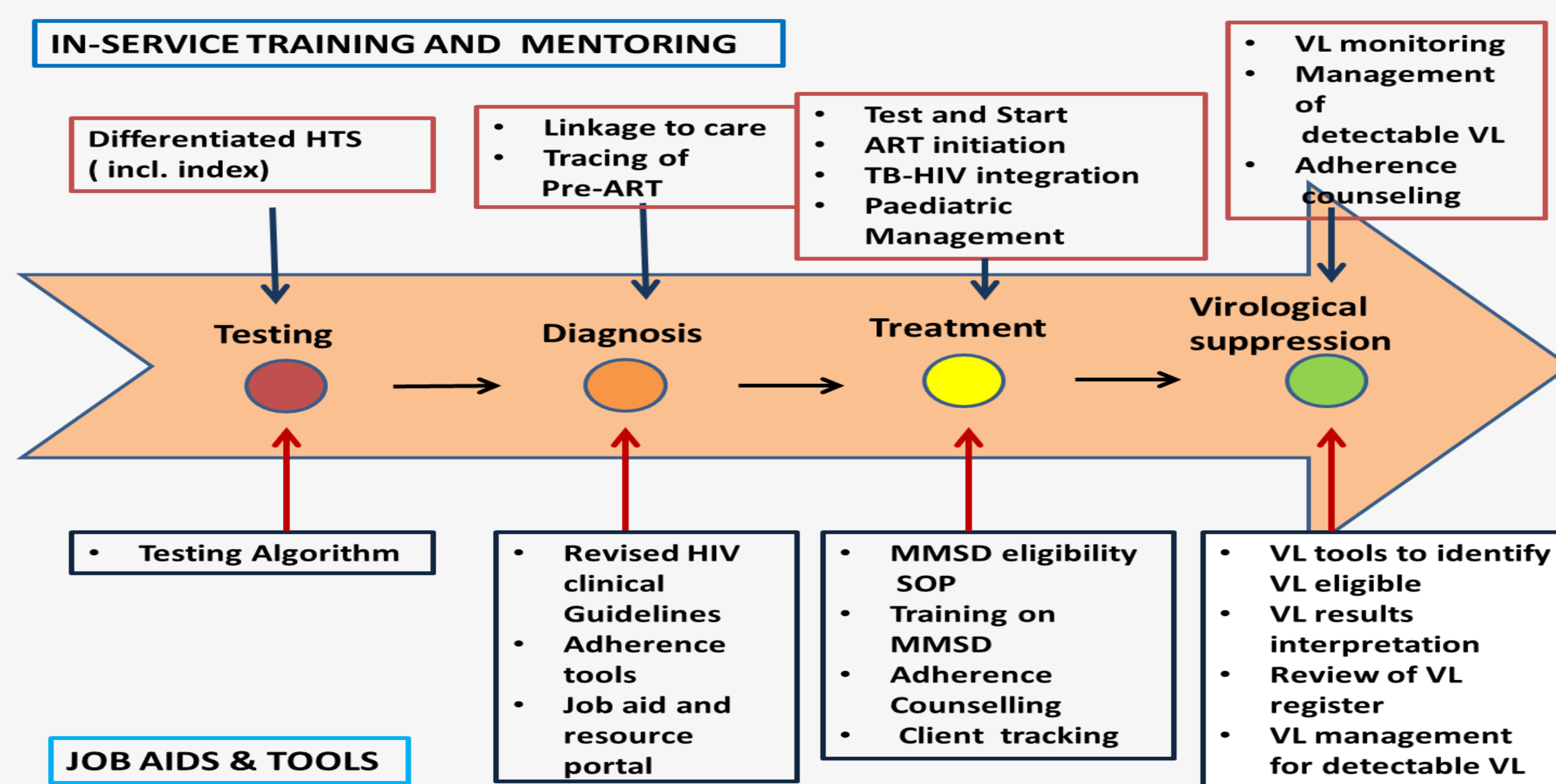
In Haiti, EQUIP collaborates with local USAID funded Implementing Partners (IPs) by providing technical assistance and mentorship to IPs and supported sites to expedite the attainment of UNAIDS 90-90-90 targets.

EQUIP is a consortium led by five Africa-based partners, that assist the Ministry of Health and local IPs to implement innovative and customised solutions in support of Test and Treat policy.

Context

In March 2017, EQUIP-Haiti started to provide direct TA and clinical mentoring to the Services de Santé de Qualité pour Haïti (SSQH) project and its supported sites in different areas (Fig. 1) to improve the quality of paediatric HIV care and treatment services. EQUIP also conducts joint quarterly site mentorship visits with IPs.

Figure 1. Technical Assistance provided to supported facilities across the cascade



Methods

In April 2017, EQUIP-Haiti provided 3 training sessions to 59 healthcare providers from 40 sites on PITC, PCR testing, tracking of mother-infant care, management of HIV-infected children and shared best practices on linkage to treatment.



Supportive mentorship visits were conducted post-training to assist the health care providers with correct ARV dosing and advised on approved drug regimen for HIV-infected children according to the HIV guidelines.

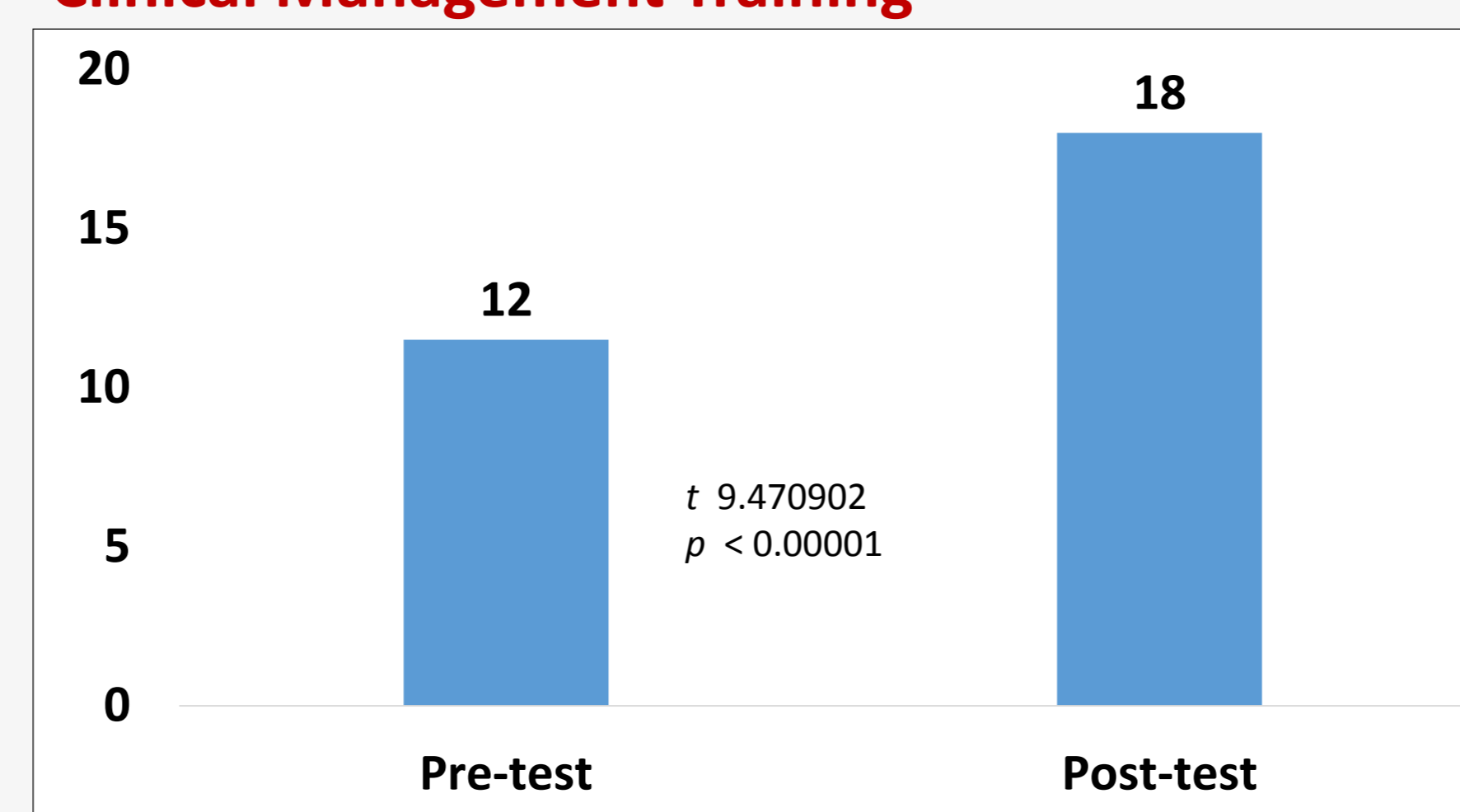
EQUIP supported the facilities by providing job aids, M&E tools and clinical stationery to ensure proper documentation and reporting of data.

A social media forum was established after the trainings to allow real-time and continuous support for clinical paediatric HIV case management.

The outcomes of the Technical Assistance:

The training and mentorship improved skills and confidence of health care providers as shown by an increase in median score of 57% between pre and post-test (Fig.2), facilitated tracking and re-testing of infants and children.

Fig. 2: Pre test and Post test scores for the HIV Paediatric Clinical Management Training



The establishment of a social media forum provided a real-time advisory portal to address provider questions on clinical management of HIV-infected children, drug management and documentation.

A total of 106 health care workers from SSQH are active users on the WhatsApp forum daily, where peer-to-peer Exchanges and learning happens and challenging cases are discussed to improve the quality of paediatric HIV care.



Lessons Learned

The linkage to care rate for children infected with HIV increased from 27%, 59%, 76% and 80% between Q1-Q4, respectively (Fig. 3).

The annual report showed an increased documentation, post FY17_Q2 TA, of final outcomes among HIV exposed infants registered in a birth cohort by fiscal year in SSQH supported sites (Fig. 4)

Fig.3. Improvement in HIV positivity, treatment and linkage to care for children under 10 years old from October 2017 to December 2018

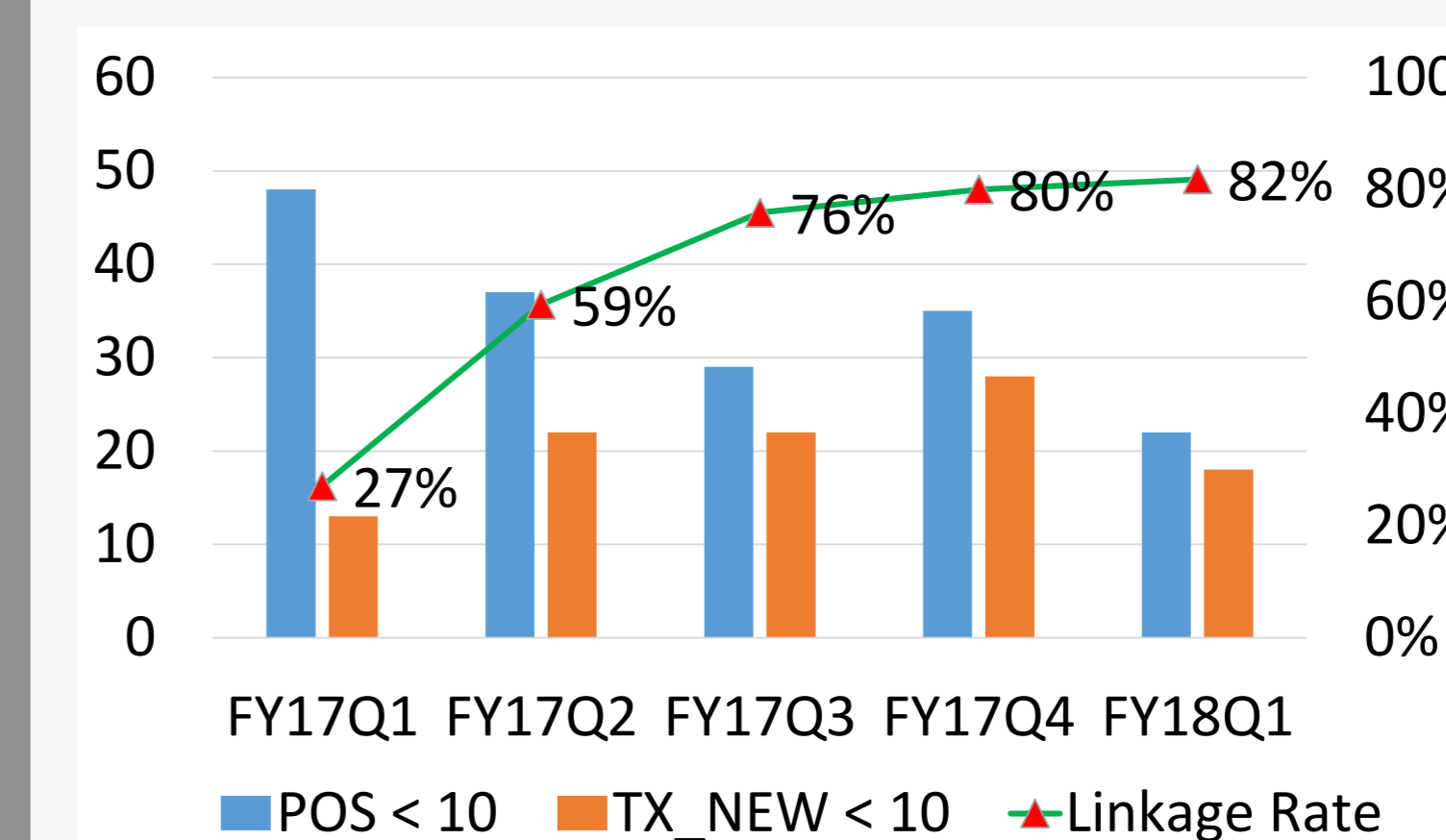
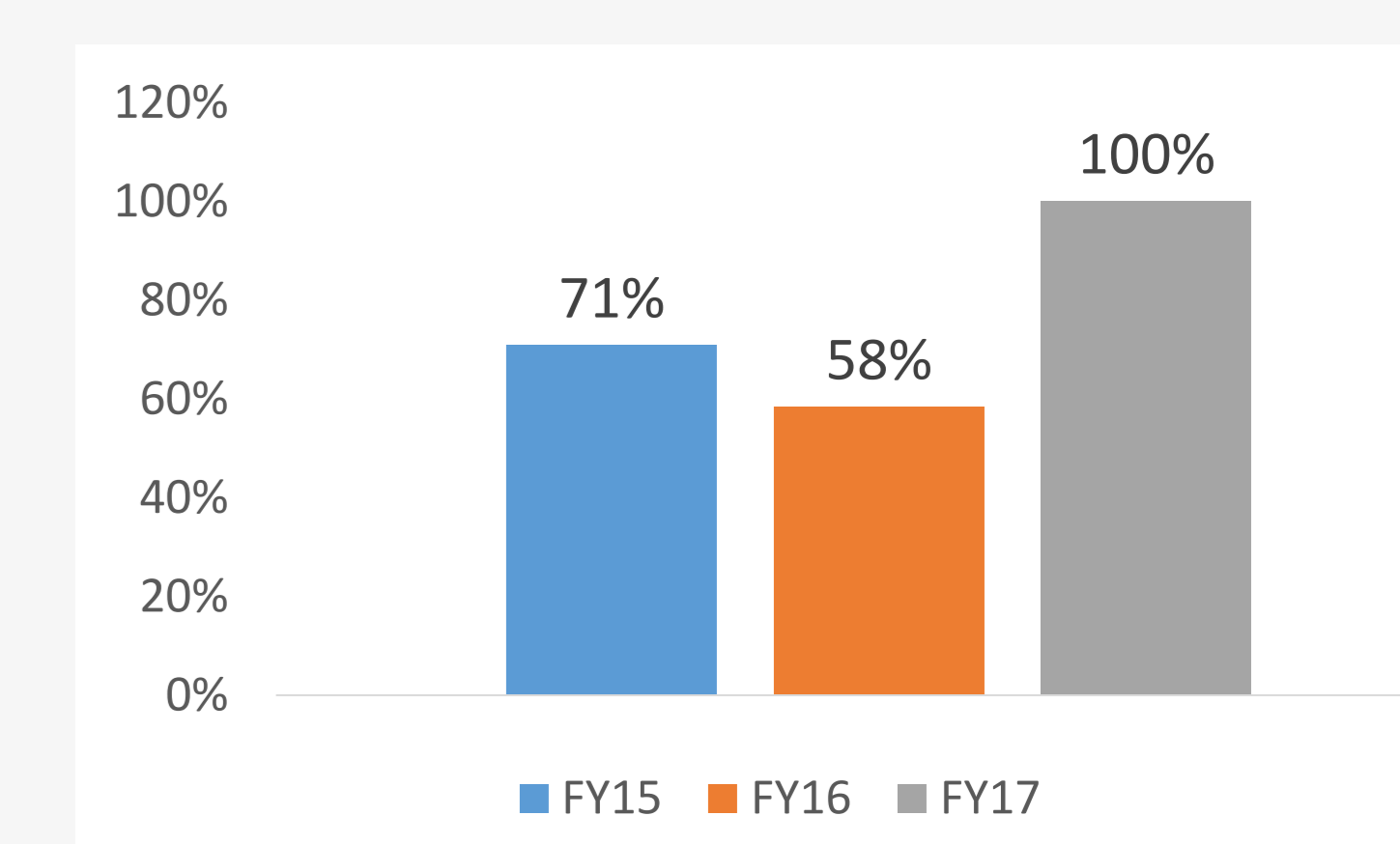


Fig. 4: Percent of sites reporting final HIV status at 18 months of age for HIV Exposed Infants under SSQH per Fiscal Year (2015-2017)



Conclusions

Bridging the knowledge and skills gap is one of the key component for TA success and a catalyst for a sustainable upwards trajectory of paediatric ART initiation. EQUIP's TA approach has potential for scale-up in other facilities in Haiti to strengthen capacity and improve HIV paediatric outcomes.

Acknowledgements

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Photo credit: Vega Management Group.

References

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

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