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**HEALTH CARE
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PROJECT**

THE FRAMEWORK FOR ENGAGEMENT INTO HIV CARE A TOOL FOR STRENGTHENING THE HEALTH SYSTEM'S RESPONSE TO THE HIV/AIDS EPIDEMIC IN ST. PETERSBURG, RUSSIA

ISSUES

The increasing prevalence of HIV/AIDS in Russia poses major challenges to the health care system's ability to reach most at-risk populations (MARPs) and respond to the multiple medical needs of HIV-infected people. Failure to access HIV/AIDS services and poor retention in care result in poor clinical outcomes.

Since 2004, we have worked with partners in St. Petersburg to design and implement a decentralized, district-based HIV care delivery system that addresses these challenges. Key issues faced in St. Petersburg when this work began:

- Less than half of all HIV-detected individuals were in care
- HIV services were delivered almost exclusively at the City AIDS Center and Infectious Disease Hospital, with very limited interaction with polyclinics about patients and their needs for follow-up
- Coverage of HIV patients with TB testing was very low and testing was only provided at the AIDS Center
- The widespread availability of ART in 2006 overwhelmed the AIDS Center's ability to provide adequate HIV care

DESCRIPTION OF INTERVENTIONS

Through a quality improvement collaborative, teams of providers from the City AIDS Center, district polyclinics, TB facilities, and PLWH organizations came together to analyze and improve the HIV/AIDS care system.

The analysis included collection of baseline data and description of patient flow through the care process. Key changes were introduced initially in a pilot district, and in 2008 began to be scaled up in all 18 districts of the city:

- A common database on HIV patients was established between the AIDS Center and polyclinics
- Patient referral mechanisms were established between polyclinics, AIDS Center, and TB dispensaries
- An algorithm for enrolling HIV patients in medical follow-up at the polyclinic level was operationalized
- Systematic X-ray screening of HIV patients for TB was initiated at polyclinics
- Based on the results of the pilot activities, in October 2007 the City Health Care Committee issued Decision N529-r to require heads of polyclinics to employ infectious disease doctors and nurses to provide medical follow-up for HIV patients, including those on ART
- In April 2009, the City Health Committee issued Decision N201-r which requires heads of polyclinics to organize and implement TB testing through X-ray, tuberculin skin test, and microscopy
- A group of infectious diseases specialists together with key experts in St. Petersburg have initiated development of methodological recommendations on medical follow-up of HIV patients at polyclinics.

One product of this effort was the "Framework for Engagement into HIV Care." This tool addresses enrollment and retention in the HIV/AIDS care system by defining a continuum of engagement of HIV-infected people into the system. By tracking target populations along this continuum to quantify gaps in service uptake and patient retention, the interventions needed to close these gaps become clear. The framework is the basis on which many improvement interventions were designed and implemented. Examples include:

- Improved accessibility to substance abuse treatment for intravenous drug users
- Development of a state social service system for HIV patients, algorithms for polyclinic follow-up of HIV patients
- Institutionalized training of providers on HIV counseling and testing.

Enrollment and retention of HIV patients at polyclinics have greatly increased as a result of these interventions.

KEY RECOMMENDATIONS

A better understanding of HIV care system gaps at various levels and stages will facilitate development of a more effective response to HIV/AIDS epidemic. The Framework for Engagement into HIV Care developed in St. Petersburg can serve this purpose and can be applied for resource allocation, intervention and workforce planning, and strategy development.

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For more information on the USAID Health Care Improvement Project, please visit <http://www.hciproject.org>.

THE FRAMEWORK FOR ENGAGEMENT INTO HIV CARE, ST. PETERSBURG

	Not in Care		In Care				
			Sporadic Users	Involved	Engaged	Fully Engaged	
Definition	Most at Risk Populations (MARPs): injecting drug users, commercial sex workers, men having sex with men, street children, and their partners	MARPs detected as HIV positive	Came for the first medical exam (or registered for care)	Came for at least one follow-up visit	Came for a second follow-up visit	Enrolled on ART	
Services Needed	HIV counseling and testing	Basic care and support		Basic care and support, determination of ART readiness		ART, follow-up care and support	
Target Population	175,987	44,500 (estimated number of HIV positive MARPs)	30,000	20,363	14,417	3,714 (estimated by AIDS Center)	
Current Coverage	72,570 (individuals counseled and tested for HIV every year)	30,000	20,363	17,658 (47% are tested for TB)	2,233	3,241	
Gap	60% or 103,400	32% or 14,500	32% or 9,637	13% or 2,705	85% or 12,184	13% or 473	
Interventions introduced by the project to close the gap	Outreach; comprehensive package of HIV prevention; expanded HIV counseling of drug addicts; more VCT provided by general care providers	Rapid tests; recording of clients who have not received HIV tests results; better post-test counseling		More active implementation of patient follow up at polyclinics; collection of blood samples at polyclinics for CD4 test; implementation of IPT at AIDS Center and polyclinics	Mandatory reporting to health authorities on the number of patients who have made two follow-up visits during the year	Expansion of ART delivery at the district level	
		More effective cooperation between general care providers, substance abuse treatment services, and NGOs for referrals to counseling and testing	Systematic information exchange between districts and AIDS Center; expansion of HIV patient registration to polyclinics and substance abuse treatment facilities				
			Computerized clinical patient management; access to and quality of substance abuse treatment & rehabilitation for HIV patients				
Social support services (client case management) delivered at the district level by state and non-state social service providers							