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IPPF International Planned Parenthood Federation
Western Hemisphere Region

SPOTLIGHT
HIV/AIDS/STIs

Integrating HIV/AIDS Treatment and Care into Reproductive Health Settings

HIV positive clients receive psychological services, including the opportunity to participate in support groups.

THE NEED FOR SERVICES

Access to anti-retroviral treatment (ART) is limited in the Dominican Republic. At the beginning of this century, the country experienced an acute economic downturn and extensive social instability, which caused public health costs to go up, infrastructure to deteriorate, and individual disposable incomes to wane. Few Dominicans could afford to cover health fees, let alone comprehensive treatment and medications for a chronic condition such as HIV. While ARV treatment is slowly increasing nationally, access remains limited, especially to people from impoverished communities.

HIV prevalence in the Dominican Republic reaches as high as 5% among some subgroups of the population, such as sex workers and bateye[1] residents. In the general population, HIV prevalence is 1.7%. Three times as many men aged 15-49 are infected with HIV as women; however, with three-quarters of all infections spread via heterosexual contact, the number of Dominican women contracting HIV is on the rise.[2]

In the early 1990s, PROFAMILIA, the IPPF/WHR member association in the Dominican Republic, began offering voluntary counseling and testing services for HIV, after clients expressed interest in this service. As the organization saw an increase in the number of HIV cases in their clinics, PROFAMILIA began to explore how it might expand the range of care for these clients. Collaborating with a local network of people living with HIV/AIDS (PLWHA), they started the *Rayito de Luz* (Little Ray of Sunshine) support group in 1999. In early 2004, PROFAMILIA secured a donation of anti-retroviral medicines (ARVs) from the Ministry of Health, and with the help of IPPF and the Infectious Disease Clinic of Columbia University, started a treatment program for a small group of clients at its clinic in Santo Domingo.

PROJECT GOALS AND OBJECTIVES

PROFAMILIA's "Models of Care" project was part of a global IPPF initiative to integrate HIV services into a broader sexual and reproductive

health setting, via implementation of local-level pilot projects.[3] The goal of PROFAMILIA's one-year project was to improve access to clinical services for people infected with HIV in the Dominican Republic's two largest cities—Santo Domingo and Santiago—by integrating HIV care and treatment into existing services. The project sought to achieve this goal through three objectives:

1) Strengthen the capacity of PROFAMILIA to offer clinical services in the prevention and management of HIV/AIDS in clinics in Santo Domingo and Santiago.

2) Improve the knowledge and attitudes of project personnel at the two clinics, with respect to HIV infection and the treatment of infected persons.

3) Involve key stakeholders and decision-makers in the health sector in defending the rights of people living with HIV to quality and timely care and access to ARV treatment.

"PROFAMILIA has compensated in one and a half years for the impotence of the past decade. We are saving lives."

– Ana Gloria Garcia
Educator, PROFAMILIA, Santo Domingo

PROVIDING COMPREHENSIVE CARE

With the help of trainers from Columbia University, IPPF, and several other collaborators, PROFAMILIA developed a model care team, in which three key providers (a doctor/internist, a counselor/educator, and a licensed nurse) were extensively trained in HIV/AIDS care and highly sensitized to issues faced by PLWHA. Together, this three-pronged, multi-disciplinary team worked to provide clinical care and treatment, ensure adherence to ART, and to offer emotional support, family and partner education, and safer sex counseling.

Project activities were integrated directly into existing services and client flow. Clients coming to the clinics for HIV services followed the same intake procedures as all other clients, signing in at the reception area and confidentially selecting the services they needed. HIV/AIDS counseling was conducted in the same location as other types of counseling, further protecting client confidentiality throughout the process. While ARV supplies were provided free of charge from the Ministry of Health, project funding covered all of the additional costs involved in HIV care, including ARVs, laboratory analyses, vitamins, treatment for opportunistic infections, X-rays and sonograms. Thus, PROFAMILIA could provide the comprehensive HIV care package to clients at no cost—a significant achievement given the limited access and economic disparity across the country.

Because PROFAMILIA clinics were already reaching sexually active individuals (especially women), they were an ideal vehicle for offering voluntary counseling and testing, and then continuing client care with those who tested positive for HIV. Project administrators selected clients for the ART program in Santo Domingo through one of three avenues: 1) active members of the *Rayito de Luz* support group; 2) HIV-positive PROFAMILIA clients who were not involved in the support group; and 3) critical stage clients referred from other clinics. Clients who were clinically eligible for ART received counseling on why they should consider the treatment, including how ARVs work with the immunological system and the importance of adherence. Before starting treatment, clients took vitamins for a four-week period to establish the habit of taking pills twice a day, and to strengthen their bodies. Once a client began ART, he or she returned to the clinic weekly for counseling and a refill of ARVs. This allowed the nurse to maintain close contact with the

client during the beginning phase of treatment, to determine if he or she was experiencing side effects, and to address any questions or problems. Clients even received the home phone numbers of PROFAMILIA staff in case they had problems during off-hours. Once stable on ART, clients met with the nurse monthly and saw the internist every three months, or as needed. The strength of the relationships that developed between clients and staff was one of the key successes of the program.

With the initial success of the project at the Santo Domingo site, PROFAMILIA expanded the project by integrating HIV care into their clinic in Santiago in April of 2005, with 15 clients. The Santiago program closely mirrored the Santo Domingo model, with a few modifications to make it more site-appropriate. Because the Santiago clinic has facilities for surgery and hospitalization, it offers more general health services than the Santo Domingo clinic, allowing for integration of the HIV/AIDS treatment and care program into an even broader spectrum of medical care. Providers and administrators of both reproductive and general health services were trained to work in the HIV/AIDS program by their colleagues from the Santo Domingo clinic as well as by supervisors from Columbia University. By November of 2005, the client load in Santiago had increased to 65 clients; 26 in treatment and 39 being monitored for future treatment.

An additional challenge for the Santiago clinic was the enrollment of several HIV positive pregnant women in the program. Although the clinic did not maintain an official program for Prevention of Mother-to-Child Transmission, in the first six months of the project, four HIV positive women were given ARVs once 28 weeks into their pregnancy, and scheduled for a caesarian-section at 38 weeks. They received additional counseling against breast-feeding and were given free milk supplements.

EVALUATION STRATEGIES

PROFAMILIA conducted monitoring and evaluation activities throughout project implementation. Staff members from IPPF/WHR and Columbia University also conducted on-site visits and were in frequent contact with project administrators to offer monitoring and evaluation support and to help facilitate adjustments as needed. A logistical framework outlining the project's objectives, activities, and results indicators guided the process and ensured that the project met its goals.

Evaluation methodologies employed during the project included: (1) knowledge, attitudes, and practices surveys with providers, including physicians, nurses, psychologists, and counselors, at project start and end; (2) focus groups with clients at both clinics; (3) implementation of the "Tool to Assess Program Readiness for Antiretroviral Therapy;"[4] (4) a cost effectiveness analysis; and (5) collection of service utilization statistics, including ART adherence data.

KEY RESULTS

By the end of the project period, the Santo Domingo clinic was providing HIV treatment and care to more than 100 clients, 41 of which were receiving ARVs and 66 who were being monitored; 63% were women, and 15% were young people. In Santiago, 65 HIV-positive clients were part of the program by the end of the project period, with 26 on treatment. 41% of the HIV infected clients receiving ART in Santiago were women, and 22% were youth. As of November 2005, 95% of PROFAMILIA clients on treatment had maintained ART for six months or longer. These impressively high rates of adherence can be attributed to the program's integrated, highly interactive model, including in-depth counseling, education and support.

To date, support groups in both clinics continue to meet twice monthly. Participation in the support groups in both clinics ranged from 12 to more than 25 members throughout the project period. The support groups covered topics such as: ARVs and adherence, HIV/AIDS legal issues, gender and violence, managing side effects, and self-esteem.

In addition to training HIV/AIDS staff in both clinics, PROFAMILIA conducted 10 workshops to raise awareness among other clinic staff about HIV prevention, care, and treatment. A total of 139 staff members were sensitized. Knowledge and attitudes generally improved among staff, with especially notable improvements in knowledge about women's vulnerability to HIV infection and willingness to assist PLWHA. The knowledge and compassion of the staff was of paramount importance to the program and highly valued by the participants.

Finally, PROFAMILIA's integrated, multi-disciplinary approach to HIV/AIDS care and treatment has become an effective model that will be replicated by the National HIV/AIDS Strategic Plan. PROFAMILIA's two clinics have been incorporated into the Dominican National AIDS Care Network, which will offer access to procurement of ARVs and certain lab tests, as well as financial support to cover the costs.

LESSONS LEARNED

- **Sensitization** was a key element of the program's success. Raising awareness about the myths and prejudices surrounding HIV/AIDS was crucial to gain support from staff at all levels. In addition, one-on-one training of HIV personnel helped to create a highly competent team, and a welcoming environment, free of stigma and judgment.

- By **integrating**, rather than segregating HIV positive clients, the clinics helped protect client confidentiality and reduce stigma.

- **Subsidization** of HIV treatment and care was instrumental in getting clients to start and maintain ART. Initially, project funds and the Clinton Foundation assisted with procurement of ARV supplies. By project end, the Dominican Ministry of Health began supplying the medications, though there have been gaps in availability. The sustainability of such an initiative is uncertain, and continuation of the service will require the two clinics to seek alternative methods of subsidizing medications.

- **Partnerships** with other organizations and the Dominican government helped PROFAMILIA in staff training, financial support, subsidized medications, and technical assistance. In addition, the Santo Domingo clinic now serves as a teaching site for government medical personnel.

Notes:

1. *Bateye* means "community" in the language of the Taino Indian, a local native group. Haitian migrants and Dominicans working in the sugarcane industry live in economically disadvantaged communities known as *bateyes*.
2. UNAIDS. Country Information: Dominican Republic. Available at: http://www.unaids.org/en/Regions_Countries/Countries/Dominican_Republic.asp
3. More information on this global initiative, which was funded by the German development agency GTZ, is available in IPPF's publication entitled *Models of Care Project; Linking HIV/AIDS Treatment, Care and Support in Sexual and Reproductive Health Care Settings: Examples in Action*, available at www.ippf.org.
4. Developed by John Snow International and provided to PROFAMILIA by IPPF

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