Meeting the Challenge – A Primary Health Care approach to HIV Care and Treatment

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PAPUA NEW GUINEA

Situating the Context

- First report case of HIV infection in PNG in 1987
- 2007estimated prevalence was 1.61% nationally ~ 60,000 people.
- Urban prevalence estimate – 1.38% and rural prevalence estimate 1.65%
- By 2012 rural prevalence is projected to rise to 5.74%.

Developing a Model of Care

- In May 2005 a consensus workshop was held to determine an appropriate model of care for people living with HIV/AIDS.
- As 85% of PNG’s population living in rural areas a primary health care model centered at the district level was seen as most appropriate

Developing a Model of Care (cont'd)

- Central to the model was the notion of developing HIV/AIDS care and treatment around a "Day Care Centre" model.
- A "Day Care Centre" (DCC) acts as a hub or centre for HIV/AIDS care and treatment, developing links and referrals with various services at that level as well as the tertiary, health centre and community level.
- It also facilitates collaboration among partners i.e. FBO, CBO, Government Health Services

Developing a Model of Care (cont’d)

- Requires a “task shift” – that is a refocus on “who does what”.
- Under a “task shift” approach registered nurses determine medical eligibility for ART and prepare patients; provide OI prophylaxis and treat OIs prior to initiation of ART; identify uncomplicated patients for ART initiation at first-level facility; and undertake clinical monitoring of patients on ART.
- Task shifting was seen as a pragmatic response and is consistent with the current health care approach used in PNG.

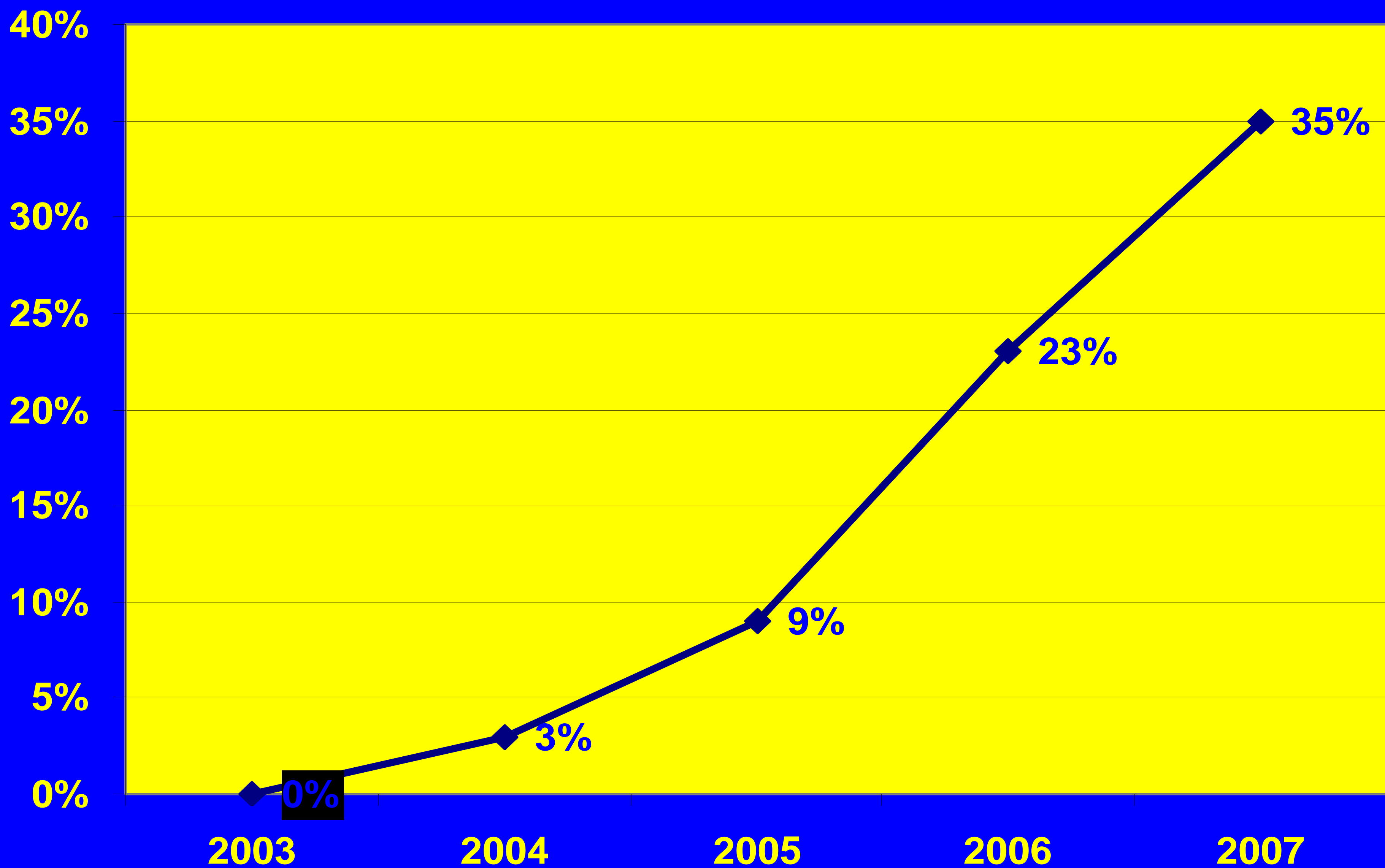
Preparing the workforce

- IMAI model chosen to prepare workforce
- IMAI developed around a “team” concept thereby promoting safety through referral and support.
- Promotes comprehensive HIV care with ART (not just ART) including PPTCT and shift to provider-initiated testing
- Links prevention with treatment
- Integrated training for necessary core skills to provide comprehensive care and initiate ART rather than sequential training.

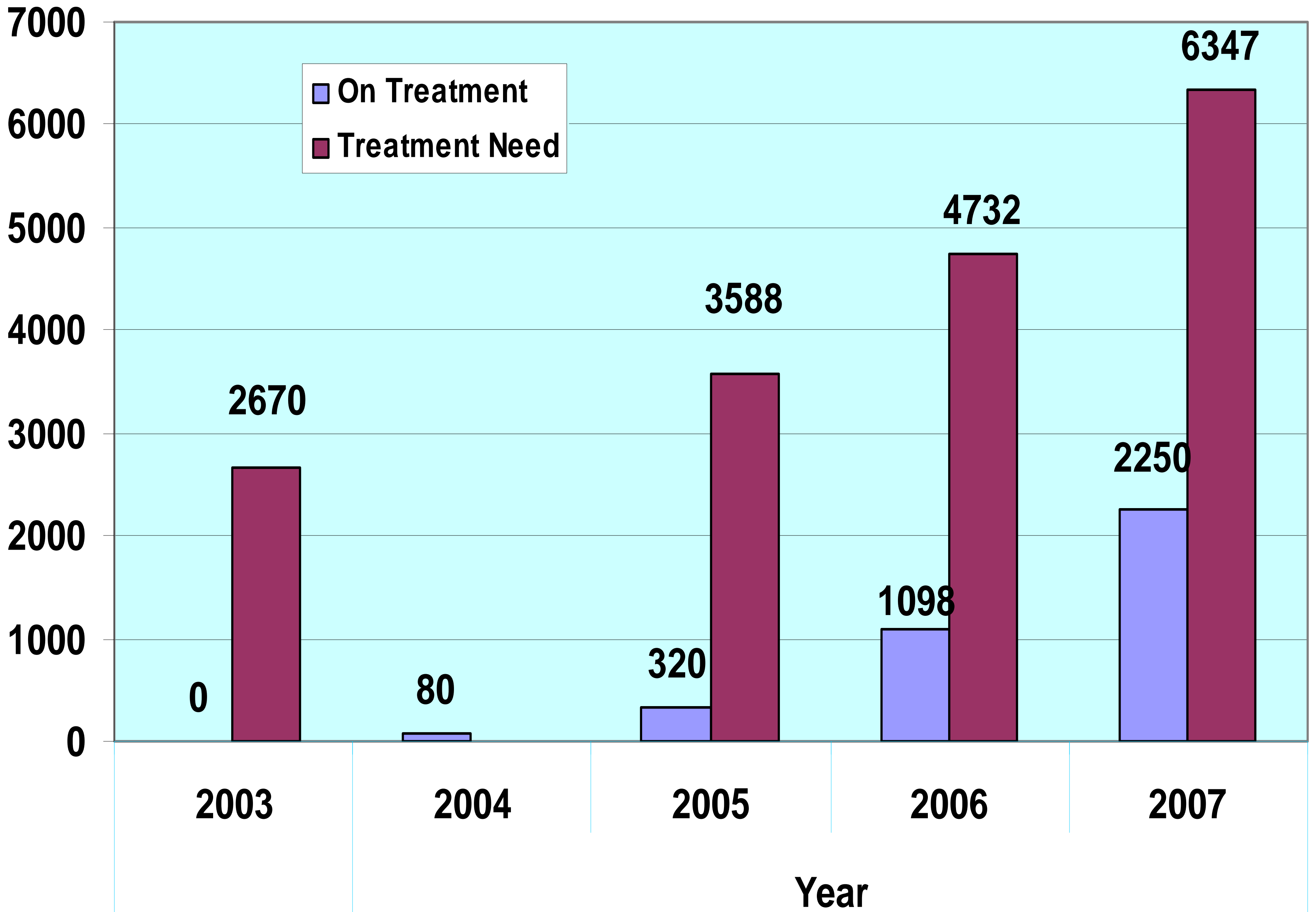
Challenges with IMAI

- Effective training and strong follow-up needed after training to ensure consistent application of standardized guidelines
- Constraints to effective consultation/referral when problems arise such as limited communication methods, transportation
- Need for clinical mentoring support to assist health care workers to handle toxicities, OI's, IRS etc.
- Need for collaboration with external partners and centres of excellence

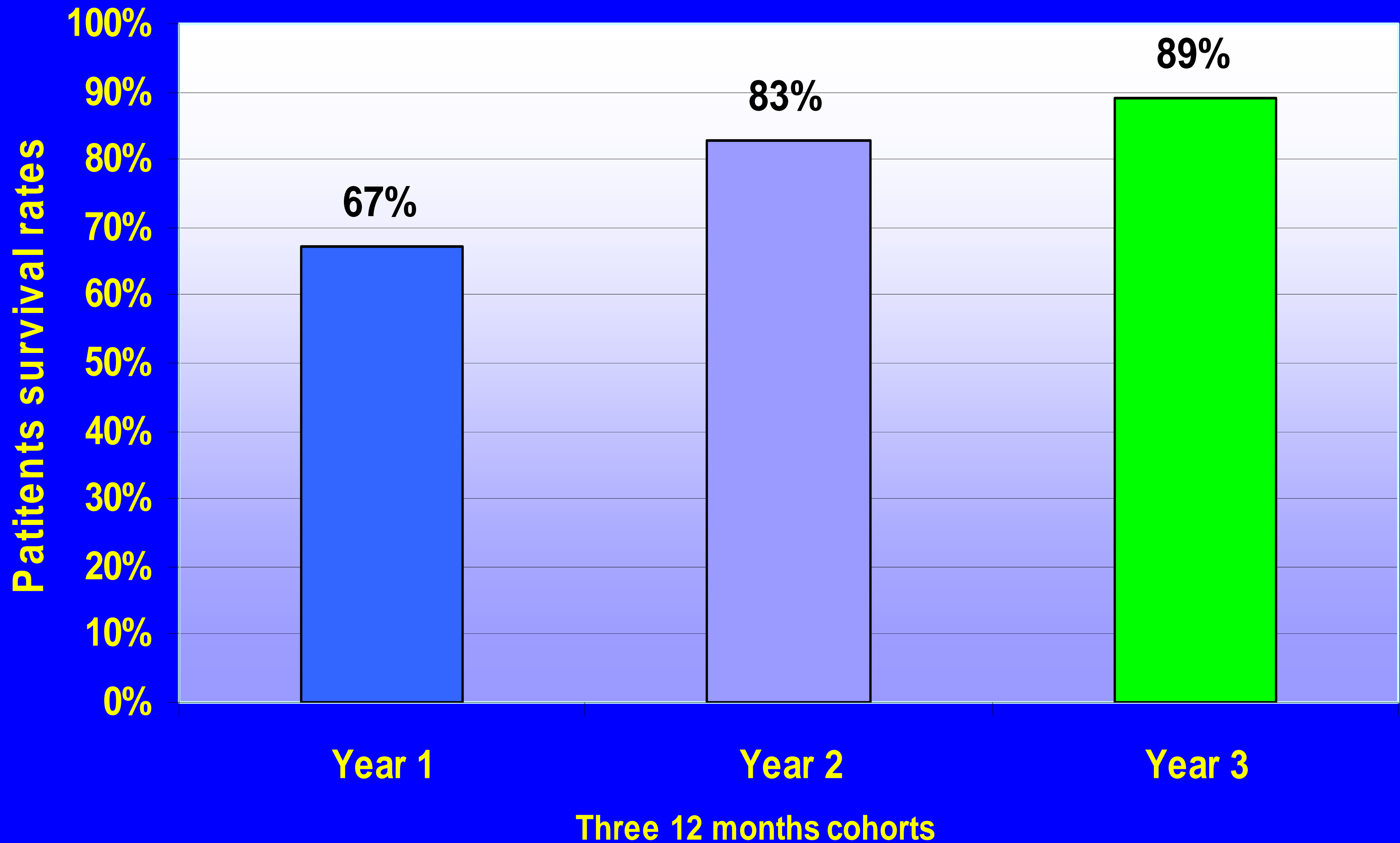
People on ART vs The Need for ART in PNG



Source: PNG HIV epidemic Estimation Report-2007; NDOH ART Data base


7000
6000
5000
4000
3000
2000
1000
0
On Treatment
Treatment Need
0
2670
80
320
3588
1098
4732
2250
6347
2003
2004
2005
2006
2007
Year

Patient Survival, Heduru Clinic and Lae Hospital the first two clinics in PNG



Source: Heduru and Lae ART Data Base; Dec 2007