Care for Families with HIV

HIV IS A FAMILY DISEASE

Almost inevitably, when you identify an individual with HIV you will find that other members of his or her family and/or household are also HIV-infected

Global Summary of the HIV and AIDS Epidemic, December 2004

Number of people living with HIV in 2004	
Total	**39.4 million (35.9 – 44.3 million)**
Adults	37.2 million (33.8 – 41.7 million)
Women	17.6 million (16.3 – 19.5 million)
Children <15yr	2.2 million (2.0 – 2.6 million)
People newly infected daily	
Total	**14,000**
Adults (25-49yr)	12,000
Women	6,000
Adults (15-24yr)	6,000
Children	2,000

Care for Families

- The entry of an HIV+ individual into care and treatment represents an opportunity to engage other ***family*** members
- Multiple factors *influence how and when a* family member will access and become engaged in care including
  - Health care facility, local & national guidelines, community context, donor relationship, belief system, economic status, transportation, etc.

Model for Family-Centered Care

- View each HIV-infected individual as a member of a family .
  - Develop systems and protocols to identify other family members with HIV
    - Access to VCT/diagnosis to all family members including children
- View each member of the family as a member of a specific population with identifiable needs.
  - Identify or develop health services appropriate to the needs of a variety of populations

Model for Family-Centered Care

- Patient Level
  - Use the individual as an entry point into the family
- Systems Level
  - Assess capability of any given program/system to address the needs of each family member/population

Defining 'WHO Needs What'

- Identify 'family members'
  - Dad/partner
  - Mother
  - Children
  - Orphaned niece
- Identify 'populations'
  - Adults with HIV
  - Pregnant women
  - Infants and children
  - Individuals co-infected tuberculosis

Defining 'Who Needs WHAT'

- Identify needs
  - Common needs
    - VCT
    - ART
    - OI prophylaxis
    - CD4 monitoring
  - Special needs
    - Infant diagnosis
    - pMTCT
    - Family Planning

Program Development

- Assess whether existing programs meet the identified set of needs
  - Modify existing services
- Embrace the opportunity to design novel programs to meet specific needs
  - Introduce new models for care

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The MTCT-Plus Initiative

- **Population** – Pregnant/postpartum woman
- **Need** – Engage HIV+ women in long-term care and treatment
- **Special opportunities** -
  - Enhance efforts to reduce the risk of MTCT
  - Engage family members in care, particularly infants and children

Women attending ANC clinics

Enrollment into pMTCT programs

HIV-infected partners and children

Enrollment into MTCT-Plus

Long-term HIV care services, including:

- Family-centered services
- Clinical & immunologic monitoring
- TB prophylaxis & treatment
- Prophylaxis for opportunistic infections
- Antiretroviral therapy when indicated
- Psychological & social support services
- Prevention services
- Nutritional counseling & support
- Access to family planning services
- Outreach activities

pMTCT programs

MTCT-Plus

The MTCT-Plus Initiative Family-Centered Care

- Engage women in long-term care and treatment during pregnancy or early postpartum period
- Provide care for the HIV-exposed infant as well as other HIV-infected children in the household
  - Access to early infant diagnostic testing
- Encourage partners to test for HIV; provide care and treatment to those who test HIV+
- Inclusive of other household members as defined by the woman and individual care programs

MTCT-Plus – Challenges for Program Implementation

- VCT and pMTCT have been integrated into the antenatal setting. How do you introduce HIV care and treatment?
  - Referral to HIV treatment center vs. monitoring and ART in antenatal clinic?
  - Postpartum follow-up in antenatal setting vs. general ART program vs. pediatric care setting
- How do you organize infant follow-up?
  - Pediatric centers vs. maternal health setting vs. co-located services
- Where do the partners get care?
  - ART centers vs. co-located services vs. antenatal setting

ICAP Challenges

- How do you insure that the needs of each 'family member' are met within the array of programs?
- How do you incorporate all of the fundamental ICAP principles of care into program development in a wide variety of settings, in the context of the global roll-out?

Case 1: Alex

- Alex is a 7 month old child admitted to the hospital ward with diarrhea. This is his second admission, having been admitted with pneumonia and failure-to-thrive two months prior.
  - What are the key elements that must be put in place to care for this child?
  - How would you engage other family members in care?

Key Elements for Pediatric Care

Case 2: Rene

- Rene is a 19 year old woman who is 30 weeks pregnant. This is her first prenatal visit. She lives with her mother, sister and 2 year child. She tested HIV negative during her last pregnancy, but agrees to test again. She is determined to be HIV.
  - What are the key elements that must be put in place to care for this woman?
  - How would you engage other family members in care?

Key Elements for Care of the Pregnant Woman

Case 3: Ricardo

- Ricardo, is a 43 year old man presents to the emergency room with cough, fever and weight loss. He was treated for tuberculosis last year but is diagnosed with a recurrence and sent for DOT. He is a trucker, but often visits with Rene when he is in town.
  - What are the key elements that must be put in place to care for this man?
  - How would you engage other family members in care?

Key Elements for Care of the Adult with Tuberculosis

Fundamentals of MTCT-Plus Classic

- **Comprehensive HIV primary care**
  - Inclusive of antiretroviral therapy
  - Tuberculosis & OI prophylaxis, nutrition, family planning
  - Attention to psychosocial and environmental issues
- **Family-centered care**
  - Inclusive of children
- **Emphasis on long-term retention in care and adherence to treatment**
- **Multidisciplinary teams** to provide HIV care
- **Involvement of PLWA**, persons living with HIV/AIDS, and outreach to community resources