

EXPERIENCE IN THE INITIATION OF OPERATING HIV/AIDS OUTPATIENT CLINIC

LIFE- GAP PROJECT, MOH

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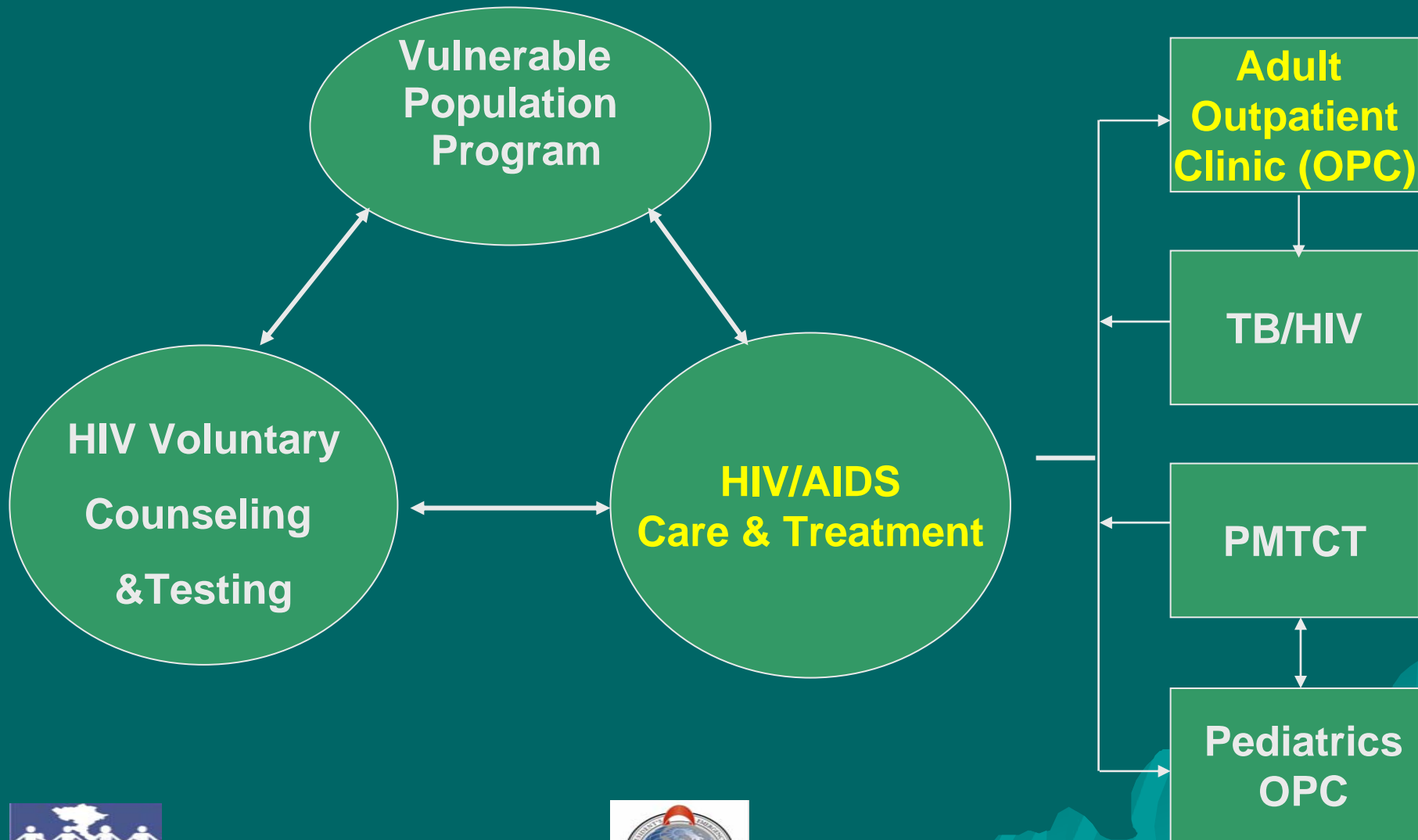


Overview of LIFE-GAP project

- ◆ A co-operative agreement between Vietnam Ministry of Health and the US/Centers for Disease Control and Prevention (CDC)
- ◆ Timeframe: 2001- 2006
- ◆ Project coverage: 40 provinces/cities (mainly at provincial level)



LIFE-GAP Programs



Goal of OPC services

- ◆ To assist HIV/AIDS individuals to live longer and stay healthier
- ◆ To reduce newly identified HIV cases in community
- ◆ To establish foundation for opportunistic infections and anti-retroviral (ARV) treatment services

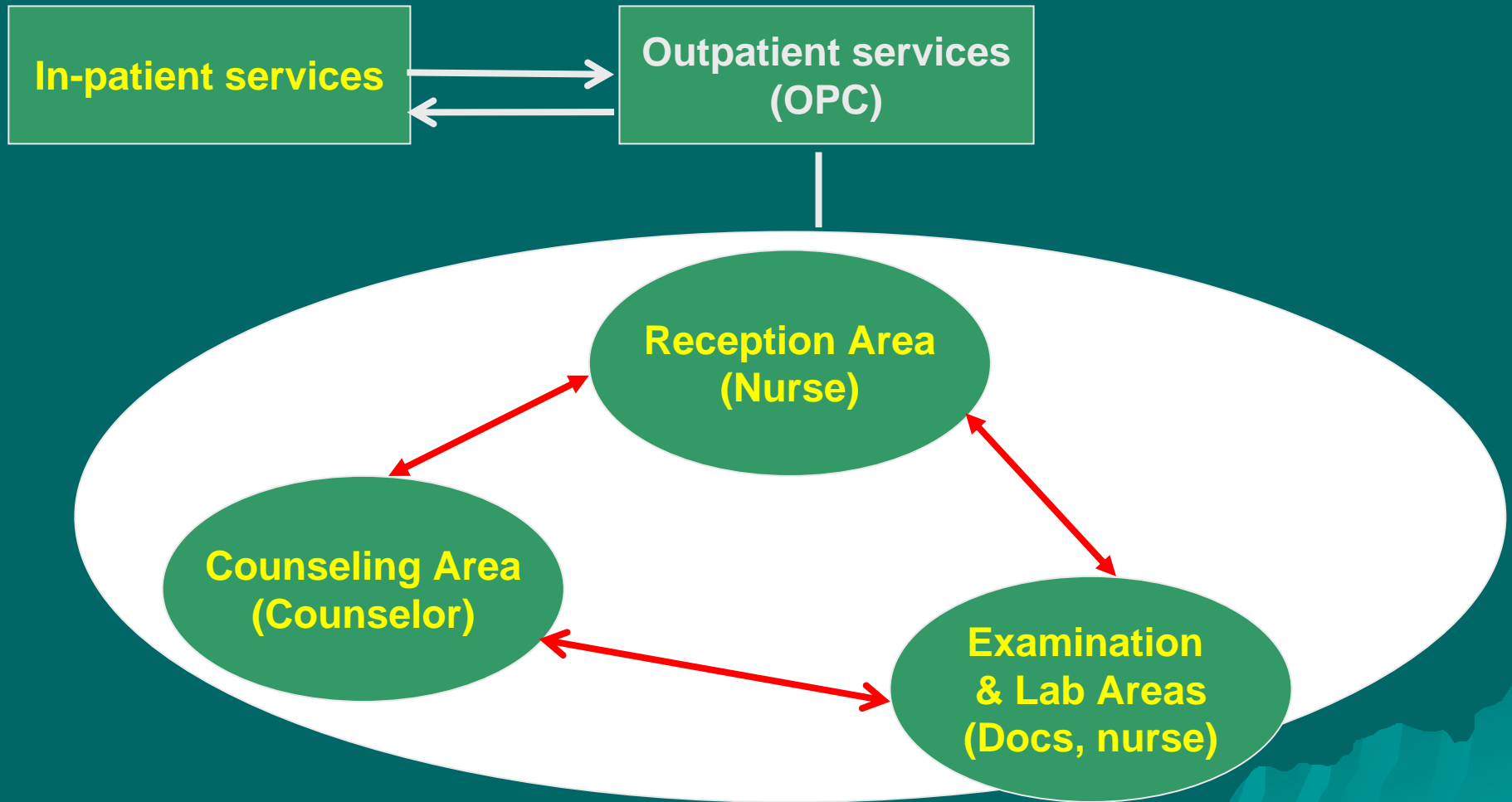


Free services provided

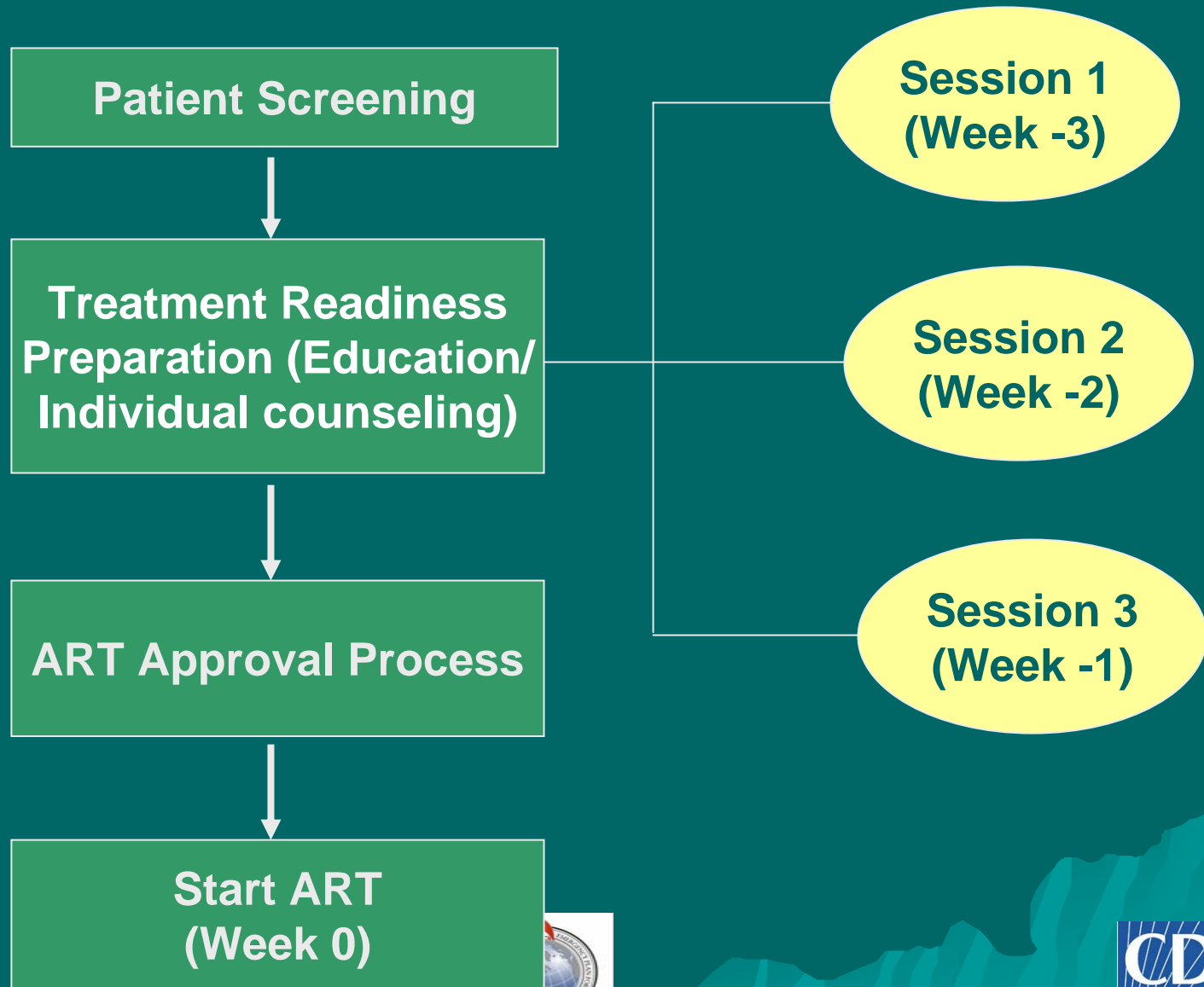
- ◆ Routine health check-ups
- ◆ Counseling for patients and their sex partners
- ◆ Essential laboratory tests
- ◆ Cotrimoxazole prophylaxis
- ◆ Opportunistic infections treatment
- ◆ **ARV treatment:**
 - ARVs have been provided at OPCs of National Institute for Clinical Research in Tropical Medicine (NICRTM), Viet Tiep Hospital (Hai Phong) and Provincial General Hospital (Quang Ninh) since 9/2005
 - ARVs will be provided at OPCs of Provincial General Hospitals in An Giang and Can Tho at the **beginning of 2006**



Integration of OPC model into HIV/AIDS services of hospital setting



ARV selection protocol



Outcomes

PROGRAM COVERAGE



Year



Outcomes (cont.)

- ◆ As of 9/30/2005:
 - Number of trained healthcare providers:
 - ◆ OPC operational procedures: 223
 - ◆ Clinical hands-on training: 84
 - ◆ Theory and hands-on training on microbiology testing: 84
 - Start establishing HIV/AIDS supporting referral network, especially linkages between TB clinics, PMTCT services and Outpatient Clinics



Outcomes (cont.)

- ◆ Total number of patients receiving outpatient services: 7.898
 - Number of follow-up visits: 11.964
 - Number of patients receiving Cotrimoxazole prophylaxis: 5.230 (66%)
 - Number of patients receiving ARV treatment: 171
 - Number of patients treated for active TB in DOTS program: 252
 - Number of patients bringing sex partners to OPC: 2.218



Factors attributable to the success of OPC services

1. Infrastructure
2. Availability and quality of services
3. Coordination, supervision activities of central and local agencies



Factors attributable to the success of OPC services (cont.)

I. Infrastructure:

1. Facility, equipment, supplies (OPC, lab)
2. Human resources:
 - ◆ Composition and number of staff: doctors, nurses, counselors
 - ◆ Knowledge:
 - Trained on OPC operational procedures and HIV/AIDS diagnosis and treatment
 - Retrained on theory and practice for OPC staff and microbiologists
 - ◆ Commitment to the program
 - ◆ Attitude towards HIV-infected people
- ◆ 3. Communication, advertisement of the availability of outpatient services



Factors attributable to the success of OPC services (cont.)

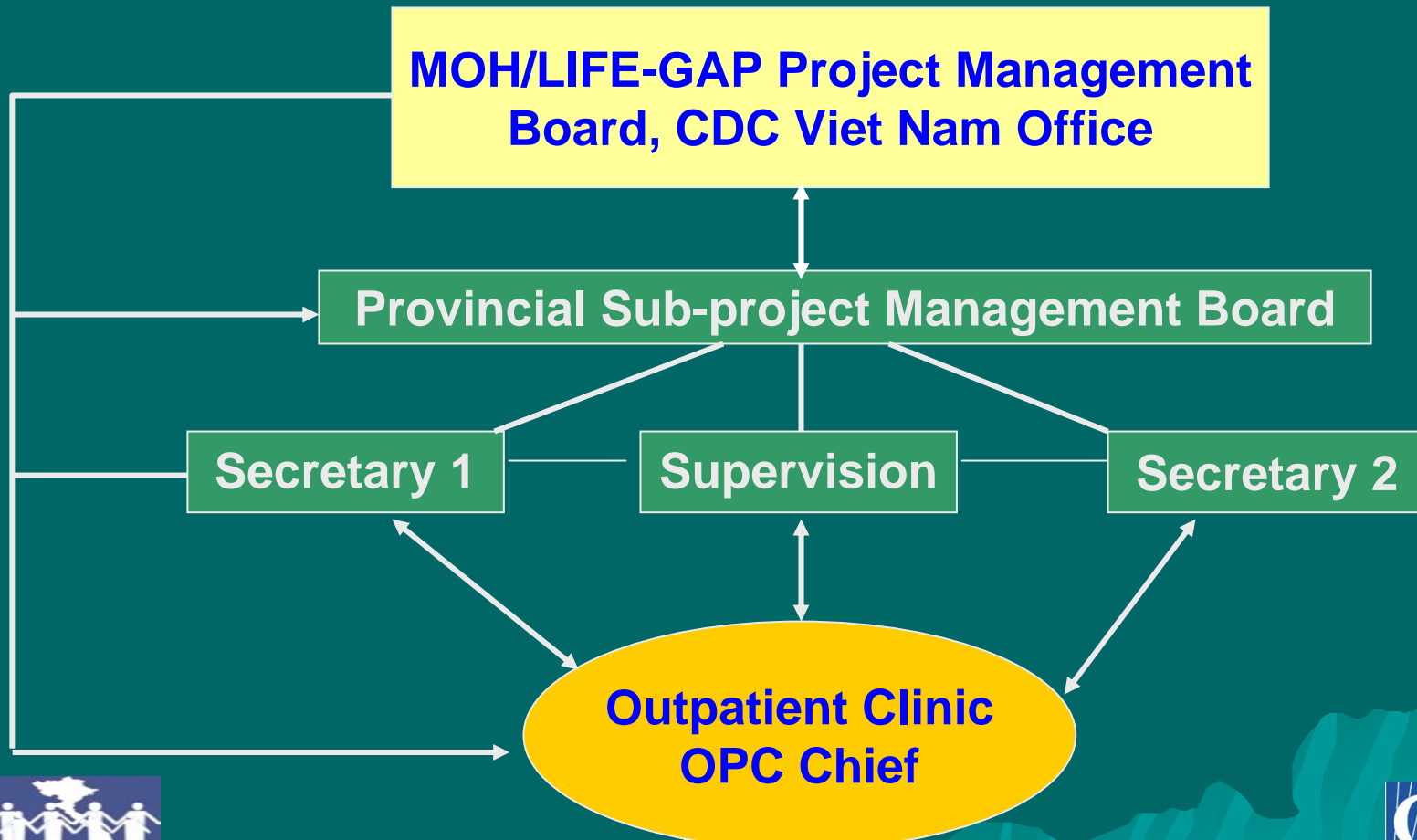
II. Availability and quality of services:

- ◆ Counseling (healthy living, adherence, risk reduction, sex partner & treatment supporter counseling...)
- ◆ Lab testing (microbiology, biochemistry, haematology...)
- ◆ OI prophylaxis and treatment
- ◆ ARV treatment
- ◆ Referral services:
 - TB program
 - PMTCT program
 - Other healthcare programs
 - Community-based support services for HIV-infected people such as as peer groups, social support programs



Factors attributable to the success of OPC services (cont.)

◆ III. Coordination, supervision activities



Lessons Learned

1. Develop clear and appropriate services procedure manual
2. Good collaboration between OPC and hospital services with supervision of hospital directors and OPC chief
3. Stable and trained OPC staff
4. Close support for any new OPC site during implementation of services to assess problems and provide timely support.
5. Regular supervision, coordination and technical assistance of Project Management Board, Funding Agency and Sub-project Management Board, as well as prompt feedback to OPC staff



Challenges

1. Assessment methods of treatment adherence
2. Increase in the number of patients, particularly at OPCs that provide ARVs, puts more workload for staff at provincial hospitals
3. Treatment readiness preparation before providing ARV
4. Ongoing Quality Assurance (Q.A), Monitoring and Evaluation.



Recommendations

1. Conduct a comprehensive evaluation in order to recommend an appropriate model of outpatient services in Vietnam context because:

- ◆ OPC service is one of essential components of the continuum care for HIV-infected people
- ◆ OPC service is essential to provide ARVs to HIV/AIDS patients
- ◆ OPC service helps reduce number of hospitalized patients

2. Enhance linkages between OPC service and community-based support services for HIV-infected people

