

Linking and staying linked in Pakistan: Lessons learned how to reduce lost to follow up

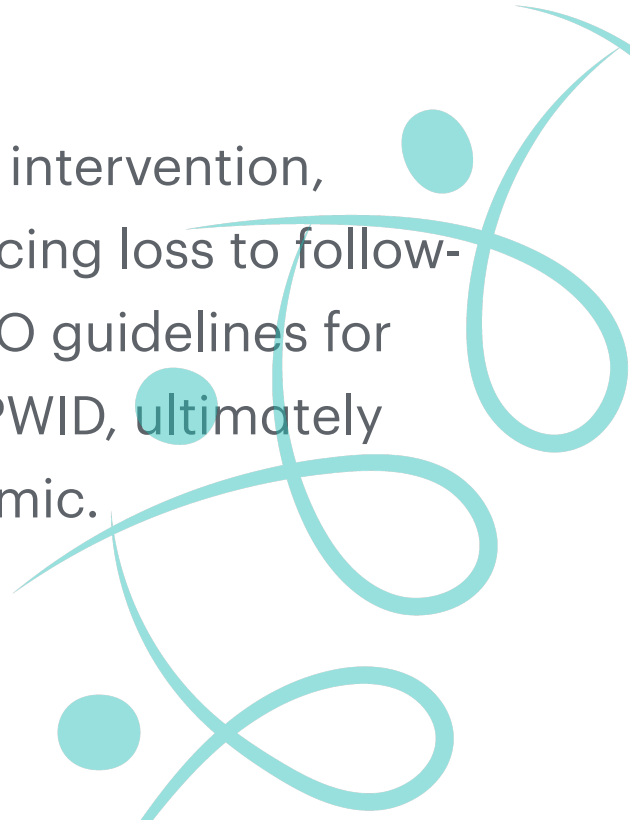
PWID programming perspective



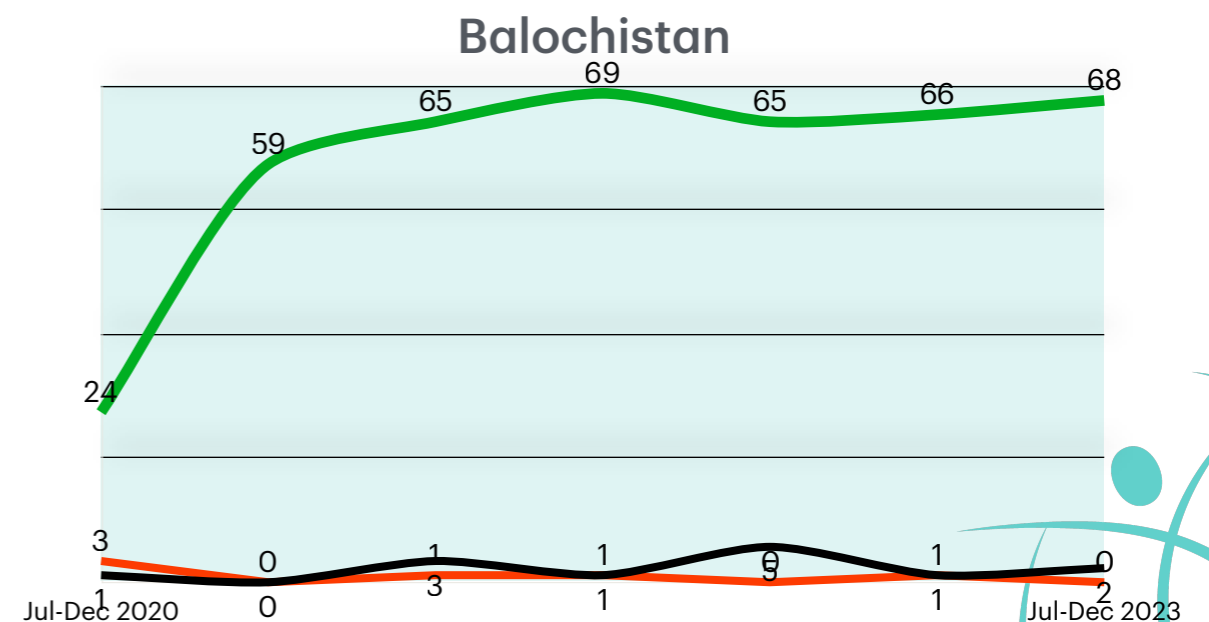
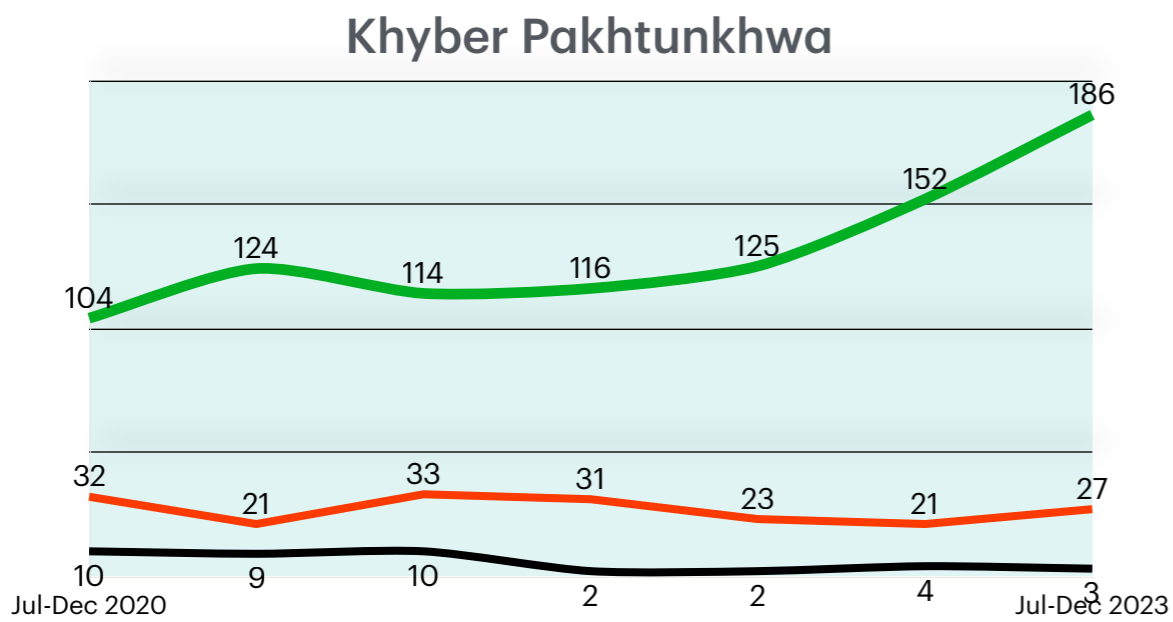
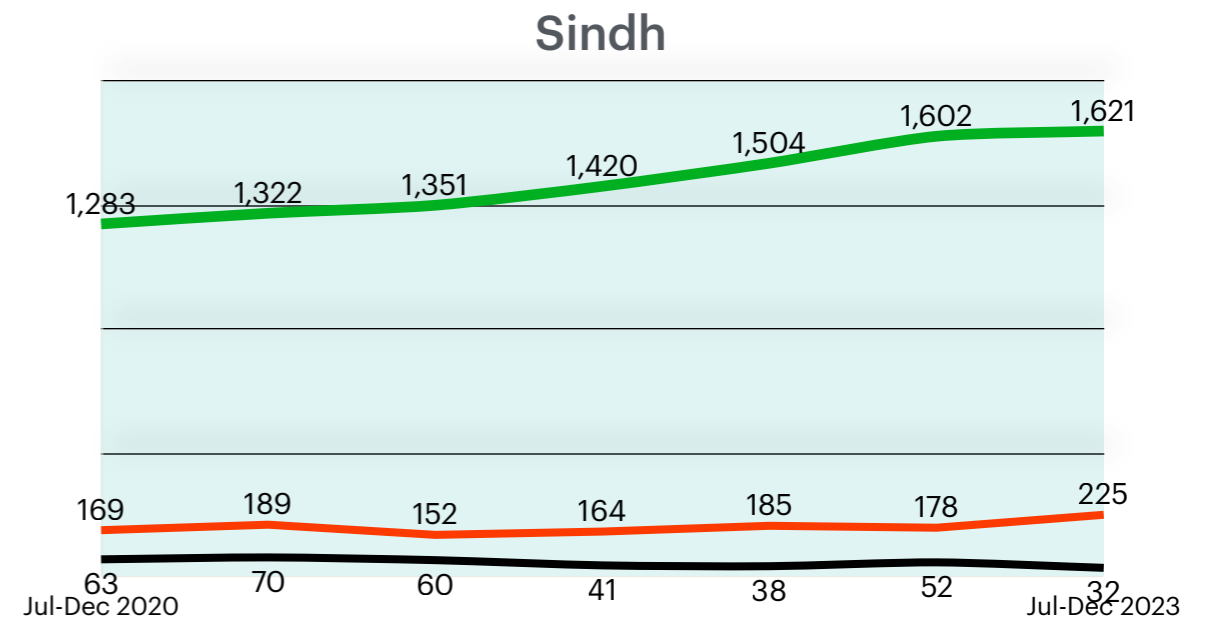
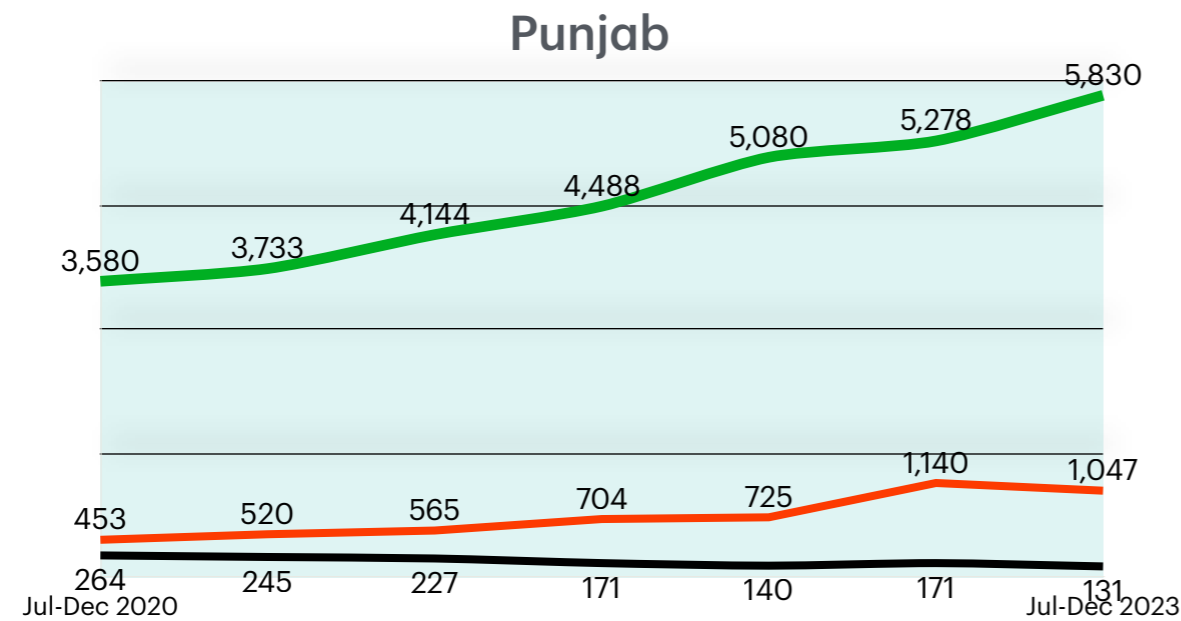
NAI
ZINDAGI

COMMUNITY. COMPASSION. CHANGE.

Background

- Nai Zindagi links HIV positive PWID to ART through its district-level Continuum of Prevention and Care (CoPC+) sites under the Global Fund supported program for PWID and their spouses across 58 District of Pakistan
 - The mobilization of PWID and their spouses to the respective ART centres involves making them travel for baselines, ART registration, ARV issuance and to respective ART Adherence Units (AAU) for initiation of ART under residential care.
 - In the absence of OAMT services in Pakistan, it is a challenging task to link HIV positive PWID to ART and retain them on life long treatment
 - The challenges are further compounded with stigma and discrimination around drug use and HIV at every level
 - Numerous strategies have been implemented within the GF-supported intervention, described later. Nonetheless, we have encountered challenges in reducing loss to follow-up on ART. This issue can only be effectively tackled by embracing WHO guidelines for differentiated services, especially tailored to key populations such as PWID, ultimately serving their welfare and the broader goal of containing the HIV epidemic.
- 

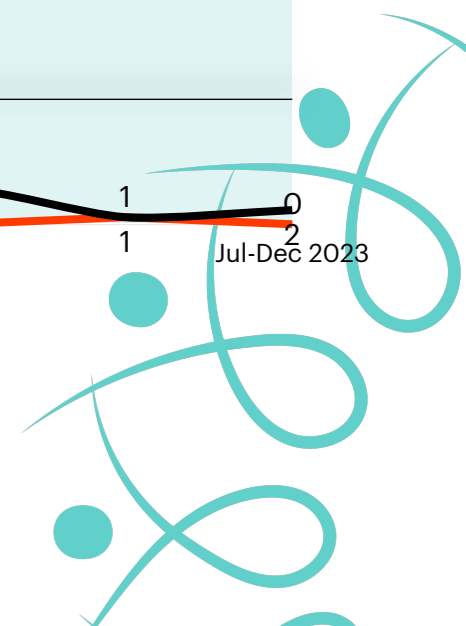
Province-wise trends of ART retention among PWID



— Expired

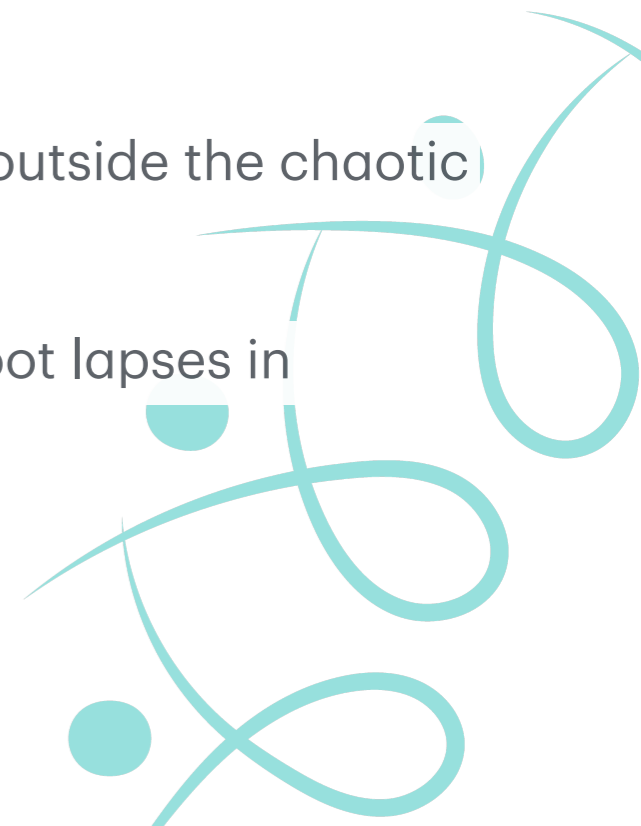
— LTFU

— Adherent to ART



Strategies to link up and retain PWID and their spouses on ART

- Since the inception of the Global Fund supported PWID interventions, the following strategies have been integrated in the service delivery model to ensure timely linkage and retentions in treatment for HIV positive clients:
 - Dedicated staff members to track and register clients at the ART centers
 - Escorting clients with transportation for:
 - Baseline investigations
 - ART registration
 - ARV issuance
 - ARV refills and follow up visits to ART centers
- Establishment of residential ART Adherence units for initiation of ART outside the chaotic drug use scenario
- In touch program to telephonically monitor adherence and troubleshoot lapses in treatment by informing the respective district level staff
- Development of several proposals for differentiated ART services



Differentiated ART services under C19RM in Sindh

Team I catchment area:

2-3 days per district per month

Jacobabad
Larkana
Sukkur
Dadu
N-feroze
Nawabshah
Khairpur
Sanghar



Team II catchment area:

2-3 days per district per month

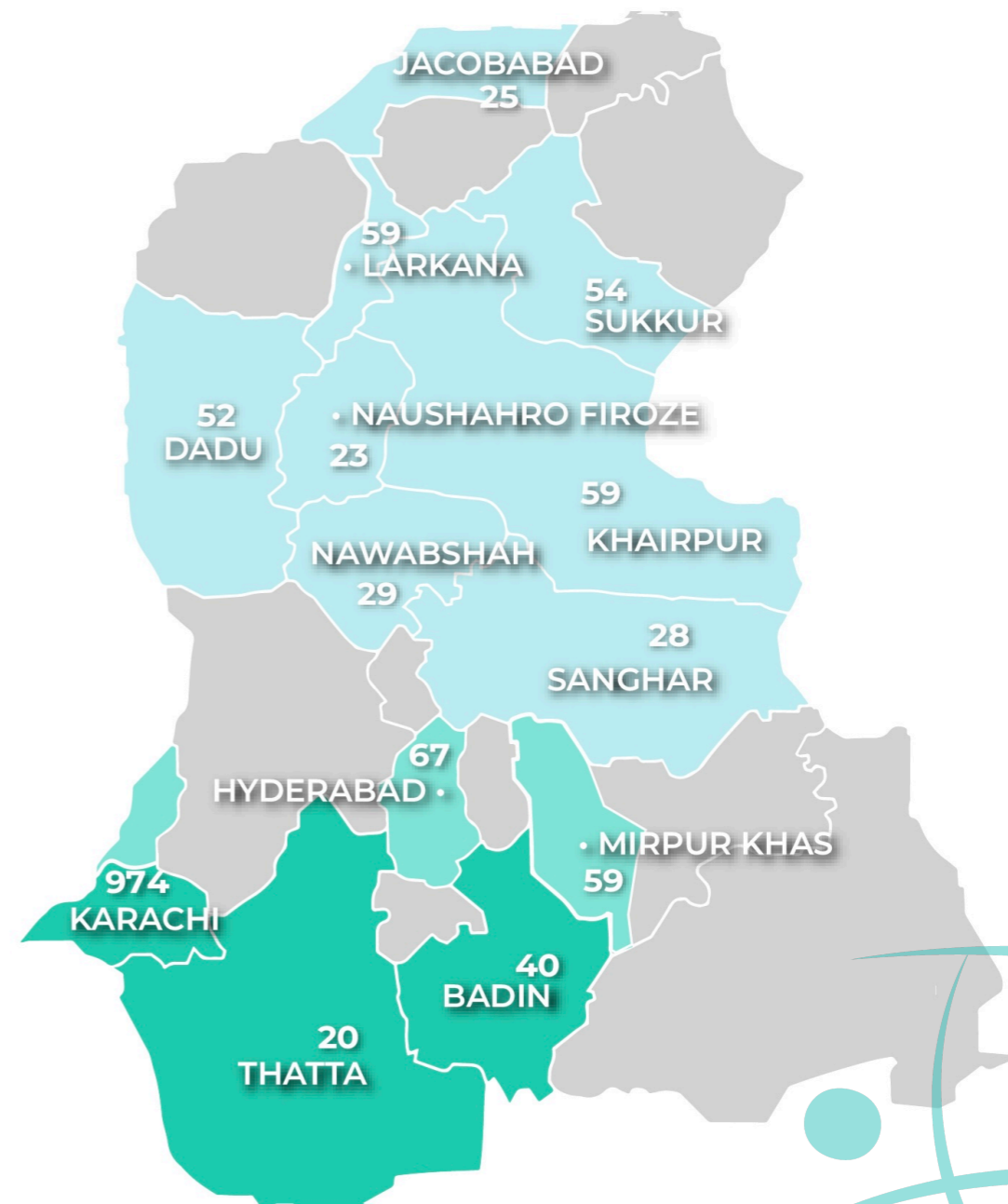
Karachi BCF
Hyderabad
Mirpurkhas



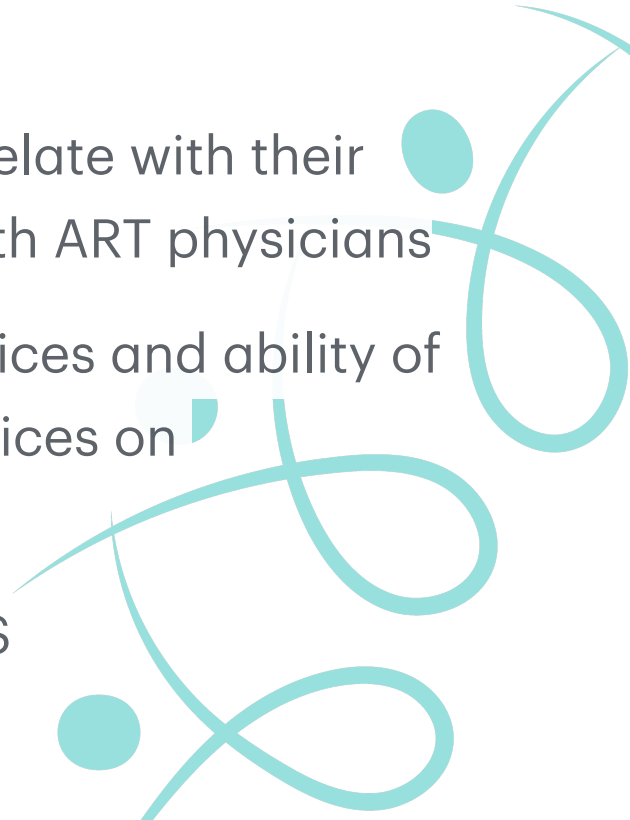
Team III catchment area:

2-3 days per district per month

Karachi NZ
Thatta
Badin



Lessons learned so far

- Clients are relieved by the approach of receiving ARV refills at their doorstep, supervised by trained medical practitioners. They are grateful to avoid the hassle of traveling long distances, often under the influence of drugs.
 - Improved relationship and trust with CDC (HIV) has resulted in exemplary coordination between differentiated project staff and ART Centers for improved services to the beneficiaries
 - Increased opportunities to relink clients who were lost to follow up due to reluctance to travel to ART centre. 164 such clients have been re initiated on ART so far.
 - Early reporting of any health complications and establish linkages to address those in consultation with ART physicians
 - Availability of the latest viral load test results to medical teams to correlate with their health condition and take better treatment decision in consultation with ART physicians
 - Significant reduction in loss to follow up due to low threshold ART services and ability of field teams to mobilize and pre inform clients about availability of services on designated days
 - Regular and instant data synchronization between NZMIS and ART MIS
- 

Recommendations

- Similar needs-based differentiated services should be employed in all high disease burden districts across Pakistan, particularly all districts of Punjab, to ensure improved ART adherence and reduced loss to follow up
- Removal of conditions of CNIC for registration of clients knowingly that majority of PWID do not possess CNIC currently and denying life saving treatment on this basis is a violation of basic constitutional rights to access health services
- The differentiated service delivery mechanism should be used for ARV refills to other PLHIV to save them from long distance travel to ART centers in Sindh. A proposal from CDC (HIV) is under consideration in the same direction.
- The data should be reconciled jointly on a regular basis to identify gap and strategize to address those gaps promptly. Possibilities of interoperability between NZMIS and ART MIS are being explored centrally to further augment this process



Thank you

