Sustaining Adherence and Retention in Care in community level HIV and AIDS services in Swaziland

World Vision

8th International Conference on HIV TREATMENT AND PREVENTION ADHERENCE

jointly sponsored by

IAPAC International Association of Providers of AIDS Care | NIMH National Institute of Mental Health | PIM Postgraduate Institute for Medicine

Gloria Ekpo, MD, MPH

Steven Malinga, MD

World Vision

June 3, 2013

Outline

World Vision

- Introduction
- Adherence Strategy
- Key activities and components of care
- FY12 Results
- Evaluation Findings
- Challenges and opportunities

Community Linkages Project Sites

Population <1.2m

HIV prevalence 41.1%

- **Hhohho** : **9 Clinics**
- **Lubombo: 8 Clinics**

Introduction

World Vision

Community Linkages Project (CLP): CDC-PEPFAR funded project.

- **Project Goal:** Improved quality of life of people living and affected with HIV and AIDS.
- **Objectives:**
  - Integrated community care and support for PLWHA
  - Nutritional support to PLWHA and their families
- **Two Regions**: Hhohho and Lubombo
- **Target population:** 40,065 people
- **Project duration:**2010-2014

Adherence Strategy

World Vision

- Establish Functional Links: Community →Clinic→ Community using community Expert Clients
- Strengthen existing MOH & community health structures and Resource Persons
- Facilitate supportive community supervision, and mentoring of health services
- Strengthening M&E systems at community and health facility levels

Component of Care

World Vision

Community Level

- Home Base Care, HIV and PMTCT services
- Establish/Strengthen Support groups
- Train/Mentor RHM, HBCs,CEC
- Support linkages between RHM/HBCs & clinics
- Patient follow up & tracking.

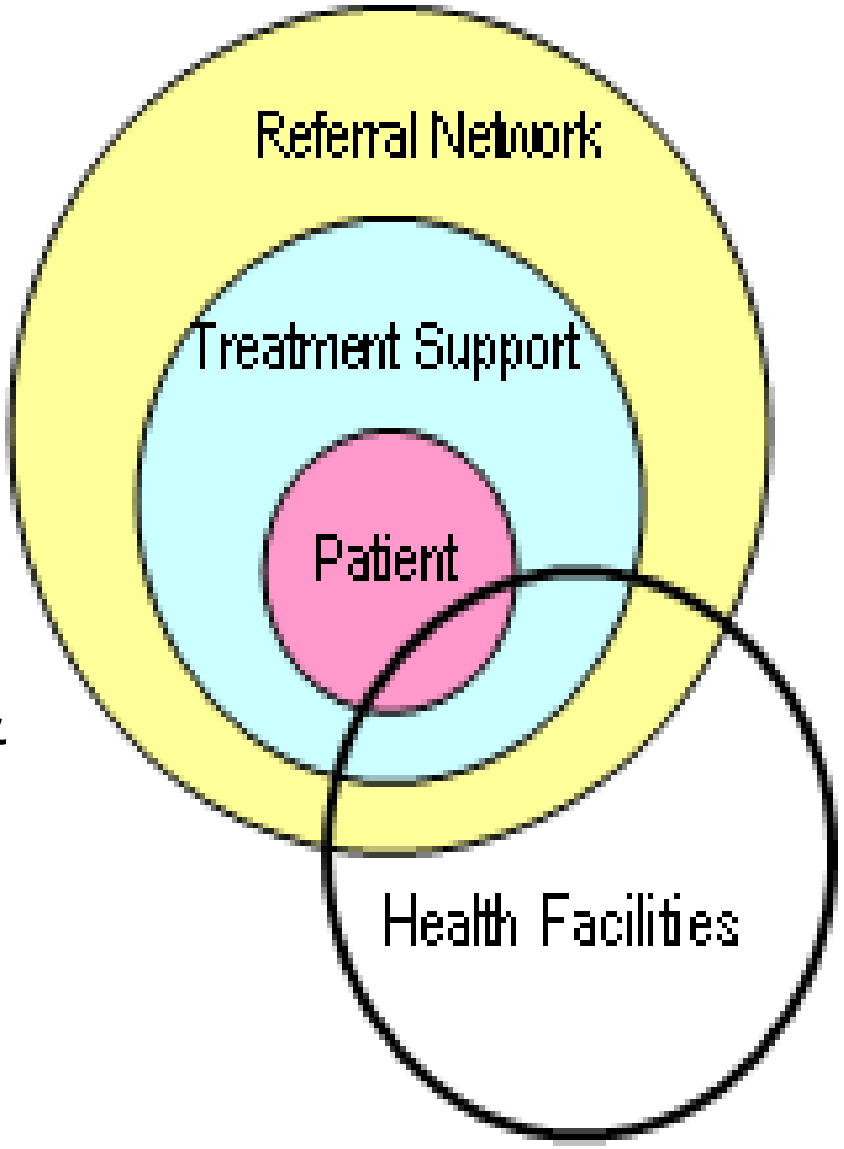
Health Facility Level

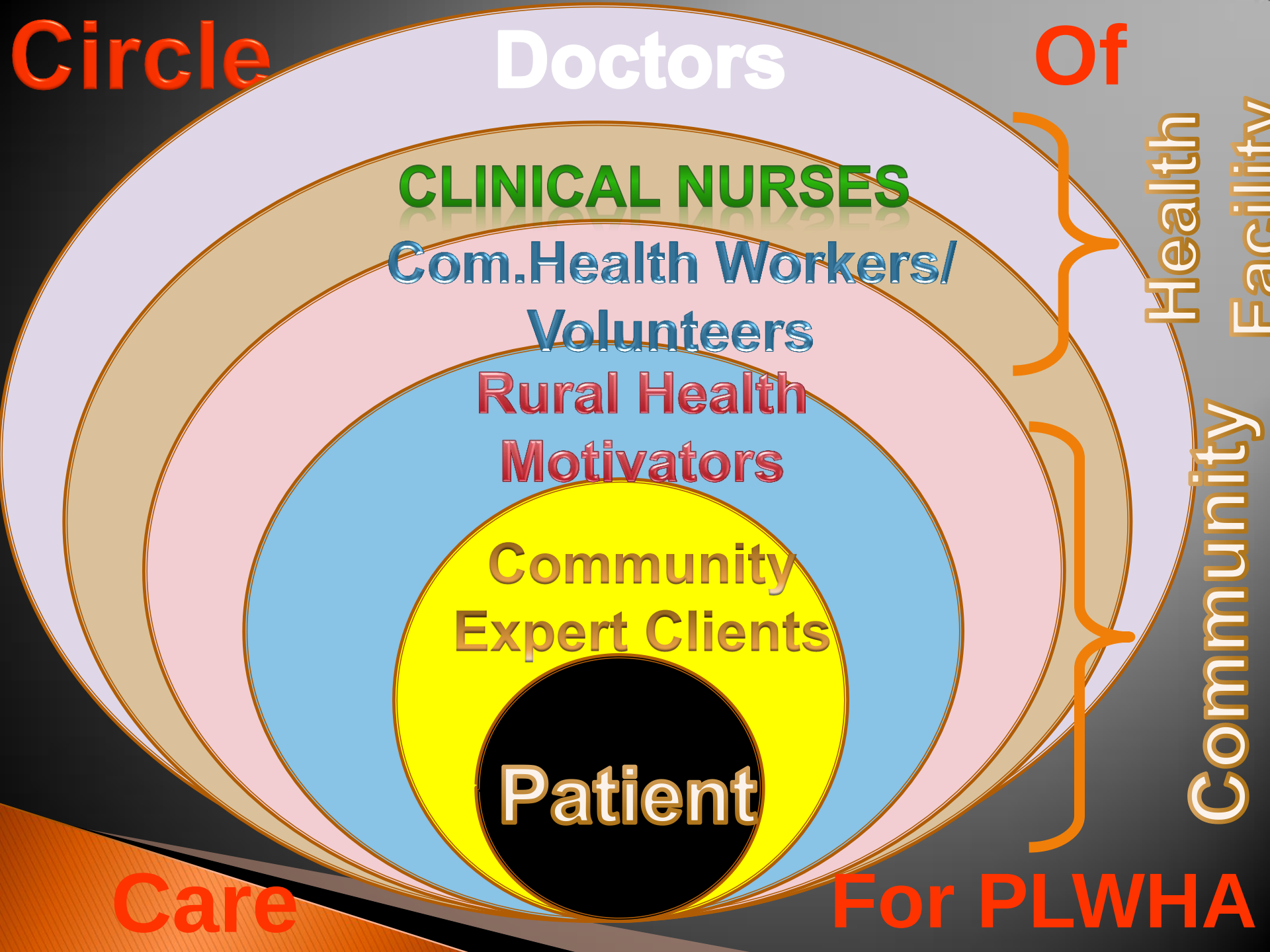
- Clinical assessment and evaluation
- Laboratory workup
- Provision of ART/OIs
- Monitoring for side effects & complications
- Screening for other RH/STI
- Links with community

Referral Network-A Model of Care

World Vision

- Network of community resource people committed to visiting/supporting people on treatment
- Composition: CHWs, HBCaregivers, Volunteers, Health Surveillance, Mobilizers, youth/women groups, FBOs, CBOs etc
- Enrolled, trained, mentored & supported to work at household/community level
- Facilitate referral between community and health facility




Circle
Doctors
Of
CLINICAL NURSES
Com.Health Workers/
Volunteers
Rural Health
Motivators
Community
Expert Clients
Patient
Health
Community
Facility
Care
For PLWHA

FLOW OF CARE FOR COMMUNITY EXPERT CLIENTS

Community Level

Facility Level

RHMS

CEC

PLWHA Support Groups

Clinical Officers

Health Centre

Community Expert Clients

ID Patients

Link patients to CHWs/Nurses

Follow Up/ Adherence Support

Link Groups to Clinic

Nurses

Hospital

Doctors

CHWS

HBC

Volunteers

PLWHA Support Groups

Community Expert Client Role

World Vision

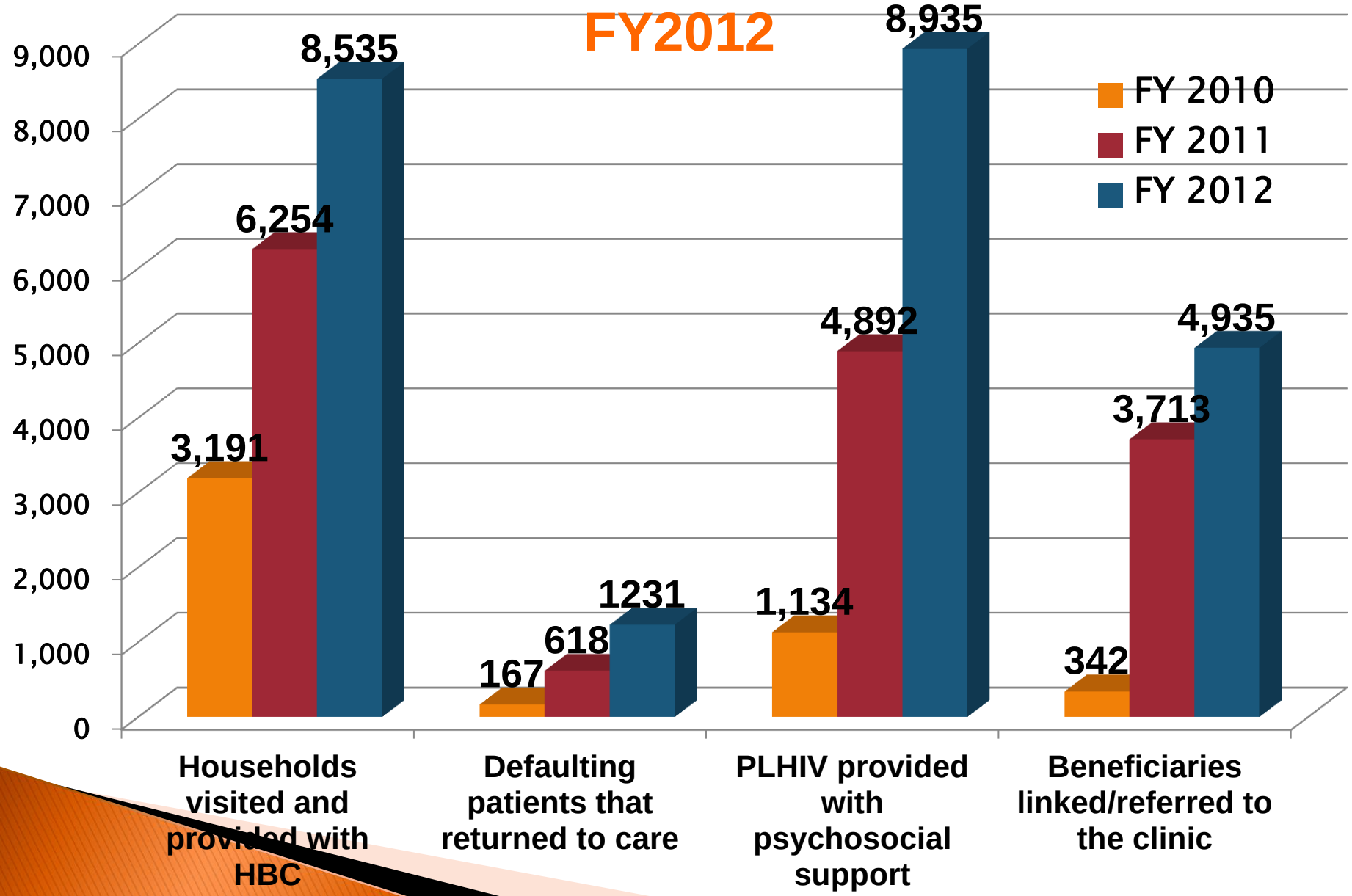
- Identify patients who miss appointment & follow them up
- Link patients with CHWs
- Act as clinic focal person for CHWs
- Coordinate & link support groups to clinic
- Counseling of HIV patients and adherence support

Evaluation of Community Linkages Project

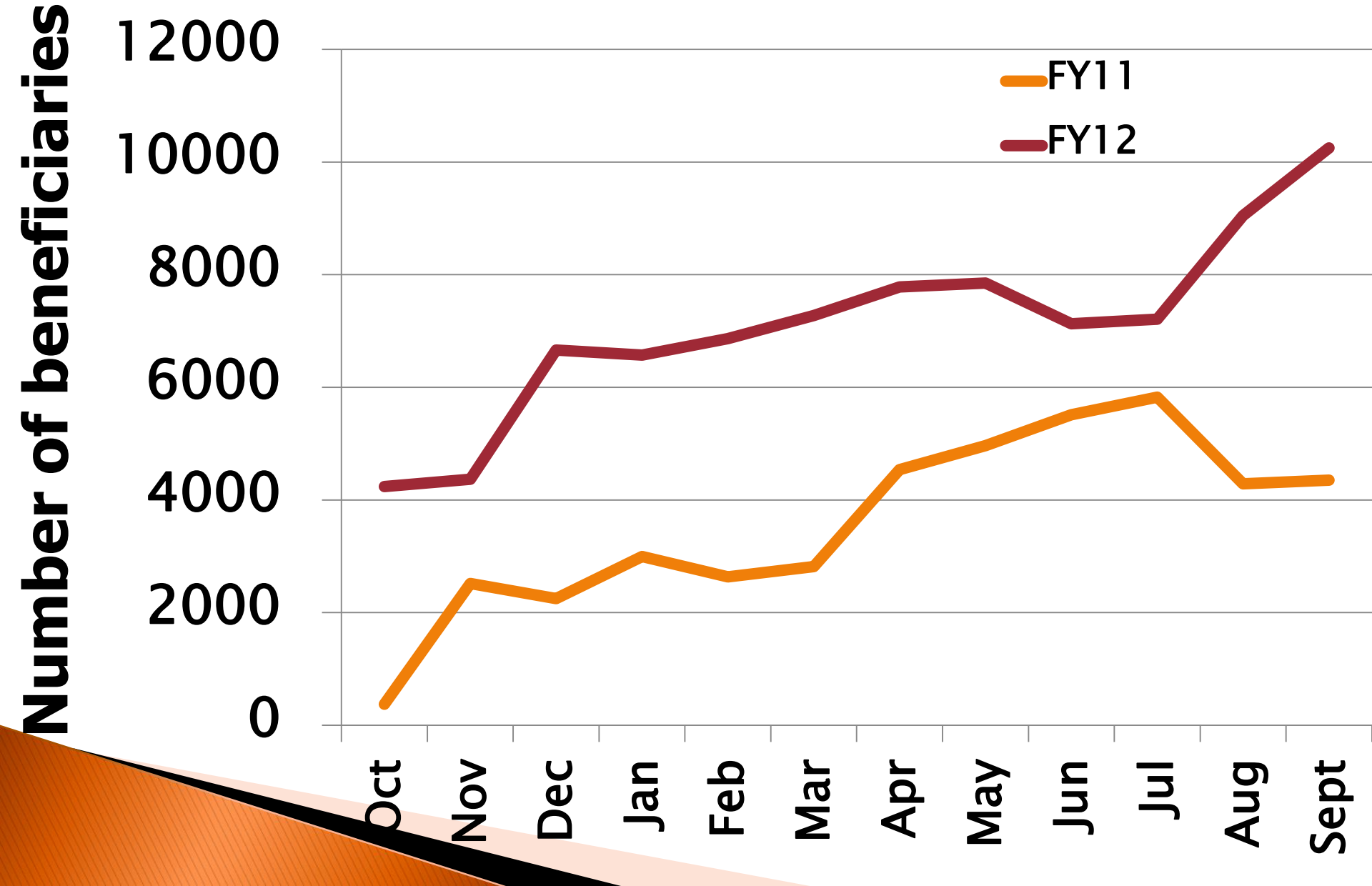
World Vision

- 12 Month ART Client Outcomes
- Analyzed Oct-Dec 2010 Cohort (total of 2387 ART patients)
- 22 Facilites: 13 CLP sites, 9 Non CLP sites
- 6 Manzini, 8 Hhohho, 8 Lubombo
- Evaluation Outputs:
  - Retention Rate
  - LTFU Rate
  - Death Rate

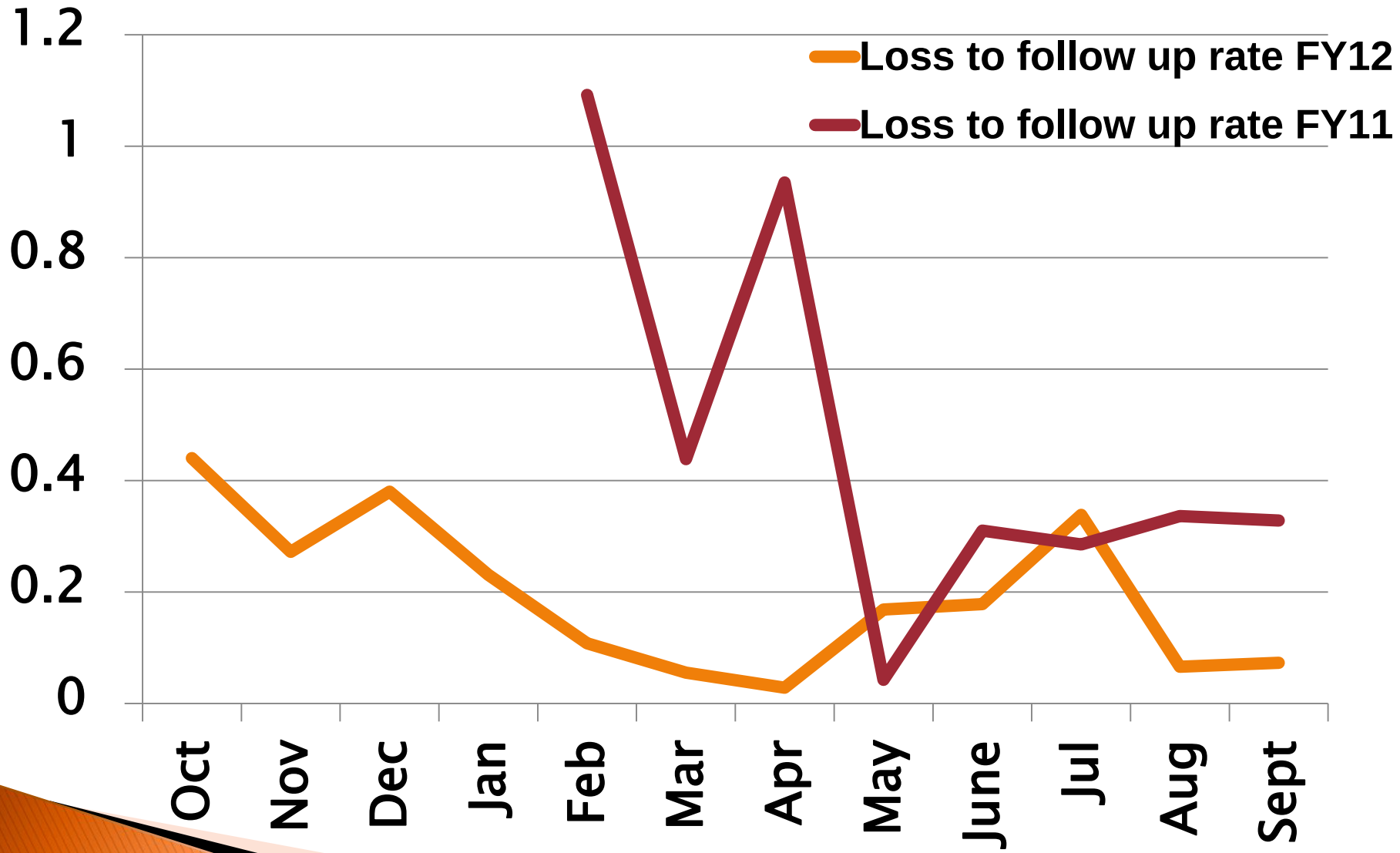
Tracking Care to beneficiaries in Community Linkages Project FY 2010-FY2012



Home Based Care FY2011- FY2012

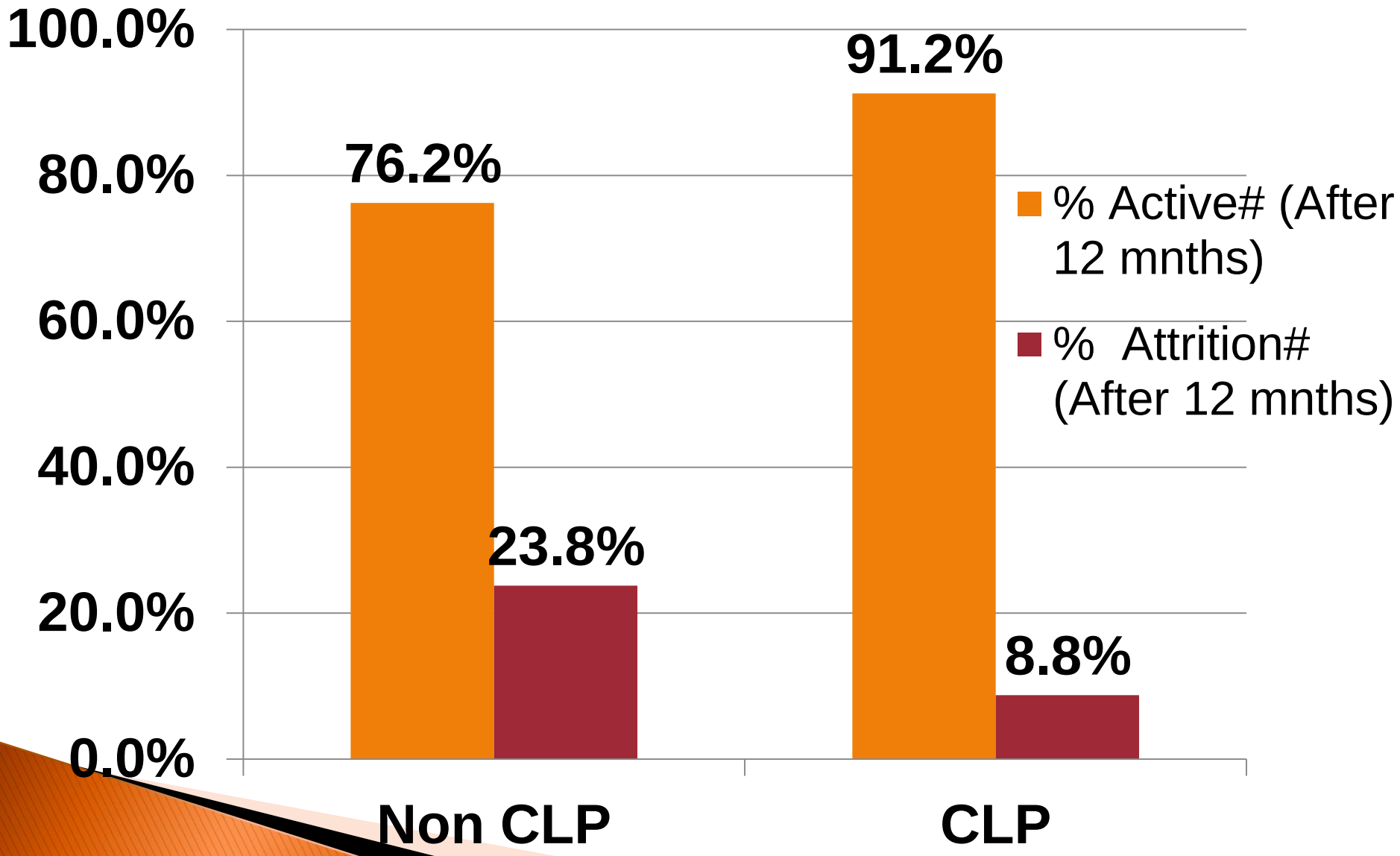


Loss to Follow Up rate FY11 -FY12

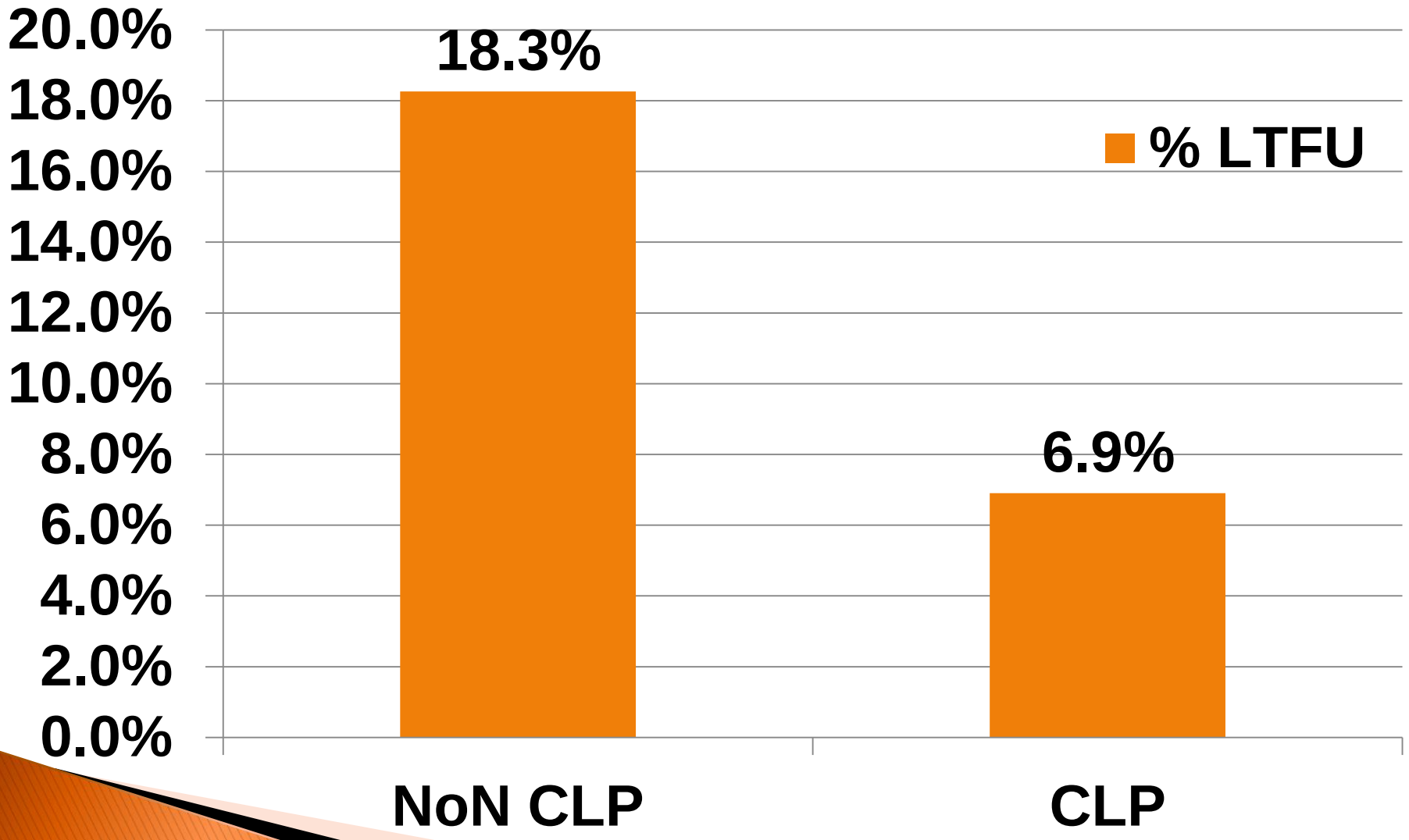


Loss to follow up: Client not to care after 90 days.

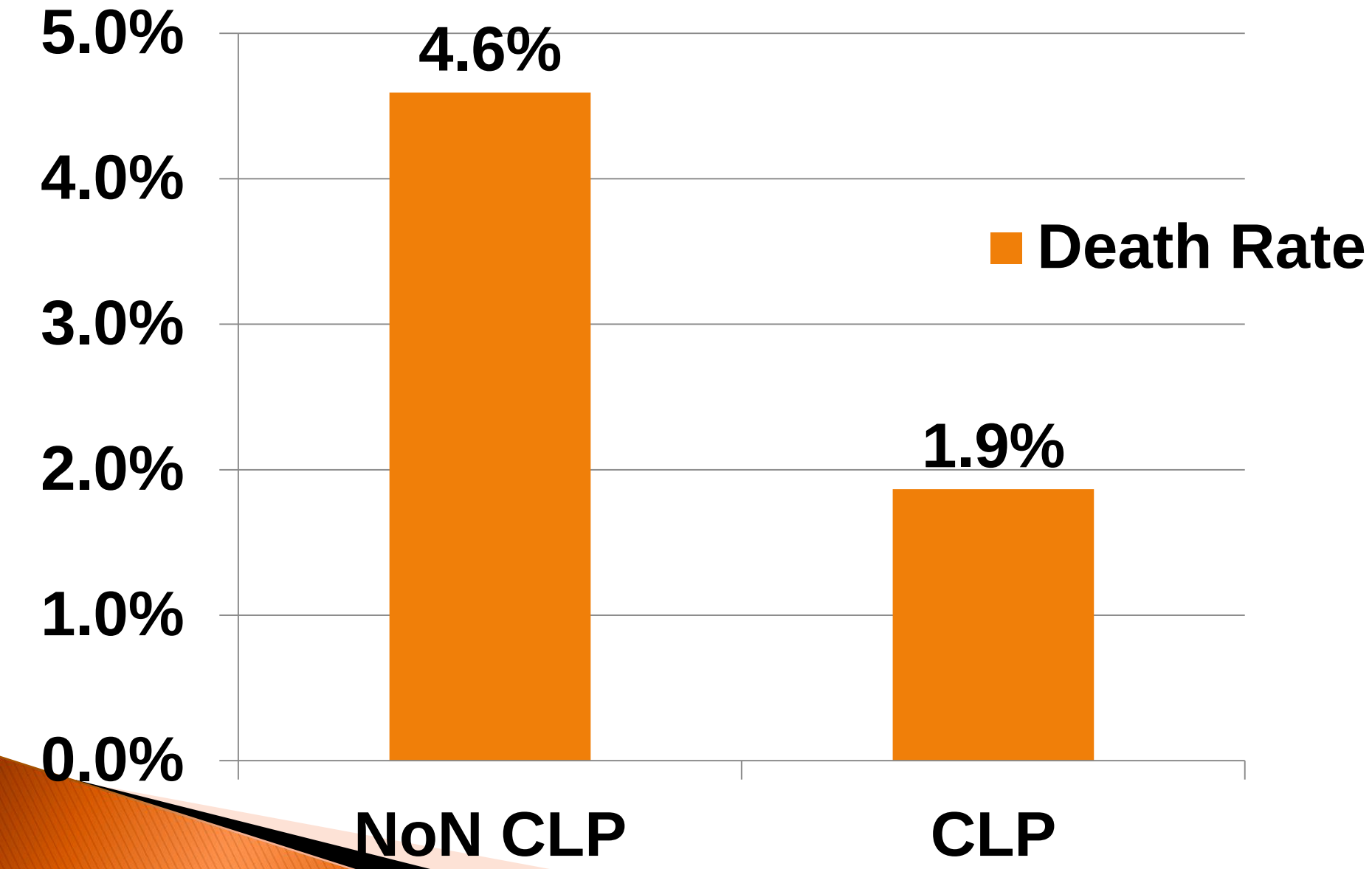
Retention and Attrition Rate at CLP and Non CLP sites



Lost To Follow Up rate at CLP and Non-CLP sites



Death rate at CLP and Non-CLP sites



Adherence Promoters

World Vision

- Sustained contacts with PLHWA by various cadre of community resource persons
- Effective links and follow up between community and clinics and vice versa
- Engagement in adherence support groups
- Regular monitoring and tracking patients in care
- Use of simple and easy-to-use tools by CHWs improves adherence and retention in care for PLHWA.

Challenges and Opportunities

World Vision

Challenges:

- Late reporting especially by elderly CHWs
- Transition/Death of CHWs
- Tracking patients who relocate to South Africa
- Support groups not keen on engaging on psychosocial activities alone

Opportunity:

- Absorption of CECs by MOH

Conclusion

World Vision

- CLP supported sites had higher retention rates, lower LTFU & death rates
- Sustained contacts with PLHWA by various cadre of community resource persons improves adherence
- Use of Community Expert Clients is an effective way to link clients to and from clinics and communities
- Maintaining Functional linkages from community-to-clinic-to-community is critical to adherence and retention in care for PLWHA

Acknowledgement

- Dr. S. Malinga, S. Benson, (World Vision)
- Partners: International Center for AIDS Care and Treatment program (ICAP) and other local FBOs/NGOs
- Funder: Center for Disease Control and Prevention (CDC)
- Project staff and clients
- Ministry of Health Swaziland

Thank You

World Vision