



DECENTRALIZATION OF HIV CARE IN ST. PETERSBURG, RUSSIA

Problem

- In 2006, 29,452 HIV-infected individuals were registered in St. Petersburg and only 53% were in care; the majority of them were drug users
- HIV services were mainly delivered at the specialized City AIDS Center and City Infectious Disease Hospital
- Availability of antiretroviral therapy (ART) had overwhelmed the Center's ability to respond to patients' multiple needs
- Social support services for HIV-infected families were not available at a local level
- While tuberculosis (TB) was a major co-infection, testing of persons living with HIV (PLWH) for TB was very low (12%)

Strategy for Change

To improve access to care and outcomes, the USAID-funded Quality Assurance Project (QAP) and Health Care Improvement Project (HCI) have worked since 2004 in a pilot district (Krasnogvardeisky) of St. Petersburg to develop and then scale up a model for the decentralized delivery of treatment, care and support services to PLWH using the improvement collaborative approach.

QAP staff and participating providers first analyzed the system of care for PLWH. The analysis included collection of baseline data and diagramming patient flow through the care process. The results were presented to experts and key stakeholders at a planning meeting in 2005.

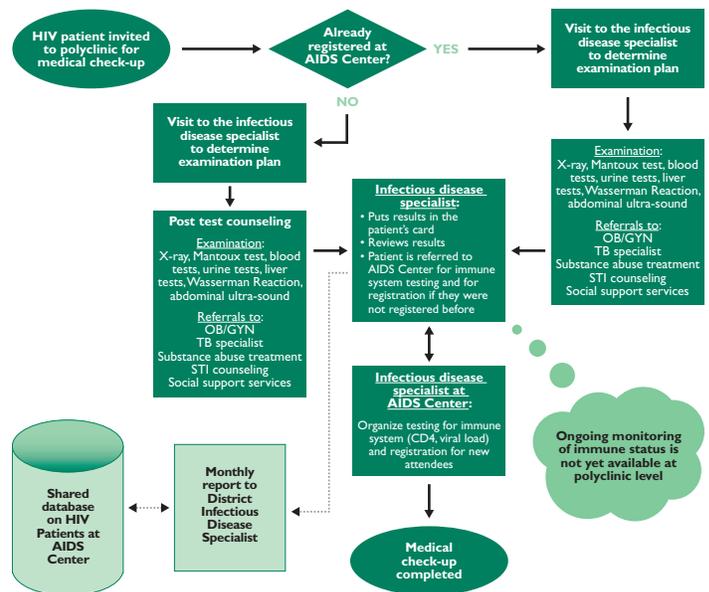
Using a group process, the following improvement objectives were set:

- Develop provider counseling skills for HIV testing and integrate testing into practice;
- Increase coverage of HIV-positive patients with medical follow-up through the involvement of care providers in polyclinics;
- Improve communication and coordination between facilities of the general health care system, specialized health services, and non-governmental organizations (NGOs) providing social support to PLWH;

- Increase the number of patients receiving ART;
- Increase TB-testing coverage of PLWH with testing for TB;
- Develop a legal framework to support and institutionalize improvements.

From 2005–2006, a team formed of 15 providers from the City AIDS Center and Infectious Disease Hospital and polyclinics, TB and narcological dispensaries, and NGOs in Krasnogvardeisky District of St. Petersburg designed and tested changes to enable care decentralization. Changes tested included: creation of forms with key patient information that could be exchanged between polyclinics and the AIDS Center; creation of a database on patients residing within each polyclinic's service area; and development of an algorithm for medical follow-up of HIV patients at the polyclinic (see Figure 1). The team was part of a larger collaborative focused on improving access to basic HIV care and ART that included teams in three other Russian cities. Increase in coverage of HIV patients with medical follow-up at polyclinics was one of the collaborative's key objectives.

Figure 1. Algorithm developed by teams for medical follow-up of HIV clients at the polyclinic level in St. Petersburg



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Since 2007, the HCI Project has supported a spread collaborative headed by City Health authorities to scale up the tools designed by the Krasnogvardeisky team to all 18 districts of St. Petersburg. The spread collaborative involves teams from over 140 state health facilities, social service organizations, and NGOs.

An interdisciplinary team of 12-15 providers was formed in each district. Each district health department appointed a coach to oversee the team's progress. Coaches received a two-day training and manual on teamwork, the plan-do-study-act improvement model, and measurement.

Teams met every 4-6 weeks and participated in a learning session every 6 months. Three learning sessions and a technical meeting with coaches have been held to date. The collaborative also organized training of infectious disease specialists in HIV care by the City's Medical Academy of Postgraduate Education.

Measurement of Improvement

- Number of patients with HIV who are registered at the AIDS Center (newly and earlier detected)
- Number of patients tested for TB by X-ray, tuberculin skin test, and microscopy
- Number of patients enrolled on ART

Effects of Changes

Consistent cooperation of staff, local experts and teams with the city's health authorities led to adoption in October 2007 of a Decision by the City's Health Care Committee that requires heads of polyclinics to employ infectious disease doctors and nurses to provide medical follow-up to HIV patients, including those on ART.

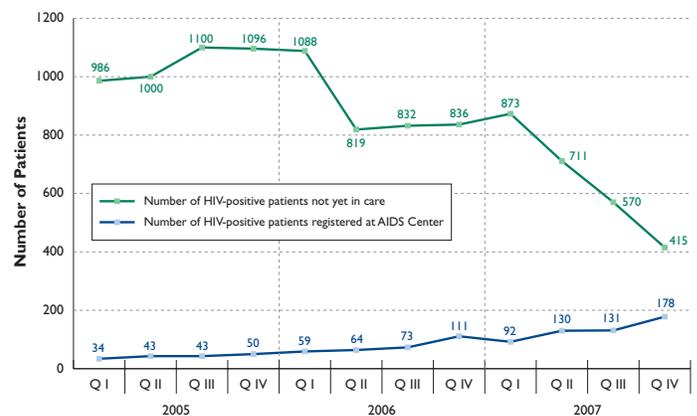
The spread collaborative has improved communication and coordination between infectious disease specialists in polyclinics and the City AIDS Center, introduced the algorithm for medical follow-up of HIV-positive patients at the district level, and resulted in better recording of HIV-positive patients residing in the area of each polyclinic's services.

These improvements have led to an increase in the number of HIV clients registered for medical follow-up from 53% in 2006 to 78% in 2008 (see Figure 2). The enrollment of HIV patients on ART has continued to grow as well. Among 3,202 patients who received ART since 2005 and through the end of 2008, almost 60% were given treatment during the 2007-2008 period (see Figure 3).

Lessons Learnt

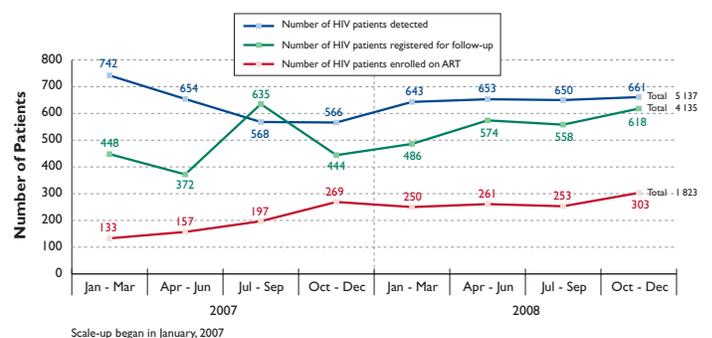
- Decentralizing HIV care is essential for expanding access to services and improving patient outcomes in Russia.
- Effective decentralization requires multi-disciplinary team approaches which link services of various providers and engage them in finding local solutions to barriers to care.
- Successful spread and institutionalization of best practices requires engagement of authorities at early stages and constant communication with them to obtain support for mechanisms to operationalize cooperation across medical disciplines and levels of care.
- **Key message:** The improvement collaborative is a practical approach for engaging providers from different institutions and care levels in a purpose-oriented change process and can be equally effective in implementation of demonstration or spread strategies.

Figure 2. Decentralization of medical follow-up reduced the backlog of HIV patients not in care, Krasnogvardeisky District of St. Petersburg, 2005-2007



Data source: medical records of infectious disease specialists in polyclinics, City AIDS Center and City Infectious Disease Hospital #30

Figure 3 Number of HIV-positive patients detected, registered for follow-up, and enrolled on ART in St. Petersburg, 2007-2008



Data source: medical records of infectious disease specialists in polyclinics, City AIDS Center