



Barbados Case Study on Treat All

How Barbados moved from commitment to action to implement the Treat All approach

Introduction

In late 2015, the World Health Organization (WHO) shared new recommendations for the initiation and treatment of all people living with HIV with antiretroviral drugs (ARVs), regardless of CD4 count or disease stage. These recommendations were incorporated into and expanded upon in the fully updated Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection that was published the following year. This new approach, to initiate treatment for all patients at the time of diagnosis, known as “Treat All”, has been associated with improved health outcomes and will contribute to the UNAIDS goal of having 90% of all people with diagnosed HIV infection on sustained antiretroviral therapy (ART) by 2020. As countries in the Caribbean prepare to adopt the updated guidelines, it is useful to read about the experiences of and important lessons learnt from the first countries to implement these policy changes. This case study documents the processes and experiences of Barbados, as they began rolling out the Treat All approach in 2016.

Commitment, Leadership, Engaging Key Stakeholders

Political commitment has been one of the major driving forces in the implementation of Treat All in Barbados, as evidenced by the government’s adoption of the policy, engagement of stakeholders, the involvement of a broad range of government and partner agencies and organisations, and, particularly, the allocation of dedicated financial resources by the Ministry of Finance.

The Government of Barbados has been in the forefront of rallying donors, partners, and key stakeholders around Treat All. The Ministry of Health, which was assigned as the lead technical agency for the Government of Barbados, provided leadership in mobilising donor and implementing partners, such as the Pan American Health Organization (PAHO) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), and garnered significant financial and technical resources to advance the development, implementation, and monitoring of Treat All. Collaboration between technical agencies and senior officers at the Ministry of Health facilitated a greater understanding among all stakeholders of Treat All as a public health tool, its impact on treatment outcomes, and prevention of new infections. This collaboration was considered a critical factor to Barbados’s success. Donors and technical agencies advocated within and among their networks, with the Ministry of Health, civil society organisations, and other in-country partners for the implementation

“Specifically, it [Treat All] will maintain the low rates of HIV illness and deaths, but we want to see further acceleration of the decline in HIV transmission rates that we have been experiencing.”

Mr. John Boyce, Minister of Health, Barbados

of Treat All, and provided significant support to the preparation and implementation of Treat All. These agencies continue to support the Ministry of Health in the implementation and monitoring of Treat All.

Strong leadership was, and still is, critical to maintaining momentum in the implementation of Treat All. In Barbados, a Treat All champion advocated within the Ministry of Health and with in-country partners, from the policy review and adoption through to implementation, monitoring, and sustainability. Throughout the implementation process, the champion coordinated with key stakeholders, convened planning and assessment efforts, and provided leadership and guidance. Representatives from Barbados shared that the champion, who is a senior staff member from the Ministry of Health, was crucial to the successful initiation and follow up of the program. Champions from other stakeholder organisations, including donors, technical partners, and civil society also played an integral role in supporting Treat All.



Costing and Financial Planning

Implementing the new WHO guidelines can present significant financial challenges due to increased costs of providing treatment and services to a larger patient population. Therefore, financial planning is a key element for successful implementation. Barbados successfully commissioned support from the U.S. Centers for Disease Control and Prevention (CDC) to conduct an analysis of the costs and benefits of implementing Treat All. The analysis used modelling to estimate the costs—an increased patient population and the use of generic medicines and other supplies—as well as the benefits of implementing the policy, including a reduction in HIV transmissions. The assessment found that implementation of Treat All would reduce new infections and the costs would be feasible.

The costing analysis informed the budget for implementation, which took into consideration a range of factors, including the use of generic drugs, and ensured that sufficient funding was available to maintain a reliable supply of medications and other supplies. Representatives from Barbados recommended creating a lead role for a finance expert who would be able to participate in policy decisions.

The costing analysis provided the evidence needed to build the case for initiating the policy change and rollout. The findings from the costing analysis and the proposed budget were shared with Ministry of Health leadership to secure approval for the policy change. Partners agreed that the costing analysis was a key factor for this success.

One challenge Barbados encountered, however, was that the costing analysis process was very time consuming and the results were delayed. Long delays can affect the accuracy of cost estimates in a rapidly changing environment. A lesson learnt from the Barbados experience is to balance the need for comprehensiveness of the costing analysis with the need for rapid, usable information.

Country-specific costing studies are valuable tools for developing local evidence to estimate how Treat All will impact a country. This step helps translate global WHO recommendations into practical customised action plans designed for the local context.

Setting Policy and Determining the Approach

The Treat All champion, stakeholders, and other government and health leadership must come together to determine the plan for policy change and implementation. Setting realistic and mutually agreed upon expectations during the planning stages is crucial for the rollout's success.

A variety of stakeholders, including the Ministry of Health, PAHO, PEPFAR, USAID, CDC, UNAIDS, and civil society organisations, came together for a week-long assessment and planning workshop with the goal of developing a Roadmap for implementing Treat All. Stakeholders reviewed existing resources and assessments—including a health sector assessment and the costing analysis for implementing Treat All—and identified information gaps. The WHO Health Systems Approach and Treatment 2.0 Framework were also used to guide and structure the Roadmap. The Roadmap included a shared mission and goals and a start date for implementation; it also identified key resources that should be in place prior to implementation. Stakeholders identified nine objectives in the Roadmap that aligned with WHO Health Systems building blocks. Each objective included specific activities, with timelines and identified partners responsible for each activity's completion. The plan included terms of reference (TOR) for all partners, to identify each organisation's roles and responsibilities in the rollout. The purpose of the TOR is to avoid duplication of efforts and identify the technical support needs required to achieve the goals.

Several representatives identified the process of developing the Roadmap as a key factor for successful implementation of Treat All, and recommended engaging all partners involved in the national HIV response—each having important responsibilities for the effective national implementation of Treat All.

The Roadmap breaks down what needs to be done into achievable tasks and assigns appropriate roles to individual stakeholders.

Stakeholders must ensure the policy and implementation plan is practical and has logical structure.

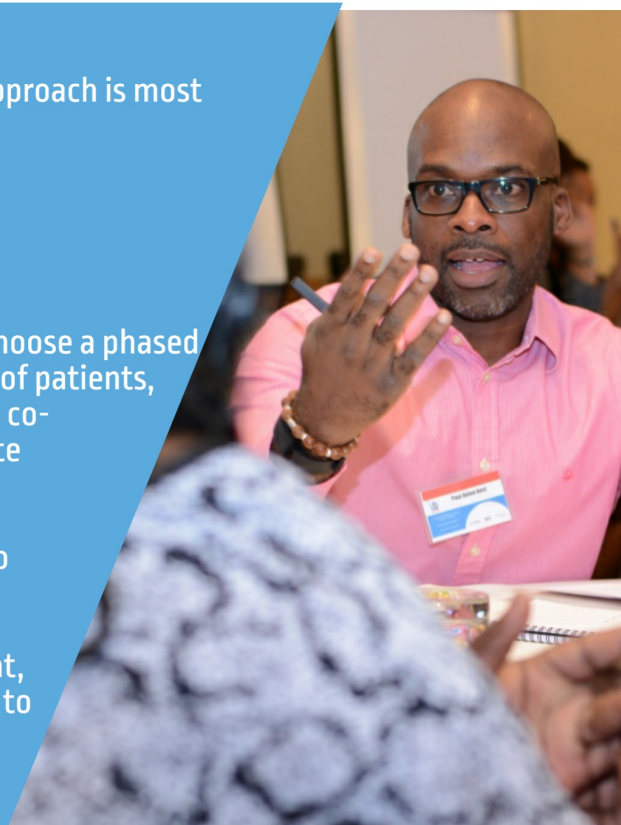
Developing a Plan to Implement Treat All

Each country should decide what approach is most appropriate for their national:

- needs
- priorities
- resources

For example, some countries may choose a phased approach in which some subgroups of patients, such as older patients or those with co-morbidities, are prioritised to initiate treatment in the early phase of implementation; in later phases, all patients should be encouraged to initiate.

As the Roadmap is a living document, stakeholders should meet regularly to review progress and address challenges.



Dr. Anton Best, Senior Medical Officer of Health (CD), HIV/STI Programme, Ministry of Health, Barbados

Supply Chain Planning

The increased demand for treatment under the Treat All approach requires maintaining adequate supplies of medicines and testing materials. It is therefore important to prioritise the critical supplies when conducting costing and financial planning exercises. Large scale and/or long-term stock outs of ARVs or testing kits can disrupt the implementation of Treat All.

Stakeholders highlighted the issue that some countries in the region pay more than others for the same medications and urged that countries consider various supply options for lowering drug costs. Countries paying high drug costs may benefit from exploring other suppliers, including the PAHO Strategic Fund, and options for obtaining generic medicines. The PAHO Strategic Fund will ensure a consistent uninterrupted supply of medications at competitive prices. Overall, a robust supply chain management system that ensures product selection, accurate quantification and procurement, and adequate inventory management, storage, and distribution is needed in order to maintain an uninterrupted supply of ARVs and other HIV consumables.

The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health –

Commodities presents the six rights of logistics getting the right goods, in the right quantity, in the right condition, delivered to the right place, at the right time, and for the right cost—and is an excellent resource for understanding the supply chain.

Human Resources Planning

When rolling out Treat All, it is inevitable that the number of patients on treatment will grow, thus increasing health workers' workload and increasing demand on the supply chain. Changing policies and protocols can present significant challenges to providing adequate staff coverage and supportive supervision during periods of increased workloads.

To understand the potential strains on and needs to expand the workforce, countries should conduct an assessment of the flexibility of current human resources. This study should be done during the assessment and planning process. It would also prudent to assess the patient population, including the potential patient population not yet in care, to estimate and plan for increases in demand. These issues remain challenges in Barbados; as a result, the Ministry has requested PAHO's support to conduct WHO-recommended assessments of the health system, in order to expand beyond the current needs of the HIV program.

Engaging Civil Society and Technical Partners to Provide Decentralised Care and Advocacy

Barbados made a significant effort to include civil society and other partners engaged in the national HIV response in the rollout of Treat All and the national approach to decentralising health services. These efforts were identified as key factors for success.

By engaging partners who provide testing, HIV, and other health and human services in the community, countries can help reach clients who may never have interacted with public clinics. Partnerships with these organisations can improve the reach of testing services and strengthen linkages to care to help those who have tested HIV positive in private or community-based facilities to initiate treatment without delay. Relatedly, decentralising HIV care by partnering with non-governmental organisations increases the number of practitioners who can provide HIV services, which can address human resource strains on the health system.

Barbados has found that stigma and discrimination remain significant barriers to accessing HIV care; some clients may feel uncomfortable seeking care in local public facilities where they may know staff or other patients. Providing care through private clinics and civil society organisations can create alternative sources of care that may be more acceptable.

In order to decentralise HIV care through the engagement of civil society organisations and private clinics, while maintaining a consistent and high-quality standard of care, Barbados developed a Shared Care Protocol for the Ministry of Health and private service delivery organisations. The Shared Care Protocol set standards for service delivery and referrals across different facilities to ensure that all of patients' testing, care, and treatment needs are met. In Barbados, patients may receive testing and care services in a private clinic but benefit from ART and laboratory services offered in the public sector. Caribbean countries use different models to share, integrate, and decentralise care. WHO's guidance, Differentiated Care for HIV: A Decisional Framework for Antiretroviral Therapy Delivery, can be a valuable resource for countries as they consider the best model for their patients and national context.

Shared Care Protocol

The Shared Care Protocol, defined in the Barbados national HIV program, is a modification of the traditional model of ART delivery from the public clinic to a private institution. The model is applied between the Ministry of Health and the Barbados Family Planning Association.

At the Barbados Family Planning Association, people who test HIV positive are initiated on ART and stable uncomplicated patients referred from the specialised Ministry of Health HIV clinic (Lady Meade Reference Unit) are provided with routine ART follow up.

As part of ART delivery, Barbados Family Planning Association prescribes ARVs and draws blood for CD4 and viral load monitoring. ARV prescriptions are filled at the Ministry of Health pharmacy and laboratory analyses, including CD4 and viral load testing, are done at the Government laboratory. All ART services are delivered in alignment with the National HIV treatment guidelines.

This model of care reduces the patient load at the Ministry of Health HIV clinic and enables experienced practitioners to focus on more complicated patients who need greater attention.

"Barbados Family Planning Association always has a clientele that we have never really tapped into. So having them is really an asset to reaching people we wouldn't reach otherwise."

Dr. Joy St. John, Chief Medical Officer, Barbados

Modifying Delivery of Care

The experience in Barbados highlights three ways the delivery of care can be modified to address the changes required in delivering Treat All.

#1

It is important to consider how Treat All will be implemented for both new and existing patients. Patients who were living with HIV and aware of their status, but had not yet initiated ART, were not immediately recalled to start treatment. Instead, the clinical team decided that when patients returned for their next scheduled appointment, health workers would approach them about treatment. The advantages of this approach were that patients could maintain their regular schedule and health workers avoided having a flood of recalled patients make appointment within a short timeframe. However, the disadvantage of this approach was that some patients struggled to understand or accept the change in treatment protocol and/or may have viewed the recommendation to start treatment as an indication of their declining health, even if their CD4 count, which had previously been the primary indicator of patient health, had remained the same. Communication with patients, health workers, and the community is critical to success of Treat All.

#2

The availability and use of rapid HIV testing services could ensure that all patients tested for HIV know their status, receive counselling, and offered treatment, if appropriate during a single visit. However, some service providers in Barbados perform multiple functions and increasing the quantity of consistent high-quality HIV testing and counselling can prove a significant challenge. One potential solution to these challenges is to employ a task-shifting approach, where lay counsellors are trained to provide rapid testing and counselling services. Lay counsellors can then refer patients who are found to be HIV positive or need other supportive services to more skilled providers. An additional challenge with rapid testing is that persons testing HIV positive may still need time to understand and adjust to their diagnosis before they are ready to initiate a commitment to lifelong treatment. One approach to providing support to new patients who have not yet initiated treatment is to connect them with "expert patients" who have been on consistent treatment.

#3

In some countries and service delivery settings, HIV care tends to be segregated from other health-care services. In this model, HIV-focused physicians only manage clients' HIV care, and clients must go to other providers, and potentially other clinics, to access other services. Representatives from Barbados recommend moving away from this segregated model and starting to treat HIV as a chronic disease in an integrated care setting where all of the patients' health-care needs can be addressed. Providing integrated care was identified as a key factor to the successful rollout of Treat All, since it responds to the increasing patient population on ART and the increased duration of treatment, as patients prepare for the lifetime commitment to ART.

Overall, it is important for countries to consider their patient and human resource needs when deciding which model for care best suits their unique context.

Communication and Outreach

Clear, consistent, and effective communication to patients, health workers, the community, and stakeholders is a key factor to the successful rollout of the Treat All approach.

Barbados made efforts to keep the entire clinical team informed over the course of implementation. The Ministry of Health in Barbados convened several meetings with the multidisciplinary teams, updating them on the development and implementation of the Treat All Policy and Roadmap. The head of the clinical team served on the Treat All Steering Committee and provided feedback to the entire staff. The Ministry convened a special meeting with the clinical team and clearly communicated the start date of October 1, 2016. In communicating with the clinical team, the Ministry of Health emphasised the need to commence offering ART to newly registered patients, while at the same time remaining cognizant of the crucial need for treatment readiness and adherence monitoring.

After making the decision to implement Treat All, Barbados organised an event to launch the new policy and catalyse the rollout. The new Treat All Policy was highly publicised in the Barbados media. Some noted that the publicity could be a challenge as it could create a demand that facilities might be unable to address. It is important to prepare the health system well in advance to manage the increased patient population.

Patients were informed by their social workers and other clinical staff about the Treat All Policy through support group networks for people living with HIV. Members of the support group offered to assist the clinic staff with administrative/logistic work. Treatment-experienced patients indicated their willingness to serve as "Treatment Advocates" and share personal stories/provide testimonials on the benefits of treatment.

It is important to communicate effectively to help patients make informed decisions about their care, particularly in light of new policies and protocols. Discussing and assessing a patient's readiness to initiate treatment is an important component to Treat All. Health workers must always respect a patient's decision to initiate or delay their treatment. Facilitating partnerships between new and expert patients can be a valuable method for preparing new patients to initiate treatment.

Stigma and discrimination remain significant barriers to linkage and adherence to and retention in care in Barbados and other countries in the region, particularly for key populations who may be subjected to increased levels of stigma and discrimination. Countries may be able to address these challenges by engaging members of key populations and the HIV-positive community in the process of planning for and implementing Treat All. By meaningfully involving these groups, countries can adjust communication and care and treatment approaches to better address their respective needs.



Minister of Health, Barbados, Mr. John Boyce and PAHO Representative Dr. Godfrey Xuereb at the launch of Treat All

Ongoing Monitoring and Maintenance

Stakeholders in Barbados noted that implementation of the Treat All approach is a process that must be monitored and maintained.

Since the initial development of the Roadmap, the leadership of the Barbados Ministry of Health continues to use the living document to assess progress and address challenges at regular meetings. The Chief Medical Officer meets regularly with senior medical officers across the country to discuss ongoing implementation of Treat All, new ideas, and potential efficiencies. Monitoring and evaluation of the Roadmap and the Treat All implementation approach are important to identifying opportunities for improvement. The Steering Committee, which includes technical partners, the Chief Medical Officer, donors, and civil society organisations, will continue to meet under the auspices of the Ministry of Health every month to monitor the implementation of the Roadmap.

Sustainability of the Treat All approach is also key for success. Stakeholders from Barbados advised that countries considering implementation should not begin rollout until they are confident that the health system can maintain the approach in the long term.

Conclusion

At the end of 2015, the estimated HIV prevalence among people aged 15-49 was 1.6%, with an estimated 2,600 people living with HIV in Barbados. Of those who tested positive for HIV, 1,139 individuals were receiving ART. In the last two years, less than 200 new infections and 200 deaths have occurred each year. Following a sustainable national scale up of the implementation of Treat All, the Ministry of Health anticipates significant improvements in the HIV treatment programme, including a reduction in the number of new infections and an increase in the number of individuals currently on treatment. The country will continue to closely monitor the implementation and report on the response.

For additional information, visit the PANCAP website: www.pancap.org
June 2017

This case study is made possible by the support of the American People through the President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) under the Knowledge for Health (K4Health) Project (AID-OAA-A-13-00068). The contents of this case study do not necessarily reflect the views of the U.S. Government, PEPFAR, USAID, or K4Health.

