PHC platform and NIMART for ART Service Delivery

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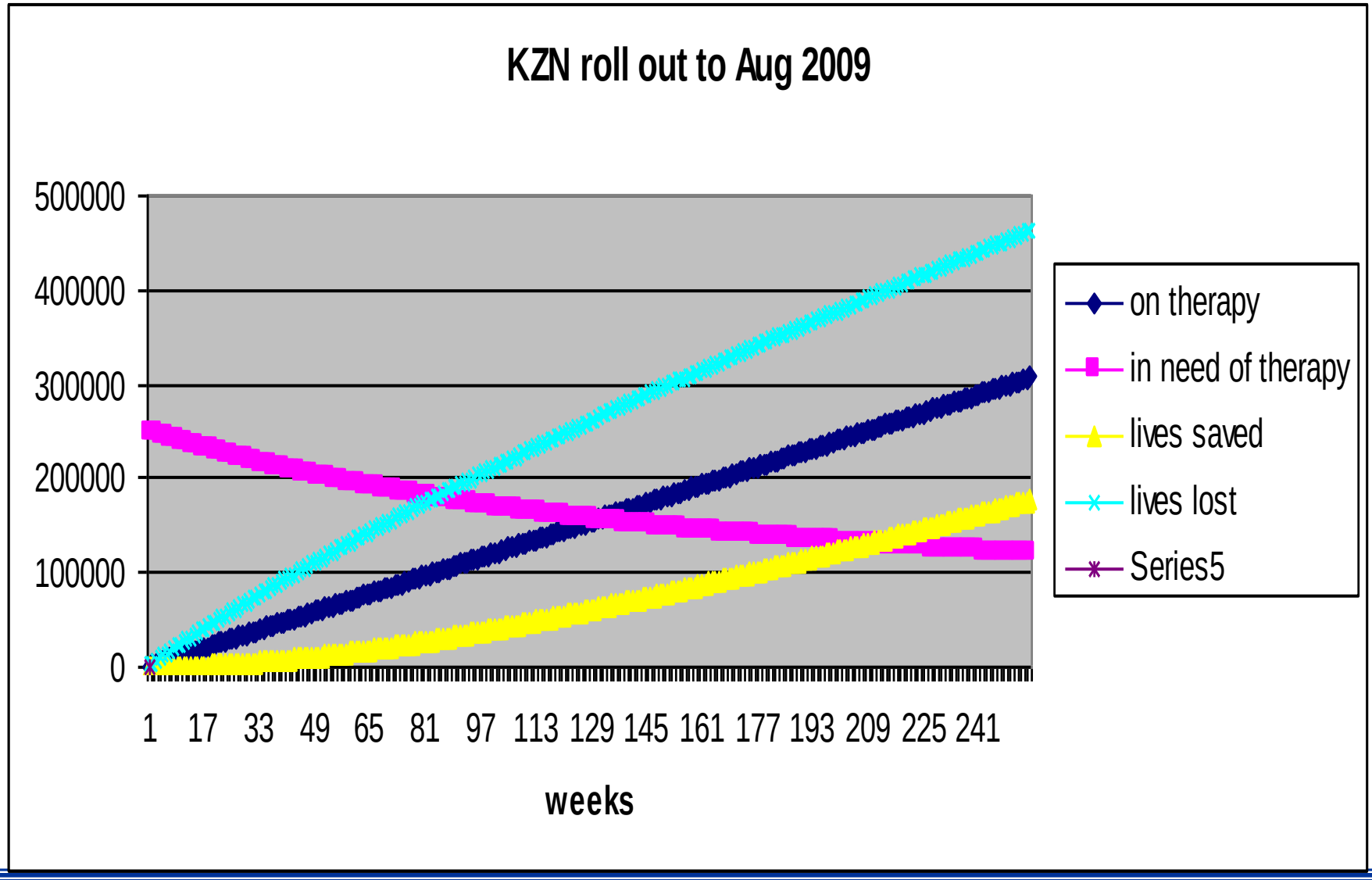
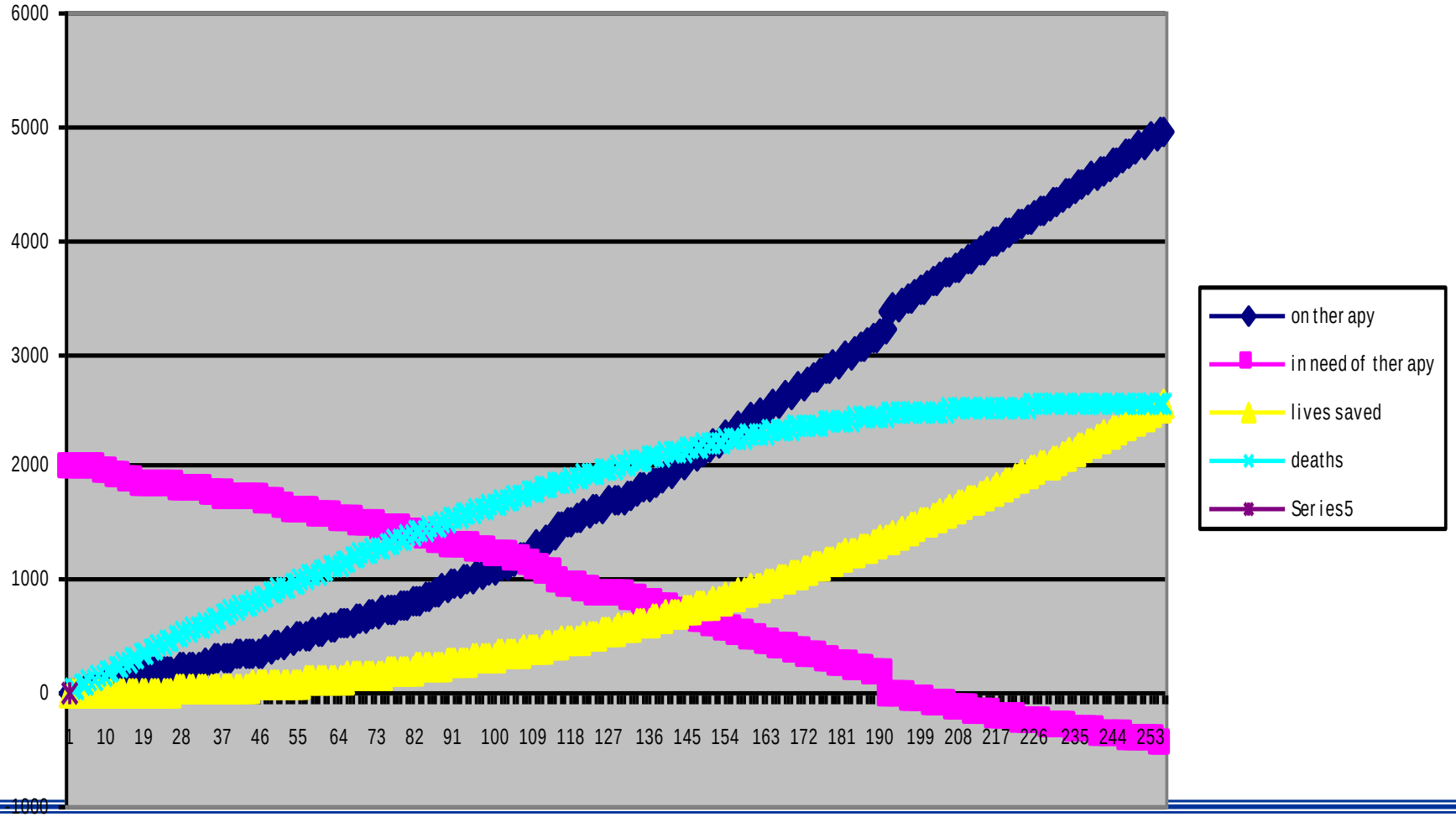
HIV epidemic

- Began in 80s
- We started ARTs in 2004
- 2009 what had we managed to do?


KZN roll out to Aug 2009
500000
400000
300000
200000
100000
0
1
17
33
49
65
81
97
113
129
145
161
177
193
209
225
241
weeks
on therapy
in need of therapy
lives saved
lives lost
Series5

5 years in
people in need
still
not on therapy!
the plea.
USE THE CLINICS

roll out to Aug 2009



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

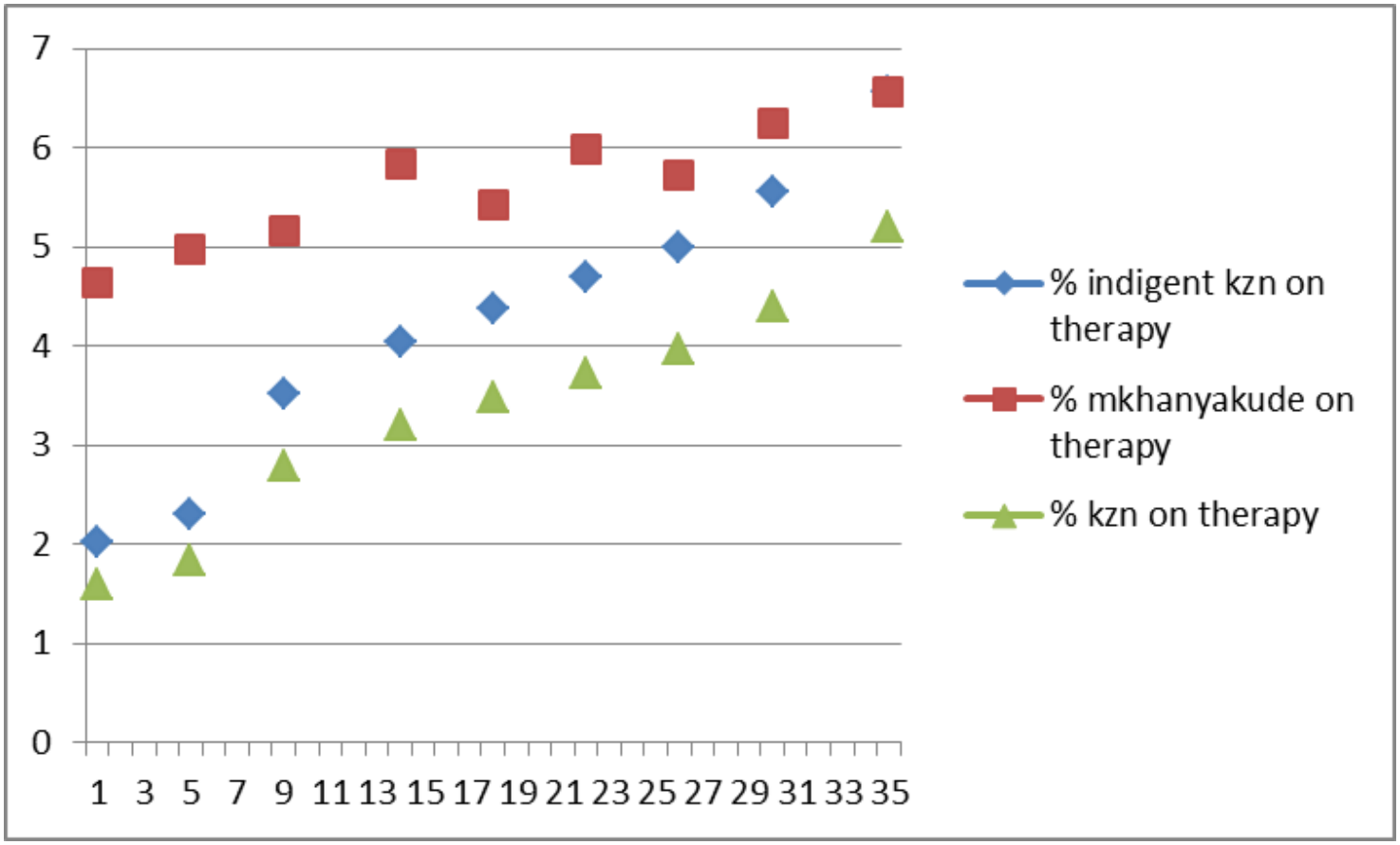
- Restricting ART to advanced AIDS and low CD4 makes it more complex. Greater need to look hard for hidden OIs. Less satisfactory protection from further OIs.
- We could remove all the less complex to an early initiation programme and have only the advanced cases reviewed by doctors?

Way Forward

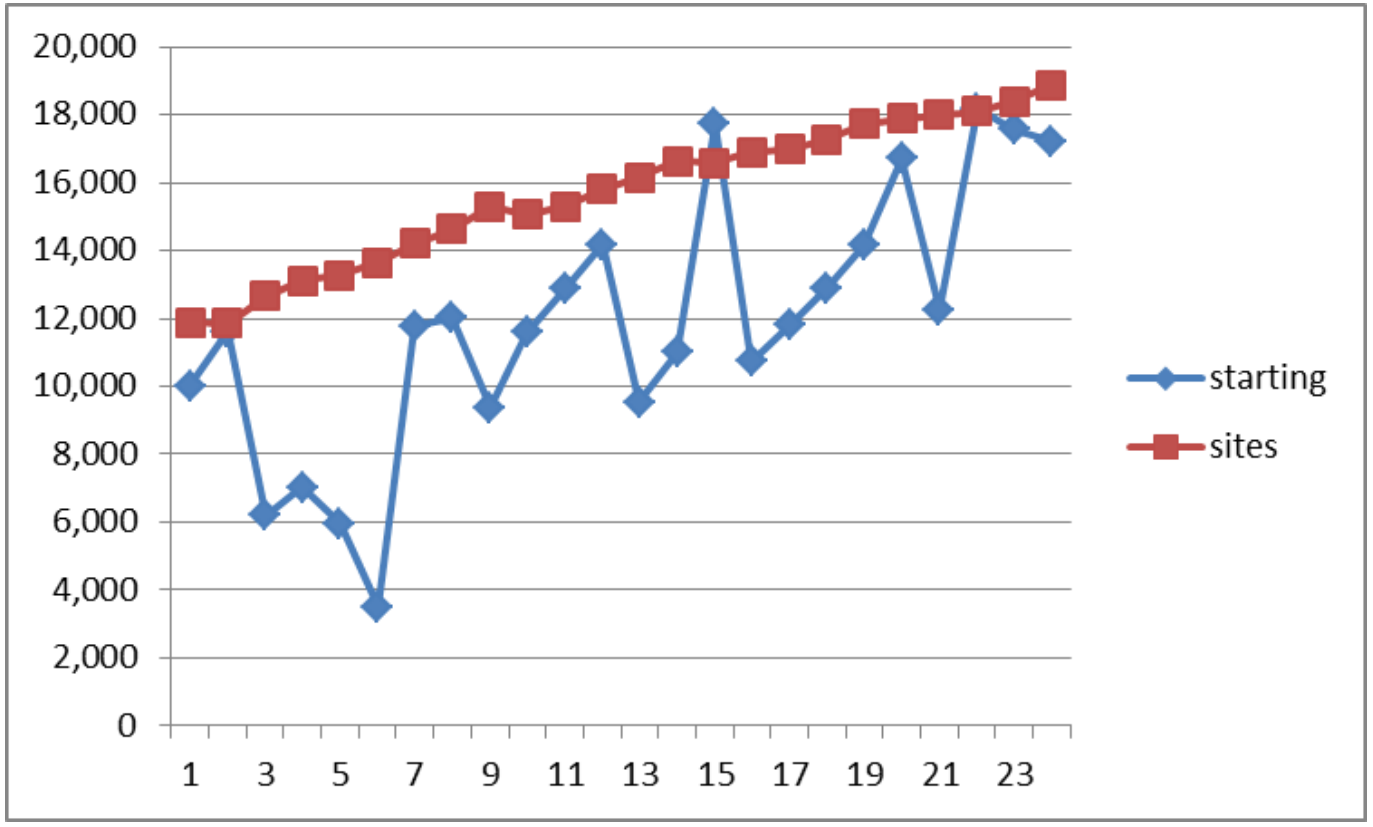
1. Have a vision of 100% coverage. Don't plan to underserve. Plan to meet population need with level of service which can be afforded.
2. Simplify treatment as much as possible. Start earlier, use less toxic drugs as become available and affordable
3. Increase workers in line with the target objectives
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



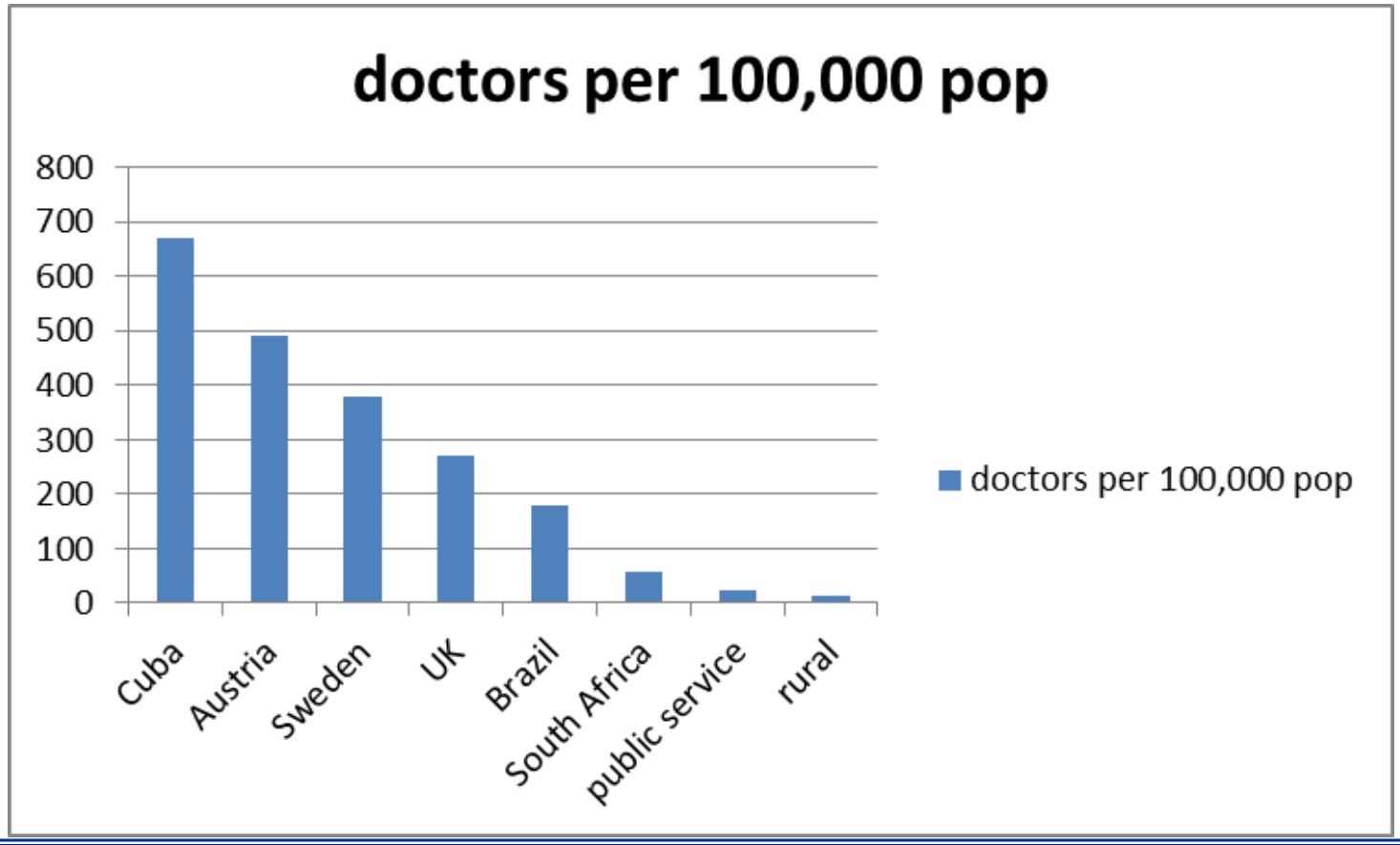
Relation between sites providing ART and patients started April 2010 – March 2012



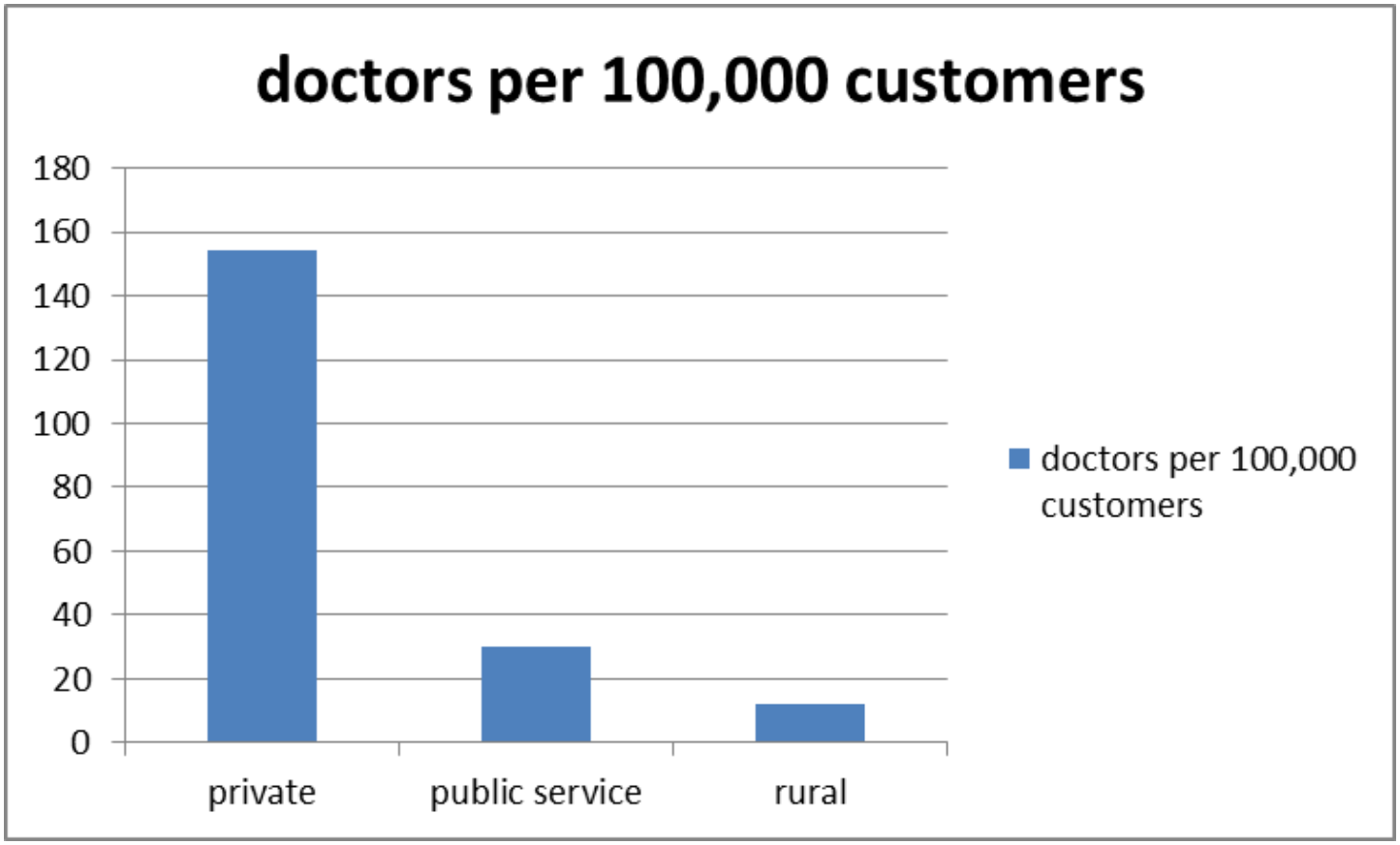
Increasing sites

- 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

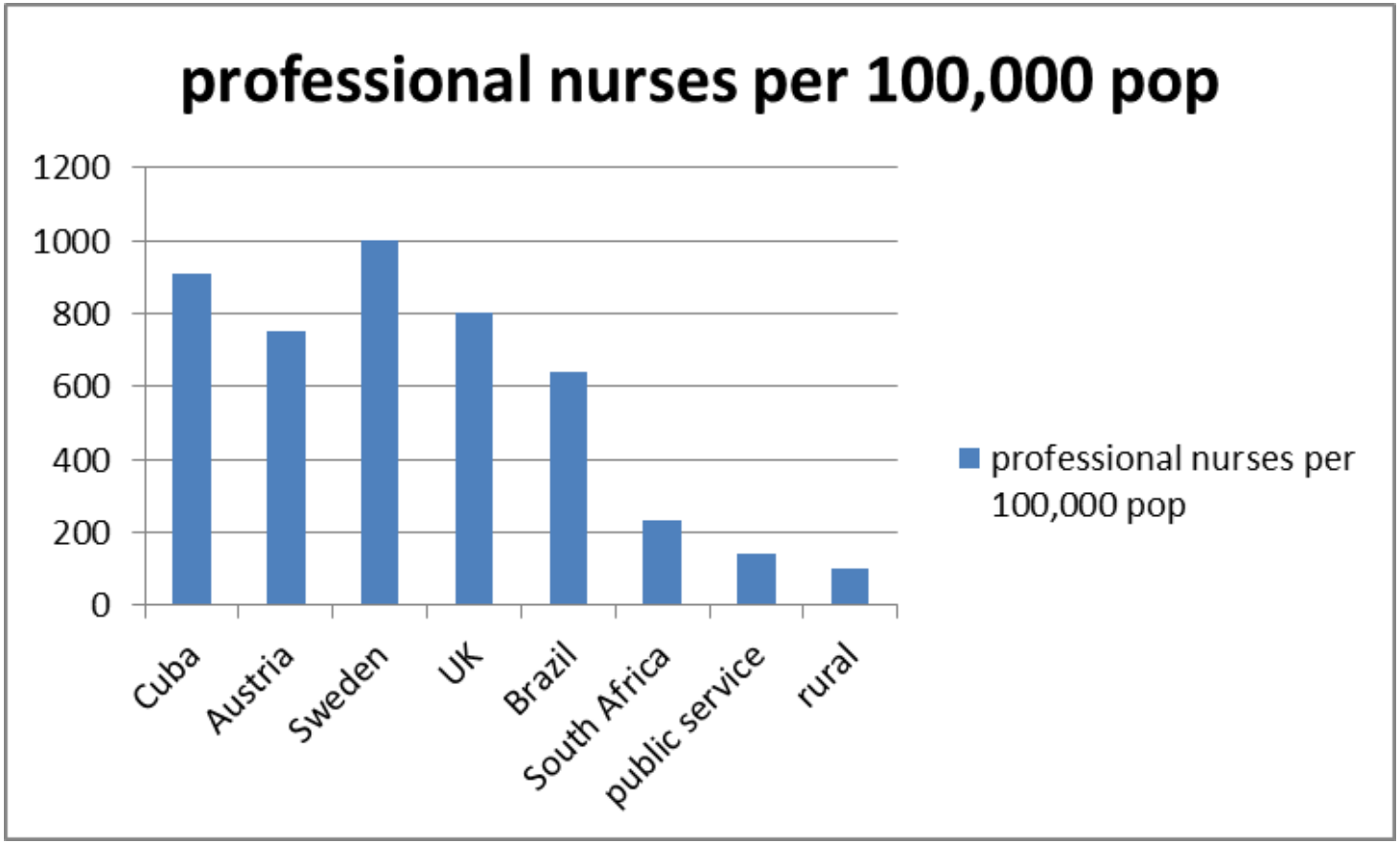
Human resources



SA public/private/rural divide



Are nurses the solution?



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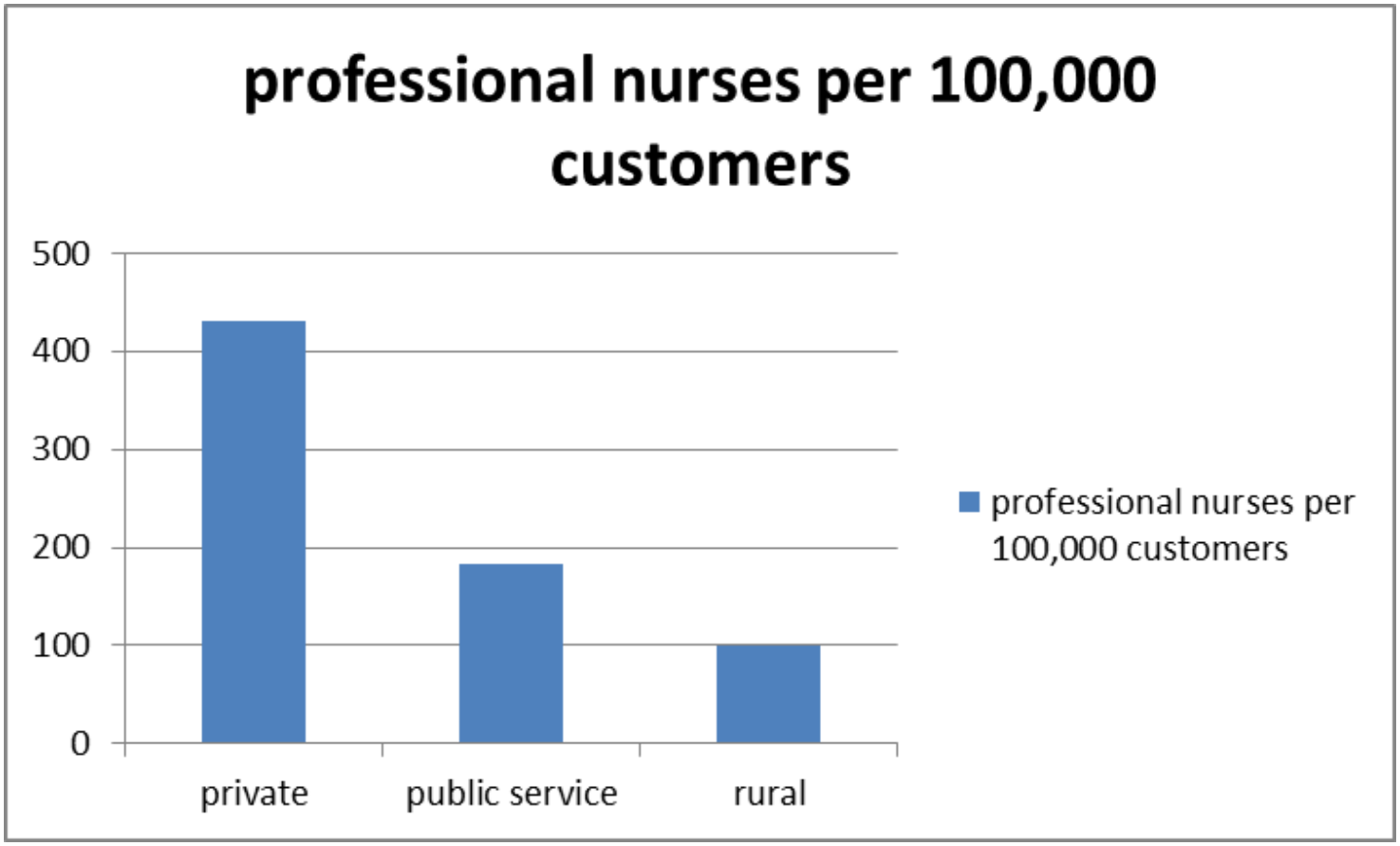
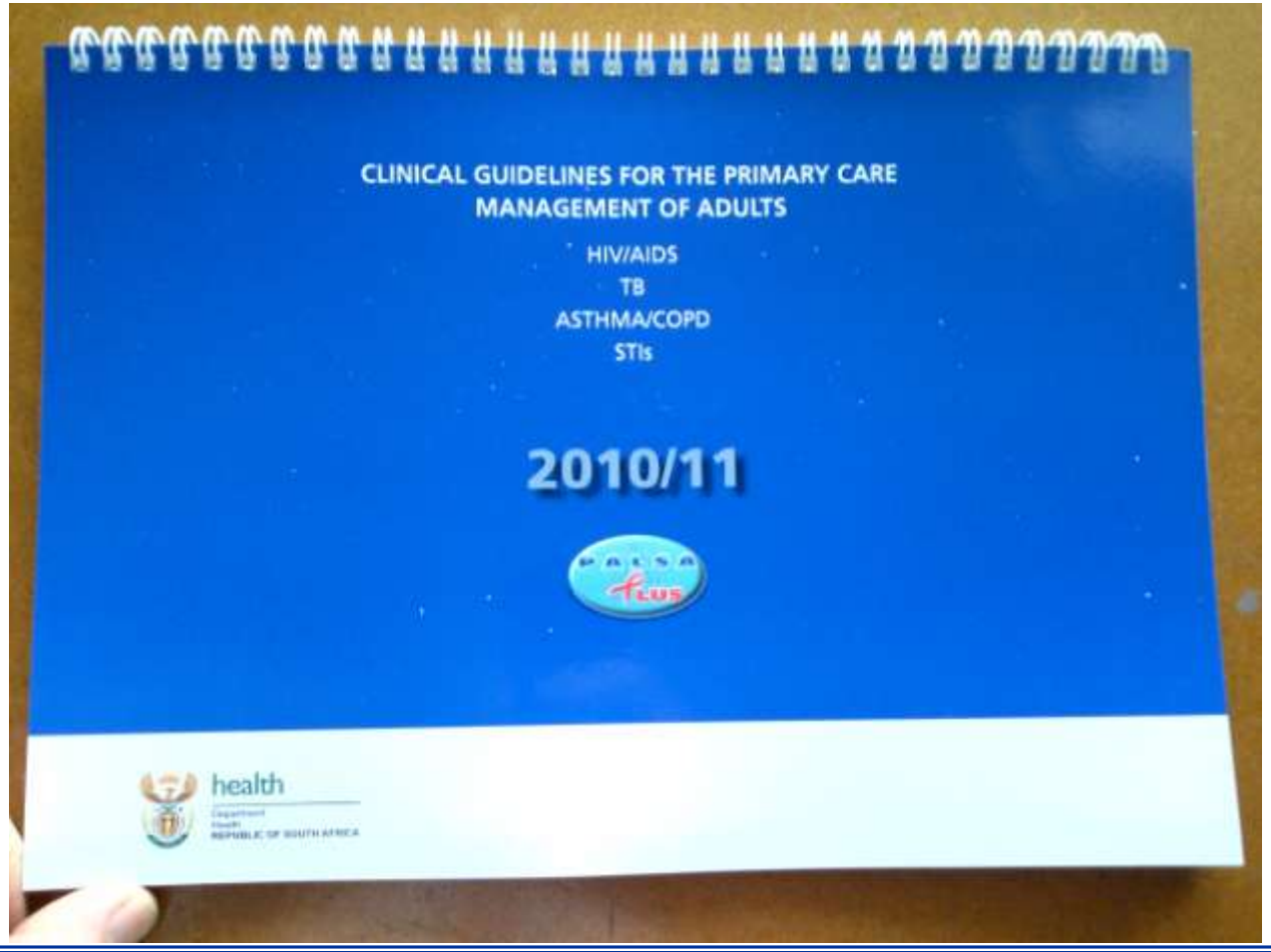


Tools to reduce transmission

- Behaviour change
- Condoms
- PMTCT and PEP
- Circumcision
- ARVs for infected

NIMART BOOK


CLINICAL GUIDELINES FOR THE PRIMARY CARE
MANAGEMENT OF ADULTS
HIV/AIDS
TB
ASTHMA/COPD
STIs
2010/11
health

CONTENTS

Assess and manage your clients using their symptoms as a starting point:

For an approach to the diagnosis and care of:

HIV TUBERCULOSIS CHRONIC RESPIRATORY DISEASES

DIAGNOSING HIV

Status unknown? Test for 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.

Positive

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

NEW 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
Does client have confirmed TB?

No

If CD4 ≤ 200 *and/or* stage 4, client needs ART ⇨29.

Yes

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

Negative

Discordant results: do an ELISA test.

Positive

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?

Negative

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.

HIV | TUBERCULOSIS | CHRONIC RESPIRATORY DISEASES

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

KwaZulu-Natal Department of Health


a new wave
for complete
coverage!
thankyou