HIV epidemic

- Began in 80s
- We started ARTs in 2004
- 2009 what had we managed to do?
5 years in
people in need
still
not on therapy!
the plea.
USE THE CLINICS
roll out to Aug 2009

-1000
0
1000
2000
3000
4000
5000
6000
1 10 19 28 37 46 55 64 73 82 91 100 109 118 ... 172 181 190 199 208 217 226 235 244 253
weeks
on therapy
in need of therapy
lives saved
deaths
Series 5

KwaZulu-Natal Department of Health
So in 2008 and 2009

I wrote
whilst we have served some individuals well

We have failed the whole community
• As a province we have not achieved universal access yet. Each week 2500 more need therapy and only 1200 get it!
• More than 450,000 have died since rollout start and in the next 5 years a further 300,000+ will die if we continue at the present rate.
• 120,000 still are in the pool of those who need treatment but are not getting it.
• To achieve our goal the rate at which we put people on treatment should exceed the rate at which new patients enter the pool of those needing it!
Service derived blockages

- Too few prescribers –
- All doctors get on board
  This is an emergency
- Task shift to counsellors and PHC nurses doing follow up.
Complexity of care

• Restricting ART to advanced AIDS and low CD4 makes it more complex. Greater need to look hard for hidden OIs. Less satisfactory protection from further OIs.

• We could remove all the less complex to an early initiation programme and have only the advanced cases reviewed by doctors?
Way Forward

1. Have a vision of 100% coverage. Don’t plan to underserve. Plan to meet population need with level of service which can be afforded.
2. Simplify treatment as much as possible. Start earlier, use less toxic drugs as become available and affordable
3. Increase workers in line with the target objectives
4. Multiply the sites sites sites sites of delivery by utilizing all health points
5. Have service delivery teams regularly review their processes to iron out local issues – operational procedures etc.
6. Educate the whole population as to risk/benefit of regular testing and treatment.
what has happened since
Comparative percentage of population on ART April 2009 to March 2012
Relation between sites providing ART and patients started April 2010 – March 2012
Increasing sites

- 687 health sites in KZN (hospitals and clinics)
- 612 PHC clinics not including mobile
- Over 500 clinics now giving treatment
- NIMART started 2010
- 150 trained in 2011
- Now 250 trained
Human resources

doctors per 100,000 pop

- Cuba
- Austria
- Sweden
- UK
- Brazil
- South Africa
- Public service
- Rural
SA public/private/rural divide

Doctors per 100,000 customers

- Private: 160
- Public service: 20
- Rural: 10

Doctors per 100,000 customers
Are nurses the solution?
Are nurses the solution?

professional nurses per 100,000 customers

- **private**: 400
- **public service**: 150
- **rural**: 70

(professional nurses per 100,000 customers)
Tools to reduce transmission

- Behaviour change
- Condoms
- PMTCT and PEP
- Circumcision
- ARVs for infected
NIMART BOOK
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DIAGNOSING HIV

Encourage your client and partner and children to test for HIV.
HIV is treatable. Knowing one’s status can save one’s life.

Obtain informed consent
• Educate client about HIV/AIDS, methods of HIV transmission, risk factors and benefits of knowing one’s HIV status.
• Explain test procedure and that it is completely voluntary.
• Obtain informed consent. Children < 12 years need parental/guardian consent. If consent is granted, proceed to testing immediately.

Test
Do first rapid HIV test on finger-prick blood.

Positive
Do a second rapid HIV test on finger-prick blood.

Negative

Prevent AIDS with routine HIV care ⇒27 and 28.

Client has HIV
• At this visit, give client routine care and assess eligibility for ART with clinical staging and CD4 count ⇒27 and 28.
• Is the client pregnant?

Yes

No

Does client have confirmed TB?

Yes

If CD4 < 350 or stage 3 or 4, client needs ART within 2 weeks ⇒29.
NEW If CD4 > 350 and stage 1 or 2, client needs PMTCT ⇒33.

No

If CD4 ≤ 200 and/or stage 4, client needs ART ⇒29.
NEW If CD4 ≤ 350 and/or stage 4 and/or MDR/XDR TB, client needs ART ⇒29.

HIV test result negative
• A rapid test detects HIV antibodies which may take up to 3 months to be formed.
• Was client at risk of HIV infection in the past 3 months?

Yes

Repeat HIV test after the 3 month window period.

No

• Client does not have HIV.
• Encourage client to remain negative.

Support
Ensure client understands test result and knows where and when to access further care.
Benefit of NIMART

• Clearly more sites can be supported
• Nurse available more days on site
• Nurses stay more years at a clinic than the MO. Longer term patient relationship.
• Empowered nurse’s improved status.
Problems on NIMART

• Large training investment
• Shortage of PHC nurses
• Diverting nurses from other primary needs
• Limited clinical insight?
• Disempowering of the ‘non accredited’
Risks

• ART abandoned by the whole professional team and left solely to nurses
• Vertical programme instead of integrated
• Deteriorating standards of individual management
Recommendations

- All professionals need to support the team
- Attention to the whole PHC package of clinic care
- Clinic nurses must not see it as only belonging to some!
- Task shift other duties to enrolled nurses, clinical assistants and lay counsellors
Don't forget that ART is just PART
a new wave for complete coverage! thankyou