



National HIV/STD
Control Programme

**The Ministry of Health
National HIV/STI Programme**

Treatment Care and Support for PLWHA Programme Implementation



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Treatment Care and Support for PLWHA Management Framework

Background

Since the onset of the HIV/AIDS epidemic 20 years ago, the virus has infected more than 47 million people worldwide. With more than 2.2 million deaths in 1998, HIV/AIDS has now become the fourth leading cause of mortality and its impact continuously increasing. Over 95% of all cases occur in the developing world Sub Saharan Africa and the Caribbean, mostly among young adults and increasingly in women. These countries also experience 95% of AIDS deaths worldwide.

In Jamaica an estimated 1.5 – 2 % of pregnant women are estimated to be HIV positive and the overall prevalence increased by approximately 4% last year.

In 2001 there was a total of 939 Newly Reported Cases of HIV/AIDS in Jamaica of which 319 (34.3%) were reported as AIDS deaths leaving 620 newly diagnosed Persons Living with HIV/AIDS.

AIDS is the leading cause of death among the 24-45 year old group and the Second leading cause in the 30-34 age group. It is also the 2nd leading cause of death in Jamaican children aged 1 -4 years in 1999. In the year 2001 every week 11 persons died of AIDS in Jamaica with an overall case fatality rate as high as 60%,

The average length of hospital stay for an HIV infected or AIDS patient is 13 days. Seven Hundred sixty Five (765) persons with HIV/AIDS were admitted to hospital in 2001 but unfortunately two thirds sought medical attention at a late stage and every week 11 persons died of AIDS in Jamaica Last year.

The Ministry of Health has a high level of commitment towards improving treatment, care and support for people living with HIV/AIDS. In the developed countries with the advent of combination antiretroviral therapy since 1996, the incidence of AIDS cases has fallen and HIV/AIDS is now regarded as a chronic manageable disease. At present in

Jamaica it is estimated that approximately only 400 people have access to antiretroviral therapy the majority within the private sector; but with the increasing availability and affordability of antiretroviral drugs, the awareness and demand of people living with HIV/AIDS for treatment options and support services will increase and the life expectancy of people living with HIV/AIDS should increase significantly.

Limited access to specialty care is one of the factors driving the epidemic and strengthening care treatment and support is a priority area for action in the National HIV/STI Prevention programme, as outlined in the Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006. In this generalized epidemic a comprehensive minimum standard of care is required alongside prevention strategies to reduce AIDS related morbidity and control the epidemic.

When the current number of HIV/AIDS attributable deaths is contrasted with numbers of people using antiretroviral drugs in different regions around the world, the current global inequity in treatment is glaring. However it demonstrates the dramatic effect of extended treatment access on the lives of some PLWHA. In high income countries where combination antiretroviral treatment became widely available from 1996 onwards, AIDS related mortality dropped sharply for two or three years and has since plateaued. In Brazil prevention efforts are complemented with an extensive treatment and care programme that guarantees state funded ARV therapy for those PLWHA. By reducing HIV/AIDS morbidity, Brazil's treatment care programme is estimated to have avoided 234,000 hospitalizations in 1996-2000.

The development of a specialist treatment centre/programme aims to integrate HIV/AIDS case management as much as possible into the existing health care structure, and introduce specialist treatment centres on a regional basis. Basic training will be offered to all health care workers who will be expected to manage patients with this disease, highlighting when, why and to whom to refer. More specialized training will be provided to those individuals expected to treat patients on a more specialized basis.

The establishment of specialized treatment centres in the region will provide access to a national basic standard of care including screening and diagnostic services, counselling, psychological and social support, provision of specialized clinical care and improved access to antiretroviral medications.

Strategies

Treatment Care and Support has been highlighted in the 2002-2006 National HIV/AIDS strategic plan as an area that requires particular attention.

In implementing the activities in this plan the approach will be to integrate as much as possible HIV/AIDS case management into the existing health care structures, with specialist training/treatment centers available on a regional basis.

General sensitization and basic training will be provided to all health care workers who interact with the disease with emphasis on when, why and to whom to refer.

More specialized training will be provided to key individuals who will be required to treat PLWHAs on a more specialized basis

Services to be included

Screening and Diagnostic Services

- _ Laboratory capacity for detection and diagnosis (dependable Rapid tests, confirmatory testing)
- _ Voluntary and confidential counseling and testing (VCCT) services (confidential testing that is undertaken with the informed consent of the individual and ensured access to ongoing counseling)
- _ Laboratory capacity to identify indicators of progression of infection/immune impairment (CD4 count; viral load, PCR and others)
- _ Capacity to assess the quality level of laboratory results (identify false positive tests, false negative tests)
- Laboratory capacity for monitoring Liver, Renal and hematological indices
- _ Capacity to recognize alerting signs and clinical manifestations (physical, mental, oral) related to HIV infection developed among primary health care providers
- _ Settings for providing results and counseling in a confidential, private manner available and must have the capacity for supporting the development of individual plans of action (support to identify alternatives/options)
- _ Referral services, adequately outlined and functioning and providing acceptable options (e. g. peer facilitated groups, Professional interventions for coping with severe emotional disturbance).
- Adequate (non-judgmental, compassionate) sources of spiritual support. Multidisciplinary approaches identified.
- Referral systems for legal, financial, educational, public administration concerns must also be addressed.

Post exposure Prophylaxis

- A comprehensive post exposure prophylaxis programme that is acceptable to the health care work force is an essential ingredient for the success of any treatment programme and will be integrated into the existing infection control programme within Health institutions.

- Health care workers must be adequately trained in universal precaution and have readily available options in case of accidental exposure to infectious waste.
- Protocols must be adequately displayed and all health workers trained in its implementation (like a fire drill, or what to do in case of a disaster training)
- Counselling services and relevant Antiretroviral drugs will be immediately available

Medical Management

Nutritional Interventions

- Nutritionist/Nutrition Assistance must be made an integral part of the management team
- _ Nutritional assessment should be available from the point of diagnosis
- _ Nutritional counseling and education that includes food safety
- _ Plan of action to prevent weight and muscle mass loss must be developed for each patient
- _ Dietary changes to address associated drug reactions (ADRs) and specific symptoms must also be developed
- _ Provision of supplements, if needed (vitamins, micronutrients, etc.)

Prophylaxis and Treatment of Opportunistic and other Infections

- _ Education and counseling on personal and environmental hygiene practices
- _ Prophylaxis protocols readily available for most common health problems ,e. g. Pneumocystis Carinii Pneumonia (PCP) , tuberculosis and diarrhea)
- _ Expansion of essential drug list to include drugs used in the management of OIs
- _ Treatment guidelines for common opportunistic infections
- _ Community involvement for implementing DOTS in management of TB

Management of Sexually Transmitted Infections

- _ Syndromic and subsequent etiologic diagnosis

- _ Treatment guidelines must be readily available and utilized
- Training of more STI Physicians in Partnership with CHARTER
- Increased cohort of Contact Investigators and reorient their roles
- _ STIs among HIV-infected pregnant women
- _ Monitoring efficacy of treatments among HIV-infected people
- _ Management of co-infection of HIV and Hepatitis
- _ Management of Anal and Procto-colonic syndromes

Management of HIV in Obstetrical/Gynecological (Obs/Gyn) Practice

- _ Diagnosis and management of gynecological manifestations of HIV (e.g. cancer of the cervix)
- _ Prevention of mother to child transmission (MTCT) of HIV (e.g. voluntary and confidential counseling and testing, reproductive health counseling including the use of contraceptives, provision of antiretroviral therapy, among others)
- _ Psychosocial concerns
- _ Breastfeeding counseling
- _ Alternatives to breastfeeding (e.g. breast milk substitutes,)
- Referral and follow up services for the infant of the HIV positive mother

Antiretroviral Therapy

- Use of HAART regimes as per National Guidelines
- Develop adequate guidelines as to the commencement of ARVs
- Determination of ARV protocols inclusive of different available combinations
- Specific protocols for ARV Naïve and non naïve patients
- Protocols to manage Drug resistance
- Support system to ensure adherence to antiretroviral drugs

- Logistics system to ensure widespread distribution and permanent availability of antiretroviral drugs
- Continuous Medical Education to manage appropriate combination schemes
- Laboratory capacity to monitor the effect of ARVs
- Mechanisms to promote and evaluate adherence to treatments
- Surveillance systems to monitor resistance to ARVs
- Evaluation of therapeutic effectiveness
- Drug interactions and secondary effects
- Management of metabolic dysfunctions secondary to ARV therapy

Antitumoral Therapy

- Screening for common neoplasms
- Assessing use of chemotherapy and radiotherapy
- Surgical ablation of tumors
- Cancer prevention
- Emotional needs of people with malignancies

Neurological and Psychiatric Care

- Pharmaceutical management of anxiety and depression
- Diagnosis and pharmaceutical management of HIV-related neuropathy
- Leucoencephalopathies (demyelination of the central nervous system (CNS))
- Drug-induced neuropathies (lesions/impairments are a result of secondary effects of treatments)
- Diagnosis and management of dementia (paralysis, cognitive impairment, speech problems)

- Management of sequelae of CNS infection/neoplasm
- Severe depression
- HIV infection among psychiatric patients and borderline personalities

Management of Addictions

- Assessment of nature of addiction and social environment
- Prevention of re-infection and other important infections (Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), bacteria)
- Counseling on prevention of re-infection and additional infections
- Detoxification approaches

Management of Sexual Complaints and Dysfunctions

- Secondary prevention for re-infection
- Compulsive sexual behaviors
- Pharmaceutical management of erectile dysfunction
- Guilt, anger and anxiety as obstacles to safe sex practices
- Diagnosis and management of dyspareunia and orgasmic dysfunctions
- Sex counseling and therapy for serodiscordant/ seroconcordant couples

Palliative Care (inclusive of Home Based and Hospice Care)

- Etiologic diagnosis and determination of who is to be managed in which setting
- Chronic pain management (e.g. postherpetic neuritis). Pharmaceutical management of pain should involve multidisciplinary approaches in the management of pain (acupuncture, reiki, etc.)
- Assessment of suicidal risk among patients with chronic pain
- Trained health care workers available to provide home based care. May be public private or from NGOs and CBOs

- Simple easily understood home based care guidelines
- Certified home based care training facility (to ensure adequate standards)
- Available viable Hospice Care network guided by the national AIDs programme but fully staffed and managed by NGOs or private sector organizations
- Hospice Care guidelines, standards and specifications.
- Functional referral system between home based, hospice care, primary and secondary medical services.

Objectives

In developing the treatment care and support programme goals the following broad objectives have been developed

- 1) Develop or Adapt HIV/AIDS management Protocols to suit local requirements
- 2) Print and disseminate protocols
- 3) Define training mechanism and strategies
- 4) Identify individuals to be trained and to what extent
- 5) Organize training workshops on a regional basis (parish initiatives if required)
- 6) Identify key Knowledgeable individuals and institutions (local or overseas) to Conduct training in specific areas
- 7) Develop strong involvement of the Private sector and the Medical Association in training and implementing programmes

In developing and implementing the programme the following key areas will be assessed and maintained at all levels.

1. **Appropriateness:** Does the HIV/AIDS comprehensive care system as whole respond to the main health needs of the target population?
2. **Acceptability:** Are the services provided in a manner that is acceptable to the population and encourages their participation and utilization?

3. **Accessibility:** Are the services provided so that problems of access (geographical, economic and social barriers) are minimized and equity is promoted?
4. **Effectiveness:** Do the services provide satisfactory outcomes both from the clinician's point of view and that of the clients and their families?
5. **Efficiency:** Is each service provided so that the maximum output is obtained from the resources expended, and does the mix of services represents the best value for money with regards to the health needs of the targeted population?
6. **Equity:** Are the health needs of different sectors of the target population met in a fair and just way?

Service delivery (Treatment Centers {TCs})

Service will be delivered via the treatment center approach, with multiple Treatment Centers per Region.

Centres will be supported via the National programme and the regional Health Authorities and may be located at a major type 5 Health facility or at the region or parish hospital Hospital.

Despite the location however strong linkages must be established between the Primary and Secondary Care Facilities with strong laboratory support and the team approach to patient care.

Strategies for implementation of comprehensive treatment package at TCs

The implementation of a comprehensive treatment package via specialized treatment facilities, aims to

strengthen the delivery of care at the primary and secondary levels

provide education and training for all health care providers

integrate the management of HIV disease into the established health care system

establish linkage and referral systems to home base and community care, and secondary and tertiary level care.

Outline of treatment package to be offered by specialist treatment/training centre

Package should be available from treatment/training centres to be set up in each region with a view to offering basic training to all health care providers and providing an effective and sustainable standard of care to all PLWHA. The package of care should be defined taking into consideration

1. The accessibility of technical aspects e.g laboratory facilities, X-ray department
2. Functionality in our social and economic context e.g location and proximity to secondary referral centre
3. The level of the health system providing care, e.g treatment centre should be located at a centre where other facilities are available e.g dental services\
- 4. Basic package at all sites will be guided by the above outline of required services, and the availability of resources.**
- 5. A minimum level of services as outlined below should be available at all sites.**

Basic Package

The treatment centres will offer different levels of care by different levels of staff.

Counselling and Emotional support will include

- Voluntary counselling and testing by trained counselors
- Education on hygiene, universal precautions, safer sex and family planning
- Individual and group sharing sessions
- Family support groups

Social support will include

Nutritional assessment and support, planning diets for home based care

Availability of breast milk substitutes

Prevention of further HIV transmission, through male and female condom availability and behaviour change counselling

Availability of other family planning methods

Dental services

Accessibility to home based care

Nursing care will include

Necessary immunizations – hepatitis B, tetanus

Fever and pain management, palliative care

ARV therapy to prevent MTCT

Screening and prophylaxis of TB

Clinical management will include

Syndromic management of STIs

Prophylaxis, diagnosis and management of opportunistic infections

Antiretroviral therapy

Referral to secondary care for management of complex manifestations of HIV

Training

Training facilities should be available to all categories of health care workers involved in the management of HIV disease including (may be facilitated via the CHARTER initiative):

Counsellors, CHAs

Contact investigators, Public Health Investigators

Nutritionists

Nurses, Public Health Nurses and Nurse Practitioners

Medical students, Interns and Medical officers

Medical Records staff (re importance of confidential, comprehensive and accurate data collection)

All existing primary care (at least all type 3-4 health centers) should be equipped to offer a minimum of

- VCT
- Condom availability
- Fever and pain management
- Prophylaxis of PCP

Estimated Staffing categories/needs – Treatment centre

(Should vary based on disease burden at each site) Treatment

center may not be Primary place of work for all staff

categories

2 Consultant Physicians/Senior

4 Practical Nurses

Clinicians

1 Social Worker

2 Medical Officers

1 Nutritionist

1 Senior Public Health Nurse

1 Nutrition Assistants

1 Nurse Practitioners

4 Community health Aides

2 Home Based care specialist

4 counsellors

2 Contact Investigators

2 Midwives

2 Registered Nurses

1 Dentist and Dental assistant

Human Resource Gap

The lack of human resources presents a challenge in most areas of HIV management.

However under the World bank/GOJ project the issue of Human resources in the peripheral laboratories could be addressed as follows:

1. Employment of seven additional LTAs
2. Employment of four junior medical technologists for the four major regional labs.
3. Incremental increase and traveling for the four senior medical technologists in the regions facilitating their supervision of the HIV and Trust testing programmes
4. Employment of at least one Social Worker per Region
5. Employment of 6 Senior Public Health Nurse for each region
6. Employment of additional physicians to work at treatment facilities
7. There is a great need for trained counselors to assist in the clinics, may be useful to employ at least one “Guidance counselors” to be attached to each treatment center.

In most areas however existing staff will be trained in various areas of HIV management care and support.

Infrastructure works

Sixteen major STI/VCT sites will be refurbished as outlined in BQs previously developed to support the programme.

These centers will offer basic VCT services as outlined above as well as Primary Care and Follow up, referring as required to established treatment centers.

In addition four regional sites will be developed as treatment centres (Needs assessment to be done at the below identified sites), through Minor civil works, etc. The Capacity Building Component of the GOJ project will support this activity.

The agreed sites are:

SERHA

- **Comprehensive Health Centre**
- **KPH**
- **St. Jago Park**
- **CHARES**
- **BCH**
- **UHWI Paediatric Clinic**

WRHA

- **Cornwall Regional Hospital**
- **Motego Bay Type V**
- **Savalamar Hospital/HC**

NERHA

- **St Anns Bay Type 4**
- **St. Ann's Bay Hospital**
- **Port Antonia Hospital**

SRHA

- **Mandeville Type V**
- **Mandeville Hospital**

The following basic facilities should be developed

- 1. Two dedicated Doctors Rooms with space for examination**
- 2. One Treatment Room**
- 3. Two counseling Rooms**
- 4. Room for the Social Worker/Nutritionist**
- 5. Room for a Dedicated Pharmacy?**
- 6. Dental services may be accessed via existing services with sensitization of Dental staff**
- 7. May require space for Computer services (Servers Etc)**

Drugs/Formula

Drugs for the treatment and prophylaxis of OI will be provided to the treatment sites and. The drugs will be procured and distributed via HCL. Request will be sent from the regional pharmacy directly to the TCS coordinator who will then instruct HCL as to the delivery and quantities.

All drugs supplied must be accounted for on a timely basis and must only be used for the designated treatment of PLWHAs. In the case of Formula for HIV exposed infants the same mechanism will apply except that sufficient quantities should be ordered by the regional pharmacy to supply all HIV exposed infants within the region.

Antiretroviral drugs.

At present, antiretroviral therapy is accessible only to those who can afford. Although there is a consistent supply of all the major drugs, this is usually at great cost, making it

difficult for patients to adhere to prescribed treatment regimes. Additional difficulties arise when physicians lack training in the use of ARV therapy.

Other problems have arisen due to patients seeking to access medication from abroad without the appropriate medical follow-up and potential interruptions in access. They also seek to acquire medication on the black market, leading to drugs being taken before they are indicated or in inadequate dosages.

Medical management guidelines are currently being developed, and continuing medical education of physicians and other health care workers to manage appropriate combination schemes is being implemented, supported through IDB/UNICEF/USAID and World Bank Loan funding.

Regional treatment centres are also being developed with the assistance of the World Bank and USAID, thus establishing the mechanism through which efficient and appropriate services can be delivered to PLWHA.

To ensure sustainability, the public access programme for ARV will include the following:

1. ARVs at cost for those who can afford them (delivered through existing government mechanisms to ensure minimal or no mark up of products);
2. Subsidised for some who can only afford to pay a part of the cost;
3. Free to a limited number of people who cannot afford them and who meet set criteria, to be established by the National HIV/AIDS Programme.

All drugs will be purchased via the existing government mechanisms and made available through the existing public health facilities and the newly developed treatment centres, ensuring the minimal cost to those who utilise these services.

This logistic system will ensure ongoing availability of antiretroviral drugs with limited continued subsidy required from the government's recurrent budget. This activity is supported by the improvement of the monitoring capacity of the laboratory services, and will also be complemented by counselling programmes to promote and evaluate adherence (global Fund).

Through the World Bank loan, an amount of money is also available for demand-driven sub-projects. Some of these may be income-generating projects, which will aid PLWHA in purchasing medication, and thus assist in ensuring sustainability.

Private sector access to ARV

This will be facilitated via existing **Drug Serv** Pharmacies supplied via HCL. Through this mechanism ARVs will be accessible to **private patients** at the government prices. This mechanism also allows control re physicians who are allowed to prescribe i.e. only Physicians who have been adequately trained and certified by the MOH/MAJ prescriptions will be honoured at these pharmacies.

Treatment Team

A monitoring and evaluation team has been established to meet on the last Friday morning of every **quarter**. Team will oversee the implementation of the programme and seek to ensure the maintenance of basic standards of care.

Objectives

1. Give overarching supervision of the implementation process for treatment and Care programme
2. Review protocols for HIV/AIDS management
3. Guide the Testing Protocol for HIV.

4. Develop and implement training programme for Health sector workers in all areas of HIV management

5. Foster the team approach to HIV/AIDS Case Management

The team will be lead by the Treatment and Care Coordinator at the MOH and meetings will be held in room eleven on the fourth floor.

An agenda for the meeting and minutes of the previous meeting will be circulated at least two weeks before meeting date.

1st meeting was held on December 10, 2003 and the second Feb. 27 2004 the next meeting is scheduled for March 26, 2004

Sustainability

Urgent.?

Team Members

Dr. Kevin. Harvey (chair)

Dr. J P Figueroa

Dr. Greene (KPH)

Dr. Henry (Paeds)

Dr. Williams or designate (NPHL)

Prof. Brendan. Bain

Tracy Evans Gilbert/Prof Christie(paeds)

Ainsley Reid/Olive Edwards(PLWA)

O Alvaranga.(CI)

Verity Rushton (OVC)

Dr E Hedman (surveillance)

Sandra McKenzie (capacity Building)

Lovette Byfield(BCC)

Sharon Dawson (nutritionist)

Tina Hylton Kong/Alfred Brathwaite

(STI)

Jennifer Tomlinson (HIV/TB)

Jennifer Dixon (VCT)

Regional Technical Directors or

Designate

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