Romanian Angel Appeal's experience in developing a VCT network in partnership with the governmental institutions

> Dr. Mihaela Stefanescu Bucharest May, 31<sup>st,</sup> 2008

# Romanian Angel Appeal Foundation (www.raa.ro)

Founded in 1991, Romanian Angel Appeal Foundation (RAA) is an Romanian NGO with almost17 years experience in implementing and developing programs in HIV/AIDS field.

It works for improving the quality of life of children and young people in need, affected by chronic conditions, subject to discrimination and social exclusion.

Founders:



Beatles wives Elton John Angelo Moschino

# RAA's main activities and expertise areas

- Direct multidisciplinary services for underserved people
- Programs enhancing women and children's health
- Development of social involvement initiatives of the young people belonging to vulnerable groups
- Consultancy and distance and residential learning programs that target:
  - medical, social and psychological assistance services
  - prevention of HIV in work settings
  - social and professional integration of HIV affected people
  - life long learning skills enhancement for vulnerable children, young and adults
  - project writing skills, access to non-reimbursable funds.
- Technical assistance, and Monitoring and Evaluation of programs to combat epidemics with major impact over population (HIV/AIDS, Tuberculosis).
- Formation programs designated to children, young people and adults belonging to vulnerable groups
- Education and prevention programs for HIV/ STI.



## HIV infection in Romania, statistical data at 31<sup>th</sup> of December , 2007

(National Institute of Infectious Diseases "Prof. dr. Matei Bals")

•Patients under active surveillance: HIV + SIDA 7.591

Children (0-14 years)

240

• Adults (>14 years) 7.351

•Patients under ARV treatment 6.500

Children (0-14 years)

196

Adults (>14 years)

6.304





#### 2004 – extending of RAA projects through Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

- Extending the Capacity of Voluntary Counseling and Testing (VCT)- 16 counties and Bucharest
- Prevention of Mother to Child Transmission of HIV (PMTCT) - 16 counties and Bucharest
- Extending the Network of Day Care Centers 16 counties and Bucharest
- Health Education for Children and Teenagers living with HIV/AIDS- 16 counties and Bucharest
- Mobile Unit for Dental and Dermatological assistance for PLWHA 21 counties
- Online continuous medical education national coverage



#### Gradual implementation of VCT centers

Services for HIV/AIDS patiens and

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### Extending the capacity of voluntary counseling and testing (VCT)

#### RAA's Voluntary Counseling and Testing Centers (VCT centers)

#### **Partners:**

- Ministry of Public Health (MOH)
- County Health Authorities
- Local medical private and public health network.

Program financed by The Global Fund to Fight HIV/AIDS, TB and Malaria (Global Fund)

#### **Results:**

- 18 VCT centers opened between 2004-2005 in 16 counties and Bucharest (covering 48% of Romania's counties)
- A trained network of 35 counselors, 17 local coordinators, 17 local multidisciplinary intervention groups



### Implementation steps

# VCT centers – steps in implementation

- 1. Defining a working VCT methodology
- 2. Opening VCT centers
- 3. Integrating VCT with other services (medical, psychological, social assistance) for PLWHA
- 4. Continuous professional education for VCT counselors and for medical network
- 5. Establishing local multidisciplinary intervention teams
- 6. Promoting in the community the benefits of counseling for HIV/STI in general population and especially to vulnerable groups (young people, street children, MSM, CSW,IDUs, etc)



### 1. RAA's VCT Methodology

- Elaborated according to the international recommendations
- Establishes the necessary conditions for opening a VCT center
- Contains a package of :
  - counseling forms (pre-test, post-test for negative/positive result, risk assessment, form for HIV testing with rapid test)
  - details for the activity of multidisciplinary local team
  - package of quality evaluation instruments (questionnaire of satisfaction, forms for evaluating the counseling sessions, counselors evaluation, etc).

Approved by the Romanian MOH and the National Committee Against HIV/AIDS.



### 2. Opening the VCT centers

According to the VCT methodology:

- Establishing the eligibility criteria
- Negotiation with local partners
- Recruiting the personnel-counselors and local coordinators
- Full equipped with consumables, medical equipment and with cars for outreach activities in rural areas, covering 16 counties and Bucharest



# Facilities provided by RAA for each VCT center

- VCT and PMTCT methodology.
- Equipment and consumables: HIV rapid tests, materials (condoms, IEC materials) and sanitary and paper consumables.
- Continuous professional training for the personnel (trained counselors).
- Quality insurance: quality insurance toolkit
- Links and referral system: with other medical and support services.



# International recommendations implemented by RAA in VCT centers

- Informed consent
- Confidentiality
- Legislation in order to prevent discrimination
- Quality control:.
  - Well trained personnel
  - Insuring intimacy for counseling sessions
  - Implementing systems in order to maintain confidentiality
  - Data base with referral services for clients
  - Proper conditions for storing and transporting the samples (electricity, fridges, recipients for transporting blood samples, etc)



## 3. Integrating VCT centers with other services

#### **General Practitioners from rural areas** (outreach activities for HIV/STI prevention)

#### Infectious diseases services / Day Care Clinics

Multidisciplinary team: medical staff, psycho-social assistance

#### **VCT Center**



#### **OG Clinics**

#### **DV** services

ONG with programs dedicated to vulnerable groups / with risk for HIV infection

#### Community

IEC and educational campaigns



/2/2009



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Laboratories and medical private sector



# 3. Integrating VCT centers with other programs/services

Preventing the HIV Transmission from Mother to Child (PMTCT)

#### **Objec**tives:

- Prevention of HIV vertical transmission by educating and informing pregnant women
- PMTCT protocol delivered in all 18 VCT centers
- Establishing local multidisciplinary intervention teams in 16 counties and Bucharest



 PMTCT training for medical, psycho-social staff



# 3.Integrating VCT centers with other programs/services

" Extending the "Sunflower-Smile" Day Care Network

#### **Objec**tive:

Extending the existing network from 8 to 16 day care clinics in order to provide multidisciplinary services for PLWHA

- medical, psychological and social assistance
  - 16 counties and Bucharest
  - 2 social workers and 1
     psychologist for each day
     care clinic



# 3. Integrating VCT centers with other programs/services

Mobile Unit (UM)

#### **Objec**tive:

Ensuring specialized medical assistance (dental and dermatological services) for PLWHA
Reducing stigma and discrimination of PLWHA at medical services by informing and training the medical staff

- mobile unit
- camping 1-2 weeks in each location
- 21 counties





#### 3.Integrating VCT centers with other programs/services Continuing Medical Education (online)

- 25 distance learning modules and case studies (printed, CD, Web)
   HIV/AIDS general
  - Voluntary counseling and testing
  - Prevention of HIV transmission in medical practice
  - Counseling of pregnant woman
  - •The role of infectious diseases specialist in PMTCT

- The role of family doctor in PMTCT
- The role of neonatology in PMTCT
- The role of midwives in PMTCT
- The role of obstetrician in PMTCT
- Over 44,000 users (doctors, social workers, psychologists, nurses) and 136.022 certificates obtained
- Another 15 modules ready in short time, available on www.medability.rog
- Courses approved by the College of Physicians, College of Dentists





## 4. HIV/STI professional training program (residential) for VCT teams

- Network of 17 local coordinators/supervisors (doctors, most of them epidemiologists):
- Case centered/group counseling and risk assessment
- M&E for VCT center's activities, implementing quality insurance toolkits

#### • Network of 35 HIV/STI counselors:

- Case centered / group counseling, risk assessment and risk reducing plan, counseling for vulnerable groups (pregnant, street children, IDUs, CSW, MSM, teenagers)
- Network of over 70 doctors and nurses from the TB network
- Network of 80 nurses and midwifes from partner maternities (over 40):
- HIV counseling the pregnant women in maternities

# 5. Local multidisciplinary intervention teams

- **17 local multidisciplinary intervention teams** for assisting and referring patients confirmed with HIV infection:
- Team Coordinator epidemiologist from local health authority
- VCT centers' counselors
- Medical Doctor specialist in infectious diseases
- Psychologist and social worker from the local Day Care Clinic
- Medical Doctor specialist in Obstetrics Gynecology
- Medic Doctor specialist in Neonatology
- Family doctor / General Practitioner
- Family Planning specialist



### 6. Promoting VCT services

- Part of the national BCC campaigns
- Promotional activity in the community (RAA - Methodology) :
  - distribution of IEC materials
- (flyers, brochures, posters, etc)
  - radio / television campaigns
  - video / radio spots
  - informing and educational campaigns in the community
  - collaborations with other NGOs and institutions



# Promoting VCT services in the community





# Quality evaluation for counseling and testing services

• **Toolkit of instruments for quality insurance** available in each VCT center, together with use instructions

#### **Examples:**

- Evaluation instruments for pre-test, post-test for positive result, negative results (PMTCT/VCT)
- Evaluation instruments for counselor's abilities for HIV counseling and testing
- Evaluation questionnaires for clients' satisfaction
- Quality assessment provided by VCT coordinators and project coordinators
- Recommendations for quality improvement based on evaluation's conclusions



#### External evaluation of RAA's prevention programs (April - June 2005)

International HIV/STI expert and consultant for public health programs for: UNAIDS, UNICEF, World Bank, International Red Cross, national HIV programs and bilateral agencies - Katinka de Vries

- **Recommendations for decisional authorities:** 
  - The National HIV/AIDS Strategy must specify VCT/PMTCT program's extension
- VCT/PMTCT interventions developed by RAA Foundation are recommended to be consolidated and extended with the MOH support
- Providing the medical network with HIV testing kits has to be done without interruptions
- VCT/PMTCT are public health programs, therefore the MOH has to overtake at least partially the costs, especially those for the personnel
- MOH has to recommend and support KAP studies



#### VCT / PMTCT Programs results (October 2004-March 2008)

- PMTCT and VCT Methodologies (including working instruments)
- Adapted data base
- Centralized reporting system
- VCT:
- 40,090 persons from general population counseled and HIV tested
- Over **160** new cases confirmed and referred to specialized medical and support services
- PMTCT:
- 102.983 pregnant women counseled and HIV tested
- over **130** cases of HIV positive pregnant women (new and old cases) assisted during the pregnancy and at labor



### Sustainability of VCT centers

- VCT centers (services and personnel) were taken over by the County Health Authorities (MOH) beginning with March 2006.
- The taken over procedure specified by the MOH.
- Their integration in administrative and financial structures of local health system has been initiated, but not fully acquired till today.



### Program's success based on:

- Importance of local / central partnerships
- Multidisciplinary approach of HIV positive cases
  - Importance of the referral system
  - Integration of VCT services with medical and support services
- Personnel's continuous professional education
- Promotional campaigns
- Community implication
- Networking with primary and secondary medical network
- Quality insurance and evaluation for VCT services



### Difficulties

- Administrative and financial integration of VCT centers (services and personnel into local health structures)
- Insuring the quality standards after VCT centers' overtaking procedure
- Occasionally, some difficulties in facilitating PLWHA access at medical services



## Difficulties

- Although several prevention programs for vulnerable groups were implemented (most of them by NGO), MOH didn't proved its intention to scale them up at national level and to support their development.
- Prevention programs for vulnerable groups must represent a MOH's priority intervention.



### **KEY CHALLENGES (1)**

- Reforming and updating the legal framework regarding counseling and HIV testing in Romania, the referral system and the multidisciplinary assistance for PLWHA (Initiate a large consultative process).
- Development of educational and prevention programs for vulnerable groups, including programs addressed to young people (teenagers).



### **KEY CHALLENGES (2)**

- Best practice models developed and implemented by NGOs can and must be promoted and extended at national level
- Fighting stigma and discrimination, improving the social integration of PLWHA
- Consolidating the communication and partnership between governmental institutions and representants of the civil society



### **KEY CHALLENGES (3)**

- Transition from external funding to domestic sustainable funding should be ensured.
- Government should co-finance the Global Fund programs that are covering a wide range of prevention activities and extend the services provided to vulnerable groups.



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