

STRENGTHENING ARV ROLL OUT IN SOUTH AFRICA: THE INTEGRATION OF ARV PROVISION INTO PRIMARY HEALTH CARE SERVICES

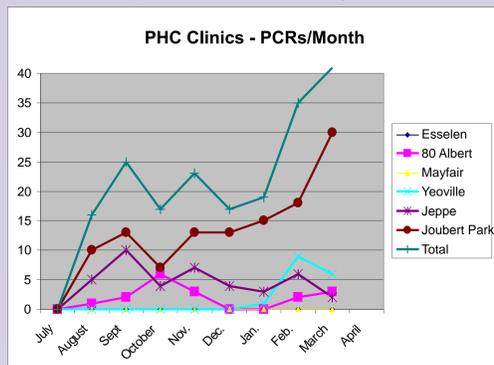
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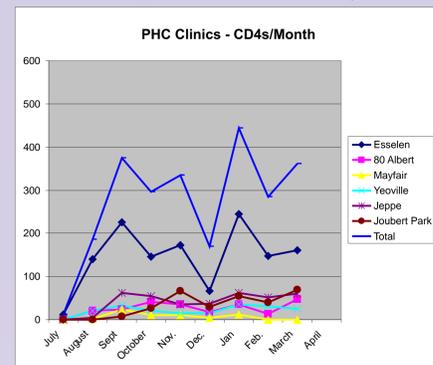
BACKGROUND: One of the challenges of the rapid roll out of ART has been the devolution of ART services from tertiary to primary health care settings to ensure services are more accessible and to take the strain off over-burdened tertiary facilities. The Primary Health Care (PHC) Quality Improvement Project, based in the RHRU's Johannesburg inner-city programme, aims to find ways to strengthen and integrate HIV services at primary health care level.

METHOD: A situational analysis tool using a range of cross-cutting quality dimensions was designed to examine systems and resources required to support the integration of HIV services within a comprehensive primary health care package, including HIV, sexual and reproductive health (SRH) and TB services. A questionnaire and rapid appraisal were administered in six PHC clinics in Gauteng's Region F. Based on these results a range of quality improvement interventions were implemented. A collaborative learning approach has been used to foster collective action and sharing of challenges and solutions.

Graph A: PCRs performed in clinics July 2006 - March 2007



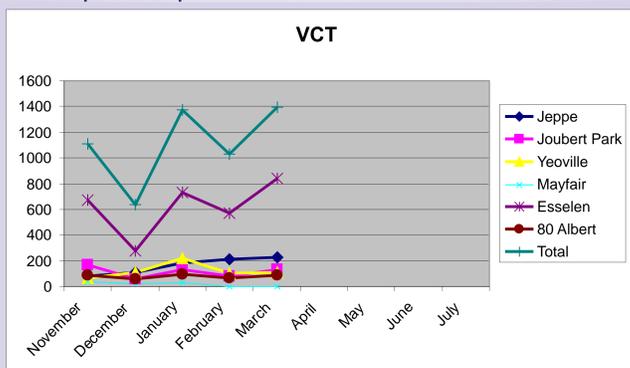
Graph B: CD 4 counts performed in clinics July 2006 March 2007



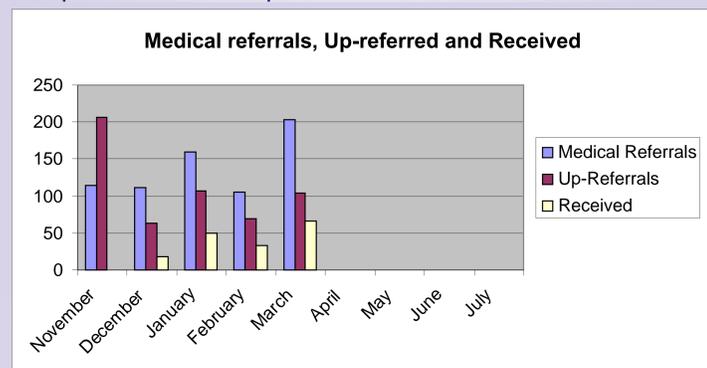
The clinics show a steady improvement with regards doing PCRs. Joubert Park clinic has shown the greatest increase with 30 PCRs done in March. Looking at graph C below the question arises as to why pediatrics are not being reached as compared to adults.

Clinics were encouraged to do CD4 counts to accelerate access to ART. Results have been encouraging. Esselen clinic has shown the highest increase due to the high number of VCT, SRH and TB clients using the service. Integration of HIV services has been a major quality improvement focal point for this clinic. December reflected an overall dip due to the long holidays.

Graph C: VCT performed in clinic November 2006-March 2007



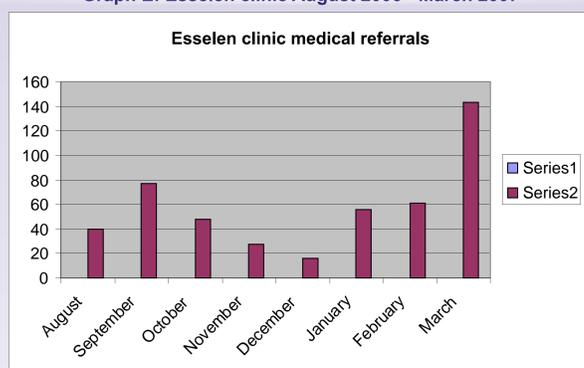
Graph D: Medical referrals performed in clinics November 2006 March 2007



Graph C shows an increase in the VCT uptake to 1393 for March. This is due to active case finding by integrating counseling & testing with SRH and TB services. Clients are offered opt out counseling and testing from other services based on the nurses' assessment.

Graph D above shows an increase in medical referrals to 203 for March. 104 clients were up-referred to Hillbrow Community Health Centre and of these, 66 were referred to the ARV services (60% of referrals). The remaining 40% of the clients who did not reach Hillbrow clinic are followed up to ensure that the patients are not lost in the system. The two-way communication between referral sites needs to be improved and monitored.

Graph E: Esselen clinic August 2006 - March 2007



Graph E shows an increase in the number of medical referrals at Esselen clinic. Of these, 116 were from the STI service. The STI clinician performs pre-test counseling combined with finger pricking and then refers the clients to the VCT counselor to continue with post test counseling.

SUMMARY OF RESULTS: The assessment identified a range of strengths and weaknesses required to provide effective integrated HIV services. As a result, the project trained and provided on site mentoring and support to the PHC providers in clinical staging, CD4 counts and PCRs, resulting in an increased number of clients up-referred for ARV and wellness management. The integration of HIV testing into existing SRH and TB services was strengthened, resulting in increased case-finding thereby increasing access to HIV treatment and care at an earlier stage of illness. Improved referral and communication between different levels of care has been supported. To enhance compliance with the national guidelines, standards for HIV and ARV services at health facilities have been developed. This tool will help providers internalize new concepts related to case management, integrate VCT into sexual and reproductive health and TB services, and measure the quality of service they are providing their clients.

CONCLUSION: There are a range of cross cutting systems which are needed to support integrated HIV services, e.g., drug management systems, infection control, data management and training. Integration needs to happen at several levels, including policy, management, leadership; clinic systems and importantly, maximizing on opportunities presented during clinical consultation.