

Providing HAART at primary care level: Luyengo clinic



ICAP

International Center for AIDS
Care and Treatment Programs

MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Swaziland background

- High prevalence country: Antenatal prevalence = 39.2% (2007)
- Since 2004: fast HAART roll out, mainly in hospitals and health centers (small hospitals, intermediate level of care)
 - Quantity at the expense of quality
 - 32,349 patients started on HAART, 24,606 (76%) on treatment (Dec 2007)
- 2007: decentralisation to clinics (primary facilities): downreferral

PMTCT program

- Opt-out ANC testing – very high uptake
- Most HIV positive women are taken a CD4 cell count sample
- 50% of HIV positive women are eligible for HAART (CD4<350)
- Around 50% come back for result
- Before 2007: SD-NVP, now: AZT + SD-NVP in some facilities

Access to HAART for pregnant women

- 2006: most ANC clinics refer women to ART centers in hospitals or health centres; few women actually arrive there.

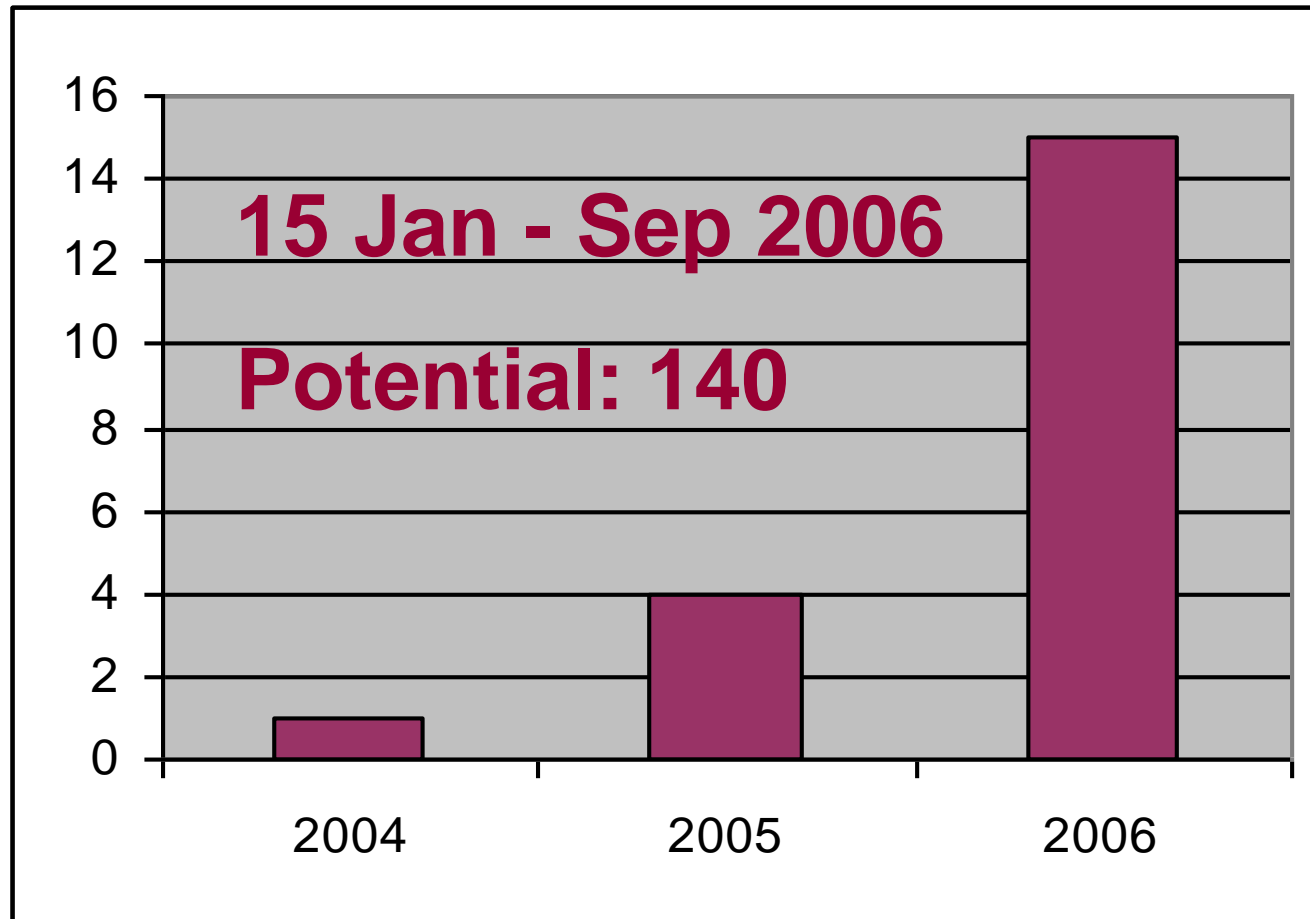
Mankayane hospital



Mankayane PHU PMTCT statistics

Monthly average	2006 (Jan – Sep)
# of first ANC visits	32
# of women tested for HIV	88
# of HIV positive women	31
# of women taken blood for CD4	17
# of results received from lab	12
# of women referred	Few
# of women started on ART	Few

Number of women started on ART in Mankayane



Monthly average number of HIV positive pregnant women

Mbabane Hospital	68	Mkhulamini clinic	7
Hlatikhulu Hospital	60	St Mary clinic	5
RFM Hospital	56	St Juliana clinic	5
Luyengo clinic	35	Gebeni clinic	4
Lamvelase clinic	33	Bethany clinic	4
Mankayane hospital	31	Mangcongco clinic	4
Musi clinic	10	Dwalile clinic	3
Cana clinic	9	Sigcneneni clinic	2

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Luyengo clinic PMTCT statistics

Monthly average	2006 (Jan – Sep)
# of first ANC visits	74
# of women tested for HIV	99
# of HIV positive women	37
# of women taken blood for CD4	36
# of women who receive result	22
# of women referred	12
# of women started on ART	1 per month

Getting Mankayane and Luyengo started

- In-service training workshop in both the clinic and the hospital on HAART in pregnancy
- Several planning meetings with the Mankayane MDT and Luyengo clinic
- Biweekly visit of a Mankayane ART Team to Luyengo clinic to:
 - Start pregnant women on HAART
 - Provide refills for patients started on HAART in Mankayane
 - Started in Jan 2007

Planning issues 1

- Human resources
 - Joint staff team: Mankayane (1 doctor, 1 nurse, 1 dispenser), Luyengo: 1 nurse
 - Later: 1 expert client
- Laboratory support
 - CD4 cell count, LFT, FBC
 - Difficulties especially in follow up LFTs
- Drug supplies
 - Hospital team brings ART and selected OI drugs during their visit
 - Need for a “buffer” stock at clinic

Planning issues 2

- Transport
 - Hospital is providing transport for Mankayane team
- Information systems
 - Mankayane staff bring patient files
 - Data entry at Hospital
- Food supplies
 - Mankayane to bring food supplements

Results

- Started HAART for pregnant women in 2007
- 70 pregnant women and 37 other patients initiated HAART in 2007
- Median CD4 at start is 217, majority of women stage I or II (86%)
- Average gestational age = 31 weeks

Challenges

- High rate of discontinuation (64% still on HAART at the end of December 2007)
- Clinic staff involvement
- Getting LFTs on time – doing lab tests
- Adherence counseling
- Linking exposed children with their mothers
- Confusion over AZT prophylaxis continuation when starting HAART

Planned activities

- Clinic staff will provide adherence counseling and preparation of patients during week
- Refills done by clinic staff during another day of the week
- FGD to establish reasons for discontinuation
- Expansion to other clinics
- Nurses initiating HAART at clinic