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

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Situating the Context

- First report case of HIV infection in PNG in 1987
- 2007 estimated 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.
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
Patient Survival, Heduru Clinic and Lae Hospital
the first two clinics in PNG

Year 1: 67%
Year 2: 83%
Year 3: 89%

Three 12 months cohorts

Source: Heduru and Lae ART Database; Dec 2007