Wits RHI
Health Systems Strengthening

Introduction of Universal Test and Treat in an under-resourced inner city facility

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Mpefe Ketlhapile
Programme Manager,
Wits RHI

University of the Witwatersrand
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Background

- Wits RHI is implementing a USAID-PEPFAR funded Health Systems Strengthening (HSS) project in Sub-District F inner City of Johannesburg (CoJ), Gauteng, South Africa and Dr. Kenneth Kaunda District, North West.
- HSS support includes Technical Assistance (TA) and Direct Service Delivery (DSD) to improve HIV and TB-related patient outcomes in both districts.
- Support is aimed at achieving 90-90-90 goals by 2020 in both Districts.

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Universal Test & Treat Policy in SA

- On 1st Sept 2016, the Minister of Health announced that South Africa will adopt Universal Test & Treat (UTT) in line with WHO evidence based guidelines to support and reach 90-90-90 targets by 2020.

- Aim of UTT is to increase access and coverage of Antiretroviral Treatment (ART) to all patients testing HIV positive irrespective of CD4 Count.

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Role of HSS:

- To support the successful roll out and implementation of UTT in facilities in both Districts.

- This presentation focuses on the achievements and lessons learnt during the introduction of UTT in an under resourced inner-city Primary Health Care (PHC) clinic in Sub-District F, CoJ.

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PHC Clinic Context

- The targeted PHC clinic:
  - Plagued by staff shortages and high staff turnover.
  - Had only one NiMART-trained Professional Nurse with a Total Remaining on ART (TROA) of 3359.
- Factors complicating UTT introduction at the clinic included:
  - A parallel national strike by Community Health Workers and DoH Counselors, this reduced HIV testing from 679 to 449/month and ART initiations from 77 to 42/month prior to UTT implementation.
- Implementation commenced in Sept ’16, preceded by preparations from August ’16.

Facility Staff Perceptions of UTT

- Prior to implementation, the HSS team conducted a rapid assessment of facility staff perceptions of UTT.
- Findings:
  - Staff were concerned about the increase in patient volumes as a result of UTT.
  - There were concerns of lack of skills and shortage of staff.
  - There were concerns that UTT will compromise on the quality of care due to the increased burden of new cases on Nurses.
  - It was anticipated that long queues will lead to patients defaulting treatment.
  - Some staff members were not agreeable to implementing UTT as policy was not signed at the time of this intervention.

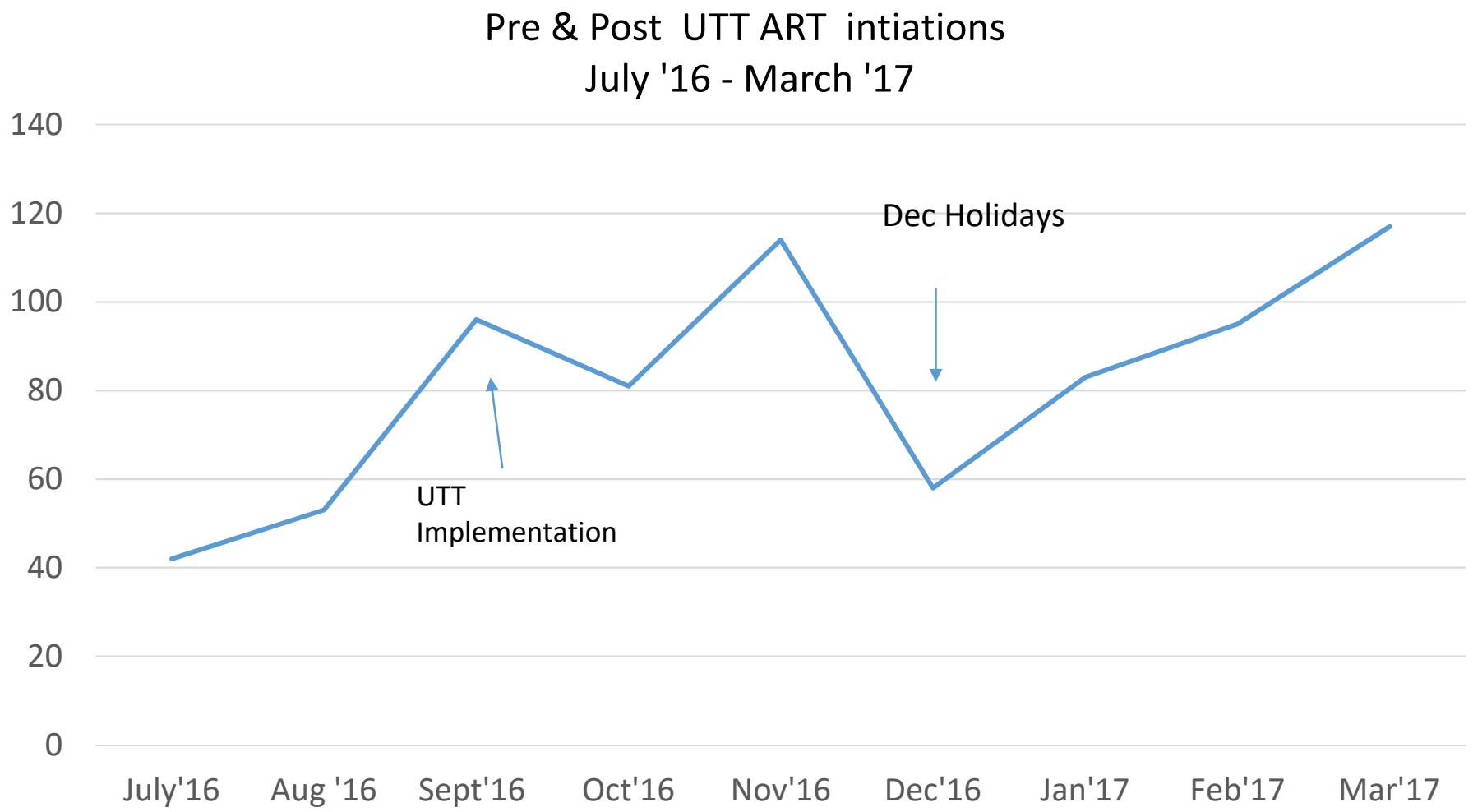
Interventions

- A phased, multi-pronged UTT implementation strategy was implemented.
- RHI appointed Linkage to Care Officers to:
    - Review HCT registers and identify pre-ART patients.
    - Track & trace pre-ART patients previously not eligible for ART or lost to initiation telephonically and via Community teams and book them for initiation.
- Allocated roving DSD Clinical teams to support ART initiations.
- Supported the implementation of fast lane queues to fast track ART initiations as part of a differentiated care model.
- Allocated M&E teams to update clinical records of patients initiated on ART on TIER.net.

Change Management Activities

- The HSS team played a role in changing perceptions of staff to implement UTT by:
  - Providing additional support to supplement capacity.
  - Promoting buy-in of task sharing strategies to reduce the workload (ART initiation, follow up of subsequent visits, pulling of bloods).
  - Supporting the decanting of chronic stable patients to reduce the caseload burden on the facility.
  - Providing staff with a signed copy of the UTT policy.

Results



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Discussion

- There was successful introduction and implementation of UTT in this facility.
- The staff slowly embraced and accepted UTT.
- The number of ART initiations increased from 42 to 117 between July 2016 and March 2017.
- Staff implemented a fast lane queue for at least 20 patients/day for non-complex cases.
- There was an improved identification and accelerated decanting of chronic stable ART patients to Adherence Clubs.

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Lessons Learnt

- Effective UTT implementation is possible in under-resourced facilities & settings.
- UTT can be scalable and adjusted to suit the facility context.
- A change management approach is required so that staff can buy in and try new models of differentiated care.
- Implementation requires dedicated staff and continuous support and monitoring for sustainability.
- A multi-pronged approach is recommended in collaboration with different stakeholders.
- Implementation requires commitment and support from senior management.

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Thank You!

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