The Challenges of Integrating HIV Prevention and Care into Existing Health Services in Resource-Limited Settings

Cirera A., Mitjavila F., Villa L., Mansilla C., Morote S. and Ibáñez F.

Issues

VCT has been shown to be a critical entry point to HIV prevention, care and support but, although self referral is important, emphasis has been placed on the integration of HIV within already-existing services such as child health care, sexual and reproductive health including STI control, TB programme, IPD, etc, in order to have a more holistic approach and to reach populations in urgent need of ART.

Description

From 2003 MSF Spain launched 8 HIV projects in 7 countries from Sub-Saharan Africa (SSA) and Latin America (LA), with prevention and care actions including provision of ART.

The main mode of entry of the 14,137 patients included in HIV/AIDS programmes up to December 2005 was referral from VCT (75% of the patients) and only a minority were referred either from OPD/IPD and TB programs (13%) or ANC services (3.5%) and HBC or other services (8.5%) (Fig 1)

Analyzing PMTCT data from 2005 in Busia, Kenya (Fig 2), where VCT is integrated in the ANC clinic, we saw that although uptake of test by 1st ANC visits is good (96.8%), only half (53.2%) of women tested positive are included in the PMTCT program. PMTCT was not provided in the ANC services and women were referred to the HIV clinic.

Recommendations

- Full PMTCT packages should be integrated in ANC to avoid missing women when changing services.
- More efforts should be put into the counselling and health education aspects in PMTCT programs in low prevalence countries.
- Having the VCT inside the TB clinic and a DTC or opt-out strategy are mandatory to improve HIV diagnosis in TB patients.
- Prevention and detection of HIV needs to be integrated at all service levels.

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