

# **tropEd Masters Program in International Health**

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## **Lessons learned: The implementation of Syphilis and HIV Screening with Rapid Tests in Special Indigenous Health District of Alto Solimões in the Brazilian Amazon**

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A thesis submitted to the Swiss Tropical and Public Health Institute, University of Basel, in partial fulfillment of the tropEd Master Program in International Health

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## Executive summary

**Background:** Fundação Alfredo da Matta (FUAM) proposed in collaboration with WHO and the Brazilian Ministry of Health the introduction of Syphilis and HIV Rapid tests (RT) in routine Primary Health Care (PHC) services in nine Special Indigenous Health Districts (DSEI) in Brazil, RTs allowing a fast diagnosis and an immediate taking care of a positive case. Beforehand indigenous Men and Women in Reproductive Age (10-49 years) were screened for Syphilis and HIV, creating so the baseline. The study was carried out in one DSEI Alto Solimões in the North of Brazil at the triple-border with Columbia and Peru, characterized by high intensity of trans-border interaction, leading to a higher vulnerability of the population living in this area. The DSEI is administered by FUNASA -the National Indigenous Health Foundation- at central level and has 12 PHC centers –the Polo Bases (PBs)- and health posts with Community Health Workers (CHW) in each village at peripheral level.

**Objectives:** To describe the approach and difficulties of Health Professionals (HP) implementing Syphilis and HIV screening with RTs in DSEI Alto Solimões. Data on demographics and existing vulnerability factors of the indigenous population, the spatial accessibility and the performance of the current health services were collected and hindering and enabling factors of the screening implementation in the field were identified.

**Methodology:** Qualitative before-and-after study, using the “framework approach” for data analysis combined with quantitative elements for descriptive data. Data collection was done in three phases using multiple information sources and different qualitative data collection techniques.

**Main findings:** A sound knowledge of the background of the study population, the spatial accessibility of the study site and the performance of the existing health services are crucial elements to assess viability, feasibility and sustainability of an intervention. Estimation of vulnerability showed an overall high score of the DSEI, but differences between the catching areas of the PBs. In urban areas, in particular close to Tabatinga, the triple border city, scores are higher than in rural areas. Syphilis prevalence in the 25% of MWRA screened was 2.52% ( $\pm 1.28$ ) going up to 11.36% in pregnant women found in one city. Including an assessment of vulnerability of a population could be a way towards an understanding of epidemics of diseases in indigenous peoples. The use of RT was the right choice for this context. The acceptance of the RTs was generally good. Main concerns were related to the pain of the finger prick and

treatment. Challenges for the counseling were to attain translation accuracy collaborating with translators, to reach ability to deal with patient's anxieties and to provide sufficient comprehension about Syphilis and the consequences of the disease in a context-adapted language. PBs, which had integrated these topics during the training of their team, had less reluctance from the CHW's and patient's side towards the screening. Positive points of the follow-up were the 100% partner notification, the good treatment adherence and the functioning referral system in the DSEI.

Emphasis should be put on the simplification of the language and the translation in order to increase the comprehension of the intervention, as well as to facilitate the counseling for the indigenous patients. As for the limiting factors of the logistics, the operability of the DSEI was the decisive point for the implementation; mainly the lack of gasoline had a negative effect at all levels.

**Lessons learned:** Recommendations address the preparation phase at the coordination level, as well as the training level, changes in their strategy have an impact on the whole implementation in the field. In a context of low financial resources the collaboration between an external consultant and governmental institutions are a way towards a sustainable Public Health intervention. Tools like checklists, context-adapted protocols and fact sheets are very simple methods to facilitate a process and provide the good information at the right time, SWOT analysis is a fast way to get an overview of a whole intervention and to reach a better preparedness towards up-coming threats.