

Laying the foundation: Why choose HBCT as a strategy?

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Introduction

- The HIV/AIDS Epidemic remains a global problem with the large burden on the developing countries
- In developing countries, only about 10% of those who need VCT have access to it.
- Diagnosis and control of the infection depends on the affected seeking and knowing their HIV status.
- HIV testing and counselling is therefore, often referred to as the gateway to HIV prevention, treatment and care services,

Globally UNAIDS 2008

- 33 million people living with HIV
- Sub-Saharan 22m
- 2.7 million new infections in 2007, 1.9m in Sub-Saharan Africa
- Prevalence 0.8m
- Death so far 2m

Definition

- Home-based HCT (HBHCT) is a modified model of VCT provided to individuals and families in the home environment
- Also called family based
- Compliments other models to increase access to HCT in the interest of universal access

HBHCT Models

1. Door to door
2. Index HIV positive patient client

Door to door approach

- Mobilize families within the communities
- Poor access to testing health facilities
- Migratory populations (nomads, fisher men)
- High prevalent populations (fishing villages, camps, uniformed groups)
- Difficult to reach areas due to barriers; islands

Models.....

Index HIV positive patients approach

- Follow up of diagnosed clients to their homes on consent
- Clients mobilize the communities and their families themselves
- Good for married or cohabiting couples
- Has identified more discordant couples
- Identifies children whose parents have been diagnosed positive
- Identifies parents whose children have been diagnosed positive

Cost effectiveness

- Study in Uganda;
 - Costs per client were \$19.26 for stand-alone HCT, \$11.68 for hospital-based HCT, \$13.85 for household-member HCT (index), and \$8.29 for door-to-door-HCT (CDC Jan 2009)

Purpose of HBHCT

- Universal access by 2010 - WHO
- Increase access; although it has been visible that HCT coverage and uptake has increased over years, a big number of people who need testing has not known their sero-status (10%, 2009 WHO access report)
- The number of men who have tested remains low
- Few exposed children have been tested
- New infections/year are increasing (1.9m)
- To increase uptake; studies have shown that HBHCT appears to lead to higher uptake

Purpose.....

- HBHCT can potentially reach population groups who are often missed through health facility-based services;
 - Men in general, women who are not accessing reproductive health services, young people, rural population groups with poor access to health care, ethnic minorities
- To reach special groups;
 - MARPs- most at risk populations; CSWs, MWM, IVDUs
 - PWD, Couples, Children
- To extend access to those who can't afford;
 - time, effort and resources to come to the service

Purpose.....

- To improve on early diagnosis; people's knowledge of HIV status remains low and HIV infection is often diagnosed late.
- Low uptake of HIV testing is one of the reasons for delayed access to antiretroviral therapy
- Empower household members and communities to respond to psychosocial needs of the infected and affected
- To improve disclosure, hence good adherence to treatment, prevention, and less stigma

When should HBHCT be implemented as a strategy

- All HCT delivery models (where possible) should be employed in a complementary manner; VCT, PITC, HBHCT
- Special groups; MARPS, Children, PWDs, Couples, Men-low uptake, medical practitioners
- Highly stigmatized communities
- High prevalent populations and incident rates
- Accessibility of health facilities is minimal or difficult
- Late diagnosis (Less than 350cells/ml CD4 count)

What can be achieved through HBCT

- More people would be counseled and tested; linked to care, support, and prevention programs
- More men would be tested
- More couples would be tested leading to improved PMTCT
- More children would be tested and linked to care and PMTCT
- Early diagnosis hence preventing high morbidity and mortality,
- Positive prevention

Challenges

- Linkage to care
- Cost
- Has been left to be implemented by private partners

Conclusion

- There is still low HBHCT implementation
- HBHCT can accelerate HCT universal access
- HCT implementation should be done using a complementary model approach

Thank you