

Evaluation of the Continuum of Care Program, Two Years Post Implementation

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Background:

Prior to 2008, clients testing HIV-positive at voluntary counseling and testing (VCT) sites in Rwanda were referred to antiretroviral therapy (ART) sites for care, though they were not all necessarily ART-eligible. Distance between sites, poor transportation and communication made it challenging to complete referrals. To mitigate this challenge, in 2008 the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) assisted TRAC Plus (the national centre for infectious diseases control and prevention in Rwanda), in initiating the Care program. EGPAF provided to VCT facilities funding and technical training support on pre-ART care and follow-up of HIV-positive clients (adults and children) to retain the health of HIV-positive clients not yet eligible for ART. Pre-ART services provided included: clinical staging, CD4 testing, cotrimoxazole, treatment of opportunistic infections and sexually transmitted infections, and tuberculosis. Program implementation included the revision of patient flow, definition of staff roles and responsibilities, and training of staff on pre-ART care at both VCT and ART sites to ensure high-quality care in all sites.

Methods:

A program assessment was conducted two years after implementation, where data were collected for clients testing HIV-positive at 10 EGPAF-supported sites (three VCT and seven ART sites) in five districts, to determine client enrollment and access to services. Sites were selected using priority attribute selection, based on the number of new clients testing positive; all 45 EGPAF-supported sites were ranked in descending order by volume. Each fourth site was selected, resulting in a sample of one site with more than 50 new HIV-positive cases, five sites with 30-50, and four sites with less than 30 cases. These 10 sites had 307 clients who tested HIV-positive between March and May 2010. Patient records were reviewed to assess enrollment, medical dossier/file issuance, receipt of cotrimoxazole, tuberculosis screening, ART initiation, and receipt of PMTCT services. Data were collected from registers using MS Excel and, in some cases (when comparable data was present in earlier assessments), compared to a 2009 EGPAF assessment.

Results:

Of all clients who tested HIV-positive during that period, more were enrolled in Care in 2010, as compared to 2009. This was true both among the general population (from 67% in 2009 to 73% in 2010), and among pregnant women enrolled in PMTCT (from 59% in 2009 to 79% in 2010). Of clients enrolled on treatment, 94% had a medical dossier issued (the majority were opened

within seven days of the positive test); 97% were screened for TB (the majority on the same day as the dossier was opened); and 91% of eligible clients were initiated on ART. Sites still experienced considerable loss to follow-up (LTFU): 14% of clients included in the assessment were LTFU before enrollment in CARE and 11% after enrollment.

Conclusion:

The Care program has contributed to an improvement in care for HIV-positive patients. More patients enrolled in Care under the program, the vast majority of clients active in ART received pre-ART services and the majority of those eligible for HIV care and treatment received it in a timely manner.