Establishing sustained, compelling, and time-demanding ART Centre for PLHIV (People living with HIV): A forward evidence to policy

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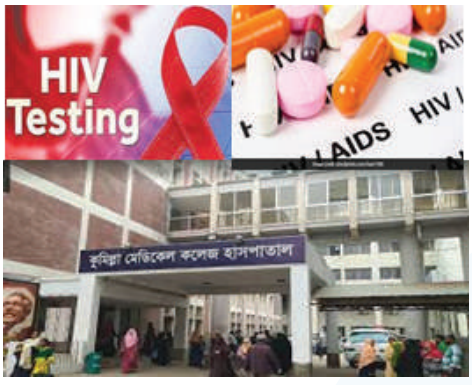
Key Messages:

1. **Bangladesh is estimated to have a significant number (14,513) of people living with HIV (PLHIV). According to recent HIV/AIDS, IBBS findings, adult (15-49 age group) HIV prevalence is less than 0.01% among the general population, and HIV prevalence remains at about 4.1% among the PWID.**
2. **The government of Bangladesh developed and approved a comprehensive policy on issues relating to HIV and AIDS and sexually transmitted infections (STIs) in 1997.**
3. **The NSP provides the framework to guide the response to the HIV epidemic. The first National Strategic Plan (NSP, 1997–2002) and the second National Strategic Plan (2004–2010) have been developed and approved.**
4. **The five broad program objectives identified include the provision of support and services for priority groups; prevention of vulnerability to HIV infection in Bangladesh society; promotion of safe practices in the healthcare system; provision of care and support services for people living with HIV and AIDS; and minimizing the impact of the HIV and AIDS epidemic.**
5. **The country is committed to achieving the SDG of ending AIDS as a public health threat by 2030. It is a signatory to the UN strategy of 95-95-95, which aims at ending the AIDS epidemic by achieving that 95% of the estimated PLHIV know their status, of which 95% PLHIV are on ART, of which 95% PLHIV have viral suppression.**
6. **To provide direction to the national ART program, MOHFW developed ART guidelines (2006, updated in 2016), Management of Opportunistic Infections (2009), and Standard Operating Procedures (SOP) for Services to PLHIV in 2009.**

Study Methods/approach

The study followed a mixed method approach; a cross-sectional onsite facility assessment reviewed four domains, namely Operational, Technical, M & E, and Logistics, comprising 11 attributes necessary for the smooth delivery of ART services and maintenance of quality care at the ART centers. A total of 6 ART Centres (Cumilla, Sylhet, Coxbazar Sadar, Ukhiya UHC of Cox'sBazar, Chittagong, and Dhaka) selected following stratified random sampling technique, and a total of 240 PLHIV (40 from each center) were chosen for drawing data. In addition to the observation and review of records at the site, structured interviews were conducted with the health care personnel (the Focal person, Staff Nurses, administrator, and community peer counselor) at the ART center.



Key findings on the eleven Attributes

Infrastructure:

The overall performance of the ART centers was satisfactory

under the infrastructure domain. Most (80%) of the facilities were clean and well-maintained. Almost half of the centers had no separate rooms, nursing stations, or counseling rooms with audiovisual privacy available for the ART staff.

HR (Human Resource): A center-wise analysis of vacancies revealed that many centers needed staff positions filled for SMO, MO, staff nurse, medical technologist, MLSS, and security guard. The underlying causes are technical staff non-availability and higher attrition.

Training: Of all the staff in position, almost 80% had received training according to the STD-AIDS program, with slight variation in the training status among various teams. In addition, centers were not implementing refresher training in a fixed and regular manner to update staff on recent guidelines.

Counseling: The ART centers provide quality counseling, where the clients also express high satisfaction. The beneficiary interviews indicate that counseling has laid an excellent foundation to facilitate care retention and treatment adherence. It has helped in rapport building with the ART centers. The beneficiary feedback on this attribute was overall very positive.

* Regarding client satisfaction, 110 (45.8%) were satisfied, 124 (51.7%) had good experience with the ART center, and 6 (99.6%) were not satisfied. 239 (99.6%) responded that ART centre provided treatment when needed and also 88 (36.7%) shared ART provided financial/nutritional support when needed.

* Among the respondents, 95 (36.9%) were symptomatic, 238 (99.2%) had pretest counseling, 297 (98.8%) had posttest counseling, 216 (90.0%) with confidentiality, 184 (76.7%) came for regular follow-up, 168(70%) had a regular meeting with the physician of ART center and 115 (47.9%) shared to improve the centers.

* Regarding the scoring of the different centers for operational activities, the score of cumilla was low (43.24%), but others were above 50%. Regarding resources, maximum resources are available at different ART centers.

* Regarding the monitoring and evaluation, The positive reporting rate is very high in Cox's Bazar Sadar ART center (13-15%) and low in Ukhiya UHC (0.13%). All screened more than 100-400 patients in the year 2022 except Chittagong (89); they had some dropout patients also due to non-adherence.

Ownership by Health Systems: The ART centers are established within existing health facilities augmented by the STD-AIDS program by providing additional technical, human resources, and infrastructure support to establish an ART Centre; this integration demands more ownership.

Attitude towards patient: The findings and the beneficiary interviews indicate that ART staff members have a positive attitude towards patients PLHIV (which included all categories of patients- FSW, MSM, IDUs, positive pregnant women, HIV/TB co-infected and general men and women), at most of the facility sites.

Infection Control Practices: Though the standard infection control practices were followed by at least 80% of the centers, these practices must be adhered to. Systemic issues such as the non-availability of infection control committees, requisite infrastructure such as running water, and lack of training of ART staff on infection control practices were found to be some of the barriers to achieving optimal infection control.

Technical service delivery: Focus on PLHIV in "Pre-ART" is essential to ensure retention in HIV care. The follow-up of the PLHIV on ART for the viral load is more than 80%. However, the ART centers should focus on the PLHIV on "Pre-ART" care in close coordination with the CSC to enhance their follow-up with CD4 count or viral load.

Monitoring: The data shared by the centers through the monthly reports forms the basis for the national-level program planning. Thus, completeness, correctness, and consistency of data are essential. The ART center maintains critical information through the Master Line list in Excel sheets. The manual and paper-based data updating needs to be improved and computerized.

Inventory management: The recording and reporting of drug inventory were as per guidelines in the majority of the centers. Information from most of the data sources for drug stocks matched more or less with each other and was found to be correct and consistent, though these records were being manually maintained by the ART staff. Dispensing practices are also tallied with prescriptions in almost all centers. This indicates that the centers have a robust system of drug stock management.

Mentoring & Supervising: The findings of this assessment underscore the need for better and more frequent onsite mentoring and regular supervision. The Regional Coordinators under the program have effectively monitored and mentored. However, their limited numbers and large number of facilities to be supervised by them is a constraint.

Recommendations

1. The ART centers require significant improvements to meet the guidelines, enhance the quality of service delivery, and create a congenial environment for the PLHIV and the providers engaged in service giving. Grief redressal mechanisms for dealing with stigma and discrimination should also be considered.

2. There should be provision for deputation of staff from the health system cadres and regularizing these staff positions or outsourcing. The team should properly train on ART and other required skills and competencies as part of the quality of care.

3. Institutional ownership of ART services is vital for delivering quality services. The involvement of medicine and other departments, the formation of an ART team, and its regular meetings lead to appropriate oversight and mentoring for the centers, which is vital to ensure they function smoothly according to guidelines. These mechanisms need to be strengthened in all centers.

4. The ART center needs to pay greater attention to the health needs of PLHIV who have not been initiated on ART and are in "Pre-ART" care. Retention in care at all stages of HIV management is crucial for ensuring quality of life, improving survival rates, preventing treatment failure, and averting transmission.

5. Regarding inventory management, the STD-AIDS program may consider introducing a user-friendly computerized and online system. This will further strengthen this system and enable the program managers at the center and national levels to access actual time stock availability data online, which empowers them to take the necessary remedial measures—software to facilitate correct and consistent data management at the ART centers.

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