

Engaging in Local Solutions to Link Persons to Resources: *The AIDSRelief Perspective*

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Health Care Linkages

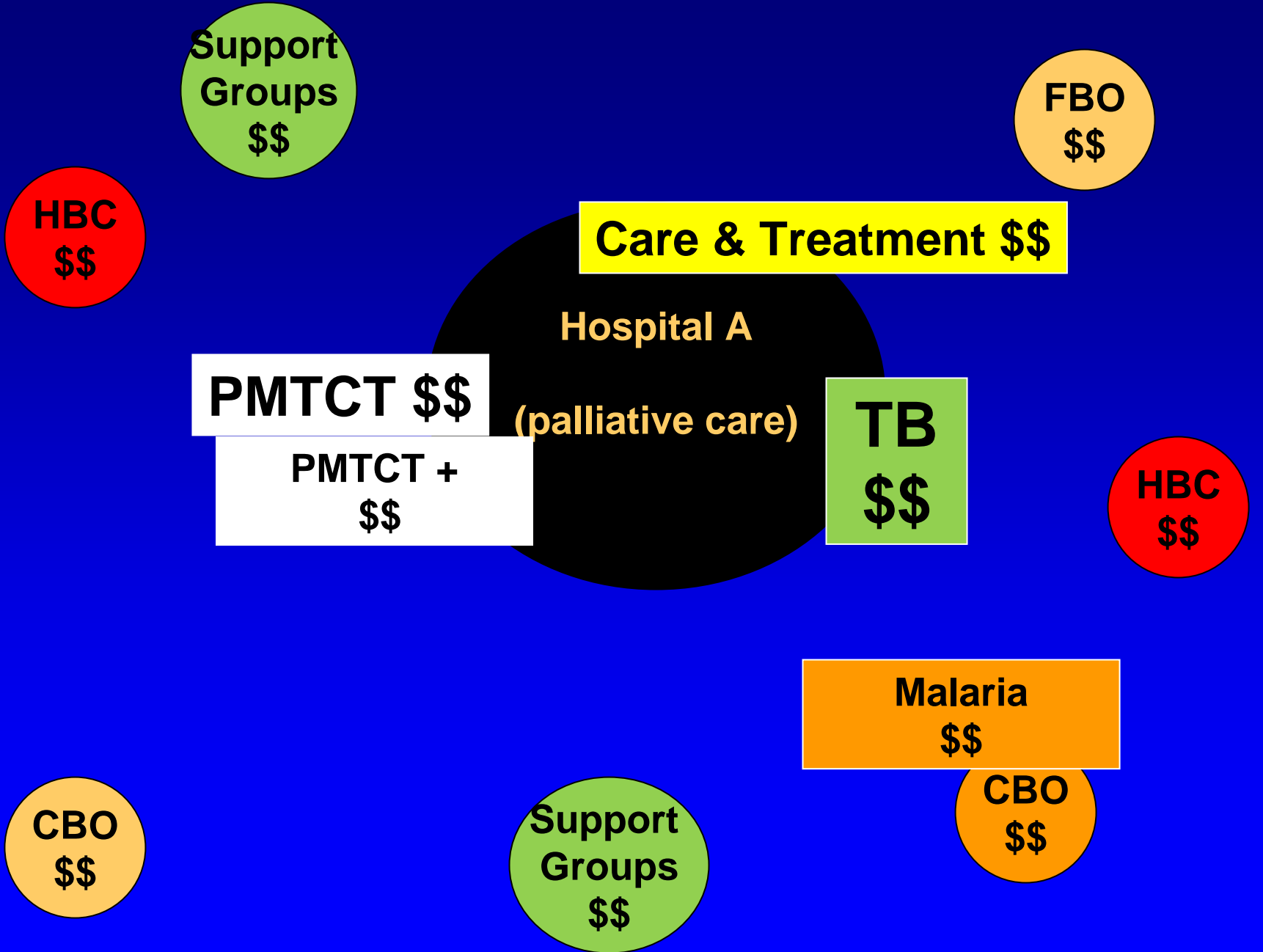
- Is this an outcome or an activity?
- Why has it become a central term in HIV care programming?
- What is it about the current health systems that demand “linkage” solutions?
- How can we successfully program, so this term becomes obsolete?

Linkage: Is All We Need?

- **Access to ART is the beginning of the challenge to quality treatment and durable health outcomes**
- **How multiple aspects of care (services) are delivered will ultimately dictate treatment outcomes, scalability and sustainability of HIV programs.**
- **Obtaining the outcome of linked services requires operating a systematic procedure to process hundreds of patients through the different outlets of health services**

Focus on Services

- **Are health care facilities providing integrated patient care services or are they operating largely independent health “programs”**
 - **Myriad of funding sources and agencies**
 - **Multiple different reporting formats and standards**
 - **Different accountability of drugs and consumables**
 - **Multiple organizations providing different services for one patient**

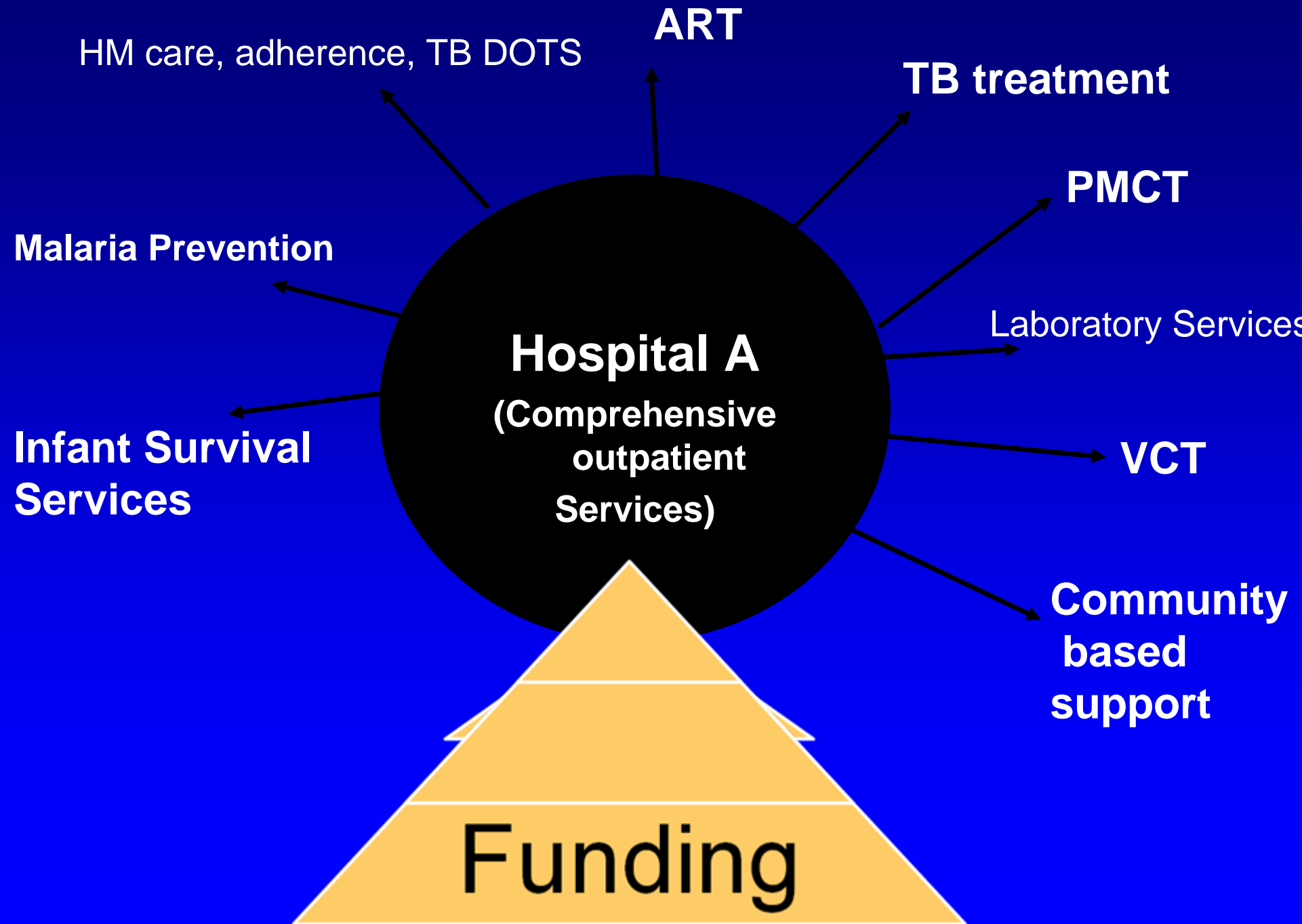


Multiple Services to Achieve One Outcome: The Life and Death of “Linkages”

- **What services are necessary for an infant to be born free of HIV and alive at 2 years of age?**
 - **Community sensitization**
 - **Antenatal testing and counseling**
 - **Medical and immunological evaluation/ OI treatment**
 - **HIV, secondary prevention, and adherence education**
 - **Obstetrical care**
 - **Maternal and Infant antiretroviral therapy**
 - **Infant laboratory diagnostics**
 - **Care for the exposed infant, infant feeding education and support**
 - **Home based nursing and adherence follow-up**
 - **Bed nets, clean water preventative services**
- **Who takes accountability or ownership for this individual’s health outcome?**

Could a Comprehensive Outpatient Service Delivery Model Be Achieved?

- What services do we want to see provided?
- How are these services phased in as facility capacity grows?
- What is the cost per service provided?



Getting Services to People

- How can a comprehensive service provider deliver care in the current resource limited settings?

Getting Services to People

- The paradigm is using community as an effective strategy, empowering them to support the services
- Capacity building for community members to service their community, providing TB, VCT, HIV, ART, Malaria, PMTCT, Support, Home based Care

Working Towards a Comprehensive Service Model: *The AIDSRelief Experience*

- Used care and treatment resources to fund as many related services as possible and gradually expanded these services
 - “Adherence as a vital therapeutic intervention”
- Immediately worked with treatment facilities to greatly augment the capacity of any existing community health program, established new ones if none existed, or formed integrated partnership with existing community programs
 - Key was to develop and cost out specific services which were to be provided for the patient at the home/community level
 - Enormous effort to build the capacity to provide these services at this level.

Working Towards a Comprehensive Service Model: *The AIDSRelief Experience*

- Increased training and capacity building of PLWHAs for continuous support of other patients in the community
- Facilitated an increase in community support groups
- Increased community mobilization activities that targeted religious leaders, traditional healers, community officials, and other community members



Working Towards a Comprehensive Service Model: *The AIDSRelief Experience*



- Mobilization of community members into care and treatment (ie. Community (church testing and home-based testing, PMTCT, youth, children, men)
- Intensive treatment preparation (ie. HIV, ART, prevention, support and disclosure)
- Highly supportive treatment of patients and their families
- Continuous care and support (through community outreach and use of peers for ART, PMTCT, TB, and malaria)

The AIDSRelief Experience:

What have we learned?

- **The ability to provide comprehensive services= Integration**
- **Successful programs can be achieved best by supporting and building capacity of all community stakeholders within the program**
- **Decentralizing as much of the services as possible into the community, supports the empowerment, ownership and responsibility for the care of its members**
- **These strategies should be considered priority for programs seeking optimal health success**

AIDSRelief: *Where we're headed..*

- **Comprehensive Services; using community to:**
 - **Bring VCT services to the community (mobile community testing, home based testing)**
 - **Increase ability to prepare patients for ARV therapy in the community**
 - **Find moms in need of antenatal care**
 - **Distribute waterguard for clean water and bed nets to prevent malaria**
 - **Provide TB DOTS care**
 - **Provide Home based care**
 - **Increase prevention strategies**

AIDSRelief: *Where we're headed..*

- Increasing better clinical outcomes
- Translates to *lower costs of care* because more people will be identified in the community sooner due to the mobilization efforts that occur
- Lower rate of patients lost to follow up translates into lower cost due to *fewer treatment failures* and, therefore, fewer complications, fewer hospitalizations and *fewer patients progressing to more costly second line therapy.*

