

DEVELOPING A CONTINUUM OF CARE COORDINATION COMMITTEE:

The Hai Phong Experience

Dao Thuy Mai, Hai Phong Provincial Health Service

BACKGROUND:

HIV SERVICES IN HAI PHONG

- Growing number of HIV care services in Hai Phong
- Several donors supporting different HIV care activities in the province such as:
 - VCT, PMTCT, ART, Home-based care, PLWHA support groups, Mothers and wives clubs, Care for children affected by HIV, Community-based HIV Prevention; Harm reduction, STI management
- While services were increasing in number, there were no mechanisms for coordination of services and referrals between services
- Referral, how to access services confusing for people with HIV and families, and for service providers

THE RESPONSE

- Establish a provincial level Continuum of Care Coordination Committee to plan and improve links between services led by the director of the provincial health service.

Rationale for improved referral and coordination between HIV/AIDS treatment, care, support and prevention services

- To ensure services **are accessible** to PLWHA and barriers to service delivery are minimized
- To **improve coordination** among service providers results in better referral relationships and communication between services
- To ensure the development of a comprehensive **multi-sectoral** HIV care, treatment and support program
- To ensure the **effective use** of HIV prevention, care, support and treatment resources
- To **prevent gaps** and duplications in services
- To **introduce ART** in a systematic, well supported manner

HAI PHONG COCC MEMBERS

- **Chair Person:** Dr. Nguyen Van Vy, Director, PHS
- **Members:**
 1. Infectious Diseases department – Viet Tiep Hospital
 2. Pneumonia disease and tuberculosis hospital
 3. City Dermatology center
 4. City pneumonia and tuberculosis clinic and hospital
 5. City mental health hospital, treatment department.
 6. City pediatrics hospital
 7. PLWHA (Bright Futures and other groups and clubs)

HAI PHONG COCC MEMBERS (CONT.)

- 8. Provincial CDC supported OPC and District FHI supported OPC**
- 9. Provincial CDC supported VCT centers and District GF supported VCT centers**
- 10. CDC supported PMTCT center locates in provincial obstetric and gynaecology hospital**
- 11. FHI and Global Fund supported Home Based Care team representatives**
- 12. Hai Au Club (IDU Drop in center), Hoa Phuong CSW Club**
- 13. World Vision, NAV and other NGO representatives**

What the Committee Does

- 1. Organize monthly meetings (first 3 months) and quarterly monthly meetings thereafter.**
- 2. Designed/ printed general standardized referral forms that are used by existing services**
- 3. Developed a treatment, care and support service guidebook for PLWHA/families and service providers**

What the Committee Does

- 4. Created forms that collect referral data and can analyze and assess the improvement in referral**
- 5. Coordinate resources between programs (e.g. STI treatment medicine condom/syringe funded by DFID and OI drugs funded by GF)**
- 6. Discusses and develops responses to coordination and referral barriers and problems**

OUTCOMES OF THE COCC TO DATE

- It has provided the opportunity to **share experiences** and discuss the improvement of services
- Improved HIV **service information** available to PLWHA, families and service providers
- Excellent advocacy opportunity for improved services and has ensured a **multi-sectoral commitment** to improve access to quality HIV services
- Resulted in improved referral processes and systems
- Promoted **closer cooperation** between services and the removal of some barriers to services. (E.g., waiving of payment for HIV test at the provincial pneumonia and tuberculosis hospital)
- **More effective** use of health resources

LESSONS LEARNED

- Providing information about existing services is critical to ensure cooperation and coordination between service providers
- Coordination is essential and should be done in all sites where HIV programs are being implemented.

Recommendations for establishing CoCCs in other sites

1. The Continuum of Care Coordination Committee should be executed by and reports to **provincial/ district health services** in order to ensure needed support for the committee from leaders
2. The **roles and responsibilities** of the referral committee and its members need to be clearly defined and articulated
3. CoC committees should be established at **both** provincial and district levels

Recommendations for establishing CoCCs in other sites

4. The referral committee should include representatives from **all relevant stakeholders** associated with HIV/AIDS programs particularly PLWHA, health care workers and NGOs
5. The referral committee needs to **reflect client perspectives** and should include PLWHA, IDU, CSW
6. Meetings should be held frequently enough in order to ensure that actions are taken in a **timely fashion**
7. Identify a small **secretariat** to support the committee in order to ensure that the meetings and follow-up to meetings run smoothly

Questions regarding the CoCCs?

1. How will the **vital role** of the CoCC fit in with the **new VAAC** provincial structure?
2. How to ensure that affected populations are **well represented** on the CoCC?
3. **What support** would you need in order to get a CoCC started?

Thank you