Points Clés de la 21ème Conférence Internationale sur le SIDA 2016 – Nouveaux Horizons en Rapport avec la Réunion ARC

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DISCLAIMER

- Je n’ai pas pu être présent à la 21ème conférence internationale sur le Sida
- Résumés présentés proviennent des mises à jour quotidiennes sur le site et à travers les emails de la conférence
- Points de vue présentés sont des rapporteurs des différentes sessions et ne sauraient nécessairement refléter mon point de vue ni celui de mon organisation. J’ai tenu à les rapporteurs pour chaque présentation utilisée
- Présentations ne sont pas encore disponibles sur le site de la conférence donc je ne pourrais pas les partager, soutenir ou illustrer les argumentations/discussions et conclusions faites par les rapporteurs par des diapositives
- Pas eu de sessions sur le RHS et le renforcement des capacités des prestataires

Thèmes

- PTME
- Progrès vers les cibles: 90-90-90
- Gestion de la Qualité/ Amélioration de la Qualité (GQ/AQ)
- Modèles d'Offre de Soins

PTME

Filling the Gaps in PMTCT/ B+ Programmes (1/2)

- Author: Felicita Hikuam; Date: July 20, 2016; Session: WEPDE01

- Summary: The session explored approaches to addressing challenges in PMTCT/ Option B+ programmes through promotion of adherence and retention of mothers and infants in PMTCT and ART programmes through e.g. use of cell phone technology and employing innovative means to increase viral load testing in hard to reach settings

- Highlights:
  - Viralogical suppression is key for the prevention of vertical transmission and keeping mothers alive

  - Virologic testing rates and adherence must be increased significantly by, amongst others, increasing access of rural populations to virological testing and using innovations such as mobile phone technology, to enable women to interact with the health system to ensure patient satisfaction

  - Limiting loss to follow-up can be achieved through identifying and supporting mothers at risk of defaulting, providing counselling and tracking those who miss antenatal appointments. Self reported antenatal adherence could also be useful in low-resource settings to target interventions at women at risk of defaulting

Filling the Gaps in PMTCT/ B+ Programmes (2/2)

- Critical assessment:
  - It is concerning that research found that health providers and women generally considered the main benefit of Option B+ as being to protect the unborn baby and not so much for the health benefits for the mothers. This may play a role in the reluctance of many mothers to initiate lifelong ART as well as limited adherence to ART programmes.
  - This reluctance to initiate ART and a push for healthcare workers to meet Option B+ programme targets may contribute to reports of coercion of some mothers to initiate ART and participate in Option B+ programmes. "Some pregnant women responded by covertly refusing to adhere to ART, while others avoided antenatal clinics completely."
  - ART initiation following an HIV diagnosis should be accompanied by greater efforts to ensure preparedness for life-long ART.
  - These findings may also be relevant to guiding the implementation of universal test and treat policies

Healthy Mothers, Healthy Babies: The Path to eMTCT (1/2)

- Author: Felicita Hikuam; Date: July 19, 2016; Session: TUAE01

- Summary: A session on the impact of exposure to various interventions (including a peer mentor mother model, a systems engineering intervention, infant defaulter tracing, community and civil society involvement as well as policy change) on the elimination of vertical transmission of HIV from mother to child

- Highlights:
  - Peer to peer support results in improved PMTCT and other health outcomes
  - Follow-up activities to trace mothers and infants lost to follow-up also result in increased retention
  - Systems engineering, through analysis and improvement of service delivery systems along the PMTCT cascade, can optimize PMTCT coverage
  - Infant defaulter tracing of HIV-exposed infants improves retention, HIV diagnosis and ART initiation for these infants
  - A multipronged approach including leadership; coverage; integration; a decentralized M& E system and community involvement can contribute to significant progress towards PMTCT targets
  - The first 6 months postpartum are crucial for follow up to reduce vertical transmission

Healthy Mothers, Healthy Babies: The Path to eMTCT (2/2)

- Critical assessment:
  - The first 6 months after a child's birth are crucial for preventing vertical transmission and keeping mothers living with HIV alive through antiretroviral treatment
  - The elimination of vertical transmission from mother to child requires a multi-pronged approach, including political leadership, an enabling policy environment, community and civil society support; peer to peer support; interventions to follow-up and trace mothers and infants that were lost to follow up as well as systems engineering through analysis and improvement of service delivery systems
  - It is crucial however, to examine WHY mothers and infants are lost to care in addition to strengthening efforts to return those lost to follow up to elimination of vertical transmission programmes

PROGRÈS VERS LES CIBLES: 90-90-90

Target 90-90-90: The UPs and Downs (1/2)

- Author: Lynette Lowndes; Date: July 20,2016; Session: WEAE02

- Summary: The session heard that policy is changing to test and treat, countries are using the 90-90-90 targets, PEPFAR and Global Fund are backing test and treat and 90-90-90, viral load access is increasing and communities are embracing earlier treatment

- Highlights:
  - Research in Haiti shows that same-day ART initiation is feasible and beneficial. It improves retention with virologic suppression and decreases mortality. It also is believed to increase the sense of hope, optimism, and connectedness to health care providers

  - A review of viral suppression rates in a HIV program in Central and Eastern Kenya shows that good viral suppression rates can be achieved but are yet to reach the 90 target, females have better viral suppression than males, viral suppression is lower in younger clients, especially adolescents, and better in those above 25 years of age.

Target 90-90-90: The UPs and Downs (2/2)

- Critical Assessment:
  - Work needs to be done on the adolescent care cascade to improve adherence and enhance quality of care in this group
  - There is a need to intensify routine viral load monitoring as a way to better monitor treatment success and adherence and for clients not suppressed to access adherence counselling and treatment monitoring
  - Increase testing has the potential to over burden health facilities. The studies were able to demonstrate success in increasing testing however the research included the funding additional staff in test sites. Without additional resources it may be difficult to achieve the same increases in test and treat
  - More familiarity is required with the new WHO guidelines and the recommendations for universal ART and same-day test and treat and the 90-90-90 targets need to be considered as the ‘floor’ and not the ‘ceiling’

GQ/AQ

Quality Improvement: Aim High (1/2)

- Author: Lynette Lowndes; Date: July 19, 2016; Session: TUPDE01

- Summary: This oral poster discussion focused on approaches to quality improvement and lessons learnt across programme areas ranging from eMTCT, voluntary male medical circumcision training, HIV and malnutrition amongst HIV-exposed infants, improving male partner testing in PMTCT and increasing linkage to HIV care

- Highlights:
  - Gillian Dougherty reminded us of the need to focus on both service expansion and quality if we are to reach the 90 90 90 targets by 2020
  - The session highlighted continuous quality improvement focusing on leadership, team engagement, customers, processes and data, while also addressing the human side of change
  - A simple model for improvement was presented by Raymond Mause based on the questions - what are we trying to accomplish? how will we know that a change is an improvement? and what change can we make that will result in an improvement?

Quality Improvement: Aim High (2/2)

- Critical assessment:
  - This session focused on implementation, presenting both the principles of quality improvement and practical experiences of improving service quality across a range of different programme types
  - The examples presented showed how service quality improves service uptake and retention, thereby impacting coverage as well as providing quality improvements for existing service users. The examples also showed that quality improvement is not a one-off event but requires a continuous process of review, analysis and change - 'plan, do study act'
  - Additionally, quality improvement requires wide organizational engagement across sections, for example progamme, M&E, training, HR, and across levels with engagement from organizational leadership and from facility level staff
  - Collaborative approaches and buy-in from all key stakeholders, both internal and external, were raised in most presentation as key factors in achieving successful change at the facility level

MODÈLES D’OFFRE DE SOINS

Connecting the Dots: Toward Seamless Service Integration (1/2)

- Author: Karine Dubé; Date: July 21, 2016; Session: THAE02

- Summary: The topic of this abstract-driven session was to create win-win synergies in service integration. Case studies covered family planning and HIV – particularly in areas of high HIV prevalence, HIV and TB responses, gender-based violence and HIV prevention, and HIV and diabetes/hypertension

- Highlights:
  - The session covered a number of great examples of successful integration in resource-limited settings. The key is to reduce the number of "missed opportunities" for service integration
  - Different models of integration were presented, including the one-stop shop model as well as internal referrals
  - The key message is that impactful service integration will require a focus on human resources for health – including training and capacity building
  - Further, organization of services, service delivery, financing and addressing systems-level barriers will be critical.

Connecting the Dots: Toward Seamless Service Integration (2/2)

- Critical Assessment:
  - The session emphasized that vertical programs that treat conditions separately are largely inadequate and should be replaced by systems that integrate services and maximize the efficient use of limited resources.
  - For service integration to work, systems need to be put in place and support at all stages is critical. We must also appreciate the benefits to the patients – including decreasing stigma and cost savings. In the future, more attention will need to be given to human resources for health.
  - Further, policy documents addressing integration of services will need to be implemented in the real-world. Tools such as job aids, charts and even peer mentorship will be needed.
  - Attention should also be paid to practical factors. Future integration programs will need to include an evaluation component and measurable indicators.
  - We need to invest in the quality of service integration.
  - Future study designs should also attempt to derive cost-effectiveness data.

It’s Time to Deliver Differently: Country Experiences of Differentiated ART Service Delivery (1/2)

- Author: Chris Mallouris; Date: July 18, 2016; Session: MOSA31

- Summary: Scaling up treatment (reaching more people living with HIV, treat all) brings new demands on health systems given current capacity challenges. Differentiated models of care and using community ART groups for stable patients allow for simplified, people-centered solutions AND alleviate burden to and decongest health systems.

- Hightlights:
  - Community ART Groups (CAGs): Original fears included fear of losing clients after diagnosis. But, after 15 months 98% retention in care and 86% still receiving care from CAGs (Zimbabwe). One client can represent a number (e.g., 6) of peers. "Expert clients" trained
  - Other models include "Fast track drug pick up" and "Facility-based treatment clubs" (Swaziland)
  - Community-based participation and ART delivery also empowers community members to demand treatment as well as build treatment literacy skills (importance of and when to demand viral load testing, TB screening, etc.)

It's Time to Deliver Differently: Country Experiences of Differentiated ART Service Delivery(2/2)

- Critical Assessment:
  - Differentiated models of ART delivery (task decentralized models) support health systems, retain clients in care, reduce time spent to access care. These models take services to communities with communities
  - To implement a differentiated model of care, it is important to first determine: who are the patients receiving the care and what are their differentiated needs, who will deliver the care, how it will be sustained. Success factors include creating demand and ownership by communities accessing ART in being service providers
  - Community ART groups, in addition to bringing simplified care to patient, offer the chance to get peer support on non-treatment related issues. For young people, community ART groups reduce school absenteeism
  - WHO guidelines provide the 'go ahead' to develop differentiated models of care with community engagement, but actual models need to be developed
  - A good example of integrating community-based service delivery in health systems to create resilient systems for health

Reaching Treatment for All: Developing a Package for Differentiated Care (1/2)

- Author: Venita Ray; Date: July 18, 2016; Session: MOSA22

- Summary: This session discussed differentiated model of care in order to implement the new WHO guidelines recommending 'treat all' and meeting the 90-90-90 goals and ending the epidemic by 2030. Panelist offered evidenced-based service delivery models that reflect a patient-centered approach with community engagement

- Highlights:
  - Retention in care remains a major challenge; 50% drop after 5 year diagnosis. One size treatment does not fit all
  - PLHIV require ART in the community and not walk long distances to clinics and take long times waiting for services (given capacity limits of health system)
  - As HIV care beings to be normalized, partnerships between patients and providers can address issues of over-burdened health systems while addressing simultaneously discrimination in health care settings.
  - New service delivery models are more cost effective to meet treatment goals for 37M.
  - ART populations needs assessments needed to decide which service models for which patients

Reaching Treatment for All: Developing a Package for Differentiated Care (2/2)

- Critical Assessment:
  - Differentiated models of care make sense. PLHIV who are 'stable patients' do not require the same frequency and type of care as others, nor do they need to spend unnecessary time waiting to see the doctor to read lab results and refill prescriptions
  - These models support normalizing HIV care (for those who do not need continuous monitoring) and ensure that PLHIV are seen as individuals with distinct and individual needs. It also supports patient autonomy to make their own health care decisions
  - The fact that this would result in cost savings is a bonus to getting more people into care

Merci