

**Proposed Activities for Implementation of CD4 500 and
Test and Start in COP16**

Proposed New Activities

	Activities
Service Delivery Model	3 month drug pick-up for stable patients, to be implemented in selected sites
	Widely implementation of current policy on 6 month clinical appointment for all stable patients (to decongest the facilities and reduce the burden on HCWs)
	Decentralize dispensing of ARVs to peripheral non-ART facilities (distribution points)
	Expand pilot of pharmacy bar code system
Testing strategy	Explore other ways to improve testing in men/partner testing, targeted community based testing to specific groups. Expand TB testing including presumptive TB patients and family members
Demand Creation/ Patient education	Incorporate Test and start, viral load patient education in the treatment literacy package
LTFU evaluation	Yearly sample based approach for LTFU identification
Retention support	Savings group strategies amongst GAAC patients
Monitoring plan	Evaluation of test and start implementation process and impact in all provinces selected for phase 1

Proposed Basic Package for Stable and Unstable Patients

	Stable Patient	New/Unstable Patient
Frequency of drug pick-ups*	3-6 month drug pick-up	1-2 month drug pick-up
Clinic visits per year**	6month visit	4 visits/yr
Frequency of labs	Annual VL (where avail)	VL (or CD4) every 6 months
Additional interventions	Enhanced adherence and retention support (APS/PP)	Enhanced adherence and retention support
Estimated proportion	~63% (using definition below)	

****Stable patient: >6 months on treatment, CD4>200, undetectable VL (for drug pick-ups): The gold standard is VL***

*****Long-term stable patient: For discussion***

Proposed activities to strengthen Adult ART initiation- Access

Scale Up and Sustained Districts

Support implementation of new guidelines on CD4<500 and test and start Through: in-service trainings, job aids, updating guidelines, print M&E tools)

Scale-up/Test and Start Districts

Quarterly review of Pre-ART patient files to identify ART eligible pts

Demand creation/PHDP/provider education on test and start

Same day clinic appointment and ART initiation within 30 days

Expand the integration of HIV/ART into Adolescent Friendly Services (SAAJ) through the One stop model ART is sites with SAAJ and referral for integrated ART services in sites without SAAJ

Stigma reduction interventions (harmonized with CNCS) using treatment advocates, champions within the community (male champions, community leaders, traditional healers (TH), etc)

Proposed activities to strengthen Pediatric ART- Access

Scale Up and Sustained Districts

Revise national guidelines to increase the threshold CD4 for eligibility from 500 to TEST and START in children 5-14 years of age

Create mechanisms to ensure psychosocial support/ disclosure activities

Scale-up/Test and Start Districts

3 month prescriptions for older, stable children / adolescents

Clinic visits every 3 months for stable children ≥ 5

Offer specific clinic hours at child- and youth-friendly services to ensure school attendance

Procurement of Kaletra pellets, mentorship to clinical staff for switch from NVP.

Proposed activities to strengthen TB/HIV Program Implementation

Scale-up/Test and Start

Support population-based TB Prevalence study led by INS (this is lab support to INS).

Develop key culturally adapted messages on TB and HIV for patients/families and communities using community radios, using DOTS providers, etc;

Promote stigma reduction activities through capacity building of health care workers, CBOs and mass media

HIV testing for presumptive TB patients and their household contacts

Enhance integrated TB and HIV screening, testing and treatment in mobile units

Integrate m-health interventions/Modified model of DOTS (cell DOTS)- consists of using cellphones/GPS to the CB-DOTS volunteers activities-

Develop a TB, TB/HIV , MDR –TB APSS package

Educate Traditional healers, pharmacists and private sector (mining) on TB. This needs further discussion with TB program

Support broader implementation of IC in facilities/congregate settings

Proposed activities to strengthen Retention

Scale-up/Test and Start Districts

Support Implement of the national GAAC strategy

Expand (phased) the family model approach to selected sites using an harmonized approach

Health Educators strategy

M2M support groups at HF/community

Mentor Mother strategy at HF

Expand scope/capacity of APEs to support/coordinate PLHIV activities

Pilot South Africa's I-ACT program (time bound intensive support group training)

Address stigma through health providers and CSO capacity building using culturally competent methodology

Explore PoC Genexpert for EID, Viral load and TB for pregnant women at community level.

Evaluate the root causes of low retention among pts on ART (adults, children, PWBF) and design strategies to address identified issues

M-health strategy (sms reminders/ phone calls for clinical follow up visits)

Improve psychosocial support to adolescents through Teen Clubs

Key activities to scale up Viral load and EID Access

Scale Up/Sustained

Ensure phase out of CD4 monitoring with implementation of annual VL

Close follow up of pregnant/bf women and children with suspected treatment failure

Adopt simplified criteria (lab performance indicators) to move to phase II

Ensure VL monitoring 6 months after ART initiation and annually thereafter (phase II)

Increase testing capacity and efficiency of existing platforms

Redefine and improve the sample referral system/optimize turn-around time (health facility and lab) for VL and EID

Define and implement M&E framework

Train clinicians and lab staff using standardized VL training package

Expand and ensure availability of lab platforms, test kits and reagents for VL testing and 2nd line drugs

Demand creation (educate patients, clinicians and laboratorians - job aids/SOP)

Expand trainings and strengthen mentoring to MCH providers to ensure VL testing for PBFW and EID

Proposed activities to scale up Viral load Suppression

Scale-up/Test and Start Districts

Ensure timely switch for patients in failure and monitor closely the adherence

Create/implement enhanced adherence counseling (EAC) package for patients with VL >1000 c/ml and 2nd line patients (including job aids, M&E tools, patient flow at HF);

Support decentralization of National to Provincial 2nd Line Review Committees - Provide support for training and technical support to committees

Create systems to actively search for and track pts with VL >1000 c/ml to refer to EAC and for 2nd line treatment ; and to ensure VL undetectable on 2nd line

Include key messages of VL/VS in the training activities for GAAC, PLHIV associations, OCBs, M2M, peers , etc

Implement SMS reminders, pill boxes, adherence support groups, focus in patients with VL > 1000 for enhance adherence

Include key VL/VS messages in the training package for in-service training, supportive supervision for pharmacists

Proposed activities to strengthen Quality Improvement

Scale-up and Sustained Districts

Support national QI strategy implementation

Develop and evaluate audiovisual trainings

Support linkage of M&E B+ framework to QI National Strategy. Selected/approved indicators: VL at 3 month and 3 month retention.

Utilize MoH/SIMS tool to guide joint partner/DPS supervision visits

Inclusion of VL indicators into national HIV QI guideline

Support laboratory quality improvement (FOGELA) program

Support the use of tablets for in –service training on option B+ service delivery/EID in selected sites

Ensure provision of FP to HIV+ clients on site or by referral to FP services

Develop tools to ensure patient`s engagement in the QI strategy

Pilot the use of a QI dashboard to identify best practices

Develop a module for monitoring HIV exposed children

Care and Treatment Packages of Services

District Category	Saturation and Aggressive Scale-up	Sustained or Attained	
Health Facility Category	Scale-Up	Sustained	Central-support
Visit Frequency	>6/year	>4/year	2/year
Site support approach	QI, Clinical mentoring and supportive supervision (HTC, pre-ART, T&S, PMTCT, TB/HIV)	QI, Clinical mentoring and supportive supervision	QI-lite Support
Education/ Demand Creation	Treatment literacy (Adult and Peds ART, PHDP, TB/HIV); Demand creation/education for VL and T&S (where applicable); Stigma reduction interventions; Community/facility mobilization; Roll-out of PMTCT and pediatric national communication strategies	Treatment literacy, Stigma reduction interventions	
HTC	Index-case based testing; VCT expansion; pilots for identification of male positives (traditional healers, incentivized peer referral) under PEPFAR guidance; KP facility-based testing; PICT optimization; as needed support for implementation of GRM HTC guidelines; quality assurance support; improvement of M&E processes, e.g. age/sex disaggregation; national level commodity support	KP facility-based testing in select hotspots; PICT optimization; as needed support for implementation of GRM HTC guidelines; quality assurance support; improvement of M&E processes, e.g. age/sex disaggregation; national level commodity support	National-level commodity support; transition planning for ongoing investments, e.g. VCT
Pre-ART/ Care	Quarterly review of pre-ART patient files to identify ART eligible pts; Clinical mentorship for PHDP, STI diagnosis, cervical CA screening, OI diagnosis and treatment, FP/HIV, GBV, NACS	Clinical mentorship, PHDP	
ART	Clinical mentoring; Support for implementation of new guidelines CD4<500 and T & S (trainings, job aids, tools); Same day initiation of ART when possible facilitated by peer navigators (with target initiation within 15 days for all positive persons) ; 6-month clinic visits and 3-month drug-pick up schedule for stable patients; Warm line; last-mile/specimen transport support; GBV; NACS PHDP/OI management	Support for new guidelines; last-mile/specimen transport support; Clinical mentoring on treatment, PHDP, OI mgmt; Warm line	National-level commodity support; Last-mile/specimen transport; Warm line
Retention and adherence support	M-health communication to patients; GAAC support and expansion; Preventive home visits for patients high risk for LTFU; Community tracing of LTFU patients;	GAAC, Mentor mothers and pilot of M2M groups	GAAC
PMTCT	Clinical mentoring (T&C; quality of testing; B+; EID; TB/HIV, CECAP, FP/HIV, nutrition, supplementary feeding, VL testing, early identification of TF suspects) Tablet based supervision and cQI (HIV testing; EID; CTX; B+ early retention and viral load); PHDP package Mentor mothers and M2M groups for retention support	Clinical mentoring; Tablet based supervision and cQI ; PHDP package; Mentor mothers and M2M groups for retention support	Through QI-lite

(Cont.) Care and Treatment Packages of Services

Pediatric/ Adolescent Care & Treatment	Implementation of 11 provincial pediatric teams (pediatrician & nurse) & 5 regional pediatric teams (pediatrician, nurse, psychologist & logistics specialist); Health educators for case identification in high yield settings; Disclosure support; Retention support; Monthly teen clubs in all priority districts; cQI; Clinical mentoring on TB & NACS/dx/tx, IPT, CTX, VL monitoring/early identification of TF; GBV	Same as for ART and retention & adherence support	Through QI-lite
TB/HIV	Clinical mentoring, Implementation of 3I's (Intensified case finding, Infection control, and IPT); Early ART for TB/HIV patients through one-stop shops; Integrated outreach services (HIV testing & TB screening); Expanded contact tracing; Systematic TB screening/HIV testing in high risk groups (miners, prisoners);	Clinical mentorship for implementation of 3I's and early ART for TB/HIV patients	Through QI-lite
KP	Training and M&E support for KP friendly clinics; Medication-assisted therapy pilot for PWID under PEPFAR guidance; Roll-out of new National Guidelines for Care and Treatment of MSM and CSW's	Training and M&E support for KP friendly clinics in select hotspots	
OVC	Full OVC package with linkages to health facility		
Lab	HIV- testing quality assurance; Support lab infrastructure for VL/EID/TB dx and address bottlenecks Continued baseline CD4 and biannual CD4 support where VL not available; Continued support for Cr and Hgb based on treatment regimen; Support of specimen referral, results reporting, and lab supply chain; Support for decentralized EQA	HIV-testing QA; Hgb, Cr, and biannual CD4 where VL not available; Specimen-referral, results-reporting, and lab supply chain-support	Specimen-referral, results-reporting, and lab supply chain-support
SI	Support for routine M&E activities (data clerks, registers, training, & supervision); Electronic patient tracking system support for all ART facilities with > 500 pts; Develop a module for monitoring HIV exposed children	Support for routine M&E activities (data clerks, registers, training, & supervision)	Procurement of registers and clinical forms
Routine M&E/ Evaluation of new strategies	Benefit of VCT expansion; Qualitative assessment of male-friendly treatment service provision; Evaluate the root causes of low retention among PWBF and design strategies to address identified issues; Sample-based LTFU analysis; Routine data-collection on effectiveness of retention strategies (GAACs, APES, health educators, mentor mother strategy); Tablet based supervision and cQI		

Additional Activities and Services in Test and Start Districts

Category	Activity
Visit Frequency	>8/year
Site support approach	<ul style="list-style-type: none"> • QI, Clinical mentoring and supportive supervision • Pre- and post-implementation assessment of selected sites
Demand Creation	<ul style="list-style-type: none"> • Demand creation/education for T&S • Male-engagement strategy implementation
HTC	<ul style="list-style-type: none"> • Training and development of materials for change in pre- and post-test counseling and linkage procedures to reflect new T&S guidelines • Increased focus on test quality including re-testing due to higher stakes
Pre-ART/ Care	<ul style="list-style-type: none"> • Community tracing of previous LTFU pre-ART patients
ART	<ul style="list-style-type: none"> • Support for implementation of new guidelines for T&S (trainings, job aids, tools) • Improved service delivery models to decongest clinics (6 month clinical appointment for all stable patients /quarterly drug pick-ups) • Expansion of electronic pharmacy patient management system • Same day initiation of ART for adults when possible (facilitated by peer navigators)
Retention and adherence support	<ul style="list-style-type: none"> • Pilots of alternative ART distribution models (e.g. non-ART clinics) • Continued pilot of mobile health clinics to support ART expansion
Pediatric/ Adolescent Care & Treatment	<ul style="list-style-type: none"> • Support for implementation of new guidelines for T & S (trainings, job aids, tools) • Pilot of quarterly visits for stable older children & adolescents • Adherence counseling prior to initiation of ART for adolescents
TB/HIV	<ul style="list-style-type: none"> • Piloting HIV-testing in presumptive TB patients • Enhanced support for TB diagnosis among PLHIV
Lab	<ul style="list-style-type: none"> • Focused lab strengthening, including infrastructure, staffing, and specimen-referral improvements to accompany implementation of VL Phase 2 implementation (routine VL monitoring)
SI / Routine M&E	<ul style="list-style-type: none"> • Expansion of barcode-based electronic pharmacy patient management system for monitoring retention at high-volume sites (>2000 pts) • Pilot POC EPTS systems at very high-volume sites (>5000 pts) • Biometrics and/or unique IDs in facilities or testing sites to improve patient identification • Integrated Health Information System (HIS) that links people across the clinical cascade and from different service entry points
Evaluation of new strategies	<ul style="list-style-type: none"> • Qualitative and impact assessments of implementation of T&S (including implementation of 3-month drug distribution) • Implementation of repeat-testing of HIV+ clients before starting ART • Yield of intensified contact tracing/ universal screening for presumptive TB, TB contacts, miners & prisoners • Assessment of alternative ART distribution points