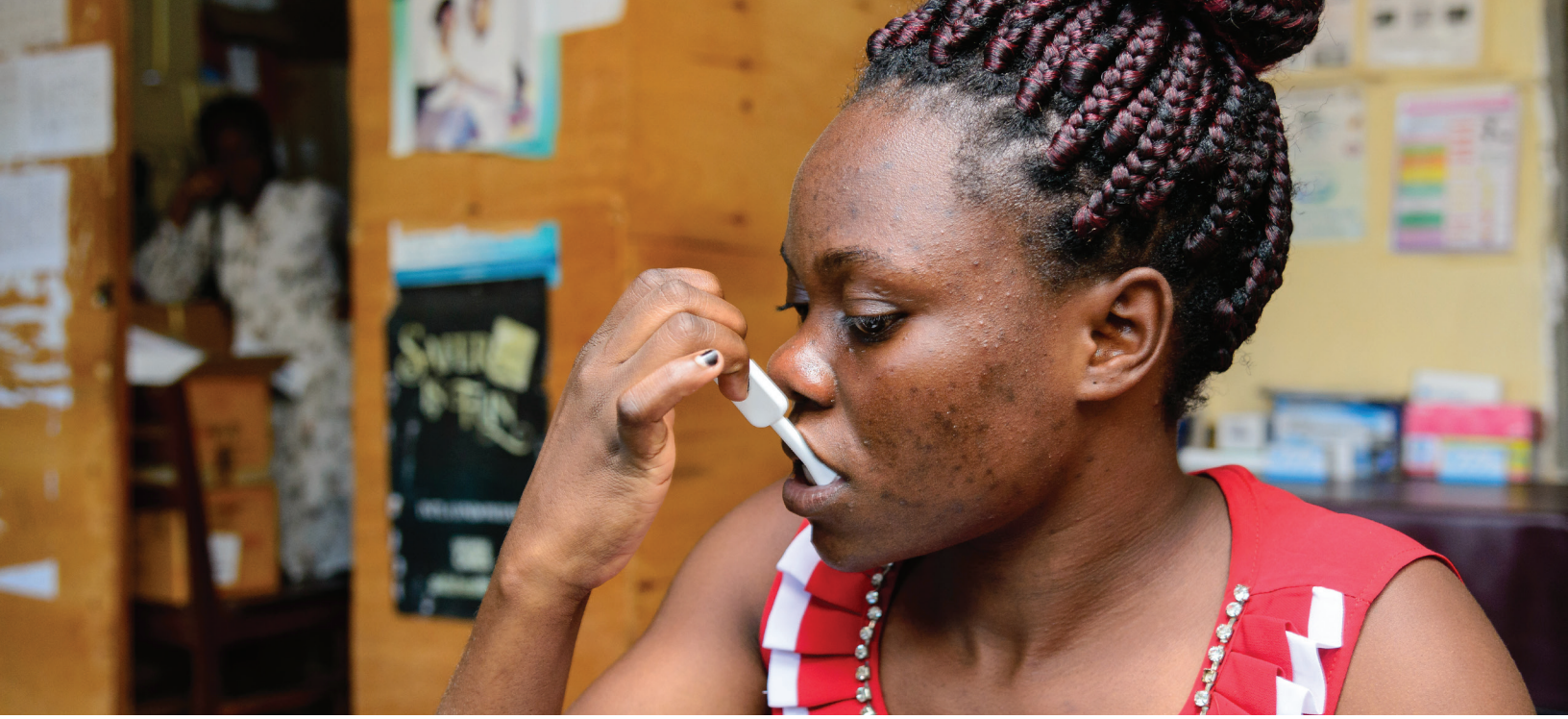
URC at AIDS 2024
22 – 26 July

case study

INTEGRATION AND HIV: CLIENT-CENTERED CARE IN UGANDA AND ESWATINI

URC shares learnings for HIV/AIDS prevention, testing, and treatment through integrated health services



A client in Uganda self-tests for HIV.

Africa's population is expected to reach 2.5 billion people by 2050. 25.6 million people are living with HIV in Africa; as of the end of 2022, 20.8 million were on antiretroviral therapy (ART).

With the combination of population growth with the continued spread of HIV, the African region faces critical challenges in developing and sustaining long-term integrated health practices.

URC supports and engages with governments, militaries, and health workers to provide quality comprehensive primary health care services. This includes prevention, detection, and treatment of HIV, TB, and malaria; family planning and reproductive health services; maternal, neonatal, and child health services; nutrition services, and more.

URC is currently implementing HIV projects in Eswatini and Uganda and integration of services is a core component of our work. Here, we are taking a client-centered approach, and that is best achieved when services are integrated.

CLIENT-CENTERED INTEGRATION

There is a traditional, siloed model of HIV care that persists in much of the world.

URC chooses to pursue a holistic approach, where nothing is treated in isolation.

At URC, we are rethinking the delivery of integrated HIV services. Our goals include:

- Client-centered health services integration
- Transitioning from stand-alone and vertical HIV programming to integration with primary care
- Health workforce reform and community-based services
- Ensuring the continuum of quality services from health facilities to communities in a coordinated fashion, from preventive care to treatment and patient concerns

URC projects offer HIV testing at all points of entry to health care, including outpatient departments, antenatal care clinics, tuberculosis (TB) services, and family planning (FP) services.

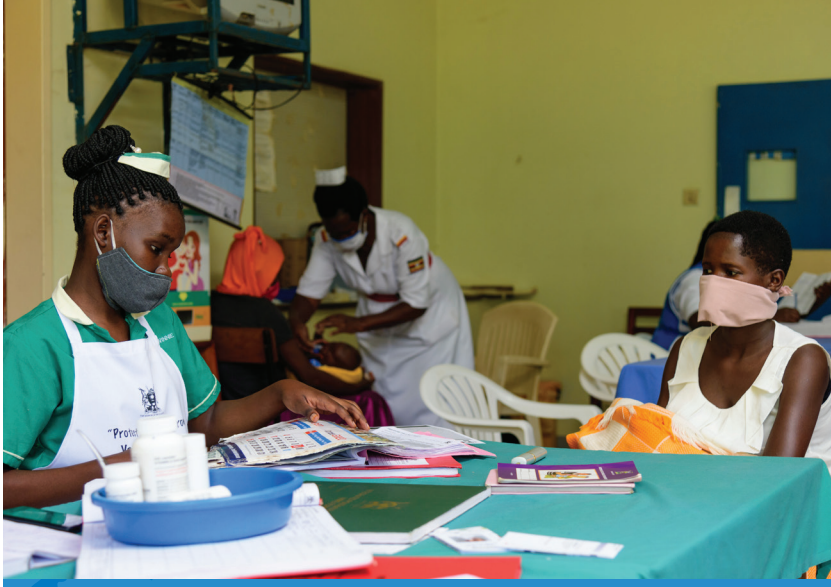
LEVERAGING INTEGRATION

Every attempt to seek healthcare, every resource and every point of contact can be leveraged to offer more information, more healthcare services and create sustainable, systems-level change.

INTEGRATION TYPE 1: CERVICAL CANCER AND HIV

Women living with HIV are six times more likely to develop precancerous lesions that advance to cervical cancer than women without HIV. In Uganda, cervical cancer is the leading cause of cancer-related deaths among women. Eswatini has the highest HIV prevalence rate in the world and cervical cancer is the most common cancer among women aged 15 to 44 years old.

It is vital to integrate HIV and cervical cancer screening programs at implementation levels.



SCREENING IN UGANDA

In Uganda, cervical cancer screening is integrated into HIV services, particularly within prevention of mother to child transmission of HIV (PMTCT) services. Integration of services has allowed a greater number of women to access cervical cancer screening and treatment.

DEVELOPING PROCESS IN ESWATINI

URC worked with the Umbutfo Eswatini Defence Force (UEDF) to offer cervical cancer screening in ART, outpatient departments (OPD), FP, and sexually transmitted infection (STI) services. A series of milestone interventions was implemented to ensure the scale-up of cervical cancer screening in all ART services. Interventions included:

- Staff sensitization and training
- Provision of adequate cervical cancer screening tools
- Continuous technical support and mentoring
- Client sensitization on cervical cancer
- Patient scheduling and coding
- Data capture
- Precancerous lesion treatment and linkage to services collaboration

By creating and sharing policies, process and guidelines, integration of HIV services accelerated. Year-on-year results showed that cervical cancer screening has proven acceptable to HIV-positive women.

2020
Cervical cancer screening was added to the ART program

2021
URC supported the UEDF to scale up HIV treatment and optimize clinical systems for HIV retention in care and management of opportunistic infections

2021
By April, 354 women on ART were screened (exceeding the quarterly target of 183)

2022
1,451 women have been screened since inception of the integration of services

INTEGRATION TYPE 2: TREATING NCDs AND HIV TOGETHER

Noncommunicable diseases (NCD) are the world's leading cause of death and represent an emerging global health threat.

Within Eswatini and Uganda, URC conducted mentorship on integration of NCDs into HIV care, with a focus on screening and management of diabetes, hypertension and mental illness among people living with HIV.

In Eswatini:

- URC participates in working groups that included HIV care and treatment, HIV testing services (HTS), linkages, preexposure prophylaxis (PrEP), NCDs, youth and adolescent peer supporters, faith- and community-based initiatives, and differentiated service delivery. National guidance and policies cascade down to other health services projects.
- URC has integrated mental health screening into Eswatini's military HIV program.

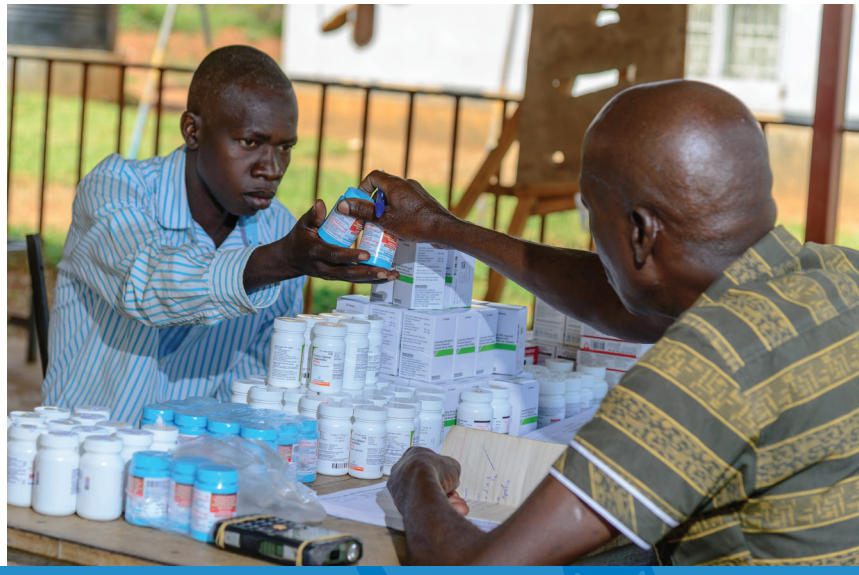
In Uganda:

- Health facilities were provided with standard operating procedures.
- Health workers were guided to integrate requisition for items for management of NCDs into the existing pipelines.

People living with HIV can suffer from a variety of conditions. Co-locating services and pharmacy processes fosters client-centered care, allowing for tests and prescriptions to be administered in one place.

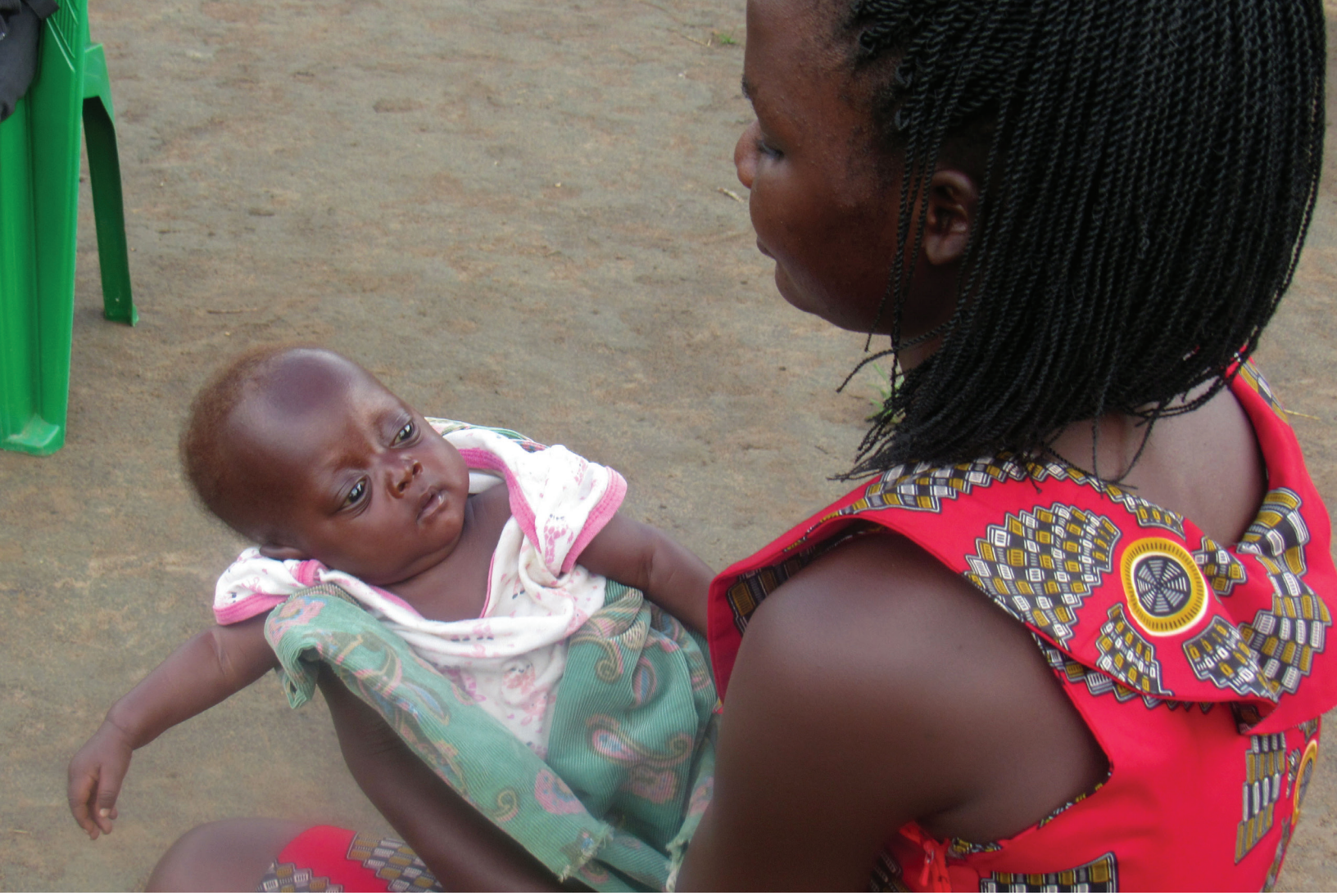
URC supports scaling up integration of NCD management to more health facilities, revising data management tools, and continuing to strengthen capacity of the existing sites trained on management of NCDs among people living with HIV. URC recommends maximizing NCD entry points to offer additional service offerings like HTS and HIV care and treatment.

A medical staff member in Uganda provides a drug refill to an HIV client.



"It's a comprehensive approach that is important, not just one thing. We address all issues – provider-related, client-related, and health system-related. We emphasize community outreach because client perceptions are critically important."

Douglas Otoo, Family Planning Advisor, RHITES-N, Acholi



A woman receiving services from a URC project in Uganda looks at her healthy baby.

INTEGRATION TYPE 3: FAMILY PLANNING AND HIV TESTING

In Uganda and Eswatini, family planning is a health care entry point through which URC projects offer HIV testing. By integrating HIV testing services with reproductive health and family planning, we offer holistic care, and the primary client receiving care can share information with their circle of influence — friends, family, and community.

In Uganda, URC implemented the USAID Regional Health Integration to Enhance Services - North, Acholi (RHITES-N, Acholi) Activity. The Activity supported 40 district FP coaches in 120 high-volume health facilities on immediate postpartum FP; the integration of FP in HIV care, immunization clinics, and outreach; and more.

The results:

- The total FP users increased by 188,092 (46.4%) in five years, from 405,014 in 2018 to 593,106 in 2022.
- The number of HIV-positive clients taking up FP methods for the first time has progressively increased, from 5,149 in September 2020 to 6,746 in September 2022.

The Uganda Health Activity, implemented by URC, continues to prioritize strategic integration of FP and HTS, especially at higher-level health care facilities, continuing mentorships and addressing human resources challenges.

INTEGRATION TYPE 4: HIGH-VOLUME SERVICES

By programmatically and opportunistically integrating HIV testing services and care with health services that clients are already seeking, resources and results are maximized.

In Eswatini and Uganda, primary health care is a service used by the majority of the population, as access allows, and services are often rendered in outpatient departments. Other high-volume services such as ANC and children's clinics also provide multiple entry points for integration.

Over the life of the Activity, USAID RHITES, East Central (RHITES-EC) tested 3,563,667 individuals largely through the integration of HIV testing into high-volume units of health facilities. HTS was decentralized to key departments, such as OPDs, inpatient departments, ANC units, maternity and labor units, TB clinics, and children's clinics. Through integration of HTS, 77,443 people were diagnosed as HIV positive and 94% linked to care and treatment.

A MODEL FOR HIV INTEGRATION

URC understands how a strong health system meets the needs of the population.

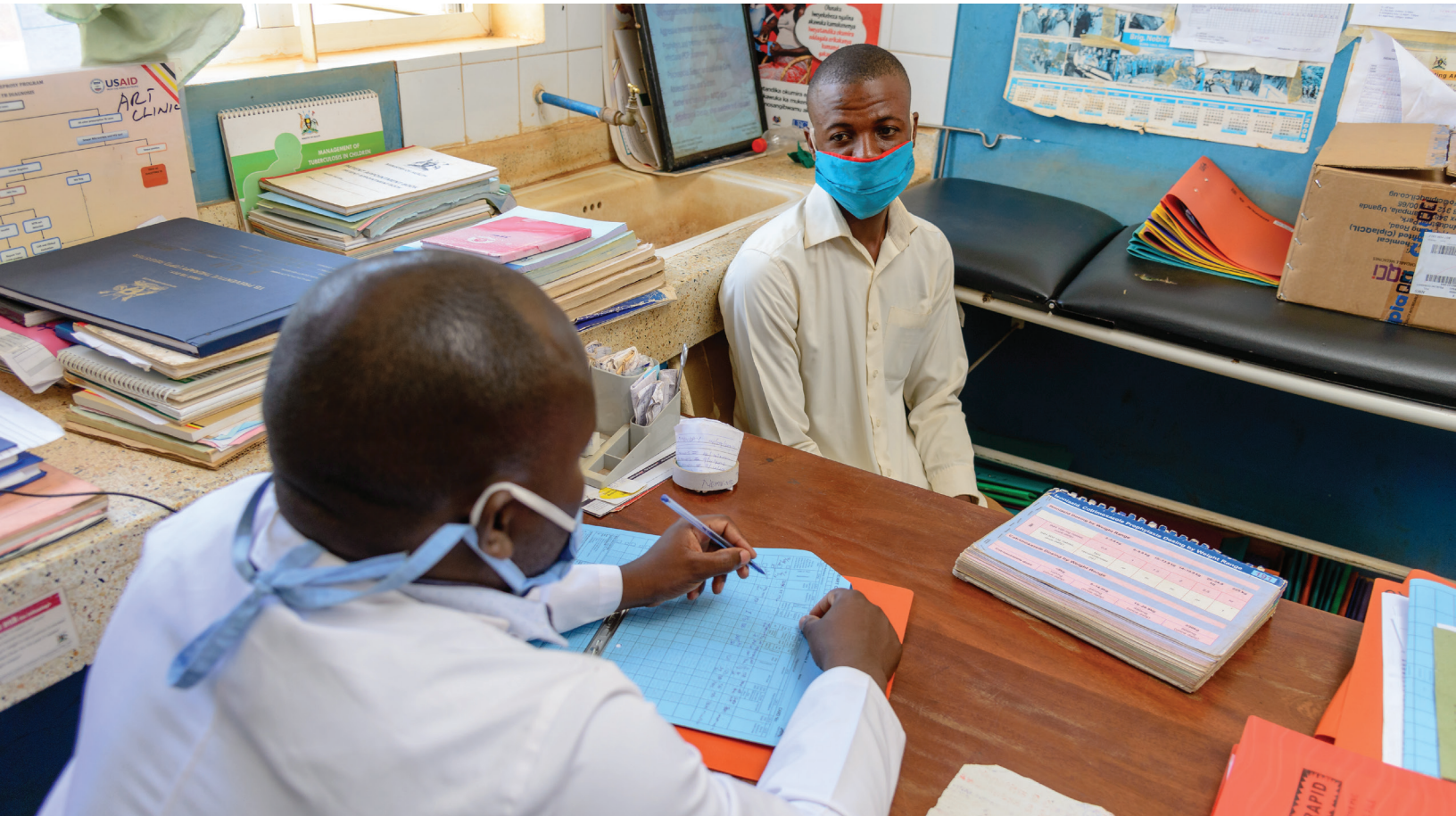
The gains of vertical programs, such as HIV, TB, and malaria programs, must be maintained while they are integrated through the structure of public health care.

Strengthening capacity to carefully integrate HIV and other vertical programs into primary health care results in:

- Increased availability and accessibility of health services
- Improved quality of health services
- Increased availability of resources for public health
- Improved organization and management of service delivery
- Increased adoption of healthy behaviors by communities in focus areas and target population groups

URC's integration work in Uganda and Eswatini intentionally coincided with national drives to scale up proven high-impact HIV interventions. Together, we worked to improve collaboration between the public and private sectors to ensure accessible, affordable, and sustainable care for all.

A client in Uganda receives counseling and testing for HIV.



INTEGRATING HTS

A 45-year-old male felt unwell, so he visited Iganga General Hospital, in East Central Uganda. As he waited to see the clinician for a thorough check-up, a counselor, mentored by URC in HIV risk screening, asked if she could assess his eligibility for an HIV test. The client consented. He received the test and it indicated that he was HIV-positive.

In addition to receiving treatment for the fever that brought him to hospital, the client received a test and post-test HIV counseling. He was encouraged to immediately start on HIV antiretroviral treatment and did so right away.

WORKING WITH URC

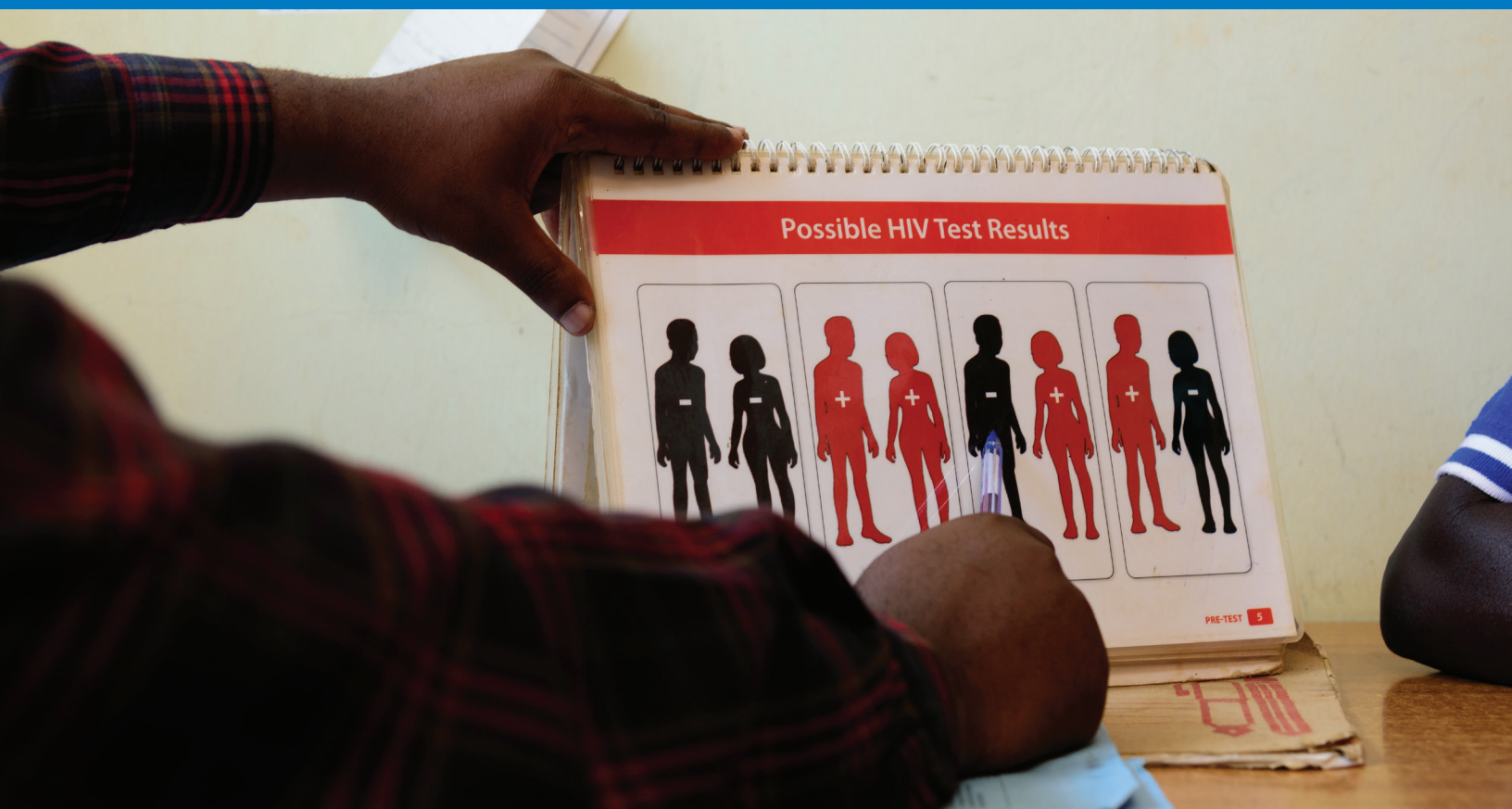
URC has supported more than 30 countries in Africa, Asia, Eastern Europe, and Latin and North America create better health outcomes for underserved and vulnerable populations. By implementing our programs with local health care providers, community leaders, patient advocates, and government officials, we identify ways to integrate expanded quality health care services into existing systems and infrastructure, then develop and scale up best practices to achieve sustainable improvements.

We have a large footprint and can use it to ensure quality integration of HIV services into public health care. URC's HIV work aims to:

- Improve the quality, availability, and consistency of HIV testing and treatment
- Prevent HIV transmission, including reducing the stigma for getting tested and seeking treatment
- Conduct research that helps us to carry out the most effective programs possible
- Develop systems to integrate HIV into PHC while maintaining the integrity of the HIV program.

If you share our approach and values, let's talk about scaling up HIV health services.

info@urc-chs.com



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On the cover: A nurse provides family planning counseling to a woman in Uganda.