REPORT
HIV PREVENTION COORDINATION MEETING
Ho Chi Minh City, 11/May/2007

Time: 08:00 – 11:30

Venue: Chancery Hotel

196 Nguyen Thi Minh Khai, District 1, HCM City

Chủ tọa: Dr. Le Truong Giang, Vice Chairman, Ho Chi Minh AIDS Committee

HCM PAC and UNAIDS Vietnam coorperate to organize the quarterly HIV Prevention Coordination meeting in HCMC. This is the forum for individuals and organizations working on HIV/AIDS to update and share information. The meeting's topic is: **HIV Care and treatment in Ho Chi Minh City.**

1. The overview of Care and Treatment in Ho Chi Minh City:

- Care and treatment Network: OPC includes: ARV Adherence Supporting System (Social – Medical), Screening HIV for TB Patients & TB for HIV (+) Patient, Quality Care Management System, Laboratory System CD4/Viral load, Drug and chemical substance supplying management, Transferring system, Information Technology System, Psycho-social system;
- Out-patient clinics system at hospital, district and center levels: 24 OPCs including 21 OPCs with ARV and 3 OPCs without ARV.
- TB/HIV System:
  + Screening HIV for TB patients: 8 Diagnostic counseling testing rooms (DCT) in TB department at 7 districts and PNT hospital, from July to Dec 2006, performed on 3086 TB patients.
  + Screening TB for HIV(+) patients: Supported by PEPFAR/CDC; TB screening, diagnose and treatment followed National Guideline for HIV(+) patients transferred from OPCs; Conducting in 16 district TB departments which had OPCs; Phạm Ngọc Thạch hospital had OPC where provided free TB/HIV screening, diagnose and treatment for OPCs of City hospitals (TPH, Pediatric hospital I and II).
- Up to 30/4/2007, 14.821 HIV assurance cards delivered in HCMC for clients who voluntarily came to be tested in VCT.
- Free ART Program:
  + Number of patients voluntarily registered in CARE and ART Program up to 31/3/2007: Total: 16571
- Update information about Care and Treatment Program: PEPFAR supported 2 CD4 machines which placed in TPH and PNT hospital where performed CD4 count tests for all ART sites in HCMC (PEPFAR sites and other sites) from Feb 2007; From the beginning of June 2007, PEPFAR will support **viral load tests** and **genotype tests** for failure cases.

2. **Common issues with ARV adherence at Binh Thanh and District 4 OPCs:**

- Manifestation of decrease in ART Adherence: Go to OPC appointments only when reminded: Do not use assisting tools (pill box, calendar, alarm clock…); Forget date of appointment (or time of appointments w/clients need to do some labs); Do not get ARVs themselves but ask family to do this; Improper medicine left over; Do not return covers of medicine; Drop treatment.
- It is estimated that 25% of patients in Binh Thanh and 20% in District 4 have 1 manifestation of adherence decrease.
- Reasons:

  + Overload: space, staff (quantity – quality); There is not harmonious coordination among OPCs in different districts and between OPC – DHC of the same district.

  + Reasons from clients: Their education level is low and it is hard for them to understand treatment information; Most of clients are poor and have consequent difficulties: not good nutrition, changing place of shelter, barriers in transportation and referrals; Many clients are in late stages and have many symptoms; Forget; Feel healthier and subjective: go out, travel for pleasure; Side effects of ARVs; Tired of medications: taking ARVs for a long time, taking additional medicines other than ARVs etc.; Afraid of others knowing their HIV status; Busy earning a living; Drug relapse; Feel sad; Share medications with others(?).

  + Mixed reasons: Clients are arrested; Clients get better but no social policy available to help them; No collaboration from family; Not good living environment.
- What OPC has done: Improve quality of services: reduce inconvenience and intensifying client management; Prior to treatment: adapt the information delivered in group education to make it suitable to their level of understanding; During treatment: observe signs of adherence decrease to prevent it; Clients have signs of treatment neglect: re-counsel and help them to make plans to get over barriers; Clients have signs of treatment neglect: discuss with treatment supporter; HBC team increase observation and support; Shorten intervals between appointments; Return covers of medicines; Referred them to volunteer group to increase support and positive living education.
- Petition: Have more OPCs, make it easier for OPC referrals; Upgrade OPCs: place, staff and quality of services; Policies to attract staff to work at OPCs; Look for physical and social support for clients; Substitution therapy for IDUs; Better linkages with volunteer groups.

3. **Success and challenges in Care and Treatment**

a. **Success:**

- > 80% of patients do better on Anti Retroviral Therapy (ART), from studies at D4 and TDH
- Increase in CD4 cell count
- Improvement in weight (70% of patients in study in D4), clinical stage, functional status:
- Follow-up study with 200 patients in District 4: 60% of patients can work again after 12 months
- Decrease in morbidity (decrease in opportunistic infections) and decrease in mortality (from study at TDH)

b. Challenges:

- High number of patients come in late stages of disease: in a study in D4, 53% of patients had pre-ART CD4 of < 50/mm3
- Low CD4 linked to higher risk of morbidity, more Opportunistic Infections (OIs), more cases of IRS (Immune Reconstitution Syndrome) with ART, and higher risk of mortality
- Lack of integrated TB and HIV/AIDS treatment:
- Difficulty of admitting coinfected HIV TB patients with smear negative sputum into National TB Program
- Side effects of ARVs, drug interactions
- Referrals: sometimes lack of information
- Challenge of long-term adherence
- Long term adherence is essential for the success of ART!
- At least 95% of adherence must be attained to avoid resistance to ARVs
- Lack of treatment literacy among patients can make long term adherence difficult
- Relapse of IDUs into active drug use jeopardizes adherence
- Insufficient adherence linked to development of resistant virus strains
- Limited options in Vietnam to treat resistant HIV
- 2nd line regimens available in PEPFAR-supported OPCs but generally less successful than 1st line
- 2nd line regimens not available in GF or government supported OPCs
- Work overload in OPCs, increasing numbers of patients
- Shortage of trained workers
- VCHAP can train only a limited number of health workers in each module, VCHAP has few medical officers relative to number of ARV sites that request clinical mentoring.
- Difficulty to recruit health professionals willing to care for HIV patients (issue of stigma)
- Issue of retaining skilled health workers in the program
- Limited means (ex for expensive tests, diagnostic means etc)
- Lack of coordination between different services: treatment programs in public hospitals & OPCs, private sector and organizations that provide social support & support for treatment adherence

c. Psychosocial challenges:

Stigma & discrimination can hinder access to VCT & be one of the reasons for low uptake in PMTCT programs, issue of confidentiality

Lack of psychosocial support in many OPCs

But the majority of the patients are poor

Issues: transport costs, hospitalizations costs, cost of extra tests, good nutrition

The issue of orphans

Certain patients return to high risk behavior (unsafe sex, or drug use) when they feel better after several months on ART

A significant number of returnees from 06 centers lost to follow-up

4. The role of voluntary groups in helping ART adherence

Outcomes of Voluntary and Self-help groups' activities (presentation)

a. Advantages:

Receiving support from HCMC PAC, local and international NGOs, and Faith-based Organisations

Some voluntary groups having started to establish good relationship with agencies providing services supporting care and treatment for PLWHA

Voluntary groups' members sharing great empathy with PLWHA so that it is easy to provide care and ART adherence, to stay in touch and collect patients' information.

b. Disadvantages:

Not yet officially recognized by other Agencies

Unequal in groups' capacity, and lack of experience

Lack of resources (human and finance)

Though there have been some training, the PLWHA's knowledge on HIV/AIDS, opportunistic diseases and ARV is still inadequate.

c. Recommendations:

Being acknowledged to involve more with care and treatment

Being assisted by the city and local authorities to facilitate access and links with other available care and treatment services;

Needs to have capacity buiding training (HIV/AIDS understandings, OI diseases, ART adherence, home-based care for family members.)

5. Supports to IDU releasees to access to care and treatment services at community-base

Overview: Number of IDU releasees accessed to C &T program, as of April, 2007: 126 persons (in which 12 persons have their medical profiles transferred from 06 centre)

Coordination to support IDU releasees to access to C&T program:

+ IDU Releasees with medical profiles: 06 centres directly hand over its residents' medical profiles to CCSC; CCSC: Receiving profiles. Collaborating with case managers at ward level to contact those IDU releasees; Releasees with HIV positive will be directly contacted by support officer in the releasee office; Releasees with not good health conditions: receving emergency ART.

+ IDU Releasees with no medical profiles: Register to C&T program as the policies.

+ Residents on ART at 06 centres: 06 centres: Send by post referral forms (as MOH form), photocopies of related test results,… and call CCSC to check and receive feedback; CCSC:

If clients wants to receive treatment at CCSC: they and their family will attend counseling sessions on treatment and CCSC operation procedures. ART is free of charge. Clients registered will be on the list screened by Selection Committee.

If clients prefer others CCSC: Their medical documentation will be sent by post to the destination as requested.

Advantages and challenges:

+ Advantages: Releasees with medical profiles will be supported and followed up easily; The process of shipping and receiving releasees' profiles/documentation is well facilitated by the 2-way response and feedback; Good coordination between releasee office, network of local case mangers and CCSC.

+ Challenges: Redo the tests for HIV positive releasees who their test results and HIV card are not sent; Releasees don't bring home their HIV cards; Releasees already receive treatment at 06 centres but their medical profiles are not transferred to CCSC; It is difficult in assessment of adherence for releasees with not good health conditions after discharging.

Recommendations: Include releasees's HIV card numbers in the profiles/documentation transferred; Transfer medical books for releasees who are on care and treatment at the centres; In order to effectively support ARV adherence, the following situations need specific guidelines from HCM city authorities:

PLWHAs in 06 centres who are already referred to city hospitals for treatment come to register at CCSC.

Releasees with HIV positive who are on leave escape

PLWHAs who are granted to receive jail sentence.

Releasees who are on emergency treatment relapse.

1. Updates on National HIV Prevention

HIV Coordination Action Plan (CAP): Joint working group consists of VAAC/MOH; MPI and MoF and UNAIDS, DfID and PEPFAR to work on the HIV/AIDS CAP. The first draft of the CAP and key framework of common cost-norms to be ready to share at the coming Mid-Term CG meeting

7th Draft of the MOH National Program on HIV/AIDS Harm Reduction Intervention and Transmission Prevention for 2007-2010: The VAAC cooperated with Hanoi AIDS Center to conduct a consultation workshop to collect comments from different self-help groups in Hanoi with participation from international organizations – WHO, UNODC; UNAIDS and DfID.

Government has just decided to have Methadone substitution for drug treatment in HCMC and Hai Phong. The detailed instruction has been developed by MOH.

Update on the M & E activities: Due date will be Sept 2007, VAAC to formulate and NIHE to gather data. Plan for capacity building training and for baseline data collection

Updates on Viet Nam's proposal for Round 7 of Global Fund for TB, Malaria and AIDS: HIV sub-CCM met and agreed on the prioritized areas for the concept papers. MOH called for concept papers with the following priorities: Prevention: (Harm Reduction; Education), Stigma and Discrimination, Capacity Building, Health system strengthening. Criteria development and Review: Soundness of approach, Feasibility, Organizational capacity, Additionally and overall contribution to Vietnam's proposal to GF

6. Next meeting's topic: Prevention: Releasees' program and Methadone???

Dated: