From HIV diagnosis to treatment: implementing a referral system to monitor access to ART in Magu DSS

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INDEPTH meeting

Dar-es-Salaam, September 22nd - 26th 2008
Overview

- Background
- Design of the referral system
- Data collection methods
- Findings
- Policy recommendations
How effective is the VCT site as a “gateway” to ART?

OR

What % of diagnosed VCT clients register at ART sites?
Access to ART

- HIV negative
- HIV positive – no ART need
- HIV positive - needs ART

Kisesa community

Attend VCT
Access to ART

- HIV negative
- HIV positive – no ART need
- HIV positive - needs ART

Kisesa community

Attend VCT

Referred ART
Access to ART

Kisesa community

Attend VCT

Attend ART

Referred ART

eligible ART

start ART

HIV negative

HIV positive – no ART need

HIV positive - needs ART

ATTEND ART CLINIC

INITIATE ART

ELIGIBLE FOR ART
Referral system objectives

- To inform diagnosed, HIV-positive persons about services at the nearest ART clinics
- To document referral rates following VCT
- To document referral uptake at ART clinics
- To link referral data to ART clinic data and to community-based data from the DSS
- To monitor treatment initiation and continuation rates
Methods: surveys

- Every 3 years, HIV serological and sexual behaviour surveys are conducted in Kisesa ward in temporary village-based clinics.

- VCT services were available on-site in the 2004 and 2007 surveys.

- VCT attendance data can be linked to demographic and serosurvey data - including separate HIV testing conducted for research purposes, without disclosure of results.
Methods: Health Centre

- Initiated continuous VCT services at Kisesa Health Centre from start of 2005, following MoH protocol, plus referral monitoring
- Associated post-test club and home-based care provided by local NGO
- VCT service is open to casual users from outside the DSS area
- DSS linkage with VCT attendance at health centre is less complete than sero-survey VCT attendance
Methods: HIV referral

Since Jan 2005: Free ART available from Bugando Medical Centre (BMC) in Mwanza city

Referrals to BMC for all HIV+ from Kisesa HC

Community campaign to get HIV+ with sero-survey VCT to attend health centre for referral

Referral service includes:

- Uniquely identified, two-part referral forms
- Transport allowance &/or escort from HBC group
- Special nurses to greet Kisesa referrals at BMC
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DEMOGRAPHIC DATASET

SURVEY / DSS IDENTIFIERS

VCT DATASET

REFERRAL / VCT NUMBERS

REFERRAL FORMS

CTC PATIENT IDENTIFIER

CTC PATIENT RECORDS
Delays between referral & ART registration

Sero survey
- n=165
- 0%: 0 days
- 40%: 1-7 days
- 60%: 8-31 days
- 20%: 1-9 mths
- 0%: No registration

Health centre
- n=341
- 100%: 0%: 0 days
- 60%: 1-7 days
- 40%: 8-31 days
- 20%: 1-9 mths
- 0%: No registration

men
- n=214
- 100%: 0%: 0 days
- 40%: 1-7 days
- 60%: 8-31 days
- 0%: 1-9 mths
- 0%: No registration

women
- n=363
- 100%: 0%: 0 days
- 60%: 1-7 days
- 40%: 8-31 days
- 0%: 1-9 mths
- 0%: No registration
Delays between referral & ART registration

- **n=33**
- **n=26**
- **n=53**
- **n=35**
- **n=40**
- **n=54**

- Mar05-Aug05
- Sep05-Feb06
- Mar06-Aug06
- Sep06-Feb07
- Mar07-Aug07
- Sep07-Feb08

- 0 days
- 1-7 days
- 8-31 days
- 1-9 mths
- No registration
Treatment pyramid Jan 05-Dec 07

CTC Utilization

- Female Ever Enrolled
- Female Currently Enrolled
- Female Ever On ART
- Female Currently On ART
- Male Ever Enrolled
- Male Currently Enrolled
- Male Ever On ART
- Male Currently On ART

Population

Month Range:
- 01/01/2005 to 01/03/2005
- 01/05/2005 to 01/07/2005
- 01/09/2005 to 01/11/2005
- 01/01/2006 to 01/03/2006
- 01/05/2006 to 01/07/2006
- 01/09/2006 to 01/11/2006
- 01/01/2007 to 01/03/2007
- 01/05/2007 to 01/07/2007
- 01/09/2007 to 01/11/2007

Population Range:
- Male Ever:
  - 200
  - 150
  - 100
  - 50
  - 0
  - 50
  - 100
  - 150
  - 200

- Female Ever:
  - 200
  - 150
  - 100
  - 50
  - 0
  - 50
  - 100
  - 150
  - 200
CD4 change after ART initiation

\[ y = 0.33x + 37.26 \]
Results: ART access

- 17% (135/810) of HIV-infected persons had completed VCT
- 7% (56/810) had been referred to the ART clinic
- 6% (48/810) had registered for ART clinic services within 3 months of their referral.
- Among those who registered at the ART clinic, 60% (29/48) had initiated ART by March 2007.
Results: unmet need

% of HIV+ sero participants

SEX

RESIDENCE

AGE

Male Female Remote Roadside <30 30+

n=342 n=468 n=379 n=430 n=347 n=462

Registered at CTC

Referred not registered

VCT, no referral

No VCT
Conclusions

Referral system functions:

- Facilitate access to ART for HIV infected
- Assess effectiveness of VCT as entry to ART
- Describe gender patterns in referral rates and uptake
- Monitor delays in referral uptake in relation to availability of “support” services
- Trace no-shows at the ART clinic
Policy recommendations

Implement referral systems in sites where rates of referral uptake may be low:

- PMTCT
- PITC

Ensure that potential barriers to referral uptake are addressed:

- Transportation
- Escort
- HBC
Next steps

- Continue to monitor access to ART
- Describe trends in gender, residence and age patterns throughout the process of ART access.
- Compare referral uptake rates from VCT services at sero-survey and health centre
- Compare referral uptake at BMC and at the new ART clinic in Kisesa (opening this week !!!)
- Monitor referrals to VCT by HBC workers and referrals for HBC service by VCT staff